PETITIONER'S RESPONSE TO THE COURT'S ORDER TO SHOW CAUSE

Petitioner Ines Chicos, on behalf of LC, hereby files this Response to the Court's Order To Show Cause dated June 20, 2019, and, for the reasons stated herein, respectfully requests that the Court not dismiss this action.

I strongly believe that is my duty as a parent in front of God and anyone else to protect my child of any harm. No lawyer, no committee or board, no government will understand the desperation and at the same time the determination of a mother when confronted with a life threating condition of her own child.
When it comes to vaccinations, the government looks out for the best interest of an entire country, not the individual, and in today's world most decisions are money driven. What's good for the whole is not always working best for an individual parent or a family.

As the Court may extend a deadline using equitable tolling in very limited circumstances, the claim should not be dismissed as barred by the Vaccine Program's statue of limitations due to the following reasons:

1. First of all, vaccine information statements were not presented to me before vaccine administrations neither discuss the side effects or Vaccine Injury Court rules. Patients have the right to receive information and ask questions about recommended vaccines. Therefore, due to the fact that my rights to information were waived, I could not exercise my rights to apply on time. Vaccination is a medical intervention that carries a risk of injury or death. The right to informed

consent to any medical intervention that can kill or injure you or your child is a human right. Congress ruled that the "vaccine are unavoidable unsafe".
The information on the CDC's web site makes you realize that the same government that was trying to force its own people to vaccinate the children is telling me how many kids died from each vaccine and how many more suffered severe reactions. These are not the statistics any doctor is publically going to share at a vaccination visit. Any doctor's office will give you a page flyer trying to convince the parents that vaccines are harmless and obligatory.

As required under the National Childhood Vaccine Injury Act (42 U.S.C. §300aa-26), all health care providers in the United States who administer, to any child or adult, any of the following vaccines – diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, Haemophilus influenza type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) – ***shall, prior to administration of each dose of the vaccine, provide a copy to keep of the relevant current edition vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC): to the parent or legal*** representative of any child to whom the provider intends to administer such vaccine, or to any adult to whom the provider intends to administer such vaccine.

2. Secondly, my daughter was given four doses of hepatitis B vaccine (Recombivax at birth and Pediarix at 2, 4 and 6 month). Accordingly to the Pediarix insert, data are limited regarding the safety of 4 doses of hepatitis B vaccine". ***Therefore, my daughter was subject to unsafe medical procedures without informed consent similar with Nuremberg and Tuskegee cases***.
"A 3-dose series of PEDIARIX may be administered to infants born of HBsAg-negative mothers and who received a dose of hepatitis B vaccine at or shortly after birth. ***However, data are limited regarding the safety of PEDIARIX in such infants [see Adverse Reactions (6.1)]. There are no data to support the use of a 3-dose series of PEDIARIX in infants who have previously received more than one dose of hepatitis B vaccine.***

Mercury and aluminum, both of which were also included in Recombivax HB, could potentially cause neurodevelopmental harm to vulnerable fetuses and young infants.
The stated reason why the CDC wanted to vaccinate all infants was not because all infants were at risk of infection, but simply because its strategy to vaccinate high-risk populations was failing.
The CDC acknowledged that no long-term studies had been done to determine the effectiveness of the new vaccine. Instead, its effectiveness was judged on the basis of studies done for the older, plasma-derived vaccine. With the older vaccine, protective antibody levels were initially provoked in most subjects, but waned over time so that after nine years as many as 60 percent of subjects no longer had detectable antibodies. However, the vaccine seemed to induce immunologic memory so that subjects remained immune despite waning

antibody titers. For children vaccinated at birth, the protective effect of the vaccine persisted for “at least 5 years”.
It’s very easy to state that there is no apparent evidence of harm when studies to determine the risk have not been done.

A study, published in the *Journal of Neuroimmunology* (2015), was the first to examine the question of “whether neonatal vaccination could influence brain development in a physiological manner.”

In their study the following year, the researchers elaborated: “Perinatal immune activation has been demonstrated to influence brain development and behavior. The brain is still developing in the early postnatal time period and thus immune activation can impact the developmental programming of the brain. Therefore, early vaccination with hepatitis B vaccine, which induces strong immune activation, is suspected to influence brain development and behavior.

Furthermore, the balance between cell-mediated (Th1) and humoral immunity (Th2) “serves as an important mediator for the effects of immune activation on the central nervous system (CNS).” The HepB vaccine, as previously reported, induced a Th2 bias, which “is regarded as neurodetrimental” and “has been reported to be associated with cognitive deficits”. Their new study demonstrated that early HepB vaccination impaired the behavior, the synaptic plasticity of the hippocampal part of the brain, and the growth of nerve tissue of mice in early adulthood. These detrimental outcomes were all possible effects of “the alterations in the brain neuroimmune milieu following the systemic Th2 bias.”

The researchers concluded that early HepB vaccination “induces impairments in behavior and hippocampal neurogenesis”, with their data “supporting the long suspected potential association of [hepatitis B vaccine] with certain neuropsychiatric disorders such as autism and multiple sclerosis.”

While we’re told that the hepatitis B vaccine is a “crucial shot” for infants, the reality is that the vast majority of children are *not* at significant risk of infection. CDC’s recommendation to universally vaccinate newborns at birth puts the *majority* of children in the US *at a* completely unnecessary risk of neurodevelopmental harm from the hepatitis B vaccine, with incalculable costs to society.
The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend that newborn babies receive the hepatitis B vaccine on their first day of life. The infants, toddlers and young children receiving this vaccine face little to no chance of hepatitis B infection as they do not have sex or transfusions at statistic significant rate.

There are numerous Hepatitis B studies focused on the side effects, which I listed on the annex to this letter. From the reading of these studies I summarize the following conclusions:

- Indian study reveals birth dose of Hepatitis B vaccine is unnecessary.
- The neonatal hepatitis B vaccination induced an anti-inflammatory response lasting for 4–5 weeks.
- SUNY-Stony Brook scientists find boys receiving the Hepatitis B vaccine series were three times more likely to have autism.
- Newborn monkeys given a mercury-containing hepatitis b vaccine had significant delays in neonatal reflexes and neurological development.
- Neonatal deaths following hepatitis B vaccination should be investigated as possible vaccine-related deaths.
- Vaccines with mercury significantly raised the body levels of mercury in infants.
- Hepatitis B vaccine and the possible relationship to the significant increase in the number of special needs children entering school.

3. Thirdly, the amount of aluminum contained in vaccines that was injected into my daughter at birth, 2, 4 and 6 month exceeded the FDA upper limit of 5 mcg/kg/day. There's an endless amount of research on experimentation with aluminum for various purposes, but when it comes to real information on what might be a safe limit of injection, the literature is lacking. When it comes to injecting aluminum into the body, none of this has ever been done**.**
In the study of toxicology, the method for finding a safe limit is to first experimentally determine the acute (short term/one-time dose) and chronic (long term low dose) No Observed Adverse Effect Level (NOAEL) for a given substance. No experimental studies have been performed to determine a NOAEL, and therefore no safe limit or maximum allowable dose level (MADL) has been elucidated.
In the FDA Code of Federal Regulations on TPN therapy (Total Parenteral Nutrition – the feeding of a person intravenously), it states:
"premature [newborns], who receive parenteral levels of aluminum at greater than 4 to 5 [micro]g/kg/day accumulate aluminum at levels associated with central nervous system and bone toxicity."

And that, "Tissue loading may occur at even lower rates of administration."

Based on the above, it can be gathered that an exposure level of even 5 micrograms of aluminum (per kilogram body weight, per day) is a dose that would cause observable adverse effects in infants. This dose is much higher than what an experimentally determined safe limit would be.
However, this is the closest thing that we have to a potential *injectable* reference dose for how much is approaching "unquestionably too much".

If you perform some basic calculations:

My daughter weighed 9 lbs 7 oz or 4.3 kg

“Safe limit” = 5 micrograms/kg/day

Multiply by weight of newborn: (5mcg/kg/day)(4.3kg) = 21.5 micrograms/day.

Amount of aluminum in the hepatitis B vaccine, given on the first day of life = 250 micrograms.

Conclusion: Demonstrably, the amount of aluminum in just one hepatitis B vaccine is over 11.6x the “safe limit” for how much a newborn would receive in one day.

More calculations:

The average 2 month old weighs approximately 11lbs or 5kg.

“Safe limit” = (5 micrograms/kg/day) (5kg) = 25 micrograms/day.

There are several vaccines administered at 2 months of age, according to the CDC schedule.

Diptheria, tetanus, pertussis. (DTaP) / Polio (IPV) / Haemophilus b (HIB) / Hepatitis B / Pneumococcal (PCV) / Rotavirus

Vaccines containing aluminum that may be administered at a 2 month appointment include:

Pediarix: DTaP, IPV, HepB (850mcg), PCV (125mcg), PedvaxHIB (225mcg)

850mcg + 125mcg + 225mcg = 1200mcg aluminum.

The “safe limit” for a two month old in one day, according to the FDA = 25mcg.

Injected amount via vaccines recommended by the CDC = 1200mcg.

Therefore, the amount of aluminum administered to my daughter at 2 month old in one day, exceeded the safe limit set by the FDA by 48x.

The CDC schedule recommends this same set of vaccines at 4 months and 6 months. Even when adjusting for an exposure level of zero micrograms for the days between a child’s 2, 4, and 6 month visits, the long-term or chronic safe limit is still exceeded. At 25mcg/day from 2 months of age to 6 months of age (120

days), the safe limit of exposure would be 3000mcg. (1200mcg)(3 sets of vaccines, one set for each visit) = 3600mcg. (Technically, this comparison is not scientifically sound due to how dramatically the safe limit is exceeded in one day.) Another aspect of aluminum adjuvant toxicity is that the aluminum can remain at the injection site for several years. Not only can this cause persistent itching and contact allergy, but the brain gradually accumulates the injected aluminum. As a result of this long-term bio persistence, autoimmune and neurological conditions have been found to manifest as late as ten years post-vaccination.

It is documented that aluminum adjuvants cause neurological damage. The damage is typically delayed and chronic, once again due to the long-term persistence of aluminum at the injection site. Aluminum destroys motor neurons in the brain and slowly causes a greater and greater amount of neuroinflammation.

To conclude, I was not able to file a timely petition due to a consistent lack of information about side effects of vaccination, as well as I had no idea of Vaccine Court Injury existence. Furthermore, doctors do not have training in how to assess vaccine adverse reactions. Therefore, I have been the only person who constantly evaluates the side effects on which I based the filing of the petition. Day by day, I have to take care of a chronically sick child, work to pay the doctor's visits and treatments and research to identify the potential cause of the illness. It took years until I was able to receive all necessary data and file the petition as the information became available over time and I was able to put the dots together. There is no explanation, except possible vaccination side effects, why my daughter, a 9-pound healthy baby (after a perfect pregnancy), breastfed for 2 years, got severe eczema after 2 month vaccinations, seizure disorder at 9 months (3 months after the last Pediarix), life threatening allergies and became underweight by age 10. It was within three months since the 3rd dose of Pediarix. 7 days to 90 days is an acceptable range to rule out causality between vaccination and symptoms as per Chistina Tarsell Court Case.

Dr. Suzanne Humphries says: *"*We learn that vaccines need to be given on schedule. We are indoctrinated with the mantra that 'vaccines are safe and effective'—neither of which is true. Doctors today are given extensive training on how to talk to 'hesitant' parents—how to frighten them by vastly inflating the risks during natural infection. …on the necessity of twisting parents' arms to conform, or fire them from their practices. Doctors are trained that NOTHING bad should be said about any vaccine, period."

Many vaccines are given so early in a child's life, that it's hard to determine whether they were born that way, or if it was caused by the vaccinations themselves. As a parent you keep hoping that your child will develop harmoniously with no delays in intellectual and physical growth. As per doctors, you start to believe there are just some age related allergies and the child will

outgrow them. But when I noticed that my child is not meeting the required developmental markers and analyzing all data, I realized that it is time to take serious action. As a mother I have to do whatever is necessary for the health and wellbeing of my child. If she was damaged by the vaccinations she has the right to know it.

Based on all of the above, as a citizen of the United States of America, a law-abiding person and a mother I strongly believe I am entitled to a three-year limit extension.

As I am hoping that I convinced you to accept the petition to run its course in Court, your attention of this matter is highly appreciated.

Sincerely,

Signature

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Annex
List of Studies

Evaluation of the Protection Provided by Hepatitis B Vaccination in India
Indian study reveals birth dose of Hepatitis B vaccine is unnecessary.

IL-4 mediates the delayed neurobehavioral impairments induced by neonatal hepatitis B vaccination that involves the down-regulation of the IL-4 receptor in the hippocampus
The neonatal hepatitis B vaccination induced an anti-inflammatory response lasting for 4–5 weeks.

Vax-Unvax Study of Mice Implicates Hepatitis B Vaccine—Media Silent
By Children's Health Defense Board Member JB Handley, Co-Founder, Generation Rescue GUANDONG, China—Sun Yat-sen University's (a Top 10 university in China)

The Vaccine Program's Unintended Consequences: A Tale of Two Hepatitis B Studies
By the Children's Health Defense Team In 1991, US public health authorities began recommending that all infants get the hepatitis B (HepB) vaccine, stipulating that they receive three doses within the first six months of life, starting at birth. The World Health Organization (WHO) followed suit with its own recommendation in 1992, instructing countries [Geier 2016 – Thimerosal-Preserved Hepatitis B Vaccine and Hyperkinetic Syndrome of Childhood

Geier 2016 – A longitudinal cohort study of the relationship between Thimerosal-containing hepatitis B vaccination and specific delays in development in the United States: Assessment of attributable risk and lifetime care costs
Sajich 1999 – Iatrogenic exposure to mercury after hepatitis B vaccination in preterm infants
Dorea 2009 – Neonate Exposure to Thimerosal Mercury from Hepatitis B Vaccines
Hewitson 2010 – Delayed Acquisition of Neonatal Reflexes in Newborn Primates Receiving a Thimerosal-Containing Hepatitis B Vaccine: Influence of Gestational Age and Birth Weight
Gallagher 2010 – Hepatitis B Vaccination of Male Neonates and Autism Diagnoses, NHIS 1997-2002
Hepatitis B Vaccination of Male Neonates and Autism Diagnosis, NHIS 1997-2002
SUNY-Stony Brook scientists find boys receiving the Hepatitis B vaccine series were three times more likely to have autism.

Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing Hepatitis B vaccine: Influence of gestational age and birth weight
Newborn monkeys given a mercury-containing hepatitis b vaccine had significant delays in neonatal reflexes and neurological development.

Hepatitis B triple series vaccine and developmental disability in US children aged 1-9 years
Boys receiving the Hepatitis B vaccine series were nine times more likely to need special education and be developmentally disabled.

An investigation of infant deaths following initial hepatitis B vaccination based on the Vaccine Adverse Event Reporting System (VAERS), 1992-2002
Neonatal deaths following hepatitis B vaccination should be investigated as possible vaccine-related deaths.

Iatrogenic exposure to mercury after hepatitis B vaccination in preterm infants
Vaccines with mercury significantly raised the body levels of mercury in infants.

Patti White, RN Testimony to Congress
On May 17, 1999 Patti White, RN, submitted testimony to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform. Writing on behalf of the school nurses in her district, she expresses grave concern about the hepatitis B vaccine and the possible relationship to the significant increase in the number of special needs children entering school.

Certificate of Service: I hereby certify that a true and correct copy of the foregoing pleading was served upon the respondent by first class US Mail to the following address on **August 8, 2019.**

Secretary of Health and Human Services
c/o Director, Division of Injury Compensation Programs Health Resources and Services Administration National Vaccine Injury Compensation Program (VICP)
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Signature

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