

# The Chinese Organ Business of Concern-Field Research on the Institutional Determinants of Health in PRC

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## Abstract

The field research adopted a grounded theory approach to the criminal organ harvesting behaviors of the People's Republic of China (PRC). With ethics reviews and case studies, the research presents the PRC conducts that do not violate the "dead donor rule" technically but still criminal in nature. With the "tribute medicine" system of PRC, the world's public health resources can be monopolized by the Communist Party of China (CPC) in times of global needs. The systematic murders and silencing in PRC for persons' transplantation needs in power positions can target even on underaged persons. The monetarization of organ sources and organ transplantation business by CPC-led PRC can constitute systematic crimes up to crime against humanity with its erosions to medical ethics and basic human morality.

**Keywords:** COVID-19; Communist party of China; Crime against humanity; Morality; Organ harvesting

## Introduction

Buying into the narratives of the Communist Party of China (CPC) can lead to severe sociological consequences. Shweder RA et al. [1] appraised the empirical values of emotivism to monist moral truths [1]. Technology amplification on post-truth society diverges moral consensus and ambiguates the senses of reality, creating political polarization in democratic societies [2]. The field research focuses on the dimension in medical ethics and institutional determinants of health, with its implications to judicial justice and health equity. Albeit fundamentalism is heavily controversial in scientific philosophy, the moral-ethical dimensions in intersubjectivity and subjective bias in qualitative methods are best weighed in fundamentalism than otherwise. With the People's Republic of China's (PRC) authoritarian administrative structures of medical information monopolized through government subsidies, the research questioned into its implications in forensic and clinical evidence [3]. Two cases have been studied for the research amongst the SARS-CoV-2 disinformation and misinformation systematically conducted by the PRC government [4]. While the two cases are intimately associated with the collapse of judicial system in PRC, the field research, with direct observations and qualitative interviews in the PRC public health system, focused on the erosion of equality in public health equity [5]. The reductionism to public health equality reconstructed the grounded theory approach to the field research, with the state-sponsored illicit organ business.

## Methods

### Ethics reviews

The brain death definition and "Dead Donor Rule" (DDR) have been established to prevent medically conducted murder in exchanging one person's life over another [6,7]. While medical definition of brain death mainly ruled out live vital organ transplantation such as the heart, in practice, live donations of functional organs are operated such as one kidney,

partial liver, and partial lung [8]. The practice has already stirred ethical debates and controversies on the competitive market-based economy exploiting poverty-stricken individuals for their organs with the public-private dichotomy in organ transplantation, and the marketization potentials of Rh-negative blood types and vital organs create further moral-ethical concerns in proliferation [9]. The ethical concerns raise questions in medical privacy from a criminological perspective. Spitale G [10] discussed bioethics from a science management perspective, but further potentials in moral derogation need to be considered for with reduced information access costs in medical digitization [10]. Blood tests are common in medical practices, and automated screening matching in scarce organ resources through algorithms gives vent to criminal psychological incentivization, if not the convenience of organ transplantation disincentivizing alternative and equally valid treatment plans [6,11].

The phenomenon in medical ethics researched into is not the first of PRC's widely incurred public health disaster incentivized by the public health system and institutions' interests. Blood plasma transfusion used to be a lucrative business for the PRC hospitals. Nationwide campaigns for influenced voluntary plasma donations and mandatory plasma donations till date have been one of the major plasma sources for the institutions. Paid plasma donations with 200 to 400 RMB per 400cc are conducted during plasma shortages, and led to widespread HIV infection in He'nan province in the 1980s and 1990s-information of which was highly suppressed by the Chinese government due to nested interests [12]. The Chinese state officials pushed for human organ transplantation in 2007, and started nationwide propaganda campaigns, with primary school children included, for organ donation signing, and put organ business in formal channels [13].

Forced organ harvestings have been a major organ source in PRC hospitals for transplantation. The CPC structured the judiciary sentences with a characteristic clause of depriving civil rights and civil liberties, especially for life imprisonment and death sentences. The clause, against the spirit of the Geneva Conventions and Universal Declaration of Human Rights, gives rent to the use of the organs of the imprisoned persons. Executions of those sentenced to death have no transparency in the process to the relatives, and sometimes the latter don't even get the urns of their loved ones. Ambulances and other vehicles often wait in lines in the execution site, and the bullet-executed persons are soon transferred for transplantation operations. Such practices were formally banned in 2015, replaced with information digitization in the context of critical organ shortages [14]. Deliberate mass forced organ harvestings were conducted on the Falungong members in the 1990s during Jiang Zemin's chairmanship, and the China Central Television (CCTV) reverted the narratives accusing the Falungong members of smuggling human organs [15]. An undercover investigation video was shared on Twitter with a People's Liberation Army Rocket Force medical doctor, who claimed to have access to lungs of the finest qualities from people who exercise qigong with the right prices.

## Case collection and selection

The case collection and selection were informed by discussions on social media. Main sources were collected on WeChat and Twitter, and more formal publications were subsequently searched for on Google. The grounded theory research strategy has been contributed by the systematic deletion of digital information in the public sphere by the PRC government, and information on Chinese social media disappears quickly with the governmental-body-sponsored operations. Apart from some community effects in civil rights by immigrated Chinese, the systematic conducts drove many Chinese people to Twitter with Virtual Private Network (VPN) in communicating and exchanging information of public concern without being censored and with less risks of harassments for their speech.

The two cases selected span 28 years from each other, with a common theme of murder for organ transplantation for persons in the CPC leadership. The historic case from 1995 was heavily debated and discussed, but some key documents, such as "Judicial Murder and Organ Transplantation" written by Beijing Foreign Studies University professor Qizhen Ding, have been systematically removed [16]. The only progresses were made in PRC criminal law with monetary incentives, forceful harvesting, smuggling, illicit experiments, and unlicensed practice [11]. Even though introducing the definition of brain death was discussed in the legal studies literatures, the fulfillment of brain death criteria in the hospital organ harvestings does not validate the procedural justice of the practices.

The contemporary case from 2022 is selected for the continuation of murder for organ harvesting and transplantation. Systematic top-down silencing, ill-interpretations of evidence, and evidence tampering have been intimately associated with the PRC official announcements on the results of the case [17,18]. Internet sources drew plausible inference on the case's association with Jiang Zemin's organ uses before his death, and before the underage boy's body being found hanging headless by shoelaces, with his high school coat worn front-side-back, in a PRC national level granary near the school [19,20].

## The Nie Shubin case

The Nie Shubin case was solved by the police Zheng, Chengyue, who was removed from office afterwards by power political retribution and lived in financial deprivation before his death in 2022 [21,22]. The Nie Shubin case was originally convicted by a former PRC minister of state security Xu Yongyue, when he was secretary of Central Political and Legal Affairs Commission in Hebei [23]. The evidence was far-fetched with Nie's ties to a raped murder case, but Xu Yongyue ordered a quick execution on Nie Shubin [21]. In 2005, Zheng came across a serial murderer Wang Shujin, who confessed 4 murder rape cases and 2 rape cases, with the one Nie Shubin was nominally killed for included [24]. Zheng treated the convicted serial murderer as a protected witness before the trial, and even when Wang Shujin publicly confessed his murders in the

court that is liable for death sentence, the public prosecutors in the court strived to argue for his innocence from the murder [21,22,24].

Xu Yongyue's determinations and timing on ordering Nie Shubin's death was associated with the kidney use by Zhang, Hanzhi, Mao Zedong's English interpreter, extramarital lover and wife to then PRC foreign minister Qiao, Guanhua, and her second kidney use was associated with the organ harvesting of the Falungong members [16,23]. The organ harvestings in the 1980s and 1990s were mainly conducted by military-affiliated hospitals, and Zhang Hanzhi's daughter Hong, Huang, a famous Chinese anchoress, admitted her mother's possible uses of the organs from the imprisoned but denied the ties to the Nie Shubin case [22,23]. The case is typical of the rent-seeking for political favors in the power positions in PRC, and judicial murder in exchange for political career is present in the organ transplantation case.

### The Hu Xinyu case

The Hu Xinyu case started as a missing case of an underaged high school boy in Qianshan County, Shangrao going missing from the school on October 14, 2022. The boy was last seen by only one of the school surveillance cameras, and search efforts were conducted widely around the school, including the forest areas behind the school.

Numerous forensic questions arose when his body was found more than three months later:

- a) His shoes' designs were laceless and shoelaces were not able to support his mass by hanging himself.
- b) his body was not decomposed; if he only died recently, where and how was he before death?
- c) the granary his body was found in is full of surveillance cameras. Albeit during the search the search team were not allowed in, how could his footage not be seen by any staff nor made available to his parents?
- d) his body was sent for forensic analysis in the morning of January 29, 2023, and at 11 o'clock, the results were announced, without any sampling on his parents;
- e) the official announcements later contradicted the evidences, saying the head did not detach from the body, the head had no signs of blows, the skins went through adipocere, all internal organs were in place without missing, the stomach was empty and it was inferred the death time was more than four hours from the last meal;
- f) the police claimed to have found a voice recording from Hu Xinyu, expressing his death wish. When the partial recording was finally made public, it was found that part of them were cited from his uncle's WeChat friend zone photo of his notebook page, which were lines from a cartoon and not a personal death wish [25].

Voiceprint collection and mimicking have been one of the technologies WeChat have been developing. In the staged press conference, a reporter persistently raised his hands during the

whole conference, but the speakers willfully ignored him and only ordered a few predesigned procedural questions. Moreover, Hu Xinyu's family were later confined in a local hotel and coerced not to speak with any person on the case, meanwhile, the whole Chinese system has banned voices contradicting the official conclusions of suicide [17]. The systematic conducts further corroborated with the plausibility that Hu Xinyu was murdered to satisfy Jiang Zemin's organ needs before Jiang's death [20].

### Hierarchical access to medical resources

Hierarchical access to medical resources has been especially amplified by SARS-CoV-2. The Chinese "tribute system" has taken its CPC form with its doubletrack prices system and dissections of supplies between civil and military economy. The researcher came across the term "tribute medicine" (Special Offerings) in asking for SARS-CoV-2 effective drugs, such as hydroxychloroquine and ivermectin, in medicine stores and hospitals in PRC, describing the medicines only available to the military and not the civil society [26]. It was revealed that PRC imported hydroxychloroquine in bulk from the USA rightly before the pandemic, and the PRC hospitals have never seen nor used the drug. Some have been sold in the black market in Beijing in 2022, with the price amounting to more than 10,000RMB per box. The researcher interviewed someone in the PRC military profession related to national defense whose family caught COVID-19, and concerns were expressed that if they asked for the appropriate medicines in the military connection channels, they would have to repay with moral boundaries they don't want to cross.

### Result

The technological developments in big data and digitization of medical information in PRC will not be used in accordance with medical ethics. The Hu Xinyu case suggests fabricating forensic evidence or ill-interpretations thereof does not necessarily need to actually go through the forensic procedures. With historic and contemporary existences of forced organ harvesting in PRC, systematic information monopolization on privacy data and individual medical information threats public security and personal safeties of the civil society for locations and timing in forced organ harvesting and murders. Military financing can be present in the formalized organ business in PRC, and the monetary incentives DDR meant to protect medical professionals from can be transferred to institutional procedural liability diffusions. The normalization of organ transplantation in the supply economy can create immense monetary market, and as long as the supplies can be obtained with low costs to the criminal conducts, the military financing monetary backflows can sustain the power politics in the resource-based power hierarchy chains. The criminological financing in operations can diffuse responsibilities in procedural operations, with only a few holding the partial truths in the organ sources either by positive reinforcement or negative reinforcement. The harvesting chain and transplantation chain may further be divided by the profit flows, with the harvesting chain taking the larger profits to military financing.

Information monopolization and big data matching in donors may further obscure the procedures organizationally, and the efficacy can normalize criminal operations with claims of moral coercion in life-saving. Market acknowledgements in organ business normalization risk of merging the competition-based organ black market with the criminal market disguised under governmental and official capacities. Information monopolization can hide away the quantitative evidences so that market inertia can be sustained. Such operations do not necessarily have to violate the DDR, but do not exemplify them from criminal liabilities.

The PRC plays of information asymmetry are not only verbal in public discourses and diplomatic occasions, but also in actions that severely violate the global society's right to health. The PRC high officials knew about SARS-CoV-2 even before they silenced the whistleblower Wenliang Li, and tried to deny about COVID-19 information in its initial outbreak, later development, statistics, etc. They even had the treatments in place before the PRC civil society first noticed SARS-CoV-2 leak in the society. The monetary operations of the CPC bought medicines from the USA market in advance prior to the civil society's knowledge about COVID-19. The digitization and information system in the PRC public health institutions will only contribute to the increased efficacy for the information asymmetry operations against public health.

## Discussion

Telecommunication manipulation in the digital systems has been a consistent conduct of the PRC. Even when technical breaches can be minimized by cyber security forces, increased maintenance costs and structural power over the digital systems are still the pressing issues. Patient privacy protection in the information systems increases the operational costs of public health providers, apart from national defense spendings. These costs are ultimately shared by the patients and taxpayers. The purposes of digitization in increasing healthcare quality, efficacy, and affordability are eroded by the morally and ethically adversary activities. Even though structural power is institutional in nature, the conflicts between institutional mandates and moral ethical responsibilities can be intensified by the phenomena presented. This conflict mainly originates from legal positivism and sociostructural constructivism. Disinformation from the top down targets at information asymmetry with differential information isolation. The concept is anthropological in the Chinese culture of wars as "divide and conquer". It results with incentive manipulation on the society and worldview distortions to the individuals. For example, the 2002-2003 SARS-CoV outbreak in Guangzhou only reported around 5,000 deaths to the World Health Organization by PRC, and many scientific literatures adhered to the statistics. The substantially undermined statistical importance from public health perspective has a direct cause to the unpreparedness of COVID-19 slightly less than a decade later. This is contributed by the democratic decision structure's differences to the source concern in the scientific integrity of information. The willful manipulation of information differs from the biases created by misinformation, and increases the cognitive burdens for medical professionals under the structural incentive distortions.

Incentive distortions may undermine professional judgements and moral-ethical judgements by the cognitive burdens. The involvement of medical professionals in the illicit organ harvesting chains in PRC is a vivid example. The definition of judicial murder on the grounds of human rights directly points out to the structural source of moral-ethical intrusions, and the medicare's "resource management" rationalities under the structural incentives become the point of moral-ethical intrusion to medical ethics. The challenge is unprecedented given the historic involvement of the Red Cross in PRC in the illicit blood plasma business mandated by the PRC government. The information isolation could have been the structural targeting on institutional missions, creating moral-ethical dilemmas to the mission-driven organizational behaviors, and in turn undermining the mission-driven institutions' public relations, credibility, and trust. The global institutional decisions cannot function properly without the free flow of authentic information, and extra cautions need to be exercised in the current sociopolitical environment concerning medical ethics. The management of medical institutions ought to conform to the utmost considerations on medical ethics. The specialization developments of modern institutions and professions seem to increase the efficacy and utility of the medical sciences, but in another way have given vent to moral-ethical weaknesses in management. Even though with the premise of privacy protection, aggregated medical big data may improve public health administration and management, disinformation might exacerbate the errors made under the increased efficacy in medicare digitization. The promise of digital health cannot be functionally fulfilled without information integrity and security, and institutional integrity on a wider societal level with democratic values. Meanwhile, under the current circumstances of crises emergence, it takes immense personal courage, determination, and even sacrifices, with wisdom, for the medical professionals to really live up to the professional ethics.

Exemplified by the COVID-19 global situations, global public health responses rely heavily on the well-functioning of information systems. The derogations on the institutional determinants of health have mainly been administrative as the cases in the research suggest. Widened gaps in health inequality under digitization have been ongoing long before the COVID-19 emergence. Structured information under the sociopolitical distortions feed cognitive biases to medical administrations and scientific activities on an institutional level. The phenomenon on the medical alliances in "Defeat the Vaccination Mandates in D.C." suggests, under the spillover effect of the PRC structural crimes, even the medical professionals have to appeal to politics in democratic structures to defend professional ethics. While the bottom-up voices and their influences disperse in the designedly segregated information isolation structures, the structural solutions and resolutions remain outside of the medical sciences.

## Conclusion

Institutionalization has not served as the panacea for the crimes revolving around public health system in PRC. Social incentive designs and ideological structures have still been the fundamental problem to public health equity in the PRC regime. It is reflected



on the façade of anthropological psychological elements, but such exogenous appearances do not surpass criminological psychology. The consequentialist ethics in the Rome Statute are so far the best existing framework on the definitions of the sociostructural elements of crime and crimes in official capacities. Power politics in the global realm are disrupting the 1949 Geneva Conventions and its implementations. The elements of crimes in the research involve the military line yet no accountability has ever been executed. Sophistry with customary international law has been the main element in multilateral balance of power, and denial of criminal conducts against international laws. Without strict legal liabilities of the 1949 Geneva Conventions and a thorough framework for executable actions, the medical systems and institutional determinants of health in the global realm are vulnerable against the criminal conducts.

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