

Forum: Shaken Baby Syndrome (SBS)

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Abstract

The "Forum" is comprised of the experiences of parents and caretakers charged with Shaken Baby Syndrome (SBS) in connection with an infant under their care. In the majority of the cases presented, the babies were premature, had pre-existing medical conditions, or had other underlying neurological conditions and thus should not have been vaccinated according to the Physicians' Desk Reference. Often, attending physicians noted no bruising and no other physical evidence to support the claim. In one case a mother experienced an unremarkable pregnancy and delivery with the infant receiving Hepatitis B vaccine less than 24 hours following birth. A month later, this parent told the pediatrician her concerns that the infant (1) was arching his back and rolling onto his side with his eyes rolling back in his head, (2) had blue hands and feet that were cold to the touch, (3) had a pale skin tone—almost white, (4) had vomited late in the afternoon, and (5) had started to fist his hands and began gnawing on them. The pediatrician failed to recognize these concerns as serious neurological problems and vaccinated the child with Tetramune (DPTH) and Oral Polio Vaccine (OPV). Within 12 days, the infant was hospitalized and CAT scans revealed extensive brain damage. In another case, a cardiopulmonary monitor graph contained no motion artifacts and the highly vulnerable infant experienced vaccine-induced encephalitis and associated retinal hemorrhages.

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Childcare provider falsely charged with of Shaken Baby Syndrome (SBS)

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I had been a child care provider for several years and never once did I imagine that anything could ever go wrong but this is the story of the day my life and the lives of those I love changed forever.

It was December 15, 2000, a normal day of babysitting for me until approximately 3:30 in the afternoon when I was catapulted into the world of false allegations of Shaken Baby Syndrome (SBS).

I was caring for a 4-month-old little boy for 9 days. On the 10th day he had been to the doctor's office in the morning for a "Well Baby" check and routine immunizations consisting of DTaP, Hibtiter [1], Hepatitis B, Prevnar [2] and Polio (IPV, inactivated polio vaccine). He was dropped off by his mother at roughly 10:00 a.m. that morning. The mother told me there was infant Tylenol in the diaper bag if needed.

I had changed his diaper, fed him and placed him in the infant seat. He was pretty content. At approximately 1:00 p.m. he fell asleep and I placed him in the playpen in my daughter's room. The other children kept running through the hallway being loud and waking him up. I moved him onto a crib mattress on the floor in my bedroom so the other children would not wake him up because my daughter's room only has a half door; whereas, my room has a full door and it would be more quiet for him. I checked on him every 15 to 20 minutes to make sure he was okay and did not have any fever.

It was approximately 3:30 when I went to check on him and found him unresponsive and barely breathing. It was then I

picked him up and took him to my husband's desk and called 911.

The paramedics came and a woman asked where he was. She scooped him up and ran him to the waiting ambulance. Within a few minutes there was a knock at the door, it was the police. The detective asked if he could talk to me for a few minutes about the condition of the child on that day and about the 911 call. I said of course. I told him that the child had been to the pediatrician in the morning and was given routine immunizations, the age of the child, and some other information I was able to provide him with. They left after a few minutes and I did not hear from them whether they would get in touch with me again or not.

It was about 9:50 p.m., my husband and I were getting ready for bed when there was a knock at the door. It was the detective with two other gentlemen and they asked if they could talk to us. I allowed them to come in and the detective asked me if I could come down to the station and give them a statement in writing. I asked him if I could come down the next morning as I was ready for bed and my children were already sleeping. He said we should do it now and it would only take about an hour.

My husband made a call to find someone to stay with the children so he could go with me. The detective said it is ok, you can stay here--we will take your wife and bring her back so you do not have to bother anyone. I went to the station voluntarily to give them a statement because I had nothing to hide. If I did

not cooperate with them they would think I was not being honest or had something to hide.

When I arrived at the station I was taken into a room and I was asked about the events of the day and what led up to my calling 911. When the statement was finished and I had signed it I was getting ready to go back home. I asked the detective if he knew about the status of the child because I had not heard anything from the parents, how he was doing and because I was concerned about him.

The detective called Children's Hospital to find out how he was and came back to tell me that he was no longer in life-threatening danger but he had a subdural and subarachnoid hematomas and retinal hemorrhaging. He also said he had possible bilateral femur fractures but it turned out that he did not have any after all. I was relieved to hear he was going to be okay but little did I know the worse was yet to come.

The juvenile detective and two other men who were the county homicide detectives started asking me more questions. During this time there was no documentation of the conversation and the questions they were asking were no longer voluntary but accusatory statements wanting to know what I did to him, a child does not just sustain such injuries from nothing. They even asked how I changed a diaper, too. I was asked the same questions over and over again and I kept telling them I did nothing to him. I did not even know what time it was anymore and I just wanted to go home. I was given a paper to sign before I left and then I was taken home. It turned out later that the paper I signed was a second statement. I was not even aware of until I got it from my attorney. When I got home my husband asked me what was going on, what had they done to me. It was after 1:30 in the morning and he said I was being very emotional.

On the morning of December 16, 2000, I went to the hospital early in the morning due to chest pains. I was having anxiety or panic attacks. I spent several hours there before I went home with my husband who had accompanied me. They told him to bring me back to the hospital if it should get worse. We got home from the hospital, laid down to take a nap because the children were sleeping also. It was around 4:00 p.m. when there was a knock at the door. When we went to open the door there were five officers there who told my husband, "Sorry, we have to arrest your wife."

The one county detective followed me into my bedroom when I went to get changed and to put my sneakers on. I took my clothes to the bathroom because I did not want to change in front of him. He stood in front of the bathroom door asking me if I was ok. He even had the nerve to ask my husband, "Why didn't you tell us your wife is like this?" My husband replied to him, "I think you made a mistake here, my wife is good with children and she would not do something like this."

I was never informed about my rights nor did I see an arrest warrant although they said that one has been requested and is going to be issued in the police criminal complaint.

I was taken to the station, had my finger prints taken and I was photographed. Then I was taken to the judge and got arraigned. Bail was set at \$5,000. In the prison I was denied access due to a lack of medical clearance. I was taken back to the hospital for an examination. However, the police took me back

to the station and put me in a holding cell. Later I was transferred to an Inpatient facility for a psychiatric evaluation where I had to stay for 5 days before I was released under the set bail conditions.

Upon my release I began to research this so called "Shaken Baby Syndrome." I found out that many times these adverse reactions to the vaccines were being misdiagnosed as Shaken Baby Syndrome and that SBS is only a theory and never proven to be a truly understood entity. By reading and researching these medical journals it became clear that the experts in the field were not even able to agree on what SBS actually is! It was even more shocking to discover that many adverse reactions to these vaccinations were able to mimic what is thought to be SBS. Upon further researching the vaccines I was shocked to see that tens of thousands of children are damaged and even killed by vaccines. I had always thought vaccines to be safe.

I found out that the ingredients in vaccines were nothing more than a witch's brew of animal blood, toxic metals, neurotoxins, viruses, bacteria, and even pesticides! Yes, pesticides! Thimerosal is a common ingredient in many vaccines and a registered pesticide with the (EPA) Environmental Protection Agency. Thimerosal is nearly 50% mercury as well and a routine "Well-Baby-Visit" can see a child getting injected with up to 62.5 mcgs of mercury! The EPA guidelines for acceptable mercury exposure are 0.1 mcgs. per kilogram of body weight per day. The child in my case was given over 40 times the "safe" amount in a matter of minutes directly into his bloodstream. Shortly after that he was dropped off at my home.

This child also had an indication of a possible neurological condition as well as his head size was abnormally large. The Physicians Desk Reference clearly states "any child with an underlying neurological condition SHOULD NOT BE VACCINATED."

Vaccines carry serious and sometimes fatal consequences. People need to be aware of this so that they can truly make an informed choice. They also need to know what to do to in order to avoid legal pitfalls when choosing what is being injected into their bodies or those of their children.

I was left no other choice than to take a plea agreement of "No Contest" to 2 year's probation as I could have faced up to 15 years in prison in the aforementioned case. I chose not to risk what a jury would decide since most people (like myself at one time) believed vaccines were completely safe. I chose to make sure that my children would grow up with their mother. I have picked up the pieces and moved on but this will always be with me no matter what I'll do. I will continue to maintain my innocence and I am planning to change things by raising awareness and helping others in similar straits. The system needs help and parents/caretakers need to be informed. In my case I firmly believe that the child was damaged by vaccines, and so do some doctors. We also found out afterwards the fact that he in fact had an underlying problem that pre-dated my contact with him.

References

- [1] Hibiter is a conjugate Haemophilus influenzae B vaccine. The HIB is conjugated with Diphtheria protein and the product is the Lederle Brand name. In VAERS it is referred to as HIBV.
- [2] Prevnar is a 7-valent pneumococcal vaccine.

A Grieving Father's Nightmare

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It was in the early morning hours on January 20, 2002, when Dwight "Nick" Davidson's nightmare began as his daughter, Alexa Nicole Davidson, stopped breathing in his arms. Alexa's mother had just taken her to the Emergency Room for failure to feed and inconsolable crying. She was discharged from the hospital just 54 minutes before her last breath as a "healthy, spoiled baby."

After the mother arrived home Alexa stopped breathing in her father's arms. Alexa was rushed to Gateway Medical Center and transferred via life flight to Vanderbilt Children's Hospital in Nashville, TN.

The medical staff's findings were that Alexa had severe "Shaken Baby Syndrome." They found old broken ribs missed by the Emergency Room and a closed head injury which they claimed came from severe shaking. They found an old healing fracture in her left tibia and an intra osseous line in her right tibia. The doctors also noted subdural hemorrhage, subarachnid hemorrhage, and cerebral infarcts. The next morning doctors at Vanderbilt declared Alexa "brain dead." Nick never realized what he was about to face. Not only loosing his first born child, but also having to fight to save his own life.

Only 24 hours later Nick witnessed his daughter's final breath and he was arrested. With no physical evidence, armed with nothing more than a theory and inconsistent recollections given by the mother of the events surrounding her daughter's death, the prosecution began targeting Nick as their number one suspect. Alexa was disconnected from life support one hour after her father's arrest. He was completely denied his right to say goodbye to his daughter.

Nick began a battle that has now lasted two years. He fought with grief in his heart to prove that he had done nothing to hurt his daughter.

The investigation that surrounded his daughter's death lasted only 30 days. It began with the medical diagnosis given by Vanderbilt Hospital and ended with a 31 page interview that Alexa's mother gave in exchange for "immunity against truthful statements."

The prosecution ignored several medical mistakes and the mother's inconsistent statements. Driving on with their theory that Nick had snapped on his daughter due to bent up tension from serving six months overseas, in the 20 common sense minutes he had his daughter in his care, while her mother took a shower.

The Emergency Room missed the old rib fractures, although the doctor had Alexa's chest x-rayed. Gateway Medical Center noted that Alexa had a "slight cardiac enlargement." Vanderbilt University also reported that Alexa's heart seemed "slightly enlarged," but did not do further medical testing to rule out other medical reasons for Alexa's heart to be enlarged. The doctor's ignored the intra osseous line in Alex's right tibia, a possible sign of brittle bones. Vanderbilt missed a linear skull fracture

and had misdiagnosed Alexa with retinal hemorrhages. The medical examiner reported in his autopsy that Alexa had "no retinal hemorrhages," he reported that she had optical nerve damage. The medical examiner noted that Alexa had a swollen, movable lymph node in her neck but did not include whether or not he had removed and tested the lymph node for possible signs of infection? The heart was donated, so was not present to be examined during the autopsy.

The medical staff and examiner did nothing to explore other avenues in connection with Alexa's death. The possibility of the vaccine connection or other disease that mirrors Shaken Baby Syndrome was not explored. There was no bruising over Alexa's torso where they claimed she was squeezed so severely as to cause broken ribs. There was no evidence of squeezing present on her body. The medical had no notation of a contusion or even a bump on the back of her head from the skull fracture. They actually noted there was "no skull fractures," even after proper testing that included a CT scan.

At Nick's trial in March of 2003, the doctors who made these medical mistakes and the mother who continued to make inconsistent statements testified against Nick. He faced two indictments: one count for Aggravated Child Abuse and a second count for Murder One, punishable with 60 years in prison, a life sentence without the possibility of parole. The only evidence the prosecution had against Nick was circumstantial. This circumstantial evidence could have supported many other theories as to what happened to Alexa.

The trial lasted only two and a half days. The jury deliberated for three hours and returned a verdict to lesser charges of Reckless Aggravated Assault and Criminally Negligent Homicide. Nick was sentenced to three and one half years at 30%.

Reckless Aggravated Assault

39-13-102

A person commits irritated assault who, being the parent or custodian of a child or adult, intentionally or knowingly fails or refuses to protect such child or adult from an irritated assault or irritated child abuse.

Criminally Negligent Homicide

39-13-212

Criminally Negligent conduct, in Nick's case failing to protect his child, results in death.

During the sentencing the judge said, "I see no evidence that you did this." Several times during the trial the judge said that there were two parents present during the time Alexa stopped breathing and that Nick was "ONE" of them.

Nick took on the prosecution with no expert witness. Most have referred to this as "suicidal." Nick's family could not afford an expert. They had to have faith in the system and in the

truth. The jury found him guilty of failing to protect his daughter. He sits in prison with no idea of whom or what he was supposed to be protecting Alexa from. The prosecution makes absolutely no effort to solve the mystery.

Many have described Nick's outcome in his case as, "Lucky." At first this was insulting to us, but as we further study into the epidemic of false Shaken Baby cases we realize indeed he was very lucky. The prosecutors tend to feed off the emotion of the words, "Baby Murderer." Until I have begun the research in Nick's case I am not so sure I would have been able to let some of these parents walk away either. The public is completely uneducated on vaccine link to Shaken Baby or the lack of protocol to rule out other medical possibilities. It is left up to the medical staff to make efforts to find other explanations as what else could have caused such injuries to a child. This needs to change. The medical profession needs to establish protocol in these cases to rule out all other possibilities for these children's injuries. Innocent parents all over the world are suffering. There will be many more in the future as long as the system continues to take a blind eye to true justice.

If the medical field and the prosecution are continuing to label Alexa's death a murder, we demand they find this murderer or reopen the investigation and find out what actually caused her death.

Finally, a tough question: Was Alexa murdered? Dr. Michael D. Innis, Honorary Consultant Hematologist, Princess Alexandra Hospital, Brisbane, Australia reports that, Infectious Mononucleosis from Epstein-Barr Virus (EBV) infection was a factor in Alexa's demise.

"Children are vulnerable to deficiencies in Vitamins C, K and D as well as chemicals such as Calcium and Phosphorus, all of which are associated with rib and skeletal fractures, and with bleeding in some instances. The possibility of both Vitamin C and K deficiency would need to be considered as both are capable of causing fractures as well as bruising and bleeding from the gut and both may have a nutritional origin. But no tests for these conditions were done. However there is a significant abnormality in the lymphocyte count that is approximately double the upper value of normal and should alert one to the possibility of a viral infection especially, at this age, the EBV which would account for the infant's distress.

Alexa stopped breathing for several minutes before being intubated and as pointed out by Geodes *et al.*, intra cerebral

hemorrhages may result. "Severe metabolic acidosis with inadequate resp. comp." was the comment of the pathologist and I agree entirely that this is the explanation of the blood pH reading. Metabolic acidosis is the result of the body, including the brain, being deprived of oxygen. When the brain is deprived of oxygen it swells causing cerebral edema and subdural hemorrhages. The EB Virus causes hepatitis which in turn causes a loss of the proteins necessary for the coagulation of blood. One result is Vitamin K Deficiency Bleeding (VKDB)--a well known complication of defective liver function, which would explain the fractures, bleeding and bruising seen in the child.

In support of the contention that a diagnosis of EB Virus infection is valid is the finding of one slightly enlarged soft, movable lymph node in the neck which the pathologist does not include in his summary of postmortem findings. This finding is exactly what one would expect in EBV infection and has to my knowledge never been put forward as a sign of multiple blunt force injury.

The father has given a clear description of the Apparent Life Threatening Event Alexa suffered which caused the cardio-respiratory arrest, anoxia and its fatal consequences.

Having contributed to the medical literature on this subject (Letter Lancet, June 5, 1978) I am confident with a reasonable degree of medical certainty that Infectious Mononucleosis from EBV infection was a factor in Alexa's demise.

Finally, since I (Dr. Michael D. Innis) believe EB Virus infection played a significant role in Alexa's death I have concerns that the donation of her heart may cause problems in the recipient.

As we continue to help others get a better picture of what the medical field and prosecution are lacking to bring true justice and rule out cases that are not actual abuse, we hope we can make a difference in how parents are treated in the future. We as members of society must demand this change.

"If there is any greater crime or sin that we as members of the Human Race and citizens of this great country can commit beyond that of harming a child, it is to wrongfully accuse and/or persecute and innocent parent that has already suffered the loss or harm of one of their offspring." Lee Woodard, Human Rights, USA, MSN Groups

Brian Herlihy Encounters Baby Robbie

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Throughout our country and across our shores there seems to be an increase in the persecution of innocent people. There has been a flood of cases involving something called “Shaken Baby Syndrome.”

Sadly enough, there are cases where children are violently abused for no reason and sometimes die as a result. However, even more tragic is the rising numbers of cases where doctors “jump the gun” and set in motion events that are irrevocable. This leads to police wrongful charging, arresting, and convicting innocent people for a crime that never occurred.

It has been quite a struggle for me to be able to put what is in my heart and in my head on paper. It is more than 3 years since my nightmare began for my family, my friends as well as me. This has cost me a lot. Many friends, several opportunities, and freedom. All because of my persecution for something I did not do. This is my story of little Robbie, myself, and the events of our nightmare.

I first met Robbie in July of 2000. He was a happy little boy and we first “met” when his mom asked me to feed him while she went shopping. I took his bottle, held him in my arms, and watched his bottle empty quickly. Afterwards I burped him and he spit up down the back of my shirt. His mom kept apologizing and tried to clean it up. It did not bother me. I asked her if he was in the habit of spitting up like and she said “yes.” I enjoyed that time with Robbie. It gave me a sense of peace, there was no better feeling than that. The first day with Robbie will always be in my memory.

After the first day, Robbie’s mom asked me if I would mind watching him a few hours a day from time to time. I worked at night; school was out, why not?

Robbie and I had fun! From bath time to nap time. It was not work, it was fun! Robbie and I went places and he was a joy to care for. The only time I felt regrets was when he was not there.

Robbie and I had our own “language.” If he was happy--and he sure was--he would “GOO.” If he was unhappy, he would cry and make a sound like a “gee.” I am proud to say he was a happy baby.

The day of August 2, 2000 turned everything upside down. Robbie and his mom showed up while I was attempting to “dip” my puppies. I heard Robbie crying, which was unusual. He was still in the car crying loud. While his mom brought him in, he was still crying. She held him out and said, “Take him.” I told her what I had been doing and that I needed to wash my hands first. When I came back, I held him and tried to soothe him. I remember asking him, “What’s wrong with my little buddy?”

He was sweating pretty badly. He had spit up on the one-piece jumper he had on and it was wet. I took it off and noticed

red splotches on his body. I asked his mother what she thought it was. She said, “Heat rash, he gets it a lot.”

After a diaper change and a wipe down with baby wipes, he seemed a little better. He had stopped crying. His mom said she would feed him while I finished up with the puppies outside.

When I was finished, I went back inside and Robbie’s mom was in my living room. She wanted my keys so she could fill up my truck so we could go on a day trip to Cedar Key. As she left, her instructions were for me to shower and be ready to leave when she returned. When I asked about Robbie, she said, “Robbie will be fine, now go.”

I went to my bathroom and turned on the water, realizing that I had no hot water. I turned it off and used the bathroom. Then I came out and saw Robbie.

When I had Robbie in my care, I would place him in the center of the bed surrounded by pillows and I would not leave him alone. Today, his mother told me to take my shower, and when I asked, “What about Robbie?” she said, “Robbie will be fine.”

He was not “fine” when I found him. All I could see was his little feet sticking out and pointing up. He had been wedged between the mattress and footboard. When I went to pull him out, I saw formula coming out of his nose and mouth. He was not crying and his eyes were barely open. I said, “Robbie, are you okay?” His body went limp and he made a terrible sound. I gave him two quick “puffs” when I saw he was not breathing. I checked for his pulse and ran to get my phone to call 911.

911 stayed on the line with me while help was on the way. I remember saying “Baby! Please don’t die!” It was the most horrible thing in my life. I continued to help Robbie breathe until the medics arrived. I was pulled from the room while they worked on him. I broke down and was very upset. What had happened? I did not know.

After several more minutes, more rescue personnel showed up. One of them sat me down and tried to calm me down. It was not working. All I wanted to know was how Robbie was doing and what was going on. His mom showed up after a while and I told her what I knew. I was more upset than she was. I told her I felt I let Robbie and her down because I could not help him. I tried to help; it just did not seem to matter.

As they were leaving with Robbie they told me that he was breathing on his own and he was awake. We followed the ambulance to the hospital, which was less than a mile away. When we got there, we spoke to the doctors and finally we were allowed to see him.

I will never forget when I placed my finger on his little hand. He gripped it and looked right at me. My heart was breaking.

The doctor said it was a seizure and that Robbie would be fine. Sadly enough, it was not true.

When the police arrived the first time, they were sympathetic to our situation. They had understood this was an accident and offered their help. If they were not doctors, then how could they help?

Only after Robbie's CT scans and Robbie's own mother giving five separate stories did suspicions arise. The odd thing was that they were listening to someone who was not even there! Only later did I learn that she was gone 45 minutes to do a 10-minute errand.

Then the police would not let me go anywhere until the detectives came back. These same people had offered their help less than an hour ago. Now they were looking at me as a suspect and I was speechless at what was going on.

I was interrogated and threatened over the course of four hours. They had searched my place and car. Why? I was not hiding anything. There had been a promise to keep me updated on Robbie's condition, and that was not honored. After all of this I was finally allowed to go home but not allowed to go to the hospital.

The next evening I was arrested at gunpoint and charged with aggravated child abuse. On August 10, 2000 Robbie died at 12:52 in the morning. I was then charged with felony murder. I was indicted on August 29, 2000 for first-degree murder.

I did not know many things about Robbie; even less about his mother. I know them now and I am still amazed at how it all happened.

Since it all happened, there are just a few things that have been discovered:

- Robbie was 4-5 weeks premature and was a breach delivery. He also suffered a broken clavicle at birth.
- His mother had been in two separate car accidents that resulted in hospitalization while pregnant with Robbie. The second accident caused her to go into pre-term labor and was stopped. She had been instructed to stay on bed rest the rest of her pregnancy by her doctor. However, she went back to work against medical advice.
- Robbie's lungs were very immature at birth and he was exposed to steroids to promote this growth.
- At Robbie's 3-month "healthy baby" check-up, it is noted that his neck muscles were underdeveloped. No one but his mother knew about this. Not even Robbie's father or other family members. On May 9, 2000 Robbie received the following vaccines: DTAP: by SKB Lot Number 918A2 (now a HOT LOT), IVP by Connaught RO668 (now a HOT LOT). Hep B by SKB Lot Number 3198A2 (now a HOT LOT), HIB by Connaught UA510AA (now a HOT LOT)
- Robbie received the following vaccines on 7/19/2000. DTAP by SKB Lot Number 95682 (now a HOT Lot), OPV Connaught R1433 (now a HOT LOT), Hep B by SKB Lot Number 3198A2 (now a HOT LOT and the same lot that was administered on 5/9/00) and the last

was HIB by Lederle Lot Number 468487 (now a HOT LOT)

- Robbie had a chronic subdural hematoma that the radiologists at the hospital determined to be at least a month old. They also felt it could be the result of birth trauma.
- There was no MRI performed because Dr. Anne Dickinson felt "there wasn't a need to spend \$1,000 to confirm what I already knew." Dr. Dickinson is not a radiologist or a neurologist. This was also after the radiologists told her of their findings.
- Robbie had developed severe untreated diabetes.
- Robbie was diagnosed with sinus-ethmoid disease. It had been reported by family members that Robbie seemed to always have the snuffles.
- Robbie had a tracking problem as noted in his chart by his pediatrician in relation to his eyes. There was also evidence of glaucoma found.
- Robbie suffered no bruising in his neck area. This would be present had he been shaken as they claimed.
- There was not a single mark on his body to even suggest that Robbie had been shaken. There were no bruises or red marks.
- It has been discovered that Robbie's mother threw Robbie onto a bed during an argument with his father. The police had also been to the residence numerous times for domestic problems. Yet, no one investigated or charged anyone else.
- Robbie's thalamus was the size of a 12 year old. The thalamus is supposed to get smaller as we age. It organizes sensory messages to and from the higher levels of the brain.
- In addition, Robbie's immune system was virtually non-existent. No doubt, his exposure to "hot lots" did not help.

The State's theory was this: I was feeding Robbie and he spit up on a new shirt. I then became enraged at him and shook him. After realizing what happened, I allegedly conjured up a story and called 911.

Well, their theory is completely wrong. Even their own witnesses put holes in it. First, they knew from Robbie's own mother that she fed him and she burped him while I was outside. Second, both Robbie's mother and members of the rescue squad testified that at no time was I wearing a shirt. The rescue personnel even said that they handed me a shirt before leaving for the hospital.

Later I was told the reason I was charged is that I was the last person to be with Robbie. Even though there was never any evidence of me being abusive towards him or any other child. Robbie's mother even said I was very loving and caring to Robbie yet here, I am in prison.

It made no difference that 911 was dialed less than 10 minutes after his mom left. The doctors failed to thoroughly look at

him and his medical history. No other tests were done to rule out anything but “SBS.”

I did not do what I was accused of and I am still fighting for vindication. I loved my “little buddy” Robbie. He was not my son but I cared for him as if he were.

In closing, I know that God and Robbie know I did nothing wrong. Robbie got sick and stopped breathing and I helped him. Because of that, I am in prison. I miss him as I am sure many people do. I am paying for a mistake made by a bunch of over-zealous and negligent doctors. They should have treated him instead of “waiting it out.” If there is any negligence, it is on those who were in charge of his treatment.

I would like to express my thanks to many people. My mom and dad, who have been there for me from the beginning and still support my innocence. Dr. John J. Plunkett, who believes in my innocence and proved it during my trial. He has been a

vital part of this case. Dr. Ronald H. Uscinski, I cannot put into words the gratitude for all he has done. You too have believed in me. Dr. Vera Schreiber, words are not enough to thank you for what you have done for others and me. Dr. Mohammed Ali Al-Bayati, a man who has taken on a large task and has uncovered things that promises to blow this wide open. Dr. Harold E. Buttram, your work has helped open up the eyes that once were shut.

The team of Ms. Toni Blake and Lauren Dillehay for their work and “SBSdefense.com.” The Vaccine Adverse Effects Reporting System (VAERS). Without it, people would have no idea how widespread the vaccine “hot lot” epidemic really is.

“I have a responsibility to prescribe a regimen of treatment for the good of patient according to my ability and my judgment and never do harm to anyone.” - Taken from the Oath of Hippocrates

How Three Words Can Change Your Life Forever

Belinda Moran

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Our story begins November 3, 1995, with the birth of our second child Kieran. He was full term and weighed 8 pounds 10 ounces. The pregnancy and delivery were unremarkable according to hospital and physician records. He was administered the Hepatitis B vaccine less than 24 hours after birth. Shortly before being discharged, the nurse commented that Kieran was experiencing tremors and she needed to return him to the nursery for a test. One hour later she brought him back to my room and said that the test was negative and he was okay to go home. Did this nurse fail to recognize a seizure? There is no record of this test or the lot number of the vaccine Kieran received.

Kieran then received his routine vaccinations at his "well-baby" check-up on December 15, 1995. He received the second Hepatitis B vaccine at six weeks of age. By the time he had his next "well-baby" check-up one month later, January 12, 1996, I had expressed some concerns to his pediatrician: (1) he was arching his back and rolling onto his side with his eyes rolling back in his head; (2) his hands and feet were blue and cold to the touch; (3) his skin tone was very pale almost snow white; (4) he began to vomit late in the afternoon, this is a sign of increased inter-cranial pressure; (5) he started to fist his hands and began gnawing on them; and (6) his chart notes that his head circumference was much larger compared to previous measurements. Unfortunately, his pediatrician failed to recognize these concerns as serious neurological signs that something was wrong and vaccinated him with the Tetramune (DPTH) and Oral Polio Vaccine (OPV).

On January 24, 1996 Kieran started to vomit. He had no temperature. The pediatrician was notified the next morning. His response was that Kieran probably had the flu and he did not want me to bring him in. A few hours later Kieran was taken by ambulance to the local trauma center, Robert Wood Johnson (RWJ) Hospital. He was placed on life-support in a very grave condition. CAT scans done late in the evening revealed a massive interventricular hemorrhage and retinal hemorrhages. There were no signs of external trauma.

What followed next was an intense investigation of suspected child abuse. Kieran was diagnosed as the victim of Shaken Baby Syndrome. Our older son Ryan was removed from our home, he was just four years old. This was a scare tactic because I would not admit to something that simply did not happen! After my interrogation, I called neurosurgeons from all over the country, not because of their diagnosis, but to question whether Robert Wood Johnson Hospital was capable of treating this life-threatening bleed. All were sympathetic and said not to hesitate in calling them back if I had further questions regarding his treatment.

Kieran was in the hospital's care for two and a half weeks when I was asked to give my consent so that they could send his blood out for cultures to look for something very rare that they may never have seen before. After the doctor left the ICU,

I asked the nurse what was going on? She replied that the doctors here are so puzzled by your son's condition. Puzzled? I was interrogated for five and half hours, lost custody of our four-year-old son, hired a criminal defense attorney--and they're puzzled?

I left the hospital and called to consult with the neurosurgeons again. One was caring enough to call the treating physician and ask where the bleed was located and how they were treating Kieran. This neurosurgeon then told the doctor at Robert Wood Johnson that this was not an abused child and unequivocally not a shaken baby. He then called me back with this welcome news since we were facing the possibility of losing the custody of both children and possibly a conviction of a crime we did not commit. CAT scans were sent overnight express mail to Dallas, Texas where the neurosurgeon's associates confirmed his statement. My son's CAT scans had not one shred of medical evidence to support the diagnosis of child abuse. Instead of the hospital physicians taking this experts advice to call off this investigation, they continued.

After one of our court appearances, I spoke with the doctors in Texas whom advised us to transfer Kieran to the University of Medicine and Dentistry of New Jersey in Newark. The Chief and Professor of Neurosurgery at UMDNJ also confirmed that this type of hemorrhage is not consistent with a diagnosis of SBS. He told me that in his 32 years of practice, he had never seen conditions such as Kieran had diagnosed as a potential SBS victim.

The survival rate for this type of hemorrhage is five to seven percent. It bled for twenty-one days. Kieran received three blood transfusions. He had an external drain to relieve the inter-cranial pressure and for the removal of the blood. When the fluid became clear a VP shunt was placed to control his acquired hydrocephalus. Kieran was hospitalized for fourteen weeks. Eight of those he spent in the Intensive Care Units.

Upon admission to the emergency room, I questioned his pediatrician as to whether or not this could be a reaction to vaccines that he received in his office. He replied, "Vaccines would not do this!" At the time I didn't investigate my intuition. My husband and I were more concerned with Kieran's condition and trying to get the authorities off our backs.

The vaccination link became more apparent after reading an article in the Courier News in August of 1998. The article stated that there was growing evidence of childhood vaccinations causing bleeds in the brains of infants and small children. I called the National Vaccine Information Center (NVIC) in Vienna, Virginia and told them about our horrible nightmare. I was told that our mistake was going to RWJ Hospital. They would rather put an innocent person in jail before admitting a vaccine injury. I have done more research on this topic and have corresponded with vaccine damage experts who believe it

is crystal clear that Kieran's hemorrhage is a reaction to the vaccinations he received.

While we are thrilled that Kieran beat the odds and survived, we are faced daily by the results of this catastrophic event in providing the necessary care, medical, therapeutic, and educational well-being of this child. Our fight did not end when our case was dismissed in court--instead it had just begun. It has been quite an ordeal getting the proper therapies, medical, and therapeutic equipment covered by our insurance company.

Kieran's CAT scans show extensive brain damage and many doctors are surprised he is alive and breathing on his own. Upon discharge, Kieran had no head control and was unable to move his arms or legs. He has since made gains and continues to improve slowly. He sits independently, eats and drinks by mouth, plays with musical toys, enjoys the pool and shows affection towards members of his family. Currently he is working on standing and maintaining weight distribution through his legs and feet. Kieran attends the Caminiti Exceptional Center in Tampa for the severely and profoundly handicapped. He has global delays, visual impairment, a controlled seizure disorder, a shunt for hydrocephalus management, and a right hemiparesis.

Kieran has had the traditional therapies – physical, occupational, speech along with chiropractic, cranial sacral, vision therapy, hippo therapy (horseback) and homeopathic treatments. His doctors include a pediatrician, neurologist, neurosurgeon, orthopedic, and a low vision expert. In the spring of 1999 he was selected to participate in New York Presbyterian Hospital's hyperbaric oxygen study. His teachers, therapists and I saw significant gains. We were so encouraged by his improvements that we went to Canada to have more of this exciting therapy. I'm pleased to say that the trip was well worth the improvements noted at school. This therapy is not covered by insurance, it is considered experimental.

Financially this has been a huge burden to carry. Our small savings were drained after paying our attorney, experts, balances to doctors, therapists, and other costs associated with caring for a disabled child. His care comes first and foremost, so our credit has suffered greatly. Kieran receives no assistance from SSI or Medicaid. Currently he is on the Med-Waiver waiting list with 12 thousand other children in Florida.

We have no recourse against any of the agencies: The Division of Youth and Families, The Child Protection Center of Central NJ, The Middlesex County Prosecutors Office, The Middlesex Borough Police Department, or the doctors employed by RWJ because of the immunities they enjoy.

Kieran's lot number from the Tetramune vaccine is considered a hot lot with 17 deaths and 53 life threatening events. Unacceptable in my book that this was not recalled. They recall cribs, car seats, infant carriers, toys that pose a choking hazard and many other things. Why not recall a vaccine? Pertussis is used in laboratory experiments to induce brain swelling and strokes. Can you imagine what it is doing to the brains of these innocent little children? Medications such as Contac and others were taken off the market because they were causing strokes in people. Why has it become child abuse when an infant has a bleed?

Backs have been turned on Kieran and he deserves some sort of compensation for his pain and suffering. He missed the statute to file a claim with the government's compensation program for vaccine injured individuals because his parents' attention was diverted away from the vaccine issue!

Kieran's hematology work-up indicated that there were some abnormalities found with his blood clotting factors after this investigation was initiated and two months after the date of his admission to RWJ. When he was transferred to a receiving doctor at another hospital, this report was not included and the admissions report states that there was no indication of blood coagulation disorders. Interestingly, the fact that the hemorrhage required three transfusions is indicative that a blood clotting disorder did indeed exist.

Additionally, it is noteworthy that Kieran's head circumference had jumped for the 50% to 99% percentile in six weeks. The neurosurgeon indicated that this head growth was twice the expected normal rate. A conscientious pediatrician would have ordered a CAT scan instead of insisting on following the ACIP (Advisory Committee on Immunization Practices) recommended childhood vaccination schedule.

My respect, trust, and confidence in the medical arena, law enforcement, and child protective agencies has been shattered, to say, the very least.

A Grieving Mother's Son is Falsely Accused of Shaken Baby Syndrome

Carolyn Burke

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I am a member of the Falsely Accused of Shaken Baby Syndrome group and this is my story.

This is a story of the most unfortunate, tragic thing that could happen to anyone but it is a commonplace occurrence to families every single day. I had heard about shaken baby but in reality I did not know the true meaning of Shaken Baby Syndrome (SBS). I know it now--a sad farce in many cases.

My son and I were living together until we moved apart. Our opposite schedules did not allow us to see each other that often. I also did not even know that his girlfriend was pregnant and that they had moved in together. He knew I did not condone people living together before marriage. When I found out that I had become a grandmother. I welcomed him, his girlfriend and their baby with open arms. He was so proud of his new baby and he handed Baby Carlos to me the minute he opened the door. Carlos was 3 weeks old when I first saw him. As I was divorced I had two jobs. Their work schedules were busy too, so we saw each other only on some weekends and during the holidays. We spent Thanksgiving and Christmas together. Once I spent a whole day with Carlos and noticed how quickly he would suck a bottle down. This was on the 25th of January, the very last time I saw him alive. He died on February 16th.

I was eating dinner and just about to leave for my second job when Chris, the baby's mother, came to my door crying. First I thought she said that Karl had died but then I realized she was talking about the baby. What a horrible nightmare! Karl was in jail and I had not even been told until this late hour. It was 7:00 by then, his arrest had occurred at 3:00. In fact I am sure I had heard the ambulance that same day since I was working in a daycare center nearby. Chris and I went to the jail but we were not allowed to see Karl. It was so horrible not even being able to see my son when his own son had just died. They took his statement without an attorney being present. Karl had a routine where he used to take Baby Carlos to his future mother-in-law, she was running her own beauty shop. On this particular day he felt something was wrong with the baby and he quickly took him to his mother-in-law and told her that something was wrong with the baby. She said, "Oh, my God! He is not breathing!" Karl gave the baby CPR and when the police and emergency service came, Karl willingly left with the police. He never knew that it would be the last time he was allowed to do anything willingly.

At the time we did not know what had happened to the baby. Karl told me that something was not right but he did not know what it was. He just knew that the baby was sick and limp. Later we found out the baby had a bleeding ear and there was a bump on the back of his head at the base of his skull, similar to

a swollen gland. This was right before the baby died. We only knew that there was a missing piece of evidence.

The trial convened and he received a guilty verdict of second degree murder with a sentence of 10 years. Karl's trial was over in one day. No witnesses were called in on his behalf. His attorney was hanging on the shirt tail of the prosecuting attorney. It was obvious that he had no practice in representing people with this kind of charge. There was absolutely no evidence against Karl. They were demonstratively shaking a teddy bear in the trial--had anyone shaken a baby like that the baby's neck would have been broken. I have the autopsy report (7 pages) and it says quote: "Evidence of violence or injury: The only objective evidence at the time of autopsy of any type of violence of injury was the presence of a subdural hematoma primarily involving the right cerebral hemisphere."

The microscopic slide examination stated: "Heart, lung, liver, pancreas, spleen, thymus, adrenals, all unremarkable. Kidneys, congestion."

Sometime after this my friend heard a program concerning vaccines. This is how I came in contact with Viera Scheibner, Ph.D. and I learned about what could happen when children receive vaccines. Our family met her in person at a seminar and we saw the evidence she had. I have seen other articles about adverse reactions to vaccines and now I know that my grandson's death obviously was vaccine related. He was only 4 months old when he died. One distinct factor made me realize that this was all true. My son and I had been talking about the circumstances the day before the baby died. He said one thing that has stayed in my mind: "The baby's cry has changed." That is one thing I learned in all the literature that I have been reading. The baby's cry changes because the brain has swollen and the baby is in great pain.

I have no doubt that our little baby died in turmoil from vaccines and now my son still sits in prison for it. Carlos was given vaccines that were supposed to protect him but instead killed him. Now his father and the whole family are paying a high price for something that was not our responsibility.

I hear countless stories of people who supposedly killed their baby by shaking them. It just does not make any sense why so many people would shake their babies and kill them like that. Karl loved his baby so much! Our life will never be the same anymore. Please help put a stop to torturing families--some even sit on death row. This is a madness that is sweeping over our country destroying families. Let these grieving people groan in peace and start over the best they can without their beloved baby. Finally, put an end to the medieval witch-hunt.

A Grandmother's Tragic Story

Sharon St. Clair

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My name is Sharon St. Clair and my granddaughter was poisoned by vaccines.

My daughter had a complicated pregnancy due to twin transfusion syndrome. This syndrome affects identical twins only. The babies are normal, but the placenta blood and nutrients are affected. The recipient Twin (Baby A) receives too much blood and nutrients, the donor Twin (Baby B) too little. Both can die at birth. Baby A from over-exertion and Baby B from anemia.

We lost Baby B in the twenty-ninth week. This could have had a devastating affect on the life of the other twin.

Baby A was delivered exactly a week later, she weighed 2 pounds 14 ounces. She had numerous problems including jaundice and she suffered from respiratory distress syndrome. She also had pulmonary valve stenosis, ventricular septal defect, just to name a few.

She couldn't eat for a month. She had to undergo blood transfusions, she had blood in her stool. The nurses would only allow her have a quarter of an ounce of food at a time. When she started to have blood in her stool, they withdrew her food completely.

Finally, she was released to go home. Yet subsequently she was hospitalized again. The doctors said it was for acid reflux. We still believe that it had something to do with her heart. She would turn really dark around the mouth. The doctor said it was her "mustache." We did not find his statement very amusing.

At the age of four months she received her vaccinations and was acting strange that day. The next day she had a seizure. Her mom took her to the doctor but he said she was fine. Her mom went to work and as the baby-sitter was a CNA, she didn't worry too much. The baby-sitter called mom telling her that she would need to take the baby back to the doctor as soon as she

got off work. She did not tell her that the baby was seizing already at that time and that it would be urgent.

When my daughter got off work she took the baby to the doctor and the baby-sitter went with her. By then the baby was having violent seizures and had to be resuscitated. My daughter asked why she had not called 911. Her response was that she was not the baby's mother. My daughter asked her to leave and that is when it all started. The baby-sitter turned my daughter in to child protective services. She testified against her. The doctor said it was Shaken Baby Syndrome.

The jury found my daughter guilty of a lesser charge, but still child neglect and she cannot have her children back. I have been trying to get them but without success as I cannot afford representation.

My daughter has no prior record and I am convinced that if the judge had been made aware of the problems this baby had and the evidence obtained by the lawyers had not been suppressed, she would have been set free. No records were entered into trial. Dr. Hugh Craft stated that the baby had been shaken and that children were sent to him when other doctors misdiagnosed them. He used what is known as the "the exclusion" rule. He said she didn't have meningitis, epilepsy, or encephalitis. So the only possible diagnosis left was Shaken Baby Syndrome. He was paid to testify and in 70 SBS cases he had never been wrong. Most everything he said was a lie and with proper defense it would have been proven. Consider just one example, Dr. Hugh Craft said that the baby's head was swollen and tight, but the records say no swelling/tenderness on the head.

Brandy was convicted of a lesser offense, but SBS will remain on her record for the rest of her life. This is also what we hear from social services.

Report on Baby A

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Honorary Consultant Haematologist
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Date of birth July 1st 2002

First Hospital admission

Baby A was the surviving twin of a Twin to Twin Transfusion Syndrome Pregnancy of 30 weeks gestation. Labor was induced and the infant weighed 2 lb 14 oz (1.323 kg). Following delivery the child was admitted to the Neonatal Intensive Care Unit because of (1) prematurity, (2) possible sepsis, and (3) respiratory distresses.

Intubated in DR for Apnea and extubated later that day.

An ECG suggested mild pulmonic valve stenosis and a small Ventricular Septal Defect. Therapy consisted of Ampicillin and Gentamicin (6 mg IV q 48 h for 3 days).

Hyperbilirubinemia was recorded on 7/04/02 and resolved following phototherapy.

The Hematocrit level was 22% on 7/8/02. Blood transfusions given on 7/13/02 and 7/29/02 and Hematocrit increased to 24%.

On 7/13/02 Necrotizing Enterocolitis was suspected and Vancomycin administered for 6 days, Cefitaxime for 10 days and Midazolam was also administered.

Immunizations at 8 weeks

1. Hepatitis B on 8/28/2002
2. HiB on 8/30/02
3. DTaP on 8/30/02
4. IPV on 8/31/02

Respiratory support

1. With ventilator from 07/01/02 to 07/02/02.
2. Nasal cannula from 07/02/02 to 07/04/02 and from 07/29/02 to 08/07/02.

Discharged 09/03/02 at the age of 8 weeks.

An Apnea monitor was needed because of Apnea events witnessed by grandparents who observed a change in color around the mouth.

Second Hospital Admission

On 9/20/02 seen at Pediatric Consult for

1. Choking episodes and vomiting following feeds.
2. Lips turning blue or black on a few occasions.
3. Diminished oral intake.

Admitted to CRCH/Peds for GERD. One episode of Apnea noted with brief "desat" and spontaneous recovery. Patient discharged 9/20/02.

11/01/02 Well Visit – 4 months

No abnormality was noted with the infant's ability to roll over, push up on elbows/hands, reach for objects, squeal/laugh, track with eyes, hear and see. No abnormality was noted on physical examination.

Immunizations at 12 weeks on 11/01/02

1. DTaP
2. HiB
3. IPV
4. Prevnar.

The infant was more irritable and off it's food that day following the immunizations and on the night of the 11/01/02 the mother heard the child cry and there were frequent monitor alarms.

At 05:09 and 15 seconds on November 2, 2002 the alarm sounded and indicated an event lasting 27minutes and 24 seconds. During this continuous situation the heart rate went as low as 45 beats per minute and there were several episodes of apnea, or cessation of breathing. The first apnea lasted for 48 seconds and the second lasted 21 seconds.

A characteristic pattern of breathing was identified on the E-gram seen when the baby is grunting on exhalation and is associated with low levels of Oxygen.

The irritability continued throughout Saturday when the child was less active and did not take as much formula. The mother noticed some twitching/jerks and brought her for examination on Sunday morning, 11/03/02 but the doctor did not feel any clear acute process was present.

Later that same day the mother presented to the emergency room with the child in sustained seizure activity which was difficult to control.

Investigations

1. CT Scan demonstrated some prominence of the frontal CSF spaces but no acute hemorrhage.
2. Lumbar puncture showed 150 red cells.
3. Diffuse Retinal Hemorrhages were seen in the right eye.

Over the next 24 to 48 hours the seizures continued, the mental status of the child altered she developed a high pitched cry and poor muscle tone.

At this point the diagnosis of shaken baby syndrome was made. Child protection services were consulted and investigations carried out.

Comment

Vitamin K Deficiency Bleeding and Hypoxic Brain Damage following an Apparent Life Threatening Event explains all the signs and symptoms observed in this child. The evidence for Shaken Baby Syndrome is flawed. The accusers have ignored or misinterpreted the signs and symptoms they observed and those reported by the mother.

1. The liver is the chief source of manufacture of the blood clotting factors. It is a well known fact that premature birth predisposes to immaturity of the liver and hence inadequacy of some blood clotting factors. [1]. This would leave the child vulnerable to bleeding from any site in the body - the brain and retina being no exception.

2. The American Academy of Pediatrics [2] recommends that all new born children receive Vitamin K within hours of birth. The record does not specifically mention Vitamin K was administered to this child. Vitamin K at birth prevents the condition known as Vitamin K Deficiency Bleeding (VKDB) [3]. VDBK is a major cause of bleeding in the first six months of life.

3. The administration of antibiotics destroys the normal intestinal bacteria which is one source of Vitamin K for the infant in this case the antibiotics caused Entero-colitis and undoubtedly destroyed this source of the Vitamin and thereby aiding the final outcome.

4. Having been deprived of these protective measures is one reason why this child had an intracranial bleed and bled into the retina. Isarangkura and Chuansumrit found a high level of intracranial bleeding resulting from insufficiency of Vitamin K dependent factors [4].

5. On 9/20/02 the mother noticed the child suffered from choking episodes and turned blue which alarmed her and she sought medical advice. This event is significant and was diagnosed as GERD (Reflux disease for short). GERD is a known cause of 'Apparent Life Threatening Event' [5] [which in turn may result in Intracranial bleeding by producing hypoxia (defective oxygenation of the brain)].

6. At her 4 month Well Check the child appeared to be perfectly healthy and was vaccinated with 4 vaccines. Within hours of these vaccinations the mother noticed the child was listless, irritable and off its feeds. That night the mother also heard the child cry which was unusual. Vaccination with DTaP vaccine is known to have adverse reaction in some children [6] and has been known to cause death [7].

7. On the morning of November 2nd the Apnea alarm indicated two periods of cessation of breathing lasting 48 and 27 seconds respectively. Any period of Apnea lasting more than 20 seconds provokes an 'Apparent Life Threatening Event'. As I have mentioned above Apnea of this duration causes hypoxic brain damage which has been adequately demonstrated by Geddes *et al.* who stated, "In the immature brain hypoxia both alone and in combination with infection is sufficient to activate the pathophysiological cascade which culminates in altered vascular permeability and extravasation of blood within and under the dura [8]."

8. There are thus two good reasons for considering a NATURAL CAUSE for the signs and symptoms found in this child.
 - a. Possible Vitamin K deficiency from failure to give the child an injection of Vitamin K at birth and secondly from administering antibiotics which destroyed the intestinal bacteria needed as a source of Vitamin K.
 - b. Hypoxic brain damage following two significant periods of Apnea recorded on the Apnea Monitor.

Response to Dr. Craft and Dr. Tomez

Both these doctors stated "something forceful was done to the infant on 11-2-02 from about 5am to 5:30am." They are misinterpreting the two periods of Apnea, registered on the monitor at these times, which resulted in the HYPOXIC BRAIN DAMAGE.

They appear to regard the Apnea Monitor Alarm and consequent Cerebral Hypoxia as some sort of physical abuse by a perpetrator. Such an interpretation is manifestly false.

Response to Dr. Patterson

Regarding the vaccines given to the child some hours before the mother noticed the child was irritable, off its feeds and "jumping" Dr. Patterson states, "vaccines are medications, and there is always a risk, however slight, of a reaction to the vaccines." What Dr. Patterson does not say is that VACCINES HAVE BEEN KNOWN TO CAUSE DEATH IN SOME CHILDREN [7].

With regard to the retinal hemorrhages he quotes the Nelson Textbook of Pediatrics as stating it is "commonly associated with acceleration-deceleration injury".

The acceleration-deceleration hypothesis is just that – a hypothesis. Science requires Hypotheses to be Demonstrated before they are accepted as Fact.

No such demonstration has been made in regard to the 'acceleration-deceleration' hypothesis and it therefore remains in the realm of the unsubstantiated and cannot have any legitimacy as a scientific fact.

Conclusion

All the evidence points to this child having a deficiency of the clotting mechanism and a superimposed Hypoxic episode which resulted in Intracerebral pathological changes and Retinal hemorrhages.

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Multiple Studies Show Increased Hazard of Vaccines in Premature Infants such as Baby A

The authors of many well-documented studies have concluded that the risk and benefit of vaccination in prater infants should be evaluated prior to administering the vaccines. They also emphasized that prater infants who have received vaccines should be monitored. The following are descriptions of several selected studies conducted in the USA and other countries to illustrate these points.

1. Case histories of 45 prater babies who were vaccinated with DPT/Hib (diphtheria, tetanus toxoids, and pertussis (Haemophilus influenzae type B conjugate) in the neonatal intensive care unit of the Royal Gwent Hospital, Newport, UK between January 1993 and December 1998 were studied retrospectively [1]. Apparent adverse events were noted in 17 of 45 (37.8%) babies; 9 (20%) had major events, i.e., apnea, bradycardia or desaturations, and 8 (17.8%) had minor events; i.e., increased oxygen requirements, temperature instability, poor handling and feed intolerance. Age at 70 days or less was significantly associated with increased risk ($p < 0.01$). Of 27 babies vaccinated at 70 days or less, 9 (33.3%) developed major events compared with none when vaccinated over 70 days. The authors concluded that vaccine-related cardio respiratory events are relatively common in prater babies. Problems were much more common if vaccine is administered at or before 70 days. Therefore babies should therefore be monitored post-vaccination.

2. After observing the occurrence of apnea (a respiratory pause of 20 seconds or longer, usually associated with bradycardia, heart rate less than 80 beats/min) in two prater infants following immunization with DTP and HibC, Sanchez *et al.* conducted a prospective surveillance of 97 (50 girls and 47 boys) prater infants younger than 37 weeks of gestation who were immunized with DTP (94 also received HibC at the same time) in the neonatal intensive care unit in Texas USA to assess the frequency of adverse reactions, and in particular the occurrence of apnea. For each infant data were recorded for a 3-day period before and after receipt of the immunizations [2]. Their study showed that apneic episodes occurred in 34 infants (34%) after immunizations. Twelve infants (12%) experienced a recurrence of ap-

nea, and 11 (11%) had at least a 50% increase in the number of apneic and bradycardia episodes in the 72 hours after immunization. This occurred primarily among smaller prater infants who were immunized at a lower weight ($p = 0.01$), had experienced more severe apnea of prematurity ($p = 0.01$), and had chronic lung disease ($p = 0.03$). Some of these infants required new medical intervention for the increased apneic/bradycardia episodes [2].

3. Bothan *et al.* conducted a prospective study of 98 prater infants (53 males and 45 females) of gestational age 24-31 weeks who were immunized at approximately 2 months postnatal age with diphtheria-tetanus-whole cell pertussis vaccine (DTPw) in the neonatal intensive care unit (NICU) at King George V Hospital in Sydney, Australia. Half the infants also received Haemophilus influenzae type b conjugate vaccine (Hib) simultaneously. All infants were monitored for apnea and bradycardia in the 24 hour periods pre-and post immunization. Their study showed only one infant had apnea and/or bradycardia pre-immunization compared with 17 post-immunization. For 12 infants these events were brief, self-limiting and not associated with desaturations (oxygen saturation $< 90\%$). However, for five infants (30%) these events were associated with oxygen desaturation, and two of these infants required supplemental oxygen. When considering immunization for prater infants, the benefits of early immunization must be balanced against the risk of apnea and bradycardia [3].

4. Slack *et al.*, from the United Kingdom stated that four premature infants developed apneas severe enough to warrant resuscitation after immunization with diphtheria, pertussis, and tetanus (DPT) and Haemophilus influenzae B (Hib). One required intubation and ventilation. They also reported that, although apneas after immunization are recognized, they are not well documented. They concluded that it is time for further research to elucidate the best time to immunize such infants [4].

5. Botham *et al.* conducted a prospective study in ninety-seven prater infants who were immunized with diphtheria-tetanus-

pertussis to document respiratory and cardiac events [5]. The mean gestational age at birth was 28.1 weeks (range 24 to 34) and the mean age at immunization was 80.6 days (range 44 to 257). They found that nineteen (20%) infants developed apnea or bradycardia within 24 hours of immunization. The infants who developed apnea and/or bradycardia had a younger gestational age at birth than those who did not ($p=0.03$), were artificially ventilated for longer ($p=0.01$), and were more likely to have a diagnosis of chronic lung disease ($p=0.006$). Two infants who developed concurrent upper respiratory tract infections required additional oxygen, and one of them was treated with oral theophylline. They stated that cardiorespiratory function should be monitored after immunization in very preterm infants

who had prolonged ventilatory support and/or chronic lung disease.

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Medical Report on Baby A, DOB July 1, 2002

Harold E. Buttram, MD

September 18, 2003

Available for Review

- Prenatal ultrasounds of the mother;
- Discharge summary for Baby A girl, Carilion Health System, Roanoke, Virginia for hospitalization July 1 to September 3, 2002 with progress notes July 2 to 8;
- Vaccine records for 8-30-02, 8-31-02, and 11-1-02. Hepatitis B vaccine was also given on 8-28-02, as noted in the hospital discharge summary, but otherwise I have no records of this vaccine;
- Pediatric office visit reports, AK Patterson, MD;
- Consultation letter, Andre Muelenaer, Jr, MD, Director, Pediatric Pulmonology, Carilion Medical Center for Children;
- Consultation report, Joseph R Tamez, MD, Pediatric Faculty Attending, Hospital Service, Carilion Med Center for Children, following overnight hospital admission September 20 to 21 for vomiting;
- Letter from Andre Muelenaer, Jr, MD dated January 24, 2003 reviewing data retrieved from the patient's home cardio-respiratory monitor;
- Hospital records, Carilion Medical Center for Children, admission of November 3 to 14, 2002.

Introduction

The purpose of this report is to examine all of the material at my disposal and to determine whether or not there are alternative medical causes for the medical complications in Baby A other than shaken baby syndrome, and to consider the degree of likelihood of these alternative causes.

Clinical History

As reported in the medical records, Baby A was born from a twin pregnancy on July 1, 2002 to a 21 year-old mother. It was her first pregnancy. The estimated date of confinement for the

pregnancy was September 7, 2002, so that the estimated gestation at time of delivery was 30 weeks and two days. The mother did receive prenatal care. Complications during the pregnancy included twin gestation with intrauterine fetal death of the twin on June 24, twin-to-twin transfusion, cigarette smoking ½ ppd, exercise-induced asthma, obesity, depression, h/o ethanol use in early pregnancy, and amnio-reduction 6-6-02. Medications during pregnancy included prenatal vitamins and inhaler.

Labor was induced on July 1st because of premature rupture of the membranes 74 hours previously. The baby was born by vaginal delivery under epidural anesthesia. At birth the patient's weight was 1.323 kgs (roughly 2.91 lbs). APGAR scores were 1 at 1 minute, 5 at 5 minutes, and 6 at 10 minutes. At birth the baby was apneic, bradycardic, depressed, and cyanotic. Treatment included stimulation, oxygen, bag and mask ventilation, and endotracheal tube ventilation. On neurologic exam there was a symmetrical Moro, positive gag and negative suck and decreased tone for gestational age.

The baby remained in the hospital until September 3. Discharge diagnoses included prolonged transition, mild pulmonic valve stenosis and ventricular septal defect, anemia of prematurity, apnea & bradycardia, 30 weeks IVH (normal cranial ultrasounds), suspected necrotizing enterocolitis, bloody stools, hyperbilirubinemia, retinopathy of prematurity, prematurity, and twin gestation with twin-to-twin transfusion and death of twin.

A hepatitis B vaccine was given on August 28 and Hib/DTaP/IPV vaccines on August 30. (The grandmother, Sharon St Clair, informed me that the Hepatitis B vaccine was manufactured by Merck & Co with lot number 0352M).

The baby was sent home on September 3 with a cardiorespiratory monitor. She was visited at home two or three times a week by a visiting nurse. On September 18 the patient was seen by Andre Muelenaer, Jr, MD, Director, Pediatric Pulmonology, who reported that the patient was a preterm (actually premature) infant with apnea, prematurity, and probable gastro-esophageal

reflux at time of hospital discharge, with known pulmonic stenosis and ventricular septal defect as well. In the interim since going home, he reported, she had had symptoms of gastro-esophageal reflux and associated cyanosis. At the time she was on Neosure formula. Recommendations included a trial of Zantac and Mylanta supreme.

Baby A was readmitted to the hospital overnight September 20 to 21 because of increased vomiting after starting zantac. She was discharged with a change in medications.

On November 1 Baby A received her second set of vaccines including DTaP, IPV, HiB, and Prevnar. According to family reports, there were definite changes following these vaccines with increased fussiness, high-pitched screams, and a falling-off of activity and feeding patterns. The mother took Baby A to the doctor on the morning of November 3rd because of some occasional unsustained twitches/jerks, but the doctor did not recognize any clear acute process, according to later reports, and sent mother and baby home. However, that same evening the mother took the baby to the hospital emergency room of Carilion Medical Center for Children with sustained seizures, which reportedly were difficult to control.

As reported in a discharge summary dated November 14 by Hugh-Craft, Pediatric Faculty Attending, Hospital Service, a number of studies were done including a head CT scan which demonstrated some prominence of the frontal cerebrospinal fluid spaces but no acute hemorrhage. Lumbar puncture was atraumatic but did contain 150 red cells. Dilated eye exam demonstrated diffuse retinal hemorrhages in the right eye. The baby's course over the first 24-48 hours was marked by seizures, which were somewhat difficult to manage, but control was eventually achieved with three drugs. Because she behaved like she had sustained a head injury with altered mental status, high-pitched cry, poor muscle tone, suck, etc, the diagnosis of shaken baby syndrome was entertained and child protective services was contacted.

Returning next to the 3-day period between vaccines and onset of sustained seizures, one of the key pieces of evidence, in my opinion, leading away from a diagnosis of child abuse, comes from the cardiopulmonary monitor report during this period. In a letter dated January 24, 2003, Andre Muelenaer, MD, Pediatric Pulmonology, responded to a request to review data retrieved from the patient's home cardiorespiratory monitor. Quoting in part from this letter:

“Home cardiorespiratory monitors will alarm when it is not clear as to the status of the patient. There were a number of false alarms on November 2. The first true alarm was at 05:09 and 15 seconds on November 2,

2002. This event had a duration of 27 minutes and 24 seconds...The primary alarm was secondary to a low heart rate. The monitor parameters were set such that an alarm would go off if the heart rate dropped below 80 beats per minute or if the child stopped breathing for more than 20 seconds...During this continuous alarm situation, the heart rate went as low as 45 beats per minute and there were several episodes of apnea, or cessation of breathing. The first apnea lasted for 48 seconds and is depicted on page 12. The second apnea lasted 21 seconds and is depicted on page 13.....

“I have been asked my opinion regarding this overall event recording. In my opinion, there do not appear to be any waveforms suggestive of shaking motion. When babies are shaken or even activities of daily living such as patting the baby on the back for burping purposes will show characteristic changes in the cardiac and respiratory patterns...I see no evidence of motion artifact in this recording.....”

Discussion and Conclusions

As previously mentioned, key evidence weighing against traumatic abuse of Baby A comes from Dr. Muelenaer's letter of January 24 in which he stated that he found no motion artifacts in the cardiopulmonary monitor graph, together with his report of finding an alarm period of over 27 minutes early morning of November 2nd during which the heart rate became bradycardic, falling as low as 54 beats per minute, a finding highly suggestive of cerebral edema (brain swelling) and/or cerebral hypoxia from apnea.

In my opinion, the medical complications in Baby A were largely or entirely a result of ill-advised immunizations on November 1, 2002 in a highly vulnerable infant resulting in a vaccine-induced encephalitis, with retinal hemorrhages in the right eye from the same cause. The timing of onset of seizures within 72 hours following vaccines does fall within the National Vaccine Injury Compensation Program Vaccine Injury Table, Effective Date December 18, 1999. (Copy of table attached with this report).

Additional rationale for this conclusion are elaborated in the attached article entitled, "Vaccines, Vitamin C Depletion, and Shaken Baby Syndrome," which was based on the present case, and a paper entitled "Multiple Studies Show Increased Hazard of Vaccines in Premature Infants," both of which are attached to this report.

Cost of Avoiding Vaccines and Knowing Your Child Never Reacts: Priceless

Dina Mason

Email: dinamason@bellsouth.net

I currently live in Florida, our case occurred in Virginia. My son was born at 39 5/7 weeks on November 18, 1992 over a Mid-line episiotomy. Apgar scores assigned to the baby at birth were 7 and 9. He weighed 6 lbs. 12 oz. (3062 g). His measurements were: length 20 in. (50.8 cm), head 13 in. (33.0 cm), chest 12 1/4 in. (31.1 cm), and abdomen 12 in. (30.5 cm). Now since these measurements are given in units of inches, and the relevant measurement that I want you to pay attention to is the head, I am going to convert it to cm. So head measurement at birth was 33 cm.

At one point during my labor, a nurse came into the labor room and said this was taking too long. When I arrived at the labor and delivery ward, I was the only one in labor, as my labor progressed, I remember them saying they were getting "backed up" and I needed to deliver so that they could get the others in. The nurse said she was going to "manually" hold my cervix open to 10 cm. and I was to push my son's head through. I pushed for an hour and 15 minutes. Once my son's head was where she wanted it to be, she left to get the doctor. The doctor arrived, checked me, and moved me to the delivery room. I distinctly remember hearing someone say that if my son was not born within 15 minutes we were going to be "in trouble." Dathon was born at 14 minutes. I'm scared to know what might have happened had the delivery taken longer. When Dathon was born, his head was shaped like a huge cone. I was told this was normal, and over the next few days it would go down. It didn't, instead it was noticeable for about 10 days. We believe this "birth trauma" caused the condition known as hydrocephalus.

On December 3, 1992, I took Dathon for his 2 week check up. His weight was 7 lbs. 8 oz., his head circumference was 36 cm., and he was administered the Hepatitis B vaccine.

On December 11, 1992, Dathon was taken to a clinic (military) for a cold and congestion. His head circumference had increased to 37 cm.

On March 18, 1993, Dathon was taken to Fort Belvoir because he cried whenever his legs were "straightened" in order to dress or change him. X-rays were taken. Approximately one week prior to that date Dathon was seen in the emergency room for hydrocele.

Surgery was scheduled to correct his condition on April 14, 1993. A few days before the knee pain started I had been carrying my son down the stairs in base housing (wood floors) and slipped, almost dropping Dathon. I caught him in such a manner that he twisted at the knees, causing rubbing at the knees and possible grinding.

At the four month check up on March 29, 1993, Dathon was given a 2nd dose DPT/OPV. His head circumference was now 42 cm.

At each well baby check I asked questions regarding our son seeming to choke a lot, having a high pitch scream and not a cry, and his staring off into space. Each of these symptoms

seemed to be documenting hydrocephalus. I was told I was a "first time mom" and all was fine.

On April 1, 1993 I took Dathon to the clinic for fever, crankiness and his failing to sleep. The physician diagnosed these symptoms as a viral syndrome. His head circumference was now 43.25 cm.

I returned to the clinic again the next day for the same symptoms as previously noted. I was told it was a cold. To give him Gatorade[®], 7-Up[®] or Pedialyte[®].

On both occasions, April 1 and 2, Dathon was given a thorough exam with no observable signs of abuse. At the time, I thought my son had a cold. Looking back, I truly feel he was having a reaction to the DPT vaccination.

Dathon stopped breathing on April 4, 1993 while at home. His father performed (adult) CPR and called the ambulance. Dathon was taken by ambulance to the hospital where he experienced a seizure for 4 hours. Next, he was flown by helicopter to County Hospital after which we requested he be taken to Bethesda. My husband and I were told Dathon could not be taken there since the hospital located there did not have a helipad. Interestingly when I later visited Bethesda, I saw that yes, they do have a helipad. I have no idea as to why I was told that they didn't have one--other than for economic reasons or concerns. Our insurance company, Champus, paid for the emergency stay in a non-military hospital, a cost of US \$300,000.00--yes, three hundred thousand dollars. Dathon presented at the hospital with 1 bruise the size of a finger tip. All medical personnel who treated Dathon up to this point were asked about this finger-size bruise and all said it could have come from them since Dathon was having a seizure while he was being treated. My husband and I were asked and we told the truth that we never saw that bruise before then. During this hospital stay I asked repeatedly about the vaccine Dathon had received 11 days prior, especially when I discovered that a normal baby's head is only supposed to grow 1.25 cm per month. I was concerned about this fact and presented Dathon's medical chart to show the treating physicians this increasing trend. Vaccines were denied as the cause of Dathon's illness over and over again. The physicians refused to even look at the head growth chart as their minds had already been made up concerning a diagnosis despite the neurosurgeon saying there was no sign of trauma.

I attempted to get Dathon moved from the current hospital to Bethesda on April 5, 1993. I had arranged for an ambulance to come to the county hospital and take him to Bethesda when I was told that the doctor wanted to speak with me. I was then told that they suspected abuse and that if I proceeded with the transfer I would be charged with medical neglect and kidnapping.

Also, approximately 1 week before Dathon had the seizures, I had contacted the base Parent Resource Center. My husband was not from the area, I was not from the area, and we thought

it would be a great way to get to know other parents on the base as well as receive needed advice from someone in the parent education field. Beth Harris from the base program came to our house and said that she had no concerns regarding the way we were parenting our son. When Dathon was in the hospital, I called Beth and told her what had happened. She offered to come to the hospital and volunteered to be the liaison person between us and Children's Protective Services (CPS), she also volunteered to be our supervisor during supervised visits.

On April 6, 1993, surgery was scheduled to be performed by Dr. Robert Gorsen who was going to place a shunt. After surgery, I was told by Dr. Gorsen that he saw no sign of trauma. Over the next two days Dathon started improving. Talk was that he could be released from hospital in a few days.

My husband and I had an appointment with CPS on April 9, 1993. We had been referred for Shaken Baby Syndrome. Tests revealed no retinal hemorrhages.

My husband called the hospital prior to our appointment and was told that Dathon had gotten worse and turned dusky on the way to Bone Scan that morning for which we were not informed nor had we given our approval. Dathon was re-intubated. I called a few hours later and was told he was doing better and his color was improved. I arrived at the hospital after the appointment and asked what had caused the setback. I was told by the nurse that it was an infarct. I asked what that was, but it was simply repeated that it was an infarct. I asked again what that was specifically and was told we would have to ask the doctor. Later I was told that Dathon had stopped breathing twice on the way to the bone scan and that an infarct is an area of the brain that dies from lack of oxygen. Dathon slipped into a coma for the next two weeks, during which time we were asked to unplug him from life support repeatedly in order to allow his organs to be harvested--despite the fact that there was brain activity. It was determined that Dathon would be going home to a foster family. He stopped breathing on an elevator, coming from NICU unit and the attendants had not taken oxygen with them! Once they stabilized him, they then proceeded to take him back on the elevator, again with no oxygen, and again he stopped breathing. The bone scan revealed rib fractures dated 4 to 5 days old. Meaning they occurred on the day he was admitted or the day after in the hospital. My husband and I were told by the doctors that adult CPR would not be responsible for the rib fractures but that shaking would cause them. Later when we attended the CPR training we assigned to take, we were told that rib fractures were very common in performing CPR on infants, especially when adult CPR is performed instead of infant CPR. The bone scan also showed a bone grinding type fracture of his knees that was approximately one month old. That dates back to when we had him at Ft. Belvoir for the knee pain when extending his legs and no lesions were seen.

Later, we were shown CAT scans and MRIs of the areas of the brain that had died. We were told that this was caused by shaking him prior to his being admitted and it took subsequently 4 to 5 days for the brain to die. This explanation has been refuted by other doctors that have been consulted with since then. Brain damage would occur at the time of the apnea episode and not supposedly 5 days later. All CAT scans up to that date have shown what other doctors have said are normal for a hydrocephalic baby with no infarcts. Infarcts only showed

up after the apnea episode that occurred twice in the hospital elevator.

Dathon was discharged from the hospital on May 11th with the diagnosis of cerebral palsy, epilepsy, and developmental delays. When he arrived home we had no idea what had happened to have caused this outcome. Thus, I started researching. I learned that normal head growth is 1.25 cm a month. I also learned that the symptoms I was sharing with the RN Practitioner on his Well Baby visits were commonly known to be indicators of hydrocephalus. My concerns, however, were completely ignored. Then I found out that children with certain types of disorders such as hydrocephalus, should not receive the DPT vaccine until they are older, if at all. I also started researching vaccines in general.

Dathon's shunt needed to be revised in June and again in August. After the June revision I wrote to the hospital to request all the medical records. I received a letter from the hospital dated June 9, 1993 stating that the records consisted of 940 pages and that the cost involved to copy and provide them was going to be about \$300.00. So at that time we did not get them. Later they were requested through an attorney. The attorney asked for all records but received only 35 pages. I found that hard to believe that there was only 35 pages for a four-month-old who stayed in the hospital for over a month, with the majority of that time spent in a pediatrics intensive care unit (PICU)! I was thankful I had saved that letter from the hospital responding to my initial request for records stating that there were 940 pages. Well I'm sure you understand what that means (905 of 940 pages had been destroyed). Before the shunt revisions my husband and I had "worked" our way up to unsupervised weekends with our son. When the shunt failed CPS thought there was a "chance"--despite the neurosurgeon denying it--that Dathon had been shaken again. This resulted in our going back to supervised visits. In the original case plan, Dathon was to be returned from foster care to us in August. Due to the shunt revisions that did not happen. Both times the shunt needed to be revised. On visits with Dathon, I was the one who noticed that something was not right with him. Both times I walked into the foster parents' house and saw my son and indicated that something was not right and requested that he should be taken back to the neurosurgeon for care. Both times the neurosurgeon agreed that the shunt had become blocked and that this is a common occurrence with such procedures. In one of the instances, the shunt had become blocked by a pool of blood. Both the foster mother and I asked the neurosurgeon what would cause that condition. The foster parents and I concluded from our observations that when Dathon was laid on his back, he would try to sit up by raising his head and shoulders off the floor. But when he failed to achieve a sitting up position, he would let his head fall back to floor. The neurosurgeon agreed that was the likely cause. Even though the foster mother told CPS that she observed Dathon doing this and the neurosurgeon again saw no sign of trauma, CPS decided that we had to have shaken him again. We were again put back on supervised visits.

I had a second opinion by consulting with a doctor from Manasses. CPS did not like this doctor's reputation so CPS requested a third opinion. The second opinion came back stating that they were dealing with a hydrocephalic child, the hydro-

cephalus diagnosis was “missed”, the apnea episode cause brain damage, and there was no child abuse.

I had an appointment on June 23, 1993 with Dr. Pearl to obtain a third opinion. He hand wrote a note to our attorneys that this case did not involve child abuse based on the head growth chart and noted the “problem had an onset in the neonatal period.” He was “in review” of pictures that clearly indicated no abuse, and the subsequent problems showed up after the birth in newborn pictures taken by the family. During this appointment my husband and I told him everything.

On July 27, 1993 Dr. Pearl dictated his report.

On August 11, 1993, Dathon was taken back to Fairfax for another shunt revision.

On August 13, 1993 Dr. Pearl dictated a report stating that he was taking himself off our case after talking to a PICU doctor involved with our case. The same doctor that had requested that the CPS become involved in a different SBS case that involved another child that had been abused by the mother’s boyfriend. Dr. Pearl also denied seeing the pictures that my husband and I previously showed him during our appointment.

This other case started a few days before Dathon had his seizure on April 4, 1993. As was reported in the news, a child was being watched by a neighbor who took pictures to document abuse. Apparently CPS did do interviews and had the mother’s boyfriend agree to parenting classes. While Dathon was in the hospital, this other child was admitted as brain dead from abuse that the boyfriend inflicted. CPS had told us to get Parenting Classes, as well as CPR classes and they would return our child. When we complied with their request and completed these classes, we asked for a hearing for custody. We were told “Oh, we can’t do that, you might kill him--remember the case involving the other abused child.” The doctor involved in that case was quoted as saying that “No child that I feel is abused will ever go home with the abuser.”

During the time that custody was removed from us we were court ordered to attend the base parenting class, CPR training, and have psychological counseling with a doctor on the base. Almost every person who was involved in our case at the beginning and thought we were horrible uneducated parents became our biggest supporters for custody to be returned. Our case was determined to be “Founded” with me listed as primary abuser because I had the most time with our son, and my husband listed as secondary because he was a Marine. During the first interview we were separated and questioned. During both interviews, we were told that if one of us turned the other in, that one would be moved out of the house with custody and immunity to the other. At no time were we officially charged with anything. Navy Investigative Service (NIS) investigated alongside CPS. NIS did not bring any charges, civil or criminal against my husband.

Finally, on November 11, 1993 physical custody was granted to my husband and me.

The physical custody hearing was draining. The night before we were assured by our case worker that she was going to testify on our behalf that custody should be granted. Upon arriving at the courthouse I was told by my attorney to stay calm. That our case worker was called at 11 p.m. the night before and was told that the department’s position was not for us to have custody. My husband had his own attorney who asked what her

opinion was. Her response was, “It is the Department’s opinion...” My husband’s attorney interrupted her and said “I want to know what your opinion is.” She started crying, the judge looked at her and said, “Wait, you’re opinion differs from the county’s?” Our case worker then started crying harder. At that point the judge said, “I want to hear your opinion.” The county attorney then stood up and moved to have parental rights severed. The judge looked at him and told him that he had no basis for this judgment since Dina and her husband had completed everything the department had requested and that she still wanted to hear what the case worker’s opinion was. If the judge discovered that the case worker was being threatened or coerced in any way, the judge would go after the department herself.

Our case worker testified that she really wasn’t sure about all the accusations and that she felt we should have our son back. Physical custody was granted and the direct quote from the Judge was “We don’t know what happened, we may never know what happened, but we just took a year away from you and your son. Physical custody granted. Hearing in six months to determine legal custody.”

Legal custody was granted six months later.

The case has been closed since legal custody was granted although I have been told that my husband and I are in the registry of child abusers and will remain there until our son is 18.

I have all the CAT Scans, MRIs, fetal monitor strips from the time I was pregnant, all birth records, and all “well baby” checks. Basically, what I don’t have is the missing 905 pages from the hospital.

I also have all the records of doctors that we saw after my son was discharged from the hospital, records from the experts at Bethesda and Walter Reed, as well as other records from those specializing in the field on neurosurgery. These detail not only what happened at the hospital regarding the apnea episode (which should never have happened), but also notes indicating that the Nurse Practitioner who performed my son’s “well baby” checks was completely negligent. She dismissed my concerns when she should have referred us to Bethesda at that time. Experts at Bethesda felt that had that happened, our son would have been shunted at an earlier age and would not have been given anymore vaccines. To quote one doctor, “he would have been shunted, and barring no problems, been home in 3-4 days”.

I also have all records that I could obtain from CPS according to the Freedom of Information Act. It is a sobering read, if nothing else. Upon the reading of it and having had conversations with those who were interviewed, they will testify under oath that CPS twisted and fabricated what they said.

In the other case where the little boy died from abuse, he had been released back into the custody of the parents. CPS failed to protect that child. He was unplugged from life support in the PICU. Most involved in our case have said that ours was the “redeeming” case. We were pegged as abusers from the start.

A few months after Dathon was out of the hospital, my mother in Missouri sent me an article from her local newspaper about the same hospital. In this case, a child was born with part of the brain missing. The baby was born at a different hospital and transferred to the County Hospital. Again, the article states, the hospital was trying to convince the mother to take the child off life support to harvest the organs. The mother refused, so

the hospital took the mother to court to have her parental rights taken away. The hospital lost the case. During the time that we were urged to unplug Dathon by the PICU doctors, we were told by our neurosurgeon that what Dathon needed was time for the brain to take over the functions that the areas of the brain that died had previously controlled. We were told repeatedly that with him being so young, even though the areas that died controlled respiration, heart, and temperature, other parts of the

brain would take over these vital functions. Yet still we were asked repeatedly to unplug him.

Cost of co-pay for vaccinations: \$10.00

Cost of trip to McDonalds after vaccinations: \$10.00

Cost of hospitalization after reacting to vaccinations:
\$300,000 (actual bill)

Cost of avoiding vaccines and knowing your child never reacts: PRICELESS.