

## 追查迫害法輪功國際組織（追查國際）

### World Organization to Investigate the Persecution of Falun Gong (WOIPFG)

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

#### Investigation Recording 2019-045

**Date:** April 22, 2019 (+86-7712870303)

**Subject(s):** Huang Huaping, Director of Liver Transplant, Chinese People's Liberation Army No. 303 Hospital

#### Summary

1. Liver sources are available at any time.
2. It can be as quick as a few days. We usually have two to four (transplant) surgeries a week.
3. We do about 300 cases a year, and last year we did over 310 cases, of which 30 to 50 cases are liver transplants and 270 to 280 are kidney transplants, and the rest include pancreatic, lung transplants—we do them all.
4. Starting from the very beginning when donors are identified, we get involved by proactively inspecting and maintaining(the organs), and keep everything about the organ sources under our control.
5. We have a dedicated OPO team acquiring organs from different channels. A person from our division is in charge of all these things.
6. They (the Red Cross) witness and go through the protocols with us thoroughly. All procedures comply with National Legal Regulations and Protocols. All procedures are included.
7. Investigator: The hospital president, He Xiaoshun from that hospital in Guangzhou, has developed a non-ischemic liver transplant procedure. Do you use that in performing the surgeries?  
Director Huang Huaping: That's what we do too! Ha-ha, but...
8. "Round trips to bring back the donor organs usually take 2 to 3 hours."
9. "Currently, each individual unit or hospital is inclined to have more autonomy with organ allocation. It's still this way."

## **Translation**

Director Huang Pinghua: Hello, how are you?

Investigator: Hello, is this Chinese People's Liberation Army No. 303 Hospital?

Director Huang Pinghua: Yes.

Investigator: Ah, is Director Huang Huaping available?

Director Huang Pinghua: This is He.

Investigator: Oh, you're Director Huang Huaping?

Director Huang Pinghua: Yes.

Investigator: I have a question for you, do you still do liver transplant surgeries at the No. 303 hospital?

Director Huang Pinghua: Ah... what's the patient's blood type?

Investigator: He has blood type B.

Director Huang Pinghua: Does he have blood type B?

Investigator: Yes.

Director Huang Pinghua: What's his primary disease?

Investigator: He was diagnosed with advanced cirrhosis.

Director Huang Pinghua: Regarding advanced cirrhosis, I suggest that the patient come over and receive medical treatments while waiting for the surgery. Because liver sources may become available at any time.

Investigator: Oh, it may be available at any time. How does that work?

Director Huang Pinghua: Yes. But it cannot be reserved, yes!

Investigator: Right? So it is ...

Director Huang Pinghua: Yes, oh, please, go ahead.

Investigator: Here are just my thoughts, because I'm calling you from Beijing. I'm from the PLA General, and one of my boss' family members needs surgery.

Director Huang Pinghua: Oh, yes.

Investigator: I was asked to collect some information, like how long we need to wait for the surgery in general, or as you just told me, how long would be the wait time in that fast case?

Director Huang Pinghua: It could be as quick as a few days. We usually do two to four cases each week.

Investigator: Oh, then there are quite a large number of cases performed here each year.

Director Huang Pinghua: In a year, oh, we total over 300 cases. There were more than 310 cases performed last year.

Investigator: Oh, I want to ask about the liver resources. You mentioned that liver sources may become available any time. Then how do you guarantee the quality of the liver sources?

Director Huang Pinghua: Oh...we assess the conditions (of the organs): starting from the very beginning when donors are identified, we get involved by proactively inspecting and maintaining (the organs), and keep everything about the organ sources under our control. We have dedicated OPOs, and organs are acquired from different channels. A person from our division is in charge of all these things.

Investigator: Oh, so you're telling me that (the organs) must be qualified before being used.

Director Huang Pinghua: Yes, that's right. We inspect and maintain (the organs) quite early.

Investigator: As I know, as all of us in Beijing know, that in the past, there were donors from prison. Like those donors who practiced Falun Gong—are they still obtainable?

Director Huang Pinghua: We don't have that kind of organs. Here we don't have those.

Investigator: Then before, previously...

Director Huang Pinghua: What we have now are from citizens—they are all voluntary donors, voluntary donors. The dual standards—cardiac death and brain-death—are established by the National Health and Family Planning Commission and the National Red Cross Society. We follow the standards strictly.

Investigator: You mean that all donors are from the Red Cross Society locally?

Director Huang Pinghua: Yes, they(the Red Cross) witness and go through the protocols with us thoroughly. All procedures comply with National Legal Regulations and Protocols. All procedures are included.

Investigator: Oh, then I have another question: President He Xiaoshun, from that hospital in Guangzhou, developed something called a non-ischemic liver transplant. Do you use this technique in your surgery?

Director Huang Pinghua: That's what we do too! Ha-ha, it's just a concept. But in practice, we make every effort to minimize the ischemia time and ensure adequate control of bleeding—the so-called non-ischemic state. All liver transplants face ischemia problems—ischemia is unavoidable, but all ischemia can be kept within a safe range! This is just an academic term. Ah, please continue.

Investigator: But his method sounds like no ischemia at all—they use something like an extracorporeal circulation system, something like that.

Director Huang Pinghua: There is no need for extracorporeal perfusion. Once the blood vessels and ducts are connected in a short time, the blood can circulate. As long as the superior vena cava and inferior vena cava get reconnected, the blood perfusion can resume. This is feasible and practical. We do the same thing now, yes, that's right.

Investigator: You do the same thing too?

Director Huang Pinghua: Yes, that's right.

Investigator: Ah, because they promote the technology, they call it non-ischemic.

Director Huang Pinghua: Yes. After the surgery, the postoperative recovery is quick.

Investigator: If it's what you described here—then the reconnections are quick, so the donor and the recipient must stay together and have the surgeries simultaneously, right?

Director Huang Pinghua: No, not like that, that's not what I mean. There is no need to have the surgery immediately. I'm talking about the surgery of the recipient once the organ is available, the time of the surgery on the recipient is minimized.

Investigator: Does this mean that the donor also needs to stay in the operating room for organ removal at the hospital?

Director Huang Pinghua: No, not really, we obtained them off-site, some of them were obtained at... the majority were obtained off-site.

Investigator: Oh, oh, I see.

Director Huang Pinghua: The majority of the organs were obtained off-site. Once we obtain the organ, we perfuse the organ with nutrition solutions. A designated staff member then follows up and maintains the preservation after perfusion.

Investigator: What He Xiaoshun's team uses, there is no need for perfusion, it was okay by just reconnecting them all.

Director Huang Pinghua: It's the same, they all need perfusions as they are allogeneic. All the blood and the antibodies in the organ should be replaced. We make sure that the organ is cleaned up thoroughly, this way, there will be no rejection after the surgery.

Investigator: What He Xiaoshun's team did, not....

Director Huang Pinghua: He did not, you do not quite understand. What he said doesn't refer to the distance between the donor and the recipient, the physical distance is allowed. What he said is that: the organ was cleaned up completely and there was no more blood or antibody residues of the original donor. At this point, the surgery can be done with extracorporeal circulation. In this way, the recipient ischemia time was minimized. The recipient ischemia is not liver ischemia. Do you understand now? It is okay if liver ischemia is within a certain time range.

Investigator: Oh, oh.

Director Huang Pinghua: Yes, that's right.

Investigator: So, what we were told sounds like an innovation. Is what he invented a new technology?

Director Huang Pinghua: Yes, the discussion of this topic has been carried on all the time. Every transplant center has its own experiences during the promotion. He started to remodify the system two or three years ago and continues to work on the system. But we don't use his technology because we have our own expertise. It's convenient for us to use our own, you know?

Investigator: The postoperative outcomes are the same, right?

Director Huang Pinghua: Oh, theoretically his system is quite advanced, but it's too hard to operate, and it's too complicated! The instrument itself is very complicated, but it can be used if you know it well, and it's easy for us to learn if we want to. The instruments, which we have here, are made in Germany and the USA. They're more advanced than his. We've been learning these systems gradually and now it's convenient for us to use them as well. Regarding donor livers, the process from the liver procurement to transplantation, we can maintain it for a relatively long period of time and keep it the same as in its original condition. This is how it works. For his method, during the operation, it's maintained by extracorporeal circulation instead, if inferior vena cava

blood flow is not stopped. But perfusion of all major organs isn't an issue for us if needed. The artery, the hepatic artery is not...

Investigator: Please go on, please continue.

Director Huang Pinghua: There are no blockages in arteries. For donor and recipient, the only problem you need to solve is the inferior vena cava blood circulation. Because for liver transplants, the cava blood flow—the portion connected to the liver—needs to be clamped temporarily, so we can get the inferior vena cava reconnected in 30 to 45 minutes. Then the cava blood supplies are reestablished afterwards. It is just like that. If the operation can be done within this time range, it doesn't cause severe problems with 30 to 40 minute clamping of cava veins, not at all.

Investigator: Then how many hours does it take for the entire liver transplant surgery?

Director Huang Pinghua: It all depends. For example, in a cirrhosis case like yours, it's very easy to take the liver out because it's small, while for majority of the cases, the removal of native liver may take quite long, the overall time is about six to eight hours, the quickest case is a little over five hours here.

Investigator: Ah, then it's done. But his operation time is thirty minutes less than yours.

Director Huang Pinghua: Oh, his surgery—the operation time is a little longer than ours, because it involves intubation as an extra step, and additional steps following intubation. Next, controlling the bleeding is more challenging. Heparin anticoagulation, or anticoagulation, must be used as long as extracorporeal circulation is applied. So, the postoperative recovery and control of bleeding are even more challenging, but this is just our view. We observed how their operation was being done and still think that there is room for improvement, and it can be quite ideal after modifications. At this point, we prefer to use our own technology; it's efficient, and the outcomes are great. There is no need to worry about the mechanical intubation, extubation, perfusion, and coagulation. But using his method, a large amount of coagulation factors is used to control the bleeding. When using our method, blood transfusions are unnecessary for the majority of the cases, even for liver transplant surgeries.

Investigator: How do you control the bleeding?

Director Huang Pinghua: Ah, just by surgical techniques—improve your surgical skills.

Investigator: Oh.

Director Huang Pinghua: It's done by using surgical techniques and skills, such as electrocautery, bipolar electrocautery etc. By using these tools, you can control the bleeding with your attentiveness. During early days, the surgeries weren't done this way. Rather, livers were removed in a hurry at the very beginning, then hemostasis on a large scale became very challenging. The control of bleeding was super tough when all veins

and ducts were open. Especially for liver transplants, hemostasis was very challenging and time consuming once the new liver was inserted in the cavity and the space was fully occupied. This resulted in massive blood loss. When we perform the surgeries, hemostasis begins with skin incision and attentiveness instead.

Investigator: Oh, oh, that's no longer a problem. But are they living donors that He Xiaoshun uses? The donors must be alive because blood circulations are needed, otherwise, there is no blood supply if dead.

Director Huang Pinghua: It's the same, that's not—like that, you didn't get what I'm talking about. What I'm saying, or what he said—the recipient corresponding to the donor—not the donor himself/herself, there is no way to provide perfusion for the donor. A surgery should be performed this way: all reconnections should be done well. You reconnect the veins or ducts, one at a time—open the clamp after one gets reconnected. The inferior vena cava behind and front should be reconnected first, then all clamps of inferior cava veins can be removed. The venous blood can flow back to the heart. Next is to reconnect the hepatic artery, followed by the bile duct and then the portal vein. The clamp can be removed once that reconnection is done, it's just a matter of surgical sequence.

Investigator: Oh, it goes this way.

Director Huang Pinghua: His system just acts as a warranty—to guarantee inferior vena cava blood flow. This may not pertain to the donor, there is definitely an ischemia for the donor, it's a common knowledge for donor ischemia, but it's not like that—the longer the ischemia is, the worse the organ gets. It all depends on how the preservative process goes, including what nutrition solution you are using and the ischemia time when you take out the liver. The current warm ischemia and cold ischemia must be short, especially the warm ischemia—the time when you take out the organ—between the body temperature of donor drops and the perfusion starts—the shorter the time is, the better condition the organ remains in. The surgeries we perform, the processes we excise and obtain the organs, and the technical skills of these operations are truly, super mature. We excise and obtain organs super-fast; our warm ischemia time is...

Investigator: Are there any new guidelines? Are there any new guidelines about warm ischemia and cold ischemia?

Director Huang Pinghua: There have always been guidelines, all the time. One would be fraud if there were no guidelines. For example, the warm ischemia is usually less than five to ten minutes. Then we start the perfusion immediately, and right at this point, the warm ischemia becomes cold ischemia. Cold ischemia uses chilled perfusion, and this allows (the organ) to be kept for a longer time. Once we provide the perfusion with nutrition and preservative solutions, then the time, when there is neither warm ischemia nor cold ischemia, is guaranteed less than five minutes.

Investigator: So current donors are usually local, and they cannot be too far, right?

Director Huang Pinghua: Round trips to bring back (the organs) usually take 2 to 3 hours.

Investigator: Is it possible to get them from other provinces or any faraway places?

Director Huang Pinghua: Those are rare cases—perhaps we do have some, after we obtain the organs, we can exchange them through the organ allocation system, and it's okay to send it over to other places. It can be sent away if the perfusion is guaranteed and both the warm ischemia and cold ischemia are within the normal range. Because it allows six to eight hours from donor to the transplant surgery, alright.

Investigator: Does the military have their own organ allocation system, or is there just one for all?

Director Huang Pinghua: All together, all in one—they are altogether.

Investigator: Oh.

Director Huang Pinghua: Yes. The organs from the OPO are allocated and managed by the Organ Organizing Committee.

Investigator: Oh, it's standardized.

Director Huang Pinghua: Yes.

Investigator: It's getting more standardized now.

Director Huang Pinghua: Mhm, yes, it's getting more standardized, but, from the current point of view, each individual unit or hospital is inclined to have more autonomy on organ allocation. It's still this way.

Investigator: Hospitals like your capacity should be able to get that type of donors. Those are really large hospitals.

Director Huang Pinghua: Yes. That's right.

Investigator: By the way, I have another question and many people in the army would like to know about it as well: Do you still do kidney transplants in the hospital?

Director Huang Pinghua: Where?

Investigator: Do you do kidney transplants at your hospital?

Director Huang Pinghua: We are mainly doing kidney transplants.

Investigator: Mainly kidney transplants, then how about liver transplants?



Director Huang Pinghua: We mainly do kidney transplants. We do 30 to 50 liver transplants approximately each year.

Investigator: So about 30 to 50 cases, but didn't you just mention 300 cases?

Director Huang Pinghua: Among those 300 cases, there are a lot of kidney transplants, which are over 200 cases. There are also kidney-pancreas and liver-kidney double transplants, heart transplants and lung transplants; we cover them all. We have done transplants for all organs.

Investigator: Ah, no wonder why my boss asked me to contact your hospital. Your hospital is quite good.

Director Huang Pinghua: Oh, because we started early and made significant progress at the same time compared to others. We had the basic advanced structures; we laid the foundation that organ procurement cannot rely on transplant centers. The national guideline which covers everything including organ procurement and preservation was outlined by several of us. We establish and draft the guideline every year—the major parts are compiled by us.

Investigator: Regarding the organ sources....

Director Huang Pinghua: The key is the organ procurement and preservation including assessment—what, what, what kind of donors can or cannot be used. We establish the bulk of the guidelines, and annual updates and revisions are done by us as well.

Investigator: Then your hospital must have been highly regarded and respected in the field, right?

Director Huang Pinghua: Oh, perhaps we are the top one in the army.

Investigator: Ha-ha, you mean in the kidney transplant field.

Director Huang Pinghua: We're the third, fourth, or fifty largest nationwide every year. Alright.

Investigator: Oh, oh, as you do kidney transplants, how long does the patient need to wait for the surgery if he comes?

Director Huang Pinghua: We mainly do kidney transplants. It also depends on if the patient's tissue typing goes well.

Investigator: You do more kidney transplants than liver transplants. Since you do up to 300 liver transplants, you must have done even more kidney transplants.

Director Huang Pinghua: No, not like that. For kidney transplants...for so-called organ transplants, they total about 300 cases a year, of which 30 to 50 cases are liver transplants and 270 to 280 are kidney transplants, and the rest are pancreatic, lung transplants, etc.— we do them all.

Investigator: Oh, oh, I see. I got it.

Director Huang Pinghua: All right.

Investigator: All right, thank you. Thank you, Director Huang, for educating me, I will tell my boss, we will see you soon when he makes up his mind.

Director Huang Pinghua: All right.

Investigator: All right, thank you.

Director Huang Pinghua: All right.

Investigator: Oh, may I ask the price, would you please tell me the price? How much is a liver transplant surgery?

Director Huang Pinghua: Ah, the price ranges from 600,000 to 800,000 yuan.

Investigator: How about a kidney transplant surgery?

Director Huang Pinghua: That's about 300,000 to 400,000 yuan.

Investigator: Oh, great. I'll get ready soon, thank you.

Director Huang Pinghua: Bye.