Health News , Mama Stories , The Science Is Unsettling

The Biggest Cover-up Of All Time

October 4, 2019

Not every person who gets a vaccine will experience a recognizable vaccine injury, but that doesn't mean vaccine injuries are rare, or don't happen. We *know* they happen.

We have a Vaccine Injury Compensation Program (which has since paid out over $4.2 billion in injuries since 1988) because they *happen*.

We have a Vaccine Adverse Events Reporting System (VAERS), which is a collaboration between the FDA and CDC to capture adverse events related to vac

and ‘monitor their safety’, because they *happen*.

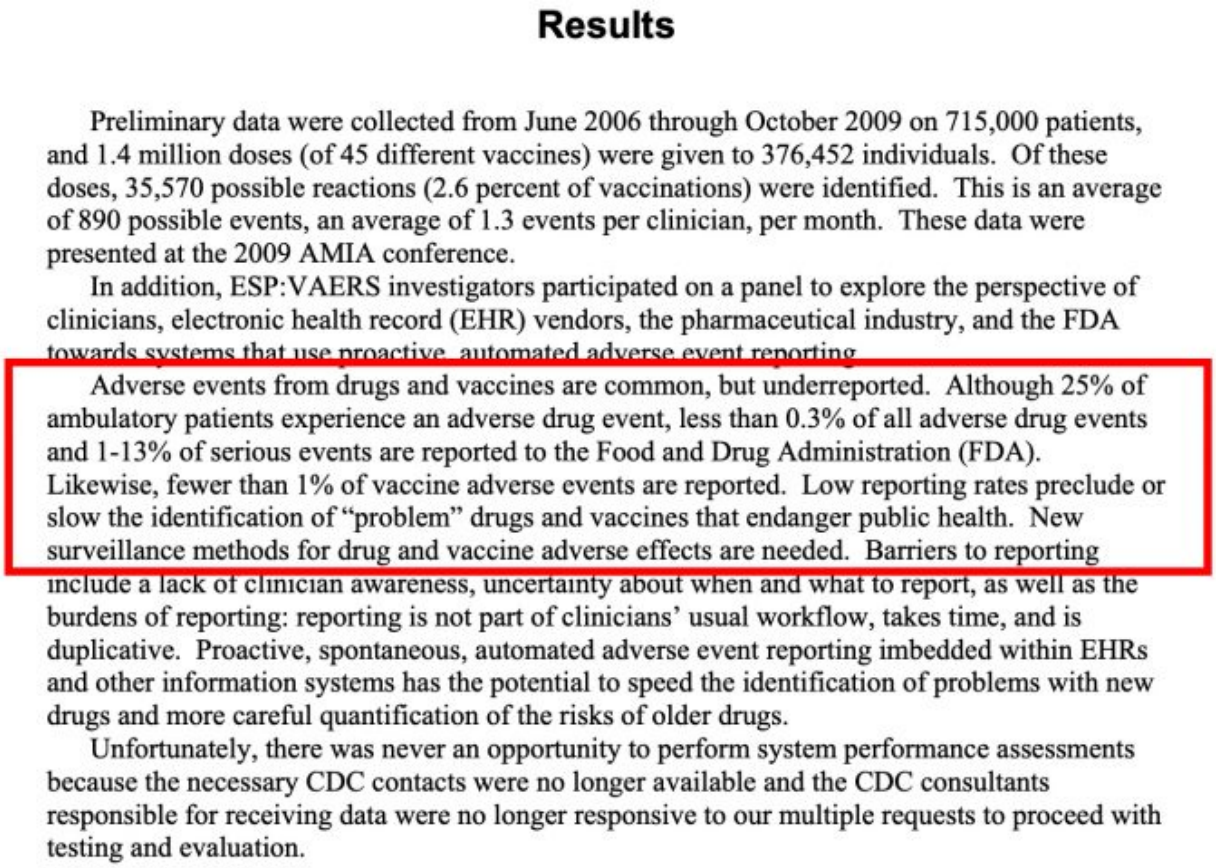
The Sudden Unexplained Infant Death Reporting Form collects recent vaccination history up to 72 hours (it should be longer), because unexplained death after vaccination *happens*.

We even require infant deaths after vaccination to be reported to VAERS, so we can pretend to monitor deaths after vaccines, because it *happens*.

Getting Justice Is Near Impossible Though

Today, only 1 person for every 1 million doses administered is ever compensated for an injury. But don’t celebrate yet. It’s not because vaccines are safe. It’s because the VICP compensation program is completely corrupt, read more about that here.

It is estimated that fewer than 1% of vaccine adverse events are ever even reported to VAERS.



Results

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.

In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.

Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.

Doctors, pathologists, death investigators DO NOT REPORT deaths.

Take this example: Each year in the US, about 3,500 infants die and are classified as SUID (Sudden Unexplained Infant Death). By chance alone, it is estimated that 5% of SUID would occur within 48 hours of vaccination (based on past findings). But if every 48 hour interval produced 5% of SUID, then we would be looking at 31,850 SUID deaths every year. So clearly, this *first* 48 hour post-vaccination risk for sudden death is *statistically significant*.

If every doctor *actually* reported an infant's sudden death within 48 hours of vaccination the way they are **legally obligated** to, VAERS should contain approximately 175 infants under 1 year who died suddenly and 'coincidentally' within 48 hours of vaccination. But there aren't. In 2018, there were 29 infant deaths unc

year reported to VAERS, 17 of which occurred within 48 hours of vaccination. Again, the FDA *can't monitor what's not reported*.

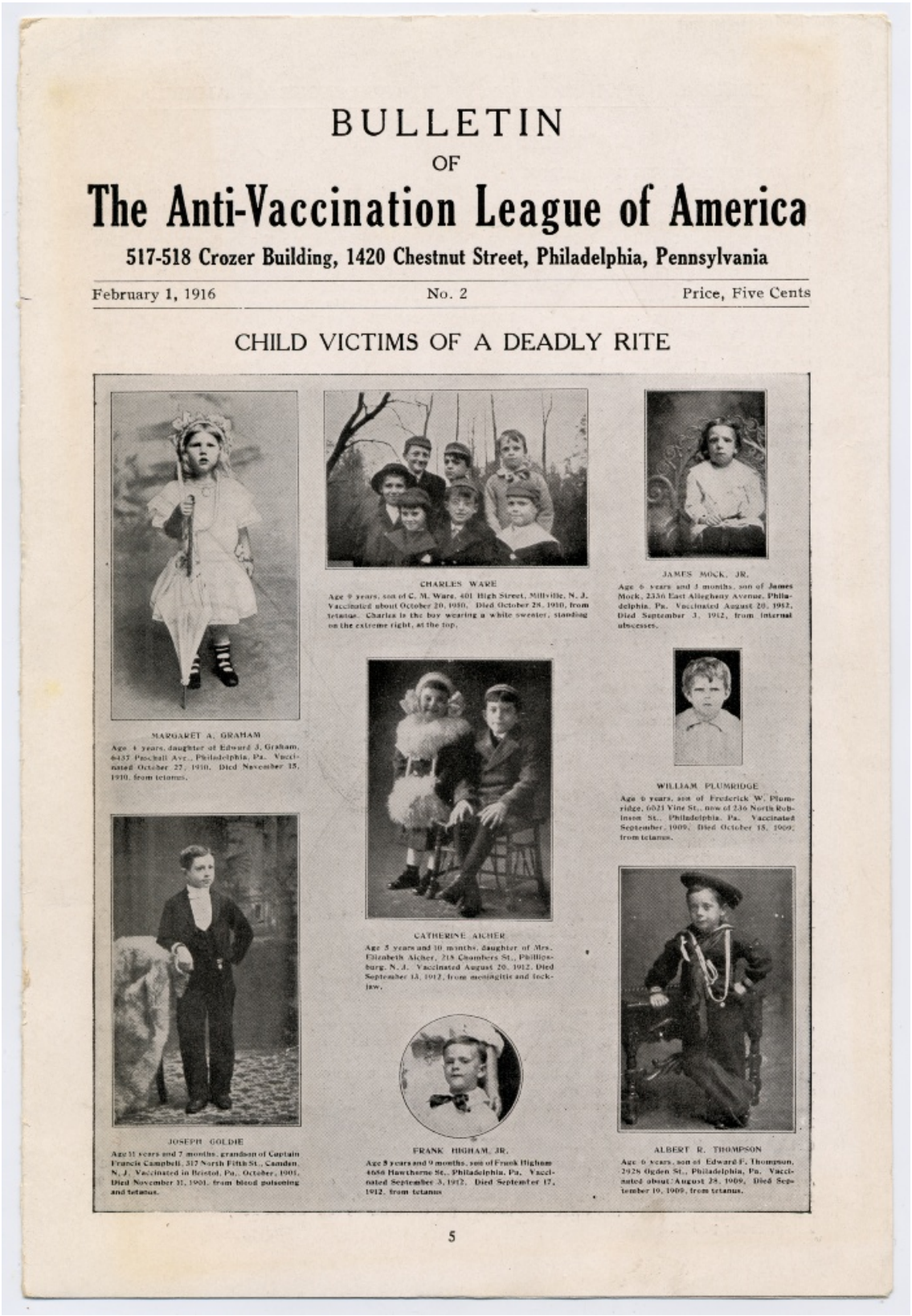
Why the VICP?

In 1978, the same year as the Tennessee SIDS Cluster, there was one vaccine injury lawsuit filed. DPT Vaccine Roulette came out in 1982, followed by Barbara Loe Fisher's *A Shot in the Dark* which told stories from parent's perspectives about how their perfectly healthy children experienced severe brain damage or death after routine vaccination. Vaccine injuries were reported in the news and on TV. By 1984, there were 73 vaccine injury lawsuits filed, and the average amount claimed per suit skyrocketed from $10 million to $46.5 million.

Parents–yes parents–were crippling the vaccine industry. In the mid-1980s, vaccination coverage had dropped to about 60% (meaning only 60% of 2-year-olds had all their recommended vaccines) and public confidence in vaccination tanked. And there were only 3 vaccines on the schedule at this time: DPT, Oral Polio and MMR (and technically only one shot for infants under 1 because oral polio was *oral*.)

In an act of cowardly desperation, Congress passed the National Childhood Vaccine Injury Act in 1986, releasing liability from Big Pharma. After 1986, a person's life was capped out at $250,000. This newfound freedom incentivized Big Pharma to bring a flurry of new vaccines to market. The CDC is quick to mandate them, and slow as a snail to monitor their safety. They somehow convinced parents their newborns needed a vaccine for an STD. When did people stop thinking critically?

This isn't when vaccine injuries began though. Technically, we've had vaccine injuries (and parents who oppose vaccination) for as long as we've had vaccines...



BULLETIN
OF
The Anti-Vaccination League of America
517-518 Crozer Building, 1420 Chestnut Street, Philadelphia, Pennsylvania

February 1, 1916 No. 2 Price, Five Cents

CHILD VICTIMS OF A DEADLY RITE

MARGARET A. GRAHAM
Age 4 years, daughter of Edward J. Graham, 6437 Paschall Ave., Philadelphia, Pa. Vaccinated October 27, 1910. Died November 15, 1910, from tetanus.

CHARLES WARE
Age 9 years, son of C. M. Ware, 401 High Street, Millville, N. J. Vaccinated about October 20, 1910. Died October 28, 1910, from tetanus. Charles is the boy wearing a white sweater, standing on the extreme right, at the top.

JAMES MOCK, JR.
Age 6 years and 3 months, son of James Mock, 2336 East Allegheny Avenue, Philadelphia, Pa. Vaccinated August 20, 1912. Died September 3, 1912, from internal abscesses.

WILLIAM PLUMRIDGE
Age 6 years, son of Frederick W. Plumridge, 6021 Vine St., now of 236 North Robinson St., Philadelphia, Pa. Vaccinated September, 1909. Died October 18, 1909, from tetanus.

CATHERINE AICHER
Age 3 years and 10 months, daughter of Mrs. Elizabeth Aicher, 218 Chambers St., Phillipsburg, N. J. Vaccinated August 20, 1912. Died September 13, 1912, from meningitis and lockjaw.

JOSEPH GOLDIE
Age 11 years and 7 months, grandson of Captain Francis Campbell, 317 North Fifth St., Camden, N. J. Vaccinated in Bristol, Pa., October, 1901. Died November 11, 1901, from blood poisoning and tetanus.

FRANK HIGHAM, JR.
Age 8 years and 9 months, son of Frank Higham 4666 Hawthorne St., Philadelphia, Pa. Vaccinated September 3, 1912. Died September 17, 1912, from tetanus.

ALBERT R. THOMPSON
Age 6 years, son of Edward F. Thompson, 2928 Ogden St., Philadelphia, Pa. Vaccinated about August 28, 1909. Died September 19, 1909, from tetanus.

5

Vaccines themselves were created as a “safer” alternative to “inoculation” meaning cow pus, which often spread syphilis, hepatitis, erysipelas, smallpox, measles and varicella to *vaccinees*, including young children. The history is quite interesting.

Fast forward to today: in a desperate effort to not damage Big Pharma's fragile reputation, parents are blamed, gaslighted, censored and labeled "anti-vaxxers" even though they LITERALLY vaccinated their child. They were just the unlucky ones. And unlike the selfless casualties of war, they won't be called heroes.

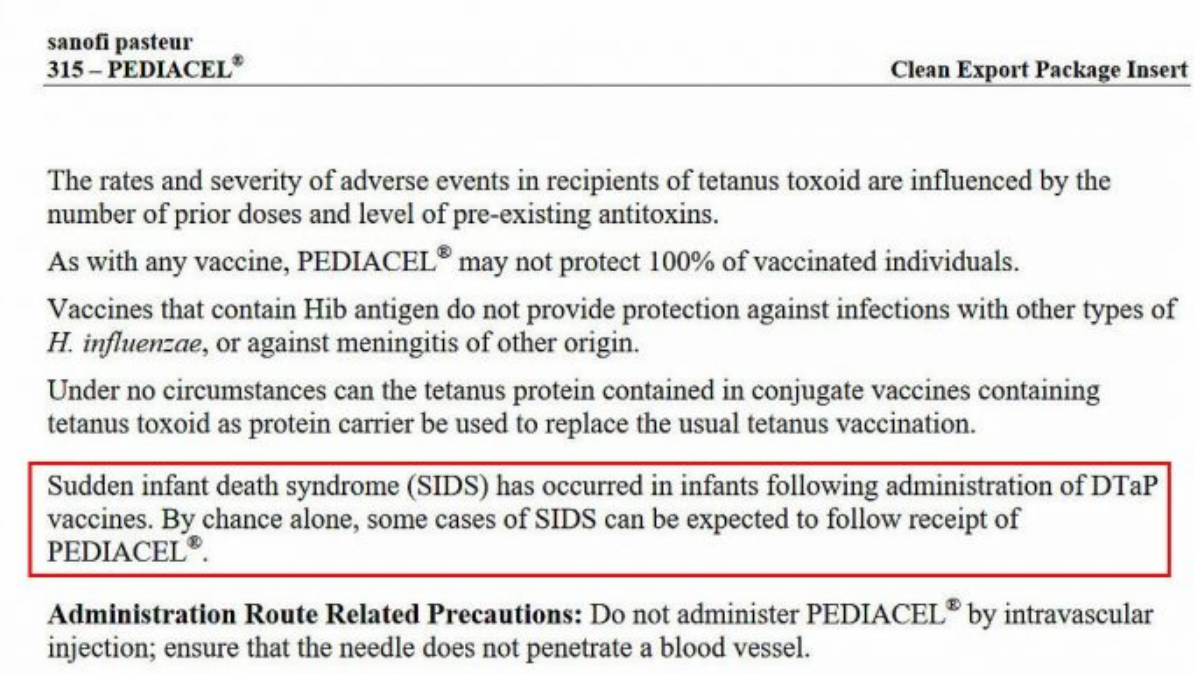
- Evee Clobes died 36 hours after 6 vaccines, in two shots, one of them a 5-in-one.
- Remy died the same night as his 2-month shots, where he received 8 vaccines total.
- Nicholas Catone died 17 days after one Dtap, at 18 months old.
- Gemma died 5 days after her 2 month check up.
- Madilynn received her 8-week shots, was screaming and fussy, and died the next morning.
- Malcolm died 7 hours after his first immunizations at 2 months old.
- Donovan died 4 days after his 2-month shots, which were even a little late.
- Rory died just 5 days after her past-due shots at 9.5 months old.
- Berit died less than 48 hours of his 2-month shots.
- Corbyn was 13 months old and died 14 hours after a flu shot.
- Vida died 7 days after her 4-month shots.
- Remi Rose died less than 48 hours of a Hep B vaccine she received at 19 days old.
- Kia died suddenly 6 days after his 2 month vaccines.
- Amiah died less than 21 hours after her a Dtap shot she got at 15 months old.
- One-year-old Michael Whitesell died three days after getting four shots in October of 2015.
- Five-and-a-half-month-old Matthew Gage Downing-Powers passed away less than two days after receiving vaccines against eight diseases in October 2013.
- Fifteen-month old Zara Antoinette Shiel passed away in her sleep the day after receiving her scheduled 15-month vaccinations in November 2014.
- Six-month-old Lucas Annikan Cage Shull passed away in his sleep of SIDS a few days after getting his very first round of vaccinations in February 2018.

The parents of these children know a pain very few of us will ever experience. It's something I would never wish on anyone, and it's the *very reason* I have this website:

Their perfectly healthy infant or child died hours,
days or weeks after routine vaccination.
We should be listening to them.

Here Is How It Works:

- Pediatricians do not inform parents that death after vaccination is a possibility, even though the vaccine inserts list death and SIDS.



sanofi pasteur
315 – PEDIACEL® Clean Export Package Insert

The rates and severity of adverse events in recipients of tetanus toxoid are influenced by the number of prior doses and level of pre-existing antitoxins.

As with any vaccine, PEDIACEL® may not protect 100% of vaccinated individuals.

Vaccines that contain Hib antigen do not provide protection against infections with other types of *H. influenzae*, or against meningitis of other origin.

Under no circumstances can the tetanus protein contained in conjugate vaccines containing tetanus toxoid as protein carrier be used to replace the usual tetanus vaccination.

Sudden infant death syndrome (SIDS) has occurred in infants following administration of DTaP vaccines. By chance alone, some cases of SIDS can be expected to follow receipt of PEDIACEL®.

Administration Route Related Precautions: Do not administer PEDIACEL® by intravascular injection; ensure that the needle does not penetrate a blood vessel.

- Doctors will completely **DENY** that the sudden death could have ANY relationship to vaccination, even when death occurs within 24 hours of vaccination for a previously healthy infant or toddler.
- Yet the SUIDI reporting form asks whether an infant received vaccination in the prior 72 hours. And previous studies have observed a high percentage of SIDS occurring immediately after vaccination:

> Torch (1986) summarized case reports of more than 150 deaths, post-DPT immunization, which had been reported by 37 authors in 12 countries; approximately 50 percent of these deaths occurred within 24 hours, 75 percent within 72 hours, and 90 percent within 1 week following DPT administration.

- Doctors are required by law to report deaths after vaccination to VAERS, the Vaccine Adverse Events Reporting System, but they DO NOT REPORT these deaths. I interviewed 6 mothers (3 of whom lost an infant within 24 hours of vaccines just this August, 2019) and all of them said their doctors **never reported** to VAERS and **never told them about** VAERS.
- We know doctors don't report vaccine injuries in general. Only 17% of the medical providers who witnessed a vaccine injury ever reported an injury to VAERS. And 2[illegible]% of medical providers had NEVER heard of VAERS.

- BUT the FDA can only look into vaccine lots IF deaths after vaccination are reported to VAERS. According to the FDA, VAERS is the system they use to detect problems with vaccinations. If vaccine injuries aren't reported, they can't be followed up on either.
- The general autopsies performed on infants and children who die shortly after vaccination is no different than a standard autopsy for any age. There are no special tests. They do not look for immune activation, or investigate sources of inflammation, or run a cytokine panel, or test for C-Reactive Protein. An over-exaggerated immune response could result in death, but they don't test for it.

Let's Talk About Evee Clobes

Evee Gayle Clobes

8/19/18 – 3/1/19

Evee Gayle Clobes was a healthy, vibrant 6 month old baby girl with a perfect little angel face, who went to sleep on February 28, 2019 and didn't wake up the next day.

Her mother, Catie Clobes, slept next to her all night on the same bed, as most breastfeeding mothers do. Evee was in a zippered sleep sack, on her back. The only thing completely out of the ordinary, as she would later tell investigators, was that Evee had a wellness visit about 36 hours earlier and got two vaccinations: Prevnar13 and Pediarix.

Evee was in the 74th percentile, a strong baby, doing push ups, rolling over, and hitting all of her milestones. She had some redness and swelling of her thighs after her 4 month shots, but nothing that caused Catie to skip her next round of shots. Catie Clobes was not by any means, an "Anti-Vaxxer".

https://www.youtube.com/watch?v=DOlGZOH1TeA&feature=youtu.be

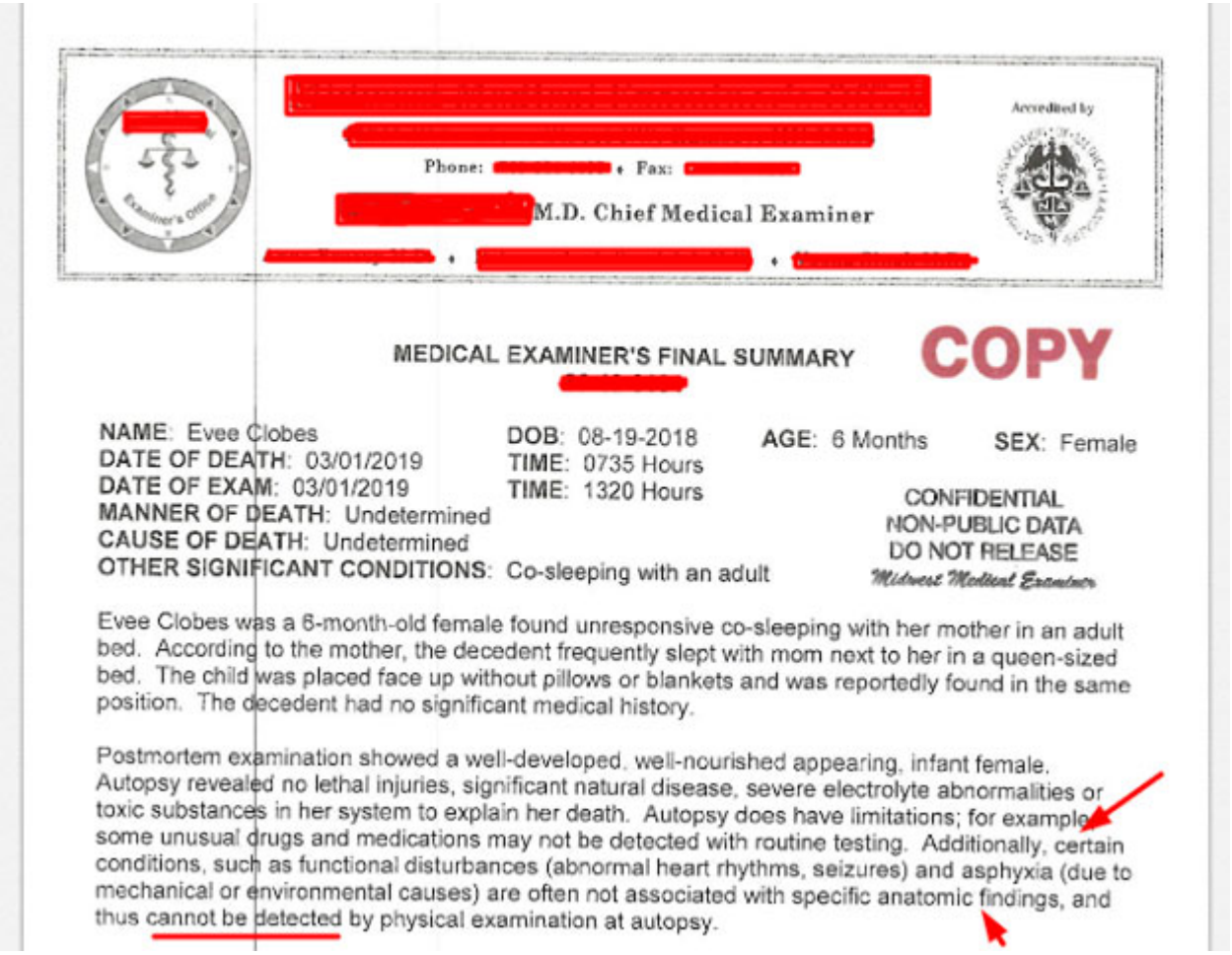
Catie found Evee on her back, with her right arm raised and her face resting on her left cheek. There was nothing blocking her airway. The autopsy photos corroborate the description of how Catie found her: her left cheek is a little lighter where her face was resting on the bed, her nose is pink and does not have any pressure markings. All the blood is pooling on her back with white even creases where the folds of her sleep sack or sheets made a flat even impression. The middle upper portion of her back is white where it made solid contact with the bed.

An examination of Evee's body found a slightly heavy heart, a heavy spleen (up to 4 times the size), an empty bladder, and 'hypoxic-ischemic change' in the cerebellum.

Evee's autopsy listed her official cause of death as "Undetermined" by the Medical Examiner, with co-sleeping with an adult as "Other Significant Conditions".

According to Evee's autopsy:

> Certain conditions, such as functional disturbances (abnormal heart rhythms, seizures) and asphyxia (due to mechanical or environmental causes) are often not associated with specific anatomic findings, and thus cannot be detected by physical examination at autopsy.



[redacted]
Examiner's Office
Phone: [redacted] Fax: [redacted]
[redacted] M.D. Chief Medical Examiner
Accredited by
[redacted]

MEDICAL EXAMINER'S FINAL SUMMARY COPY

[redacted]

NAME: Evee Clobes
DATE OF DEATH: 03/01/2019
DATE OF EXAM: 03/01/2019
MANNER OF DEATH: Undetermined
CAUSE OF DEATH: Undetermined
OTHER SIGNIFICANT CONDITIONS: Co-sleeping with an adult

DOB: 08-19-2018
TIME: 0735 Hours
TIME: 1320 Hours

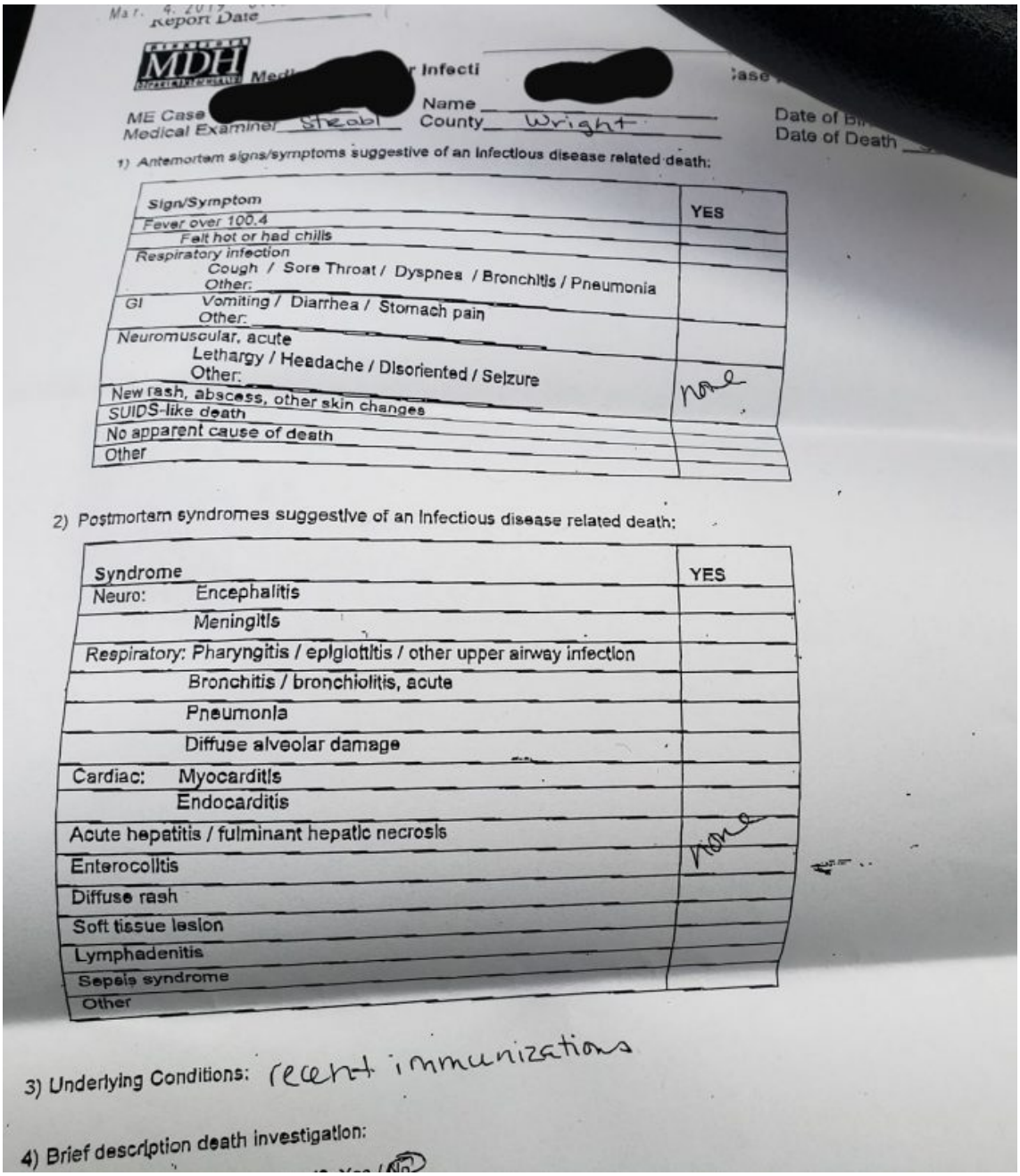
AGE: 6 Months SEX: Female

CONFIDENTIAL
NON-PUBLIC DATA
DO NOT RELEASE
Midwest Medical Examiner

Evee Clobes was a 6-month-old female found unresponsive co-sleeping with her mother in an adult bed. According to the mother, the decedent frequently slept with mom next to her in a queen-sized bed. The child was placed face up without pillows or blankets and was reportedly found in the same position. The decedent had no significant medical history.

Postmortem examination showed a well-developed, well-nourished appearing, infant female. Autopsy revealed no lethal injuries, significant natural disease, severe electrolyte abnormalities or toxic substances in her system to explain her death. Autopsy does have limitations; for example some unusual drugs and medications may not be detected with routine testing. Additionally, certain conditions, such as functional disturbances (abnormal heart rhythms, seizures) and asphyxia (due to mechanical or environmental causes) are often not associated with specific anatomic findings, and thus cannot be detected by physical examination at autopsy.

But in documents obtained via records request, the ME listed “recent immunizations” as an underlying condition:



Report Date

MDH

ME Case [redacted] Infecti [redacted]

Medical Examiner Steabl Name

County Wright

Date of Death

1) Antemortem signs/symptoms suggestive of an infectious disease related death:

Sign/Symptom	YES
Fever over 100.4	
Felt hot or had chills	
Respiratory infection	
Cough / Sore Throat / Dyspnea / Bronchitis / Pneumonia	
Other:	
GI	
Vomiting / Diarrhea / Stomach pain	
Other:	
Neuromuscular, acute	
Lethargy / Headache / Disoriented / Seizure	
Other:	none
New rash, abscess, other skin changes	
SUIDS-like death	
No apparent cause of death	
Other	

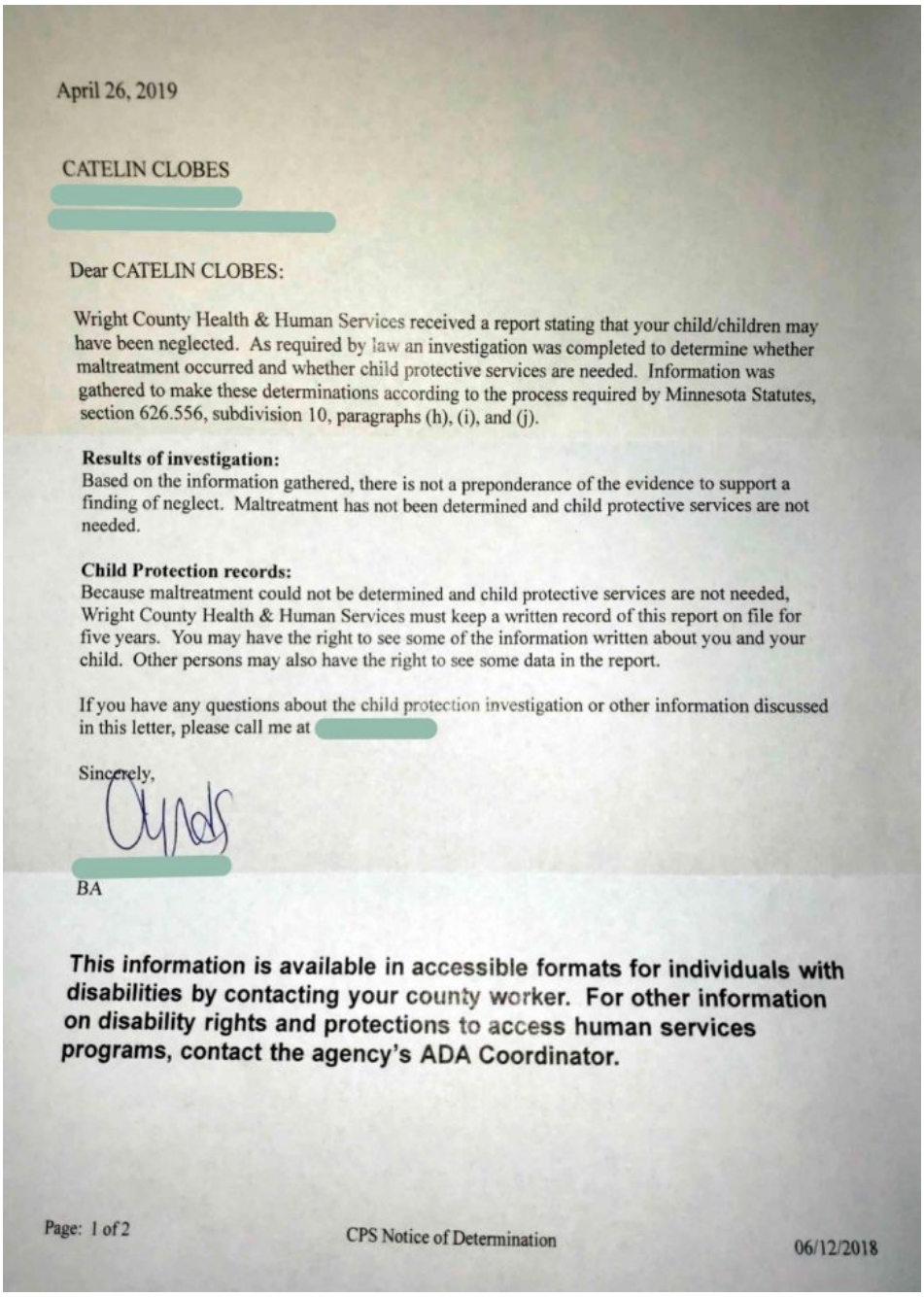
2) Postmortem syndromes suggestive of an infectious disease related death:

Syndrome	YES
Neuro: Encephalitis	
Meningitis	
Respiratory: Pharyngitis / epiglottitis / other upper airway infection	
Bronchitis / bronchiolitis, acute	
Pneumonia	
Diffuse alveolar damage	
Cardiac: Myocarditis	
Endocarditis	
Acute hepatitis / fulminant hepatic necrosis	none
Enterocolitis	
Diffuse rash	
Soft tissue lesion	
Lymphadenitis	
Sepsis syndrome	
Other	

3) Underlying Conditions: recent immunizations

4) Brief description death investigation:

CPS cleared Ms. Clobes of any wrongdoing:



April 26, 2019

CATELIN CLOBES
[redacted]

Dear CATELIN CLOBES:

Wright County Health & Human Services received a report stating that your child/children may have been neglected. As required by law an investigation was completed to determine whether maltreatment occurred and whether child protective services are needed. Information was gathered to make these determinations according to the process required by Minnesota Statutes, section 626.556, subdivision 10, paragraphs (h), (i), and (j).

Results of investigation:
Based on the information gathered, there is not a preponderance of the evidence to support a finding of neglect. Maltreatment has not been determined and child protective services are not needed.

Child Protection records:
Because maltreatment could not be determined and child protective services are not needed, Wright County Health & Human Services must keep a written record of this report on file for five years. You may have the right to see some of the information written about you and your child. Other persons may also have the right to see some data in the report.

If you have any questions about the child protection investigation or other information discussed in this letter, please call me at [redacted]

Sincerely,

[redacted]
BA

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA Coordinator.

Page: 1 of 2 CPS Notice of Determination 06/12/2018

According to Catie:

> Evee received a very poor autopsy, her brain was not studied, just weighed and externally examined. This is NOT normal practice for SIDS deaths. There were several strands of streptococcus and e. coli in Evee's heart blood, definitely not normal, that were marked as "non signifcant". This was likely contamination in the lab. There was no CBC done, not even a check on Evee's white blood count! This was either done, and kept out of the report, or purposely not done. Her spleen was 4 times it's size, but no explanation. The cerebellum had a "hypoxi

> ischemic change" that is one of the tissues that we need to examine, the lividity completely contradicts itself throughout the investigative report and the autopsy report, and the original cause of death was "undetermined" and "co-sleeping" was a concerning condition even though there is nothing showing that it was.

Several months later Catie contacted the medical examiner with a request for additional testing to determine whether vaccination had played a part in Evee's death. Ordinarily, medical examiners are to remain impartial and provide samples upon request. Instead the Medical Examiner, after learning of Catie's intention to investigate vaccines, decided to suddenly change Evee's cause of death from "Undetermined" to "Positional Asphyxiation":

> Two days after I asked the medical examiner for a part of Evee's brain that was never sent, and for her to do a confirmation test on a cellular infiltration found in one of the tissues, she sent me a letter, full of bold-faced lies and discrepancies, stating she just saw "a report from law enforcement she had never seen before". She stated she would be changing Evee's cause of death to positional asphyxiation, and that she was aware of my desire to petition "vaccine court", and that she was done with my "haphazard requests" and would not be providing anymore tissue to support my "vaccine court" case.
>
> There is a medical examiner who is holding Evee's tissues "hostage" because there is a lack of law in place that is allowing her to do so. A cellular infiltration triggered by an immune response after Evee's 6 month vaccinations was found on a slide from one of these tissues, and this tissue needs to be studied completely so we can see how damaged it was. I have had to retain a lawyer separate from a "vaccine court" lawyer to help obtain the tissues. A demand letter was sent, and again, the medical examiner said that she would be retaining the tissues indefinitely as the law says that she is able to do so. The next step is a "writ of mandamus" and court. I am trying to avoid having to do this. The medical examiner is willing to give up any formalin fixed organ samples, but not the paraffin-embedded tissue blocks, 1-12. These the tissues that we need.

Midwest Medical Examiner's Office

[redacted]

M.D. Chief Medical Examiner

[redacted]

Accredited by

June 26, 2019

Ms. Catie Clobes

[redacted]

Dear Ms. Clobes:

Thank you for your follow-up communication regarding Evee's death investigation. I have taken the opportunity to re-review all the case information, including scene description and photos, law enforcement reports and photos, autopsy report and photos, tissue samples, and other studies. I have also discussed the case again with the investigating law enforcement agency and other forensic pathologists. I requested the law enforcement report and reviewed an initial examination of your daughter by a Detective [redacted], which I had not previously seen. As you are aware, Evee was found dead in an adult bed which also contained you, an adult-sized comforter, and adult-sized pillows, factors which create an unsafe sleeping environment for an infant. All photos of Evee clearly show pooling of the blood over the front of her body and face, indicating that she was face-down in the bed when she died and for some time afterwards; this is supported by the presence of purge fluid on the sheet in the area where Evee was sleeping. The examination by Detective [redacted] specifically notes impressions on Evee's face due to being face down on blankets. Given these scene and autopsy findings, the most accurate diagnosis is positional asphyxia. I will therefore be amending the death certificate to reflect this. Because there are no scene or autopsy findings and no scientific literature to support vaccination as a cause of, or contributor to, Evee's death, the death certificate will not be amended to include vaccination.

I am aware of your desire to petition the U.S. Court of Federal Claims ("vaccine court"). Our office will provide the additional samples you have requested to date. At this time, we are able to send two H&E stained slides of medulla as well as a CD68-stained slide of tissue block 12 to your neuropathologist consultant. Unfortunately, we do not have the resources to continue to accommodate these haphazard requests in the future, especially as they are not related to determining the cause and manner of death. Therefore, we will be unable to provide further tissue or slides to support your vaccination court case.

Once more, please accept my condolences on the death of your daughter.

Sincerely,

[redacted]

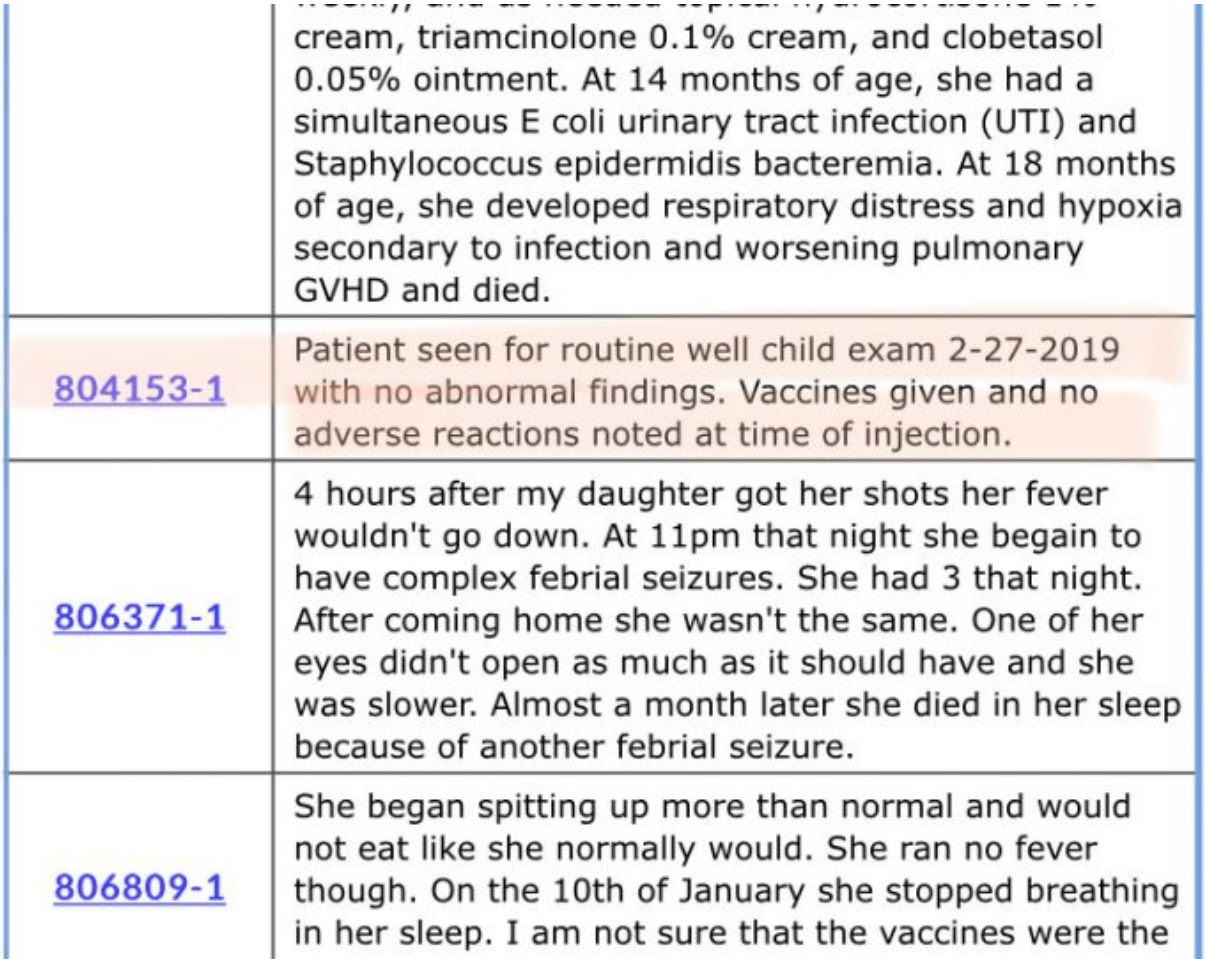
Wright County Medical Examiner

AQS:vlb

[redacted]

It's unclear if the ME filed a SUID form with the CDC, and listed the vaccinations received by Evee Clobes, as she is required by law.

In the days after Evee's death, her pediatrician only filed a VAERS report after multiple phone calls and demands by Catie. This was the VAERS report they filed:



	cream, triamcinolone 0.1% cream, and clobetasol 0.05% ointment. At 14 months of age, she had a simultaneous E coli urinary tract infection (UTI) and Staphylococcus epidermidis bacteremia. At 18 months of age, she developed respiratory distress and hypoxia secondary to infection and worsening pulmonary GVHD and died.
804153-1	Patient seen for routine well child exam 2-27-2019 with no abnormal findings. Vaccines given and no adverse reactions noted at time of injection.
806371-1	4 hours after my daughter got her shots her fever wouldn't go down. At 11pm that night she begain to have complex febrial seizures. She had 3 that night. After coming home she wasn't the same. One of her eyes didn't open as much as it should have and she was slower. Almost a month later she died in her sleep because of another febrial seizure.
806809-1	She began spitting up more than normal and would not eat like she normally would. She ran no fever though. On the 10th of January she stopped breathing in her sleep. I am not sure that the vaccines were the

Keep in mind this is the CDC and FDA's PRIMARY way of *rigorously* monitoring the safety of vaccines.

Catie eventually got some of Evee's tissues and is working with a team of experts that includes neuropathologists and lawyers. These subsequent studies of Evee's brain have revealed:

> Cellular infiltration in Evee's leptomeninges of her hippocampus that showed histiocytes.

Evidence That Vaccines Could Cause Death

Vaccines are designed to elicit an exaggerated immune response as if the body is really exposed to the diseases it aims to prevent. In this situation, Evee's body was mounting an immune response to diphtheria, tetanus, pertussis, hepatitis B, poliovirus, and 13 strains of pneumococcal.

Prevnar13 can cause "a temporary pause of breathing following vaccination has b observed in some infants born prematurely".

Pertussis-containing vaccines, as well as aluminum-containing vaccines have a very long history of causing seizures, as well as a multitude of brain injuries, and sudden death.

Upon more detailed microscopic examination of the brain, two women were found to have died from vaccination against HPV, including one whose cerebellum also had 'hypoxic-ischemic change'.

A review of 57 cases of sudden death in children under 2 years found that 21% had received a vaccine within 7 days of death, and for three of the children who died within 3 days, all children showed evidence of splenitis and hemophagocytosis, which is uncontrollable immune overreaction mainly caused by the activated lymphocytes and histiocytes/macrophages, which is clinically similar to macrophage activation syndrome (MAS). MAS is characterized by an overwhelming inflammatory reaction attributable to dysfunction of the immune system, accompanied by the continual activation and expression of T lymphocytes and macrophages. The activation leads to a "cytokine storm".

Evee may not be able to tell us what happened to her, but her tissues tell the story.

> They've treated her death like it was nothing from the start. That's why I've made it something. She deserved better. I deserve better.

Please sign this petition to help Catie Clobes get her daughter's remaining tissues that are being held hostage by the Medical Examiner.

Help support Catie Clobes to get Justice for Evee.

STUDIES:

1. “Infanrix hexa and sudden death: a review of the periodic safety update reports submitted to the European Medicines Agency” Jacob Puliyel, C Sathyamala. 2017

> “The number of observed deaths soon after vaccination among children older than one year was significantly higher than that expected by chance once the deleted deaths were restored and included in the analysis.”

2. “DPT immunization and SIDS”. Kalyani Srinivas, G. Preeti, Sujatha Pasula. 2015

> *“It is found that mortality with SIDS in the period zero to three days following DTP to be 6.9 times that in the period beginning 30 days after immunization (95 per cent confidence interval, 1.4 to 28)”*

3. “Re-analyses of case-control studies examining the temporal association between sudden infant death syndrome and vaccination”. Ronny Kuhnert, et al. 2012 PDF here Reanalysis of case-control studies examining

> *“There is no increased or reduced risk of sudden infant death during the period after the vaccination. The previously reported protective effect seen in case control studies is based on the inclusion of unvaccinated cases.”*

[Editor’s Note: This study erases any protective effect of vaccines regarding SIDS, because it only came to that conclusion by including a large majority of unvaccinated SIDS cases who died before reaching 2 months old, and thus died before they were eligible for vaccines. A vaccine cannot prevent a death that occurs before a vaccine would be routinely given. However, of infants who lived past 2 months old, they were 4 times more likely to be vaccinated prior to their death. Further research is needed to full understand the mechanism of SIDS, misdiagnosis, and the contributions of vaccines. Explore SIDS here.]

4.“Sudden twin infant death on the same day: a case report and review of the literature” Huang, et. al. 2013 e.Huang et Twins

[Editors note: Ten week old twin infants received the first doses of oral polio and diphtheria, pertussis, and tetanus (DPT) vaccines 60 days after birth. So day 60 the

were vaccinated and they died at 10 weeks, or day 70. Ten days after vaccination, these twins died simultaneously on the same night.]

5. Sudden Unexpected Deaths and Vaccinations during the First Two Years of Life in Italy: A Case Series Study. Giuseppe Traversa, Stefania Spila-Alegiani, et. al. 2011.

> Among the 604 infants who died of SUD, 244 (40%) had received at least one vaccination. Four deaths occurred within two days from vaccination with the hexavalent vaccines (RR = 1.5; 95% CI 0.6 to 4.2). The RRs for the risk periods 0–7 and 0–14 were 2.0 (95% CI 1.2 to 3.5) and 1.5 (95% CI 0.9 to 2.4). The increased risk was limited to the first dose (RR = 2.2; 95% CI 1.1 to 4.4), whereas no increase was observed for the second and third doses combined.

6. Sudden infant death syndrome: a case report in Bosnia and Herzegovina, Dragan Ćajić. 2010

> A previously healthy 3 months old, white male infant was found dead after being placed to sleep in the prone position. The features of this case report closely parallel the classical features of SIDS cited in the world literature.

[Editors note: He was vaccinated 5 days before death. I have yet to find a case report of an infant suddenly dying where no cause is found, without being recently vaccinated.]

7. β-Tryptase and quantitative mast-cell increase in a sudden infant death following hexavalent immunization. StefanoD'Errico MargheritaNeri, et al. 2008.

> "A fatal case of a 3-month-old female infant, who died within 24 h of vaccination with hexavalent vaccine is presented. Clinical data, post-mortem findings (acute pulmonary oedema, acute pulmonary emphysema), quali-quantitative data collected from immunohistochemical staining (degranulating mast cells) and laboratory analysis with a high level of β-tryptase in serum, 43.3 μg/l, allows us to conclude that acute respiratory failure likely due to post hexavalent immunization-related shock was the cause of death."

8. Pulmonary immunopathology of sudden infant death syndrome. W.J.HowatBSc, et al. 2003

> The results showed three times more eosinophils in the lungs of infants who died of SIDS (27 61 vs 7·91 [99% CI 1 76-5 87] cells/mm^2 for parenchyma) accompanied by increased T lymphocytes and B lymphocytes. These findings provide evidence for an abnormal T lymphocyte-mediated pulmonary inflammatory response in SIDS. Products of eosinophil degranulation can cause epithelial damage and pulmonary oedema, which could cause the respiratory obstruction and hypoxia associated with SIDS.

9. Involvement of mast cells in sudden infant death syndrome. Platt, MD, et al. 1994

> An infant with SIDS had a 20-fold higher chance of having an elevated tryptase level compared with a control infant. Recognition of this pathway as operative in SIDS should facilitate a more precise identification of the allergens involved, the processes leading to mast cell activation, and procedures to identify those infants at risk for anaphylaxis, and should, in time, lead to better therapeutic interventions aimed at preventing this specific cause of SIDS.

10. "Diphtheria-Tetanus-Pertussis Immunization and Sudden Infant Death Syndrome". ALEXANDER M. WALKER, MD, DRPH, HERSHEL JICK, MD, DAVID R. PERERA, MD, MPH, ROBERT S. THOMPSON, MD, AND THOMAS A. KNAUSS, MD, PHD. 1987

> *"Focusing on very narrow time intervals following immunization, we found the SIDS mortality rate in the period zero to three days following DTP to be 7.3 times that in the period beginning 30 days after immunization (95 per cent confidence interval, 1.7 to 31)."*

11. a- and B-Tryptase Levels in Near-Miss Sudden Infant Death Syndrome (SIDS) Patients. AD Hogan, MD.

> Further evaluation of near-miss SIDS infants with abnormal levels of a and b-tryptase could help to discern which infants are at increased risk of sudden infant death syndrome, and what might cause mast cell activation.