

Aaron Siri

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December 17, 2025

Via FedEx and Email stanley.plotkin@vaxconsult.com

Stanley A. Plotkin, MD

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Dear Dr. Plotkin,

Thank you for your letter.

Your letter claims dissatisfaction with our exchange about vaccine safety seven years ago. You complain the exchange was “long” and you appeared “without materials.” The reality, which you understandably still have not come to terms with, is that your dissatisfaction stems from the fact that our exchange revealed the damning gaps in the safety of childhood vaccines, and that the discipline of vaccinology overall is unscientific and dangerous.

Let me remind you of these facts: You chose to appear as an expert to persuade a court to order that a healthy child whom you had never met, over her mother’s objection, be injected with every routine vaccine on the CDC schedule. Hence, the scope of the deposition appropriately included every routine childhood vaccine. You also had months between agreeing to appear in the case and your testimony—plenty of time to prepare. And the questions posed to you were simple, straightforward, basic questions about vaccine clinical trials, post-licensure safety, etc.

The purpose of an expert deposition, as you know, is to understand the support an expert has for his opinion, which, in your case, was obviously going to be what support you had that the entire CDC schedule—a schedule you were instrumental in creating—could be safely injected into a healthy unvaccinated child. That is precisely what occurred at your deposition: a review of the safety of the entire childhood vaccine schedule.

As the world’s leading vaccinologist, you were and remain the most qualified person to defend vaccine safety. You had your textbook, *Plotkin’s Vaccines*, directly in front of you during the deposition, and even consulted it, despite your claim of “appearing

without materials.” You had every opportunity during the deposition to defend your opinions. After your deposition, I gave you, via subpoena, a second chance to do so by providing documents to support the safety of the childhood vaccine schedule; instead, you moved to quash that request and never provided a single document.¹ This is no doubt due to the fact that there are no documents that validate the safety of the childhood vaccine schedule.

You should have regrets, but not about the length of the deposition. You should have regrets about its substance. You should regret, for example, acting as the principal investigator of a clinical trial to license a Hepatitis B vaccine for infants and children with only 147 children and only 5 days of safety monitoring after injection.² You should regret telling parents vaccines do not cause autism even though you admitted there are no studies to support that DTaP, given at 2, 4, and 6 months of life, does not cause autism.³ Other examples abound in the deposition.

Perhaps your biggest regret should be what was made clear in that deposition: your approach to vaccinology is to presume vaccines are safe regardless of whether the evidence supports that presumption. This presumption has, sadly, resulted in devastating harm to the countless families who have contacted my firm regarding serious vaccine injuries. As the leader of the field of vaccinology you could have corrected course. Instead, you chose a path of censorship by deleting vaccine harms, seeking to create studies to validate safety (not study it), and dehumanize those who challenge your views.

Indeed, after your deposition you went on a world-wide mission that included: having the WHO declare those hesitant to receive vaccines a global threat; demanding FDA amend vaccine package inserts to include more trial information (which never occurred because it does not exist); demanding CDC remove harms listed on vaccine information statements (such as removing “brain damage” from MMR’s vaccine information statement); holding a closed-door meeting in London with leading vaccinologists (your disciples) to produce studies to validate, not study, vaccine safety; and a list of other unfortunate acts designed to allow you to conduct pre-determined studies that support your pre-determined beliefs, hide the harm caused by vaccines, and dehumanize anyone who questions your orthodoxy or declines to vaccinate.

¹ <https://icandecide.org/plotkinsubpoena/>; <https://icandecide.org/wp-content/uploads/2023/02/PlotkinMotiontoQuash.pdf>.

² <https://www.fda.gov/media/74274/download>.

³ <https://thehighwire.com/ark-videos/do-vaccines-cause-autism-2/>.

You even formed an entire library at the Children's Hospital of Philadelphia in response to your deposition seeking to provide support to others who need to validate the safety of childhood vaccines. All this online library has done is raise the concern about vaccine safety to a fever pitch. This library, for anyone who actually reviews its content carefully, is a testament to the incredible gaps in vaccine safety and the otherwise unreliable science relied upon to claim vaccines are safe.⁴ You even penned an article in Pediatrics on *How to Prepare for Expert Testimony on the Safety of Vaccination* which provides no substantive arguments, just more complaining and dehumanization of those who would dare question vaccine safety.⁵

I implore you to consider that those seriously injured, sometimes killed, by vaccines also matter. Their lives, their suffering, and their families, they matter. Even though you think saving children from infectious disease will be your legacy, sadly, you are mistaken. Your overreach and disregard for the harms caused by vaccines is no different than the harms caused by bygone medical products; while those products may have done some good, history remembers the harms and injustice of those injured and ignored. In this case, that would also include those mistreated and labeled a global threat. When the tide turns, and it will turn, you will be the face of that harm. That shall be your legacy unless you correct course. There is still time.

As for your concern regarding my legacy, worry not. I am certain it will be irrelevant when I return to my maker. But since you brought it up, I see no issue with seeking to prevent vaccine harms and assist those injured by vaccines. In fact, the experience of families I frequently interact with reflect, as do studies comparing vaccinated and unvaccinated children, that unvaccinated children typically do not suffer from the lifelong health issues plaguing vaccinated children. On the other hand, we have far too many families who have contacted our firm regarding harms caused by the products by which you swear.

Let's address the substance and the real complaint in your letter which is that, despite being the world's leading vaccinologist, with months to prepare to defend the safety of vaccinating a healthy child against her mother's wishes, you appear to be complaining you were unprepared to defend vaccine safety. Putting aside what this belies about vaccine safety, I offer you a "do over" while giving you every advantage:

1. I am prepared any time; you can take as much time as you need to prepare.

⁴ <https://www.chop.edu/vaccine-education-center/vaccine-safety/vaccine-safety-references>.

⁵ <https://publications.aap.org/pediatrics/article-abstract/143/4/e20183578/37180/How-to-Prepare-for-Expert-Testimony-on-the-Safety?redirectedFrom=fulltext>.

2. I will come alone, and you can choose to come alone, come with Dr. Paul Offit, Dr. Walter Orenstein, and/or Dr. Peter Hotez, or pick one or more of them to come in your place.
3. To assure you get to revisit each topic from your deposition, we will devote one hour to each of the following topics: financial conflicts of interest; vaccine clinical trials; vaccinated vs unvaccinated studies; post-marketing safety; 1986 Act and immunity to liability; vaccine ingredients: adjuvants, fetal cell involvement; vaccine effectiveness; and, the CHAT trials.
4. We can use a deposition format, or if you prefer, each side will get alternating 10-minute blocks and your side may go first for each topic.

Whether you accept this challenge or not, and I doubt you will because the core claims in vaccinology are indefensible, what is critical is that the only way to save children (and your legacy) is to correct course. In that regard, as you may recall, I wrote to you via email on July 17, 2024 (copy attached) regarding an article you had then just published which finally admitted that:

- “[T]he widespread vaccine hesitancy observed during the Covid-19 pandemic suggests that the public is no longer satisfied with the traditional safety goal of simply detecting and quantifying the associated risks after a vaccine has been authorized for use.”
- “Postauthorization studies are needed to fully characterize the safety profile of a new vaccine, since prelicensure clinical trials have limited sample sizes, follow up durations, and population heterogeneity.”
- “It is critical to examine adverse events following immunization (AEFIs) that have not been detected in clinical trials, to ascertain whether they are causally or coincidentally related to vaccination.”
- “When they are caused by vaccines..., the risk attributable to vaccination and the biologic mechanism must be ascertained. That science becomes the basis for developing safer vaccines, if possible, and for determining contraindications to vaccination and the compensation that should be offered for AEFIs.”
- “Currently in the United States, when the Advisory Committee on Immunization Practices (ACIP) recommends a new routine vaccine, the only automatic statutory resource allocations that follow are for vaccine procurement by Vaccines for Children (VFC) and for the Vaccine Injury Compensation Program (VICP). Although the ACIP acknowledges the need, there are currently no resources earmarked for postauthorization safety studies beyond annual appropriations, which must be approved by Congress each year.”
- “Progress in vaccine-safety science has understandably been slow — often depending on epidemiologic evidence that is delayed or is inadequate to support

causal conclusions and on an understanding of biologic mechanisms that is incomplete — which has adversely affected vaccine acceptance.”

- “In 234 reviews of various vaccines and health outcomes conducted from 1991 to 2012, the IOM found inadequate evidence to prove or disprove causation in 179 (76%) of the relationships it explored, illustrating the need for more rigorous science.”
- “Identifying the biologic mechanisms of adverse reactions — how and in whom they occur — is critical for developing safer vaccines, preventing adverse reactions by expanding contraindications, and equitably compensating vaccinees for true adverse reactions.”
- “[T]he budget for vaccine-safety monitoring at the CDC (which is responsible for the majority of U.S. federal efforts) has remained stagnant ... at about \$20 million per year” which you write is an “inadequate level of funding.”⁶

Those are all your words, not mine. The safety gaps you acknowledge are, of course, framed in the softest manner possible and leave much out. And, ironically, you no doubt would never have admitted the existence of even these basic issues had it not been for what you call the “anti-vaccination” movement. At the time, I even offered to convene a joint panel to design and conduct vaccine safety studies and work together to protect civil rights—an offer which still stands.

You never responded to those overtures but instead now write because my book challenges your legacy. The reality is that it is not my book that challenges your legacy, but your own actions, which now stand to leave a generation of vaccinologists you trained to think like you about vaccine safety. You must correct course on that score to protect your legacy. There is still time.

Since the field of vaccinology will turn on a dime at your word, you can protect your legacy by penning and releasing an article forthwith that calls for at least the following:

1. The medical community and establishment need to focus on persuading people to take vaccines based on their merits. No vaccine should be mandated. The right to informed consent should never be violated through coercion or otherwise. Failing to respect this right results in distrust of the medical profession and vaccines.
2. No vaccine should be licensed without a clinical trial that: is truly blinded and randomized; reviews safety for at least 5 years for infants, 4 years for toddlers, and 3 years for everyone else; is properly powered to actually assess whether the

⁶ <https://www.nejm.org/doi/full/10.1056/NEJMp2402379>.

benefits outweigh the risks, including for death; and has a control group that receives a placebo or another vaccine for the same indication that was licensed based on the foregoing requirements.

3. Post-licensure observational studies and surveillance systems should focus on groups that are unvaccinated (no vaccines) to assess the actual impact of vaccination. Based on CDC's most recent data, there are an estimated 650,000 unvaccinated children ages 2 to 17 years of age in the United States.
4. Immunity for liability for vaccine injuries for pharma should be lifted so the normal market forces apply to this industry to drive safety.

If you do not correct course, the "shameful legacy" you think shall be mine shall be yours—you will be remembered as the architect of a program that failed to protect millions of children from serious harm. All because you fail to fully face up to what is plain and obvious: childhood vaccines have never been properly tested pre- or post-licensure and the data comparing vaccinated and unvaccinated children is beyond concerning. That shall be your legacy and it shall be as damning as the legacy of those who promoted once-lauded medical products and practices without properly accounting for their risks.

Kindly let me know by next week whether you are willing to have any engagement, including as offered above, as offered in the attached, or otherwise.

Putting our sharp differences on vaccines aside, I understand you are not well. I am sorry to hear that and hope you will enjoy your coming days in peace, surrounded by the love of your family.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'ASiri', with a stylized flourish at the end.

Aaron Siri

Aaron Siri

From: Aaron Siri
Sent: Wednesday, July 17, 2024 8:08 AM
To: stanley.plotkin@vaxconsult.com
Subject: Funding Postauthorization Vaccine-Safety Science

Good morning, Dr. Plotkin,

I write regarding your article *Funding Postauthorization Vaccine-Safety Science*, and your asserted interest therein in studying vaccine safety, to extend an offer to collaborate to objectively conduct a review of the existing literature concerning vaccine safety as well as to design and implement new studies. This work can be accomplished without impacting the funds set aside for the vaccine injured.

To accomplish this critical task, we can convene a panel, half of whose members you and your co-co-authors can select, and half my firm will select, aiming to appoint those with appropriate experience/credentials, with decisions to be made by majority vote.

If you really want stakeholder engagement, this is your opportunity, including because the output of such a review panel would be far more likely to achieve acceptance by those you label "vaccine hesitant."

Kindly let me know if you have an interest in discussing this idea further.

On a separate note, if you would like to disband the "anti-vaccine movement," I can tell you a simple solution to in large part achieve that goal: make a public call by a large swath of pro-vaccine advocates, federal officials, etc., to end vaccine mandates. Most of the movement about which you often complain is the result of mandates. There is no anti-antibiotics movement because antibiotics are not mandated. It is beyond me why seek to crush the rights of the small minority of parents who, often for good reason, do not want to keep vaccinating or do not want to vaccinate their children. When you force a parent to vaccinate a child under penalty of exclusion from school when, for example, their older child had a serious adverse event after a vaccine, this creates a warrior ready to fight against your overreach. On the other hand, if you leave these parents alone, you will have eliminated most of the movement about which you complain almost overnight. If mandates ended, it would be a win-win since, on your end, vaccination rates would likely remain about the same but you could deflate the "anti-vaccine movement" and, on our end, we could restore individual and civil right to make medical decisions without penalty. That a state or country can achieve high vaccination rates without mandates is plain from the many European countries that do not have mandates and from the many states in this country with philosophical exemptions.

Regards,
Aaron

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