The Century of Evidence Vaccines Cause Sudden Infant Death Syndrome

Unmasking one of the greatest tragedies in medicine

A MIDWESTERN DOCTOR
MAY 22, 2025

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Story at a Glance:

•Since at least 1933, the medical community has known that vaccines cause infant deaths. To conceal this, those deaths were renamed "crib death" and then "Sudden Infant Death Syndrome" (SIDS), eventually being attributed to infants not sleeping on their backs.

•This revisionism is not supported by the existing evidence nor the historical changes in the frequency of SIDS. Most recently, SIDS rates have had an unprecedented decrease in tandem with the COVID-19 lockdowns reducing vaccination rates.

•The vaccine most strongly associated with SIDS, DPT, was protected for decades by the government despite knowing a large body of evidence around the world showed it killed infants—particularly when an inevitable hot lot was released. Eventually, so many injury lawsuits were filed that in 1986, the government had to give blanket immunity to the vaccine manufacturers.

•This article will concisely review the vast body of evidence showing vaccines cause SIDS and reveal the mechanism modern research has now repeatedly proven causes vaccines to trigger infant death.

We're always told that vaccines were a medical marvel that safely ended the dark age of infectious disease. However, when the actual records are examined, they often abjectly failed to prevent those diseases, and worse still, frequently caused outbreaks and severely injured many of the recipients.

This in part resulted from the inherent toxicity of vaccines and in part because manufacturing challenges regularly resulted in hot lots being released. Rather than address this, the vaccine industry chose to create a variety of strategies to conceal those issues, such as enshrining the dogma "all vaccines are safe" and giving blanket legal immunity to all the "safe" vaccines.

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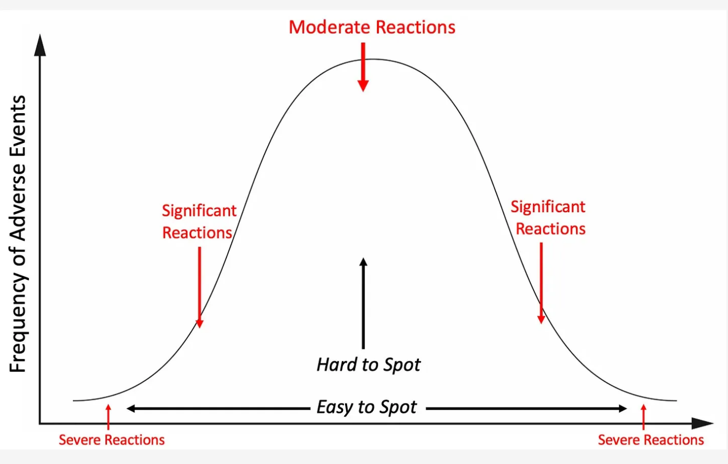
The Toxicity Bell Curve

When humans are exposed to toxins, the reactions to them are distributed such that severe injuries are much rarer. As a result, many of the more subtle, common reactions typically go unrecognized.



Because of this, if a product causes a significant number of deaths (e.g., the COVID mRNA vaccines), that's often the tip of the iceberg and far larger number of injuries lie under the surface (e.g., polling showed that showed 34% of those vaccinated for COVID reported minor side effects and 7% reported significant side effects).

Sudden Infant Deaths

This sadly also holds true for infant deaths, and since its creation, the diphtheria, pertussis, and tetanus (DPT) vaccine has been associated with those deaths.

For example, in 2014, unmarked mass graves belonging to Irish orphans were discovered which belonged to a group of 2,051 children upon whom an early diphtheria vaccine was covertly tested in the **1930s**.
Note: early vaccine experiments (including DPT) were conducted in the 1960s to 1970s at Irish care homes, and the test subjects included babies and handicapped children.

Likewise, as detailed by Sir Graham Wilson, in the early 1900s, there were over a dozen cases in the medical literature (and likely far more that weren't documented) where groups of children received an incorrectly prepared diphtheria vaccine, and collectively, thousands became severely ill, with hundreds suffering an agonizing death.

A wave of deaths hence followed DPT's adoption, which like those following the COVID vaccines, became a "mysterious syndrome," initially being called "crib death" and then "Sudden Infant Death Syndrome" (SIDS). In turn, a few doctors saw this and spoke out against it.

•James Howenstine, MD in 2003 stated:

> The incidence of Sudden Infant Death Syndrome has grown from .55 per 1000 live births in 1953 to 12.8 per 1000 in 1992 in Olmstead County, Minnesota. The peak incidence for SIDS is at age 2 to 4 months, the exact time most vaccines are being given to children. 85 % of cases of SIDS occur in the first 6 months of infancy. The increase in SIDS as a percentage of total infant deaths has risen from 2.5 per 1000 in 1953 to 17.9 per 1000 in 1992. This rise in SIDS deaths has occurred during a period when nearly every childhood disease was declining due to improved sanitation and medical progress except SIDS. These deaths from SIDS did increase during a period when the number of vaccines given to a child was steadily rising to 36 per child.

Note: it has always astounded me that the medical profession knows SIDS peaks at exactly 2, 4, and 6 months of age, but cannot connect that to childhood vaccines being given at the exact same time.

•Robert Mendelsohn M.D. in his 1987 book *How to Raise a Healthy Child in Spite of Your Doctor* wrote:

> My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the United States each year are related to one or more of the vaccines that are routinely given to children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others."

Note: Although I believe pertussis (DPT) is the vaccine most strongly linked to SIDS, other vaccines also have an association (e.g., a 2007 VAERS analysis and a 1999, legislative testimony by Philip Incao, MD made compelling cases also linking SIDS to the hepatitis B vaccine).

•In 1957, Archie Kalokerinos M.D., desiring to serve the people, requested to be stationed in the neglected rural Aboriginal communities, as their infant mortality rate was 10% (whereas it was 2% in the surrounding white communities). Many diseases were rampant there (pneumonia, severe ear infections, severe infant irritability, and a frequent inability to feed the afflicted children), but were ignored and blamed on the uncivilized habits of the mothers.

Note: the full (and quite profound) interview can be viewed here.

Archie eventually realized these deaths were due to severe nutritional deficiencies and quickly saved many lives (e.g., by injecting IV vitamin C or giving zinc).

After the infant death rate climbed to 50% following an infant vaccination campaign, he realized that in the same way infections depleted vitamin C, vaccines did too, and rapidly stopped the vaccination deaths with injected vitamin C. Additionally, he also discovered that vaccinating a child who was currently ill was frequently lethal (which, to varying degrees, has also been reported throughout the medical literature).
Note: *Kalokerinos also found early breastfeeding was critical for infant health and preventing death, but unfortunately, colonial forces had shifted them towards formula—mirroring a pernicious trend seen globally. Many have since found breastfeeding counteracts many of the harms of vaccination (e.g., breastfeeding halves the rate of SIDS)—all of which is discussed here.*

Later, he used vitamin C to treat many other conditions too (e.g., otherwise fatal **measles** cases)—something coincidentally also being done by another pioneering doctor in America.

Note: Kalokerinos also showed that mothers accused of shaking their babies to death had in fact died of scurvy. Similarly, as I show here, the diagnosis "shaken baby syndrome" (invented in the 1970s) was frequently used to wrongfully convict parents whose children died in their sleep after vaccination (and dovetails with the fact parents who've just lost their infants to vaccines at their most vulnerable moment are often then put through a subsequent nightmare by law enforcement).

Many of these doctors' experiences (especially for Kalokerinos) were summarized in a talk by Raymond Obomsawin:

Note: Obomsawin also highlighted that when Japan moved the DPT injections from 3-5 months to 24 months of age, there was an 85-90% reduction in DPT brain damage and SIDS cases, and a 60% decrease in the overall infant mortality rate.

A Shot in the Dark

In addition to causing death, the DPT vaccine frequently caused brain injuries. As the media had not yet been bought out by the pharmaceutical industry (due to a 1997 FTC decision legalizing pharmaceutical television advertisements), programs critical of vaccination would occasionally air such as a 1982 one highlighting the profound disability being caused by the DPT vaccine.

Many parents with DPT injured children saw this program, called NBC and then were connected by NBC, forming "Dissatisfied Parents Together" one of the original vaccine safety groups, and in 1985, *DPT, A Shot in the Dark*, was published.

DPT, A Shot in the Dark highlighted that:

•As early as 1933, there were published reports of infant deaths shortly after DPT shots, including some where autopsies attributed the deaths to vaccination.

•Simultaneous identical twin deaths are an extraordinarily rare event and are hence considered a gold standard for establishing causality, and in 1946, two twins died (**on their backs**) within 24 hours of their second DPT vaccine— something also shown in 1987, 2006, 2007, 2010, and 2013 case reports.

•Researchers like Dr. William Torch (who analyzed 72 sequential SIDS cases and then over 200) showed that these deaths clustered shortly after vaccination—something which could not be explained by chance.

•The FDA's pertussis vaccine specialist, Charles Manclark had stated in 1976 that:

> Pertussis vaccine is one of the more troublesome products to produce and assay. As an example, the pertussis vaccine has one of the highest failure rates of all products submitted to the Bureau of Biologics for testing and release. Approximately 15-20 percent of all lots that pass the manufacturer's tests fail to pass the Bureau's tests.

•In 1978–79, eleven infants in Tennessee died within eight days of receiving a DPT vaccine; nine had been vaccinated with the same lot—Wyeth #64201—and five (four from that lot) died within 24 hours. Statistical analysis showed that such a clustering of deaths would occur by chance only 3% of the time; later estimates put the probability even lower—between 0.2% and 0.5%.

In June, CDC Director Dr. William Foege told the Surgeon General that while a causal link to those deaths couldn't be confirmed, it also couldn't be ruled out. Three weeks later, FDA official Harry Meyer cited Foege's memo to reject Wyeth's request to list SIDS-related risk factors as contraindications for the DPT vaccine, stating there was no medical basis or evidence that such labeling would prevent SIDS.

•Following this, in 1979 Wyeth's senior leadership published a memo which stated future DPT lots needed to be distributed across the country (rather than sent to one place) so a repeat of the 1978-1979 incident would not occur again.

Additionally, another cluster of SIDS deaths in Fresno California led to the local newspaper conducting an investigation that revealed widespread issues with hot DPT lots, had doctors in the area provide evidence DPT was indeed causing SIDS, and disclosed that a 1978 study on the safety of the DPT vaccine was buried after researchers discovered adverse reactions within 48 hours of immunization were 5000% higher than expected.

This damning indictment of the DPT vaccine led to national vaccine safety legislation being passed in 1986 (which sadly subsequently got co-opted and became nothing but a blanket liability shield for industry) and the **w**hole cell DT**w**P vaccine eventually being replaced with the safer **a**cellular DT**a**P vaccine.

Note: since the DTaP vaccine costs more to produce, industry long resisted it and still gives DTwP to poorer regions like Africa.

Whole Cell Pertussis in Africa

Peter Aaby, a renowned vaccine scientist and promoter of vaccination, was commissioned by the WHO to study the effects of vaccines commonly utilized in charitable programs by the international community on infant mortality (studies which for context are almost never conducted).

To his horror, Aaby discovered:

> **DPT was associated with 5-fold higher mortality than being unvaccinated** [DTwP increased deaths 3.93 times in boys and 9.98 times in girls]. No prospective study has shown beneficial survival effects of DPT. Unfortunately, DPT is the most widely used vaccine, and the proportion of people who receive DPT is used globally as an indicator of a country's vaccination program performance.
>
> It should be of concern that the effect of routine vaccinations on all-cause mortality was not tested in randomized trials. All currently available evidence suggests that the DPT vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis. Although a vaccine protects children against the target disease, it may also increase their susceptibility to unrelated infections.

Aaby's 2017 results were, not surprisingly, buried, and due to Bill Gate's "donations" vaccination (including with DTwP) has become a greater and greater focus of the WHO. However, in 2019 Peter Gøtzsche, MD, a renowned expert on research fraud (who has been a critical reformer in evidence-based medicine), then conducted a systematic review of the DPT program which concluded:

> Evidence tells us that it is likely that the DPT vaccine increases total mortality in low-income countries.

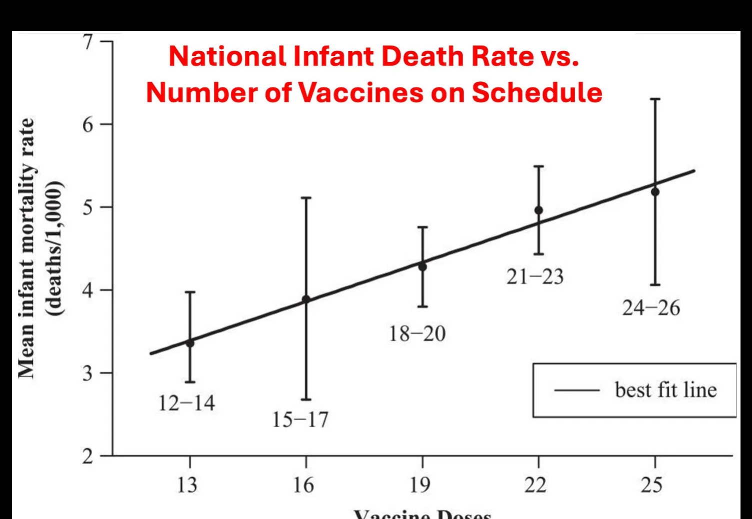
Note: Aaby found the primary cause of these deaths was DPT inducing immune suppression and other infections later killing the infants (something which has also been observed with many other vaccines).

Dose-Response Relationships

Dose-Response Relationships

A key metric for establishing causality is demonstrating a dose-response relationship (e.g., more vaccines causing more deaths).

On a national level, this has been shown by SIDS rates going up as the number of vaccines increased. Likewise, a 2011 study of the 34 nations with the lowest infant mortality rate (America being #34) showed an unmistakable relationship between total vaccinations and SIDS.



Giving multiple vaccinations simultaneously (e.g., hexavalent vaccines containing DTP + Polio + Haemophilus Influenza B + Hepatitis B) has also been repeatedly shown to increase the risk of SIDS. For example:

•When GSK's hexavalent vaccine hit the market, SIDS cases were observed, eventually prompting a 2005 study of Germany's adverse event database that found an increase in SIDS cases was associated with the vaccine.

•A 2011 study of Italy's adverse event database found hexavalent vaccines increased the risk of infant death 2.2 times in the 14 days that followed.

•A judge then forced GSK to release their confidential safety data which showed 90% of reported infant deaths occurred immediately following vaccination (again strongly suggesting an association).[1,2]

•A later confidential 2015 report GSK gave to European regulators showed almost 52.5% of vaccine-linked deaths occurred within 3 days of vaccination, 82.2% within seven days, and 97.9% within ten days.[1,2]

•A 2012 VAERS analysis of all reported infant deaths found that infants who received twice as many vaccines at one time were roughly twice as likely to die or be hospitalized.

Similarly, since all infants receive the same vaccine dose, premature infants (being smaller) effectively receive a higher dose. In turn, that analysis also found the youngest infants were the most likely to die following vaccination.

Note: after publishing, I learned that sudden and unexpected infant deaths following vaccination are now being hidden in VAERS by no longer classifying them as SIDS.

Respiratory Arrest

Infants can experience a cardiorespiratory event, such as an interruption of breathing or a significant slowing of the heart rate, following vaccination. In many cases, these events require CPR, and had the infant not been monitored at the hospital when it occurred, the infant would have likely died.

This has been proven by **decades of hospital studies** (e.g., I summarized 13 trials,[1,2,3,4,5,6,7,8,9,10,11,12,13] including a 2025 one, here) of premature infants that all showed:

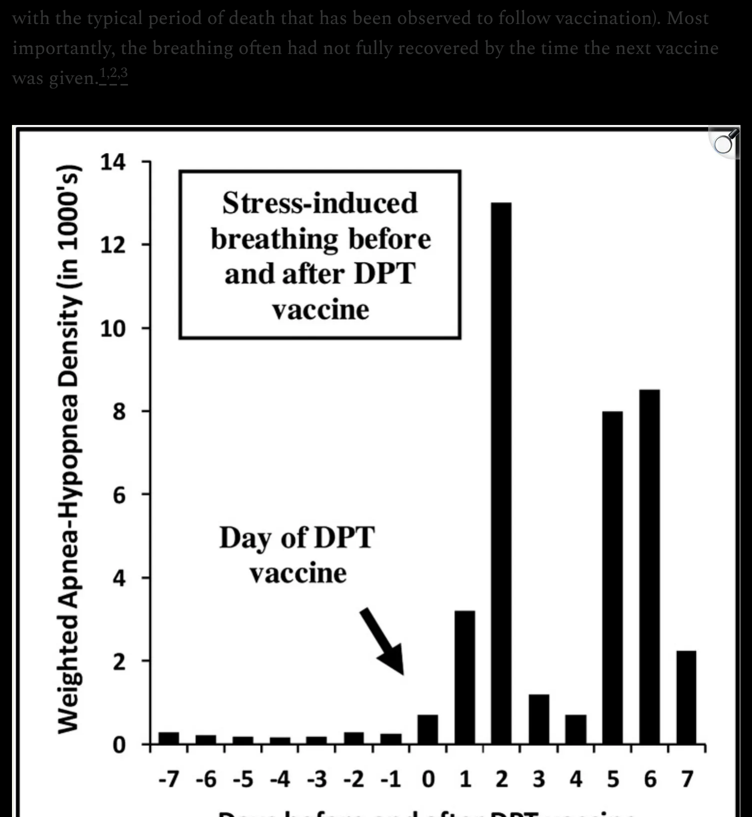
•Roughly a third of premature infants experienced a cardiorespiratory event (e.g., respiratory arrest) following vaccination (whereas virtually none did beforehand), and about a third of those then required respiratory support.

•Those who were smaller or who had existing chronic diseases were more susceptible to these cardiopulmonary events (mirroring Kalokerinos's observations).

•These events often recurred after subsequent vaccinations.

Remarkably, despite this complication of vaccination being recognized by the medical field, **it has never been connected to SIDS** and still is viewed as inconsequential relative to "immense benefits of vaccination."

As such, an Australian group developed a way to monitor infants at home continuously and, like many others, **was able to demonstrate non-fatal disruptions of breathing spiked following DPT and Polio vaccination** (this is the most likely cause of SIDS) and that this disruption continued for over six weeks post-vaccination (hence overlapping with the typical period of death that has been observed to follow vaccination). Most importantly, the breathing often had not fully recovered by the time the next vaccine was given.[1,2,3]



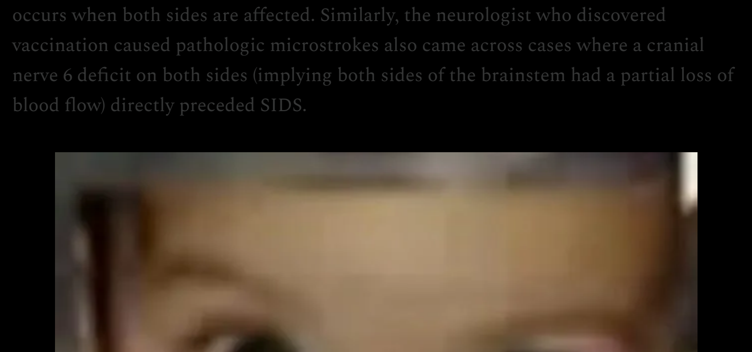
Note: some package inserts[56] for DTaP vaccines list SIDS as a possible side effect.

What Causes SIDS?

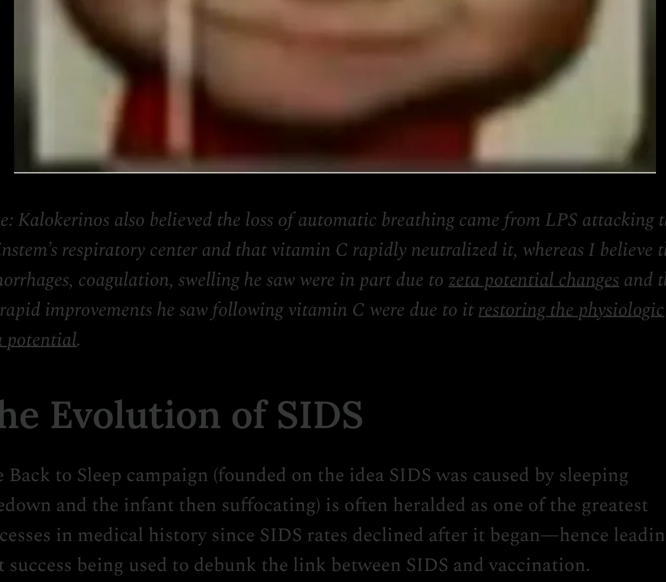
When SIDS autopsies are conducted (detailed here), they typically find unusual changes such as acute congestion, edema and small hemorrhages in the brainstem and internal organs along with brain tissue infiltration by different immune cells.[1,2,3,4]

Note: these findings mirror what Kalokerinos observed in the many autopsies he conducted (and attributed to bacterial LPS endotoxins). Likewise, a government pertussis specialist shared with me that some of these effects (e.g. vascular leakage) are also seen with pertussis toxin toxicity (which suggests the vaccine pertussis toxin may not be fully inactivated—something which was frequently an issue with previous lethal diphtheria hot lots).

One of the greatest dangers with vaccines is that they cause blood cells to clump together, creating microstrokes in smaller blood vessels. Certain parts of the brain are more vulnerable to this, and as such, specific cranial nerves (e.g., 6 and 7) will frequently display observable deficits after vaccination (e.g., the eyes turning inwards). Since a key area of the brain for ensuring automatic breathing is very close to the nuclei for the commonly affected cranial nerves, breathing is likely affected by those microstrokes as well.



In turn, I suspect that the partial interruptions of respiration occur when there is a partial interruption of one side's blood supply, whereas the full respiratory arrest occurs when both sides are affected. Similarly, the neurologist who discovered vaccination caused pathologic microstrokes also came across cases where a cranial nerve 6 deficit on both sides (implying both sides of the brainstem had a partial loss of blood flow) directly preceded SIDS.

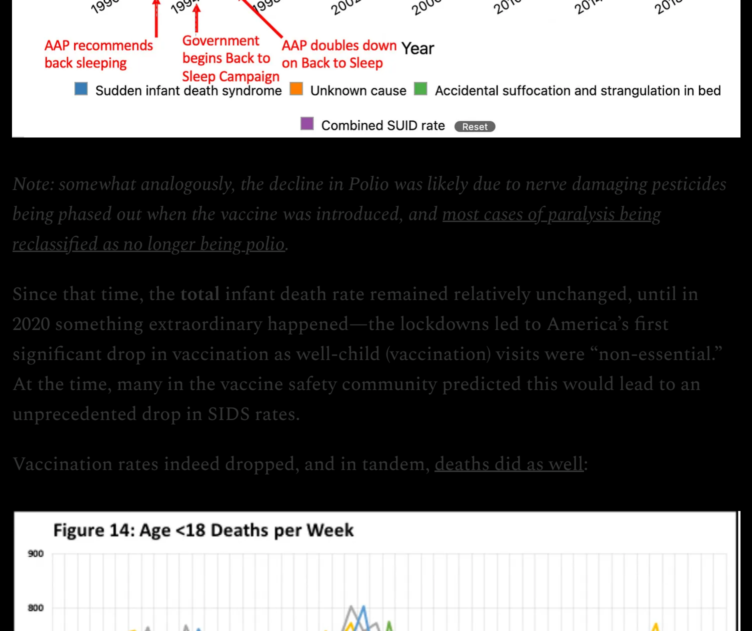


Note: Kalokerinos also believed the loss of automatic breathing came from LPS attacking the brainstem's respiratory center and that vitamin C rapidly neutralized it, whereas I believe the hemorrhages, coagulation, swelling he saw were in part due to zeta potential changes and that the rapid improvements he saw following vitamin C were due to it restoring the physiologic zeta potential.

The Evolution of SIDS

The Back to Sleep campaign (founded on the idea SIDS was caused by sleeping facedown and the infant then suffocating) is often heralded as one of the greatest successes in medical history since SIDS rates declined after it began—hence leading to that success being used to debunk the link between SIDS and vaccination.

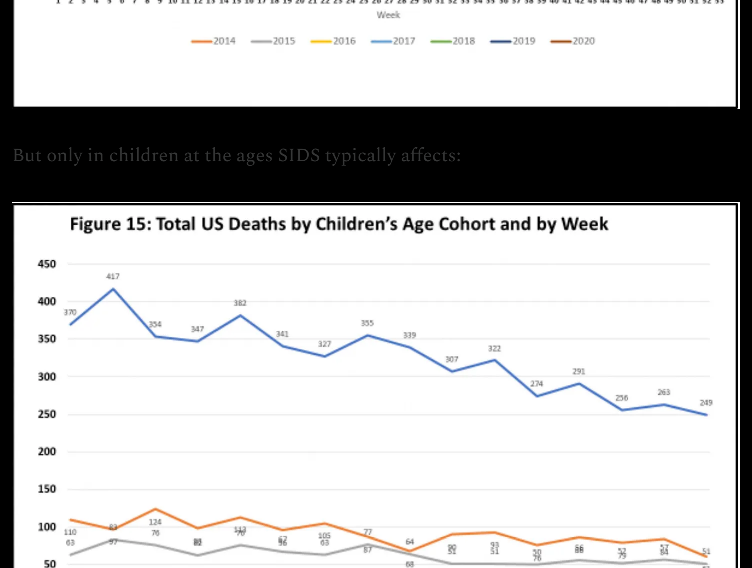
However, if you look at the actual data, a strong case can be made that drop was due to the TDwP to TDaP switch and then the reclassification of SIDS cases:



Note: somewhat analogously, the decline in Polio was likely due to nerve damaging pesticides being phased out when the vaccine was introduced, and most cases of paralysis being reclassified as no longer being polio.

Since that time, the **total** infant death rate remained relatively unchanged, until in 2020 something extraordinary happened—the lockdowns led to America's first significant drop in vaccination as well-child (vaccination) visits were "non-essential." At the time, many in the vaccine safety community predicted this would lead to an unprecedented drop in SIDS rates.

Vaccination rates indeed dropped, and in tandem, deaths did as well:



But only in children at the ages SIDS typically affects:

Furthermore, due to the political climate in Florida in 2021, the state's childhood vaccination rate decreased from 93.4% in 2020 to 79.3% in 2021. At the same time, all-cause infant mortality under one year of age in Florida also reduced by 8.93% (a reversal of the 2020 trend, where infant mortality had increased by 0.67%). A 14 percent decrease in vaccination coverage was associated with a 9 percent decrease in infant mortality, suggesting **roughly half of the infant deaths in Florida could potentially be attributed to vaccinations.**

Note: earlier this week, Idaho twins were found dead in bed, a highly unusual event prompting a homicide investigation (despite the parents, worried their children were dying had already brought them to the ER but then were sent home). From speaking to doctors directly connected to the case, I learned that the infants were three months premature, and after receiving 5 vaccines concurrently, became cyanotic, were told they had a vaccine reaction and give Tylenol. The infants completely changed, and eight days later had terrible diarrhea and an unusual bile discharge, then died later that night in bed. Those who knew the family did not suspect a homicide and likewise, a colleague who was present at the autopsy shared there was no evidence of foul play. Had the common risk factors for vaccine caused SIDS been known, this tragedy likely would have been avoided.

Conclusion

> Something can be very obvious. I mean, what could be more obvious than the dead kid? It can be extremely serious and its existence not only be ignored, but denied, and unless this is understood, it is impossible to understand what my problem was. Now, I knew that these other places were having infant deaths too. Yet when I spoke to doctors, their response was almost universally hostile. So I was left to handle the problem by myself. — Archie Kalokerinos

One of the saddest things about vaccine injuries is that children lack the ability to communicate how vaccines have injured them or refuse further immunizations. In turn, one of the most heartbreaking things I've had to witness in medicine are children, in whatever way they can, trying to tell their parents or doctors and nurses that vaccines are hurting them, but are ignored and have something catastrophic happen after they are injected without their consent.

However, now that so many adults (who can communicate) have been injured by the COVID vaccines, the veil has been removed, and an awareness is forming around the potential consequences of vaccination. Secretary Kennedy is now at last beginning the long overdue evaluation of the safety of the vaccines given to our children, and it is imperative we do all that we can to support this investigation being allowed to proceed forward.

***Author's Note:** This is an abbreviated version of a full-length article that takes a deeper look into the evidence linking SIDS to vaccination, which can be read **here**. Additionally, a companion article on the century of evidence vaccines cause a wide range of neurological injuries (e.g., autism) can be read **here** along with a companion article which details all the evidence linking specific chronic illnesses and how to recognize the subtle effects of vaccination (which can be read **here**).*

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Sumotoad Sumotoad's Substack 2d

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My beautiful and perfect daughter was two months old. I was over-the-moon in love with her. She was perfectly healthy. I was freshly out of the Army, just an ordinary young dad. We took her in for her "well baby check" (it had never occurred to me that a well baby needs no checking) and she received her first shots. She was a bit fussy that evening, but that was expected—she was our second child. The next day I was downstairs when I heard her mother scream my name because our daughter had quit breathing and turned blue. We didn't wait for an ambulance. We just got in the car and drove across town to the hospital where she had been born two months earlier. I ran into the ER with my baby in my arms. A nurse shouted, "Is the baby okay?" I shook my head, she grabbed my daughter and ran. They saved her. There was nothing wrong with her. No bronchospasm, no mucus plug, no nothing. The diagnosis was "aborted SIDS" which is of course no diagnosis at all. It was 40 years later that I learned that the DPT causes apnea. And, they didn't teach me that in pharmacy school. I am horrified that I nearly killed my daughter by trying to take care of her. I am angry at everyone involved in this ongoing crime. I am angry that I was too dumb to figure out that the only possible cause was the vaccine she had received 16 hours earlier, and I am angry that no one told me of that possibility.

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Laura Laura's Substack 2d

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Hey everyone, just wanted to share something. I'm 44 years old now, and when I was just 2 months old, I nearly died from what would now be classified as SIDS. This happened in Queensland, Australia.

Back then, no one even considered vaccines as a possible cause. My mum has often recounted the story: I was lying in bed when I suddenly stopped breathing and turned blue. My dad panicked but somehow managed to scream life back into me on the way to the hospital.

When we arrived, the doctors checked me and said, "She's fine—just had some milk stuck in her throat!"

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