1	UNITED STATES DISTRICT COURT	
2	EASTERN DISTRICT OF LOUISIANA	
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5	IN RE: VIOXX PRODUCTS	* Docket 05-MD-1657-L
6	LIABILITY LITIGATION	* September 17, 2009
7	This Document Relates to All	Cases * 9:00 a.m.
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9	STATUS CONFERENCE BEFORE THE	
10	HONORABLE ELDON E. FALLON UNITED STATES DISTRICT JUDGE	
11	UNITED STATE	ILS DISTRICT JUDGE
12	APPEARANCES:	
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1 **PROCEEDINGS** 2 (September 17, 2009) 3 THE DEPUTY CLERK: Everyone rise. 4 **THE COURT:** Be seated, please. Good morning, ladies 5 and gentlemen. 6 Call the case, please. 7 THE DEPUTY CLERK: MDL 1657, In Re: Vioxx. 8 **THE COURT:** Counsel make their appearance for the 9 record. 10 MR. HERMAN: May it please the Court. Good morning, 11 Judge Fallon. Russ Herman for plaintiffs. 12 MR. MARVIN: Douglas Marvin, Your Honor, for Merck. 13 **THE COURT:** We are here today for our monthly status 14 I met with the liaison counsel to discuss with conference. 15 them the proposed agenda. I have added some things to it. I 16 will take it first in the order given. 17 Settlement Agreement, any report on that? MR. HERMAN: May it please the Court. Good morning, 18 19 This is the occasion of our 50th status Your Honor. 20 conference. Some folks have asked that I address Your Honor 21 and the Court, and I will do so briefly. 22 With regard to the efforts of Your Honor and Judges Chaney, Higbee, and Wilson, from The Merchant of Venice, 23 24 I quote: 25 "Wrest once the law to your authority;

"To do a great right, do a little wrong."

In terms of all of the lawyers in the case in creating a fund creatively that 99.5 percent of claimants have entered, Angelo from Act 2, Scene 1, in *Measure for Measure*, Shakespeare's great cry against precedent and the common law:

"We must not make a scarecrow of the law,

"Setting it up to fear the birds of prey,

"And let it keep one shape, 'til custom make it,

"Their perch and not their terror."

In fashioning this resolution, all of the lawyers and the judiciary are to be commended for fashioning something new.

Lastly, if it was not for Pericles, a statesman and a general and also a lawyer, who indicated that juries are to be egalitarian and, therefore, for the first time legislated jurors to be paid fees so that not just the wealthy could serve -- Plato hated juries, but our Socrates rose and said, "Nothing done with intelligence is done without speech. It is the marshal of all actions and thoughts," in reference to the rejection of Plato's derision of jury trials and in supporting a trial bar in the adversary system.

So on this 50th status conference, these remarks are salutatory for everyone, no matter what part of the controversy they played, and particularly to the bench, which directed in appropriate ways that this matter be resolved.

THE COURT: Well, just a brief response. I'm not going to cite Pericles or Socrates or any of the other good folks we all admire and look up to.

You know, in a case like this -- and you have heard me say this before. I've walked in your shoes. I was practicing law for 33 years before I became a judge. I know that the work and resolution of cases are really more because of the lawyers than judges. You know the case better. You've come up with it, created solutions, and you put them in place.

I was very fortunate in this particular case to have not only great lawyers on both sides, but the assistance of some very talented state court judges who worked with the MDL court. I think it was largely because of the lawyers and the assistance that I got from the judges that this case was able to be resolved in the fashion that it was.

This has been one of the largest MDL cases in the history of the country. To resolve the case in three years was a monumental job, and it's because of the talent and creative views of the lawyers that really brought this to fruition. I do appreciate it.

Also, in these matters, if any lawyers have some comments to make either to me privately or whatever in giving the MDL courts throughout the country some assistance in things you feel worked or didn't work, I'm speaking again at the MDL group. They get tired of hearing me. They have me too much

now. I always mention that not to let you know I'm speaking, but I see it as an opportunity to give any thoughts that you might have to the MDL group.

Every MDL judge in the country appears at those meetings. Unfortunately, they don't have an opportunity to hear from lawyers. I always mention it so that if you have any comments, you can filter them through me, and I will make them known to the rest of the country for you.

Let's take the agenda, then, in order. Settlement Agreement, anything?

MR. HERMAN: BrownGreer has reports to make as to Items I and II, the Settlement Agreement and registration. Your Honor, I again want to mention the Web sites: vioxx.laed.uscourts.gov and browngreer.com/vioxxsettlement.

MR. BROWN: Good morning, Your Honor. I am Orran Brown, and with me today is Lynn Greer. We are from BrownGreer in Richmond, and we are the claims administrator for the Vioxx Settlement Program. We are happy to be here on the occasion of our 21st -- not 50th but 21st report.

What we want to do today, Your Honor, is cover where we stand on the administration of the Extraordinary Injury Program as a piece of the Settlement Program, and then Lynn will cover where we are now on the processing of the IS/stroke claims and our plans for final payments on completing the processing of the heart attack/MI claims.

Your Honor, first on the Extraordinary Injury Program, we have discussed this at several of our recent status conferences. We, on March 2, announced that that program was underway, where we had done all the work to enable *pro se's* and represented claimants, through their law firms, to file extraordinary injury claims on an extraordinary injury claim form seeking payments from the funds that were allocated or at least earmarked for potential use for extraordinary catastrophic injury claims within the MI settlement fund and the IS settlement fund.

We announced it here on March 2 of this year first with a deadline of June 1 for all claimants to submit a claim to that program with their claim form and their documentation and tax forms and other materials that we need to be able to process them. We very soon after that, on April 14, announced that that claim final deadline was moved, extended to September 1. Then through the course of the summer, we were gearing up for that, and then the deadline has now passed on September 1.

What we had advised everyone and announced several times was that to be able to seek benefits in that program, you had to submit an EI claim form that we had designed and made available as well as the types of required documentation, we called it, to support the type of claim you were presenting to those funds, whether it was an economic loss

claim or a claim of some catastrophic physical injury not adequately reflected on the underlying MI and IS grids.

We had made it very clear that that was a time line, and we monitored that very carefully because most all of the claims from law firms were submitted online through the Vioxx portal. We monitored it down to allowing claims and law firms until midnight on the 1st of September local time of wherever the person was who was submitting that claim for the claimants. So we have monitored that very carefully and now that deadline has passed.

Now, with the passing of the deadline, this slide shows us how many claims we have received seeking benefits from these potentially available funds from either IS claimants or heart attack/MI claimants. We have a total of 3,630 claims.

This slide shows us how they break down among the types of claims that could be asserted in the Extraordinary Injury Program, the first one being a claim for past lost wages or income with claimants who had an eligible event, a heart attack or a stroke, and then are asserting that they lost income or wages from that event up through the date of the Settlement Agreement, which was 11-9-07, and that's the past period. That's the period for asserting economic loss.

It has to be above \$250,000 of unreimbursed lost wages or income to be able to seek benefits in this program.

You see we have a total of 841 claimants who are asserting those kinds of economic losses for that past period.

The Settlement Agreement also contemplated that you could seek reimbursement for catastrophic past medical expenses for that period if they exceeded \$250,000, and we have 286 claimants total who have submitted claims of that nature.

The Settlement Agreement also contemplated that you could seek benefits from this fund if you had a special medical injury, some sort of physical injury resulting from your heart attack or stroke that you felt was not adequately reflected on the underlying heart attack or stroke grids.

We have 1,857 claimants who have asserted that type of injury, something that they felt they had sustained as a result of their Vioxx use and their underlying eligible event, heart attack or stroke, that they felt was not adequately covered on the existing injury grids for their underlying claim.

Row 4 here is what we have called additional extraordinary damages, and this is really folks who are claiming that in addition to those past economic losses, they had suffered or will suffer, they think, a continuing loss of income or continuing medical expenses that are not reimbursed or covered by insurance for the future. We have said from the beginning that those types of losses, if they were presented and proven, would be a factor in evaluating the individual

award to be made from these available funds on an extraordinary injury claim. We have 646 claimants who asserted those types of claims.

Now, some claimants asserted more than one of these, so some claimants appear in more than one of these rows. There's not 3,630 people because some claimants asserted special injury and economic loss and future, so they are counted in more than one row. This does give us a total number of claims that we are now looking at in this program.

As is typical of these programs, the bulk of these claims came in in the last period. We received about 81 percent of these claims in the last week before the deadline. We got 60 percent of them in the last two days, and we got almost 37 percent of them on the very last day, which is typical when there's a deadline for a program of this nature.

We are now reviewing these claims. We have teams trained to review the particulars of economic losses and the special medical injury. That review process is underway. We will continue to report to the Court each month as to how that process proceeds.

THE COURT: Okay. Now, Orran, just so that we are clear on it, this special fund is a pot, so to speak; it's not replenished. It is kind of like a pie, and it depends on how big the pie is as to how big a slice you get of the pie.

That's why we had to say that's the end; there's no more claims

that can go in that.

MR. BROWN: Correct, Your Honor. The Settlement Agreement makes it very clear that there are funds out of the original MI fund that are potentially available to pay extraordinary claims for MI claimants. It also says that there's a sum of money, \$105 million, potentially available to pay stroke claimants who felt that they had extraordinary injury, and those are capped funds.

The Settlement Agreement is clear that if those funds are not needed, depending upon how these evaluations turn out, they stay in the original funds and they are distributed on the underlying claims, but it is a capped limit that the Settlement Agreement makes available for these types of claimants.

THE COURT: That's the point of saying that we have deadlines and if you have a claim, you have to get it in before the deadline. If you don't get in before the deadline, then you lose your claim.

MR. BROWN: Yes, Your Honor. We have talked to a lot of people about that who asked that question. We have made it very clear from the beginning that these deadlines are firm.

THE COURT: Okay.

MR. BROWN: Your Honor, If the Court has no further questions on this, Lynn will come up and then tell us where we are now on our stroke reviews and our MI reviews and final

payments. Thank you, Your Honor.

THE COURT: Thank you.

MS. GREER: Good morning, Your Honor. Lynn Greer from BrownGreer. Today we will cover where we are with the strokes and the MI's and talk about the final payment, as Orran said.

This is, as of yesterday, the distribution of the claims that had been filed between the two injury types, still with roughly 63 percent claiming heart attack and 37 percent claiming stroke.

I'm going to do something a little different this month, Your Honor. I would like to focus on the stroke claims first, which will then leave the MI final payments to the end. The stroke reviews, although we have been focused on the MI's, we have continued to make progress on reviewing the stroke claims both at the gates level and the points level.

This slide shows that there are currently 6 claims that are in the queue for our original gates review on strokes. There are 504 that are awaiting our second review, our quality control review. There are 1,916 where we have done our full reviews of the claims.

We have been rolling out our claims
administrator notices of ineligibility in sort of batches over
the last few weeks. The reason for that is because these
notices are the notices that counsel need to respond to if they

need to go get additional information to be able to prove eligibility. This is often, in the process, one of the hardest junctures for firms, if they get a lot of notices at one time, because they then have to go try to gather records on hundreds of claims at once.

So what we have done is we have tried to roll these out to be able to give firms a chance, on an ongoing basis, to go get documentation, if any exists. So this almost 2,000 claims represents a pocket where we have done our reviews, and we are releasing those in batches of several hundred a week. So those will shortly be released over the next few weeks.

The results of the claims that we have reviewed to date are that there are 7,258 that have been eligible for points review. There have been 7,650 notices of ineligibility already issued to claimants. There are 543 that are currently with the gate committee that they have not voted on yet.

This slide shows that through this month we will have paid over 2,500 stroke claims, and the interim payments for the stroke claims will go out next week. There are 300 additional stroke claims where we have completed our reviews, and these will be paid in October. This number grows every day.

This is just a snapshot of where we were yesterday. 129 of those have already been accepted and will be

paid. 126 are still within a time to decide whether to accept or appeal. There are 45 stroke claims that have either already appealed or are in special review. Those special review claims are ones with stroke points of less than 2 points.

we are almost ready to issue the notice. There are administrative issues that we need to clear up before we can actually issue a notice. There are 2,100 that are pending our level of quality control review on the points side. There are 524 claims that are incomplete. We can no longer complete the points process. These have received notices. These firms have received notices telling them exactly what is missing and what we need to be able to complete points. We have started reviews on 366 claims, and there's a queue of about 1,021 that are in the queue waiting for our review.

Through September, we will have paid over 2,500 claimants over \$69 million. What is pending that could possibly be paid in October is another \$8 million or 255, but again that number will grow significantly because there are still three to four weeks where people can accept their stroke awards and be paid in October. So through October it is possible that we will be able to pay another 2,500 claims. I'm sorry. That's actually another 500 claims, which would bring the total up to about 3,000.

I will not read this into the record,

Your Honor, but this is available on our slides, which we do post after every status conference. What this shows is just the average points by stroke injury level. There are five injury levels on the stroke grid, and the special marker percentage is 5.91 percent as of yesterday.

Turning our attention to the heart attack claims, these are the ones that we have all been focused on collectively to try to reach our goal of the payment at the end of this quarter. What this slide shows is that we are almost done. From the gates perspective, we have no more MI claims waiting to be reviewed for gate. There are 6 claims that we have issued a notice of ineligibility on that are in the works and that firms are responding to, and we expect a response to those soon.

What this slide shows us is that we expect that there will be 20,419 heart attack claimants paid. It also shows us that through this process of almost 30,000 heart attack claims that were filed, there have been notices of ineligibility or final gate failure notices issued on 9,885 claimants.

Through August, we had paid interim payments to 17,699 claimants. There are another 2,719 that will be paid and these are ones we are not -- I will announce this later. We are not making interim MI payments in September. We are going to pay them all at the same time we make the final

payments.

Out of the 2,719 MI claimants with unpaid points awards, 2,407 are accepted. They are fully resolved. They will be paid when we make the final payment. There are 43 that are still within the time limit to decide whether to accept the award or to appeal. We are working very hard and diligently with these firms and these claimants to get them to make their decision so that if they appeal, we can expedite the review of that; and if they ultimately appeal to the special master, they will be able to expedite their review to be able to resolve these claims.

There are only 27 appeals currently pending with the special master. Those are points appeals. We expect resolution of those within the week. There are 242 claims that will not be paid at the same time we make the final payment. These are the heart attack special review claims, and the process calls for all of the special review claimants -- and these are, again, claimants with special marker valued claims that have elected to go through the special review process with the special master.

What has to happen is that population has to be defined. Those all get sent to the special masters to review at the end of the process. They have to look at each of those, and they have to award an average across that population of 2.5 points. So at the end, when we fully have resolved everything

and can figure out exactly how many people are in that bucket, we will send those to the special master, they will do their review, and those claimants will be paid.

There is currently one claim that is the subject of an audit, and that is pending with the special master. The response from the firm is due tomorrow. So, again, we expect resolution of that claim as soon as the response is filed and the special master is able to resolve that.

This slide shows the points by entry level for the heart attack claims. Again, I will not read this in the record, but this is available on our Web site in the slide presentation from today.

This shows that through August we have paid over \$1.4 billion to over 17,000 MI claimants. Those break down to over 16,000 interim payments and 850 \$5,000 fixed payment elections. Again, this just reiterates the earlier slide which shows that there are another 2,649 people who are resolved and who will be paid. It focuses us on the 71 people who we still need to resolve before we can make the final payment. This, again, brings us to the bottom line, which is that we expect over 20,000 MI claimants to receive payment.

Important reminders about what we need to have happen before the final payment can be issued, the first two items deal with reports that we have recently sent to firms. The first is a claims status report that we issued most

recently at the end of August giving each firm the status of each of their claimants, whether the claimant is open or whether the claimant is closed. The onus is really on the firm at this point if they see anything wrong with our reporting of where we have their claimants.

The second report is one that we issued last week that was a summary by claimant of each payment that we have made on behalf of each claimant. Again, this is just to be able to try to spot some glaring error. We do not expect there will be any. U.S. Bank has been very good about wiring the right amount of money, obviously, and I think we would have heard by now if something had happened that was not correct.

Again, on Friday we issued reports. We urge firms to look at them carefully, make sure the dollars match their records and that all of the information is correct. We are going to assume, if we do not hear from firms by the end of the day tomorrow, that those two reports are accurate and that we can move forward on that basis.

Again, the special marker claimants will not be paid at the end of the third quarter. This is the group I talked about that will go to the special master for resolution of payment shortly thereafter.

Again, there will be no separate MI interim payments issued in September. Instead, we will collapse those all in the final payment.

We are worried about the timing of the final payment. We are still on track. It has been a tremendous effort by firms, by the parties, by the Court, and we feel that those 71 claimants, obviously, still have their Settlement Agreement rights to respond and to be able to make their decision within a certain window.

We still feel that we will be able -- assuming that they will respond and allow us to, that we will be able to get all of the final payment information finalized by the end of this month. We will then send the list to U.S. Bank. It will be October before the payments actually come. We will need time to make sure that none of these deadlines extend beyond October 1.

We have to be able to quantify points. These point values will come down to the penny. Until we know absolutely everybody who is in the category, we cannot make the final payment. Again, we have been working with these firms. We encourage folks who are still sitting on these awards to contact their clients and to try to get a resolution. We will do everything within our power to be able to get the list to the bank, and then it will be just a matter of the payments being able to be issued in October.

THE COURT: You feel that you'll be able to get all of your paperwork to the bank by the end of this month?

MS. GREER: We do; depending, Your Honor, on these

unresolved claims, yes.

We have been working, obviously, to be able to get to the point where we are now down to the 71 that are unresolved. We do feel now that we can give a projection of the final point value. Right now, again, we cannot name this precisely because we have to wait until every claimant is resolved, but we believe now that the current point value is projected to be somewhere in the range of \$1,860 and \$1,870. This is different than what we projected last year. It's 2 to 3 percent less than the value projected last year.

THE COURT: The reason it's less is because you have more people.

MS. GREER: We have more people. Your Honor, we did the projection last year based on data of about 2,500 people, which we extrapolated. We feel really good that the point value is coming in only between 2 and 3 percent because what the next item shows is that there have been over 3,000 additional people who, through the adequacy of their firms and lawyers, were able to come into the program, were able to perfect their claims packages, and they are getting paid.

So to have it be 2 to 3 percent less when 3,000 more people are being paid is something that we are really encouraged about and also the claims themselves. We are paying over 117,000 more points than were in the original projection. So this shows the quality of the claims and the number of

claims are greater, which inures to the benefit of more people.

We do expect for the final point value to come in somewhere in this range and, obviously, will let firms know as soon as we know what the dollar amount is to the penny. If your Honor has no further questions --

THE COURT: No. I appreciate it. Again, I think the concept of having a number of different reviews has helped in this particular case. You folks have given it the administrative review, that is to say, to make sure that the Settlement Agreement by and between the parties was satisfied. Then the attorneys for both sides created the concept of plugging in some humanistic view of it, that is to say, see whether or not there's some gray areas that they could work with. That, I think, has pushed more people through the gates. Then we have the special master review. There's another aspect of the review, an independent group review, that makes sure that everything else is worked out.

It's taken us a little time from the standpoint of these reviews, but I think the claimants have profited from it because 3,000 more people got through because of those extra reviews. I think that was very helpful. Thank you very much.

MS. GREER: Thank you, Your Honor.

MR. BIRCHFIELD: I think this is absolutely remarkable, the job that BrownGreer has done. I mean, to be able to take a settlement program that involves 50,000 people,

50,000 claimants, and to process those and make a projection a year in advance that comes within 2 to 3 percent of the point values that were projected, especially in the light of when the parties at the very beginning rolled this out, we were looking at a threshold of 85 percent, and we had 99.5 percent of the eligible participants to elect to participate in this program, and from my standpoint -- and I've been working very, very closely with this throughout the course of this Settlement Program. From what I hear from lawyers that have been involved in the program, this is a remarkable result.

We are thrilled to see that we are in a place where we can issue the final payment on time and that it has come in at so close to the projected value. I just want to extend my thanks to BrownGreer and to Merck and to the special masters, who did a phenomenal job in making sure that we could stay on track for this final payment.

THE COURT: Notwithstanding that, I know that there are some people who may be disappointed because they didn't get through those reviews; they didn't pass the first one or they didn't pass the second one or they didn't pass the third one or didn't pass any of them. Obviously, there's going to be some people who are upset. The best I can do is to create a process and to make sure that due process and opportunity is there. Not everybody is going to be able to partake of the opportunity to get through it. I think everybody ought to be satisfied

that they had the opportunity and it was a fair shot.

The next item is the lien administrator.

MR. GARRETSON: I'm Matt Garretson here to report as the lien resolution administrator. Appreciating the timing of MI and SCD cases that are eligible for final payment, I have isolated just those data points for purposes of this report as this is our current priority.

Further, I would like to reinforce to everyone that there is now a feature on the primary counsel Web portal through BrownGreer that allows each primary counsel to export to an Excel spreadsheet the lien resolution detail that I am covering for their category of claimants.

With respect to Medicare, the current number of active claimants with a notice of points award, I believe, is 23,271 claimants. The current number of points award notice claimants that are active that have a Medicare obligation is approximately 16,000 of those or 70 percent. Out of the 16,000 total Medicare entitled claimants who received a points award notice, 87.2 percent of them have an MI or sudden cardiac death primary injury. So those are the claimants who are ready for payment.

I'm pleased to inform the Court that we have completed the Medicare resolution for approximately 99 percent of these cases. The unfinalized cases largely involve unfinalized redeterminations. As you may recall from my

monthly reports in the past, we have received about 288 requests by claimants for us to take another look at their Medicare reimbursement category.

Many of these will be resolved just, again, through education. What we are finding is they have been categorized correct; it is just a group of claimants largely who has a fundamental misunderstanding of the necessity to repay Medicare, thinking that they shouldn't have a Medicare reimbursement. So, again, very positive signs that we are only dealing with 288 redeterminations.

Furthermore, a few hearings ago, the Court asked me to report that we are in compliance with this new Medicare reporting statute, the Medicare/Medicaid SCHIP Extension Act or MMSEA. We have been working closely with defense counsel Doug Marvin and Merck, and more specifically we have been working with the Centers for Medicare & Medicaid Services to ensure that the process by which we are finally reporting Medicare claims will meet Merck's obligation under this new statute. Of course, we will continue to report to the Court and Merck and to the plaintiffs' steering committee about the specifics, but we are right on track with having this new statutory requirement satisfied.

With respect to Medicaid, approximately
28.8 percent of all active claimants have Medicaid obligations.
The current number of points award notice active claimants with

a Medicaid obligation -- so those that are ready to be paid out -- are approximately 4,812. There are 4,812 active claimants who have an MI or SCD primary injury that are ready for payment. Interestingly, these 4,812 claimants have generated over 5,200 liens, and that's because from some point from the date of their injury to the date of their settlement they have treated in two separate states.

We have finalized Medicaid obligations for 91 percent of these cases. We are in the process of updating this information into the Web portal so that information can be downloaded by primary counsel.

The unfinalized Medicaid cases are due -- I'll just list these in order of importance: One, because they are close to hitting their cap. If you recall, there's a 20 percent cap on a Medicaid obligation in most of the states. That is part of the protocols we have put in place. We have a group of Medicaid claimants that are approaching that cap, and we can't finalize their lien until we have the finalized numbers, which are, of course, just coming down the pike. So as soon as we are able to apply the math, we will be able to finalize those liens.

We also have a few states that did not agree to these protocols. If the Court will recall, there were a few states who would not agree to these caps and offsets, and so we have to have those claims on hold again until we have their final award so that we can satisfy the Medicaid claim.

Also, we are dealing with an issue I need to bring to the Court's attention with Kentucky. Kentucky Medicaid has over 100 liens, and they have yet to provide us their inbound claim detail. They work with a contractor. The contractor submitted data four times that we have audited, and then they have told us it's the wrong data. So we are spinning our wheels, Your Honor. We are going to need probably some help from the Court to tell them it's time to get the right data in our hands.

THE COURT: Why don't you get me the name of the individual who is in charge of the office, and I'll handle it.

MR. GARRETSON: Yes, sir. That's the biggest issue with respect to Medicaid that I would like to report. Of course, we can apply the holdback to those cases. So there is a solution to allow money to flow to those, but they can't be finalized within that 20 percent holdback until we actually get their claims data. That is the only state or territory we are still struggling with.

In this regard, with respect to all the Medicaid obligations for the claimants who have a points award notice letter, we are pleased to report that we have finalized approximately 98 percent of all the Medicaid liens, so that's an encouraging number. If we could just get that last slug of cases in, I think we will be in good shape. The rest of those

that we have yet to finalize could also be areas where we have a discrepancy that we are still trying to cure with the Social Security number provided.

With respect to other governmental liens, the VA, TRICARE, Department of Defense, we have received for the claimant population that has the points award notice approximately 606 claims files. As I have reported in the past, we have to actually go to the individual treating facilities for each of these. So we are 60 percent complete with those obligations at this point. We continue to try to get the data in, but again we have the holdbacks in place there.

What we would ask is that we are still getting from primary counsel notice on a weekly basis of new claims. We may have to come to the Court to ask for a deadline for people to submit, perhaps in October, so that we are not dealing with this issue since we are now 18 months into the process.

That concludes the governmental lien. Let me shift for a few moments to the private lien resolution program.

We continue to work with the plaintiffs' steering committee and the third-party payor committee to administer the terms of the memorandum of understanding. We now have 477 private health-care plans that have agreed to participate according to the terms and conditions of the

program, and we continue to see that grow every week. So we have added successfully, since the program has been in place, 300 plans. We have nearly tripled the participant pool. The majority of plans are still represented by two main consortiums who have been very active in the program.

Total participating claimants to date: We have 20,381 claimants who have elected to participate in the program. The first wave of data that we sent to the plans consisted of the first 15,000 claimants that signed up. We have sent subsequent waves of data to these plans, and we are now still in the process of receiving back what we are calling "matches," the actual plan matches.

A couple other statistics:

Of the 20,381, we have already determined that approximately 3,300 of the claimants are inactive in the program at this point, so they will be dropped or put on the side of this program. We are only going to be working with 17,000 participating claimants.

12,600 of the over 17,000 claimants have been matched with one or more of the 477 plans, so we have 12,600 claimants with a match and a lien to be resolved pursuant to this program.

We have asked that all the plans give us their matching data by September 21, assuming that no other -- well, at that point we can lock down 15 percent holdbacks on all the

claimants that are participating in the program, but we are hoping to have a match. We will then inform the claimants and their counsel if there is not a match so that they're aware that even though there was not a match to the plaintiff participating in this program, they may have obligations to the plan on their own that they will have to resolve outside of this program.

With respect to the plans providing us the actual claims data for us to audit, 7,600 of the files have been shipped to our office relative to the 12,600 active claimants that have been matched, so we have approximately 60 percent of the claims in-house. Actually, I should say for the 7,600 claims, because many of them have multiple plans during the period of date of injury to date of settlement, we are actually auditing about 11,000 files.

We have completed approximately 3,337 claim summaries to date. This is going on, as you would imagine, daily. We are in a position where we think, as the data comes in, we are only running 48 to 72 hours for us to audit a lien when it comes into our shop. We have those claims in front of the plans for their approval.

Due to the extension provided for claimants to participate in the program, we will be working closely with BrownGreer to figure out who has come into the program to see if there is now a match to one of these 477 plans. We will

work with them to apply this 15 percent holdback so money can continue to flow, final payments can continue to flow while we work through this matching and resolution process.

Your Honor, that concludes my report as the lien resolution administrator for this month. I apologize for the length of it, but there's a lot of data to report here in the final hours.

THE COURT: I appreciate your work on this. As everybody knows, the statutory federal liens, they will come out one way or the other, lawyers on either side or the claimants. They have to be paid back. The opportunity that this case presented is that if you grouped them, you were able to negotiate for a lesser payment, so that's what has happened. They were able to negotiate for a lesser payback of these liens, so it was a win/win situation. The lien holder got back money, and the claimant paid less. I think it was very helpful to both sides, certainly to the claimants. I appreciate your help.

MR. GARRETSON: Thank you, Your Honor.

MR. HERMAN: Your Honor, Special Master Juneau is here.

THE SPECIAL MASTER: Your Honor, Patrick Juneau, special master. I will make my report very brief. Part of that was covered by Lynn Greer.

It is true, Your Honor, we are down to 27

appeals. Those matters are being addressed as we speak. I anticipate this week or by early next week all of that will be cleared out of here.

We have processed close to -- not quite but nudging on 7,000 appeals in this matter between the three special masters appointed in this case. Obviously, the overwhelming bulk has been handled because we are down to 27. So we have fallen within the deadlines I think that the Court has set forth as goals to make payments to people in a prompt and efficient manner. I think we have met with all of those criteria.

There is one matter that I do want to call attention to. There was a series of audit claims that were submitted. All of those claims have been addressed in findings and rulings made on those claims save and except one. The reason that's not done is because the expiration time for the response to the audit notice is tomorrow. I'm assuming I will receive that tomorrow, and then we will determine what will be necessary to address that. We are down to one, so that's not going to be an obstacle in what we are talking about.

Beyond that, Your Honor, we are working now with BrownGreer in trying to project and target into the future, since the concentration has been on heart attack claims, of what we can anticipate in the future in terms of what will occur or when will it occur and when will there be, as we refer

to it, "bubble periods," will be intense work efforts required.

They were able to do that very, very accurately to allow us to be where we are today. Based on that experience factor, I anticipate that being the same result we will be able to do in the future. It looks like maybe sometime in November, probably, is maybe what we are looking at as the first phase of that bubble period.

Based on experience that I have seen thus far, Your Honor, I think we will be on target to address the matters that have been addressed thus far, and that is succinctly where we are.

THE COURT: I know the special masters did yeoman work in this case. I might also mention that it was very helpful in this case that they had electronic access to the records so that they didn't have to mail the records back and forth. Thank you very much.

Any state court trial settings?

MR. MARVIN: No, Your Honor. That's the fifth item on the agenda.

THE COURT: Class actions?

MR. MARVIN: There's nothing new on the class actions, Your Honor. That then brings us to Ms. Barrios as the chair of the state liaison committee.

THE COURT: The state liaison committee.

MS. BARRIOS: Good morning, Your Honor. Dawn Barrios

for the state liaison committee.

Unlike last time when we didn't have any new remands to report, we do have three new ones that were recently filed. Two were filed in the governmental actions: One by the County of Chautauqua, the other by the County of Orange. The third remand that was recently filed was done, I believe, this week from a case out of CDC, so we don't have too much information on it.

To succinctly let Your Honor know where we stand on the remands, the majority of remands that we have outstanding that are what I consider live remands are in the governmental action and TPP arena. We have 29 there. There are 26 postsettlement filing cases that have remands. There are 18 that are represented by counsel and 14 *pro se* remand matters.

There is a limbo area. If Your Honor will look at the second page, the fifth column that says "Plaintiff Claimants Registered Only But Not Enrolled In The Resolution Program," we have 42 represented by counsel and 16 *pro se*. These people have filed motions for remand. They have not gone through the program.

I have been working with BrownGreer, who has been incredibly cooperative in providing this information to us. I can only assume that these people's claims will ultimately be extinguished and, therefore, the remands will go

away.

MS. BARRIOS: Thank you, Your Honor.

Okay.

THE COURT: Thank you very much.

THE COURT:

Anything on *pro se* claimants?

MR. HERMAN: Mr. Johnston is here.

MR. JOHNSTON: Bob Johnston, court-appointed curator for the *pro se* claimants. As we have done every month since the Court appointed me as curator, we have filed with the Court the curator status report. The only change a little bit is that with the filing by Merck of the multiple motions to dismiss, with regard to the curator, the transmittal communication provided my name for the *pro se's* to call, which as the Court certainly can understand has created an uptick. We sometimes have had as many as 10 calls a day.

As we have done throughout the time that the Court has asked me to be the curator, the communications that we have had have been to assist them to understand the nature of the motions in this instance that Merck has filed and essentially try to assist them through the process.

You know, from the time that the Court appointed me, we do believe that curator communications that have been had by my firm, attorneys who work with me in terms of this, with the *pro se* claimants have positively assisted them in participation in the Settlement Program. As the Court has

required, we do believe that has afforded due process to the pro se's.

The only other thing is, as the Court I believe knows, there has been some informal discussions regarding the possibility of mediating some issues between *pro se's* with the former attorneys pertaining to the issues of fees and costs. We have had some activity in terms of that in the last two months. In addition to my litigation practice, I also have a mediation practice and stand ready to assist in the event that there is an agreement by both the *pro se* and the former attorney to see if it can be resolved through mediation.

THE COURT: Thank you very much. It's been very helpful. The best I can do for the *pro se's* is to give them someone to talk to and some direction. You have helped immensely in that way, and I appreciate your help.

MR. JOHNSTON: It's been a wonderful experience.

THE COURT: The next item is the MDL trial package. Anything on that?

MR. HERMAN: Yes. Your Honor established PTO 37 with regard to access to the trial package, and we have afforded access to the trial package upon request.

The next issue is the third-party payor cases. I believe that Mr. Beisner will address that.

MR. BEISNER: Good morning, Your Honor. John Beisner on behalf of Merck.

Your Honor, I just wanted to advise the Court that the parties have finalized a settlement agreement that will resolve all of the pending lawsuits in which U.S. private third-party payors have sought reimbursement for covering Vioxx purchased by their plan members. These are both cases that are here in the MDL proceeding and also other cases that are around the state courts, particularly in New Jersey, and there are some other claims that have been included in this settlement as well. This to some extent is old news, Your Honor, inasmuch as there was some press coverage of this earlier, when Merck disclosed the reserve for this several weeks ago, but I did want to advise the Court that this has been finalized at this point.

I also wanted to note, Your Honor, that a number of people have been involved in negotiating this, some of whom are not here this morning, but I just wanted to advise the Court. Chris Seeger, Tom Sobol, Doug Marvin, and a number of other people have been involved in this negotiation effort over the past couple months.

We have provided a copy of the agreement to the Court. It's a private agreement. It is not a class agreement. It doesn't require the Court's approval, although there are some provisions that, with the Court's indulgence, will probably require Your Honor's involvement in certain issues as we go forward in implementing the settlement.

1 **THE COURT:** I've been advised throughout the process 2 and I saw it unfold, so I know the work of both sides that has 3 gone into this. So now that is finished, so the only 4 outstanding group now is the AG's? 5 MR. BEISNER: Your Honor, we also have some of the 6 consumer class actions that are still pending as well. 7 THE COURT: Jim, you had something? 8 Thank you, Your Honor. James Dugan on MR. DUGAN: 9 behalf of the private third-party payor committee. 10 correct, Your Honor. That program is being implemented. All 11 the attorneys who have been involved in that case have received 12 the Settlement Agreement and Escrow Agreement. We hope to have 13 that resolved by the end of this month, Your Honor, and have a 14 full report by the next status conference. 15

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THE COURT: That's the third-party payors?

MR. DUGAN: Yes, sir, that's correct. That's the private third-party payor cases, with some 200 companies that are participating in it, with filed cases in New Jersey state court and filed cases in the MDL.

You're correct, Your Honor, the other piece, the governmental action cases, which include state AG cases and cities and counties, is still going on.

THE COURT: All right. Thank you.

MR. HERMAN: Your Honor, may it please. I want to supplement just one remark. There have been other folks

involved in this process. Recently, Your Honor, there was a conference call with Mr. Sobol as lead. He had a motion pending, which he advised is now withdrawn. I don't know whether formally papers have been filed, but his pending motion is withdrawn.

In connection with that, Your Honor, if I might skip to page 10, Item XIV, third-party payors' motions, Your Honor issued PTO 48 on September 15, 2009. I want to repeat that. On September 15, 2009, Your Honor issued PTO 48, which requires every attorney to notify their clients who are eligible claimants of the private lien reimbursement program.

We are advised that a number of lawyers may not have notified their clients of the program or have not followed up with written or other notice to their claimants. In connection with the resolution, there appear to be a substantial number of claimants who have not been included in this private lien program, which essentially is to their detriment. I know that Your Honor wanted to address that following the phone conference.

THE COURT: I spoke with Mr. Sobol on this. My concern is that both from the standpoint of law and ethics, there are some issues that are involved. The Court is concerned about both of those situations.

I really don't care whether the claimant chooses to partake of the program or to enter the program. That's

their choice and that's up to them, but I do think that they ought to be advised of the opportunity. They ought to be advised of the program.

If they want to go into it, fine. If they don't want to, fine. To not tell them about it is problematic. It's a problem for the attorney who has that responsibility both from the standpoints of ethics and law. These individuals have the opportunity to enter a program and pay back substantially less than they will have to pay back later on.

Now, they may skate, they may get away from it, they may not have to pay back anything, but that's a decision that they ought to make. They have an opportunity to enter a program where they can pay back less than they are required to pay back. Whether or not they want to enter the program, as I say, is up to them, but to not tell them about it is a real problem.

I know I'm speaking to the choir now because these attorneys who are in the room and hopefully on the phone have done that. If you haven't, you have to tell them about it. If you haven't told them about it, that's going to be a problem, and I'm going to have to get involved in it. I expect Mr. Sobol to give me some motions to that effect, and I'll look into it.

MR. HERMAN: Your Honor, back now to the agenda, Item XI at page 7.

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THE COURT: Government actions.

MR. HERMAN: Government actions. I want to advise on the record that the PSC is going to make available to the AG's, on a request and at their cost, hard drives of all raw documents and materials in the depository so that they don't have to go into the depository and they don't have to get to the depository in some remote electronic way.

Secondly, there were two Oklahoma government actions added when we initiated the status report for today, and we are advised today that there is now a third Oklahoma government action. That brings us to Item XII.

THE COURT: With the government actions, I know we have some motions that both Merck and the AG's have filed. I will take those motions up after this meeting, and perhaps we can do it in the conference room.

MR. DUGAN: That's correct, Your Honor. Those motions are case specific to the Louisiana Attorney General case.

The government action cases, along with the assistance of Ms. Barrios and James Young in Florida and Randy Fox in New York and all of the attorneys, we have been working on the discovery process. That process is going well, Your Honor.

MR. HERMAN: Item XIII, pending personal injury cases reference *Lone Pine* orders at page 9 of the report,

Ms. Oldfather is present. Under PTO 45, Ms. Oldfather was appointed as lead for those matters. On 8-20-09, the Court issued PTO 46 with a case management order, and Ms. Oldfather may wish to address this issue.

THE COURT: I had two motions. One was to assure that she received notices. I agree with that. The way that it should be done, though, is LexisNexis ought to be forwarding those to you immediately.

Dorothy is here. Why don't you meet with Ann later on and work out a protocol so that she gets all of the material immediately. It's quicker that way than if the Court sends it. It's just easier for LexisNexis to do it.

MS. OLDFATHER: Thank you, Your Honor. Good morning. Ann Oldfather for the plaintiffs' steering committee for the ineligible and nonenrolled claims. Thank you, Mr. Herman.

I have been appointed to be responsible as liaison counsel and also as lead counsel for claims that are under the management of PTO 28 and PTO 29. It looks, Your Honor, like that count -- and I think Jared was getting some information for me on the cases that have been filed since November 9, and those are under PTO 29. Did we get that number? I'll talk with Jared about that afterwards.

In addition to those, Your Honor, we have had cases that are ineligible because they ultimately could not qualify under the resolution program, as we heard Lynn report

this morning, and some of those that are ineligible elect to file an appeal with the special master. The other route the cases can take is to file a future evidence stipulation and then come back into the litigation.

It appears as if -- and we have had a hard time getting exact data -- somewhere in the neighborhood of 200 or so future evidence stipulations have been filed. I'm working with Mr. Marvin and with Lynn Greer to try to get that number. It's a little tough because some have been withdrawn. Then after those are filed, there is a 30-day period within which certain compliances are supposed to take place under PTO 43.

So it looks like there may be anywhere between another 15 to 100 cases that would come back into the litigation through that route so that, Your Honor, I think ultimately that my liaison responsibilities and our plaintiffs' steering committee on these cases will probably be responsible for somewhere in the neighborhood of 300 cases. That is a wild guess, but it looks to be where it is going.

Then, Your Honor, I do have a motion filed to address the future evidence stipulations, and I don't know when the Court would like to take those up. I could either mention it now or wait until the next --

MR. MARVIN: Your Honor, the motion, I believe, was filed yesterday or the day before, and we would like to have the opportunity to respond. I would also like to have the

opportunity to talk to Ms. Oldfather about it and see if we can resolve it.

THE COURT: Okay. Why don't you do that, then get to me. We can either do it next time or if you need to do it sooner, we can do it sooner.

MS. OLDFATHER: All right. Your Honor, just for the benefit of those persons that are listening, this does deal with the issue of allowing a cure in the event a future evidence stipulation was rejected by BrownGreer as not having met one of the technical requirements of that route.

THE COURT: Okay.

MS. OLDFATHER: Thank you, Your Honor.

THE COURT: Thank you.

MR. HERMAN: Your Honor, we have discussed the third-party payor motions, Item XIV at page 10, and the issue of an attorney's responsibility to notify eligible claimants in accord with Your Honor's remarks today.

Item XV is the fee allocation committee. I'm pleased to report that the subcommittee to review costs, after four months of examination and frequent discussion with the CPA on that committee, as well as the PSC executive committee members Arnold Levin and Ed Blizzard, out of 112 applications for costs, all but 6 are resolved.

Your Honor, we have submitted for your consideration a 1 percent holdback for costs, indicating what

each firm has agreed to after audit and review. I do want to indicate to the Court that Mr. Clements -- I haven't seen Miles Clements today but, of course, he is very interested in this issue. In addition to the attorneys' costs to be reimbursed, also Mr. Clements' client is to be reimbursed out of the 1 percent. Even though his client doesn't appear with the attorneys, we will send Mr. Clements a copy of the proposed order. He has the actual amount that his clients are entitled to plus interest.

We want to thank the cooperation of all 112 attorneys who submitted common benefit costs. They have appeared in person. There have been numerous conversations; there have been a lot back and forth. We are satisfied that we applied consistent treatment to every one of those submissions on an individual basis.

With regard to Item XVI, a motion for reconsideration/revision of the order capping contingent fees, this relates to the 32 percent fee maximum order. Notices of appeal have been filed, and Your Honor has requested a submission for a 32 percent escrow of funds. That has been submitted to Your Honor.

With respect to other motions, Ms. Oldfather submitted two motions. Of course, the PSC has no objection whatsoever to her utilizing LexisNexis for purposes of notification, etc. The other motion Mr. Marvin has addressed.

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With respect to appeals, there have been four motions to dismiss Your Honor has granted by Merck on different issues since exceptions.

With respect to Item XX, a motion for attorney fees and to enforce an attorney's lien, Your Honor has that matter set out in PTO 47. It's been addressed. Unless Your Honor has other questions or comments, the next issue would be the date for the next status conference.

THE COURT: The next status conference is October 23.

MR. HERMAN: Excuse me. I do want to correct the record. I'm in error. 32, on cost reimbursement, is DecisionQuest, the sum of money that is to DecisionQuest, and we'll notify Mr. Clements of that.

THE COURT: One moment on the date. We have a problem.

I'm told that we have some work going on in the courtroom, so we may be in a different courtroom. I'll have to put it on the Web site on October 23. When I say "courtroom," I mean this building, just a different room. I'll post it, in any event, so everybody knows.

MS. OLDFATHER: Your Honor, just given my role as liaison counsel, I wanted to make sure I would have leave of court to miss that. I'm going to be in trial in Kentucky on that date.

THE COURT: Sure. That's fine.

MS. OLDFATHER: Thank you, Judge. 1 THE COURT: Anything else from anybody we haven't 2 3 covered? Okay. Folks, I'll come back and we'll take up the motions in a moment. The Court will stand in recess. 4 5 THE DEPUTY CLERK: Everyone rise. 6 (WHEREUPON the Court took a brief recess.) 7 8 **CERTIFICATE** 9 I, Toni Doyle Tusa, CCR, FCRR, Official Court 10 Reporter for the United States District Court, Eastern District 11 of Louisiana, do hereby certify that the foregoing is a true 12 and correct transcript, to the best of my ability and understanding, from the record of the proceedings in the 13 14 above-entitled and numbered matter. 15 16 17 s/ Toni Doyle Tusa Toni Doyle Tusa, CCR, FCRR Official Court Reporter 18 19 20 21 22 23 24 25