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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND
FAMILY DIVISION

- - -

LORI MATHESON, :
f/k/a LORI ANN SCHMITT, :
Plaintiff, :
:
vs. :
MICHAEL SCHMITT, :
Defendant. :

CASE NO.
2015-831539-DM

VIDEOTAPED DEPOSITION OF STANLEY A. PLOTKIN, M.D.
New Hope, Pennsylvania
January 11, 2018

Reported by:
Maureen Broderick, RPR
JOB NO. 135522

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January 11, 2018

8:30 a.m.

Videotape deposition of STANLEY A.
PLOTKIN, M.D., taken at the Golden Plough Inn, 5883
Lower York Road, New Hope, Pennsylvania, before
Maureen E. Broderick, Registered Professional
Reporter and Notary Public in and of the
Commonwealth of Pennsylvania.

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ALSO PRESENT: Tom Leibman, Videographer

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1 Stanley Plotkin, M.D.

2 MS. NIEUSMA: I'm going to ask that
3 everybody speak up. You're all coming across a
4 little soft other than Maureen. She's doing
5 fine.

6 VIDEO OPERATOR: This is the start of
7 media labeled number one of the video-recorded
8 deposition of Dr. Stanley Plotkin in the matter
9 of Lori Matheson, formerly known as Lori Ann
10 Schmitt, versus Michael Schmitt, filed in the
11 State of Michigan, Circuit Court, County of
12 Oakland, Family Division.

13 This deposition is being held at
14 5833 Lower York Road in New Hope, Pennsylvania,
15 on January 11, 2018. My name is Tom Liebman,
16 and I'm the legal video specialist for the
17 TSG Reporting, Incorporated, headquartered at
18 747 Third Avenue in New York City. The court
19 reporter is Maureen Broderick, in association
20 with TSG Reporting.

21 Counsel, please introduce yourselves for
22 the record.

23 MR. SIRI: Aaron Siri, co-counsel on
24 behalf of plaintiff.

25 MS. RUBY: Amy Ruby, on behalf --

1 Stanley Plotkin, M.D.
2 co-counsel on behalf of plaintiff.

3 MS. NIEUSMA: Laura Nieusma, counsel for
4 defendant, Michael Schmitt.

5 VIDEO OPERATOR: The court reporter will
6 now swear in the witness.

7 - - -

8 STANLEY PLOTKIN, M.D., having
9 been first duly sworn to tell
10 the truth, was examined and
11 testified as follows:

12 - - -

13 EXAMINATION

14 - - -

15 BY MR. SIRI:

16 Q Good morning, Dr. Plotkin.

17 MS. RUBY: Can we just make a record under
18 this...

19 I would just like to clarify that this is
20 being recorded by a video deposition pursuant
21 to MCR 2.315.

22 BY MR. SIRI:

23 Q Good morning. Can you please state your
24 full name for the record.

25 A Stanley A. Plotkin.

1 Stanley Plotkin, M.D.

2 Q Dr. Plotkin, have you been deposed before?

3 A A long time ago. Many years ago.

4 Q In what matter was that?

5 A Oh, it had to do with an abortion done
6 because of congenital rubella.

7 Q What year approximately?

8 A The 1960s.

9 Q And what was your testimony about?

10 A My testimony was about the abnormalities
11 that occur in infants of women born -- that is,
12 infants of women who have congenital, who have
13 rubella during pregnancy and whose fetuses are
14 frequently affected with considerable congenital
15 abnormalities.

16 Q From rubella?

17 A From rubella.

18 Q Did that involve a vaccine?

19 A I, at the time I was developing a vaccine
20 against rubella; yes.

21 Q Have you been deposed in any other case?

22 A Not that I can recall, no.

23 Q Have you ever been an expert witness in
24 any lawsuit other than this one?

25 A Again, not for many years. I believe I

1 Stanley Plotkin, M.D.

2 did a couple of those cases in the '60s, but I have
3 avoided depositions since then.

4 Q Why is that?

5 A Because I consider that they seldom bring
6 out all the facts, but I'm willing to help in this
7 case.

8 Q I'm going to go over a few rules with you
9 for this deposition.

10 A Mm-hmm.

11 Q The court reporter has placed you under
12 oath. Same as a court of law, you're testifying
13 under penalty of perjury.

14 A Mm-hmm.

15 Q The court reporter's making a record and
16 will take down the questions that I ask and the
17 answers that you provide.

18 A Mm-hmm.

19 Q If you don't understand a question, let me
20 know before answering. Okay?

21 The court reporter can't take down
22 nods. That's another rule. So if you --

23 A Yes.

24 Q Anytime you want to vocalize, please wait
25 until I complete asking a given question, even if

1 Stanley Plotkin, M.D.

2 you think you know the answer, so that we have a
3 complete record, please.

4 As I -- don't speculate. If you
5 don't know the answer, then so state. But you
6 should provide your best recollection, even if it's
7 vague or partial. Okay?

8 A Yes.

9 Q Are you taking any medications or are
10 under the influence of any substance that might
11 affect your ability to testify today?

12 A I don't think so, no.

13 Q Is that no?

14 A No.

15 Q Okay. Did you discuss this deposition
16 with anyone?

17 A Actually, no. I've had some conversations
18 with Laura Nieusma, but not about the substance of
19 my testimony.

20 Q Before today, did you have any discussions
21 with anyone related to this deposition?

22 A No. Actually, I know very little about
23 the issue here. I understand that there's a
24 disagreement between parents, but that's all I
25 really know.

1 Stanley Plotkin, M.D.

2 Q And you haven't discussed this lawsuit
3 with anyone apart from opposing counsel?

4 A No.

5 Q How did you first learn about this
6 lawsuit?

7 A It was from a lady by the name of Karen
8 Ernst, who was the head of an organization called
9 Voices for Vaccines, which is a group of laypeople
10 who are favorable to vaccination. And she had heard
11 from the father, I believe, who was looking for
12 experts to testify on his behalf.

13 Q So you discussed this lawsuit with her?

14 A Not really discussed the lawsuit. She
15 referred me to the father, and I sent an email
16 saying that I would be willing to testify. I have
17 not talked to the father. I've never met the
18 father. So I, everything has happened secondhand,
19 so to speak.

20 Q And it was Karen Ernst who asked you to be
21 an expert in this case?

22 A She asked me if I would be willing, yes.

23 Q How many discussions have you had with
24 her?

25 A No discussions.

1 Stanley Plotkin, M.D.

2 Q About this case.

3 A About this case, simply had an email
4 exchange asking me to do it.

5 Q I'm going to request a copy of that email
6 chain, okay, Dr. Plotkin?

7 A If I can find it, I'll be glad to send it
8 to you.

9 Q Thank you.

10 So before today, other than speaking
11 with opposing counsel and an email communication
12 with Karen Ernst, you have not discussed this
13 lawsuit, this deposition, or the role that you'd be
14 playing here today with anybody else; is that right?

15 A I've had an email exchange with Paul
16 Offit, Dr. Paul Offit, who is actually a former
17 student of mine.

18 Q Who is Dr. Offit?

19 A Dr. Offit is a pediatrician at the
20 Children's Hospital of Philadelphia.

21 Q What did you discuss with Dr. Offit?

22 A I discussed with him the issues or the
23 possible issues about refusal to vaccinate.

24 Q What was the substance of those
25 discussions?

1 Stanley Plotkin, M.D.

2 A The substance basically concerned what
3 arguments are often used to oppose vaccination.

4 Q What are those arguments?

5 A The arguments generally are that vaccines
6 can cause reactions and that the reactions are worse
7 than the disease.

8 Q And what did Dr. Offit have to say about
9 that?

10 A Well, he pointed out, of course -- and
11 he's the author of a chapter in my Vaccines book --
12 that the opposite is true, that the disease is worse
13 than the reactions to the vaccines.

14 Q Do you have peer-reviewed science to
15 support that statement?

16 A Do I have what?

17 Q Peer-reviewed science to support that
18 statement?

19 A Yes, of course.

20 Q Would you be willing to provide that
21 science?

22 A Well, the science is in the chapter in my
23 textbook. But there are innumerable references,
24 some of which I have, but I can certainly provide
25 you with a list of references in the chapter.

1 Stanley Plotkin, M.D.

2 Q Great.

3 Have you reviewed any documents to
4 prepare for this deposition?

5 A You know, I've looked at the web. I don't
6 usually do that, but I've looked at the web, some of
7 the anti-vaccination websites.

8 Q Which of those sites did you look at?

9 A Oh, gosh. I can't give you the names.
10 I've just sort of scanned through a number of them.

11 Q Do you remember the names of any of them?

12 A Let's see.

13 MS. NIEUSMA: Dr. Plotkin, just to be
14 clear, if you don't remember something, just
15 say you don't remember and you can move on from
16 there.

17 THE WITNESS: Yeah. Well, here's one
18 called VaxTruth: Everything you ever needed to
19 know about medical exemptions to vaccination
20 but didn't know to ask.

21 There are a couple of others that I looked
22 at, many of which were appalling.

23 BY MR. SIRI:

24 Q Why do you believe they're appalling?

25 A Because they're ignorant of the facts,

1 Stanley Plotkin, M.D.

2 exaggerations, half-truths, or even misconceptions.

3 Q VaxTruth, does that website, is that a
4 website that catalogs personal stories of families
5 who believe their child was injured by vaccines?

6 A You know, I did not -- what shall I
7 say? -- read these word for word. I imagine that
8 that's the case, but I couldn't tell you
9 specifically about which website says what.

10 Q But you found VaxTruth appalling?

11 A Yes.

12 Q Other than reviewing the, what you refer
13 to as anti-vax or websites, did you review any other
14 documents to prepare for this deposition?

15 A Yes. I looked at a number of vaccine
16 safety studies, which, again, are referenced in the
17 vaccine safety chapter.

18 Q And apart from that, anything else?

19 A No.

20 Q Have you been provided any documents
21 related to this lawsuit?

22 A To whom?

23 Q Have you, Dr. Plotkin, been provided any
24 documents relating to this lawsuit specifically?

25 A No, I have not.

1 Stanley Plotkin, M.D.

2 Q Have you reviewed any medical records
3 related to this case?

4 A Medical records? No.

5 Q Have you done anything other than what
6 we've already discussed to prepare for this
7 deposition today?

8 A No. Basically, no.

9 Q Have you discussed the child at issue in
10 this case?

11 A No.

12 Q So you don't know anything specific about
13 the child at issue in this case, correct?

14 A I do not.

15 Q You don't know anything about her medical
16 history, correct?

17 A Correct.

18 Q And you don't know anything about her
19 family's medical history, correct?

20 A Correct.

21 Q Have you been on any trips in the last
22 year?

23 A Many.

24 Q Where to?

25 A Several trips to Europe, to France, to

1 Stanley Plotkin, M.D.

2 Germany.

3 Let's see. Have I been to Asia in
4 the last year? Yes. I've been to Japan.
5 Basically, I mean, of course, many trips in the
6 United States, England.

7 Q How many times --

8 A At least a dozen trips.

9 Q At least a dozen. How many times were you
10 in France in the last year?

11 A Oh, gosh. Twice, I think.

12 Q Germany?

13 A Once.

14 Q England?

15 A Once.

16 Q These are all separate trips?

17 A Yes.

18 Q In which you got on a plane from the
19 United States, flew there, flew back?

20 A Yes.

21 Q Japan, how many times?

22 A Once.

23 Q How many times to other countries outside
24 of U.S.?

25 A I've probably had about a dozen trips

1 Stanley Plotkin, M.D.

2 altogether. If I known that you were interested, I
3 would have brought my calendar.

4 Q How about trips in the United States that
5 required you to get on a plane, how many of those
6 would you say in the last year?

7 A Mainly to California. A lot of trips to
8 Washington. Boston.

9 Q California, Washington. Same city in
10 California each time or different?

11 A No. San Francisco, San Diego.

12 Q What were the purpose of most of these
13 trips?

14 A Attend meetings, scientific meetings.

15 Q Were any of them related to companies
16 developing vaccines?

17 A Oh, yes.

18 Q Would you say most of them were?

19 A Most of them? Probably about half of
20 them.

21 Q Do you have any, do you have any trips
22 planned for 2018?

23 A Yes.

24 Q Where to?

25 A I'll be going to India next month and,

1 Stanley Plotkin, M.D.

2 however, I'm trying to cut down on foreign trips.

3 So at the moment, I'll be going to Germany in June.

4 Aside from that, I'll be going to France in May. I

5 think that's all I can recall at the moment.

6 Q What's your trip to France for?

7 A I'll be teaching in an advanced
8 vaccinology course in Annecy.

9 Q Where?

10 A Annecy.

11 Q What's that? I'm sorry.

12 A A-N-N-E-C-Y. It's a town in France.

13 Q Who is sponsoring this course?

14 A Well, it's sponsored by the University of
15 Geneva and the Gates Foundation.

16 Q Anybody else?

17 A No. Basically those are the funders.

18 Q And your trip to Germany, what's that for,
19 Doctor?

20 A I'll be going to visit a biotechnology
21 company that is trying to develop vaccines based on
22 RNA.

23 Q Do you have a position or affiliation with
24 that company?

25 A I'm simply on their scientific Board.

1 Stanley Plotkin, M.D.

2 Q And your trip to India, purpose of that
3 one?

4 A To discuss vaccination against
5 chikungunya, a virus which is epidemic in India and
6 in South America.

7 Q And who are those discussions with?

8 A Well, it's under the aegis of an
9 organization called CEPI, which is a coalition to
10 develop vaccines against epidemic diseases. So it's
11 an organization that's received funding from various
12 governments to meet the challenges of epidemic
13 diseases like Ebola and chikungunya, et cetera.

14 Q This trip also include meeting with
15 vaccine developers?

16 A Well, they will be present at the meeting.
17 They will come and present the results of their
18 efforts to develop a vaccine against chikungunya.

19 Q Any trips planned in the United States for
20 2018?

21 A Wish I had known to bring my calendar. I
22 have no trips planned this month or actually next
23 month. But I will be going to some NIH-sponsored
24 meetings in March, as I recall, and there's a
25 vaccine conference in Washington in April that I'll

1 Stanley Plotkin, M.D.

2 be going to.

3 MS. NIEUSMA: When you say "Washington,"
4 do you mean Washington state or District of
5 Columbia?

6 THE WITNESS: District of Columbia.

7 In May I'll be going back to France for
8 the advanced vaccinology course. That's as
9 much as I can remember at the moment.

10 BY MR. SIRI:

11 Q Okay. There might be others; you just
12 don't have your calendar here today, right?

13 A Right.

14 Q And the NIH meetings, where are those
15 taking place?

16 A In Bethesda.

17 Q How far is that from here?

18 A From here?

19 Q Yeah. Do you drive there?

20 A Oh, no. I take the train to Washington
21 and then the Metro to Bethesda.

22 Q How long does that trip take?

23 A The train is an hour and a half. Metro is
24 maybe 20 minutes.

25 Q What's the name of the plaintiff in this

1 Stanley Plotkin, M.D.

2 case?

3 A Well, from what was said before, the
4 plaintiff, I think, is someone named Schmitt. I've
5 not followed -- as I've said before, I have not been
6 involved in the legal details. So I don't know the
7 names except from what I've heard.

8 Q What's the name of the defendant in this
9 case?

10 A As I understand it, they're a married
11 couple, but that's all I can tell you. So I presume
12 they're both named Schmitt.

13 Q What's the name of their child?

14 A I do not know.

15 Q How old is their child?

16 A I do not know.

17 Q Do you know whether the child has received
18 any vaccines?

19 A I do not know.

20 Q The name of the child is Faith. I'll
21 refer to the child as Faith during this deposition,
22 okay?

23 A Mm-hmm.

24 Q Faith's father believes that Faith's
25 mother was wrong to not have given Faith all

1 Stanley Plotkin, M.D.

2 CDC-recommended vaccines on time.

3 Do you agree with the father?

4 A Yes.

5 Q Is it your understanding that the father
6 wants Faith to receive all vaccines she has missed
7 and continue to receive all CDC-recommended
8 vaccines?

9 A That is my understanding, yes.

10 Q Do you agree with the father that Faith
11 should receive these vaccines?

12 A Absent any contraindication, yes.

13 Q Sitting here today, do you know whether
14 Faith has any contraindications?

15 A I do not know.

16 Q So sitting here today, you don't know
17 whether Faith should or should not actually get
18 these vaccines?

19 A In the absence of a contraindication,
20 Faith should receive the vaccines.

21 Q But you don't know whether she has a
22 contraindication?

23 A I do not know the medical history of the
24 child.

25 Q What vaccines has Faith missed according

1 Stanley Plotkin, M.D.

2 to the CDC schedule that you believe she should get?

3 A Well, the CDC's schedule includes the
4 diphtheria, tetanus, pertussis, hepatitis B,
5 haemophilus influenzae, polio, measles, mumps,
6 rubella.

7 I don't know how old she is, so I
8 don't know, you know, where to stop. But there are
9 vaccines recommended in preadolescents. So she
10 should receive those when she reaches the
11 appropriate age.

12 Q So just so I got -- just to make sure I
13 understand, you believe she should get the
14 hepatitis B vaccine?

15 A Yes.

16 Q Rotavirus?

17 A Yes.

18 Q DTaP?

19 A Yes.

20 Q Hib?

21 A Yes.

22 Q PCV13?

23 A Yes.

24 Q IPV?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q The flu shot annually?

3 A Yes.

4 Q IIV, we'll call it the flu shot?

5 A At the moment, yes.

6 Q I'm sorry. At the moment?

7 A At the moment.

8 Q What do you mean?

9 A I mean that there are two influenza
10 vaccines, one of which is recommended for this year;
11 the other is not recommended at the moment but may
12 be in the future.

13 Q You think she should get the recommended
14 one?

15 A Yes.

16 Q And you think she should get the MMR, I
17 believe you said?

18 A Yes. And varicella.

19 Q And hepatitis A vaccine?

20 A I'm sorry.

21 Q And hep A vaccine?

22 A And the hep A vaccine, yes.

23 Q How many doses of hep B as a child do you
24 recommend they receive?

25 A Three.

1 Stanley Plotkin, M.D.

2 Q How many doses of rotavirus do you
3 recommend?

4 A Two or three.

5 Q And you recommend Faith receive those,
6 right?

7 A Yes.

8 Q And you recommend that she receive the
9 three doses of hep B?

10 A Yes.

11 Q And how many doses of DTaP do you
12 recommend she receive?

13 A Well, currently at least three, then a
14 booster and eventually another booster.

15 Q How many doses of Hib do you recommend she
16 receive?

17 A Well, three are usually sufficient.

18 Q How many doses of PCV13?

19 A Three.

20 Q And how many doses of IPV or an
21 inactivated polio vaccine?

22 A Three.

23 Q How many doses of the flu shot?

24 A Well, one per year.

25 Q And how many doses of MMR?

1 Stanley Plotkin, M.D.

2 A At least two, yes.

3 Q How many doses of varicella?

4 A Two.

5 Q And hep A?

6 A Two or three. Two is often sufficient.

7 Q And those are the doses that you recommend
8 that Faith receive, correct?

9 A Yes.

10 Q For each of those vaccines we just went
11 through?

12 A Yes.

13 And then there are the adolescent
14 vaccines as well.

15 Q And what are those?

16 A Well, meningococcus is often recommended
17 and also human papillomavirus vaccine to, especially
18 if she is a girl, but it's also recommended for boys
19 as well.

20 Q And you recommend that Faith receive those
21 as well as meningococcus and HPV vaccine?

22 A Yes.

23 Q Any others?

24 A Well, I could look up the vaccine
25 schedule, if you wish me to, but I am sure that I

1 Stanley Plotkin, M.D.

2 agree with all of the CDC recommendations.

3 Q How about when she becomes an adult; would
4 you recommend that she get all of the adult vaccines
5 that are recommended by the CDC for adults?

6 A Certainly, yes.

7 Q What are the, can you please tell me the
8 brand name and manufacturer for each of the hep B
9 vaccines?

10 A I do not try to memorize brand names. As
11 I recall, Engerix is the most commonly used
12 hepatitis B vaccine, which is manufactured by
13 GlaxoSmithKline. There's also a vaccine
14 manufactured by Merck. I don't remember the trade
15 name at the moment. As I said, I don't try to
16 memorize trade names.

17 Q So for the hepatitis B, there's a vaccine
18 manufactured by GlaxoSmithKline. Can we refer to
19 that either as Glaxo or GSK today?

20 A Mm-hmm. Yes.

21 Q And there's one manufactured by Merck?

22 A Correct.

23 Q Rotavirus, what are the brand names and
24 companies that manufacture those?

25 A Well, actually, one of the rotavirus

1 Stanley Plotkin, M.D.

2 vaccines I developed, so I do know that the trade
3 name is called RotaTaq. And the other one is called
4 Rotarix.

5 Q Who manufactured those?

6 A I'm sorry.

7 Q Who sells those, manufactures those?

8 A Merck manufactures RotaTaq, and GSK
9 manufactures Rotarix.

10 Q How about DTaP, who -- what are the brand
11 names or manufacturers for DTaP?

12 A Oh, boy. Sanofi Pasteur manufactures
13 DTaP, and so does GSK. I do not remember the trade
14 names.

15 Q How about the hepatitis B vaccine; can you
16 tell me what are the brand names for those products
17 and the manufacturer?

18 A For hepatitis B?

19 Q For Hib. I'm sorry.

20 A For Hib?

21 Q I apologize. Did I say hep B? I meant
22 Hib. Which stands for what, by the way,
23 Dr. Plotkin?

24 A Haemophilus influenzae type B.

25 Q Thank you. So --

1 Stanley Plotkin, M.D.

2 A Well, again, my recollection is that
3 Sanofi and GSK, yes, both manufacture Hib.

4 Q And -- okay. And what about PCV13; what
5 is the name of the product and the manufacturer of
6 that vaccine?

7 A I don't remember the trade name, but
8 Pfizer is the manufacturer.

9 Q What about the flu shot?

10 A Oh, well, there are multiple
11 manufacturers.

12 Q Yes, there are multiple manufacturers of
13 the shot. Let's, in terms of flu shots -- strike
14 that.

15 We're going to come back to the flu
16 shot. We'll make it simple.

17 Well, let me ask you this, actually,
18 about the flu shot: What flu shots, are there any
19 flu shots recommended for children under one year of
20 age?

21 A No. Six months usually is the time, the
22 age at which influenza vaccines are recommended for
23 children.

24 Q Do you know who manufactures flu shots
25 recommended for children under one year --

1 Stanley Plotkin, M.D.

2 A For children?

3 Q Yeah.

4 A I don't remember which of the
5 manufacturers. There are probably ten different
6 influenza vaccines, not all of which have been
7 tested in children.

8 So there are relatively few for
9 children, all of them manufactured in a chick
10 embryo. But anyway, I don't -- I'm sure that the
11 major manufacturers like Sanofi and GSK certainly
12 manufacture influenza vaccines.

13 There's an Australian manufacturer,
14 CSL.

15 Q But, I mean just for -- I'm sorry,
16 Dr. Plotkin. Just for, by age group, do you -- let
17 me make this simpler.

18 Do you know, do you have a
19 recollection of which flu shots are recommended for
20 which age groups?

21 A You mean which manufacturers?

22 Q Right.

23 A I don't, don't recollect.

24 Q In terms of the, in terms of the IPV, the
25 inactivated polio vaccine, who manufactures, what is

1 Stanley Plotkin, M.D.

2 the product name manufacturer for that?

3 A I don't remember the trade name, but
4 Sanofi and GSK both make IPV.

5 Q And the MMR vaccine, what is the product
6 name and manufacturer for that one?

7 A Merck is the manufacturer. GSK also makes
8 one, but Merck is pretty much the American
9 manufacturer for MMR.

10 Q And for varicella, the product name and
11 manufacturer?

12 A Well, Merck, again, manufactures varicella
13 vaccine, and GSK also does.

14 Q And then for the hepatitis A vaccine, who
15 is the, what are the product names and
16 manufacturers?

17 A Hepatitis A, GSK is the biggest
18 manufacturer of hepatitis A.

19 Q Is there any -- got it. Okay. And
20 then...

21 How about the meningococcal vaccine;
22 what's the product name and manufacturer for that
23 one?

24 A Meningococcal vaccines are manufactured at
25 the present time by Sanofi, by GSK, by Pfizer.

1 Stanley Plotkin, M.D.

2 Those are the three.

3 Q And how about the HPV vaccine
4 manufacturer, the product name and manufacturer,
5 please?

6 A Merck and GSK both manufacture HPV
7 vaccines.

8 Q So every vaccine that you believe Faith
9 should receive is produced by either Merck, Sanofi,
10 GSK, or Pfizer, correct?

11 A Yeah. That's pretty much the case. In
12 this country, at the present time, there are a
13 limited number of vaccine manufacturers because
14 vaccine manufacture is difficult and costly.

15 Q Would it be correct to call these four
16 companies the big four vaccine manufacturers?

17 A Yes, that's correct. Johnson & Johnson is
18 attempting to come into the field, but they are not
19 yet one of the major manufacturers.

20 Q Have you received any payments from Sanofi
21 or any of its related or predecessor entities?

22 A Yes. Certainly.

23 Q In what years did you receive payments?

24 A Oh, geez. Well, first of all, as you
25 should know, in the 1990s I was medical and

1 Stanley Plotkin, M.D.
2 scientific director of Sanofi Pasteur, and so
3 obviously I was paid by them.

4 And since then I've been consulting
5 for manufacturers, for biotechs, for governments,
6 for nonprofits, and essentially for anyone
7 interested in vaccine development.

8 And so I have been remunerated by
9 companies, not by nonprofits, obviously, and that is
10 essentially what I do.

11 Q Is there a year since 1990 that you've not
12 received any kind of payment or remuneration from
13 Sanofi?

14 A Probably not, no.

15 Q How much did you receive -- what would you
16 say is approximate total amount of payments and
17 remunerations you've received from Sanofi during
18 your lifetime?

19 A Oh, my God. I have no idea. I'm sure
20 it's a sizable amount of money. But I, you'd have
21 to ask my wife, who's essentially my accountant.

22 Q Is your wife the person that would have
23 the records to know that amount?

24 A Yeah. She probably would.

25 Q Okay. Would you say it's more or less

1 Stanley Plotkin, M.D.

2 than a hundred thousand dollars?

3 A Oh, I'm sure it's more than that.

4 Q Would you say it's more or less than
5 500,000?

6 A Probably, yes. Over the years, I imagine
7 it is.

8 Q Would you say it's more or less than a
9 million dollars?

10 A Well, again, I'm not prepared to answer
11 this question, but I'm sure it's a considerable
12 amount of money. And over the years, it could well
13 be more than a million.

14 Q Do you believe it could be a few million?

15 A You know, Counselor, I cannot give you a
16 precise figure. It is a considerable amount of
17 money. I do not doubt. But I could not give you a
18 specific number because I've never looked at it.

19 Q I'm going to make a request for the
20 documents to understand precisely how much you've
21 received from Sanofi over the years.

22 MS. NIEUSMA: I mean, you guys can do any
23 discovery requests that you want. If he
24 doesn't have it with him today, he can't
25 produce it right now.

1 Stanley Plotkin, M.D.

2 MR. SIRI: Your objection is noted,
3 Counsel. Thank you.

4 BY MR. SIRI:

5 Q Has any entity in which you directly or
6 indirectly have a greater than 1 percent ownership
7 interest received any payment from Sanofi or any of
8 its related or predecessor entities?

9 A Could you repeat that question.

10 Q Sure. Does any entity -- do you
11 understand what I mean by the term "entity,"
12 Dr. Plotkin?

13 A Are you talking about me personally or --

14 Q When I say, I'm asking if you understand
15 what the term "entity" means in that question.

16 A No.

17 Q Okay. Great.

18 So when I use the term "entity," I
19 mean it to include any business, sole
20 proprietorship, company, LLC, LLP, limited liability
21 company, organization, and so forth. Is that clear
22 what "entity" means?

23 A Yeah.

24 Q So what I'm asking, has any entity, so any
25 business company, that you've had directly or

1 Stanley Plotkin, M.D.

2 indirectly more than 1 percent ownership interest,
3 okay, has any company like that received money from
4 Sanofi?

5 A Well, again, I'm not sure I understand the
6 question. But I am the principal of a company
7 called Vaxconsult --

8 Q Okay.

9 A -- which essentially was organized to make
10 things easier from the tax point of view. And that
11 entity, if that's what you mean, has received
12 payments from companies for whom I consult.

13 So it's a device, if you will, to
14 make things simpler for the accountant.

15 Q Okay. So who owns Vaxconsult?

16 A I do -- well, my wife and I do.

17 Q And what percent do you own?

18 A A hundred percent.

19 Q Okay. And is there any other company --
20 and payments have been made to Vaxconsult by Sanofi?

21 A Sure.

22 Q And what's the total amount of payments
23 that have been made to Vaxconsult by Sanofi?

24 A Well, again, I do not have an exact
25 number. I am sure that over the years, it's a

1 Stanley Plotkin, M.D.

2 considerable amount, but I cannot tell you exactly
3 how much.

4 Q Is there any other company in which you
5 have an ownership interest that's received money
6 from Sanofi?

7 A No.

8 Q You anticipate to continue to receive
9 payments or any kind of other remuneration from
10 Sanofi in the future?

11 A As long as my health holds out, yes.

12 Q What are those payments for?

13 A For advice.

14 Q Have you received any payments from Merck
15 or any of its related or predecessor entities?

16 A Yes.

17 Q What year did you receive payments?

18 A All I can say is since I stopped working
19 for Sanofi, which was in early 2000s, I've consulted
20 for essentially all of the major manufacturers. I
21 do not know how much I received. But I have
22 certainly received payments from Merck, from Glaxo,
23 from Pfizer, and many other entities.

24 Q So what was approximately the first year
25 that you received payments from Merck?

1 Stanley Plotkin, M.D.

2 A Sometime in the 2000s.

3 Q Would you say that you've received more
4 than a hundred thousand dollars in
5 payments/remuneration from Merck since then?

6 A I have no idea.

7 Q But you would have records that would be
8 able to determine that amount, correct?

9 A Yes. I doubt -- actually, I doubt that
10 it's a hundred thousand, but I don't, I don't
11 recall. As I said, my wife does the accounting, and
12 I pay no attention to it.

13 Q Do you anticipate receiving any payments
14 or remuneration from Merck in the future?

15 A Sure.

16 Q You said that you received payments and
17 other remuneration from GSK in the past?

18 A Yes.

19 Q When did those payments start?

20 A Again, I cannot give you a precise year.
21 But as I've tried to say repeatedly, since 2000,
22 I've been consulting for many different entities,
23 including GSK and the others.

24 Q Do you expect to continue to receive
25 payments or remuneration from GSK in the future?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q I'll ask you the same question about
4 Pfizer. You indicated that you have received
5 payments or remuneration from Pfizer?

6 A Yes.

7 Q Do you remember when you first received
8 any payments from them or any remuneration?

9 A No, I don't recall what year that would
10 be.

11 Q And do you have a sense of approximately
12 how much you've received?

13 A No.

14 Q Do you anticipate continuing to receive
15 payments or remuneration from Pfizer?

16 A Very likely.

17 Q Now, all of the payments you've received
18 from the big four vaccine manufacturers, as we've
19 defined it, they were either made to you directly or
20 through Vax -- I'm sorry. What was the --

21 A Vaxconsult.

22 Q Or Vaxconsult?

23 A Yes.

24 Q Why don't we try this a little bit of a
25 different way. Since it appears your memory of --

1 Stanley Plotkin, M.D.

2 over longer periods of time is not as clear with
3 regard to how much payment or remuneration you
4 received from the big four, can you tell me, what is
5 the total amount of payments in dollars you received
6 in 2017, last year, from anyone or any entity
7 involved in the development or sale of vaccines?

8 A Of what?

9 Q From any entity involved in the
10 development or sale of vaccines.

11 A Oh, my recollection is in the neighborhood
12 of 200,000.

13 MR. SIRI: Sorry about that. My
14 microphone wire got stuck. Let me just get
15 this back on.

16 BY MR. SIRI:

17 Q Do you own any stock in Sanofi?

18 A No.

19 Q Have you ever?

20 A No.

21 Q Do you own any stock options in Sanofi?

22 A No.

23 Q Have you ever?

24 A No.

25 Q How about from Merck, Glaxo, or Pfizer; do

1 Stanley Plotkin, M.D.

2 you own any stock in any of those companies?

3 A No.

4 Q Any stock options?

5 A No.

6 Q Has any educational or not-for-profit
7 institution in which you have been involved received
8 funding from Sanofi?

9 A That's a very difficult question to
10 answer. I don't inquire about the finances of the
11 organizations that I work for or that I advise. So
12 I find that question very difficult to answer.

13 I imagine that some of them do, but I
14 have no knowledge of the matter. Voices for
15 Vaccines, for example, receives no funding from any
16 of the pharmaceutical companies, and that is in
17 order to avoid any suggestion of a conflict of
18 interest. I think that's probably true for a number
19 of the nonprofits I advise. But obviously it may
20 not be true for companies.

21 Q So you're saying Voices for Vaccines
22 doesn't receive any funding from pharmaceutical
23 companies?

24 A None.

25 Q What's your affiliation with that group?

1 Stanley Plotkin, M.D.

2 A Well, I was one of those who suggested
3 that an organization of laypeople, as opposed to
4 scientists, would be a good idea to oppose all of
5 the nonsense that one sees on the web from
6 anti-vaccination organizations.

7 Q So it was your idea to create Voices for
8 Vaccines?

9 A It wasn't my sole idea. It was a
10 suggestion that I made at a certain point. And it
11 turned out that there were laypeople who were
12 interested in promoting vaccines. Since then I've
13 been on their advisory Board. But other than that,
14 I have no role in the organization.

15 Q But you were, from what I'm understanding,
16 tell me if I'm correct, it sounds like you were a
17 driving force in suggesting its creation and at
18 least initially --

19 A Yes.

20 Q -- getting it set up; is that correct?

21 A Yes. Mm-hmm.

22 Q I'm going to hand you what has been marked
23 as Plaintiff's Exhibit 1.

24 (Exhibit Plaintiff-1 was marked
25 for identification.)

1 Stanley Plotkin, M.D.

2 MS. NIEUSMA: Amy, is that coming to my
3 email?

4 MS. RUBY: It will be in just one moment.

5 MS. NIEUSMA: All right.

6 BY MR. SIRI:

7 Q I'm going to hand you what's been marked
8 as Plaintiff's Exhibit 1.

9 MS. RUBY: It's been sent. Hopefully it
10 will come through.

11 MS. NIEUSMA: I'm sure it will.

12 Got it.

13 MR. SIRI: Okay. Great.

14 BY MR. SIRI:

15 Q Dr. Plotkin, do you recognize this as a
16 printout from the Voices for Vaccines website?

17 A Well, that's what it says. I don't read
18 the website that often, but yes.

19 Q Okay. And I see that it's got you listed
20 on the scientific advisory Board --

21 A Yes.

22 Q -- on the third page, correct?

23 A Yes.

24 Q Now, you see at the very end on the last
25 page, Dr. Plotkin, see at the very bottom it says:

1 Stanley Plotkin, M.D.

2 Voices for Vaccines is an administrative product of
3 the Task Force for Global Health?

4 A Yes.

5 Q And it receives funding from that
6 organization, correct?

7 A No. It does not receive funding. The
8 task force was asked to do the -- what shall I
9 say? -- the financial stuff required for an
10 organization like Voices for Vaccines. But it does
11 not contribute financially to Voices for Vaccines.

12 Q Dr. Plotkin, I'm going to hand you what's
13 been marked as Exhibit 2. This is a form 990 tax
14 return for the Task Force for Global Health.

15 MR. SIRI: I'm not going to ask him
16 questions until you've emailed it.

17 (Exhibit Plaintiff-2 was marked
18 for identification.)

19 BY MR. SIRI:

20 Q So I've handed you what has been marked as
21 Plaintiff's Exhibit 2. It is the tax return for,
22 the 990 tax return for the Task Force for Global
23 Health. If you turn to the second page, do you see
24 Section 4C?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Where there's expenses of \$3,757,924?

3 A Yes.

4 Q Do you see that one of the groups
5 receiving part of that funding was, in the last
6 line, Voices for Vaccines?

7 A I don't see where it says --

8 Q Last sentence in 4C.

9 A Voices for Vaccines is expanding its
10 educational outreach through new media and parenting
11 networks, increasing its membership and its
12 on-the-ground reach.

13 So?

14 Q If you go up to number four, Dr. Plotkin.
15 Can you read what the items in that list are
16 supposed to be describing?

17 A Expenses, including grants, revenues.

18 So?

19 Q I'll read to it you, number four. It
20 says, number four says: Describe the organization's
21 programs, service, accomplishments for each of its
22 three largest program services as measured by
23 expenses.

24 A Yeah.

25 Q Are you claiming that this document does

1 Stanley Plotkin, M.D.

2 not represent that Voices for Vaccines received
3 funding from the Task Force for Global Health?

4 A As far as I am aware, that the Voices for
5 Vaccines receives no funding from the task force.
6 The task force under Dr. Alan Hinman has agreed to
7 do the financial, whatever is required by the
8 government to do the financial work, for Voices for
9 Vaccines.

10 But as far as I'm aware, it receives
11 no funding from the task force or any other
12 governmental or semi-governmental entity.

13 Q So the task force does provide some
14 support for Voices for Vaccines, correct?

15 A It does.

16 MS. NIEUSMA: He already answered. He
17 said he doesn't know.

18 MR. SIRI: Your objection is noted. Thank
19 you.

20 BY MR. SIRI:

21 Q The Task Force for Global Health, does the
22 Task Force for Global Health receive funding from
23 any of the big four pharmaceutical companies?

24 A I do not know for a fact, but I doubt it.
25 The task force, I know, secondhand. But I, I

1 Stanley Plotkin, M.D.

2 believe that they receive funding from CDC, but as
3 far as I know, not from companies.

4 Q Dr. Plotkin, I'm going hand you what's
5 been marked as Plaintiff's Exhibit 3.

6 (Exhibit Plaintiff-3 was marked
7 for identification.)

8 THE WITNESS: Yeah. So?

9 BY MR. SIRI:

10 Q This is a --

11 A I see, yes, where it says: Funders.

12 Well, I stand corrected. So the task
13 force, then, does receive funding from companies.
14 However, I don't see that has any bearing on its
15 work for Voices for Vaccines.

16 MS. NIEUSMA: Where is that in the -- am I
17 looking at the same exhibit you guys are?

18 MS. RUBY: You should have received
19 Deposition Exhibit 3.

20 MS. NIEUSMA: It's a page from The Lancet?

21 MR. SIRI: No. Number 80. No. That's
22 the wrong one.

23 MS. RUBY: Give me one second. Sorry.

24 MS. NIEUSMA: All right.

25 (Brief pause.)

1 Stanley Plotkin, M.D.

2 MR. SIRI: Counsel --

3 MS. NIEUSMA: Yes.

4 MR. SIRI: What it is, it's a fact sheet
5 printed out from the Task Force for Global
6 Health, and on the left side it just shows the
7 donors.

8 MS. NIEUSMA: Okay.

9 MR. SIRI: Dr. Plotkin's already, he's
10 already -- I'm just going to ask him to read
11 the donors and that's it.

12 I assume --

13 MS. NIEUSMA: All right.

14 BY MR. SIRI:

15 Q So does this show that the Task Force for
16 Global Health received funding from GSK?

17 A Yes, it does. But I want to repeat that
18 the Voices for Vaccines has studiously avoided
19 receiving funding from any company. And the fact
20 that the task force is doing its finances was only a
21 matter of convenience and an offer from Dr. Hinman
22 that they would do that because they have experience
23 with filing tax returns, et cetera.

24 And I do not believe, and I strongly
25 do not believe that any of the funding to the task

1 Stanley Plotkin, M.D.

2 force passes to Voices for Vaccines.

3 Q Does the Task Force for Global Health
4 receive funding from Merck?

5 A Yes.

6 Q And from Pfizer?

7 A Apparently, yes.

8 Q So the Task Force of Global Health
9 receives funding from pharmaceutical companies. And
10 at the least, I'm understanding from you, provides
11 some kind of administrative support services to the
12 Voices for Vaccines, correct?

13 A Correct.

14 Q And one of the founding voices to create
15 that organization was yourself, correct?

16 A I was one of those who suggested it, yes.

17 Q And you received remuneration from
18 pharmaceutical companies, correct?

19 A I do, yes.

20 Q Does anybody that works for Voices for
21 Vaccines -- strike that.

22 Going back to what we were
23 discussing, I had asked you earlier, has any
24 educational or non-for-profit institution in which
25 you have been involved received funding from Sanofi?

1 Stanley Plotkin, M.D.

2 And you indicated that would be
3 difficult to answer.

4 Can you tell me -- but you did
5 indicate to me, and correct me if I'm saying -- I
6 don't want to misspeak. But you indicated there are
7 some groups that don't receive any funding from
8 pharmaceutical companies, correct? And you
9 mentioned --

10 A Correct.

11 Q -- Voices for Vaccines as the main one?

12 A Yes.

13 Q Is there any other education or nonprofit
14 institution in which you've been affiliated that
15 you're aware of that does not and has not received
16 funding from any of the, any vaccine company?

17 A Well, I certainly advise the Gates
18 Foundation. I advise the National Institutes of
19 Health. I think those are the major institutions
20 that are not in the business of, in the business of
21 developing vaccines. And they do not receive
22 funding from companies.

23 Q Does the NIH hold any patents on any
24 vaccine-related technology?

25 A I believe they do, yes.

1 Stanley Plotkin, M.D.

2 Q Do they receive royalties from those
3 patents?

4 A I imagine they do, yes.

5 Q To your knowledge, you're not aware of
6 whether any of the other educational non-for-profit
7 institutions outside of Voices for Vaccines, as
8 you've said, Gates Foundation or NIH, that don't
9 receive any money from any of the pharmaceutical
10 companies?

11 A I'm not sure I can answer that question
12 categorically, but --

13 Q Just based on your knowledge. I mean,
14 either you, you know, if you don't know, then...

15 A I'm sure there are organizations that are
16 not funded by industry. But whether -- I'm trying
17 to think of ones that I've advised over the years.

18 Well, the Seidman Foundation. I'm
19 not sure whether they received funding from industry
20 or not. But I don't normally inquire of the
21 organizations that I advise where their funding
22 comes from.

23 Q Have you ever worked on developing a
24 vaccine that was eventually used by the public?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Which ones?

3 A Let's see. Well, rubella, rotavirus,
4 rabies, and I made contributions here and there to
5 anthrax, cytomegalovirus, varicella. That's all I
6 can remember at the moment.

7 Q The varicella vaccine, you're talking
8 about VARIVAX?

9 A Yeah.

10 Q When you say you contributed to it, how
11 did you contribute to development of varicella?

12 A Essentially by showing how it could be
13 used and demonstrating that it was safe and
14 effective.

15 Q Did you work directly with Merck on that?

16 A I don't recall whether it was directly
17 with Merck or not. Certainly it was the vaccine
18 produced by Merck. But whether -- I don't recall
19 that they actually funded my studies of varicella
20 vaccine. But they were, they were the producers of
21 the vaccine, certainly.

22 Q Where were you working when you did this
23 work?

24 A At Children's Hospital of Philadelphia.

25 Q Did Children's Hospital ever acquire any

1 Stanley Plotkin, M.D.

2 intellectual property rights on what was --

3 A For varicella, no.

4 Q Have you developed or been part in any way
5 in the development of any vaccine from which you
6 have received any payment, revenue, or income
7 related to the sale of that vaccine?

8 A Yes. Although I should stipulate that all
9 of the patents on vaccines that I've developed have
10 been taken out by the institutions for which I was
11 working and that they gave me -- and I stress that
12 it was not a requirement, but they gave me part of
13 the profits deriving from the patents.

14 Q Which were those?

15 A Sorry?

16 Q Which vaccines are those?

17 A Mainly rubella, rotavirus, and rabies.

18 Q And the rubella vaccine that you developed
19 is currently used as part of the MMR vaccine?

20 A Correct.

21 Q And this is one of the vaccines you
22 believe Faith's pediatrician should purchase and
23 administer to her?

24 A Absolutely.

25 Q What is the total amount of payments in

1 Stanley Plotkin, M.D.

2 any form you have directly or indirectly received
3 from the sale of the rubella vaccine?

4 A I cannot give you a figure. I would say
5 that I do not doubt. But, again, I'd have to ask my
6 wife. I do not doubt that they were substantial
7 amounts of money, and similarly for rotavirus and
8 rabies.

9 Q Was it in the millions of dollars for
10 rubella? Just rubella.

11 A I don't think so. That's all I can say.
12 I don't think so.

13 Q Are you in the possession of documents
14 that would illuminate how much you've received in
15 payments from the sale of the rubella vaccine?

16 A Probably. I hope they have been retained.
17 I don't know. But I imagine.

18 Q And do you continue to receive any
19 payments from the sale or royalties or any other
20 remuneration from the sale of the rubella vaccine?

21 A Currently, I don't think so.

22 Q When did it cease?

23 A Oh, Jesus, I couldn't tell you exactly.
24 Sometime during this century. I don't know. You
25 know, if I had thought that this was going to be

1 Stanley Plotkin, M.D.

2 about my finances, I would have had my wife come
3 along because I don't follow these things. And
4 certainly what I've done has not been based on what
5 remuneration I could receive from the work that I've
6 done.

7 So if you want financial details, I
8 will have to collect them in some other form.
9 But --

10 Q How do you think your wife would feel of
11 you offering her up for a deposition?

12 A I don't think she would like it very much.

13 Q That wasn't a serious question.

14 MR. SIRI: Okay. I'll request those
15 documents.

16 BY MR. SIRI:

17 Q Now, do you have -- you said that you're
18 not sure whether it was in the millions of dollars
19 that you've received from the sale of rubella,
20 correct?

21 A Correct.

22 Q But it could have been?

23 A I doubt it, but it could have been. I
24 don't think so.

25 Q Who provided you those payments?

1 Stanley Plotkin, M.D.

2 A The Wistar Institute.

3 Q Did it come from any other source other
4 than Wistar?

5 A I don't think so because the Wistar holds
6 the patent.

7 Q Were you listed as one of the patent --

8 A One of the inventors?

9 Q One of the inventors?

10 A I believe so, yes.

11 Q But the Wistar was the assignee; is that
12 right?

13 A Yes.

14 Q And so they received the -- they're the
15 ones who had the, gave the license to Merck?

16 A Yes. Yes.

17 Q So Merck would pay Wistar, and then Wistar
18 would remit some of that to you; is that correct?

19 A That's correct. I'm trying to recall
20 whether Children's Hospital was involved. I don't
21 think so at that point because that was many years
22 ago.

23 Q And you indicated that you've also
24 developed the rotavirus vaccine earlier. I believe
25 you said it was RotaTeq?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q That's, and I think you said earlier
4 that's currently one of two rotavirus vaccines
5 currently on the market in the U.S.?

6 A Yes.

7 Q And you obtained a patent for RotaTeq?

8 A Wistar and Children's Hospital developed
9 patents.

10 Q Who is listed as the inventor or
11 co-inventors?

12 A Myself, Paul Offit and Fred Clark.

13 Q Who are the assignees of the patent for
14 RotaTeq?

15 A Assignees, you mean who used the --

16 Q Well, you know, when you file a patent,
17 there's usually an inventor listed and then there's
18 who you, the patent is assigned to.

19 A Well, the patents were taken out by Wistar
20 and Children's Hospital, if that's what you mean.

21 Q Okay. And so they were the ones who had
22 the rights to the patent?

23 A Yes.

24 Q How much remuneration to date have you
25 received from sales of RotaTeq?

1 Stanley Plotkin, M.D.

2 A I couldn't tell you exactly, but it's been
3 a considerable amount.

4 Q Has it been in the millions?

5 A I hesitate to say exactly. It could be,
6 but I really do not know.

7 Q You were entitled -- so you indicated that
8 Children's Hospital of Philadelphia, is that
9 sometimes referred to as CHOP?

10 A Yes.

11 Q CHOP was entitled to receive revenue from
12 the sale of RotaTeq?

13 A Yes.

14 Q What portion from the sale of RotaTeq was
15 CHOP entitled to?

16 A Well, as I understand it, 50 percent.

17 Q And what percent of that 50 were you
18 entitled to?

19 A I don't know.

20 Q Do you know how much revenue CHOP received
21 from the sale of RotaTeq?

22 A I do not.

23 Q Did there ever come a time where CHOP sold
24 its interest in the RotaTeq virus vaccine?

25 A I believe so, yes.

1 Stanley Plotkin, M.D.

2 Q Do you remember how much approximately it
3 was sold for?

4 A No.

5 (Exhibit Plaintiff-4 was marked
6 for identification.)

7 BY MR. SIRI:

8 Q I'm going to hand you what is being marked
9 as Plaintiff's Exhibit 4. This is a press release
10 from Royalty Pharma. And the title of the press
11 release is: Royalty Pharma acquires royalty
12 interest in RotaTeq from the Children's Hospital
13 Foundation for 182 million.

14 MS. RUBY: Ms. Nieuwma, you should have
15 that in just one second.

16 BY MR. SIRI:

17 Q Looking at Exhibit No. 4, does that
18 refresh your recollection of how much CHOP sold its
19 interest in RotaTeq for in 2008?

20 A Assuming it's correct, yes.

21 Q Does that sound about right?

22 A I have no idea, but presumably it's
23 correct.

24 Q Do you have any reason to doubt the
25 authenticity of this press release?

1 Stanley Plotkin, M.D.

2 A No.

3 Q Do you have any reason to doubt that CHOP
4 sold its RotaTeq interest in 2008 for \$182 million?

5 A I have no reason to doubt it.

6 Q Did you receive a portion of those
7 proceeds?

8 A I believe so, yes.

9 Q What was that amount?

10 A I could not tell you precisely. I really
11 can't. I don't do these things for the money. And
12 although it's gratifying to receive monetary awards,
13 I don't personally keep track of it.

14 Again, if I had realized this was
15 going to be the tone of this deposition, I would
16 have asked my wife to come along.

17 BY MR. SIRI:

18 Q You're here today opining that Faith
19 should receive vaccines that are made by the big
20 four pharmaceutical companies, correct?

21 A I am, yes.

22 Q Okay. And you didn't anticipate that your
23 financial dealings with those companies would be
24 relevant in that issue?

25 A I guess, no, I did not perceive that that

1 Stanley Plotkin, M.D.

2 was relevant to my opinion as to whether a child
3 should receive vaccines. Vaccines have to be made
4 by somebody. And, of course, in this world they're
5 made by pharmaceutical companies who make profits on
6 vaccines.

7 And the fact that they make profits
8 on vaccines has no bearing on whether those vaccines
9 are good for a child or not.

10 Q So you think the fact that pharmaceutical
11 companies make money on vaccines doesn't bias how
12 they approach the promotion of their own products?

13 A I imagine it biases them in favor of
14 vaccines, but so does most of the scientific world.

15 Q Are you saying most of scientific world is
16 biased because of financial --

17 A No.

18 Q -- conflicts of interest?

19 A I'm saying most of the scientific world
20 believes that vaccines protect children against
21 serious diseases.

22 Q Do you have a peer-reviewed study that
23 actually supports what you just said?

24 A Absolutely, yes.

25 Q Okay. Good. We'll make a demand for

1 Stanley Plotkin, M.D.

2 that, too.

3 A Well, you can certainly buy a copy of a
4 Vaccines textbook, which contains thousands of
5 references showing that vaccines work and are safe.

6 Q So from the \$182 million sale to CHOP --
7 that CHOP made to Royalty Pharma, do you believe
8 that you received more or less than a million
9 dollars?

10 A I could have received more than a million
11 dollars. I don't have an exact figure.

12 Q You stated earlier your co-inventor on
13 this was Paul Offit?

14 A Yes.

15 Q Were you entitled to similar remuneration
16 as he was?

17 A Yes.

18 Q Are you aware that he has stated publicly
19 how much he's received from that sale?

20 A I am not aware that he has.

21 Q If I told you he said that he received
22 approximately \$6 million, would that --

23 A Mm-hmm.

24 Q -- would that help you recall how much you
25 received?

1 Stanley Plotkin, M.D.

2 A Not really, but I believe whatever Paul
3 has said I'm sure is correct.

4 Q So is \$6 million a lot of money, in your
5 opinion?

6 A Yes.

7 Q If you received \$6 million, do you think
8 you'd remember?

9 A Actually, Counselor, no. I hesitate to
10 say this because it sounds as if I'm some sort of
11 idiot. But I really do not follow what income I
12 get. I have no doubt that it was a lot of money,
13 but I cannot give you an exact figure. I actually
14 do not read my own tax returns. I say that in
15 complete honesty.

16 Q How about the Wistar Institute; I believe
17 you stated earlier they also were held to
18 intellectual property on RotaTeq, correct?

19 A Yes.

20 Q Did there ever come a time -- and you
21 receive a portion of the proceeds that Wistar
22 receives, correct?

23 A Yes.

24 Q And you continue to receive payments from
25 Wistar for the sale of RotaTeq?

1 Stanley Plotkin, M.D.

2 A I don't think I received anything in the
3 last couple of years, but I have in the past.

4 Q How much approximately have you received
5 in the past?

6 A I don't remember.

7 Q Do you recall Wistar selling a portion of
8 its royalty interest to RotaTeg?

9 A I believe they have.

10 Q Do you remember approximately how much?

11 A No.

12 Q I'm going hand you what's been marked as
13 Plaintiff's Exhibit 5.

14 (Exhibit Plaintiff-5 was marked
15 for identification.)

16 BY MR. SIRI:

17 Q It's a PR Newswire article. Can you read
18 the title, please?

19 A "The Wistar Institute Sells Partial
20 Royalty Interest in Merck's RotaTeg to the Paul
21 Royalty Fund."

22 Q Does that refresh your recollection of how
23 much they sold their royalty interest?

24 A No.

25 MS. RUBY: Ms. Nieuwma, did you receive

1 Stanley Plotkin, M.D.

2 Exhibit 5?

3 MS. NIEUSMA: I did. I believe Exhibit 5
4 I have, yep, just got it.

5 MS. RUBY: Thank you.

6 BY MR. SIRI:

7 Q Can you please read the first sentence of
8 the article, Dr. Plotkin.

9 A The Wistar Institute today announced that
10 it sold a portion of its anticipated worldwide
11 royalty revenues from RotaTeq to an affiliate of the
12 Paul Royalty Fund for \$45 million.

13 Q Does that refresh your recollection of how
14 much they received for selling a portion of their
15 interest in RotaTeq?

16 A I know that they sold it. I don't have in
17 my head how much they sold it for. But I presume
18 this is correct.

19 Q The Wistar Institute is entitled to what
20 percentage of the sales from the RotaTeq?

21 A I do not know.

22 Q From this \$45 million sale, any
23 recollection at all of how much you received?

24 A No recollection. I'm sure I received
25 some.

1 Stanley Plotkin, M.D.

2 Q Do you think it was sizable?

3 A I think it was probably sizable, yes.

4 Q More than a few hundred thousand?

5 A I think so. I don't have a figure in my
6 head.

7 Q Do you have documents that would indicate
8 how much you received?

9 A I would imagine so, yes.

10 MR. SIRI: We'll make a request for those
11 as well.

12 BY MR. SIRI:

13 Q Are you familiar with the Immunization
14 Action Coalition?

15 A Yes.

16 Q What is your understanding of what this
17 group does?

18 A They promote vaccination through education
19 and emails and meetings.

20 Q Would you say it's one of the main
21 advocacy groups for vaccines in this country?

22 A I think it's an important one, yes.

23 Q Does it receive funding from
24 pharmaceutical companies?

25 A I believe -- I think so. I'm not certain.

1 Stanley Plotkin, M.D.

2 I don't know exactly where their financing comes
3 from, but I think they very well may.

4 (Exhibit Plaintiff-6 was marked
5 for identification.)

6 BY MR. SIRI:

7
8 Q I'm going to hand you what's been marked
9 as Plaintiff's Exhibit 6. It's a printout from the
10 Immunization Action Coalition web page showing their
11 funding for 2017. If you could kindly take a look
12 at that and the section that says, that lists the
13 pharma company donors.

14 A Mm-hmm.

15 Q Are any of the companies listed there
16 vaccine manufacturers trying to develop vaccines?

17 A Yes.

18 Q Which ones?

19 A AstraZeneca, Glaxo, Merck, Pfizer, Sanofi,
20 Seqirus.

21 Q So all of them?

22 A Yes.

23 MS. RUBY: Ms. Nieuwsma, can you confirm
24 you received Exhibit 6.

25 MS. NIEUSMA: Haven't gotten it yet, but I

1 Stanley Plotkin, M.D.
2 should have it in just a second.

3 Got it.

4 MS. RUBY: Thank you.

5 BY MR. SIRI:

6 Q Do you know approximately what percent of
7 Immunization Action Coalition's funding comes from
8 those pharmaceutical companies?

9 A No idea.

10 Q Can you name me a major medical group,
11 such as the American Academy of Pediatrics or
12 similar, that you know does not receive any funding
13 from any pharmaceutical company?

14 A Well, inasmuch I do not know what
15 organizations receive what funding, I really can't
16 answer that question.

17 Q Sitting here today, you don't know of one?

18 A I don't know what funding, for example,
19 AAP receives from manufacturers, no.

20 Q So sitting here today, you're not aware of
21 any medical group that does not receive any support
22 from pharmaceutical companies, correct?

23 A I am not aware of the funding of medical
24 organizations and whether or not they receive
25 funding from pharmaceutical companies.

1 Stanley Plotkin, M.D.

2 Q So just to recap, I think it would be
3 correct to say that you've received in total from
4 the companies that develop or manufacture vaccines
5 payments or remuneration at least in the amount of a
6 few million dollars, correct?

7 A I think it's correct to say that since I
8 left Children's Hospital in the 1990s, I have
9 received considerable funding for my work in
10 developing vaccines and in advising companies how to
11 develop vaccines, and I have also given advice
12 freely to organizations that could not pay me
13 because I believe that vaccines are important to the
14 health of children and adults.

15 Q So the answer is yes?

16 A The answer is yes, but I wish to say very
17 clearly that none of the things that I have done
18 have been done with the objective of gaining money.

19 It has been my fortune that I have
20 been rewarded financially for the work that I've
21 done. But none of the things that I've done have
22 been done for financial gain. And I resent very
23 much the line of questioning that suggests that what
24 I believe and what I've done have been done for
25 financial reasons.

1 Stanley Plotkin, M.D.

2 Q Nobody is suggesting that, Dr. Plotkin.
3 I'm just asking you --

4 A Baloney, you are suggesting that.
5 That's --

6 Q You're suggesting that.

7 Dr. Plotkin, you indicated that a lot
8 of the remuneration you received is from the 1990s.
9 Have you received any funding from the big four
10 pharma companies or their predecessors before 1990?

11 A I would say probably not. You know, it's
12 very hard to remember that far back. But certainly
13 not any substantial funding. I may have received
14 honoraria for attending meetings in those days, but
15 certainly nothing, nothing considerable.

16 At that point I was working at the
17 University of Pennsylvania and the Children's
18 Hospital and the Wistar Institute and was, of
19 course, paid by those entities.

20 MR. SIRI: Could you read the last answer
21 back for me, please.

22 - - -

23 (Whereupon, the Reporter read
24 back a preceding portion of the
25 testimony as directed:

1 Stanley Plotkin, M.D.

2 "A. I would say probably not.
3 You know, it's very hard to
4 remember that far back. But
5 certainly not any substantial
6 funding. I may have received
7 honoraria for attending meetings
8 in those days, but certainly
9 nothing, nothing considerable.
10 At that point I was working at
11 the University of Pennsylvania
12 and the Children's Hospital and
13 the Wistar Institute and was, of
14 course, paid by those
15 entities.")

16 BY MR. SIRI:

17 Q Did you receive any funding from any
18 pharmaceutical company related to the development of
19 vaccines before 1990?

20 A I don't recall receiving any funding for
21 the development of rubella vaccine before it was
22 licensed and then funding passed through Wistar.

23 As far as rotavirus is concerned, I
24 did have grants, not personal money, but grants for
25 rotavirus development from Sanofi. And I had no

1 Stanley Plotkin, M.D.

2 funding for rabies.

3 That's as much as I can recall.

4 Q But you indicated that you didn't get
5 funding for the work on the rubella vaccine, right?

6 A I don't believe I had any funding until it
7 was eventually licensed by Merck.

8 Q When was that?

9 A That was about 1970 -- early '70s.

10 Q So from the early '70s, you were receiving
11 funding, you're saying, from Merck related to
12 rubella?

13 A No. Wistar was receiving funding.

14 Q Wistar from Merck?

15 A Yes.

16 Q Got it. But before that?

17 A Merck did not fund the development of
18 rubella vaccine until it was licensed.

19 MS. RUBY: Ms. Nieuwma, you should have
20 Exhibit 7.

21 (Exhibit Plaintiff-7 was marked
22 for identification.)

23 BY MR. SIRI:

24 Q I'm going hand you, Dr. Plotkin, what's
25 been marked as Plaintiff's Exhibit 7.

1 Stanley Plotkin, M.D.

2 MS. NIEUSMA: Just got it.

3 BY MR. SIRI:

4 Q Can you read the title of the article,
5 please.

6 A Attenuation of RA 27/3 Rubella Virus in
7 WI-38 Human Diploid Cells.

8 Q Who is the first listed author?

9 A I am.

10 Q What is the year of this publication?

11 A 1969.

12 Q And if you go to the, if you go to the
13 summary -- you know what? Dr. Plotkin, let me --
14 may I --

15 A Oh, yes.

16 Q Does it say there that Mr. Plotkin is a
17 recipient of an award from Smith, Kline -- is that a
18 predecessor to GSK?

19 A Yes, it is.

20 Q Okay.

21 -- and French, Inc., Philadelphia,
22 for research on rubella vaccine, correct?

23 A Yes. Unfortunately, that was not the
24 vaccine that eventuated; in other words, the RA 27/3
25 was not the really the product of any GSK funding.

1 Stanley Plotkin, M.D.

2 Q Does that refresh your recollection now of
3 maybe what was an earlier time that you received
4 funding from pharmaceutical companies towards
5 development related to a vaccine?

6 A Yes. I --

7 Q Okay.

8 A I did have some funding from GSK, but they
9 had their own candidate rubella vaccine.

10 (Exhibit Plaintiff-8 was marked
11 for identification.)

12 BY MR. SIRI:

13 Q Dr. Plotkin, I'm going to hand you what
14 has been marked as Plaintiff's Exhibit 8.

15 MS. RUBY: Ms. Nieuwma, did you receive
16 that Exhibit 8?

17 MS. NIEUSMA: I'm sure I will.

18 MS. RUBY: It might take a second. It's
19 Dr. Plotkin's Curriculum Vitae.

20 MS. NIEUSMA: I've got a copy of that
21 already.

22 MS. RUBY: Thank you.

23 BY MR. SIRI:

24 Q This is your CV, correct, Dr. Plotkin?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Did you update this CV recently?

3 A I think it was updated last year, but I'm
4 not sure exactly. It probably doesn't have every
5 last publication.

6 Q On the first page in the top right corner,
7 do you see the date?

8 A June 2017.

9 Q Is that when it was last updated?

10 A Yes.

11 Q If you go to the end, I saw that you went,
12 there are some articles here that were published in
13 2017 in which you're an author?

14 A Yes.

15 Q I think I count one, two, three, four,
16 five, six, seven articles, correct?

17 A I guess.

18 Q Some of these were published within the
19 last few months?

20 A Mm-hmm.

21 Q I think some of them were published in
22 December or November, correct?

23 A Yes.

24 Q So this has been updated very recently,
25 correct?

1 Stanley Plotkin, M.D.

2 A Well, June 2017.

3 Q The articles, if you go to article 794,
4 Rodrigues, Pinto.

5 A Yeah.

6 Q Do you know what month of the year that
7 was published?

8 A No.

9 Q If I told you it was published after June,
10 would that --

11 A Well, I guess my secretary must have added
12 it.

13 Q When is the last time you reviewed this
14 CV?

15 A Probably in June 2017.

16 Q You provided this CV to the attorney for
17 the defendant in this case?

18 A Yes.

19 Q It's quite a hefty CV, Dr. Plotkin. It's
20 over 200 pages. I see there's 794 articles in it
21 which you were the author, correct?

22 A Yes.

23 Q That's a lot of articles. I see a lot of
24 honors, including Who's Who in America since 1978.

25 A Mm-hmm.

1 Stanley Plotkin, M.D.

2 Q You have a number of faculty appointments
3 at a number of universities I see here; one, two,
4 three, four, five, six, seven, eight, nine, ten, 11,
5 12, 13. Any of the faculty appointments missing
6 from this list?

7 A I don't think so.

8 Q I also see that there's, there's, you have
9 a professor emeritus position at University of
10 Pennsylvania and Wistar. Do you teach any courses
11 there?

12 A Yes.

13 Q Do you continue to teach any courses?

14 A Yes.

15 Q What do you teach there?

16 A Participate in the vaccine course at the
17 university and essentially give advice to Wistar.

18 Q And for the university, did you teach a
19 course last semester?

20 A Yes.

21 Q Have you been doing that every year for
22 the last --

23 A Pretty much, yes.

24 Q -- few years?

25 What's the name of the course?

1 Stanley Plotkin, M.D.

2 A Vaccines. I don't remember the exact
3 name. But it's essentially a course in vaccines.

4 Q How many days a week does the class meet?

5 A Oh, two days. Two days a week.

6 Q I see you have a number of hospital and
7 administrative appointments. One, two, three -- you
8 have six of them, right? It looks like they're all
9 at the Children's Hospital of Philadelphia and then
10 Department of Pediatric -- any of your hospital
11 administrative appointments missing from this list,
12 Dr. Plotkin?

13 A No, I don't think so. I do have an
14 appointment at Johns Hopkins, but, yeah.

15 Q What is that?

16 A I'm an adjunct professor.

17 Q Since when?

18 A I think sometime in the 2000s.

19 Q I see you have positions in industry
20 listed, correct?

21 A Yes.

22 Q I see two of them. I see one is from 1991
23 to 1997, the medical and scientific director at the
24 Sanofi --

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q -- right?

3 And 1997-2009, executive advisor to
4 the CO of Sanofi, correct?

5 A Correct.

6 Q But as discussed earlier, since 2009
7 you've also worked for Sanofi, correct?

8 A I have, yes.

9 Q And you worked for Merck?

10 A Yes.

11 Q And Glaxo?

12 A Yes.

13 Q And Pfizer?

14 A Yes.

15 Q How come those aren't listed here,
16 Dr. Plotkin?

17 A Well, they are consultancies. They're not
18 official appointments. I don't have a, let's say, a
19 title at Merck. I'm simply a consultant to them.
20 So it's not in my CV.

21 Q So in providing this CV to your, to
22 defendant's counsel, you didn't think disclosing
23 your affiliations with the very companies whose
24 product you're saying Faith should receive, her
25 pediatrician purchase and provide to her, was

1 Stanley Plotkin, M.D.

2 necessary to disclose?

3 A The CV --

4 Q Strike the question.

5 Let me ask you this: Are you willing
6 to update your CV to disclose all of the connections
7 you have with the big four pharmaceutical companies?

8 A Yes, of course. The CV is --

9 Q Okay.

10 A -- created for, not for the, for legal
11 purposes. This is created to inform people who want
12 to know about my papers and my appointments at
13 various universities.

14 Q You provided this to defendant's counsel,
15 correct?

16 A Yes.

17 Q To show your experience as relevant to
18 being an expert witness in this case, correct?

19 A To show my experience as in the field of
20 vaccines, yes.

21 Q What is Dynavax Technologies?

22 A Dynavax is a company that is working on
23 adjuvantation of vaccines and has recently licensed
24 a hepatitis B vaccine that is more immunogenic than
25 the current vaccines.

1 Stanley Plotkin, M.D.

2 Q This is a for-profit company?

3 A Yes.

4 Q Right. And it's involved in the
5 development of vaccines, right?

6 A Yes.

7 Q You're on the Board of directors of this
8 company, correct?

9 A Correct.

10 Q That affiliation is not disclosed on the
11 CV, correct?

12 A It's not on the CV, no.

13 Q What is VBI Vaccines?

14 A Variation Bio.

15 Q Okay. And what is that?

16 A That's a biotech developing vaccines.

17 Q And this is a for-profit company as well,
18 correct?

19 A Yes.

20 Q And you are also on the Board of Directors
21 of this company, right?

22 A Yes.

23 Q And that affiliation is not disclosed in
24 your CV, correct?

25 A It is not in my CV, no.

1 Stanley Plotkin, M.D.

2 Q What is MyMetics?

3 A MyMetics is a biotech in Europe.

4 Actually, I haven't done anything for them in at
5 least a year now. But I think I'm still officially
6 on their Board.

7 Q You're chairman of their scientific
8 advisory Board, correct?

9 A As I said, I haven't done anything for
10 them for at least a year. So if that is correct,
11 that's sort of an old thing.

12 Q But they're a for-profit company?

13 A Yes.

14 Q And how long were you on their Board?

15 A Couple of years. I don't remember
16 exactly.

17 Q But that affiliation is not on your CV,
18 correct?

19 A No.

20 Q Dynavax Technologies, what have you done
21 for them?

22 A Dynavax, I've been on their Board.

23 Q You attend the Board meetings?

24 A Not recently, but, yes, in the past.

25 Q Have you advocated on their behalf?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Have you done that in any government
4 meetings, for example?

5 A Yes. Yes.

6 Q To seek licensure of the vaccine?

7 A Yes. It was just licensed.

8 Q And so you were advocating as a Board
9 member of a technology company to get licensure of a
10 new vaccine, correct?

11 A Yes.

12 VIDEO OPERATOR: We have five minutes left
13 on the disc.

14 MR. SIRI: Okay.

15 BY MR. SIRI:

16 Q Inovio Biomedical Corp., what's that?

17 A That's a biotech that's developing
18 vaccines based on DNA.

19 Q And is this a for-profit company?

20 A Yes.

21 Q And what is your affiliation with the
22 company?

23 A I'm on their Board.

24 Q And was that affiliation disclosed in your
25 CV?

1 Stanley Plotkin, M.D.

2 A No.

3 Q What's CureVac AG?

4 A It's also a biotech.

5 Q Is it a for-profit company?

6 A Yes.

7 Q Is it involved in the development of
8 vaccines?

9 A Yes.

10 Q What's your affiliation with that company?

11 A I'm on their Board.

12 Q Did you, is that affiliation disclosed in
13 your CV?

14 A No.

15 Q What is Syn, S-Y-N, Vaccine?

16 A Actually, I'm not sure about that, about
17 that name. But as I recall, it's a company trying
18 to develop synthetic vaccines.

19 Q What's your affiliation with that company?

20 A Actually, I don't recall that -- I've
21 certainly helped them, but I don't recall that I
22 have a Board position or whether I'm officially on
23 the Board or not. I haven't had contact with them
24 for some time.

25 Q What is GeoVax Labs?

1 Stanley Plotkin, M.D.

2 A It's also a biotech.

3 Q Is it a for-profit company?

4 A Yes.

5 Q Is it involved in the development of
6 vaccines?

7 A Yes.

8 Q What's your affiliation with that company?

9 A I've been an advisor, and I think I'm
10 officially on their Board. They're trying to
11 develop a vaccine against HIV.

12 Q Was this association disclosed in your
13 CV -- no, right?

14 A No. I don't have my consultancies on my
15 CV.

16 Q You're on the Board of these companies,
17 correct?

18 A Yes.

19 Q What is GlycoVaxyn AG? That's G-L-Y-C-O,
20 then capital V, A-X-Y-N AG?

21 A It was a biotech in Europe.

22 Q Is it a for-profit company?

23 A It was.

24 Q Okay. Was it involved in the development
25 of vaccines?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Were you on the Board of this company as
4 well?

5 A Yes.

6 Q Did you, is that disclosed in your CV?

7 A No.

8 Q What is Adjuvance Technologies? That's
9 A-D-J-U-V-A-N-C-E, Technologies?

10 A It's a company trying to developed
11 adjuvants for vaccines.

12 Q Is it a for-profit company?

13 A Yes.

14 Q You're on the Board of this company as
15 well, right?

16 A Yes.

17 Q And that affiliation isn't disclosed in
18 your CV either, right?

19 A No.

20 Q What is BioNet-Asia?

21 A A company developing a new pertussis
22 vaccine.

23 Q This is a for-profit company as well?

24 A Yes.

25 Q And you're on the Board of this company as

1 Stanley Plotkin, M.D.

2 well?

3 A Yes.

4 Q That affiliation also wasn't disclosed in
5 your CV, correct?

6 A Correct.

7 Q What's Abcombi -- that's A-B-C-O-M-B-I --
8 Biosciences?

9 A I haven't heard from them in a long time.
10 Actually, I'm not even sure -- I mean, I had an
11 interview with the founder once. Whether he listed
12 me as a Board member, I don't know. I haven't heard
13 from him in a long time.

14 Q It's a for-profit company?

15 A I really have no idea. I assume it is,
16 but I don't know.

17 Q I should say that I'm spelling them out
18 for the benefit of the court reporter. I assume you
19 know the spelling. I'm just doing it for the
20 benefit of the court reporter.

21 What's Hookipa Biotech? That's --

22 A Oh, Hookipa?

23 Q Thank you.

24 A Yeah.

25 Q H-O-O-K-I-P-I-A [sic] Biotech.

1 Stanley Plotkin, M.D.

2 A Yes. It's a European biotech.

3 Q Is it a for-profit company?

4 A Yes.

5 Q And it's involved in the development of
6 vaccines?

7 A Yes, hopefully.

8 Q And you're also on the Board of this
9 company?

10 A Yes.

11 Q And that affiliation also wasn't disclosed
12 in your CV, right?

13 A No.

14 Q You mentioned one of the companies was in
15 the process of developing a new, trying to develop a
16 new pertussis vaccine. Which company was that?

17 A BioNet.

18 Q Thank you.

19 Why are they trying to develop a new
20 pertussis vaccine?

21 A Because the problem with current acellular
22 vaccines is that, although they are protective, the
23 protection doesn't last as long as we would like.
24 And BioNet has developed a component of pertussis
25 vaccine that should give longer-lasting responses.

1 Stanley Plotkin, M.D.

2 Q How long does the current immunity last
3 from the current acellular pertussis vaccine?

4 A Well, it lasts for probably on the order
5 of five years, but the efficacy diminishes after two
6 years or so. And the result is that there have been
7 more pertussis in adolescents than we would like.

8 Q So when you say after five years immunity
9 is gone in two years, the efficacy, do you mean
10 after -- how many dose -- the four- or five-dose
11 DTaP series?

12 A Well, I should go into some detail. The
13 first --

14 VIDEO OPERATOR: Thirty seconds.

15 BY MR. SIRI:

16 Q Well --

17 A The first three doses are given --

18 Q You know what? I apologize. The, it's
19 about the run out, and I don't want to give the
20 videographer a hard time.

21 VIDEO OPERATOR: This ends disc one of the
22 deposition of Dr. Stanley Plotkin. We're going
23 off the record. The time is 10:32.

24 (Brief recess.)

25 VIDEO OPERATOR: This is the beginning of

1 Stanley Plotkin, M.D.

2 tape No. 2 of the deposition of Dr. Stanley
3 Plotkin. We are on the record. The time is
4 10:42.

5 MR. SIRI: Thank you.

6 BY MR. SIRI:

7 Q Apologies, again, for cutting off the
8 answer to your last question. The tape needed to be
9 changed.

10 MR. SIRI: If you could kindly read back
11 the last question to give Dr. Plotkin an
12 opportunity to respond.

13 - - -

14 (Whereupon, the Reporter read
15 back a preceding portion of the
16 testimony as directed:

17 "Q. So when you say after five
18 years immunity is gone in two
19 years, the efficacy, do you mean
20 after -- the four- or five-dose
21 DTaP series?

22 "A I should go into some
23 detail. The first --

24 "Q Well --

25 "A The first three doses are

1 Stanley Plotkin, M.D.

2 given --

3 "Q You know what? I apologize.

4 It's about the run out.")

5 THE WITNESS: So pertussis vaccine is
6 given in three doses in infancy and is quite
7 protective during the childhood or infancy
8 years.

9 Then there's a booster dose given before
10 school entry, and that results in protection,
11 pretty good protection for two, three years,
12 but then begins to fade when the child reaches
13 eight or nine years.

14 And a dose is recommended in
15 preadolescents. And there in particular what's
16 been found is that with the so-called acellular
17 vaccines, that after two or three years, that
18 the efficacy diminishes considerably. And so
19 there are efforts to try to improve that
20 persistence of efficacy.

21 And BioNet is one of the companies that
22 is, in effect, trying to develop a
23 longer-lasting acellular pertussis vaccine.

24 There are other companies also working to
25 improve the vaccine for adolescents.

Stanley Plotkin, M.D.

BY MR. SIRI:

Q So the last vaccine recommended for adolescents is around what age, of DTaP or diphtheria-, tetanus-, and pertussis-containing vaccine?

A Thirteen, 11.

Q Eleven, 13.

A Thirteen.

Q And did I understand correctly that a few years after that last dose, the most folks who have gotten that vaccine are no longer immune to pertussis?

A Well, "most folks" is perhaps a bit of an exaggeration --

Q Okay.

A -- but it depends on the study. But certainly I would say that the high effectiveness that's seen initially after the vaccine diminishes considerably by five years.

Q What do you mean by "considerably"?

A Well, so it falls somewhere between 30 to 50 percent protection, so it's not nearly as good as after the vaccine dose is given.

Q So after the last vaccine dose in

1 Stanley Plotkin, M.D.

2 adolescents, five years later only 30 to 50 percent
3 of people are -- receiving these CDC-recommended
4 childhood schedule are protected from pertussis?

5 A Yes.

6 Q How about ten years out?

7 A I'm not sure there are many studies that
8 go that far out. But I would imagine that the
9 protection is diminished considerably by that time.

10 Q So most adults aren't protected for
11 pertussis?

12 A Not unless they've received a booster
13 dose. But that being said, it becomes complicated
14 because if they are infected with the organism that
15 causes pertussis, even if they are not ill because
16 of it, they will get a natural booster, and so they
17 may not have symptomatic pertussis.

18 Pertussis is not uncommon in adults.
19 But the epidemiology is not as well established as
20 it is for children.

21 Q But in terms of protection from
22 vaccination from pertussis, most adults are not
23 protected from the vaccination; you're saying
24 they're, if they're protected, they're protected
25 from exposure to the actual pertussis --

1 Stanley Plotkin, M.D.

2 A Yeah.

3 Q -- is it bacteria?

4 A Yes. But, you know, you have to bear in
5 mind that pertussis as a disease is most important
6 in the newborn and in children. And fortunately, we
7 have very effective means of preventing pertussis in
8 those highly susceptible individuals.

9 Adults will have a cough disease, but
10 they won't die of pertussis. So although we want to
11 protect them as well, the main point of pertussis
12 vaccine is to protect the newborn and the young
13 child.

14 Q So is it only really dangerous in the
15 first, what, few months of life? Or --

16 A Yes. Infants with pertussis may
17 frequently die of pertussis. And that's why
18 immunization in pregnancy is now practiced. In
19 other words, to provide passive immunity to the
20 infant during the first months of life before the
21 infant is vaccinated.

22 Q And if the mother had been exposed to
23 pertussis bacteria itself and had immunity that way,
24 that would also confer immunity to the baby?

25 A Yes. But one can't depend on that;

1 Stanley Plotkin, M.D.

2 whereas, if you give a dose of vaccine during
3 pregnancy, you can depend on the antibodies passing
4 to the infant.

5 Q Does the cellular pertussis vaccine
6 prevent the infection and transmission of pertussis
7 in the person vaccinated with acellular pertussis
8 vaccine?

9 A Well, that's an area of active research.
10 It appears that the acellular vaccines don't protect
11 the individual from carrying the organism as much as
12 the so-called whole-cell pertussis vaccines did.
13 But those data are based largely on animal studies,
14 and we don't really have a lot of human data to tell
15 us whether the animal results are true in humans or
16 not.

17 But there is a concern that the
18 acellular vaccines may not protect an individual
19 from passing the organism to another individual even
20 if the vaccinated person doesn't get sick himself or
21 herself.

22 Q What animals are used in those studies?

23 A Baboons.

24 Q Why were baboons used?

25 A Why were baboons used? Because they are

1 Stanley Plotkin, M.D.

2 susceptible to pertussis, and obviously they are
3 close to humans.

4 Q Would those experiments be ethical to do
5 with people as opposed to baboons?

6 A Well, I'm not sure it would be ethical to
7 infect someone with pertussis. That would require
8 an ethical committee to consider what, how the
9 experiment would be done.

10 For example, if someone were infected
11 with pertussis and then given antibiotics soon after
12 administration of the organism, that could be
13 ethical because the antibiotics would cure the
14 individual before he or she becomes ill.

15 Q Wouldn't that mess up the study, though?

16 A Sorry?

17 Q Wouldn't that, but then wouldn't that mess
18 up the study in terms of --

19 A It would certainly influence the study.
20 But it could allow us to determine whether an
21 individual who has been vaccinated with the
22 acellular vaccine can pass the organism, despite the
23 vaccination, to another individual.

24 Q Has that study been done?

25 A No, that has not yet been done.

1 Stanley Plotkin, M.D.

2 Q In terms of the study that was done with
3 baboons, that study --

4 A Yes.

5 Q -- could that study be done with human --
6 do you think any IRB approval could ever be obtained
7 to do that study with humans?

8 A To allow an individual to develop
9 symptomatic pertussis? I don't think that would be
10 approved.

11 Q Okay. What was, so in terms of the baboon
12 studies that were done, that's about as, those are
13 about as good as you're going to get for those
14 studies because you can't do the human studies,
15 correct?

16 A Well --

17 Q In terms of evidence about the
18 transmissibility and infection of pertussis from --

19 A Yes, but --

20 Q -- after acellular pertussis vaccination.

21 A Yes. But I, I believe that workers are
22 trying to determine whether vaccinated individuals
23 are still colonized by the pertussis organism.

24 If they are colonized, then they
25 probably could transmit to others. I mean, there's

1 Stanley Plotkin, M.D.

2 a lot of work going on in this field, including
3 developing an attenuated Bordetella pertussis which
4 could be given to boost immunity and, in particular,
5 to prevent carriage. So as I said, this is a very
6 active area of investigation.

7 Q What was Merck's total revenue from
8 vaccine sales in 2016?

9 A No idea.

10 Q Do you think it was in the millions?

11 A I imagine so. But I certainly have no
12 knowledge.

13 Q Do you think it was in the billions?

14 A I don't, do not know.

15 Q Do you know what the, do you know what the
16 global sales of vaccines were, approximately, last
17 year?

18 A My vague recollection is something like
19 30 billion.

20 Q Thirty billion. Do you know what percent
21 approximately Merck's share of that was?

22 A No.

23 Q Sanofi's?

24 A No.

25 Q Glaxo?

1 Stanley Plotkin, M.D.

2 A No.

3 Q Or Pfizer?

4 A No.

5 Q Do you -- combined what, do you have a
6 sense of what those four represent in terms of that
7 \$30 billion in vaccine sales?

8 A Probably. I would guess, but it's purely
9 a guess, 20 billion.

10 Q And the increase in the vaccine market has
11 been due to the fact that new vaccines give higher
12 profits, correct?

13 A Correct.

14 Q Are you familiar with the New England --
15 strike that.

16 If I told you -- in terms of the
17 \$30 billion, and you said approximately -- what
18 percent did you say approximately you thought was
19 from the big four vaccine makers?

20 A I said 20. I really don't have an
21 accurate idea, but that's my guess.

22 Q Twenty?

23 A Billion.

24 Q Oh, billion. You said what percent of
25 that was related from the four, to the four big

1 Stanley Plotkin, M.D.

2 vaccine manufacturers?

3 A What I said was that I thought the overall
4 income was 30, but that the big four probably
5 account for 20. But that's, those are purely
6 guesses.

7 Q Then let's do this. When you say it's a
8 guess, how off do you think you might be?

9 A If it's a guess, how do I know how off I
10 am?

11 Q How did you come up with the 20 billion?

12 A Because I vaguely recall having seen a
13 paper with those numbers. But my memory may be
14 incorrect.

15 Q Are you familiar with the New England
16 Journal of Medicine?

17 A Yes, of course.

18 Q What does an editor for this journal do,
19 does?

20 A What does an editor for the journal do?

21 Q Yeah.

22 A I presume that he edits articles that are
23 submitted to the journal.

24 Q What does the editor in chief do?

25 A Selects articles to be published.

1 Stanley Plotkin, M.D.

2 Q What is your opinion about this, the
3 New England Journal of medicine?

4 A It is an influential medical journal.

5 Q I'm going to read you a quote from a
6 Dr. Edmond J. Safra, professor at Harvard Medical
7 School and former editor in chief at the New England
8 Journal of Medicine.

9 And I'm going to ask you a question
10 about it. Okay?

11 A Yes.

12 Q So the quote says: Conflicts of interest
13 and biases exist in virtually every field of
14 medicine, particularly those that rely heavily on
15 drugs or devices. It is no longer possible to
16 believe much of the clinical research that is
17 published or to rely on the judgment of trusted
18 physicians or authoritative medical guidelines. I
19 take no pleasure in this conclusion, which I reached
20 slowly and reluctantly over my two decades as the
21 editor of the New England Journal of Medicine.

22 Are you familiar with that quote?

23 A No.

24 Q Okay. Let me read you a different quote,
25 again, by Dr. Angell, in which she blames the issue

1 Stanley Plotkin, M.D.

2 that I just quoted, the issues with truths in
3 medical publishing, on individuals that use
4 legitimacy of academia to push pharmaceutical
5 company agendas. Here's what she said about those
6 individuals.

7 She says, quote: They serve as
8 consultants to the same companies whose products
9 they evaluate, join corporate advisory boards and
10 speakers bureaus, enter into patent and royalty
11 arrangements, agree to be the listed authors of
12 articles ghostwritten by interested companies,
13 promote drugs and devices at company-sponsored
14 symposia, and allow themselves be plied with
15 expensive gifts and trips to luxurious settings.
16 Many also have equity interest in sponsoring
17 companies.

18 Are you familiar with that quote?

19 A Yes. I think I have read that, mm-hmm.

20 Q You consulted for the big four vaccine
21 manufacturers, correct?

22 A Yes.

23 Q You're in the corporate advisory Board of
24 numerous vaccine developers, correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q You've received royalties from the sale of
3 one or more vaccines, correct?

4 A Yes.

5 Q Have you received -- you have received
6 royalties from the sale of one or more vaccines,
7 correct?

8 A Yes.

9 Q You are listed as an author on at least
10 one or more papers where individuals authoring
11 papers receive compensation from vaccine makers,
12 correct?

13 A Would you repeat that question.

14 Q Sure. Have any of your co-authors on any
15 of the papers that you've published received
16 compensation from pharmaceutical companies?

17 A Presumably, yes.

18 Q And you've taken numerous trips over the
19 last 30 years to various parts of the world?

20 A Yes.

21 Q I'm going read you a list of acronyms.
22 And for the record, could you please state what you
23 understand each to be. This way we can have
24 commonality in terms of language.

25 HHS?

1 Stanley Plotkin, M.D.

2 A Health and Human Services.

3 Q Okay. CDC.

4 I know these, I know that you know
5 these. This is just so that when I use the term
6 "CDC" later we have it defined.

7 A Centers for Disease Control.

8 Q Thank you. Thank you.

9 Have you ever been involved with the
10 CDC?

11 A Yes, of course.

12 Q What's been your involvement?

13 A Well, actually, I was an epidemic
14 intelligence service officer in the 1950s, and I
15 have served on committees. I've attended numerous
16 meetings at CDC. I've worked or, let's say,
17 collaborated frequently with people from CDC. CDC
18 is the world's most important epidemiology
19 organization.

20 Q FDA?

21 A Yes. I've actually done consultation for
22 FDA and interacted with people on FDA, yes.

23 Q And it stands for the Food and Drug
24 Administration?

25 A Food and Drug Administration, yes.

1 Stanley Plotkin, M.D.

2 Q And the FDA is an agency within HHS,
3 correct?

4 A Yes.

5 Q And CDC's also an agency within HHS?

6 A Yes.

7 Q Okay. NIH?

8 A Yes, of course. National Institutes of
9 Health.

10 Q Right. And you've been involved with the
11 NIH?

12 A Yes.

13 Q And how have you been involved?

14 A Served on committees, worked with people
15 at NIH, scientific collaborations.

16 Q NIH is an agency within HHS as well,
17 correct?

18 A Yes.

19 Q HRSA?

20 A I'm not sure --

21 Q Health Resources Services Administration?

22 A Okay.

23 Q They're also an agency within HHS,
24 correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Any involvement with HRSA?

3 A I don't think so.

4 Q ACIP?

5 A Well, yes. The Advisory Committee for
6 Immunization Practices. I have attended their
7 meetings since 1960s, probably.

8 Q Have you ever served on the Board at ACIP?

9 A On ACIP itself? No.

10 Q Okay.

11 A No.

12 Q Have you served on any Board related to
13 ACIP?

14 A To ACIP? I've worked, I have participated
15 in working groups which they have organized on
16 specific subjects.

17 Q What working groups were those?

18 A Let's see. Mumps. Let's see. What else?
19 Mumps was the most recent one. I can't recall for
20 the moment. But anyway, two or three working groups
21 that they've organized from time to time. A yellow
22 fever was one.

23 Q Ever work on a working group for
24 rotavirus?

25 A Actually, no.

1 Stanley Plotkin, M.D.

2 Q And measles?

3 A Measles? No.

4 Q Not measles. I'm sorry.

5 Rubella?

6 A No, not for ACIP, no.

7 Q A different government agency?

8 A No. Actually, that was for WHO.

9 Q For the rubella?

10 A Yes.

11 Q And for rotavirus, did you serve on a
12 committee --

13 A No.

14 Q -- for any other governmental entity?

15 Strike that. That's okay.

16 Oh, and WHO stands for?

17 A World Health Organization.

18 Q Thank you.

19 I don't know if I'm going to
20 pronounce this acronym correct. You can correct me
21 if I don't. Is it VRBPAC? VRBPAC? VRBPAC? How is
22 it normally pronounced?

23 A "VRBPAC." Vaccines and Related
24 Biologicals Advisory Committee.

25 Q And that's V-R-B-P-A-C?

1 Stanley Plotkin, M.D.

2 A Yeah.

3 Q Any involvement with that committee?

4 A I have testified, but not, I have not
5 served on the committee.

6 Q What did you testify there for?

7 A On the, at least the last time concerned
8 the Dynavax vaccine.

9 Q Oh, the, for the company you're on the
10 Board for?

11 A Yes.

12 Q And this was to try to seek approval of
13 that vaccine?

14 A Yes.

15 Q Which ended up getting approved?

16 A Yes.

17 Q The NVAC?

18 A National Vaccine Advisory Committee. I've
19 given talks to the committee.

20 Q Okay. About what?

21 A About vaccines.

22 Q Fair enough. Anything in particular about
23 vaccines or particular vaccines?

24 A No. Actually, there was more or less
25 general. It was not pushing any particular vaccine,

1 Stanley Plotkin, M.D.

2 but relation to the administration and the
3 development of new vaccines.

4 Q Ever give a presentation about the vaccine
5 market?

6 A About the vaccine market? No.

7 Q And so all of the agencies and committees
8 we just listed, CDC, FDA, NIH, HRSA, ACIP, VRBPAC,
9 and NVAC, they're all under HHS?

10 A I believe so, yes.

11 Q And what's the, what about IOM; what does
12 that stand for?

13 A Institute of Medicine, now the National
14 Academy of Medicine.

15 Q Have you ever been involved with IOM?

16 A Well, I'm a member of the National
17 Academy. So yes.

18 Q Since when have you been a member?

19 A Oh, gosh. Ten years, but that's just a
20 guess.

21 Q What is the National Childhood Vaccine
22 Injury Act of 1986?

23 A Well, that's, in effect, it funds the
24 organization that, shall I say, receives requests
25 from individuals who believe that they've been

1 Stanley Plotkin, M.D.

2 injured by vaccines and remunerates them if they
3 decide that, that there was a possibility that the
4 vaccine did cause injury.

5 Q So if somebody is injured by a vaccine,
6 this law provides that they submit a claim to Health
7 and Human Services?

8 A Yes.

9 Q And Health and Human Services then
10 adjudicates --

11 A Yes.

12 Q -- and those claims are filed in something
13 called the Vaccine Injury Compensation Program,
14 correct?

15 A Yes.

16 Q Administered in DC?

17 A Yes.

18 Q So, and the respondent in those cases is
19 HHS, the secretary of HHS?

20 A Yes.

21 Q And the secretary of HHS in those cases is
22 represented by the Department of Justice?

23 A Yes.

24 Q To defend against claims that the vaccines
25 cause injury, right?

1 Stanley Plotkin, M.D.

2 A I would say that they determine whether
3 there is a reasonable possibility that the vaccine
4 caused injury. They, I would say, are relatively
5 open and will give an award if there is a reasonable
6 possibility.

7 When this was first organized --

8 Q Do you have a study that supports what you
9 just said or any type of --

10 A About what?

11 Q That they are very, that they are open to
12 giving awards? Do you have any governmental report
13 or any authoritative source, any kind of
14 governmental report or similar that supports the
15 assertion you just made?

16 A Well, I don't know. I'd have to look that
17 up.

18 Q Okay.

19 A But the principle was enunciated years ago
20 by the, particularly by the American Academy of
21 Pediatrics. And their idea, which I now think was a
22 good idea, was that rather than have an adversary
23 situation, that they would set up an organization
24 whereby if there was a reasonable possibility of
25 injury, that they would offer remuneration, as

1 Stanley Plotkin, M.D.

2 opposed to the situation where lawsuits were being
3 filed against companies and having an impact on
4 whether the company was continuing -- would continue
5 to make the vaccine.

6 At a certain point there were
7 relatively few companies making vaccines. And so
8 this is an idea which over the years I have realized
9 was a good idea, because it removed the -- how shall
10 I say? -- the oppositional part of the story and
11 made it possible for people who thought that they
12 had been injured to be remunerated, whether or not
13 that was biologically the case.

14 Q So is it your testimony that the national,
15 that the Vaccine Injury Compensation Program is not
16 an adversarial system?

17 A It's an adversarial system in that people
18 have to have some reasonable information base to say
19 that a child, let's say, has been injured. Whether
20 it's because of a vaccine or whether it's a chance
21 occurrence fortunately does not have to be
22 adjudicated under this kind of system.

23 Q That's only if it's a table injury,
24 correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q But if it's not a table injury, then the
3 petitioner would need --

4 A Yes.

5 Q -- to show that it was the vaccine that
6 caused the injury?

7 A Yes.

8 Q So this is, I'm going to refer to this as
9 the 1986 act. This is the act that gave vaccine
10 manufacturers immunity from liability.

11 A Yes.

12 Q And you have to -- yeah, okay, for
13 injuries caused by vaccines.

14 A Mm-hmm. Yes.

15 Q What is a bacteria?

16 A It's a microorganism which has certain
17 properties. It has a cell wall. And it has DNA
18 within, within the organism. And it can, depending
19 on what bacteria it is, it can multiply in humans
20 and sometimes cause disease.

21 Q How does it replicate?

22 A It divides. It has mechanisms for
23 dividing and multiplying.

24 Q What is a virus?

25 A A virus is a DNA or RNA molecule with

1 Stanley Plotkin, M.D.

2 properties to produce proteins and to replicate in
3 cells and make more of it and is capable of causing
4 disease under certain circumstances.

5 Q When you say "replicate in cells" --

6 A Yes.

7 Q -- do you mean in the host, the person
8 that it infects?

9 A Yes.

10 Q So it takes over the person it infects own
11 cellular DNA material?

12 A Well, it doesn't take over the DNA
13 necessarily, but it is able to replicate in cells
14 that which, of course, have DNA. Not all viruses
15 require that that they influence the DNA of the
16 cell. But they all are able to replicate in the
17 cytoplasm or in the nucleus of the cells of the
18 host.

19 Q And in that fashion, they will spread from
20 cell to cell?

21 A Yes.

22 Q By duplicating themselves into more and
23 more cells in the body?

24 A Yes.

25 Q And the virus DNA will, you said it can be

1 Stanley Plotkin, M.D.

2 either DNA or RNA?

3 A Yes.

4 Q And those DNA and RNA pieces, they provide
5 coating for protein structures?

6 A Yes.

7 Q Those protein structures are typically,
8 DNA creates protein structures that are important
9 for regulating bodily functions?

10 A Well, the virus is --

11 Q I mean DNA in general. I'm sorry.

12 A Oh, DNA in general, yes. DNA in general
13 codes for RNA, which then codes for proteins.

14 Q Essential for human life?

15 A Yes.

16 Q And is DNA shared across humans, meaning
17 is there similarity between the DNA sequence in
18 different people?

19 A There are similarities, yes, and there are
20 differences.

21 Q What percent of, you know, is the,
22 similarity is there between human DNA amongst
23 individuals?

24 A Well, there are mostly similarities; but
25 there are, of course, differences. That's why we

1 Stanley Plotkin, M.D.

2 are each different from one another.

3 Q I've read -- tell me if this is not
4 accurate -- that human DNA is approximately among
5 individuals 99.9 similar among different people --

6 A Yeah.

7 Q -- is that correct?

8 A Yes.

9 Q Okay.

10 A But that still allows for differences.

11 Q Right. Some of us have different eye
12 color.

13 A Mm-hmm.

14 Q Yes?

15 A Sorry. Yes.

16 Q Do all humans and mammals -- strike that.

17 What is the percentage of similarity
18 between human DNA and the DNA in mammals of
19 different kinds? Why don't we start with, why don't
20 we start with -- sorry.

21 Why don't we start with primates.

22 A Well, the similarities are in the upper
23 90s, no doubt. But one has to appreciate that the
24 differences that occur are critical and result in
25 critical differences. So the fact that we're, let's

1 Stanley Plotkin, M.D.

2 say, 99 percent similar to chimpanzee doesn't mean
3 that the differences are, the 1 percent difference
4 is unimportant, because much of the DNA actually,
5 the function of most of the DNA is unknown.

6 Q So humans have approximately, between
7 humans, have about 99.99 percent similarity in DNA
8 and between humans and, I think you said,
9 chimpanzees, about 99 percent similarity --

10 A Yeah.

11 Q -- in terms of sequence?

12 A Yes.

13 Q What about for other mammals such as,
14 let's say, between humans and chickens or cows or --
15 is there a similarity?

16 A Well, there's similarity, certainly, but
17 there are key differences. That's what I was
18 referring to. Even though much of the DNA is the
19 same, most of the DNA that we have, the function of
20 which is unknown.

21 Q And what percent would you say is similar?

22 A With chickens, I don't know offhand.

23 Q Cows?

24 A Again, I don't know the number. But the
25 point is that it doesn't require a large percentage

1 Stanley Plotkin, M.D.

2 of the DNA to be different.

3 Q Sure. What about guinea pigs?

4 A (Indicating.)

5 Q If you don't know, that's fine. You can
6 just say you don't know.

7 A I don't know.

8 Q Okay. Are you familiar with how the CDC
9 makes changes to its pediatric vaccine schedule?

10 A Yes.

11 Q Have you ever been part of that process?

12 A Not part of the process, but certainly
13 part of the discussion.

14 Q In addition to changes to the CDC
15 pediatric schedule voted upon by ACIP, correct?

16 A Yes.

17 Q What happens when ACIP votes for a
18 pediatric vaccine to be added to the CDC's pediatric
19 vaccine schedule for universal use?

20 A It is adopted by various medical
21 organizations and recommended to the physicians.

22 Q And so the pediatricians around the
23 country rely on those recommendations to decide
24 whether or not to administer a vaccine?

25 A Absolutely.

1 Stanley Plotkin, M.D.

2 Q What about children in the United States
3 that can't afford the vaccines recommended by ACIP?

4 A Well, until the present time, remains to
5 be seen whether that will still be the case, the
6 government pays for those children to receive
7 vaccines.

8 Q Is that called the Vaccines for Children
9 Program?

10 A Yes.

11 Q And ACIP votes on whether or not to add a
12 vaccine to that program, correct?

13 A Yes.

14 Q And when a vaccine is added to that
15 program, the manufacturer is paid for the vaccine
16 even if the child can't pay, correct?

17 A Correct.

18 Q Do you know what percentage of vaccines,
19 pediatric vaccines administered in the United States
20 are purchased from pharmaceutical companies using
21 federal money through the Vaccines for Children
22 Program?

23 A Fifty to 60 percent.

24 Q So when ACIP recommends a vaccine for
25 universal use, it will essentially create a

1 Stanley Plotkin, M.D.

2 liability-free market of millions of children for
3 the pharmaceutical company manufacturing that
4 vaccine, right?

5 A The act provides payment to the
6 pharmaceutical company to manufacture the vaccine;
7 that is correct.

8 Q Are you talking about the 1986 act?

9 A Yes.

10 Q And they're not liable for injuries from
11 the vaccines, right?

12 A Unless it is the result of bad
13 manufacture.

14 Q But not for, if it wasn't, not for design
15 defect claims?

16 A Right.

17 Q Meaning you can't sue a vaccine
18 manufacturer claiming that they could have made the
19 vaccine safer?

20 A Correct.

21 Q Who comprises the voting members of ACIP?
22 Strike that. I didn't want the names.

23 Let me ask it a different way. Are
24 the individuals that serve on ACIP government
25 employees?

1 Stanley Plotkin, M.D.

2 A No.

3 Q Where do these individuals come from?

4 A They come from all over the United States,
5 and they are chosen because they have no conflict of
6 interest; that is to say, they receive no funding
7 from vaccine companies but are thought to know
8 something about vaccines, nevertheless, with the
9 exception of a community representative who is a
10 layperson.

11 Q So none of the members of ACIP have any
12 conflict with regards to the manufacture,
13 development, or -- of vaccination?

14 A Right.

15 Q When was the first rotavirus approved by
16 ACIP for universal pediatric use?

17 A That was, I don't remember the year, but
18 my recollection is that was in the 1990s.

19 Q If I tell you June 25, 1998, does that jog
20 your memory?

21 A Yeah, that could be right.

22 Q On that date, June 25, 1998, you and your
23 co-inventors, Paul Offit and Fred Clark, had already
24 had a patent on the rotavirus vaccine, correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Were you at ACIP at the meeting that they
3 first approved the first-ever rotavirus vaccine for
4 universal pediatric use?

5 A I believe I was.

6 Q Was Fred Clark at that meeting?

7 A I think he was. I'm not certain.

8 Q Was Paul Offit at that meeting?

9 A Yes.

10 Q What was Paul Offit's role at that
11 meeting?

12 A His role? I don't remember whether he was
13 still on the committee or not. I don't remember.

14 Q He was on ACIP?

15 A He was on ACIP, yes.

16 Q He was a voting member of ACIP?

17 A But I am confident that he was not allowed
18 to vote on the licensure of RotaTeq or on the
19 administration of RotaTeq.

20 Q For the first, what was the first
21 rotavirus vaccine that was approved for universal
22 use in this country?

23 A RotaTeq.

24 Q Is that the rotavirus vaccine that you
25 worked on?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q There wasn't a rotavirus vaccine that was
4 approved before that?

5 A I don't believe so, no -- well, yes, there
6 was a vaccine that had been developed at the
7 National Institutes of Health that had been
8 licensed, but was found to cause intussusception,
9 and the manufacturer took it off the market.

10 Q Paul Offit was on the committee and voted
11 to approve that vaccine for universal use, correct?

12 A Very likely, yes.

13 Q At the time that he voted to approve that
14 rotavirus vaccine for universal use, he was a patent
15 holder with you and Fred Clark on a rotavirus
16 vaccine, correct?

17 A Yes.

18 Q He didn't recuse himself from voting on
19 recommending the rotavirus vaccine for universal use
20 at that meeting, correct?

21 A That's correct, which in a sense was
22 voting against himself since obviously he was in
23 favor of the vaccine that we were trying to develop.
24 So in effect, he was voting for a competitor.

25 Q When you have one vaccine for a given

1 Stanley Plotkin, M.D.

2 disease approved for universal use, wouldn't that
3 make it easier to, then, have another vaccine for
4 that same disease approved for universal use?

5 A Assuming that the properties of the second
6 vaccine were equal to or better than the first, yes.

7 Q So approval of the first one paves the way
8 for the second one, doesn't it?

9 A It paves the way in the sense that if
10 people believe that rotavirus disease is worth
11 preventing, they will want more than one vaccine
12 licensed so that in case there's a shortage of
13 supply in one vaccine, there's an alternative.

14 Q So there's, so there's, once you have one
15 approved, it's a good idea to have a second one
16 approved, then, isn't it?

17 A It is, yes.

18 Q Yeah. Are you aware of the many other
19 conflicts of interest regarding the vote to approve
20 the rotavirus vaccine for universal use that we've
21 just been discussing that's been reported in a U.S.
22 House of Representatives Committee on Government
23 Reform report?

24 A No.

25 Q Are you aware that this report found that,

1 Stanley Plotkin, M.D.

2 quote, the overwhelming majority of members, both
3 voting members and consultants, have substantial
4 ties to the pharmaceutical industry, end quote?

5 Well, I can't go back to 1998. But
6 at the moment, my criticism of the ACIP committee is
7 that many of the people on the committee do not have
8 a very large knowledge about vaccines because they
9 are eliminated from participating on the committee
10 if they have any connections with, with industry.

11 And I understand why that is the
12 case, but it does result in the group of people who
13 aren't necessarily the best informed.

14 That being said, I agree with the
15 idea that people who are on the ACIP should have no
16 conflict of interest.

17 VIDEO OPERATOR: Watch your notes up
18 against your microphone.

19 MS. NIEUSMA: Pardon?

20 MR. SIRI: The videographer was kindly
21 advising me not to keep smacking my mic that's
22 pinned to my tie.

23 MS. NIEUSMA: Got you.

24 BY MR. SIRI:

25 Q Last question on this. Are you aware that

1 Stanley Plotkin, M.D.

2 the report, that this report by the U.S. House of
3 Representatives' Committee on Government Reform
4 concluded that ACIP, quote, Reflects, quote, a
5 system where the government officials make crucial
6 decisions affecting American children without the
7 advice and consent of the governed?

8 A I'm not aware of that report, and --

9 Q I'll give you a copy.

10 A -- I do not agree with it.

11 (Exhibit Plaintiff-9 was marked
12 for identification.)

13 BY MR. SIRI:

14 Q I'm going to hand you what's being marked
15 as Plaintiff's Exhibit 9. Happy to provide you a
16 copy as well after the deposition that you can take
17 home with you.

18 A I will be interested in reading this. But
19 I would say two things: One is that CDC certainly
20 recently has leant over backwards to try to avoid
21 people with conflicts of interest being on ACIP.

22 And, second, that ACIP meets under
23 public conditions; that is to say, the meeting is
24 open to the public, the meeting is on the web, so
25 that thousands of people, literally, can observe

1 Stanley Plotkin, M.D.

2 what goes on at the meeting and decide for
3 themselves whether or not there's any hanky-panky.

4 So although, as I said before, I
5 might wish that people with more knowledge about
6 vaccines be on the ACIP, by and large I think that
7 they do a hell of a good job under public scrutiny.

8 Q Are the working groups, are those also
9 public?

10 A They are not public in the sense that the
11 public does not attend the working group. The
12 working group does report back to the full ACIP, and
13 the working group's presentations are presented
14 publicly.

15 Q But the discussions that the working
16 groups have in conference calls leading up to ACIP
17 meetings, those are not transcribed, are they?

18 A They are not, no.

19 Q Okay. And the members and individuals who
20 participate in those working groups, right, which
21 often lead to what ACIP then rubber-stamps, are
22 permitted to have all forms and do have all forms of
23 conflicts with industry, don't they?

24 A They may. But I would contest the word
25 "rubber-stamp." I've never seen the ACIP

1 Stanley Plotkin, M.D.

2 rubber-stamp a working group recommendation. Often
3 it's just the opposite.

4 Q You've also, you've also said that the
5 meetings are available to the public. You've
6 attended, you said, almost every ACIP meeting,
7 correct?

8 A Correct.

9 Q Since, when was it, the '60s?

10 A Yeah. Roughly, yes.

11 Q And you attended the most recent one as
12 well?

13 A The most recent one being -- let's see.
14 That would have been last October. Yes, I did.

15 Q Were you presented anything at that
16 meeting?

17 A I presented the fact that I will no longer
18 attend the meetings.

19 Q Were you presented anything by the ACIP
20 committee?

21 A Yes.

22 Q What were you presented?

23 A I was presented -- well, I was told that
24 there is a gavel with my name on it, that it will be
25 used henceforth at the meetings.

1 Stanley Plotkin, M.D.

2 Q And they gave, so going forward, from this
3 point forward, the gavel that's used at ACIP will
4 have your name on it?

5 A Correct.

6 Q You gave a speech at that meeting,
7 correct?

8 A Yes.

9 Q When they posted the video of that meeting
10 on the Internet, did they include your speech,
11 Dr. Plotkin?

12 A I don't know, but I suppose they did.

13 Q Well, you can check after this deposition
14 on the website and see if your speech is there. I,
15 we have not been able to find it.

16 A Really? Wow. Too bad.

17 Q Regularly at ACIP meetings, you get up and
18 speak, correct?

19 A I often do, yes.

20 Q So you're given free, you're able to get
21 up pretty much at any time and speak, aren't you?

22 A Yes. Umm --

23 Q You don't have to wait for the public
24 comment period, correct?

25 A Correct.

1 Stanley Plotkin, M.D.

2 Q And that's also true of vaccine
3 manufacturers; they also are permitted to get up and
4 come to the mic and speak even not -- when there
5 isn't public --

6 A Yes. They're often asked to answer
7 questions that are being discussed.

8 Q Isn't it true that they also get up and
9 come to the front to speak even when not asked a
10 question?

11 A They may do so if they have, if it's a
12 discussion about one of their products.

13 Q But if members of the public want to
14 speak, they have to wait until the public speaking
15 period, correct?

16 A Normally, yes.

17 Q And when the videos are released, a lot of
18 the conversations that occur between the
19 pharmaceutical representatives and ACIP, do those
20 also make it to the video that's released publicly?

21 A As far as I know, the video contains all
22 of the public hearings. In other words, if somebody
23 comes to the mic, they are photographed; and as far
24 as I know, they appear on the web.

25 I must say that since I've been

1 Stanley Plotkin, M.D.

2 attending the meetings, I haven't really watched
3 them; but I will in February when they meet again.

4 Q So apart from the working groups that
5 occur out of public sight, what other meetings or
6 goings-about does ACIP engage in that's outside of
7 the scrutiny of the public?

8 A Aside from working groups, I'm not aware
9 that they do have anything that's not public. I
10 suppose they meet at lunchtime, and I don't attend
11 those discussions. But that's all I know.

12 Q Billions of dollars' worth of rotavirus
13 vaccine have been sold to date, correct?

14 A I believe so. I'm not acquainted with the
15 sales figures.

16 Q Does vaccination create a systemic change
17 in the body?

18 A Vaccination creates a change in the immune
19 system of the body.

20 Q Is that supposed to be system-wide,
21 meaning if I get vaccinated in my arm but I'm
22 infected in my toe, am I still supposed to still be
23 immune?

24 A Yes.

25 Q So would you say, is it correct to say

1 Stanley Plotkin, M.D.

2 that vaccination is intended to create a systemic
3 change in the body, throughout the body?

4 A It's intended to create a systemic change
5 in the immune system of the body.

6 Q In the immune system everywhere in the
7 body?

8 A The immune system is expressed everywhere
9 in the body. Yes. The immune system consists of
10 antibody-producing cells and cells that are able to
11 influence other cells.

12 Q So the -- can you read back the last
13 answer.

14 - - -

15 (Whereupon, the Reporter read
16 back a preceding portion of the
17 testimony as directed:

18 "A. The immune system is
19 expressed everywhere in the
20 body. Yes. The immune system
21 consists of antibody-producing
22 cells and cells that are able to
23 influence other cells.")

24 BY MR. SIRI:

25 Q Okay. Does the immune system comprise of

1 Stanley Plotkin, M.D.

2 more than antibody-producing cells?

3 A It also has, also includes what are called
4 T cells that are able to kill infected cells, for
5 example, and to secrete substances that also have an
6 effect on immunity.

7 Q Is that referred to typically as cellular
8 immunity?

9 A Yes.

10 Q And the immunity conferred by vaccines
11 that you were talking about earlier is called --

12 A Humoral immunity, yes.

13 Q Thank you. Appreciate that. Humoral
14 immunity?

15 A Yes.

16 Q Okay. So humoral immunity creates
17 antibodies, and it's called humoral because it
18 originates from the bones? Is that kind of where
19 the name derives from?

20 A Well, the name derives from the ancient
21 term "humors." But, in effect, it means antibodies
22 that circulate throughout the body and can impact
23 against infecting organisms.

24 Q And the systemic change that you've
25 described is supposed to last years, if not a

1 Stanley Plotkin, M.D.

2 lifetime --

3 A Yes.

4 Q -- correct, from vaccination?

5 A Yes.

6 Q When you say "interact with other cells,"
7 when you say that the immunity created by vaccines
8 creates antibodies which then interact with other
9 cells, can you describe that a bit more? What do
10 you mean by "interact with other cells"?

11 A Well, the T cells, as I said, are able to
12 attack infected cells in the body by a variety of
13 mechanisms. They may actually directly kill those
14 infected cells by direct action, as it were, or by
15 secreting substances that can kill the cells.

16 And they also influence cells to
17 respond to the infection so that the infection
18 doesn't continue to spread and impact on the
19 individual's health.

20 Q And how do the cells respond to the
21 infection? Can you describe that?

22 A You mean the patient's own cells?

23 Q I thought that's what you were referring
24 to in your explanation.

25 A Yeah. The T -- the -- do you mean the

1 Stanley Plotkin, M.D.

2 infected cells or the T cells that are acting on the
3 infected cells?

4 Q Let's start with the T cells.

5 A Well, the T cells, as I've said, have a
6 variety of functions. They can secrete substances
7 that will kill an infected cell, or they can
8 influence actually the antibody-producing system.
9 They have impacts on a variety of ways in which the
10 body protects itself against infection.

11 There are cells called natural killer
12 cells, for example, that can help protect an
13 individual against an infection. And the T cells
14 can influence the natural killer cells.

15 So it's a complicated system by which
16 the body responds to an infection or to a vaccine
17 which allows the individual cells to be ready for an
18 infection if it occurs.

19 Q Modern immunology, though, doesn't fully
20 understand that full cascade, correct?

21 A I'm sorry.

22 Q I said modern medicine, modern immunology,
23 does not fully understand the complete sequence of
24 events in terms of going from vaccination to
25 immunity, correct?

1 Stanley Plotkin, M.D.

2 A Well, science never completely understands
3 anything. But we know a great deal about how the
4 body responds to vaccines or to infection, and that
5 knowledge is growing every day.

6 So, of course, we don't completely
7 understand anything, including how the sun works.
8 But that doesn't prevent us from using knowledge.

9 Q What about its effects on other body
10 systems? Can creating this immune response also
11 have effects not only on creating antibodies to
12 target cells that have been infected, but can it
13 also have other bodily changes, other effects that
14 are either known or unknown?

15 A That's such a hypothetical question; I'm
16 not sure how to answer it. Is an immunized
17 individual any different than an unimmunized
18 individual?

19 Yes.

20 Does the fact that the individual is
21 immune have an effect on his or her general health?

22 I'm not aware that that's the case.

23 Remember that vaccines are, in
24 effect, mimicking what happens after natural
25 infections in many cases, but without causing the

1 Stanley Plotkin, M.D.

2 complete range of disease that the organism causes.

3 Q So vaccines are just nothing more than a
4 piece of the virus or bacteria; is that it? Is that
5 all they contain?

6 A Depends on the vaccine. The, that is to
7 say, whether it's a live vaccine or a killed
8 vaccine. The killed vaccines may only have small
9 parts of the organism that they're protecting
10 against. The live vaccines contain the whole
11 organisms but altered so that they don't cause
12 disease.

13 Q Before vaccines are licensed, they go
14 through clinical trials to confirm their safety,
15 right?

16 A Correct.

17 Q These clinical trials assess if there are
18 any harms caused by the vaccine, correct?

19 A Yes.

20 Q Was the DTP vaccine withdrawn from the
21 U.S. market?

22 A The whole-cell --

23 Q The DTP --

24 A -- pertussis vaccines have been withdrawn,
25 yes.

1 Stanley Plotkin, M.D.

2 Q Because of safety concerns, right?

3 A Because they cause significant fever and
4 convulsions, febrile seizures. And they were, it
5 was decided that it would be better to have a
6 pertussis vaccine that didn't cause that type of
7 reaction. So they were taken off the market, not
8 because they were not working; quite the opposite,
9 but because of safety concerns.

10 Now, I do have to point out that
11 aside from the U.S. and Europe, whole-cell pertussis
12 vaccines are still used in the vast majority of
13 countries in the world, and they are getting along
14 just fine with those vaccines.

15 Q Are you familiar with Peter Aaby,
16 Dr. Peter Aaby?

17 A Yes, of course.

18 Q Didn't he recently publish a paper in
19 which he looked at children who received DTP vaccine
20 in the first six months of life versus children who
21 received no vaccines in the first six months of life
22 and found that those that received DTP died at a
23 rate of ten times that of the unvaccinated?

24 A I don't remember the exact figures. But
25 you have to take into account that Peter Aaby -- I

1 Stanley Plotkin, M.D.

2 had many discussions with Peter Aaby. Peter Aaby's
3 work is done in a, in non-placebo-controlled ways;
4 that is, his studies are observational.

5 Second point is that those studies
6 have been examined more than once by World Health
7 Organization committees. And their judgment has
8 been that the effects of the pertussis vaccine in
9 particular are not sufficiently documented to be
10 acceptable or to change vaccination practice.

11 So WHO does not recommend against the
12 use of whole-cell pertussis vaccines; quite the
13 opposite. They do recommend them.

14 Q You said non-placebo-controlled. What do
15 you mean?

16 A I mean that essentially what Peter does --
17 and I'm not criticizing him because obviously it is
18 very difficult to do, but he doesn't have randomly
19 vaccinated or children who randomly receive
20 pertussis vaccine or don't receive pertussis
21 vaccine.

22 What he has is, he follows children
23 who have received this or that or the other vaccine
24 and tries to draw conclusions from what he sees.
25 But in the absence of random administration, you

1 Stanley Plotkin, M.D.

2 don't know for sure whether it's the vaccine or
3 other factors that are operating.

4 Q So in the study that I mentioned to you,
5 if the children either were exposed to DTP and
6 unexposed were randomized, that would make the study
7 valid?

8 A Yes. And, again, the WHO has at least
9 twice gone over Peter's studies and has decided that
10 they are not of sufficient proof to change their
11 recommendations.

12 Q Do you have a copy of those reports from
13 the WHO?

14 A Oh, gosh.

15 MR. SIRI: Because I'm going to make a
16 demand for those WHO reports.

17 BY MR. SIRI:

18 Q Do you remember when those reports came
19 out?

20 A Within recent years. I don't remember the
21 year.

22 Q More than a year ago?

23 A Probably, yes.

24 Q Peter Aaby's study just came out last
25 year?

1 Stanley Plotkin, M.D.

2 A Well, I imagine WHO will reconsider them.
3 But his studies suggesting that pertussis may,
4 vaccine may increase mortality have been around for
5 a while. It's not the first study that he's done.

6 Also, one has to appreciate the
7 context. By that I mean that he's also shown or
8 attempted to show that live vaccines like measles
9 vaccine has a very positive effect on mortality; in
10 other words, that in his observations, those who
11 received measles vaccine suffer from fewer diseases
12 in general and have a lower mortality. And that
13 effect has actually been confirmed immunologically.

14 So one has to look at the whole
15 context of things; that is to say, his data are not
16 anti-vaccine data. His data relate to the
17 possibility that vaccines have effects beyond the
18 specific disease that they're designed for.

19 Q So you agree with his findings regarding
20 live vaccines?

21 A I agree because, as I've said and as I
22 advised him years ago, that he has to find some
23 immunological correlate to his findings or,
24 otherwise, they're not believable.

25 And what's happened is that

1 Stanley Plotkin, M.D.

2 scientists not working with Peter have looked at
3 measles vaccination and have shown that the vaccine
4 has effects on what I referred to as natural killer
5 cells before and that they do seem to reduce
6 mortality against other diseases.

7 So, you know, science works that way.
8 One scientist does not gain acceptance for his
9 findings unless they're repeated elsewhere and
10 unless they're consistent with the entire range of
11 facts, not just single ones.

12 Q Peter Aaby's a respected researcher,
13 correct? He's a respected researcher, correct?

14 A He's a respected researcher. I respect
15 him, just as I respect many other scientists who are
16 attempting to find out things that we don't know
17 yet.

18 Q In conducting prelicensure clinical trials
19 for vaccines, what is the difference between
20 solicited and unsolicited reactions?

21 A Well, solicited reactions means that you
22 ask the vaccinee whether he's had X, Y or Z.
23 Unsolicited are reactions that the patient reports
24 to the investigator without being specifically
25 questioned about them.

1 Stanley Plotkin, M.D.

2 Q Who decides what gets put on the solicited
3 list and what's -- who decides what symptoms get put
4 on the solicited list of reactions?

5 A Well, generally the investigator; however,
6 one has to take into account that the companies meet
7 with FDA during the development of vaccines and that
8 FDA basically has to approve the protocols. And so
9 if FDA thinks that a particular reaction should be
10 measured, they will tell the investigators to
11 include them.

12 Q But the list is created by the
13 pharmaceutical company developing the vaccine?

14 A In the first instance, yes, and then
15 approved by the FDA.

16 MR. SIRI: Let's take a two-minute break.

17 VIDEO OPERATOR: We are going off the
18 record. The time is 11:50.

19 (Lunch recess.)

20 VIDEO OPERATOR: This is the beginning of
21 Tape No. 3 in the deposition of Stanley
22 Plotkin. We are on the record. The time is
23 12:37.

24 BY MR. SIRI:

25 Q Dr. Plotkin, earlier you testified that

1 Stanley Plotkin, M.D.

2 there are two hep B vaccines on the market. One by
3 Glaxo, GSK, that's Endrix-B; and the other one is by
4 Merck, Recombivax HB, right?

5 A Yes.

6 Q For the Recombivax HB, how long was the
7 safety review period in the prelicensure clinical
8 trial for this vaccine?

9 A I don't know.

10 (Exhibit Plaintiff-10 was
11 marked for identification.)

12 BY MR. SIRI:

13 Q Dr. Plotkin, I'm going to hand you what's
14 been labeled Plaintiff's Exhibit 10. This is the
15 product, the manufacturer insert for Recombivax HB,
16 correct?

17 A Yes.

18 Q And the clinical trial experience would be
19 found in Section 6.1, correct?

20 Correct? Dr. Plotkin?

21 A Yes.

22 Q In Section 6.1, when you look at the
23 clinical trials that were done prelicensure for
24 Recombivax HB, how long does it say that safety was
25 monitored after each dose?

1 Stanley Plotkin, M.D.

2 A Five days.

3 Q Is five days long enough to detect adverse
4 reactions that occur after five days?

5 A No. They would be --

6 Q Is it --

7 A They would be reported separately as
8 observed in the clinic.

9 Q In Section 6.1 of the manufacturer insert,
10 which under the Code of Federal Regulations are
11 supposed to describe the clinical trial, does it
12 provide for anything other than five days of
13 monitoring after each dose for adverse events?

14 A It does not specifically say that, no.

15 Q Okay. Is five days long enough to detect
16 an autoimmune issue that arises after five days?

17 A No.

18 Q Is five days long enough to detect a
19 seizure that arises after five days?

20 A It would be unlikely to have a seizure
21 occur after five days.

22 Q Is five days long enough to detect any
23 neurological disorder that arose from the vaccine
24 after five days?

25 A No.

1 Stanley Plotkin, M.D.

2 Q Was there any control group in this trial?

3 Let me rephrase that.

4 There's no control group, correct?

5 A Not -- let's see.

6 Well, they mention 3,258 doses were
7 administered to 1,252 healthy adults.

8 Q That's right. But does it mention any
9 control group, Dr. Plotkin?

10 A It does not mention any control group, no.

11 Q If you turn to Section 6.2, what is the
12 list of adverse reactions listed in this section?

13 A These are reports of adverse reactions
14 that likely were reported to the VAERS system.

15 Q Under immune system disorders, does it say
16 that there were reports of hypersensitive reactions,
17 including anaphylactic, anaphylactoid reactions,
18 bronchospasms, and urticaria having been reported
19 within the first few hours after vaccination?

20 A Yes.

21 Q Have there been reports of
22 hypersensitivity syndrome?

23 A Yes. That's what it states.

24 Q Does it, reports of arthritis?

25 A It is mentioned.

1 Stanley Plotkin, M.D.

2 Q There are also reports of autoimmune
3 diseases, including systemic lupus, erythematosus,
4 lupus-like syndrome, vasculitis, and polyarteritis
5 nodosa as well, correct?

6 A Yes. That's what it states.

7 Q And also it states that, under the nervous
8 system disorders, it states that after that, there
9 have been reports of Guillain-Barré syndrome?

10 A Yes.

11 Q As well as multiple sclerosis,
12 exacerbation of multiple sclerosis; myelitis,
13 including transverse myelitis; seizure, febrile
14 seizure; peripheral neuropathy, including Bell's
15 palsy; radiculopathy --

16 A Radiculopathy.

17 Q Thank you very much.

18 -- muscle weakness, hypesthesia, and
19 encephalitis, correct?

20 A Correct.

21 Q Okay. Now, it says at the top --

22 A Before you go on, these reports are
23 required to be included because they have been
24 reported to the authorities as happening after
25 vaccination. That is not proof that the vaccine

1 Stanley Plotkin, M.D.

2 caused those reactions, because things happen to
3 people all the time, whether or not they've been
4 vaccinated. And as I've said, the company is
5 required to report these.

6 Now, I mention that specifically
7 because multiple sclerosis, for example, is
8 mentioned here. Multiple sclerosis has been studied
9 in relation to hepatitis B vaccine, and there's no
10 relationship, no causal relationship.

11 So the fact that these things are in
12 the package circular does not mean that the vaccine
13 necessarily caused the stated phenomena.

14 Q When you say that multiple sclerosis has
15 been studied and is determined to not have been
16 caused, you're talking about the 2011 IOM report, I
17 assume?

18 A I'm talking about studies mostly done in
19 France where the situation arose where there was a
20 concern about that.

21 Q You're aware of the 2011 IOM report that
22 looked at certain vaccines in relation to whether
23 they can cause certain adverse reactions?

24 A Yes.

25 Q Are you aware that one of those conditions

1 Stanley Plotkin, M.D.

2 they looked at was multiple sclerosis?

3 A Among others, yes.

4 Q Among others. And that they specifically
5 looked at it with regards to hepatitis B?

6 A Yes.

7 Q And do you know what their finding was?

8 A I don't remember the exact wording, no.

9 Q Maybe this will remind you: Inadequate to
10 accept or reject a causal relationship.

11 They didn't know, correct?

12 A Yes. Yes. But you have to understand,
13 first of all, that science continues and so studies
14 continue. And secondly, that the IOM specifically
15 decided that they would not draw a conclusion if
16 they weren't sure of the conclusion.

17 So what that statement means is that
18 they don't have data that confirm that multiple
19 sclerosis is caused by the hepatitis B vaccine and
20 they, that they don't regard that they have enough
21 data to positively exclude it. So you cannot read
22 that as saying that multiple sclerosis is caused by
23 hepatitis B vaccine.

24 Q I never said that. The IOM did for some
25 of the vaccines and adverse reactions, did conclude

1 Stanley Plotkin, M.D.

2 that it favors rejection of a causal relationship,
3 correct?

4 A Yes, that's correct.

5 Q But it didn't reach, sorry, it didn't
6 reach that conclusion for hepatitis B and multiple
7 sclerosis, correct?

8 A It did not reach that conclusion.

9 Q Okay.

10 A But other data suggests that that
11 conclusion is warranted, that there is no
12 relationship.

13 MR. SIRI: Well, I'll make a demand for
14 that. You can produce that after this
15 deposition.

16 BY MR. SIRI:

17 Q What would need to be done to -- in order
18 to know whether or not any of these reported
19 conditions are caused by the vaccine, what you would
20 need is a properly randomized, as you've said
21 earlier, placebo-controlled study, correct?

22 A Correct.

23 Q Okay.

24 A And, also, I would point out that multiple
25 sclerosis is a disorder of adults, and the issue

1 Stanley Plotkin, M.D.

2 that arose in France was related to vaccination of
3 adults.

4 Q Okay.

5 A There, that does not mean that it would be
6 an issue, even if it were an issue, for children.

7 Q Dr. Plotkin, I was just asking what it
8 says on there. There's lots of conditions listed.
9 I'm not saying that multiple sclerosis is caused by
10 this. I'm just asking if it's listed on
11 Section 6.2.

12 In fact, we can even read the top of
13 Section 6.2 which says: The following additional
14 adverse reactions have been reported with the use of
15 the marketed vaccine. Because these reactions are
16 reported voluntarily from a population of uncertain
17 size, it is not possible to reliably estimate their
18 frequency or establish a causal relationship to a
19 vaccine exposure, right?

20 A Correct.

21 Q Okay. So that's what it says right at the
22 top of 6.2?

23 A Mm-hmm.

24 Q But these are events that are reported
25 after vaccination. And as you've just, we just

1 Stanley Plotkin, M.D.

2 discussed, in order to establish whether it's causal
3 between the vaccine and the condition, you need a
4 randomly, a randomized, placebo-controlled study?

5 A Yeah.

6 Q But that was not done for this hepatitis B
7 vaccine before licensure, was it?

8 A No.

9 Q Okay. And given that the vaccine now
10 appears on the CDC's recommended list, isn't it true
11 that it would now be considered unethical to conduct
12 such a study today?

13 A It would be, yes, it would be ethically
14 difficult.

15 Q So let's take a look at Engerix-B. That's
16 the other the hepatitis B vaccine that you testified
17 that you recommend Faith receive.

18 Do you know how long adverse
19 reactions were reviewed after each dose of that
20 vaccine in the prelicensure clinical trial?

21 A Not offhand, no.

22 (Exhibit Plaintiff-11 was
23 marked for identification.)

24 BY MR. SIRI:

25 Q I'm going to hand you what has been marked

1 Stanley Plotkin, M.D.

2 Plaintiff's Exhibit 11. This is the manufacturer
3 insert for the Engerix-B, correct?

4 A Yes.

5 Q Okay. If you turn to Section 6.1, which
6 is clinical trials experience, can you please tell
7 me how long the safety review period was in the
8 prelicensure clinical trials after each dose?

9 A All subjects were monitored for four days
10 post administration. That does not necessarily mean
11 that they didn't collect reactions after four days.

12 Q Are you claiming they collected reactions
13 after four days but didn't disclose it here in
14 violation of the Code of Federal Regulations?

15 A I daresay that they collected putative
16 reactions for a longer period. I feel quite
17 positive about that. When they say they were
18 monitored for four days, that means active
19 monitoring as opposed to collecting reports later
20 on.

21 That is not uncommon in clinical
22 trials.

23 Q Is four days long enough to detect an
24 autoimmune issue that arises after four days?

25 A No.

1 Stanley Plotkin, M.D.

2 Q Or a neurological disorder that arises
3 after four days?

4 A No. That would be reported later.

5 Q Uh-huh. And can you provide any proof
6 that there was any reports or follow-up after those
7 four days?

8 A Well, it doesn't say that here, but I am
9 willing to bet that they did collect reactions after
10 four days. And I imagine that the FDA would not
11 have allowed them not to do that.

12 Q But as you sit here today, that's just
13 speculation, correct?

14 A Yes, that's speculation based on
15 experience.

16 MR. SIRI: I'm going to make a request for
17 you to provide proof of what you're claiming,
18 that there was actually, for both hepatitis B
19 vaccines, any safety review that occurred after
20 four days of administration of any dose of
21 these vaccines.

22 MS. NIEUSMA: Again, I'm going to continue
23 the objection, I guess, from last time since we
24 took a longer break. There's a proper
25 procedure to request documents in discovery.

1 Stanley Plotkin, M.D.

2 He doesn't have to come back and produce it.

3 MR. SIRI: Objection's noted. Thank you.

4 BY MR. SIRI:

5 Q So, and there's no, there was no placebo
6 group, correct? In the 13,000, in the trial at the
7 top where it talks about 13,000 doses being
8 administered.

9 A It does not say that there was a control
10 group. I don't know. I'd have to go back and look
11 at the study.

12 Q And do you believe, so you think there --
13 but you're just speculating that there might have
14 been a control group?

15 A There well might have been. It's not
16 unusual for controls to be included, especially if
17 you're looking at reactions. But I don't know
18 specifically for this study.

19 Q If you're claiming there might have been a
20 control group, then please do provide support for
21 that, because as far as I understand, the
22 manufacturer -- and this was -- who makes Engerix-B?
23 Glaxo? One of your clients.

24 If there was a control group, they
25 needed to have disclosed that. And I assume they're

1 Stanley Plotkin, M.D.

2 not disclosing it because there was none.

3 A Well --

4 Q Go ahead.

5 A All right. Go ahead.

6 MS. RUBY: Ms. Nieuusma, are you still
7 there?

8 MS. NIEUSMA: Yes. My headset died, but I
9 called back in. So I didn't -- I don't think I
10 missed much. Are you still going over the
11 insert?

12 BY MR. SIRI:

13 Q So let's go back to section, now
14 Section 6.2 on this manufacturer insert for
15 Engerix-B. It talks about the post-marketing
16 experience for this vaccine. This one lists for
17 immune disorders, immune system disorders that were
18 reported, a whole number of them, correct?

19 A Mm-hmm.

20 Q And it also lists a number of nervous
21 system disorders, including encephalitis,
22 encephalopathy, migraine, multiple sclerosis,
23 neuritis --

24 A Mm-hmm.

25 Q -- neuropathy, paresthesia -- I'll ask the

1 Stanley Plotkin, M.D.

2 question all the way at the end. Guillain-Barre
3 syndrome, Bell's palsy, optic neuritis, paralysis,
4 paresis, seizures, syncope, and transverse myelitis,
5 correct? It lists all of those?

6 A Yes.

7 Q Okay. But to know whether or not these
8 are actually caused by Engerix-B, again, you would
9 need a properly randomized, placebo-controlled
10 study, correct?

11 A Correct.

12 Q But this study wasn't done prelicensure
13 for this vaccine, right?

14 A I'd have to go back and look at the
15 original studies. But these data, undoubtedly,
16 refer not only to the study that was done before
17 licensure, but also to phenomena reported after
18 licensure.

19 Q That's 6.2. Okay. And, again, given this
20 vaccine now appears on the CDC's recommended list,
21 it would be unethical to do a randomized,
22 placebo-controlled study of this vaccine, right?

23 A In children it would be unethical. It
24 could be done in adults.

25 Q Now, if you please go to page 11 of this

1 Stanley Plotkin, M.D.

2 same manufacturer insert for the hepatitis B, if you
3 take a look over there, I think you'll find that it
4 provides that there was a follow-up with regard to
5 efficacy, not safety, efficacy, that was beyond the
6 four days?

7 A Yeah.

8 Q Do you see there was a 12-month and an
9 18-month follow-up?

10 A Yes.

11 Q So just to be clear, efficacy of the
12 vaccine was followed up for at least 12 months or
13 18 months, but safety was only done for four or five
14 days?

15 A I do not agree with that statement.

16 Q Okay.

17 A I do believe that GSK, like any other
18 company, would have followed their patients much
19 longer than four days and would have collected
20 reaction data.

21 Q And if they didn't do that, you would
22 agree that that is completely inadequate in terms of
23 assessing safety prelicensure?

24 A I would say that would be inadequate, yes.

25 Q Do you agree with the CDC's recommendation

1 Stanley Plotkin, M.D.

2 that babies receive a hepatitis B on the first day
3 of life?

4 A Yes.

5 Q And these are, the Engerix-B and
6 Recombivax HB are the only two hepatitis B vaccines
7 approved for one-day-old babies, correct?

8 A Correct. "And why is that?" you may ask.
9 It is because if the baby is not vaccinated --

10 Q I didn't.

11 A Well, I'm telling you that if the baby is
12 not vaccinated at one day of age, transmission may
13 occur from an infected mother. And the hepatitis B
14 occurring in babies is likely to become chronic and
15 to cause serious disease later in life. That's why
16 the dose is given at one day of age.

17 Q I'm not, I wasn't asking you any questions
18 about efficacy or why it's done.

19 A I'm telling you that's why it's given.

20 Q Thank you. But, obviously, I'm just
21 trying -- like any product, obviously, you want to
22 have informed consent to understand the risks and
23 benefits. I'm just trying to understand what was
24 done prelicensure for these vaccines. I think
25 you've explained that to me.

1 Stanley Plotkin, M.D.

2 One of the things you said in the
3 past and I believe is that without clinical trials,
4 without a control group in a clinical trial, you're
5 in la-la land, right? You said that one time? Do
6 you recall?

7 A Without a control group, if you're looking
8 for a phenomenon occurring in the vaccine group, you
9 cannot judge that phenomenon without having a
10 control group.

11 Q There's only one standalone polio vaccine
12 currently licensed in the United States, correct?

13 A Well, as far as licensure, I think both
14 oral and inactivated vaccines are licensed. But the
15 only one that is used in the U.S. currently is the
16 inactivated one.

17 Q IPV?

18 A Yes.

19 Q Right. And there's only one company --
20 Sanofi, there's only one, IPOL by Sanofi?

21 A Yes.

22 Q A vaccine -- strike that.

23 How long was the safety review for
24 each dose of IPOL in the preclinical trials for that
25 vaccine?

1 Stanley Plotkin, M.D.

2 A I do not know offhand. But, Counselor,
3 IPV has been used throughout the world for years in
4 millions of people, and safety data have been
5 collected on many such studies. And essentially,
6 serious reactions to IPV are extremely rare. So IPV
7 is a very safe vaccine.

8 Q I'm asking you in the prelicensure
9 clinical trial for --

10 A That goes back to Jonas Salk where he --
11 well, he, where millions of children actually were
12 vaccinated with IPV back in the '50s.

13 Q And is there clinical trial data on
14 safety?

15 A Yes.

16 Q Is that the same vaccine that's used
17 today?

18 A Yes.

19 Q Are you prepared to produce that clinical
20 data?

21 A Those data are in this book, and I'll be
22 glad to provide you with the references if you
23 really insist. But IPV, as I've said, has been used
24 in millions and millions of people.

25 Q If it's so safe, then how come the safety

1 Stanley Plotkin, M.D.

2 review period for the prelicensure clinical trial as
3 provided in the manufacturer insert for IPOL only
4 reviewed safety for 48 hours?

5 A Once again, I have no doubt that safety
6 observations were made after 48 hours, but they
7 expected that immediate reactions, such as a sore
8 arm or fainting or something like that, would have
9 happened within 48 hours.

10 And, also, I'm sure that they're
11 talking about their own specific production of IPV
12 and not relying on the millions of other people who
13 have been vaccinated with IPV.

14 Q I'm going to hand you what's being marked
15 as Exhibit 12. This is the manufacturer insert for
16 the IPOL polio virus vaccine inactivated.

17 (Exhibit Plaintiff-12 was
18 marked for identification.)

19 BY MR. SIRI:

20 Q If you could please turn --

21 A So let's --

22 Q -- to Section 6.1, Dr. Plotkin. This is
23 an older one. If you could turn to the adverse
24 reactions, which is on page 12, 14.

25 MS. NIEUSMA: I'll preserve the objection.

1 Stanley Plotkin, M.D.

2 To my understanding, Dr. Plotkin had no role in
3 study design. You're asking him to speculate
4 as to the reasoning of other people that he had
5 no contact with.

6 MR. SIRI: Okay. He's testifying that my
7 client should receive this vaccine. I can
8 certainly ask him about the prelicensure
9 clinical trials that were done to assess its
10 safety. And you've put him up as an expert in
11 vaccinology. But your objection is noted and
12 preferred for the record.

13 Thank you, Counselor.

14 BY MR. SIRI:

15 Q Okay. So if you go to page 14,
16 Dr. Plotkin, how long does it say that adverse
17 reactions were observed after vaccination?

18 A Forty-eight hours.

19 Q Okay. And did the subject group that
20 received IPV only receive IPV or did they receive
21 another vaccine along with it?

22 A Concurrently with DTP.

23 Q And what did the control group receive?

24 A I don't see that stated.

25 Q If DTP is given along with IPV, how could

1 Stanley Plotkin, M.D.

2 you know whether a reaction was caused by DTP or
3 IPV?

4 A You could not.

5 Q Okay. If you --

6 A However, they do say these systemic
7 reactions were comparable in frequency and severity
8 to that reported for DTP given alone without IPV.

9 Q And DTP was the vaccine we talked about
10 earlier that was withdrawn from the market,
11 correct --

12 A Yes.

13 Q -- for safety issues?

14 The only MMR vaccines available in
15 the United States are made by Merck, correct?

16 A Correct.

17 Q How long was the safety review -- do you
18 know how long the safety review period for each dose
19 of MMR in the prelicensure clinical trials for this
20 vaccine?

21 Do you know how long the safety
22 review period for each dose of MMR in the
23 prelicensure clinical trial was for this vaccine?

24 A Not offhand. The vaccine has only been
25 used now for about 50 years.

1 Stanley Plotkin, M.D.

2 Q So it's more recent, right?

3 A (No response.)

4 Q Dr. Plotkin, I'm going to hand you what's
5 been marked as Plaintiff's Exhibit 13.

6 (Exhibit Plaintiff-13 was
7 marked for identification.)

8 BY MR. SIRI:

9 Q This is the manufacturer insert for MMR
10 II, correct?

11 A Yes.

12 Q If you go to the precaution section, I'm
13 sorry, the adverse reaction section, I apologize, on
14 page 6, what you'll find is that there was no
15 clinical trial prior to licensure for MMR, correct?

16 A I doubt very much that's the case.

17 Q You're not aware that it's -- is it -- are
18 you aware that it is a grandfathered product?

19 A I am not aware that it's grandfathered. I
20 was alive and well when the product was first
21 licensed, and it was tested extensively before it
22 was licensed.

23 Q So --

24 A So to say that it hasn't been tested is
25 absolute nonsense.

1 Stanley Plotkin, M.D.

2 Q How come there's no clinical trial data in
3 the manufacturer insert?

4 A That is something that the FDA would have
5 decided isn't necessary.

6 Q Are you willing to --

7 A But we're talking about a vaccine that's
8 been given to millions of children. And just -- I
9 insist on this point, that measles is now a
10 relatively rare disease in the United States because
11 most children receive measles, MMR vaccine.

12 However, in the last, since 2000,
13 because of children who have not been vaccinated,
14 there have been five cases of measles -- I'm sorry,
15 24 cases of measles encephalitis and three deaths
16 caused by measles itself. So --

17 Q Dr. Plotkin, we'll get to that piece of
18 this, but right now I'm trying to talk to you about
19 the prelicensure clinical safety --

20 A What I'm telling you is millions of
21 doses --

22 Q I understand that.

23 A -- have been used of this vaccine --

24 Q I understand you want to --

25 A -- and that there was prelicensure

1 Stanley Plotkin, M.D.

2 trials --

3 Q Okay.

4 A -- which I am absolutely confident about.

5 Q Okay.

6 A You're talking about stuff that's in a
7 package circular that the FDA has approved and full
8 knowledge that safety and efficacy have been
9 demonstrated.

10 Q So you're saying there were clinical
11 trials before the MMR was licensed --

12 A Absolutely.

13 Q -- is that correct?

14 And can you provide those?

15 A You can find them in this book, if you
16 wish.

17 Q So you're saying you won't provide them?

18 A Well, yes, I guess I am saying I won't
19 provide them. If you want to take the trouble, read
20 the book.

21 Q Sitting here today, when did these, can
22 you tell me what year these clinical trials
23 occurred?

24 A Yes. Yes. They were done in the 1960s
25 and the 19 -- yes, mainly in the 1960s.

1 Stanley Plotkin, M.D.

2 Q So you're claiming something happened, but
3 you're not willing to provide any proof that it
4 happened?

5 A The proof is in the publications which you
6 can read --

7 Q Can you please turn to the page where it's
8 in there?

9 MR. SIRI: I'd like to note for the record
10 that Dr. Plotkin has been reading from his
11 notes as well as looking through a book
12 entitled Plotkin Vaccines, Seventh Edition.

13 THE WITNESS: So on pages -- let's see.
14 Between pages 592 and 600, including tables
15 that show the antibody responses, proportion of
16 children with fever and rash after measles
17 vaccine, et cetera, and the numerous references
18 which go with this chapter.

19 BY MR. SIRI:

20 Q So which, are you saying that that was a
21 prelicensure clinical trial --

22 A Yes.

23 Q -- that you just read from?

24 A Yes. But, again, I insist the
25 prelicensure or post licensure, the fact remains

1 Stanley Plotkin, M.D.

2 that the vaccine has been studied extensively over a
3 period of 50 years.

4 Q I know -- I understand you want us to just
5 take your word for it, but I prefer to rely on
6 science, peer-reviewed publications and clinical
7 trials.

8 A That's what you'll find in there.

9 Q So, you know, I understand that you're
10 getting a little upset about me trying to ask for
11 the data, but that's -- I'm just trying to get to
12 the substance. The FDA requires a clinical trial be
13 on the insert. They're not here. Okay?

14 So let's -- you're saying that this
15 table -- and let me take a look at it. This would
16 have been post licensure, not prelicensure. And it
17 doesn't indicate a placebo group, nor that it was --
18 so I'm not -- this is not a clinical trial, as far
19 as I can tell.

20 Do you have a, can you point me to
21 something that had a placebo group and was
22 prelicensure, please, sir?

23 A I'm not sure of the placebo group. I
24 would have to go back and look at the individual
25 studies. But in terms of prelicensure studies, I am

1 Stanley Plotkin, M.D.

2 absolutely certain that they were done when the
3 measles -- the rubella vaccine I developed was
4 incorporated into MMR.

5 Obviously clinical trials were done
6 before licensure. I'm absolutely certain about
7 that.

8 Q Well, maybe they're not included because
9 they didn't include a placebo group.

10 A They may not have included placebo group,
11 yes.

12 Q So maybe they weren't deemed valid enough
13 to consider a clinical trial?

14 A That's absolutely false because you can
15 certainly collect reactions in individuals who
16 receive the vaccine, for example, fever and seizures
17 and that sort of thing that happen immediately and
18 whether there's an effect on blood cells, et cetera.
19 Those things were definitely done.

20 I'm absolutely certain about that
21 because I was there.

22 Q But there was no control group?

23 A I don't remember there being a control
24 group for the studies that I'm recalling.

25 Q So you don't, so you're not aware of any

1 Stanley Plotkin, M.D.

2 trial that assess safety in MMR with the control
3 group, correct?

4 A I cannot cite such a study offhand. I'd
5 have to go back and look to see whether control
6 groups were included.

7 Q I'm just, we've, we talked earlier that to
8 assess safety, you need a randomized,
9 placebo-controlled study. And my understanding from
10 looking at this insert is that no such study exists.
11 You told me that it's in this chapter, and you
12 assured me it's in there. But you're not citing to
13 anything in there right now.

14 So I'm happy to get a copy from you
15 if you like to provide it after this deposition.
16 Would you like to do that?

17 A I will look.

18 Q Going back to page 6, there are, of the
19 manufacturer insert for MMR, there is an extensive
20 list of adverse reactions that have been reported
21 after licensure of this vaccine by individuals
22 receiving the vaccine, correct?

23 A Yes.

24 Q I'm not going to read through all the ones
25 in the -- because it's a page and a half long, but

1 Stanley Plotkin, M.D.

2 they're extensive. And, of course, we won't know
3 whether or not MMR actually causes any of these
4 unless we have a randomized, placebo-controlled
5 study, correct?

6 A Correct.

7 Q When I say "these," I mean all the adverse
8 reactions listed in the manufacturer insert for MMR
9 on pages 6, 7, and 8, right? You understood that's
10 what I meant?

11 A Yes.

12 Q Okay.

13 A Umm --

14 Q Let me ask you this. Listen, let me ask
15 you this. Maybe you can help clarify, okay? You
16 know what? I'll leave that alone.

17 You also testified that Faith should
18 be vaccinated for Hib, correct?

19 A Yes.

20 Q Okay. Do you know how long the safety
21 review period was for each dose of ActHIB in the
22 prelicensure clinical trials for this vaccine?

23 A Not offhand, no.

24 (Exhibit Plaintiff-14 was
25 marked for identification.)

1 Stanley Plotkin, M.D.

2 BY MR. SIRI:

3 Q I'm going to hand you what's been marked
4 as Plaintiff's Exhibit 14, Dr. Plotkin. This is the
5 manufacturer insert for ActHIB, correct?

6 A Yes.

7 Q If we go to Section 6.1 which is the
8 clinical trials experience, I believe you'll see it
9 addresses a number of clinical trials that were
10 performed, correct?

11 A Yes.

12 Q What were the safety review periods in
13 these trials?

14 A Forty-eight hours. Yes.

15 Q Actually, you know, if you turn to page 8,
16 Dr. Plotkin, they did one that actually was 30 days
17 long, correct?

18 A Say again.

19 Q I said if you turn to page 8 of the
20 insert, one of the clinical trials they did actually
21 did look at, did do a 30-day follow-up, correct?

22 A Yes.

23 Q Now, I'm going to read you a sentence from
24 the paragraph at the bottom of that page.

25 It says: In study P3206, within 30

1 Stanley Plotkin, M.D.

2 days following any dose, one through three of
3 DAPTACEL plus IPOL plus ActHIB vaccinees, 50 of
4 1,455 -- that's 3.4 percent -- participants
5 experienced a serious adverse event, right?

6 A Yes.

7 Q Now, one way to establish whether or not
8 those adverse events were related to the vaccine was
9 to have a placebo group, a control group receiving
10 an inert substance, correct?

11 A That's one way.

12 Q That's right. But there wasn't a control
13 group here receiving an inert substance, correct?

14 A As far as it says, no.

15 Q Right. And the control group here
16 received other vaccines, correct?

17 A Yes.

18 Q And --

19 A Well, actually, it does appear to be --
20 well, for dose four, anyway -- oh, no, I'm sorry.
21 Excuse me.

22 Q Yeah. It's... It's all right.

23 Anyway, so since there is no placebo
24 group receiving an inert substance, then it's left
25 to the vaccine manufacturer seeking licensure to

1 Stanley Plotkin, M.D.

2 determine whether or not the 50 -- the adverse
3 events that arose are or are not related to the
4 vaccine, correct?

5 A Generally speaking, studies organized by
6 manufacturers or anybody else, for that matter, of
7 vaccines has a safety Board attached to the study.
8 And they evaluate whether they think the reaction
9 was due to the vaccine or not.

10 As it says here, only one of the
11 serious adverse events was attributed to the
12 vaccine, which was a seizure with apnea occurring on
13 the day of vaccination after the first dose, which
14 is, you know, in 7,000 infants and a vaccine that
15 prevents meningitis and other serious diseases is
16 not too bad.

17 Q Let's look at that more carefully. This
18 is out of the, out of 1,455, correct?

19 A Yes.

20 Q And it was 50 children that had a serious
21 adverse event within 30 days, correct? And this --

22 A They had -- let's see. Where is that?

23 Q That's the bottom of page 8.

24 A Yes. But you have to understand what is
25 meant by "a serious adverse event." They try to

1 Stanley Plotkin, M.D.

2 accumulate all things that happen to children in a
3 trial. And when they say it's serious, they mean
4 it's not something like pain in the arm or something
5 that's relatively trivial. And then they evaluate
6 whether or not the serious adverse events could be
7 related to the vaccine or not.

8 And what this says is that only one
9 of those events was attributed to the vaccine.

10 Q That's right. That's exactly what this
11 says.

12 A Yes.

13 Q And you told me that the people that
14 evaluate that is a Board set up by the company, the
15 pharmaceutical company seeking approval, correct?

16 A Yes. They set up the Board, and they
17 choose individuals who are not employees of the
18 company.

19 Q But they choose the individuals, correct?

20 A They choose the individuals, yes.

21 Q Okay. In your experience, Dr. Plotkin, in
22 any given 30-day period, do 3.4 percent of children
23 in this country experience a serious adverse event?

24 A Yes. That's quite possible.

25 Q In your experience, would you expect

1 Stanley Plotkin, M.D.

2 3.4 percent of children receiving a saline injection
3 to experience a serious adverse event within 30 days
4 of receiving the injection?

5 A That's what that means; yes.

6 Q Okay. So 3.4 percent every month, that
7 would mean within three years, every child in this
8 country would experience a serious adverse event,
9 correct?

10 A Yes. That's correct.

11 Q Okay.

12 A But you have to understand that "serious
13 adverse events" mean, for example, that a child
14 develops a respiratory infection during the period
15 of the trial. And then the question is, could that
16 respiratory infection be attributed to the vaccine?

17 And the Board decides whether or not
18 it's likely that a vaccine could cause a respiratory
19 infection two or three weeks after the vaccination,
20 for example.

21 Q Wasn't there recently a study out of
22 Hong Kong in which it was actually one of the few
23 randomized placebo-controlled studies in which some
24 children were, randomly got flu vaccine and others
25 didn't get the flu shot; and those that got the flu

1 Stanley Plotkin, M.D.

2 shot and those who didn't had the same rate of flu.
3 But those who got the flu shot were four times more
4 likely to get certain other respiratory infections?

5 A I have not read that particular study.

6 Q We can get to it later.

7 A But influenza vaccine is a whole story in
8 itself.

9 Q Okay. That's fine. If you haven't read
10 it, that's, you know, we can get to it. I have it.
11 We'll come back to it.

12 Now, there was, there's another Act,
13 there's another Hib vaccine called Hiberix, right,
14 and then -- which was licensed after ActHIB,
15 correct?

16 A Yes.

17 Q And in that clinical trial, they used
18 ActHIB as the placebo to assess safety, correct?

19 A If you say so.

20 Q Okay. The CDC's pediatric schedule, you
21 testified earlier, also includes vaccination for
22 HPV, correct?

23 A Yes.

24 Q I'm going to hand you what's been marked
25 as Plaintiff's Exhibit 15.

1 Stanley Plotkin, M.D.

2 (Exhibit Plaintiff-15 was
3 marked for identification.)

4 BY MR. SIRI:

5 Q Sorry. Handing it to you. This is the
6 manufacturer insert for GARDASIL, correct?

7 A Yes.

8 Q Which is a vaccine against HPV?

9 A Yeah.

10 Q GARDASIL is currently the only HPV vaccine
11 used in -- GARDASIL, I'm going to ask you a question
12 unrelated to what I just handed you for a moment
13 while my co-counsel here sends a copy to opposing
14 counsel.

15 MS. NIEUSMA: You can keep going. I have
16 seen the GARDASIL inserts.

17 MR. SIRI: Okay. Thank you.

18 BY MR. SIRI:

19 Q So GARDASIL is currently the only HPV used
20 in the United States, correct?

21 A I'm not sure whether the GSK vaccine is
22 still being used or not, but GARDASIL is the one
23 that is used mostly in any case.

24 Q Can you please turn to page 8, table nine,
25 of this insert.

1 Stanley Plotkin, M.D.

2 A (Witness complies.)

3 Q Okay. This table reflects girls and women
4 nine through 29 years of age who reported an
5 incident condition potentially indicative of a
6 systemic autoimmune disorder during the clinical
7 trial, correct?

8 A Yes.

9 Q The subjects receiving GARDASIL show a
10 rate of 2.3 percent. All right. So that means
11 2.3 percent of the girls and women in the clinical
12 trial during a six-month period had an incident that
13 indicated a systemic autoimmune disorder, correct?

14 A Yes.

15 Q Okay. And in the AAHS control or saline
16 placebo group, it shows the same rate, correct?

17 A Yes.

18 Q Do you know how many individuals were in
19 the saline placebo group versus the AAHS control
20 group?

21 A Well, it says 9,412.

22 Q That would be the total number for both
23 groups, correct?

24 A No. For the placebo group.

25 Q For the placebo group, correct. But some

1 Stanley Plotkin, M.D.

2 of them received AAHS, and some of them received a
3 saline injection, correct?

4 A Correct.

5 Q Okay. Do you know how many received a
6 saline injection over an AAHS injection?

7 A Don't know.

8 Q Okay. Let's go to page 4, and table one
9 is for girls and table two is for boys. I'm
10 assuming all participants were either girls or boys.
11 If we add up the saline placebo group for the girls
12 and the saline placebo group for the boys, do we get
13 594?

14 A Well, I have to do the arithmetic. But it
15 appears that there were about 5,000, more than 5,000
16 in the AAHS control and about 600 in the saline
17 placebo.

18 Q Right. It's about 594. It's about 600.
19 That's right, right?

20 A Mm-hmm.

21 Q Okay. So if we go back to page 8, the
22 saline placebo group had about five in 600, and the
23 rest of them were AAH control, correct?

24 A Apparently, yes.

25 Q Yeah. What does AAHS stand for?

1 Stanley Plotkin, M.D.

2 A The aluminum adjuvants.

3 Q And I see it's defined here as amorphous
4 aluminum hydro --

5 A Hydroxyphosphate sulfate.

6 Q Right?

7 A Yes.

8 Q Thank you.

9 Which we'll refer to as AAHS or the
10 aluminum adjuvant?

11 A Yes.

12 Q Good?

13 Okay. AAHS is not an inert
14 substance, correct?

15 A Well, it's not saline, if that's what you
16 mean. But they use it as a control because they're
17 trying to make, to determine what the reactions are
18 to the HPV vaccine that contains the aluminum and
19 separating the reactions to vaccine from reactions
20 to the aluminum.

21 Q Let me try and understand that. Are you
22 saying they're trying to determine what the rate of
23 reactions is between the group that gets GARDASIL --

24 A Yes.

25 Q -- with the group that gets the

1 Stanley Plotkin, M.D.

2 aluminum --

3 A Yes.

4 Q -- with the group that gets saline?

5 A Yes.

6 Q So they want to compare between those
7 three distinct groups, correct?

8 A Yes. Mm-hmm.

9 Q Okay. And they did do that in table one
10 and two that we just looked at on page 2 --

11 A Yes.

12 Q -- page 4, correct?

13 A Yes.

14 Q Why is aluminum added to the GARDASIL
15 vaccine or any vaccine?

16 A To increase the immunogenicity of the
17 active part of the vaccine.

18 Q If I may, what you mean is that, if I
19 could use a little more laymen terms, are you saying
20 it's intended to stimulate the immune system to
21 create antibodies?

22 A Yes.

23 Q Would that be correct?

24 A Yes. Not by itself, but by enhancing the
25 response to the vaccine antigens.

1 Stanley Plotkin, M.D.

2 Q The antigens bind to the aluminum?

3 A Yes.

4 Q And the aluminum is persistent?

5 A Yes.

6 Q And it remains in the body such that it
7 continues to present the antigen such that
8 antibodies can be created to it, correct?

9 A Well, at least during the immediate period
10 of vaccination, yes.

11 Q Okay. There is, in fact, a syndrome
12 called autoimmune/autoinflammatory syndrome induced
13 by adjuvants, correct?

14 A That is a debatable point. There's a
15 fellow named Yehuda Shoenfeld, an Israeli, who has
16 pushed this idea for many years, as I think it's
17 fair to say that he has never had acceptance by the
18 larger community of immunologists or
19 rheumatologists.

20 (Exhibit Plaintiff-16 was
21 marked for identification.)

22 BY MR. SIRI:

23 Q I'm going hand you what is being marked --
24 I'm going hand you what's being marked as
25 Exhibit 16.

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Are you familiar with this book?

4 A Generally speaking, yes. I can't say I've
5 read it all, no.

6 Q Okay. And it's entitled Vaccines In
7 Autoimmunity, correct?

8 A Yes, correct.

9 Q Okay. And it extensively discusses,
10 it's -- it discusses many autoimmune conditions that
11 the authors believe can be caused --

12 A Yeah.

13 Q -- by vaccine, and in particular by
14 aluminum adjuvants?

15 A I don't know about particularly aluminum
16 adjuvants, but that's one of their arguments.

17 Q Can you please turn to the contributors,
18 which starts on Roman, little Roman numeral nine.

19 A (Witness complies.)

20 Q There are, I think, somewhere around 77
21 contributors listed here. You said that Yehuda
22 Shoenfeld was kind of alone, I think, or something
23 like that with regard to the claim that
24 autoimmune/autoinflammatory syndrome induced by
25 adjuvants.

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Can you just flip through and look at the
4 universities that are listed here where these over
5 70 professors hail from. Are these respected
6 institutions of medicine around the world?

7 A Well, first of all, Counselor, I have to
8 go over the CVs of each of the people here. You
9 know, I don't know what their role is at the
10 universities. As I said before, Shoenfeld -- first
11 of all, Shoenfeld himself is not anti-vaccination.
12 I know that for a fact.

13 On the other hand, at least one of
14 his co-authors, Tomljenovic, is a well-known
15 anti-vaccination person who has written a lot about
16 how terrible vaccines are. And as far as the
17 articles are concerned, you know, I have to read
18 each one.

19 But, for example, vaccination in
20 patients with autoimmune inflammatory rheumatic
21 diseases, in other words, patients who themselves
22 already have autoimmune diseases, that's a,
23 certainly a legitimate field of study; in other
24 words, how do you vaccinate people who already have
25 autoimmune disease? Could their vaccinations make

1 Stanley Plotkin, M.D.

2 things worse?

3 But that doesn't necessarily mean
4 that the vaccines themselves cause disease. Now,
5 here we have a chapter called "Measles, Mumps, and
6 Rubella Vaccine: A Triad to Autoimmunity," of which
7 Shoenfeld himself is one of the authors. I am --
8 what shall I say? I do not believe there is any
9 solid evidence that measles, mumps, and rubella
10 disease cause autoimmune responses.

11 So, you know, lots of books are
12 published, and a lot of them are absolute bull.

13 Q Are you saying that this book is bull?

14 A I haven't read the whole thing, but I'm
15 almost certain there's a lot of bull in it, judging
16 from the editors.

17 Q Without reading it, right?

18 A Without reading all of it, yes.

19 Q Okay. Are you familiar with the Tel Aviv
20 Sourasky Medical Center?

21 A No.

22 Q Are you familiar with the University of
23 Paris?

24 A University of Paris. Paris has many
25 different universities. They're sort of numbered.

1 Stanley Plotkin, M.D.

2 Q Familiar with University of Pisa?

3 A No. I'm sure there is a University of
4 Pisa.

5 Q Okay. Are you familiar with the
6 Technion-Israel Institute of Technology?

7 A Yes.

8 Q The Rappaport School of Medicine?

9 A Mm-hmm.

10 I can tell you one thing because I've
11 talked to Israelis about Shoenfeld, and Shoenfeld's
12 opinions are not majority opinions even in Israel.

13 Q But for better or worse, there is a
14 syndrome out there that is called
15 autoimmune/autoinflammatory syndrome induced by
16 adjuvants, and there are apparently professors at
17 universities who disagree about the syndrome. But
18 it is out there, right?

19 A There is -- Shoenfeld has postulated the
20 syndrome, yes.

21 Q And there's at least 70 professors at
22 universities around the world that are in agreement
23 with that syndrome in his book --

24 A No, absolutely not. I'll bet if you go
25 through that book and talk to them, you would find

1 Stanley Plotkin, M.D.

2 that most of them probably do not agree because all
3 of the articles in this book don't say that vaccines
4 cause autoimmunity. Some of them do.

5 Q Okay. There has been concern raised that
6 aluminum adjuvants of vaccines can cause
7 autoimmunity.

8 A There has been concerns raised, yes.

9 Q Okay. So if there's been concerns raised
10 that aluminum in vaccines can cause autoimmunity and
11 there's this medical text with which I understand
12 your opinion on, why combine the autoimmunity rate
13 in the aluminum adjuvant control with the
14 autoimmunity rate in the saline placebo? Why not
15 break those out to show them separately?

16 A Well, they did to some extent. But I
17 think the reasoning was that they wanted to be sure
18 that the reactions that were seen -- and let me
19 parenthetically say that HPV vaccine is painful.
20 And they wanted to be sure that the reactions that
21 they were seeing were not caused by the adjuvant or
22 that they were specific to the HPV antigens
23 themselves and not to the adjuvants. So I can judge
24 that's why they did that.

25 Q Well, under that logic, then they

1 Stanley Plotkin, M.D.

2 certainly should have broken out the aluminum
3 control from the saline placebo control and showed
4 them in two separate columns on page 8, correct?

5 A They probably should have, yes.

6 Q So that you could see the difference in
7 autoimmune rate between the individuals receiving
8 the aluminum and the saline placebo, correct?

9 A Yes.

10 Q Okay. In your experience, would you
11 expect 2.3 percent of the girls, of girls and women
12 in this country between the ages of nine and 26 to
13 develop a systemic autoimmune condition in a
14 six-month period?

15 A Well, that's a hard question for me to
16 answer. I am not a rheumatologist. But the, when
17 they say "autoimmune conditions," I'd have to read
18 exactly --

19 Q There's a list --

20 A -- what they mean.

21 Q If you go to page 8, they've got a long
22 list right there of the conditions. Starts with
23 arthralgia.

24 A Right. Yeah. So they have included just
25 about everything that you could consider in

1 Stanley Plotkin, M.D.

2 autoimmune disorder. And all I can say is that they
3 have, as I -- well, as I've just said, they've
4 attempted to include everything. And those are the
5 data. You know, what can I say?

6 As far as 2.3 percent autoimmune
7 disorders in six months, these are women nine
8 through 26 years of age, so they're not just girls.
9 And I don't think it's impossible that that's the
10 case, especially when you have a list of disorders
11 that is so comprehensive as this.

12 Q Okay. So 2.3 percent in six months,
13 4.6 percent in a year, in ten years half the women
14 in this country would have autoimmunity. In your
15 experience, would that be accurate?

16 A Well, again, I am not a rheumatologist, so
17 I cannot answer that question specifically. All
18 that I can say is that they attempted to do a
19 comprehensive study of autoimmune phenomena or
20 putative autoimmune phenomena in this study, and
21 that's what they found.

22 Q What, do you know the percentage of girls
23 in the saline placebo group that developed a
24 systemic autoimmune condition during this clinical
25 trial versus the AAH control --

1 Stanley Plotkin, M.D.

2 A No, I --

3 Q -- AAHS?

4 A No, I did not, without going back to the
5 original study.

6 (Exhibit Plaintiff-17 was
7 marked for identification.)

8 BY MR. SIRI:

9 Q Dr. Plotkin, I'm going to hand you what's
10 been marked as Plaintiff's Exhibit 17. This is the
11 clinical trial data for the saline placebo control
12 group in the GARDASIL trial.

13 You can go to page 2, Dr. Plotkin.
14 You can see that the number of vaccinated in the
15 placebo is 596, right? Or you can see at the top on
16 the first page. I'm sorry.

17 On the first page, Dr. Plotkin, it
18 says: A study of GARDASIL in preadolescents and
19 adolescents, correct?

20 A Yeah.

21 Q Page 2, you can see this. It has the 596
22 saline placebo recipients. Can you please turn to
23 the serious adverse event section, which is one,
24 two, three, four, five, six, seven, the seventh
25 page. They don't print with page numbers,

1 Stanley Plotkin, M.D.

2 unfortunately.

3 A Serious adverse events.

4 Q Okay. Now, if you go to the next page,
5 one right after that, take a look at that. You can
6 see that the second column is the placebo, the
7 results of the placebo group, correct?

8 A Mm-hmm.

9 Q Can you please take a minute and go
10 through each page and tell me if there was any value
11 that wasn't zero in terms of finding a serious
12 adverse event?

13 A No, I don't see any.

14 Q So in the saline placebo group during the
15 trial, there was not a single systemic autoimmune
16 disorder that was reported, but yet there was 218,
17 2.3 percent, or maybe more actually, in the AAH
18 control when you pull out the saline placebo group.

19 Let me ask -- go ahead, please.

20 A Again, you have to do the arithmetic. But
21 if you subtract the 600 or so from the total, you
22 can easily figure out the percentage in the aluminum
23 group.

24 Q Right. So let's do that. Let's do that.
25 So there's 900,412 in the aluminum group -- excuse

1 Stanley Plotkin, M.D.

2 me, in the total, in all of, in both groups
3 combined.

4 A Yeah.

5 Q If we pull out the saline placebo group of
6 594 from the 9,412, would that make the 2.3 percent
7 number go up or down?

8 A It would go up slightly. That would be --
9 I'd have to go back and look at the numbers. But
10 that would be reducing the total to about 8800. So
11 I guess that would be in here, right?

12 Q Go to page 8.

13 A Right.

14 Q The point is, is that if they would have
15 broken out --

16 A Two hundred over 8800, and I doubt if that
17 would show a significant difference between the
18 GARDASIL and the AAHS group.

19 Q So the GARDASIL group would 2.3, shows
20 2.3 percent?

21 A Yeah.

22 Q If we took out the saline placebo group
23 from the second column, it would show 2.3 or above,
24 around 2.3 still, correct?

25 A Maybe.

1 Stanley Plotkin, M.D.

2 Q A little higher, 2.4, 2.5?

3 A 2.5. Yeah.

4 Q 2.5. And then if we had a third column
5 that was just the saline placebo, it would show
6 0 percent?

7 A Yeah.

8 Q Wouldn't that have been a significant
9 finding to report?

10 A I don't -- you'd have to ask a
11 statistician. But I doubt the statistical
12 difference would be significant.

13 Q Doesn't it at least caution having a
14 larger saline placebo group if your concern is
15 statistics in terms of statistical power, which I
16 assume --

17 A Yeah, they might have done that, if
18 they --

19 Q But they didn't do that?

20 A Yes. I don't know what that decision was
21 based on. But if you're talking about implication
22 of aluminum, at this point there's really no reason
23 to suspect that aluminum by itself can cause
24 autoimmune disease.

25 Q Here's the clinical, prelicensure clinical

1 Stanley Plotkin, M.D.

2 study in which 2.3 percent of participants in the
3 GARDASIL group and in the control group had a
4 systemic autoimmune disorder, and it was deemed safe
5 because they were around the same rate, right?

6 A Yes.

7 Q But the saline placebo group that didn't
8 get the aluminum adjuvant had a 0 percent, right?

9 A A small group, yes.

10 Q Of 594?

11 A Yeah.

12 Q And so the vaccine apparently -- if you
13 turn back, Dr. Plotkin, to page 4, please of the
14 GARDASIL insert.

15 Are you there?

16 A Yeah.

17 Q Do you see they break out GARDASIL in one
18 column, those who received AAHS control in another,
19 and those that had saline placebo in a third column?

20 A Right.

21 Q And that's with only 320 participants in
22 the saline group in table one, correct?

23 A Yes.

24 Q Okay. And in table two they break it out
25 as well, correct, the saline group from AAHS control

1 Stanley Plotkin, M.D.

2 group?

3 A Yes.

4 Q If you turn to page 5, they, again, break
5 out the GARDASIL/AAH control and saline placebo
6 groups in tables three and four, correct?

7 A Yes.

8 Q But they chose to conveniently combine it
9 when it came to systemic autoimmune disorders,
10 right?

11 A Well, in the case of the page 4 and 5,
12 they were looking at local reactions. And, of
13 course, aluminum does give local reactions.

14 On page 8, whether we're looking at
15 systemic autoimmunity, I guess they believed that
16 aluminum in itself is reasonable control and would
17 not cause autoimmunity.

18 Q So going into the study, they just assumed
19 aluminum wouldn't cause autoimmunity and so that's
20 how they proceed in designing it. I got it. All
21 right.

22 (Exhibit Plaintiff-18 was
23 marked for identification.)

24 BY MR. SIRI:

25 Q Dr. Plotkin, I'm going to hand you what's

1 Stanley Plotkin, M.D.

2 been marked as Plaintiff's Exhibit 18.

3 This is the manufacturer insert for a
4 drug called Enbrel, correct?

5 A Mm-hmm.

6 Q What is Enbrel a drug for?

7 A Well, it's essentially an
8 immunosuppressive, and I think it's used a lot for
9 autoimmune diseases and cancers.

10 Q This is a drug given to sick people, not
11 healthy people, correct?

12 A Right.

13 Q Unlike vaccines which are typically given
14 to healthy children and babies, right?

15 A Right.

16 Q If you turn to page 10, Dr. Plotkin, all
17 the way to the bottom, the 6.1, Section 6.1,
18 clinical studies experience.

19 A Mm-hmm.

20 Q The very first line under 6.1 says: The
21 data described below reflects exposure to Enbrel in
22 2,219 adult patients with RA followed for up to
23 80 months.

24 A Mm-hmm.

25 Q So that in studying this drug given to six

1 Stanley Plotkin, M.D.

2 people, they reviewed safety for up to six and a
3 half years --

4 A Mm-hmm.

5 Q -- correct?

6 And they also use --

7 (Reporter clarification.)

8 BY MR. SIRI:

9 Q Was that yes?

10 A Yes.

11 Q And there was, and the placebo group here
12 was, in this study was a saline placebo for all
13 controls, correct?

14 A Yes. So what is your point?

15 Q I think the point speaks for itself,
16 Dr. Plotkin.

17 A It doesn't because Enbrel is given over
18 long periods of time. And one has to, since its
19 immunosuppressive, one has to look for things that
20 may happen because of immunosuppression. Vaccines
21 are given at particular times and are generally not
22 continuously given over long periods of time.

23 But because, aside from that, you're
24 basing this on the package circulars, not on the
25 combined experience with the vaccines that in many

1 Stanley Plotkin, M.D.

2 cases has taken place over 50 or 60 years.

3 Q I'm basing this -- Dr. Plotkin, I'm not
4 basing anything on anything. I'm just asking you
5 questions. And my questions are geared towards
6 being able for my client to be able to pick up what
7 is supposed to be a document that includes the
8 clinical trial experience of the particular biologic
9 or drug and understand what the adverse events rate
10 was for that product.

11 That's all I'm trying to ask you
12 questions about, to understand. That's it. And in
13 terms of your, what you've just said about Enbrel,
14 let's just -- we'll just have one quick vaccine, and
15 then you've really got to move on because I've got a
16 little more material to cover. DTaP vaccine is
17 given at two months of age, correct?

18 A Yes.

19 Q And at four months of age?

20 A Yes.

21 Q And at six months of age?

22 A Yes.

23 Q Eighteen months?

24 A Yes.

25 Q At three to four years of age?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q And then again at 11 years of age?

4 A Yes.

5 Q In a slightly DTaP version?

6 A Mm-hmm.

7 Q So here you have just one vaccine -- put
8 aside the other one -- that is given over an
9 extended period of time. But yet as we saw, as the
10 manufacturer inserts will show, there is no clinical
11 trial that I'm aware of. And I'm happy for you to
12 show me or produce one that actually does what the
13 study in Enbrel does, which is has a saline placebo
14 control group and reviews safety over anything more
15 than, you know, typically a few days or 30-day
16 period.

17 A I dispute that. I think it is almost
18 certain, or is certain in my mind, that they observe
19 the patients over a longer period of time, but that
20 they looked specifically for acute reactions during
21 the first few days after immunization.

22 And, also, I add to that, and I
23 insist on repeating that one has to look at the
24 total experience with a drug or a vaccine over a
25 period of time, not simply what is in the FDA

1 Stanley Plotkin, M.D.

2 package circular.

3 Q So are you saying that the, instead of
4 relying on clinical data, saline, inert,
5 placebo-controlled studies, we should just rely on
6 the experience -- well, isn't it true that there's a
7 lot of people out there -- in fact, you've said a
8 lot of, used a lot of adjectives for them today so
9 far -- who are out there and say that their
10 experience is that vaccines have caused all kinds of
11 serious adverse reactions? Isn't that precisely
12 what is on Section 6.2 of each of those inserts?

13 If your approach is used, why are
14 they not given equal weight, I mean, if that's the
15 way we're going to do science? I'm asking for the
16 clinical data.

17 A Science depends on a body of work. It
18 does not depend on any single studies. It depends
19 on repetition, on data that confirm other data. And
20 so you cannot take any single study and rely on that
21 and say that is the truth. The truth comes out of
22 repetition and experience.

23 Q So is your point just to trust you versus
24 actually have the actual data to support --

25 A No. It's the accumulation of data.

1 Stanley Plotkin, M.D.

2 Q And you can provide data to support
3 everything you're saying here today, correct?

4 A Everything that I'm saying is in this
5 book.

6 Q You wrote that book?

7 A Sorry?

8 Q You're the editor of that book, correct?

9 A Yes.

10 Q It's called Plotkin's Vaccines?

11 A Yes.

12 Q Dr. Plotkin, what is thrombocytopenia?

13 A Decreased platelets.

14 Q Can it be caused by an autoimmune
15 reaction? Isn't that what it's known to be caused
16 by, the body attacking its own platelets?

17 A That's one of the reasons, yes.

18 Q Can the MMR vaccine cause
19 thrombocytopenia?

20 A Yes.

21 Q What is brachial neuritis?

22 A Brachial neuritis is basically a reaction
23 to a local injection where you have pain in the arm.

24 Q I'm going to read you a definition of
25 brachial neuritis from Johns Hopkins Medicine, and

1 Stanley Plotkin, M.D.

2 you can tell me if you agree or disagree with it.

3 Quote: Brachial neuritis is a form
4 of peripheral neuropathy that affects the chest,
5 shoulder, arm, and hand. Peripheral neuropathy is a
6 disease characterized by pain or loss of function in
7 the nerves that carry signals to and from the brain
8 and spinal cord, the central nervous system, to
9 other parts of the body, end quote.

10 A Yes.

11 Q Can DTaP or Tdap cause brachial neuritis?

12 A If it's administered in the incorrect way,
13 yes.

14 Q Can the MMR cause febrile seizures?

15 A Yes.

16 Q Can the flu shot cause Guillain-Barre
17 syndrome?

18 A Uncertain, but possible.

19 Q Can the DTaP or Tdap cause Guillain-Barre
20 syndrome?

21 A Not that I'm aware of.

22 Q Hepatitis B cause Guillain-Barre syndrome?

23 A Again, I don't think the evidence supports
24 that. Guillain-Barre syndrome is a not-uncommon
25 event, particularly in adults.

1 Stanley Plotkin, M.D.

2 Q After vaccination, is that what you mean?

3 A No. I mean in general.

4 Q In general. Okay.

5 Can the hepatitis B vaccine cause
6 encephalitis?

7 A No, I would say definitely not.

8 Q Can the MMR vaccine cause acute or chronic
9 arthritis?

10 A It can cause, in adults, it can cause
11 acute arthralgia, I would say, pains in the joints.
12 But that does not seem to be a permanent phenomenon.
13 And it's unusual in children.

14 Q So yes for the acute in adults, but
15 otherwise uncertain?

16 A In children, it must be quite rare, if it
17 occurs at all. But it does occur in adult women.

18 Q Can the flu shot DTaP or hep B cause
19 transverse myelitis?

20 A I would say that's unlikely. You said
21 influenza. What did you say, hepatitis B?

22 Q Or DTaP.

23 A Or DTaP. I think that's the most
24 unlikely.

25 Q More likely that it would be the flu shot

1 Stanley Plotkin, M.D.

2 or hep B?

3 A Well, it's difficult with influenza
4 because it is such a widely used vaccine. But I
5 don't see any medical reason why any one of those
6 vaccines should cause transverse myelitis.

7 Q But it has been reported?

8 A It has been reported. Influenza, I
9 suppose, may be, but I'm not aware of any proof.

10 Q Are you aware that -- okay.

11 Can hepatitis B or the flu shot cause
12 fibromyalgia?

13 A Fibromyalgia, that's such a vague
14 syndrome. It's, again, difficult to know. But
15 influenza is, there's some differences between
16 influenza vaccine and other vaccines. But with
17 hepatitis B, I don't see any reason why it should
18 cause fibromyalgia.

19 Q So no on the hep B and maybe on the flu?

20 A Yeah, I guess it boils down to that.

21 Q Can DTaP or Tdap cause acute disseminated
22 encephalomyelitis?

23 A I would say no.

24 Q Can the hepatitis A vaccine cause
25 autoimmune hepatitis?

1 Stanley Plotkin, M.D.

2 A Oh, dear. No.

3 Q Can hepatitis B cause lupus?

4 A I see no reason why it could.

5 Q That's a no?

6 A No.

7 Q Can influenza cause lupus, influenza
8 vaccine?

9 A I can see no mechanistic reason why it
10 would. So I would say no.

11 Q Can hepatitis B vaccine cause rheumatoid
12 arthritis?

13 A There have been studies along those lines,
14 and I would say that they're unconvincing as far as
15 the vaccine causing rheumatoid arthritis. The
16 difficulty is that rheumatoid arthritis is a common
17 disease. And it, of course, occurs frequently in
18 adults. So it's very difficult to know whether some
19 precipitating event could have caused it.

20 But at this point, I would say no.

21 Q Vaccines are also commonly given to most
22 people in the country, correct?

23 A They're often given, yes.

24 Q So determining causality really requires a
25 double-blind, placebo-controlled study, correct?

1 Stanley Plotkin, M.D.

2 A It does if you want to be certain or at
3 least a statistically strong relationship.

4 Q What do you mean by "statistically strong
5 relationship"?

6 A I mean a situation where you have a
7 comparative group and you can say that compared to
8 the comparative group, that the association you're
9 looking at is statistically different than the
10 control group.

11 Q And from that you believe you can
12 determine causation?

13 A Well, you can determine association. Then
14 you have to look and see whether there is some kind
15 of biological explanation.

16 Q Isn't it difficult to determine
17 association -- isn't it difficult to determine an
18 association when it comes to vaccines and an alleged
19 injury because everybody's, for the most part, gets
20 vaccinated?

21 A That is true. That is precisely why there
22 are so many false associations between vaccines and
23 disease.

24 Q Isn't it also the reason, then, that
25 careful preclinical studies using an inert placebo

1 Stanley Plotkin, M.D.

2 should be conducted before licensure?

3 A It would be ideal to do so. But one would
4 also have to, would have to be very large studies
5 and covering different age groups. And by and
6 large, those data come out much later after
7 experience with the vaccine used in thousands or
8 millions of people.

9 Q Well, that, of course, presumes that the,
10 that the adverse events are, long-term adverse
11 events are rare, doesn't it?

12 A Yes.

13 Q Do you know whether Faith is susceptible
14 to any -- strike that.

15 There's a lot of conditions, so I'm
16 going to try this a little bit of a different way so
17 we can get through this a bit quicker. Is Faith
18 susceptible to suffer any of the conditions we have
19 reviewed thus far?

20 A You mean the infectious diseases or the
21 noninfectious diseases?

22 Q I'm talking about the adverse event -- I'm
23 talking about the conditions that we just reviewed
24 starting with thrombocytopenia and ending with
25 rheumatoid arthritis.

1 Stanley Plotkin, M.D.

2 A I know nothing about the child and,
3 therefore, am unable to answer.

4 Q Do you know whether Faith has a genetic
5 variant that renders her predisposed to suffer any
6 of these conditions from vaccinations?

7 A I do not.

8 Q Do you know whether Faith has a genetic
9 variance in her microbiome DNA that renders her
10 predisposed to suffer any of the conditions we
11 reviewed?

12 A I am not aware of that.

13 Q Do you know whether Faith has any
14 environmental exposure that would render her
15 predisposed to suffer any of the conditions that
16 we've just reviewed?

17 A No.

18 Q In 1991 the IOM issued a report regarding
19 vaccine safety. Are you familiar -- correct?

20 A Yes.

21 Q Are you familiar with that report?

22 A Yes.

23 Q That report looked at 22 serious injuries
24 associated with DTaP vaccines and rubella vaccines,
25 correct?

1 Stanley Plotkin, M.D.

2 A Mm-hmm.

3 Q Did you provide information to the -- was
4 that a yes?

5 A Yes.

6 Q Did you provide information to the IOM
7 committee conducting this review?

8 A I believe I sent them papers. I was not
9 involved with the committee in any direct way.

10 Q Are you aware of whether they thanked you
11 in the introduction --

12 A They may have. I mean, I obviously was a
13 source of information about rubella vaccine, for
14 example.

15 Q The IOM searched for evidence regarding
16 whether DPT can cause autism, correct?

17 A Yes.

18 Q And they could not find any evidence that
19 would help them to make any determination one way or
20 another with regard to whether DPT caused autism,
21 correct?

22 A Well, if you mean that they used their
23 statement of not having enough information to make a
24 decision, probably yes.

25 Q Do you recall that they had five

1 Stanley Plotkin, M.D.

2 categories of conclusions, Dr. Plotkin, in that
3 report?

4 A Yeah, something like that they had, yeah.

5 Q The first category -- strike that.

6 Do you recall that the first category
7 was no evidence bearing on a causal relation?

8 A I don't recall specifically, but I believe
9 you're correct.

10 Q I'll give you a copy. Let's get you a
11 copy.

12 (Exhibit Plaintiff-19 was
13 marked for identification.)

14 BY MR. SIRI:

15 Q I'm going to hand you, Dr. Plotkin, what's
16 being marked as Exhibit 19. Dr. Plotkin, the title
17 of this is "The Adverse Effects of Pertussis and
18 Rubella Vaccines," correct?

19 A Yes.

20 Q By the Institute of Medicine in 1991?

21 A Mm-hmm.

22 Q Okay. So if we go to, all the way, if we
23 go to the second-to-last page, Dr. Plotkin, I
24 suspect that's what you're looking for. This is a
25 table of the summary of conclusions by adverse event

1 Stanley Plotkin, M.D.

2 for DPT and MMR, correct?

3 A Yes.

4 Q So there are five conclusion categories,
5 correct?

6 A Mm-hmm.

7 Q The first one is no evidence bearing on a
8 causal relation, correct?

9 A Mm-hmm.

10 Q And what that means, if you see the -- was
11 that a yes?

12 A Yes.

13 Q Okay. If you go to footnote C, which
14 defines what no evidence bearing on a causal
15 relation means, isn't it true that it says: No
16 category of evidence was found bearing on a judgment
17 about causation. All categories of evidence left
18 blank in table 1-1, correct?

19 A Yes.

20 Q There's only one condition for which they
21 couldn't find any evidence one way or another on
22 whether it caused, whether the vaccine causes that
23 condition, correct?

24 A Right.

25 Q And that was -- what was that condition?

1 Stanley Plotkin, M.D.

2 A Autism.

3 Q Now, the IOM reviewed whether DPT can
4 cause 17 other serious conditions. And on this
5 chart it found that evidence supported a causation
6 for four of them for DPT; reject a causation for
7 four of them; but that the evidence was insufficient
8 to determine causation for nine of them.

9 Is that correct?

10 A Yes.

11 Q As for the MMR vaccine, the IOM reviewed
12 four conditions, right?

13 A Mm-hmm.

14 Q For the first two it -- was that a yes,
15 Dr. Plotkin?

16 A Yes.

17 Q I hate to trouble you; but if you could
18 say "yes" instead of "mm-hmm," we'd speed things
19 along and I'd appreciate it.

20 For two of them, it found that the
21 evidence was insufficient to make a causation
22 determination, correct?

23 A Yes.

24 Q But for chronic arthritis, they found that
25 the evidence is consistent with the causal

1 Stanley Plotkin, M.D.

2 relationship?

3 A Yes.

4 Q That would be, there's evidence consistent
5 with a causal relationship between the MMR vaccine
6 and chronic arthritis, correct?

7 A Yes.

8 Q And it also found that the evidence
9 indicates a causal relationship between the MMR
10 vaccine and acute arthritis, correct?

11 A Yes.

12 Q Do you dispute these findings?

13 A Well, first of all, the IOM's later report
14 was not as definitive as far as chronic arthritis is
15 concerned. And the evidence for the consistency,
16 first of all, it must be stressed, we're talking
17 about adults, women, receiving the vaccine, not
18 children.

19 And the other point is that the data
20 really came from one center in British Columbia and
21 was not generally seen. As far as acute arthritis
22 is concerned, it really should be arthralgia, not
23 arthritis, because there's a difference between
24 those two things. But anyway, there's no doubt that
25 the vaccine does cause pains in the joints, but

1 Stanley Plotkin, M.D.

2 again, particularly in adult women. It is not a big
3 problem in children.

4 Q On the next page, Dr. Plotkin, where it
5 says -- of the report, under research needs, does
6 the first sentence say: In the course of its
7 review, the committee encountered many gaps in
8 limitations and knowledge bearing directly and
9 indirectly on the safety of vaccines?

10 A Yes.

11 Q And then the last says of that paragraph
12 says: Clearly, if research capacity and
13 accomplishment in these areas are not improved,
14 future reviews of vaccine safety will be similarly
15 handicapped, correct?

16 A Right. Correct.

17 Q Okay.

18 A So I think it's worth pointing out that
19 the vaccine community did respond to those
20 conclusions and that, in particular, CDC set up a
21 situation with centers like Kaiser Permanente in
22 California where they do very elaborate safety
23 studies because they have a large, large populations
24 receiving vaccines or not receiving vaccines and
25 they can do comparative studies.

1 Stanley Plotkin, M.D.

2 And in addition, WHO has set up
3 safety reviews on vaccines. And, of course, CDC has
4 a safety department, and there are funded sort of
5 safety centers throughout the country.

6 Q Okay.

7 A So it's not as if the vaccine community
8 has ignored the issue of vaccine safety.

9 Q Well, wonderful. We'll go through all of
10 that; I can assure you. I've got to take it piece
11 by piece. Okay?

12 So one step at a time. And we will
13 get to Kaiser and the various things that you just
14 talked about. We'll address all of them. I just
15 want to, hopefully we get to everything.

16 MR. SIRI: You know what? Why don't we
17 take a, just a two-minute, quick break.

18 VIDEO OPERATOR: I'm going to end the
19 disc.

20 MR. SIRI: Perfect.

21 VIDEO OPERATOR: This ends disc No. 3 of
22 the deposition of Stanley Plotkin. We are
23 going off the record. The time is 14:23.

24 (Brief recess.)

25 VIDEO OPERATOR: This is the beginning of

1 Stanley Plotkin, M.D.

2 disc No. 4 of the deposition of Dr. Stanley
3 Plotkin. We are on the record. The time is
4 14:33.

5 BY MR. SIRI:

6 Q Dr. Plotkin, you earlier said that it
7 would be ethical, you believe, to conduct a
8 randomized, double-blind, placebo-controlled study
9 of the childhood immunization schedule using adults;
10 is that correct?

11 A You can't, I suppose you could test
12 childhood schedule in adults; but it wouldn't make a
13 lot of sense, if that's what you mean. You could
14 test individual vaccines, I suppose, although the
15 adults, in all likelihood, will have been either
16 previously vaccinated or previously infected.

17 So it wouldn't be a very easy study
18 to do, but I suppose it's conceivable.

19 Q And you think, and it is something that
20 could be done to assess the -- certainly adults are
21 not children. But it would at least give a sense of
22 the safety profile of people who've on the one hand
23 gotten the childhood schedule versus those who
24 haven't. And I would think it's something that you
25 would, you know, any, that you would welcome, given

1 Stanley Plotkin, M.D.

2 that we should hopefully, I presume, show that both
3 groups will have similar rates of any, of total
4 health outcomes.

5 A Well, it's difficult to imagine how one
6 would do it. Now, for example, for hemophilus
7 influenza, disease is rare in adults, of the type B
8 anyway. And so I'm not sure what one would learn by
9 doing such a study. For hepatitis B, of course --

10 Q The adverse events, not the efficacy,
11 Dr. Plotkin.

12 A Yeah. Well, I suppose whether it would be
13 translatable from adults to children is uncertain in
14 itself. So I don't think it's a very practical way
15 of studying the safety of vaccines.

16 Fortunately, for hepatitis B, it's
17 indicated for adults as well as children, so that's
18 something that can be done. And papillomavirus
19 vaccine, of course, can be given to adults. So we
20 have data from that type of study.

21 But in terms of systematic studies of
22 childhood vaccines in adults, I don't think that's a
23 very feasible or useful --

24 Q If the group that receives, the adults
25 that receive the full schedule versus those that

1 Stanley Plotkin, M.D.

2 didn't had significantly higher rates of autoimmune
3 or neurological or other adverse events, you don't
4 think that could provide useful information for
5 potentially making, addressing potential safety
6 concerns and making the schedule safer?

7 A So for that you need a group of adults who
8 have never received vaccines.

9 Q Why is that?

10 A Well, what are you comparing? If you're
11 comparing those who were vaccinated as children with
12 those who weren't, so you need a group that was not
13 vaccinated.

14 Q Well, most adults today have not received
15 anywhere near the number of vaccines that children
16 are being exposed to today. So, for example,
17 Dr. Plotkin, you know, when you were a child, as an
18 example, what vaccines did you receive?

19 A Diphtheria -- well, in childhood, I think
20 it was probably only diphtheria in those days.

21 Q Okay. So if such a study were
22 constructed, would you be willing to participate?

23 A You mean as someone who did not receive --

24 Q Yeah. Would you be willing to be part of
25 a study in which you would either, you know, you

1 Stanley Plotkin, M.D.

2 would be randomized; you'd either get saline
3 injections or the full childhood vaccine schedule.
4 Would you be willing to do that?

5 A Yeah. Well, that -- then you'd have to
6 have --

7 Q I'm sorry. I didn't hear the answer.
8 Would you be willing to do that?

9 A Yes. But then you'd have to have a group
10 of 80-year-olds who received all of the childhood
11 vaccines that are now given, which would be pretty
12 difficult to do. So I think this kind of study
13 you're talking about is either difficult or useless
14 because you don't have the right groups to compare.

15 You could do it, perhaps, in
16 20-year-olds, if you could find 20-year-olds who
17 haven't been vaccinated.

18 Q Well, if it was, if they did age controls
19 and so they had a range of ages, including 80- and
20 20-year-olds, would you be willing to participate?

21 A Oh, I'd be willing to participate in any
22 reasonable study.

23 Q Okay. Great.

24 A But I don't think it would be very useful.

25 Q In 1994, the IOM issued another report

1 Stanley Plotkin, M.D.

2 regarding vaccine safety. Are you familiar with
3 that report?

4 A '94?

5 Q Yeah.

6 A The last one was in the 2000, as I recall.

7 Q 2011 was the last one.

8 A Okay. Well, there was a large one in
9 about 2000 as well. Anyway, so...

10 Q 1994, let me give you...

11 (Exhibit Plaintiff-20 was
12 marked for identification.)

13 BY MR. SIRI:

14 Q Handing you, Dr. Plotkin, what's been
15 marked as Plaintiff's Exhibit 20. The title of this
16 report is "Adverse Events Associated with Childhood
17 Vaccines," correct?

18 A Yes.

19 Q This is also by the Institute of Medicine.
20 This is also, in this report the IOM looked at 54
21 serious injuries associated with a number of
22 different vaccines, correct?

23 A Yes.

24 Q Okay. Did you provide information to the
25 IOM committee conducting this review?

1 Stanley Plotkin, M.D.

2 A I don't recall doing that.

3 Q Do you see on, under the acknowledgments
4 on the second page, your name is in the middle
5 there, Stanley Plotkin, Pasteur, Merieux -- I can't
6 pronounce.

7 A Merieux.

8 Q Yeah. I don't speak French. I apologize.
9 Can you pronounce that?

10 A Merieux.

11 Q That's M-E-R-I-E-U-X, C-O-N-N-A-U-G-H-T
12 Company.

13 Now, if you go to, out of these
14 54 pairs, the IOM found sufficient evidence to
15 support a causal relationship for 14 of them and
16 rejected a causal relationship for four of them.

17 Do you see that?

18 A Where are you referring?

19 Q So if you go, Dr. Plotkin, to the fourth,
20 fifth-to-last page, it has the causality table.

21 A Mm-hmm.

22 Q Do you see category three is: The
23 evidence favors rejection of a causal relationship?

24 A Yes.

25 Q Okay. And you see they rejected it for

1 Stanley Plotkin, M.D.

2 four of the associated adverse events, correct?

3 A Mm-hmm.

4 Q Is that a yes?

5 A Yes.

6 Q You see in category four, it says: The
7 evidence favors acceptance of a causal relation?

8 A Yes.

9 Q Okay. Do you see that there is, there are
10 five conditions listed there, including
11 Guillain-Barre, brachial neuritis, anaphylaxis.

12 Do you see that?

13 A Yes.

14 Q And on the next page for category five,
15 which is the evidence establishes a causal relation,
16 do you see that it lists one, two, three, four,
17 five, six, seven conditions, correct?

18 A Yes.

19 Q Okay. However, for the remaining
20 conditions, so they looked at 54, if we subtract out
21 the three categories we just looked at, 38 of those
22 conditions, the 38 remaining conditions, the IOM
23 couldn't make a causality determination because the
24 science hadn't been conducted yet, right?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q The IOM stated at the end of this report,
3 quote: The lack of adequate data regarding many of
4 the adverse events under study was a major concern
5 to the committee. Presentations of public meetings
6 indicated that many parents and physicians share
7 this concern.

8 Do you see the last page of the
9 report that you're holding of the excerpts? Do you
10 see that it says that on the first two lines under:
11 Need for research and surveillance?

12 A Yes.

13 Q Dr. Plotkin, in 2011, the IOM then issued
14 its, another report on vaccine safety. And this
15 time it looked at 158 of the most commonly claimed
16 serious injuries after vaccination, right?

17 A Yes.

18 Q The title of that report is Adverse
19 Effects of Vaccines: Evidence of Causality?

20 A Yes.

21 Q You're familiar with that report?

22 A Yes.

23 Q Do you know who commissioned and paid for
24 that report, by the way?

25 A Which commission?

1 Stanley Plotkin, M.D.

2 Q I'm sorry. Who commissioned and paid for
3 that report?

4 A No.

5 Q Would it be surprising to you if I told
6 you that HRSA, the agency within HHS that defends
7 against vaccine injury, claims they commissioned
8 that report?

9 A Wouldn't surprise me.

10 Q Did you provide information to the IOM
11 committee conducting this review?

12 A I don't recall specifically whether I did
13 or not. A lot of people ask for my opinions. When
14 asked, I give my opinions.

15 Q Dr. Plotkin, I'm going to hand you what's
16 been marked as Exhibit 21.

17 (Exhibit Plaintiff-21 was
18 marked for identification.)

19 BY MR. SIRI:

20 Q Is this the 2011 IOM report we were just
21 talking about?

22 A Yes.

23 Q Do you see there's Roman, little Roman
24 numeral seven, page little Roman numeral seven, see
25 a section entitled Reviewers?

1 Stanley Plotkin, M.D.

2 A Oh, yes. I'm on the list.

3 Q Do you see -- I'm going to the first two
4 sentences and can you tell me if that's what this
5 report says.

6 It says: This report has been
7 reviewed in draft form by individuals chosen for
8 their diverse perspective and technical expertise in
9 accordance with procedures approved by the National
10 Research Council's Report Review Committee. The
11 purpose of this independent review is to provide
12 candid and critical comments that will assist the
13 institutions in making its published report as sound
14 as possible and to ensure that the report meets
15 institutional standards for objectivity, evidence,
16 and responsiveness to the study charge.

17 Is that what it says?

18 A Yes.

19 Q And you're one of the people they gave the
20 report to to review?

21 A Yes.

22 Q And next to your name, it says:
23 University of Pennsylvania?

24 A Yes.

25 Q It doesn't disclose that at that time you

1 Stanley Plotkin, M.D.

2 were working for all four of the major vaccine
3 makers, correct?

4 A What do you mean working for them? I
5 mean, at that point I was no longer at Pasteur
6 Merieux Connaught.

7 Q In 2011, were you receiving compensation
8 or remuneration from Sanofi?

9 A I was, yes, as I've said before. I was
10 consulting for Sanofi as well as others.

11 Q Were you consulting for Merck?

12 A Yes, probably at that time, yes.

13 Q And GSK?

14 A Yes.

15 Q Okay. And as well as a whole host of
16 other for-profit companies seeking to develop
17 vaccines, correct?

18 A Yes.

19 Q But I'm just saying, I'm just saying
20 that's not mentioned here, correct?

21 A No.

22 Q So do you know how many other individuals
23 who were involved in reviewing or compiling this
24 report were receiving money from pharmaceutical
25 companies making vaccines that's not disclosed in

1 Stanley Plotkin, M.D.

2 this report?

3 A I have no knowledge of that.

4 Q You provided handwritten comments to the
5 IOM for this report?

6 A If I reviewed the report, which apparently
7 I did, I am sure I made comments. I don't know if
8 they were handwritten. Probably not since my hand
9 reading [sic] is illegible.

10 Q All right. In this report, the IOM found
11 that 14 of the 158 serious injuries most commonly
12 reported after certain vaccines were, that the
13 evidence supported a causal relationship, correct?

14 A Where is that stated?

15 Q Well, if you go to page 3 of the report,
16 it's numeral three. Let me ask you the question a
17 different way, Dr. Plotkin. If you look at that
18 chart, you can see that there's little symbols.

19 Do you see those, Dr. Plotkin?

20 A Yes.

21 Q So an I represents inadequate to accept or
22 reject a causal relationship, correct?

23 A Yes.

24 Q And an FR means favors rejection of a
25 causal relationship, correct?

1 Stanley Plotkin, M.D.

2 A Yes. Apparently, yes.

3 Q If you look through this --

4 A Oh, FA favors acceptance.

5 Q I meant -- I said FR. I'm sorry.

6 FR favors rejection.

7 A Right.

8 Q FA favors acceptance.

9 A Mm-hmm.

10 Q And CS is convincingly supports a causal
11 relationship, right?

12 A Yes.

13 Q So I think that, I think what you'll note
14 when you look through this chart is that most of the
15 conditions have an I, correct?

16 A Yes.

17 Q Any reason -- the report indicates that
18 for 135 out of the 158 reviewed, they found that it
19 could not locate sufficient evidence to make a
20 causality determination, right?

21 A Yes.

22 Q So the IOM concluded that of the 135 most
23 commonly claimed injuries from vaccination, it
24 didn't know whether or not the vaccines caused
25 that -- let me ask you something.

1 Stanley Plotkin, M.D.

2 You know, you earlier stated that,
3 you stated that hepatitis B is, doesn't cause
4 encephalitis, right?

5 A That's, that's my opinion, yes.

6 Q But the IOM, after doing its review,
7 determined it couldn't find science to support a
8 causal determination one way or another, correct?

9 A Yes. But that means that they don't have
10 evidence for the supposition.

11 Q That it either causes or doesn't cause?

12 A Right.

13 Q They don't know?

14 A They don't know because there aren't
15 enough data.

16 Q Okay. But you have --

17 A In the absence of data, my conclusion is
18 that there are no, there's no proof that causation
19 exists.

20 Q So if there's no data to show that it
21 causes or doesn't cause --

22 A Yes.

23 Q -- your supposition is that -- am I
24 understanding that correctly?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Is that it doesn't cause it?

3 A That there's no proof that it does.

4 Q Okay. That's different than saying it
5 doesn't cause it, correct?

6 A Correct.

7 Q So when you were saying earlier when I
8 asked you at the beginning of this whether certain
9 vaccines caused certain conditions and you said, No,
10 they don't, did you just mean that, no, there's not
11 enough evidence to make a decision one way or
12 another?

13 A I mean that there's no knowledge known to
14 me that they do certain things that are, that some
15 may have alleged happen after vaccination.

16 Q Like, for example, you know, the IOM
17 reviewed whether hepatitis B can cause lupus because
18 of lots of reports or influenza can cause lupus.
19 They concluded that there's insufficient evidence
20 one way or another to make a determination. You
21 indicated --

22 A Right.

23 Q But you indicated earlier that those
24 vaccines don't cause lupus. Your testimony, you're
25 saying that you said no because you weren't aware of

1 Stanley Plotkin, M.D.

2 a mechanism by which it could cause it; is that
3 right?

4 A Yes. That's correct.

5 Q Okay. But the science really isn't
6 available to make a determination on causation yet,
7 right?

8 A The science doesn't show that there is a
9 relationship. And it is, unfortunately, to prove a
10 negative requires a lot more data than to prove a
11 positive.

12 Q If there was a -- I mean, if there was a
13 study that was, had a placebo and a control group,
14 then we could know whether or not these conditions
15 are caused by these vaccines, correct?

16 A Yes. It would have to be an enormous
17 study and would have to be randomized ideally, which
18 is unlikely to be the case since --

19 Q It needs to be enormous because you're
20 assuming these conditions are rare, correct?

21 A Correct.

22 Q Okay. And, and this study that you're
23 saying needs to be done before vaccines are
24 licensed, they do do clinical trials, we've seen,
25 right?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q And they have thousands of people
4 typically in them, correct?

5 A Yes.

6 Q Okay.

7 A And, therefore, they can study common
8 conditions. But uncommon conditions are very
9 difficult to study because they're uncommon; and,
10 therefore, one would need a very, very large study
11 and one would have to have randomization, which is,
12 of course, inherently difficult.

13 Q If you actually had a placebo-controlled
14 study, an inert, placebo-controlled study of seven,
15 eight thousand people, you could at least determine
16 that a population of that size, whether or not
17 there's detectable adverse event rate for any of
18 these conditions, correct?

19 A For some of those conditions, yes.

20 Q All right. I'm going to show you, I'd
21 like to show you an excerpt from that report. Okay?

22 Before I do that, actually, a few
23 quick, little questions. Tdap is one of the
24 vaccines on the childhood schedule, right?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q It's administered to babies during the
3 first year of life?

4 A Yes.

5 Q We already talked about this at two, four,
6 and six months, right?

7 A Yes.

8 Q Okay. Did I say Tdap or DTaP?

9 A DTaP is the one that's used --

10 Q I meant DTaP. I meant DTaP in that
11 question.

12 COURT REPORTER: I have Tdap.

13 MR. SIRI: Okay.

14 BY MR. SIRI:

15 Q Same answer if it was DTaP, correct?

16 A Yes.

17 Q So let's correct that, please.

18 Now, as for Tdap, T-d-a-p, little d,
19 little a, little p, with a capital T, that's given
20 to pregnant women, correct?

21 A Yes.

22 Q And DTaP and Tdap refer to vaccines which
23 contain diphtheria toxoid, tetanus toxoid, and
24 acellular pertussis, correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q What was the IOM's conclusion in 2011
3 about whether these vaccines can cause autism?

4 A I'd have to look that up, but I feel
5 confident that they do not cause autism.

6 Q You feel confident that that's what the
7 IOM concluded?

8 A I don't remember what the IOM concluded.
9 But I don't believe there's any evidence that that's
10 the case.

11 Q Is there any evidence that that's not the
12 case?

13 Why don't I show you this,
14 Dr. Plotkin.

15 (Exhibit Plaintiff-22 was
16 marked for identification.)

17 BY MR. SIRI:

18 Q I'm going to hand you what's being marked
19 as Exhibit 22.

20 Oh, Dr. Plotkin, may I actually have
21 that back for a moment. I'm sorry.

22 Nope. I gave you the right one.
23 Here you go. Thank you.

24 This is an excerpt from the IOM's
25 report, right?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q And this is where the IOM discusses the
4 evidence with regard to whether DTaP or Tdap cause
5 autism, correct?

6 A Correct.

7 Q Okay. If you the turn to the second page,
8 can you read the causality conclusion with regard to
9 whether DTaP and Tdap cause autism?

10 A The committee did not identify literature
11 reporting clinical, diagnostic or experimental
12 evidence of autism after the administration of
13 vaccines containing diphtheria toxoid, tetanus
14 toxoid, and acellular pertussis antigens.

15 Q Dr. Plotkin, I'm sorry. Can you please
16 read -- Dr. Plotkin, can you please read the
17 causality conclusion with regard to the -- one
18 second, Dr. Plotkin. I'm sorry. The court reporter
19 has to be able to take down the full question or
20 there won't be a clear record.

21 Can you please read the causality
22 conclusion in the IOM report with regard to whether
23 DTaP and Tdap can cause autism.

24 A The evidence is inadequate to accept or
25 reject a causal relationship between diphtheria

1 Stanley Plotkin, M.D.

2 toxoid-, tetanus toxoid-, or the acellular
3 pertussis-containing vaccine in autism.

4 Q So the IOM reviewed the available evidence
5 with regard to whether Tdap or DTaP can cause
6 autism, and their conclusion was the evidence
7 doesn't exist to show whether DTaP or Tdap do or do
8 not cause autism, correct?

9 A Yes. But the point is that there were no
10 studies showing that it does cause autism except one
11 study by two well-known anti-vaccination figures,
12 Geier and Geier, who have no legitimacy whatsoever.

13 So what they're saying is that
14 there's no evidence. And the important point from
15 my point of view is that there's no positive
16 evidence to do a proper study, as we've been
17 discussing, which would disapprove it, would involve
18 the controlled administration of vaccines and
19 withholding vaccines from children who should have
20 them.

21 Q Dr. Plotkin, is there, was the IOM able to
22 identify a single study that supported your claim --
23 strike that.

24 If you take a look at that section,
25 please, was the IOM able to identify a single study

1 Stanley Plotkin, M.D.

2 supporting that DTaP or Tdap do not cause autism?

3 A No, they did not identify a study.

4 Q Okay.

5 A But the point is, and I have to repeat
6 myself, that absence of evidence does not allow you
7 to conclude that the two phenomenon are related.

8 Q You're making assumptions, Dr. Plotkin,
9 about, I think, what's built -- I understand that.
10 I mean, I only interrupt because, you know, it's
11 3:00. And I don't mind letting you give a lot of
12 discussion about things that aren't relevant, but to
13 the question --

14 A I think it's relevant in the reports
15 issued by the IOM --

16 Q Yes.

17 A -- that their conclusion about evidence
18 not being available --

19 Q Yes.

20 A -- does not allow you to conclude that the
21 phenomena, that there is a causal relationship.

22 Q I'm not sure -- I never said that. I'm
23 not sure anybody in this room said that,
24 Dr. Plotkin.

25 A Good. I like to hear that.

1 Stanley Plotkin, M.D.

2 Q But it does allow you to conclude that the
3 evidence doesn't exist to say that DTaP and Tdap do
4 not cause autism, correct?

5 A There is not evidence to say a million
6 different things --

7 Q Okay.

8 A -- but you have to prove --

9 Q Did the IOM report look at whether the MMR
10 vaccine can cause autism?

11 A I'd have to look and see.

12 (Overtalking.)

13 BY MR. SIRI:

14 Q Yes --

15 A I believe it did.

16 Q -- it did.

17 MR. SIRI: I'm sorry. He said it did.

18 THE WITNESS: I'm looking to see.

19 BY MR. SIRI:

20 Q It said it favors rejection because it did
21 find studies --

22 A Yes.

23 Q -- correct?

24 A Yes.

25 Q That's right. So studies are possible to

1 Stanley Plotkin, M.D.

2 determine whether or not a vaccine does or does not
3 cause, does not cause autism, correct?

4 A They are possible, yes.

5 Q Okay. But the study to determine whether
6 DTaP or Tdap does not cause autism has not been
7 done, right?

8 A A study that would definitively show that
9 it doesn't has not been done, but there's no
10 evidence that it does.

11 Q But since, Dr. Plotkin, we don't know
12 whether DTaP or Tdap cause autism, right, it would
13 be a bit premature to make the unequivocal, sweeping
14 statement that vaccines do not cause autism,
15 correct?

16 A In the absence of evidence, one should not
17 draw any conclusions except that there's no
18 evidence. And so I don't infer from the absence of
19 evidence about a million different things that
20 they're necessarily true.

21 One has to do studies to determine
22 whether or not a phenomenon exists, and usually
23 those studies are done because there's some
24 suspicion that, of a relationship.

25 But in, we have no suspicions, at

1 Stanley Plotkin, M.D.

2 least I don't, that autism is caused by DTaP.

3 Q Well, you may not have that suspicion, but
4 it is one of the most commonly reported conditions,
5 adverse events, which is why it was reviewed in this
6 IOM report from DTaP/Tdap, which we discussed
7 earlier.

8 So I just, I'm not saying, I'm not
9 asking you to say that vaccines do cause autism.
10 I'm not asking that at all.

11 I'm asking you, as a scientist, can
12 you make the statement that vaccines do not cause
13 autism if you don't know whether DTaP or Tdap cause
14 autism?

15 A As a scientist, I would say that I do not
16 have evidence one way or the other.

17 Q Right.

18 A As a practicing physician, I have to weigh
19 all kinds of things in making a decision about a
20 patient, whether to do something or not to do
21 something. And I make that, those decisions based
22 on the body of knowledge, even in the absence of
23 definitive information for every case. This has
24 been true for medicine ever since its inception.

25 Q I'm asking you a simple question. I'm

1 Stanley Plotkin, M.D.

2 asking you, since the science has not yet been done
3 regarding whether DTaP or Tdap cause autism, isn't
4 it true that you cannot make the sweeping statement
5 that vaccines do not cause autism?

6 A I can make the statement that there is no
7 evidence that vaccines cause autism, and,
8 therefore --

9 Q I'm not asking you that question --

10 A -- and, therefore, and, therefore --

11 Q -- Dr. Plotkin.

12 MS. NIEUSMA: (Inaudible.)

13 It's time to move on.

14 MR. SIRI: He's not answering the
15 question.

16 THE WITNESS: -- and, therefore, vaccines
17 should be given to protect against serious
18 diseases.

19 BY MR. SIRI:

20 Q Dr. Plotkin, we've already reviewed the
21 IOM report. The IOM could not find evidence that
22 DTaP or Tdap cause autism. I'm asking you, knowing
23 that, isn't it just a bit premature to make the
24 unequivocal, sweeping statement that vaccines do not
25 cause autism?

1 Stanley Plotkin, M.D.

2 A I would say it is logically true that you
3 cannot say, you cannot point to proof that it
4 doesn't cause autism. But as physicians and public
5 health specialists, one has to make decisions in the
6 absence of thousands of pieces of information that
7 one would like to have.

8 And one of them is that vaccines
9 protect against serious infectious diseases, and
10 there's no evidence that they cause autism. So,
11 therefore, I recommend vaccinations to this child
12 and every other child who does not have a
13 contraindication.

14 Q But since there's no evidence that DTaP or
15 Tdap don't cause autism, you can't yet say that
16 vaccines do not cause autism, correct?

17 MS. NIEUSMA: (Inaudible.)

18 THE WITNESS: I could not say that as a,
19 as a scientist or a logician. But I can say as
20 a physician that, no, they do not cause autism,
21 because as a physician, I have to take the
22 whole body of scientific information into
23 consideration when I make a recommendation for
24 a child.

25

1 Stanley Plotkin, M.D.

2 BY MR. SIRI:

3 Q The IOM reviewed the science. They didn't
4 find a single study that supported whether or not
5 vaccines --

6 (Discussion off the stenographic record.)

7 MS. NIEUSMA: At this point, Dr. Plotkin,
8 just wait for him to move on to the next
9 question.

10 MR. SIRI: I'm not asking the same
11 question, Counsel. Your objection is noted.
12 I'm responding to his comments, which are
13 different every time.

14 BY MR. SIRI:

15 Q So what you're saying is a physician or
16 logician, then, you couldn't say vaccines do not --
17 you could not say vaccines do not cause autism.

18 But as a pediatrician, you're saying
19 that you would say that to a parent because you want
20 to make sure they get the vaccine; is that right?

21 A You know, I can't be sure that DTaP
22 doesn't cause leprosy. That doesn't mean that stops
23 me from using DTaP vaccine.

24 Q Are people claiming that DTaP has caused
25 leprosy? Are you aware of any such complaints?

1 Stanley Plotkin, M.D.

2 A I'm not aware of any such complaints, but
3 I wouldn't be surprised to see it on the web one of
4 these days.

5 Q Okay. But people have made enough
6 complaints about DTaP, Tdap causing autism that the
7 Institute of Medicine at the commission of HHS
8 thought it was serious enough to do a scientific
9 review, correct?

10 A Yes.

11 Q Okay. They didn't review whether DTaP
12 causes leprosy, did they?

13 A No.

14 Q Okay. So, and after conducting that
15 review, they found that there was no evidence at all
16 that they could find whether DTaP or Tdap caused
17 autism. I'm just asking you a simple question,
18 which is since there's no evidence whether DTaP or
19 Tdap cause autism, isn't it a little premature to
20 say, to make the sweeping statement that vaccines do
21 not cause autism?

22 A No, I do not agree with that. Because
23 absence of evidence works both ways. There's no
24 evidence that they do, and the ideal study has not
25 been done. I agree with that. But in the absence

1 Stanley Plotkin, M.D.

2 of any reasonable evidence that they do, I continue
3 to recommend their use.

4 Q So you're willing to make a statement that
5 a vaccine does not cause a condition even in the
6 absence of any evidence?

7 A I'm willing to state that there is no
8 evidence that the vaccine causes the condition and,
9 therefore -- and there is a lot of evidence that
10 they do protect against disease. And, therefore,
11 the child should receive the vaccines.

12 I mean, there are a million things on
13 the web, including all kinds of diet advice based on
14 ridiculous information. So why should I adopt that?

15 Q Are you saying that the IOM was engaging
16 in a ridiculous review here?

17 A They were doing a scientific review, which
18 is certainly legitimate. And their conclusion that
19 there are insufficient data to draw a formal
20 conclusion, I can understand that and appreciate
21 that.

22 But that does not mean that the
23 vaccines cause autism.

24 Q You've never been asked that. The only
25 thing I've asked you is whether or not one can

1 Stanley Plotkin, M.D.

2 assert that vaccines do not cause autism, that they
3 do --

4 A Counselor, let's be, let's be real.
5 You're asking me these questions because you want me
6 to legitimize the view that vaccines cause autism,
7 and I will not do that because absence of evidence
8 is no proof whatsoever.

9 Q I think that record is very clear,
10 Dr. Plotkin. I'm not trying to legitimize anything.
11 I'm just asking you to, I'm not trying to legitimize
12 that vaccines cause autism. I think I'm very clear
13 --

14 A I'm glad to hear that.

15 Q -- we have very clearly established what
16 the IOM found. The IOM found in their estimation no
17 evidence, right?

18 A Right.

19 Q They found no evidence that vaccines do
20 cause -- excuse me -- that DTaP or Tdap cause
21 autism. Let's make that very clear, right?

22 A Right.

23 Q They found no evidence that DTaP or Tdap
24 cause autism --

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q -- period.

3 They found one study which they said
4 was unreliable because it relied on VAERS data and
5 it had no control, right?

6 A Right.

7 Q Okay. But similarly, in the same vein,
8 they also didn't find any evidence that DTaP/Tdap do
9 not cause autism. Now, that doesn't mean that
10 DTaP/Tdap do cause autism, correct?

11 A Correct.

12 Q It doesn't mean that, right?

13 A Yes.

14 Q That's right. All it means is that they
15 couldn't find a study that showed, that supported
16 that it does not cause autism, right?

17 A Yes.

18 Q Until -- and that's why they reached the
19 conclusion that they did, which is they said the
20 data is insufficient, right?

21 A Mm-hmm.

22 Q I assume you -- was that a yes?

23 A Yes.

24 Q Do you agree with the IOM's conclusion
25 that the data, the evidence is insufficient to

1 Stanley Plotkin, M.D.

2 determine whether or not DTaP/Tdap cause autism?

3 A I agree with their conclusion, but that
4 doesn't mean that I don't act on other information.

5 Q Okay. Okay. I can understand that. I
6 can understand that. But you make -- I'm not, I'm
7 not saying that -- I'm not asking you to ignore any
8 benefits you believe accrued from vaccines. Okay?
9 I'm not asking you to do that at all, Dr. Plotkin.

10 I'm simply asking you as a pure
11 matter of logic. As a pure matter of logic and
12 common sense, if you don't know whether A causes
13 something, can you say A, B -- let me not use that
14 hypothetical.

15 If you don't know whether DTaP or
16 Tdap cause autism, shouldn't you wait until you do
17 know, until you have the science to support it to
18 then say that vaccines do not cause autism?

19 A Do I wait? No, I do not wait because I
20 have to take into account the health of the child.

21 Q And so for that reason, you're okay with
22 telling the parent that DTaP/Tdap does not cause
23 autism even though the science isn't there yet to
24 support that claim?

25 A Absolutely.

1 Stanley Plotkin, M.D.

2 Q Okay.

3 A I'm also willing to tell them it doesn't
4 cause leprosy.

5 Q Again, did the IOM review whether DTaP
6 caused leprosy?

7 A No.

8 Q Okay. All right. Dr. Plotkin, has there
9 ever been a study which looked at the total health
10 outcomes of children following the CDC's vaccination
11 schedule and those who are completely unvaccinated,
12 such as Faith?

13 A Not that I'm aware of. No, I don't think
14 so. But, you know, there are all kinds of studies.
15 There's a study that suggests that children who are
16 vaccinated compared to unvaccinated children have
17 lower rates of leukemia. Now, do I believe that
18 study? I find it interesting, but I would want
19 confirmation of that study before I believed it.

20 But just to point out that Peter
21 Aaby, for example, as I mentioned before, found
22 measles vaccination had a positive effect on health
23 and reduced mortality. So I think there is abundant
24 evidence that vaccines do contribute to the health
25 of children.

1 Stanley Plotkin, M.D.

2 But in answer to your question, there
3 is no study that I know of that compared the health
4 of vaccinated children with unvaccinated children.

5 Q Why has that study not been done?

6 A Probably because it is considered bad,
7 malpractice not to vaccinate a child.

8 Q So you are saying a prospective study
9 might be improper because it would leave a child
10 unvaccinated?

11 A Correct.

12 Q Okay. What about a retrospective study?

13 A That, I suppose, could be done, but it
14 wouldn't be randomized.

15 Q When I say "retrospective," that means
16 using existing data, correct?

17 A Using --

18 Q Why don't I ask you -- strike that.

19 Can you define "retrospective,"
20 please.

21 A I mean, looking at children who had been
22 vaccinated and comparing them to children who had
23 not been vaccinated.

24 Q Okay. Presumably, HMOs, insurance
25 companies would have health data on enough

1 Stanley Plotkin, M.D.

2 vaccinated and unvaccinated children to conduct such
3 a comparison, correct?

4 A Well, I don't know, because the percentage
5 of unvaccinated children fortunately is quite low.
6 So I'm not sure how easy it would be to do that
7 study. And I would suspect that many of those
8 unvaccinated children are not in registers that
9 could be used.

10 Q You're familiar with the Vaccine Safety
11 Datalink?

12 A Yes.

13 Q Are you aware that there are a few
14 thousand children that are, my -- are you aware that
15 there are reports from the government, government
16 reports that show that there are a few thousand
17 children that are, my understanding, completely
18 unvaccinated in the VSD?

19 A Oh, I don't doubt it.

20 Q Okay. Couldn't the Vaccine Safety
21 Datalink be used to conduct a retrospective
22 "vaccinated versus unvaccinated" study to look for
23 health outcomes?

24 A Well, I don't know. Theoretically,
25 perhaps, but one would have to be convinced that the

1 Stanley Plotkin, M.D.

2 children were comparable in other ways besides being
3 vaccinated or unvaccinated.

4 Q Every time you do a retrospective study,
5 you always need to control for potential cofounders
6 [sic], correct?

7 A Yes.

8 Q That's what you're talking about,
9 controlling for cofounders, right?

10 A Yes.

11 Q And, you know, if you're doing a case
12 control, properly matching cases, or if you're --
13 right? Are you saying that -- so CDC, pharma, they
14 conduct studies all the time, right?

15 A Mm-hmm.

16 Q Including studies --

17 A Yes.

18 Q Yes. Including studies that have
19 cofounders that need to be controlled for, right?

20 A Yes, they try, yes.

21 Q Vaccine studies, especially for efficacy,
22 happen all the time, correct?

23 A Yes.

24 Q So, again, if the data is there, why not
25 do a study comparing vaccinated to completely

1 Stanley Plotkin, M.D.

2 unvaccinated children to look for the total health
3 outcome so you know what the real risks are or get
4 at least a sense of what the real risks are from
5 vaccinations?

6 A Well, I can't completely answer that
7 question. I'm sure it would be a difficult study to
8 do. But I will repeat what I said earlier about
9 measles vaccination. I would just remind you again
10 that among those children who were not --

11 Q You've already said all this, Dr. Plotkin.
12 It's fine. I got it.

13 A I'll repeat it. There were three deaths
14 and 24 cases of encephalitis. And that's
15 unbearable.

16 Q I'm sorry.

17 MR. SIRI: Can you read back what
18 Dr. Plotkin just said.

19 - - -

20 (Whereupon, the Reporter read
21 back a preceding portion of the
22 testimony as directed:

23 "A. Well, I can't completely
24 answer that question. I'm sure
25 it would be a difficult study to

1 Stanley Plotkin, M.D.

2 do. But I will repeat what I
3 said earlier about measles
4 vaccination. I would just
5 remind you again that among
6 those children who were not --
7 "Q. You've already said all
8 this, Dr. Plotkin. I got it.
9 "A. Well, I'll repeat it.
10 Three deaths and 24 cases of
11 encephalitis. That's
12 unbearable.")

13 BY MR. SIRI:

14 Q Dr. Plotkin, who prepared the notes that
15 are in front of you?

16 A Me.

17 Q Okay. When did you prepare those?

18 A Oh, about a week ago, I guess.

19 Q During the break, our lunch break, did you
20 talk with anybody?

21 A No -- well, yes. I talked with my wife.

22 Q Anybody else?

23 A No.

24 Q Okay. So I understand that you find
25 injuries that can result from what you've called, I

1 Stanley Plotkin, M.D.

2 believe, vaccine-preventable diseases. What I'm
3 trying to do is understand the risks of vaccinating
4 and, in particular, for Faith.

5 And can you appreciate that,
6 understand -- strike that.

7 So you just think it's too difficult
8 to look at, to do a study comparing vaccinated and
9 unvaccinated children, even though the data exists
10 to do that; is that right?

11 A Well, I simply am saying that I don't know
12 how feasible it is. I've never been asked to look
13 at it before, but I do think a priori that it would
14 be difficult because those children are very likely
15 from different socioeconomic groups and different
16 racial groups.

17 And so it would be a different study
18 to do. I don't know if it's feasible or not.

19 Q So with all of the government -- so the
20 pharmaceutical industry, you said, made
21 approximately \$20 billion last year in revenue from
22 vaccine sales?

23 A I think so. I don't have --

24 Q I have the financial statements. Should
25 we review them, or do you think 20 billion is about

1 Stanley Plotkin, M.D.

2 right?

3 A I think it's about right. I'm not an
4 accountant -- I don't make --

5 Q Give or take a few, give or take a billion
6 or two, would you say?

7 A I think so, yes.

8 Q Okay. So the pharmaceutical industry has
9 \$20 billion in revenue, and the CDC spends hundreds
10 of millions of dollars buying vaccines every year;
11 is that right?

12 A I think so.

13 Q But yet you don't think that the resources
14 can be done to do a single solitary study comparing
15 the health outcomes of a for-profit product given to
16 almost every child in this country to assess what
17 the rate of adverse reactions are between those who
18 get all those products and those who don't?

19 A What I said is I simply don't know whether
20 such a study is feasible or not, but I think it
21 would be difficult to do because it would not be a
22 randomized study; and, therefore, the conclusions
23 might be, might be questionable. But I don't know
24 whether such a study is feasible or not.

25 Q Aren't most studies that are done that you

1 Stanley Plotkin, M.D.

2 rely upon in that book that you have in front of you
3 not randomized?

4 A Many of them are not. Many of them are.

5 Q Do you throw out the ones that are not
6 randomized?

7 A It depends on what the purpose of the
8 study is. If it's studying immune responses, it
9 doesn't necessarily have to have a control group.

10 (Exhibit Plaintiff-23 was
11 marked for identification.)

12 BY MR. SIRI:

13 Q Dr. Plotkin, I'm going to hand you what's
14 being marked as Exhibit, Plaintiff's Exhibit 23.

15 Dr. Plotkin, what is an ICD-9 code?

16 A Well, it's essentially a way of coding
17 diseases for, usually for remuneration purposes.

18 Q Okay. So when a doctor administers a drug
19 or a diagnosis as a patient or something similar,
20 there's a code that they would enter into the
21 system, right?

22 A Yes.

23 Q And the ICD-9 codes are published by the
24 American Medical Association, correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Okay. Please take a look at the exhibit I
3 just -- the exhibit I just handed you is the 2015
4 ICD-9-CM Professional Edition for Physicians
5 codebook, correct?

6 A Yes.

7 Q Or at least the front page and one
8 excerpt, correct?

9 A Mm-hmm. Yes.

10 Q So if you go to the second page, do you
11 see there's a code, V6.407?

12 A Yes.

13 Q What is that code for?

14 A Vaccination not carried out for religious
15 reasons.

16 Q Okay. So wouldn't it be feasible, for
17 example, to compare children who have this coding
18 who are not being vaccinated with those who are
19 being vaccinated who are in similar communities,
20 have similar demographics, and otherwise avoid as
21 much as possible other potential cofounders.

22 A Well, if you could eliminate the
23 cofounders it would be feasible.

24 Q What are the cofounders, Dr. Plotkin?

25 A Well, as I said before, the cofounders

1 Stanley Plotkin, M.D.

2 include socioeconomic level, racial grouping,
3 exposure to agents. In other words, are they living
4 in a community where it's unlikely that someone
5 unvaccinated from Ethiopia is going come into the
6 community and be able to transmit diseases?

7 I mean, I'd have to sit down and
8 write up a list of possible cofounders. But there
9 would be many of them.

10 Q So when you do studies for efficacy, are
11 you able to control for all of these cofounders?

12 A Well, usually the effort is to include as
13 many different types of individuals as possible so
14 that if there is a problem with a particular group,
15 you can identify it.

16 But doing clinical studies is not
17 always easy, and that's why the conclusions from
18 clinical studies have to be seen in relation to
19 other clinical studies.

20 Q Why is it you can control for cofounders
21 in various other vaccine studies, including in
22 vaccine safety studies that are cited in your book,
23 but you believe -- are you saying you couldn't
24 control for these same cofounders in the study of
25 vaccinated versus unvaccinated population?

1 Stanley Plotkin, M.D.

2 A I am unable to draw a conclusion about
3 whether such a study is feasible. What I'm pointing
4 out is that the likelihood of there being multiple
5 cofounders is -- confounders, sorry, is very high;
6 and, therefore, it wouldn't be an easy study to do.
7 That's all I can say. I've never sat down to try to
8 figure out how to do such a study.

9 Q Well, we've got socioeconomic, which
10 probably pretty easy to control for; racial
11 grouping, pretty easy to control for; exposure to
12 agents, since it's retrospective, you'll know if
13 there's been an outbreak in the community.

14 What other cofounders do you think
15 might exist? I mean, I'd like to hear one that --
16 can you tell me a cofounder that's not easy to
17 control for?

18 A In principle, one can control for any
19 confounding problem. The issue would be just how
20 many there are and just how large a group you would
21 need for a statistical significance. See, that's
22 another issue.

23 I mean, we accept as a valid
24 conclusion something that is false five times out of
25 a hundred. And so not only do we have to try to

1 Stanley Plotkin, M.D.

2 eliminate confounders, but we also need repetition
3 of studies to be sure that the results we got in the
4 first study were not in the five studies that were
5 false --

6 Q Great.

7 A -- in their conclusion. So you would need
8 multiple studies.

9 Q Okay. And since these are retrospective,
10 they're really just running data, right?

11 A If the data are encoded, yes.

12 Q So I asked earlier, what cofounder can you
13 list that's not easy to control for? And I did not
14 hear another cofounder. Can you tell me a cofounder
15 in this proposed study that would not be easy to
16 control for?

17 A Exposure would be probably the most
18 difficult; in other words, whether a child is living
19 in a community where exposure to disease is rare or
20 absent or whether the child is living in the
21 community where there are significant possibilities
22 of exposure. I think that would probably be the
23 most difficult to account for.

24 Q When's the last case of polio in the
25 United States, wild polio?

1 Stanley Plotkin, M.D.

2 A Oh, I forget the exact year, but it's been
3 probably 20, 25 years.

4 Q 1979 sound correct to you?

5 A Yeah, could be.

6 Q So that wouldn't be an issue, correct?

7 A No. Polio would not be an issue.

8 Q Okay. How many cases of diphtheria have
9 there been in the last ten years in the United
10 States?

11 A It's very rare or absent.

12 Q Less than five, right?

13 A Yeah.

14 Q Isn't that true for most of the diseases
15 except for maybe pertussis, right?

16 A Well, pertussis, HIV, hepatitis, those are
17 diseases that are still common.

18 Q So if we excluded --

19 A The mumps. Yeah.

20 Q Go ahead. Mumps, pertussis.

21 Okay. So since this is
22 retrospective, we would know where those outbreaks
23 are, right?

24 A Yes.

25 Q Because they're very carefully tracked by

1 Stanley Plotkin, M.D.

2 the CDC, correct?

3 A Mm-hmm.

4 Q Since we know where the outbreaks are for
5 those diseases, that could be -- was that a yes?

6 A Yes.

7 Q Since we know where those outbreaks are,
8 that could be actually probably pretty easily
9 controlled for as well, correct?

10 A In principle, yes.

11 Q Okay. So can you name me a cofounder that
12 would be difficult to control for in the study?

13 A Well, at the moment I can't think of any
14 other that would be material, although I think one
15 would have to look at genetic issues and the health
16 of other members in the family and so forth.

17 But, again --

18 Q Okay.

19 A -- I am not saying that such a study is
20 impossible. I'm just pointing out that it would be
21 a very difficult study to do, and the conclusions
22 that you could draw from the study might be very
23 limited.

24 Q Well, you keep saying it's difficult. But
25 I, and your reason for that, I understand, is

1 Stanley Plotkin, M.D.

2 potential cofounders. And I'm just trying to
3 understand what those are.

4 So you've said familial history.
5 Presumably the parents would be in the same health
6 plan as the children. So you have the parents'
7 medical history, too, correct?

8 A Mm-hmm.

9 Q So that could be controlled for as well,
10 right?

11 A Yes.

12 Q You said "mm-hmm" two questions ago --

13 A Yes.

14 Q -- that was a yes?

15 Okay. So that could be easily
16 controlled for, correct?

17 A Yes.

18 Q Okay. And so can you tell me again, can
19 you tell me a cofounder that would actually be
20 difficult to control for in this study?

21 A Well, other than the ones that I've
22 mentioned and not having thought about doing such a
23 study, that's all I can say.

24 Q If you did such a study, isn't it -- are
25 you aware that advocacy groups and other people

1 Stanley Plotkin, M.D.

2 interested in this issue have been calling for this
3 exact study of comparing vaccinated and unvaccinated
4 for 30 years already?

5 A I don't spend a lot of time on the web, so
6 I can't say that I know that such a study is being
7 requested.

8 Q Okay. Well, but you do read IOM reports
9 and CDC reports?

10 A Yes.

11 Q Okay. And you never come across any IOM
12 or CDC reports in which they specifically address
13 the repeated calls for such a study?

14 A No.

15 Q Okay. Would it be surprising to you if I
16 told you those existed?

17 A That what existed?

18 Q That CDC and IOM reports in which they
19 document the calls for such a study.

20 A Well, I wouldn't be surprised, no.

21 Q Would you be surprised to know that the
22 CDC, in fact, issued an entire report regarding
23 conducting such a study and the calls for conducting
24 such a study?

25 A And they issue the -- what did you say?

1 Stanley Plotkin, M.D.

2 Q Would you be surprised to know that the
3 CDC, in fact, issued a report in response to the
4 request for the calls for such a study?

5 A I wouldn't be surprised that there's a
6 response, no.

7 Q Okay. So in looking for such a study,
8 isn't it true that there actually has been one such
9 study conducted in the past, for the first time ever
10 in the last year, correct?

11 A I am not aware of that study.

12 (Exhibit Plaintiff-24 was
13 marked for identification.)

14 BY MR. SIRI:

15 Q Okay. I'm going hand you what's been
16 marked as Plaintiff's Exhibit 24. The title of the
17 study is a "Pilot Comparative Study of the Health of
18 Vaccinated and Unvaccinated 6- to 12-Year-Old United
19 States Children," correct?

20 A Yes.

21 Q And the authors of this study are
22 Professors at the Department of Epidemiology and
23 Biostatistics, School of Public Health, Jackson
24 State University, correct?

25 MS. NIEUSMA: Just a minute.

1 Stanley Plotkin, M.D.

2 THE WITNESS: That's what it says.

3 MS. NIEUSMA: Just a minute.

4 (Inaudible.)

5 MR. SIRI: Absolutely.

6 I'm sorry. Let's just wait for counsel to
7 get a copy.

8 MS. RUBY: Sorry about that.

9 MR. SIRI: I thought it had gone. Okay.

10 So --

11 MS. RUBY: Ms. Nieusma, do you have it?

12 MS. NIEUSMA: I should in just a -- yep.

13 MS. RUBY: Thank you. Sorry about that.

14 BY MR. SIRI:

15 Q Are you familiar with this pilot study,
16 Dr. Plotkin?

17 A No. I see it's been published in the
18 Journal of Translational Science, which is not one
19 of the journals I read and is probably one of those
20 multiple so-called predatory journals that we are
21 trying to deal with currently.

22 Q So is anybody in any university that
23 publishes anything that's negative about vaccines
24 predatory or -- I forgot the other adjectives you
25 used earlier today.

1 Stanley Plotkin, M.D.

2 A No, it's not, it's not that. It's that
3 there are journals now that will publish anything
4 for money.

5 Q Oh.

6 A And I get about ten of those invitations a
7 day.

8 Q So does money influence judgment?

9 A It may.

10 Q Conduct?

11 A It may.

12 Q Okay.

13 A I cannot tell until I read this study.

14 Q I understand. So, well, in this study, if
15 you look, if you take a quick look at it, you'll see
16 that it involves looking at total health outcomes
17 between vaccinated and unvaccinated homeschooled
18 children?

19 A Yes.

20 Q When you're ready, please turn to page 5.

21 Do you see the row that says:

22 Chicken pox?

23 A Yes.

24 Q Okay. So the odds ratio for the
25 unvaccinated were twice as likely -- no. I'm

1 Stanley Plotkin, M.D.

2 sorry -- four times as likely to get chicken pox,
3 right?

4 A Yes.

5 Q .26, so odds ratio of about four. The
6 kids who were unvaccinated were about four times
7 more likely to get chicken pox?

8 A Mm-hmm.

9 Q Okay. Is that a yes?

10 A Yes.

11 Q And do you see for whooping cough, the
12 unvaccinated children were three times as likely to
13 get whooping cough?

14 A Yes.

15 Q Go down to where it says: Allergic
16 rhinitis.

17 A Yes.

18 Q What is that?

19 A Well, it's essentially runny nose because
20 of allergy.

21 Q Okay. Do you see that it says that the
22 vaccinated children were 30 times as likely to have
23 allergic rhinitis?

24 A Yes, I see that number.

25 Q Do you see that it says that vaccinated

1 Stanley Plotkin, M.D.

2 children were 3.9 times likely to have allergies?

3 A Yes.

4 Q 4.2 times as likely to have ADHD?

5 A Yes.

6 Q 4.2 times likely to have autism spectrum
7 disorder?

8 A Yes.

9 Q 2.9 times as likely to have eczema?

10 A Yes.

11 Q 5.2 times as likely to have learning
12 disability?

13 A Yes.

14 Q 3.7 times as likely to have
15 neurodevelopment disorder?

16 A Yes.

17 Q And 2.4 times as likely to have any
18 chronic condition?

19 A Yes.

20 Q Wouldn't you like to see a larger-scale
21 study that refuted these claims?

22 A It would be ideal, yes. It would
23 certainly be important to repeat the study and to
24 enroll patients in a blinded fashion. I really
25 would have to read this to see exactly how they

1 Stanley Plotkin, M.D.
2 enrolled the children or the parents in this study.

3 Q Doesn't the existence of this study,
4 though, I mean -- strike that.

5 So it at least calls for further
6 similar studies, hopefully, to either confirm or
7 disapprove the findings in the study, correct?

8 A Yes. Mm-hmm. Yes, I would agree.

9 Q I'm going to show you one more study that
10 was done with the same data from this author.

11 (Exhibit Plaintiff-25 was
12 marked for identification.)

13 BY MR. SIRI:

14 Q Dr. Plotkin, I'm going to hand you what's
15 been marked as Plaintiff's Exhibit 25. This is
16 another study by the, this is another publication
17 using the same data, I believe, from the same group
18 of professors at the Department of Epidemiology and
19 Biostatistics School of Public Health, Jackson State
20 University, correct?

21 A Appears that way, yes.

22 Q And the title of this one is "Preterm
23 Birth Vaccination and Neurodevelopmental Disorders:
24 A Cross-Sectional Study of 6- to 12-Year-Old
25 Vaccinated and Unvaccinated Children," correct?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q I'll give you a moment to read the
4 abstract.

5 Have you ever seen this study before?

6 A No.

7 Q Okay. So just take a moment, please, and
8 read the abstract.

9 A Mm-hmm. Yes.

10 Q So in the middle of the abstract, I'm
11 going to read two sentences. And you can tell me if
12 I've read them correctly.

13 No association was found between
14 preterm birth and NDD in the absence of
15 vaccination -- strike that.

16 Actually, Dr. Plotkin, one, two,
17 three, four, five, six, seven lines down in the
18 abstract, do you see where it starts: No
19 association?

20 A Yes.

21 Q Can you start, can you read that sentence
22 and the next one?

23 A No association was found between preterm
24 birth and NDD in the absence of vaccination, but
25 vaccination was significantly associated with NDD in

1 Stanley Plotkin, M.D.

2 children born at term. Odds ratio, 2.7.

3 Is that sufficient?

4 Q And the next sentence, please, sir. Thank
5 you.

6 A However, vaccination coupled with preterm
7 birth was associated with increasing odds of NDD,
8 ranging from 5.4 compared to vaccinated, but
9 non-preterm children to 14.5 compared to children
10 who were neither preterm nor vaccinated.

11 Q What does NDD stand for?

12 A Neurodevelopmental disorders.

13 Q And in this study it was defined as
14 learning disability, attention deficit hyperactivity
15 disorder, and autism spectrum disorder, correct?

16 A Yes. But I will also point out the
17 abstract says that it was a convenient sample of 666
18 children. So clearly it was in no way a randomized
19 study.

20 Q Shouldn't we do better studies?

21 A One would have to do a better study if --

22 Q Larger samples?

23 A Larger samples and enrolling not by
24 convenience.

25 Q Right. I believe Dr. Mawson calls these

1 Stanley Plotkin, M.D.

2 pilot studies, correct? Because nobody else is
3 doing them, so he tried with limited resources, not
4 the resources of pharmaceutical companies and the
5 CDC, to conduct such a study, right?

6 A Well, that's your interpretation. I would
7 have to read the study.

8 Q Fair enough. More than fair.

9 Is it possible that his findings in
10 both of these studies could be correct?

11 A Is it possible? Yes, of course.
12 Possibility is always possible.

13 Q Hopefully and ideally, you would conduct a
14 larger or at least additional similar studies to
15 either confirm or dispute the findings in these
16 studies, correct?

17 A Ideally, yes.

18 Q Now, let me ask you a question. In terms
19 of randomization, if -- just to make sure I
20 understand the concept, if I, for example, choose to
21 vaccinate based solely on birth dates, would that be
22 randomized?

23 A Yes.

24 Q And that would be considered a randomized
25 study?

1 Stanley Plotkin, M.D.

2 A Yes.

3 (Exhibit Plaintiff-26 was
4 marked for identification.)

5 BY MR. SIRI:

6 Q I'm going hand you what's been marked,
7 what is being marked as Plaintiff's Exhibit 24 --
8 26.

9 Thank you. Sorry.

10 This is the Peter Aaby study that you
11 and I were talking about earlier, correct?

12 A This is one of them.

13 Q This is the study in which Peter Aaby
14 found that children who receive DPT in the first six
15 months of life versus those who got no vaccines died
16 at ten times the rate, correct?

17 A Right.

18 Q And in this study, you earlier said that
19 your concerns with Aaby's prior studies that had
20 similar conclusions was that they weren't
21 randomized; but in this study it was randomized,
22 correct? Because it was -- strike that.

23 In this study, in this study the
24 vaccinated versus unvaccinated children were simply
25 vaccinated or unvaccinated purely by the chance of

1 Stanley Plotkin, M.D.
2 when their birthday happened to be; isn't that
3 correct?

4 A Yes. It says they were allocated by
5 birthday. I have to see.

6 Well, you know, it's not absolutely
7 clear as to how the randomization was done.
8 Apparently there were periods of time when they were
9 vaccinating and other periods when they were not
10 vaccinating.

11 Q I think that if you -- have you read this
12 study before, Dr. Plotkin?

13 A I've glanced at it, yes. I haven't read
14 it thoroughly. But the, as I said before, the, this
15 kind of study is useful. There's no doubt about
16 that. But one needs to have some sort of
17 immunological correlate to really confirm that that,
18 that the findings are real.

19 The other point is that Peter is
20 working in an African community where there is a
21 high mortality to begin with. And that's, of
22 course, because of other factors.

23 And so whether this would be true in,
24 let's say, Denmark or elsewhere is not clear. And
25 if my memory serves, attempts to show in Denmark

1 Stanley Plotkin, M.D.

2 what Peter has found in Africa have not been
3 positive.

4 Q Are you saying that there's a randomized
5 study in Denmark comparing death rates between DPT
6 and T --

7 A It was --

8 Q One second, Dr. Plotkin. Hold on. Hold
9 on a second. I'm sorry. You've got to let me
10 finish because the court reporter can't take down
11 both of us talking. Okay?

12 I'm asking is, is there a study from
13 Denmark that compared children who received DTP
14 versus children who received no vaccines at all that
15 was randomized like this study was and that compared
16 the death rate between the two groups?

17 A Well, I'd have to go back and look, but my
18 recollection is that because in Denmark everything
19 is registered and they had excellent data on
20 vaccines being given, that they did not find an
21 effect on mortality of giving DTP.

22 Regardless, my point is that
23 mortality in the developed world is relatively rare
24 in childhood; whereas, in Africa it's obviously
25 common. Let me repeat what I said about Peter

1 Stanley Plotkin, M.D.

2 Aaby's work. It's not that I discard it or think
3 that his conclusions are wrong. What I'm saying is
4 that they are observational data, and they have to
5 be confirmed by studies of the immune responses.
6 And those have been done only to a certain degree.

7 Q When you say "studies of immune response,"
8 what do you mean?

9 A I mean, whether the immunity of the child
10 is interfered with by DTP; that is, immunity to
11 other diseases.

12 And as I mentioned before, he had
13 shown that measles has a positive, measles vaccine
14 has a positive effect. And that has been confirmed
15 by showing that measles vaccination influences
16 immunity to other diseases.

17 Q So what you're saying is you don't dispute
18 his findings that at least in this African
19 country --

20 A Yes.

21 Q -- there is a ten-times-greater death rate
22 amongst those who got DPT -- TP in the first six
23 months of life versus those who got no vaccines,
24 correct?

25 A I don't dispute his findings. I would

1 Stanley Plotkin, M.D.

2 have to look further to make sure that the
3 populations that were studied were absolutely equal
4 in other respects.

5 Q Okay.

6 A But, again, I'm not one who discards
7 Peter's studies a priori.

8 Q Earlier you told me the issue was it
9 wasn't randomized, but now --

10 A That is an important issue, yes.

11 Q And it is, this one is randomized?

12 A Well, again, I just have to be sure that
13 it was randomized, that both groups were vaccinated
14 or non-vaccinated at the same time rather than
15 sequentially.

16 Q Yes. Because it was done by birthdays.
17 When people came into the clinics, right, depending
18 on their birth date, they either got the vaccine or
19 they didn't, correct?

20 Correct?

21 A Well, subject to my reading this
22 carefully, I agree that he is claiming that it's
23 randomized.

24 Q So DTaP has been used around the world for
25 what, 30, 40 years now, 50 years?

1 Stanley Plotkin, M.D.

2 A Mainly since the 1990s.

3 Q Okay. Mainly since the 1990s.

4 A So about 20 years.

5 Q And Peter Aaby has been claiming, making
6 this claim, a respected scientist whose conclusions
7 you said you take seriously, that DTP might cause
8 more deaths than people it saves --

9 A Yeah, I --

10 Q -- but -- let me just finish my question,
11 please.

12 When do you think this extra science
13 on immunology you think is necessary is going to get
14 done so we know whether or not DTP is saving more
15 children than it kills?

16 A Well, I would imagine that WHO is looking
17 into it. I don't know that for a fact. But it also
18 has to be pointed out that the vaccine that he's
19 studying is whole-cell vaccine; it is not the
20 vaccine being used in the United States.

21 Q That's right. But it is being used in
22 most third-world countries, correct?

23 A In, the vaccines being used in the United
24 States are being used in the U.S. and Europe.

25 Q The DTP --

1 Stanley Plotkin, M.D.

2 A But the DTP, the whole-cell vaccine is
3 used very largely in Latin America and Africa.

4 Q In developing countries?

5 A Yes.

6 Q Any reason that the life of a child in a
7 developing country is not equal to that in the
8 first-world country?

9 A No.

10 Q Okay.

11 A But the whole-cell vaccine is considerably
12 cheaper.

13 (Exhibit Plaintiff-27 was
14 marked for identification.)

15 BY MR. SIRI:

16 Q Dr. Plotkin, I'm going to hand you what's
17 being marked as Plaintiff's Exhibit 24 -- 27. This
18 is an excerpt from the 1994 IOM report, correct?

19 A Yes.

20 Q Under risk-modifying factors, the first
21 sentence there says: The committee was able to
22 identify little information pertaining to why some
23 individuals react adversely to vaccines when most do
24 not, correct?

25 A Yes. Mm-hmm.

1 Stanley Plotkin, M.D.

2 Q Okay.

3 (Exhibit Plaintiff-28 was
4 marked for identification.)

5 BY MR. SIRI:

6 Q Handing you what's being marked as
7 Plaintiff's Exhibit 28. I'm going to read you an
8 excerpt from this, and I'm going to ask you a
9 question. Okay, Dr. Plotkin?

10 A Yes.

11 Q Okay. It says: Both epidemiologic and
12 mechanistic research suggests that most individuals
13 who experience an adverse reaction to vaccines have
14 a pre-existing susceptibility. These
15 predispositions can exist for a number of reasons --
16 genetic variations in human or microbiome DNA,
17 environmental exposures, behaviors, intervening
18 illness, or developmental stage, to name just a
19 few -- all of which can interact, as suggested
20 graphically in figure 3-1. Some of these adverse
21 reactions are specific to the particular vaccine,
22 while others may not be. Some of these
23 predispositions may be detectable to prior to the
24 administration of vaccines.

25 And then skipping down a little:

1 Stanley Plotkin, M.D.

2 Much work remains to be done to elucidate and
3 develop strategies to document the immunologic
4 mechanisms that lead to adverse effects in
5 individual patients.

6 Do you disagree with what the IOM
7 wrote here?

8 A Well, not in principle. If such factors
9 can be identified. So far it has been very
10 difficult to identify so-called predispositions.

11 Q Is it not because, Dr. Plotkin, the
12 science is just not being done to make those
13 identified?

14 A Some attempts have been made. There's a
15 whole literature by Dr. Poland at the Mayo Clinic on
16 such. But the things that he studied have been
17 relatively minor reactions.

18 Q Are you aware of any serious large-scale
19 studies that have been done to assess the
20 predispositions that might result in adverse
21 reaction from a vaccine?

22 A There have been some genetic studies done.

23 Q By whom?

24 A As I said, by the Mayo group in
25 particular, and also some studies done Vanderbilt.

1 Stanley Plotkin, M.D.

2 Q Who did the studies Vanderbilt?

3 A Well, James Crowe was one of the authors.

4 Q What did the studies involve?

5 A The studies involved looking at certain
6 enzymes, particularly to see if there was an
7 association with -- let's see.

8 It was with -- I'm trying to remember
9 which vaccine it was based on. Smallpox vaccine.

10 Q Smallpox. Do people routinely get
11 smallpox vaccine anymore in America?

12 A No.

13 Q Okay. Other than the researcher at
14 Vanderbilt and the one at the Mayo Clinic that you
15 mentioned, is there anybody else that you know of
16 that is conducting any serious science to identify
17 what might, what would render a child susceptible to
18 a vaccine injury?

19 A I think the people of British Columbia are
20 doing some work.

21 Q Who is that?

22 A I can't remember the guy's name.

23 Q Is it Chris Shaw?

24 A Sorry?

25 Q Is his name Chris Shaw?

1 Stanley Plotkin, M.D.

2 A Could be. It's a whole group of people at
3 British Columbia.

4 Q They've published good science in this
5 area?

6 A Yes.

7 Q Respectable science?

8 A Yes.

9 Q And they are the ones who looked at
10 aluminum adjuvants injected into lab animals in
11 particular, correct?

12 A They have done some work with aluminum
13 adjuvants, yes.

14 Q By showing that injecting aluminum can go
15 to different parts of the animal, right?

16 A Yes.

17 Q I just want to make sure we're talking
18 about the same group of scientists --

19 A Mm-hmm.

20 Q -- at the University of British Columbia.

21 Is, so do you recall if it's Chris
22 Shaw and his group?

23 A I don't recall specifically.

24 Q Is -- okay. But it's the group at the
25 University of British Columbia that's looking in

1 Stanley Plotkin, M.D.

2 particular at aluminum adjuvants in vaccines,
3 correct, in animal models?

4 A They're looking at a lot of different
5 things, including adjuvants.

6 Q Okay. Understood. And other than the
7 group at British Columbia, Mayo Clinic, and
8 Vanderbilt, are you aware of anybody else doing such
9 science?

10 A Not that I recall, no.

11 Q Okay. If anybody would know, it'd be you,
12 right, Dr. Plotkin?

13 A Well, I don't read -- I cannot read every
14 published scientific paper.

15 Q Dr. Plotkin, I'm going to refer to the
16 various forms of aluminum adjuvant used in vaccines
17 as alum; is that okay?

18 A Yes.

19 Q Because there are different kinds,
20 correct?

21 A Yes.

22 Q Okay. What is an antigen?

23 A An antigen is usually a protein that
24 induces an immune response.

25 Q Antigens in killed vaccines, though,

1 Stanley Plotkin, M.D.

2 produce a very weak immune response, hence the need
3 to add alum to the vaccine formulation, correct?

4 A Frequently, not always.

5 Q And alum, injected alum can increase the
6 production of all kinds of cytokines, including
7 IL-1, IL-2, IL-6, IL-17, correct?

8 A Yes.

9 Q Alum can be recovered from the injection
10 site months or years after intramuscular injections,
11 correct?

12 A Well, it's, yeah, it's possible to find
13 the alum. Of course, aluminum is a frequent, shall
14 I say, present in all of us? We ingest a lot of it.

15 Q I'm talking about injected aluminum. I'm
16 asking, can it be recovered from the injection site
17 months or years after intramuscular injection?

18 A I believe it's possible, yes.

19 Q In your book that you're holding in front
20 of you, do you know if it says, quote: It is
21 established that aluminum salt can be recovered at
22 the injection site months or years after
23 intramuscular injections?

24 A Well, I'd have to look at it, but I don't
25 doubt that that's, that could be in the book, yes.

1 Stanley Plotkin, M.D.

2 Q Okay. And antigen that is absorbed by
3 alum can be taken up by macrophages and dendritic
4 cells?

5 A Yes.

6 Q Macrophages is M-A-C-R-O-P-H-A-G-E-S.

7 Macrophages are immune cells,
8 correct?

9 A Well, they are scavengers, basically.

10 Q What do they do?

11 A They take up antigens and present them to
12 other cells.

13 Q So that means that the alum as well as the
14 antigen that's bound to it are taken up by
15 macrophages and dendritic cells, correct?

16 A Yes.

17 Q Okay. Aluminum injected into the brain --
18 into the body can travel to the brain, correct?

19 A I don't know that for a fact, but wouldn't
20 be surprised.

21 Q You've never seen any studies that show
22 that aluminum injected into the body can travel to
23 the brain?

24 A I have not seen such studies, no, or not
25 read such studies.

1 Stanley Plotkin, M.D.

2 (Exhibit Plaintiff-29 was
3 marked for identification.)

4 BY MR. SIRI:

5 Q I'm going to hand you what's being marked
6 as Plaintiff's Exhibit 29. Please take a look at
7 that.

8 In this study, do you have a problem
9 with the journal that this study was published in?

10 A No.

11 Q Is the name of the journal Vaccine?

12 A Yes.

13 Q Are you a editor in that journal?

14 A I was at one point.

15 Q And you consider that to be a prestigious
16 journal?

17 A Yes.

18 Q Okay. So in this study, conduct -- they
19 found that injecting rabbits with aluminum and then
20 dissected them, they found aluminum in the brain of
21 the rabbits, correct?

22 A Yes.

23 Q Does that change your opinion of whether
24 injecting aluminum can travel to the brain?

25 A Well, it shows experimentally that that's

1 Stanley Plotkin, M.D.

2 the case. I'd have to look at the concentrations
3 that were injected, whether they were reasonable
4 with respect to what's injected into humans.

5 (Exhibit Plaintiff-30 was
6 marked for identification.)

7 BY MR. SIRI:

8 Q Here's another study. Here's another
9 study that's being marked as Plaintiff's Exhibit 30.
10 And this study involved mice. Can you please take a
11 look at it. That study is from 2009, correct?

12 A Yes.

13 MS. RUBY: Ms. Nieuwma, did number 30 go
14 through for you?

15 MS. NIEUSMA: Yes. I'll let you know if I
16 don't have anything.

17 BY MR. SIRI:

18 Q And that study found that injecting
19 aluminum in mice caused motor deficits and motor
20 neuron degeneration, correct?

21 A Apparently, yes. But, again, one has to
22 compare the amounts injected with what's, what
23 amounts are injected with vaccines.

24 Q So in this study the authors note that
25 they were attempting to use dose-equivalent amounts

1 Stanley Plotkin, M.D.

2 of alum vis-a-vis the vaccination schedule. I'll
3 post that as a question, but I'll leave it to you to
4 take -- you obviously, sounds like you never read
5 this study, so you can take your time.

6 Okay. Dr. Plotkin, there's no
7 question pending about that study anymore. So let's
8 move on.

9 A Okay.

10 Q Okay? So are you familiar with a study
11 entitled "Delivery of Nanoparticles to Brain
12 Metastases of Breast Cancer Using a Cellular Trojan
13 Horse" from the Indiana University School of
14 Medicine and Rice University?

15 A No.

16 Q Are you familiar with a study from 2013
17 entitled "Slow CCL2-dependent Translocation of
18 Biopersistent Particles from Muscle to Brain"?

19 A No.

20 Q Are you familiar with the -- after this
21 deposition, I'm happy to provide you copies of all
22 these studies. You can take an opportunity to look
23 at them.

24 Are you familiar with a 2015 study
25 entitled "Highly" -- actually, you know what?

1 Stanley Plotkin, M.D.

2 Before we continue, I'm going to mark this one. The
3 study I just spoke about, I'm going to mark as
4 Plaintiff's Exhibit 32.

5 (Exhibits Plaintiff-31 and
6 Plaintiff-32 were marked for
7 identification.)

8 BY MR. SIRI:

9 Q I'm going hand this to you.

10 In this study, if you turn to page 5,
11 you can actually see pictures of the brain of
12 dissected mice injected with aluminum and pictures
13 of the aluminum in the brain. Let me know when
14 you've had an opportunity to look at that.

15 A Yes. Okay.

16 (Exhibit Plaintiff-33 was
17 marked for identification.)

18 BY MR. SIRI:

19 Q Okay. That's from 2013. I'm going to
20 show you another study from 2015 being marked
21 Plaintiff's Exhibit No. 33.

22 This study involved 155 mice, again
23 injected with aluminum. And, again, you can find
24 pictures of the aluminum in the dissected mice in
25 their brains.

1 Stanley Plotkin, M.D.

2 Since we're running short on time, I
3 won't hand you all the studies on this. But having
4 had an opportunity just for the last few minutes to
5 look at a few of these studies, do you have any --
6 can aluminum injected into the body travel to the
7 brain?

8 A Well, there are experiments suggesting
9 that that is possible.

10 Q Okay.

11 A The, in particular, there's a, I know
12 there's a French group that's been, let's say,
13 working on the potential dangers of aluminum as well
14 as the British Columbia group. What we lack is
15 evidence in humans that such phenomena are causing
16 the problems that are being caused in mice, and that
17 may relate to dose issues.

18 Q Isn't that because those studies would be
19 unethical, Dr. Plotkin?

20 A No, I wouldn't say they'd be unethical. I
21 would say that looking for aluminum deposits in the
22 brains of people at autopsy, et cetera, that's
23 entirely feasible.

24 Q And so if they did autopsies of people's
25 brains and they found aluminum, then that would be a

1 Stanley Plotkin, M.D.

2 cause for concern?

3 A It could be. But one would need to
4 combine that or look at the symptoms of the patients
5 whose brains are being examined.

6 (Exhibit Plaintiff-34 was
7 marked for identification.)

8 BY MR. SIRI:

9 Q I'm going to hand you one final study on
10 this. It's been marked Plaintiff's Exhibit 34.
11 This one they were very careful, my understanding
12 is, to do a number of different doses to see the
13 response.

14 A This is the French group.

15 Q That study is the French group, right,
16 that I think you were referring to earlier?

17 A Yes.

18 Q Okay. So in any event, if aluminum bound
19 to antigen does travel to the brain, Dr. Plotkin,
20 and remains there, would that cause an immune
21 activation event in the brain?

22 A I don't know whether it would or not. I'm
23 not --

24 Q Do you think it could result in
25 neurodevelopmental disorders?

1 Stanley Plotkin, M.D.

2 A Again, there's no evidence that that's the
3 case.

4 (Exhibit Plaintiff-35 was
5 marked for identification.)

6 BY MR. SIRI:

7 Q I'm going to hand you what's being
8 marked -- I'm going to hand you what's marked
9 Exhibit 35. Are you familiar with -- are you
10 familiar with this book?

11 A No.

12 Q Well, then I'll give you a copy today when
13 you leave.

14 MS. RUBY: Okay. Ms. Nieuwma, Exhibit 35
15 is uploading, but it might take just one
16 second.

17 MS. NIEUSMA: Okay. No problem.

18 BY MR. SIRI:

19 Q Dr. Plotkin, has an increase in IL-6 been
20 shown to induce autism-like features in lab animals?

21 A Well, IL-6 is an inflammatory cytokine.
22 And its relationship to autism, I would say, is not
23 clear. But it is an important cytokine.

24 Q Has it been shown to induce autism-like
25 features in animals when injected into animals for

1 Stanley Plotkin, M.D.

2 experimentation?

3 A I'm not aware of that, but it's quite
4 possible that that could happen if you use enough
5 IL-6.

6 Q Do you know the maximum amount -- strike
7 that.

8 Are you familiar with the study out
9 of -- are you familiar with the study entitled
10 "Inhibition of IL-6 Trans-Signaling in the Brain
11 Increases Social Ability in the BTBR Mouse Model of
12 Autism"?

13 A No.

14 Q Are you familiar with the study called
15 "Maternal Immune Activation Alters Fetal Brain
16 Development through Interleukin-6"?

17 A Vaguely, yes. Yeah.

18 Q Published in the Journal of Neuroscience?

19 A Yeah, well, I don't remember the journal.

20 Q Is that one of the journals you consider
21 respectable?

22 A Yes.

23 Q And this was out of the University of
24 California Medical Center. This is from California
25 Institute, CalTech. That institution did a number

1 Stanley Plotkin, M.D.

2 of studies regarding -- that group did a number of
3 studies relating to immune activation and
4 neurological disorder, correct?

5 A Yes.

6 Q And they found a connection between immune
7 activation and neurological historical disorders,
8 correct?

9 A Mm-hmm.

10 Q And one of the -- is that a yes?

11 A Yes.

12 Q Okay. And one of the study's findings
13 they had was that immune activation alters fetal
14 brain development through interleukin-6, correct?

15 A As I said before, IL-6 is an important
16 cytokine. I would point out in relation to immune
17 activation, that immune activation occurs as a
18 result of disease and exposure to a variety of
19 stimuli, not just vaccines.

20 Q But it can be caused by vaccines, correct?

21 A Immune activation is the objective of
22 vaccines.

23 Q Do you know the maximum amount of the
24 aluminum that is injected into a child who follows
25 the CDC schedule?

1 Stanley Plotkin, M.D.

2 A I haven't done the arithmetic, but I
3 believe it would amount to several milligrams.

4 (Exhibit Plaintiff-36 was
5 marked for identification.)

6 BY MR. SIRI:

7 Q I'm going hand you what's been marked as
8 Plaintiff's Exhibit 36. Okay?

9 And before I do that, question for
10 you: The group out of the British Columbia that you
11 were -- the group out of the University of British
12 Columbia, that's out of the Department of
13 Ophthalmology and Visual Sciences?

14 A Yeah.

15 Q I'm going to hand you a letter from,
16 what's been marked as Exhibit 36, which is a letter
17 from one of the professors that runs the lab in that
18 group?

19 VIDEO OPERATOR: We have four minutes left
20 on the disc.

21 MR. SIRI: Okay.

22 BY MR. SIRI:

23 Q Have you seen this letter before?

24 A No.

25 Q Okay. This letter is from the group at

1 Stanley Plotkin, M.D.

2 the University of British Columbia you mentioned
3 before, correct?

4 A Yes.

5 Q And it's addressed to HHS, correct?

6 A Yes.

7 Q As well as NIH?

8 A Yes.

9 Q FDA and CDC, correct?

10 A Yes.

11 Q Okay. In the first paragraph, can you
12 read the first paragraph?

13 A I am writing to you in regard to aluminum
14 adjuvants in vaccines. The subject is one my
15 laboratory works on intensively and, therefore,
16 where I feel I have some expertise.

17 In particular, we have studied the
18 impact of aluminum adjuvants in animal models of
19 neurological disease, including autism spectrum
20 disorder. Our relevant studies on the general topic
21 of aluminum neurotoxicity in general and
22 specifically in regard to adjuvants are cited below.

23 Q Now, can you read the last sentence in the
24 next paragraph.

25 A In children there is growing evidence that

1 Stanley Plotkin, M.D.

2 aluminum adjuvants may disrupt developmental
3 processes in the central nervous system and,
4 therefore, contribute to ASD in susceptible
5 children.

6 Q And just the next paragraph.

7 A Despite the foregoing, the safety of
8 aluminum adjuvants in vaccines has not been properly
9 studied in humans, even though pursuant to the
10 recommended vaccine schedule published by the
11 Centers for Disease Control, a baby may be injected
12 with up to 3.675 micrograms of aluminum adjuvants by
13 six months of age.

14 Q Just the next sentence and I guess we can
15 wrap up.

16 A And in regards to the above, it is my
17 belief that the CDC's claim on its website that
18 vaccines do not cause autism is wholly unsupported.

19 So my comments are, one, that my
20 estimate was pretty much correct. Second, that,
21 unfortunately, Dr. Shaw has been associated with the
22 party that I mentioned before, Tomljenovic, who, in
23 my view, is completely untrustworthy as far as
24 scientific data are concerned.

25 So I'm concerned about Dr. Shaw being

1 Stanley Plotkin, M.D.

2 influenced by that individual. And the, I'm not
3 aware that there is evidence that aluminum disrupts
4 the developmental processes in susceptible children.

5 Q Dr. Shaw is a scientist that studies
6 aluminum regularly, correct?

7 A Yes.

8 Q Do you study aluminum regularly?

9 A No.

10 MR. SIRI: Okay. Are we done?

11 VIDEO OPERATOR: Yep. This ends tape four
12 of the deposition of Dr. Stanley Plotkin. We
13 are going off the record. The time is 16:33.

14 (Brief recess.)

15 VIDEO OPERATOR: This is the beginning of
16 Disc No. 5, the deposition of Dr. Stanley
17 Plotkin. We are on the record. The time is
18 16:43.

19 BY MR. SIRI:

20 Q Now, Dr. Plotkin, I'm handing you what has
21 been marked as Plaintiff's Exhibits 37 and 38.

22 (Exhibits Plaintiff-37 and
23 Plaintiff-38 were marked for
24 identification.)

25 BY MR. SIRI:

1 Stanley Plotkin, M.D.

2 Q Are these letters also written by
3 individuals who are very experienced in studying
4 aluminum adjuvant?

5 A Yes. Well, one of the letters --

6 Q Okay.

7 A -- is from a French group. And I would
8 point out that --

9 MS. NIEUSMA: Remember, just yes or no
10 answers, Dr. Plotkin. We're trying to get you
11 out of here -- out of there.

12 THE WITNESS: Yes.

13 BY MR. SIRI:

14 Q Okay. And is the content of these letters
15 similar to that of the letter from Chris Shaw?

16 A Yes.

17 (Exhibit Plaintiff-39 was
18 marked for identification.)

19 BY MR. SIRI:

20 Q Dr. Plotkin, I'm going to hand you what's
21 been marked as Plaintiff's Exhibit 39. Okay. This
22 is a study entitled "Aluminum in the Brain Tissue in
23 Autism," correct?

24 A Yes.

25 Q And it was published in the Journal of

1 Stanley Plotkin, M.D.

2 Trace Elements in Medicine and Biology, correct?

3 A Yes.

4 Q And it found, and according to its author,
5 he found what he says is some of the highest values
6 of aluminum in human tissue yet recorded in the
7 brains of these autistic children who died
8 prematurely, correct?

9 A Well, I'd have to read the paper, but
10 apparently that's the case.

11 Q And do you know that the stand-out
12 observation in this study is that the aluminum that
13 he found was in the immune cells of the brain,
14 including within immune cells traveling into the
15 brain?

16 A Yes. But they were not associated with
17 neurons.

18 Q They also found aluminum in the neurons as
19 well, Dr. Plotkin, correct?

20 A But mostly in other cells.

21 Q And immune-related cells, right,
22 immune-system-related cells?

23 A Cells that travel, yes.

24 Q What is encephalitis?

25 A Inflammation of the brain.

1 Stanley Plotkin, M.D.

2 Q What is encephalopathy?

3 A Well, it's a vague term that means
4 something's wrong with the brain.

5 Q What is encephalomyelitis?

6 A Inflammation of the brain.

7 Q Do all five of the DTaP-containing
8 vaccines sold in this country list encephalopathy
9 within seven days of a prior pertussis-containing
10 vaccine as a contraindication?

11 A In other words, if encephalitis is present
12 at the time of vaccination?

13 Q Mm-hmm.

14 A Yes, I imagine so.

15 Q No. Meaning that if there was
16 encephalopathy within seven days of a prior
17 pertussis-containing vaccination, that's a
18 contraindication to getting more pertussis
19 vaccination?

20 A Oh, yes.

21 Q Okay. And do all three of the
22 hepatitis A-containing vaccines sold in this country
23 list encephalitis or encephalopathy as a reported
24 adverse reaction in Section 6.2 of their product
25 inserts?

1 Stanley Plotkin, M.D.

2 A Well, I don't know that for sure, but I
3 imagine that it is a contraindication.

4 Q Do all three of the hepatitis B-containing
5 vaccines sold in this country list either
6 encephalitis or encephalopathy as a reported adverse
7 reaction in Section 6.2 of their product insert?

8 A Yes.

9 Q Do almost all of the flu vaccines sold in
10 this country list encephalopathy or
11 encephalomyelitis as a reported adverse reaction in
12 6.2 --

13 A Yes.

14 Q -- of their insert?

15 Does the only chicken pox vaccine
16 sold in this country list encephalitis as a reported
17 adverse reaction?

18 A Yes.

19 Q Why do you think brain swelling after
20 vaccination is being reported in all of these
21 vaccines?

22 A Anything that happens after vaccination is
23 included in contraindications. That they are
24 related causally is not necessarily the case.

25 Q What is the total quantity of antigen in

1 Stanley Plotkin, M.D.

2 most pediatric vaccines?

3 A Well, that's vary variable. I mean,
4 perhaps up to 50 milligrams. Depends entirely on
5 the vaccine.

6 Q Miniscule amount, though, very tiny?

7 A Yes.

8 Q Almost -- could you even see it with the
9 naked eye if you had it?

10 A Yeah, you could in some cases, yes.

11 Q Some cases?

12 A Mm-hmm.

13 Q But for most vaccines, it would probably
14 be very difficult?

15 A Yes.

16 Q Okay. Are there any ingredients in
17 vaccines that you're aware of that can damage
18 neurons?

19 A Not that I'm aware of, no.

20 Q Are there any vaccines, any ingredients in
21 vaccines that you're aware of that can damage human
22 cells?

23 A Oh, well, I mean, that depends on the
24 concentrations and so forth. Human cells, of
25 course, are susceptible to lots of substances. But,

1 Stanley Plotkin, M.D.

2 again, it's very much dependent on the
3 concentration.

4 Q Do any of the vaccines on the childhood
5 schedule contain monkey kidney cells?

6 A Well, the polio vaccine does.

7 Q Okay. Go ahead. I'm sorry.

8 A Go ahead. I'll stop there.

9 Q Are the monkey kidneys used in making the
10 polio vaccine removed from the monkey while the
11 animal is still alive?

12 A These days much of the polio vaccine is
13 produced in a continuous cell line of, derived from
14 monkeys rather than from monkeys, from live monkeys,
15 so to speak. So I'm pretty sure that the IPOL
16 vaccine, for example, is produced in vero cells.

17 Q Okay. And when you say "continuous cell
18 line," what do you mean by that?

19 A I mean a cell that grows continuously
20 derived from tissues that were normal tissues to
21 begin with.

22 Q I'm sorry. Say that again, Doctor.

23 A So they are cells that continue to
24 multiply, unlike cells from a, let's say, from a
25 kidney that will not continuously multiply. These

1 Stanley Plotkin, M.D.

2 are cells derived from the kidney that will continue
3 to multiply and, therefore, can be used to make
4 vaccines in.

5 Q Cells that continue to multiply unabated
6 are typically considered cancerous, right?

7 A Well, if, depends on the circumstances in
8 the cells. But it's true that cancer cells do
9 continue to replicate indefinitely. The vero cells
10 are only used at certain passage levels. They're
11 not used, you know, a thousand passages further on.

12 Q In relation to the amount of polio antigen
13 in the final polio vaccine product, how much monkey
14 kidney cell material is there in the final product?
15 Is it about the same amount? Is there more monkey
16 kidney cell? Is there less?

17 A No. I can't give you a figure offhand.
18 But the, I am pretty sure that the amount of polio
19 antigen is superior to the amount of kidney antigen.

20 Q But you're not sure?

21 A I don't recall the exact amounts.

22 Q Monkey cellular material remaining in the
23 vaccine is considered either impurities or byproduct
24 of the manufacturing process, correct?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q Do any vaccines in the childhood vaccine
3 schedule contain blood serum from calves or other
4 bovines?

5 A Well, frequently calf serum is used to
6 make the vaccine, but calf serum is removed before
7 the vaccine is used because you don't want to
8 sensitize the vaccinee to cows.

9 Q Meaning if there was cow serum remaining
10 in the vaccine, the child could develop antibodies
11 to essentially cow --

12 A Yes.

13 Q -- cow products?

14 A Yes.

15 Q And that would be -- and they could
16 develop an allergy to it, right?

17 A If there were, yes.

18 Q If there were calf serum in the vaccines,
19 correct?

20 A Yes.

21 Q But you're saying there's no calf serum in
22 vaccines, right?

23 A It is removed, yes.

24 (Exhibit Plaintiff-40 was
25 marked for identification.)

1 Stanley Plotkin, M.D.

2 BY MR. SIRI:

3 Q Dr. Plotkin, I'm going to hand you what's
4 been marked as Plaintiff's Exhibit 40. What is
5 this?

6 A Vaccine Excipient & Media Summary.

7 Q And who produces this document, the CDC,
8 correct, or the FDA?

9 A I think it's the FDA.

10 Q Okay. And this lists the ingredients
11 contained in various vaccines, correct?

12 A Yes.

13 Q Can you go to Kinrix on the first page.
14 That's K-I-N-R-I-X.

15 A Yes.

16 Q DTaP-IPV.

17 Do you see in the third line down it
18 says: Calf serum?

19 A Yeah. Well, that is used to grow the
20 polio virus.

21 Q Right. And this is one of the ingredients
22 that remains in the vaccine?

23 A I do not believe so. I mean, the vaccine,
24 as I said, is made using calf serum as a nutrient,
25 but it is then --

1 Stanley Plotkin, M.D.

2 Q Removed because, otherwise, it would be
3 dangerous, you said, right?

4 A Yes. Yes.

5 Q Can you go to the top of this document.
6 You see it says -- you know what? Let me ask you a
7 few other questions, and then we'll come back to
8 this document, Dr. Plotkin. Few quick questions and
9 then we'll come back to it.

10 Do any vaccines on the childhood
11 schedule contain embryonic guinea pig cultures?

12 A Embryonic guinea pig. I don't think any
13 current vaccine is made in guinea pig cells.
14 Varicella vaccine was passaged in guinea pig cells,
15 but certainly not made in guinea pig cells.

16 Q Do you know if any vaccines contain cows'
17 milk in it or products from cow --

18 A Cows' what?

19 Q Any product derived from cows' milk, any
20 component derived from cows' milk?

21 A Oh, well, could be, casein, for example,
22 could be --

23 Q Casein --

24 A -- could be used.

25 Q Dr. Plotkin -- Dr. Plotkin, and if there

1 Stanley Plotkin, M.D.

2 was casein in the vaccine, a child could become
3 sensitized to that, correct?

4 A No, I'm not sure about that.

5 Q You're not sure anymore about that?

6 A No.

7 Q Yeah.

8 A I think there are other sensitizing things
9 in calf serum.

10 Q Dr. Plotkin, can I see that a second. Did
11 I give you the right one?

12 So earlier you said -- okay. So do
13 any vaccines contain egg protein?

14 A Oh, yes. Influenza vaccines.

15 Q And do those remain in the final product?

16 A I believe they do, yes. Not huge amounts,
17 but there are traces certainly.

18 Q Do any vaccines contain gelatin from pigs?

19 A Yes.

20 Q Do any vaccines contain gelatin from cows?

21 A Actually, I think in Muslim countries,
22 they have tried to do that. But mostly it's from
23 pig.

24 Q Do any vaccines contain recombinant GMO
25 yeast?

1 Stanley Plotkin, M.D.

2 A Recombinant GMOs. Yes, I imagine so, yes.

3 Q Are there any other animal products,
4 parts, cells, material, or any other kind that you
5 are aware of that are contained in any vaccine in
6 the pediatric schedule?

7 A Well, aside from trace amounts, no.

8 MS. NIEUSMA: Guys, unfortunately, my
9 5:00 is here, so I've got to cut this short.

10 MR. SIRI: Well, we're not, we're not
11 done. So we need to, you know, so we're going
12 to --

13 BY MR. SIRI:

14 Q Can you come back tomorrow morning,
15 Dr. Plotkin?

16 A No. Absolutely not.

17 MR. SIRI: Okay. Well, Counsel, we need
18 to, how long is your -- you need to move
19 whatever you have right now, then.

20 MS. NIEUSMA: No, I don't.

21 MR. SIRI: I'm not done with the
22 deposition.

23 MS. NIEUSMA: Then re-notice it for a
24 second day.

25 MR. SIRI: I don't -- no. The notice

1 Stanley Plotkin, M.D.

2 says: From day to day. He's under subpoena.
3 He needs to be here today. It's only, it's
4 only 5:00. And it says: From day to day. So
5 tomorrow's the next day.

6 MS. NIEUSMA: If he's not available, he's
7 not available. You guys can feel free to have
8 him held in contempt while he's in
9 Pennsylvania, but I gotta go.

10 MS. RUBY: Are you available in a half an
11 hour or something, that we could take a short
12 break?

13 MS. NIEUSMA: Yeah, I can do that.

14 MR. SIRI: Okay. So let us know when
15 you're done. Half an hour. We'll start at
16 5:30, then, or if you get done earlier.

17 THE WITNESS: Does she have to be present?

18 MR. SIRI: Do you mind if we continue
19 without you being present? Dr. Plotkin says
20 he's fine with continuing without you.

21 MS. NIEUSMA: As long as he's okay with
22 that, that's fine with me. I think he's got a
23 pretty good handle on things. So I'm not too
24 concerned.

25 MR. SIRI: Okay. Great. Then we'll

1 Stanley Plotkin, M.D.

2 continue.

3 MS. NIEUSMA: All right.

4 MR. SIRI: Thank you.

5 MS. RUBY: Ms. Nieusma, if you want to
6 rejoin the conversation, obviously you can dial
7 back in.

8 MS. NIEUSMA: Yeah. I'm just going to
9 leave you guys on speaker in my office and do
10 this in the conference room and I'll be back.

11 MS. RUBY: Okay.

12 BY MR. SIRI:

13 Q Do any vaccines on the childhood vaccine
14 schedule contain MRC-5 human diploid cells?

15 A Yes.

16 Q What are these?

17 A Rubella, varicella, hepatitis A.

18 Q What are MRC-5 cells?

19 A They are human fibroblast cell strain.

20 Q And how are they created?

21 A They were created by taking fetal tissue
22 and, from a particular fetus that was aborted by
23 maternal choice. And the cells, so-called
24 fibroblast cells were cultivated from that tissue.
25 The fibroblast cells replicate for about 50 passages

1 Stanley Plotkin, M.D.

2 and then die.

3 Q So MRC-5 cells are cultured cell lines
4 from aborted fetal tissue?

5 A They're not cell lines.

6 Q What are they?

7 A They're cell strains cultivated from an
8 aborted fetus, yes.

9 Q So cell strains from an aborted fetus?

10 A Yes. Yeah. They're not immortal.

11 Q They live for five generations and then
12 they die?

13 A About 50 generations.

14 Q About 50 generations and then they die?

15 A Yes.

16 Q And then how is more MRC-5 created?

17 A Well, a seed stock is made of early
18 passage cells so that one can go back to the seed
19 stock, which is, let's say, at the, more or less the
20 eighth passage and make new cells at the 20th
21 passage and use those to make the vaccine.

22 Q Okay. So these are, these cell strains
23 are human cells?

24 A Yes.

25 Q Do any vaccines on the childhood vaccine

1 Stanley Plotkin, M.D.

2 schedule contain WI-38 human diploid lung
3 fibroblast?

4 A Well, they used to, but I don't think
5 anything is made in those cells anymore. They have
6 been replaced by MRC-5.

7 Q So you're not aware of any vaccine that
8 has in its final formulation WI-38 human diploid
9 lung fibroblasts?

10 A As I said, at one point in the past,
11 RA 27/3, for example, rubella vaccine, was grown in
12 WI-38. But the supply is insufficient, so MRC-5 is
13 now used.

14 Q And these, and WI-38 was created from an
15 aborted fetus?

16 A Yes.

17 Q They took the lung tissue from the aborted
18 fetus?

19 A Yes.

20 Q And from that they'd grown this cell line,
21 correct?

22 A Yes. Cell strain.

23 Q Cell strain.

24 Is this cell line immortal?

25 A No.

1 Stanley Plotkin, M.D.

2 Q Do any vaccines in the childhood vaccine
3 schedule contain human albumin?

4 A Oh, yes.

5 Q What is human albumin?

6 A Human albumin is part of human serum.

7 Q And what is human serum?

8 A What is human serum? Human serum is part
9 of the blood that is liquid.

10 Q Right. It's the non-red blood cell part
11 of the --

12 A Yes.

13 Q -- of the blood, right?

14 From where was it obtained?

15 A The human serum?

16 Q Yes.

17 A Well, that would be variable from donors
18 who are healthy donors. That's all I can say to
19 that.

20 Q How is it used in the manufacturing
21 process?

22 A I'm sorry?

23 Q How is it used in the manufacturing
24 process?

25 A Well, serum is used to keep cells healthy

1 Stanley Plotkin, M.D.

2 during the process of making a vaccine. So, in
3 other words, since the vaccines or some vaccines
4 have to be grown in cells, you have to keep the
5 cells in a good state.

6 Q So the cells that are used -- the virus or
7 bacteria -- the viruses used in some of the vaccines
8 are grown in this human blood component?

9 A Well, yes. I believe that the serum is
10 removed in the final product, but certainly it's
11 important to keep the cells healthy during the
12 manufacture of the vaccine.

13 Q Do you think that -- so none of it remains
14 in the final product?

15 A I don't believe so, no.

16 Q Because that could be problematic, right?

17 A Well, it could be. I mean, if the
18 individual is not, not healthy.

19 Q Right. Or if maybe some of the, you know,
20 human blood components bind to some of the aluminum
21 and develop antibodies, self-antibodies, correct?

22 A If they develop antibodies against the
23 serum component, that would not be good.

24 Q Right. What, do any vaccines contain
25 human material in them that -- I'm sorry. Strike

1 Stanley Plotkin, M.D.

2 that. Apologies.

3 Do any vaccines in the childhood
4 vaccine schedule contain recombinant human albumin?

5 A Yes.

6 Q What is recombinant human albumin,
7 A-L-B-U-M-I-N?

8 A So it's a component of human serum which
9 is useful to stabilize cells and keep them healthy,
10 and it's made by genetic engineering.

11 Q Okay. So it's genetically engineered
12 human serum basically?

13 A Part of human serum, yes.

14 Q Is that, are these genetically engineered
15 protein structures?

16 A Yes. And the idea was to eliminate any
17 possibility of a contaminant from human albumin
18 obtained from the donors. So it's made in cells,
19 using the DNA for albumin, and that way one can be
20 sure that there's no contaminant.

21 Q And, again, you pretty much want to make
22 sure that none of that remained in the final
23 product, too, right?

24 A Well, human albumin is probably not much
25 of a problem in terms of causing reactions. So --

1 Stanley Plotkin, M.D.

2 Q But in terms of it potentially binding to
3 the alum, that could be problematic, correct?

4 A Well, I don't know the answer to that
5 question.

6 Q Okay. The vaccines that contain human
7 material in them, they also contain human DNA and
8 protein, correct?

9 A They may, yes.

10 Q Isn't it true that human DNA in vaccines
11 is typically purposefully fragmented to below 500
12 base pairs in length?

13 A Yes. One doesn't, you know, I would say
14 mostly for theoretical reasons, doesn't want to put
15 DNA into, attacked DNA into vaccines. I think the
16 actual risk is zero, but that's my opinion.

17 Q Isn't it true that MMR II contains
18 approximately 150 nanograms cells substrate
19 double-strand DNA and single-strand DNA per dose
20 purposefully fragmented to approximately 215 base
21 base pairs in length?

22 A Yeah, that's probably correct, yes.

23 Q And is it true that VARIVAX, vaccine for
24 chicken pox, is manufactured using WI-38 and
25 MRC-5 --

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q -- and contains approximately two
4 micrograms of cell substrate double-strand DNA or
5 approximately 1 trillion fragments of human DNA?

6 A It may be true.

7 Q Isn't it true that the Havrix, the
8 hepatitis A vaccine, also contains millions of
9 fragments of human DNA?

10 A Likely.

11 Q Do you know whether strands of DNA below
12 500 base pairs are now known to insert themselves
13 into living cells with which they come into contact?

14 A I do not have that information, but the
15 likelihood that they would be genetically included
16 in the genome of vaccinees, in my view, is zero.

17 Q Do you have a study to support that view?

18 A I do not have a study that supports that
19 view. But it is, to me, unlikely that the DNA would
20 travel from the site of injection to the semen or
21 the ovaries.

22 Q Could it insert into itself DNA even in
23 the muscle tissue or if it gets into the blood
24 into --

25 A Theoretically. But that's not going to

1 Stanley Plotkin, M.D.

2 mean that it's going to have any impact on the
3 individual.

4 Q Are you familiar with the insertional
5 mutagenesis?

6 A Yes.

7 Q Do you have any study to show that
8 injecting millions of pieces of human DNA into
9 babies and children is safe?

10 A The only studies are all the safety
11 studies that have been done on vaccines.

12 Q And you can produce those studies, right?

13 A Well, those studies are available from the
14 manufacturers and from CDC, and I'm not aware of any
15 data showing that the inheritable characteristic was
16 transmitted by a vaccine.

17 Q So you don't, you don't personally don't
18 know of any study that shows the safety of injecting
19 human, millions pieces of human DNA into babies?

20 A Such studies are general safety studies,
21 and I haven't yet seen the vaccinee develop a new
22 genetic trait as a result of vaccination.

23 Q Is it possible it can cause cancer?

24 A Anything is possible, but there are no
25 data to support that.

1 Stanley Plotkin, M.D.

2 Q Is there data to show that it doesn't do
3 that?

4 A Yes. Observations made over millions of
5 vaccinees.

6 Q Okay. And you have the studies to show
7 that, right?

8 A The studies are easily available in terms
9 of vaccine safety studies that have been done by
10 many, many people.

11 Q Excellent. Then it should be very easy
12 for you to direct me to those and can provide
13 copies?

14 A Yes.

15 Q Wonderful.

16 A You can read the chapter on vaccine
17 safety.

18 Q Vaccines contain dead or weakened polio
19 virus, correct?

20 A IPV does, yes.

21 Q Beginning in the 1950s, polio vaccines
22 were routinely grown on nonhuman primate kidney
23 cells, correct?

24 A Correct.

25 Q Are you aware of any simian monkey

1 Stanley Plotkin, M.D.

2 viruses, meaning viruses that come from primates,
3 that contaminated polio vaccines and infected
4 individuals receiving the polio vaccine?

5 A Yes. SV40.

6 Q What does that SV40 stand for?

7 A Simian virus 40.

8 Q Was it the 40th simian virus found?

9 A Yes.

10 Q Are you aware of any other simian viruses
11 that are in any vaccine?

12 A At this stage, no.

13 Q Are you aware of any bovine virus that is
14 in any vaccine?

15 A Well, bovine virus. Nothing comes to mind
16 at the moment.

17 Q Are you aware of any virus from any animal
18 other than simian or bovine that is in any vaccine?

19 A Yes. There's a pig virus present in one
20 of the rotavirus vaccines.

21 Q What is that virus called?

22 A Circovirus.

23 Q Is there more than one type, or is there
24 only one?

25 A There's more than one type, but I think

1 Stanley Plotkin, M.D.

2 only one was recovered from the vaccine.

3 Q Which one is that?

4 A I think it was 2.

5 Q Circovirus 2.

6 A I think so.

7 Q Are you aware of any retrovirus that are
8 in any vaccine?

9 A Retroviruses? No.

10 Q Are you aware of any prions that are in
11 any vaccine?

12 A No.

13 Q Are you aware of any human viruses that
14 are in any vaccine apart from the virus for which
15 the vaccine is intended?

16 A No.

17 Q You indicated that they did find a porcine
18 circovirus type 2 in rotavirus, correct?

19 A Yes.

20 Q Was that unintentional?

21 A Yes.

22 Q When it was released to the market, they
23 didn't know that virus was in there, correct?

24 A Correct.

25 Q And when they released the polio vaccine

1 Stanley Plotkin, M.D.

2 on the market, they didn't know SV40 was in there,
3 correct?

4 A Correct.

5 Q Are you aware of how many micrograms of
6 2-phen, P-H-E-N-O-X-Y-E-T-H-A-N-O-L? How do you
7 pronounce that?

8 A 2-phenoxyethanol.

9 Q Yeah. Are you aware of how many
10 micrograms of 2-phenoxyethanol a child following the
11 childhood vaccine schedule would be injected with?

12 A No. I'd have to look that up.

13 Q Do you think it's close to around a
14 hundred micrograms?

15 A It could be, but I'd have to look it up.

16 Q Do you know safe level in terms of that
17 ingredient?

18 A I am not aware that there, that there is
19 toxicity associated with 2-phenoxyethanol. It's a
20 fairly harmless substance, as far as I'm aware.

21 Q Do you know any vaccines in the childhood
22 schedule that include ferric nitrate?

23 A Ferric nitrate? No, I don't recall that.

24 Q Are you aware of how many micrograms of
25 polysorbate 80 a child following the vaccine

1 Stanley Plotkin, M.D.

2 schedule would be injected with?

3 A I don't have the amount, no.

4 Q Now, I'm going to give you back
5 Exhibit 40, Dr. Plotkin. Take a look at that a
6 moment. You indicated that you weren't aware that
7 WI-38 was in the final vaccine product. If you
8 could turn to page 3 for MMR and MMR V.

9 A (Witness complies.)

10 Q Do you see that within the ingredient list
11 that lists WI-38 human diploid lung fibroblast?

12 A Yes, I do see that.

13 Q I believe that of the ingredients that we
14 discussed until now, the rest of them you indicated
15 you are aware are in vaccines except for -- are
16 there any ingredients we discussed until now that
17 you believe are not in vaccines?

18 A Well, I'd have to go back over all the
19 questions you asked, but I do want to say that
20 WI-38, as I said before, was the original fibroblast
21 cell line. And I think that manufacturers have
22 significantly shifted to MRC-5. But WI-38 could
23 still be used. I don't see anything wrong with
24 that.

25 Q Are there any vaccine ingredients that are

1 Stanley Plotkin, M.D.

2 not listed on the FDA's official vaccine excipient
3 and media summary table that you're aware of?

4 A I don't see how I can really answer that
5 question without reading the whole thing. But I
6 imagine that it's a complete list.

7 Q Okay. Isn't it true that an adjuvant will
8 bind not only to the target antigen but also to the
9 impurities and byproduct of the manufacturing
10 process?

11 A Probably, yes.

12 Q And those impurities and byproducts are
13 all listed in what has been marked as Exhibit
14 No. 40, correct?

15 A Yes.

16 Q Okay. Once the impurities or byproducts
17 are bound to the aluminum, the body may also develop
18 antibodies to these impurities and byproducts,
19 correct?

20 A "May" is the operative word, but not
21 necessarily.

22 Q The entire purpose of the aluminum binding
23 to a protein structure, be it an antigen or some
24 other protein structure, is to cause an immune
25 response that would develop antibodies, correct?

1 Stanley Plotkin, M.D.

2 A Yes. But the protein has to be of the
3 right size and presentation in order to induce an
4 immune response. And that will not always be the
5 case if the protein is small or is something not
6 recognize by the human immune system.

7 Q Do you know whether the protein structure
8 for any of the ingredients on Exhibit 40 are not the
9 right size to bind to alum?

10 A Well, I think it's unlikely. The
11 monosodium glutamate, for example, will cause an
12 immune response. I have to look through the whole
13 thing. Amino acids probably are unlikely to induce
14 an immune response.

15 Q Anything else?

16 A You want me to read this whole thing?

17 Q Oh, no. I'm just asking, in terms of just
18 the stuff that's got protein structures in it.

19 A Well, things like calf serum, if they were
20 present, would, would possibly induce an immune
21 response. But the things on this list, the vast
22 majority of them are unlikely to do so.

23 Q Because they're not protein structures?

24 A They're not proteins or they're very
25 small.

1 Stanley Plotkin, M.D.

2 Q Okay. Other than the -- strike that.

3 How about, and we talked earlier,
4 human albumin, that would be of a big enough protein
5 structure to bind to alum, correct?

6 A It could, although the fact that it's
7 human means that individuals might well not respond
8 to -- that is, not respond to human albumin as a
9 foreign protein.

10 Q Right. Maybe not alone, right? But bound
11 to alum it might, correct?

12 A It might. But I'm not aware of evidence
13 that it does.

14 Q Are you aware of a study that looked at
15 that issue?

16 A I have not read such a study, no.

17 Q How about the human DNA, do you believe
18 that the human DNA strands can bind to the alum?

19 A No.

20 Q Why is that?

21 A I don't see any chemical reason why it
22 should.

23 Q Any reason why it shouldn't?

24 A Proving a negative is always more
25 difficult.

1 Stanley Plotkin, M.D.

2 Q Well, I'm just trying to know if you know
3 or you're just, you're not sure. That's all. I'm
4 not asking -- I'm just saying if you don't know,
5 just say you don't know. That's fine.

6 A I have no reason to believe that DNA will
7 bind to albumin.

8 Q But you don't know for sure?

9 A I have not done the experiment, no.

10 Q Okay. And do you know whether it will
11 bind to any of the cellular debris from MRC-5 or
12 WI-38?

13 A Whether human albumin would bind?

14 Q No. Whether alum would bind to MRC-5 or
15 any of the cellular debris that's in the final
16 product from MRC-5 or --

17 A Oh, I think it could, but I don't know
18 that it does.

19 Q Do you know whether alum could bind to any
20 of the cellular debris from WI-38?

21 A It might, but I don't know that for a
22 fact.

23 Q Do you know whether alum would bind to any
24 of the gelatin from pigs?

25 A I think that's unlikely.

1 Stanley Plotkin, M.D.

2 Q Why is that?

3 A I don't think that alum would bind to
4 gelatin, but I don't know that for a fact.

5 Q What about egg protein; could alum bind to
6 egg protein?

7 A Possibly.

8 Q And to casein?

9 A I suppose it's possible, but I'm not aware
10 of any evidence.

11 Q You don't know?

12 A I don't know.

13 Q Okay. In your work related to vaccines,
14 how many fetuses have been part of that work?

15 A My own personal work? Two.

16 Q Two. So in your, in all of your work
17 related to vaccines throughout your whole career,
18 you've only ever worked with two fetuses?

19 A In terms of making vaccines, yes. Yes.

20 (Exhibit Plaintiff-41 was
21 marked for identification.)

22 BY MR. SIRI:

23 Q I'm going to hand you, I'm going to hand
24 you what's been marked Plaintiff's Exhibit 41.

25 Okay? Are you familiar with this article,

1 Stanley Plotkin, M.D.

2 Dr. Plotkin?

3 A Yes.

4 Q Are you listed as an author on this
5 article?

6 A Yes.

7 Q This study took place at the Wistar
8 Institute, correct?

9 A Yes.

10 Q You were at the Wistar Institute, correct?

11 A Yes.

12 Q How many fetuses were used in the study
13 described in this article?

14 A Quite a few. But my answer to the
15 previous question was what did I use to make
16 vaccines, and the answer was two.

17 Q Can you read back the question I had
18 asked.

19 COURT REPORTER: Just now or prior?

20 MR. SIRI: No. Prior.

21 - - -

22 (Whereupon, the Reporter read
23 back a preceding portion of the
24 testimony as directed:

25 "Q. In your work related to

1 Stanley Plotkin, M.D.

2 vaccines, how many fetuses have
3 been part of that work?

4 "A. My own personal work?
5 Two.")

6 BY MR. SIRI:

7 Q So I'm going to ask that question again.
8 In your work related to vaccines, how many fetuses
9 were involved in that work?

10 A There were only two fetuses involved in
11 making vaccines. When fetal strains of, fibroblast
12 strains were first developed, I was involved in that
13 work trying to characterize those cells; but they
14 were not used to make vaccines.

15 Q Wasn't the purpose of this study to help
16 develop a human cell line or to support the use of
17 human cell lines in the creation of vaccines?

18 A The idea was to study the cell strains
19 from fetuses to determine whether or not they could
20 be used to make vaccines.

21 Q So this was related to your work?

22 A Well, yes, in a sense --

23 Q To vaccines, correct?

24 A Yes. It was preparatory.

25 Q So this study involved 74 fetuses,

1 Stanley Plotkin, M.D.

2 correct?

3 A I don't remember exactly how many.

4 Q If you turn to page 12 of the study.

5 A Seventy-six.

6 Q Seventy-six. And these fetuses were all
7 three months or older when aborted, correct?

8 A Yes.

9 Q And these were all normally developed
10 fetuses, correct?

11 A Yes.

12 Q Okay. These included fetuses that were
13 aborted for social and psychiatric reasons, correct?

14 A Correct.

15 Q What organs did you harvest from these
16 fetuses?

17 A Well, I didn't personally harvest any, but
18 a whole range of tissues were harvested by
19 co-workers.

20 Q And these pieces were then cut up into
21 little pieces, right?

22 A Yes.

23 Q And they were cultured?

24 A Yes.

25 Q Some of the pieces of the fetuses were

1 Stanley Plotkin, M.D.

2 pituitary gland that were chopped up into pieces
3 to --

4 A Mm-hmm.

5 Q Included the lung of the fetuses?

6 A Yes.

7 Q Included the skin?

8 A Yes.

9 Q Kidney?

10 A Yes.

11 Q Spleen?

12 A Yes.

13 Q Heart?

14 A Yes.

15 Q Tongue?

16 A I don't recall, but probably yes.

17 Q So I just want to make sure I understand.

18 In your entire career -- this was just one study.

19 So I'm going to ask you again, in your entire

20 career, how many fetuses have you worked with

21 approximately?

22 A Well, I don't remember the exact number,
23 but quite a few when we were studying them
24 originally before we decided to use them to make
25 vaccines.

1 Stanley Plotkin, M.D.

2 Q Do you have any sense? I mean, this one
3 study had 76. How many other studies did you have
4 that you used aborted fetuses for?

5 A I don't remember how many.

6 Q You're aware, are you aware that the, one
7 of the objections to vaccination by the plaintiff in
8 this case is the inclusion of aborted fetal tissue
9 in the development of vaccines and the fact that
10 it's actually part of the ingredients of vaccines?

11 A Yeah, I'm aware of those objections. The
12 Catholic church has actually issued a document on
13 that which says that individuals who need the
14 vaccine should receive the vaccines, regardless of
15 the fact, and that I think it implies that I am the
16 individual who will go to hell because of the use of
17 aborted tissues, which I am glad to do.

18 Q Do you know if the mother's Catholic?

19 A I have no idea.

20 Q Okay.

21 A But she should consult her priest.

22 Q If she has a -- if she's, in fact,
23 Christian, I guess, right?

24 In any event, so we have 76 in this
25 study. Would you approximate it's been a few

1 Stanley Plotkin, M.D.

2 hundred fetuses?

3 A Oh, no, I don't think it was that many.
4 Probably not many more than in this paper.

5 And I should stipulate that we had
6 nothing to do with the cause of the abortion.

7 Q Some of these were for psychiatric
8 institutions, correct?

9 A Actually, all I can say is that the
10 fetuses that I personally worked with actually came
11 from Sweden, from a Swedish co-worker. And so I, in
12 no case, was able to determine what exactly the
13 reason for the abortion was.

14 Q I'm just asking you, some of the fetuses
15 that you did use did come from abortions from people
16 who were in psychiatric institutions, correct?

17 A I don't know that. What I'm telling you
18 is that I got them from a co-worker; and if it's
19 stated in the paper, it's true. But, otherwise, I
20 do not know.

21 Q So if it's in the paper, you don't contest
22 it, right?

23 A I don't contest it, no.

24 Q Okay. Have you ever used orphans to study
25 an experimental vaccine?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Have you ever used the mentally
4 handicapped to study an experimental vaccine?

5 A I don't recollect ever doing studies in
6 mentally handicapped individuals. At the time in
7 the 1960s, it was not an uncommon practice.

8 Q So you're saying -- I'm not clear on your
9 answer. I'm sorry. Have you ever used mentally
10 handicapped to study an experimental vaccine?

11 A What I'm saying is I don't recall
12 specifically having done that, but that in the
13 1960s, it was not unusual to do that. And I
14 wouldn't deny that I may have done so.

15 (Discussion off the stenographic
16 record.)

17 BY MR. SIRI:

18 Q I'm going to read you a sentence from what
19 what's been previously marked as --

20 MS. RUBY: No, that wasn't.

21 BY MR. SIRI:

22 Q -- Exhibit 7.

23 MS. RUBY: That's not what got marked as
24 Exhibit 7. That got -- the task force was
25 seven.

1 Stanley Plotkin, M.D.

2 MR. SIRI: Oh.

3 MS. NIEUSMA: So this should be 42.

4 MR. SIRI: Got it. Got it. Got it.

5 (Exhibit Plaintiff-42 was
6 marked for identification.)

7 BY MR. SIRI:

8 Q Well, in any event, you're not denying
9 that you, that you -- well, there's an article
10 entitled "Attenuation of RA 27/3 Rubella Virus in
11 WI-38 Human Diploid Cells." Are you familiar with
12 that article?

13 A Yes.

14 Q In that article, one of the things it says
15 is 13 -- is one of the things it says is:
16 13 seronegative mentally retarded children were
17 given RA 27/3 vaccine?

18 A Okay. Well, then that's, in that case
19 that's what I did.

20 Q Have you ever expressed that it's better
21 to perform experiments on those less likely to be
22 able to contribute to society, such as children with
23 handicap, than with children without or adults
24 without handicaps?

25 A I don't remember specifically, but it's

1 Stanley Plotkin, M.D.

2 possible. And, again, I repeat that in the 1960s,
3 that was more or less common practice. I've since
4 changed my mind. But those were, that was a long
5 time ago.

6 Q Do you remember ever writing to the editor
7 of "Ethics on Human Experimentation"?

8 A I don't remember specifically, but I may
9 well have.

10 Q We'll mark this.

11 (Exhibit Plaintiff-43 was
12 marked for identification.)

13 BY MR. SIRI:

14 Q I'm going to hand you what's been marked
15 as Exhibit 43. Do you recognize this letter you
16 wrote to the editor?

17 A Yes.

18 Q Did you write this letter?

19 A Yes.

20 Q Is one of the things you wrote: The
21 question is whether we are to have experiments
22 performed on fully functioning adults and on
23 children who are potentially contributors to society
24 or to perform initial studies in children and adults
25 who are human in form but not in social potential?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q It may be objected that this question
4 implies a Nazi philosophy, but I do not think that
5 it is difficult to distinguish nonfunctioning
6 persons from members of ethnic, racial, economic, or
7 other groups.

8 A Mm-hmm.

9 Q Have you ever used babies of mothers in
10 prison to study an experimental vaccine?

11 A Yes.

12 Q Have you ever used individuals under
13 colonial rule to study an experimental vaccine?

14 A Yes.

15 Q Did you do so in the Belgian Congo?

16 A Yes.

17 Q Did that experiment involve almost a
18 million people?

19 A Well -- well, all right, yes.

20 Q Did you ever visit what was the Belgian
21 Congo and Ruanda-Urundi?

22 A Yes.

23 Q How many times?

24 A Once.

25 MS. RUBY: Spell it.

1 Stanley Plotkin, M.D.

2 MR. SIRI: R-U-A-N-D-A, dash, U-R-U-N-D-I.

3 BY MR. SIRI:

4 Q When was that visit?

5 A 1959.

6 Q And how long were you there?

7 A Oh, couple of months.

8 Q Two months?

9 A I think so, yes.

10 Q Could it have been longer?

11 A No. I don't think it was longer than
12 that.

13 Q What places did you visit?

14 A What was then called Leopoldville,
15 Stanleyville, Kivu.

16 Q Kivu?

17 A Yes.

18 Q K-I-V-U?

19 A Yes. Burundi.

20 MS. RUBY: Ms. Nieusma, are you back?

21 MS. NIEUSMA: I am.

22 THE WITNESS: Could have been a couple of
23 other places, but I don't remember.

24 BY MR. SIRI:

25 Q I've heard you talk, I've heard some of

1 Stanley Plotkin, M.D.

2 your, in some of your speeches you remembered this
3 trip fondly, right?

4 A Well, "fondly" may not be the right word,
5 but I do remember it as an important event.

6 Q In what order did you visit the places you
7 just told me? Which one do you think visited first?

8 A Leopoldville.

9 Q Okay. And then after that?

10 A Stanleyville.

11 Q Then?

12 A Then the eastern part of the Congo.

13 Q Is that Kivu?

14 A Yeah. And Bukavu. Bukavu.

15 MS. RUBY: Can you spell it?

16 BY MR. SIRI:

17 Q Is that before or after Burundi?

18 A Before.

19 MS. RUBY: Can you spell those?

20 BY MR. SIRI:

21 Q Can you spell Bukavu.

22 A B-U-K-A-V-U.

23 Q So Leopoldville, then Stanleyville, then
24 Kivu, Bukum [sic], and then Burundi. So how long
25 were you in Leopoldville?

1 Stanley Plotkin, M.D.

2 A Oh, gosh, I don't, I can't answer that
3 question. I don't remember.

4 Q Approximately.

5 A A couple of weeks probably.

6 Q How long in Stanleyville?

7 A I don't know. Three, four weeks. I can't
8 possibly remember that far back.

9 Q And then how long in Kivu approximately?

10 A Oh, a short time.

11 Q And then Bakum [sic]?

12 A I'm sorry?

13 Q Bukum [sic]?

14 A Oh, Bukavu?

15 Q Bukavu.

16 COURT REPORTER: I don't know. The
17 pronunciations are not matching the spellings,
18 so I don't know what you're saying.

19 MR. SIRI: Sorry.

20 BY MR. SIRI:

21 Q B-U-K-U-V --

22 A B-U-K-A-V-U.

23 Q K-A-V-U. Sorry.

24 Bukavu, approximately how long?

25 A Couple of days.

1 Stanley Plotkin, M.D.

2 Q Okay. And then finally Burundi?

3 A Again, I don't know. Maybe a week. I'm
4 not sure.

5 Q Okay. What were you doing in
6 Leopoldville?

7 A I was examining the data on oral polio
8 vaccination in the city.

9 Q Anything else?

10 A No.

11 Q Did you vaccinate anybody?

12 A Personally, no.

13 Q How about in, what were you doing in
14 Stanleyville?

15 A I was visiting the chimpanzee laboratory
16 and talking to scientists in Stanleyville.

17 Q Talking about what?

18 A Well, about polio mainly.

19 Q And what about polio?

20 A What about polio? Obviously, they were
21 having polio, and we were talking about how to
22 protect the people against polio.

23 Q And did you the vaccinate anybody while
24 you were in Stanleyville personally?

25 A Personally, no.

1 Stanley Plotkin, M.D.

2 Q What did you do in Kivu?

3 A As I recall, I just visited the place.

4 Q Any purpose?

5 A I don't think so, no.

6 Q Did you vaccinate anybody personally?

7 A It was a scenic area.

8 Q Did you vaccinate anybody personally
9 there?

10 A No.

11 Q What about Bukavu?

12 A I did not do any vaccination there either.

13 Q What were you doing there?

14 A I was just visiting.

15 Q Like a tourist?

16 A Yes.

17 Q Same thing with Kivu, as a tourist?

18 A Yes.

19 Q What about Burundi?

20 A There, I had some discussions with
21 scientists.

22 Q About what?

23 A About polio.

24 Q Okay. Did you, other than that, did you
25 do anything else in Burundi?

1 Stanley Plotkin, M.D.

2 A No.

3 Q Did you vaccinate anybody personally?

4 A No.

5 Q Okay. During your entire trip, did you
6 vaccinate anybody personally?

7 A No.

8 Q So your whole trip to Belgian Congo and
9 Ruanda-Urundi, you never vaccinated anybody
10 personally?

11 A That is correct. I also stopped in
12 Kikwit, which was to observe a vaccination campaign.

13 Q That was between what cities?

14 A Well, geographically it's between
15 Leopoldville and Stanleyville. I don't recall in
16 what order I visited it.

17 Q You don't know if it was before or after
18 Stanleyville?

19 A No, I don't.

20 Q How long were you in Kikwit?

21 A Well, just a day or two.

22 Q That was just to observe a --

23 A Vaccination campaign.

24 Q -- campaign.

25 Did you observe a vaccination

1 Stanley Plotkin, M.D.

2 campaign in any of the other cities?

3 A Stanleyville probably. Leopoldville was,
4 as I said before, to collect data from prior
5 vaccination.

6 Q What were you doing in Ruanda-Urundi?

7 A Talking to people.

8 Q Again, about polio vaccine?

9 A Yes.

10 Q But not vaccinating anybody?

11 A No.

12 Q Not part of any vaccination campaign there
13 either?

14 A No.

15 Q Do you believe that someone can have a
16 valid religious objection to refusing a vaccine?

17 A No.

18 Q Do you take issue with religious beliefs?

19 A Yes.

20 Q You have said that, quote: Vaccination is
21 always under attack by religious zealots who believe
22 that the will of God includes death and disease?

23 A Yes.

24 Q You stand by that statement?

25 A I absolutely do.

1 Stanley Plotkin, M.D.

2 Q Are you an atheist?

3 A Yes.

4 Q Do you accept that some people hold
5 religious beliefs that are inherently unprovable?

6 A Yes, I'm sure they do.

7 Q You said that, quote: Vaccination is
8 always under attack by a legal system that profits
9 from the failure of most people to understand
10 risk/benefit ratios or public health issues,
11 correct?

12 A Yes.

13 Q Can you explain what you mean by that,
14 shortly?

15 A I mean that the risk from vaccines, for
16 example, is considerably less than the risk from
17 disease, but people don't necessarily understand
18 that. It's similar to the situation where people
19 may not fly, but they're willing to drive in cars
20 where the risks are much higher.

21 And what was the second point about?

22 Q Public health issues.

23 A Public health issues, yes. Not
24 understanding the importance of high vaccination
25 coverage in prevention of disease.

1 Stanley Plotkin, M.D.

2 Q One child can make a difference?

3 A One child probably doesn't make a
4 difference, but a collection of one childs do make a
5 difference.

6 Q At the most recent ACIP meeting, you spoke
7 and gave ACIP three pieces of advice, correct?

8 A Yes.

9 Q One of them was to conduct more vaccine
10 safety studies to prove the anti-vaccinationists
11 wrong, right?

12 A Yes. Correct.

13 Q Okay. If the science to prove vaccines
14 safe already exist, why would more safety studies be
15 needed to prove the anti-vaccinationists wrong?

16 A Because there are so many people, as you
17 can see on the web, who have these beliefs about
18 vaccines. And as we have discussed throughout this
19 long day, it would be valuable to have more safety
20 data.

21 Q Like a vaccinated versus unvaccinated
22 study, correct?

23 A If such a study is feasible.

24 Q Shouldn't vaccine safety studies be done
25 for the sake of making vaccines safer, not for the

1 Stanley Plotkin, M.D.

2 purpose and with the pre-determined objective of
3 proving so-called anti-vaccinationists wrong?

4 A Well, absolutely. I do not deny that
5 there are known reactions to vaccines. Fortunately,
6 they rarely are serious. I support more research on
7 every aspect of vaccines.

8 Q And your claim that they're rarely serious
9 is from your book, right?

10 A Yes.

11 Q Okay. When is the last time that you
12 received a vaccine, Dr. Plotkin?

13 A Zoster -- oh, no. Influenza vaccine
14 actually, not more than several weeks ago.

15 Q Do you get the flu shot every year?

16 A Yes.

17 Q Have you ever missed a year?

18 A No.

19 Q Have you received the zoster vaccine? It
20 sounds like you have.

21 A Yes.

22 Q Zoster, Z-O-S-T-E-R.

23 When did you receive that?

24 A I've received now two doses, and I'm
25 looking forward to receiving the new Zoster vaccine

1 Stanley Plotkin, M.D.

2 as soon as I can buy it.

3 Q Have you received a PCV13 vaccine?

4 A Yes.

5 Q Have you received a PPSV23 vaccine?

6 A Yes.

7 Q Hep B vaccine?

8 A Yes.

9 Q Let me do that again.

10 Have you received a hep B vaccine?

11 A Yes.

12 Q Have you received a hepatitis A vaccine?

13 A Yes.

14 Q Have you received a MenACWY or MPSV4
15 vaccine?

16 A I believe so. That was a long time in the
17 past because those vaccines have been available for
18 a long time. I have to check my records. But I
19 think particularly when I traveled to the Africa, I
20 believe I took it.

21 Q Have you received a MenB vaccine?

22 A Not yet, no.

23 Q Have you received a Hib vaccine?

24 A Oh, Hib. I was long past the age of Hib
25 when it was developed.

1 Stanley Plotkin, M.D.

2 Q When is the last time you got a
3 tetanus/diphtheria-containing vaccine?

4 A Within the last ten years. I don't
5 remember exactly when, but --

6 Q Do you think all adults should be required
7 to receive all vaccines on the CDC's adult
8 immunization schedule?

9 A That's somewhat of a difficult question
10 because adults, of course, have the ability to make
11 their own decisions. Tetanus is, is a vaccine that,
12 how shall I put it? I guess it's a choice whether
13 you're willing to be susceptible to tetanus or not.

14 For pertussis, I think there's
15 increasing reason that, to say that all adults
16 should be vaccinated against pertussis. So it's,
17 let's say, let's say, open to discussion at this
18 point for DTaP anyway.

19 Q You'd support a law that would require
20 adults to get the DTaP?

21 A At this point, 2017 [sic], I wouldn't
22 insist on that for all adults. I would insist on it
23 for children and adolescents. But the data, the
24 reason I say that is because the data showing
25 protection against pertussis in older adults is

1 Stanley Plotkin, M.D.

2 really not that solid, not that available.

3 Q Did you ever experience an adverse vaccine
4 reaction?

5 A Personally.

6 Q Yes.

7 A No.

8 Q Have you ever witnessed someone experience
9 an adverse vaccine reaction?

10 A I've witnessed people fainting after
11 vaccination.

12 Q Anything else?

13 A Certainly I've seen people complain of
14 pain at the injection site. And in the rubella
15 days, women complaining of joint pains after
16 vaccination. I think that's it.

17 Q When you say "fainting," after what
18 vaccine was that?

19 A Oh, actually that was, that was tetanus,
20 as I recall. It was a high school athlete.

21 Q Do you know anyone that's experienced a
22 serious adverse reaction --

23 A Personally, no.

24 Q Did your grandchildren receive the
25 hepatitis B vaccine on the first day of life as

1 Stanley Plotkin, M.D.

2 recommended by the CDC?

3 A Of course.

4 (Reporter clarification.)

5 Q Have your grandchildren received the
6 hepatitis B vaccine on the first day of life as
7 recommended by the CDC?

8 A Yes.

9 Q Do you think there's a safe threshold of
10 how many vaccines can be administered at one time?

11 A My answer to that is I don't know. I
12 don't think there's any evidence that the six that
13 are currently generally given together is a problem.
14 So I don't know if eventually there's some
15 theoretical threshold, but I am not aware of any
16 evidence for that yet.

17 Q Okay. But before you would say, for
18 example, getting 30 vaccines in one day was safe,
19 you'd probably want to get the data to support it?

20 A Yes.

21 Q That data doesn't yet exist obviously,
22 right?

23 A No.

24 Q Do you intend to appear at trial in this
25 matter to testify?

1 Stanley Plotkin, M.D.

2 A No, I do not.

3 Q Do you intend to appear via video
4 conference to testify in this trial in this case?

5 A Well, I haven't been asked. I suppose I
6 might consider a video conference. But no one has
7 asked me. And I'm not, I would say, very inclined
8 to do that.

9 And you know, while we're on tape, so
10 to speak, I want to stipulate, since you were so
11 interested in my income, that I am doing this
12 pro bono.

13 Q But as you sit here today, you're still
14 receiving remuneration from all four major vaccine
15 makers, correct?

16 A Yes.

17 Q And from -- so getting close to the end.
18 I don't have much left. A few more.

19 There was a controversy revolving
20 around the origin of AIDS and the OPV vaccine,
21 correct?

22 A Yes.

23 Q You disputed any connection between OPV
24 vaccine and AIDS in two papers submitted to the
25 Royal Society in which you stated, quote: There was

1 Stanley Plotkin, M.D.

2 no gun, the chimpanzees; no bullet, the virus; no
3 shooter, the manufacturer of the vaccine chimpanzee
4 cells; and no motive to use chimp cells or to hide
5 the fact, correct?

6 A Yeah. I also said the only smoke was
7 created by Mr. Hooper.

8 Q Right. Who is that?

9 A He's a British journalist, which puts him
10 at the lower end of journalism.

11 MR. SIRI: Mark this.

12 (Exhibit Plaintiff-44 was
13 marked for identification.)

14 BY MR. SIRI:

15 Q Dr. Plotkin, I'm going to hand you what's
16 been marked as Plaintiff's Exhibit 44. And I'm also
17 going to hand you what's been marked as Plaintiff's
18 Exhibit 45.

19 (Exhibit Plaintiff-45 was
20 marked for identification.)

21 BY MR. SIRI:

22 Q Are these the two papers that you
23 submitted to the Royal Society --

24 A Yes.

25 Q -- disputing -- one second, please.

1 Stanley Plotkin, M.D.

2 -- disputing any connection between
3 OPV vaccine and AIDS --

4 A Yes.

5 Q -- correct?

6 Is everything that you wrote in these
7 two articles -- strike that.

8 Is everything written in the two
9 articles, Royal Society articles that you submitted,
10 which are marked as Exhibits 44 and 45, true?

11 A Well, I certainly hope so.

12 Q Is that -- I'm sorry, Dr. Plotkin. Is
13 that yes?

14 A Yes. Yes. And I should also add that my
15 conclusions have been verified by other scientists
16 who now have shown that HIV originated in the 1920s
17 in Cameroon.

18 Q At the end of -- Dr. Plotkin, at the end
19 of Exhibit 44, the article entitled "Untruths and
20 Consequences," you state that -- strike that.

21 I apologize. I'm sorry, Dr. Plotkin.
22 Can you look at Exhibit 45. I'm sorry.

23 The end of Exhibit 45, it states that
24 letters cited in this paper will be deposited in the
25 library of the College of Physicians of Philadelphia

1 Stanley Plotkin, M.D.

2 or the University of Leuven, L-E-U-V-E-N, correct?

3 A Yes.

4 Q Have you deposited those letters and
5 papers?

6 A I have, yes.

7 Q Okay. When did you deposit all of those
8 letters and papers?

9 A Oh, gosh, probably at least five years ago
10 now.

11 Q So all of the letters cited in this
12 document are, have been deposited in where?

13 A The College of Physicians of Philadelphia.

14 Q And they're in possession of all of the
15 letters cited in this document?

16 A Well, I believe so. I have to go over the
17 list. But that certainly was my intention, and I
18 believe I have done so.

19 Q Is that publicly available at the
20 University of Philadelphia?

21 A It's a good question. I imagine so. I
22 deposited them there basically so that they could be
23 examined after I'm dead, but --

24 Q Yeah.

25 A -- I don't know. I've never been asked.

1 Stanley Plotkin, M.D.

2 Q If they're not publicly available, would
3 you provide copies?

4 A Well, I have to ask the College of
5 Physicians to do that.

6 Q Would you authorize them to release
7 copies?

8 A I'd authorize them, sure.

9 Q Okay. If you could please take a look at
10 the --

11 A I'm not sure why you're asking the
12 question. Are you --

13 Q I'm asking the question --

14 A -- accusing me of launching AIDS? Or what
15 is the point?

16 Q Absolutely not, Dr. Plotkin. You made a
17 promise in here to deposit papers, and I'm purely
18 asking you if you made that, fulfilled that promise.
19 That's it.

20 A Yes, I did.

21 Q That's all. I'm not accusing you of
22 anything.

23 And in the other paper entitled
24 "Untruths and Consequences," in the second
25 paragraph, it says: The evidence I present is based

1 Stanley Plotkin, M.D.

2 on papers and documents of the time from my personal
3 files.

4 A Mm-hmm.

5 Q Have those also been deposited in the
6 library of Philadelphia?

7 A No. Certainly not all of them. I have
8 extensive files. I don't throw anything out.

9 Q You still have all of those?

10 A Yes.

11 Q I assume you don't have an issue sharing
12 copies of those?

13 A No. My wife would love to get rid of all
14 of them. But I don't...

15 Q So you've said that the AIDS/OPV
16 hypothesis has been disproven, correct?

17 A Yes.

18 Q A few quick questions. Just approximately
19 how many human samples that predate 1959 have been
20 tested for HIV?

21 A That predate 1959? I don't know that
22 there are any such samples available. The first
23 samples that I recall being available were from
24 1960, and they had already some HIV seropositive
25 individuals. But that was in Leopoldville. They

1 Stanley Plotkin, M.D.

2 were individuals who had not received the oral polio
3 vaccine.

4 Q So -- but in terms of samples that predate
5 1959, have there been any such samples tested for
6 HIV?

7 A I have to think about that. I -- oh,
8 well, there have been samples from elsewhere in the
9 world; but from the Belgian Congo --

10 Q Yeah.

11 A -- I don't think that any such samples
12 have been available.

13 Q Are you aware of whether there currently
14 exists any samples of polio vaccine that was in the
15 Belgian Congo at any time between 1959 and 1960?

16 A Whether the Wistar has kept them or not, I
17 don't know. Fortunately, at the time of the Royal
18 Society, I was able to go to Wistar and find
19 specimens that had been used in the Congo or from
20 the same lot that had been used in the Congo. But
21 whether that still exists or not, I have no idea.

22 Q Well, I'm curious as just, is there any
23 samples that were actually in the Belgian Congo that
24 have been, that you're aware of?

25 A That were tested?

1 Stanley Plotkin, M.D.

2 Q That were tested.

3 A I don't, really don't know the answer to
4 that question. The vaccine that was used, the oral
5 polio vaccine that was used, I believe was entirely
6 used up in the vaccination campaign. So I don't
7 think it's likely that material used in the
8 vaccination campaign was repatriated. But
9 fortunately, we had material from the same lots that
10 were used in the Congo. And that had been retained
11 at the Wistar.

12 Q But as far as you're aware, in terms of
13 actual samples, a sample that was actually in the
14 Belgian Congo, you're not -- are you saying you're
15 not aware of any such sample?

16 A No, I am not aware of any such sample.

17 Q Do you know if any such sample ever -- are
18 you aware of any such sample that existed after
19 1960?

20 A I don't -- I'm not aware that anything
21 existed.

22 Q So are you familiar with an article
23 entitled "Vaccination with the CHAT Strain of Type 1
24 Attenuated Poliomyelitis Virus in Leopoldville,
25 Belgian Congo"?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Okay. In the article -- you're one of the
4 authors of the article?

5 A Yes.

6 Q So on page 2 of this article, it states:
7 The titer of the vaccine after a day's use was
8 checked periodically by sending frozen aliquots --

9 A Aliquots, yes.

10 Q -- thank you, aliquots, A-L-I-Q-U-O-T-S,
11 to the Wistar Institute, Philadelphia, Pennsylvania,
12 USA?

13 A Yes.

14 Q What does that mean?

15 A Well, it means that in order to be sure
16 that the vaccine used still contained enough virus,
17 they sent back samples to be titered for the
18 quantity of virus.

19 Q So they sent back samples of the oral
20 polio --

21 A Yes.

22 Q -- being used --

23 A Yes.

24 Q -- in the Belgian Congo?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q And they did that periodically?

3 A Yes.

4 Q But to your knowledge, none of those
5 survived after 1960?

6 A No. I think they were tested and then
7 discarded. I mean, they, aside from legal value,
8 they would have had no value because they were used;
9 they could not ever be used again. So they would
10 have been discarded.

11 Q It would be helpful for you if some of
12 those were saved, right?

13 A It would have been, yes. But at the time
14 nobody thought about that.

15 Q If any, if such a sample were to have
16 survived someplace on the planet, where would you
17 think that would be?

18 A Difficult to say. I mean, the laboratory
19 in Stanleyville no longer exists. I have no idea
20 where it could be. No.

21 Q Do you think such a sample will ever be
22 located?

23 A I doubt it.

24 Q Last question on this topic and we'll move
25 on. Did you or any of your Wistar colleagues ever

1 Stanley Plotkin, M.D.

2 carry any human cells, such as WISH or WI-1, or
3 polio vaccines grown in such human cells to the
4 Belgian Congo?

5 A No. At least I certainly have not.

6 Q Are you aware of any such --

7 A No, I am not aware.

8 Q -- vaccines being --

9 A No, I'm not aware of those cells being
10 carried to the Congo. If they had been, it would
11 have been for experimental purposes, certainly not
12 for vaccination purposes.

13 Q So you're not aware of them being carried
14 or used there, right?

15 A Not that I'm aware of, no.

16 Q Isn't it true that in 2014, the FDA
17 announced, quote: Although individuals immunized
18 with an acellular pertussis vaccine may be protected
19 from disease, they may still become infected with
20 the bacteria without always getting sick and are
21 able to spread infection to others, end quote?

22 A Yes. That's on the basis of the studies
23 in baboons.

24 Q That's the Warfel study?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q We discussed earlier that the baboons are
3 the -- would probably be the best surrogates for
4 humans, right?

5 A Yes.

6 Q Because you couldn't ethically expose
7 humans to pertussis, correct?

8 A Yes.

9 Q So the Warfel studies would be the best
10 evidence -- would the Warfel studies, the one in
11 2014 and 2016, which were conducted by the FDA,
12 correct?

13 A Yes.

14 Q Those would be the best evidence as to the
15 ability, as to whether or not acellular pertussis
16 vaccine prevented infection and transmission of
17 pertussis, correct?

18 A Yes.

19 Q And I think we talked about this earlier.

20 In your estimation, what percent of
21 adults would you say are actually immune to
22 pertussis?

23 A It's a very good question, and I don't
24 know the answer to that because immunity to
25 pertussis is complex. And so just measuring serum

1 Stanley Plotkin, M.D.

2 wouldn't necessarily give you a firm idea as to what
3 percentage of adults are immune.

4 But judging from the frequency of
5 pertussis in adults, I don't think the immunity
6 level is very high, because clearly adults are
7 getting pertussis.

8 Q Could you estimate what percentage of the
9 adult population in the United States you think is
10 immune to pertussis?

11 A Immune? Well, I think probably 50,
12 60 percent could be immune. But it's difficult
13 because immunity wanes.

14 Q Right.

15 A So they may, people become susceptible
16 again. And as I said now twice, there is a lot of
17 pertussis in adults. That's been shown. So a
18 significant proportion of adults are susceptible and
19 not immune.

20 Q Fifty to 60 percent is your highest
21 estimation --

22 A Yes.

23 Q -- it sounded like, right?

24 A Yes.

25 Q No more than that?

1 Stanley Plotkin, M.D.

2 A I don't think so.

3 Q Okay. The diphtheria vaccine creates
4 antibodies only to a toxin released by the
5 diphtheria bacteria, correct?

6 A Correct.

7 Q It doesn't create any antibodies to the
8 actual diphtheria bacteria itself?

9 A Yes, that's true. But it is also true,
10 certainly appears to be true, that if the organism
11 can't produce a toxin, it has a great difficulty in
12 surviving. And so the observation is that where the
13 vaccine is used, the organism disappears. So it's
14 very difficult to find it in the U.S., for example.
15 But in Russia where vaccination has not been always
16 complete, there are still cases of diphtheria.

17 Q Can you, how do you define
18 anti-vaccinationists or anti-vaxxers, as you've used
19 them here today?

20 A How do I define them?

21 Q Yeah. What does that mean to you? You
22 use those terms, and I'm just, I'm actually not
23 exactly sure what you mean by that.

24 A People opposed to vaccination for a
25 variety of reasons, some of which are based on false

1 Stanley Plotkin, M.D.

2 inferences from scientific data.

3 Q If somebody were opposed to vaccines
4 because they believed there was insufficient data
5 for them to make a decision about the actual risks,
6 not the benefits, but the risks, would you consider
7 that person an anti-vaxxer?

8 A If they refused to be vaccinated
9 themselves or refused to have their children
10 vaccinated, I would call them an anti-vaccination
11 person, yes.

12 Q Is there anybody who could refuse a
13 vaccine who you would not label anti-vaxxer?

14 A Yes. If there are individuals who are
15 immunosuppressed, for example, and, therefore, have
16 a contraindication to certain vaccines, that to me
17 would be a reasonable decision on their part.

18 Q But, otherwise, you believe that anybody
19 else who refuses a vaccine is doing so based on
20 misinformation?

21 A Generally speaking, yes. Now, as I said
22 before, I can imagine an adult deciding that they
23 don't want the advantages of vaccination out of, for
24 whatever reason.

25 I think the situation for children is

1 Stanley Plotkin, M.D.

2 quite different because one is making a decision for
3 somebody else and also making a decision that has
4 important implications for public health.

5 Q So in the case of an adult, you think it's
6 okay for the adult to make a decision for themselves
7 to take on a risk, even though it could implicate
8 public health, but not the case for a child?

9 A No. It depends. For example, if you're a
10 healthcare worker and you refuse to be vaccinated
11 against diseases that you could potentially transmit
12 to patients, I don't think you should have the
13 option of making that decision.

14 Q Earlier we discussed that there hasn't
15 been a wild case of polio in the United States since
16 1979, correct?

17 A Right.

18 Q The United States currently only uses
19 inactivated polio vaccine, correct?

20 A Yes.

21 Q The United States does not use oral polio
22 vaccine, correct?

23 A Correct.

24 Q If there were an outbreak of polio in the
25 United States --

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q -- isn't it true that we would have to,
4 that we would have to return to using oral polio
5 vaccine to stop the spread of polio in the United
6 States?

7 A It might well be the case; however,
8 individuals who have received the inactivated
9 vaccines will not themselves get polio. They may
10 get infected and transmit to others, which is one of
11 the reasons why one might resort to OPV. But the
12 individual himself would not be susceptible.

13 Q Is that because the IPV creates IGG
14 antibodies in the blood towards --

15 A Yes.

16 Q But it doesn't create IGA immunity in the
17 intestinal tract?

18 A Correct.

19 Q And it is in the intestinal tract where
20 the polio virus multiplies, correct?

21 A Yes.

22 Q So a person vaccinated with IPV can still
23 become infected and transmit polio virus, correct?

24 A Yes, although in point of fact, IPV does
25 protect the nasopharynx. So in this country where

1 Stanley Plotkin, M.D.

2 hygiene and sewage, et cetera, are good, the
3 possibility of transmitting from an IPV vaccinee is
4 much less than it is, let's say, in Africa where
5 sewage contamination is great.

6 Q When you say nasopharynx, what is that?

7 A The throat.

8 Q So you're saying IPV does create immunity
9 within the throat?

10 A Yes.

11 Q There are studies that show that?

12 A Yes, absolutely.

13 Q Okay. How do those studies make that
14 determination?

15 A Well, by culturing people who are exposed
16 to polio, who have had IPV, and also by showing that
17 antibody diffuses into the throat much better than
18 it does into the gut.

19 Q In the Warfel study -- I'm sorry. Strike
20 that.

21 Do you know the names of those
22 studies, by any chance?

23 A Gosh, again, they're in the book.

24 Q Are they in your book?

25 A Yes, absolutely.

1 Stanley Plotkin, M.D.

2 Q Okay. And in terms of efficacy, does IPV
3 vaccination as -- in childhood last a lifetime?

4 A You know, that's an interesting question,
5 and I think the answer is yes. Studies that have
6 been done have shown quite good persistence of
7 antibody after IPV. Now, does it last forever? I
8 can't say that, but certainly lasts a long time.

9 Q How about 30 years after vaccination; what
10 do you think the efficacy is approximately?

11 A I would just be totally speculating, but I
12 think most people would still be protected because
13 you don't need much antibody against polio to be
14 protected. Levels of dilutions of one to four, one
15 to eight are probably protective.

16 Q But you're not sure?

17 A I'm not sure about 30 years. I'm sure
18 about the levels that are protective.

19 Q Thirty years, you're not sure about what
20 percent of the people vaccinated are still immune to
21 polio?

22 A No. But I do know that that persistence
23 is good and that the likelihood is that most people,
24 even 30 years, will still be protected.

25 Q Forty years?

1 Stanley Plotkin, M.D.

2 A I can't really guess any more than that.

3 Q The data doesn't exist?

4 A No. I don't believe they exist.

5 Q Well, what do you estimate is the current
6 efficacy of the mumps vaccine shortly after
7 vaccination?

8 A Oh, shortly after vaccination, there's no
9 doubt that the efficacy is high. It's 80,
10 90 percent. And after two doses, immediately after
11 two doses, the efficacy is very high.

12 Unfortunately, the efficacy
13 diminishes with time, and that has caused a problem
14 in universities that have outbreaks of mumps because
15 the college kids are --

16 Q No longer immune?

17 A -- intimately associated. Yes.

18 Although the efficacy even then is
19 probably in the order of 70, 80 percent.

20 Q 70, 80 percent. What about, what about 30
21 years after vaccination; what's the efficacy?

22 A I have no idea.

23 Q Twenty years?

24 A I don't think studies have been done more
25 than ten years after vaccine.

1 Stanley Plotkin, M.D.

2 Q What do you estimate is the current
3 efficacy of the rubella vaccine ten years after
4 vaccination?

5 A Based on the data that are available, it
6 is very high. The so-called B cell memory after
7 rubella vaccine, I'm happy to say, is very good.

8 Q How about 20 years?

9 A I think it will still be present.

10 Q Thirty years?

11 A I think so.

12 Q High efficacy still, you think?

13 A I think so.

14 Q But no study has been done?

15 A Actually, there are studies, at least
16 20-year studies. I'm not sure about 30, but
17 immunity is very long-lasting.

18 Q And -- okay. And the studies would be in
19 your book?

20 A Yes.

21 Q What would you estimate is the current
22 efficacy of the measles vaccine 20 years after
23 vaccination?

24 A Well, again, it appears to be quite good.
25 Twenty years, again, I'm, don't have it in my head

1 Stanley Plotkin, M.D.

2 as a study done 20 years later.

3 But certainly studies done sometime
4 after vaccination have shown good persistence of
5 antibodies. And once again, you don't need a whole
6 lot of antibody to prevent you from getting measles.

7 Q Do you know a percentage?

8 A Of?

9 Q Of people that are still immune 20 years
10 out from the measles vaccine?

11 A Not off the top of my head, but I feel
12 relatively sure that it's quite high.

13 Q Is it important to get a tetanus vaccine?

14 A Well, it's important if you don't want to
15 get tetanus, yes.

16 Q The tetanus vaccine was introduced into
17 routine child schedule in the late 1940s, correct?

18 A Yes.

19 Q When the tetanus vaccine was introduced
20 there were only about four cases of tetanus per
21 million people, correct?

22 A If you say so. I don't remember.

23 Q Are you familiar with what, the CDC Pink
24 Book?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q If the CDC Pink Book said that it was four
3 cases of tetanus per million, would you dispute
4 that?

5 A I'll accept that.

6 Q You do accept that. And that's just the
7 number of cases, not deaths, right?

8 A Yes.

9 Q And you think it's a public health
10 imperative for people to be vaccinated against
11 tetanus, correct?

12 A I think it's the wise thing to do if you
13 don't want to be under risk of getting tetanus if
14 you have an injury.

15 Q To prevent something that was a few cases
16 in a million, correct?

17 A Yes. But a deadly disease.

18 Q Do we know whether the tetanus vaccine
19 causes more or less than a few cases of serious
20 adverse reactions after vaccination?

21 A I don't believe it causes a whole lot of
22 serious reactions, no.

23 Q I'm going to show you what's --

24 MS. NIEUSMA: Do you know how much longer
25 we have to go? Just so I have an idea.

1 Stanley Plotkin, M.D.

2 MR. SIRI: Yeah, sure. I think that we've
3 only got about 15 more minutes.

4 VIDEO OPERATOR: That's exactly how much
5 we have left on the tape.

6 MS. NIEUSMA: Very good.

7 MR. SIRI: We're almost done.

8 (Exhibit Plaintiff-46 was
9 marked for identification.)

10 BY MR. SIRI:

11 Q The CDC and FDA maintained something
12 called the Vaccine Adverse Events Reporting System,
13 correct?

14 A Yes.

15 Q And that's where anybody, including
16 doctors, can go and report what they believe to be
17 an adverse reaction from a vaccine --

18 A Right.

19 Q -- right?

20 A Correct.

21 Q There's no, anybody can submit a report,
22 right?

23 A That's correct.

24 Q Okay. And the FDA and CDC compiled that
25 data and make it available online, correct?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q Okay. I'm going hand you a, what's been
4 marked as Plaintiff's Exhibit 46. Okay? And this
5 is a printout of the VAERS data for all adverse
6 reactions reported to tetanus-containing vaccines in
7 the last ten years.

8 If you take a look, do you see that
9 in the last ten years, there have been 985 deaths
10 reported --

11 A Yes.

12 Q -- to have followed any tetanus-containing
13 vaccine?

14 A Yes.

15 Q That would average to about 98.5 reports
16 of death per year --

17 A Yes.

18 Q -- over the last ten years.

19 Okay. And there's also 23,981
20 emergency room or office visits after
21 tetanus-containing vaccine in the last ten years?

22 A Yes.

23 Q And it also lists, last one, 1,256
24 permanent disabilities reported after
25 tetanus-containing vaccine in the last ten years,

1 Stanley Plotkin, M.D.

2 correct?

3 A Yeah.

4 Q That would be about an average of 125 per
5 year, right?

6 A Yes.

7 Q So, but we don't, because these are just
8 reports and not done in some kind of randomized,
9 controlled study, we don't actually know whether or
10 not the tetanus vaccine is causing these deaths and
11 permanent disabilities, correct?

12 A Correct.

13 Q Okay. But it's possible it could be,
14 correct?

15 A It's, anything is possible, yes.

16 Q Don't you think a study should be done to
17 determine -- strike that. Strike that.

18 Isn't it true that VAERS only
19 receives a tiny fraction of the reportable adverse
20 events after vaccination?

21 A Well, I can't give you a percentage, but
22 all physicians are asked to report putative
23 reactions to the VAERS system. So I don't think the
24 VAERS system covers a tiny portion of alleged
25 reactions. I think, rather, probably most are

1 Stanley Plotkin, M.D.

2 reported. But I, I cannot confirm that.

3 (Exhibit Plaintiff-47 was
4 marked for identification.)

5 BY MR. SIRI:

6 Q Dr. Plotkin, I'm going to show you what's
7 been marked as Plaintiff's Exhibit 47. This is a
8 report entitled "Electronic Support for Public
9 Health - Vaccine Adverse Events Reporting System,"
10 correct?

11 Let me know when you're ready,
12 Dr. Plotkin.

13 A I'm ready.

14 Q The title of this report, Dr. Plotkin, is
15 "Electronic Support for Public Health - Vaccine
16 Adverse Event Reporting System," correct?

17 A Yes.

18 Q And this was a study conducted by Harvard
19 Medical School and the Harvard Pilgrim Healthcare,
20 correct?

21 A Yes.

22 Q And it was are done via a grant from an
23 agency within HHS, correct?

24 A Yes.

25 Q And the purpose of this study was to

1 Stanley Plotkin, M.D.

2 attempt to automate VAERS reporting?

3 A Yes.

4 Q The reason that Harvard did this study and
5 the reason that HHS paid for it, if you look at
6 page 6 --

7 A Yes.

8 Q -- do you see where it says: Fewer
9 than 1 -- it's right in the middle paragraph: Fewer
10 than 1 percent of vaccine adverse events are
11 reported?

12 A Well, yes, I see the statement. I don't
13 see the reference, but...

14 Q Let's take a look at the results of that
15 study, then. If you go to the first sentence of the
16 page that you're on right now --

17 A Yeah.

18 Q -- where it says "results," isn't it true
19 that it says: Preliminary data were collected from
20 June 2006 through October 2009 on 715 -- 715,000
21 patients?

22 A Yes.

23 Q And 1.4 million doses of 45 different
24 vaccines were given to 376,452 individuals?

25 A Yes.

1 Stanley Plotkin, M.D.

2 Q So about 376,000 individuals received a
3 vaccine, correct?

4 A Yes.

5 Q Out of these doses, 35,570 possible
6 reactions were identified, correct?

7 A Yes.

8 Q So out of 376,000 people that received
9 vaccines, they identified 35,570 possible reactions,
10 right?

11 A Yes.

12 Q And now --

13 A Well, it's out of 1.4 million, which is
14 2.6 percent.

15 Q Doses, correct?

16 A Yes.

17 Q Meaning maybe some individuals had --

18 A More than one vaccine.

19 Q And had reactions at different times to
20 different vaccines, right?

21 A Yes.

22 Q Maybe some people were more susceptible to
23 a vaccine reaction, and so they got, had a reaction
24 every time they had a vaccine, right?

25 A Well, we don't know that.

1 Stanley Plotkin, M.D.

2 Q We don't know.

3 Assuming that each individual only
4 had one vaccine reaction, then 10 percent of the
5 individuals would have had a vaccine reaction?

6 A Mm-hmm. Yes.

7 Q All right. So, now, at the beginning of
8 this study, the CDC was cooperating with these grant
9 participants, correct -- grant recipients, correct?

10 A Yes.

11 Q And they helped define what is an adverse
12 reaction, right?

13 A Yes.

14 Q And they helped define the algorithms to
15 use, right?

16 A Yes.

17 Q And they also helped to define what
18 reports should be excluded, correct?

19 A I guess so.

20 Q What events, I'm sorry, should be excluded
21 from being considered, you know, reportable, right?

22 A Yes.

23 Q After, however, they collected this data
24 and they generated these 35,000 reports, they then
25 wanted to submit those reports to VAERS and automate

1 Stanley Plotkin, M.D.

2 it so that those reports could continue to be
3 submitted, correct?

4 A Yes.

5 Q But the CDC wouldn't cooperate with them,
6 correct?

7 A Well, I have no idea whether that's true
8 or not.

9 Q On page 5, Dr. Plotkin, at the end of the
10 second paragraph, it says: Real -- does it say:
11 Real data transmission of nonphysician-approved
12 reports to the CDC were unable to commence by the
13 end of this -- as by the end of this project, the
14 CDC had yet to respond to multiple requests to
15 partner for this activity?

16 Is that what it says?

17 A That's what it says.

18 Q Okay. So, and this study says that less
19 than 1 percent of adverse events are reported to
20 VAERS, right?

21 A Well, I have to check that, but I think
22 that's correct.

23 Q Okay. Are you aware that there are other,
24 other governmental reports that make similar
25 estimates for VAERS?

1 Stanley Plotkin, M.D.

2 A I'm aware that not everything is reported
3 to VAERS, yes.

4 Q Are you aware that governmental reports
5 show that, that governmental reports like this one
6 show that the rate of reporting to VAERS is
7 extremely low, and in this instance they say Harvard
8 said less than 1 percent?

9 A Yes, apparently, yes. However, it has to
10 be reminded that reporting to VAERS is supposed to
11 occur whether or not you think there's been a
12 reaction. So whether or not the reactions are true
13 or not is not something that VAERS decides.

14 Q Right. But let's just assume for a second
15 here, so if, let's go back to what's been marked as
16 Exhibit 46, okay? Let's assume that a full
17 1 percent of associated adverse events are reported;
18 wouldn't that take the number of deaths to 98,000,
19 then, that were associated with the vaccine?

20 A I think it's likely the deaths are
21 reported more often than trivial reactions. So I
22 wouldn't be able to extrapolate from that number.

23 Q Right.

24 A But, you know, obviously death is more
25 dramatic.

1 Stanley Plotkin, M.D.

2 Q Let me show you, I think, one final
3 exhibit.

4 VIDEO OPERATOR: We have six minutes left
5 on the disc.

6 BY MR. SIRI:

7 Q I'm going to hand you what's been marked
8 as Plaintiff's Exhibit 48.

9 (Exhibit Plaintiff-48 was
10 marked for identification.)

11 BY MR. SIRI:

12 Q This is the VAERS report for all adverse
13 events for all vaccines just since January of 2016.

14 Do you see that?

15 A Yes.

16 Q If this --

17 A My wife is getting upset.

18 Q Well, don't tell her you offered her up
19 for a deposition.

20 If this represents even 3 percent or
21 5 percent of reported events, doesn't this concern
22 you in that maybe it really indicates -- strike
23 that.

24 It reports 751 life-threatening
25 reactions, correct?

1 Stanley Plotkin, M.D.

2 A Yes.

3 Q And that's only since January of 2016,
4 correct?

5 A Yes.

6 Q If that's only, if that's a full
7 1 percent, then that would be 75,000
8 life-threatening reactions that would have been
9 reported, correct?

10 A That's the arithmetic, yes.

11 Q That's the kind of event that would happen
12 pretty soon after vaccination, correct?

13 A Well, events that happen after
14 vaccination, yes --

15 Q Okay.

16 A -- but not necessarily because of
17 vaccination.

18 Q But until a properly controlled saline
19 placebo study is actually done or -- strike that.

20 Until we compare the total health
21 outcomes -- strike that.

22 Would you support a study that
23 compared total health outcomes between vaccinated
24 and unvaccinated children, Dr. Plotkin?

25 A Will I support such a study? Yes. If the

1 Stanley Plotkin, M.D.

2 protocol was scientifically valid, yes, I would
3 support such a study. I don't really put much faith
4 into the VAERS system for a number of reasons, some
5 of which you've cited.

6 I take much more, I put much more
7 confidence in the vaccine safety data, data which
8 are better controlled and which come from
9 institutions that see large numbers of patients.

10 Q Would you work to support such a study?

11 A Again, if such a study were scientifically
12 feasible, I would support it, yes.

13 Q Don't you want to know what the results of
14 that study show?

15 A If the study is done, yes, of course.

16 Q In terms of the Vaccine Safety Datalink
17 which you just mentioned, that's not available to
18 the public, correct?

19 A I think they publicly report in the
20 scientific literature --

21 Q If independent researchers want to get
22 access to the VSD while --

23 A I, I don't know what the circumstances are
24 regarding access to data.

25 Q Well, then I won't --

1 Stanley Plotkin, M.D.

2 A I simply don't know.

3 Q I won't ask you questions about that, if
4 you don't know it.

5 VIDEO OPERATOR: Two minutes.

6 MR. SIRI: Okay. Well, I am, I'm done
7 with my questioning. And I will, if opposing
8 counsel intends to ask any questions, then I
9 reserve to ask some rebuttal questions as well.
10 But, otherwise, I'm done with my questioning
11 for today.

12 MS. NIEUSMA: You know what? If
13 Dr. Plotkin is going to testify, I'm going to
14 have him here in Michigan, so I'm not concerned
15 about it. Let's just call it a day.

16 Dr. Plotkin, I'll give you a call tomorrow
17 if you're available for a quick phone call.

18 THE WITNESS: Actually, no. I'll be in a
19 meeting in Philadelphia, but I will be
20 available on Monday.

21 MS. NIEUSMA: Perfect. I will call you on
22 Monday.

23 THE WITNESS: Okay.

24 COURT REPORTER: Counsel, don't hang up,
25 please.

1 Stanley Plotkin, M.D.

2 MS. NIEUSMA: All right.

3 VIDEO OPERATOR: This ends disc five. It
4 concludes the deposition of Dr. Stanley
5 Plotkin. We are going off the record. The
6 time is 18:43.

7 COURT REPORTER: Ms. Nieuwsma, do you need
8 a copy of today's transcript?

9 MS. NIEUSMA: I do not.

10 COURT REPORTER: Is the witness going to
11 read and sign?

12 MS. NIEUSMA: He certainly can. It's
13 generally not something we do around here. But
14 he can do it if anybody wants him to.

15 (Discussion off the record.)

16 MR. SIRI: I'll talk to you after.

17 (Witness excused.)

18 (Deposition concluded at 6:42 p.m.)

19 _____

20 Witness Signature

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C E R T I F I C A T E

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COMMONWEALTH OF PENNSYLVANIA :
:
COUNTY OF PHILADELPHIA :

I, MAUREEN BRODERICK, Registered Professional Reporter - Notary Public, within and for the Commonwealth of Pennsylvania, do hereby certify that the proceedings, evidence, and objections noted are contained fully and accurately in the notes taken by me of the preceding deposition, and that this copy is a correct transcript of the same.

MAUREEN BRODERICK
Registered Professional
Reporter - Notary Public

Dated: January 16th, 2018

ERRATA SHEET

Case Name:

Deposition Date:

Deponent:

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Signature of Deponent

SUBSCRIBED AND SWORN BEFORE ME

THIS ____ DAY OF _____, 2018.

(Notary Public) MY COMMISSION EXPIRES: _____