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The Hidden Crisis in Organ Transplantation — Brain Death Diagnosis and Ethical Failures

Analysis by A Midwestern Doctor | November 28, 2026

STORY AT-A-GLANCE

- The concept of "brain death," introduced in 1968 to enable organ harvesting, has never been proven equivalent to actual death — it merely defines an irreversible coma
- Documented cases exist of "brain dead" patients who were conscious, including some who mouthed "help me" as their organs were nearly harvested
- Global organ shortages have fueled a black market, with an estimated 5% to 20% of transplants involving illegal procurement and added pressure to lower diagnostic standards for “brain death”
- Recent federal investigations found serious failures in the U.S. organ donation system: 29.3% of reviewed cases showed troubling signs, and 20.8% of patients had neurologic activity incompatible with procurement — yet transplant coordinators still pushed to proceed
- Safer, ethical alternatives exist — such as natural therapies like DMSO that have revived “brain dead” patients and restored organ function, removing the need for transplant

When I first got my driver's license years ago, they asked if I wanted to be an organ donor. Having learned to be skeptical of institutions and having heard some concerning stories, I said no. But I felt conflicted about it — I believe in treating others as you'd want to be treated, and if I needed a transplant someday, I'd desperately want someone willing to help save my life.

Since then, I've discovered much more disturbing information about organ transplantation that completely shifted my perspective. Recently, RFK Jr. did something I never expected — he formally announced that there were widespread failures in our organ donation system's ethical safeguards.[1] This opened the floodgates for others to start discussing the grim reality that organs were being taken from people who were still alive.[2]

The Value of Organs

Over time, medicine transformed our cultural relationship with death — from an accepted, intimate companion to a feared, medicalized enemy to be defeated (e.g., one author traces this shift through six historical stages, arguing that medicalization stripped individuals of autonomy and commodified death itself).[3]

Medicine fueled this transformation by performing modern “miracles,” such as reviving the dead through cardiac resuscitation and transplanting organs — crossing what was once an absolute boundary between life and death. In doing so, it gained immense public trust and the ability to justify exorbitant costs.

This cultivated the myth that medicine can conquer death. Over time, it became seen not just as a means of survival, but as something to be continuously consumed in the name of "health" — transforming it into a highly profitable industry that now accounts for over 17.6% of all U.S. spending.

Because viable donor organs (a central crux of medicine’s dominion over death) are so limited, transplants quickly became incredibly valuable — costs range from $446,800 to $1,918,700 depending on the organ.[4] Given how desperate people are for organs and how much money is involved, it hence seemed reasonable to assume some illegal harvesting would occur.

Over the years, as demand for organs continues to increase, I’ve continually found disturbing evidence that this was happening.[5] This includes:

- Individuals being tricked into selling a kidney (e.g., in 2011, a viral story discussed a Chinese teenager who did so for an iPhone 4 — approximately 0.0125% of the black market rate for a kidney, after which he became septic and his other kidney failed leaving him permanently bedridden,[6] and in 2023, a wealthy Nigerian politician being convicted for trying to trick someone into donating a kidney for a transplant at an English hospital).[7]

- A 2009[8] and 2014[9] Newsweek investigation and a 2025 paper highlighted the extensive illegal organ trade,[10] estimating that 5% of global organ transplants involve black market purchases (totaling $600 million to $1.7 billion annually), with kidneys comprising 75% of these due to high demand for kidney failure treatments and the possibility of surviving with one kidney (though this greatly reduces your vitality).

  Approximately 10% to 20% of kidney transplants from living donors are illegal, with British buyers paying $50,000 to $60,000, while desperate impoverished donors (e.g., from refugee camps or countries like Pakistan, India, China, and Africa) receive minimal payment and are abandoned when medical complications arise, despite promises of care. To quote the 2009 article:[11]

  > *"Diflo became an outspoken advocate for reform several years ago, when he discovered that, rather than risk dying on the U.S. wait list, many of his wealthier dialysis patients had their transplants done in China. There, they could purchase the kidneys of executed prisoners.*
  >
  > *In India, Lawrence Cohen, another UC Berkeley anthropologist, found that women were being forced by their husbands to sell organs to foreign buyers to contribute to the family's income, or to provide for the dowry of a daughter. But while the WHO estimates that organ-trafficking networks are widespread and growing, it says that reliable data are almost impossible to come by."*

Note: *These reports also highlighted that these surgeries operate on the periphery of the medical system and involve complicit medical professionals who typically claim ignorance of its illegality (e.g., a good case was made that a few U.S. hospitals, like Cedars Sinai were complicit in the trade).*

- A 2004 court case where a South African hospital pleaded guilty to illegally transplanting kidneys from poorer recipients (who received $6,000 to $20,000) to wealthy recipients (who paid up to $120,000).[12,13]

- Many reports of organ harvesting by the Chinese government against specific political prisoners.[14,15,16,17,18] This evidence is quite compelling, particularly since until 2006,[19] China admitted organs were sourced from death row prisoners (with data suggesting the practice has not stopped).[20]

  Note: *Harvesting organs from death row prisoners represents one of the most reliable ways to get healthy organs immediately at the time of death (which is one of the greatest challenges in transplant medicine).*

- I've read reports of organ harvesting occurring in Middle East conflict zones,[21] by ISIS and in the Kosovo conflict,[22] and with drug cartels.[23]

  Note: *Many other disturbing cases of illicit organ harvesting are discussed in more detail* ***here****. Likewise, many other valuable tissues (e.g., tendons and corneas) can be harvested from dead bodies. Significant controversy also exists with the ethics of how these are collected (e.g., the respect given to the bodies or how profit focused that industry is).*

When Consciousness Gets Trapped

Different parts of the brain control various aspects of our being, so people who are still conscious can sometimes completely lose control of their bodies or their ability to communicate — known as Locked-in syndrome.[24]

The most famous case involves Martin, a 12-year-old who fell ill with meningitis and entered a vegetative state.[25] He was sent home to die, but stayed alive. At 16, he began regaining consciousness, became fully aware by 19, and at 26, a caregiver finally realized he was conscious and got him a communication computer. He eventually married.

Note: *Two things from his memoir stuck with me: years of being haunted by his mother once saying, "I hope you die" in frustration, and him sharing, "I cannot even express to you how much I hated Barney" because the care center had him watch Barney reruns every day, assuming he was vegetative.*[26]

When someone is dying, certain functions are lost before others. It's frequently observed in palliative care that touch and hearing are the last senses to disappear[27] (e.g., studies show hearing persists at the end of life).[28] This is why I sometimes tell grieving families their "brain-dead" loved one might still hear their voice or feel their touch.

Note: *Many people who've been resuscitated report "near-death experiences" where they were aware of their surroundings when their brain was supposedly "dead," suggesting other senses may persist during brain death.*[29]

The Problem with Brain Death

Since organs rapidly lose viability once someone dies, the only way to ethically obtain them is from someone who has "died" but whose body is still keeping organs alive — someone who is brain dead.

Brain death was defined by a 1968 Harvard Medical School Committee[30] report called "A Definition of Irreversible Coma."[31] They stated their purpose was to "define irreversible coma as a new criterion for death" for two reasons: the burden of caring for brain-damaged patients and avoiding controversy in obtaining organs for transplantation.

However, the committee was confident about diagnosing "irreversible coma" but tentative about calling this "death."[32] A Harvard ethicist noted: "That link, between being irreversibly unconscious and being dead, has never really been made in a convincing way."

The criteria included no response to stimuli, no breathing, no reflexes, no brainwaves, and replication after 24 hours. Though rapidly adopted, it was immediately contested by doctors who felt harvesting organs from someone with a heartbeat was unethical, worried about diagnostic errors, and suspected the primary motivation was avoiding long-term care costs and obtaining organs.[33]

Note: *Recent studies show fMRIs demonstrate intentional brain activity in 20% of vegetative patients,[34] and 25% of patients with no physical ability to respond can still activate brain regions when spoken to.[35]*

The New York Times recently published an essay advocating for broadening the definition of death, arguing: "We need to broaden the definition of death ... So long as the patient had given informed consent for organ donation, removal would proceed without delay ... We would have more organs available for transplantation."[36]

When ‘Brain Dead’ Patients Are Actually Conscious

Compelling cases demonstrate these concerns are valid. Zack Dunlap, a 21-year-old pronounced brain dead after an ATV accident, was about to have his organs harvested when a nurse relative tested his reflexes and got responses.[37] The transplant was cancelled, and Zack fully recovered. Crucially, Zack was fully conscious throughout:

> *“The next thing I remember was laying in the hospital bed, not being able to move, breathe, couldn't do anything, on a ventilator, and I heard someone say, I'm sorry he's brain-dead ... I tried to scream, tried to move, just got extremely angry.”*

Jahi McMath, a thirteen-year-old declared brain dead after tonsillectomy complications, was kept on life support by her family despite court orders.[38] Nine months later, she had regained brainwaves and blood flow to the brain, and moved in response to verbal commands.

More cases include Lewis Roberts (began breathing hours before organ harvesting),[39] Ryan Marlow (diagnosis reversed after wife's insistence),[40] Colleen Burns (awoke on the operating table and was later found by HHS to have been repeatedly misdiagnosed),[41] and Trenton McKinley (13-year-old who recovered before scheduled donation).[42]

There were also cases like Steven Thorpe (declared brain dead by four doctors, parents refused organ donation, and he awoke two weeks later),[43] and Gloria Cruz (husband refused to allow withdrawal of care, and she recovered).[44]

Note: *A recent study found that over 30% of brain-injured patients deemed unrecoverable would have partially or fully recovered had life support not been withdrawn.*[45]

Harvesting from Conscious Patients

Most alarming are cases where harvesting was attempted on conscious patients. Anthony Thomas "TJ" Hoover II, who'd repeatedly shown signs of life but was sedated, was brought to the operating room with eyes open.[46] Tears streamed down his face as he mouthed "help me" and thrashed to avoid surgery. The surgeon refused to proceed, but the coordinator attempted to find an alternative surgeon.

Note: *In a similar case, a woman diagnosed as brain dead was in fact “locked-in” and able to hear everything around her, including a doctor telling medical students her husband was “unreasonable” for being unwilling to sign away her organs to people who could benefit from them, and that it was fine to speak this way around her as she was brain dead.*[47]

There have also been cases like James Howard-Jones, who woke up just before life support was to be withdrawn for organ harvesting.[48] Additionally, several patients including a three-month-old boy,[49] a ten-month-old boy, a 15-year-old girl,[50] and a 65-year-old woman,[51] who were all declared "brain dead" had their life support turned off to facilitate peaceful transitions, but instead unexpectedly survived and recovered.

Note: *I suspect these stories are more common than we are led to believe (e.g., after I* ***published this story on Substack****, readers came forward to share instances of "brain-dead" children or patients who subsequently fully recovered).*

Federal Investigations Expose Systematic Failures

Regional organ procurement organizations facilitate transplants under the Organ Procurement and Transplant Network (OPTN). Due to chronic organ shortages (roughly 5,600 die yearly awaiting organs),[52] OPTN faced scathing Congressional hearings[53] and DOJ investigation.[54] They found OPTN had become corrupt and dysfunctional:

- 20% to 25% of kidneys lost during transport
- Never collecting 80% of eligible organs
- Poor training leaving staff unable to determine brain death
- Retaliating against whistleblowers
- Misinforming families and seeking consent from impaired relatives
- Medicare fraud and altering causes of death

As such, Congress passed a 2023 law breaking up OPTN's monopoly.[55]

The HRSA Investigation Bombshell

The Health Resources and Services Administration conducted an extensive investigation after OPTN refused to release critical records. While OPTN's review found "no major concerns," HRSA's investigation revealed disturbing patterns.

RFK Jr. made the unprecedented decision to publicly release these horrifying findings[56,57] despite knowing it would undermine trust in organ donations. The partially redacted report found:[58]

> *"HRSA found a concerning pattern of risk to neurologically injured patients ... Multiple patients were documented as evincing pain or discomfort during peri-procurement events after OPO staff had either failed to adequately assess neurologic function or had documented findings inconsistent with successful organ recovery without change to the plan."*

The scale was shocking: Of the authorized but not recovered cases (meaning something went awry at the last minute), HRSA found 103 (29.3%) had concerning features, including 73 patients (20.8%) showing neurologic status incompatible with organ procurement. At least 28 (8.0%) patients had no cardiac time of death noted, suggesting potential survival.

***Note:** ANR stands for "authorized but not recovered" — something went wrong at the last minute (like the donor reviving) that stopped the harvesting.*

The report revealed systematic misreporting of drug intoxication cases, where depressed mental status from drugs was being mistaken for permanent brain injury.

Mainstream Media Confirms the Horror

A July 2025 New York Times investigation corroborated these findings:[59]

> *"Fifty-five medical workers in 19 states told The Times they had witnessed at least one disturbing case ... coordinators persuading hospital clinicians to administer morphine, propofol and other drugs to hasten the death of potential donors."*

One surgical technician described a crying, alert woman being sedated anyway: "I felt like if she had been given more time on the ventilator, she could have pulled through ... I felt like I was part of killing someone." Dr. Wade Smith, a UCSF neurologist, concluded: "I think these types of problems are happening much more than we know."

Living with Transplants

Transplants aren't the miracle they're portrayed as. Failure rates are significant:

- **Lung —** 10.4% (within a year),[60] 72% (within 10 years)[61]
- **Heart —** 7.8% (within a year),[62] 46% (within 10 years)[63]
- **Kidney —** 5% (within a year),[64] 46.4% (within 10 years)[65]
- **Liver —** 7.6% (within a year),[66] 32.5% (within 10 years)[67]

Patients must follow lifelong regimens of immune-suppressing medications costing $10,000 to $30,000 annually, with **many serious side effects**. Comprehensive vaccination is also typically required, which became controversial during COVID-19 when people were denied transplants for refusing COVID vaccines (and in some cases then died from those required vaccines).

What's most abhorrent is that the COVID vaccine could **actually increase transplant rejection risk**. I received numerous reports from my network of this and found a paper documenting 44 cases of corneal graft rejections following COVID vaccines,[68] plus similar results with kidney transplants (36 cases)[69] and liver rejections (12 cases).[70]

***Note:** DMSO has been shown **to prevent rejection of certain tissue grafts**, to **potentiate many pharmaceutical drugs** (e.g., organ rejection medications) thereby allowing lower and safer doses to be used, **to greatly reduce autoimmune responses** (hence treating many rheumatologic diseases), and to **restore failing organs** — all of which suggests it could greatly improve outcomes for transplant recipients.*

The Emotional Costs of Transplants

Transplant recipients often face intense psychological stress — from the uncertainty of waiting for a donor, to the ever-present risk of organ rejection, and the lifelong burden of managing complex medical needs.

One of the most overlooked yet profound sources of stress is the phenomenon of personality, preference, and memory transference from donor to recipient. Numerous documented cases describe recipients acquiring new traits — such as food preferences, talents, or even shifts in sexual orientation — that align closely with those of their donor, despite having no prior knowledge of them.

In some extraordinary instances, recipients have reported memories of events they never experienced, including details of a donor's death that later contributed to solving crimes.

The psychological impact of integrating these unexpected traits — essentially, elements of another person's identity — can be deeply unsettling. Moreover, research and clinical observation suggest that recipients who resist or struggle to accept these changes may experience more complications post-transplant. Likewise, we frequently observe an immense amount of transference with organs, and it is often necessary to release the trapped emotions from the organ to improve transplant outcomes.

These observations raise complex questions about the nature of consciousness, memory, and identity. They also bring ethical concerns to the forefront — particularly if tangible spiritual consequences exist for receiving organs that are harvested without the donor's informed consent.

What Needs to Change

Many of the long-standing issues within the U.S. organ transplantation system stem from the lack of accountability and competition within the Organ Procurement and Transplantation Network (OPTN).

For decades, OPTN has operated with minimal oversight, resulting in little incentive to improve donor identification protocols (e.g., recognizing the “brain dead” patients who are still alive), invest in better diagnostic tools, or modernize organ collection practices so that fewer vital organs are lost. To address these systemic problems, meaningful reforms are urgently needed:

- **Improved diagnostic standards —** Incorporate advanced methods for assessing consciousness — such as functional MRI (fMRI) and other neuroimaging techniques — that can detect subtle signs of awareness often missed by traditional evaluations.

- **Independent oversight —** Establish clear separation between organ procurement organizations and clinical care teams. All potential donor cases should be reviewed by independent ethics and medical committees.

- **Legal safeguards —** Enact stronger legal protections, including mandatory waiting periods, second medical opinions from independent professionals, and family rights that cannot be overridden under pressure.

- **Transparency and accountability —** Implement rigorous oversight mechanisms, robust whistleblower protections, and enforceable penalties for organizations that violate ethical standards.

More importantly, viable alternatives to conventional organ transplantation must be prioritized — because as long as demand far outpaces supply, unethical practices will inevitably emerge. Fortunately, several promising solutions are already within reach:

- **Natural and regenerative therapies —** Throughout my career, I have seen many marginalized “alternative” therapies restore failing organs. Likewise, physician readers have reported DMSO saved livers and lungs, allowing their patients to be taken off the transplant list.

- **Bioengineered organs —** Cutting-edge research is advancing the development of synthetic and lab-grown organs, which may be commercially available within the next decade.

- **Living donor solutions —** In many cases, a healthy living donor — often a family member — can safely donate nonessential organs such as a kidney, significantly reducing the need for deceased donor transplants.

- **Reversal of "Brain Death" —** Intravenous DMSO has shown remarkable success in reviving patients diagnosed as brain dead or in severe neurological states (and requiring a lifetime of costly medical care). Despite decades of clinical evidence supporting its potential, mainstream medicine has largely ignored this low-cost therapy.

  Note: *Many documented cases of organ harvesting from paralyzed but conscious individuals closely mirror scenarios in which DMSO has led to full neurological recovery.*

In short, recent federal investigations have exposed cracks in a system that can no longer be ignored. We now have a critical opportunity not only to reform a deeply flawed process, but also to champion ethical, innovative alternatives that honor the dignity of every human life.

It is up to each of us — patients, providers, policymakers, and citizens — to ensure that medical decisions are made in the true best interest of the individual, not driven by the pressures of organ demand. Organ donation touches upon one of the most sacred aspects of being human, and now is the time to make sure it is honored.

Author's Note: *This is an abridged version of* ***a longer article*** *which goes into greater detail on the points mentioned here (e.g., the therapies which can restore failing organs, the extensive body of data consciousness resides in the organs, and methods for releasing trapped emotional trauma). That article, along with additional links and references can be read* ***here****.*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.

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