

Statement of Seyed Alireza Motevalian

To the Congressional-Executive Commission on China

Chinese Prisons and Organ Harvesting

My name is Seyed Alireza Motevalian, commonly known as Ali. I am an Iranian-born refugee and a victim of wrongful imprisonment in the People's Republic of China. I lived in China as a businessman from 2009 until 2023. I was arrested in Shanghai with my Chinese wife, Jessica Liu Zhiyu, on May 2, 2013. We were formally arrested on June 8, 2013, tried in 2014, and convicted under Article 225 of the Chinese Criminal Code for alleged illegal business operations outside the scope of our business license.

My sentence was ten years. My wife was sentenced to eight years. Several of our staff received shorter sentences. I maintained my innocence throughout my imprisonment and served my full sentence. My wife was released earlier but was not allowed to leave China after her release.

I am submitting this statement because during my incarceration I spent extended periods inside Shanghai Prisons General Hospital, located within the Nanhui Prison campus in Shanghai's Pudong District. There, I observed a repeated institutional pattern that I understood to be non-consensual organ procurement from prisoners. My observations were not based on one incident. They came from repeated hospital stays, repeated transfers through the building, views from hospital-room windows, encounters in corridors and controlled areas, and conversations with convict orderlies, doctors, and other prisoners.

My imprisonment and transfer to the prison hospital

After our conviction and the rejection of our appeal in 2015, I was transferred to Shanghai's Qingpu Prison in 2016. My wife was transferred to Shanghai Women's Prison.

After exhausting legal remedies, I began a hunger strike in Qingpu Prison in March 2018. By May 2018, my health had deteriorated badly and I was sent to Shanghai Prisons General Hospital at Nanhui Prison. From 2018 to 2021, because of my hunger strikes and related medical problems, I was moved repeatedly between Qingpu Prison and Nanhui. I describe this as 13 round trips, or 26 transfer legs. I spent much of that period inside the prison hospital and became familiar with its layout, personnel, routines, and movement patterns.

During this period, I suffered kidney failure and immune-system failure. I required dialysis, IV fluids, antibiotics, tube feeding, and other treatment. I believe the prison authorities kept me alive in part because consular officials visited me. Chinese prisoners did not have that protection.

Coerced consent and restraints

As soon as a prisoner was admitted into the hospital, he was required to thumbprint a consent form. When I refused, I was placed in bondage, injected with a tranquilizer, and my thumbprint was taken while I was immobilized.

This was not an isolated method used only against me. In the hospital, prisoners who did not respond to commands could be put in bondage. This included the deaf, the mentally ill, prisoners who had lost cognitive function, prisoners who refused food, Uyghur prisoners, and prisoners facing death sentences.

Bondage meant being strapped by all four limbs to a bed, with another strap across the chest. Prisoners were tube-fed, attached to IV lines, placed in diapers, and sometimes catheterized so that they could remain strapped down for long periods. After extended bondage, the body became stiff and wasted. When my straps were opened to send me back to Qingpu, I could not move and had to be taken by wheelchair.

I saw many immobilized prisoners. In the second room next to what prisoners called the “last room,” all nine patients were strapped down. In the last room itself, at any given time I usually saw at least two or three of the nine patients strapped down. Bondage was a regular part of the hospital’s control system.

The daily care and control of these prisoners was carried out largely by convict laborers, known as laodong. They were selected from younger, stronger prisoners and worked as orderlies. They wore white overalls, carried notepads, had watches, moved around the building, and were trained by nurses. They also enforced discipline. They had privileges ordinary prisoners did not have, including better food, more movement, and contact with doctors and nurses. Patients, by contrast, often could not move, speak, write, read, or contact the outside world.

The hospital did not function like a normal hospital

The facility did not operate like an ordinary hospital with meaningful specialist care. Dr. Liu, who was head of the doctors, told me there were no specialists when I asked to see one. I saw no specialist wards such as cancer, cardiovascular, kidney, ophthalmology, or other ordinary treatment departments.

The building had approximately five patient wings, each with around 100 beds, or roughly 500 beds total. Yet I understood there were only about eight doctors, and from 6 p.m. to 6 a.m. only one doctor was on duty for the whole facility. There was no proper ventilation and no shower. There was a dentist, but the only dental procedure available was extraction. There was no eye doctor. No new spectacles entered the prison or hospital for years; even a foreign consulate might have to press for a year to obtain new glasses for a prisoner.

Several doctors, including Dr. Liu and others, told me they were military-trained or assigned through the military or prison medical system. I observed medical personnel wearing white coats over uniforms.

What made the hospital especially strange was the contrast between the lack of normal specialist care and the size and activity of the surgery area. The facility did not function like a hospital designed to cure prisoners. It functioned like a prison holding-and-surgery facility.

The fourth-floor surgery area

I have drawn a sketch of the fourth-floor layout from memory. The fourth-floor surgery area occupied a large, controlled section of the building near the elevator and away from ordinary visitor access. Visitors were generally kept on the first floor and did not go upstairs.

Based on the symmetry of the east and west wings, and my experience moving through both wings on the third floor, I estimated that the surgery area could contain at least seven rooms. The exact number is less important than the fact that the surgery area was large, active, controlled, and hidden from ordinary visitors.

The “last room”

As my condition deteriorated, I was moved to what prisoners called the “last room.” This room was for prisoners who could no longer be cured enough to return to manual labor. Many were elderly, terminally ill, or severely disabled. Others were younger prisoners whose illnesses had been left untreated until they could no longer work.

The turnover in the last room was constant. Patients were taken out and replaced by others. Every morning, I could hear which bed numbers were scheduled for surgery. At first, I thought the surgery was a final attempt to save their lives. When I asked whether the surgery had succeeded, I was told yes. When I asked why the patient did not return to the room, I was told the patient was “back there,” with staff or laodong pointing to the rear of the building.

Laodong orderlies identified the rear area as an incineration or cremation area. I saw smoke coming from the chimney in the area they identified.

The surgery pattern and freezer cart

The pattern I observed was repeated.

A prisoner would be selected for surgery. Doctors would meet about the subject patient. In the early morning, the prisoner would receive a tranquilizing injection. Laodong orderlies would press the prisoner’s thumb onto a red ink pad and thumbprint a consent form. The prisoner would then be rushed to the surgery area.

By around noon, a mobile freezer cart would emerge from the surgery area and be transferred by elevator to a van waiting in the yard. The cart was moved quickly and under guard. The body or coffin was handled separately and later moved toward the rear incineration area by laodong workers.

This separation was important. The freezer cart was not treated like an ordinary body. It was rushed, guarded, and moved to a waiting vehicle. The body or coffin followed a different route and was handled with far less urgency. From the repeated sequence — surgery, non-return of the patient, guarded freezer-cart transfer, and separate body disposal — I understood the freezer cart to be carrying organs or other valuable biological material.

This same process applied to female prisoners as well. I saw women taken from the fifth floor to the surgery area, and they did not return. There were four “last rooms” that I knew of: two on the third floor, one on the fourth floor closest to the surgery area, and one for female prisoners on the fifth floor.

The “sleepers” brought from outside

In addition to the moribund prisoners already inside the hospital, I saw unconscious or deeply sedated prisoners brought from outside on rolling stretchers. Their limbs were restrained to the stretcher rails. They were accompanied by armed People’s Armed Police personnel. The prisoners were taken quickly through the elevator and toward the surgery area.

I witnessed this in several ways. I was repeatedly transferred through the hospital and more than once crossed paths with these unconscious, restrained prisoners. My room also had windows on both sides. From one side, there was a view toward the gate; from the other, I could glimpse internal traffic toward the surgery area.

I recognized the role of the People’s Armed Police because I had previously worked in Qingpu Prison’s death-row cell block, Block Number Nine. In Qingpu, I had seen PAP personnel come to take death-row prisoners away in vehicles. I later saw similar PAP personnel in the prison hospital bringing unconscious, restrained prisoners toward surgery. Their uniforms, weapons, behavior, and the reaction of other prisoners and staff made clear that these were not ordinary hospital patients.

Based on what I saw in Qingpu’s death-row block and later inside Nanhui, I understood these “sleepers” to be death-row or execution-related prisoners being brought into the surgery process.

Known deaths of prisoners

I also personally knew foreign prisoners who died in custody. Two of my former Qingpu cellmates, Steven Lien from Canada and Francisco Rondon from Colombia, died after becoming seriously ill. I had shared a prison room with them and was present when they died.

Their deaths shaped my understanding that seriously ill foreign prisoners were not meaningfully protected by medical parole or by the fact that foreign consulates knew about their cases. I believed medical parole should have been available to such prisoners. In practice, I did not see it operate meaningfully for foreign prisoners.

Broader prison conditions

In Qingpu Prison, I saw many elderly, disabled, and seriously ill prisoners. All prisoners were required to work if they were physically able, and even severely weakened prisoners were expected to report to the labor area rather than remain in bed during work hours. At various times, I remember making greeting cards for the UK store Tesco and packaging for Quaker Oats. Some prisoners had to push other prisoners in wheelchairs to the labor area because prisoners were generally not allowed simply to remain in bed during work hours. A prisoner had to be almost unable to work before being sent to Nanhui.

I also saw prisoners at Nanhui who appeared to have been brought from outside Shanghai, including from Fujian Province. From this, I believed Nanhui served more than one prison or locality. I cannot say how many provinces used it, but it appeared to function as a central prison hospital facility for seriously ill or selected prisoners.

My release and continuing hardship

After I was released and deported at the end of my sentence, I had nowhere to go. I served my sentence in full because I never accepted the verdict and insisted on my innocence.

Although my wife had already been released from prison, she was not allowed to leave China and was not allowed to have a passport. This was like continued punishment after serving the sentence. I went first to Sri Lanka and then to Vietnam to wait for her to somehow flee China. I was robbed several times by people in Vietnam and Cambodia who claimed they could help bring my wife out but failed to do so.

Conclusion

I understand that what I describe is grave. I am giving this statement because I lived inside this system and saw its routines over time.

The organ-harvesting pattern I observed was repeated and institutional. Prisoners were restrained or incapacitated, thumbprinted, taken to surgery, and did not return. A freezer cart then moved quickly from the surgery area to a waiting van, while the body or coffin was handled separately toward the rear incineration area. Unconscious restrained prisoners were also brought from outside under armed PAP escort and taken directly toward surgery.

Based on the repetition, the layout, the behavior of guards and laodong workers, the separate handling of the freezer cart and body, the lack of ordinary specialist medical care, and the large controlled surgery area, I understood this as non-consensual organ procurement inside the prison hospital.

I hope my statement helps the Congressional-Executive Commission on China understand what occurs inside Chinese prison hospitals and why these facilities require urgent investigation.

== Ali

