

New Magazine Article Provides Shocking Details about “China’s Killer Doctors”



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(Minghui.org) In the article “China’s Killer Doctors” published in the *Tablet* magazine on June 27, 2022, an Israeli transplant surgeon, Jacob Lavee, recalled a chilling conversation with a patient in November 2005.

According to Lavee, the patient, who was suffering from advanced heart failure, scheduled a heart transplant in China in two weeks after having waited for a matching organ in Israel for a year.

Despite Lavee’s skepticism about the “scheduled heart donation,” the patient went to China and received the heart at the promised time.

This experience eventually prompted Lavee to look into the transplant system in China and make the shocking discovery of Chinese doctors extracting organs from living people. Three years later, he spearheaded the transplant law in Israel, which bans Israeli insurance companies from covering the medical costs of patients who receive “illicitly obtained organs” in China.

On April 2, 2022, Lavee and Matthew P. Robertson from Australian National University published an article titled “Execution by organ procurement: Breaching the dead donor rule in China” in *American Journal of Transplantation* (AJT) about the research into the live organ harvesting by the Chinese Communist Party.

The AJT article examined 2,838 papers from a database of 124,770 Chinese-language transplant publications and found “evidence in 71 of these reports, spread nationwide, that brain death could not have properly been declared.

“From these reports, we infer that violations of the DDR (dead donor rule) took place: Given that the donors could not have been brain dead before organ procurement, the declaration of brain death could not have been medically sound. It follows that in these cases death must have been caused by the surgeons procuring the organ,” the article concluded.

The Doctors' Own Confessions

In the new *Tablet* article “China’s Killer Doctors,” both Lavee and Robertson detailed the process of their research and highlighted evidence that was previously documented in the AJT paper.

They noted that 2000 marked the beginning of the rapid expansion of China’s organ transplantation system, including the training of thousands of new doctors, the construction of new hospital buildings dedicated to transplants, patent filings on new transplant technologies, as well as the domestic production of immunosuppressive drugs.

With such rapid development, a leading surgeon told Chinese media that “2000 was a watershed year for the organ transplant industry in China.” Another said the number of hospitals doing liver transplants after 2000 “rose abruptly—like spring bamboo after rain,” according to the *Tablet* article.

But all of the changes happened even though China has no organ donation system. While some Chinese health officials claimed that death row prisoners were the main source, the increase in transplants continued even after major reforms in the death penalty system that took place in 2007 dramatically reduced the number of executions.

In 2015, Jiang Yanyong, a Chinese military doctor, admitted to a media in Hong Kong that Chinese doctors “would shoot prisoners so they’re not fully dead ... then quickly pull them into the truck and get the liver out.”

“Are Prisoners Who Have Their Hearts Removed for Transplantation Actually Dead?”

While it has been proven by other researchers that Falun Gong practitioners and Uyghur Muslims are the two main groups targeted in organ harvesting, Lavee and Robertson still questioned whether donors were actually dead when the doctors removed their hearts.

As they wrote in the *Tablet* article: “For an organ donor to be medically and legally dead, brain or circulatory death must first be declared. Brain death is the permanent and irreversible cessation of all brain function, including breathing. As long as ventilation is artificially maintained in such patients, the heart continues to beat for a short while, thus keeping vital organs viable and suitable for transplantation.

“This question is central, because if the prisoner donors in China were indeed brain dead at the time, then heart extraction would not have been the cause of death. But if the declaration of brain death was false—or indeed, medically impossible—then heart procurement would necessarily have been the cause of death. In other words, the prisoners would have been alive at the time of heart extraction and the surgeons would have been executioners.”

To answer their question, they searched 120,000 Chinese-language medical publications in both academic and medical databases from the 1950s to late 2020, using keywords such as “脑死亡后立即气管内插管给氧”(“after brain death, immediately perform endotracheal intubation”) and “供体大脑死亡后,首先分秒必争地建立呼吸与静脉通道”(“after donor brain death, race against the clock to establish respiratory and venous access”).

In their findings, there were 71 studies published between 1980 and 2015 that concerned 56 hospitals, including 12 military hospitals, in 33 cities across 15 provinces. These studies indicated that brain death was not properly declared before the heart extraction. Thus, the transplant itself was the cause of the donor’s death.

Lavee and Robertson cited one such study (which they coded as paper 0191) in the appendix of the AJT paper. This study stated that the Chinese surgeon involved in the transplant made it very clear that the victim’s heart was still beating before they removed it. “The donor was intravenously injected with heparin 3mg/kg 1h before the operation ... The heartbeat was weak and the myocardium was purple. After assisted ventilation through tracheal intubation, the myocardium turned red and the heartbeat turned strong ... The donor heart was extracted with an incision from the 4th intercostal sternum ... This incision is a good choice for field operation where the sternum cannot be sawed open without power.”

In another study that Lavee and Robertson coded as paper 0173, another Chinese surgeon admitted that the victim was still breathing and not intubated. “Before the chest is opened, 100mg of heparin is injected and the mask is pressurized to give oxygen to assist breathing.”

A third study coded as paper 0463 said that a surgeon revealed an important detail: “After the donor is confirmed brain dead, four cases of tracheal intubation, three cases of mask oxygenation, quickly establish artificial respiration, rapid median thoracic dissection ...” If the victim was already dead, they wouldn’t have been able to breathe on their own and the (oxygen) mask wouldn’t have been necessary. When the surgeon still used the (oxygen) mask on the victims, the only possibility was that they were still breathing and alive.

Never Again

Lavee and Robertson wrote at the end of the *Tablet* article, “China’s crime against humanity—of massive executions by organ-procuring physicians—has been accomplished secretly under the headlights of operating rooms, and so for decades has been hard to detect. The global silence with which these crimes have been met is unconscionable—crimes similar to those of the Nazi doctors are repeating themselves in front of our eyes, and yet the world remains quiet. It is high time for Western scientists, doctors, and the rest of humanity to reaffirm the sanctity of the Hippocratic oath and give meaning to the Jewish slogan after the Holocaust: Never again.”

US Senator Tom Cotton tweeted the article on June 28, 2022. He wrote: “The Chinese Communist Party continues to harvest organs from persecuted religious groups, prisoners of conscience, and inmates. @ChrisCoons and I introduced legislation to hold the CCP accountable for these heinous crimes.”

The legislation Senator Cotton referred to is the “Stop Forced Organ Harvesting Act of 2021” introduced to the Senate in March 2021. It has 15 bi-partisan cosponsors so far and is awaiting further action by the Senate.



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