

**Information Pack for Parents and
Caregivers
Falsely Accused of
Shaken Baby Syndrome or Munchausen
Syndrome by Proxy**

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Introduction

This pack is for information and educational purposes only. Its sole aim is to provide falsely accused parents and interested professionals with a selection of peer-reviewed, studies and papers on illnesses and adverse reactions that are being overlooked by professionals when they are assessing what they believe to be a potential case of shaken baby syndrome or Munchausen Syndrome by Proxy.

Too often, parents and caregivers are being falsely accused of abusing children in their care before all other possible avenues have been explored. This results in families being torn apart, children being adopted unnecessarily and innocent parents being jailed for many years.

This pack also provides a list of specialist lawyers, expert witnesses and professionals who are able to work pro-bono or at a small cost to assist parents, as well as a list of support groups set up to assist those suffering from the effects of being falsely accused.

Section 1

What is Shaken Baby Syndrome? – Facts

When a medical professional suspects that a baby has been violently shaken, they will examine the baby for the “triad” of injuries associated with SBS. These are subdural haematoma (bleeds inside the brain), retinal haemorrhages (bleeds behind the eyes) and cerebral edema (swelling or inflammation inside the brain).

The Triad of Injuries

Bleeding Inside the Brain

Norma Guthkelch, a retired neurosurgeon, wrote the first description of Shaken Baby Syndrome in 1971 in his paper *Infantile Subdural Haematoma and its Relationship to Whiplash Injuries*, in which he discussed 23 cases of strongly suspected parental assault on children under the age of three. He concluded that:

“It has been shown that there is a discrepancy between the frequency of subdural hematoma occurring in battered children and of the same condition complicating head injuries of other origin, the incidence in the former being unexpectedly high, though in most of those in whom there was no actual skull fracture there was not even clear evidence of the application of direct violence to the head. This suggests that when the head is not the main target of attack the likely mechanism of production of the hematoma is one in which repeated sheering strains of one sort or another are applied to the cranial contents.

It follows that since all cases of infantile subdural hematoma are best assumed to be traumatic unless proved otherwise it would be unwise to disregard the possibility that one of these has been caused by serious violence, repetition of which may prove fatal, simply on the basis that there are no gross fractures or other radiological bone changes in the limbs, nor any fractures of the skull.” [1]

However, the violent shaking of a young child is not the only cause of the triad of injuries. These injuries can also occur after short falls, illnesses such as encephalitis and meningitis, birth trauma, vitamin deficiencies and genetic illnesses such as brittle bone syndrome. These causes are identified on the *British Medical Journal’s* online guide *Best Practice: Abusive Head Trauma in Infants*. [2]

Bleeding Behind the Eyes

The paper, written by attorney *Dermot Garrett*, entitled *Overcoming Defense Expert Testimony in Abusive Head Trauma Cases*, indicates this fact very strongly when the author discusses retinal bleeding on page 35. [3] Garrett writes that a presentation at the 2010 American Association for Pediatric Ophthalmology and Strabismus Annual Meeting analyzed the results of 62 studies of pediatric retinal hemorrhages published since 1965.

Garrett says that all of the children studied were younger than 11 years of age, had undergone a detailed examination by an ophthalmologist and had been diagnosed with retinal hemorrhages due to confirmed accidental head trauma or non-accidental head trauma. The results of the analysis showed that 78 percent of patients with confirmed accidental head trauma had retinal hemorrhages, in comparison to just 5.3 percent of the non-accidental head trauma patients, proving that not all cases of retinal bleeds are necessarily caused by child abuse.

Swelling Inside the Brain

Another cause of the triad of injuries associated with SBS is vaccine-induced meningitis/encephalitis, a severe reaction to vaccinations.

In 2012, Marahendra K. Patel et al. published a paper in the *Journal of Pharmacology & Pharmacotherapeutics*, which discusses the case of a five month-old baby boy diagnosed with suspected post-vaccination encephalopathy following the DPT vaccination. Tests concluded that a reaction to the DPT vaccination was probable and in their discussion, the authors discussed several other worrying cases of similar vaccine reactions from India. [4]

In 2010, Dr. Lucija Tomljenovic wrote an extensive paper exposing evidence that she uncovered surrounding many cases in which children developed encephalitis or meningitis after they received vaccinations from as early as 1983, which she says were deliberately covered up by the UK government's Joint Committee for Vaccination and Immunization (JCVI). [5]

Dr. Viera Scheibner mentioned vaccine-induced encephalomyelitis, characterized by brain swelling and hemorrhaging, in 1998 when she wrote a paper published in *Nexus* titled *Shaken Baby Syndrome: The Vaccination Link*. She had become so worried that parents were being falsely accused after their children had suffered a vaccine injury that she opened her paper by stating:

“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 caregivers' 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 influenza type B) - shortly before they developed symptoms of illness resulting in serious brain damage or death.” [6]

Finally, Dr. Harold Buttram and F. Edward Yazbak wrote on the subject of false accusations of SBS and vaccine-induced encephalitis in their paper titled *Shaken Baby Syndrome or Vaccine-Induced Encephalitis: The Story of Baby Alan*. [7]

Dr. Buttram opened his paper by stating:

“In the following report Dr. Yazbak and myself have reviewed the case of an infant death which we believe to have been mistakenly diagnosed as shaken baby syndrome, the true cause of death in our opinions having been a vaccine-induced encephalitis. Having carefully followed the case and its developments for nearly a year, the report represents untold numbers of hours of study and investigation into the many technical parameters of the case. From this study we have come to realize that this case is representative of an emerging pattern of increasingly frequent vaccine reactions on the modern scene, which are being overlooked or misdiagnosed by our present health-care system.

The Story of Baby Alan is a poignant one, all the more so because it is something that could happen to any young couple or parent. Although the story is necessarily technical, nevertheless we urge that you read it. If you are a young person contemplating having a family, it is something that could happen to you.”

Despite all of this evidence, however, parents continue to be blamed of shaking their babies before all other possible diagnoses have been fully explored.

References

1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1796151/>
2. <http://bestpractice.bmj.com/best-practice/monograph/688.html>
3. http://www.ndaa.org/pdf/Abusive%20HeadTrauma_NDAA.pdf
4. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3284047/>
5. <http://www.nsnbc.me/wp-content/uploads/2013/05/BSEM-2011.pdf>
6. http://www.bibliotecapleyades.net/salud/esp_salud33d.htm
7. <http://www.freeyurko.bizland.com/storyofbabyalan.html>

As I have mentioned, there can be many reasons why a child should suffer from the SBS triad of injuries. In this information pack I have outlined as many of these reasons as possible with links to supporting scientific evidence.

Section 2

Shaken Baby Syndrome and Autoimmune Disease

2013 - Science Publishing Group - Dr. Michael Innis - Autoimmunity and Non-Accidental Injury in Children.

<http://www.sciencepublishinggroup.com/journal/paperinfo.aspx?journalid=151&doi=10.11648/j.cmr.20130203.15>

Abstract

Background: The shaken baby syndrome conceived by Guthkeltch to explain bruises, fractures, retinal and cerebral haemorrhage and encephalopathy in children, called the “triad,” can be explained by an autoimmune reaction to antigens in a genetically susceptible child. Method: Children diagnosed as suffering from non-accidental injuries were investigated for evidence of immune response reactions following mandated vaccination and childhood illnesses. Results: It was found in all the cases reported here the response to antigenic stimulation damaged the beta cells in the pancreas causing hypoinsulinaemia which inhibited the cellular uptake of vitamin C resulting in liver dysfunction, failure of carboxylation of the vitamin K dependent proteins resulting in haemorrhages and fractures associated with the “triad.” Conclusion: Fractures, retinal and subdural haemorrhages and encephalopathy in children [are] an autoimmune response to antigenic stimulation in a genetically susceptible individual. Common antigens are the mandated vaccines, viral bacterial and parasitic infections.

2013 - Journal of Autoimmunity - Carlo Perricone et al. -

Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) 2013:
Unveiling the pathogenic, clinical and diagnostic aspects.

www.2ndchance.info/onesize4all-Perricone2013.pdf

Abstract

In 2011 a new syndrome termed ‘ASIA Autoimmune/Inflammatory Syndrome Induced by Adjuvants’ was defined, pointing to summarize for the first time the spectrum of immune-mediated diseases triggered by an adjuvant stimulus such as chronic exposure to silicone, tetramethylpentadecane, pristane, aluminum and other adjuvants, as well as infectious components, that also may have an adjuvant effect. All these environmental factors have been found to induce autoimmunity by themselves both in animal models and in humans: for instance, silicone was associated with siliconosis, aluminum hydroxide with postvaccination phenomena and macrophagic myofasciitis syndrome. Several mechanisms have been hypothesized to be involved in the onset of adjuvant-induced autoimmunity; a genetic favorable background plays a key role in the appearance on such vaccine-related diseases and also justifies the rarity of these phenomena. This paper will focus on protean facets which are part of ASIA, focusing on the roles and mechanisms of action of different adjuvants which lead to the autoimmune/inflammatory response. The data herein illustrate the critical role of environmental factors in the induction of autoimmunity.

Indeed, it is the interplay of genetic susceptibility and environment that is the major player for the initiation of breach of tolerance.

Section 3

Shaken Baby Syndrome and Fatal Short Fall Injury

2001 – American Journal of Forensic Medicine and Pathology – Dr. John Plunkett, M.D. - Fatal Pediatric Head Injuries Caused by Short Distance Falls.
<http://medicalmisdiagnosisresearch.wordpress.com/category/shaken-baby-syndrome/fatal-pediatric-head-injuries-caused-by-short-distance-falls/>

Summary

The objective of this study was to determine whether there are witnessed or investigated fatal short distance falls that were concluded to be accidental. Many physicians believe that a simple fall cannot cause serious injury and that retinal hemorrhage is highly suggestive if not diagnostic for inflicted trauma. However, several have questioned these conclusions or urged caution when interpreting head injury in a child. This controversy exists because most infant injuries occur in the home and if there is a history of a fall, it is usually not witnessed or is seen only by the caretaker.

Objective data is needed to resolve this dispute. It would be helpful if there were a database of fatal falls that were witnessed or wherein medical and law enforcement investigation unequivocally concluded that the death was an accident.

This study utilizes various case histories that can be viewed in the link below. It discusses the biophysical characteristics of the brain and skull, the level and duration of force, subdural hemorrhages, lucid intervals, retinal hemorrhages, pre-existing conditions, cerebrovascular thrombosis and the limitations.

2010 - AM J Forensic Med Pathology - Johnathon P. Ehsani, MPH et al. - The Role of Epidemiology in Determining If a Simple Short Fall Can Cause Fatal Head Injury in An Infant. <http://www.ncbi.nlm.nih.gov/pubmed/20375838>

Abstract

This article is a subject review summarizing and interpreting the existing knowledge on the question “Can a simple short fall cause fatal head injury in an infant?” It also reflects on the challenges of undertaking a review in the contentious area of pediatric forensic pathology. The authors identified and considered 1055 publications for inclusion. Using explicit selection criteria, 27 publications were included in the subject review. The literature suggests that it is rare, but possible, for fatal head injury to occur from a simple short fall. Large population studies of childhood injuries indicate that severe head injury from a short fall is extremely rare. This is counterpointed by a single documented case report that demonstrates it can happen.

The question of whether it is a credible claim in a particular case is inextricable from the circumstances of that case.

To strengthen the evidence based on fatal potential of simple short falls in infants, future studies addressing this question would ideally be prospective in design and include the key elements of: (1) a large sample size, (2) clearly defined comparison groups, (3) clear and verifiable criteria for causation, (4) specified fall height, (5) specified fall type: vertical free fall or the presence of additional forces, (6) composition of contact surface, and (7) nature of contact point: concentrated to one point or onto a flat surface. We believe subject reviews for forensic pathology require a specific approach because the application of information differs between clinical and courtroom settings.

Section 4

Vitamin K Deficiency

2008 – Science Publishing Group - Michael D. Innis, MBBS, DTM&H, FRCPA, FRCPath.1 - Vitamin K Deficiency Disease.

www.whale.to/vaccines/innis_h.html and

www.orthomolecular.org/library/jom/2008/pdf/2008-v23n01-p015.pdf

Abstract

Vitamin K deficiency bleeding (VKDB), previously known as hemorrhagic disease of the newborn, has been classified as Early (0-24hrs), Classic (2-7 days) and Late (1-6 months). Child birth following the maternal ingestion of anti-epileptic drugs such as Phenytoin is liable to result in early VKDB as well as bone changes in the fetus. Other maternal risk factors for VKDB include medications such as warfarin and antibiotics. Failure to administer vitamin K at birth, prematurity, infective gastro-enteritis, the administration of antibiotics, malabsorption, liver disease, prolonged breast feeding, and malnutrition as shown by hypoalbuminemia have all been associated with VKDB. In view of the pivotal role of vitamin K in hemostasis and osteogenesis it is postulated that the bleeding, bruising and fractures seen in some children thought to be non-accidental injuries such as shaken baby syndrome or shaken impact syndrome could be due to a deficiency of vitamin K.

To investigate this possibility, the reports of three affected children were examined. It was found that the coagulation screen showed an increase in the prothrombin time, a normal partial thromboplastin time, a normal or slightly increased level of platelets and an absence of a family history of bleeding – findings consistent with vitamin K deficiency. It is concluded that the lesions hitherto attributed to non-accidental injury are, in some cases, due to a deficiency of vitamin K alone, and others occur in combination with vitamin C deficiency which is a well-documented cause of “battered baby.” Vitamin K deficiency is best detected by the protein-induced by vitamin K absence/abnormality (PIVKA -II) test rather than the prothrombin time and by the serum under-carboxylated osteocalcin test which provides the best guide to the state of mineralization of bone and hence the tendency to fracture. A name change to vitamin K deficiency disease would accommodate both the blood and bone lesions found in this condition when vitamin K alone is shown to be the cause.

Section 5

Choking

Seminars in Pediatric Neurology - Patrick D. Barnes, M.D., John Galaznik, M.D., Horace Gardner, M.D., and Mark Shuman, M.D. - Infant Acute Life-Threatening Event - Dysphagic Choking Versus Non-Accidental Injury.
[_www.courts.ca.gov/documents/DysphagicChoking_Resembles_SBS.pdf](http://www.courts.ca.gov/documents/DysphagicChoking_Resembles_SBS.pdf)

Abstract

A 4 month-old male infant presented to the emergency room with a history of choking while bottle feeding at home, and was found by emergency medical services (EMS) to be apneic and pulseless. He subsequently developed disseminated intravascular coagulopathy and died. Computed tomography (CT) and magnetic resonance imaging (MRI) showed subdural hemorrhages (SDHs), subarachnoid hemorrhage (SAH), and retinal hemorrhages (RHs), along with findings of hypoxic-ischemic encephalopathy (HIE). The caretaker account appeared to be inconsistent with the clinical and imaging features, and a diagnosis of non-accidental injury with “shaken baby syndrome” was made. The autopsy revealed diffuse anoxic central nervous system (CNS) changes with marked edema, SAH, and SDH, but no evidence of “CNS trauma.” Although NAI could not be ruled out, the autopsy findings provided further evidence that the child’s injury could result from a dysphagic choking type of acute life-threatening event (ALTE) as consistently described by the caretaker.

Section 6

Barlows Disease

2006 - Journal of American Physicians and Surgeons Volume 11 – Michael D. Innis MBBS - Vaccines, Apparent Life-Threatening Events, **Barlow's** Disease, and Questions **about** Shaken Baby Syndrome.
www.jpands.org/vol11no1/innis.pdf

Abstract

Apparent life-threatening events (ALTEs), as defined by the National Institute of Health, encompass all the findings hitherto attributed to shaken baby syndrome (SBS), and may follow routine vaccination. Vaccines may also induce vitamin C deficiency (Barlow's disease), especially in formula-fed infants or infants whose mothers smoke. This could account for some of the changes seen in these infants, including hemorrhages, bruises, and fractures. Vitamin C deficiency should be excluded in patients suspected to have SBS.

2004 Journal of American Physicians and Surgeons Volume 9 Number - C. Alan B. Clemetson, M.D. - Is it Shaken Baby, or Barlow's Disease Variant?
www.jpands.org/vol9no3/clemetson.pdf

Abstract

Retinal petechiae, subdural hemorrhages, and even broken bones do not always indicate trauma or child abuse. Infantile scurvy or a variant form still occurs today and can be mistakenly diagnosed as non-accidental injury (NAI). Histamine levels, which are characteristically increased in vitamin C depletion, may reach a toxic level owing to infection or the injection of foreign proteins. Histamine intoxication can cause a variant of Barlow's disease, with weakness of the retinal vessels and the bridging veins and venules between the brain and the dura mater in infants.

Section 7

Biomechanics and Shaken Baby Syndrome

2011 - John Lloyd, Edward N. Willey, John G. Galaznik, William E. Lee III, and Susan E. Luttner - Biomechanical Evaluation of Head Kinematics During Infant Shaking Versus Pediatric Activities of Daily Living.
<http://www.omicsonline.com/open-access/2090-2697/pdfdownload.php?download=2090-2697-2-109.pdf>

Abstract

Abusive shaking of infants has been asserted as a primary cause of subdural bleeding, cerebral edema/brain swelling, and retinal hemorrhages. Manual shaking of biofidelic mannequins, however, has failed to generate the rotational accelerations believed necessary to cause these intracranial symptoms in the human infant. This study examines the apparent contradiction between the accepted model and reported biomechanical results. Researchers collected linear and angular motion data from an infant anthropomorphic test device during shaking and during various activities of daily life, as well as from a 7 month-old boy at play in a commercial jumping toy. Results were compared among the experimental conditions and against accepted injury thresholds. Rotational accelerations during shaking of a biofidelic mannequin were consistent with previous published studies and also statistically indistinguishable from the accelerations endured by a normal 7 month-old boy at play. The rotational accelerations during non-contact shaking appear to be tolerated by normal infants, even when repetitive.

Section 8

Vitamin D Deficiency

2012- Matthew B. Seeley - Unexplained Fractures in Infants and Child Abuse: The Case for Requiring Bone-Density Testing Before Convicting Caretakers.
<http://medicalmisdiagnosisresearch.wordpress.com/2012/01/21/unexplained-fractures-in-infants-and-child-abuse-the-case-for-requiring-bone-density-testing-before-convicting-caretakers/>

Abstract (you may have to pay for full document)

Ultimately, researchers may have little power to prove or disprove by direct evidence whether child abuse is the cause of unexplained infantile fractures in a given case because of ethical and practical constraints. Medical practitioners do, however, have the technology to prove, by direct evidence and with a high degree of accuracy, Whether a given infant with fractures has low bone density that may have predisposed the child to fractures during non-abusive handling. Mandating the use of this commonly available and relatively inexpensive technology would close a major evidentiary gap, which, ironically, allows room for both innocent caretakers to be convicted and guilty caretakers to be acquitted. Our understanding of non-abusive conditions that can mimic child abuse has evolved to the point where it is simply no longer appropriate to presume child abuse based solely on the presence of unexplained fractures - even when those fractures are paired with intracranial hemorrhaging. Since the technology to measure infant bone density exists and is relatively ubiquitous, its use should be mandated in cases where unexplained fractures will be used as evidence of abuse so that "beyond a reasonable doubt" will mean in practice what it says on paper in cases of alleged infant abuse.

Section 9

Special Topics

Dermot Garrett - Overcoming Defense Expert Testimony in Abusive Head Trauma Cases.

www.ndaa.org/pdf/Abusive%20HeadTrauma_NDAA.pdf

Introduction

Abusive head trauma (AHT) is the recommended medical diagnosis to describe the constellation of injuries resulting from the intentional infliction of head trauma, including those injuries traditionally ascribed to “shaken baby syndrome.”¹) AHT cases involve a number of challenges, including presenting complex medical information to a jury. Another challenge stems from a group of physicians who testify frequently and convincingly for the defense in AHT cases, even though many of their opinions are outside the consensus of the medical community.²) In order to effectively cross-examine the defense experts and communicate accurate information to the jury, it is essential for prosecutors to have a basic understanding of the medical issues likely to be raised by the defense in AHT cases.

Each section of this article examines a claim frequently raised by the defense in AHT cases. The transcript quotes are examples of defense testimony and all of these transcripts and materials are available through NDAA’s National Center for Prosecution of Child Abuse (NCPA).

Patrick D. Barnes, M.D. - Imaging of Non-accidental Injury and the Mimics: Issues and Controversies in the Era of Evidence-Based Medicine.

<http://www.radiologic.theclinics.com/article/S0033-8389%2810%2900165-X/abstract>

Abstract

Because of the controversy involving the determination of child abuse, or non-accidental injury (NAI), radiologists must be familiar with the issues, literature, and principles of evidence-based medicine to understand the role of imaging. Children with suspected NAI must receive protective evaluation along with a timely and complete clinical and imaging work-up. Imaging findings cannot stand alone and must be correlated with clinical findings, laboratory testing, and pathologic and forensic examinations. Only the child protection investigation may provide the basis for inflicted injury in the context of supportive clinical, imaging, biomechanical, or pathology findings.

Section 10

Genetics and Shaken Baby Syndrome

2012 Maia Szalavitz – Time.com - The Shaky Science of Shaken Baby Syndrome.
<http://healthland.time.com/2012/01/17/the-shaky-science-of-shaken-baby-syndrome/>

Introduction

Prosecutors have charged parents and caretakers with shaking infants to death. But how valid is that diagnosis, and how reliable is the evidence behind it?

Section 11

Birth Trauma and Shaken Baby Syndrome

2012 Steven C. Gabaeff, M.D. - Western Journal of Emergency Medicine - The University of California, Irvine Challenging the Pathophysiologic Connection between Subdural Hematoma, Retinal Hemorrhage and Shaken Baby Syndrome. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3099599/#_ffn_sectitle

Abstract

Child abuse experts use diagnostic findings of subdural hematoma and retinal hemorrhages as near-pathognomonic findings to diagnose shaken baby syndrome. This article reviews the origin of this link and casts serious doubt on the specificity of the pathophysiologic connection. The forces required to cause brain injury were derived from an experiment of high velocity impacts on monkeys that generated forces far above those which might occur with a shaking mechanism. These forces, if present, would invariably cause neck trauma, which is conspicuously absent in most babies allegedly injured by shaking. Subdural hematoma may also be the result of common birth trauma, complicated by prenatal vitamin D deficiency, which also contributes to the appearance of long bone fractures commonly associated with child abuse. Retinal hemorrhage is a non-specific finding that occurs with many causes of increased intracranial pressure, including infection and hypoxic brain injury. The evidence challenging these connections should prompt emergency physicians and others who care for children to consider a broad differential diagnosis before settling on occult shaking as the de-facto cause. While childhood non-accidental trauma is certainly a serious problem, the wide exposure of this information may have the potential to exonerate some innocent care-givers who have been convicted or may be accused of child abuse.

Section 12

Vaccines and Shaken baby Syndrome

2004 - ACNEM - Dr. Viera Scheibner, Principal Research Scientist (Retired) -

Dynamics of critical days as part of the dynamics of non-specific stress syndrome discovered during monitoring with Cotwatch breathing monitor.

www.whale.to/vaccine/scheibner2004.pdf

First Paragraph

Recent editorials in *BMJ* by a number of authors have motivated me to publish the results of research into babies' breathing that [I] and the late Leif Karlsson (a Swedish biomedical electronics engineer living in Australia) conducted with Cotwatch breathing monitor, developed by Leif at my suggestion in 1985/86. Leif died in 1994 and the Cotwatch breathing monitor died with him. I had it de-listed with TGA (Therapeutic Goods Administration) and it has not been distributed since 1994.

2001 - Journal of Australian College of Nutritional and Environmental Medicine

- Dr. Viera Scheibner, Ph.D. - Shaken Baby Syndrome Diagnosis on Shaky Ground. <http://www.freeyurko.bizland.com/scheibner.html>

Abstract

An epidemic of accusations against parents and baby sitters of shaken baby syndrome is sweeping the developed world. The United States and the United Kingdom are in the forefront of such questionable practice. Brain (mainly subdural, less often subarachnoid) and retinal haemorrhages, retinal detachments, and rib and other bone 'fractures' are considered pathognomic. However, the reality of these injuries is very different and well documented: the vast majority occur after the administration of childhood vaccines and a minority of cases are due to documented birth injuries and pre-eclamptic and eclamptic states of the mothers.

Evidence that vaccines cause brain and retinal haemorrhages and increased fragility of bones has been published in refereed medical journals. That this has been to a great extent due to the depletion of vitamin C reserves resulting in acute scurvy has also been published. I refer to such articles and demonstrate that there is a viable differential diagnosis available explaining the observed injuries in what is called the shaken baby syndrome (SBS) as non-traumatic injuries, and that the diagnosis of SBS is an artificial, incorrect evaluation of the cause of such injuries; it has resulted in unspeakable injustices and suffering for the affected individuals and their families, and deprived the surviving babies of their parental care by replacing it with foster care. It does not reflect well on the justice and medical systems in the developed world which are, sadly, characterized by blindness to the most obvious and victimization of the innocent. Those who inject babies with great numbers of vaccines within short periods of time in the first months of life, often ignoring the observed

serious reactions to the previous lots of vaccines, are not only the accusers of innocent carers, but are not prosecuted or brought to justice; quite to the contrary, they continue injecting babies with toxic cocktails of vaccines and creating further innumerable cases of grievous bodily harm and death.

2006 - Journal of American Physicians and Surgeons Volume 11 – Michael D. Innis, MBBS - Vaccines, Apparent Life-Threatening Events, Barlow's Disease, and Questions about Shaken Baby Syndrome.
www.jpands.org/vol11no1/innis.pdf

Abstract

Apparent life-threatening events (ALTEs), as defined by the National Institutes of Health, encompass all the findings hitherto attributed to shaken baby syndrome (SBS), and may follow routine vaccination. Vaccines may also induce vitamin C deficiency (Barlow's disease), especially in formula-fed infants or infants whose mothers smoke. This could account for some of the changes seen in these infants, including hemorrhages, bruises, and fractures. Vitamin C deficiency should be excluded in patients suspected to have SBS.

1998 – Nexus – Dr. Viera Scheibner, Ph.D. - Shaken Baby Syndrome: The Vaccination Link.
<https://www.nexusmagazine.com/products/downloads/individual-articles-downloads/volume-5-article-downloads/vol-5-no-5-downloads/shaken-babies-the-vaccination-link-detail>

First Section

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-giver's 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.

2004 - Harold E. Buttram, M.D., FAAEM, and F. Edward Yazbakb, M.D, FAAP
Shaken Baby Syndrome (SBS) or Vaccine-Induced Encephalomyelitis? The
Story of Baby Alan. www.freeyurko.bizland.com/storyofbabyalan.html

Abstract

The “Story of Baby Alan” is a poignant one, all the more so because it is something that could happen to any young couple or parent. Although the story is necessarily technical, nevertheless we urge that you read it. If you are a young person contemplating having a family, it is something that could happen to you.

2004 – Medical Veritas - Mohammed Ali Al-Bayati, Ph.D., DABT, DABVT -
Analysis of causes that led to the bleedings in the subdural spaces and other
tissues in baby Alan Ream Yurko’s case.
www.freeyurko.bizland.com/albayatihep.html

Abstract

My review of the medical evidence in baby Alan’s case clearly shows that he died as a result of adverse reactions to vaccines and medications. The tissue bleedings were caused by his treatment with heparin following his respiratory/cardiac arrest. The medical examiner and other physicians who evaluated this case failed to consider heparin’s ability to cause bleeding to the tissues. They also overlooked the role of the adverse reactions to vaccines in the baby’s health problems. Detailed descriptions of the clinical data and other medical literature explaining the pathogenesis of the baby’s illness and supporting my conclusions are presented in this report.

2004 – Mohammed Ali Al-Bayati – Shaken Baby Syndrome or Medical
Malpractice? www.thebyteshow.com/Help/SBS-MedMal-Final-2004.Doc

Introduction

Babies Alan, Robert, Lucas, and toddler Alexa were born at different places and times in the United States of America by different parents. However, they have many things in common: (1) vaccines and medications caused their deaths; (2) without conducting thorough medical and legal investigations, their treating physicians, medical examiners, police, and states accused their parents or caretakers of killing them; (3) based upon an erroneous theory, their innocent parents or caretakers were imprisoned for killing them by violent shaking and blunt trauma.

The falsely accused and their families requested that I evaluate the medical evidence in order to find the factual causes that led to the fatal injuries. I investigated these cases by reviewing prenatal and postnatal medical records; autopsy reports; vaccines and medications given to the children; trial documents and testimonies of expert witnesses; and the medical literature pertinent to these cases. In each case, I used

differential diagnosis to evaluate the contributions of agents relevant to the case and the possible synergistic actions among agents in causing injuries and death [1-4]. My findings clearly show that the shaken baby "syndrome" (SBS) theory is not supported by science. The SBS theory has been applied since the early 1970s in cases of babies and toddlers who suffer from subdural and/or retinal bleeding when they do not exhibit signs of external injuries. My investigation of the four alleged SBS cases noted above revealed that the treating physicians and medical examiners were negligent, as they did not carry out proper medical investigations in order to find the factual causes of the bleeding in tissues. The stories of the four children described below provide the medical evidence that supports my conclusions.

2004 Clemetson CAB - Capillary Fragility as a Cause of Substantial Hemorrhage in Infants. http://www.whale.to/a/clemetson_h.html

Abstract

Malnutrition, excessive vomiting, surgery, or infection can cause a pregnant woman to develop a profound vitamin C deficiency and an excessive blood histamine level, leading to capillary and venular fragility. Sleep lack and other stresses in the mother can further her blood histamine level and affect the unborn child, thus weakening the retinal capillaries and the bridging veins between the brain and the dura matter. Subdural hemorrhages in the infant have now identified by ultrasound examination before birth and even before labor. Vaccines and toxoids have been shown to increase the blood histamine in guinea pigs. We need to establish the blood histamine and ascorbic acid levels of human subjects before and after single and multiple inoculations. Undoubtedly, the histamine level will increase more in those having low ascorbic acid levels and especially in those receiving multiple inoculations. Research is needed to determine which inoculants cause the highest blood histamine level or histaminemia, and when it peaks.

2012 Journal Pharmacol Pharmacother - Mahendra K. Patel, Tejas K. Patel, and C. B. Tripathi - Diphtheria, pertussis (whooping cough), and tetanus vaccine-induced recurrent seizures and acute encephalopathy in a pediatric patient: Possibly due to pertussis fraction.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3284047/>

Abstract

A 5 month-old male patient developed recurrent seizures and acute encephalopathy possibly due to first dose of diphtheria, pertussis (whooping cough), and tetanus (DPT) vaccine used for routine immunization. Post-reaction computed tomography (CT) scan of brain, magnetic resonance imaging (MRI) of brain, and electroencephalogram were normal. Pertussis fraction of DPT vaccine is responsible for this reaction. It is suggested that acellular pertussis vaccine should be used instead of whole cell vaccine because it is associated with lower frequency of neurological complications, such as seizures, encephalopathy, and hypotensive episodes. However,

acellular pertussis-containing vaccines are currently not affordable in most developing countries.

2011 BSEM - Lucija Tomljenovic, Ph.D. - The Vaccination Policy and the Code of Practice of the Joint Committee on Vaccination and Immunisation (JCVI): Are They at Odds? <http://www.nsnbc.me/wp-content/uploads/2013/05/BSEM-2011.pdf>

Introduction

No pharmaceutical drug is devoid of risks from adverse reactions and vaccines are no exception. According to the world's leading drug regulatory authority, the US Food and Drug Administration (FDA), vaccines represent a special category of drugs in that they are generally given to healthy individuals and often to prevent a disease to which an individual may never be exposed [1]. This, according to the FDA, places extra emphasis on vaccine safety. Universally, regulatory authorities are responsible for ensuring that new vaccines go through proper scientific evaluation before they are approved. An equal responsibility rests on the medical profession to promote vaccinations but only with those vaccines whose safety and efficacy has been demonstrated to be statistically significant. Furthermore, vaccination is a medical intervention and as such, it should be carried out with the full consent of those who are being subjected to it. This necessitates an objective disclosure of the known or foreseeable risks and benefits and, where applicable, a description of alternative courses of treatment. In cases where children and infants are involved, full consent with regards to vaccination should be given by the parents.

Deliberately concealing information from the parents for the sole purpose of getting them to comply with an "official" vaccination schedule could thus be considered as a form of ethical violation or misconduct. Official documents obtained from the UK Department of Health (DH) and the Joint Committee on Vaccination and Immunisation (JCVI) reveal that the British health authorities have been engaging in such practice for the last 30 years, apparently for the sole purpose of protecting the national vaccination program.

2000 Selection of videos – Dr. Russell L. Blaylock, M.D. - How Vaccines Harm Child Brain Development. <http://vaccine-injury.info/russel-blaylock.cfm>

Section 13

What is Munchausen Syndrome by Proxy? – Facts

Munchausen syndrome by proxy (MSbP) is a diagnosis given to a parent or caregiver to describe certain aspects of their behaviour. This behaviour usually includes subjecting what appears to be a previously healthy child to unnecessary painful tests or medical interventions, such as scans, x-rays and even surgical procedures to gain the attention of the medical profession.

Many theories exist as to why women/men would fabricate fictitious illness in their children. The most common theory is that the perpetrators have a personality disorder. Louisa J. Lasher and Mary S. Sheridan wrote in *Munchausen by Proxy – Identification, Intervention and Case Management*, on page 293 point 3:

“MBP perpetrators may seek attention from a variety of people. As already indicated, this need for attention in one form or another is characteristic of several personality disorders. Those with borderline or dependent personality disorder have a strong need for relationships. The core of histrionic personality disorder is the need for attention from others. People with paranoid personality disorder may seek attention to confirm beliefs or even make ‘converts.’ People with antisocial personality disorder may seek attention as part of a ‘con.’” (1)

In fact, there is little professional agreement on what constitutes MSbP, and many professionals describe MSbP as different things. There have been debates all over the world on the subject. Some say that it is a mental illness, while others say that it doesn't exist.

Dr. Marc Feldman, thought to be a leading expert on the subject, believes that MSbP does exist. He described what he believes to be the behaviour of a person suffering from the condition on his website:

“They deliberately mislead others into thinking they (or their children) have serious medical or psychological problems, often resulting in extraordinary numbers of medication trials, diagnostic tests, hospitalizations, and even surgery ... that they know are not really needed. In short, factitious disorder, Munchausen syndrome, malingering, and Munchausen by proxy involve illness deception, or ‘disease forgery.’”(2)

In another article by Feldman, *Parenthood Betrayed, The Dilemma of Munchausen Syndrome by Proxy*, Feldman explains that MSbP mothers need to feel *special* and that virtually all have personality disorders. (3)

Other professionals however, disagree with this opinion fiercely and in 2004, Earl Howe the opposition spokesperson for children and health in the House of Lords, was reported to have said that he believed professionals were replacing the term MSbP with a diagnoses of Personality Disorder to **assist arrest**. [Justice out of Balance](#)

In the article [Munchausen by Proxy](#) written by Ibrahim Abdulhamid MD, Dr. Abdulhamid wrote:

“Perpetrators are frequently described as caring, attentive, and devoted individuals. However, not all perpetrators fit this impostor parent profile. Some can be hostile, emotionally labile, and obviously dishonest. Although they have no obvious psychopathology, perpetrators can be deceiving and manipulative. Their ability to convince others should not be underestimated. Their abuse is premeditated, calculated, and unprovoked. The mother may have previous health care knowledge or training, and she is often fascinated with the medical field. In 1 study, 80% of the documented perpetrators, all mothers, worked in health care or child-care facilities. She aspires to establish close relationships with medical staff and frequently becomes a source of support for staff members or the families of other patients.”

Dr. Abdulhamid speaks of an MSbP profile, an idea that has built up over the years and has been frequently used to assist professionals with diagnosing MSbP type abuse. The ‘profile’ is a list of traits believed to be common in a person suffering from MSbP, however, this profile also describes many innocent parents and care givers and is concerning many professionals.

Dr Helen Hayward-Brown a professional who has become extremely concerned about the use of the ‘profile’ has been reported to have stated that:

‘It is a nightmare waiting on the step of every sick child.’

‘...ordinary mothers and fathers are being accused of child abuse because their children have an illness that some pediatricians cannot diagnose, or the parents strongly question the doctors over the child’s treatment’. [Justice out of Balance](#)

She explains how parents can become trapped and says that being an over protective parent as well as a negligent parent are both elements of the MSbP profile, commenting that this can put accused parents into a no win situation.

Earl Howe has also become concerned about the use of the MSbP profile. Speaking out in a [parliamentary discussion](#) at The House of Lords in October 2001, he stated that:

”The danger of such a broad spectrum of behaviour being packaged into a single portmanteau term, MSBP, is that in the hands of those who are not sufficiently trained or experienced to know better, it is a label that is all too easily applied without due care. This is all the more true when one considers the so-called profile of characteristics that are said to mark out a person suffering from MSBP. These characteristics include such things as privation during childhood, repeated bereavement, miscarriage, divorce and past health problems. An over-intense relationship with the child and a desire to be the perfect parent are other supposed markers. Regardless of the fact that there are very many perfectly innocent, sane people around who might have such characteristics, the very idea of a tell-tale profile of this kind is an open invitation to apply the MSBP label without properly looking at what may or may not be happening to the child. Put at its simplest, there is all the difference in the world between a Beverley Allitt, whose severe personality disorder

led her to murder young children, and a mother who invents reasons why she and her child should visit the doctor. Yet under the all-embracing banner of MSBP, and in the hands of the untrained, the two are treated as being practically indistinguishable. It does not matter whether one calls the condition “MSBP” or “factitious illness by proxy”, or by any other name. The point remains the same. ”

Lisa Blakemore-Brown a psychologist specialising in autism and an author, agrees. She believes that parents are blamed if they dare to question a doctor, particularly if they believe that their child become ill after a vaccine. She spoke about one particular case in [Omissions Prove What](#).

A BBC report stated that [Earl Howe](#) the opposition spokesman for health, accused one professor of inventing a ‘theory without science’ refusing to produce any real evidence to prove that Munchausen Syndrome by Proxy actually exists:

‘It is important to distinguish between the act of harming a child, which can be easily verified (and there are plenty of cases to prove that it happens), and motive, which is much harder to verify and which MSbP (controversially) tries to explain. For example, a caregiver may wish to harm a child simply out of malice (similar to domestic abuse by husband or wife) rather than in order to draw attention and sympathy, in which case, harming the child is merely incidental to the main purpose. In the former case, induced illness is likely to be a means of avoiding detection of domestic abuse (a more elaborate form of the excuse that the victim has “fallen down the stairs”).

His words are very relevant especially as over the years more and more questions are being asked as to whether MSbP is an appropriate diagnosis and should be used in Courts today.

For more information see [VacTruth](#) .

References

1. Louisa J. Lasher and Mary S. Sheridan. *Munchausen by Proxy – Identification, Intervention and Case Management*, page 293 point 3. Retrieved from http://books.google.co.uk/books?id=5UltQPv2C-IC&pg=PA316&lpg=PA316&dq=Louisa+J+Lasher+Munchausen+by+Proxy+What+makes+a+mother+abuse+her+child&source=bl&ots=mgGrWAwEbR&sig=hefH-S8YXg0ob9XEF8nHgrTSbsc&hl=en&sa=X&ei=o6c4UcuvJYeXO_7FgLgK&ved=0CFQQ6AEwBg#v=onepage&q=Louisa%20J%20Lasher%20Munchausen%20by%20Proxy%20What%20makes%20a%20mother%20abuse%20her%20child&f=false
2. **Marc Feldman**. Munchausen Syndrome, Malingering, Factitious Disorder, & Munchausen by Proxy Page. <http://www.munchausen.com/>

3. **Marc Feldman.** Parenthood Betrayed, The Dilemma of Munchausen by Proxy. <http://distress-and-uncertainty.blogspot.co.uk/2005/10/parenthood-betrayed-dilemma-of.html>
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Section 14

Papers and Articles On False Accusations of Munchausen Syndrome by Proxy by Several Different Professionals

Lisa Blakemore-Brown

Child Educational Psychologist, Expert in Autism and Author

1997 Lisa Blakemore Brown - The Psychologist - Munchausen Syndrome By Proxy. http://www.profitableharm.com/psychologist_letter.html

First Paragraph

Over the last two years I have become more aware of the increasing use of the label Munchausen syndrome by proxy (MSbP), having been involved in a case in which this diagnosis was accepted by the Family Court, resulting in the loss of four children from the family. I have since read a considerable amount about this disorder, and am left feeling undecidedly uneasy.

1998 Lisa Blakemore-Brown - The Therapist - False illness in children – or simply false accusations? http://www.profitableharm.com/the_therapist.html

First Paragraph

A young mother took her son for one of the routine vaccinations of childhood. That night, he developed a dangerously high temperature and soon afterwards, started hanging his head, soiling and gradually lost all his language. His behaviour became erratic, he couldn't relate to others and was difficult to control. Investigations followed which led to a diagnosis of Asperger's syndrome, a form of autism. Suspecting the vaccine might have been the cause, although nothing could be proven, the mother decided not to have her next three children vaccinated.

1997 Lisa Blakemore-Brown - Cruel Britannia - Published concerns by a British Professional Psychologist. <http://www.msbp.com/Blakemore-Brown.htm>

First Paragraph

Dr. Marcovitch seemed to be particularly negative about complaints made by parents and non-professionals who supported them. It has been easy to dismiss these complaints as the sound and fury of abusing parents, duped journalists and activists,

signifying nothing - but causing great distress to falsely accused professionals. Lost in all of this - the sound and fury from both sides - has been the very serious and grave concerns of professionals who have been seriously damaged by daring to speak out, destroy their own careers and write about the false theories which have led to false accusations of mothers. I am not ashamed to name myself as the leading professional in England who fits such a description - and as no one asks me for my opinion, it seems a good moment to express it yet again.

2012 Lisa Blakemore-Brown - Durham Speech, Profitable Harm. Autism Odyssey.
Retrieved from http://www.profitableharm.com/an_autism_odyssey_text.html

Outline

Since working as an Expert Witness in a MSBP case in 1995, I am of the opinion that gross errors of judgement are being made (Blakemore-Brown, 1997) at the very beginning of the process of 'identification' when the easy and increasingly widespread use of the term interweaves with shock tactics and processes of suggestibility.

Once that first gossamer breath of a rumour has been triggered - it can be impossible to turn back. (Blakemore-Brown, 1998)

2009 Lisa Blakemore-Brown - Sir Roy Meadow Removes Himself From The General Medical Council Register. Retrieved from:
<http://www.theoneclickgroup.co.uk/documents/vaccines/Sir%20Roy%20Meadow%20Removes%20Himself%20From%20GMC%20Register,%20Blakemore%20Brown.pdf>

Section

When I was a target of vexatious complaints at the British Psychological Society (BPS), for daring to challenge the New Labour Government regarding their political agendas around Munchausen syndrome by proxy (MSBP), I was not allowed to take myself off the members' list. The BPS [was] determined to hang onto me as long as possible so they could throw the book at me over and over, despite winning against them each time. In fact, evidence of clear mischief toward me, by ADDISS (Attention Deficit Disorder Information Services), was completely ignored. ADDISS had been provided with funding at the same time by the Department of Health and Eli Lilly, the pharmaceutical giant who first introduced thimerosal to the DTP vaccines. I refer to the possibility of this being linked to autism in my book *Reweaving the Autistic*

Tapestry and provided legal contacts in the UK and the US. I also made reference to the dangers of MSBP. At the same time, I took part in a consultation exercise and highlighted, line by line, the errors contained in the Government's Guidelines on MSBP/FII when Jacqui Smith was Health Minister. Things got really bad for me after that came out, because New Labour cannot tolerate criticism and will destroy anyone who dares to expose its failings.

2009 Lisa Blakemore-Brown - The Politics and Commerce of Autism, Curves and Swerves. Tricks used by Professor Baron-Cohen and the British government to avoid what is staring them in the face in autism.

<http://www.theoneclickgroup.co.uk/documents/vaccines/The%20Politics%20And%20Commerce%20Of%20Autism.pdf>

Abstract

Over the last few years, given the frightening epidemic of autism and the appalling suffering of so many, I have been bewildered by the choice of research undertaken by those who have been able to get funding from the UK government. It has become increasingly obvious that the elephant in the room – vaccines linked to autism, cot death and other conditions – is being ignored, as are those who have suffered, unless of course, they are blamed. Blame theories (such as Munchausen by proxy) form another elephant that people have turned a blind eye to, and if you read this article, you will see that MSBP is intertwined with vaccine issues.

Meanwhile, extraordinarily obscure theories are given funding, presumably because they will usefully distract attention from the real issues. However, the recent stories in the media about Simon Baron-Cohen's research on prenatal bio-markers have led us up the dark path of eugenics.

Lisa Blakemore Brown - Consensus Report - Family Law Reform Mismanagement: Social and Family Policy. http://www.theoneclickgroup.co.uk/documents/ME-CFS_pol/Consensus%20Report%20-%20Family%20Law%20Reform.pdf

First Section

The Consensus Report is a 105 page document, written in the formal language of Whitehall telling the full story of how the notorious official guidelines on MSBP came to be introduced.

Several years after the successful Clark and Cannings appeals, it turns out that social workers are still being deliberately trained nationwide to make the same mistakes.

2004 Lisa Blakemore-Brown - The Pseudo-Science Of MSBP, Malice In Wonderland. Powerpoint presentation given at the University Of Western Sydney, February 4 and 5, 2004.

<http://www.theoneclickgroup.co.uk/documents/vaccines/SYDNEY%20-%20MSBP%20PSEUDO%20SCIENCE2.pdf>

2009 Lisa Blakemore-Brown - Modern Liberty Convention - Distortion, Denial And Destruction: New Labour Legacy For Children With Disabilities And Their Families. <http://www.modernliberty.net/2009/new-labour-and-children>

Beginning of Speech

I welcomed the opportunity to represent the Autism Rights group at this important event. Much of what I had to tell those who attended the Children's Session, chaired by Sabina Frediani of Liberty was probably new to them. In effect, my short talk was my own witness statement to violations of Human Rights and Civil Liberties in relation to families, especially families with children who are autistic or suffer from other disabilities; and unremitting retaliation by the government to prevent such violations being proven. The end result being ongoing damage to families and their disabled children which one could never imagine would happen in our so-called advanced age.

1997 Lisa Blakemore-Brown - 20/20 New Zealand Lies, Lies and Diagnoses. David Southall, speaking on the 20/20 documentary:

http://www.liveleak.com/view?i=b17_1184619566

Lisa Blakemore-Brown speaking on the 20/20 documentary:

http://www.liveleak.com/view?i=6e1_1189099834

Charles Pragnell

Independent Social Care Management Consultant, a Child/Family Advocate, and an Expert Defence Witness – Child Protection

2008 Charles Pragnell – Fassit - The Silence of the Media

Lambs!http://www.fassit.co.uk/silence_of_the_media_lambs.htm

First Section

Autism and Child Protection

Why are the media in Britain ignoring the biggest public health scandal of the century? Is it governmental suppression?

There is a pandemic of autism among children in the western world and it is spreading

worldwide. Thousands upon thousands of children are being diagnosed as autistic every day in the U.S.A., the U.K., and increasingly, in Australia. A few decades ago the incidence of autism affected only one child in a thousand but now it is more than one child in a hundred.

2008 Charles Pragnell – Fassit - Doctors in a Dilemma.

http://www.fassit.co.uk/doctors_in_a_dilemma.htm

First Section

Paediatricians and their opinions in child protection matters, especially in courts, are coming under increasing scrutiny and challenge. Why are they so often so wrong?

Many of the leading paediatricians in the U.K. who are engaged in child protection cases appear to be in a state of confusion and uncertainty regarding their future role as 'expert' witnesses in legal proceedings concerning alleged child abuse.

This has largely come about after medical evidence in recent criminal and civil cases was exposed as lacking in scientific rigour and on occasions to be little more than fanciful speculations and theories, which had little basis in medical research. These theories have come under increasing scrutiny and challenge by courts, the media, and by other, more discerning professionals engaged in child protection work.

2004 Charles Pragnell - Fassit - Are you an 'Appropriate' Person?

http://www.fassit.co.uk/government_totalitarian_regime.htm

First Paragraph

The last decade has seen an insidious drive by the British government to turn the country into a totalitarian regime marked by the unwarranted and unnecessary intrusion and interference in family life by agents and employees of the State. This has been done under a perverse pretext of protecting children and a belief system within governmental departments that children need protecting from their parents and that the State can raise children better than parents, or at least they can transfer large numbers of children to the care of the "approved" substitute parents as part of a latter-day social engineering experiment.

2007 Charles Pragnell - Fassit - Vaccines and Child Abuse Accusations.

http://www.fassit.co.uk/vaccines_child_abuse.htm

First Paragraph

There can be no debate that some vaccines cause very serious injury and even death, to some children. This has been recognised by both the British government (1980) and the U.S.A. government (VAERS Act of 1986) for over 20 years, and both governments have provided compensation schemes to families with children who

have suffered such adverse reactions. Under both schemes, doctors are required to report every adverse reaction of a child to a vaccine to a central government body, but it is reasonably estimated that less than one in ten are so reported.

2007 Charles Pragnell - Fassit - Why Did Sally Clark Suffer and Die?

http://www.fassit.co.uk/sally_clark_why.htm

First Section

There are probably very few people in Britain who are unaffected by the death of Sally Clark, a young mother whose two young children died suddenly, and if that were not enough for her to cope with, was then charged and convicted of killing them and was imprisoned for three years before reason and logic finally prevailed.

Some have already said that Sally died of a broken heart and there is probably a great deal of truth in that, whilst others are pointing accusing fingers at the individuals who gave evidence against her and who are now seen as contributory agents in her death.

Probably the nearest to the truth is that Sally was killed by an entire system which is deeply-flawed, erratic, and dysfunctional. That system is the British Child Protection system and the associated legal and police systems.

2006 Charles Pragnell – Fassit - Perverse Reversal of Child Custody.

http://www.fassit.co.uk/child_custody_reversal.htm

First Paragraph

There is a very considerable and increasing public and political concern regarding the secrecy of the Family Courts in child protection hearings and it is hoped that by opening up such proceedings to public view that it will expose the injustices and unfairness which prevails in many of such proceedings. Parents report that they are at a serious disadvantage in such proceedings when faced with the financial and legal might of a local authority and they often do not qualify for legal aid or are advised by their own legal advisers merely to consent to the making of Care Orders in the hope that the local authority will return their children in a reasonable period of time – this does not happen of course and their children are permanently lost to forced adoption or the vicissitudes of State Care. Some parents claim, with reasonable evidence to support such claims, that the evidence presented against them is often distorted, embellished, and even fabricated by medical and social work witnesses, and evidence which would exonerate or exculpate them is withheld or disregarded. Cases which have made headlines in the media in recent years and months appear to support their contentions.

2006 Charles Pragnell - Fassit - Fabricated and Induced Illness in Children.

http://www.fassit.co.uk/fabricated_induced_illness.htm

Introduction

Fabricated and induced illness in Children
(also referred to as Munchausen Syndrome By Proxy)

A MISCONCEIVED AND MISGUIDED MEDICAL AND SOCIAL CONSTRUCTION

It is claimed that fabricated and induced illness in children is a form of child abuse whereby it is said a carer, usually the mother, fabricates a child's illness and thereby causes the child to receive invasive and unnecessary medical treatment or actually administers a noxious substance to the child thereby causing the child to be ill. It is further claimed that the motives of the carer (mother) in carrying out such acts are to gain the attention of medical and health professionals for themselves.

2006 Charles Pragnell - Fassit – Child Protection, A System out of Control.

http://www.fassit.co.uk/charles_pragnell_child_protection.htm

First Section

A Response to Rachel Bramble,
Author of The Libran Social Worker
February 23, 2006

'A Royal Commission of Inquiry into the entire child protection system is urgently and increasingly necessary'

I have some sympathy with Rachel's argument that the current flaws, and dysfunctions of the child protection system are systemic but would totally refute her arguments that this is largely due to shortages of resources.

I have also been engaged in child protection social work for over 40 years, with several local authorities and in several capacities. In the 1970s child protection social workers had caseloads of over 70 cases and there were twice as many children in care as there are today, all requiring the supervision of those social workers and probably three times as many families under 'Voluntary Supervision' of social workers to provide "advice, guidance, and assistance, including financial help." Yet in those days there were probably only a quarter of the number of social workers there are today.

2005 Charles Pragnell – Fassit - Forced Fast Tracked Adoption.

http://www.fassit.co.uk/charles_pragnell_adoption.htm

First Section

Response to the letter by Felicity Collier Chief Executive of the British Association for Adoption and Fostering to Members of Parliament – 22 August 2005. [BAAF Press Release](#) (PDF)

On 22 February 2005, Felicity Collier, Chief Executive of the BAAF wrote to all members of Parliament regarding reporting by the *Daily Mail* newspaper on events

concerning the Forced Fast-Track Adoption of children and the often flimsy reasons why social workers are removing children from their natural parents and rushing them immediately into adoption, which permanently separates those children from their families.

The first question which must be asked is why Collier, representing a charitable organization, has mounted such a steadfast defence of social workers and their managers when there are national organizations which more than adequately represent and defend those groups? (e.g. the Association of Directors of Social Services and the British Association of Social Workers.) A further question arises as to whether such an action is within the constitution and aims of BAAF as a registered charity.

2004 - Charles Pragnell - Children and Young People magazine and web site -
Theoretical basis of FII (MSBP) is unsound.
<http://truthinjustice.org/fabricated.htm>

First Paragraph

In 2001, following continuing contention regarding the existence, definition, and application of the term munchausen syndrome by proxy and many complaints by parents claiming to have been falsely accused of child abuse, the UK Department of Health issued guidelines to child protection workers in an attempt to give a form of credibility and validity to munchausen syndrome by proxy and introduced a new title of fabricated and/or induced illness in children [FII].

2004 Charles Pragnell - Child Protection in Britain: A Need for Root and Branch Reform.
<http://www.theoneclickgroup.co.uk/documents/vaccines/Sydney%20talk%20Charles%20Pragnell.pdf>

Abstract

(A paper presented to an international conference in Sydney, Australia, on 4-5 February 2004, to examine problems in child protection systems and procedures internationally and to discuss the need for reforms.)

What I have to say today is a commentary on the child protection system as it is in Britain. I confess to knowing very little about the system in Australia but I shall leave it to you to draw any parallels which you may think apply from your own experiences. I would firstly like to talk a little bit about the British character. It is not widely recognised but in many ways the British culture is punitive and oppressive toward children. The British will always state that they love their children and most probably do, but they are not openly loving and affectionate with them.

Charles Pragnell - Full list of articles. http://www.fassit.co.uk/charles_pragnell.htm

Michael Nott

Former radio and television journalist and a senior media and communications officer for federal, NSW and Queensland government departments and agencies.

2004 Michael Nott - Nexus - Justice out of Balance.

<http://www.pnc.com.au/~heleneli/media/nexusMSBPoct2004.pdf>

Introduction

During the reigns of Queen Elizabeth I and King James I in England in the 16th and 17th centuries, laws were passed against witchcraft. Under the provisions of these laws, some 70,000 witches were put to death. Alleged witches were searched out, then tortured so that they confessed. They were condemned to death after a superficial trial using hearsay and speculative evidence. There were mass witch burnings. Alice Molland is said to be the last witch executed, in 1685. What kind of insanity was this? Were the authorities ignorant and overzealous? Is history now repeating itself?

2010 Michael Nott - Munchausen Syndrome by Proxy Witch Hunt.

<http://medicalmisdiagnosisresearch.wordpress.com/2010/07/08/the-munchausen-syndrome-by-proxy-witch-hunt/>

First Section

Consider this: If you are a mother with a young child who has a very difficult-to-diagnose illness, you could find yourself looking down the aggressive barrel of a child protection agency. They could take your child into foster care, and the courts could allow you only very limited supervised contact with your child again, if at all.

There is no evidence that you have caused the child's illness. Often the children at risk are very sick but a parent may have challenged a doctor's medical treatment.

Such a scene is happening in a number of countries, including Australia, Germany, New Zealand, UK and the US. In some cases it is happening without evidence, driven by the speculative, circumstantial and prejudicial, much the same way as the witch hunts of old. It follows on from the munchausen syndrome by proxy (MSBP) theory introduced by British pediatrician, Professor Sir Roy Meadow (*Lancet* in 1977), also known as “factitious illness,” “pediatric falsification disorder” and similar terms.

2004 Michael Nott - Living Now Magazine - Mothers Accused by Over-Zealous Child Protection. <http://www.pnc.com.au/~heleneli/links.htm>

Introduction

What is munchausen syndrome by proxy?

Munchausen syndrome by proxy (MSBP) is a “diagnosis” used to describe an individual who purportedly induces or exaggerates illness in a child to gain attention from the medical profession. MSBP generally involves a mother deliberately making her child sick. The term was coined by British doctor Sir Roy Meadow in the *Lancet* medical journal in 1977 to describe parents, usually mothers, who harm their children in a medical context. The two cases in this original paper were merely a collection of notes and did not appear to have any scientifically-based research to underpin Sir Roy’s proposition. Many of Sir Roy’s articles on MSBP have been published in the journal he himself edited, the *Archives of Disease in Childhood*. A munchausen syndrome by proxy diagnosis lacks scientific validity. It is not a definitive category in the authoritative *DSM IV* (1994), only appearing in the appendix. Parents and professionals should be aware that there are many similar labels to MSBP, which include the following: somatisation disorder, abnormal illness behaviour, folie a deux, pervasive refusal syndrome, hysteria, and factitious illness. Often the MSBP label will be combined with other labels. For example, a mother may be accused of both MSBP and shaken baby syndrome. It is a recent and extremely controversial diagnosis (Allison and Roberts, 1998). Despite its highly controversial nature, MSBP is being used extensively in the medical profession, by social services, and in court.

Helen Hayward-Brown

Helen Hayward-Brown - Bio

Based in Australia, I completed my doctoral research in the social sciences (interdisciplinary: sociology, anthropology, psychology) on the subject of false accusations of munchausen syndrome by proxy (MSBP). Accusations of MSBP have increased in the last ten years and many mothers are being falsely accused. Many of these accusations may occur after mothers make complaints about treatment, when children suffer side-effects from drugs, or when ex-husbands are accused of sexually abusing their children. Common patterns in these cases are fabrication of evidence against mothers, the tampering of files, inaccurate files or mixing of files with other children, and bad faith allegations following parental complaints.

1999 Helen Hayward-Brown - False and Highly Questionable Allegations of Munchausen Syndrome by Proxy. <http://www.pnc.com.au/~heleneli/paper.htm>

Introduction

I am a medical anthropologist and my doctoral research is concerned with the experiences of parents of children with chronic illness where there have been

difficulties with diagnosis. In the course of my work, I discovered that many of these parents had been accused of munchausen syndrome by proxy (MSBP). Briefly, MSBP purportedly involves a mother deliberately making her child sick. In other words, these mothers were blamed for their child's chronic illness. These MSBP allegations were later proven to be false, appeared to be false, or at the very least were highly questionable. What then, does a "diagnosis" of MSBP actually mean? What processes are involved in a "diagnosis?" I shall present the experiences of these mothers who have been accused of MSBP, underlining the ramifications of these accusations for the families involved. Accusations follow a "pathway of suspicion" or may result from confusion over medical management. In both cases, there is apparent "certainty" on the part of professionals about the diagnosis. I shall question this medical certainty and the scientific validity of MSBP, and in doing so, consider what a "false" diagnosis may actually mean. Underlining my discussion is a sub-theme - the social construction of the MSBP diagnosis by medical culture. Is MSBP a fabrication itself? Perhaps we should consider why the diagnosis of MSBP has arisen in this context of chronic illness and why women, rather than men, have been accused. Once accused, how and why do women resist their diagnosis? What happens to these women? The strength of these women's resistance is a primary focus of my paper. I hope to show that a "false diagnosis" of MSBP should be avoided at all costs.

2004 Helen Hayward-Brown - Munchausen Syndrome by Proxy (MSBP). Some medical-legal issues. <http://www.pnc.com.au/~heleneli/links.htm>

Introduction

The integrity of expert medical evidence concerning MSBP has been seriously questioned by recent developments in the United Kingdom and Australia. Cases leading to convictions on the basis of this evidence are under review in the UK and serious infringements of human rights in relation to this "diagnosis" in civil and criminal cases have been revealed. This article explores some of these problematic issues and alerts readers to the substantial risks of wrongful removal of children from families or the imprisonment of innocent parents.

Earl Howe

UK Parliamentary Under-Secretary (Department of Health) 2010

2004 Earl Howe

<http://www.publications.parliament.uk/pa/ld200304/ldhansrd/vo040302/text/40302-03.htm>

First Section

Health and Child Protection in NSW Heading for a Crisis

Child protection in New South Wales will face turmoil as the impact of a crisis surrounding child abuse services in England hits Australia, according to an influential British parliamentarian.

The UK's shadow health minister in the House of Lords, Earl Howe, said his country's child protection system was failing with its use of highly questionable and doubtful practices and with the originator of some child protection theories under intense government scrutiny and official investigation.

Those theories, Earl Howe said, were used across the world, so the impact would be felt in New South Wales, along with many other areas.

In England, Earl Howe has been a strong advocate against the child abuse theories of eminent UK paediatrician, Professor Sir Roy Meadow, and he believes that people and authorities in other countries should also be aware of the problems surrounding Professor Meadow and his theories.

Section 15

Specialist Experts, Consultants and Lawyers

OMSJ Office of Medical and Scientific Justice

List of Attorney's provided

<http://www.omsj.org/contact-us>

OMSJ Services

Children, parents and others subjected to criminal, civil or administrative action used to enforce health department compliance (i.e. pharmaceutical, chemo, vaccine schedule etc.).

Criminal, civil and UCMJ (military) defendants charged with violations of health-related laws (i.e. [criminal HIV cases](#))

Parents of vaccine-injured children who are accused of “child abuse” or murder (i.e. “shaken baby syndrome”)

Researchers, doctors, students and academics who become aware of ethical conflicts or corruption within research centers, universities, hospitals and the pharmaceutical industry

Members of medical and scientific non-government organizations (NGOs)
OMSJ conducts due diligence investigations for donors who fund research grants and gifts

SBS Defense.com

Second Chair Services
Jury/Trial Consultation
Toni M. Blake JD, MA
P.O. Box 933
El Cajon CA, 92020
Phone (619) 234-TONI (8664)
Fax (800) 580-9068

http://www.2ndchairservices.com/sbsdefense/?page_id=197

Shaken Baby Syndrome Defense

Under current reporting laws, when a child shows up to an emergency room with subdural hematomas and retinal hemorrhages there is an immediate referral to

child protective services and a default diagnosis of Non-accidental Trauma (NAT) or Shaken Baby Syndrome (SBS).

If there are multiple witnesses, or one disinterested witness, the caregiver is not likely to be charged. If the history given at the hospital is that of a motor vehicle accident or a high fall, the case is unlikely to be charged. However, if the parent reports a short fall or some other event less likely to result in death, the case is quick to be charged as a “shaken baby case” and the child is not screened further for precipitating or contributing factors.

When looked at through the SBS lens, doctors see what may be precipitating or contributing factors (such as an old subdural, thrombotic disorder, or a tendency to bruise easy) as evidence of prior abuse. In actuality, these may be indicators of systemic problems or red flags for high-risk babies. The problem is, diagnosing in this manner allows these cases to be charged based on statistical probabilities: cases that are improbable are deemed child abuse.

Though it is less likely than other scenarios, and agreeably not the norm, children do sometimes die from falls of less than six feet. Therefore, to charge someone for child abuse, simply because it is a statistically improbable scenario or lacks corroboration, is a great misuse of probabilities to allocate justice. Charging these cases in this way, obscures the constitutional requirement of proof beyond a reasonable doubt and relies on the “reasonable suspicion” standards set for doctors by mandatory reporting laws.

One of the most frustrating things about defending a childhood head trauma case is that the theories on non-accidental head injuries have been developed in the void of any reliable scientific data. On one side of the controversy sit pediatricians and child abuse experts who were trained that babies do not suffer the degree of neurological damage seen in these cases, without force commensurate with that of a 2-3 story fall or a 35 mph unrestrained auto accident. On the other side of the debate are biomechanics experts, ophthalmologists, neuro-pathologists, neurosurgeons, neurologists and forensic pathologists who say some children can and do suffer these types of injuries from accidental traumas, short falls or systemic disorders.

Are there really more children who suffer abuse by violent shaking, or are there underlying illnesses or other possible explanations for the infant’s injuries and/or death?

Our goal is to provide the defense attorney, medical expert, concerned family member or the falsely accused with a user-friendly look at the diagnosis and prosecution of cases involving allegations of Shaken Baby Syndrome. We have provided a tutorial on childhood head trauma, with glossaries and references to some of the best articles for fighting fiction with fact. We have now consulted on over 500 cases charged as “Shaken Baby Syndrome” (also called non-accidental trauma, abusive head trauma, and non-accidental head injury). It is our wish to disseminate information that will dispel some of the myths about childhood head trauma and to help to further accurate medical diagnosis and testimony in these cases.

Shaken Baby Syndrome Defense Attorney - Mark Freeman

<http://shakenbabydefense.com/>

Pennsylvania and New Jersey-consults in other states Mark is licensed to practice law in Pennsylvania and New Jersey and consults with local attorneys in other states.

Email Mark at mark@markdfreemanlaw.com
or call Mark at: 1-800-580-0084

Defending the Innocent

Since that first case, Mark has vigorously defended innocent parents of false charges of child abuse, regained custody of children for innocent parents and has defended innocent parents of criminal charges. Mark is now pursuing civil rights lawsuits in cases where false accusations of child abuse resulted in the violation of parents' civil rights.

Zachary Bravos

**Zachary Bravos
Law Offices**

Illinois

List of Attorneys

<http://lawbravos.com/attorneyprofiles.php>

<http://lawbravos.com/>

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Defending The Innocent

Much of what I say here may run counter to traditional legal advice and perhaps what many other attorneys may believe. That does not concern me. What does concern me is that I explain to you how and why I practice law that way that I do.

The practice of law is an honor and a privilege and never more so than when defending the innocent. The State can bring to bear has all of its resources: law enforcement, investigators, expert witnesses, laboratories, testing, and unlimited funds. The accused has only their lawyer and those professionals daring enough to be aligned with him or her.

Defending the innocent carries special responsibility. Our legal system is essentially a truth-seeking device. When it fails to find the truth, when it wrongly assesses the innocent as guilty, it fails of its essential purpose and the entire system suffers. For the individual the consequences are devastating: possible loss of liberty, loss of family, social stigma, and life-long emotional suffering.

I believe that the truth is at once your strongest shield and your sharpest sword. I believe innocent persons should act like innocent persons. Innocent persons do

everything they can to demonstrate their innocence. For this reason, in the appropriate circumstances, I often agree to submit my clients to polygraphs and interviews with law enforcement. I encourage cooperation with investigators and again, when appropriate, encourage them to testify in their own defense.

Defending the innocent is fraught with pitfalls and knowing when and how to take these actions requires deep understanding of how those involved in the investigation and prosecution of offenses think, operate, and view the world. My understanding has developed over 30 years of experience in defending those whom I believe were falsely accused.

Michael Nott LLB

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[Child abuse and neglect](#), [Child protection](#), [Msbp \(Law\)](#), [Lawyers weekly article msbp cot death theory](#), [Justice out of balance](#), [Munchausen Syndrome by Proxy](#), and [Sociology](#)

About:

Michael Nott is a lawyer and is an advocate for mothers falsely accused of munchausen syndrome (factitious illness) by proxy and the cot death theory. He has a Bachelor of Laws degree (LLB)(Macquarie University), Graduate Diploma in Legal Practice (Australian National University) and Graduate Diploma of Applied Social Sciences: Adult Education (University of Western Sydney). He can be contacted by email at: michaeljnott@yahoo.com.au

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The Innocence Project - About Us: Other Projects

<http://www.innocenceproject.org>

The Innocence Project is a national litigation and public policy organization dedicated to exonerating wrongfully convicted individuals through DNA testing and reforming the criminal justice system to prevent future injustice.

Cooley Innocence Project - Thomas M. Cooley Law School

http://www.cooley.edu/clinics/innocence_project.html

The Cooley Innocence Project is part of the Innocence Network, which has been credited with the release of over 100 wrongfully accused prisoners mainly through the use of DNA testing. In its short life, the Cooley Innocence Project has already assisted one innocent man, Kenneth Wyniemko, prove his innocence, which led to his released after spending nine years in prison after being wrongfully convicted. As Innocence Project Interns, students review case files, screen applications, investigate facts, conduct interviews, and analyze cases. Students also assist assigned attorneys with research and pleadings for post-conviction proceedings.

Innocence Projects Worldwide

This is not a comprehensive list

<http://www.innocenceproject.org/about/Other-Projects.php>

Section 16

Support Groups For Falsely Accused Parents and Interested Professionals

Justice for Families <http://www.justice-for-families.org.uk/>

Angela Cannings Foundation <http://www.southwilts.com/site/Angela-Cannings-Foundation/index.htm>

FASSIT Families and Social Services Information Team <http://www.fassit.co.uk/>

Justice 4 Fathers <http://www.fathers-4-justice.org/>

Five Percenters <http://www.sbs5.dircon.co.uk/>

Parents, Professionals and Politicians Protecting Children
<https://www.facebook.com/PPPC.UK>

Medical Misdiagnosis <http://medicalmisdiagnosisresearch.wordpress.com/>

Parents Injustice Group Skegness
<https://www.facebook.com/parentsinjustice>

Section 17

Added Papers

20`12- Keith A. Findley, Patrick D. Barnes, David A. Moran, and Waney Squier - SHAKEN BABY SYNDROME, ABUSIVE HEAD TRAUMA, AND ACTUAL INNOCENCE: GETTING IT RIGHT

Introduction

In the past decade, the existence of shaken baby syndrome (SBS) has been called into serious question by biomechanical studies, the medical and legal literature, and the media. As a result of these questions, SBS has been renamed abusive head trauma (AHT). This is, however, primarily a terminological shift: like SBS, AHT refers to the two-part hypothesis that one can reliably diagnose shaking or abuse from three internal findings (subdural hemorrhage, retinal hemorrhage, and encephalopathy) and that one can identify the perpetrator based on the onset of symptoms. Over the past decade, we have learned that this hypothesis fits poorly with the anatomy and physiology of the infant brain, that there are many natural and accidental causes for these findings, and that the onset of symptoms does not reliably indicate timing.

http://www.researchgate.net/publication/255854871_Shaken_Baby_Syndrome_Abusive_Head_Trauma_and_Actual_Innocence_Getting_It_Right

2007 - S K Gibran, N Kenawy, D Wong, and P Hiscott - Changes in the retinal inner limiting membrane associated with Valsalva retinopathy

Introduction

Valsalva retinopathy was first described in 1972 by Thomas Duane as “a particular form of retinopathy, pre - retinal and haemorrhagic in nature, secondary to a sudden increase in intrathoracic pressure.” Incompetent or no valves in the venous system of head and neck allow direct transmission of intrathoracic or intra - abdominal pressure into the head and neck. Sudden elevation of venous pressure may cause a decompensation in the retinal capillary bed, with subinternal limiting membrane haemorrhages (Hg) that rarely may break through and become subhyloid or intravitreal 1. We report the histological findings of internal limiting membrane (ILM) peel in a case of Valsalva retinopathy.

[Changes in the retinal inner limiting membrane associated with Valsalva retinopathy](#)

Section 18

Links to Other Important Information

Date Unknown - Archie Kalokerines M.D. - Shaken Babies

<http://www.freeyurko.bizland.com/kaloksb1.html>

Date Unknown - Mohamed Ali Al-Bayati - Analysis of Causes That Led to the Bleedings in the Subdural Spaces and Other Tissues in Baby Alan Ream Yurko's Case. <http://www.freeyurko.bizland.com/albayatihep.html>

Date Unknown – Mohamed Ali Al-Bayati – Shaken Baby Syndrome or Medical Malpractice <http://www.freeyurko.bizland.com/albayatisum.html>

Date Unknown - F. Edward Yazbak MD - Multiple Vaccinations And the Shaken Baby Syndrome http://www.whale.to/vaccine/yazbak_sbs1.html

2010 - Patrick D. Barnes, MD, John Galaznik, MD, Horace Gardner, MD, and Mark Shuman, MD Infant Acute Life-Threatening Event—Dysphagic Choking Versus Nonaccidental Injury

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCUQFjAA&url=http%3A%2F%2Fwww.courts.ca.gov%2Fdocuments%2FDysphagicChoking_Resembles_SBS.pdf&ei=Q9k3VIvZINf7avyvgeAP&usg=AFQjCNEhUkVKBMEGgvVq2N9yhR-i611XjA&sig2=FG8z0DyDD

2009 - Roger H. Kelly and Zachary M. Bravos A Critical Look at the Shaken Baby Syndrome http://www.lawbravos.com/PDFs/shaken_baby.pdf