BRIEF BIOGRAPHY & WHAT WE DID WRONG WITH VACCINES

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BRAIN, BEHAVIOR, AND HUMAN DEVELOPMENT

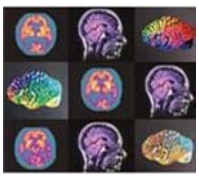
I realized I would pursue a career in the mental health, intellectual disability, and brain-behavior sciences after the second year of my B.A. studies in Psychology. Several events during the B.A. helped focus my interests on a career in Neuropsychiatry and intellectual disability. First, I was excelling academically in courses on brain and behavior and abnormal psychology. Second, I was a volunteer in the Animal Neuroscience research lab at Nipissing University. Third, I was employed as a behavioral counselor in two weight loss clinics. Fourth, I was employed as a youth counselor at a residential treatment facility for troubled adolescents. Fifth, I was a member of the North Bay Psychiatric Hospital Volunteer Association (1988-90). Most of my volunteer time was spent with patients on the forensic and geriatric units, and in the patient library. These experiences have had lasting impacts on my vocational and academic pursuits.

My undergraduate experiences left me fascinated by the range of conditions capable of derailing the human psyche. I was humbled by the patients I met in the Psychiatric hospital, impressed with the fortitude of the weight loss clients, pained by the histories of the children at the Residential treatment facility, and intrigued by the brain function questions being addressed in the animal research labs. Combined with my academic experiences I came to view mental health on a continuum from childhood to adulthood. I decided that the best way to understand cognitive and affective disorders would be to study human development from a life-span perspective. For this reason I completed a Masters degree in human development (child) before I enrolled in a Ph.D. program in Psychology studying neur

BACHELORS & MASTERS DEGREE

I graduated with an 88% cumulative average in biopsychology courses from my B.A. and received the J.W. Trusler proficiency Award in Psychology graduating at the top of the class. My training during the M.A. degree was through the Behavioral Neuroscience Research Unit Laurentian University under the supervision of Dr. Michael Persinger. Dr. Persinger is internationally renowned for his work in neuropscyhology. It was with this Unit that I was initially introduced to psychometrics. I completed the M.A. thesis in child development, developmental neuropsychology , and language development in children. As part of my M.A. thesis I assessed 150 children from kindergarten to grade 13 while establishing neuropsychometric norms on cognitive development, language development, auditory processing, and intelligence testing tools. This M.A. thesis was

recognized by the Ontario Psychological Association in their 1993 "Best Ontario M.A. thesis" contest. I received the Alumni Graduate Excellence Award as well as two Ontario Graduate Scholarships during the M.A. training.



Baycrest Enriching Care Enhancing Knowledge Enlightening Minds | Rotman Research Institute

Doctorate: PH.D.

My Ph.D. training was in Clinical psychology, Neuropsychology, Electrophysiology (Event Related Potentials - ERPs), Brain Electric Source Analysis, Cognitive & Basic Neuroscience. This training occurred at several sites. The course work was completed at the University of Ottawa (1992-94). The cognitive neuroscience and brain imaging ERP research was supervised at two sites: the Neurosciences Research Unit of the Ottawa General Hospital (1992-94), and the Rotman Research Institute of the Baycrest Center in Toronto (1994-98). The bulk of the Clinical training was completed in the Outpatient Mental Health Clinics of the Credit Valley Hospital in Mississauga, the Neuropsychology department of the Baycrest Centre for Geriatric Care in Toronto, and in the Memory Disorders Clinics of the Ottawa General Hospital .

My Ph.D. thesis as well as my comprehensive exams were completed at the Rotman Research Institute, Baycrest Centre for Geriatric Care, Toronto, Ontario under the advisory of Dr. Terrence Picton (neurology) and Dr. Donald Stuss (neuropsychology). The PhD comprehensive exam and manuscript was impairment secondary to acquired brain injuries and the post-concussion syndrome. I was supported in the Ph.D. studies primarily through scholarships from the Natural Sciences, Engineering, and Research Council of Canada (1992-94), the Ontario Mental Health Foundation (1994-97), the Jack Catherall Award in Cognitive Neuroscience (University of Toronto), a Roeher Institute Scottish Rite Foundation intellectual disabilities research scholarship, and several Research and Clinical Excellence scholarships from the University of Ottawa .

STANDING IN CLASSES

I consistently ranked at the very top of my class in each degree program through the B.A., M.A. and Ph.D. I received over 27 awards, prizes and scholarships for academic and research excellence during the undergraduate and graduate degrees.

McMaster University
Inspiring Innovation and Discovery

Undergraduate Medical Program

MEDICAL SCHOOL

I went on to Medical school at McMaster University in Hamilton, Ontario from 1997-2000. The final aspects of the Ph.D. and the M.D. were completed concurrently – I would not recommend this

to anyone. The Ph.D. was awarded in May, 1999. The M.D. was conferred in June, 2000. I received the Licentiate of the Medical Council of Canada after passing the LMCC-1 (written) and LMCC-2 (clinical skills) exams in 2004-2005.

CAREER PLANS – STARTED

My career plans have been in neuropsychiatry and are rooted in the scientist-practitioner training model. My goal initially was to start my own neurodevelopmental research institute focused on unraveling the mysteries of brain related neurological, neuropsychiatric, and neuroimmunological disorders. My research interests span the entire neurodevelopmental spectrum from sudden infant death syndrome, autism, Asperger's syndrome, attention deficit hyperactivity disorder, developmental delays, speech and language disorders, specific learning disabilities, childhood disintegrative disorder, Tourette' syndrome, infantile spasms, seizure disorders, Reye's syndrome, Bipolar disorder, Obsessive-Compulsive Disorder, Schizophrenia, Parkinson' disease, Alzheimer's disease, and stroke.

Louis Pasteur's Germ theory
vs
Antonie Bechamp'
Cellular disease theory
vs
M.A.S.S.
Moulden Anoxia Spectra Syndromes

AN ENIGMA – BUT SOLVABLE – I JUST DID NOT THINK IT WOULD TAKE SEVERAL MORE YEARS

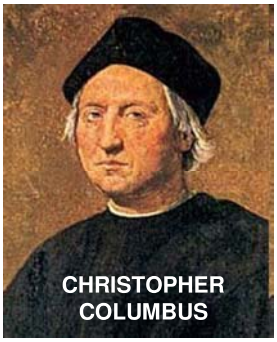
Little did I recognize that my academic experiences, and clinical experience, would culminate in the series of events that ultimately led to that "aha!" moment in January of 2001. These initial observations, of three clinical cases, became the launching point, the "needle in the haystack if you will", that enabled me to take what I was observing clinically, back to the medical, vaccine development, medical history, neuroimmunology, hematology, neurovirology, microbiology, biochemistry, neuroimaging, medical physiology, fluid mechanics, medical pathology, biomedical engineering, neurodevelopment, "Germ Theory" contemporary medical model, dermatology, vaccine history, vaccine adverse events reporting system, medical-legal cases, medical metabolic diagnostics, virology, bacteriology, child development, and ultimately medical socio-political

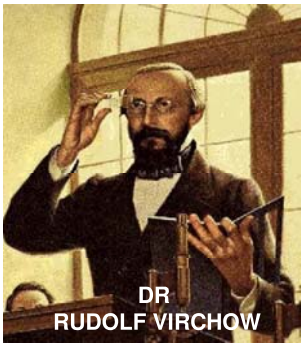
literature to decipher through "what made sense", and what assumptions we make as physicians just "did not add up" to the clinical data I was confronted with from the patients I was seeing." As I learned, and much of the things I had to learn were not taught in medical school – indeed, some of the critical physiology pieces that were needed to decipher what is happening in autism, was not even in the medical school curricula let alone the next books we studied from.

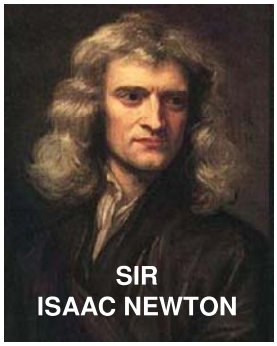
The end-result of my focused, and dogged investigations, born only of a mind that "enjoys figuring neurobiological enigmas out", has been the discovery not only of the cause of vaccine induced autism and other medical morbidities, but the means to demonstrate this to everyone on a case by case basis. Moreover, the answers that have emerged, has also solved several other medical enigmas and has culminated in a re-write of Louis Pasteur's, and contemporary Western style allopathic medicines', entire medical model – "The Germ Theory" of human disease. As it turns out, the reason we have made a "mess of it" with one size fits all vaccines specifically, and antibiotics and pharmaceutical counter-attack measures in general, is that the Germ Theory was just that – a theory, which has turned out to be wrong, in very fundamental ways.

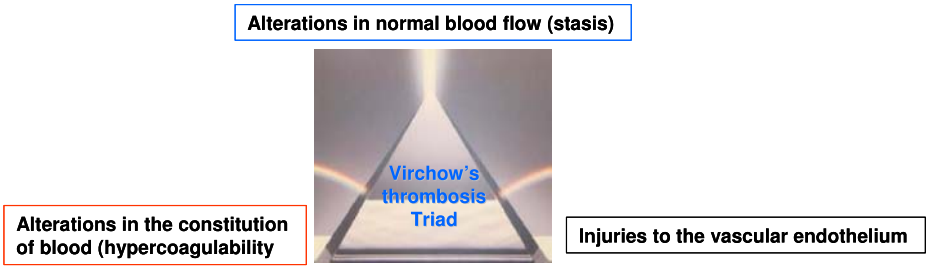
It is not "germs" that are causing human disease in and of themselves, it is the bodies non-specific immune response to ANY foreign substances entering the body that is causing disease and disorders. This was the only logical conclusion to account for the observation that all vaccines, irrespective of strain, were causing the exact same neurological damages in the vaccine recipient, irrespective of emergent diagnosis. The common mechanism of injury, and disease, for all, IS anoxia at the microcirculatory level.

I look forward to sharing what I have discovered with the world. The medical establishment is very protective of "core dogma" and reluctant and slow to accept change. Recognizing this, I have elected to release what I have discovered, to the lay and the scientific communities, as well as the civil justice system, in short succession – beginning Septmeber of 2008.









THE WORLD IS NOT FLAT!

The tide of acceptance and change may be slow. However, with the confidence of Columbus, I can now definitively say "the world of human disease is "round" not flat, and it is not so much the

substance or infectious disease that enters the body that is causing ill health. Remarkably, irrespective of the triggering "substance", toxin, metal, particulate, living or dead "bug", or portions thereof, the response of the body is the same across many disease categories, and ultimately medical diagnoses, and remarkably from infancy to adulthood. The pathophysiological mechanism is the same. I have named this process, and the multiplicity of diseases it causes, M.A.S.S. – **M**oulden **A**noxia **S**pectra **S**yndromes. Intuitively, this makes perfect sense when you consider that inorganic particles such as asbestos, prions (non-living proteins), heavy metals, and coal dust, by example, can all cause disease, cancer, disorders, and death. Yet none of these are "germs." Clearly, it is something the body does in response to these foreign entities that is causing disease and not "germs and infectious diseases" in and of themselves. This something, I have discovered, is a generic physiological response that I have called M.A.S.S. It matters not that an infectious disease has been weakened, killed, or attenuated before it is placed in a syringe and injected into the body. What matters is that something foreign has entered the body.

The cure and prevention of human disease is to be found in the body's generic "M.A.S.S." response to foreign materials that enter the body rather than injecting foreign entities into the body as prophylaxis.

M.A.S.S. has several component steps and is the over-riding common denominator across most of not all acquired mammalian diseases.

M.A.S.S. is actually a part of the healing by first intention process that is part of all tissue repairs. In essence, MASS causes pathology by virtue of over-zealous healing as triggered by virulent organisms, or excessive non-specific immune hyper stimulation. The pathological hallmark of MASS is hypoxia (lack of oxygen) and lactic acidosis within focal tissue areas perfused by the microcirculatory units. MASS is a function of hematology, non-Newtonian fluid dynamics, non-specific cellular immunity, first intention healing, genetics, electrophysiology of colloidal solutions, micro vascular biomechanics, and tissue damage either endogenously or exogenously triggered.

Solving the unknown mechanism(s) of injury for Autism-spectrum disorders, in medical physiology, as a function of vaccinations, has resulted in the emergence of a singular causal mechanism that cuts across many mammalian ailments. As it turns out, it is not the infectious diseases and Germs that have been causing diseases and disorders in mammalian tissue; it has been the bodies own non-specific cell-mediated (white blood cell) immune response to foreign substances entering the body that is causing disease, disorders, and the global epidemic of autism-spectrum and neurodevelopment disorders from multi-vaccines. Please note that vaccines are not the only trigger for autism-spectrum disorders and vaccinations can cause autism in any given infant/child in both direct and indirect ways. That is, one does not need to be directly vaccinated in order to be vaccine injured. This is M.A.S.S. in vertical and horizontal transmission and the cross-individual transmission has nothing to do with infectious diseases or "germs."

I look forward to revealing the M.A.S.S. medical mystery, which has been shrouded in darkness, to the world, for too long. I see the truth. Come see for yourself – I have made it that simple for you.


DR MOULDEN'S PERSONALITY

I offer a warm, creative, inquisitive, tolerant, cooperative, enthusiastic, personality with strong interpersonal skills and a proven commitment to the profession of neuropsychiatry from both a scientist and practitioner perspective. The personal descriiption that best captures my personality is "outgoing, affable, verbal, and inquisitive". My weaknesses are mental arithmetic, visuospatial imagery, and a tendency to speak too quickly unless I self-monitor. I think divergently, creatively, and rapidly within my areas of expertise. I recognize when I do not understand what I think I know and self-teach out of genuine curiosity rather than purpose. It is likely for this reason that I have made the discoveries I will soon reveal.

I have learned to live with uncertainty and deal objectively with patient care and treatment. I have also learned to live with uncertainty arising from the state of health science knowledge, inconsistent data points, and expert opinions. My knowledge base and skill set in neurobehavioral assessment is particularly strong. I especially enjoy challenging cases that pose difficult differential diagnostic hypotheses.

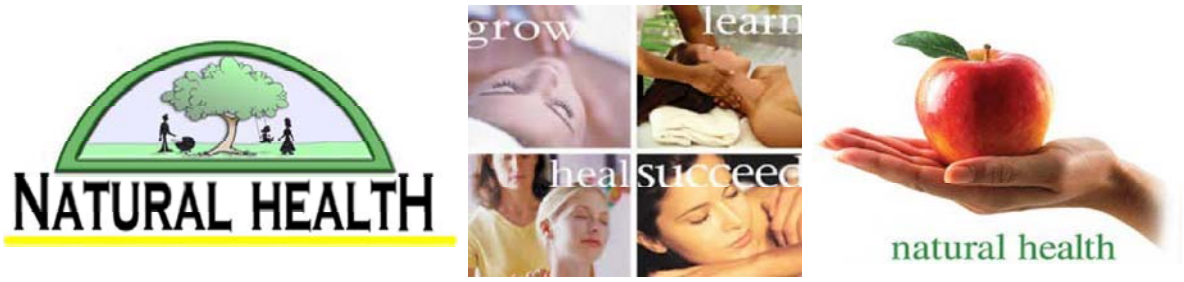

NEW MEDICAL DISCOVERIES ON THE CAUSE & CURE OF MAMALLIAN DISEASES

I look forward to bringing new knowledge to the public, to direct public health policies, support parents, treat children, educate medical professionals, aid the civil and criminal justice systems at imposing justice based on sound medical evidence, and help the public health system address the current epidemic of neurodevelopment disorders, chronic illness, infectious disease prevention, medical services demand, medical records and services duplication, and the means to decrease the inordinate burden of neuropsychiatric illnesses on the health care system.

The medical discoveries I already have, will change society as a whole in a manner that is good for the children, good for humanity, good for all mammals, good for politicians, and good for the Globe

while providing viable opportunities for economic development and ending much pain and suffering in third world countries and the developed world.

My medical solutions and interventions may streamline Western medicine as practiced in North America in research, diagnostics, interventions, medical practices, efficiency and cures for disease rather than palliation of symptoms. This, in turn, should bring down waiting times; increase the number of practicing physicians and nurses; bring back the validity of the Natural Healing Arts and professions into mainstream health practices (Chiropractic, Osteopathic, Naturopathic, Homeopathic, Herbology, and Traditional Chinese Medicines), while simultaneously cutting current expenditures. There is a way – CNAPS has new answers and new solutions.



LESSONS THE FUTURE MUST LEARN FROM THE VACCINE MASSACRE

The lesson to be learned, as a society, is that whenever we close our minds to an avenue of anecdotal evidence, for the sake of adhering to dogma, status-quo, and "expert opinion and knowledge", is the moment we should most humble ourselves by recognizing that human knowledge is limited, our methods to achieve "truth" are imperfect, and that whenever there is a power differential between two groups, by "expert" authority or finances, then the likelihood of there being a miscarriage of truth, justice, and progress will be hampered – for all.

In light of wake of death, disability, and bodily harm we have caused globally, to infants, children, parents, families, Nations, and animals alike, some serious lessons need to be learned in how we conduct ourselves as individuals, societies, corporations, and Nations. By steadfastly chasing the "more profit and sales is better at any cost" lure of capitalism's "get rich" and "don't stop if it makes money" mentality, we have single handedly, wiped out a generation of children, and the hopes and dreams of: 1 child in 87 (autism), 15% of children with attention deficit disorders, 1 child in 6 with specific learning disabilities, 1 child in 9 with asthma, 1 child in 450 with insulin dependent diabetes, 1-2% of infants with sudden infant death, 250,000 military veterans from the Gulf War with chronic illness, and 40,000 dead (even among those who were never deployed overseas).

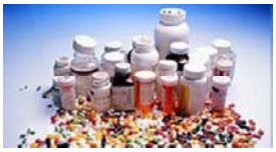
And now the world is gearing up for medical martial law, and a global vaccination program for Avian flu, or some enigmatic "Spanish flu–Avian flu" hybrid. Take heed.

Whatever the "global infectious disease health crises" that confronts us now, we are in a bind, and we have put ourselves there on our own. Some are going to die of infectious diseases. Many are

going to die of vaccinations and/or experience a plethora of chronic and obscure "ailments" from vaccinations. The addition of adjuvant to vaccines (e.g. aluminum, squalene, liposomes etc…), in an attempt to enhance and prolong the immunological challenge in the body, as it turns out, has been the single most dreadful thing man has ever done to himself, and each other.

There is no such thing as a "one-size-fits-all" medical prevention or medical cure. Everyone's physiology, tolerances, and biological needs are different – even across genetically identical twins. We cannot all handle peanut butter. We cannot all handle penicillin. The logical progression that we can all handle the same medical treatment or prevention in a one-size fits all mentality has been as subversion of common sense to profit mass pharmaceutical sales rather than mass health and wellness.

There remains some work to be done. However, with the discoveries I now have, it is time we get on with the business of curing diseases and disorders rather than palliating symptoms with expensive one-size fits all synthetic drugs and vaccines. All synthetic drugs are damaging to the liver. The liver, as it turns out, is crucial to health and wellness.



WAYS TO DO BETTER

As it turns out, the vaccine manufacturers, by design, have actually ENHANCED the very process by which disease is caused in humans while simultaneously weakening our ability, as physicians, to detect the "sickness" by clinical evaluation alone – in multiple ways.

There is a way we can do better, for ourselves, for our fellow citizens, at home and abroad. I look forward to bringing solutions for the pharmaceutical industry to improve the safety of their products and to improve our ability to cure human disease and disorders rather than palliate symptoms.

Above all else, I am a humanitarian. I am most pleased that my marathon academic efforts have culminated in discoveries that, upon my disclosures, will change our knowledge of neurophysiology, medicine, and brain and behavioral disorders, in profound ways that will immediately end much human pain and suffering globally.

Andrew “Drew” J. Moulden

Dr Andrew Moulden BA, MA, MD, PhD
Nov. 1, 2008

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