

Organ Trafficking in China: Background and Current Concerns

*Written submission to the Congressional Executive Commission on China's hearing of
March 20, 2024: 'Stopping The Crime Of Organ Harvesting—What More Must Be Done?'*

Matthew P. Robertson^{1,2}

1. Victims of Communism Memorial Foundation, 900 15th Street NW Washington, DC
20005
2. Australian National University, Research School of Social Sciences, Canberra ACT 2600

Table of contents

1	Background	1
1.1	Methods	3
2	Six key factual claims	4
2.1	The PRC state has sponsored a marketplace in human organs for many years	4
2.2	Prisoners have been blood tested, held captive, and then killed on demand for their organs	5
2.3	State agents have engaged in human trafficking and extrajudicial killing to secure organs	7
2.4	China’s organ transplantation system appears to have begun as a means of health care for the elite	9
2.5	Surgeons and health care workers have personally engaged in killing by heart removal	11
2.6	The PRC state has falsified its organ transplant data	12
3	Current concerns	14
3.1	Lack of accountability means there are no incentives for the cessation of the abuse	14
3.2	Uyghurs are highly vulnerable to this abuse	15
4	Recommendations	17
4.1	Investigate federal funding	17
4.2	Increased congressional oversight	18
4.3	Individual sanctions	19
4.4	Diplomatic pressure	19
4.5	Entity sanctions	19

1 Background

In the world of organ transplantation, the People's Republic of China (PRC) is an outlier. With few exceptions, organs always come from voluntary donors. Yet until 2015 the PRC's organ transplantation sector was effectively a state-sponsored system of human trafficking and killing on demand, with organs sourced almost entirely from death row prisoners and, after 1999, political prisoners. After 2015, it became more difficult to assess — though as I explain below there are still major concerns.

This organ procurement method seemingly originated as a means of providing health-care for the elite. Surgeons and healthcare workers appear to have personally participated in medicalized executions to extract vital organs such as hearts and lungs.

Since the inception of organ transplantation in China, the practice has been closely tied to the state judicial and security systems, which supplied nonconsenting organ donors to transplant hospitals. That is, organ procurement in China has gone hand-in-hand with abuses against criminal prisoners and political enemies. The earliest reported instance of such abuse occurred in 1970, with the reported live organ harvesting of an 18-year-old former Red Guard commander sentenced to death for political heresy. The most well-known early case took place in 1978, when a young political prisoner reportedly had her kidneys extracted on the execution ground while she was still alive.

With China's economic reforms, the organ transplantation system also became subject to market forces. Beginning in 2000, China's organ transplantation sector exploded in activity. Thousands of transplant surgeons were trained, and hundreds of hospitals began offering transplants as a routine therapy. The military-medical complex became heavily involved in transplant activity and research. Transplant waiting times went from many months to just weeks, days, and sometimes hours. Organ transplantation went from a specialized therapy catering primarily to Party cadres to a routine treatment available country-wide. Hospitals began posting organ availability and price lists on websites, and transplant tourists from

1 Background

around the world flew to China to receive organs on designated dates (meaning the timing of the execution of the donor must have been planned in advance.)

Chinese-language sources reveal that the two key shifts in China's transplant sector beginning in 2000 were volume and waiting times: tens of thousands of transplants were performed annually, many on an on-demand basis, coinciding with a gradual and then sudden drop in judicial executions. The use of political prisoners as an organ source, particularly Falun Gong adherents incarcerated en masse from July 1999, is the only plausible explanation for this outcome.

In 2015, facing international scrutiny, China's medical administrators announced a transition from using prisoners to voluntary donors. Chinese officials reported extraordinary success in these reforms, but China's standards for public transplant data provision differ significantly from international norms, with official registries remaining inaccessible.

Regrettably, the PRC seems to have fabricated its voluntary organ donation data. Analysis of the available data casts grave doubts on the veracity of China's assertions, with official statistics exhibiting an implausibly smooth growth rate, discrepancies across datasets, and the misclassification of nonconsenting donors as voluntary. Although some genuine voluntary reform is taking place, the systematic manipulation of data obscures its actual scope. This data falsification can be understood as a strategic act by the state to project an image of reform while maintaining opacity and control over the organ transplantation system.

Much of the above relates to events in the past. There are at least two grounds for ongoing concern.

First, there has been almost no accountability for this multi-decade program of large-scale human trafficking and extrajudicial killing. PRC surgeons involved in this campaign still travel freely to international medical conferences. They are enabled by many people in the international medical community who ignore the topic.

Second, just as during the repression of Falun Gong in 1999, the large-scale internment of Uyghurs in Xinjiang has been accompanied by large-scale blood testing. Approximately one third of the individuals identified in the Xinjiang Police Files, a cache of internal documents hacked from public security computer systems in two counties of Xinjiang, have had their blood samples taken. That is, in many of the files the ID and name of an internee is listed alongside the blood type. There are several thousand cases of explicitly-labeled DNA

collection from internees, and thousands of files through the corpus discuss DNA collection from Uyghurs.

While this alone does not prove Uyghurs are being harvested for organs, blood type is a necessary precondition for organ matching, and DNA data can improve matches. Given China's history of killing prisoners for organs, the mass collection of such data from extra-judicially detained Uyghurs is disturbing.

1.1 Methods

I am a social scientist with expertise in computational and quantitative methods, professional fluency in Chinese, and a strong interest in the scientific study of political violence and genocide. I have studied China's organ transplantation system for many years. My primary method of work is to write code to scrape data from a wide variety of sources, then to construct large-scale datasets and searchable databases from these documents. I analyze the data using both statistical models and close, qualitative reading. I situate my work in the public choice tradition – where I am interested in understanding the private incentives of state actors.

Below, I have tried to summarize the most important parts of my findings in six factual arguments.

2 Six key factual claims

2.1 The PRC state has sponsored a marketplace in human organs for many years

This assertion is supported by admissions from Chinese medical authorities, media reports, and the listing of organ transplant prices on hospital websites. Chinese medical officials have acknowledged that executed prisoners were the primary source of organs, a fact reported in both domestic and international media, as well as in official statements and medical papers.

Dr. Huang Jiefu, formerly China’s vice minister of health and for decades the leader of the transplant sector, has admitted in interviews with Beijing-friendly Chinese media that China’s organ transplantation system was characterized by complex entanglements and vested interests, leading to a “filthy” and murky trade. In an interview, he stated: “There are definitely all kinds of intricate entanglements, interests, and chains of interests involved, which makes it filthy. It becomes filthy, becomes unclear and inexplicable, and turns into a particularly sensitive and complex area, a forbidden zone.”¹

Hospital websites have openly listed prices for various organ transplant operations. For example, the China International Organ Transplant Center website displayed prices ranging from tens of thousands to over 100,000 USD for foreign patients, while domestic prices were significantly lower, in the tens of thousands of RMB range. The Zhongshan Hospital at Xiamen University provided an Excel file on their website detailing prices for a wide range of transplant therapies.²

¹Gehui Xu, “Former Health Minister: Zhou Yongkang’s Downfall Broke the Profit Chain Using Death Row Prisoner Organs [原卫生部副部长：周永康落马打破死囚器官移植利益链]” (Phoenix (via Caijing), March 16, 2015), <http://politics.caijing.com.cn/20150316/3840670.shtml>.

²“Zhongshan Hospital of Xiamen University - Medical Service Price List [厦门大学附属中山医院医疗服务价格表]” (Online, October 13, 2009), <https://web.archive.org/web/20220403233542/https://www.xmzsh.com/Upload/Doc/200910138431796304.xls>.

2 Six key factual claims

In addition, the First Affiliated Hospital of Inner Mongolia Medical University, a regional-level heart and lung transplant center, published a list of service charges for various transplant surgeries. These prices, ranging from 600 to 5,000 RMB, appeared to cover only the transplant surgery and excluded organ and procurement costs.³ A large portion of the payments for surgery in China also takes place in cash transactions.

Similarly, the Fujian Provincial Hospital, a regional-level kidney transplant center, listed prices on its website for an extensive number of organ transplants, despite only being certified for kidney transplants. The prices ranged from 3,000 RMB for keratoplasty to 33,000 RMB for heart-lung transplantation, with the organ cost not included.⁴

These examples illustrate a state-sponsored marketplace for human organs in China, with prices openly advertised on hospital websites and substantial price disparities between foreign and domestic patients.⁵ The state's role in enabling and profiting from this market suggests a strategic exploitation of prisoner populations for financial gain.

2.2 Prisoners have been blood tested, held captive, and then killed on demand for their organs

Substantial evidence indicates that prisoners in China have been subjected to blood tests, held in captivity, and killed on demand for their organs. This assertion is corroborated by evidence and admissions from high-level Chinese officials, medical professionals, and official publications. Prisoners are here treated as a resource — a captive pool of organ supply to be exploited as needed.

Dr. Huang Jiefu, a prominent liver transplant surgeon and former Vice Minister of Health, has been intimately involved in the organ transplantation system in China. In 2005, he traveled to Xinjiang to perform a complex autologous liver transplantation on a

³“First Affiliated Hospital of Inner Mongolia Medical University - Medical Service Price List [内蒙古医科大学附属第一医院医疗服务项目价格表 - 《内蒙古自治区医疗服务项目价格（试行）2012 版》]” (Online, December 15, 2015), <http://www.nmgfy.com/AboutGuide.aspx?type=jggs>.

⁴“Fujian Provincial Hospital - Medical Service Price List Query Results [福建省立医院收费项目价格查询结果]” (Archived web page, April 29, 2016), <https://archive.is/ptEuh>.

⁵Note these examples were drawn from the Kilgour-Matas-Gutmann ‘Update’ report, available at <https://endtransplantabuse.org/an-update/>. Many other examples appear in the report.

2 Six key factual claims

local Communist Party official. As a backup, Huang ordered two extra livers from hospitals in Chongqing and Guangzhou, which were delivered the next morning.⁶ This event demonstrates the extraordinary ability to procure organs on demand, which is effectively impossible to do reliably and at scale in systems relying on voluntary donations. Given Huang’s high-ranking position and expertise, his actions suggest knowledge of the methods used to source organs from prisoners.

Prior to the allegations of organ harvesting from Falun Gong practitioners in 2006, Chinese hospitals openly advertised organ transplants on short waiting times, ranging from weeks to months. They also scheduled foreign tourists for heart transplants on specific dates.⁷ The China Liver Transplant Registry in 2005 and 2006 revealed that a significant portion of liver transplants were conducted on an “emergency” basis, defined as within 24 to 72 hours of a patient’s presentation at the hospital.⁸ The only plausible explanation for this phenomenon is the existence of a pool of pre-blood-typed, healthy donors who could be killed on demand for their organs.

Medical papers and anecdotes from Chinese surgeons further support the claim of organ sourcing from prisoners on demand. In one instance, doctors flew a donor to Tibet for a liver extraction, ensuring the simultaneous removal of the recipient’s liver to maintain the viability of the transplanted organ.⁹ This constitutes an admission of human trafficking for killing and organ removal, given that they expressly flew a living forced donor to a different location, only to then conduct the execution and organ procurement. Chinese media also documented cases of rapid re-transplantation after rejection, with hospitals guaranteeing re-transplantation within a week in case of failure.¹⁰ Surgeons expressed enthusiasm for

⁶Bin Sun, “A Record Two Liver Transplant Surgeries in 25 Hours [25 小时两例肝移植手术创纪录]” (Xinjiang Net, October 11, 2005), <https://archive.is/GThRH>; Lian Xue, “With Deputy Health Minister Wielding the Knife, China’s First Autologous Liver Surgery in Successful in Xinjiang [卫生部副部长主刀, 我国首例自体肝移植手术在新疆获得成功]” (Today Nurse [当代护士: 综合版], 2006); Phoenix Weekly, “China’s Organ Trade Secret [中国人体器官买卖的黑幕]” (Online, March 17, 2015), <http://www.51fenghuang.com/news/kuaibao/2514.html>.

⁷Doctors Against Forced Organ Harvesting, “Interview with Prof. Dr. Jacob Lavee” (Online, January 2014), <https://dafoh.org/interview-with-prf-dr-jacob-lavee/>.

⁸China Liver Transplant Registry, “China Liver Transplant Registry 2005 Annual Analysis Report [中国肝移植注册 2005 年度分析报告]” (Hong Kong University; Zhejiang University First Affiliated Hospital, February 12, 2006); China Liver Transplant Registry, “China Liver Transplant Registry 2006 Annual Report [中国肝移植注册 2006 年度报告]” (Hong Kong University; Zhejiang University First Affiliated Hospital, 2007).

⁹Qun and Qiu, “The World’s Highest Region’s First Orthotopic Liver Transplantation Carried Out Successfully [世界海拔最高地区首例原位异体肝脏移植手术成功]” (Online, n.d.).

¹⁰Sina News, “Fu Biao’s Illness Before and After [傅彪病况前前后后]” (Online, August 31, 2005), <http://news.sina.com.cn/c/2005-08-31/09096825133s.shtml>; Yi and Wang, “Good Man Fu Biao Dies a Young Hero; Family and Friends Lament [好人傅彪英年早逝好友亲朋一声叹息]” (Online, n.d.); Yun Zhang, Deqing Peng, and Yong Gu, “Nine Hours of Moving Heaven and Earth [乾坤挪移九小时]” (People’s Liberation Army Daily [解放日报], January 26, 2005), <http://>

2 Six key factual claims

performing a high volume of transplants, with one stating that his team was “militarized” and ready to procure organs at any time.¹¹

These pieces of evidence, along with the disconnect between the volume of transplants and the number of executed prisoners, strongly suggest that prisoners in China have been blood tested, held captive, and killed on demand for their organs. The involvement of high-ranking officials, the short waiting times, and the ability to procure organs rapidly all point to a state-sanctioned system of organ harvesting from prisoners, likely including prisoners of conscience.

2.3 State agents have engaged in human trafficking and extrajudicial killing to secure organs

Evidence of human trafficking is apparent from the above anecdotes — that is, if a prisoner is moved from one location to another for the purposes of their being killed and having their organs trafficked, this constitutes human trafficking for the purpose of organ removal.¹²

To conclude that the PRC has also engaged in extrajudicial killing in the process of organ trafficking requires different evidence, and inference on that evidence.

The main reason to believe that the PRC has engaged in this practice is that it is the only plausible explanation that accounts for the observations.

First, there are numerous reports of prisoners, particularly Falun Gong detainees, being subjected to unusual blood tests and physical examinations focused on assessing organ health.¹³ These tests, which include blood typing, are a necessary precursor to organ matching and transplantation. Falun Gong refugees have reported that buses would arrive

//old.jfdaily.com/gb/node2/node4085/node4086/node37049/userobject1ai784128.html.

¹¹Wenjia Tang, “Renji Hospital Does Continuous Liver Transplants: Doctors Can’t Leave the Whole Night Through [仁济医院肝移植手术连台医生彻夜走不出医院]” (Eastday.com, August 19, 2013), https://web.archive.org/web/20160112163630/http://sh.sina.com.cn/news/k/2013-08-19/085558296.html?from=sh_ydph.

¹²T. Caulfield et al., “Trafficking in Human Beings for the Purpose of Organ Removal and the Ethical and Legal Obligations of Healthcare Providers,” *Transplant Direct* 2, no. 2 (January 4, 2016): e60, <https://doi.org/10.1097/TXD.0000000000000566>.

¹³Ethan Gutmann, *The Slaughter: Mass Killings, Organ Harvesting, and China’s Secret Solution to Its Dissident Problem* (Amherst: Prometheus Books, 2014).

2 Six key factual claims

at labor camps, and only Falun Gong practitioners would be called out for examinations and blood tests. In the following months, many of those tested would disappear.¹⁴

Second, investigators making calls to Chinese hospitals and posing as potential transplant recipients have elicited admissions from doctors and nurses that organs are available on-demand, with some of them stating explicitly that the organs come from Falun Gong prisoners.¹⁵ The short waiting times promised, often just weeks or even days, further suggest a large pool of pre-screened, living donors who can be executed as needed.

Third, as noted above, a significant portion of transplants in China were being performed on an emergency basis, with recipients receiving a matching organ within 24 to 72 hours of presenting with liver failure. In 2005 and 2006, 26-29% of reported liver transplants fell into this “emergency” category.¹⁶ This suggests a bank of living donors who can be killed on demand. This phenomenon only began in the PRC following the anti-Falun Gong campaign.

Fourth, the official explanation that China’s transplant boom was driven by death-row prisoners is inadequate. Executions in China have been in steady decline since 2000, with a particularly sharp drop after 2007 due to legal reforms requiring Supreme Court review of all death sentences.¹⁷ However, transplant activity continued to grow during this period, with hospitals expanding their transplant centers and bed capacity.¹⁸

Finally, there is no evidence of a major shift in transplantation technology or practices around 1999-2000 that could explain China’s sudden growth in transplant volume. While other countries saw steady increases in transplants per capita from 1989 onward, China’s

¹⁴The Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China, “Judgment” (Online, March 1, 2020), https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf; World Focus, “Between Life and Death. 2013 (4): The Truth of Organ Harvesting Will Be Revealed in China Eventually [生死之间 2013 版 (4): 活摘器官真相迟早会在中国大陆大白于天下]” (New Tang Dynasty Television, November 1, 2013), <http://ca.ntdtv.com/xtr/gb/2013/10/30/a993590.html>.

¹⁵Matthew Robertson, “Authentication and Analysis of Purported Undercover Telephone Calls Made to Hospitals in China on the Topic of Organ Trafficking,” *V.O.C. China Studies Working Paper* 1, no. 2020 (February 11, 2020).

¹⁶Registry, “China Liver Transplant Registry 2005 Annual Analysis Report [中国肝移植注册 2005 年度分析报告]”; Registry, “China Liver Transplant Registry 2006 Annual Report [中国肝移植注册 2006 年度报告].”

¹⁷Yuxiao Shan, “A Record of Ten Years of Death Penalty Reform [死刑改革十年录],” *Caixin*, December 18, 2016, <http://china.caixin.com/2016-12-18/101028169.html>; Yang Qian and Mo Zhang, “Death Penalty Review: Spiritual Torment [死刑复核灵魂折磨],” *People [人物]*, no. 1 (2015): 80–87; Moulin Xiong, “The Death Penalty After the Restoration of Centralized Review: An Empirical Study of Capital Sentencing,” in *Death Penalty in China: Policy, Practice, and Reform*, ed. Bin Liang and Hong Lu (New York, NY: Columbia University Press, 2016), 214–46.

¹⁸PLA Hospital, “Introduction to Organ Transplantation Center — 309th Hospital of the People’s Liberation Army [器官移植中心简介 — 解放军总参谋部总医院 (解放军第 309 医院)]” (Online, November 17, 2010), https://web.archive.org/web/20140417235354/http://www.309yy.com/_Dept/View.aspx?id=3323.

2 Six key factual claims

numbers jumped dramatically after 1999, suggesting a fundamental difference in organ sourcing — not technology that allows greater yield from the same population of donors.¹⁹ The surge in transplants also took place immediately after the onset of the persecution of Falun Gong.

In summary, the transplant activity observed in China, particularly in the post-2000 period, cannot be adequately explained by voluntary donations or death-row prisoners. The most plausible explanation, based on the available evidence, is that the Chinese state has been systematically killing prisoners of conscience, primarily Falun Gong practitioners, to obtain organs for transplantation. This would be consistent with blood and physical tests indicating organ harvesting, on-demand transplant availability, and a captive population that can be executed without consequence. There is no other known source of organs able to explain the outcome we observe.

While some have made an isolated demand for rigor about these claims — that only incontrovertible proof is acceptable before speaking about it or taking action — standards of evidence and burdens of proof are inherently political. The social scientist can only argue about which explanation is best able to account for the observations. This is why I believe we should adopt this explanation as adequate until a better one presents itself, or we come to uncover new, contradictory facts about this period of organ transplantation system development in the PRC.

This line of argumentation — inference to best explanation — is particularly relevant when considering the large scale blood testing of Uyghur detainees discussed below.

2.4 China’s organ transplantation system appears to have begun as a means of health care for the elite

The Chinese Communist Party (CCP) has long provided confidential, high-quality health-care exclusively for its top leaders. The CCP established a secret healthcare system for state leaders as far back as the 1940s, which included special hospitals, clinics, and physicians dedicated to treating the elite.²⁰ This system, known as the Central Commission

¹⁹This is based on a quantitative analysis of transplant data from Australia, Austria, Belgium, China, Germany, the Netherlands, Spain and the United States from 1989 to 2009. The analysis will appear in a forthcoming publication.

²⁰Wen-Hsuan Tsai, “Medical Politics and the CCP’s Healthcare System for State Leaders,” *Journal of Contemporary China*, 2018, 1–14, <https://doi.org/10.1080/10670564.2018.1488107>.

2 Six key factual claims

Healthcare Committee (中央保健委), operates under the direct control of the CCP Central Committee's General Office. It coordinates with hospitals run by the Ministry of Health and the military to provide comprehensive medical care for the Party's upper echelons. The Healthcare Committee uses this system as a tool of political control — leaders in good standing receive a high level of treatment, while those who have erred politically may be deprived of care.

This system has been tightly bound up with organ transplantation expertise. Key personnel involved in both the early development of this elite healthcare system, as well as its modern incarnation, have had deep transplant expertise which they presumably used in the care of Party leaders. These figures include Wu Jieping, a renowned urologist and confidant to Zhou Enlai, and Li Yantang, another leading kidney transplant surgeon.²¹ In 1964, when Mao Zedong shut down the Healthcare Committee, Wu was appointed by Zhou to lead a small team that continued to provide exclusive care for the Politburo Standing Committee. Wu went on to become a trusted physician to many top leaders. Li Yantang also cultivated close relationships with the Party leadership through his role providing them healthcare. He served as the personal physician to Deng Xiaoping and other revolutionary leaders for over 20 years.²²

This elite Party-controlled medical network appears to have served as an incubator for China's organ transplantation system. The same top hospitals and expert doctors that were charged with treating the leadership also took the lead in developing and performing transplant surgeries, including the China–Japan Friendship Hospital, the 301 and 305 military hospitals, and others.

There are many ongoing connections between leading transplant physicians and the CCP's secret healthcare systems. For instance, Huang Jiefu, former vice minister of health and leader of the transplant system, was for many years a vice chair on the Healthcare Committee.²³ Similarly, the prolific liver surgeon Shen Zhongyang has long been appointed a “core expert” for the Committee,²⁴ while He Xiaoshun, another major figure in the trans-

²¹Tsai, 947.

²²[东北网]Northeast Network, “He Was the ‘Chief Surgeon’ for Deng Xiaoping’s Surgery - Interview with Li Yantang, Urologist at Beijing 301 Hospital [他为邓小平手术“主刀”——访北京 301 医院泌尿外科专家李炎唐],” September 10, 2006, <https://archive.is/wip/9jcsx>.

²³Tsinghua University [清华大学医院管理研究院] Institute of Hospital Management, “Huang Jiefu [黄洁夫],” 2023, <http://www.ihm.tsinghua.edu.cn/show.php?id=93>.

²⁴[沈中阳]Shen Zhongyang, “Overcoming Difficulties and Bravely Scaling the Peak of Medicine [攻坚克难勇攀医学之巅],” *Forward Forum* [前进论坛], no. 01 (2011).

plant field, has also served on the committee.²⁵

2.5 Surgeons and health care workers have personally engaged in killing by heart removal

A recent study of which I was a co-author provides strong evidence that transplant surgeons in the PRC have participated directly in the execution of prisoners by organ procurement.²⁶ Our work finds that for decades, Chinese surgeons and other health workers played a key role in a state-sponsored program of medicalized execution by procuring vital organs from prisoners who were not properly declared brain dead. This finding challenges fundamental ethical principles of transplant medicine and implicates medical professionals in severe human rights abuses.

To reach this conclusion, we examined 2,838 Chinese-language transplant publications using computational text analysis. We searched for evidence of problematic brain death declarations during organ procurement, which would violate the dead donor rule — the ethical norm forbidding the procurement of vital organs from living donors. Our algorithm identified papers with language similar to text strings associated with dead donor rule violations.

We defined as problematic any declaration of brain death where the report stated that the donor was intubated *after* the declaration of brain death, or the donor was intubated immediately before organ procurement as part of the procurement operation, or the donor was ventilated by face mask only. In such cases, brain death could not have been properly diagnosed before organ procurement began, which makes the surgical removal of organs the proximate cause of death.

We identified 71 papers published between 1980 and 2015 containing such problematic descriptions. These papers came from 56 hospitals nationwide, with 348 medical personnel listed as authors, indicating a widespread and systematic practice. We discarded many

²⁵[管理员]Administrator, “Our Hospital’s Professors Wang Shenming, Lü Mingde, and He Xiaoshun Appointed as Healthcare Experts for the New Central Healthcare Committee [我院王深明、吕明德、何晓顺教授受聘为新一届中央保健委员会保健专家]” (The First Affiliated Hospital, Sun Yat-sen University [中山大学附属第一医院], November 26, 2011), https://archive.org/details/20240316/_20240316/_0329.

²⁶Matthew P. Robertson and Jacob Lavee, “Execution by Organ Procurement: Breaching the Dead Donor Rule in China,” *American Journal of Transplantation* 22, no. 7 (2022): 1804–12, <https://doi.org/10.1111/ajt.16969>.

other papers documenting transplant operations because they did not meet our stringent criteria.

Our findings challenge Chinese officials' claims that transplant surgeons are never involved in executions. The study documents what appears to be a state-sponsored program of medicalized execution in which surgeons and other health workers played a crucial role. Subsequently, the International Society for Heart and Lung Transplantation initiated a policy to reject submissions related to human organ transplantation from the PRC.²⁷ It is the only professional medical society to have enacted such a policy.

2.6 The PRC state has falsified its organ transplant data

In response to international pressure based on the facts above, Chinese officials announced a series of reforms starting in 2010 with the stated goal of transitioning to a voluntary organ donation system. They reported extraordinary successes, with annual voluntary deceased donors increasing from 34 in 2010 to over 6,300 by 2018. This data, along with assurances that China was no longer using prisoner organs, led international medical organizations to endorse China's organ donation reform.

However, a careful analysis of the available data on China's organ transplant system casts serious doubt on the integrity of China's reported numbers. In another paper I co-authored with Dr. Jacob Lavee, we found that the official figures on voluntary deceased donors conformed almost perfectly to a mathematical formula, specifically a quadratic equation.²⁸ China's data adhered extremely closely to this arbitrary formula, different from every other country about which data was available. That is, only China's data exhibited this artificial smoothness. Subsequently, updated 2017 data — which came out after our initial analysis — strengthened the hypothesis that the data was manufactured, because it provided even stronger evidence that the data had been generated based on a model. Such precise conformity to a mathematical model is extremely unlikely to occur organically from a complex, geographically dispersed voluntary donation system.

²⁷Are Martin Holm et al., "International Society for Heart and Lung Transplantation Statement on Transplant Ethics," *The Journal of Heart and Lung Transplantation* 41, no. 10 (October 2022): 1307–8, <https://doi.org/10.1016/j.healun.2022.05.012>.

²⁸Matthew P. Robertson, Raymond L. Hinde, and Jacob Lavee, "Analysis of Official Deceased Organ Donation Data Casts Doubt on the Credibility of China's Organ Transplant Reform," *BMC Medical Ethics* 20, no. 1 (2019): 79, <https://doi.org/10.1186/s12910-019-0406-6>.

2 *Six key factual claims*

Further investigation revealed anomalies suggestive of data falsification in two other datasets — central-level Red Cross figures and provincial Red Cross data. The central-level Red Cross data contained multiple instances of implausible transplant rates that were “corrected” in subsequent data points to maintain an arbitrary organs per donor ratio. Provincial Red Cross data was found to be inconsistent with transplant activity reported by hospitals. Attempts to verify official transplant numbers were stymied by a lack of transparency, with key data either withheld or tightly controlled by authorities.

We conclude in the paper that the patterns identified cannot plausibly be explained by real, underlying organ donation activity, and that the main datasets must have been manufactured and manipulated, apparently to create a false impression of the successes of China’s voluntary donation reform.

While genuine voluntary donations do appear to be occurring, the corruption of official datasets makes it impossible to determine the actual scale of China’s transplant activity and the extent to which organs from nonconsenting prisoners may still be entering the system. The deliberate falsification of such important data is a serious breach of trust that undermines the credibility of China’s claims of reform and ethical organ sourcing.

3 Current concerns

3.1 Lack of accountability means there are no incentives for the cessation of the abuse

The grave human rights abuses and extrajudicial killings associated with China's organ transplantation system, as detailed in the preceding sections, have been met with little to no domestic accountability within China. The Chinese judicial system has not taken action against the state agents involved in these abuses, which is unsurprising given that they were acting in their official capacities in furtherance of Party interests. This lack of internal consequences removes a crucial incentive for change and reform.

On the international stage, the repercussions for China's transplant community have also been limited. Despite the evidence of their involvement in unethical and abusive practices, top Chinese transplant surgeons continue to publish in prestigious medical journals (with the notable exception of the International Society for Heart and Lung Transplantation's journals) and participate in conferences alongside leading Western colleagues. This stands in stark contrast to the international isolation and professional ostracization faced by Soviet psychiatrists for their complicity in human rights abuses, or even the pressure exerted by the World Psychiatric Association on Chinese psychiatrists that led to a temporary cessation of psychiatric abuse in China. The threat of damaged reputations and stunted careers can be a powerful motivator for medical professionals to reject unethical practices, but this pressure has not been sufficiently brought to bear on China's transplant sector.

The absence of meaningful accountability, both domestically and internationally, sends a signal that reform is optional rather than imperative. Without tangible consequences, there is little incentive for China to fundamentally alter its organ sourcing practices, as evidenced by ongoing reports of suspiciously short waiting times for organ transplants in Chinese hospitals. Investigators and documentary filmmakers have continued to uncover evidence suggestive of ongoing abuses in recent years.

3 Current concerns

Given the severity and scale of the abuses that have been credibly alleged and documented, the burden of proof should lie with China to demonstrably prove that its organ transplantation system is now ethical and abuse-free. The only credible mechanism for China to demonstrate this would be large scale accountability for the system of extrajudicial killing. In the absence of such accountability efforts there are fewer incentives for ceasing the abuses, and it is difficult to justify the belief that they have stopped.

3.2 Uyghurs are highly vulnerable to this abuse

The mass internment of Uyghurs and other Muslim minorities in Xinjiang since 2017 has been accompanied by a range of disturbing practices that raise concerns about their vulnerability to organ harvesting. These include the widespread, coercive collection of DNA and blood types, blood tests and physical examinations consistent with assessing organ health, deaths in custody and disappearances, the secretive transfer of detainees by rail to prisons across China, and the continuation of organ trafficking in China post-2017.

Particularly alarming is the evidence of large-scale blood testing and biometric data collection from Uyghurs in detention. A preliminary computational review of the Xinjiang Police Files, a cache of internal documents hacked from public security computer systems in two counties of Xinjiang, reveals that over 200,000 individuals from a pool of over 500,000 have had their blood samples taken. In many cases, the ID and name of an internee is listed alongside their blood type. The files also contain several thousand instances of explicitly-labeled DNA collection from internees, with thousands of files throughout the corpus discussing DNA collection from Uyghurs.

While the collection of blood type and DNA data does not in itself prove that Uyghurs are being harvested for their organs, it is a necessary precondition for organ matching. Blood type compatibility is essential for successful transplantation, and DNA data can be used to improve donor-recipient matches and post-transplant outcomes.¹ In the context of China's history of killing prisoners for their organs and the ongoing reports of organ trafficking, the mass collection of this sensitive biological information from a population subjected to extralegal detention is deeply concerning.

¹M. Mitalipova, "Submission of Maya Mitalipova to the China Tribunal," 2019, https://chinatribunal.com/wp-content/uploads/2019/06/April/_Submission/_Maya-Mitalipova.pdf.

3 Current concerns

The parallels between the current repression of Uyghurs and the earlier persecution of Falun Gong practitioners, which coincided with a surge in organ transplants and evidence of forced organ harvesting, are striking. Uyghur detainees have reported being subjected to unexplained blood tests and medical examinations focused on assessing organ health, mirroring the accounts of Falun Gong detainees in the early 2000s.² The transfer of Uyghur prisoners by rail to facilities across China,³ the lack of accountability for deaths in custody, and the continuation of organ trafficking in Chinese hospitals⁴ despite claims of reform all contribute to an environment in which Uyghurs are highly vulnerable to being exploited as an organ source.

Given the gravity of the allegations and the mounting evidence of abusive practices targeting Uyghurs, it is imperative that the international community demand transparency and independent investigations into China's organ transplant system. The mass collection of blood samples and biometric data from Uyghur detainees, in light of China's history of organ harvesting from prisoners, should be treated as a matter of urgent concern and a potential precursor to severe human rights violations.

²G. Jelilova, "Statement of Gulbahar Jelilova for the China Tribunal," 2019, https://chinatribunal.com/wp-content/uploads/2019/04/April/_Statement-of-Gulbahar.pdf; M. Tursun, "Statement of Mihrigul Tursun for the China Tribunal," 2019, https://chinatribunal.com/wp-content/uploads/2019/04/April/_Statement-of-Mihrigul-Tursun.pdf; O. Bekari, "Submission by Omer Bekari for the Independent Tribunal into Forced Organ Harvesting in China," 2019, https://chinatribunal.com/wp-content/uploads/2019/04/OmerBekari/_PD.pdf.

³Holly Robertson, "Hidden from View: Is China Transferring Uighur Detainees to Far-Flung Prisons?" *ABC News*, October 10, 2018, <https://www.abc.net.au/news/2018-10-10/is-china-transferring-uighur-detainees-to-far-flung-prisons/10356406>; Radio Free Asia, "Xinjiang Authorities Secretly Transferring Uyghur Detainees to Jails Throughout China," 2018, <https://www.rfa.org/english/news/uyghur/transfer-10022018171100.html>.

⁴TV Chosun, "The Dark Side of Transplant Tourism in China: Killing to Live," 2018, <https://vimeo.com/280284321>.

4 Recommendations

My expertise is in the substantial and methodological questions associated with researching this and other social scientific questions — not in what lawmakers and policymakers ought to do in response.

Organizations like the International Coalition to End Transplant Abuse in China, Global Rights Compliance, medical groups like Doctors Against Forced Organ Harvesting, and professional associations like the International Society for Heart and Lung Transplantation have proposed a variety of policies that would isolate Chinese surgeons engaged in unethical transplant activity, rejecting their publications or denying their participation in conferences.

With sufficient political will, additional measures could be implemented. A high-level menu of action items for the U.S. and other governments (in rough escalatory order) might include:

4.1 Investigate federal funding

The U.S. government should investigate whether federal funding has been provided to Chinese entities involved in unethical organ transplantation practices. Through my research, I have compiled several large datasets from primary Chinese-language sources, including over 100,000 medical publications, biographies of surgeons, and transplant textbooks. These can be used to identify thousands of surgeons, healthcare workers, and hundreds of affiliated hospital institutions engaged in these activities. The practices described, such as organ trafficking and human trafficking for the purpose of organ removal, are not only criminal but also violate human subject research protections outlined in the Common Rule and the NIH’s policy on human subjects protections.¹

¹National Institutes of Health, “NIH Grants Policy Statement” ([https://grants.nih.gov/grants/policy/nihgps/HTML5/section_4/4.1.15_human_subjects_protections.htm?Highlight=event#:-:text=The%20HHS%20regulations%](https://grants.nih.gov/grants/policy/nihgps/HTML5/section_4/4.1.15_human_subjects_protections.htm?Highlight=event#:-:text=The%20HHS%20regulations%20))

4 Recommendations

Some of the hospitals involved are among the largest in China and have many international ties. Have they received federal funding from U.S. agencies, such as the National Institutes of Health and the National Science Foundation? Congress should write letters to these organizations, requesting a review of past and current funding to entities that have violated human subject protections and engaged in organ trafficking. Grantee institutions should be asked to account for their level of oversight of potential subawardees implicated in these practices.

4.2 Increased congressional oversight

Another area that requires further scrutiny is the role of U.S. medical schools in training Chinese surgeons who have subsequently engaged in unethical transplant practices. My preliminary analysis of a cache of surgeon biographies indicates that hundreds of PRC doctors received training at U.S. institutions – but the full scope of this training remains unclear.

Congressional oversight could include getting a much more thorough understanding of which U.S. hospitals have trained Chinese surgeons, specifically which surgeons they have trained, what they have trained them in, and when. This data could then be joined with our data on doctors and hospitals that have engaged in organ trafficking, in order to understand the extent to which U.S. institutions, particularly those in receipt of federal funding, have been complicit in the training of PRC surgeons.

This sort of investigation is relevant even if the training took place many years ago. Without Congressional oversight, it would be difficult to get the records held by these U.S. entities showing the full scope of their interaction with and training of PRC surgeons. We have a number of leads on the U.S. hospitals in question and we would be pleased to share them directly with Congress.

20for%20the,as%20subjects%20in%20research%20activities, December 2022); Office for Human Research Protections, “Federal Policy for the Protection of Human Subjects (‘Common Rule’)” (U.S. Department of Health; Human Services; <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html>, n.d.).

4.3 Individual sanctions

The United States could freeze any U.S. assets and deny visas of all surgeons and health care workers who have participated in organ transplant surgeries prior to 2015. I suggest the cutoff as 2015 because even though data associated with the transplant reforms was falsified, there is evidently some level of reform taking place. A 2015 cutoff gives Chinese health care workers the benefit of the doubt. Prior to 2015, however, there was no national voluntary organ procurement system, and thus almost all transplants were illicit and involved coercion, trafficking, and often extrajudicial killing.

It is possible that the U.S. could enroll allied governments in putting similar pressure on perpetrators. This may make it impossible for surgeons to travel to Western-aligned countries. The deterrent and shaming effect of measures like this might help to spur further reforms and help to reduce any ongoing abuses.

4.4 Diplomatic pressure

The United States could present specific information of criminal or unethical transplant activities about named facilities and doctors to the Chinese government and pressure the government to investigate and prosecute them. As we know, the individuals in question work for the state and engaged in human trafficking and extrajudicial killing in their capacity as agents of the state — nevertheless, publicly and privately drawing attention to this information and demanding that action be taken could have some effect.

4.5 Entity sanctions

This would be the most forceful set of sanctions.

Some of the hospitals and medical centers that engaged in these illegal activities, and apparently still engage in them, are among the largest and most well-resourced in China. It may be feasible to craft export bans that prevented any transplant-related technology or pharmaceuticals from entering China, and/or preventing any U.S.-connected businesses from transacting in China's transplant sector.

4 Recommendations

It may also be possible for the Treasury's Office of Foreign Assets Control to add these hospitals to the Specially Designated Nationals and Blocked Persons list, which would prevent financial transactions with U.S. persons. Gathering the intelligence and conducting the legal analysis needed to responsibly make these designations would be a major interagency effort, but adding thousands of hospitals and surgeons to OFAC's SDN list would send an extremely strong signal about the U.S.'s opposition to the PRC's practices of human trafficking, extrajudicial killing, and organ harvesting.