

# Shaken Baby Syndrome

## – THE VACCINATION LINK –

*Many infants who suffer the so-called 'shaken baby syndrome' may be victims of undiagnosed vaccine damage.*

by Viera Scheibner, PhD © 1998

178 Govetts Leap Road  
Blackheath, NSW 2785  
Australia  
Telephone: +61 (0)2 4787 8203  
Fax: +61 (0)2 4787 8988

Recently there has been quite an "epidemic" of the so-called "shaken baby syndrome". Parents, usually the fathers, or other care-givers such as nannies have increasingly been accused of shaking a baby to the point of causing permanent brain damage and death. Why? Is there an unprecedented increase in the number of people who commit infanticide or have an ambition to seriously hurt babies? Or is there something more sinister at play?

Some time ago I started getting requests from lawyers or the accused parents themselves for expert reports. A close study of the history of these cases revealed something distinctly sinister: in every single case, the symptoms appeared shortly after the baby's vaccinations.

While investigating the personal medical history of these babies based on the care-givers' diaries and medical records, I quickly established that these babies were given one or more of the series of so-called routine shots—hepatitis B, DPT (diphtheria, pertussis, tetanus), polio and HiB (*Haemophilus influenzae* type B)—shortly before they developed symptoms of illness resulting in serious brain damage or death.

The usual scenario is that a baby is born and does well initially. At the usual age of about two months it is administered the first series of vaccines as above. (Sometimes a hepatitis B injection is given shortly after birth while the mother and child are still in hospital. However, a great number of babies now die within days or within two to four weeks of birth after hepatitis B vaccination, as documented by the records of the VAERS [Vaccine Adverse Event Reporting System] in the USA.) So, the baby stops progressing, starts deteriorating, and usually develops signs of respiratory tract infection. Then comes the second and third injections, and tragedy strikes: the child may cry intensely and inconsolably, may stop feeding properly, vomit, have difficulty swallowing, become irritable, stop sleeping, and may develop convulsions with accelerating progressive deterioration of its condition and mainly its brain function.

This deterioration may be fast, or may slowly inch in until the parents notice that something is very wrong with their child and then rush it to the doctor or hospital. Interestingly, they are invariably asked when the baby was immunised. On learning that the baby was indeed "immunised", the parents may be reassured that its symptoms will all clear up. They are sent home with the advice, "Give your baby Panadol". If they persist in considering the baby's reaction serious, they may be labelled as anxious parents or trouble-makers. So the parents go home, and the child remains in a serious condition or dies.

Until recently, the vaccine death would have just been labelled "sudden infant death", particularly if the symptoms and pathological findings were minimal. However, nowadays, with an alarmingly increasing frequency, the parents (or at least one of them, usually the father) may be accused of shaking the baby to death. The accused may even "confess" to shaking the baby, giving the reason, for example, that having found the baby lying still and not breathing and/or with a glazed look in its eyes, they shook it gently—as is only natural—in their attempt to revive it. Sometimes, ironically, they save the baby's life, only to be accused of causing the internal injuries that made the baby stop breathing in the first place, and which in fact were already present when they shook the baby to revive it.

No matter what the parents say or do, everything is construed against them. If they are crying and emotional, they will be accused of showing signs of guilt. If they manage to remain composed and unemotional, they will be called calculating and controlling—and guilty because of that.

In another scenario the distraught parents try to describe the symptoms to an attending

doctor in hospital or a surgery but are totally at a loss to understand what has happened to their baby. To their shock and dismay, they later discover that while they were describing the observed symptoms, the doctor or another staff member was writing three ominous words in the medical record: shaken baby syndrome.

Many of these parents end up indicted and even sentenced to prison for a crime that somebody else committed. Some of these cases have been resolved by acquittal on appeal or have been won based on expert reports demonstrating vaccines as the cause of the observed injuries or death. However, only God and a good lawyer can help those parents or care-givers who happen to be uneducated, or have a criminal record, particularly for violence, or have a previous history of a similar "unexplained" death of a baby in their care, or, worse still, a vaccine-injured baby with a broken arm or fractured skull. More and more often, the unfortunate parents are given the option of a "deal": if they confess and/or plead guilty, they will get only a couple of years in prison; but if they don't, they may end up getting 20 years.

I was told by a social worker in the United States that many foster parents are rotting in US prisons. First, they are forced to vaccinate their charges, and then, when side effects or death occur, they are accused of causing them.

Inevitably the possibility exists that infanticide or child abuse is involved in some of the cases. However, there is no determinable reason why so many parents or other care-givers would suddenly begin to behave like this. It is incredibly insensitive and callous to immediately suspect and accuse the distraught, innocent parents of harming their own baby.

## MEDICAL STUDIES

Let's now have a look at medical literature dealing with shaken baby syndrome and child abuse.

Caffey (1972, 1974)<sup>1,2</sup> described the "whiplash shaken infant syndrome" as a result of manual shaking by the extremities with whiplash-induced intracranial and intraocular bleedings, linked with permanent brain damage and mental retardation. He referred to his own paper, published almost 30 years prior to the above-quoted papers, which described what he called "the original six battered babies in 1945". The essential elements in this description were subdural haematomas, intraocular bleedings and multiple traction changes in the long bones. These findings became a benchmark of the "evidence" that a child had been shaken before developing these signs.

Reece (1993)<sup>3</sup> analysed fatal child abuse and sudden infant death syndrome (SIDS) and considered the critical diagnostic decisions. He emphasised that distinguishing between an unexpected infant death due to SIDS and one due to child abuse challenges paediatricians, family physicians, pathologists and child protection agencies. On the one hand, they must report instances of suspected child abuse and protect other children in the family; and on the other, all agree that the knowledge in this area is incomplete and ambiguity exists in many cases.

Duhaime et al. (1992)<sup>4</sup> wrote that "patients with intradural haemorrhage and no history of trauma must also have clinical and radiographic findings of blunt impact to the head, unexplained

long-bone fractures or other soft tissue inflicted injury, in order to completely eliminate the possibility of spontaneous intracranial haemorrhage such as might rarely occur from a vascular malformation or a bleeding disorder".

While it is not disputed that some parents and care-givers may cause the above injuries by mistreating infants, one must take great care in interpreting similar pathological findings of injuries caused by other insults which have nothing to do with mechanical injuries and mistreatments of infants.

I shall never forget the father of a 10-month-old infant, who, after being acquitted on appeal of causing shaken baby syndrome, said words to the effect, "We still don't know what killed our baby". It did not occur to them and nobody told them that it was the vaccine that killed their baby.

So what else can cause brain swelling, intracranial bleeding, ocular retinal haemorrhages, and broken skull and other bones? Ever since the mass vaccination of infants began, reports of serious brain, cardiovascular, metabolic and other injuries started filling pages of medical journals.

Indeed, vaccines like the pertussis (whooping cough) vaccine are actually used to induce encephalomyelitis (experimental allergic encephalomyelitis) in laboratory animals (Levine and Sowinski, 1973<sup>5</sup>). This is characterised by brain swelling and haemorrhaging of an extent similar to that caused by mechanical injuries (Iwasa et al., 1985<sup>6</sup>).

Munoz et al. (1981)<sup>7</sup> studied biological activities of crystalline pertussigen—a toxin produced by *Bordetella pertussis*, the causative agent in pertussis and an active ingredient in all types of pertussis vaccines whether whole-cell or acellular—in a number of laboratory experiments with mice. They established that minute amounts of pertussigen induced hypersensitivity to histamine (still detected 84 days after administration), leucocytosis, production of insulin, increased production of IgE and G1 antibodies to hen egg albumin, susceptibility to anaphylactic shock and vascular permeability of striated muscle. A dose of 546 nanograms per mouse killed 50 per cent of mice. Typically, the deaths were delayed. When a dose of five micrograms of pertussigen was administered, most mice did not gain weight and died by day five; the last mouse died on day eight. A one-microgram dose of one preparation killed four out of five mice. They first gained weight from days two to five, but then remained at nearly constant weight until they died. Even the one that survived for 16 days (it was then killed) experienced crises (stopped putting on weight) on the days when the others died. Had that one lived longer, it might have died on day 24. This is another of the critical days—identified by Cotwatch research into babies' breathing—on which babies have flare-ups of stress-induced breathing, or die, after vaccination.

Interestingly, when laboratory animals develop symptoms of vaccine damage and then die, it is never considered coincidental; but when children develop the same symptoms and/or die after the administration of the same vaccines, it is considered coincidental or caused by their parents or other carers. When all this fails, then it is considered "mysterious".

Delayed reactions are the norm rather than the exception. This has been explained as a consequence of an immunological

**...many foster parents are rotting in US prisons. First, they are forced to vaccinate their charges, and then, when side effects or death occur, they are accused of causing them.**

intravascular complexing of particulate antigen (whole-cell or acellular pertussis organisms) (Wilkins, 1988<sup>8</sup>). However, vaccinators have great difficulty with this, and as a rule draw largely irrelevant timelines for accepting the causal link between administration of vaccines and onset of reactions—usually 24 hours or up to seven days. However, most reactions to vaccines are delayed, and most cases are then considered unrelated to vaccination.

One only has to peruse a product insert of hepatitis B vaccine to see that besides local reactions, a number of neurological signs may occur, such as paraesthesia and paralysis (including Guillain-Barre syndrome, optic neuritis and multiple sclerosis).

Devin et al. (1996)<sup>9</sup> described retinal haemorrhages which are emphatically being considered the sure sign of child abuse, even though these can be and are caused by vaccines. Goetting and Sowa (1990)<sup>10</sup> described retinal haemorrhage which occurred after cardiopulmonary resuscitation in children.

Bulging fontanelle due to brain swelling was described by Jacob and Mannino (1979)<sup>11</sup> as a direct reaction to the DPT vaccine. They described a case of a seven-month-old baby who, nine hours after the third DPT vaccination, developed a bulging anterior fontanelle and became febrile and irritable.

Bruising and easy bleeding is one of the characteristic signs of the blood clotting disorder, thrombocytopenia—a recognised side-effect of many vaccines. Its first signs are easy bruising and bleeding and petechial (spotlike) rash. Thrombocytopenia may result in brain and other haemorrhages (Woerner et al., 1981<sup>12</sup>).

The convulsions which follow one in 1,750 doses of the DPT vaccines (Cody et al., 1981<sup>13</sup>) can result in unexplained falls in bigger children who can sit up or stand, which may cause linear cracks of the skull and other fractures. When one considers that babies are supposed to get a minimum of three doses of DPT and OPV (oral polio vaccine), then the risk of developing a convulsion is one in 580, and with five doses the risk rises to one in 350. This means that a great number of babies develop convulsions after vaccination between the ages of two to six months, at about 18 months, and at five to six years. The convulsions often occur when the parent or another carer is not looking, and the child, while standing or sitting on the floor, simply falls backwards or onto its arm.

All these signs can be misdiagnosed as a result of mechanical injuries, particularly so because vaccinators simply refuse to admit that vaccines cause serious injuries, or they only pay lip service to the damage caused by the pernicious routine of up to 18 vaccines with which babies are supposed to be injected within six months of birth.

The court system should therefore be more open to the documented viable and alternative explanations of the observed injuries, and be more wary of the obviously biased statements of the provaccination "experts", that nothing else but vigorous shaking can cause retinal haemorrhages—even though such statements only reflect their ignorance. Such "experts" then go home and continue advising parents to vaccinate, and thus, with impunity, they cause more and more cases of vaccine-injured babies and children.

## THE UK MEASLES EPIDEMIC THAT NEVER WAS

The term "Munchausen syndrome per proxy" has been used to identify individuals who kill or otherwise harm a child in order to attract attention to themselves. The term was used in many instances in the 1980s when earlier attempts were fashioned to explain some of the cases of sudden infant death.

According to Meadow (1995),<sup>14</sup> "Munchausen syndrome per proxy" is flamboyant terminology originally used for journalistic reasons. It was a term commonly applied to adults who presented themselves with false illness stories, just like the fictional Baron von Munchausen who travelled on cannon balls. The term is now used to apply to parents of children who present with false illness stories fabricated by a parent or someone else in that position.

While the term may have some validity in describing this special form of child abuse in the documented cases of parents slowly poisoning their child or exposing it to unnecessary and often dangerous and invasive medical treatments, more recently it

became a way for some doctors to camouflage the real observed side-effects of especially measles (M), measles-mumps-rubella (MMR) and measles-rubella (MR) vaccinations in the UK. Many thousands of British children (up to 15,000 in my considered opinion) developed signs of autism usually associated with bowel symptoms after being given the above vaccines in 1994.

The *Bulletin of Medical Ethics* published two articles, in 1994 and 1995, dealing with this problem. The October 1994 article ("Is your measles jab really necessary?") stated that during November 1994 the UK

Government would be running a mass campaign of measles vaccination with the intention of reaching every child between the ages of five and sixteen.

It claimed that the purpose of this campaign was to prevent an epidemic that would otherwise occur in 1995, with up to 200,000 cases and up to 50 deaths. The article also showed that since 1990 there have been only 8,000 to 10,000 cases of measles each year in England and Wales, and that coincidentally there was an epidemic of only about 5,000 cases in Scotland in the winter of 1993–94. Between May and August 1994 the notification rate in England and Wales dropped sharply, so there was nothing that clearly suggested an imminent epidemic.

The nine-page article in the August 1995 issue of *BME* stated among other things that on 14 September 1992 the Department of Health (DoH) hastily withdrew two brands of MMR vaccines following a leak to the national press about the risk of children developing mumps meningitis after administration of these vaccines. Both brands contained the Urabe mumps vaccine strain which had been shown to cause mumps meningitis in one in 1,044 vaccinees (Yawata, 1994<sup>15</sup>).

Based on the epidemiology of measles, there was never going to be a measles epidemic in 1995 and there was certainly no justification for concomitant rubella vaccination. The mass campaign was planned as an experimental alternative to a two-dose schedule of measles-mumps-rubella vaccination. The UK Government knowingly misled parents about the need for the campaign and about the relative risks of measles and measles vaccination. The DoH broke the European Union's law about contracts and tendering to ensure that specific pharmaceutical companies were award-

**The court system should therefore be more open to the documented viable and alternative explanations of the observed injuries, and be more wary of the obviously biased statements of the provaccination "experts"...**

ed the contracts to provide the campaign vaccines. All this must have been extremely fortunate for the drug companies in question, since the supplies of measles and rubella vaccines—which they'd been left with in 1992 and for which there was virtually no demand—were soon to go out of date.

The vaccination campaign achieved very little. Indeed, in 1995 there were twice as many cases of serologically confirmed rubella in England and Wales as in the same period of 1994: 412 cases against 217. Six cases of rubella in pregnant women were reported. The data indicate that more measles cases were notified in the first quarter of 1995 (n=11) than in the first quarter of 1994 (n=9). Despite this, there were several claims from government doctors that measles transmission had stopped among school children. Higson (1995)<sup>16</sup> wrote that two DoH officials tried to justify the success of the measles and rubella vaccination campaign by using data that cannot be used to give year-on-year comparison for measles infections. Indeed, he wrote that the data collected by the public health departments on the measles notifications show no indication of benefit from the highly expensive campaign. The British government spent some £20 million purchasing the near-expiry-date measles and rubella vaccines.

Some 1,500 parents are now participating in a class action over the damage (most often the bowel problems and autism) suffered by their children.

Wakefield et al. (1998)<sup>17</sup> published a paper in the *Lancet* in which they reported on a consecutive series of children with chronic enterocolitis and regressive developmental disorder which occurred 1 to 14 days (median, 6.3 days) after M, MMR and MR vaccinations. They also quoted the "opioid excess" theory of autism, that autistic disorders result from the incomplete breakdown and excessive absorption of gut-derived peptides from foods, including barley, rye, oats and milk/dairy product casein, caused by vaccine injury to the bowel. These peptides may exert central-opioid effects, directly or through the formation of ligands with peptidase enzymes required for the breakdown of endogenous central-nervous-system opioids, leading to disruption of normal neuroregulation and brain development by endogenous encephalins and endorphins.

A number of British parents approached me last year and complained that their children had developed behavioural and bowel problems after vaccination (as above), and that instead of getting help from their doctors they were told that they just imagined the symptoms or caused them in order to attract attention to themselves. The term "Munchausen syndrome per proxy" was used. It caused a lot of hardship and marital problems and did nothing for the victims of vaccination. Their stories were horrifying.

## EDUCATION ON VACCINE DANGERS

In summary, the trail of vaccine disasters is growing. Not only do vaccinations do nothing to improve the health of children and other recipients, they cause serious health problems and hardship for their families by victimising the victims of vaccines.

Parents of small children of vaccination age should use their own judgement and should educate themselves about the real dangers of this unscientific, useless, harmful and invasive medical procedure. No matter how much vaccines are pushed, vaccination

is not compulsory in Australia (though the Liberal Federal Minister for Health has announced his plan to make it so in the near future—which, to me, sounded more like a threat at the time), and parents do not have to vaccinate their children. Those parents who think they are safe when they follow the official propaganda may be in for a rude awakening: they may be accused of causing the harm which resulted from vaccination.

I also urge medical practitioners to use their own judgement and observations and study the trail of disaster created by vaccination. They should listen when their patients and especially the parents of small children report side effects of vaccinations.

The inability to listen and observe the truth has created a breed of medical practitioners who inflict illness rather than healing, who become accusers rather than helpers, and who are ultimately just covering up—whether consciously or unknowingly, but with frighteningly increasing frequency—for the disasters created by their useless and deadly concoctions and sanctimonious ministrations. Maybe the term "Munchausen boomerang" should be introduced to describe those members of the medical profession who victimise the victims of their own harmful interventions (vaccines in particular).

I would like to remind those who may still think the risks of vaccine injury are outweighed by the benefits from vaccines, that infectious diseases are beneficial for children by priming and maturing their immune system. These diseases also represent developmental milestones. Having measles not only results in a lifelong specific immunity to measles, but also a non-specific immunity to a host of other, more serious conditions: degenerative diseases of bone and cartilage, certain tumours, skin diseases and immunoreactive diseases (Ronne, 1985<sup>18</sup>). Having mumps has been found to protect against ovarian cancer (West, 1966<sup>19</sup>). So there is no need to try to prevent children from

getting infectious diseases.

Moreover, according to orthodox immunological research, vaccines do not immunise, they sensitise; they make the recipients more susceptible to diseases (Craighead, 1975<sup>20</sup>). It is the vaccinated children who suffer chronic ill health (asthma and constant ear infections being two of many vaccine side effects); who develop side effects to diseases like pneumonia or atypical measles (which carries a 12 to 15 per cent mortality risk); or who may have difficulty going through even such innocuous diseases as chicken pox because their immune system has been suppressed by vaccines.

In my closing remark, I urge parents to ask themselves a few questions. Have you noticed how much the vaccines are pushed by threats, coercion, victimisation and monetary punitive measures, with parents then being accused of causing what are clearly side effects of the vaccines? Would you succumb to the same type of pressure if any other product were pushed with the same vengeance? Wouldn't you be suspicious and ask what's wrong with the product if it has to be forced upon consumers? Why do so many informed parents, as well as many informed medical doctors, now refuse vaccination? Shouldn't you be suspicious of a medical system which forces itself upon you, which won't accept

**Those parents who think they are safe when they follow the official propaganda may be in for a rude awakening: they may be accused of causing the harm which resulted from vaccination.**

Continued on page 87

Continued from page 38

responsibility for vaccine injuries and unlawfully tries to take away your constitutional, democratic and legal right to have control over your own and your children's health without being hassled and victimised?

### Endnotes

1. Caffey, J. (1972), "On the theory and practice of shaking infants", *Am. J. Dis. Child* 124, August 1972.
2. Caffey, J. (1974), "The whiplash shaken infant syndrome: manual shaking by the extremities with whiplash-induced intracranial and intraocular bleeding, linked with residual permanent brain damage and mental retardation", *Pediatrics* 54(4):396-403.
3. Reece, R. M. (1993), "Fatal child abuse and sudden infant death syndrome", *Pediatrics* 91:423-429.
4. Duhaime, A. C., Alario, A. J., Lewander, W. J. et al. (1992), "Head injury in very young children mechanisms, injury types and ophthalmologic findings in 100 hospitalized patients younger than two years of age", *Pediatrics* 90(2):179-185.
5. Levine, S. and Sowinski, R. (1973), "Hyperacute allergic encephalomyelitis", *Am. J. Pathol.* 73:247-260.
6. Iwasa, A., Ishida, S., Akama, K. (1985), "Swelling of the brain caused by pertussis vaccine: its quantitative determination and the responsible factors in the vaccine", *Japan J. Med. Sci. Biol.* 38:53-65.
7. Munoz, J. J., Aral, H., Bergman, R. K. and Sadowski, P. (1981), "Biological activities of crystalline pertussigen from *Bordetella pertussis*", *Infection and Immunity*, September 1981, pp. 820-826.
8. Wilkins, J. (1988), "What is 'significant' and DTP reactions" (letter), *Pediatrics* 81(6):912-913.
9. Devin, F., Roques, G., Disdier, P., Rodor, F. and Weiller, P. J. (1996), "Occlusion of central retinal vein after hepatitis B vaccination", *Lancet* 347:1626, 8 June 1996.
10. Goetting, M. G. and Sowa, B. (1990), "Retinal haemorrhage after cardiopulmonary resuscitation in children: an etiologic evaluation", *Pediatrics* 85(4):585-588.
11. Jacob, J. and Mannino, F. (1979), "Increased intracranial pressure after diphtheria, tetanus and pertussis immunization", *Am. J. Dis. Child* 133:217-218.
12. Woerner, S. J., Abildgaard, C. F. and French, B. N. (1981), "Intracranial haemorrhage in children with idiopathic thrombocytopenic purpura", *Pediatrics* 67(4):453-460.
13. Cody, C. L., Baraff, L. J., Cherry, J. D., Marcy, S. C. and Manclark (1981), "Nature and rates of adverse reactions associated with DTP and DT immunizations in infants and children", *Pediatrics* 68(5):650-660.
14. Meadow, R. (1995), "What is and what is not 'Munchausen syndrome per proxy'?", *Arch. Dis. Child* 72:534-538.
15. Yawata, Makoto (1994), "Japan's troubles with measles-mumps-rubella vaccine", *Lancet* 343:105-106, 8 January 1994.
16. Higson, N. (1995), "Evaluating the measles immunisation campaign", *British Medical Journal* 311:62.
17. Wakefield, A. J., Murch, S. H., Anthony, A., Linnell, J. et al. (1998), "Ileal-lymphoid-nodular hyperplasia, non-specific colitis and pervasive developmental disorder in children", *Lancet* 351:637-641, 28 February 1998.
18. Ronne, T. (1985), "Measles virus infection without rash in childhood is related to disease in adult life", *Lancet*, 5 January 1985, pp. 1-5.
19. West, R. O. (1966), "Epidemiologic studies of malignancies of the ovaries", *Cancer*, July 1966, pp. 1001-07.
20. Craighead, J. E. (1975), "Report of a workshop: disease accentuation after immunisation with inactivated microbial vaccines", *J. Infect. Dis.* 1312(6):749-754.

### About the Author

Viera Scheibner, PhD, is a retired principal research scientist with a doctorate in natural sciences. During her distinguished career she published three books and some 90 scientific papers in refereed scientific journals.

Since the mid-1980s when she helped develop the Cotwatch breathing monitor for babies at risk of cot death (sudden infant death syndrome, or SIDS), she has done extensive research into vaccines and vaccinations and in 1993 published her book, *Vaccination: The Medical Assault on the Immune System*.

Dr Scheibner is often asked by lawyers to provide expert reports for vaccine-damage court cases, and she regularly conducts lectures. Her previous articles for NEXUS covered the SIDS/vaccines link (2/05) and the brain-eating bugs/vaccines connection (3/03).