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June 13, 2014

David Stewart, MSP
Convenor, Public Petitions Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Re: Pelvic Mesh Petition

Dear Mr. Stewart:

I am writing to respectfully request the opportunity to testify in connection with the ongoing proceedings in the Scottish Parliament with regard to the Petition raising the question of whether pelvic mesh marketed for the treatment of pelvic organ prolapse and stress urinary incontinence is a safe and effective treatment, for which the risks are outweighed by the benefits. I have been following the discussion of this issue in Scotland, and I watched with interest the recent proceedings before the Committee investigating this important worldwide public health issue. I am writing both to commend the Scottish Parliament for closely examining this important and pressing issue, and to offer my testimony to present evidence critical to the Committee's ability to be fully informed as to matters which those presenting simply do not have access. This information is likely to be significant to the Committee in rendering an informed decision with regard to the pending Petition. I would like to add that I will travel to Scotland at my own expense, in order to present this important evidence to you in person, if permitted.

Before providing an overview of my background and the nature of the evidence which I am offering to present, I would like to make it clear that I have no involvement with any legal proceedings or other matters in Scotland. However, it is clear to me that the Petition and the

work being done by the Scottish Parliament is critical to the protection of the health and safety of women throughout Scotland, the United Kingdom, the United States, and around the world.

I have been involved in investigating and litigating pelvic mesh cases since 2007, and in that capacity I have reviewed hundreds of thousands of pages of documents myself, I have retained and relied upon the expertise of some of the foremost experts in the United States with regard to the critical issues, and I have likely conducted more sworn depositions of employees and consultants of mesh manufacturers, and physicians who have implanted and removed pelvic mesh, than any attorney in the United States. In addition, I was lead trial counsel for the first jury trial against Johnson & Johnson, a trial which lasted for two months in the New Jersey Superior Court (State Trial Court), and resulted in a verdict against Johnson & Johnson and Johnson & Johnson's subsidiary, Ethicon, Inc., including a punitive damage verdict based upon a finding of willful and wanton disregard of the rights and health and safety of women including the plaintiff, in the amount of $7.76 million. I have also prepared multiple additional cases for trial, and I am currently scheduled to try additional cases, including a case scheduled in January 2015 in which a woman implanted with the Prolift device manufactured by Ethicon, Inc. suffered erosion of the mesh through the woman's vaginal wall, the mesh became infected, the infection was spread to her lungs, and as a result the woman suffered horribly and ultimately died from sepsis. I have provided a brief outline of my background on the attached abbreviated curriculum vitae.

The information that I am offering to present falls within several categories. The first category is the internal documents of the mesh manufacturers which have not been widely disseminated and I am sure are unknown to those presenting testimony and evidence before your Committee. This includes, for example, the terms of the agreement between Johnson & Johnson and the inventor of the "TVT" mesh device for the treatment of stress urinary incontinence. The terms of that agreement include a provision whereby the inventor would not be paid a $400,000.00 "milestone payment" in the event that his ongoing follow-up study of women being implanted with the prototype device revealed new complications as compared to those he had previously reported. In other words, the payment would not be made if he were to report certain complications, a provision that in essence financially incentivized the inventor of the device to fail to disclose certain complications. [redacted]

[redacted]

[redacted]

The next category of information is critical medical literature that has likely not been presented, which describes the nature of the complications suffered by the victims of pelvic mesh, and the confirmed mechanisms of injury which tie back to the unreasonably dangerous mesh material.

[redacted]

I thank you for your time and consideration, and again commend the Scottish Parliament for convening these proceedings, in order to protect potential future victims of these unreasonably dangerous devices.

Very truly yours,

ADAM M. SLATER