

COVID Vaccines and Organ Transplants: Are Healthcare Providers Ignoring Safety Signals?

Recent studies identified a new concern related to the failure of transplanted kidneys and other organs: COVID-19 vaccination — so why isn't the healthcare industry paying attention?

By Children's Health Defense Team

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Since its experimental beginnings in the mid-1950s, [organ transplantation](#) has evolved into what the medical community now casually refers to as a “standard-of-care” procedure, albeit one with still substantial failure rates.

For example, though kidneys top the [list of transplanted organs](#), [14% to 21% of kidney transplants](#) fail within five years, and [15% of kidney transplant](#) candidates are awaiting a repeat procedure.

Recent [studies identified a new concern](#) related to the [failure of transplanted kidneys](#) and other organs: COVID-19 vaccination.

In one study, published in September in *Transplant Infectious Disease*, researchers cataloged acute [organ rejection](#) within a week or two of [COVID-19](#) vaccination in five individuals who had received kidney, liver or heart transplants six to 18 months earlier.

In August, Japanese researchers reported [rejection of corneal grafts](#) in COVID-19 vaccine recipients, occurring from one day to six weeks post-vaccination.

The events caught the Japanese authors' attention because corneal grafts ordinarily have a [high success rate](#) due to the cornea's status as an organ with [immune privilege](#).

Noting literature that documents transplant rejection in association with other vaccines such as [influenza](#), hepatitis B, [tetanus](#) and [yellow fever](#), the Japanese authors expressed worry about what “the projected societal shift towards a more frequent vaccination schedule” portends for transplant recipients.

Concerns about the impact of COVID-19 jabs on people with existing transplants are important, but another pressing-yet-unaddressed question lurks in the shadows: What happens if an unvaccinated person receives a transplanted organ from someone who got one or more COVID-19 jabs?

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A record year

Although transplantation experienced a [brief lull](#) in the early days of the pandemic, by 2021, the U.S. saw a [record-setting number of transplants](#) performed — more than 40,000 kidneys, hearts, livers and other organs.

Although supply is never adequate to meet demand, transplant centers were able to achieve their 2021 milestone in part because of a 10% increase over 2020 in the number of “[deceased organ donors](#)” (as opposed to living donors), with 45 of 57 organ procurement organizations setting “all-time records for donors recovered in a single year.”

The surge in organ donation from deceased donors represents a decade-long trend, with “the rising number of deaths of young people due to the [ongoing opioid epidemic](#)” hypothesized to be a contributing factor prior to 2021. Still, in prior years, the [increase averaged only 5%](#).

Thrilled with the increased availability of organs, transplant organizations have displayed no curiosity about whether fatalities linked to the rollout of experimental COVID-19 vaccines may be eclipsing or even replacing

organs sourced from opioid-related deaths — even though there was a 30% increase (over 2020) in organ donation from individuals who died of cardiorespiratory failure, and a 15% increase in organs from deceased 50- to 64-year-olds.

The COVID-19 vaccine rollout has been linked to 2021's explosive rise in [all-cause mortality](#) in the working-age population, including unprecedented [heart-related fatalities](#) in younger adult COVID-19 vaccine recipients.

[Traffic fatalities](#) are a key pipeline for organ donation, so transplant centers also benefited from the 16-year high in [traffic-related deaths](#) in 2021.

Some observers believe these could be linked to COVID-19-vaccine-related [loss of consciousness](#) behind the wheel.

Damaged organs?

According to the United Network for Organ Sharing (UNOS), transplant rejection “is when the organ recipient’s immune system recognizes the [donor organ as foreign](#) and attempts to eliminate it.”

Rejection begins as an acute phenomenon but may proceed to the gradual loss of organ function defined as chronic rejection.

UNOS says, “Some degree of rejection occurs with every transplant,” which is why [immunosuppressive medications](#), often for life, are a sine qua non following transplantation.

In August, the independent group of doctors and scientists known as [Doctors for COVID Ethics](#) outlined disturbing evidence from autopsies of persons deceased after COVID-19 vaccination about what is happening to the organs of mRNA vaccine recipients — organs potentially being offered to transplant recipients.

They noted that mRNA vaccines “[travel throughout the body](#) and accumulate in various organs” where they “induce long-lasting expression of the SARS-CoV-2 spike protein” that in turn induces autoimmune-like inflammation — and the vaccine-induced inflammation “can cause grave organ damage, especially in vessels, sometimes with deadly outcome.”

Citing evidence from Pfizer’s animal experiments, they also underscored the particularly rapid accumulation of mRNA vaccine in the liver, and concluded that blood vessels, at the very least, “will be exposed and affected in every organ and in every tissue.”

Other researchers have highlighted “the possibility of [subclinical organ dysfunction](#) in vaccinated recipients.”

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No transplant for you

Ironically, transplant programs commonly recommend that would-be organ recipients get “[up-to-date](#)” on a slew of [vaccines](#) — “typically hepatitis A and B, tetanus [diphtheria, pertussis, tetanus], pneumococcus, measles, human

papillomavirus, influenza, and others dependent on geography and age.”

Given the manufacturer-documented potential for vaccines to cause [organ-damaging adverse events](#), this advice was already questionable — but then many transplant centers made matters worse by adding [stringent requirements](#) for COVID-19 vaccination.

Even though researchers very quickly established that the immunosuppressive drugs taken by transplant recipients guarantee a “[significantly blunt\[ed\]](#)” COVID-19 vaccine response, prominent healthcare systems like Boston’s [Brigham and Women’s Hospital](#) and Colorado’s [UCHealth](#) did not hesitate to coldly remove the unvaccinated from their transplant waiting lists.

The American Society of Transplant Surgeons’ COVID-19 Strike Force [recommends COVID-19 vaccination](#) not just for all transplant candidates but also for recipients, their family members and live donors.

They virtuously claim that decisions to [deny transplants to the unvaccinated](#) are based on a desire to “avoid futile transplants and wasting organs that could benefit other candidates.”

A University of Chicago physician who asserted a “legal right to [discriminate against candidates](#) who refuse the COVID-19 vaccine” nevertheless squeamishly labeled the discrimination “too severe,” asking, “one must ask how far the [transplant] community will go” and wondering, “will they mandate multiple boosters”?

Big bucks

Although organ transplantation is shrouded in noble lifesaving verbiage, it is also a major profit center for modern medicine.

Global projections for 2021-2028 suggest the combined organ and tissue [transplantation market will double in size](#), going from \$7.24 billion to \$14.67 billion — and those figures do not take into account a thriving [black market for trafficked organs](#).

Market analysts expect the growth to be fueled both by demand factors — such as the growing incidence of chronic diseases that cause “catastrophic damage to tissue and organs” — and increased supply — including a rise in celebrity-driven organ donation pledges.

Because access to organs remains the key barrier to transplantation, there has also been a push in recent years to allow donation from “[suboptimal](#)” or “extended criteria” donors — for example, the elderly, individuals with fatty liver disease, donors with malignancies or viral hepatitis or donations “after cardiac death.”

Will COVID-19-vaccine-contaminated organs become just another category of “suboptimal” donation?

Recent studies of COVID-19 [vaccine recipients’ blood](#) suggest that worries about a contaminated blood supply likely also extend to the organ supply and could place transplant recipients’ lives at risk.

Unfortunately, when problems arise, they will probably be chalked up to ordinary transplant rejection, with no one the wiser about the insidious role of newfangled COVID-19 or future mRNA vaccines.

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