A Special Interview with Dr. Edward Yazbak
Vitamin Deficiencies Misdiagnosed as Shaken Baby Syndrome

By Dr. Mercola

DM: Dr. Joseph Mercola, DO
DY: Dr. Edward Yazbak, MD

Introduction:

DM: Welcome everyone, this is Dr. Mercola. I’m just delighted to have with us today a
real pioneer and advocate for child safety, in an area that many of you probably are,
similar to me, and we’re not aware that there is a tremendous amount of injustice going
on and that is these cases of shaken baby syndrome.

Dr. Yazbak has been a real advocate for people who are really victims of the whole
legal system. It’s just a tremendous unbelievable travesty that you’ll hear about shortly.
I’ll let Dr. Yazbak really describe that whole process because he’s really an expert.

He’s a pediatrician. He’s been retired for 10 years. He’s really committed the rest of his
life to helping these individuals in tragic circumstances.

Welcome Dr. Yazbak.

DY: Thank you sir. Thank you for having me.

DM: I really appreciate all that you’re doing. Can you enlighten us a little bit about the
problem and describe some of the tragic injustices that are occurring to these victims of
the culture and these legislations would essentially allow -- which are well intentioned,
but allow just a really devastating manipulation of the system to really steal babies and
children from parents who violated no rules or laws.

DY: Indeed. If we can look actually at our first slide, this is a nice picture of what we
perceive as a shaken baby syndrome. It’s an inverted pyramid. The point of the pyramid
is down, the base is up. Therefore it’s not a stable situation.

Evidence for shaken baby syndrome as per Dr. Donahue who really made that
statement is analogous to this inverted pyramid with a very small database, most of it
poor quality, original research, retrospective in nature and without control groups and
spreading to a broad body of somewhat divergent opinion. Exactly like this inverted
pyramid.

Your next slide is a game that we all know, it’s the musical chairs. Those kids are so
happy to play musical chairs. The last one will win but I can assure you that in the game
of shaken baby syndrome the last one with the infant, at the time when the infant
collapses is guilty until proven innocent. That may take a long time, a lot of effort, certainly all their money to try to prove them innocent at the end of the line if we are lucky.

**DM:** Which is just beyond reprehensible because that is a complete perversion of the justice system in the United States. That’s the way it is I believe in England where you’re guilty until proven innocent. But in the United States, you’re supposed to be innocent until proven guilty.

**DY:** Absolutely so. The added insult to the injury is that if anybody says the word shaken baby syndrome then no one after that dares to say it is not even in their own hospital or their colleagues. Because they are afraid that if they said it is not and indeed it was, then that baby will be returned to the parents. The parents then are still in a difficult situation because whoever is accused is not going to be let go because there is that little possibility which is all against everything we do in medicine as we’ll talk later on.

Anyway, the experts on both sides -- both our sides and our opponent’s side agree that injuring or killing a child is a terrible crime and that failure to recognize child abuse is tragic. I mean, there is no question, we both agree. We don’t want children to be hurt.

**DM:** No one does unless you’re a lunatic. Children need to be protected.

**DY:** Absolutely. But those of us who are doing the defense work also believe in addition to those two things, we also believe that an erroneous diagnosis, the wrong diagnosis of shaken baby syndrome is just as tragic as missing it. We cannot really go ahead putting innocent people in jail or have them investigated or take their babies away until we are sure that the diagnosis is right.

In the next slide is a little note that I received from one of those parents, the father of triplets. Thank God, we were successful in this situation to prove that indeed he had not injured the child and that the findings were totally due to biomedical reasons.

He says at times it was like we were heading down a very dark tunnel without any light at the end of it. No one other than our families ever listened to us and we were hampered by social services as though we were animals guilty from the start. He goes on to say that once we manage to pick ourselves up and start fighting back, we realized that we are one couple among many who have been wrongly accused.

And he ended with a nice sentence that, you are in our prayers. That was just so touching for me to receive it. Anyway, thank God this was one of my happy ending stories.

The next slide is just how this whole syndrome, the shaken baby syndrome was created. You can see that in 1946, Dr. Caffey wrote about multiple fractures and chronic subdurals and then Dr. Kempe talked about the battered child syndrome in 1962.
And then for the first time in 1971 Dr. Goodrich said that infantile subdural hematoma in relationship to whiplash injuries. And then Dr. Caffey wrote two big papers in 1972 and 1974. Now we had this evidence that there was a whiplash and children when they got a whiplash somehow had subdursals and retinals and so on.

In 1984, for the very first time, Drs. Ludwig and Warman wrote a paper in which they actually used the term shaken baby syndrome.

In the next slide, you’ll see that in 1998, at the height of this so-called epidemic, they are starting to waver. Now, they are saying that the term shaken baby syndrome and shaken infant syndrome, refer to the sign and symptoms as well as the clinical radiographic and sometimes autopsy findings resulting from violent shaking.

But then they add that because they are afraid they just make it violent shaking, they said that it is possible that also there is some impacting.

Our own academy of pediatrics we have obviously a very active and very good committee on child abuse and we support what they do when they are reasonable in their recommendation.

DM: That brings up a point I may have neglected to mention on the introduction that you are a board-certified pediatrician.

DY: I am sir. I have been a member of the Academy of Pediatrics since 1963 when I passed my board. I am probably older than most pediatricians who are still active in this venue. Certainly, we’ve had enough experience for the last 12 years to look at this problem inside out and although I did not -- we do have a training program in child abuse these days. We’ll have more experts on child abuse as time goes by.

The Committee on Child Abuse, in 2001, typically states that the shaken baby syndrome is a serious and clearly definable form of child abuse. Now, in 2009, just last year, they were wavering a little bit. They were saying in 2001 that was due to extreme rotational cranial acceleration due to violent shaking or shaking impacting.

In 2009, they say that now we know much more and we understand that there is a clinical spectrum of injury and that it compels us to modify our terminology. So now we don’t want to call it shaken baby syndrome. And then the stanza says it would be important is that although shaking an infant has the potential to cause neurological injury.

We were so sure it was shaking since 1972 but actually still sure in 2001 with the previous committee meeting and committee pronouncement. And yet now in 2009, we are saying that shaking has the potential (indiscernible 9:34) because now it caused the neurological injury.
Because of all of these new things, now we have decided that we are going to change the name and call it abusive head trauma instead of shaken baby syndrome. But as you well know, no one really has stopped calling it shaken baby syndrome.

Next slide is one of our better studies actually that was done. Whenever I see a study that’s titled - A Population Based Study, I get worried because I want to know what population. Indeed you would think that this was a United States population but it’s actually a study that lasted two years in a medical center in North Carolina with a total of 80 cases that were seen over the two years.

They enumerated several things but from those numbers they projected a national incidence of 1300 of shaken baby syndrome. They also said that boys were more likely to get affected injuries than girls.

They looked at risks and in their risks, they mentioned four that I should enumerate. One is that there is increased risk in non-European American children. There is increased risk in families having a parent in the military.

Now, it’s interesting because obviously this being in North Carolina, there is a higher incidence, there is a higher percentage of African-Americans people living in North Carolina. There is certainly a higher military presence there. North Carolina has the second highest military presence after Virginia. There are eight or nine big bases and so there are a lot of military people.

So for us to call this a population-based study and generalize and then add this added (indiscernible 11:38) would make us wonder -- it is not a fair statement per se. It should have been repeatedly said that this is only in this particular group because we certainly do not see that there is any higher incidence or experience at least for all of us who are seeing patients around the country.

Born to younger mothers who are -- I don’t think that 21-year-old mothers are young. I think that’s a good age to have a baby. Maybe there is little difference there. The only one I agree with and certainly there seem to be an increase in multiple births. So twins and triplets have a “higher incidence.”

You can think that people abuse them more but obviously it makes much more sense to say that there is something intrinsically wrong with the baby that makes it more sensitive to diseases, to vaccinations, and to other things if he is a twin or a triplet.

Anyway, as we know, a twin pregnancy is an abnormal pregnancy per se. It’s a higher risk just from being a twin pregnancy or a triplet pregnancy. So it’s not unusual if they have so many injuries during the pregnancy to have also some problems after they are born or at the time that they are born or shortly after they are born when they receive -- either when they are sick or when they receive medication.
As I mentioned before, they did see that the boys were more inflicted, had a higher incidence than girls. That’s interesting because we had several other syndromes like this one popped up in the middle of the last century that have boys more involved than girls. Of which obviously autism is the most important one. We have many more boys with autistic disorders than girls.

The other one is sudden infant death syndrome. Just preparing for this talk, I looked at the vaccine adverse events reporting systems including this month actually, comparing boys to girls. We had 708 boys compared to 491 girls so there is the preponderance of boys who suddenly “decide to die suddenly” with sudden infant death syndrome which again is another disease where everybody refuses to say that it’s at all in any way related to vaccination.

The next slide -- as of December 10, this was an article on December 10 that quoted a reference. It’s December 10 of this year. The estimate is between 1000 and 1500 infants and almost 2000 children would die from abuse or neglect each year. Of those 2000 who die, 10 or 12 percent die from shaken baby syndrome, intimating that we have, as I said, a minimum of 200 children (10% of 2000) who die of shaken baby syndrome.

I don’t know how they get these numbers because as you know, every time a baby dies of shaken baby syndrome, it makes the news, it makes the national news, it makes the wire services. So to say that there are 200 -- I don’t know, I cannot believe it. I don’t believe it but it’s possible. But it’s hard to believe.

There is no time and no place where you see more misinformation about this subject of shaken baby syndrome except maybe autism -- another interest of mine.

An article appeared in a newspaper on December 19, 2010, so just a few days ago. It said that a pediatric neurosurgeon, doctor so and so sees about 50 babies a month if not more who show the signs of shaken baby syndrome. He said that it’s rare that the case has turned out to be something else.

I just could not believe the story so I wrote to the reporter. I said, “Did you actually ask this doctor yourself and did he actually say that?” He said, “Yes, he did.” I said, “Thank you very much.” That would be a good start for Dr. Mercola because it’s just absolutely incredible. Because if they had seen 50 cases a month, and he’s seeing 600 a year which is half of the number of the whole United States. This young man alone is seeing half of the cases of the whole United States which does not make much sense as you can imagine.

We have always known that shaken baby syndrome as being a triad of three symptoms; retinal hemorrhages, subdural hematoma of one kind or another, and cerebral edema. The supporters of the syndrome will tell you that this presence of this combination is characteristic of shaken baby syndrome, and that other causes of this particular combination are remote.
We humbly say that the fact that those three findings may be associated with whatever they call now as acute head trauma. They are certainly not pathognomonic because you can certainly find retinal hemorrhage -- we will talk later in many other situations, subdural and other situations.

**DM:** We have a large number of viewers who aren’t medical professionals. Pathognomonic is a term that we use in medicine to mean, specifically diagnostic, in other words, anytime you see this, it’s going to only mean this condition. Many may not realize the meaning of that term.

**DY:** Yes, indeed. What do we think is pathognomonic? What do I think is pathognomonic of inflicted injury? Stab wounds -- somebody who stabs somebody else 27 times. That is an intentional injury. That is a stab wound. Certain burns. Certainly, if we see cigarette burns on a baby. You want to suspect abuse by all means. Spinal fractures of lower bones. Depressed skull fractures like the mark of whatever the object that was used and intentional drowning, smothering, and strangulation. Otherwise, you cannot really say that these are absolutely sure of abuse until you have ruled out any other possibility.

What is the alleged scenario? This is important because it is this business that they claim that all of these mothers that we have that we know that have all kinds of, you know, little babies who are crying that they lose their mind when the baby cries a lot. They want to convince us -- and having practiced pediatrics for 34 years, I can tell you that most parents expect the babies to cry. As a matter of fact, babies are supposed to cry.

As a pediatrician, I am worried when a baby is not active and crying. I tell you there is nothing that worries me more than looking at a brand new baby and then to see him extremely quiet and doing nothing. You want him to be active and playful and sometimes crying.

People know that they cry. They hold them up. They soothe them. They walk with them. Maybe they breastfeed them and they quiet down. To think that this is the trigger of a crime when the baby cries, is inconsolable, is kind of (indiscernible 20:23) dreaming of a situation just to create a disease.

The next thing in that alleged scenario is that the people who are pushing the disease are saying that the time of shaking varies usually ranging from around five seconds to 15 or 20 seconds which means that if you shake the baby for five seconds like this, you are actually able to kill that child, and 15 to 20 seconds.

Obviously, I’m not recommending shaking the baby at all not even once but it just seems to be so difficult for me to think that in five seconds, any person can shake baby enough to kill it. If it is possible then we have to rule out all other conditions before we say that a crime has been committed.
The last thing is that the number of shakes. They say that the number of shakes could range from two to four per second so just two per second and for five seconds. Not that I think that it’s a good idea.

It’s a fact that for over 500 years, babies have been dropped from a temple roof in western India and purposely allowed to bounce from the roof to the ground to bounce on a tight sheet held by worshippers in order to bring them good health and good luck. There are several videos of this ritual. The babies cry and the parents and the people who do the throwing believe that it helps the baby somehow.

As I said, it’s a horrible habit. I certainly don’t want anybody throwing babies from a rooftop but it is a fact that those people do it. They say that for over 500 years, they have never had an injury although this baby comes at a fast speed and jumps several times and bounces off that sheet several times before it stops and then people carry him and pass him to everybody else.

In the United States, our child protection experts say that -- not only they say but they are convinced that babies and small children can be hurt or even killed from being shaken or just slammed against the crib mattress. The father is mad and he throws the baby on the crib mattress and that is enough to create severe internal injury inside the head and brain swelling and death.

I respectfully said parents have dropped babies from their hand on a crib as they’re coming to change them thousands of times and nothing has happened to the babies. Again, it’s a question of what do you want to say and what you want to believe in this situation.

We come back to this original statement that we decided together that this diagnosis of shaken baby syndrome is and must remain a diagnosis by exclusion. Once the baby is safe in the custody of the medical staff in the hospital, we have just to take it easy, take a deep breath and start looking at every possible cause for his symptoms. Because as I said, the first few days of shaken baby syndrome, no one is going to be able to come afterwards and say, it is not -- don’t believe it, it’s not.

We have to really find every cause for the subdural and rule it out, every cause for the retinal hemorrhage and rule it out, and the frontal brain swelling and rule it out. It’s very rarely done. I have looked at all of these cases we have reviewed, very rarely that we really find a decent, complete and thorough differential diagnosis that is entertained and ruled one (indiscernible 24:46).

Some studies from England have helped us out. The very first one by Dr. Geddes and Dr. Whitwell in the next slide in which she relates that a lot of the severe encephalopathy, a lot of it is due to hypoxic brain damage and not accurate to diffuse a traumatic axonal injury, that the actions of the nerve cell separate and are broken.
As we see for example in a severe car accident or in a serious -- you know, somebody who hits a cement pillar or a tree and hits his head and gets terribly injured. He gets real axonal injury. When we look in the microscope we see the rapture of the axons.

She believes that her findings in 53 fatal cases that probably the main mechanism was hypoxia, lack of oxygen. She published this and had a lot of resistance particularly from our side. We actually had a hundred doctors from here who wrote a letter to the editor saying that she was wrong. One hundred American doctors said that this was not accurate and that possibility is not acceptable.

The next study was by a Dr. Cohen and Dr. Scheinberg -- let me just back to one more, by Dr. Squier and Mack, again from England. They said that the forces required to cause sudden subdural hemorrhage are far greater than those that you can obtain by shaking a dummy. So nobody can shake a dummy, according to them, enough to cause a subdural hemorrhage, a very important thing. These are serious researchers.

DM: That would seem essential to the diagnosis. If you cannot induce this, if the experts are saying you cannot cause this by any amount of shaking, I mean, it seems like it would invalidate the whole diagnosis.

DY: This is serious. So many of us here have been saying the same thing except that Squier and Mack really did it in a better way, in a much more accurate way. And then she said that the impact generates more. The impact generates enough to hurt the baby. So now we really slam the baby against the wall at full speed then we definitely would be causing damage. But to think that simply shaking alone, she said, it's hard to believe that it causes the subdural hemorrhage.

The important thing that she also said that if a baby is injured with enough strength to cause a subdural hemorrhage from all this shaking of the neck, the head over the neck, that the neck has to be injured. The neck structures have to be injured and the cervical spinal cord to be injured. They rarely see this. I have yet -- in all the cases that I have seen -- to see one positive neck x-ray or neck CT scan or findings of neck injuries in all of these babies where the parents are indeed awaiting trial because "they shoot them to death."

We certainly have American researchers, Dr. Van Dyke and others who have done research also on the neck and have also said the same thing. That you really need to have distinguished and clear injuries to the neck structures, if you're going to have a huge person exert so much power as to cause all of these injuries inside of the head of a little infant.

Dr. Cohen and Scheinberg, also in 2009, did an even nicer study. They did not look at children who had been abused. They looked at infants who had been asphyxiated fetus or newborns and looked at what they found. What they found was exactly the finding that we find in the shaken baby syndrome.
This is why we mentioned this study because they found that the bleeding is actually not under the dura that when the baby bleeds from the skull, the bridging veins break and bleed. So the bleeding is not actually subdural, under the dura mater, but is actually intradural - inside the dura.

If we believe, if they are right, and there is every reason to believe they are right because they see it under the microscope -- while those of us who say that it is subdural think -- you know, a radiologist thinks it’s subdural but these people are looking under the microscope.

If they think it’s intradural then it takes away this whole shaking thing because it takes away the theory of the bridging veins. It just throws it right out of the equation because if it is inside the dura then it’s not the question of the brain separating from the dura. So it is subdural.

They also described it in (indiscernible 30:52) in the fold of dura that’s between the two hemispheres where they always have found the bleeding. It’s very important to know this because indeed this is where we see most of these kids that we see as our problem. They have bleeding inside the (indiscernible 31:07). They say it’s easy to understand why this happens there because there are two plexuses of venous blood in there that are easy to absorb that are inside this dural fold.

These two researchers also agreed that all of this was due essentially in those kids who where asphyxiated, a hypoxic phenomena; a hypoxic ischemic phenomenon. There is lack of blood and lack of oxygen causing an encephalopathy in those brain damaged children that we know are born like this with so-called neonatal asphyxia.

The findings look so much like our findings although obviously there are those children were not shaken. This is normal either in fetuses or normal babies. They were not shaken so this is not in the equation. Nobody has shaken those babies but they have the same findings. So that’s an interesting thing.

Our standard description here in the United States subdural hemorrhage is most commonly seen over the hemisphere which is indeed it is there often. But even we say, even our own people say that the earliest subdural blood is seen extending into the posterior interhemispheric tissue. So it’s important to see that it puts it an interhemispheric tissue.

It’s also important to see that those people do not describe any bleeding inside the brain matter per se but from shaking. When you look at all the description that we have had, they don’t talk about it. You will see later on of the cases that I will present is that some of these kids have had intracerebral bleeding inside the brain matter. Here it’s all the cover of the brain, the dura mater and as it goes into two fold, no matter if it is dural, subdural or intradural.
Now we'll just talk in the next slide about the retinal hemorrhages. In a sense the eye is part of the brain and venous blood returns from the retina through the central retinal vein inside the optic nerve field and ultimately drains into the cavernous sinus. Increased intracranial pressure and decreased or occluded retinal veins return will ultimately result in retinal hemorrhage.

So if the blood cannot come back through the veins out of the retina, if it gets stopped because there is increased pressure in the brain, increased obstruction of return of any way that will leak in the retina. So this (indiscernible 34:06) retinal bleeding. It's an easy thing. It doesn’t have to be shaken. You block the blood from coming back and from anything.

As a matter of fact, before 1972 when we invented the shaken baby syndrome when we found retinal hemorrhage it indicated for us to look very carefully and think of increased intracranial pressure. That was what we used to think before 1972, before we came up with this idea.

There are three important things I always tell people about retinal hemorrhage. Three things that are important; the first one is that the actual mechanism of the retinal hemorrhage and shaken baby syndrome is unknown. Nobody so far. (indiscernible 34:56) wrote about that in 1991 but many others have said how does it happen? You say that it’s due to shaking, how does it happen? Tell me the mechanism. Nobody seems to be able to offer us such a mechanism.

The second thing is that how many controlled studies have we done in which we have shaken the baby and found that the baby had retinal hemorrhages. Zero, not a single study has been done.

The third thing which is even more than that is that no one has ever witnessed a baby being shaken -- in other words, the baby did not have a retinal hemorrhage and who witnessed somebody the baby being shaken and then looking back and looking at a retinal hemorrhage has happened after the shaking. All of this is a theory that they present that retinal hemorrhages are due to shaking. But scientifically, there is no strong evidence that this actually happens with shaking.

Besides, when we really come and think about it is that if a baby is an infant seat in the car and he slams on the back at 50 mph and his neck injured and so on, he cannot get a retinal hemorrhage. He gets other injuries but he doesn’t get retinal hemorrhage, almost never.

We have also noticed that shaken animals, when animals have been shaken, we have been able to examine their eyes and they didn’t have retinal hemorrhage. So retinal hemorrhage can -- over the next slide, we’ll show you all the number of conditions that can cause retinal hemorrhages and there are many of them.
Now we come to our subject I think what you were interested to know. Michael Ennis is a pathologist, a brilliant man. He’s an Australian. He wrote a lot and had helped a lot of people. I know that he has helped all of these people for zero money over the years. He has helped a lot of people.

He wrote in the British Medical Journal, in a letter to the editor, that they will have successfully demolished my explanation if they can document a single case of shaken baby syndrome or inflicted shaken impact injury as they prefer to call it which occurs outside of the 21-day period after vaccination and in which a disorder of homeostasis, nutrition, or liver disease was convincingly excluded.

He said this in 2004 and no one to date has proven him wrong at least has told him, we have such a case. And then he adds with a lot of courage, the diagnosis of shaken baby syndrome is a proven figment of the imagination of some of the medical profession. It should be relegated to a scrap heap of history before it causes any more shame to the profession and disaster to innocent families. A wonderful statement from a wonderful man. As I said, he put the challenge out and nobody has really taken that challenge.

In the next slide, the very crucial past history is incomplete without a complete listing of all administrative vaccines with dates, manufacturer’s names and lot numbers. I can tell you that in 12 years, I have yet to see this done once. Not once did I see a complete record of vaccination, the name of the vaccine, the trade name so that all the manufacturer’s name so I know which vaccine we’re talking about. Like, instead of saying DTaP is to mention who made the vaccine.

By the way, the American Academy of Pediatrics requests this information on the form. They have to be answered and put the lot number. At least we can see if higher numbers are occurring in certain lots for certain areas and so on. The clinical record has to be complete for anybody who is going to make the diagnosis. They have to look at the whole record.

They cannot just walk in to a room as a rushed doctor with a stethoscope hanging on his neck thinking that he’s going to save the world by making a quick diagnosis without looking in a case where there is a suspicion of such exists. In a case where he has not looked at the mother’s obstetric record, her labor record, her delivery record and the baby’s delivery room record and nursery records. The baby’s office visits, emergency room visits, all the illnesses.

At the EMT and ambulance -- I get a lot of information from what the EMTs find on the way to the hospital and they are very astute observers. We actually had several cases where we have proved the people innocent just by relating to what the EMT had found or had stated in their original examination.

You have to look at all of these records and then you make a diagnosis. You cannot just walk in and just -- in addition, obviously when we review, we look at autopsy reports. We can find all kinds of things from pathology reports, lab reports, etc.
The other thing is that we like always -- when we review those cases to get those x-rays, to get the films and have them seen by an independent radiologist and an independent neuroradiologist. This business of just taking the word of whoever read it in the hospital, often residents who are in training and the x-rays have to be reread by their attending and signed by their attending.

We like to have an independent objective opinion from outside that hospital. Recent vaccinations -- is it the vaccination or is it an inflicted trauma? The fact is that a vaccine adverse event is rarely if ever considered in the differential diagnosis, never. If somebody can be vaccinated three days before or two days before, never mentioned as a possibility that something could be related to the vaccination.

The fact is that all our young doctors are much better trained in child abuse and in detecting child abuse and in treating child abuse than they are in (indiscernible 41:12). It's not an important part of the curriculum. We tell them how wonderful vaccines are but we don't tell them at all that what adverse events are important and why they are important. Why they occur and why we have to look for them. Why we have to consider them before we go blinded accusing people right and left.

The other thing is that as you know, as everybody should know adverse events to vaccines are rarely reported to the Vaccine Adverse Event Reporting System (VAERS) - - rarely. Even rarer than that is the reporting of a case suspected of shaken baby syndrome. Obviously, the moment they say shaken baby syndrome it means a bad parent, abuse, hurting the baby. It means it cannot be the vaccine even if the vaccine was given two days before.

How does the vaccine injury, how can it do it? Well, this is in the next slide and it's very well explained. I think it's that anything capable of producing sufficient hypoxic brain swelling; if the oxygen goes down and the brain swells, and that includes vaccines. It may apnea and respiratory arrest. Once we have apnea or respiratory arrest, we have more severe hypoxia and more severe anoxia. Then we have more brain swelling. It becomes a vicious cycle.

So the anoxia which is caused by the first effect on the brain increases the brain swelling which increases the problems. Once we have the brain swelling and raise the intracranial and central venous pressure, we have subdural, intradural, and retinal hemorrhages. It's easy to understand. I don't know why no one wants to consider it but it's easy to understand.

Now we do know that some vaccines cause apnea by themselves. We also know that some vaccines also cause decreased platelet counts, two of them particularly -- MMR and the hepatitis B vaccine. Added to this is that a lot of these children are sick or are just coming out of a sickness when they get vaccinated. That's what we usually find in the cases we review.
Now, sickness means that they have lost all their antioxidants. Their vitamin C is down very much, very much decreased. Vitamin C reserves are down. They get vaccinated which is another reason for them to need help by added vitamin C but they don't have it because their reserves are low. We have found out and we'll talk later that as vitamin C decreases in the serum, in the plasma, it increases the level of histamine and the blood increases. Obviously, increased blood histamine is a serious problem as we will show later.

The other thing that we should know is that those babies who are sick receive antibiotics in this country. We give a lot of antibiotics as you know. Once you give them antibiotics, you decrease the vitamin K that’s produced by the baby. The number of antibiotics we use is tremendous and whether in this particular baby the vitamin K goes down, the level goes down, we don’t know but it certainly happens often in very sick babies who have been on antibiotics that their vitamin K is depleted.

The next slide is about -- actually two slides -- about two big men. One is Dr. Kalokerinos, a Greek pioneer. Actually, he was named the Greek pioneer, Greek-Australian of the last century. He received the Australian Medal of Merit because when he looked at aborigines, many of those babies were vaccinated by the public health service and died shortly after vaccination.

In the early 70s, Dr. Kalokerinos thinking that it may be -- really have been convinced in his heart that this was due to vitamin C deficiency. Started giving them IV and IM -- intramuscular and intravenous vitamin C in large doses and literally stopped this whole thing. It all stopped. The kids survived. They got better. As I said, he received the Australian Medal of Merit.

DM: Was he in Australia or was he in Greece?

DY: He’s Australian. He’s a Greek Australian. He was in Australia. But he was of Greek decent so the Greek community had recognized him at that time but he is Australian and he is still actually in Australia. Quite a wonderful man. I met him at a case in Florida in 2004.

I asked him, I said, “You got all of this recognition...” He said, “Hold on.” I said, “Why? What do you mean hold on?” He said, “Well, how about the medical community?” He said, “The medical community received my -- looked at all my research and all that I have done and all the kids we had saved that actually were surviving and living with extreme hostility.” I said, “You are kidding me.” He said, “Absolutely. Up to now, nobody believes that this is doable. If you give vitamin C in large doses, it will help the baby and it will decrease the amount of reaction that those particular aborigines must have had some kind of a genetic predisposition to have trouble with their vaccinations.” He said, in this particular people it was like day and night. I had given the vitamin C, they got better. Their eyes opened up. They improved. He started giving it prophylactically and he saw some excellent results. A wonderful guy. He wrote four books. A very, very smart guy.
The next one in the next slide is Dr. Clements. Professor Clements is professor emeritus at Tulane University. Unfortunately, we lost him in 2006, he passed away. A wonderful guy who in the 80s found that -- he did research on histamine and ascorbic acid.

He is the fellow who found that when vitamin C goes down, the histamine in the blood goes up. As a matter of fact, it can go up enough to be called a malignant histaminemia. High amounts of histamine causing a lot of trouble. Dr. Clements wrote a three-volume monograph on vitamin C in 1989. He wrote several papers in late April starting 1999 including one that was published actually two months before he died. God Bless his soul.

The last one is about elevated blood histamines caused by vaccination. That the vaccinations add to the problem of the baby who already has previous problems or prior problems and therefore these particular babies do react rather violently to those vaccinations. But his last paper published, as I said just before he passed away, he looked at every case that Caffey, who discovered the syndrome. He reported several cases in that original paper.

Every case that he had reported had all the typical findings of the vitamin C deficiency. They had ear infections and pneumonias. They were getting sick. They were getting over things. He said that even that original paper that created the shaken baby syndrome, those babies were not in perfect health. They had associated problems. It was a really nifty paper.

We had all read this paper but it was Professor Clements who was smart enough to pick up the relationship and to write about it very nicely. He recommended that we all should look at it very seriously and test. It’s so easy to do a serum vitamin C or a blood histamine.

That Clements’ intelligent assumption is the when a declaration of shaken baby syndrome is based solely upon the findings of retinal petechiae and subdural hemorrhages, the assessment is an unfounded accusation that you could come in and you say just because the baby has subdural hemorrhage and retinal hemorrhages, he has shaken baby syndrome. It’s an accusation that it should not be a diagnosis per se. It’s very smart thing.

He said later on that I’m not opposed to vaccination but we know that mild, severe, and even fatal vaccine reactions do occur. It is unjustifiable then to accuse one of the parents or a caregiver of murder. The proper diagnosis is most likely a virulent variant of the 20th century.

The other vitamin apart from vitamin C, the other important vitamin is vitamin K. We know that vitamin K is low at birth and that when we started giving vitamin K to newborns, the neonatal form or early form of hemolytic disease of the newborn
disappear completely. But we also know that vitamin K levels go down at three months of age. Two to three months of age, they go down.

We have a lot of evidence. Of course one by (indiscernible 53:15) and by __ where they found intracranial hemorrhages and bleeding in the brain, active brain hemorrhages with retinal hemorrhages in kids who are deficient in vitamin K. We have a very excellent test which is the PIVKA II test (Proteins Induced by Vitamin K Absence II).

It is this specific test for the late hemolytic disease of the newborn. It can be used postmortem. So that even if the baby died, we can draw blood and do the test and prove that the baby was vitamin K deficient. A great help I would think if we could have it done.

Again, I have rarely if ever. I may have seen one. I have seen two cases in which actually PIVKA II test has been done that I reviewed to the best of my knowledge. I may have seen three but certainly the majority of cases -- and it’s so easy, you’re drawing all this blood and just look for vitamin K and see whether there is a deficiency or not by doing the PIVKA II test.

The next slide, we talked about what is the life-threatening event -- ALTE is an apparent life-threatening event. We use the term ALTE instead just because it is just shorter. Where the baby stops breathing, changes color, changes muscle tone, becomes flaccid or rigid, chokes, gags, or cough and then becomes unconscious -- very scary.

The next slide, I actually I borrowed from Dr. Ayoub is a study done in California which as you see by age “battered and neglected children” the higher incidence of the first four, five, six months in a group from 1996 to 1998 of California hospital discharges and death certificates on neglected cases. I respectfully suggest that it’s also this period of their age is the period that they receive vaccines.

The next slide, we’ll talk about three vaccines. One is what we call the 5 in 1 vaccine that was introduce in 2003. The second one is the Hib vaccine that we have used since 1988 and the third one is the pneumococcal vaccine seven valent which we have used since the year 2000. Most of the cases I have reviewed unfortunately had those three vaccines together received shortly before the baby crashed and was found to have subdural hemorrhage and retinal hemorrhage.

In preparation for this talk, I just looked at VAERS reports. The combination of those three vaccines, the 5 in 1, plus the Hib, plus the pneumococcus vaccine, this combination -- there were 94 death reports to VAERS -- of death occurring within one day of vaccination among infants that are six months old or younger.

Again, we cannot say this is a VAERS report. We cannot take any conclusion. We cannot say that the vaccine caused the deaths for sure. But it is a fact that 94 babies died and were reported to VAERS. Obviously, we don’t know how many died and were
not reported to VAERS because as I mentioned earlier, not everybody reports to VAERS.

**DM:** I think 90% of the cases are not reported to VAERS so you can probably multiply that number times 10.

**DY:** The majority are not reported too. The interesting thing among those 94 deaths that occurred again within one day of vaccination in infants six months old or younger is that 38 of those 94 were diagnosed as having sudden infant death syndrome (SIDS).

That is again another one of the subjects I'm interested in is that it is just hard to believe that we can completely ignore that fact that the kids have received seven antigens together in a very short period of time and died within one day. When I say one day it means that some of them died within two hours, some of them died within six hours. All of them died within 24 hours.

And to call them SIDS (sudden infant death syndrome) which is by definition the sudden death of a baby without any known cause, without any reason and without any findings but we do, 38 of them.

An interesting thing is that chapter 20 of the U.S. Code of Federal Regulations, according to the FDA, limits the amount of aluminum in biological products including vaccines to 0.85 mg per dose. I have researched this as much as I can and I don’t know how they got to this figure. There does not seem to be any valid studies that say that this dosage is wrong. It looks like this was an empiric amount that was chosen. I am unable, as I said, unable to find out how this decision came.

It may be right, it may be wrong but the fact is is that when you look at the aluminum salts in those three vaccines that we talked about, the 5 in 1 contains 850 mcg in addition to Polysorbate 80 which improves the absorption of all of these things and passing through the blood, through the blood brain barrier and absorption of all these stuff helps the vaccine work better by having it better absorbed.

So the 5 in 1 contains 850 mcg of aluminum salts. The Hib contains 25 mcg. The pneumococcal vaccine contains 125 mcg. A total of 1200 mcg of aluminum salts that are injected within seconds.

What did we know about aluminum in babies and mothers? We do know that women’s blood usually -- aluminum in a woman’s blood increases during pregnancy. The reference by the way is mentioned there, everything as (indiscernible 1:00:42). This is from Philadelphia review. It says that the aluminum in the blood of pregnant women increases during pregnancy. At delivery, the blood of full term infants contains more aluminum than the mothers. And the blood of premature infants has even more aluminum than that of full term infants.
In addition, the concentration of aluminum in the brain tissue are highest immediately after birth. The breast milk of mothers with premature infants contains more aluminum than that of mothers who carried their babies to term. All of this is just about the most orthodox mainstream reference possible about aluminum. An adjuvant that is added now to many vaccines. It seems to be added more since we have removed the mercury preservatives.

I'll just go and give you three clinical cases and we'll close by then. The first one is a case from the West Coast born 12/04. It's a boy. Very calm infant. He was very calm and placid. We have pictures. We have videos. The father is a very kind man. I had the pleasure to meet him when we went to testify in that case. The baby had several minor illnesses. He received the hepatitis B at birth on 02/11/2005. So he was two months old.

On his routine visit, they measured his head and his height and his weight. His head had increased. Later on when I looked at the numbers, there was definitely an increase in the head circumference but it went unnoticed. Somehow, they did not notice at the office. The baby received his first shot of the 5 in 1, the Hib and the pneumococcus vaccine.

He went home. He was okay. He seems to be doing okay. And then he came back on 04/11. Again, there was a relative increase with the head circumference. He was given the same set of vaccines. Six days later, he arrested.

The circumstances of his arrest was absolutely incredible to even think that there was a crime that happened or an injury because apparently that house had no doors in between the rooms. The aunt was sitting at the desk in the small living room or family room. She was on her telephone line getting her email. They did not have an internet connection so they used a telephone line for connection.

The father was seven or eight or nine feet away from her inside the room behind -- as I said, there were no doors. The opening was completely open. He was changing the baby when the baby arrested. He got so scared he tries to revive the baby and he told her, please get off the phone and call 911.

To think that a crime happened when he was eight or ten feet from his sister who was an adult who would swore under oath that all of this is true and who was actually on the computer. It's hard to believe but this is the kind of cases we see. We see all of these absolutely incredible circumstantial situations that we are supposed to believe that a terrible crime was committed during those few minutes.

Anyway, the baby was found to have -- even if that was true that this happened that day, the fact is when we did see the CT scan, and that's the interesting finding, the CT scan showed that there was definitely beyond any doubt three kinds of subdural hemorrhage. There was a chronic, there was a subdural, a subacute and there was an acute.
We certainly could not have said that all of these even the chronic one that could be a month or two old happened to this baby from the father that day. But nevertheless, they did make a case out of it and the baby also had retinal hemorrhage.

The next case was in the Midwest. This baby really had many illnesses but wonderful parents, educated, calm, a happy couple, very much in love, very calm and placid baby. We have pictures. These people, it was their first baby so they had videos and always smiling, always happy, bright and alert.

The baby had multiple illnesses. He had a right hip osteomyelitis at the age of six weeks. I mean a serious illness and one illness after another back and forth to the doctors, back and forth several times. On 09/08 -- he was born on 07/06 -- at the age of two months, he received the first set of shots. Again, the 5 in 1 that we talked about, plus the Hib, plus the pneumococcus.

Twenty one days later, he was symptomatic. He was out of it a little bit. They thought he had a virus. They thought he may be septic. The blood count was normal. He was a little bit anemic. They said, it must be nothing much and he seem to have improved take him home.

Three days later or four days later, the mother took him back, she said, he’s not acting well at all. They checked him and said, “He’s okay. Take him home.” She got home. She waited half an hour. He threw up. They took him back. They said, “He really does not look good.” This time, they did a CT scan and they found that he had a subdural hemorrhage with more bleeding on the left more than the right.

The baby was taken over by social services. A terrible tragedy but thank God they placed him with the maternal grandmother. I was consulted because obviously there were accusations of abuse. They were going to go to family court. I reviewed the case.

As a matter of fact, they had contacted Dr. Clements and Dr. Clements had told them that he was unable to help them but kindly suggested my name so they contacted me. I reviewed the case and I said, “This is enough confusion for me to tell you that let us just hold off the next set of shots until we find out a little bit more. I review it a little bit more carefully.”

Their local pediatric neurologist said I was wrong. He actually asked her to ask me to send him literature about the subject, if I really think it was the vaccine. Before we have time to do this, the baby received a second set of shots on December 8. So two months after the first one.

This time they give him a different set of vaccines but essentially they contain the same antigens. Eight days later, exactly eight days later, he had the same symptoms. He started smacking his tongue, sucking on his tongue, grimacing with his face, little facial things happening like little seizures. He was admitted.
They did another CT scan and this time, the CT scan saw the subdural hemorrhage more on the right than on the left. So the first time, there were bilateral subdural more on the left. Now we have bilateral subdural more on the right. The radiologist tells them this is a new hemorrhage on the right side. The attending physician says, I don’t believe this is a new hemorrhage on the right side. I don’t think the right side, the blood has increased. I believe that the brain has shrunk.

They called me and I said, this is really not what I believe happened. I believe this baby had another hemorrhage. I think it’s time for you people to suggest to social services to go somewhere else and get a neurosurgeon to see him. Indeed, they took him out of town to a neurosurgeon who immediately did a shunt, saved his life, improved him tremendously.

We went to court. People thanked me for having made the diagnosis from half across the country. The cross examination was very short. It was just three questions and the judge returned the baby to the parents. We still get photos from this family.

The last case is in the East Coast. It is a pretty sad and tragic story because it’s still going on. A boy and a girl; twin A was the boy and definitely, he had some different -- the ultrasounds done during pregnancy showed problems with that particular infant, fetus at 22 and 38 weeks. He was delivered on October 16 and he had several placental abnormalities.

There was a low fall on 12/05. He just fell from a very low mattress, couch on to the carpeted rug. On 12/14, he received again the three vaccines that we talked about, the 5 in 1, the Hib, and the pneumococcus vaccine and also in addition, the rotavirus vaccine for rotavirus.

Three and a half days later -- so on 12/18/2006, three and a half days after vaccination, he stopped breathing while with both parents around. He was taken to the local ER, transferred to a medical center. They did blood work at the original hospital and at the medical center and he was found to have a low total protein and low albumin. So he had some element of malnutrition. He had an elevated bilirubin, elevated alkaline phosphatase and elevated liver enzymes. So he had liver disease.

And then his bleeding and coagulation studies were abnormal. He had a slightly elevated prothrombin time to 27 and a moderately elevated INR and then a strikingly elevated activated partial thromboplastin time to over 150. When we test that test, we keep on diluting the blood. Once we get to 150, we stopped diluting because that is the end. We say it’s just over 150. When we say over 150, it could mean 160, it could mean 200, it could mean 400. It was impossible to know but the test which is over 150.

He had a CG and he had a multigeneration and left frontal. So again, it’s not an acute hemorrhage in the left frontal subdural area. It is chronic and subacute. And then a very important finding, he had bleeding inside the brain tissue, intraparenchymal, inside the left frontal lobe in the brain itself. He has no bleeding in the (indiscernible 1:12:35) in
that fold in between which is where we have the typical bleeding. Both of these findings are unlikely in my opinion with shaken baby syndrome.

He also had a linear right fracture that didn’t have any swelling around it. I’m not a radiologist but I suspect that meant that it was not acute. At autopsy, in fact we were proven right. There were granulation tissues seen spanning over the old fracture and there was newborn formation with no soft tissues. So indeed it was an old fracture. He had no neck findings, no retinal hemorrhages, no bruises or external injuries.

His timetable that he was admitted 12/18/2006. At 12/20, he was pronounced dead. Brain death was confirmed at 12/20 -- two days later. It was reconfirmed a day later which is what we do before when we want to make sure that we keep them alive to make sure to get them -- that death is reconfirmed before they harvest organs. The parents had kindly agreed to donate organs. The organ bank took over the custody just after the second reconfirmation.

The following studies were done which was incredible. Now we’re trying to prove that there is a crime although the baby has been confirmed -- the following studies were done after confirmation of death. On 12/20 after (indiscernible 1:14:11) there was an MRI of the head and an MRI of the cervical spine, the thoracic spine and the lumbar spine.

There was an x-ray on 12/21 of the chest for ribs fracture, a skeletal survey also for multiple fractures. And CT scans of the abdomen, chest, head, pelvis, both thighs, both lower legs. All of these x-rays done after the baby was pronounced dead which is truly incredible. More incredible is the fact that to date, we have not been able to see those films. They were never provided for our review which was incredible.

Twin B was totally asymptomatic but social services decided to take the baby who was with the grandmother who was absolutely fine and asymptomatic and they took her and admitted her to the intensive care unit from 12/18/2006 to 12/20.

She had presumed compression fractures of T11, T12 and L2. Healing fractures of lateral ribs 4, 5, 6, 7 on the right. Acute angulation fracture of the left ribs 6 and 7 consistent with acute fractures and callous of left rib 5 and 6. Faint periostery actions left lower humerus, fracture suspected. Distal femur appears consistent with (indiscernible 1:15:46) fracture. All of these fractures in one human being who is totally asymptomatic and unblemished.

All these films again, were never provided for us to review. We had not been able to get them so that we can have them looked at by somebody else. All what we can tell you about rib fractures is that even in babies who die, there is on average, two or three fractures.

Here, in this situation, they are telling us that this baby had eight or nine fractures and that two of those fractures where in the same rib which is absolutely incredible to think
that you can break the rib of a two-month-old baby in two spots. One would be healing and one would not because it would make much more sense if somebody inflicted trauma (indiscernible 1:16:32) that the fracture would re-break where it was broken before.

Twin B, this is the girl, two months later was in the custody of social services. They decided to take x-rays just to make sure that the findings were confirmed because we were trying to tell them that these were not fractures.

So they took the child to another hospital, a very distinguished, very famous children’s hospital on 2/20 and she got a bone scan. Lo and behold, there were no increased uptake. In other words, there were no fractures whatsoever in that child’s spine, (indiscernible 1:17:14) ribs and femurs. The doctor was so surprised that he told the doctor who ordered the tests. She was not on so he called her (indiscernible 1:17:24) with all of these fractures and the kid does not have any fractures. (indiscernible 1:17:32) case was very, very high at 37, 89 unit. Way high where normal is 110 to 400.

So it should be known and everybody should know. I’m sure you know that anybody who has a broken bone, he has evidence of that fracture for six to 24 months by bone scan. They just don’t disappear after two months. This baby has all these multitude of fractures and she had no broken bones.

A study done at just about that same time as those kids, the mother was pregnant with those kids, done in the same area of Massachusetts showed that overall 58% of the infants and 35.8% of the mothers have vitamin D deficiency. And 38% of the infants had actually severe vitamin D deficiency.

So how much did we radiate that second baby, that baby that had no fractures who was totally asymptomatic? She got a CT of the head with 2 to 3 mm cuts. She had skeletal survey which is 8 to 16 views. And she had a CT of the abdomen with contrast of the abdomen, chest, and pelvis. She had a bone scan of the whole body at the hospital, six to eight views. She had a magnetic resonance of the lumbar spine and the head and obviously these have no radiation exposure. She had a tremendous amount of radiation exposure during this pregnancy.

We went to her first family court trial. I testified for three hours. I told them that there is no evidence in my opinion of abuse or inflicted trauma. I enumerated multiple causes and biomedical explanations. I get cross examined with three short questions.

The decision comes out awhile later that she will remain in social services custody and later the parents are told that the department has rejected my medical explanations after review by competent medical professionals. As they found somebody who was really competent, much more competent than I was who rejected my opinion. But they never had me face him or discuss it with him or debate it with him in any shape or form. The baby was taken from the parents.
Now the mother gets pregnant again and now this time she takes vitamin D in large amounts. She is tested twice and the liver is suboptimal both times. In other words, in spite of all these vitamin D she was taking, her serum levels were below par. We have a normal baby who is born on May 14 and is seized by social services two days later.

The mother is allowed to breastfeed the baby if she goes to the house where she is in foster care. But she is not allowed to pump and send her breast milk because they want to make sure that the milk is safe and sound when it’s given to the baby.

The second family court hearing is held in June of 2010. I present again the scientific evidence to another judge. A month later, we get a service plan and the service plan says the following. One child died and the other sustained serious injuries. Both the injuries and the death were determined to be non-accidental. The parents have not acknowledged that the injuries were non-accidental and maintained that they were the results of medical causes.

As the DCF cannot ensure that the parents are safe caretakers, the baby cannot live with them. So the baby is taken away from the parents because the court felt and social services felt that the parents can have her back. They can have the baby back if they acknowledged the past harm. And that acknowledgement of the past harm is central. As long as they don’t acknowledge the past harm, they cannot take that baby out.

That is the sad story of this particular family. This is the sad story of shaken baby syndrome in certain cases. Certainly, there are some crazy people who hurt their children but I tell you, there are a lot of innocent people who are falsely accused of doing so.

DM: Thank you for that great explanation and presentation. I appreciate that. So you’ve been a practicing pediatrician for 34 years. Is that correct?

DY: Yes I was.

DM: In that time, how many cases of shaken baby syndrome did you see?

DY: In our area of Northern Rhode Island, I don’t remember having seen one case during that period. We did have some cases. I did not see any although we did have some cases in Providence. Obviously, I always heard about cases in neighboring Massachusetts and Connecticut but I have not seen any myself.

DM: I’m just trying to gather a perspective and a frame around the whole entire extent of the problem because you know, you mentioned early on that these cases do receive quite a bit of notoriety. When a mother who is supposed to love her child just the way the whole genetics are setup when she shockingly damages or kills her child intentionally that really makes headlines. We just don’t see that and many of them in the media. Most likely, they would be exposed because it’s such a dramatic news story. We just aren’t seeing it.
So the likely evidence of this happening is probably on a very low scale. I mean clearly it does and we do see some cases reported where it’s just violent behavior and it just makes no sense. There is some various severe psychological aberration that causes the mother or the father to harm their child.

I’m wondering if you could just let us have your perspective of what exactly the extent of the problem is. How many parents are accused of shaken baby syndrome? You provided a very compelling presentation that says that really most likely, this condition doesn’t even really exist, as potentially it could exist but it seems to be a fabrication of the legal system.

DY: The CDC wants to mention the number of 1500 but it’s not the number that the CDC comes -- it comes from the CDC itself. Actually, on the CDC website they refer to that shaken baby syndrome center and they take that number from their findings. It’s not a number that the CDC has come up with per se. They obtained it from the groups that have been dealing with this entity.

DM: I think you want to discuss that a bit too because that wasn’t addressed in your presentation is that the groups dealing with this entity. Perhaps you can address this component too -- the legislation that was passed.

I’m not sure of the history of when it was but whatever the legislation, it really provides -- it has essentially perverted the entire legal system with this legislation that allows parents to be falsely accused of shaken baby syndrome and because of that, literally, their lives are ripped apart. Their children are stolen from them in the courts and the social care system removes them under the guise of protecting them.

Yet, at the same time, the legal system creates this structure that makes it very difficult to defend against and really provides anonymity to the experts who are accusing them. There is essentially a whole sub-industry that has been created because of this legislation where these “medical experts” are essentially making large sums of money. And the system is making large sums of money to supposedly protect these children when they are doing the exact opposite of it. I’m wondering if you can address that aspect of it which I think is really very compelling.

DY: I know that from the point of view -- once you get to the court system the prosecutors in general are prosecuting very hard these cases because they know that it’s a horrible crime. It’s a horrible crime to hear that a mother or a father hurt their child. Everybody obviously wants to safeguard the safety of the babies including ourselves. But the prosecutors literally have unlimited funds. They can call anybody they want. They can pay them any amount of money to get the expert they want.

DM: They can do this because they are funded by the State which is in turn funded by the taxpayers. The reality of it is that every State in the United States is they are bankrupt. They don’t even have the funds this time because they are in the red already.
DY: There is funding coming from the Federal government. There is funding coming from States. There is funding coming counties to protect children. So we are a part of this organization that are child protective agencies of one kind of another and then we have these experts. We are faced with this problem all the time.

I know several of our colleagues on our side who are very well trained. We are asked the same questions are you a shaken baby syndrome expert? I think that what they mean is do I belong to any of those organizations. I don’t. Obviously now we have a residency and a fellowship.

As I said, one of the authors of the -- we are going to have a lot of doctors being trained in detecting shaken baby syndrome. I’ll tell you, if you are only putting your mind looking at the problem that way without ruling out the rest of the things, you’re going to make a lot of wrong diagnosis and false diagnosis.

DM: Let’s try to get to an understanding of this because in many areas in health there are financial incentives. I really want people who are listening to this interview to understand that essentially you are doing most of this work for free.

You are taking care of these falsely accused parents to help them recover their children who essentially have been stolen from them. They have essentially, in many cases if not most, exhausted all their financial resources and really don’t have any other resources to use and then you’re contacted and help defend these.

Does your position and other experts like you that are seeking to defend against this other legislative processes that has been initiated supposedly in the guise to protect the children which is (indiscernible 1:29:23) but it’s not in most cases. I’m wondering if you can comment on that and actually also let us know how many cases you have been involved in as an expert witness. If you’ve ever seen any that were correct.

DY: I have not seen any but obviously I don’t accept any cases where there is -- if I’m not totally convince that these people are absolutely a thousand percent fine, I don’t accept the case.

DM: Okay, that’s interesting. How many do you review? For every one that you review, how many do you accept?

DY: As I said, I have to make up my mind by meeting those people, by talking with them that we are dealing with somebody who -- that all of this happened the way they said it happened and we review the case.

From the other side is that we have to realize that once this case gets to the legal system and they want to keep it going, they can keep it going forever because they have unending funds to protect children while the poor parents have very limited funds to try to find the right expert to come and help them.
The other thing is that fear that if there is possibility that there is injury or assault of any kind, that the parents will then take that baby and hurt that baby. Obviously, that’s something that we don’t want. It has become a huge organization of protection.

We need to protect children. We all are for protecting children but to push it to this limit where people are accused and falsely accused is really heartbreaking to see those innocent people. As I said, I meet those people.

Sometimes they cannot afford the best lawyers. So you have a crackerjack district attorney or prosecutor coming up against a young lawyer who is handling this case and who is unable to really deal with the storm of evidence that’s sent against us and the poor guy is unable to -- he listens to me and he says, “This guy is a nice guy but how can I believe him when the medical center says that all of this is happening?” I agree.

The other thing is that a lot of these people get -- I am certain there a lot of people in jail who are falsely accused of shaken baby syndrome. I have no question about it. I can tell you that even many people who think or who know that they are innocent, just at the end run out of money and they’re already waiting to be tried and then the prosecution comes and makes them an offer of whatever. Take a plea and we can give you time served and they accept.

Those cases are considered convictions. So even if they plea just to get rid of this disastrous situation, it’s considered a conviction. It goes on as a conviction that this person really shook the baby when it’s not.

**DM:** That’s what initially stimulated my interest in this. For some reason, I’m not remembering the specific name of the case but there is a parent, a father who thrown into jail for shaken baby syndrome and was subsequently released because experts -- I think you might have been involved in the case.

**DY:** Yes we did.

**DM:** What was that person’s name?

**DY:** Alan Yurko.

**DM:** Alan Yurko that’s it. He initially contacted me too. I didn’t have the expertise or the training to know if it was true or legitimate. I didn’t do anything. When I saw the story explained in Gary Null’s video, I mean, my heart broke on this thing. He was an innocent guy that went to jail. Thank God there are medical experts like yourself who really helped him out and were able to prove his case but he still wound up in jail and they had this kids taken away from him.

**DY:** He had 20 reports in his favor and when we went into court -- actually in 2004, we did go to court. I testified at length, I testified for over three hours on that case but the
judge was wonderful and listened to all the evidence. There was an autopsy there. There were major problems with the autopsy. The first thing is that they described the baby as being black when the baby was white.

**DM:** That’s a big clue there might be something wrong. They can’t even get the ethnicity correct.

**DY:** It gets better because then they said that they had circumferences of 22 cm when actually the length was 22 inches. (indiscernible 1:34:41) is a very, very small head for a three or four-month-old baby. The best one and which really my eyes popped when I read it is that the medical examiner described in detail the microscopic findings of the heart at autopsy except there was one little problem, the heart has been donated. It had been harvested and given. It was in somebody else.

We went to this case and the judge was just wonderful. By the way, Dr. Kalokerinos came from Australia for that case. The district attorney, the prosecutor refused this poor man travel from Australia, paid over $10,000 to come by plane to testify for nothing. He never got a penny from this. Nobody got a penny. They all worked pro bono.

I ask him, “What do the other doctors think of your work?” He said, “They don’t believe what I am doing, that this is happening.” They disqualified Dr. Kalokerinos of all things. It was crazy. I got on the stand and I started testifying. I drove him crazy because I kept on referring to Dr. Kalokerinos one thing after another, after another, after another while the good doctor was in the room listening.

I said, “I think I must have said everything that you would have said if you had been there testifying.” We used it very successfully. Obviously, the judge was wonderful. He vacated the verdict and ordered a new trial and then the lawyers talked together and he was released that day or that evening, you know, released very shortly after the case.

**DM:** I think he is a good illustrative example too in that in his case specifically that the child did die and it wasn’t because he shook him it was because it was a vaccine induced injury that you mentioned in your presentation that seems to be the proponent of most of these. You have three elements going on, vaccine induced injury in conjunction with vitamin C deficiency, vitamin D deficiency and vitamin K.

**DY:** The original case was build up on this tremendous amount of blood that was in the head at autopsy. Now when I reviewed the case, the CT scan showed a very small subdural. It was not a major subdural but then because the baby’s organs had to be harvested after the baby is confirmed dead, he is kept alive so that we can...

**DM:** The respirator.

**DY:** We give thousands and thousands of units of heparin to keep the blood circulating. I told him, you have to look at the CT scan that was done before he died not what you
see after the death because we have given thousands of units of heparin to keep this baby (indiscernible 1:38:15) off antibiotics and everything to keep everything good.

**DM:** For our listeners, heparin is an anticoagulant which will cause the blood not to clot if there is any -- it will cause bleeding.

**DY:** It must have been a lot of blood. I mean tremendous amount of blood. The CT scan that was done before the death showed a minute hemorrhage. It was not a tremendous hemorrhage. He really arrested more than anything else. Anyway that was a sad story.

This story we have right now with this last case I presented to you, this young couple, a wonderful young couple. I always look at a lot of everything in the case. This particular case happens to be a wonderful African-American father and white mother whether this is annoying people I don’t know. I see that these poor people have not been given a fair chance at all in this trials. We go to two trials and we present this outstanding evidence and it doesn’t satisfy anybody.

How can you have four or five spine fractures as eight or nine or ten rib fractures? Fractures of both bones of the legs. Fracture of the left humerus. All of these things without a single bruise and then a totally healthy baby is kidnapped and put in an intensive care unit to do all these tests. And then you repeat the test up to two months and they’re all gone. All the x-rays are gone. I mean, all the fractures are gone. It’s really incredible. That case is absolutely incredible that we are dealing with right now. But hey, what can you do?

**DM:** Thank you for all you’ve been doing.

**DY:** My pleasure.

**DM:** For those who are listening and know of someone who has been falsely accused or at least they believe they were falsely accused, do you have any recommendations of the strategies that they should do or resources that they should start engaging in to help defend themselves from this perversion of justice.

**DY:** I think the very first thing that parents have to do is to keep calm, to say a big prayer and to keep calm. They really don’t want to in any way blow out or fight or appear litigious or appear aggressive in any way. Calm yourself completely.

If at all possible call your pediatrician right away because your pediatrician has seen you and has known you. Call him because often these babies go to another hospital not to a nearby hospital. Have him get in touch. Most pediatricians -- certainly, I would have been happy to run over to the hospital and tell them, “Listen, hold off. These people have been wonderful parents.” That usually will help the local people who don’t know the couple to make a better idea -- the second thing.
Number three, very early, very quickly, ask for a good lawyer to be present. Do not talk to anybody without the presence of your lawyer. This is your right.

I remember distinctly that in the old days, Dr. Mercola, when your baby stops breathing you shook him a little bit like this to make him start breathing again. This is not the kind of thing that’s criminal shaking. So make sure that when you are explaining this because I have seen in two situations while the father said, “I only shook him to wake him up to make sure that he breathes.”

You remember in the old days when we send babies with apnea home, we told them if he stopped breathing, just shake him gently. Now we have stopped telling them this. In the old days we used to say that. The father will gently shake the baby to make him breath. He says, “He confessed to having shaken the baby.”

The other thing is obviously they should just wait and have their lawyer present before they talk.

**DM:** That is sad too because as you mentioned in your presentation it’s almost physiologically impossible to induce that type of damage by shaking even if you wanted to. If it’s your sole desire in life to induce this you couldn’t do it.

**DY:** That’s correct. I think that in time this whole idea of the shaking is going to disappear. I don’t know when it’s going to disappear but certainly there is enough evidence from what we see from the academy and so on that they are starting to tell you that -- the last thing that the academy said in 2009 is that it is most likely or it’s possible, it’s likely to induce or it’s possible to induce. Before that, we said, it’s definitely induced. We’re going down a notch. We’ll keep on going down a notch as we go.

**DM:** I wouldn’t know for sure and maybe you might have some comments on this but it seems one of the reasons why this problem persists is that it really conflicts against with one of the major tenets of traditional medicine which is that vaccines are good for the population and anything that would potentially paint them in a bad light or discredit them in any way is not looked upon favorably. While the central factors in most all of these cases, there is not going to be a lot of push and shove from the traditional medical community to discount that.

**DY:** There is no question about that but in this last case, in the case of the twins, although the vaccines could have played a part in the boy but they absolutely did not play the part in the girl. Even in that girl, very clearly the circumstantial evidence now shows that the mother was vitamin D deficient because in the next pregnancy, we give her 5000 units a day and she was still low. She was way below average. So she was deficient in the first one.

The fact is that all of these fractures disappear in two months -- totally. No calluses, no nothing, no angulation, no deformity, no nothing. It totally disappeared on CT scan. To keep on going after this case and take the kids -- the first kid away from her, take the
second kid away from her and tell them, “It’s okay, we’ll give you back the babies.” They
told them, “If you just say that you hurt the twins, we will give you the baby. You can
have the baby back but you will not get the baby back until you confess.” But they
cannot confess. How can you confess to a crime if you did not commit the crime?

This is the business. This is why we have those deals. Those deals that they have you
plead to some other charge or even to this charge for time served. It is just so unjust
and hideous and it’s considered a conviction. Now, you are criminals. And the poor
parents have not hurt the baby. Why would they confess to a crime when they never
hurt the baby?

**DM:** I couldn’t agree more. It just seems like it’s just shocking to find out that this is
occurring in a relatively common basis in this country. This is something that you would
envision to happen in a foreign country not in the United States but it’s happening
regularly. It really is a massive injustice. It’s a crime. It really is shocking that they’re
guilty until proven innocent.

Fortunately, you provided some eye opening insights with a really good history and
really some solid recommendations on what to do if someone is accused so I really
greatly appreciate that. I appreciate all of those that you have been doing to help these
victimized families to help recover their lives. I mean, it’s just shocking what they have
to go through.

**DY:** I’m not the only one. There are plenty of good people on our side that are doing this
and many of them doing it at no charge or at very little charge. I mean you’re talking
100-200 hours of work on this.

**DM:** Oh sure absolutely.

**DY:** On the other side, for a big expert to walk in, all that he has to do is say I believe he
has subdural hemorrhage. I am an expert. I have a 56-page CV and I have a one-page
report which his very simple. This baby was shaken by the parents. They believe him
because “He is head of the Department of Child Protective...”

**DM:** And that expert is probably paid 5, 10, 15, 20 thousand dollars for his reports.

**DY:** Some of them are full time employees of the protective agencies or they are in a
hospital in a medical center where all what they do is child protection. Again -- I’m not
trying to accuse any of these people -- if you only look at one aspect, you tend to look at
it all the time. It’s always scary to look at because you’re only looking at bad things so
it’s easy for you to keep on thinking that the story is so.

**DM:** Thank you for everything you’ve done and everything you continue to do. You’re a
real great inspiration for those who seek to fight injustice.
DY: I appreciate the opportunity to present this to you and thank you for having me. It was a pleasure meeting you at last Dr. Mercola.

DM: Thank you again.