

REDACTED VACCINE DEATH FORENSICS REPORT

Baby M's Parents,
Petitioners

Vs.

Secretary of Health and Human Services,
Respondent

Preliminary Neurobehavioral/Forensics Report: Baby M, a minor.

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To whom it may concern:

Please note that I have reviewed the medical records, forensics, clinical case history, histopathology (having attended at the Orange County Coroner's Office and the Regional Encephalitis Project in Richmond, California – where post mortem brain tissue is currently housed), and interviewed the family with respect to the death of Baby M.

Baby M was a healthy child. At 15 months of age, this child received an MMR vaccination administered at Harbor Pediatrics, Orange County, California, as part of the standard well baby examination/follow-up.

Within hours of vaccination this child began exhibiting symptoms and signs consistent with an adverse reaction to vaccination. He became withdrawn, listless, bradyphrenic, and bradykinetic. He exhibited increased sensitivity to noxious stimuli. He exhibited a progressive decrease in spontaneous vocalizations. He developed difficulties moving his arms and legs. He had testicular swelling. His facial expression and animation became flat. Subtle ischemic bulbar palsies emerged. He experienced emesis 2 days post vaccination. His condition continued to deteriorate, neurobehaviorally, despite the families repeat visits to medical professionals seeking answers to Baby M's emerging clinical symptoms and signs. Ultimately, the deterioration progressed to seizures, apnea, intubation (respiratory failure in hospital), and brain death. This was a progressive decline in function over a 19 day period.

Pre-post MMR vaccination analyses of Baby M's neurobehavioral status and functioning reveal the emergence of ischemic brain damages temporally locked to the administration of the vaccination. The temporal sequence, cause-effect, medical model, statistical significance, histopathology, and reproducibility of these damages, from individual to individual, is now established and demonstrable for the vaccine injury court Special Masters. The pathological sequence, as in Baby M's case, can emerge within hours and days of vaccination.

The vaccination causes/has caused impaired blood flow (ischemia), diffusely, largely at watershed, end vascular microcirculation territories. This creates hard, measurable, neurobehavioral signs/features that can be measured and extracted, forensically, in a pre-post vaccination analysis on a case-by-case basis. Through differential diagnostic means, all other potential causes of these ischemic neurobehavioral damages were ruled out. We have now demonstrated that these same damages emerge in a multitude of vaccine recipients, including cases that the vaccine injury courts have already concluded "were it not for the vaccination, permanent brain damages would not have emerged.

In the case of Baby M, the following notes are relevant:

He was neurobehaviorally intact at the time of vaccination.

He developed progressive neurobehavioral deterioration beginning within 4 hours of vaccination.

He exhibited hard, quantifiable neurobehavioral deficits, within hours and days of vaccination that, through differential diagnostic means, can only be accounted for by ischemia (impaired blood flow), hypoxia (low oxygen) and anoxia (no oxygen) delivery/utilization diffusely within the brain and brainstem. These facts are corroborated by the brain biopsy post-mortem report.

A cerebral perfusion scan in hospital (while the patient was intubated) revealed no blood flow/perfusion to the brain, despite normal heart rate, blood pressure, and oxygen saturation (PaO₂). This highlights the fact that the impaired blood flow through the brain, from vaccination adversity, is largely a clinically silent phenomena, even while infants/children/teens/adults are in an Intensive Care Unit undergoing acute, life terminating decompensation, and progressive impairment to brain function and integrity.

Baby M exhibits the same, quantifiable, measurable, hard neurobehavioral signs of ischemic brain damage (microvascular bulbar palsies) that all other vaccine injured subjects' do. This is temporally locked to vaccination, with real time, prospective and retrospective analyses, for Baby M, and thousands of others who have succumbed to the same, here-to-fore, clinically silent pathophysiological sequence.

The vaccine induced ischemic/hypoxic process can kill (respiratory and cardiac failure), maim (subtle neurocognitive damages from ischemia), and cause brain/organ damages in clinically apparent to silent ways. The entire range of neurodevelopmental disorders can emerge as a function of the degree, duration, breadth, magnitude, and geographic location, within the circulatory system and brain that these occlusive microvascular processes emerge.

Medical and post-mortem analyses could find no pathological, pathogenic, or genetic susceptibility to account for the sudden deterioration in function culminating in respiratory failure, seizures, comatose state, progressive bulbar palsies, brainstem compromise, and ultimately death.

Post mortem tissue analyses revealed “diffuse hypoxia” throughout the brain along with perivascular mononucleated inflammatory cells. These findings are not uncommon after measles encephalitic and other childhood infectious diseases that culminate in death and encephalopathy. This is one of the hallmarks of the non-specific immune hyper stimulation and colloidal instability of blood flow, affecting microcirculation units within the body and brain.

No specific pathogenic trigger was delineated. The reason no pathogen was isolated is because it is not a pathogen that causes death and morbidity; it is a process, that causes impaired blood flow, largely within microcirculation units. This process is validated in the scientific and medical literature. Western medicine simply has not deciphered how this process is unfolding, in physiology. We have now resolved this medical mystery as well.

Cause of death for Baby M was from vaccine induced hypoxia/ischemia from a non-specific immune hyper stimulation (neutrophil/white blood cell), and loss of colloidal stability of blood flow. This process created the clinical, forensic, neurobehavioral, neuroimaging, neuropathological, and histopathological features that have been medically charted and corroborated in the medical records and clinical history. This process is also the cause of vaccine induced sudden infant death, autism-spectrum, and a host of other adverse outcomes from vaccination (virulent infectious diseases and heavy metals/toxins) sequestered in smooth muscle linings of the microcirculation units or deposited within varied tissue beds.

The hypoxia/ischemia emerged as a function of progressive occlusion of microcirculation units in the brain (and body). This vaccination induced process caused the neurobehavioral deterioration, cranial nerve palsies, seizures, respiratory failure, comatose state, and ultimately progressive paralysis of the central drive for respiration at the brainstem levels which control the apneustic/pneumotaxic brainstem regions responsible for automatic respiration.

The apneustic/pneumotaxic brainstem regions is in a watershed vascular territory. If blood follow is impaired, there are no other vascular branches to “pick up the slack.” Hypoxic brain injury will emerge and functions will be lost.

Multiple brain (and body) regions are in end vascular, watershed circulation territories. This includes, but is not limited to, several brainstem neuronal groups, the descending sub-cortical sensori-motor tracts (e.g. corticobulbar tracts, posterior limb of the internal capsule, periventricular aqueductal gray mater..), the anterior horn cells of the spinal cord, inter-hemispheric commissures, and several brainstem cranial nerves tracts and nuclear groups. These areas are all uniquely susceptible to diffuse processes that impair forward progression of blood flow (create hypoxia/ischemia) since these neuronal regions are all in watershed, end vascular territories (see Tolerance Lost DVD Vol. 1-3 – attached to this submission). Pathology can emerge from trauma (e.g. cerebral palsy and Mobius syndrome from prenatal hypoxia), or from post-natal events that impair blood flow (oxygenation) directly, at the end vascular networks (vaccinations/virulent infectious diseases/heavy metals).

When the ischemic/hypoxic process simultaneously impairs blood flow to bilateral brainstem respiratory controls, then apnea (labored breathing with “pauses”) to cessation of breathing will occur (i.e. Sudden Infant Death Syndrome). This respiratory paralysis is the same mechanism by which polio (infantile paralysis) caused respiratory failure (“iron lung”) and vaccinations can sometimes cause Guillain Barre syndrome - a progressive, ascending paralysis, with respiratory drive failure, from infectious disease and/or post vaccination.

The ascending paralysis is actually the spread of the hypoxic penumbra, across descending motor tracts affecting the lower limbs and diaphragm, within the central nervous system. These are strokes – in evolution – triggered by immune hyper-stimulation. Life sustaining motor controls are impaired, if the ischemic/hypoxic process extends to the level of the descending motor controls for the diaphragm (the muscle that inflates the lungs). The ischemia/hypoxia process silently unfolds at the level of brain and brainstem centers and not just the spinal cord motor units or neuromuscular junction. These conclusions are now empirical based on the motoric deficits, reflecting central nervous system damages (within the brain) that we can now see, and measure.

The hypoxic state will de-stabilize neuronal electrical stability and seizures can emerge. The seizures are a symptom (like a cough is to a cold) of the ischemic/hypoxic process, and not the cause of permanent brain damage in and of itself. If the latter were true, then electroconvulsive shock therapy, for intransient psychiatric disorders, would be causing death and permanent brain damages – which it clearly does not.

Once the brainstem controls to the reticular activating system are impaired, by the ischemic/hypoxic process, then the level of alertness/awareness will deteriorate into a disoriented to stuporous to comatose state. In the case of Baby M, this decline in level of consciousness evolved coincident with the emergence of hard, measurable brainstem signs of neurobehavioral compromise (e.g. cranial nerve palsies, dolls eye phenomena, positive cold

calorics testing). These features progressively emerged, post vaccination. These features are all detailed in the clinical notes from the I.C.U. attending physicians during the ischemic death sequence which began within several hours of vaccination.

The ischemic state will impair oxygenation at the end vascular watershed microcirculation units thereby creating highly specific cranial nerve palsies which can be measured in a pre-post vaccination with a within subjects design. Baby M exhibits these clinical signs of brainstem ischemia and “infarction.” The ischemic process is equivalent to “strangulating” multiple, diffuse, end microvessel areas, as the blood vessels are serially, and progressively occluded. The faster the response, the less evidence there will be of the ischemic cause of death in post-mortem analyses. Post mortem, at best, utilizing contemporary histopathological techniques at 300 x magnifications and hematoxylin and Eosin staining, as was used in the case of Baby M, is like looking for “fingerprints” on a plate glass window with the naked eye – it is unresolvable.

The cause of death for Baby M, during life, was impaired to no blood flow throughout the brain. This “process” of “no blood flow” is also present at death – for everyone. Therefore, coroner’s cannot find cause of death in post-mortem analyses as the cause of death, and disability, from vaccination, is a process, rather than a pathological entity. This process is present in death (no blood flow) as much as it is/was to cause death during life. The “footprints” of this ischemic process, however, are present in the post-mortem analysis, as it was for Baby M. These “footprints” can also be brought to life with new histopathological techniques – specific for the “M.A.S.S. ischemic process” triggered by vaccination.

Utilizing differential diagnostic methods, there remains no other account for the highly specific cranial nerve palsies (paralyses) and neurobehavioral decompensation and signs in the case of Baby M. This was the “MASS” hypoxia/ischemia cascade from colloidal instability and immune hyper stimulation. In the case of Baby M, this can best be construed as a vaccine induced vasculopathy. Vasculopathy is the number one cause of isolated cranial nerve palsies. When these palsies are multiple, and bilateral, reflecting upper and lower motor neuron compromise, then the conclusion emerges from this pattern that the process leading to pathology is diffuse and systemic. With concurrent structural and functional brain imaging, as was obtained for Baby M, correlated with clinical evaluation, it also becomes apparent that this ischemic/hypoxic process has largely remained clinically silent – until now.

We have enhanced the existing neurobehavioral clinical skills and measures that physicians routinely use to assess the integrity of the central nervous system.

The vasculopathic process created by vaccines (all vaccines) can now be live imaged, in real-time, and retrospectively, for all vaccine recipients using standard, accepted, core, medical and anatomically based clinical skills and measures. Applying these enhancements to individuals in a pre-post vaccination within subjects design/analysis, we have established proof causation for

vaccine induced morbidity that has been before our eyes all along – yet unappreciated by the medical establishment. This is unequivocal brain damage, for all, irrespective of the end diagnoses that emerges.

The neurobehavioral damages induced in Baby M are ischemic/hypoxic and common to many vaccine injured individuals spanning a broad range of clinical diagnostic categories from: Sudden infant death, autism-spectrum, pervasive developmental disabilities, specific learning disabilities, attention-deficit disorders, Gardasil adversity, cases of “gulf war syndrome” and dementia, global developmental delay, aphasia, some cases of cerebral palsy, “Moyamoya”, “Kawasaki’ syndrome” and more.

The ischemic/hypoxic damages are additive, summative, and cumulative, acute and chronic, waxing and waning, and sometimes transient and singular events from which the person fully recovers. Although virulent infectious diseases can also cause the same pathophysiological cascade (e.g. Polio virus), it is the locking of the ischemic/hypoxic temporal sequence, to vaccination, that establishes causation in specific cases, coincident with medical records, differential diagnostic acumen, and pre-post vaccination neurobehavioral assessments.

We have now established, under certain immunological tolerance conditions, that direct vaccination is not even required in order for an infant/child to sustain ischemic/hypoxic vaccine injuries. Direct vaccination of the mother, followed by breast feeding, can also induce the same pathophysiological sequence, leading to sudden death and autism-spectrum, as direct vaccination to the individual can.

We have cross validated the neurobehavioral measures of Baby M's symptoms and signs of vaccine induced brain damages with that of other cases the vaccine injury courts Special Masters have already concluded “were it not for the administration of the vaccine, the brain damages/seizures etc.. would not have occurred”.

Seizures are a symptom of the ischemic/hypoxic process. Seizures are to vaccination induced brain damage as a cough is to a cold. The seizure(s) are a symptom of the pathophysiological process and not the cause of the pathological condition in and of itself.

Baby M's wrongful death, from ischemic brain damages, was precipitated/caused by the vaccinations he received at Harbour Pediatrics.

The vasculopathic process created by the vaccination is no different from the vasculopathic process triggered by wild polio virus that causes paralysis, respiratory failure (“iron lung”), death, Guillain barre syndrome, and ischemic brain damages that range from clinically insignificant to life terminating. A similar vasculopathic process emerges with congenital rubella syndrome, measles encephalitis, acute disseminating encephalomyelitis, infantile paralysis,

“encephalopathy –not otherwise specified”, Moyamoya, Kawasaki’s syndrome, and a host of clinical labels we have assigned to varied clinical conditions for which we have here-to-fore not determined the underlying cause of morbidity. As physicians, however, we do sometimes recognize that a vasculopathic process is at work.

I have included with this brief case summary letter a copy of the DVD series “[Tolerance Lost](#)” Volumes 1-3. The DVD series outlines multiple vaccine injury cases, spanning all vaccinations, wherein this vasculopathic ischemic/hypoxic process (which we have called “M.A.S.S.”) has emerged. The causal explanation (and forensics) for the case of Baby M, is reported towards the end of Volume 2 and Volume 3 of the Tolerance Lost Disk set. The mechanism of injury is detailed along with other similar vaccine injury cases.

I will compile a complete forensic expert report, with full references and differential diagnostic case review, for the case of Baby M, relative to the acquired brain injuries he sustained in conjunction with vaccination. Neurobehavioral assessments of acquired brain and behavioral disorders is my area of expertise.

Background Training of clinical case report expert:

My area of expertise is in neurobehavioral assessment of brain and behavioral disorders. My Bachelor’s degree was in biological psychology. I graduated valedictorian with an 88% cumulative average in my core area of specialty –Laurentian University). My Masters degree was in Child Development with thesis in language and neurocognitive development in children and adolescents (Laurentian University). My undergraduate course grades in brain and behavior (98%) and neurobiology (94%) were straight “A’s”. I achieved a similar level of academic success during the Masters and PhD degrees.

My PhD was in clinical-experimental neuropsychology. I completed a sub-specialization in cognitive neuroscience during the PhD degree (University of Ottawa). My PhD comprehensive exams were on acquired brain injuries and post concussion syndrome. I worked with the mild brain injury association as a group leader with the head injury association of Toronto during the PhD training.

I was a Natural, Sciences, Engineering, and Research Council of Canada Scholar, an Ontario Mental Health Foundation scholar, an Ontario Graduate Scholar, and received Awards for research, clinical, and teaching excellence from the University of Toronto and the University of Ottawa during my graduate training.

My clinical training during the PhD was in clinical neuropsychology (Baycrest Hospital, Rotman Research Institute – University of Toronto, Credit Valley Hospital, Ottawa Health Sciences

Center memory Disorders Clinic). The PhD thesis was in functional brain imaging and neuro-electrophysiology (Univ. of Toronto). I subsequently completed a medical degree at McMaster University in Hamilton, Ontario.

During the PhD my extra-curricular training was in behavioral neurology and clinical neuropsychology. My clerkship electives training during medical school was in clinical neurology. My residency training was in psychiatry/neuropsychiatry. I received the licentiate of the Medical Council of Canada having passed the core knowledge (LMCC 1) and clinical skills (LMCC 2) exams consistent with the United States Medical Licensing Exams (USMLE parts 1 and 2).

During my clinical residency training I have been ranked in the top 1-5% of medical residents during rotations by my supervisors including my emergency medicine rotations in Ottawa. I have elected to devote myself to neurobehavioral and neurocognitive assessments and research based upon my PhD and Masters training rather than practicing clinical medicine. I pursued the Medical degree solely to further understand brain and behavioral disorders, from a clinical medicine frame of reference, rather than pursuing a goal to become a practicing/prescribing physician.

I have taught university level courses on Brain and Behavior, neurodiagnostic assessments, neuropsychiatry and behavioral neurology/neurobiology, since entering graduate school at the PhD level in 1992. For the past several years I have devoted myself to deciphering the neurobehavioral sequelae associated with immune system hyper stimulation, neurodevelopmental disorders, and ultimately to vaccinations as the common environmental trigger for several brain and behavioral disorders I have studied since the undergraduate degree.

My work will be submitted for peer review in the upcoming several months. For now, peer review is available in the Tolerance Lost DVD series as I have translated the medical sciences into information and presentation style that can be understood by the public at large, as well as the vaccine injury court special masters. Some of the evidence of harm is now in a “see for yourself” format.

Live Imaging:

Please note that we are perfecting live imaging technologies to see this ischemic process, non-invasively, after vaccination –all vaccinations, in medical clinics/and or courts of law. Our ability to start helping/healing and preventing disease and morbidity is conditional upon the medical-legal system admitting there is a problem. It is of no use that we have invented a “band-aid” when the medical-legal system refuses to admit we are “bleeding.” We are hemorrhaging, as a society. We have solutions. We have answers, even for those that have been harmed.

However, helping us all requires our establishing, for all, that this problem with vaccination is real, is now understood, and that the path to pathology meets the federal Circuit Courts criteria of:

- 1) 50% and a feather
- 2) Temporal sequence
- 3) Causation
- 4) Medical model.

We believe we have now answered the Courts 4 criteria above. The case of Baby M is now the means by which we can establish proof causation for all.

Our medical errors have been due to lack of understanding of colloidal stability and immune hyper stimulation, and an under appreciation of what to measure to assert clinical safety or adversity. All the forensic evidence we have to bring to bear, in this one case, is peer reviewed, published, and accepted fact, within the scientific literature. Unfortunately, the knowledge spans across several disciplines, some of which medical doctors have had no training in (e.g. colloidal chemistry and fluid dynamics). This has contributed to our misunderstanding. We can rectify this misunderstanding and return to the dictate of “doing more good than harm.”

Range of Pathological outcome:

There are several factors that determine the breadth, range, and severity of adversity to vaccination, across different individuals, at different times. Do note that the infectious diseases, and heavy metals, in and of themselves, under the right conditions, can induce the same pathological ischemic/hypoxic state that has caused Baby M's death. The medical literature has referred to this in varied forms, including the “Sanarelli/Schwartzman”, “Bordet”, “blood sludging”, and thrombo-hemorrhagic” phenomena. Baby M's case, however, based on differential diagnostic means, and temporal sequences to clinical adversity, was clearly caused by vaccination, and not some other extraneous trigger.

Germ Theory:

It is not the “germs” that are causing the pathological ischemic/hypoxic state. It is a non-specific immune response to immune hyper stimulation that impairs blood flow, colloidal stability, tissue oxygenation, and can create a diffuse, or circumscribed, hypoxic-ischemic process capable of inducing a range of human disorder and disease from clinically insignificant to life terminating. It is the immune and hematological response to “foreign things” entering the body, that is causing ischemic pathology. This cannot be antibody mediated since the adversity and ischemic damages emerge to soon after vaccination for the cause to be found primarily in an antibody

response (which takes several days rather than several hours). This is the realm of the non-specific immune response precipitating disease, hypoxia, and ischemia.

In the case of Baby M, cause of death was caused by what we have dubbed “M.A.S.S.” (Moulden Anoxia Spectra Syndromes) vasculopathic process which progressively impaired blood flow throughout the body, and brain, ultimately shutting down central brainstem drives for respiration and causing irreversible hypoxic/ischemic brain damage – the cause of death. When all vaccinations cause the same ischemic, quantifiable, neurobehavioral damages, irrespective of what “disease and clinical label” comes out, across the lifespan, it becomes self-evident that it is not the “germs” that are causing disease and disability. It is something generic that the body is doing in response to immunological challenges that is causing morbidity. We have discovered what this “something” is, in medical physiology and colloidal chemistry. This “something” is also the means by which wild polio virus causes paralysis, respiratory failure, and deterioration of muscle and bones.

Baby M – Forensic reports

It is possible that Baby M was immunological intolerant to the vaccination, or vaccine products, received. It is not possible to determine which specific component of the vaccination caused the vasculopathic/ischemic-hypoxic state. The conclusion is clear, however, that were it not for the administration of the vaccination, the neurobehavioral damages would not have emerged to the brain of Baby M, and he would not have lost his life.

The pre and post-mortem neuroimaging and neuropathology reports capture the vaccine induced ischemic/hypoxic process with the following summations:

Exhibit 1:

Saint Josephs Hospital: Cerebral Blood Flow Imaging - pre-death:

Forensic:

Baby M: - Radiology report from Dr. Hieu T. Truong, M.D.

Radiology and Nuclear Imaging Brain W/Flow Imaging:

St. Joseph Hospital, Orange County, California.

Radiology/Imaging Report No. [withheld]

page 1 of 2: Service Date: [withheld]

Technique: 6.8 mCi tc 99m pertechnetate was injected and dynamic anterior images were acquired at 2 seconds per frame for 30 frames. 10 minute delayed anterior static images were also acquired.

Findings: Dynamic images during the first minute show blood flow to the pharyngeal tissues and to the scalp. There is no significant perfusion to the brain. Delayed images show increased flow to the scalp and the pharyngeal tissues. Again, there is no significant uptake within the cerebral hemispheres.

Impression: Lack of flow to the cerebral hemispheres, consistent with brain death. Recommend correlation with clinical findings as well as EEG.

Hieu T. Trong, M.D. [date]

Exhibit 2:

Post-Mortem Brain Biopsy –Pathology Report -excerpts

Forensic:

Orange County Sheriff Coroner

Microscopic Neuropathology

Report No: 07-00985-OS pages 1-2;

Dr John M. Andrews, M.D., Forensic Neuropathologist

“Although not well developed, there is evidence of incipient, acute, Hypoxic/Ischemic neuronal injury in patchy distribution in all (brain) sections. Edema and mild autolysis are also seen in patchy distribution.

“There is mild pervascular infiltration of mononucleated chronic inflammatory cells around rare intraparenchymal vessels.”

“The perivascular infiltrates are very sparse, and do not suggest any specific inflammatory disorder. Rather, they raise question of some reactive change to a systemic toxic (including inflammatory) or metabolic process. Possible areas of further investigation could include obtaining results of any ante-mortem clinical studies that were still pending at the time of autopsy...”

John M. Andrews, M.D., Forensic Neuropathologist

California regional Encephalitis Project – Richmond, California

The brain tissue for Baby M was further subjugated to specialized staining procedures and infectious disease analyses across a host of pathogens and antibodies. Bodian and Weil neuronal staining procedures and Polymerase chain reaction virological analyses were performed on the brain tissue of Child Martin. No pathogenic virus or bacterial species could be identified to account for the cause of death.

Clinical-pathological correlation and follow-up

As per the post-mortem brain autopsy recommendations of the Orange County Forensic Neuropathologist above (Dr. John M Andrews), I further investigated the ante-mortem clinical records and pre-post vaccine neurobehavioral exam. It became clear that Child Martin began exhibiting the clinical signs of ischemic brain damage within days of the vaccination and that these damages progressed in a manner identical to similar cases in which the Federal Vaccine Injury Court Special Masters have ruled that severe and permanent brain damage would not have emerged (within days) “but for the administration of the MMR vaccination” (re: Erin Zeller and Benjamin S. Zeller, Parents of Benjamin J. Zeller, a minor vs. Secretary of Health and Human Services 06-0120V – filed July 30, 2008).

Benjamin Zeller and Baby M

The vaccine injury cases of Benjamin Zeller and that of Baby M are virtually identical, save for the terminal outcome for Baby M, and the permanent brain damages sustained by Benjamin Zeller.

Had heroic medical interventions saved the life of Baby M, then he would be alive today in a similar state of permanent brain damages as Benjamin Zeller. Both cases succumbed to hypoxic/ischemic injuries, causing permanent brain damages, seizures, respiratory failure, quantifiable cranial nerve ischemic palsies (paralysis). This was all caused by the M.A.S.S. vasculopathic process from vaccination. This is called “hypoxic-ischemic disease” in the medical literature. In these cases, the process was likely triggered by colloidal instability of blood flow and non-specific immune hyper stimulation from the MMR/vaccination.

Corroborating Case Analyses

I have now assessed several hundred vaccine injury cases (and healthy controls), similar to Baby M’s case. I am now in a position to offer the following definitive, empirical, replicable, statistically significant conclusions based upon a within subjects pre-post vaccination design, as well as a between subjects design (comparing vaccine adversity with no vaccine adversity).

“Baby M’s cause of death was from an ischemia/hypoxia vasculopathic process that would not have emerged but for the administration of the MMR vaccination.”

I can now demonstrate the adverse effects, in court, for the Special Masters to observe and see for themselves, with their own eyes. The evidence was before us all along. It is now appreciable for us all to see – ischemic brain damages from vaccinations...all vaccinations, across all age groups.

The ischemic damages are not always static. The process can be waxing and waning for several months to years post vaccination. The adverse effects, at the microcirculation units are also additive and summative with each repeat vaccination – for some. This is no longer clinically silent. The brain is not the only organ system that is adversely affected. Unborn fetuses can also be adversely affected, several months after maternal repeat vaccination series.

Baby M & Benjamin Zeller vs. HHSC and Autism

The pathological process caused from vaccination is as much the cause of death for Baby M as it is the cause of permanent brain injury for Benjamin Zeller as it is the cause of autism for Michelle Cedillo (the Feb. 2009 Omnibus hearings test case of vaccine induced autism) and celebrity children like Evan McCarthy – son of Jenny McCarthy and Jet Travolta (son of John Travolta). All subjects exhibit the exact same neurobehavioral, measurable, quantifiable ischemic sequelae from vaccination. These sequelae are only caused by ischemic brain damages once the differential diagnostic approach rules out other causes of the neurobehavioral measures and clinical signs which emerged shortly after vaccination.

This “M.A.S.S.” ischemia/hypoxic state is the active process by which other cases before the vaccine injury courts have led the Special Masters to conclude: “were it not for vaccination, the permanent brain injury would not have occurred.” This ischemia process is also the cause of vaccine induced Guillain Barre syndrome, seizures, encephalopathy, and other pathologic morbid states. The clinical labels, as it turns out, are collections of symptoms invariably reflecting the same common mechanism of injury, in the human body, that culminates in disease, death, clinical labels, and disorder states.

Regrettably, the pathophysiological process that has caused Baby M's death is also the same process that caused infantile paralysis and respiratory failure from Polio (“iron lung”), cerebrovascular hypoxic/ischemic vascular lesions with congenital rubella, death from measles encephalopathy, the plethora of neurodevelopmental disabilities, cases of retinal and intracerebral hemorrhages, temporary brittle bone disease, we now, as we can directly see and measure, it is also the cause of sudden infant death syndrome and autism-spectrum, post vaccination. The vaccine damages also extend to dementia, although I have not empirically validated these latter preliminary findings.

All of the conclusions outlined are now based in empirical science, direct observation, in the here and now, retrospectively, and prospectively for those that have died, or not died, from the M.A.S.S. ischemic/hypoxic process.

Corroborating Analyses:

Please note that we have also evaluated the recent (Feb. 2009) Omnibus hearings test case of Michelle Cedillo (autism) and the case of Hannah Poling (MMR-autism) based on a cross-case forensic evaluation of pre and post vaccination ischemia neurobehavioral measures, assessment, and evaluation. We have found that these individuals have also succumbed to the “M.A.S.S.” ischemia process – triggered by vaccination.

Truth wears no mask, she seeks neither place nor applause, bows to no human shrine; she only asks a hearing.

The truth, in the case of Baby M, and many vaccine claimants, is that the ischemic/hypoxic process has unfolded at a level below our technology and recording instrumentation in medical and clinical sciences. We have resolved this hurdle and welcome sharing this information with the Vaccine Injury Courts, in the case of Baby M, and the medical-scientific community at large, in court, in peer reviewed publications, and concurrent with sharing this knowledge and our tools with the lay community – globally.

The [Tolerance Lost DVD series](#) is the first step towards unmasking this truth, for us all. Establishing this truth, in the civil justice system, is the first step towards moving towards recovery of those that need our help, and preventing on-going damages that exceed our ability to triage and help.

Kind regards,

Dr. Andrew Moulden BA, MA, MD, PhD
April 30th, 2009

1-897-NOW-I-CAN
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