

MATHESON VS. SCHMITT: DEPOSITION OF STANLEY A. PLOTKIN, M.D.

CASE # 2015-831539-DM, JANUARY 11, 2018, COUNTY OF OAKLAND CIRCUIT COURT, FAMILY DIVISION, MICHIGAN

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STANLEY A. PLOTKIN CREDENTIALS: WIKIPEDIA EXCERPTS

Biography: Born May 12, 1932. American physician who works as a consultant to vaccine manufacturers, such as Sanofi Pasteur, as well as biotechnology firms, non-profits and governments. In the 1960s, he played a pivotal role in discovery of a vaccine against rubella virus while working at Wistar Institute in Philadelphia. Today, in addition to his emeritus appointment at Wistar, he is emeritus professor of Pediatrics at the University of Pennsylvania. His book, "Vaccines", is the standard reference on the subject. He is an editor with Clinical and Vaccine Immunology, which is published by the American Society for Microbiology in Washington, D.C.

Vaccine Research Background: During his time at Wistar, Plotkin worked on several vaccines; chief among them are vaccines for rubella, rabies, rotavirus, and cytomegalovirus (CMV). He developed a vaccine for rubella, based upon the RA 27/3 strain of the virus (also developed by Plotkin using WI-38 human fetal stem cells), which was released to the public in 1969. Plotkin, working with Tadeusz Wiktor and Hilary Koprowski, produced a human vaccine for rabies during the 1960s and 1970s. Another vaccine that **Plotkin** co-developed, working with **H. Fred Clark and Paul Offit**, is for rotavirus. In 2006, **the team's vaccine became part of the U.S. recommended vaccine schedule for babies**. In the 1970's Plotkin lead the development of a vaccine against cytomegalovirus and developed others for which he is making millions and for decades has been providing consulting work for #BigVaxxPharma.



“Dr. Plotkin has been a tireless advocate for the protection of humans, and children in particular, from preventable infectious diseases. His lifetime of work on vaccines has led to profound reductions in both morbidity and mortality not only in the United States, but throughout the world (sic). His unbending adherence to the principle of being guided by outstanding science has led him to be admired by his peers. He demonstrates the combination of scholar, scientist and public servant.” --- Vijay B. Samant, President and CEO of **Vical, Inc.** -- **From Vical, Inc. website: “Vical develops biopharmaceutical products for the prevention and treatment of chronic or life-threatening infectious diseases based on our patented DNA delivery technologies and other therapeutic approaches.”**

Positions Held: 2006: Professor Emeritus of Virology, University of Pennsylvania; 2006: Executive Advisor, Sanofi Pasteur; 2014: Senior Advisor, Global Virus Network; Associate Chairman, Department of Pediatrics, University of Pennsylvania; Member, Center for HIV/AIDS Vaccine Immunology; Adjunct professor, Johns Hopkins Bloomberg School of Public Health; Scientific advisor, Mymetics.

Awards: 1993: Distinguished Physician Award, Pediatric Infectious Disease Society; 1995: Ed Nowakowski Senior Memorial Clinical Virology Award, Pan American Society for Clinical Virology; 2007: Distinguished Graduate Award, Perelman School of Medicine at the University of Pennsylvania; 2009: Maxwell Finland Award for Scientific Achievement; 2013-2014: Hamdan Award for Medical Research Excellence; 2014: Dr. Charles Mérieux Award for Achievement in Vaccinology and Immunology.

PARTICIPATION IN MATHESON CASE: Plotkin was invited by Paul Offit and Karen Ernst to participate in a child custody case in favor of the father defendant who wants to vaccinate his daughter against the mother's wishes in violation of her religious rights. **THE DEFENDANT'S DEFENSE TEAM WITHDREW PLOTKIN'S DEPOSITION SO IT COULD NOT BE USED IN FAVOR OF MATHESON AND TO HIDE IT FROM HUMANITY!**

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FOR IMMEDIATE PUBLICATION --- FOR IMMEDIATE DISTRIBUTION --- FOR IMMEDIATE ACTION

DEDICATION: This summary is dedicated to Lori Matheson, her daughter Faith and the thousands of parents that have trusted their children to pediatricians, the medical establishment and to the health authorities, only to go to a routine medical visit to have their children vaccinated and shortly thereafter see their children's physical and mental state gradually deteriorate within days, up to and including injury within the spectrum associated with autism and even death (#SIDV, Suddenly Induced Death by Vaccine). Special thanks to Matheson's legal team, brilliant work.

CHALLENGE FOR TRUTH. The **Advocates Against Forced Vaccination (#AAFV)** community worldwide challenges any person, including professional interrogators, personality profilers and those named below, to view the videos herein and to study the comments, tone of speech, demeanor, nervousness, attitude, selective memory and body language of Plotkin throughout the deposition, and to come to any other conclusion other than that Plotkin was consistently lying and doing his best to hide the truth about vaccine dangers and about **#BigVaxxPharma's** intent to avoid doing proper testing to determine the safety of all vaccines and **to use such lack of testing as proof that "Vaccine injuries are very, very rare" as claimed and preached by Plotkin, Dorit Reiss, Paul Offit and all Criminal Participants,¹ and which frequent and serious injuries Plotkin confirmed as real numerous times in his deposition, regardless of his attempt to hide it. The Court of Public Opinion will judge against Plotkin et al.**

LEGAL NOTICE TO U.S. DOJ AND TO PRESIDENT TRUMP: WE DEMAND THAT VACCINES NO LONGER BE MANDATORY FOR ANY PURPOSE AND WE DEMAND THAT PLOTKIN, REISS AND OFFIT BE INVESTIGATED FOR CRIMES AGAINST HUMANITY

RESEARCH INSTRUCTIONS:

1. A search of terms in the Excerpts of each Part will take you to that part of the deposition.
2. Any statement in this Summary can be searched and located in the transcript. A link to the transcript is at tinyurl.com/Plotkin-Deposition-Transcript. You can scroll down the left margin and click on videos of interest.
3. Clicking on the Video/Part Timestamp will take you to that segment of the video. Time noted is Deposition Time. A link to all Plotkin deposition videos and a related playlist is at the end of this document.
4. An exclusive listing of all Video/Parts Excerpts is found at tinyurl.com/Plotkin-Deposition-Excerpts.
5. Download a copy of this Summary, the Plotkin videos and his written deposition for your records.
6. **Enjoy!**

-- Pastor Ricardo Beas

¹ See "Vaccine Class Action Complaint" filed with the U.S. DOJ and U.S. HHS's Civil Rights divisions on July 2, 2017, at tinyurl.com/Vaccine-Class-Action-Complaint.

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<p>VaxTruth Website <u>8:43:20</u></p>	<p>PLOTKIN: The arguments generally are that vaccines can cause reactions and that the reactions are worse than the disease.</p> <p>QUESTION: And what did Dr. Offit have to say about that?</p> <p>PLOTKIN: Well, he pointed out, of course -- and he's the author of a chapter in my Vaccines book -- that the opposite is true, that the disease is worse than the reactions to the vaccines.</p> <p>QUESTION: Have you reviewed any documents to prepare for this deposition?</p> <p>PLOTKIN: You know, I've looked at the web. I don't usually do that, but I've looked at the web, some of the anti-vaccination websites ... Well, here's one called VaxTruth ... There are a couple of others that I looked at, many of which were appalling.</p> <p>QUESTION: Why do you believe they're appalling?</p> <p>PLOTKIN: Because they're ignorant of the facts, exaggerations, half-truths, or even misconceptions.</p> <p>QUESTION: VaxTruth, does that website, is that a website that catalogs personal stories of families who believe their child was injured by vaccines?</p> <p>PLOTKIN: You know, I did not -- what shall I say? -- read these word for word. I imagine that that's the case, but I couldn't tell you specifically about which website says what.</p> <p>QUESTION: Have you discussed the child at issue in this case?</p> <p>PLOTKIN: No.</p>	<p>TP# 18</p>
<p>Knowledge of Basic Child History in Case <u>8:47:20</u></p>	<p>QUESTION: So you don't know anything specific about the child at issue in this case, correct?</p> <p>PLOTKIN: I do not.</p> <p>QUESTION: You don't know anything about her medical history, correct?</p> <p>PLOTKIN: Correct.</p> <p>QUESTION: And you don't know anything about her family's medical history, correct?</p> <p>PLOTKIN: Correct.</p>	<p>TP# 20</p>
<p>Plotkin Travel Related to Developing Vaccines <u>8:47:48</u></p>	<p>QUESTION: Have you been on any trips in the last year?</p> <p>PLOTKIN: France ... Asia ... Europe ... Japan ... Germany ... England ... California ... Washington ... San Francisco ... San Diego ...</p>	

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<p>Gates Foundation <u>8:51: 16</u></p>	<p>QUESTION: What were the purpose of most of these trips? PLOTKIN: Attend meetings, scientific meetings.</p> <p>QUESTION: Were any of them related to companies developing vaccines? PLOTKIN: Oh, yes.</p> <p>QUESTION: What's your trip to France for? PLOTKIN: I'll be teaching in an advanced vaccinology course in Annecy ... It's a town in France.</p> <p>QUESTION: Who is sponsoring this course? PLOTKIN: Well, it's sponsored by the University of Geneva and the Gates Foundation.</p> <p>QUESTION: And your trip to Germany, what's that for, Doctor? PLOTKIN: I'll be going to visit a biotechnology company that is trying to develop vaccines based on RNA.</p> <p>QUESTION: Do you have a position or affiliation with that company? PLOTKIN: I'm simply on their scientific Board.</p> <p>QUESTION: And your trip to India, purpose of that one? PLOTKIN: To discuss vaccination against chikungunya, a virus which is epidemic in India and in South America.</p> <p>QUESTION: And who are those discussions with? PLOTKIN: Well, it's under the aegis of an organization called CEPI, which is a coalition to develop vaccines against epidemic diseases. So it's an organization that's received funding from various governments to meet the challenges of epidemic diseases like Ebola and chikungunya, et cetera.</p> <p>QUESTION: This trip also include meeting with vaccine developers? PLOTKIN: Well, they will be present at the meeting. They will come and present the results of their efforts to develop a vaccine against chikungunya.</p> <p>QUESTION: Faith's father believes that Faith's mother was wrong to not have given Faith all CDC-recommended vaccines on time. Do you agree with the father? PLOTKIN: Yes.</p> <p>QUESTION: Is it your understanding that the father wants Faith to receive all vaccines she has missed and continue to receive all CDC-recommended vaccines?</p>	<p>TP# 23</p>
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<p>Child (Faith) Vaccination History and Particulars <u>8:56:24</u></p>	<p>PLOTKIN: That is my understanding, yes.</p> <p>QUESTION: Do you agree with the father that Faith should receive these vaccines? PLOTKIN: Absent any contraindication, yes.</p> <p>QUESTION: Sitting here today, do you know whether Faith has any contraindications? PLOTKIN: I do not know.</p>	<p>TP# 26</p>
<p>Number of Vaccines and Doses Recommended by Plotkin.</p>	<p>QUESTION: So sitting here today, you don't know whether Faith should or should not actually get these vaccines? PLOTKIN: In the absence of a contraindication, Faith should receive the vaccines.</p> <p>QUESTION: But you don't know whether she has a contraindication? PLOTKIN: I do not know the medical history of the child.</p>	<p>TP# 27</p>
<p>Rotavirus developed by Plotkin <u>9:02:45</u></p>	<p>QUESTION: Rotavirus, what are the brand names and companies that manufacture those? PLOTKIN: Well, actually, one of the rotavirus vaccines I developed, so I do know that the trade name is called RotaTeq. And the other one is called Rotarix.</p> <p>QUESTION: Who sells those, manufactures those? PLOTKIN: Merck manufactures RotaTeq, and GSK manufactures Rotarix.</p>	<p>TP# 32</p>
<p>Major Vaccine Manufacturers Payments to Plotkin <u>9:10:02</u></p>	<p>QUESTION: So every vaccine that you believe Faith should receive is produced by either Merck, Sanofi, GSK, or Pfizer, correct? PLOTKIN: Yeah. That's pretty much the case. In this country, at the present time, there are a limited number of vaccine manufacturers because vaccine manufacture is difficult and costly.</p> <p>QUESTION: Would it be correct to call these four companies the big four vaccine manufacturers? PLOTKIN: Yes, that's correct.</p> <p>QUESTION: Have you received any payments from Sanofi or any of its related or predecessor entities? PLOTKIN: Yes. Certainly.</p> <p>QUESTION: In what years did you receive payments? PLOTKIN: Oh, geez. Well, first of all, as you should know, in the 1990s I was medical and scientific director of Sanofi Pasteur, and so obviously I was paid by them. And since then I've been consulting for manufacturers, for biotechs, for governments, for nonprofits, and essentially for anyone interested in vaccine development. And so I have been remunerated by companies, not by nonprofits, obviously, and that is essentially what I do.</p>	<p>TP# 37</p>

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<p>Voices for Vaccines Funding & Plotkin as Driving Force <u>9:23:57</u></p>	<p>QUESTION: Is there a year since 1990 that you've not received any kind of payment or remuneration from Sanofi? PLOTKIN: Probably not, no.</p> <p>QUESTION: How much did you receive -- what would you say is approximate total amount of payments and remunerations you've received from Sanofi during your lifetime? PLOTKIN: Oh, my God. I have no idea. I'm sure it's a sizable amount of money ... Well, again, I'm not prepared to answer this question, but I'm sure it's a considerable amount of money. And over the years, it could well be more than a million.</p> <p>QUESTION: So what I'm asking, has any entity, so any business company, that you've had directly or indirectly more than 1 percent ownership interest, okay, has any company like that received money from Sanofi? PLOTKIN: Well, again, I'm not sure I understand the question. But I am the principal (100% ownership) of a company called Vaxconsult ... which essentially was organized to make things easier from the tax point of view. And that entity, if that's what you mean, has received payments from companies for whom I consult.</p> <p>QUESTION: You anticipate to continue to receive payments or any kind of other remuneration from Sanofi in the future? PLOTKIN: As long as my health holds out, yes.</p> <p>QUESTION: What are those payments for? PLOTKIN: For advice.</p> <p>QUESTION: Have you received any payments from Merck or any of its related or predecessor entities? PLOTKIN: Yes.</p> <p>QUESTION: What year did you receive payments? PLOTKIN: All I can say is since I stopped working for Sanofi, which was in early 2000s, I've consulted for essentially all of the major manufacturers. I do not know how much I received. But I have certainly received payments from Merck, from Glaxo, from Pfizer, and many other entities.</p> <p>PLOTKIN: Voices for Vaccines, for example, receives no funding from any of the pharmaceutical companies, and that is in order to avoid any suggestion of a conflict of interest. I think that's probably true for a number of the nonprofits I advise. But obviously it may not be true for companies.</p> <p>QUESTION: So you're saying Voices for Vaccines doesn't receive any funding from pharmaceutical companies? PLOTKIN: None.</p>	<p>TP# 46</p>
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<p>Task Force for Global Health Financed by Big Pharma <u>9:29:14</u></p>	<p>QUESTION: What's your affiliation with that group? PLOTKIN: Well, I was one of those who suggested that an organization of laypeople, as opposed to scientists, would be a good idea to oppose all of the nonsense that one sees on the web from anti-vaccination organizations.</p> <p>QUESTION: So it was your idea to create Voices for Vaccines? PLOTKIN: It wasn't my sole idea. It was a suggestion that I made at a certain point. And it turned out that there were laypeople who were interested in promoting vaccines. Since then I've been on their advisory Board. But other than that, I have no role in the organization.</p> <p>QUESTION: But you were, from what I'm understanding, tell me if I'm correct, it sounds like you were a driving force in suggesting its creation and at least initially -- getting it set up; is that correct? PLOTKIN: Yes.</p> <p>QUESTION: I'm going to hand you what has been marked as Plaintiff's Exhibit 1 ... Dr. Plotkin, do you recognize this as a printout from the Voices for Vaccines website? PLOTKIN: Well, that's what it says. I don't read the website that often, but yes.</p> <p>QUESTION: Okay. And I see that it's got you listed on the scientific advisory Board -- PLOTKIN: PLOTKIN: Yes</p> <p>QUESTION: Now, you see at the very end on the last page, Dr. Plotkin, see at the very bottom it says: Voices for Vaccines is an administrative product of the Task Force for Global Health? PLOTKIN: Yes.</p> <p>QUESTION: And it receives funding from that organization, correct? PLOTKIN: No. It does not receive funding. The task force was asked to do the -- what shall I say? -- the financial stuff required for an organization like Voices for Vaccines. But it does not contribute financially to Voices for Vaccines.</p>	<p>Exhibit 1²</p> <p>TP# 49</p>
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² See Exhibit 1: Voices for Vaccines – Mission.

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	<p>QUESTION: Dr. Plotkin, I'm going to hand you what's been marked as Exhibit 2. This is a form 990 tax return for the Task Force for Global Health ... do you see Section 4C? PLOTKIN: Yes.</p> <p>QUESTION: Where there's expenses of \$3,757,924? PLOTKIN: Yes.</p> <p>QUESTION: Do you see that one of the groups receiving part of that funding was, in the last line, Voices for Vaccines? ... I'll read to it you, number four. It says, number four says: Describe the organization's programs, service, accomplishments for each of its three largest program services as measured by expenses. PLOTKIN: Yeah.</p> <p>QUESTION: Are you claiming that this document does not represent that Voices for Vaccines received funding from the Task Force for Global Health? PLOTKIN: As far as I am aware, that the Voices for Vaccines receives no funding from the task force. The task force under Dr. Alan Hinman has agreed to do the financial, whatever is required by the government to do the financial work, for Voices for Vaccines. But as far as I'm aware, it receives no funding from the task force or any other governmental or semi-governmental entity.</p> <p>QUESTION: So the task force does provide some support for Voices for Vaccines, correct? PLOTKIN: It does.</p> <p>QUESTION: Does the Task Force for Global Health receive funding from any of the big four pharmaceutical companies? PLOTKIN: I do not know ...</p>	<p>Exhibit 2³</p>
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³ See Exhibit 2: Task Force for Global Health, Form 990 - Tax Form

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VIDEO -- PART 2	<p>Task Force for Global Health funded by Vaxx Manufacturers -- Plotkin developed multiple Vaccines -- Plotkin Developed the Varicella Vaccine, received millions of dollars – Windstar Institute – Vaccine Patent Holder -- Immunization Action Coalition – Plotkin’s Curriculum Vitae Missing Items -- Work for Sanofi, Merck, Glaxo, Pfizer -- Undisclosed association with vaccine developers: Dynavax, VBI, MyMetics, Dynavax, Inovio Biomedical Corp., CureVac AG, Syn, GeoVax Labs, GlycoVaxyn AG, Adjuvance Technologies, BioNet-Asia, Abcombi Biosciences, Hookipa Biotech -- Pertussis Vaccine’s Lack of Efficiency tinyurl.com/Plotkin-Deposition2</p>	
Task Force for Global Health (continued)	<p>PLOTKIN: (I do not know ...) for a fact, but I doubt it. The task force, I know, secondhand. But I, I believe that they receive funding from CDC, but as far as I know, not from companies.</p> <p>QUESTION: Dr. Plotkin, I'm going hand you what's 5 been marked as Plaintiff's Exhibit 3.</p> <p>PLOTKIN: Yeah. So? ... I see, yes, where it says: Funders. Well, I stand corrected. So the task force, then, does receive funding from companies. However, I don't see that has any bearing on its work for Voices for Vaccines.</p> <p>QUESTION: So does this show that the Task Force for Global Health received funding from GSK?</p> <p>PLOTKIN: Yes, it does. But I want to repeat that the Voices for Vaccines has studiously avoided receiving funding from any company. And the fact that the task force is doing its finances was only a matter of convenience and an offer from Dr. Hinman that they would do that because they have experience with filing tax returns, et cetera.</p> <p>And I do not believe, and I strongly do not believe that any of the funding to the task force passes to Voices for Vaccines.</p> <p>QUESTION: Does the Task Force for Global Health receive funding from Merck?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And from Pfizer?</p> <p>PLOTKIN: Apparently, yes.</p> <p>QUESTION: So the Task Force of Global Health receives funding from pharmaceutical companies. And at the least, I'm understanding from you, provides some kind of administrative support services to the Voices for Vaccines, correct?</p> <p>PLOTKIN: Correct.</p>	TP# 52 Exhibit 3⁴

⁴ See Exhibit 3: The Task Force for Global Health – Fact Sheet

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<p>Plotkin developed multiple Vaccines <u>9:42:05</u></p> <p>Plotkin Developed the Varicella Vaccine, received millions of dollars <u>9:42:51</u></p>	<p>QUESTION: And one of the founding voices to create that organization was yourself, correct? PLOTKIN: I was one of those who suggested it, yes.</p> <p>QUESTION: And you received remuneration from pharmaceutical companies, correct? PLOTKIN: I do, yes.</p> <p>QUESTION: Is there any other education or nonprofit institution in which you've been affiliated that you're aware of that does not and has not received funding from any of the, any vaccine company? PLOTKIN: Well, I certainly advise the Gates Foundation. I advise the National Institutes of Health. I think those are the major institutions that are not in the business of, in the business of developing vaccines. And they do not receive funding from companies.</p> <p>QUESTION: Does the NIH hold any patents on any vaccine-related technology? PLOTKIN: I believe they do, yes.</p> <p>QUESTION: Do they receive royalties from those patents? PLOTKIN: I imagine they do, yes.</p> <p>QUESTION: Have you ever worked on developing a vaccine that was eventually used by the public? PLOTKIN: Yes.</p> <p>QUESTION: Which ones? PLOTKIN: Let's see. Well, rubella, rotavirus, rabies, and I made contributions here and there to anthrax, cytomegalovirus, varicella. That's all I can remember at the moment.</p> <p>QUESTION: When you say you contributed to it, how did you contribute to development of varicella? PLOTKIN: Essentially by showing how it could be used and demonstrating that it was safe and effective.</p> <p>QUESTION: Did you work directly with Merck on that? PLOTKIN: I don't recall whether it was directly with Merck or not. Certainly it was the vaccine produced by Merck. But whether -- I don't recall that they actually funded my studies of varicella vaccine. But they were, they were the producers of the vaccine, certainly.</p> <p>QUESTION: Where were you working when you did this work? PLOTKIN: At Children's Hospital of Philadelphia.</p>	<p>TP# 57</p>

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<p>Windstar Institute – Vaccine Patent Holder <u>9:48:25</u></p>	<p>QUESTION: Have you developed or been part in any way in the development of any vaccine from which you have received any payment, revenue, or income related to the sale of that vaccine? PLOTKIN: Yes. Although I should stipulate that all of the patents on vaccines that I've developed have been taken out by the institutions for which I was working and that they gave me -- and I stress that it was not a requirement, but they gave me part of the profits deriving from the patents.</p> <p>QUESTION: Which vaccines are those? PLOTKIN: Mainly rubella, rotavirus, and rabies.</p> <p>QUESTION: And the rubella vaccine that you developed is currently used as part of the MMR vaccine? PLOTKIN: Correct.</p> <p>QUESTION: And this is one of the vaccines you believe Faith's pediatrician should purchase and administer to her? PLOTKIN: Absolutely.</p> <p>QUESTION: What is the total amount of payments in any form you have directly or indirectly received from the sale of the rubella vaccine? PLOTKIN: I cannot give you a figure. I would say that I do not doubt. But, again, I'd have to ask my wife. I do not doubt that they were substantial amounts of money, and similarly for rotavirus and rabies.</p> <p>QUESTION: Was it in the millions of dollars for rubella? Just rubella. PLOTKIN: I don't think so. That's all I can say. I don't think so ... And certainly what I've done has not been based on what remuneration I could receive from the work that I've done.</p> <p>QUESTION: Now, do you have -- you said that you're not sure whether it was in the millions of dollars that you've received from the sale of rubella, correct? PLOTKIN: Correct.</p> <p>QUESTION: But it could have been? PLOTKIN: I doubt it, but it could have been. I don't think so.</p> <p>QUESTION: Who provided you those payments? PLOTKIN: The Wistar Institute.</p> <p>QUESTION: Did it come from any other source other than Wistar? PLOTKIN: I don't think so because the Wistar holds the patent.</p>	<p>TP# 60</p>
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<p>Plotkin Inventor of RotaTeq <u>9:49:42</u></p>	<p>QUESTION: Were you listed as one of the patent – one of the inventors? PLOTKIN: I believe so, yes.</p> <p>QUESTION: But the Wistar was the assignee; is that right? PLOTKIN: Yes.</p> <p>QUESTION: And so they received the -- they're the ones who had the, gave the license to Merck? PLOTKIN: Yes. Yes.</p> <p>QUESTION: So Merck would pay Wistar, and then Wistar would remit some of that to you; is that correct? PLOTKIN: That's correct.</p> <p>QUESTION: And you obtained a patent for RotaTeq? PLOTKIN: Wistar and Children's Hospital developed patents.</p> <p>QUESTION: Who is listed as the inventor or co-inventors? PLOTKIN: Myself, Paul Offit and Fred Clark.</p> <p>QUESTION: How much remuneration to date have you received from sales of RotaTeq? PLOTKIN: I couldn't tell you exactly, but it's been a considerable amount.</p> <p>QUESTION: Has it been in the millions? PLOTKIN: I hesitate to say exactly. It could be, but I really do not know.</p> <p>QUESTION: What portion from the sale of RotaTeq was CHOP entitled to? PLOTKIN: Well, as I understand it, 50 percent.</p> <p>QUESTION: And what percent of that 50 were you entitled to? PLOTKIN: I don't know.</p> <p>QUESTION: Did there ever come a time where CHOP sold its interest in the RotaTeq virus vaccine? PLOTKIN: I believe so, yes.</p>	<p>TP# 62</p>
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	<p>QUESTION: Do you remember how much approximately it was sold for? PLOTKIN: No.</p> <p>QUESTION: I'm going to hand you what is being marked as Plaintiff's Exhibit 4. This is a press release from Royalty Pharma. And the title of the press release is: Royalty Pharma acquires royalty interest in RotaTeq from the Children's Hospital Foundation for 182 million ... Looking at Exhibit No. 4, does that refresh your recollection of how much CHOP sold its interest in RotaTeq for in 2008? PLOTKIN: Assuming it's correct, yes.</p> <p>QUESTION: Do you have any reason to doubt that CHOP sold its RotaTeq interest in 2008 for \$182 million? PLOTKIN: I have no reason to doubt it.</p> <p>QUESTION: Did you receive a portion of those proceeds? PLOTKIN: I believe so, yes.</p> <p>QUESTION: What was that amount? PLOTKIN: I could not tell you precisely. I really can't. I don't do these things for the money. And although it's gratifying to receive monetary awards, I don't personally keep track of it.</p> <p>QUESTION: You're here today opining that Faith should receive vaccines that are made by the big four pharmaceutical companies, correct? PLOTKIN: I am, yes.</p> <p>QUESTION: Okay. And you didn't anticipate that your financial dealings with those companies would be relevant in that issue? PLOTKIN: I guess, no, I did not perceive that that was relevant to my opinion as to whether a child should receive vaccines. Vaccines have to be made by somebody. And, of course, in this world they're made by pharmaceutical companies who make profits on vaccines. And the fact that they make profits on vaccines has no bearing on whether those vaccines are good for a child or not.</p>	<p>Exhibit 4⁵</p>
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⁵ See Exhibit 4: Royalty Pharma Press Release.

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	<p>QUESTION: So you think the fact that pharmaceutical companies make money on vaccines doesn't bias how they approach the promotion of their own products? PLOTKIN: I imagine it biases them in favor of vaccines, but so does most of the scientific world.</p> <p>QUESTION: Are you saying most of scientific world is biased because of financial – conflicts of interest? PLOTKIN: No. I'm saying most of the scientific world believes that vaccines protect children against serious diseases.</p> <p>QUESTION: You stated earlier your co-inventor on this was Paul Offit? PLOTKIN: Yes.</p> <p>QUESTION: If I told you he said that he received approximately \$6 million, would that -- would that help you recall how much you received? PLOTKIN: Not really, but I believe whatever Paul has said I'm sure is correct.</p> <p>QUESTION: So is \$6 million a lot of money, in your opinion? PLOTKIN: Yes.</p> <p>QUESTION: If you received \$6 million, do you think you'd remember? PLOTKIN: Actually, Counselor, no. I hesitate to say this because it sounds as if I'm some sort of idiot. But I really do not follow what income I get. I have no doubt that it was a lot of money, but I cannot give you an exact figure. I actually do not read my own tax returns. I say that in complete honesty.</p> <p>QUESTION: Did there ever come a time -- and you receive a portion of the proceeds that Wistar receives, correct? PLOTKIN: Yes.</p> <p>QUESTION: How much approximately have you received 5 in the past? PLOTKIN: I don't remember.</p> <p>QUESTION: Do you recall Wistar selling a portion of its royalty interest to RotaTeq? PLOTKIN: I believe they have.</p> <p>QUESTION: Do you remember approximately how much? PLOTKIN: No.</p>	
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<p>Immunization Action Coalition 10:02:24</p>	<p>QUESTION: I'm going hand you what's been marked as Plaintiff's Exhibit 5. It's a PR Newswire article. Can you read the title, please? PLOTKIN: "The Wistar Institute Sells Partial Royalty Interest in Merck's RotaTeq to the Paul Royalty Fund."</p> <p>QUESTION: Can you please read the first sentence of the article, Dr. Plotkin. PLOTKIN: The Wistar Institute today announced that it sold a portion of its anticipated worldwide royalty revenues from RotaTeq to an affiliate of the Paul Royalty Fund for \$45 million.</p> <p>QUESTION: From this \$45 million sale, any recollection at all of how much you received? PLOTKIN: No recollection. I'm sure I received some.</p> <p>QUESTION: Do you think it was sizable? PLOTKIN: I think it was probably sizable, yes.</p> <p>QUESTION: More than a few hundred thousand? PLOTKIN: I think so. I don't have a figure in my head.</p> <p>QUESTION: Are you familiar with the Immunization Action Coalition? PLOTKIN: Yes.</p> <p>QUESTION: What is your understanding of what this group does? PLOTKIN: They promote vaccination through education and emails and meetings.</p> <p>QUESTION: Would you say it's one of the main advocacy groups for vaccines in this country? PLOTKIN: I think it's an important one, yes.</p> <p>QUESTION: Does it receive funding from pharmaceutical companies? PLOTKIN: I believe -- I think so. I'm not certain.</p>	<p>TP# 69 Exhibit 5⁶</p>
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⁶ See Exhibit 5: PR Newswire 12/15/15 Press Release.

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	<p>QUESTION: I'm going to hand you what's been marked as Plaintiff's Exhibit 6. It's a printout from the Immunization Action Coalition web page showing their funding for 2017. If you could kindly take a look at that and the section that says, that lists the pharma company donors.</p> <p>PLOTKIN: Mm-hmm.</p> <p>QUESTION: Are any of the companies listed there vaccine manufacturers trying to develop vaccines? PLOTKIN: Yes.</p> <p>QUESTION: Which ones? PLOTKIN: AstraZeneca, Glaxo, Merck, Pfizer, Sanofi, Seqirus.</p> <p>QUESTION: So all of them? PLOTKIN: Yes.</p> <p>QUESTION: Do you know approximately what percent of Immunization Action Coalition's funding comes from those pharmaceutical companies? PLOTKIN: No idea.</p> <p>QUESTION: So just to recap, I think it would be correct to say that you've received in total from the companies that develop or manufacture vaccines payments or remuneration at least in the amount of a few million dollars, correct? PLOTKIN: I think it's correct to say that since I left Children's Hospital in the 1990s, I have received considerable funding for my work in developing vaccines and in advising companies how to develop vaccines, and I have also given advice freely to organizations that could not pay me because I believe that vaccines are important to the health of children and adults.</p> <p>QUESTION: So the answer is yes? PLOTKIN: The answer is yes, but I wish to say very clearly that none of the things that I have done have been done with the objective of gaining money. It has been my fortune that I have been rewarded financially for the work that I've done. But none of the things that I've done have been done for financial gain. And I resent very much the line of questioning that suggests that what I believe and what I've done have been done for financial reasons.</p>	<p>TP# 72 Exhibit 6⁷</p>
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⁷ See Exhibit 6: Immunization Action Coalition - IAC Funding 2017.

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	<p>QUESTION: Nobody is suggesting that, Dr. Plotkin. I'm just asking you --</p> <p>PLOTKIN: Baloney, you are suggesting that.</p> <p>QUESTION: You're suggesting that. Dr. Plotkin, you indicated that a lot of the remuneration you received is from the 1990s. Have you received any funding from the big four pharma companies or their predecessors before 1990?</p> <p>PLOTKIN: I would say probably not. You know, it's very hard to remember that far back. But certainly not any substantial funding. I may have received honoraria for attending meetings in those days, but certainly nothing, nothing considerable. At that point I was working at the University of Pennsylvania and the Children's Hospital and the Wistar Institute and was, of course, paid by those entities.</p> <p>QUESTION: Did you receive any funding from any pharmaceutical company related to the development of vaccines before 1990?</p> <p>PLOTKIN: I don't recall receiving any funding for the development of rubella vaccine before it was licensed and then funding passed through Wistar. As far as rotavirus is concerned, I did have grants, not personal money, but grants for rotavirus development from Sanofi. And I had no funding for rabies. That's as much as I can recall.</p> <p>QUESTION: I'm going hand you, Dr. Plotkin, what's been marked as Plaintiff's Exhibit 7. Can you read the title of the article, please.</p> <p>PLOTKIN: Attenuation of RA 27/3 Rubella Virus in WI-38 Human Diploid Cells.</p> <p>QUESTION: Who is the first listed author?</p> <p>PLOTKIN: I am.</p> <p>QUESTION: What is the year of this publication?</p> <p>PLOTKIN: 1969.</p> <p>QUESTION: Does it say there that Mr. Plotkin is a recipient of an award from Smith, Kline -- is that a predecessor to GSK?</p> <p>PLOTKIN: Yes, it is.</p>	<p>TP# 77 Exhibit 7⁸</p>
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⁸ See Exhibit 7: Attenuation of RA 27/3 Rubella Virus in WI-38 Human Diploid Cells.

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<p>Plotkin's Curriculum Vitae Missing Items Work for Sanofi, Merck, Glaxo, Pfizer 10:15:20</p>	<p>QUESTION: Does that refresh your recollection now of maybe what was an earlier time that you received funding from pharmaceutical companies towards development related to a vaccine? PLOTKIN: Yes ... I did have some funding from GSK, but they had their own candidate rubella vaccine.</p> <p>QUESTION: Dr. Plotkin, I'm going to hand you what has been marked as Plaintiff's Exhibit 8. This is your CV (résumé), correct, Dr. Plotkin? PLOTKIN: Yes.</p> <p>QUESTION: It's quite a hefty CV, Dr. Plotkin. It's over 200 pages. I see there's 794 articles in it which you were the author, correct? PLOTKIN: Yes.</p> <p>QUESTION: That's a lot of articles. I see a lot of honors, including Who's Who in America since 1978. PLOTKIN: Mm-hmm.</p> <p>QUESTION: I see you have positions in industry listed, correct? PLOTKIN: Yes.</p> <p>QUESTION: I see two of them. I see one is from 1991 to 1997, the medical and scientific director at the Sanofi. PLOTKIN: Yes.</p> <p>QUESTION: And 1997-2009, executive advisor to the CO of Sanofi, correct? PLOTKIN: Correct.</p> <p>QUESTION: But as discussed earlier, since 2009 you've also worked for Sanofi, correct? PLOTKIN: I have, yes.</p> <p>QUESTION: And you worked for Merck? PLOTKIN: Yes.</p> <p>QUESTION: And Glaxo? PLOTKIN: Yes.</p>	<p>TP# 79 Exhibit 8⁹</p>
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⁹ See Exhibit 8: CV (Curriculum Vitae) of Dr. Plotkin

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<p>Undisclosed association with vaccine developers: Dynavax, VBI, MyMetics, Dynavax, Inovio Biomedical Corp., CureVac AG, Syn, GeoVax Labs, GlycoVaxyn AG, Adjuvance Technologies, BioNet-Asia, Abcombi Biosciences, Hookipa Biotech <u>10:23:00</u></p>	<p>QUESTION: And Pfizer? PLOTKIN: Yes.</p> <p>QUESTION: How come those aren't listed here, Dr. Plotkin? PLOTKIN: Well, they are consultancies. They're not official appointments. I don't have a, let's say, a title at Merck. I'm simply a consultant to them. So it's not in my CV.</p> <p>QUESTION: What is Dynavax Technologies? PLOTKIN: Dynavax is a company that is working on adjuvantation of vaccines and has recently licensed a hepatitis B vaccine that is more immunogenic than the current vaccines.</p> <p>QUESTION: This is a for-profit company? PLOTKIN: Yes.</p> <p>QUESTION: Right. And it's involved in the development of vaccines, right? PLOTKIN: Yes.</p> <p>QUESTION: You're on the Board of directors of this company, correct? PLOTKIN: Correct.</p> <p>QUESTION: That affiliation is not disclosed on the CV, correct? PLOTKIN: It's not on the CV, no.</p> <p>QUESTION: What is VBI Vaccines? PLOTKIN: Variation Bio.</p> <p>QUESTION: Okay. And what is that? PLOTKIN: That's a biotech developing vaccines.</p> <p>QUESTION: And this is a for-profit company as well, correct? PLOTKIN: Yes.</p> <p>QUESTION: And you are also on the Board of Directors of this company, right? PLOTKIN: Yes.</p>	<p>TP# 85</p>
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	<p>QUESTION: And that affiliation is not disclosed in your CV, correct? PLOTKIN: It is not in my CV, no.</p> <p>QUESTION: What is MyMetics? PLOTKIN: MyMetics is a biotech in Europe. Actually, I haven't done anything for them in at least a year now. But I think I'm still officially on their Board.</p> <p>QUESTION: But that affiliation is not on your CV, correct? PLOTKIN: No.</p> <p>QUESTION: Dynavax Technologies, what have you done for them? PLOTKIN: Dynavax, I've been on their Board.</p> <p>QUESTION: Have you advocated on their behalf? PLOTKIN: Yes.</p> <p>QUESTION: Have you done that in any government meetings, for example? PLOTKIN: Yes. Yes.</p> <p>QUESTION: To seek licensure of the vaccine? PLOTKIN: Yes. It was just licensed.</p> <p>QUESTION: And so you were advocating as a Board member of a technology company to get licensure of a new vaccine, correct? PLOTKIN: Yes. 10:21:52</p> <p>QUESTION: Any of your hospital administrative appointments missing from this list, Dr. Plotkin? PLOTKIN: No, I don't think so. I do have an appointment at Johns Hopkins, but, yeah.</p> <p>QUESTION: I see you have positions in industry listed, correct? ... I see two of them. I see one is from 1991 to 1997, the medical and scientific director at the Sanofi -- PLOTKIN: Yes.</p> <p>QUESTION: And 1997-2009, executive advisor to the CO of Sanofi, correct? PLOTKIN: Correct.</p>	<p>TP# 87</p> <p>TP# 88</p>
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	<p>QUESTION: But as discussed earlier, since 2009 you've also worked for Sanofi, correct? PLOTKIN: Correct.</p> <p>QUESTION: And you worked for Merck? PLOTKIN: Yes.</p> <p>QUESTION: And Glaxo? PLOTKIN: Yes.</p> <p>QUESTION: And Pfizer? PLOTKIN: Yes.</p> <p>QUESTION: How come those aren't listed here, Dr. Plotkin? PLOTKIN: Well, they are consultancies. They're not official appointments. I don't have a, let's say, a title at Merck. I'm simply a consultant to them. So it's not in my CV.</p> <p>QUESTION: So in providing this CV to your, to defendant's counsel, you didn't think disclosing your affiliations with the very companies whose product you're saying Faith should receive, her pediatrician purchase and provide to her, was necessary to disclose? ... Strike the question. Let me ask you this: Are you willing to update your CV to disclose all of the connections you have with the big four pharmaceutical companies? PLOTKIN: Yes, of course. ... (the CV is) created for, not for the, for legal purposes. This is created to inform people who want to know about my papers and my appointments at various universities.</p> <p>QUESTION: What is Dynavax Technologies? PLOTKIN: Dynavax is a company that is working on adjuvantation of vaccines and has recently licensed a hepatitis B vaccine that is more immunogenic than the current vaccines.</p> <p>QUESTION: This is a for-profit company? PLOTKIN: Yes.</p> <p>QUESTION: Right. And it's involved in the development of vaccines, right? PLOTKIN: Yes.</p> <p>QUESTION: You're on the Board of directors of this company, correct? PLOTKIN: Correct.</p>	
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	<p>QUESTION: That affiliation is not disclosed on the CV, correct? PLOTKIN: It's not on the CV, no.</p> <p>QUESTION: What is VBI Vaccines? PLOTKIN: That's a biotech developing vaccines.</p> <p>QUESTION: And you are also on the Board of Directors of this company, right? PLOTKIN: Yes.</p> <p>QUESTION: And that affiliation is not disclosed in your CV, correct? PLOTKIN: It is not in my CV, no.</p> <p>QUESTION: What is MyMetics? PLOTKIN: MyMetics is a biotech in Europe. Actually, I haven't done anything for them in at least a year now. But I think I'm still officially on their Board.</p> <p>QUESTION: You are chairman of their scientific advisory Board, correct? PLOTKIN: As I said, I haven't done anything for them for at least a year. So if that is correct, that's sort of an old thing.</p> <p>QUESTION: But they're a for-profit company? PLOTKIN: Yes.</p> <p>QUESTION: But that affiliation is not on your CV, correct? PLOTKIN: No.</p> <p>QUESTION: Dynavax Technologies, what have you done for them? PLOTKIN: Dynavax, I've been on their Board.</p> <p>QUESTION: Have you advocated on their behalf? PLOTKIN: Yes.</p> <p>QUESTION: Have you done that in any government meetings, for example? PLOTKIN: Yes.</p> <p>QUESTION: To seek licensure of the vaccine?</p>	
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	<p>PLOTKIN: Yes. It was just licensed.</p> <p>QUESTION: Inovio Biomedical Corp., what's that? PLOTKIN: That's a biotech that's developing vaccines based on DNA. (not disclosed in CV)</p> <p>QUESTION: What's CureVac AG? PLOTKIN: Is it involved in the development of vaccines? (not disclosed in CV)</p> <p>QUESTION: What is Syn, S-Y-N, Vaccine? PLOTKIN: Actually, I'm not sure about that, about that name. But as I recall, it's a company trying to develop synthetic vaccines.</p> <p>QUESTION: What's your affiliation with that company? PLOTKIN: Actually, I don't recall that -- I've certainly helped them.</p> <p>QUESTION: What is GeoVax Labs? PLOTKIN: I've been an advisor, and I think I'm officially on their Board. They're trying to develop a vaccine against HIV. (not disclosed on CV)</p> <p>QUESTION: Was this association disclosed in your CV -- no, right? PLOTKIN: No. I don't have my consultancies on my CV.</p> <p>QUESTION: You're on the Board of these companies, correct? PLOTKIN: Yes.</p> <p>QUESTION: What is GlycoVaxyn AG? PLOTKIN: It was a biotech in Europe. QUESTION: Okay. Was it involved in the development of vaccines? PLOTKIN: Yes. (not disclosed in CV)</p> <p>QUESTION: What is Adjuvance Technologies? ... What is BioNet-Asia? ... What's Abcombi Biosciences? ... What's Hookipa Biotech? (all vaccine developers, none disclosed in CV)</p> <p>QUESTION: How long does the current immunity last from the current acellular pertussis vaccine? PLOTKIN: Well, it lasts for probably on the order of five years, but the efficacy diminishes after two years or so.</p>	<p>TP# 90</p>
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<p>Pertussis Vaccine's Lack of Efficiency <u>10:30:33</u></p>	<p>QUESTION: So when you say after five years immunity is gone in two years, the efficacy, do you mean after -- how many dose -- the four- or five-dose DTaP series? ... So the last vaccine recommended for adolescents is around what age, of DTaP or diphtheria-, tetanus-, and pertussis-containing vaccine? PLOTKIN: Thirteen.</p>	<p>TP# 94</p>
<p>VIDEO -- PART 3</p>	<p>Vaccine Manufacturer's Profits for 2017 about \$30 Billion -- Vaccine Manufacturer's Conflict of Interest -- Plotkin's involvement with CDC, FDA, NIH, ACIP -- Plotkin's work with WHO, VRBPAC, NVAC, IOM -- The Fraud of the National Childhood Vaccine Injury Act of 1986 -- CDC Vaccine Schedule -- Pediatricians rely on CDC Schedule -- No liability for Vaccine Manufacturers -- Bad Manufacturing vs. Defect Claims -- Who Comprises Voting Members of ACIP -- Plotkin, Offit and Clark, co-inventors of rotavirus vaccine where in meeting that approved the vaccine, conflict of interest -- Plotkin presented with Gavel at ACIP -- Access to ACIP by BigVaxxPharma vs. the Public -- Vaccines' detrimental effects on the Body tinyurl.com/Plotkin-Deposition3</p>	
	<p>QUESTION: 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? PLOTKIN: ... 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.</p> <p>QUESTION: What do you mean by "considerably"? PLOTKIN: 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.</p> <p>QUESTION: So after the last vaccine dose in adolescents, five years later only 30 to 50 percent of people are -- receiving these CDC-recommended childhood schedule are protected from pertussis? PLOTKIN: Yes.</p> <p>QUESTION: How about ten years out? PLOTKIN: I'm not sure there are many studies that go that far out. But I would imagine that the protection is diminished considerably by that time.</p> <p>QUESTION: So most adults aren't protected for pertussis? PLOTKIN: Not unless they've received a booster dose.</p>	<p>TP# 9</p>

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<p>Vaccine Manufacturer's Profits for 2017 about \$30 Billion <u>10:54:33</u></p>	<p>QUESTION: Does the cellular pertussis vaccine prevent the infection and transmission of pertussis in the person vaccinated with acellular pertussis vaccine? PLOTKIN: Well, that's an area of active research.</p> <p>QUESTION: What animals are used in those studies? PLOTKIN: Baboons.</p> <p>QUESTION: could that study be done with human -- do you think any IRB approval could ever be obtained to do that study with humans? PLOTKIN: To allow an individual to develop symptomatic pertussis? I don't think that would be approved.</p> <p>QUESTION: Do you know what the, do you know what the global sales of vaccines were, approximately, last year? PLOTKIN: My vague recollection is something like 30 billion.</p> <p>QUESTION: And the increase in the vaccine market has been due to the fact that new vaccines give higher profits, correct? PLOTKIN: Correct.</p>	<p>TP# 103</p>
<p>Vaccine Manufacturer's Conflict of Interest <u>10:58:20</u></p>	<p>QUESTION: What is your opinion about this, the New England Journal of medicine? PLOTKIN: It is an influential medical journal.</p> <p>QUESTION: I'm going to read you a quote from a Dr. Edmond J. Safra, professor at Harvard Medical School and former editor in chief at the New England Journal of Medicine. ... So the quote says: Conflicts of interest and biases exist in virtually every field of medicine, particularly those that rely heavily on drugs or devices. It is no longer possible to believe much of the clinical research that is published or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as the editor of the New England Journal of Medicine." Are you familiar with that quote? PLOTKIN: No.</p> <p>QUESTION: Okay. Let me read you a different quote, again, by Dr. Angell, in which she blames the issue that I just quoted, the issues with truths in medical publishing, on individuals that use legitimacy of academia to push pharmaceutical company agendas. Here's what she said about those individuals. She says, quote: They serve as consultants to the same companies whose products they evaluate, join corporate advisory boards and speaker bureaus, enter into patent and royalty arrangements, agree to be the listed authors of articles ghostwritten by interested companies, promote drugs and devices at company-sponsored symposia, and allow themselves be</p>	<p>TP# 106</p>

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<p>Plotkin's involvement with CDC, FDA, NIH, ACIP <u>11:02:15</u></p>	<p>plied with expensive gifts and trips to luxurious settings. Many also have equity interest in sponsoring companies. Are you familiar with that quote? PLOTKIN: Yes.</p> <p>QUESTION: Have you received -- you have received royalties from the sale of one or more vaccines, correct? PLOTKIN: Yes.</p> <p>QUESTION: You are listed as an author on at least one or more papers where individuals authoring papers receive compensation from vaccine makers, correct? ... Have any of your co-authors on any of the papers that you've published received compensation from pharmaceutical companies? PLOTKIN: Presumably, yes.</p> <p>QUESTION: Have you ever been involved with the CDC? PLOTKIN: Yes, of course. ... Well, actually, I was an epidemic intelligence service officer in the 1950s, and I have served on committees. I've attended numerous meetings at CDC. I've worked or, let's say, collaborated frequently with people from CDC. CDC is the world's most important epidemiology organization.</p> <p>QUESTION: FDA? PLOTKIN: Yes. I've actually done consultation for FDA and interacted with people on FDA, yes.</p> <p>QUESTION: Okay. NIH? ... And you've been involved with the NIH? PLOTKIN: Yes.</p> <p>QUESTION: And how have you been involved? PLOTKIN: Served on committees, worked with people at NIH, scientific collaborations.</p> <p>QUESTION: ACIP? PLOTKIN: Well, yes. The Advisory Committee for Immunization Practices. I have attended their meetings since 1960s, probably.</p> <p>QUESTION: Have you served on any Board related to ACIP? PLOTKIN: To ACIP? I've worked, I have participated in working groups which they have organized on specific subjects.</p> <p>QUESTION: Ever work on a working group for rotavirus? ... And measles?... Rubella? PLOTKIN: No, not for ACIP, no.</p>	<p>TP# 109</p>
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<p>Plotkin's work with WHO, VRBPAC, NVAC, IOM <u>11:05:33</u></p>	<p>QUESTION: A different government agency? PLOTKIN: No. Actually, that was for WHO.</p> <p>QUESTION: Any involvement with that committee? (VRBPAC, Vaccines and Related Biologicals Advisory Committee) PLOTKIN: I have testified, but not, I have not served on the committee. On the, at least the last time concerned the Dynavax vaccine.</p> <p>QUESTION: And this was to try to seek approval of that vaccine? PLOTKIN: Yes.</p> <p>QUESTION: Which ended up getting approved? PLOTKIN: Yes.</p> <p>QUESTION: The NVAC? PLOTKIN: National Vaccine Advisory Committee. I've given talks to the committee.</p> <p>QUESTION: And what's the, what about IOM; what does that stand for? PLOTKIN: Institute of Medicine, now the National Academy of Medicine.</p>	<p>TP# 112</p>
<p>The Fraud of the National Childhood Vaccine Injury Act of 1986 <u>11:09:17</u></p>	<p>QUESTION: What is the National Childhood Vaccine Injury Act of 1986? PLOTKIN: Well, that's, in effect, it funds the organization that, shall I say, receives requests from individuals who believe that they've been injured by vaccines and remunerates them if they decide that, that there was a possibility that the vaccine did cause injury.</p> <p>QUESTION: And the secretary of HHS in those cases is represented by the Department of Justice? PLOTKIN: Yes.</p> <p>QUESTION: To defend against claims that the vaccines cause injury, right? PLOTKIN: I would say that they determine whether there is a reasonable possibility that the vaccine caused injury. They, I would say, are relatively open and will give an award if there is a reasonable possibility.</p> <p>QUESTION: Do you have a study that supports what you just said or any type of -- ... That they are very, that they are open to giving awards? Do you have any governmental report or any authoritative source, any kind of governmental report or similar that supports the assertion you just made? PLOTKIN: Well, I don't know.</p>	<p>TP# 114</p>

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<p>CDC Vaccine Schedule <u>11:21:32</u></p> <p>Pediatricians rely on CDC Schedule <u>11:21:54</u></p>	<p>QUESTION: So is it your testimony that the national, that the Vaccine Injury Compensation Program is not an adversarial system? PLOTKIN: It's an adversarial system in that people have to have some reasonable information base to say that a child, let's say, has been injured. Whether it's because of a vaccine or whether it's a chance occurrence fortunately does not have to be adjudicated under this kind of system.</p> <p>QUESTION: That's only if it's a table injury, correct? PLOTKIN: Yes.</p> <p>QUESTION: But if it's not a table injury, then the petitioner would need ... to show that it was the vaccine that caused the injury? PLOTKIN: Yes.</p> <p>QUESTION: This is the act that gave vaccine manufacturers immunity from liability. PLOTKIN: Yes.</p> <p>QUESTION: Okay. Are you familiar with how the CDC makes changes to its pediatric vaccine schedule? PLOTKIN: Yes.</p> <p>QUESTION: Have you ever been part of that process? PLOTKIN: Not part of the process, but certainly part of the discussion.</p> <p>QUESTION: In addition to changes to the CDC pediatric schedule voted upon by ACIP, correct? PLOTKIN: Yes.</p> <p>QUESTION: What happens when ACIP votes for a pediatric vaccine to be added to the CDC's pediatric vaccine schedule for universal use? PLOTKIN: It is adopted by various medical organizations and recommended to the physicians.</p> <p>QUESTION: And so the pediatricians around the country rely on those recommendations to decide whether or not to administer a vaccine? PLOTKIN: Absolutely.</p>	<p>TP# 123</p>
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<p>No liability for Vaccine Manufacturers – Bad Manufacturing vs. Defect Claims <u>11:24: 07</u></p> <p>Who Comprises Voting Members of ACIP <u>11:24:36</u></p> <p>Plotkin, Offit and Clark, co-inventors of rotavirus vaccine where in meeting that approved the vaccine, conflict of interest <u>11:25:44</u></p>	<p>QUESTION: Do you know what percentage of vaccines, pediatric vaccines administered in the United States are purchased from pharmaceutical companies using federal money through the Vaccines for Children Program? PLOTKIN: Fifty to 60 percent.</p> <p>QUESTION: So when ACIP recommends a vaccine for universal use, it will essentially create a liability-free market of millions of children for the pharmaceutical company manufacturing that vaccine, right? PLOTKIN: The act provides payment to the pharmaceutical company to manufacture the vaccine; that is correct.</p> <p>QUESTION: (Vaccine manufacturers) And they're not liable for injuries from the vaccines, right? PLOTKIN: Unless it is the result of bad manufacture.</p> <p>QUESTION: But not for, if it wasn't, not for design defect claims? PLOTKIN: Right.</p> <p>QUESTION: Meaning you can't sue a vaccine manufacturer claiming that they could have made the vaccine safer? PLOTKIN: Correct.</p> <p>QUESTION: Who comprises the voting members of ACIP? Strike that. ... Are the individuals that serve on ACIP government employees? PLOTKIN: No.</p> <p>QUESTION: Where do these individuals come from? PLOTKIN: They come from all over the United States, and they are chosen because they have no conflict of interest; that is to say, they receive no funding from vaccine companies but are thought to know something about vaccines, nevertheless, with the exception of a community representative who is a layperson.</p> <p>QUESTION: So none of the members of ACIP have any conflict with regards to the manufacture, development, or - of vaccination? PLOTKIN: Right.</p> <p>QUESTION: When was the first rotavirus approved by ACIP for universal pediatric use? ... If I tell you June 25, 1998, does that jog your memory? PLOTKIN: Yeah, that could be right.</p> <p>QUESTION: On that date, June 25, 1998, you and your co-inventors, Paul Offit and Fred Clark, had already had a patent on the rotavirus vaccine, correct?</p>	<p>TP# 125</p> <p>TP# 126</p>
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	<p>PLOTKIN: Yes.</p> <p>QUESTION: Were you at ACIP at the meeting that they first approved the first-ever rotavirus vaccine for universal pediatric use? PLOTKIN: I believe I was.</p> <p>QUESTION: Was Fred Clark at that meeting? PLOTKIN: I think he was.</p> <p>QUESTION: Was Paul Offit at that meeting? PLOTKIN: Yes.</p> <p>QUESTION: (Rotavirus vaccine) Paul Offit was on the committee and voted to approve that vaccine for universal use, correct? PLOTKIN: Very likely, yes.</p> <p>QUESTION: At the time that he voted to approve that rotavirus vaccine for universal use, he was a patent holder with you and Fred Clark on a rotavirus vaccine, correct? PLOTKIN: Yes.</p> <p>QUESTION: He didn't recuse himself from voting on recommending the rotavirus vaccine for universal use at that meeting, correct? PLOTKIN: That's correct, which in a sense was voting against himself since obviously he was in favor of the vaccine that we were trying to develop. So in effect, he was voting for a competitor.</p> <p>QUESTION: Are you aware of the many other conflicts of interest regarding the vote to approve the rotavirus vaccine for universal use that we've just been discussing that's been reported in a U.S. House of Representatives Committee on Government Reform report? PLOTKIN: No.</p> <p>QUESTION: Are you aware that this report found that, quote, the overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry, end quote? PLOTKIN: I agree with the idea that people who are on the ACIP should have no conflict of interest.</p>	
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	<p>QUESTION: Are you aware that the report, that this report by the U.S. House of Representatives' Committee on Government Reform concluded that ACIP, quote, Reflects, quote, a system where the government officials make crucial decisions affecting American children without the advice and consent of the governed? PLOTKIN: I'm not aware of that report.</p> <p>QUESTION: (Exhibit 9 provided) I'll give you a copy. PLOTKIN: I will be interested in reading this. But I would say two things: One is that CDC certainly recently has leant over backwards to try to avoid people with conflicts of interest being on ACIP. And, second, that ACIP meets under public conditions; that is to say, the meeting is open to the public, the meeting is on the web, so that thousands of people, literally, can observe what goes on at the meeting and decide for themselves whether or not there's any hanky-panky.</p> <p>QUESTION: Are the working groups, are those also public? PLOTKIN: They are not public in the sense that the public does not attend the working group.</p> <p>QUESTION: But the discussions that the working groups have in conference calls leading up to ACIP meetings, those are not transcribed, are they? PLOTKIN: They are not, no.</p> <p>QUESTION: Okay. And the members and individuals who participate in those working groups, right, which often lead to what ACIP then rubber-stamps, are permitted to have all forms and do have all forms of conflicts with industry, don't they? PLOTKIN: They may.</p> <p>QUESTION: You've also, you've also said that the meetings are available to the public. You've attended, you said, almost every ACIP meeting, correct? PLOTKIN: Correct.</p> <p>QUESTION: Since, when was it, the '60s? PLOTKIN: Yeah. Roughly, yes.</p> <p>QUESTION: And you attended the most recent one as well? PLOTKIN: Yes, I did.</p>	<p>Exhibit 9¹⁰ TP# 131</p>
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¹⁰ See Exhibit 9: Conflicts of Interest in Vaccine Policy Making - June 15, 2000.

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<p>Plotkin presented with Gavel at ACIP <u>11:36:45</u></p>	<p>QUESTION: Were you presented anything by the ACIP committee? PLOTKIN: I was presented -- well, I was told that there is a gavel with my name on it, that it will be used henceforth at the meetings.</p> <p>QUESTION: When they posted the video of that meeting on the Internet, did they include your speech, Dr. Plotkin? PLOTKIN: I don't know, but I suppose they did.</p> <p>QUESTION: Well, you can check after this deposition on the website and see if your speech is there. I, we have not been able to find it. PLOTKIN: Really? Wow. Too bad.</p>	<p>TP# 133</p>
<p>Access to ACIP by BigVaxxPharma vs. the Public <u>11:37:55</u></p>	<p>QUESTION: Regularly at ACIP meetings, you get up and speak, correct? PLOTKIN: I often do, yes.</p> <p>QUESTION: So you're given free, you're able to get up pretty much at any time and speak, aren't you? PLOTKIN: Yes.</p> <p>QUESTION: You don't have to wait for the public comment period, correct? PLOTKIN: Correct.</p> <p>QUESTION: And that's also true of vaccine manufacturers; they also are permitted to get up and come to the mic and speak even not -- when there isn't public -- PLOTKIN: Yes. They're often asked to answer questions that are being discussed.</p> <p>QUESTION: Isn't it true that they also get up and come to the front to speak even when not asked a question? PLOTKIN: They may do so if they have, if it's a discussion about one of their products.</p> <p>QUESTION: But if members of the public want to speak, they have to wait until the public speaking period, correct? PLOTKIN: Normally, yes.</p> <p>QUESTION: And when the videos are released, a lot of the conversations that occur between the pharmaceutical representatives and ACIP, do those also make it to the video that's released publicly?</p>	<p>TP# 134</p>

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<p>Vaccines' detrimental effects on the Body 11:40:34</p>	<p>PLOTKIN: As far as I know, the video contains all of the public hearings. In other words, if somebody comes to the mic, they are photographed; and as far as I know, they appear on the web.</p> <p>QUESTION: Does vaccination create a systemic change in the body? PLOTKIN: Vaccination creates a change in the immune system of the body.</p> <p>QUESTION: Is that supposed to be system-wide, meaning if I get vaccinated in my arm but I'm infected in my toe, am I still supposed to still be immune? PLOTKIN: Yes.</p> <p>QUESTION: I said modern medicine, modern immunology, does not fully understand the complete sequence of events in terms of going from vaccination to immunity, correct? PLOTKIN: Well, science never completely understands anything.</p> <p>QUESTION: What about its effects on other body systems? Can creating this immune response also have effects not only on creating antibodies to target cells that have been infected, but can it also have other bodily changes, other effects that are either known or unknown? PLOTKIN: Yes.</p>	<p>TP# 136</p>
<p>VIDEO -- PART 4</p>	<p>Clinical Trials are a sham – Peter Aaby on deaths related to DTP vaccine -- Clinical trials' solicited vs. hidden unsolicited reactions -- Hep B Length of safety review period: 5 days -- Vaccine Serious Adverse Reactions – No placebo group for Hep B vaccine -- Follow-up on efficiency 12-18 months, safety 4 to 5 days – Polio vaccine safety review period only 48 hours -- MMR had no clinical trials prior to licensure, no placebo group -- ActHIB vaccine safety study only 48 hours, no placebo tests, serious adverse effects tinyurl.com/Plotkin-Deposition4</p>	
<p>Clinical Trials are a sham 11:49:18</p>	<p>QUESTION: Before vaccines are licensed, they go through clinical trials to confirm their safety, right? PLOTKIN: Correct.</p> <p>QUESTION: These clinical trials assess if there are any harms caused by the vaccine, correct? PLOTKIN: Yes.</p> <p>QUESTION: Was the DTP vaccine withdrawn from the U.S. market? PLOTKIN: The whole-cell -- ... pertussis vaccines have been withdrawn, yes.</p>	<p>TP# 142</p>

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<p>Peter Aaby on deaths related to DTP vaccine <u>11:50:48</u></p>	<p>QUESTION: Because of safety concerns, right? PLOTKIN: Because they cause significant fever and convulsions, febrile seizures. And they were, it was decided that it would be better to have a pertussis vaccine that didn't cause that type of reaction. So they were taken off the market, not because they were not working; quite the opposite, but because of safety concerns.</p> <p>QUESTION: Are you familiar with Peter Aaby, Dr. Peter Aaby? PLOTKIN: Yes, of course.</p> <p>QUESTION: Didn't he recently publish a paper in which he looked at children who received DTP vaccine in the first six months of life versus children who received no vaccines in the first six months of life and found that those that received DTP died at a rate of ten times that of the unvaccinated? PLOTKIN: I don't remember the exact figures. But you have to take into account that Peter Aaby – I had many discussions with Peter Aaby. Peter Aaby's work is done in a, in non-placebo-controlled ways; that is, his studies are observational. Second point is that those studies have been examined more than once by World Health Organization committees. And their judgment has been that the effects of the pertussis vaccine in particular are not sufficiently documented to be acceptable or to change vaccination practice.</p> <p>QUESTION: You said non-placebo-controlled. What do you mean? PLOTKIN: I mean that essentially what Peter does -- and I'm not criticizing him because obviously it is very difficult to do, but he doesn't have randomly vaccinated or children who randomly receive pertussis vaccine or don't receive pertussis vaccine. ... And, again, the WHO has at least twice gone over Peter's studies and has decided that they are not of sufficient proof to change their recommendations.</p> <p>QUESTION: Do you have a copy of those reports from the WHO? ... Do you remember when those reports came out? PLOTKIN: Within recent years. I don't remember the year.</p> <p>QUESTION: More than a year ago? PLOTKIN: Probably, yes.</p> <p>QUESTION: Peter Aaby's study just came out last year? PLOTKIN: Well, I imagine WHO will reconsider them. But his studies suggesting that pertussis may, vaccine may increase mortality have been around for a while. It's not the first study that he's done.</p>	<p>TP# 143</p>
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<p>Clinical trials' solicited vs. hidden unsolicited reactions <u>11:57:26</u></p>	<p>QUESTION: Peter Aaby's a respected researcher, correct? He's a respected researcher, correct? PLOTKIN: He's a respected researcher. I respect him.</p> <p>QUESTION: In conducting prelicensure clinical trials for vaccines, what is the difference between solicited and unsolicited reactions? PLOTKIN: Well, solicited reactions mean that you ask the vaccine whether he's had X, Y or Z. Unsolicited are reactions that the patient reports to the investigator without being specifically questioned about them.</p> <p>QUESTION: who decides what symptoms get put on the solicited list of reactions? PLOTKIN: Well, generally the investigator; however, one has to take into account that the companies meet with FDA during the development of vaccines and that FDA basically has to approve the protocols. And so if FDA thinks that a particular reaction should be measured, they will tell the investigators to include them.</p> <p>QUESTION: But the list is created by the pharmaceutical company developing the vaccine? PLOTKIN: In the first instance, yes, and then approved by the FDA.</p>	<p>TP# 147</p>
<p>Hep B Length of safety review period: 5 days <u>12:37:43</u></p>	<p>QUESTION: Dr. Plotkin, earlier you testified that there are two hep B vaccines on the market. One by Glaxo, GSK, that's Endrix-B; and the other one is by Merck, Recombivax HB, right? PLOTKIN: Yes.</p> <p>QUESTION: For the Recombivax HB, how long was the safety review period in the prelicensure clinical trial for this vaccine? PLOTKIN: I don't know.</p> <p>QUESTION: Dr. Plotkin, I'm going to hand you what's been labeled Plaintiff's Exhibit 10. This is the product, the manufacturer insert for Recombivax HB, correct? PLOTKIN: Yes.</p> <p>QUESTION: In Section 6.1, when you look at the clinical trials that were done prelicensure for Recombivax HB, how long does it say that safety was monitored after each dose? PLOTKIN: Five days.</p> <p>QUESTION: Is five days long enough to detect adverse reactions that occur after five days? PLOTKIN: No. ... They would be reported separately as observed in the clinic.</p>	<p>TP# 149 Exhibit 10¹¹</p>

¹¹ See Exhibit 10: Highlights of Prescribing Information - RECOMBIVAX HB.

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<p>Vaccine Serious Adverse Reactions <u>12:41:32</u></p>	<p>QUESTION: Okay. Is five days long enough to detect an autoimmune issue that arises after five days? PLOTKIN: No.</p> <p>QUESTION: Is five days long enough to detect a seizure that arises after five days? PLOTKIN: It would be unlikely to have a seizure occur after five days.</p> <p>QUESTION: Is five days long enough to detect any neurological disorder that arose from the vaccine after five days? PLOTKIN: No.</p> <p>QUESTION: There's no control group, correct? PLOTKIN: Not -- let's see. Well, they mention 3,258 doses were administered to 1,252 healthy adults.</p> <p>QUESTION: That's right. But does it mention any control group, Dr. Plotkin? PLOTKIN: It does not mention any control group, no.</p> <p>QUESTION: If you turn to Section 6.2, what is the list of adverse reactions listed in this section? PLOTKIN: These are reports of adverse reactions that likely were reported to the VAERS system.</p> <p>QUESTION: Under immune system disorders, does it say that there were reports of hypersensitive reactions, including anaphylactic, anaphylactoid reactions, bronchospasms, and urticaria having been reported within the first few hours after vaccination? PLOTKIN: Yes.</p> <p>QUESTION: Does it, reports of arthritis? PLOTKIN: It is mentioned.</p> <p>QUESTION: There are also reports of autoimmune diseases, including systemic lupus, erythematosus, lupus-like syndrome, vasculitis, and polyarteritis nodosa as well, correct? PLOTKIN: Yes. That's what it states.</p> <p>QUESTION: And also it states that, under the nervous system disorders, it states that after that, there have been reports of Guillain-Barré syndrome? PLOTKIN: Yes.</p>	<p>TP# 151</p>
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	<p>QUESTION: As well as multiple sclerosis, exacerbation of multiple sclerosis; myelitis, including transverse myelitis; seizure, febrile seizure; peripheral neuropathy, including Bell's palsy; radiculopathy ... muscle weakness, hypesthesia, and encephalitis, correct?</p> <p>PLOTKIN: Correct. ... So the fact that these things are in the package circular does not mean that the vaccine necessarily caused the stated phenomena.</p> <p>QUESTION: What would need to be done to -- in order to know whether or not any of these reported conditions are caused by the vaccine, what you would need is a properly randomized, as you've said earlier, placebo-controlled study, correct?</p> <p>PLOTKIN: Correct.</p> <p>QUESTION: But these are events that are reported after vaccination. And as you've just, we just discussed, in order to establish whether it's causal between the vaccine and the condition, you need a randomly, a randomized, placebo-controlled study?</p> <p>PLOTKIN: Yeah.</p> <p>QUESTION: But that was not done for this hepatitis B vaccine before licensure, was it?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Okay. And given that the vaccine now appears on the CDC's recommended list, isn't it true that it would now be considered unethical to conduct such a study today?</p> <p>PLOTKIN: It would be, yes, it would be ethically difficult.</p> <p>QUESTION: So let's take a look at Engerix-B. That's the other the hepatitis B vaccine that you testified that you recommend Faith receive. Do you know how long adverse reactions were reviewed after each dose of that vaccine in the prelicensure clinical trial?</p> <p>PLOTKIN: Not offhand, no.</p> <p>QUESTION: I'm going to hand you what has been marked Plaintiff's Exhibit 11. This is the manufacturer insert for the Engerix-B, correct?</p> <p>PLOTKIN: Yes.</p>	<p>Exhibit 11¹²</p>
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¹² See Exhibit 11: Highlights of Prescribing Information - ENGERIX-B.

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<p>No placebo group for Hep B vaccine <u>12:53:42</u></p> <p>Follow-up on efficiency 12-18 months, safety 4 to 5 days <u>12:57:34</u></p>	<p>QUESTION: Okay. If you turn to Section 6.1, which is clinical trials experience, can you please tell me how long the safety review period was in the precensure clinical trials after each dose? PLOTKIN: All subjects were monitored for four days post administration. That does not necessarily mean that they didn't collect reactions after four days.</p> <p>QUESTION: Are you claiming they collected reactions after four days but didn't disclose it here in violation of the Code of Federal Regulations? PLOTKIN: I daresay that they collected putative reactions for a longer period. I feel quite positive about that. When they say they were monitored for four days, that means active monitoring as opposed to collecting reports later on. That is not uncommon in clinical trials.</p> <p>QUESTION: Is four days long enough to detect an autoimmune issue that arises after four days? PLOTKIN: No.</p> <p>QUESTION: Or a neurological disorder that arises after four days? PLOTKIN: No. That would be reported later.</p> <p>QUESTION: Uh-huh. And can you provide any proof that there was any reports or follow-up after those four days? PLOTKIN: Well, it doesn't say that here, but I am willing to bet that they did collect reactions after four days. And I imagine that the FDA would not have allowed them not to do that.</p> <p>QUESTION: But as you sit here today, that's just speculation, correct? PLOTKIN: Yes, that's speculation based on experience.</p> <p>QUESTION: So, and there's no, there was no placebo group, correct? In the 13,000, in the trial at the top where it talks about 13,000 doses being administered. PLOTKIN: It does not say that there was a control group.</p> <p>QUESTION: Now, if you please go to page 11 of this same manufacturer insert for the hepatitis B, if you take a look over there, I think you'll find that it provides that there was a follow-up with regard to efficacy, not safety, efficacy, that was beyond the four days? PLOTKIN: Yeah.</p> <p>QUESTION: So just to be clear, efficacy of the vaccine was followed up for at least 12 months or 18 months, but safety was only done for four or five days? PLOTKIN: I do not agree with that statement. I do believe that GSK, like any other company, would have followed their patients much longer than four days and would have collected reaction data.</p>	<p>TP# 160</p> <p>TP# 162</p>
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<p>Polio vaccine safety review period only 48 hours <u>13:02:34</u></p>	<p>QUESTION: And if they didn't do that, you would agree that that is completely inadequate in terms of assessing safety prelicensure? PLOTKIN: I would say that would be inadequate, yes.</p> <p>QUESTION: Do you agree with the CDC's recommendation that babies receive a hepatitis B on the first day of life? PLOTKIN: Yes</p> <p>QUESTION: (Polio vaccine) ... If it's so safe, then how come the safety review period for the prelicensure clinical trial as provided in the manufacturer insert for IPOL only reviewed safety for 48 hours? PLOTKIN: Once again, I have no doubt that safety observations were made after 48 hours, but they expected that immediate reactions, such as a sore arm or fainting or something like that, would have happened within 48 hours.</p> <p>QUESTION: I'm going to hand you what's being marked as Exhibit 12. This is the manufacturer insert for the IPOL polio virus vaccine inactivated. ... Okay. So if you go to page 14, Dr. Plotkin, how long does it say that adverse reactions were observed after vaccination? PLOTKIN: Forty-eight hours.</p> <p>QUESTION: Okay. And did the subject group that received IPV only receive IPV or did they receive another vaccine along with it? PLOTKIN: Concurrently with DTP.</p> <p>QUESTION: And what did the control group receive? PLOTKIN: I don't see that stated.</p> <p>QUESTION: If DTP is given along with IPV, how could you know whether a reaction was caused by DTP or IPV? PLOTKIN: You could not.</p>	<p>TP# 166</p> <p>Exhibit 12¹³</p>
<p>MMR had no clinical trials prior to licensure, no placebo group <u>13:06:00</u></p>	<p>QUESTION: The only MMR vaccines available in the United States are made by Merck, correct? PLOTKIN: Yes.</p> <p>QUESTION: Do you know how long the safety review period for each dose of MMR in the prelicensure clinical trials for this vaccine? PLOTKIN: Not offhand.</p>	<p>TP# 169</p>

¹³ See Exhibit 12: Poliovirus Vaccine Inactivated - IPOL - Sanofi Pasteur.

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	<p>QUESTION: Dr. Plotkin, I'm going to hand you what's been marked as Plaintiff's Exhibit 13. This is the manufacturer insert for MMR II, correct? PLOTKIN: Yes.</p> <p>QUESTION: If you go to the precaution section, I'm sorry, the adverse reaction section, I apologize, on page 6, what you'll find is that there was no clinical trial prior to licensure for MMR, correct? PLOTKIN: I doubt very much that's the case.</p> <p>QUESTION: You're not aware that it's -- is it -- are you aware that it is a grandfathered product? PLOTKIN: I am not aware that it's grandfathered. I was alive and well when the product was first licensed, and it was tested extensively before it was licensed. ... So to say that it hasn't been tested is absolute nonsense.</p> <p>QUESTION: How come there's no clinical trial data in the manufacturer insert? PLOTKIN: That is something that the FDA would have decided isn't necessary.</p> <p>QUESTION: So you're saying there were clinical trials before the MMR was licensed. PLOTKIN: Absolutely.</p> <p>QUESTION: And can you provide those? PLOTKIN: You can find them in this book, if you wish.</p> <p>QUESTION: So you're saying you won't provide them? PLOTKIN: Well, yes, I guess I am saying I won't provide them. If you want to take the trouble, read the book.</p> <p>QUESTION: Do you have a, can you point me to something that had a placebo group and was prelicensure, please, sir? PLOTKIN: I'm not sure of the placebo group.</p> <p>QUESTION: Well, maybe they're not included because they didn't include a placebo group. PLOTKIN: They may not have included placebo group, yes.</p> <p>QUESTION: So you don't, so you're not aware of any trial that assess safety in MMR with the control group, correct? PLOTKIN: I cannot cite such a study offhand.</p>	<p>Exhibit 13¹⁴</p>
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¹⁴ See Exhibit 13: M-M-R II Description.

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<p>ActHIB vaccine safety study only 48 hours, no placebo tests, serious adverse effects <u>13:17:21</u></p>	<p>QUESTION: I'm just, we've, we talked earlier that to assess safety, you need a randomized, placebo-controlled study. And my understanding from looking at this insert is that no such study exists. ... Going back to page 6, there are, of the 19 manufacturer insert for MMR, there is an extensive list of adverse reactions that have been reported after licensure of this vaccine by individuals receiving the vaccine, correct? PLOTKIN: Yes.</p> <p>QUESTION: You also testified that Faith should be vaccinated for Hib, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. Do you know how long the safety review period was for each dose of ActHIB in the prelicensure clinical trials for this vaccine? PLOTKIN: Not offhand, no.</p> <p>QUESTION: (Provides Exhibit 14) ... What were the safety review periods in these trials? PLOTKIN: Forty-eight hours. Yes.</p> <p>QUESTION: I said if you turn to page 8 of the insert, one of the clinical trials they did actually look at, did do a 30-day follow-up, correct? PLOTKIN: Yes.</p> <p>QUESTION: Now, I'm going to read you a sentence from the paragraph at the bottom of that page. It says: In study P3206, within 30 days following any dose, one through three of DAPTACEL plus IPOL plus ActHIB vaccines, 50 of 4 1,455 -- that's 3.4 percent -- participants experienced a serious adverse event, right? PLOTKIN: Yes.</p> <p>QUESTION: Now, one way to establish whether or not those adverse events were related to the vaccine was to have a placebo group, a control group receiving an inert substance, correct? PLOTKIN: That's one way.</p> <p>QUESTION: That's right. But there wasn't a control group here receiving an inert substance, correct? PLOTKIN: As far as it says, no.</p>	<p>TP# 177</p> <p>Exhibit 14¹⁵</p>
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¹⁵ See Exhibit 14: Highlights of Prescribing Information – ActHIB

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	<p>QUESTION: Right. And the control group here received other vaccines, correct? PLOTKIN: Yes.</p> <p>QUESTION: Anyway, so since there is no placebo group receiving an inert substance, then it's left to the vaccine manufacturer seeking licensure to determine whether or not the 50 -- the adverse events that arose are or are not related to the vaccine, correct? PLOTKIN: Generally speaking, studies organized by manufacturers or anybody else, for that matter, of vaccines has a safety Board attached to the study. And they evaluate whether they think the reaction was due to the vaccine or not. As it says here, only one of the serious adverse events was attributed to the vaccine, which was a seizure with apnea occurring on the day of vaccination after the first dose, which is, you know, in 7,000 infants and a vaccine that prevents meningitis and other serious diseases is not too bad.</p> <p>QUESTION: Let's look at that more carefully. This is out of the, out of 1,455, correct? PLOTKIN: Yes.</p> <p>QUESTION: And it was 50 children that had a serious adverse event within 30 days, correct?</p>	TP# 179
VIDEO -- PART 5	<p>Adding other vaccines to placebo group -- HPV/Gardasil vaccine: Saline placebo vs. AAHS "placebo"; they hide true placebo group with zero injuries -- AAHS "false placebo" vaccines contained Aluminum Hydroxyphosphate Sulfate, just like HPV vaccine -- Book "Vaccines In Autoimmunity" confirms aluminum adjuvants cause autoimmune conditions -- True placebo group in HPV trials had zero autoimmune disorders -- Combined AAHS control group with true placebo group when it came to systemic autoimmune disorders -- Enbrel's 80-month clinical study compared to vaccine studies: No clinical study for DTaP -- Editor Plotkin's Book of deception: "Plotkin's Vaccines" -- Plotkin admits the need of double-blind placebo-controlled studies -- Without knowing Faith's medical history, Plotkin highly recommends all vaccines in CDC Schedule -- Institute of Medicine book tinyurl.com/Plotkin-Deposition5</p>	
13:22:20	<p>PLOTKIN: Yes. But you have to understand what is meant by "a serious adverse event." They try to accumulate all things that happen to children in a trial. And when they say it's serious, they mean it's not something like pain in the arm or something that's relatively trivial. And then they evaluate whether or not the serious adverse events could be related to the vaccine or not. And what this says is that only one of those events was attributed to the vaccine.</p>	TP# 181

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<p>Adding other vaccines to placebo group <u>13:25:20</u></p> <p>HPV/Gardasil vaccine: Saline placebo vs. AAHS “placebo”; they hide true placebo group with zero injuries <u>13:25:51</u></p>	<p>QUESTION: And you told me that the people that evaluate that is a Board set up by the company, the pharmaceutical company seeking approval, correct? PLOTKIN: Yes. They set up the Board, and they choose individuals who are not employees of the company.</p> <p>QUESTION: But they choose the individuals, correct? PLOTKIN: They choose the individuals, yes.</p> <p>QUESTION: Okay. In your experience, Dr. Plotkin, in any given 30-day period, do 3.4 percent of children in this country experience a serious adverse event? PLOTKIN: Yes. That's quite possible.</p> <p>QUESTION: In your experience, would you expect 3.4 percent of children receiving a saline injection to experience a serious adverse event within 30 days of receiving the injection? PLOTKIN: That's what that means; yes.</p> <p>QUESTION: Okay. So 3.4 percent every month, that would mean within three years, every child in this country would experience a serious adverse event, correct? PLOTKIN: Yes. That's correct.</p> <p>QUESTION: Now, there was, there's another Act, there's another Hib vaccine called Hiberix, right, and then -- which was licensed after ActHIB,5 correct? PLOTKIN: Yes.</p> <p>QUESTION: And in that clinical trial, they used ActHIB as the placebo to assess safety, correct? PLOTKIN: If you say so.</p> <p>QUESTION: Okay. The CDC's pediatric schedule, you testified earlier, also includes vaccination for HPV, correct? PLOTKIN: Yes.</p> <p>QUESTION: (Exhibit 15 is presented) ... This is the manufacturer insert for GARDASIL, correct? PLOTKIN: Yes.</p>	<p>TP# 183</p> <p>TP# 183</p> <p>Exhibit 15¹⁶</p>
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¹⁶ See Exhibit 15: Highlights of Prescribing Information – GARDASIL.

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<p>AAHS “false placebo” vaccines contained Aluminum Hydroxyphosphate Sulfate, just like HPV vaccine <u>13:31:14</u></p>	<p>QUESTION: Okay. This table reflects girls and women nine through 29 years of age who reported an incident condition potentially indicative of a systemic autoimmune disorder during the clinical trial, correct? PLOTKIN: Yes.</p> <p>QUESTION: The subjects receiving GARDASIL show a rate of 2.3 percent. All right. So that means 2.3 percent of the girls and women in the clinical trial during a six-month period had an incident that indicated a systemic autoimmune disorder, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And in the AAHS control or saline placebo group, it shows the same rate, correct? PLOTKIN: Yes.</p> <p>QUESTION: Do you know how many individuals were in the saline placebo group versus the AAHS control group? PLOTKIN: Well, it says 9,412.</p> <p>QUESTION: That would be the total number for both groups, correct? PLOTKIN: No. For the placebo group.</p> <p>QUESTION: For the placebo group, correct. But some of them received AAHS, and some of them received a saline injection, correct? PLOTKIN: Correct.</p> <p>QUESTION: Okay. Do you know how many received a saline injection over an AAHS injection? PLOTKIN: Don't know.</p> <p>QUESTION: Okay. Let's go to page 4, and table one is for girls and table two is for boys. I'm assuming all participants were either girls or boys. If we add up the saline placebo group for the girls and the saline placebo group for the boys, do we get 594? PLOTKIN: Well, I have to do the arithmetic. But it appears that there were about 5,000, more than 5,000 in the AAHS control and about 600 in the saline placebo.</p> <p>QUESTION: What does AAHS stand for? PLOTKIN: The aluminum adjuvants.</p>	<p>TP# 186</p>
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	<p>QUESTION: And I see it's defined here as amorphous aluminum hydro -- PLOTKIN: (aluminum) ... Hydroxyphosphate sulfate.</p> <p>QUESTION: Okay. AAHS is not an inert substance, correct? PLOTKIN: Well, it's not saline, if that's what you mean. But they use it as a control because they're trying to make, to determine what the reactions are to the HPV vaccine that contains the aluminum and separating the reactions to vaccine from reactions to the aluminum.</p> <p>QUESTION: Let me try and understand that. Are you saying they're trying to determine what the rate of reactions is between the group that gets GARDASIL -- ... with the group that gets the aluminum -- ... with the group that gets saline? PLOTKIN: Yes.</p> <p>QUESTION: So they want to compare between those three distinct groups, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And they did do that in table one and two that we just looked at ... Why is aluminum added to the GARDASIL vaccine or any vaccine? PLOTKIN: To increase the immunogenicity of the active part of the vaccine.</p> <p>QUESTION: If I may, what you mean is that, if I could use a little more laymen terms, are you saying it's intended to stimulate the immune system to create antibodies? PLOTKIN: Yes. ... Not by itself, but by enhancing the response to the vaccine antigens.</p> <p>QUESTION: The antigens bind to the aluminum? PLOTKIN: Yes.</p> <p>QUESTION: And the aluminum is persistent? PLOTKIN: Yes.</p> <p>QUESTION: And it remains in the body such that it continues to present the antigen such that antibodies can be created to it, correct? PLOTKIN: Well, at least during the immediate period of vaccination, yes.</p>	
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<p>Book "Vaccines in Autoimmunity" confirms aluminum adjuvants cause autoimmune conditions <u>13:35:16</u></p>	<p>QUESTION: Okay. There is, in fact, a syndrome called autoimmune/autoinflammatory syndrome induced by adjuvants, correct? PLOTKIN: That is a debatable point. There's a fellow named Yehuda Shoenfeld, an Israeli, who has pushed this idea for many years, as I think it's fair to say that he has never had acceptance by the larger community of immunologists or rheumatologists.</p> <p>QUESTION: (Exhibit 16 is presented) ... Are you familiar with this book? ... And its entitled Vaccines In Autoimmunity, correct? PLOTKIN: Yes, correct.</p> <p>QUESTION: Okay. And it extensively discusses, it's -- it discusses many autoimmune conditions that the authors believe can be caused -- ... by vaccine, and in particular by aluminum adjuvants? PLOTKIN: Yeah ... I don't know about particularly aluminum adjuvants, but that's one of their arguments.</p> <p>QUESTION: Can you please turn to the contributors, which starts on Roman, little Roman numeral nine. ... There are, I think, somewhere around contributors listed here. You said that Yehuda Shoenfeld was kind of alone, I think, or something like that with regard to the claim that autoimmune/autoinflammatory syndrome induced by adjuvants. PLOTKIN: Yes.</p> <p>QUESTION: Can you just flip through and look at the universities that are listed here where these over 70 professors hail from. Are these respected institutions of medicine around the world? PLOTKIN: Well, first of all, Counselor, I have to go over the CVs of each of the people here. You know, I don't know what their role is at the universities. As I said before, Shoenfeld -- first of all, Shoenfeld himself is not anti-vaccination. I know that for a fact. On the other hand, at least one of his co-authors, Tomljenovic, is a well-known anti-vaccination person who has written a lot about how terrible vaccines are. ... So, you know, lots of books are published, and a lot of them are absolute bull.</p> <p>QUESTION: Are you saying that this book is bull? PLOTKIN: I haven't read the whole thing, but I'm almost certain there's a lot of bull in it, judging from the editors.</p> <p>QUESTION: Without reading it, right? PLOTKIN: Without reading all of it, yes.</p>	<p>TP# 189 Exhibit 16¹⁷</p>
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¹⁷ See Exhibit 16: Vaccine in Autoimmunity - Chapter Book (Retained by Counsel).

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	<p>QUESTION: Okay. There has been concern raised that aluminum adjuvants of vaccines can cause autoimmunity. PLOTKIN: There has been concerns raised, yes.</p> <p>QUESTION: Okay. So if there's been concerns raised that aluminum in vaccines can cause autoimmunity and there's this medical text with which I understand your opinion on, why combine the autoimmunity rate in the aluminum adjuvant control with the autoimmunity rate in the saline placebo? Why not break those out to show them separately? PLOTKIN: Well, they did to some extent. But I think the reasoning was that they wanted to be sure that the reactions that were seen -- and let me parenthetically say that HPV vaccine is painful. And they wanted to be sure that the reactions that they were seeing were not caused by the adjuvant or that they were specific to the HPV antigens themselves and not to the adjuvants. So I can judge that's why they did that.</p> <p>QUESTION: Well, under that logic, then they certainly should have broken out the aluminum control from the saline placebo control and showed them in two separate columns on page 8, correct? PLOTKIN: They probably should have, yes.</p> <p>QUESTION: So that you could see the difference in autoimmune rate between the individuals receiving the aluminum and the saline placebo, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. In your experience, would you expect 2.3 percent of the girls, of girls and women in this country between the ages of nine and 26 to develop a systemic autoimmune condition in a six-month period? PLOTKIN: Well, that's a hard question for me to answer. I am not a rheumatologist. But the, when they say "autoimmune conditions," I'd have to read exactly --</p> <p>QUESTION: There's a list -- PLOTKIN: -- what they mean.</p> <p>QUESTION: If you go to page 8, they've got a long list right there of the conditions. Starts with arthralgia. PLOTKIN: Right. Yeah. So they have included just about everything that you could consider in autoimmune disorder. And all I can say is that they have, as I -- well, as I've just said, they've attempted to include everything. And those are the data. You know, what can I say?</p>	
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<p>True placebo group in HPV trials had zero autoimmune disorders <u>13:46:08</u></p>	<p>QUESTION: Dr. Plotkin, I'm going to hand you what's been marked as Plaintiff's Exhibit 17. This is the clinical trial data for the saline placebo control group in the GARDASIL trial. ... Page 2, you can see this. It has the 596 saline placebo recipients. Can you please turn to the serious adverse event section, ... PLOTKIN: Mm-hmm.</p> <p>QUESTION: Can you please take a minute and go through each page and tell me if there was any value that wasn't zero in terms of finding a serious adverse event? PLOTKIN: No, I don't see any.</p> <p>QUESTION: So in the saline placebo group during the trial, there was not a single systemic autoimmune disorder that was reported, but yet there was 218, 2.3 percent, or maybe more actually, in the AAH control when you pull out the saline placebo group.</p> <p>PLOTKIN: Again, you have to do the arithmetic.</p> <p>QUESTION: So the GARDASIL group would 2.3, shows 2.3 percent? PLOTKIN: Yeah.</p> <p>QUESTION: If we took out the saline placebo group from the second column, it would show 2.3 or above, around 2.3 still, correct? PLOTKIN: Maybe.</p> <p>QUESTION: And then if we had a third column that was just the saline placebo, it would show 0 percent? PLOTKIN: Yeah.</p> <p>QUESTION: Wouldn't that have been a significant finding to report? PLOTKIN: I don't -- you'd have to ask a statistician. But I doubt the statistical difference would be significant.</p> <p>QUESTION: Doesn't it at least caution having a larger saline placebo group if your concern is statistics in terms of statistical power, which I assume -- PLOTKIN: Yeah, they might have done that, if they --</p>	<p>TP# 197 Exhibit 17¹⁸</p>
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¹⁸ See Exhibit 17: A Study of Gardasil in Preadolescents and Adolescents.

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<p>Combined AAHS control group with true placebo group when it came to systemic autoimmune disorders 13:53:28</p>	<p>QUESTION: But they didn't do that? PLOTKIN: Yes. I don't know what that decision was based on. But if you're talking about implication of aluminum, at this point there's really no reason to suspect that aluminum by itself can cause autoimmune disease.</p> <p>QUESTION: Here's the clinical, prelicensure clinical study in which 2.3 percent of participants in the GARDASIL group and in the control group had a systemic autoimmune disorder, and it was deemed safe because they were around the same rate, right? PLOTKIN: Yes.</p> <p>QUESTION: But the saline placebo group that didn't get the aluminum adjuvant had a 0 percent, right? PLOTKIN: A small group, yes.</p> <p>QUESTION: Of 594? PLOTKIN: Yeah.</p> <p>QUESTION: if you turn back, Dr. Plotkin, to page 4, please of the GARDASIL insert. ... Do you see they break out GARDASIL in one column, those who received AAHS control in another, and those that had saline placebo in a third column? PLOTKIN: Right.</p> <p>QUESTION: And that's with only 320 participants in the saline group in table one, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And in table two they break it out as well, correct, the saline group from AAHS control group? PLOTKIN: Yes.</p> <p>QUESTION: If you turn to page 5, they, again, break out the GARDASIL/AAH control and saline placebo groups in tables three and four, correct? PLOTKIN: Yes.</p> <p>QUESTION: But they chose to conveniently combine it when it came to systemic autoimmune disorders, right? PLOTKIN: Well, in the case of the page 4 and 5, they were looking at local reactions. And, of course, aluminum does give local reactions. On page 8, whether we're looking at systemic autoimmunity, I guess they believed that aluminum in itself is reasonable control and would not cause autoimmunity.</p>	<p>TP# 202</p>
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<p>Enbrel's 80-month clinical study compared to vaccine studies: No clinical study for DTaP <u>13:55:32</u></p>	<p>QUESTION: (HPV vaccine) So going into the study, they just assumed aluminum wouldn't cause autoimmunity and so that's how they proceed in designing it. I got it. All right.</p> <p>QUESTION: (Exhibit 18 presented) What is Enbrel a drug for? PLOTKIN: Well, it's essentially an immunosuppressive, and I think it's used a lot for autoimmune diseases and cancers.</p> <p>QUESTION: This is a drug given to sick people, not healthy people, correct? PLOTKIN: Right.</p> <p>QUESTION: Unlike vaccines which are typically given to healthy children and babies, right? PLOTKIN: Right.</p> <p>QUESTION: If you turn to page 10, Dr. Plotkin, all the way to the bottom, the 6.1, Section 6.1, clinical studies experience. PLOTKIN: Mm-hmm.</p> <p>QUESTION: The very first line under 6.1 says: The data described below reflects exposure to Enbrel in 2,219 adult patients with RA followed for up to 80 months. PLOTKIN: Mm-hmm.</p> <p>QUESTION: So that in studying this drug given to six people, they reviewed safety for up to six and a half years – correct? And they also use ... PLOTKIN: Yes.</p> <p>QUESTION: And there was, and the placebo group here was, in this study was a saline placebo for all controls, correct? PLOTKIN: Yes. So what is your point?</p> <p>QUESTION: I think the point speaks for itself, Dr. Plotkin. PLOTKIN: It doesn't because Enbrel is given over long periods of time. And one has to, since its immunosuppressive, one has to look for things that may happen because of immunosuppression. Vaccines are given at particular times and are generally not continuously given over long periods of time. But because, aside from that, you're basing this on the package circulars, not on the combined experience with the vaccines that in many cases has taken place over 50 or 60 years.</p>	<p>Exhibit 18¹⁹</p>
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¹⁹ See Exhibit 18: Highlights of Prescribing Information – Enbrel.

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<p><u>13:59:49</u></p>	<p>QUESTION: DTaP vaccine is given at two months of age, correct? PLOTKIN: Yes.</p> <p>QUESTION: And at four months of age? PLOTKIN: Yes.</p> <p>QUESTION: And at six months of age? PLOTKIN: Yes.</p> <p>QUESTION: Eighteen months? PLOTKIN: Yes.</p> <p>QUESTION: At three to four years of age? PLOTKIN: Yes.</p> <p>QUESTION: And then again at 11 years of age? PLOTKIN: Yes.</p> <p>QUESTION: So here you have just one vaccine -- put aside the other one -- that is given over an extended period of time. But yet as we saw, as the manufacturer inserts will show, there is no clinical trial that I'm aware of. And I'm happy for you to show me or produce one that actually does what the study in Enbrel does, which is has a saline placebo control group and reviews safety over anything more than, you know, typically a few days or 30-day period. PLOTKIN: I dispute that. I think it is almost certain, or is certain in my mind, that they observe the patients over a longer period of time, but that they looked specifically for acute reactions during the first few days after immunization. And, also, I add to that, and I insist on repeating that one has to look at the total experience with a drug or a vaccine over a period of time, not simply what is in the FDA package circular.</p> <p>QUESTION: So are you saying that the, instead of relying on clinical data, saline, inert, placebo-controlled studies, we should just rely on the experience -- well, isn't it true that there's a lot of people out there -- in fact, you've said a lot of, used a lot of adjectives for them today so far -- who are out there and say that their experience is that vaccines have caused all kinds of serious adverse reactions? Isn't that precisely what is on Section 6.2 of each of those inserts? If your approach is used, why are they not given equal weight, I mean, if that's the way we're going to do science? I'm asking for the clinical data.</p>	<p>TP# 206</p>
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<p>Editor Plotkin's Book of deception: "Plotkin's Vaccines" <u>14:02:26</u></p>	<p>PLOTKIN: Science depends on a body of work. It does not depend on any single studies. It depends on repetition, on data that confirm other data. And so you cannot take any single study and rely on that and say that is the truth. The truth comes out of repetition and experience.</p> <p>QUESTION: So is your point just to trust you versus actually have the actual data to support -- PLOTKIN: No. It's the accumulation of data.</p> <p>QUESTION: And you can provide data to support everything you're saying here today, correct? PLOTKIN: Everything that I'm saying is in this book.</p> <p>QUESTION: You're the editor of that book, correct? PLOTKIN: Yes.</p> <p>QUESTION: It's called Plotkin's Vaccines? PLOTKIN: Yes.</p> <p>QUESTION: Dr. Plotkin, what is thrombocytopenia? PLOTKIN: A Decreased platelets.</p> <p>QUESTION: Can it be caused by an autoimmune reaction? Isn't that what it's known to be caused by, the body attacking its own platelets? PLOTKIN: That's one of the reasons, yes.</p> <p>QUESTION: Can the MMR vaccine cause thrombocytopenia? PLOTKIN: Yes.</p> <p>QUESTION: What is brachial neuritis? PLOTKIN: Brachial neuritis is basically a reaction to a local injection where you have pain in the arm.</p> <p>QUESTION: I'm going to read you a definition of brachial neuritis from Johns Hopkins Medicine, and you can tell me if you agree or disagree with it. Quote: Brachial neuritis is a form of peripheral neuropathy that affects the chest, shoulder, arm, and hand. Peripheral neuropathy is a disease characterized by pain or loss of function in the nerves that carry signals to and from the brain and spinal cord, the central nervous system, to other parts of the body, end quote. PLOTKIN: Yes.</p>	<p>TP# 208</p>
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	<p>QUESTION: Can DTaP or Tdap cause brachial neuritis? PLOTKIN: If it's administered in the incorrect way, yes.</p> <p>QUESTION: Can the MMR cause febrile seizures? PLOTKIN: Yes.</p> <p>QUESTION: Can the flu shot cause Guillain-Barre syndrome? PLOTKIN: Uncertain, but possible.</p> <p>QUESTION: Can the DTaP or Tdap cause Guillain-Barre syndrome? PLOTKIN: Not that I'm aware of.</p> <p>QUESTION: Hepatitis B cause Guillain-Barre syndrome? PLOTKIN: Again, I don't think the evidence supports that. Guillain-Barre syndrome is a not-uncommon event, particularly in adults.</p> <p>QUESTION: After vaccination, is that what you mean? PLOTKIN: No. I mean in general.</p> <p>QUESTION: Can the hepatitis B vaccine cause encephalitis? PLOTKIN: No, I would say definitely not.</p> <p>QUESTION: Can the MMR vaccine cause acute or chronic arthritis? PLOTKIN: It can cause, in adults, it can cause acute arthralgia, I would say, pains in the joints. But that does not seem to be a permanent phenomenon. And it's unusual in children.</p> <p>QUESTION: So yes for the acute in adults, but otherwise uncertain? PLOTKIN: In children, it must be quite rare, if it occurs at all. But it does occur in adult women.</p> <p>QUESTION: Can the flu shot DTaP or hep B cause transverse myelitis? PLOTKIN: I would say that's unlikely. You said influenza. What did you say, hepatitis B?</p> <p>QUESTION: Or DTaP. PLOTKIN: Or DTaP. I think that's the most unlikely.</p> <p>QUESTION: More likely that it would be the flu shot or hep B?</p>	
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<p>Plotkin admits the need of double-blind placebo-controlled studies <u>14:09:35</u></p>	<p>PLOTKIN: Well, it's difficult with influenza because it is such a widely used vaccine. But I don't see any medical reason why any one of those vaccines should cause transverse myelitis.</p> <p>QUESTION: But it has been reported? PLOTKIN: It has been reported. Influenza, I suppose, may be, but I'm not aware of any proof.</p> <p>QUESTION: Can hepatitis B or the flu shot cause fibromyalgia? PLOTKIN: Fibromyalgia, that's such a vague syndrome. It's, again, difficult to know. But influenza is, there's some differences between influenza vaccine and other vaccines. But with hepatitis B, I don't see any reason why it should cause fibromyalgia.</p> <p>QUESTION: So no on the hep B and maybe on the flu? PLOTKIN: Yeah, I guess it boils down to that.</p> <p>QUESTION: Vaccines are also commonly given to most people in the country, correct? PLOTKIN: They're often given, yes.</p> <p>QUESTION: So determining causality really requires a double-blind, placebo-controlled study, correct? PLOTKIN: It does if you want to be certain or at least a statistically strong relationship.</p> <p>QUESTION: What do you mean by "statistically strong relationship"? PLOTKIN: I mean a situation where you have a comparative group and you can say that compared to the comparative group, that the association you're looking at is statistically different than the control group.</p> <p>QUESTION: And from that you believe you can determine causation? PLOTKIN: Well, you can determine association. Then you have to look and see whether there is some kind of biological explanation.</p> <p>QUESTION: Isn't it difficult to determine association -- isn't it difficult to determine an association when it comes to vaccines and an alleged injury because everybody's, for the most part, gets vaccinated? PLOTKIN: That is true. That is precisely why there are so many false associations between vaccines and disease.</p> <p>QUESTION: Isn't it also the reason, then, that careful preclinical studies using an inert placebo should be conducted before licensure? PLOTKIN: It would be ideal to do so. But one would also have to, would have to be very large studies and covering different age groups. And by and large, those data come out much later after experience with the vaccine used in thousands or millions of people.</p>	<p>TP# 212</p>
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<p>Without knowing Faith's medical history, Plotkin highly recommends all vaccines in CDC Schedule <u>14:12:08</u></p>	<p>QUESTION: Well, that, of course, presumes that the, that the adverse events are, long-term adverse events are rare, doesn't it? PLOTKIN: Yes.</p> <p>QUESTION: Is Faith susceptible to suffer any of the conditions we have reviewed thus far? PLOTKIN: You mean the infectious diseases or the noninfectious diseases?</p> <p>QUESTION: I'm talking about the adverse event -- I'm talking about the conditions that we just reviewed starting with thrombocytopenia and ending with rheumatoid arthritis. PLOTKIN: I know nothing about the child and, therefore, am unable to answer.</p> <p>QUESTION: Do you know whether Faith has a genetic variant that renders her predisposed to suffer any of these conditions from vaccinations? PLOTKIN: I do not.</p> <p>QUESTION: Do you know whether Faith has a genetic variance in her microbiome DNA that renders her predisposed to suffer any of the conditions we reviewed? PLOTKIN: I am not aware of that.</p> <p>QUESTION: Do you know whether Faith has any environmental exposure that would render her predisposed to suffer any of the conditions that we've just reviewed? PLOTKIN: No.</p>	<p>TP# 14</p>
<p>Institute of Medicine book <u>14:16:11</u></p>	<p>QUESTION: I'm going to hand you, Dr. Plotkin, what's being marked as Exhibit 19. Dr. Plotkin, the title of this is "The Adverse Effects of Pertussis and Rubella Vaccines," correct? PLOTKIN: Yes.</p> <p>QUESTION: By the Institute of Medicine in 1991? PLOTKIN: Mm-hmm.</p> <p>QUESTION: Okay. If you go to footnote C, which defines what no evidence bearing on a causal relation means, isn't it true that it says: No category of evidence was found bearing on a judgment about causation. All categories of evidence left blank in table 1-1, correct? PLOTKIN: Yes.</p>	<p>TP# 217 Exhibit 19²⁰</p>

²⁰ See Exhibit 19: Adverse Effects of Pertussis and Rubella Vaccines.

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	<p>QUESTION: There's only one condition for which they couldn't find any evidence one way or another on whether it caused, whether the vaccine causes that condition, correct? PLOTKIN: Right.</p> <p>QUESTION: And that was -- what was that condition? PLOTKIN: Autism.</p> <p>QUESTION: Now, the IOM (Institute of Medicine) reviewed whether DPT can cause 17 other serious conditions. And on this chart it found that evidence supported a causation for four of them for DPT; reject a causation for four of them; but that the evidence was insufficient to determine causation for nine of them. Is that correct? PLOTKIN: Yes.</p> <p>QUESTION: As for the MMR vaccine, the IOM reviewed four conditions, right? PLOTKIN: Mm-hmm.</p> <p>QUESTION: But for chronic arthritis, they found that the evidence is consistent with the causal relationship? PLOTKIN: Yes.</p> <p>QUESTION: That would be, there's evidence consistent with a causal relationship between the MMR vaccine and chronic arthritis, correct? PLOTKIN: Yes.</p> <p>QUESTION: And it also found that the evidence indicates a causal relationship between the MMR vaccine and acute arthritis, correct? PLOTKIN: Yes.</p> <p>QUESTION: Do you dispute these findings? PLOTKIN: Well, first of all, the IOM's later report was not as definitive as far as chronic arthritis is concerned. And the evidence for the consistency, first of all, it must be stressed, we're talking about adults, women, receiving the vaccine, not children. And the other point is that the data really came from one center in British Columbia and was not generally seen. As far as acute arthritis is concerned, it really should be arthralgia, not arthritis, because there's a difference between those two things. But anyway, there's no doubt that the vaccine does cause pains in the joints, but again, particularly in adult women. It is not a big problem in children.</p>	
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	<p>QUESTION: On the next page, Dr. Plotkin, where it says -- of the report, under research needs, does the first sentence say: In the course of its review, the committee encountered many gaps in limitations and knowledge bearing directly and indirectly on the safety of vaccines?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And then the last says of that paragraph says: Clearly, if research capacity and accomplishment in these areas are not improved, future reviews of vaccine safety will be similarly handicapped, correct?</p> <p>PLOTKIN: Right. Correct.</p> <p>QUESTION: Okay.</p> <p>PLOTKIN: So I think it's worth pointing out that the vaccine community did respond to those conclusions and that, in particular, CDC set up a situation with centers like Kaiser Permanente in California where they do very elaborate safety studies because they have a large, large populations receiving vaccines or not receiving vaccines and they can do comparative studies. And in addition, WHO has set up safety ... (video 6) ... reviews on vaccines. And, of course, CDC has a safety department, and there are funded sort of safety centers throughout the country.</p>	
VIDEO -- PART 6	<p>1994 IOM report -- HRSA from HHS, who defends against vaccine injury, commissioned the 2011 IOM report; Plotkin participated but failed to disclose ties with #BigVaxxPharma – HRSA from HHS, who defends against vaccine injury, commissioned the 2011 IOM report; Plotkin participated but failed to disclose ties with #BigVaxxPharma -- IOM report unable to determine if the DTaP and Tdap vaccines cause Autism -- Plotkin states one should not wait to take the DTap or Tdap vaccines even though there is no evidence to support that vaccines do not cause autism -- Plotkin states that there are no studies comparing health outcomes between vaccinated and unvaccinated children -- Plotkin states that using the Vaccine Safety Datalink (VSD) would be difficult</p> <p>tinyurl.com/Plotkin-Deposition6</p>	
<p>1994 IOM report <u>14:39:16</u></p>	<p>QUESTION: In 1994, the IOM issued another report regarding vaccine safety. Are you familiar with that report? ... Handing you, Dr. Plotkin, what's been marked as Plaintiff's Exhibit 20. The title of this report is "Adverse Events Associated with Childhood Vaccines," correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: This is also by the Institute of Medicine. This is also, in this report the IOM looked at 54 serious injuries associated with a number of different vaccines, correct?</p> <p>PLOTKIN: Yes.</p>	<p>TP# 226 Exhibit 20²¹</p>

²¹ See Exhibit 20: Adverse Events Associated with Childhood Vaccines.

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	<p>QUESTION: Okay. Did you provide information to the IOM committee conducting this review? PLOTKIN: I don't recall doing that.</p> <p>QUESTION: Do you see on, under the acknowledgments on the second page, your name is in the middle there, Stanley Plotkin Pasteur, Merieux -- I can't pronounce. PLOTKIN: Merieux.</p> <p>QUESTION: Now, if you go to, out of these 54 pairs, the IOM found sufficient evidence to support a causal relationship for 14 of them and rejected a causal relationship for four of them. Do you see that? PLOTKIN: Mm-hmm.</p> <p>QUESTION: Do you see category three is: The evidence favors rejection of a causal relationship? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And you see they rejected it for four of the associated adverse events, correct? PLOTKIN: Yes.</p> <p>QUESTION: You see in category four, it says: The evidence favors acceptance of a causal relation? PLOTKIN: Yes.</p> <p>QUESTION: Okay. Do you see that there is, there are five conditions listed there, including Guillain-Barre, brachial neuritis, anaphylaxis. Do you see that? PLOTKIN: Yes.</p> <p>QUESTION: And on the next page for category five, which is the evidence establishes a causal relation, do you see that it lists one, two, three, four, five, six, seven conditions, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. However, for the remaining conditions, so they looked at 54, if we subtract out the three categories we just looked at, 38 of those conditions, the 38 remaining conditions, the IOM couldn't make a causality determination because the science hadn't been conducted yet, right? PLOTKIN: Yes.</p>	
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<p>HRSA from HHS, who defends against vaccine injury, commissioned the 2011 IOM report; Plotkin participated but failed to disclose ties with #BigVaxxPharma <u>14:44:31</u></p>	<p>QUESTION: The IOM stated at the end of this report, quote: The lack of adequate data regarding many of the adverse events under study was a major concern to the committee. Presentations of public meetings indicated that many parents and physicians share this concern. Do you see the last page of the report that you're holding of the excerpts? Do you see that it says that on the first two lines under: Need for research and surveillance? PLOTKIN: Yes.</p> <p>QUESTION: Dr. Plotkin, in 2011, the IOM then issued its, another report on vaccine safety. And this time it looked at 158 of the most commonly claimed serious injuries after vaccination, right? PLOTKIN: Yes.</p> <p>QUESTION: The title of that report is Adverse Effects of Vaccines: Evidence of Causality? PLOTKIN: Yes.</p> <p>QUESTION: You're familiar with that report? PLOTKIN: Yes.</p> <p>QUESTION: Do you know who commissioned and paid for that report, by the way? PLOTKIN: No.</p> <p>QUESTION: Would it be surprising to you if I told you that HRSA, the agency within HHS that defends against vaccine injury, claims they commissioned that report? PLOTKIN: Wouldn't surprise me.</p> <p>QUESTION: Did you provide information to the IOM committee conducting this review? PLOTKIN: I don't recall specifically whether I did or not. A lot of people ask for my opinions. When asked, I give my opinions.</p> <p>QUESTION: (Exhibit 21 provided) ... Is this the 2011 IOM report we were just talking about? PLOTKIN: Yes.</p> <p>QUESTION: Do you see there's Roman, little Roman numeral seven, page little Roman numeral seven, see a section entitled Reviewers? PLOTKIN: Oh, yes. I'm on the list.</p>	<p style="text-align: center;">TP# 231</p> <p style="text-align: center;">Exhibit 21²²</p>
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²² See Exhibit 21: Adverse Effects of Vaccine - Evidence and Causality.

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	<p>QUESTION: Do you see -- I'm going to the first two sentences and can you tell me if that's what this report says. It says: This report has been reviewed in draft form by individuals chosen for their diverse perspective and technical expertise in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institutions in making its published report as sound as possible and to ensure that the report meets institutional standards for objectivity, evidence, and responsiveness to the study charge. Is that what it says? PLOTKIN: Yes.</p> <p>QUESTION: And you're one of the people they gave the report to to review? PLOTKIN: Yes.</p> <p>QUESTION: And next to your name, it says: University of Pennsylvania? PLOTKIN: Yes.</p> <p>QUESTION: It doesn't disclose that at that time you were working for all four of the major vaccine makers, correct? PLOTKIN: What do you mean working for them? I mean, at that point I was no longer at Pasteur Merieux Connaught.</p> <p>QUESTION: In 2011, were you receiving compensation or remuneration from Sanofi? PLOTKIN: I was, yes, as I've said before. I was consulting for Sanofi as well as others.</p> <p>QUESTION: Were you consulting for Merck? PLOTKIN: Yes, probably at that time, yes.</p> <p>QUESTION: And GSK? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And as well as a whole host of other for-profit companies seeking to develop vaccines, correct? PLOTKIN: Yes.</p> <p>QUESTION: But I'm just saying, I'm just saying that's not mentioned here, correct? PLOTKIN: No.</p> <p>QUESTION: So do you know how many other individuals who were involved in reviewing or compiling this report were receiving money from pharmaceutical companies making vaccines that's not disclosed in this report? PLOTKIN: I have no knowledge of that.</p>	TP# 232
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	<p>QUESTION: So the IOM concluded that of the 135 most commonly claimed injuries from vaccination, it didn't know whether or not the vaccines caused that -- let me ask you something. You know, you earlier stated that, you stated that hepatitis B is, doesn't cause encephalitis, right?</p> <p>PLOTKIN: That's, that's my opinion, yes.</p> <p>QUESTION: But the IOM, after doing its review, determined it couldn't find science to support a causal determination one way or another, correct?</p> <p>PLOTKIN: Yes. But that means that they don't have evidence for the supposition.</p> <p>QUESTION: That it either causes or doesn't cause?</p> <p>PLOTKIN: Right.</p> <p>QUESTION: They don't know?</p> <p>PLOTKIN: They don't know because there aren't enough data. ... In the absence of data, my conclusion is that there are no, there's no proof that causation exists.</p> <p>QUESTION: So if there's no data to show that it causes or doesn't cause -- ... -- your supposition is that -- am I understanding that correctly?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Is that it doesn't cause it?</p> <p>PLOTKIN: That there's no proof that it does.</p> <p>QUESTION: Okay. That's different than saying it doesn't cause it, correct?</p> <p>PLOTKIN: Correct.</p> <p>QUESTION: So when you were saying earlier when I asked you at the beginning of this whether certain vaccines caused certain conditions and you said, No, they don't, did you just mean that, no, there's not enough evidence to make a decision one way or another?</p> <p>PLOTKIN: I mean that there's no knowledge known to me that they do certain things that are, that some may have alleged happen after vaccination.</p> <p>QUESTION: Like, for example, you know, the IOM reviewed whether hepatitis B can cause lupus because of lots of reports or influenza can cause lupus. They concluded that there's insufficient evidence one way or another to make a determination. You indicated --</p> <p>PLOTKIN: Right.</p>	
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	<p>QUESTION: But you indicated earlier that those vaccines don't cause lupus. Your testimony, you're saying that you said no because you weren't aware of a mechanism by which it could cause it; is that right?</p> <p>PLOTKIN: Yes. That's correct.</p> <p>QUESTION: Okay. But the science really isn't available to make a determination on causation yet, right?</p> <p>PLOTKIN: The science doesn't show that there is a relationship. And it is, unfortunately, to prove a negative requires a lot more data than to prove a positive.</p> <p>QUESTION: If there was a -- I mean, if there was a study that was, had a placebo and a control group, then we could know whether or not these conditions are caused by these vaccines, correct?</p> <p>PLOTKIN: Yes. It would have to be an enormous study and would have to be randomized ideally, which is unlikely to be the case since --</p> <p>QUESTION: It needs to be enormous because you're assuming these conditions are rare, correct?</p> <p>PLOTKIN: Correct.</p> <p>QUESTION: Okay. And, and this study that you're saying needs to be done before vaccines are licensed, they do do clinical trials, we've seen, right?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And they have thousands of people typically in them, correct?</p> <p>PLOTKIN: Yes. ... And, therefore, they can study common conditions. But uncommon conditions are very difficult to study because they're uncommon; and, therefore, one would need a very, very large study and one would have to have randomization, which is, of course, inherently difficult.</p> <p>QUESTION: If you actually had a placebo-controlled study, an inert, placebo-controlled study of seven, eight thousand people, you could at least determine that a population of that size, whether or not there's detectable adverse event rate for any of these conditions, correct?</p> <p>PLOTKIN: For some of those conditions, yes.</p> <p>QUESTION: And DTaP and Tdap refer to vaccines which contain diphtheria toxoid, tetanus toxoid, and acellular pertussis, correct?</p> <p>PLOTKIN: Yes.</p>	<p>TP# 240</p>
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	<p>QUESTION: If you take a look at that section, please, was the IOM able to identify a single study supporting that DTaP or Tdap do not cause autism? PLOTKIN: No, they did not identify a study. ... But the point is, and I have to repeat myself, that absence of evidence does not allow you to conclude that the two phenomenon are related.</p> <p>QUESTION: You're making assumptions, Dr. Plotkin, ... But it does allow you to conclude that the evidence doesn't exist to say that DTaP and Tdap do not cause autism, correct? PLOTKIN: There is not evidence to say a million different things ... but you have to prove ...</p> <p>QUESTION: Did the IOM report look at whether the MMR vaccine can cause autism? PLOTKIN: I believe it did.</p> <p>QUESTION: So studies are possible to determine whether or not a vaccine does or does not cause, does not cause autism, correct? PLOTKIN: They are possible, yes.</p> <p>QUESTION: Okay. But the study to determine whether DTaP or Tdap does not cause autism has not been done, right? PLOTKIN: A study that would definitively show that it doesn't has not been done, but there's no evidence that it does.</p> <p>QUESTION: But since, Dr. Plotkin, we don't know whether DTaP or Tdap cause autism, right, it would be a bit premature to make the unequivocal, sweeping statement that vaccines do not cause autism, correct? PLOTKIN: In the absence of evidence, one should not draw any conclusions except that there's no evidence. And so I don't infer from the absence of evidence about a million different things that they're necessarily true. One has to do studies to determine whether or not a phenomenon exists, and usually those studies are done because there's some suspicion that, of a relationship. But in, we have no suspicions, at least I don't, that autism is caused by DTaP.</p> <p>QUESTION: Well, you may not have that suspicion, but it is one of the most commonly reported conditions, adverse events, which is why it was reviewed in this IOM report from DTaP/Tdap, which we discussed earlier. So I just, I'm not saying, I'm not asking you to say that vaccines do cause autism. I'm not asking that at all. I'm asking you, as a scientist, can you make the statement that vaccines do not cause autism if you don't know whether DTaP or Tdap cause autism? PLOTKIN: As a scientist, I would say that I do not have evidence one way or the other. ... As a practicing physician, I have to weigh all kinds of things in making a decision about a patient, whether to do something or not to do</p>	<p>TP# 246</p>
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<p><u>15:07:39</u></p>	<p>something. And I make that, those decisions based on the body of knowledge, even in the absence of definitive information for every case. This has been true for medicine ever since its inception.</p> <p>QUESTION: I'm asking you a simple question. I'm asking you, since the science has not yet been done regarding whether DTaP or Tdap cause autism, isn't it true that you cannot make the sweeping statement that vaccines do not cause autism?</p> <p>PLOTKIN: I can make the statement that there is no evidence that vaccines cause autism, and, therefore --</p> <p>QUESTION: I'm not asking you that question -- ... He's not answering the question.</p> <p>PLOTKIN: -- and, therefore, vaccines should be given to protect against serious diseases.</p> <p>QUESTION: Dr. Plotkin, we've already reviewed the IOM report. The IOM could not find evidence that DTaP or Tdap cause autism. I'm asking you, knowing that, isn't it just a bit premature to make the unequivocal, sweeping statement that vaccines do not cause autism?</p> <p>PLOTKIN: I would say it is logically true that you cannot say, you cannot point to proof that it doesn't cause autism. But as physicians and public health specialists, one has to make decisions in the absence of thousands of pieces of information that one would like to have. And one of them is that vaccines protect against serious infectious diseases, and there's no evidence that they cause autism. So, therefore, I recommend vaccinations to this child and every other child who does not have a contraindication.</p> <p>QUESTION: But since there's no evidence that DTaP or Tdap don't cause autism, you can't yet say that vaccines do not cause autism, correct?</p> <p>PLOTKIN: I could not say that as a, as a scientist or a logician. But I can say as a physician that, no, they do not cause autism, because as a physician, I have to take the whole body of scientific information into consideration when I make a recommendation for a child.</p> <p>QUESTION: So what you're saying is a physician or logician, then, you couldn't say vaccines do not -- you could not say vaccines do not cause autism. But as a pediatrician, you're saying that you would say that to a parent because you want to make sure they get the vaccine; is that right?</p> <p>PLOTKIN: You know, I can't be sure that DTaP doesn't cause leprosy. That doesn't mean that stops me from using DTaP vaccine.</p> <p>QUESTION: Are people claiming that DTaP has caused leprosy? Are you aware of any such complaints?</p> <p>PLOTKIN: I'm not aware of any such complaints, but I wouldn't be surprised to see it on the web one of these days.</p>	<p>TP# 249</p>
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	<p>QUESTION: Okay. But people have made enough complaints about DTaP, Tdap causing autism that the Institute of Medicine at the commission of HHS thought it was serious enough to do a scientific review, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Okay. They didn't review whether DTaP causes leprosy, did they?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Okay. So, and after conducting that review, they found that there was no evidence at all that they could find whether DTaP or Tdap caused autism. I'm just asking you a simple question, which is since there's no evidence whether DTaP or Tdap cause autism, isn't it a little premature to say, to make the sweeping statement that vaccines do not cause autism?</p> <p>PLOTKIN: No, I do not agree with that. Because absence of evidence works both ways. There's no evidence that they do, and the ideal study has not been done. I agree with that. But in the absence of any reasonable evidence that they do, I continue to recommend their use.</p> <p>QUESTION: So you're willing to make a statement that a vaccine does not cause a condition even in the absence of any evidence?</p> <p>PLOTKIN: I'm willing to state that there is no evidence that the vaccine causes the condition and, therefore -- and there is a lot of evidence that they do protect against disease. And, therefore, the child should receive the vaccines. I mean, there are a million things on the web, including all kinds of diet advice based on ridiculous information. So why should I adopt that?</p> <p>QUESTION: Are you saying that the IOM was engaging in a ridiculous review here?</p> <p>PLOTKIN: They were doing a scientific review, which is certainly legitimate. And their conclusion that there are insufficient data to draw a formal conclusion, I can understand that and appreciate that. But that does not mean that the vaccines cause autism.</p> <p>QUESTION: You've never been asked that. The only thing I've asked you is whether or not one can assert that vaccines do not cause autism, that they do --</p> <p>PLOTKIN: Counselor, let's be, let's be real. You're asking me these questions because you want me to legitimize the view that vaccines cause autism, and I will not do that because absence of evidence is no proof whatsoever.</p>	
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<p>Plotkin states one should not wait to take the DTaP or Tdap vaccines even though there is no evidence to support that vaccines do not cause autism <u>15:15:03</u></p> <p>Plotkin states that there are no studies comparing health outcomes between vaccinated and unvaccinated children <u>15:16:03</u></p>	<p>QUESTION: If you don't know whether DTaP or Tdap cause autism, shouldn't you wait until you do know, until you have the science to support it to then say that vaccines do not cause autism? PLOTKIN: Do I wait? No, I do not wait because I have to take into account the health of the child.</p> <p>QUESTION: And so for that reason, you're okay with telling the parent that DTaP/Tdap does not cause autism even though the science isn't there yet to support that claim? PLOTKIN: Absolutely. ... I'm also willing to tell them it doesn't cause leprosy.</p> <p>QUESTION: Okay. All right. Dr. Plotkin, has there ever been a study which looked at the total health outcomes of children following the CDC's vaccination schedule and those who are completely unvaccinated, such as Faith? PLOTKIN: Not that I'm aware of. No, I don't think so. But, you know, there are all kinds of studies. There's a study that suggests that children who are vaccinated compared to unvaccinated children have lower rates of leukemia. Now, do I believe that study? I find it interesting, but I would want confirmation of that study before I believed it. ... But in answer to your question, there is no study that I know of that compared the health of vaccinated children with unvaccinated children.</p> <p>QUESTION: Why has that study not been done? PLOTKIN: Probably because it is considered bad, malpractice not to vaccinate a child.</p> <p>QUESTION: So you are saying a prospective study might be improper because it would leave a child unvaccinated? PLOTKIN: Correct.</p> <p>QUESTION: Okay. What about a retrospective study? PLOTKIN: That, I suppose, could be done, but it wouldn't be randomized.</p> <p>QUESTION: Can you define "retrospective," please. PLOTKIN: I mean, looking at children who had been vaccinated and comparing them to children who had not been vaccinated.</p> <p>QUESTION: Okay. Presumably, HMOs, insurance companies would have health data on enough vaccinated and unvaccinated children to conduct such a comparison, correct? PLOTKIN: Well, I don't know, because the percentage of unvaccinated children fortunately is quite low. So I'm not sure how easy it would be to do that study. And I would suspect that many of those unvaccinated children are not in registers that could be used.</p>	<p>TP# 255</p> <p>TP# 256</p>
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<p>Plotkin states that using the Vaccine Safety Datalink (VSD) would be difficult <u>15:18:52</u></p>	<p>QUESTION: You're familiar with the Vaccine Safety Datalink? PLOTKIN: Yes.</p> <p>QUESTION: Are you aware that there are a few thousand children that are, my -- are you aware that there are reports from the government, government reports that show that there are a few thousand children that are, my understanding, completely unvaccinated in the VSD? PLOTKIN: Oh, I don't doubt it.</p> <p>QUESTION: Okay. Couldn't the Vaccine Safety Datalink be used to conduct a retrospective "vaccinated versus unvaccinated" study to look for health outcomes? PLOTKIN: Well, I don't know. Theoretically, perhaps, but one would have to be convinced that the children were comparable in other ways besides being vaccinated or unvaccinated.</p> <p>QUESTION: Every time you do a retrospective study, you always need to control for potential cofounders [sic], correct? PLOTKIN: Yes.</p> <p>QUESTION: And, you know, if you're doing a case control, properly matching cases, or if you're -- right? Are you saying that -- so CDC, pharma, they conduct studies all the time, right? PLOTKIN: Mm-hmm.</p> <p>QUESTION: Yes. Including studies that have cofounders that need to be controlled for, right? PLOTKIN: Yes, they try, yes.</p> <p>QUESTION: Vaccine studies, especially for efficacy, happen all the time, correct? PLOTKIN: Yes.</p> <p>QUESTION: So, again, if the data is there, why not do a study comparing vaccinated to completely unvaccinated children to look for the total health outcome so you know what the real risks are or get at least a sense of what the real risks are from vaccinations? PLOTKIN: Well, I can't completely answer that question. I'm sure it would be a difficult study to do.</p> <p>QUESTION: So you just think it's too difficult to look at, to do a study comparing vaccinated and unvaccinated children, even though the data exists to do that; is that right?</p>	<p>TP# 258</p>
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<p>ICD-9 Codes <u>15:26:27</u></p>	<p>PLOTKIN: Well, I simply am saying that I don't know how feasible it is. I've never been asked to look at it before, but I do think a priori that it would be difficult because those children are very likely from different socioeconomic groups and different racial groups. And so it would be a different study to do. I don't know if it's feasible or not.</p> <p>QUESTION: So with all of the government -- so the pharmaceutical industry, you said, made approximately \$20 billion last year in revenue from vaccine sales?</p> <p>PLOTKIN: I think so. I don't have --</p> <p>QUESTION: Okay. So the pharmaceutical industry has \$20 billion in revenue, and the CDC spends hundreds of millions of dollars buying vaccines every year; is that right?</p> <p>PLOTKIN: I think so.</p> <p>QUESTION: But yet you don't think that the resources can be done to do a single solitary study comparing the health outcomes of a for-profit product given to almost every child in this country to assess what the rate of adverse reactions are between those who get all those products and those who don't?</p> <p>PLOTKIN: What I said is I simply don't know whether such a study is feasible or not, but I think it would be difficult to do because it would not be a randomized study; and, therefore, the conclusions might be, might be questionable. But I don't know whether such a study is feasible or not.</p> <p>QUESTION: Aren't most studies that are done that you rely upon in that book that you have in front of you not randomized?</p> <p>PLOTKIN: Many of them are not. Many of them are.</p> <p>QUESTION: Do you throw out the ones that are not randomized?</p> <p>PLOTKIN: It depends on what the purpose of the study is. If it's studying immune responses, it doesn't necessarily have to have a control group.</p> <p>QUESTION: Dr. Plotkin, I'm going to hand you what's being marked as Exhibit, Plaintiff's Exhibit 23. Dr. Plotkin, what is an ICD-9 code?</p> <p>PLOTKIN: Well, it's essentially a way of coding diseases for, usually for remuneration purposes.</p> <p>QUESTION: Okay. So when a doctor administers a drug or a diagnosis as a patient or something similar, there's a code that they would enter into the system, right?</p> <p>PLOTKIN: Yes.</p>	<p>TP# 264 Exhibit 23²⁴</p>
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²⁴ See Exhibit 23: Professional Edition for Physicians – 2015 ICD9-CM Excerpt.

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	<p>QUESTION: And the ICD-9 codes are published by the American Medical Association, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. Please take a look at the exhibit I just -- the exhibit I just handed you is the 2015 ICD-9-CM Professional Edition for Physicians codebook, correct? PLOTKIN: Yes.</p> <p>QUESTION: So if you go to the second page, do you see there's a code, V6.407? PLOTKIN: Yes.</p> <p>QUESTION: What is that code for? PLOTKIN: Vaccination not carried out for religious reasons.</p> <p>QUESTION: Okay. So wouldn't it be feasible, for example, to compare children who have this coding who are not being vaccinated with those who are being vaccinated who are in similar communities, have similar demographics, and otherwise avoid as much as possible other potential cofounders. PLOTKIN: Well, if you could eliminate the cofounders it would be feasible.</p> <p>QUESTION: What are the cofounders, Dr. Plotkin? PLOTKIN: Well, as I said before, the cofounders include socioeconomic level, racial grouping, exposure to agents. In other words, are they living in a community where it's unlikely that someone unvaccinated from Ethiopia is going come into the community and be able to transmit diseases? I mean, I'd have to sit down and write up a list of possible cofounders. But there would be many of them.</p> <p>QUESTION: So when you do studies for efficacy, are you able to control for all of these cofounders? PLOTKIN: Well, usually the effort is to include as many different types of individuals as possible so that if there is a problem with a particular group, you can identify it. But doing clinical studies is not always easy, and that's why the conclusions from clinical studies have to be seen in relation to other clinical studies.</p> <p>QUESTION: Why is it you can control for cofounders in various other vaccine studies, including in vaccine safety studies that are cited in your book, but you believe -- are you saying you couldn't control for these same cofounders in the study of vaccinated versus unvaccinated population? PLOTKIN: I am unable to draw a conclusion about whether such a study is feasible. What I'm pointing out is that the likelihood of there being multiple cofounders is -- cofounders, sorry, is very high; and, therefore, it wouldn't be an easy study to do. That's all I can say. I've never sat down to try to figure out how to do such a study.</p>	
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	<p>QUESTION: Well, we've got socioeconomic, which probably pretty easy to control for; racial grouping, pretty easy to control for; exposure to agents, since it's retrospective, you'll know if there's been an outbreak in the community. What other cofounders do you think might exist? I mean, I'd like to hear one that -- can you tell me a cofounder that's not easy to control for?</p> <p>PLOTKIN: In principle, one can control for any confounding problem. The issue would be just how many there are and just how large a group you would need for a statistical significance. See, that's another issue.</p> <p>I mean, we accept as a valid conclusion something that is false five times out of a hundred. And so not only do we have to try to eliminate confounders, but we also need repetition of studies to be sure that the results we got in the first study were not in the five studies that were false -- ... -- in their conclusion. So you would need multiple studies.</p> <p>QUESTION: Okay. And since these are retrospective, they're really just running data, right?</p> <p>PLOTKIN: If the data are encoded, yes.</p> <p>QUESTION: So I asked earlier, what cofounder can you list that's not easy to control for? And I did not hear another cofounder. Can you tell me a cofounder in this proposed study that would not be easy to control for?</p> <p>PLOTKIN: Exposure would be probably the most difficult; in other words, whether a child is living in a community where exposure to disease is rare or absent or whether the child is living in the community where there are significant possibilities of exposure. I think that would probably be the most difficult to account for.</p>	
VIDEO -- PART 7	<p>In the USA: The last case of polio was in 1979; the cases of Diphtheria and most vaccine diseases (except pertussis, HIV, hepatitis and mumps) are very rare -- Cofounders as to controls in studies. Plotkin claims they can't be controlled -- Plotkin denies knowing of any IOM and CDC report calling for studies comparing vaccinated and unvaccinated -- Plotkin denies knowing of study between vaccinated and unvaccinated children that proved the unvaccinated are healthier -- Plotkin calls journals that publish dangers of vaccines "Predatory Journals" something "they are trying to deal with currently" -- Plotkin admits that money can influence judgement and conduct (think #BigVaxxPharma's ±\$30 billion in annual sales) -- Plotkin denies ever seeing a second study comparing vaccinated and unvaccinated children -- Petter Aaby Study: Aaby found that children who receive DPT in the first six months of life versus those who got no vaccines died at ten times the rate; study questioned by Plotkin -- Aluminum (Alum) used in vaccines stays in body for years -- Antigen that is absorbed by alum can be taken up by macrophages and dendritic cells -- Journal "Vaccine" -- Aluminum injected in rabbits found in their brain --</p> <p>tinyurl.com/Plotkin-Deposition7</p>	

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<p>In the USA: The last case of polio was in 1979; the cases of Diphtheria and most vaccine diseases (except pertussis, HIV, hepatitis and mumps) are very rare 15:33:06</p>	<p>QUESTION: When's the last case of polio in the United States, wild polio? ... 1979 sound correct to you? PLOTKIN: Yeah, could be.</p> <p>QUESTION: So that wouldn't be an issue, correct? PLOTKIN: No. Polio would not be an issue.</p> <p>QUESTION: Okay. How many cases of diphtheria have there been in the last ten years in the United States? PLOTKIN: It's very rare or absent.</p> <p>QUESTION: Less than five, right? PLOTKIN: Yeah.</p> <p>QUESTION: Isn't that true for most of the diseases except for maybe pertussis, right? PLOTKIN: Well, pertussis, HIV, hepatitis, those are diseases that are still common. ... The mumps. Yeah.</p> <p>QUESTION: Okay. So since this is retrospective, we would know where those outbreaks are, right? PLOTKIN: Yes.</p> <p>QUESTION: Because they're very carefully tracked by the CDC, correct? PLOTKIN: Mm-hmm.</p> <p>QUESTION: Since we know where the outbreaks are for those diseases, that could be -- was that a yes? PLOTKIN: Yes.</p> <p>QUESTION: Since we know where those outbreaks are, that could be actually probably pretty easily controlled for as well, correct? PLOTKIN: In principle, yes.</p>	<p>TP# 268</p>
<p>Cofounders as to controls in studies. Plotkin claims they can't be controlled 15:34:39</p>	<p>QUESTION: Okay. So can you name me a cofounder that would be difficult to control for in the study? PLOTKIN: Well, at the moment I can't think of any other that would be material, although I think one would have to look at genetic issues and the health of other members in the family and so forth. But, again -- ... -- I am not saying that such a study is impossible. I'm just pointing out that it would be a very difficult study to do, and the conclusions that you could draw from the study might be very limited.</p>	<p>TP# 271</p>

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<p>Plotkin denies knowing of any IOM and CDC report calling for studies comparing vaccinated and unvaccinated 15:37:21</p> <p>Plotkin denies knowing of study between vaccinated and unvaccinated children that proved the unvaccinated are healthier</p>	<p>QUESTION: Well, you keep saying it's difficult. But I, and your reason for that, I understand, is potential cofounders. And I'm just trying to understand what those are. So you've said familial history. Presumably the parents would be in the same health plan as the children. So you have the parents' medical history, too, correct? PLOTKIN: Mm-hmm.</p> <p>QUESTION: So that could be controlled for as well, right? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And so can you tell me again, can you tell me a cofounder that would actually be difficult to control for in this study? PLOTKIN: Well, other than the ones that I've mentioned and not having thought about doing such a study, that's all I can say.</p> <p>QUESTION: If you did such a study, isn't it -- are you aware that advocacy groups and other people interested in this issue have been calling for this exact study of comparing vaccinated and unvaccinated for 30 years already? PLOTKIN: I don't spend a lot of time on the web, so I can't say that I know that such a study is being requested.</p> <p>QUESTION: Okay. Well, but you do read IOM reports and CDC reports? PLOTKIN: Yes.</p> <p>QUESTION: Okay. And you never come across any IOM or CDC reports in which they specifically address the repeated calls for such a study? PLOTKIN: No.</p> <p>QUESTION: Okay. Would it be surprising to you if I told you those existed? ... That CDC and IOM reports in which they document the calls for such a study. PLOTKIN: Well, I wouldn't be surprised, no.</p> <p>QUESTION: Would you be surprised to know that the CDC, in fact, issued an entire report regarding conducting such a study and the calls for conducting such a study? PLOTKIN: And they issue the -- what did you say?</p> <p>QUESTION: Would you be surprised to know that the CDC, in fact, issued a report in response to the request for the calls for such a study? PLOTKIN: I wouldn't be surprised that there's a response, no.</p>	<p>TP# 272</p> <p>TP# 273</p>

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<p>15:38:22</p> <p>Plotkin calls journals that publish dangers of vaccines “Predatory Journals” something “they are trying to deal with currently”</p> <p>15:39:21</p> <p>Plotkin admits that money can influence judgement and conduct (think #BigVaxxPharma’s ±\$30 billion in annual sales)</p> <p>15:40:58</p>	<p>QUESTION: Okay. So in looking for such a study, isn't it true that there actually has been one such study conducted in the past, for the first time ever in the last year, correct?</p> <p>PLOTKIN: I am not aware of that study.</p> <p>QUESTION: Okay. I'm going hand you what's been marked as Plaintiff's Exhibit 24. The title of the study is a "Pilot Comparative Study of the Health of Vaccinated and Unvaccinated 6- to 12-Year-Old United States Children," correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And the authors of this study are Professors at the Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, correct? Are you familiar with this pilot study, Dr. Plotkin?</p> <p>PLOTKIN: No. I see it's been published in the Journal of Translational Science, which is not one of the journals I read and is probably one of those multiple so-called predatory journals that we are trying to deal with currently.</p> <p>QUESTION: So is anybody in any university that publishes anything that's negative about vaccines predatory or -- I forgot the other adjectives you used earlier today.</p> <p>PLOTKIN: No, it's not, it's not that. It's that there are journals now that will publish anything for money. ... And I get about ten of those invitations a day.</p> <p>QUESTION: So does money influence judgment?</p> <p>PLOTKIN: It may.</p> <p>QUESTION: Conduct?</p> <p>PLOTKIN: It may.</p> <p>QUESTION: Okay.</p> <p>PLOTKIN: I cannot tell until I read this study.</p> <p>QUESTION: If you look, if you take a quick look at it, you'll see that it involves looking at total health outcomes between vaccinated and unvaccinated homeschooled children?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Do you see the row that says: Chicken pox?</p> <p>PLOTKIN: Yes.</p>	<p>Exhibit 24²⁵</p> <p>TP# 274</p> <p>TP# 275</p>
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²⁵ See Exhibit 24: Pilot Comparative Study on the Health of Vaccinated and Unvaccinated 6- to 10 12-year-old U.S. Children.

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	<p>QUESTION: So the odds ratio for the unvaccinated were ... four times as likely to get chicken pox, right? PLOTKIN: Yes.</p> <p>QUESTION: And do you see for whooping cough, the unvaccinated children were three times as likely to get whooping cough? PLOTKIN: Yes.</p> <p>QUESTION: Go down to where it says: Allergic rhinitis. PLOTKIN: Yes.</p> <p>QUESTION: What is that? PLOTKIN: Well, it's essentially runny nose because of allergy.</p> <p>QUESTION: Okay. Do you see that it says that the vaccinated children were 30 times as likely to have allergic rhinitis? PLOTKIN: Yes, I see that number.</p> <p>QUESTION: Do you see that it says that vaccinated children were 3.9 times likely to have allergies? PLOTKIN: Yes.</p> <p>QUESTION: 4.2 times as likely to have ADHD? PLOTKIN: Yes.</p> <p>QUESTION: 4.2 times likely to have autism spectrum disorder? PLOTKIN: Yes.</p> <p>QUESTION: 2.9 times as likely to have eczema? PLOTKIN: Yes.</p> <p>QUESTION: 5.2 times as likely to have learning disability? PLOTKIN: Yes.</p> <p>QUESTION: 3.7 times as likely to have neurodevelopment disorder? PLOTKIN: Yes.</p>	
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<p>Plotkin denies ever seeing a second study comparing vaccinated and unvaccinated children 15:45:42</p>	<p>QUESTION: And 2.4 times as likely to have any chronic condition? PLOTKIN: Yes.</p> <p>QUESTION: Wouldn't you like to see a larger-scale study that refuted these claims? PLOTKIN: It would be ideal, yes. It would certainly be important to repeat the study and to enroll patients in a blinded fashion. I really would have to read this to see exactly how they enrolled the children or the parents in this study.</p> <p>QUESTION: So it at least calls for further similar studies, hopefully, to either confirm or disapprove the findings in the study, correct? PLOTKIN: Yes. Mm-hmm. Yes, I would agree.</p> <p>QUESTION: Dr. Plotkin, I'm going to hand you what's been marked as Plaintiff's Exhibit 25. This is another study by the, this is another publication using the same data, I believe, from the same group of professors at the Department of Epidemiology and Biostatistics School of Public Health, Jackson State University, correct? PLOTKIN: Appears that way, yes.</p> <p>QUESTION: And the title of this one is "Preterm Birth Vaccination and Neurodevelopmental Disorders: A Cross-Sectional Study of 6- to 12-Year-Old Vaccinated and Unvaccinated Children," correct? PLOTKIN: Yes.</p> <p>QUESTION: Have you ever seen this study before? PLOTKIN: No.</p> <p>QUESTION: do you see where it starts: Noassociation? PLOTKIN: Yes.</p> <p>QUESTION: Can you start, can you read that sentence and the next one? PLOTKIN: No association was found between preterm birth and NDD in the absence of vaccination, but vaccination was significantly associated with NDD in children born at term. Odds ratio, 2.7.</p>	<p>Exhibit 25²⁶</p>
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²⁶ See Exhibit 25: Preterm Birth, Vaccination and Neurodevelopmental Disorders: A Cross-Sectional Study of 6- to 12-Year-Old Vaccinated and Unvaccinated Children.

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	<p>QUESTION: And the next sentence, please, sir. Thank you. PLOTKIN: However, vaccination coupled with preterm birth was associated with increasing odds of NDD, ranging from 5.4 compared to vaccinated, but non-preterm children to 14.5 compared to children who were neither preterm nor vaccinated.</p> <p>QUESTION: What does NDD stand for? PLOTKIN: Neurodevelopmental disorders.</p> <p>QUESTION: And in this study it was defined as learning disability, attention deficit hyperactivity disorder, and autism spectrum disorder, correct? PLOTKIN: Yes. But I will also point out the abstract says that it was a convenient sample of 666 children. So clearly it was in no way a randomized study.</p> <p>QUESTION: Shouldn't we do better studies? PLOTKIN: One would have to do a better study if --</p> <p>QUESTION: Larger samples? PLOTKIN: Larger samples and enrolling not by convenience.</p> <p>QUESTION: Right. I believe Dr. Mawson calls these pilot studies, correct? Because nobody else is doing them, so he tried with limited resources, not the resources of pharmaceutical companies and the CDC, to conduct such a study, right? PLOTKIN: Well, that's your interpretation. I would have to read the study.</p> <p>QUESTION: Fair enough. More than fair. Is it possible that his findings in both of these studies could be correct? PLOTKIN: Is it possible? Yes, of course. Possibility is always possible.</p> <p>QUESTION: Hopefully and ideally, you would conduct a larger or at least additional similar studies to either confirm or dispute the findings in these studies, correct? PLOTKIN: Ideally, yes.</p> <p>QUESTION: Now, let me ask you a question. In terms of randomization, if -- just to make sure I understand the concept, if I, for example, choose to vaccinate based solely on birth dates, would that be randomized? PLOTKIN: Yes.</p>	
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<p>Petter Aaby Study: Aaby found that children who receive DPT in the first six months of life versus those who got no vaccines died at ten times the rate; study questioned by Plotkin 15:50:50</p>	<p>QUESTION: And that would be considered a randomized study? PLOTKIN: Yes.</p> <p>QUESTION: I'm going hand you what's been marked, what is being marked as Plaintiff's Exhibit ... 26. ... This is the Peter Aaby study that you and I were talking about earlier, correct? PLOTKIN: This is one of them.</p> <p>QUESTION: This is the study in which Peter Aaby found that children who receive DPT in the first six months of life versus those who got no vaccines died at ten times the rate, correct? PLOTKIN: Right.</p> <p>QUESTION: And in this study, you earlier said that your concerns with Aaby's prior studies that had similar conclusions was that they weren't randomized; ... in this study the vaccinated versus unvaccinated children were simply vaccinated or unvaccinated purely by the chance of when their birthday happened to be; isn't that correct? PLOTKIN: Yes. It says they were allocated by birthday. I have to see. Well, you know, it's not absolutely clear as to how the randomization was done. Apparently there were periods of time when they were vaccinating and other periods when they were not vaccinating.</p> <p>QUESTION: I think that if you -- have you read this study before, Dr. Plotkin? PLOTKIN: I've glanced at it, yes. I haven't read it thoroughly. But the, as I said before, the, this kind of study is useful. There's no doubt about that. But one needs to have some sort of immunological correlate to really confirm that that, that the findings are real. The other point is that Peter is working in an African community where there is a high mortality to begin with. And that's, of course, because of other factors. And so whether this would be true in, let's say, Denmark or elsewhere is not clear. And if my memory serves, attempts to show in Denmark what Peter has found in Africa have not been positive.</p> <p>QUESTION: I'm asking is, is there a study from Denmark that compared children who received DTP versus children who received no vaccines at all that was randomized like this study was and that compared the death rate between the two groups? PLOTKIN: Well, I'd have to go back and look, but my recollection is that because in Denmark everything is registered and they had excellent data on vaccines being given, that they did not find an effect on mortality of giving DTP. Regardless, my point is that mortality in the developed world is relatively rare in childhood; whereas, in Africa it's obviously common. Let me repeat what I said about Peter Aaby's work. It's not that I discard it or</p>	<p>TP# 282 Exhibit 26²⁷</p>
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²⁷ See Exhibit 26: The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment.

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<p>15:58:36</p>	<p>think that his conclusions are wrong. What I'm saying is that they are observational data, and they have to be confirmed by studies of the immune responses. And those have been done only to a certain degree.</p> <p>QUESTION: When you say "studies of immune response," what do you mean? PLOTKIN: I mean, whether the immunity of the child is interfered with by DTP; that is, immunity to other diseases. And as I mentioned before, he had shown that measles has a positive, measles vaccine has a positive effect. And that has been confirmed by showing that measles vaccination influences immunity to other diseases.</p> <p>QUESTION: So what you're saying is you don't dispute his findings that at least in this African country -- PLOTKIN: Yes.</p> <p>QUESTION: -- there is a ten-times-greater death rate amongst those who got DPT -- TP in the first six months of life versus those who got no vaccines, correct? PLOTKIN: I don't dispute his findings. I would have to look further to make sure that the populations that were studied were absolutely equal in other respects. ... But, again, I'm not one who discards Peter's studies a priori.</p> <p>QUESTION: Earlier you told me the issue was it wasn't randomized, but now -- PLOTKIN: That is an important issue, yes.</p> <p>QUESTION: And it is, this one is randomized? PLOTKIN: Well, again, I just have to be sure that it was randomized, that both groups were vaccinated or non-vaccinated at the same time rather than sequentially.</p> <p>QUESTION: Yes. Because it was done by birthdays. When people came into the clinics, right, depending on their birth date, they either got the vaccine or they didn't, correct? Correct? PLOTKIN: Well, subject to my reading this carefully, I agree that he is claiming that it's randomized.</p> <p>QUESTION: So DTaP has been used around the world for what, 30, 40 years now, 50 years? PLOTKIN: Mainly since the 1990s. ... So about 20 years</p> <p>QUESTION: And Peter Aaby has been claiming, making this claim, a respected scientist whose conclusions you said you take seriously, that DTP might cause more deaths than people it saves -- PLOTKIN: Yeah, I --</p> <p>QUESTION: -- but -- let me just finish my question, please. When do you think this extra science on immunology you think is necessary is going to get done so we know whether or not DTP is saving more children than it kills?</p>	<p>TP# 287</p>
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<p>16:00:57</p>	<p>PLOTKIN: Well, I would imagine that WHO is looking into it. I don't know that for a fact. But it also has to be pointed out that the vaccine that he's studying is whole-cell vaccine; it is not the vaccine being used in the United States.</p> <p>QUESTION: That's right. But it is being used in most third-world countries, correct?</p> <p>PLOTKIN: In, the vaccines being used in the United States are being used in the U.S. and Europe.</p> <p>QUESTION: The DTP --</p> <p>PLOTKIN: But the DTP, the whole-cell vaccine is used very largely in Latin America and Africa.</p> <p>QUESTION: In developing countries?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Any reason that the life of a child in a developing country is not equal to that in the first-world country?</p> <p>PLOTKIN: No. ... But the whole-cell vaccine is considerably cheaper.</p> <p>QUESTION: Dr. Plotkin, I'm going to hand you what's being marked as Plaintiff's Exhibit ... 27. This is an excerpt from the 1994 IOM report, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Under risk-modifying factors, the first sentence there says: The committee was able to identify little information pertaining to why some individuals react adversely to vaccines when most do not, correct?</p> <p>PLOTKIN: Yes. Mm-hmm.</p> <p>QUESTION: Handing you what's being marked as Plaintiff's Exhibit 28. I'm going to read you an excerpt from this, and I'm going to ask you a question. Okay, Dr. Plotkin?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Okay. It says: Both epidemiologic and mechanistic research suggests that most individuals who experience an adverse reaction to vaccines have a pre-existing susceptibility. These predispositions can exist for a number of reasons -- genetic variations in human or microbiome DNA, environmental exposures, behaviors, intervening illness, or developmental stage, to name just a few -- all of which can interact, as suggested graphically in figure 3-1. Some of these adverse reactions are specific to the particular vaccine, while others may not be. Some</p>	<p>TP# 288 Exhibit 27²⁸</p> <p>Exhibit 28²⁹</p>
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²⁸ See Exhibit 27: Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality.

²⁹ See Exhibit 28: Adverse Effects of Vaccines: Evidence and Causality.

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	<p>of these predispositions may be detectable to prior to the administration of vaccines. And then skipping down a little: Much work remains to be done to elucidate and develop strategies to document the immunologic mechanisms that lead to adverse effects in individual patients. Do you disagree with what the IOM wrote here?</p> <p>PLOTKIN: Well, not in principle. If such factors can be identified. So far it has been very difficult to identify so-called predispositions.</p> <p>QUESTION: Is it not because, Dr. Plotkin, the science is just not being done to make those identified?</p> <p>PLOTKIN: Some attempts have been made. There's a whole literature by Dr. Poland at the Mayo Clinic on such. But the things that he studied have been relatively minor reactions.</p> <p>QUESTION: Are you aware of any serious large-scale studies that have been done to assess the predispositions that might result in adverse reaction from a vaccine?</p> <p>PLOTKIN: There have been some genetic studies done.</p> <p>QUESTION: By whom?</p> <p>PLOTKIN: As I said, by the Mayo group in particular, and also some studies done Vanderbilt.</p> <p>QUESTION: Who did the studies Vanderbilt?</p> <p>PLOTKIN: Well, James Crowe was one of the authors.</p> <p>QUESTION: What did the studies involve?</p> <p>PLOTKIN: The studies involved looking at certain enzymes, particularly to see if there was an association with -- let's see. It was with -- I'm trying to remember which vaccine it was based on. Smallpox vaccine.</p> <p>QUESTION: Smallpox. Do people routinely get smallpox vaccine anymore in America?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Okay. Other than the researcher at Vanderbilt and the one at the Mayo Clinic that you mentioned, is there anybody else that you know of that is conducting any serious science to identify what might, what would render a child susceptible to a vaccine injury?</p> <p>PLOTKIN: I think the people of British Columbia are doing some work. ... I can't remember the guy's name.</p> <p>QUESTION: Is his name Chris Shaw?</p> <p>PLOTKIN: Could be. It's a whole group of people at British Columbia.</p>	<p>TP# 291</p>
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<p>Aluminum (Alum) used in vaccines stays in body for years 16:09:08</p>	<p>QUESTION: They've published good science in this area? PLOTKIN: Yes.</p> <p>QUESTION: Respectable science? PLOTKIN: Yes.</p> <p>QUESTION: And they are the ones who looked at aluminum adjuvants injected into lab animals in particular, correct? PLOTKIN: They have done some work with aluminum adjuvants, yes.</p> <p>QUESTION: By showing that injecting aluminum can go to different parts of the animal, right? PLOTKIN: Yes.</p> <p>QUESTION: -- at the University of British Columbia. Is, so do you recall if it's Chris Shaw and his group? PLOTKIN: I don't recall specifically.</p> <p>QUESTION: But it's the group at the University of British Columbia that's looking in particular at aluminum adjuvants in vaccines, correct, in animal models? PLOTKIN: They're looking at a lot of different things, including adjuvants.</p> <p>QUESTION: Okay. Understood. And other than the group at British Columbia, Mayo Clinic, and Vanderbilt, are you aware of anybody else doing such science? PLOTKIN: Not that I recall, no.</p> <p>QUESTION: Okay. If anybody would know, it'd be you, right, Dr. Plotkin? PLOTKIN: Well, I don't read -- I cannot read every published scientific paper.</p> <p>QUESTION: Dr. Plotkin, I'm going to refer to the various forms of aluminum adjuvant used in vaccines as alum; is that okay? PLOTKIN: Yes.</p> <p>QUESTION: Because there are different kinds, correct? PLOTKIN: Yes.</p>	<p>TP# 292</p> <p>TP# 294</p>
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<p>Antigen that is absorbed by alum can be taken up by macrophages and dendritic cells 16:11:28</p>	<p>QUESTION: Okay. What is an antigen? PLOTKIN: An antigen is usually a protein that induces an immune response.</p> <p>QUESTION: Antigens in killed vaccines, though, produce a very weak immune response, hence the need to add alum to the vaccine formulation, correct? PLOTKIN: Frequently, not always.</p> <p>QUESTION: And alum, injected alum can increase the production of all kinds of cytokines, including IL-1, IL-2, IL-6, IL-17, correct? PLOTKIN: Yes.</p> <p>QUESTION: Alum can be recovered from the injection site months or years after intramuscular injections, correct? PLOTKIN: Well, it's, yeah, it's possible to find the alum. Of course, aluminum is a frequent, shall I say, present in all of us? We ingest a lot of it.</p> <p>QUESTION: I'm talking about injected aluminum. I'm asking, can it be recovered from the injection site months or years after intramuscular injection? PLOTKIN: I believe it's possible, yes.</p> <p>QUESTION: In your book that you're holding in front of you, do you know if it says, quote: It is established that aluminum salt can be recovered at the injection site months or years after intramuscular injections? PLOTKIN: Well, I'd have to look at it, but I don't doubt that that's, that could be in the book, yes.</p> <p>QUESTION: Okay. And antigen that is absorbed by alum can be taken up by macrophages and dendritic cells? PLOTKIN: Yes.</p> <p>QUESTION: Macrophages are immune cells, correct? PLOTKIN: Well, they are scavengers, basically.</p> <p>QUESTION: What do they do? PLOTKIN: They take up antigens and present them to other cells.</p> <p>QUESTION: So that means that the alum as well as the antigen that's bound to it are taken up by macrophages and dendritic cells, correct? PLOTKIN: Yes.</p>	<p>TP# 295</p>
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<p>Journal "Vaccine" 16:13:00</p>	<p>QUESTION: Okay. Aluminum injected into the ... body can travel to the brain, correct PLOTKIN: ? I don't know that for a fact, but wouldn't be surprised.</p> <p>QUESTION: You've never seen any studies that show that aluminum injected into the body can travel to the brain? PLOTKIN: I have not seen such studies, no, or not read such studies.</p> <p>QUESTION: I'm going to hand you what's being marked as Plaintiff's Exhibit 29. Please take a look at that. In this study, do you have a problem with the journal that this study was published in? PLOTKIN: No.</p> <p>QUESTION: Is the name of the journal Vaccine? PLOTKIN: Yes.</p> <p>QUESTION: Are you a editor in that journal? PLOTKIN: I was at one point.</p> <p>QUESTION: And you consider that to be a prestigious journal? PLOTKIN: Yes.</p>	<p>TP# 296 Exhibit 29³⁰</p>
<p>Aluminum injected in rabbits found in their brain 16:14:13</p>	<p>QUESTION: Okay. So in this study, conduct -- they found that injecting rabbits with aluminum and then dissected them, they found aluminum in the brain of the rabbits, correct? PLOTKIN: Yes.</p> <p>QUESTION: Does that change your opinion of whether injecting aluminum can travel to the brain? PLOTKIN: Well, it shows experimentally that that's the case. I'd have to look at the concentrations that were injected, whether they were reasonable with respect to what's injected into humans.</p> <p>QUESTION: Here's another study. Here's another study that's being marked as Plaintiff's Exhibit 30. ... And that study found that injecting aluminum in mice caused motor deficits and motor neuron degeneration, correct? PLOTKIN: Apparently, yes. But, again, one has to compare the amounts injected with what's, what amounts are injected with vaccines.</p>	<p>TP# 296</p> <p>Exhibit 30³¹</p>

³⁰ See Exhibit 29: In Vivo Absorption of Aluminum-Containing Vaccine Adjuvants Using 26AL.

³¹ See Exhibit 30: Aluminum Hydroxide Injections Lead to Motor Deficits and Motor Neuron Degeneration.

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	<p>QUESTION: So in this study the authors note that they were attempting to use dose-equivalent amounts of alum vis-a-vis the vaccination schedule. I'll post that as a question, but I'll leave it to you to take -- you obviously, sounds like you never read this study, so you can take your time. Okay. Dr. Plotkin, there's no question pending about that study anymore. So let's move on. Okay? So are you familiar with a study entitled "Delivery of Nanoparticles to Brain Metastases of Breast Cancer Using a Cellular Trojan Horse" from the Indiana University School of Medicine and Rice University?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Are you familiar with a study from 2013 entitled "Slow CCL2-dependent Translocation of Biopersistent Particles from Muscle to Brain"?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Before we continue, I'm going to mark this one. The study I just spoke about, I'm going to mark as Plaintiff's Exhibit 32. (Exhibit 31 also provided). I'm going hand this to you. In this study, if you turn to page 5, you can actually see pictures of the brain of dissected mice injected with aluminum and pictures of the aluminum in the brain. Let me know when you've had an opportunity to look at that.</p> <p>PLOTKIN: Yes. Okay.</p> <p>QUESTION: Okay. That's from 2013. I'm going to show you another study from 2015 being marked Plaintiff's Exhibit No. 33. This study involved 155 mice, again injected with aluminum. And, again, you can find pictures of the aluminum in the dissected mice in their brains. Since we're running short on time, I won't hand you all the studies on this. But having had an opportunity just for the last few minutes to look at a few of these studies, do you have any -- can aluminum injected into the body travel to the brain?</p> <p>PLOTKIN: Well, there are experiments suggesting that that is possible. The, in particular, there's a, I know there's a French group that's been, let's say, working on the potential dangers of aluminum as well as the British Columbia group. What we lack is evidence in humans that such phenomena are causing the problems that are being caused in mice, and that may relate to dose issues.</p> <p>QUESTION: Isn't that because those studies would be unethical, Dr. Plotkin?</p> <p>PLOTKIN: No, I wouldn't say they'd be unethical. I would say that looking for aluminum deposits in the brains of people at autopsy, et cetera, that's entirely feasible.</p>	<p>Exhibit 31³² Exhibit 32³³</p> <p>Exhibit 33³⁴</p>
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³² See Exhibit 31: Delivery of Nanoparticles to Brain Metastases of Breast Cancer Using a Cellular Trojan Horse.

³³ See Exhibit 32: Slow CCL2-Dependent Translocation of Biopersistent Particles from Muscle to Brain.

³⁴ See Exhibit 33: Highly Delayed Systemic Translocation of Aluminum-Based Adjuvant in CD1 Mice Following Intramuscular Injections.

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	<p>QUESTION: And so if they did autopsies of people's brains and they found aluminum, then that would be a cause for concern?</p> <p>PLOTKIN: It could be. But one would need to combine that or look at the symptoms of the patients whose brains are being examined.</p> <p>QUESTION: I'm going to hand you one final study on this. It's been marked Plaintiff's Exhibit 34. This one they were very careful, my understanding is, to do a number of different doses to see the response.</p> <p>PLOTKIN: This is the French group.</p> <p>QUESTION: Okay. So in any event, if aluminum bound to antigen does travel to the brain, Dr. Plotkin, and remains there, would that cause an immune activation event in the brain?</p> <p>PLOTKIN: I don't know whether it would or not. I'm not --</p> <p>QUESTION: Do you think it could result in neurodevelopmental disorders?</p> <p>PLOTKIN: Again, there's no evidence that that's the case.</p> <p>QUESTION: I'm going to hand you what's marked Exhibit 35. Are you familiar with -- are you familiar with this book?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Dr. Plotkin, has an increase in IL-6 been shown to induce autism-like features in lab animals?</p> <p>PLOTKIN: Well, IL-6 is an inflammatory cytokine. And its relationship to autism, I would say, is not clear. But it is an important cytokine.</p> <p>QUESTION: Has it been shown to induce autism-like features in animals when injected into animals for experimentation?</p> <p>PLOTKIN: I'm not aware of that, but it's quite possible that that could happen if you use enough IL-6.</p> <p>QUESTION: Are you familiar with the study out of -- are you familiar with the study entitled "Inhibition of IL-6 Trans-Signaling in the Brain Increases Social Ability in the BTBR Mouse Model of Autism"?</p> <p>PLOTKIN: No.</p>	<p>Exhibit 34³⁵</p> <p>Exhibit 35³⁶</p>
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³⁵ See Exhibit 34: Non-Linear Dose-Response of Aluminum Hydroxide Adjuvant Particles: Selective Low Dose Neurotoxicity.

³⁶ See Exhibit 35: Book: The Immune System and the Developing Brain.

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<p>16:29:09</p>	<p>QUESTION: Are you familiar with the study called "Maternal Immune Activation Alters Fetal Brain Development through Interleukin-6"?</p> <p>PLOTKIN: Vaguely, yes. Yeah.</p> <p>QUESTION: Published in the Journal of Neuroscience?</p> <p>PLOTKIN: Yeah, well, I don't remember the journal.</p> <p>QUESTION: Is that one of the journals you consider respectable?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And this was out of the University of California Medical Center. This is from California Institute, CalTech. That institution did a number of studies regarding -- that group did a number of studies relating to immune activation and neurological disorder, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And they found a connection between immune activation and neurological historical disorders, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: Okay. And one of the study's findings they had was that immune activation alters fetal brain development through interleukin-6, correct?</p> <p>PLOTKIN: As I said before, IL-6 is an important cytokine. I would point out in relation to immune activation, that immune activation occurs as a result of disease and exposure to a variety of stimuli, not just vaccines.</p> <p>QUESTION: But it can be caused by vaccines, correct?</p> <p>PLOTKIN: Immune activation is the objective of vaccines.</p> <p>QUESTION: Do you know the maximum amount of the aluminum that is injected into a child who follows the CDC schedule?</p> <p>PLOTKIN: I haven't done the arithmetic, but I believe it would amount to several milligrams.</p> <p>QUESTION: I'm going to hand you a letter from, what's been marked as Exhibit 36, which is a letter from one of the professors that runs the lab in that group? ... Have you seen this letter before?</p> <p>PLOTKIN: No.</p>	<p>TP# 305 Exhibit 36³⁷</p>
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³⁷ See Exhibit 36: 6/24/17 Letter to University of British Columbia by Dr. Shaw with Attachments.

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	<p>QUESTION: Okay. This letter is from the group at the University of British Columbia you mentioned before, correct? PLOTKIN: Yes.</p> <p>QUESTION: And it's addressed to HHS, correct? PLOTKIN: Yes.</p> <p>QUESTION: As well as NIH? PLOTKIN: Yes.</p> <p>QUESTION: FDA and CDC, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. In the first paragraph, can you read the first paragraph? PLOTKIN: I am writing to you in regard to aluminum adjuvants in vaccines. The subject is one my laboratory works on intensively and, therefore, where I feel I have some expertise. In particular, we have studied the impact of aluminum adjuvants in animal models of neurological disease, including autism spectrum disorder. Our relevant studies on the general topic of aluminum neurotoxicity in general and specifically in regard to adjuvants are cited below.</p> <p>QUESTION: Now, can you read the last sentence in the next paragraph. PLOTKIN: In children there is growing evidence that aluminum adjuvants may disrupt developmental processes in the central nervous system and, therefore, contribute to ASD in susceptible children.</p> <p>QUESTION: And just the next paragraph. PLOTKIN: Despite the foregoing, the safety of aluminum adjuvants in vaccines has not been properly studied in humans, even though pursuant to the recommended vaccine schedule published by the Centers for Disease Control, a baby may be injected with up to 3.675 micrograms of aluminum adjuvants by six months of age.</p> <p>QUESTION: Just the next sentence and I guess we can wrap up. PLOTKIN: And in regards to the above, it is my belief that the CDC's claim on its website that vaccines do not cause autism is wholly unsupported. So my comments are, one, that my estimate was pretty much correct. Second, that, unfortunately, Dr. Shaw has been associated with the party that I mentioned before, Tomljenovic, who, in my view, is completely untrustworthy as far as scientific data are concerned. So I'm concerned about Dr. Shaw being influenced by that individual. And the, I'm not aware that there is evidence that aluminum disrupts the developmental processes in susceptible children.</p>	
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	<p>QUESTION: Dr. Shaw is a scientist that studies aluminum regularly, correct? PLOTKIN: Yes.</p> <p>QUESTION: Do you study aluminum regularly? PLOTKIN: No.</p> <p>QUESTION: Now, Dr. Plotkin, I'm handing you what has been marked as Plaintiff's Exhibits 37 and 38.</p>	<p>TP# 308 Exhibit 37³⁸ Exhibit 38³⁹</p>
<p>VIDEO -- PART 8</p>	<p>Aluminum Adjuvants in Brain Immune Cells – Encephalitis as a Result of Vaccination -- Antigens in Vaccines and Related Harm -- Monkey Kidney Cells -- Blood Serum from Calves and Other Bovines in Vaccines -- Embryonic Guinea Pig Cell Cultures in Vaccines -- Cow’s Milk Components in Vaccines -- Egg Protein in Vaccines -- Gelatin from Pigs in Vaccines -- Gelatin from Cows in Vaccines -- Recombinant GMO Yeast in Vaccines -- MRC-5 Human Diploid Cells and Tissues in Vaccines -- WI-38 Human Diploid Lung Fibroblast in Vaccines -- Human Albumin in Vaccines -- Recombinant Human Albumin in Vaccines -- Human DNA and Protein in Vaccines -- Insertional Mutagenesis -- Polio Vaccine Contamination with Simian Viruses -- Polysorbate 80 in Vaccines -- Adjuvants Bind to Impurities and Byproducts and the Body Develops Antibodies to Them -- Fetuses Used in Plotkin’s Work Related to Vaccines -- Tissue from the heart, lungs, kidney, spleen, skin and tongue in vaccines -- Tissue from the heart, lungs, kidney, spleen, skin and tongue in vaccines --Used Fetuses from Psychiatric Institutions -- Used Orphans to Study Experimental Vaccines -- Used the Mentally Handicapped to Study Experimental Vaccines -- Experiments Performed on Fully Functioning Adults and on Children -- Used Babies of Mothers in Prison – Experiments on over One Million Individuals Under Colonial Rule – Belkin experimented in almost a million people from the Belgian Congo tinyurl.com/Plotkin-Deposition8</p>	<p>TP# 309</p>
<p>ALUMINUM ADJUVANTS IN BRAIN IMMUNE CELLS 16:43:21</p>	<p>QUESTION: Are these letters (Exhibits 37 and 38) written by individuals that are very experience in studying aluminum adjuvants? PLOTKIN: Yes.</p> <p>QUESTION: Is the content of the letters similar to the letter from Chris Shaw? PLOTKIN: Yes.</p>	<p>TP# 309</p>

³⁸ See Exhibit 37: 6/15/17 Letter to Institut Mondor.

³⁹ See Exhibit 38: 6/15/17 Letter to The Birchall Centre.

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<p>ENCEPHALITIS AND ENCEPHALOPATHY AS A RESULT OF VACCINATION 16:45:36</p>	<p>QUESTION: (Presents Exhibit 39). According to the author, he found some of the highest volume of aluminum in human tissue yet recorded in the brain of autistic children who died prematurely. PLOTKIN: Apparently that is the case.</p> <p>QUESTION: Did you know that the standout observation of study is that aluminum was in the immune cells of the brain, including within immune cells traveling into the brain? PLOTKIN: Yes, but not associated with neurons.</p> <p>QUESTION: They also found aluminum in the neurons as well, correct? PLOTKIN: But mostly in other cells. QUESTION: In immune system related cells, right? PLOTKIN: Cells that travel, yes.</p> <p>QUESTION: What is encephalopathy? PLOTKIN: It means something is wrong with the brain.</p> <p>QUESTION: What is encephalitis and encephalomyelitis? PLOTKIN: Inflammation of the brain.</p> <p>QUESTION: Do all of the 5 DTap containing vaccines sold in this country list encephalopathy within 7 days of a prior pertussis-containing vaccination as a contraindication to giving more pertussis vaccination PLOTKIN: Yes.</p> <p>QUESTION: Do all Hepatitis A vaccines list encephalitis or encephalopathy as a reported adverse reaction in their inserts? PLOTKIN: Don't know for sure, but I imagine that it is a contraindication.</p> <p>QUESTION: Do all of the Hepatitis B vaccines list the same contraindication? PLOTKIN: Yes.</p> <p>QUESTION: Do almost all of the flu vaccines list the same contraindication? PLOTKIN: Yes.</p>	<p>Exhibit 39⁴⁰</p> <p>TP# 311</p>

⁴⁰ See Exhibit 39: Aluminium in Brain Tissue in Autism

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<p>Amount of Antigens in Pediatric Vaccines and Related Harm 16:47:46</p>	<p>QUESTION: Does the chickenpox vaccine list the same adverse reaction? PLOTKIN: Yes</p> <p>QUESTION: Why do you think brain swelling is being reported after vaccination in all these vaccines? PLOTKIN: Anything that happens after vaccination is included in contraindications.</p> <p>QUESTION: What is the total quantity of antigen in most pediatric vaccines? PLOTKIN: Variable, perhaps up to 50 mg.</p> <p>QUESTION: Are there any ingredients in vaccines that can damage neurons? PLOTKIN: Not that I am aware of.</p> <p>QUESTION: Any ingredients that can damage human cells? PLOTKIN: Depends on the concentrations and so forth.</p>	<p>TP# 312</p>
<p>Monkey Kidney Cells in Vaccines 16:48:59</p>	<p>QUESTION: Do any of the vaccines on the childhood schedule contain monkey kidney cells? PLOTKIN: Well, the polio vaccine does.</p> <p>QUESTION: Are the kidney cells removed from the monkey while the animal is still alive? PLOTKIN: Don't think so any more. These are from a cell line that will continue to multiple to make vaccines in; contrary to a regular kidney cells that will not continuously multiply.</p> <p>QUESTION: Cells that continue to multiply unabated are typically are typically considered cancerous, right? PLOTKIN: Depends on the circumstances on the cell, but it is true, cancer cells do continue to replicate indefinitely.</p>	<p>TP# 314</p>
<p>Blood Serum from Calves and Other Bovines in Vaccines 16:51:58</p>	<p>QUESTION: Do any vaccines in the childhood vaccine schedule contain blood serum from calves or other bovines? PLOTKIN: It is used to make the vaccines, but removed before the vaccine is used because you don't want to sensitize the vaccinee to cows.</p> <p>QUESTION: Meaning if there was cow serum remaining in the vaccines the child can develop antibodies to cow products and can develop and allergy to it. PLOTKIN: Yes.</p> <p>QUESTION: But you say there isn't any, right?</p>	<p>TP# 316</p>

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	<p>PLOTKIN: It is removed, yes.</p> <p>QUESTION: (Presented with Exhibit 40). Who produces this document, the CDC or FDA? PLOTKIN: I think the FDA.</p> <p>QUESTION: And lists ingredients in vaccines, correct? PLOTKIN: Yes.</p> <p>QUESTION: Do you see Calf's serum there? PLOTKIN: Yes, used to grow the polio virus.</p> <p>QUESTION: And this is one of the ingredients that remains in the vaccine? PLOTKIN: I do not believe so.</p>	
<p>Embryonic Guinea Pig Cell Cultures in Vaccines 16:54:13</p>	<p>QUESTION: Do any vaccines on the childhood schedule contain embryonic guinea pig cultures? PLOTKIN: I don't think any current vaccine is made in guinea pig cells.</p>	<p>TP# 318</p>
<p>Cow's Milk Components in Vaccines 16:55:41</p>	<p>QUESTION: Do you know if any vaccines contain cows' milk in it or products from cow? (herein after "vaccines" or "any vaccines" refer to vaccines in the childhood schedule of the CDC, unless otherwise noted) PLOTKIN: Casein could be used (80% of solid matter in milk protein is made mostly of casein).</p> <p>QUESTION: And if there was casein in the vaccines the child can become sensitized to that, correct? PLOTKIN: No, I'm not sure about that. I think there are other sensitizing things in calf's serum.</p>	<p>TP# 318</p>
<p>Egg Protein in Vaccines 16:56:41</p>	<p>QUESTION: So do any vaccines contain egg protein? PLOTKIN: Yes, influenza vaccines.</p> <p>QUESTION: Do those remain in the final product? PLOTKIN: I believe they do, yes.</p>	<p>TP# 319 Exhibit 40⁴¹</p>
<p>Gelatin from Pigs in Vaccines 16:56:58</p>	<p>QUESTION: Do any vaccines contain gelatin from pigs? PLOTKIN: Yes.</p>	<p>TP# 319</p>
<p>Gelatin from Cows in Vaccines 16:57:03</p>	<p>QUESTION: Do any vaccines contain gelatin from cows? PLOTKIN: Actually, I think in Muslim countries, they have tried to do that.</p>	<p>TP# 319</p>

⁴¹ See Exhibit 40: Vaccine Excipient & Media Summary.

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<p>Recombinant GMO Yeast in Vaccines 16:57:25</p>	<p>QUESTION: Do any vaccines contain recombinant GMO yeast? (Recombinant: relating to or denoting an organism, cell, or genetic material formed by recombination) PLOTKIN: Yes, I imagine so, yes.</p> <p>QUESTION: Are there any other animal products in vaccines that you are aware of? PLOTKIN: Aside from trace amounts? No.</p>	<p>TP# 319</p>
<p>MRC-5 Human Diploid Cells and Tissues in Vaccines 16:59:40</p>	<p>QUESTION: Do any vaccines on the childhood vaccine schedule contain MRC-5 human diploid cells? PLOTKIN: Yes, rubella, varicella, hepatitis A.</p> <p>QUESTION: How are the cells created? PLOTKIN: By taking fetal tissue by a particular fetus that was aborted by maternal choice. They are not cell lines, they are cell strains cultivated from an aborted fetus, yes. They are not immortal, they live for about 50 generations and then die.</p> <p>QUESTION: Do any vaccines contain WI-38 human diploid lung fibroblast? PLOTKIN: Thy used to. Has been replace by MRC-5.</p>	<p>TP# 322</p>
<p>WI-38 Human Diploid Lung Fibroblast in Vaccines 17:01:46</p>	<p>QUESTION: And WI-38 was created from an aborted fetus; they took the lung tissue from the aborted fetus? PLOTKIN: Yes.</p>	<p>TP# 323</p>
<p>Human Albumin in Vaccines 17:03:01</p>	<p>QUESTION: Do any vaccines contain human albumin? (Human albumin: Human serum albumin is the serum albumin found in human blood. It is the most abundant protein in human blood plasma; it constitutes about half of serum protein.) PLOTKIN: Oh, yes.</p> <p>QUESTION: From where was it obtained? PLOTKIN: Well that would be variable; from donors who are healthy donors. That's all I can say.</p> <p>QUESTION: How is it used in the manufacturing process? PLOTKIN: It is used to keep cells healthy during the process of making the vaccines.</p> <p>QUESTION: So the viruses used in some of the vaccines are grown in this human blood component? PLOTKIN: Well, yes. I believe the serum is removed in the final product.</p> <p>QUESTION: So none of it remains in the final product?</p>	<p>TP# 325</p>

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<p>Recombinant Human Albumin in Vaccines 17:05:41</p>	<p>PLOTKIN: I don't believe so, no.</p> <p>QUESTION: Because that could be problematic, right? PLOTKIN: Well, it could be, if the individual is not healthy.</p> <p>QUESTION: Or maybe some of the human blood components bind to some of the aluminum and develops antibodies, self-antibodies, correct? PLOTKIN: If they develop antibodies against a serum component THAT WOULD NOT BE GOOD</p> <p>QUESTION: Do any vaccines contain recombinant human albumin? What is it? PLOTKIN: Yes. It is a component of human serum which is useful to stabilize cells and keep them healthy ... and it's made by GENETIC ENGINEERING.</p> <p>QUESTION: And you pretty much want to make sure that none of that remained in the final product, too, right? PLOTKIN: Well, human albumin is probably not much of a problem in terms of causing reactions.</p> <p>QUESTION: But in terms of it potentially binding to the aluminum, that could be problematic, correct? PLOTKIN: Well, I don't know the answer to that question.</p>	<p>TP# 327</p>
<p>Human DNA and Protein in Vaccines 17:07:45</p>	<p>QUESTION: The vaccines that contain human material in them, they also contain human DNA and protein, correct? PLOTKIN: They may, yes.</p> <p>QUESTION: Isn't it true that human DNA in vaccines is typically purposefully fragmented to below 500 base pairs in length? PLOTKIN: Yes, one doesn't want to put DNA into, attacked DNA into vaccines. I think the actual risk is zero, but that's my opinion.</p> <p>QUESTION: Isn't it true that MMR II contains approximately 150 nanograms cells substrate double-strand DNA and single-strand DNA per dose purposefully fragmented to approximately 215 base base pairs in length? PLOTKIN: Yeah, that's probably correct, yes.</p> <p>QUESTION: And is it true that VARIVAX, vaccine for chicken pox, is manufactured using WI-38 and MRC-5 -- PLOTKIN: Yes.</p>	<p>TP# 328</p>

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<p>Insertional Mutagenesis</p>	<p>QUESTION: ... and contains approximately two 4 micrograms of cell substrate double-strand DNA or approximately 1 trillion fragments of human DNA? PLOTKIN: It may be true.</p> <p>QUESTION: And the hepatitis vaccine also contains millions of fragments of human DNA? PLOTKIN: Likely.</p> <p>QUESTION: Do you know whether strands of DNA below 500 base pairs are now known to insert themselves into living cells with which they come into contact? PLOTKIN: I do not have that information, but the likelihood that they would be genetically included in the genome of vaccines, in my view, is zero.</p> <p>QUESTION: Do you have a study to support that view? PLOTKIN: I do not have a study that supports that view. But it is, to me, unlikely that the DNA would travel from the site of injection to the semen or the ovaries.</p> <p>QUESTION: Could it insert into itself DNA even in the muscle tissue or if it gets into the blood? PLOTKIN: Theoretically. But that's not going to mean that it's going to have any impact on the individual.</p> <p>QUESTION: Are you familiar with the insertional mutagenesis? (insertional mutagenesis is the creation of mutations of DNA by the addition of one or more base pairs) PLOTKIN: Yes.</p> <p>QUESTION: Do you have any study to show that injecting millions of pieces of human DNA into babies and children is safe? PLOTKIN: The only studies are all the safety studies that have been done on vaccines ... and I'm not aware of any data showing that the inheritable characteristic was transmitted by a vaccine.</p> <p>QUESTION: Is it possible it can cause cancer? PLOTKIN: Anything is possible, but there are no data to support that.</p> <p>QUESTION: Is there data to show that it doesn't do that? PLOTKIN: Yes. Observations made over millions of vaccinees.</p> <p>QUESTION: And you have the studies to show that, right?</p>	<p>TP# 330</p>
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<p>Polio Vaccine Contamination with Simian Viruses 17:12:25</p>	<p>PLOTKIN: The studies are easily available in terms of vaccine safety studies that have been done by many, many people.</p> <p>QUESTION: Vaccines contain dead or weakened polio virus, correct? PLOTKIN: IPV does, yes.</p> <p>QUESTION: Beginning in the 1950s, polio vaccines were routinely grown on nonhuman primate kidney cells, correct? PLOTKIN: Correct.</p> <p>QUESTION: Are you aware of any simian monkey viruses, meaning viruses that come from primates, 3 that contaminated polio vaccines and infected individuals receiving the polio vaccine? PLOTKIN: Yes. SV40; Simian Virus 40.</p> <p>QUESTION: Was it the 40th simian virus found? PLOTKIN: Yes.</p> <p>QUESTION: Are you aware of any other simian viruses that are in any vaccine? PLOTKIN: At this stage, no.</p> <p>QUESTION: Are you aware of any bovine virus that is in any vaccine? PLOTKIN: Well, bovine virus. Nothing comes to mind at the moment.</p> <p>QUESTION: Are you aware of any virus from any animal other than simian or bovine that is in any vaccine? PLOTKIN: Yes. There's a pig virus present in one of the rotavirus vaccines; Circovirus 2.</p> <p>QUESTION: Are you aware of any retrovirus that are in any vaccine? PLOTKIN: No.</p> <p>QUESTION: Are you aware of any prions that are in any vaccine? (Prions are misfolded proteins which characterize several fatal neurodegenerative diseases in animals and humans) PLOTKIN: No.</p> <p>QUESTION: You indicated that they did find a porcine circovirus type 2 in rotavirus, correct? PLOTKIN: Yes.</p>	<p>TP# 331</p>
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<p>Polysorbate 80 in Vaccines</p>	<p>QUESTION: Was that unintentional? PLOTKIN: Yes.</p> <p>QUESTION: When it was released to the market, they didn't know that virus was in there, correct? PLOTKIN: Correct.</p> <p>QUESTION: And when they released the polio vaccine on the market, they didn't know SV40 was in there, correct? PLOTKIN: Correct.</p> <p>QUESTION: Are you aware of how many micrograms of 2-phenoxyethanol a child following the childhood vaccine schedule would be injected with? (Phenoxyethanol is a colorless liquid with a pleasant odor. It is a glycol ether used as a perfume fixative, insect repellent, antiseptic, solvent, preservative, and also as an anesthetic in fish aquaculture) PLOTKIN: No. I'd have to look that up.</p> <p>QUESTION: Do you think it's close to around a hundred micrograms? PLOTKIN: It could be, but I'd have to look it up.</p> <p>QUESTION: Do you know safe level in terms of that ingredient? PLOTKIN: I am not aware that there, that there is toxicity associated with 2-phenoxyethanol. It's a fairly harmless substance, as far as I'm aware.</p> <p>QUESTION: Do you know any vaccines in the childhood schedule that include ferric nitrate? PLOTKIN: No, I don't recall that.</p> <p>QUESTION: Are you aware of how many micrograms of polysorbate 80 a child following the vaccine schedule would be injected with? (Polysorbate 80 is a nonionic surfactant and emulsifier often used in foods and cosmetics) PLOTKIN: I don't have the amount, no.</p> <p>QUESTION: (Presented Exhibit 40). You indicated that you weren't aware that WI-38 was in the final vaccine product ... Do you see that within the ingredient list that lists WI-38 human diploid lung fibroblast? PLOTKIN: Yes, I do see that.</p>	<p>TP# 334</p> <p>Exhibit 40⁴²</p>
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⁴² See Exhibit 40: Vaccine Excipient & Media Summary.

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<p>Adjuvants Bind to Impurities and Byproducts and the Body Develops Antibodies to Them 17:18:37</p>	<p>QUESTION: Isn't it true that an adjuvant will bind not only to the target antigen but also to the impurities and byproduct of the manufacturing process? PLOTKIN: Probably, yes.</p> <p>QUESTION: And those impurities and byproducts are all listed in what has been marked as Exhibit No. 40, correct? PLOTKIN: Yes.</p> <p>QUESTION: Once the impurities or byproducts are bound to the aluminum, the body may also develop antibodies to these impurities and byproducts, correct? PLOTKIN: "May" is the operative word, but not necessarily.</p> <p>QUESTION: The entire purpose of the aluminum binding to a protein structure, be it an antigen or some other protein structure, is to cause an immune response that would develop antibodies, correct? PLOTKIN: Yes. But the protein has to be of the right size and presentation in order to induce an immune response.</p> <p>QUESTION: Do you know whether the protein structure for any of the ingredients on Exhibit 40 are not the right size to bind to aluminum? PLOTKIN: Well, things like calf serum, if they were present, would, would possibly induce an immune response.</p> <p>QUESTION: How about, and we talked earlier, human albumin, that would be of a big enough protein structure to bind to aluminum, correct? PLOTKIN: It could, although the fact that it's human means that individuals might well not respond to -- that is, not respond to human albumin as a foreign protein.</p> <p>QUESTION: Right. Maybe not alone, right? But bound to alum it might, correct? PLOTKIN: It might. But I'm not aware of evidence that it does.</p> <p>QUESTION: Are you aware of a study that looked at that issue? PLOTKIN: I have not read such a study, no.</p> <p>QUESTION: How about the human DNA, do you believe that the human DNA strands can bind to the aluminum? PLOTKIN: No. I don't see any chemical reason why it should.</p> <p>QUESTION: Any reason why it shouldn't? PLOTKIN: Proving a negative is always more difficult.</p>	<p>TP# 336</p>
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<p>Fetuses Used in Plotkin's Work Related to Vaccines 17:25:12</p>	<p>QUESTION: But you don't know for sure? PLOTKIN: I have not done the experiment, no.</p> <p>QUESTION: Do you know whether alum would bind to MRC-5 or any of the cellular debris that's in the final product from MRC-5? PLOTKIN: Oh, I think it could, but I don't know that it does.</p> <p>QUESTION: Do you know whether aluminum could bind to any of the cellular debris from WI-38? PLOTKIN: It might, but I don't know that for a fact.</p> <p>QUESTION: Could alum bind to egg protein? PLOTKIN: Possibly.</p> <p>QUESTION: And to casein? PLOTKIN: I suppose it's possible, but I'm not aware of any evidence. I don't know.</p> <p>QUESTION: In your work related to vaccines, how many fetuses have been part of that work? PLOTKIN: My own personal work? Two.</p> <p>QUESTION: So in your, in all of your work related to vaccines throughout your whole career, you've only ever worked with two fetuses? PLOTKIN: In terms of making vaccines, yes.</p> <p>QUESTION: (Presented with Exhibit 41). Are you familiar with this article? PLOTKIN: Yes.</p> <p>QUESTION: Are you listed as an author on this article? PLOTKIN: Yes.</p> <p>QUESTION: So this was related to your work? PLOTKIN: Well, yes, in a sense.</p> <p>QUESTION: To vaccines, correct? PLOTKIN: Yes. It was preparatory.</p>	<p>TP# 340</p> <p>Exhibit 41⁴³</p>
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⁴³ See Exhibit 41: Proceedings of the Society of Experimental Biology and Medicine.

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<p>Tissue from the heart, lungs, kidney, spleen, skin and tongue in vaccines 17:28:59</p> <p>Used Fetuses from Psychiatric Institutions 17:32:02</p>	<p>QUESTION: So this study involved 74 fetuses, correct? PLOTKIN: Seventy-six.</p> <p>QUESTION: And these fetuses were all three months or older when aborted, correct? PLOTKIN: Yes.</p> <p>QUESTION: And these were all normally developed fetuses, correct? PLOTKIN: Yes.</p> <p>QUESTION: These included fetuses that were aborted for social and psychiatric reasons, correct? PLOTKIN: Correct.</p> <p>QUESTION: What organs did you harvest from these fetuses? PLOTKIN: Well, I didn't personally harvest any, but a whole range of tissues were harvested by co-workers.</p> <p>QUESTION: And these pieces were then cut up into little pieces, right? PLOTKIN: Yes.</p> <p>QUESTION: And they were cultured? PLOTKIN: Yes.</p> <p>QUESTION: Some of the pieces of the fetuses were pituitary gland that were chopped up into pieces. PLOTKIN: Mm-hmm.</p> <p>QUESTION: Included the lung, skin, kidney, spleen, heart and tongue of the fetuses? PLOTKIN: Yes.</p> <p>QUESTION: So I just want to make sure I understand. In your entire career -- this was just one study. So I'm going to ask you again, in your entire career, how many fetuses have you worked with approximately? PLOTKIN: Well, I don't remember the exact number, but quite a few when we were studying them originally before we decided to use them to make 5 vaccines.</p> <p>QUESTION: Some of these (fetuses) were in psychiatric institutions, correct? I'm just asking you, some of the fetuses that you did use did come from abortions from people who were in psychiatric institutions, correct? PLOTKIN: I don't know that. What I'm telling you is that I got them from a co-worker; and if it's stated in the paper, it's true. But, otherwise, I do not know.</p>	<p>TP# 346</p>
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<p>Used Orphans to Study Experimental Vaccines 17:32:58</p> <p>Used the Mentally Handicapped to Study Experimental Vaccines 17:33:05</p>	<p>QUESTION: So if it's in the paper, you don't contest it, right? PLOTKIN: I don't contest it, no.</p> <p>QUESTION: Have you ever used orphans to study an experimental vaccine? PLOTKIN: Yes.</p> <p>QUESTION: Have you ever used the mentally handicapped to study an experimental vaccine? PLOTKIN: I don't recall specifically having done that, but that in the 1960s, it was not unusual to do that. And I wouldn't deny that I may have done so.</p> <p>QUESTION: there's an article entitled "Attenuation of RA 27/3 Rubella Virus in WI-38 Human Diploid Cells." Are you familiar with that article? PLOTKIN: Yes.</p> <p>QUESTION: In that article, one of the things it says is 13 -- is one of the things it says is: 13 seronegative mentally retarded children were given RA 27/3 vaccine? PLOTKIN: Okay. Well, then that's, in that case that's what I did.</p> <p>QUESTION: Have you ever expressed that it's better to perform experiments on those less likely to be able to contribute to society, such as children with handicap, than with children without or adults without handicaps? PLOTKIN: I don't remember specifically, but it's possible ... I've since changed my mind. But those were, that was a long time ago.</p> <p>QUESTION: Do you remember ever writing to the editor of "Ethics on Human Experimentation"? PLOTKIN: I don't remember specifically, but I may well have.</p> <p>QUESTION: (Presented with Exhibit 43). Do you recognize this letter you wrote to the editor? PLOTKIN: Yes.</p>	<p>TP# 346</p> <p>TP# 347</p> <p>Exhibit 43⁴⁴</p> <p>TP# 349</p>
<p>Experiments Performed on Fully Functioning Adults and on Children 17:36:58</p>	<p>QUESTION: Is one of the things you wrote: The question is whether we are to have experiments performed on fully functioning adults and on children who are potentially contributors to society or to perform initial studies in children and adults who are human in form but not in social potential? It may be objected that this question implies a Nazi philosophy, but I do not think that it is difficult to distinguish nonfunctioning persons from members of ethnic, racial, economic, or other groups.</p>	

⁴⁴ See Exhibit 43: The New England Journal of Medicine, Vol. 289, No. 11.

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<p>Used Babies of Mothers in Prison 17:37:38</p> <p>Use of Over One Million Individuals Under Colonial Rule 17:37:45</p> <p>Belkin experimented in almost a million people from the Belgian Congo 17:37:51</p>	<p>PLOTKIN: Yes. Mm-hmm.</p> <p>QUESTION: Have you ever used babies of mothers in prison to study an experimental vaccine? PLOTKIN: Yes.</p> <p>QUESTION: Have you ever used individuals under colonial rule to study an experimental vaccine? PLOTKIN: Yes.</p> <p>QUESTION: Did you do so in the Belgian Congo? PLOTKIN: Yes.</p> <p>QUESTION: Did that experiment involve almost a million people? PLOTKIN: Well -- well, all right, yes.</p> <p>QUESTION: (conversations related to Plotkin’s trip to multiple cities in Africa)</p>	<p>TP# 350</p> <p>TP# 350</p> <p>TP# 350 to 357</p>
<p>VIDEO -- PART 9</p>	<p>Plotkin does not believe a person can have a valid religious objection to refusing vaccination; claims to be an atheist --- Plotkin Claims that reactions to vaccines are rare -- Controversy regarding AIDS and the OPV vaccine -- Polio vaccine in the Belgian Congo -- Pertussis studies in baboons; percentage of people immune to the pertussis bacteria: 50-60% -- Plotkin’s definition of “anti-vaxxers” -- Plotkin claims the IPV vaccine give lifetime immunity, then states there is no evidence to prove him claims -- Efficacy of mumps vaccine -- Efficacy of rubella vaccine -- Efficacy of measles vaccine – When the Tetanus vaccine was introduced in the 1940’s into the routine child schedule there were only 4 cases per million; no deaths – 985 death reported associated to the Tetanus vaccine in the last 10 years -- The Vaccine Adverse Events Reporting System – Fewer than 1% of vaccine related injuries are reported In VAERS; of 376,000 given 35,570 possible reactions were reported -- Plotkin states that he does not know if some people are more susceptible to vaccines than others -- Defining adverse reactions: Defining the algorithms and which injury reports to exclude. Lack of CDC cooperation – Plotkin implies that a study between vaccinated and unvaccinated children is scientifically unfeasible -- Plotkin states he does not know if the VSD database is accessible to researchers</p> <p>tinyurl.com/Plotkin-Deposition9</p>	

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<p>Plotkin does not believe a person can have a valid religious objection to refusing vaccination; claims to be an atheist 17:44:54</p>	<p>QUESTION: Do you believe that someone can have a valid religious objection to refusing a vaccine? PLOTKIN: No.</p> <p>QUESTION: Do you take issue with religious beliefs? PLOTKIN: Yes.</p> <p>QUESTION: You have said that, quote: Vaccination is always under attack by religious zealots who believe that the will of God includes death and disease? PLOTKIN: Yes.</p> <p>QUESTION: You stand by that statement? PLOTKIN: I absolutely do.</p> <p>QUESTION: Are you an atheist? PLOTKIN: Yes.</p> <p>QUESTION: Do you accept that some people hold religious beliefs that are inherently unprovable? PLOTKIN: Yes, I'm sure they do.</p> <p>QUESTION: You said that, quote: Vaccination is always under attack by a legal system that profits from the failure of most people to understand risk/benefit ratios or public health issues, correct? PLOTKIN: Yes.</p> <p>QUESTION: Can you explain what you mean by that, shortly? PLOTKIN: I mean that the risk from vaccines, for example, is considerably less than the risk from disease, but people don't necessarily understand that. It's similar to the situation where people may not fly, but they're willing to drive in cars where the risks are much higher. And what was the second point about?</p> <p>QUESTION: Public health issues. PLOTKIN: Public health issues, yes. Not understanding the importance of high vaccination coverage in prevention of disease.</p> <p>QUESTION: One child can make a difference? PLOTKIN: One child probably doesn't make a difference, but a collection of one childs do make a difference.</p>	<p>TP# 357</p>
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<p>Plotkin Claims that reactions to vaccines are rare 17:47:33</p>	<p>QUESTION: At the most recent ACIP meeting, you spoke and gave ACIP three pieces of advice, correct? PLOTKIN: Yes.</p> <p>QUESTION: One of them was to conduct more vaccine safety studies to prove the anti-vaccinationists wrong, right? PLOTKIN: Yes. Correct.</p> <p>QUESTION: Okay. If the science to prove vaccines safe already exist, why would more safety studies be needed to prove the anti-vaccinationists wrong? PLOTKIN: Because there are so many people, as you can see on the web, who have these beliefs about vaccines. And as we have discussed throughout this long day, it would be valuable to have more safety data.</p> <p>QUESTION: Like a vaccinated versus unvaccinated study, correct? PLOTKIN: If such a study is feasible.</p> <p>QUESTION: Shouldn't vaccine safety studies be done for the sake of making vaccines safer, not for the purpose and with the pre-determined objective of proving so-called anti-vaccinationists wrong? PLOTKIN: Well, absolutely. I do not deny that there are known reactions to vaccines. Fortunately, they rarely are serious. I support more research on every aspect of vaccines.</p> <p>QUESTION: And your claim that they're rarely serious is from your book, right? PLOTKIN: Yes.</p> <p>QUESTION: Have you received the zoster vaccine? It sounds like you have. PLOTKIN: Yes.</p> <p>QUESTION: Zoster, Z-O-S-T-E-R. When did you receive that? PLOTKIN: I've received now two doses, and I'm looking forward to receiving the new Zoster vaccine as soon as I can buy it.</p> <p>QUESTION: Do you think all adults should be required to receive all vaccines on the CDC's adult immunization schedule? PLOTKIN: That's somewhat of a difficult question because adults, of course, have the ability to make their own decisions. Tetanus is, is a vaccine that, how shall I put it? I guess it's a choice whether you're willing to be susceptible to tetanus or not. For pertussis, I think there's increasing reason that, to say that all adults should be vaccinated against pertussis. So it's, let's say, let's say, open to discussion at this point for DTaP anyway.</p>	<p>TP# 359</p>
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	<p>QUESTION: You'd support a law that would require adults to get the DTaP?</p> <p>PLOTKIN: At this point, 2017 [sic], I wouldn't insist on that for all adults. I would insist on it for children and adolescents. But the data, the reason I say that is because the data showing protection against pertussis in older adults is really not that solid, not that available.</p> <p>QUESTION: Did you ever experience an adverse vaccine reaction?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Have you ever witnessed someone experience an adverse vaccine reaction?</p> <p>PLOTKIN: I've witnessed people fainting after vaccination.</p> <p>QUESTION: Anything else?</p> <p>PLOTKIN: Certainly I've seen people complain of pain at the injection site. And in the rubella days, women complaining of joint pains after vaccination. I think that's it.</p> <p>QUESTION: When you say "fainting," after what vaccine was that?</p> <p>PLOTKIN: Oh, actually that was, that was tetanus, as I recall. It was a high school athlete.</p> <p>QUESTION: Do you think there's a safe threshold of how many vaccines can be administered at one time?</p> <p>PLOTKIN: My answer to that is I don't know. I don't think there's any evidence that the six that are currently generally given together is a problem. So I don't know if eventually there's some theoretical threshold, but I am not aware of any evidence for that yet.</p> <p>QUESTION: Okay. But before you would say, for example, getting 30 vaccines in one day was safe, you'd probably want to get the data to support it?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: That data doesn't yet exist obviously, right?</p> <p>PLOTKIN: No.</p> <p>QUESTION: Do you intend to appear at trial in this matter to testify?</p> <p>PLOTKIN: No, I do not.</p> <p>QUESTION: Do you intend to appear via video conference to testify in this trial in this case?</p>	
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<p>Controversy regarding AIDS and the OPV vaccine <u>17:55:23</u></p>	<p>PLOTKIN: Well, I haven't been asked. I suppose I might consider a video conference. But no one has asked me. And I'm not, I would say, very inclined to do that. And you know, while we're on tape, so to speak, I want to stipulate, since you were so interested in my income, that I am doing this pro bono.</p> <p>QUESTION: But as you sit here today, you're still receiving remuneration from all four major vaccine makers, correct? PLOTKIN: Yes.</p> <p>QUESTION: There was a controversy revolving around the origin of AIDS and the OPV vaccine, correct? PLOTKIN: Yes.</p> <p>QUESTION: You disputed any connection between OPV vaccine and AIDS in two papers submitted to the Royal Society in which you stated, quote: There was no gun, the chimpanzees; no bullet, the virus; no shooter, the manufacturer of the vaccine chimpanzee cells; and no motive to use chimp cells or to hide the fact, correct? PLOTKIN: Yeah. I also said the only smoke was created by Mr. Hooper.</p> <p>QUESTION: Right. Who is that? PLOTKIN: He's a British journalist, which puts him at the lower end of journalism.</p> <p>QUESTION: (Exhibits 44 and 45 presented) Are these the two papers that you submitted to the Royal Society -- ... - disputing any connection between OPV vaccine and AIDS -- PLOTKIN: Yes.</p> <p>QUESTION: -- correct? ... Is everything written in the two articles, Royal Society articles that you submitted, which are marked as Exhibits 44 and 45, true? PLOTKIN: Well, I certainly hope so. ... Yes. And I should also add that my conclusions have been verified by other scientists who now have shown that HIV originated in the 1920s in Cameroon.</p> <p>QUESTION: A few quick questions. Just approximately how many human samples that predate 1959 have been tested for HIV?</p>	<p>TP# 365</p> <p>Exhibit 44⁴⁵ Exhibit 45⁴⁶</p>
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⁴⁵ See Exhibit 44: Untruths and Consequences: The False Hypothesis 16 Linking CHAT Type 1 Polio Vaccination to the Origin of Human Immunodeficiency Virus.

⁴⁶ See Exhibit 45: Postscript Relating to New Allegations Made by Edward Hooper at The Royal Society Discussion Meeting on 11 September 2000.

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<p>Polio vaccine in the Belgian Congo 18:03:36</p>	<p>PLOTKIN: That predate 1959? I don't know that there are any such samples available. The first samples that I recall being available were from 1960, and they had already some HIV seropositive individuals. But that was in Leopoldville. They were individuals who had not received the oral polio vaccine.</p> <p>QUESTION: So -- but in terms of samples that predate 1959, have there been any such samples tested for HIV? PLOTKIN: I have to think about that. I -- oh, well, there have been samples from elsewhere in the world; but from the Belgian Congo -- ... -- I don't think that any such samples have been available.</p> <p>QUESTION: Are you aware of whether there currently exists any samples of polio vaccine that was in the Belgian Congo at any time between 1959 and 1960? PLOTKIN: Whether the Wistar has kept them or not, I don't know. Fortunately, at the time of the Royal Society, I was able to go to Wistar and find specimens that had been used in the Congo or from the same lot that had been used in the Congo. But whether that still exists or not, I have no idea.</p> <p>QUESTION: Well, I'm curious as just, is there any samples that were actually in the Belgian Congo that have been, that you're aware of? PLOTKIN: I don't, really don't know the answer to that question. The vaccine that was used, the oral polio vaccine that was used, I believe was entirely used up in the vaccination campaign. So I don't think it's likely that material used in the vaccination campaign was repatriated. But fortunately, we had material from the same lots that were used in the Congo. And that had been retained at the Wistar.</p> <p>QUESTION: But as far as you're aware, in terms of actual samples, a sample that was actually in the Belgian Congo, you're not -- are you saying you're not aware of any such sample? PLOTKIN: No, I am not aware of any such sample.</p> <p>QUESTION: Do you know if any such sample ever -- are you aware of any such sample that existed after 1960? PLOTKIN: I don't -- I'm not aware that anything existed.</p> <p>QUESTION: So are you familiar with an article entitled "Vaccination with the CHAT Strain of Type 1 Attenuated Poliomyelitis Virus in Leopoldville, Belgian Congo"? PLOTKIN: Yes.</p> <p>QUESTION: Okay. In the article -- you're one of the authors of the article? PLOTKIN: Yes.</p> <p>QUESTION: So on page 2 of this article, it states: The titer of the vaccine after a day's use was checked periodically by sending frozen aliquots --</p>	<p>TP# 371</p>
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	<p>PLOTKIN: Aliquots, yes.</p> <p>QUESTION: -- thank you, aliquots, A-L-I-Q-U-O-T-S, to the Wistar Institute, Philadelphia, Pennsylvania, USA? PLOTKIN: Yes.</p> <p>QUESTION: What does that mean? PLOTKIN: Well, it means that in order to be sure that the vaccine used still contained enough virus, they sent back samples to be titered for the quantity of virus.</p> <p>QUESTION: So they sent back samples of the oral polio -- PLOTKIN: Yes.</p> <p>QUESTION: -- being used -- PLOTKIN: Yes.</p> <p>QUESTION: -- in the Belgian Congo? PLOTKIN: Yes.</p> <p>QUESTION: And they did that periodically? PLOTKIN: Yes.</p> <p>QUESTION: But to your knowledge, none of those survived after 1960? PLOTKIN: No. I think they were tested and then discarded. I mean, they, aside from legal value, they would have had no value because they were used; they could not ever be used again. So they would have been discarded.</p> <p>QUESTION: It would be helpful for you if some of those were saved, right? PLOTKIN: It would have been, yes. But at the time nobody thought about that.</p> <p>QUESTION: If any, if such a sample were to have survived someplace on the planet, where would you think that would be? PLOTKIN: Difficult to say. I mean, the laboratory in Stanleyville no longer exists. I have no idea where it could be. No.</p> <p>QUESTION: Do you think such a sample will ever be located? PLOTKIN: I doubt it.</p>	
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<p>Pertussis studies in baboons; percentage of people immune to the pertussis bacteria: 50-60% 18:09:20</p>	<p>QUESTION: Last question on this topic and we'll move on. Did you or any of your Wistar colleagues ever carry any human cells, such as WISH or WI-1, or polio vaccines grown in such human cells to the Belgian Congo? PLOTKIN: No. At least I certainly have not.</p> <p>QUESTION: Are you aware of any such -- PLOTKIN: No, I am not aware.</p> <p>QUESTION: -- vaccines being -- PLOTKIN: No, I'm not aware of those cells being carried to the Congo. If they had been, it would have been for experimental purposes, certainly not for vaccination purposes.</p> <p>QUESTION: So you're not aware of them being carried or used there, right? PLOTKIN: Not that I'm aware of, no.</p> <p>QUESTION: Isn't it true that in 2014, the FDA announced, quote: Although individuals immunized with an acellular pertussis vaccine may be protected from disease, they may still become infected with the bacteria without always getting sick and are able to spread infection to others, end quote? PLOTKIN: Yes. That's on the basis of the studies in baboons.</p> <p>QUESTION: That's the Warfel study? PLOTKIN: Yes.</p> <p>QUESTION: We discussed earlier that the baboons are the -- would probably be the best surrogates for humans, right? PLOTKIN: Yes.</p> <p>QUESTION: Because you couldn't ethically expose humans to pertussis, correct? PLOTKIN: Yes.</p> <p>QUESTION: So the Warfel studies would be the best evidence -- would the Warfel studies, the one in 2014 and 2016, which were conducted by the FDA, correct? PLOTKIN: Yes.</p> <p>QUESTION: Those would be the best evidence as to the ability, as to whether or not acellular pertussis vaccine prevented infection and transmission of pertussis, correct? PLOTKIN: Yes.</p>	<p>TP# 375</p>
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<p>Plotkin's definition of "anti-vaxxers" 18:13:04</p>	<p>QUESTION: And I think we talked about this earlier. In your estimation, what percent of adults would you say are actually immune to pertussis? PLOTKIN: It's a very good question, and I don't know the answer to that because immunity to pertussis is complex. And so just measuring serum wouldn't necessarily give you a firm idea as to what percentage of adults are immune. But judging from the frequency of pertussis in adults, I don't think the immunity level is very high, because clearly adults are getting pertussis.</p> <p>QUESTION: Could you estimate what percentage of the adult population in the United States you think is immune to pertussis? PLOTKIN: Immune? Well, I think probably 50, 60 percent could be immune. But it's difficult because immunity wanes.</p> <p>QUESTION: Right. PLOTKIN: So they may, people become susceptible again. And as I said now twice, there is a lot of pertussis in adults. That's been shown. So a significant proportion of adults are susceptible and not immune.</p> <p>QUESTION: Fifty to 60 percent is your highest estimation -- PLOTKIN: Yes.</p> <p>QUESTION: Okay. The diphtheria vaccine creates antibodies only to a toxin released by the diphtheria bacteria, correct? PLOTKIN: Correct.</p> <p>QUESTION: It doesn't create any antibodies to the actual diphtheria bacteria itself? PLOTKIN: Yes, that's true. But it is also true, certainly appears to be true, that if the organism can't produce a toxin, it has a great difficulty in surviving. And so the observation is that where the vaccine is used, the organism disappears. So it's very difficult to find it in the U.S., for example. But in Russia where vaccination has not been always complete, there are still cases of diphtheria.</p> <p>QUESTION: Can you, how do you define anti-vaccinationists or anti-vaxxers, as you've used them here today? PLOTKIN: How do I define them?</p> <p>QUESTION: Yeah. What does that mean to you? You use those terms, and I'm just, I'm actually not exactly sure what you mean by that. PLOTKIN: People opposed to vaccination for a variety of reasons, some of which are based on false inferences from scientific data.</p>	<p>TP# 378</p>
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	<p>QUESTION: If somebody were opposed to vaccines because they believed there was insufficient data for them to make a decision about the actual risks, not the benefits, but the risks, would you consider that person an anti-vaxxer?</p> <p>PLOTKIN: If they refused to be vaccinated themselves or refused to have their children vaccinated, I would call them an anti-vaccination person, yes.</p> <p>QUESTION: Is there anybody who could refuse a vaccine who you would not label anti-vaxxer?</p> <p>PLOTKIN: Yes. If there are individuals who are immunosuppressed, for example, and, therefore, have a contraindication to certain vaccines, that to me would be a reasonable decision on their part.</p> <p>QUESTION: But, otherwise, you believe that anybody else who refuses a vaccine is doing so based on misinformation?</p> <p>PLOTKIN: Generally speaking, yes. Now, as I said before, I can imagine an adult deciding that they don't want the advantages of vaccination out of, for whatever reason. I think the situation for children is quite different because one is making a decision for somebody else and also making a decision that has important implications for public health.</p> <p>QUESTION: So in the case of an adult, you think it's okay for the adult to make a decision for themselves to take on a risk, even though it could implicate public health, but not the case for a child?</p> <p>PLOTKIN: No. It depends. For example, if you're a healthcare worker and you refuse to be vaccinated against diseases that you could potentially transmit to patients, I don't think you should have the option of making that decision.</p> <p>QUESTION: Earlier we discussed that there hasn't been a wild case of polio in the United States since 1979, correct?</p> <p>PLOTKIN: Right.</p> <p>QUESTION: The United States currently only uses inactivated polio vaccine, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: The United States does not use oral polio vaccine, correct?</p> <p>PLOTKIN: Correct.</p> <p>QUESTION: If there were an outbreak of polio in the United States --</p> <p>PLOTKIN: Yes.</p>	
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	<p>QUESTION: -- isn't it true that we would have to, that we would have to return to using oral polio vaccine to stop the spread of polio in the United States? PLOTKIN: It might well be the case; however, individuals who have received the inactivated vaccines will not themselves get polio. They may get infected and transmit to others, which is one of the reasons why one might resort to OPV. But the individual himself would not be susceptible.</p> <p>QUESTION: Is that because the IPV creates IGG antibodies in the blood towards -- PLOTKIN: Yes.</p> <p>QUESTION: But it doesn't create IGA immunity in the intestinal tract? PLOTKIN: Correct.</p> <p>QUESTION: And it is in the intestinal tract where the polio virus multiplies, correct? PLOTKIN: Yes.</p> <p>QUESTION: So a person vaccinated with IPV can still become infected and transmit polio virus, correct? PLOTKIN: Yes, although in point of fact, IPV does protect the nasopharynx. So in this country where hygiene and sewage, et cetera, are good, the possibility of transmitting from an IPV vaccinee is much less than it is, let's say, in Africa where sewage contamination is great.</p> <p>QUESTION: When you say nasopharynx, what is that? PLOTKIN: The throat.</p> <p>QUESTION: So you're saying IPV does create immunity within the throat? PLOTKIN: Yes.</p> <p>QUESTION: There are studies that show that? PLOTKIN: Yes, absolutely.</p> <p>QUESTION: Okay. How do those studies make that determination? PLOTKIN: Well, by culturing people who are exposed to polio, who have had IPV, and also by showing that antibody diffuses into the throat much better than it does into the gut.</p> <p>QUESTION: Do you know the names of those studies, by any chance? ... Are they in your book? PLOTKIN: Yes, absolutely.</p>	
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<p>Plotkin claims the IPV vaccine give lifetime immunity, then states there is no evidence to prove his claims 18:18:27</p>	<p>QUESTION: Okay. And in terms of efficacy, does IPV vaccination as -- in childhood last a lifetime? PLOTKIN: You know, that's an interesting question, and I think the answer is yes. Studies that have been done have shown quite good persistence of antibody after IPV. Now, does it last forever? I can't say that, but certainly lasts a long time.</p> <p>QUESTION: How about 30 years after vaccination; what do you think the efficacy is approximately? PLOTKIN: I would just be totally speculating, but I think most people would still be protected because you don't need much antibody against polio to be protected. Levels of dilutions of one to four, one to eight are probably protective.</p> <p>QUESTION: But you're not sure? PLOTKIN: I'm not sure about 30 years. I'm sure about the levels that are protective.</p> <p>QUESTION: Thirty years, you're not sure about what percent of the people vaccinated are still immune to polio? PLOTKIN: No. But I do know that that persistence is good and that the likelihood is that most people, even 30 years, will still be protected.</p> <p>QUESTION: Forty years? PLOTKIN: I can't really guess any more than that.</p> <p>QUESTION: The data doesn't exist? PLOTKIN: No. I don't believe they exist.</p>	<p>TP# 383</p>
<p>Efficacy of mumps vaccine 18:20:04</p>	<p>QUESTION: Well, what do you estimate is the current efficacy of the mumps vaccine shortly after vaccination? PLOTKIN: Oh, shortly after vaccination, there's no doubt that the efficacy is high. It's 80, 90 percent. And after two doses, immediately after two doses, the efficacy is very high. Unfortunately, the efficacy diminishes with time, and that has caused a problem in universities that have outbreaks of mumps because the college kids are --</p> <p>QUESTION: No longer immune? PLOTKIN: -- intimately associated. Yes. Although the efficacy even then is probably in the order of 70, 80 percent.</p> <p>QUESTION: 70, 80 percent. What about, what about 30 years after vaccination; what's the efficacy? PLOTKIN: I have no idea.</p>	<p>TP# 384</p>

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<p>Efficacy of rubella vaccine 18:21:11</p>	<p>QUESTION: Twenty years? PLOTKIN: I don't think studies have been done more than ten years after vaccine.</p> <p>QUESTION: What do you estimate is the current efficacy of the rubella vaccine ten years after vaccination? PLOTKIN: Based on the data that are available, it is very high. The so-called B cell memory after rubella vaccine, I'm happy to say, is very good.</p> <p>QUESTION: How about 20 years? PLOTKIN: I think it will still be present.</p> <p>QUESTION: Thirty years? PLOTKIN: I think so.</p> <p>QUESTION: High efficacy still, you think? PLOTKIN: I think so.</p> <p>QUESTION: But no study has been done? PLOTKIN: Actually, there are studies, at least 20-year studies. I'm not sure about 30, but immunity is very long-lasting.</p> <p>QUESTION: And -- okay. And the studies would be in your book? PLOTKIN: Yes.</p>	<p>TP# 385</p>
<p>Efficacy of measles vaccine 18:21:57</p>	<p>QUESTION: What would you estimate is the current efficacy of the measles vaccine 20 years after vaccination? PLOTKIN: Well, again, it appears to be quite good. Twenty years, again, I'm, don't have it in my head as a study done 20 years later. But certainly studies done sometime after vaccination have shown good persistence of antibodies. And once again, you don't need a whole lot of antibody to prevent you from getting measles.</p> <p>QUESTION: Do you know a percentage? PLOTKIN: Of?</p> <p>QUESTION: Of people that are still immune 20 years out from the measles vaccine? PLOTKIN: Not off the top of my head, but I feel relatively sure that it's quite high.</p>	<p>TP# 385</p>

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<p>When the Tetanus vaccine was introduced in the 1940's into the routine child schedule there were only 4 cases per million; no deaths 18:22:57</p>	<p>QUESTION: Is it important to get a tetanus vaccine? PLOTKIN: Well, it's important if you don't want to get tetanus, yes.</p> <p>QUESTION: The tetanus vaccine was introduced into routine child schedule in the late 1940s, correct? PLOTKIN: Yes.</p> <p>QUESTION: When the tetanus vaccine was introduced there were only about four cases of tetanus per million people, correct? PLOTKIN: If you say so. I don't remember.</p> <p>QUESTION: Are you familiar with what, the CDC Pink Book? PLOTKIN: Yes.</p> <p>QUESTION: If the CDC Pink Book said that it was four cases of tetanus per million, would you dispute that? PLOTKIN: I'll accept that.</p> <p>QUESTION: You do accept that. And that's just the number of cases, not deaths, right? PLOTKIN: Yes.</p> <p>QUESTION: And you think it's a public health imperative for people to be vaccinated against tetanus, correct? PLOTKIN: I think it's the wise thing to do if you don't want to be under risk of getting tetanus if you have an injury.</p> <p>QUESTION: To prevent something that was a few cases in a million, correct? PLOTKIN: Yes. But a deadly disease.</p> <p>QUESTION: Do we know whether the tetanus vaccine causes more or less than a few cases of serious adverse reactions after vaccination? PLOTKIN: I don't believe it causes a whole lot of serious reactions, no.</p>	<p>TP# 386</p>
<p>The Vaccine Adverse Events Reporting System 18:24:53</p>	<p>QUESTION: The CDC and FDA maintained something called the Vaccine Adverse Events Reporting System, correct? PLOTKIN: Yes.</p> <p>QUESTION: And that's where anybody, including doctors, can go and report what they believe to be an adverse reaction from a vaccine -- PLOTKIN: Correct.</p>	<p>TP# 388</p>

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<p>985 death reported associated to the Tetanus vaccine in the last 10 years 18:25:28</p>	<p>QUESTION: There's no, anybody can submit a report, right? PLOTKIN: That's correct.</p> <p>QUESTION: Okay. And the FDA and CDC compiled that data and make it available online, correct? PLOTKIN: Yes.</p> <p>QUESTION: Okay. I'm going hand you a, what's been marked as Plaintiff's Exhibit 46. Okay? And this is a printout of the VAERS data for all adverse reactions reported to tetanus-containing vaccines in the last ten years. If you take a look, do you see that in the last ten years, there have been 985 deaths reported -- PLOTKIN: Yes.</p> <p>QUESTION: -- to have followed any tetanus-containing vaccine? PLOTKIN: Yes.</p> <p>QUESTION: That would average to about 98.5 reports of death per year -- PLOTKIN: Yes.</p> <p>QUESTION: -- over the last ten years. Okay. And there's also 23,981 emergency room or office visits after tetanus-containing vaccine in the last ten years? PLOTKIN: Yes.</p> <p>QUESTION: And it also lists, last one, 1,256 permanent disabilities reported after tetanus-containing vaccine in the last ten years, correct? PLOTKIN: Yeah.</p> <p>QUESTION: That would be about an average of 125 per year, right? PLOTKIN: Yes.</p> <p>QUESTION: So, but we don't, because these are just reports and not done in some kind of randomized, controlled study, we don't actually know whether or not the tetanus vaccine is causing these deaths and permanent disabilities, correct? PLOTKIN: Correct.</p>	<p>TP# 389 Exhibit 46⁴⁷</p>
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⁴⁷ See Exhibit 46: VAERS Results.

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<p>Plotkin states that he does not know if some people are more susceptible to vaccines than others 18:32:08</p>	<p>QUESTION: where it says "results," isn't it true that it says: Preliminary data were collected from June 2006 through October 2009 on 715 -- 715,000 patients? PLOTKIN: Yes.</p> <p>QUESTION: And 1.4 million doses of 45 different vaccines were given to 376,452 individuals? PLOTKIN: Yes.</p> <p>QUESTION: So about 376,000 individuals received a vaccine, correct? PLOTKIN: Out of these doses, 35,570 possible reactions were identified, correct?</p> <p>QUESTION: So out of 376,000 people that received vaccines, they identified 35,570 possible reactions, right? PLOTKIN: Yes.</p> <p>QUESTION: And now -- PLOTKIN: Well, it's out of 1.4 million, which is 2.6 percent.</p> <p>QUESTION: Doses, correct? PLOTKIN: Yes.</p> <p>QUESTION: Meaning maybe some individuals had -- PLOTKIN: More than one vaccine.</p> <p>QUESTION: And had reactions at different times to different vaccines, right? PLOTKIN: Yes.</p> <p>QUESTION: Maybe some people were more susceptible to a vaccine reaction, and so they got, had a reaction every time they had a vaccine, right? PLOTKIN: Well, we don't know that.</p> <p>QUESTION: We don't know. Assuming that each individual only had one vaccine reaction, then 10 percent of the individuals would have had a vaccine reaction? PLOTKIN: Mm-hmm. Yes.</p>	<p>TP# 393</p>
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<p>Defining adverse reactions: Defining the algorithms and which injury reports to exclude. Lack of CDC cooperation 18:32:44</p>	<p>QUESTION: All right. So, now, at the beginning of this study, the CDC was cooperating with these grant participants, correct -- grant recipients, correct? PLOTKIN: Yes.</p> <p>QUESTION: And they helped define what is an adverse reaction, right? PLOTKIN: Yes.</p> <p>QUESTION: And they helped define the algorithms to use, right? PLOTKIN: Yes.</p> <p>QUESTION: And they also helped to define what reports should be excluded, correct? PLOTKIN: I guess so.</p> <p>QUESTION: What events, I'm sorry, should be excluded from being considered, you know, reportable, right? PLOTKIN: Yes.</p> <p>QUESTION: After, however, they collected this data and they generated these 35,000 reports, they then wanted to submit those reports to VAERS and automate it so that those reports could continue to be submitted, correct? PLOTKIN: Yes.</p> <p>QUESTION: But the CDC wouldn't cooperate with them, correct? PLOTKIN: Well, I have no idea whether that's true or not.</p> <p>QUESTION: On page 5, Dr. Plotkin, at the end of the second paragraph, it says: Real -- does it say: Real data transmission of nonphysician-approved reports to the CDC were unable to commence by the end of this -- as by the end of this project, the CDC had yet to respond to multiple requests to partner for this activity? Is that what it says? PLOTKIN: That's what it says.</p> <p>QUESTION: Okay. So, and this study says that less than 1 percent of adverse events are reported to VAERS, right? PLOTKIN: Well, I have to check that, but I think that's correct.</p> <p>QUESTION: Okay. Are you aware that there are other, other governmental reports that make similar estimates for VAERS? PLOTKIN: I'm aware that not everything is reported to VAERS, yes.</p>	<p>TP# 394</p>
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	<p>QUESTION: Are you aware that governmental reports show that, that governmental reports like this one show that the rate of reporting to VAERS is extremely low, and in this instance they say Harvard said less than 1 percent?</p> <p>PLOTKIN: Yes, apparently, yes. However, it has to be reminded that reporting to VAERS is supposed to occur whether or not you think there's been a reaction. So whether or not the reactions are true or not is not something that VAERS decides.</p> <p>QUESTION: Right. But let's just assume for a second here, so if, let's go back to what's been marked as Exhibit 46, okay? Let's assume that a full 1 percent of associated adverse events are reported; wouldn't that take the number of deaths to 98,000, then, that were associated with the vaccine?</p> <p>PLOTKIN: I think it's likely the deaths are reported more often than trivial reactions. So I wouldn't be able to extrapolate from that number.</p> <p>QUESTION: Right.</p> <p>PLOTKIN: But, you know, obviously death is more dramatic.</p> <p>QUESTION: I'm going to hand you what's been marked as Plaintiff's Exhibit 48. This is the VAERS report for all adverse events for all vaccines just since January of 2016. Do you see that?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: If this represents even 3 percent or 5 percent of reported events, doesn't this concern you in that maybe it really indicates -- strike that. It reports 751 life-threatening reactions, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: And that's only since January of 2016, correct?</p> <p>PLOTKIN: Yes.</p> <p>QUESTION: If that's only, if that's a full 1 percent, then that would be 75,000 life-threatening reactions that would have been reported, correct?</p> <p>PLOTKIN: That's the arithmetic, yes.</p> <p>QUESTION: That's the kind of event that would happen pretty soon after vaccination, correct?</p> <p>PLOTKIN: Well, events that happen after vaccination, yes --</p>	<p>Exhibit 48⁴⁹</p>
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⁴⁹ See Exhibit 48: VAERS Results.

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<p>Plotkin implies that a study between vaccinated and unvaccinated children is scientifically unfeasible 18:40:00</p> <p>Plotkin states he does not know if the VSD database is accessible to researchers</p>	<p>QUESTION: Okay. PLOTKIN: -- but not necessarily because of vaccination.</p> <p>QUESTION: Would you support a study that compared total health outcomes between vaccinated and unvaccinated children, Dr. Plotkin? PLOTKIN: Will I support such a study? Yes. If the protocol was scientifically valid, yes, I would support such a study. I don't really put much faith into the VAERS system for a number of reasons, some of which you've cited. I take much more, I put much more confidence in the vaccine safety data, data which are better controlled and which come from institutions that see large numbers of patients.</p> <p>QUESTION: Would you work to support such a study? PLOTKIN: Again, if such a study were scientifically feasible, I would support it, yes.</p> <p>QUESTION: Don't you want to know what the results of that study show? PLOTKIN: If the study is done, yes, of course.</p> <p>QUESTION: In terms of the Vaccine Safety Datalink which you just mentioned, that's not available to the public, correct? PLOTKIN: I think they publicly report in the scientific literature --</p> <p>QUESTION: If independent researchers want to get access to the VSD while -- PLOTKIN: I, I don't know what the circumstances are regarding access to data.</p> <p>QUESTION: Well, then I won't -- PLOTKIN: I simply don't know.</p> <p>QUESTION: I won't ask you questions about that, if you don't know it. Okay. Well, I am, I'm done with my questioning. ... (END)</p>	<p>TP# 398</p>
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PLOTKIN DEPOSITION VIDEO LINKS	
Plotkin Deposition – Part 1	https://tinyurl.com/Plotkin-Deposition1
Plotkin Deposition – Part 2	https://tinyurl.com/Plotkin-Deposition2
Plotkin Deposition – Part 3	https://tinyurl.com/Plotkin-Deposition3
Plotkin Deposition – Part 4	https://tinyurl.com/Plotkin-Deposition4
Plotkin Deposition – Part 5	https://tinyurl.com/Plotkin-Deposition5
Plotkin Deposition – Part 6	https://tinyurl.com/Plotkin-Deposition6
Plotkin Deposition – Part 7	https://tinyurl.com/Plotkin-Deposition7
Plotkin Deposition – Part 8	https://tinyurl.com/Plotkin-Deposition8
Plotkin Deposition – Part 9	https://tinyurl.com/Plotkin-Deposition9
Plotkin Deposition – Playlist:	https://tinyurl.com/Plotkin-Deposition-Playlist

DEPOSITION EXHIBITS			
EXHIBITS	RECORD PAGE	TITLE	LINK
Exhibit 1	48	Voices for Vaccines – Mission	
Exhibit 2	49	Form 990 - Tax Form	
Exhibit 3	52	The Task Force for Global Health – Fact Sheet	
Exhibit 4	64	Royalty Pharma Press Release	
Exhibit 5	69	12/15/15 Press Release	
Exhibit 6	72	Immunization Action Coalition - IAC Funding 2017	
Exhibit 7	77	Attenuation of RA 27/3 Rubella Virus in WI-38 Human Diploid Cells	
Exhibit 8	79	CV (Curriculum Vitae) of Dr. Plotkin	
Exhibit 9	131	Conflicts of Interest in Vaccine Policy Making - June 15, 2000	
Exhibit 10	149	Highlights of Prescribing Information - RECOMBIVAX HB	
Exhibit 11	157	Highlights of Prescribing Information - ENGERIX-B	
Exhibit 12	167	Poliovirus Vaccine Inactivated - IPOL - Sanofi Pasteur	

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Exhibit 13	170	M-M-R II Description
Exhibit 14	178	Highlights of Prescribing Information – ActHIB
Exhibit 15	184	Highlights of Prescribing Information – GARDASIL
Exhibit 16	189	Vaccine in Autoimmunity - Chapter Book (Retained by Counsel)
Exhibit 17	197	A Study of Gardasil in Preadolescents and Adolescents
Exhibit 18	202	Highlights of Prescribing Information – Enbrel
Exhibit 19	217	Adverse Effects of Pertussis and Rubella Vaccines
Exhibit 20	227	Adverse Events Associated with Childhood Vaccines
Exhibit 21	231	Adverse Effects of Vaccine - Evidence and Causality
Exhibit 22	241	Adverse Effects of Vaccines: Evidence and Causality
Exhibit 23	264	Professional Edition for Physicians – 2015 ICD9-CM Excerpt
Exhibit 24	273	Pilot Comparative Study on the Health of Vaccinated and Unvaccinated 6- to 10 12-year-old U.S. Children
Exhibit 25	278	Preterm Birth, Vaccination and Neurodevelopmental Disorders: A Cross-Sectional Study of 6- to 12-Year-Old Vaccinated and Unvaccinated Children
Exhibit 26	282	The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment
Exhibit 27	288	Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality
Exhibit 28	289	Adverse Effects of Vaccines: Evidence and Causality
Exhibit 29	296	In Vivo Absorption of Aluminum-Containing Vaccine Adjuvants Using 26AL
Exhibit 30	297	Aluminum Hydroxide Injections Lead to Motor Deficits and Motor Neuron Degeneration
Exhibit 31	299	Delivery of Nanoparticles to Brain Metastases of Breast Cancer Using a Cellular Trojan Horse
Exhibit 32	299 (?)	Slow CCL2-Dependent Translocation of Biopersistent Particles from Muscle to Brain
Exhibit 33	299 (?)	Highly Delayed Systemic Translocation of Aluminum-Based Adjuvant in CD1 Mice Following Intramuscular Injections
Exhibit 34	301	Non-Linear Dose-Response of Aluminum Hydroxide Adjuvant Particles: Selective Low Dose Neurotoxicity
Exhibit 35	302	Book: The Immune System and the Developing Brain
Exhibit 36	305	6/24/17 Letter to University of British Columbia by Dr. Shaw with Attachments
Exhibit 37	308	6/15/17 Letter to Institut Mondor
Exhibit 38	308	6/15/17 Letter to The Birchall Centre
Exhibit 39	309	Aluminium in Brain Tissue in Autism

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Exhibit 40	317	Vaccine Excipient & Media Summary	
Exhibit 41	340	Proceedings of the Society of Experimental Biology and Medicine	
Exhibit 42	348	Attenuation of RA 27/3 Rubella Virus in WI-38 Human Diploid Cells	
Exhibit 43	349	The New England Journal of Medicine, Vol. 289, No. 11	
Exhibit 44	366	Untruths and Consequences: The False Hypothesis 16 Linking CHAT Type 1 Polio Vaccination to the Origin of Human Immunodeficiency Virus	
Exhibit 45	366	Postscript Relating to New Allegations Made by Edward Hooper at The Royal Society Discussion Meeting on 11 September 2000	
Exhibit 46	388	VAERS Results	
Exhibit 47	391	Electronic Support for Public Health - VAERS - 12/1/07 - 9/30/10	
Exhibit 48	397	VAERS Results	

ADDITIONAL EVIDENCE OF CRIMINAL CONSPIRACY OF MISINFORMATION REGARDING VACCINE DANGERS BY PLOTKIN, REISS, OFFIT ET AL: <i>CRIMINAL PARTICIPANTS</i>	
Emails between Reiss and Offit	tinyurl.com/Emails-Dorit-POffit
Emails between Reiss and Plotkin – Set 1	tinyurl.com/Emails-Dorit-Plotkin-1
Emails between Reiss and Plotkin – Set 2	tinyurl.com/Emails-Dorit-Plotkin-2
Emails between Reiss and CA Senator Richard Pan	tinyurl.com/Emails-Dorit-Pan
Emails between Reiss and Pastor Ricardo Beas	tinyurl.com/Emails-Dorit-Ricardo
Correspondence by Reiss to influence CA legislators to vote in favor of SB 277 and to eliminate Personal and Religious rights not to vaccinate, as well as attack against Dr. Andrew Wakefield, a victim of #BigVaxxPharma’s conspiracy to hide vaccine dangers from the general public	tinyurl.com/Dorit-Reiss-Support-SB-277
Emails between Offit and CDC whistleblower Dr. William Thompson	tinyurl.com/Thompson-Offit
Thompson’s confessions to Dr. Brian Hooker on link between the MMR vaccine and autism and the steps the CDC took to hide and destroy all the evidence to that effect	VaxxedTheMovie.com/stream

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Ricardo Beas -- RBWorks© -- Natural Law Church of Health and Healing©

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LEGAL NOTICE

This is my summary of the Stanley A. Plotkin deposition as noted herein. My description is based on the deposition video and transcript's content and on the statements and questions made therein. This summary is not verbatim in its totality. In a few instances questions and answers were combined for clarity and brevity. Comments in parenthesis are mine.

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FAIR USE STATEMENT

This Plotkin deposition summary document may contain and/or may reference copyrighted material the use of which has not been specifically authorized by the copyright owner(s). I am making such material available to the public in an effort to advance the public's understanding of the inner workings and business strategies of the global vaccine industry, **#BigVaxxPharma**, its employees, agents and representatives (hereinafter vaccine industry representatives) to convince the public that their vaccines are safe and effective. Further, it is presented to provide a better understanding of how vaccine insert sheets are developed, written and manipulated to favor the vaccine industry's claim of vaccine safety. Further, it is presented to show the existing relationship between vaccine manufacturers' representatives and governmental agency employees and representatives, such as departments within the U.S. Department of Health and Human Service, including the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration, as well as to show the existing conflicts of interest between these governmental and quasi-governmental agencies and the vaccine industry and their representatives. Further, this document represents moral, social, religious, human rights, economic, political, scientific, democratic and social justice issues, etc., of interest to the general public, which I believe constitutes a 'fair use' of any such copyrighted material as provided for in section 107 of the US Copyright Law.

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In accordance with Title 17 U.S.C. Section 107, the information and text in this document is distributed without profit to those who have expressed a prior interest and/or may express a future interest in receiving the included information for research and educational purposes, as well as for possible legal actions against some of the parties named herein for any or all of the following probable and/or possible reasons: (1) negligence, (2) deceit, (3) fraud,⁵⁰ (4) abuse of authority, (4) abuse of discretion, (5) violation of God-given, Natural, Common Law, federal and state constitutional and international rights, (6) crime, corruption and bribery, (7) violation of federal R.I.C.O laws, (8) conspiracy to hide the dangers of vaccines, and (9) for bodily harm that is intentional and/or unintentional against all men, women and children living on Planet Earth accepting vaccination as a safe alternative to natural immunity based on the actions, inactions, statements and declarations of the involved vaccine industry representatives and the herein named and other federal and state government agencies and their representatives and agents, as well as other fictitious entities, such as pediatricians and other medical doctors, medical establishments, nonprofit organizations, institutions, corporations, educational institutions, mainstream media, global government, international bodies, et al, all of them **#CriminalParticipants**; and therefore it is presented in good faith in the public's interest.



⁵⁰ For evidence of the conspiracy between some pro-vaccine promoters in order to silence the opposition and remove all men, women and children's rights to refuse mandatory vaccination/immunization requirements see for example the email correspondence between Dorit Reiss, Stanley Plotkin, Paul Offit, Et Al at the following links: <https://tinyurl.com/Emails-Dorit-POffit>, <https://tinyurl.com/Emails-Dorit-Plotkin-1>, <https://tinyurl.com/Emails-Dorit-Plotkin-2>, <https://tinyurl.com/Emails-Dorit-Pan>, and <https://tinyurl.com/Emails-Dorit-Ricardo>.

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CERTIFICATION

I, Ricardo Beas, declare and certify that this documents adheres to the original Plotkin deposition video and transcript noted herein to the best of my ability, knowledge, beliefs and upon information, using the original deposition video and text to accurately reflect the text therein, and is provided in good faith for the benefit of men, women and children around the world.

MAY GOD DELIVER JUSTICE UPON STANLEY A. PLOTKIN, DORIT RUBINSTEIN REISS, PAUL OFFIT, RICHARD PAN, GOV. JERRY BROWN JR., ADAM SCHIFF, BIGVAXXPHARMA AND ALL CRIMINAL PARTICIPANTS INVOLVED IN THE MANDATORY VACCINE AGENDA SCHEME.

AMEN

DATED this 1st day of March, 2019, at San Diego County, California.

Ricardo Beas

Pastor
Natural Law Church of Health and Healing



"For we wrestle not against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this world, against spiritual wickedness in high places ... Above all, taking the shield of faith, wherewith ye shall be able to quench all THE FIERY DARTS OF THE WICKED. And take the helmet of salvation, and the sword of the Spirit, which is the word of God." -- Ephesians 6:12, 16-17

Rev17, 2019-03-08