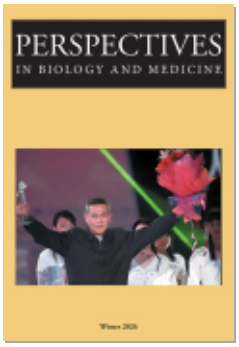
Courage, Conviction, Resolve: The Story of Dr. Gui Xi'en

Gail E. Henderson



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ABSTRACT In the 1990s, China experienced an epidemic of HIV/AIDS among poor farmers who sold and were infected by tainted blood and blood product transfusions, not discovered until hundreds of thousands were infected. In 1999, Wuhan University infectious disease physician-scientist Dr. Gui Xi'en visited villages in neighboring Henan province and identified the epidemic. This essay describes how the contributions of one individual—a humble, articulate, and tenacious physician—touched the lives of thousands of patients and health-care providers. His story reveals the virtues of a life that is a compelling call to action in the face of human need and suffering,

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exemplifying the heart of medicine. Given rampant misinformation and fear surrounding HIV/AIDS, Dr. Gui chose to educate rather than retreat. He welcomed patients whom others turned away, brought real-life cases into classrooms, and trained generations of students to approach medicine with both scientific rigor and human empathy. His work helped shift public understanding and reduce stigma, proving that education is a powerful tool for healing not just bodies, but communities. He is an inspiring figure from whom generations in China and the US could still learn.

In April 2025, I traveled to China, returning to the hospital where my husband, Dr. Myron [Mike] Cohen, and I lived and worked in 1979–1980, to visit our long-time colleague, Dr. Gui Xi'en. Now 88 and retired, Dr. Gui lives with his wife in an apartment on the grounds of Zhongnan Hospital in Wuhan, where he has spent much of his adult life.

Walking to the hospital along East Lake, I was transported to our life there 45 years ago. Much had changed, of course, as modernization has greatly affected health care and almost every other aspect of life in China. However, Dr. Gui still lives on the 5th floor of an old apartment building with no elevator, and as I puffed my way up the bare concrete stairwell, I passed the overflow of neighbors' belongings and pairs of shoes lined up outside doorways, just like in the old days. Although quite frail, Dr. Gui recognized me immediately. We share the same birthday, and, being born 12 years apart, the same Chinese zodiac sign of the Ox—a very special relationship. We settled into his modest living room, where mementos of his past were on display. We paged through photo albums from his life as a young doctor and those from his investigations in Henan province, where in 1999 he identified an epidemic of HIV/AIDS among poor farmers who had contracted the virus from selling blood.

For his work in HIV/AIDS care, Dr. Gui initially received little support, but he is now celebrated by his hospital and university, which (much to his embarrassment) show a polished video about him to almost every visitor. On the official WeChat site for Wuhan University, he is described in glowing terms: "A Conscientious and Compassionate Medical Scientist of the People," "A Medical Pioneer with Multiple 'Firsts,'" and "A Rigorous Scholar and Mentor: Eternal Explorer and Relentless Seeker." Dr. Gui Xi'en's life demonstrates the importance of the contributions of one individual—a humble, articulate, tireless, and tenacious physician, who touched the lives of thousands of patients and healthcare providers. His story reveals the virtues by which to live, a life that is a compelling call to action in the face of human need and suffering.

To document Dr. Gui's story, I interviewed over 30 people who had worked with and knew him, in Wuhan and elsewhere. I asked how they knew him, how they would describe his contributions, and how he interacted with patients, students, and colleagues. I knew I could never do him justice, but I wanted to highlight his unique story as an inspiring figure from an earlier era, from whom generations in China and the US could still learn.

Early Years

Gui Xi'en grew up in Wuhan, in central China's Hubei province, and graduated from Wuhan Medical School in 1960. He and his wife (an OB-GYN) then moved to Qinghai, a northwestern province bordering Gansu, Xinjiang, and Tibet. They were part of a larger movement, beginning in 1957, in which urbanites were sent to rural areas to "serve the people" for unspecified periods. Qinghai province consists of mountains and high plateaus, with a sparse population that is comprised mainly of ethnic minorities (Tibetan, Hui, and Tu are the top three), who are nomadic herdsmen noted for breeding horses. As Dr. Gui described the setting to us when we first met, the level of poverty left an indelible impression. In affluent parts of China in the 1950s and 1960s, being considered wealthy meant having three essentials—a wrist watch, a bicycle, and a sewing machine. In contrast, in Qinghai, it meant having a wooden table and chair.

Dr. Gui and his wife lived in Qinghai for 16 years, delivering medical care on horseback (she was the only OB-GYN at a rural hospital) and raising two children. Reflecting on this time in his life in the essay "Qinghai, my Second Home" (2016), he expressed his gratitude for the education he received there:

> Driven by compassion for people in medically underserved regions and a desire for hands-on work, I came to Qinghai. There, I was fortunate to engage with society, to meet many laborers living in rural and pastoral areas, and to build friendships with them. Real-life experiences taught me invaluable lessons—my colleagues, compatriots, and the people of Qinghai showed me that spirit matters more than ability. As long as I dedicated myself to serving those in need, my life would be fulfilling, surrounded by an ocean of friendship.

Wuhan

In 1976, Dr. Gui and his family returned to Wuhan to be near his mother, and so their children would benefit from an urban education. Three years later, Mike and I had the opportunity to come to Wuhan to represent Yale University in one of the first medical exchange programs with China since before 1949 (Henderson and Cohen 1981). This was a highly consequential time in my life and my study of China. The nation was emerging from the Maoist era, and medicine was rapidly modernizing. Living and working at an urban hospital in Wuhan gave me a unique perspective on these events. In the intervening years, I continued to study China's health and health-care system as well as HIV/STI prevention, mainly funded by collaborative NIH grants. When the COVID-19 pandemic took hold, I was unable to return to China. So, when the opportunity to visit arose in spring 2025, I decided to undertake this project, to write about Dr. Gui and his extraordinary history.

In 1979, Mike and I were initially housed in an old Soviet-style hotel down the road from the hospital where we would work, near East Lake in Wuhan. Walking along the lake on a cold November Sunday, our then-infant daughter bundled into a backpack carrier, an English voice with a New York accent stopped us: "Dr. Cohen, I've been looking all over China for you!" It was Dr. Gui's mother, English professor Xu Hailan, from Wuhan University's main campus across East Lake. She had sent us a wonderful, welcoming letter before we left the United States. In her correspondence, she enclosed a letter from her son, Dr. Gui Xi'en.

In Chinese, Dr. Gui asked Mike, as a fellow infectious disease physician, which diseases most interested him, and he provided information about what he was seeing among patients at the Second Affiliated Hospital of Hubei Medical College. (In 2000, it became Wuhan University's affiliated medical school, and the hospital was renamed the Zhongnan Hospital of Wuhan Medical University.) Dr. Gui wrote:

> We are preparing for your arrival, and the hospital will arrange housing for you nearby, making it just a five-minute walk to work, and we will be neighbors. I will be your partner at the hospital, and I have a keen interest in infections and immunizations. . . . I would love to explore opportunities for collaboration. Our hospital primarily treats intestinal infections, but we also manage cases of malaria, schistosomiasis, and epidemic hemorrhagic fever.

Our exchange was designed for medical care and research (Henderson and Cohen 1981; Hsiung et al. 1981). While I could speak Chinese from my years in language classes and a two-year fellowship in Taiwan, Mike could not. And very few Chinese in Wuhan spoke English. Dr. Gui's spoken English was halting, so we were surprised at his strong comprehension of the language. We later realized he must have absorbed English from his fluent, US-educated Chinese parents. His mother was born in the US to immigrants and grew up in New York City, and his father was awarded a fellowship from the prestigious Tsinghua University to study physics at several US universities. They met as students at Cornell University, in Ithaca, New York, and returned to China in the 1920s, eventually joining the faculty at Wuhan University.

During our time in China, Mike and I studied conditions in the hospital, which was the center of life in our community, and wrote a book, *The Chinese Hospital: A Socialist Work Unit* (Henderson and Cohen 1984; see Figure 1). Dr. Gui and Mike worked on epidemic hemorrhagic fever with nephrosonephritis, a condition transmitted to humans by field mice and recognized in 1976 as caused by a unique strain of Hantavirus. This illness greatly affected US servicemen during the Korean War. The two published several articles about the clinical features of the infection (for example, Gui et al. 1987). In 1980, Mike and I returned to the US to work at the University of North Carolina at Chapel Hill, where we have remained for our entire careers.

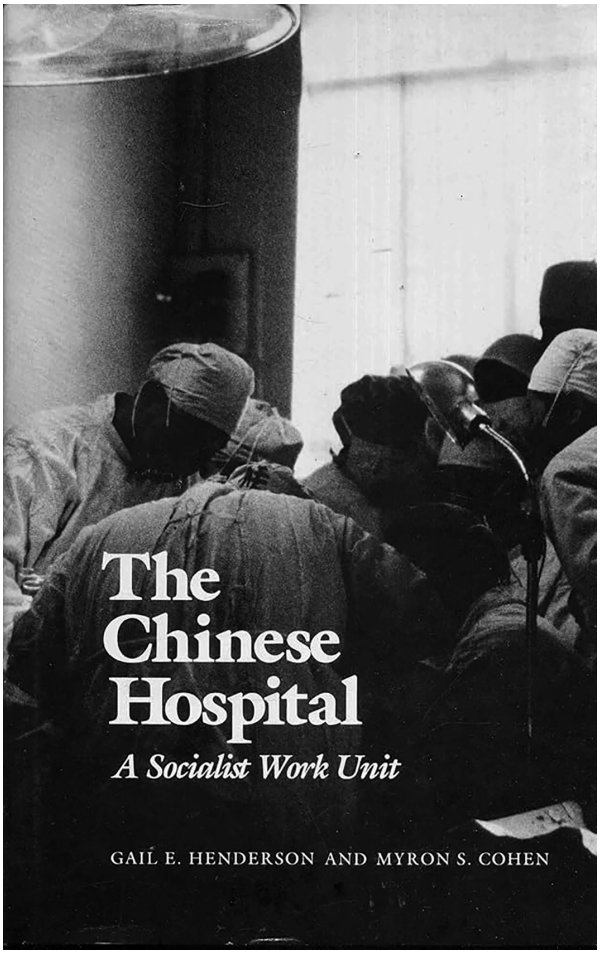

FIGURE 1

Book cover

HIV/AIDS IN CHINA

In the early 1980s, the AIDS pandemic emerged, dominating global public health and infectious disease care and research for the rest of the 20th century and beyond. Dr. Gui remained a dear friend throughout those years, but we communicated only rarely. Imagine our surprise when on October 28, 2000, we opened the *New York Times* and encountered an article titled "In Rural China, a Steep Price of Poverty: Dying of AIDS," which mentioned Dr. Gui Xi'en, among other physicians (Rosenthal 2000). How did Dr. Gui become involved with HIV/AIDS? As the circumstances unfolded, his story went from being merely surprising to truly remarkable.

Sexually transmitted infections (STIs) were virtually eliminated from China in the 1950s through mass eradication campaigns (Cohen et al. 1996). Indeed, during our visit in 1979–1980, health-care providers were unfamiliar with STIs, and because they were so uncommon, they were not even covered in the medical school curriculum. These diseases were ascribed to Western influence, which may hold some truth, since they returned with a vengeance after China opened to the West in the 1980s.

In 1985, the first case of AIDS in China was identified in a foreigner in Beijing. In the years that followed, the spread of HIV and detection of AIDS cases mostly reflected traditional transmission patterns: first among people who injected drugs (1989), transmitted via Southeast Asia, and later spreading among men who had sex with men (MSM) and sex workers. But China also experienced an additional tragedy that ultimately became known as the Chinese "blood-borne AIDS epidemic" (Guan 2020; Jeffreys and Su 2018), and that is what changed Dr. Gui's life trajectory.

In the 1980s, faced with a severe shortage of blood products, China established a large-scale plasma collection industry intended to wean the country off dependence on Western products and overcome the traditional reluctance to donate blood, one's "vital essence." Plasmapheresis is a technique in which plasma is separated from blood cells that are then returned to donors. The plasma collection industry concentrated on recruiting sellers in rural areas because farmers' blood was considered cleaner—less susceptible to foreign contagion—than that of urban Chinese (Long 2024). By the mid-1980s, government agencies across the country launched their own blood-collection enterprises (Guan 2020), becoming lucrative businesses for local hospitals and fostering the rise of illegal collection stations. Over time, hazards were revealed: "Blood collection stations pooled sellers' blood by types, separated plasma from whole blood, and then injected the remaining red cells back into the sellers' blood (which would increase the ability to donate more plasma). HIV and hepatitis pandemics erupted" (Long 2024, 59).

By 1995, the Beijing authorities recognized the dangers of HIV and other viral illnesses in the blood supply in Hebei, Anhui, Henan, and other provinces (Guan 2020; Wu et al. 1995). The "plasmapheresis fever" in rural collection centers ended officially in 1996, when the central government implemented a series of regulations for blood collection that included screening for HIV and other pathogens; still, it was difficult to close down rural collection stations, particularly when they were so profitable (Guan 2020; Li et al. 2010; Long 2024; Wu et al. 1995). The damage, however, was done: Henan province alone had at least 370,000 HIV cases, engendering a number of social and economic analyses of "biolabor" and the commodification of blood (Erwin 2006; Long 2022; Mastro and Yip 2006; Qian and Vermund 2017; Shao 2006). In 2000, Zheng authored an article in the *Chinese Journal of Epidemiology* warning about HIV transmission through blood, and media reports about the epidemic proliferated (Guan 2020).

Dr. Gui likely knew of this problem when, in 1999, he was asked by a Henan physician colleague to visit villagers with mysterious illnesses, many of whom had died or were dying. He traveled to the poorest villages and obtained blood samples from six patients, which he tested back in Wuhan, confirming HIV infection. These communities were rich in blood donors exposed to HIV (and hepatitis) through contaminated needles and transfusion of contaminated red blood cells. Dr. Gui was later quoted in a 2005 *Time* article: "When I asked if they donated blood, many said yes, many, many times—30, 40, sometimes 100 to 200 times" (Park 2005).

While medical care and antiretroviral treatments were widely available in the West at this time, very little HIV/AIDS information or care was available in rural China. This was when Dr. Gui's experiences in Qinghai and his innate tenacity took over. He was forbidden to return to Henan by provincial health officials, who feared widespread identification of an HIV epidemic. At great risk to himself, he ignored this directive. He returned to provide treatment for HIV-infected patients, who were suffering opportunistic infections and other AIDS-related conditions, collect blood samples from many more Henan villagers, and then reported these HIV cases to public health authorities in Beijing. There is no doubt that his actions took tremendous energy and courage, and they were not popular with the Henan officials. Similar efforts by at least two other doctors working with HIV patients in Henan were stymied, resulting in their ultimately leaving China for the US. The best known is Dr. Gao Yaojie (see documentary, Ai Xiaoming 2023).

In 2009, the *China Daily* looked back at Dr. Gui's early work in Henan:

> On June 8, 2001, Gui went to Wenlou [a Henan village] alone. He took medicines for the villagers. The county government sent police to expel him. Gui escaped with the help of villagers, who hid him from the police and moved him to a safer place by motorcycle in the middle of the night. Faced with smears and obstructions, the mild-mannered doctor wrote a letter to the county authorities in a strong tone: "One day the tragedy will be written into history and those responsible will be condemned by history."

Eventually, guided by national-level efforts, health officials took action to close down the tainted blood collection sites, although prior transmission of HIV and the stigma of living in "AIDS villages" persisted for many years (Guan 2020; Long 2024).

Meanwhile, to the shock and dismay of his own hospital community, Dr. Gui began bringing AIDS patients from Henan to Hubei for care that was impossible to receive in their own villages. Like the clinics and hospitals in Henan, his hospital initially refused to admit these patients, so he housed them in his own

small apartment. Fear of HIV was rampant, and patients were rejected. Dr. Gui's neighbors worried that the virus would be transmitted by mosquitoes and protested mightily. Over time, through combating false beliefs and bias associated with HIV, Dr. Gui persuaded his hospital to deliver care to people living with AIDS and eventually establish separate housing and a separate ward for them.

In the early 2000s, Gui took two graduate students, Drs. Liang Ke and Zhuang Ke, from Wuhan to Henan to conduct research. Dr. Liang studied the prevention of HIV transmission from mother to child (Dong et al. 2018; Liang et al. 2009, 2010; Liu et al. 2025; Shi et al. 2025; Tan et al. 2023; Yu et al. 2020). Dr. Zhuang also studied the rate of transmission from mother to child, and between discordant couples in which only one partner had HIV in the absence of any preventive intervention (Zhuang et al. 2002, 2003a, 2003b; see also Gui and Zhuang 2008; Gui et al. 2003; Luo et al. 2003; Smith et al. 2015). This work, and that of other nurses and physicians who joined Dr. Gui in Henan (and later the Zhongnan Infectious Disease Department), was critical for investigating key questions about the HIV epidemic.

After completing their PhDs, Drs. Liang and Zhuang joined the university faculty, where they continued to be mentored and inspired by Dr. Gui. Dr. Liang recounted how he has modeled himself after Dr. Gui both in his clinical practice and as a researcher. Both recalled his strict emphasis on meeting the highest research standards, something that was echoed in the University's description of Dr. Gui: "Dr. Gui Xi'en was known for his rigorous approach to research. Vague terms like 'maybe,' 'probably,' or 'seems' were unacceptable in his work—every detail had to be verified. He meticulously reviewed both his own and his students' papers, scrutinizing structure, data analysis, conclusions, and even word choice."

Dr. Gui's generosity and influence extended beyond the university to other students who were interested in HIV/AIDS. Zhang Hui, a Beijing anthropology student whom Dr. Gui took to rural Hubei counties during the early years, wrote:

> He is the hope to people, seeing him and being so calm and positive, is very comforting, under grim circumstances. I tagged along on one of his standard home visits. It was the first time for me to eat a home-cooked meal at a patient's house. I felt all kinds of things, but with Dr. Gui, you know you're protected and you'll be fine and nothing would shock him or get out of hand. (Zhang Hui, email to author, April 12, 2025)

The Evolution of Dr. Gui's HIV/AIDS Work

There were many contributors to the evolution of Dr. Gui's work, including his success in providing care for patients and leading HIV prevention efforts in Hubei province, which was suffering the exact epidemic among blood sellers and

people who received transfusions as had been discovered in Henan Province. Two individuals played a crucial role in these early years: Dr. Renslow Sherer and Caroline Teter, PA, who initially worked in HIV care at Cook County Hospital in Chicago and later abroad with Project HOPE. In 2003, Project HOPE provided funding for five years of HIV work in Wuhan and its rural counties, including support for Chicago experts, Dr. Gui, and others, and mentoring visits by US clinicians. Funds were also used to support Project HOPE's "train-the-trainers" program, in which clinicians were brought to Wuhan from rural villages and townships hardest hit by the epidemic. Following the training, teams would return to these rural locations to provide AIDS care training to rural health workers.

Sherer wrote in an email in 2025, "The work was hardest in the early days, i.e., the clinical work, the stigma, and the training, and we brought durable funding, expertise, and solidarity with us to Wuhan . . . . For me and Caroline . . . the work with Dr. Gui was the most meaningful, consequential and fulfilling in our careers." Teter fondly remembered a lecture by Dr. Gui conducted in a rice field, using a sheet strung across the field and a portable slide projector, in 100-degree heat and drizzling rain. Despite these conditions, dozens of people attended. The teams learned to identify HIV/AIDS and do prevention work in areas most affected—first in eight Hubei counties, then 20; then the model was disseminated more broadly to other parts of China. Teter lived in Wuhan intermittently for nearly two years and frequently visited rural counties with Dr. Gui, the Project HOPE China Director, and staff, as well as the Master Trainers. Sherer visited Dr. Gui semi-annually from 2003 to 2009 and yearly thereafter, helping him and his team stay current with advances in HIV/AIDS care and prevention.

Significantly, mentoring rural clinicians from high-incidence counties contributed to success in prevention and treatment for all rural residents in China (Zhang et al. 2008). Other funding sources emerged: the Chinese government funded Dr. Gui to conduct HIV/AIDS prevention work among railroad and construction workers, and Abbott Pharmaceuticals also provided funds for prevention work and later for Dr. Gui to set up a lab at his hospital in Wuhan. Sherer noted, echoing the words of Dr. Gui's PhD students:

> I have always been impressed by Gui's research instincts and abilities. He was constantly examining his own experience and data for useful trends. The best example is his original work in the epidemiology of triple infections, i.e., HIV, Hepatitis C (HCV) and Hepatitis B (HBV), and the apparent blunting of HBV disease in the presence of HCV, and then his basic science work that offered a microbiologic correlate for these interactions.

Subsequently, as head of the Infectious Disease Department and the HIV/AIDS Training Center, Dr. Gui incorporated these training approaches into the Wuhan Medical School curriculum. Interviews between February and April

2025 with current university and hospital leaders, including the university president, recall how impactful this "down to the countryside" training was for them as medical students. Always, the focus included debunking myths about HIV and combating stigma. Individuals who worked with Dr. Gui in those years all observed that he "led by example." In navigating the challenges, "he lived it, sitting and eating with patients, working with schools and farmers." One medical school oncologist noted, "As a medical student, I found his lectures inspiring. He introduced us to HIV/AIDS—that we didn't need to fear it. Dr. Gui was worshiped by everyone at the hospital; he was an iconic figure."

A medical school faculty member in infectious disease, Dr. Cao Qian, simply stated, "All the works he did were unbelievable, remarkable." One Beijing infectious disease leader, Dr. Zhang Fujie, pointed out that Dr. Gui was not obligated to investigate HIV/AIDS in Henan. "Not his work unit; not his province," he said. "Gui paid for his travel and the initial lab work himself and gave money from his own pockets to suffering patients. Dr. Gui never thought of becoming famous; he did not want to receive money or reputation. He just thought of working for the patients," and thus became a model for students and colleagues. As the official university WeChat noted:

> He emphasized hands-on learning, pioneering the use of slide projectors and multimedia in teaching. To provide real-world exposure, he even brought AIDS patients into the classroom and shared his field research cases annually. He often told students, "You can't gain true knowledge without working in rural areas. Farmers feed us and teach us how to live. Helping them with my knowledge is my life's greatest comfort."

Nationally Recognized Hero

In an extraordinary turn of events in 2004, Dr. Gui went from being a stubborn voice in the wilderness to a nationally recognized hero. How did this happen? The national-level context is critical to this part of the story. By the early 2000s, the Beijing government had begun to implement more transparent policy responses to the HIV/AIDS epidemic, including to the blood collection industry. It also became more open to offers of international assistance by transnational NGOs like WHO, UNICEF, UNAIDS, Project HOPE, China-UK HIV Strategy Support Program, and US NIH's China Integrated Program for Research on AIDS [CIPRA] Program. These programs offered financial and programmatic assistance to document the frequency and distribution of the epidemic across different groups through national surveillance systems, and then helped to develop targeted education, treatment, and prevention research programs (Jeffreys and Su 2018; Kaufman et a. 2006 Long 2024). According to one former NGO leader, Dr. Bernard Schwartzlander, in April 2025, the early 2000s were a "golden era of cooperation" characterized by a focus on scientific expertise and reliance on newly cultivated civil society.

Among many examples of homegrown NGOs was AIDS Care China, established by Thomas Tao Cai in 2001 when he was first diagnosed with HIV (Cai 2006). Working mainly in the south, in Guangdong, Guangxi, and Yunnan provinces, Cai focused on helping AIDS patients who could not get care and on AIDS orphans. He established summer camps for AIDS-related orphans, supported by the Levi Strauss Foundation and other organizations (Levi Strauss Foundation 2012). Cai himself fostered more than 180 children, 45 of whom were subsequently adopted by Americans. Dr. Gui and his Wuhan colleagues were similarly motivated by the plight of AIDS orphans and established summer camps on the Infectious Disease Ward. The goals were to bolster education and build self-confidence in orphans. One staff member described creating a positive environment with chants of "I am important, I am valuable" and singing uplifting songs. In a March 2025 Zoom call, Cai (who now lives in Cambodia) recalled contacting Dr. Gui to help an AIDS orphan who needed surgery for a heart defect. By this time, Dr. Gui had persuaded his hospital to enact regulations that prevented departments like surgery or obstetrics from refusing care for people living with HIV. Cai said, "I really admire him as a medical doctor—he doesn't just talk about stigma or care but lives it."

The national HIV/AIDS governance reforms had repercussions in Dr. Gui's hospital. On June 11, 2004, infectious disease physicians at Wuhan University's Zhongnan Hospital were notified to expect an important event. Not suspecting what would occur, they were told to come to Dr. Gui's apartment. To everyone's surprise, the Premier of China, Wen Jiabao, was there to congratulate Dr. Gui for his exemplary work on HIV/AIDS. The group retired to a conference room at the hospital, with several doctors and nurses, as well as leaders from the hospital and the province. Premier Wen asked about the condition of HIV patients and the HIV epidemic in Hubei Province, and Dr. Gui gave a briefing. Wen declared that anti-retroviral therapy should be free for patients who could not afford it. In fact, a new policy had been implemented in late 2003. Called the "Four Frees and One Care," it promised free counseling, testing, treatment, prevention of mother-to-child transmission, and education for HIV positive children, as well as family support (Zhang et al. 2007). In 2007 and again in 2008, Premier Wen invited Dr. Gui to join him on visits to HIV/AIDS villages and AIDS-related orphans (*China Daily* 2009). Despite these clear signs of progress, research has documented the persistence of severe stigma suffered by those with HIV/AIDS to this day (Li et al. 2018; Xiong et al. 2021).

While other investigators had also studied AIDS among poor farmers in China, it was Dr. Gui who was tapped to receive the prestigious "Touching China" (*Gandong Zhongguo*) National Prize, a recognition awarded to only 10 individuals from the entire country each year. After initially declining, he was persuaded by his hospital leaders to travel to Beijing in late 2004 to accept it. After the award ceremony, which was presented on national television, Dr. Gui was interviewed

Figure 2

Dr. Gui receiving prestigious "Touching China" National Prize, 2004

by the well-known broadcaster Jing Yidan. The following excerpt is from their interview:

> Jing: When the AIDS villages were discovered, it was somewhat accidental. If you had chosen to ignore it, since no one asked you to take care of it, would you have felt uneasy in your heart?
>
> Gui: Then I would have been unworthy of my professional title. I am a doctor . . . an infectious disease doctor. . . . If there was a first AIDS village in China, then now this village is the first AIDS care village in China. I am pleased with this change. However, the prevention and treatment of AIDS is a long-term task, and I hope to continue participating in this work, and also wish to see more young people join the ranks of AIDS prevention and treatment.

For the next two decades, Dr. Gui continued to devote himself to this effort, leading the Infectious Disease Department and the HIV/AIDS Training Center and conducting research and education on important issues in HIV care. At Zhongnan Hospital, most HIV patients were educated urbanites, doing well with outpatient care, while the ward patients were mainly from rural counties with more advanced disease. His Project HOPE work with the University of Chicago medical faculty also developed into a robust scholarly collaboration focused on medical school curriculum reform, the Wuhan Medical Education Reform (WUMER) (Lio et al. 2016; Sherer et al. 2013).

Conclusion

Why should we care about the story of Dr. Gui Xi'en, beyond learning about a physician admired by so many? Since the beginning of the epidemic, across all societies, HIV/AIDS has generated fear, stigma, and rejection by family and community, and it has revealed stark inequalities in access to care. While China suffered the additional challenge of an epidemic among poor farmers who sold and were infected by tainted blood and blood product transfusions, this epidemic was not unique among countries (see Nathanson and Bergeron 2023; Pemberton 2011).

Dr. Gui's story offers inspiration for all those confronting critical health problems that are not widely recognized. His life exemplifies the heart of medicine: serving those in need with humility, integrity, and unwavering dedication. From delivering care on horseback in rural Qinghai to uncovering and responding to China's hidden HIV/AIDS epidemic, Dr. Gui consistently placed patients first—even when doing so required extraordinary personal cost and persistence.

With misinformation and fear surrounding HIV/AIDS, Dr. Gui chose to educate rather than retreat. He welcomed patients whom others turned away, brought real-life cases into classrooms, and trained generations of students to approach medicine with both scientific rigor and human empathy. His work helped shift public understanding and reduce stigma, proving that education is a powerful tool for healing—not just bodies, but communities. For medical students, Dr. Gui's story is a reminder that being a doctor means more than treating illness: it means standing up for truth, compassion, and the dignity of every patient.

Whether Dr. Gui's effectiveness depended on particular personal qualities, or shifting policy landscapes, or both, his story inspires all of us to take action when needed. In contemporary situations of health misinformation and structural challenges, his story demonstrates that it is possible to change dire circumstances for patients compromised by stigma, poor access to care, and seemingly intractable outcomes.

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