



From SIDS to SADS: how the pharmaceutical-industrial con-plex fiddles the stats to hide its killings

Description

1969: After lots of healthy babies die after being vaccinated, the industry invents SIDS (Sudden Infant Death Syndrome) to “account” for it.

2022: After lots of healthy adults die after receiving Covid jabs, the industry invents SADS (Sudden Adult Death Syndrome) to obfuscate the clear vaccine connection.

I think I see a pattern here . . .

For years we had SIDS and now all of a sudden as healthy adults have started “mysteriously” and “inexplicably” dying, we also have SADS.

These two phenomena have many things in common, significant amongst which are:

- (a) they follow vaccination and
- (b) the pharmaceutical-industrial crime syndicate and its proxies in government will pull every trick they can think of to obfuscate or hide the connection.

The trickery and deceit are born of fear, fear of being caught in the act of killing for profit and facing justice.

The following featured paper is from the National Library of Medicine in the US. It describes how the vaccine link to SIDS was hidden by a sly piece of trickery designed to pull the wool over the public’s eyes whilst babies were being killed. It is a real eye-opener. The whole paper is very long so we have featured a small, salient section plus an interesting segment.

However, it is a mine of useful information and illuminating insights into how the pharmaceutical-industrial crime syndicate and its cronies operate so it is well worth taking the time to read the whole thing.

Before us, emerging now from the smoke screen of obfuscation and false reports, lies a crime scene of unspeakable evil.

Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature

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SOURCE: National Library of Medicine

[emphases have been added by UKR editor]

Abstract

Although there is considerable evidence that a subset of infants has an increased risk of sudden death after receiving vaccines, health authorities eliminated “prophylactic vaccination” as an official cause of death, so medical examiners are compelled to misclassify and conceal vaccine-related fatalities under alternate cause-of-death classifications.

In this paper, the Vaccine Adverse Event Reporting System (VAERS) database was analyzed to ascertain the onset interval of infant deaths post-vaccination.

Of 2605 infant deaths reported to VAERS from 1990 through 2019, 58 % clustered within 3 days post-vaccination and 78.3 % occurred within 7 days post-vaccination, confirming that infant deaths tend to occur in temporal proximity to vaccine administration.

The excess of deaths during these early post-vaccination periods was statistically significant ($p < 0.00001$). A review of the medical literature substantiates a link between vaccines and sudden unexplained infant deaths. Several theories regarding the pathogenic mechanism behind these fatal events have been proposed, including the role of inflammatory cytokines as neuromodulators in the infant medulla preceding an abnormal response to the accumulation of carbon dioxide; fatal disorganization of respiratory control induced by adjuvants that cross the blood-brain barrier; and biochemical or synergistic toxicity due to multiple vaccines administered concurrently. While the findings in this paper are not proof of an association between infant vaccines and infant deaths, they are highly suggestive of a causal relationship.

Keywords: SIDS, VAERS, Infant mortality, Vaccine, Immunization, Adverse event, Synergistic toxicity

1. Introduction

1.1. International classification of diseases

There are 130 official ways for an infant to die. These official categories of death, sanctioned by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC), are published in the International Classification of Diseases (ICD) [[1], [2], [3]]. When a baby dies, coroners must choose from among these 130 categories.

The official causes of death listed in the ICD include nearly every imaginable—and tragic—possibility. In fact, previous versions of the ICD listed “prophylactic inoculation and vaccination” as a separate cause-of-death category, with subcategories for deaths caused by specific vaccines.

However, when the ICD was revised in 1979—and in subsequent updates to the ICD—all cause-of-death classifications associated with vaccination were eliminated. Since then, medical certifiers have been unable to list vaccination as an official cause of death because the ICD no longer contains a code for that possibility. This is odd because health authorities are aware that some children will become permanently disabled or die after receiving vaccines—the very reason Congress passed the National Childhood Vaccine Injury Act of 1986 (Public Law 99-660), which created the Vaccine Adverse Event Reporting System (VAERS) and established the National Vaccine Injury Compensation Program (VICP).

Many parents don’t realize that when they purchase vaccines, the cost is taxed and the money (75 cents per vaccine) goes into a trust fund managed by the Department of the Treasury to compensate them if and when those vaccines seriously injure or kill their babies. As of May 1, 2021, more than \$4.5 billion was granted for thousands of injuries and deaths associated with vaccines. Numerous cases are still pending. Awards were issued for permanent injuries such as learning disabilities, seizure disorders, mental retardation, paralysis, and numerous deaths, including many that were initially misclassified as sudden infant death syndrome (SIDS) [4].

Since vaccine-related deaths are officially recognized by the federal government through the VICP but there are no official classifications for vaccine-related deaths in the ICD, an important question must be asked: What options are available to medical examiners for recording vaccine-related deaths?

1.2. Sudden Infant Death Syndrome (SIDS)

Prior to the introduction of organized vaccination programs, “crib death” was so rare that it was not mentioned in infant mortality statistics. In the United States, national immunization campaigns were expanded in the 1960s when several new vaccines were introduced and promoted. For the first time in history, most U.S. infants were required to receive several doses of DPT (diphtheria, pertussis, tetanus), polio, and measles vaccines. (The measles vaccine was administered at 9 months of age from 1963 to 1965 [5]). Mumps and rubella vaccines were also introduced in the 1960s. By 1969, an alarming epidemic of sudden unexplained infant deaths impelled researchers to create a new medical term—sudden infant death syndrome (SIDS) [6]. By 1972, SIDS had become the leading cause of post-neonatal mortality (infant deaths occurring between 28 days and 1 year of life) in the United States [7]. In 1973, the National Center for Health Statistics, operated by the CDC, created a new cause-of-death category to document deaths due to SIDS [8,9].

SIDS is defined as the sudden and unexpected death of an infant which remains unexplained after a thorough investigation, including performance of an autopsy and review of the clinical history [10]. Although there are no specific symptoms associated with SIDS, an autopsy often reveals congestion and edema of the lungs and inflammatory changes in the respiratory system [8,11].

In 1984, Congress held a hearing on vaccine safety. The suspected link between vaccines and sudden infant deaths was addressed. The following excerpt is from a statement made by a distraught grandmother testifying before the Congressional Committee [12]:

My name is Donna Gary. Our granddaughter, Lee Ann, was just 8 weeks old when her mother took her to the doctor for her routine checkup. That included her first DPT inoculation and oral polio vaccine. In all her entire 8 weeks of life this lovable, extremely alert baby had never produced such a blood-curdling scream as she did at the moment the shot was given. Neither had her mother ever before seen her back arch as it did while she screamed. She was inconsolable. Four hours later, Lee Ann was dead. "Crib death," the doctor said—"SIDS." "Could it be connected to the shot?" her parents implored. "No." "But she just had her first DPT shot this afternoon. Could there possibly be any connection to it?" "No, no connection at all," the emergency room doctor said definitely.

Are the statistics that the medical world loves to say, "There is no connection," really accurate, or are they based on poor diagnoses, poor record keeping? What is being done to provide a safer vaccine? How are physicians and clinics going to be held accountable to see that parents are informed of the possible reactions? And how are those children who should not receive the vaccine to be identified before they are damaged or dead?

Throughout the 1980s, sudden infant deaths continued to skyrocket. Parental concerns about an apparent link between childhood vaccines and SIDS reached a fever pitch. Many parents were afraid to vaccinate their babies. Authorities sought to reassure parents that vaccines are safe and claimed that sudden unexplained infant deaths (SUID) following vaccines were merely coincidental.

1.3. Back to sleep

In 1992, the American Academy of Pediatrics (AAP) [13] came up with a plan to reduce the unacceptable SIDS rate while reassuring concerned mothers and fathers that sudden unexplained infant deaths were not related to vaccines. The AAP initiated a national "Back to Sleep" campaign, telling parents to place their infants supine, rather than prone, during sleep. From 1992 through 2001, post-neonatal SIDS declined by an average annual rate of 8.6 % [9]. It seemed as though the "Back to Sleep" campaign was successful and that the real cause of SIDS was due not to vaccinations but from babies sleeping on their bellies.

However, a closer inspection of the ICD—the 130 official ways for an infant to die—revealed a loophole. Medical certifiers, such as coroners, could choose from among several categories of death when a baby suddenly expired. They didn't have to list the death as SIDS. Although the post-neonatal SIDS rate dropped by an average annual rate of 8.6 % from 1992 through 2001 following the AAP's seemingly successful "Back to Sleep" campaign, the post-neonatal mortality rate from "suffocation in bed" (ICD-9 code E913.0) increased during this same period at an average annual rate of 11.2 % [9]. Sudden, unexplained infant deaths that were classified as SIDS prior to the "Back to Sleep" campaign were now being classified as deaths due to suffocation in bed.

The post-neonatal mortality rate from "suffocation other" (ICD-9 codes E913.1-E913.9), from "unknown and unspecified causes" (ICD-9 code 799.9), and from "intent unknown" (ICD-9 codes E980-E989), all increased during this period as well [9]. In Australia, a similar subterfuge seemed to occur. Researchers observed that when the SIDS rate decreased, deaths attributed to asphyxia increased

[[14], [15], [16]].

From 1999 through 2001, the number of U.S. deaths attributed to “suffocation in bed” and “unknown causes” increased significantly. Although the post-neonatal SIDS rate continued to decline, there was no significant change in the total post-neonatal mortality rate. According to Malloy and MacDorman [9], “If death-certifier preference has shifted such that previously classified SIDS deaths are now classified as ‘suffocation,’ the inclusion of these suffocation deaths and unknown or unspecified deaths with SIDS deaths then accounts for about 90 percent of the decline in the SIDS rate observed between 1999 and 2001 and results in a non-significant decline in SIDS (Fig. 1).”

Fig. 1

Reclassification of SIDS to “suffocation in bed” and “unknown causes”.

The post-neonatal SIDS rate appears to have declined from 61.6 deaths (per 100,000 live births) in 1999 to 50.9 in 2001. However, during this period there was a significant increase in post-neonatal deaths attributed to “suffocation in bed” and “unknown causes.” When these sudden unexpected infant deaths are combined with SIDS, the total SIDS rate remains relatively stable, resulting in a non-significant decline. Source: Malloy and MacDorman, 1993.

The trend toward reclassifying sudden infant deaths under alternate ICD codes is an ongoing concern. From 1999 through 2015, the U.S. SIDS rate declined 35.8 % while infant deaths due to accidental suffocation increased 183.8 %. According to Lambert et al. [17], “There is evidence of a continuing diagnostic shift between SUID subtypes,” but “there has been little change in overall SUID rates since 1999.” Gao and colleagues [18] also documented a trend toward reclassifying SIDS cases under alternate ICD codes. Results of a Spearman’s correlation analysis 1999–2015 showed a significant relationship ($r_s = -0.63$) between decreasing mortality from SIDS and increasing mortality from unintentional suffocation (ICD-10 codes W75-W84). The increase in suffocation-related mortality occurred in all subgroups by sex, race, and ethnicity.

As described, the true extent of vaccine-related infant mortality has been obfuscated by three actions associated with pediatric death certification practices:

- 1) all cause-of-death classifications associated with vaccination were eliminated from the ICD,
- 2) SIDS became a commonly utilized cause-of-death category for at least some vaccine-related deaths (as confirmed by VICP awards that were initially misclassified as SIDS), and
- 3) SIDS cases were later reclassified under alternate ICD codes.

Despite these hindrances to achieving an accurate account of vaccine-related infant mortality, there is an alternate way to assess the likelihood that a true relationship exists between infant vaccines and sudden infant deaths. A targeted evaluation of the VAERS database could be undertaken to determine whether infant deaths and SIDS cases tend to occur in temporal proximity to vaccine administration.

AS we mentioned the whole paper is well worth a thorough read but here is an excerpt from Section 3 of the report

Of the 2605 infant deaths, 58 % clustered within 3 days post-vaccination and 78.3 % within 7 days

post-vaccination. The remaining deaths occurred between 8 days and 60 days post-vaccination, an average of 11 per day (564/53 days) as compared to 760 infant deaths that occurred on Day 2 post-vaccination—a 69-fold increase (Table 2). If the 2605 deaths which occurred within 60 days of vaccination were randomly distributed throughout this interval, one would expect 43.42 deaths per day or 304 per week. The excess of deaths on the day of vaccination (43 were expected/440 occurred), within 3 days post-vaccination (130 were expected/1512 occurred), and in the first week post-vaccination (304 were expected/2041 occurred) were all statistically significant ($p < 0.00001$)

And finally, the following meme provides an introduction to SADS, which became a “thing” shortly after the Covid Vax rollout.

by: Ethan Huff

Category

1. Crime-Justice-Terrorism-Corruption
2. Disasters-Crisis-Depopulation-Genocide
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. NWO-Deep State-Dictatorship-Tyrrany
6. Opinion-Comments

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