

Secretary of HHS, Robert Kennedy Jr. Uncovers Systemic Disregard for the Sanctity of Life in U.S. Organ Harvesting

WRITTEN BY
Staff Writer

In the U.S., organ transplantation—a field meant to save lives—has become a battleground where profit and desperation erode the sanctity of life. Across the United States, an intricate system of hospitals, doctors and nonprofit donation coordinators carries out tens of thousands of lifesaving transplants each year.

At every step, it relies on carefully calibrated protocols to protect both donors and recipients. But in recent years, as the system has pushed to increase transplants, a growing number of patients have endured premature or bungled attempts to retrieve their organs. Investigations, including a damning New York Times report and a 2025 HHS probe led by Secretary Robert F. Kennedy Jr., reveal a chilling reality: some medical institutions and organ procurement organizations (OPOs) are harvesting organs from patients showing signs of life, ignoring cries, breathing, or resistance to meet federal transplant quotas.

like a Texas surgeon falsifying transplant lists, the system's ethical failures expose a billion-dollar industry prioritizing numbers over humanity. With state authorities like district attorneys and attorneys general failing to act, citizen-led grand juries in states like Oklahoma, Kansas, and Alaska emerge as a last resort for justice.

The U.S. organ transplant system, overseen by the United Network for Organ Sharing (UNOS), for example, has

(UNOS), faces a dire shortage—over 100,000 Americans await transplants, with only 42,000 performed annually. This gap fuels a surge in “donation after circulatory death” (DCD), where organs are harvested after a patient’s heart stops but before brain death is confirmed, tripling from 6,700 cases in 2020 to 20,300 in 2024.

prioritized the need for more organs over the safety of potential donors. Yet, the rush to meet federal performance metrics has led to horrifying violations. A 2025 HHS investigation found 28 cases where organ procurement began on patients who may not have been deceased, with 73 others showing neurological signs incompatible with donation, particularly in smaller, rural hospitals.

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after choking. Declared unable to breathe independently, her mother, Faye Johnson, consented to organ donation. But 103 minutes after her “death,” as surgeons cut into her chest, monitors showed her heart beating and chest rising.

“I’m afraid what can go wrong,” [she] were dissecting my daughter alive,” Johnson said, devastated.

her revival. No violations were found, a pattern repeated across cases where OPOs and hospitals dodge accountability. Such incidents



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reported similar horrors: a New Mexico woman was subjected to days of preparation for donation, even after her family said that she seemed to be regaining consciousness, which she eventually did; in Florida, a man cried and bit on his breathing tube but was still withdrawn from life support; in West Virginia, doctors were appalled when coordinators asked a paralyzed man coming off sedatives in an operating room for consent to remove his organs. In Kentucky, TJ Hoover, declared brain-dead in 2021, thrashed and cried as harvesting began, surviving only because staff halted the process. A 2024 Kentucky case revealed a patient with a broken neck moving on the table, yet listed as a donor.

and questionable consent. KPI stands for Key Performance Indicator—a specific, quantifiable metric organizations use to gauge success against strategic goals. In healthcare, KPIs might include measures like patient wait times, readmission rates, or, as in this case, the sheer number of transplants performed. Harvard bioethicist Robert Truog warns, “When the number of transplants becomes a KPI, patient safety is sacrificed.”

organ removal, blur life and death. Of OSs, pressured by CMS to avoid decertification, intervene in hospital care, hastening death declarations. A Colorado technician, Bryany Duff, recalled a woman taken off ventilation while crying: “We are processing products like an assembly line, not saving lives.”

Front-driven misconduct in transplant medicine extends far beyond organ harvesting. In Houston, Dr. J. Steve Bynon Jr., a celebrated

liver surgeon at Memorial Hermann, allegedly manipulated UNOS records to keep his own patients ineligible for a transplant. By entering impossible donor criteria—such as requiring a donor to be a 300-pound toddler—he guaranteed his patients would never find a match, effectively condemning them to an endless wait and death. The human cost was staggering: 14 individuals on Memorial Hermann's liver transplant list died or deteriorated beyond eligibility in 2023, and five more by early 2024. Under simultaneous investigations by HHS and UNOS, the hospital—having performed only 29 liver transplants that year—shuttered its entire program.

waitlist. Regardless, his actions illustrate a deadly dynamic: when transplant volume becomes a KPI, patient safety is the first casualty. Today, 38 liver and 346 kidney slots sit open on the national list, a grim reminder that bureaucratic targets can override clinical judgment.

Procurement Organizations are reimbursed per organ recovered, and tissue donations provide additional revenue—creating powerful incentives to maximize yields. CMS performance metrics further threaten OPO decertification for low recovery rates, spurring some to adopt aggressive or ethically dubious tactics. A 2023 federal report warned that introducing for-profit models into OPO operations risks further commodifying human life, echoing global concerns over practices like prisoner organ harvesting in China.

As these atrocities unfold, district attorneys and attorneys general have failed to pursue justice for victims of organ harvesting or

Justice for victims of organ harvesting or related hospital misconduct, leaving families to seek accountability through citizen-initiated grand juries—available only in a few states like Oklahoma, Kansas, and Alaska. These juries, requiring minimal signatures (e.g., 0.5% of registered voters in Oklahoma), allow citizens to subpoena records and issue indictments, bypassing unresponsive state officials. This rare mechanism has become a critical tool for families seeking answers when hospitals prioritize profit over life, as seen in cases where vital signs were ignored or consent was falsified.

HHS's 2025 findings, mandating OPOs to like stricter donor criteria and staff veto are a start, but insufficient. Secretary Ken

are a start, but insufficient. Secretary Kennedy threatens decertification for non-compliance, yet systemic flaws persist: OPO influence over hospital care, vague DCD protocols, and unaddressed waitlist manipulations. The NYT exposé led thousands to deregister as donors, signaling eroded trust. Reform demands enforcing the Dead Donor Rule, auditing OPO practices, and banning for-profit incentives. Families need transparent consent and autopsy rights. As Faye Johnson mourned, “They took her future.” With state officials sidelined, citizen grand juries remain a critical, if rare, path to justice, urging a reckoning to restore medicine’s ethical core.