ORIGINAL

Supreme Court, U.S.
FILED
OCT 13 2004
OFFICE OF THE CLERK

No. 04-297

In The
Supreme Court of the United States

In Re Eurica Californiaa,

Petitioner.

On Petition for the Extraordinary Writ of Habeas Corpus

Petition for Rehearing

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CAPITAL CASE

QUESTIONS PRESENTED

The following questions for rehearing were presented in similar form as Questions 6 and 2 respectively in the petition.

I. WHETHER AN ANALYSIS OF MONOZYGOTIC TWINNING ESTABLISHES THE SUGGESTION OF PERSONHOOD.

II. WHETHER THE BOOKLETS REQUIRED BY SUPREME COURT RULE 33.1 ARE TOO BURDENSOME TO PRINT.

LIST OF PARTIES

All parties do not appear in the caption of the case on the cover page. A list of all parties to the proceeding in the court where relief was first sought is as follows:

Eurica Californniaa, petitioner;
Hon. William H. Rehnquist, Chief Justice of the United States, respondent.

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I, Eurica Californniaa, petition this court for an extraordinary Writ of Habeas Corpus, upon rehearing.

REASONS FOR REHEARING

To clarify the nature of my expertise, I received U.S. patent no. 6,694,175 for a method of monitoring the body temperature of human embryos and hatchlings.[1] My patent teaches doctors how to take a test tube baby's temperature, and supplies the necessary thermoregulation skills needed to provide the baby with advanced incubator technology. In the past, doctors confused an incubator thermostat reading (which measures an environmental temperature inside the incubator) with the actual body temperature of the test tube baby. This undisciplined error is likened to a nurse trying to use a wall thermostat to take a patient's temperature, or to a homemaker trying use oven temperature in place of a meat thermometer! My patent corrects this lack of skill using infrared microthermography to distinguish the actual body temperature of a test tube baby from the temperature of the incubator environment. With accurate monitoring of the baby's true temperature, accurate thermoregulation is achieved according to my patent using a computer-controlled infrared light emitting diode as a tiny heat lamp to warm the baby. The importance of my patent is that it welcomes an age of advanced incubator care for children prior to implantation in the womb.

Since nothing is more basic to modern medical practice than taking a patient's temperature, and I taught doctors how to take a patient's temperature at the foundation of life, it might occur to this court that it owes me instant respect. Those are my credentials.

But I conclude that the court did not feel the need to read my petition carefully. Yet even with my name I do not come from outer space. I am told my ancestry goes back to the American Revolution on both sides. I even have an uncle who is a member of the bar of this court—David Boies. Thus, in view of my credentials this court would do better to get its nose out from behind its fancy booklets and start learning from me. True, it is embarrassing to face the fact that the court's physicians did not know how to take a test tube baby's temperature or that babies hatch, but it is still better to learn.

[1] Californniaa, E. Method of monitoring the body temperature of human embryos and hatchlings. U.S. patent no. 6,694,175. Feb. 17, 2004.

I. WHETHER AN ANALYSIS OF MONOZYGOTIC TWINNING ESTABLISHES THE SUGGESTION OF PERSONHOOD.

Although I am well aware that most physicians are still unfamiliar with the human hatching event, I learned only recently that many still do not know that the so called birth sac and umbilical cord are not maternal tissues—they are the baby's! It seems that general practitioners have not been taught this distinction in medical school, although it is learned by those specializing in obstetrics.[2]

50 years ago, doctors did not have DNA testing. But during mitosis the chromosomes become visible under the microscope.[3] In this case, gross chromosomal abnormalities—e.g., cells may have an extra chromosome—become visible.[4] Typically, mother and child do not both have the abnormality. In such a case, it can be seen under the microscope that the tissues of the placenta follow the baby's genetic composition and not the mother's. Historically, it was in this manner that the proper distinction between the mother's body and the baby's was first realized.

For example, in the case of Down's syndrome, cells have an extra copy of chromosome 21. So when the chromosomes become visible after staining under the microscope during mitosis, three copies of this chromosome are seen instead of the normal two.[5] Assuming that the mother does not also have Down's syndrome, it will be found under the microscope that the tissues of the placenta are trisomic, whereas the tissues of the mother are not. That is to say, the genetic composition of the placenta follows the baby's. This type of observation led to the discovery that the tissues of the placenta—i.e., the birth sac and umbilical cord—are the baby's.

Prior to this knowledge, medicine referred to the baby as an "ovum" throughout the full term of pregnancy. For example, doctors would refer to a miscarriage as "when a woman loses her ovum" and the birth sac was called the "ovisac". In a mistaken belief that oddly persists to this day, physicians thought the egg "attached" to the

[2] I learned of this state of affairs during a discussion, intervening with respect to the petition, with Dr. Paul Reisser, M.D., a pro-life physician and author, who was himself completely unaware of the distinction.

[3] Mitosis is the ordinary form of cell division; compare meiosis.

[4] Cytogenetics is a branch of genetics to study gross chromosomal abnormalities, also known as cytogenetic disorders.

[5] Trisomy means having three copies of a given chromosome instead of the normal two; the adjectival form is trisomic.

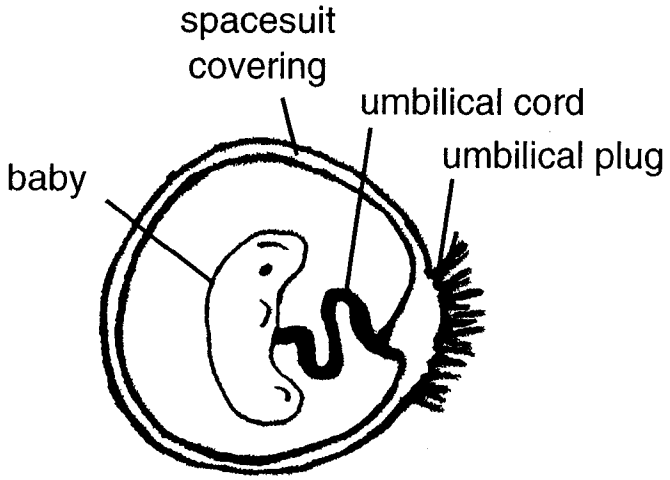
uterine wall and expanded with a soft shell, namely, the birth sac or what they called the ovisac. In effect, they thought birth was the hatching event. And because eggshells are produced maternally, they assumed that the tissues they called the placenta—the birth sac and umbilical cord—were maternal in origin. That was wrong.

As shown in the drawing, the correct understanding is that a baby has a spacesuit. The baby puts on his or her spacesuit before leaving the egg at hatching time. The main parts of the completed spacesuit are the umbilical cord, the spacesuit covering, and the umbilical adapter or plug. The umbilical adapter plugs the baby's spacesuit into the maternal body. Thus, like a power cord with a plug at the end, the umbilical cord has a power plug at the end. The site where the baby's spacesuit is plugged into the mother's body is the only place where mother and baby are attached during pregnancy. The contact between mother and child at the site of the umbilical adapter plug is hemochorial, which means that the mother's blood passes over the tissues of the baby's plug adapter, to pass resources and wastes by molecular diffusion, but that the blood of mother and baby do not mix. During birth the spacesuit must stay plugged in or else the baby will lose oxygen while being born.

Just a few days before hatching, which takes place about 5-6 days after fertilization, the baby begins putting on a spacesuit by building it out of cells. At hatching time, the spacesuit consists only of the covering. The spacesuit covering is what people call the birth sac. There is no cord or plug yet. The baby is snuggled up against the inside wall of the spacesuit to absorb resources directly by diffusion. After hatching, which is an intelligent behavior involving a type of movement, in which the baby breaches the eggshell completely by extruding through a hole, the baby will implant facing the uterine wall. Meaning, inside the spacesuit, the baby faces the uterine wall. Simply described, the umbilical cord's plug forms on the outside of the spacesuit's covering, adjacent the baby inside, and then the cord forms between the baby inside and the plug. The spacesuit covering provides protection and is filled with amniotic fluid.

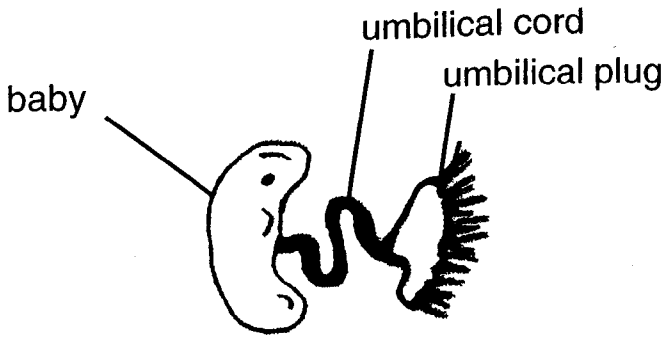
The figure below shows the whole baby during pregnancy at a time after the spacesuit is complete (after implantation). The whole baby is called the "conceptus". The baby's whole body includes both the baby inside the spacesuit and the spacesuit itself, because all of these tissues are part of the baby's own body. At birth the baby's spacesuit will be discarded when the umbilical cord is cut. The

figure below is simplified to show the main parts of the spacesuit: the covering, the cord, and the plug. Remember, the site of the plug is the only place where mother and baby are attached. Attachment occurs when the baby literally grows the plug adapter into the mother's body at implantation. The baby does this to piggy-back his or her life support onto the mother during gestation.



Conceptus
(Whole Baby)

Simply put, the baby is literally an astronaut of life. After emerging from the capsule of the human egg, he or she plugs in his or her spacesuit into the mother's body until ready to leave the mother ship at birth. The next figure is helpful because it shows the whole baby without the spacesuit covering. This makes clear that the baby has an umbilical power cord for attachment to the mother and that the spacesuit covering is for protection. The umbilical power cord means the umbilical cord, including the power plug at the end. The plug is called an adapter plug because it is adaptive in the sense that it grows into the lining of the maternal uterus to "plug in". Thus, terms like umbilical plug and umbilical adapter are interchangeable. Also known as the spacesuit's plug or adapter, the baby inside the spacesuit will be directly linked to "bio-power" from the mother ship once the spacesuit is "powered" by plugging the spacesuit in.



Baby with Umbilical Power Cord

The baby's whole body is called the conceptus. The formal body is the baby astronaut inside the spacesuit, and the spacesuit is the peripheral body. The peripheral body is discarded at birth, and the formal body—meaning the baby astronaut—goes home in a car seat from the hospital. The delivered "placenta" includes the baby's spacesuit plus some maternal tissue that is pulled away when the spacesuit is unplugged; aside from the plug, the spacesuit is smooth on the outside of the covering, however, a small amount of maternal tissue will also cling to the smooth part of the covering. In this sense, the so called "placenta" once delivered is actually a composite of tissues. In contrast, the baby's spacesuit itself is purely composed of tissues of the baby's body. The only place where mother and baby are truly attached is where the spacesuit is plugged in.

Monozygotic twinning means asexual reproduction in which a first baby propagates a second baby asexually. Note that contrary to a mistaken belief, the first cells of the body are not totipotent because the capacity for asexual reproduction is serially limited with respect to the event of sexual reproduction. Logically, if even just the first two cells were totipotent, then the first cell formed by sexual reproduction could be placed in a medium with additives to keep cells from adhering; then a cell could be withdrawn and placed in a normal culture medium to obtain a developing entity, and this practice could be repeated perpetually. But this myth does not occur. Instead, when the parents create the first baby their reproductive power fills the baby's first cell. But with each division, this power is halved until it is too diluted. For this reason, the second "twin" baby will not have the same potential for asexual reproduction as the first.

Accordingly, it is clear that the "big people" parents are the sexually reproducing antecedents of both babies. It makes sense that asexual reproduction would be serially limited in this fashion, because otherwise a disparity in gestational age would result if it continued indefinitely. It should also be noted that the fact that human beings can reproduce is in no way a question of their individuality.

Indeed, on the contrary, monozygotic twinning shows how remarkable our individuality really is from a biological perspective. For even when twin babies are pressed together inside the same egg, they develop individually despite having an almost identical genetic composition! In fact, in the noted case of monozygotic twinning with dichorionic placentation,[6] the babies maintain their individuality in every respect, without sharing their spacesuit anatomy or anything, even though the twins were together in the same egg since before genomic activation! In the other cases, there will be some sharing of anatomy, because with other types of placentation in monozygotic twinning the second baby is created inside the peripheral anatomy of the first baby,[7] and likewise with sexual reproduction, the baby is created within the formal anatomy of the mother (except in the case of in vitro fertilization when the baby is created outside). So when one individual is created within the anatomy of another, there is no choice but to share. But with monozygotic twinning with dichorionic placentation—the earliest case taking place within the first three days after fertilization—the two babies do not share their spacesuits even, because the first baby's spacesuit has not formed yet and so the second baby is created completely outside the whole anatomy of the first baby. Therefore, having demonstrated individuality biologically, the suggestion of personhood is established, for it is truly anti-social to deny person status to a human individual. The general purpose of Habeas Corpus is to get people out of legal limbo, which is what the children need. Thus, the court has extraordinary jurisdiction.

In U.S. patent no. 6,759,244 Alikani et al. try to hustle us by playing a "shell game" with babies at the beginning of life to deceive us.[8] For in a fraudulent attempt to circumvent federal limitations on

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[6] With twins placentation regards the partitioning of the babies' spacesuit anatomy.
[7] In the later cases of twinning, it makes sense that the second baby will share the first baby's spacesuit (the peripheral anatomy) since the second baby will not have time to put on his or her spacesuit before the first baby hatches.
[8] Alikani, M, and Willadsen, SM. Composite blastocysts (CBs) from aggregates of dissociated cells of non-viable pre-embryos. U.S. patent no. 6,759,244. Jul. 6, 2004.

US006694175B1

(12) **United States Patent**
Californiaa

(10) **Patent No.: US 6,694,175 B1**
(45) **Date of Patent: Feb. 17, 2004**

(54) **METHOD OF MONITORING THE BODY TEMPERATURE OF HUMAN EMBRYOS AND HATCHLINGS**

(76) Inventor: **Eurica Californniaa**, P.O. Box 2328, Malibu, CA (US) 90265-7328

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 175 days.

(21) Appl. No.: **10/079,955**

(22) Filed: **Feb. 19, 2002**

(51) **Int. Cl.**[7] **A61B 5/00**; A61B 5/01

(52) **U.S. Cl.** **600/474**; 600/22; 236/2; 237/3

(58) **Field of Search** 600/473, 474, 600/475, 407, 22, 427, 549, 310; 250/330, 316.1, 338.1, 472.1; 435/289.1, 303.1, 305.2; 209/510, 511; 73/861.95; 236/2–5; 237/3; 607/88, 90–96, 102; 374/100, 120, 121, 132, 133, 141, 145, 163

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Primary Examiner—Eleni Mantis Mercader

(57) **ABSTRACT**

Infrared microthermography for human embryos and hatchlings. Body temperature is monitored using an infrared camera attached to a microscope. Body temperature is maintained by passing body temperature data through a feedback loop that serves to control body temperature. Keeping the baby's fluid incubation medium lower than an optimum body temperature ensures that cooling can occur if the body becomes overheated. An added source of heat is provided by one or more infrared light emitting diodes focused on the body as tiny heat lamps. The heat lamps are cycled on and off or varied in intensity in accordance with indications (data) from body temperature measurements.

1 Claim, No Drawings

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