1	UNITED STATES DISTRICT COURT	
2	EASTERN DISTRICT OF LOUISIANA	
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5	IN RE: VIOXX PRODUCTS	* Docket MDL 1657-L
6	LIABILITY LITIGATION	* March 27, 2009
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10	STATUS CONFERENCE BEFORE THE HONORABLE ELDON E. FALLON	
11		ES DISTRICT JUDGE
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PROCEEDINGS 1 (March 27, 2009) 2 3 THE DEPUTY CLERK: Everyone rise. 4 **THE COURT:** Be seated, please. Good morning, ladies 5 and gentlemen. 6 THE DEPUTY CLERK: MDL 1657, In Re: Vioxx. 7 **THE COURT:** Counsel, make your appearance for the 8 record, please. 9 MR. HERMAN: May it please the Court. Good morning, 10 Judge Fallon. Russ Herman for plaintiffs. 11 MR. MARVIN: Douglas Marvin for Merck. 12 THE COURT: It's good to see you, Russ. I know all 13 your colleagues are happy that you're back, as well as the 14 Court. This is a monthly status conference. I received 15 16 from the parties a suggested agenda. I have added to it. 17 met with the committees in advance to see what was anticipated, and I will take them in order. 18 19 The first is the Settlement Agreement. Anything 20 to report on that? 21 MR. HERMAN: Yes, Your Honor. I think at this time a 22 report from BrownGreer on the progress itself would be in order 23 if Your Honor will entertain it. 24 MR. BROWN: Good morning, Your Honor. I'm Orran 25

Brown. With me today, as usual, is Lynn Greer. We are from

BrownGreer. We are the claims administrator for the Vioxx Settlement Program.

We are happy to be here this morning to give the Court and the parties an update on where we stand in the Settlement Program. The slides that we will show today and show each month when we are here, we post those on our general settlement Web site. It's www.browngreer.com/vioxxsettlement.

Anyone can access this report and see these slides. After we finish, we post these. In particular, there's a number of points where we show numbers and data in here that we don't read out loud for the folks on the phone, but they can see this when we are finished. They are all posted and they are public.

Today, I'm going to update the Court and the parties on where we are on the enrollment side of things -- we are still cleaning up the release and stipulation documents for persons to be in this program -- a few comments about the Extraordinary Injury Program that we have now rolled out, and then some changes and enhancements we are making in the way we communicate with primary counsel through their secure Vioxx portal Web sites that we have created for them. Lynn will cover where we are on the progress of our claims review and our payments.

Your Honor, on the release and stipulation documents that are required to be a participant in the

Settlement Program, we have reported many times on this. We have been working with the parties, pro se claimants, and all the lawyers who represent these claimants for about a year now to get these documents clean, in place, and no questions about who signed them or where they are signed.

The parties established a deadline of March 6, 2009, for all the claimants to clean up those for real, to get them all done. We are talking about the release of all claims and the stipulation of dismissal for claimants who have a lawsuit. Those are the key pieces of that enrollment package, and we have been working a long time to get them in shape, get everything done, have the documents final and binding.

We rolled out in February the announcements to pro se's and by letter and on e-mails to the primary counsel that March 6 was the chance to get all these things cleaned up. We had a lot of response to that effort. We had a lot of material sent to us by March 6. We have processed that with Merck's counsel at Bryan Cave to see what's still missing, see what's fixed up, let counsel or the pro se's know they are done.

That deadline went a long way to getting a lot of these cleaned up. Now, we still have some folks left. We still don't have them finished. It's a small number. I will show you in a moment how many. Merck has filed six motions this week, six separate motions with the Court here and served

it on the counsel or the claimants who still do not have their release and stipulation in final shape to ask them to show cause why the documents are not yet complete.

I think this morning the Court has set a hearing on all six of those motions for April 15 at 9:00. The idea is that these are grouped in six different filings by kind of the nature of the problem. The signature issues on a release are grouped together and other aspects of the release. The notary issues are grouped together. The six motions are categories that are sort of defined by a subject of what's wrong.

The idea behind these motions is that we still want people to cure the documents. We are still getting in cures. We are reviewing testimony and cleaning them up with the parties if they send those in. If they do that, they will be removed from these motions and be told that they are now off the hook for the April 15 hearing.

The goal is to get the documents cleaned up, not to close out the claims, or at least the goal is to finish them because, as we mention each time, to the extent we still have this going on and have holes in the release, it impairs our ability to review the claims and get the payments out. So we are trying to finish this out so that the parties can be safely in the program, but also so that we don't have any impediment to being able to finish out the MI payments in September and keep going on the stroke claims, to get them done as well.

That's the idea behind these.

The fact that the motions were filed has generated a lot of activity even since they came down this week. As we said, we are going to take people off of the motions if we get the documents cleaned up.

THE COURT: That's really important because everybody has to understand that we can't deprive people who have done what they were supposed to do with their final payment. That's going to present a problem. If we have delinquent cases, it will stop the whole train, and that's something that I'm very conscious of.

A rule to show cause is important. If it is simply delinquent and it can be cured but it hasn't been cured, then I'm going to have to dismiss the case. If it can't be cured notwithstanding good-faith efforts, perhaps there's another way of dealing with it and handling that particular matter. We have got to focus some attention on it.

MR. BROWN: Your Honor, this slide, which is Slide 3 in the slide presentation, shows us who is still at stake here. We see in the top row here on the release that there are about 2,865 people who still have some hole in their release. What this means here, where it says "Deficiency," that means that that 2,834, they are now out in the field, posted to the firms, or sent to the individual claimants.

There's 113 pro se claimants who have still a

problem with their release, and we are waiting on them to send us back a cure. This is as of yesterday, so some of those numbers have probably gone down since yesterday because we get this material every day.

The "Pending" row here means there's 31 people who have sent us something and we and Merck's counsel are looking at it, and that's all happening very quickly. That number goes down to zero about every day.

The idea here is that there's about 2,800-plus people who still have a release problem. There's 187 people who still have a stipulation that they need to sign and give to us. That sounds like a lot of people, 3,000 people total, that we see here in Row 7. It's really not because, remember, we have over 50,000 people who enrolled in this program. These are the only folks left who haven't gotten their paperwork complete yet.

We look at it a little further to get a little bit better picture about what's really still at stake. This next slide, Slide 4, shows us that on Row 2 that about 1,600-plus of those folks are people who have estate-related deficiencies, meaning that they haven't gotten a representative appointed yet for a deceased claimant or a deceased derivative claimant family member, and those take the longest. They are the hardest to get cleaned up.

We have this Court Approved Procedure 2008-1

that the parties agreed to that allows claimants to get a surviving spouse or estate successor to sign the paperwork, and it keeps the claim moving. Recently, the parties announced and we announced a change to that that allows, if a claim goes all the way through and is compliant with that CAP, you can get a points award notice. If you're under 25 points if you're testate and 15 points if you're intestate, you can get paid. So it's a situation here where a lot of these folks who have still a release problem are using this CAP to keep going in the process, and they may get paid without having to clean it up.

We get down to the bottom of this in Row 5, and we see there's really only 777 folks who have nonestate deficiencies that still need to get it cleaned up. 415 folks that have an estate problem haven't used the CAP yet. So we are down into relatively small numbers here out of 50,000 people. After all the work we and the parties and claimants and lawyers have done, we are in good shape on getting this finished. We think a lot of these folks that are left are claimants that the counsel cannot locate anymore and they will eventually have to be closed out.

When we were here last time, Your Honor -- we were here on February 10, I think -- we announced that we were going to roll out the Extraordinary Injury Program. These are two funds that the Settlement Agreement created, \$195 million for MI claimants and \$105 million for IS claimants, that create

separate funds for persons with truly extraordinary, unique injuries, economic losses, past wages, out-of-pocket medical expenses of \$250,000 or more, or a special medical injury that's not covered on the underlying grid.

We did roll out that program on March 2 as we had promised. We had an e-mail blast that we sent to all primary counsel, and we sent letters to pro se claimants that described the program and its deadline because the parties established a June 1 deadline to send us their EI claim materials. That's an EI claims form that we have created on line for law firms to actually fill out on line and a hard copy claim form that individual claimants, pro se claimants will use. If a pro se claimant wants information on the program, we have asked them to contact us, and some have.

We have developed an extensive instruction manual because the Settlement Agreement itself did not really define the contours of the Extraordinary Injury Program. We worked with the parties to embellish upon that, to lay out the provisions for what's covered, what's not, and try to explain the documents, the sets of documents that are necessary to show lost wages, past out-of-pocket medical expenses to set up that program.

So we prepared a lengthy instruction manual for counsel and a separate one for *pro se* claimants with step-by-step instructions about how to fill out the claim form,

what documents are needed, how to label them, how to get them into us, and that those materials are due by June 1.

A person doesn't qualify for extraordinary injury payments unless they qualify on the underlying grid at some level. There still are some people who don't know the final outcome of their underlying MI claim or particularly their stroke claims, but nonetheless we want these materials by June 1.

I think at this stage counsel or claimants, if they feel like they have got economic losses or they feel like they have a medical injury that's not going to be adequately covered on the underlying grid, they need to go through their records and follow these instructions and get us these materials by June 1 so that we can then be processing these funds, which are also pro rata funds, and determine each person's individual award and then how that pro rata allocation is going to work out.

The program is up and running. We did get it out. The letters to the *pro se's* actually were mailed on March 3. March 2 was a very rare snow day in Richmond. Everything was shut down. We got everything else launched, but we mailed the letters on March 3 to the *pro se's*.

THE COURT: An extraordinary injury fund is really important in cases of this sort. One thing that's always troublesome is when you have litigation that contains 50,000,

60,000 people, whatever it is, you have to recognize that the top end is potentially problematic because those cases, if tried by themselves, might do better. Might do better. So you have to be concerned, from a judge's standpoint, that those individuals have an opportunity to get an increase in compensation to recognize their extraordinary injuries. They are over and above the average; not only over and above the average, but they are extraordinary.

At the same time, it's not a second bite at the apple. Somebody who doesn't fall into the extraordinary injury fund, that doesn't mean that they have another opportunity to get additional compensation. It's just to take into consideration that in a case like this you're going to have some people who don't fit in. It's fair and appropriate to recognize those individuals, and that's what this does.

I think for every large case there ought to be some thought given by lawyers, as well as courts, for the fact that there are going to be extraordinary injuries and they should be compensated for or have some mechanism to receive additional compensation. This, to me, is an adequate way of doing it.

MR. BROWN: Yes, Your Honor. I think that was exactly the intent of the parties here. We tried to define it working with the parties to achieve that goal. The manual describes that, I think, in detail to the parties. It is some

steps to applying for those funds. The manual answers a lot of questions, but we are encouraging for them to call us or e-mail us if they have questions. We want to help folks understand what they need to do to get in that program.

Your Honor, the last thing I will mention before I turn it over to Lynn and go through where we are on claims and payments is a brief comment about enhancements to this Vioxx portal interface that we use with primary counsel.

We talk with counsel on the phone all the time, we e-mail back-and-forth, but the primary way we communicate back and forth with the lawyers who represent claimants in this program, whether they have one claimant or thousands of claimants, is through the secure interface that we created. Firms can log onto a secure Internet Web site and go to their unique portal where they see information about only their clients. They can send us information. We send them information. This is the main mechanism for us to share progress status, what is going on with the claims.

It's in a constant state of evolution because as the program has evolved, as it has expanded, the portal and its functionality have expanded. We are rolling out on Monday a new change to this that we think will help firms a lot.

Now, the program has gotten through so many phases. It used to be this dealt only with registration and it dealt only with enrollment. Now it's dealing with claims, and

it's dealing with liens, and it will be dealing with the Extraordinary Injury Program, and it is dealing with payments.

We had designed this to cover those different phases. Now we are rolling out something that integrates it all together. What we see here in this slide is what a firm sees when it signs onto the portal and enters their information. Then if they go to the claimant's search feature on the left menu, they will now get a claimant's -- or starting Monday will get a claimant's search feature that allows them to look up all their claimants or one of them and then see the various phases of the program that those folks may be in. It's a one-stop-shopping opportunity on the portal so that you don't have to go look in the claims section for claims status, enrollment in the enrollment section. This will take you there.

We will soon have, after the claims section here, an EI program. Assuming we have data to put up there and have claims and statuses, there will be an extraordinary injury status button here. If you click on one of these buttons, for example, if you went through status on this particular claimant -- for example, this is a claimant -- this is all artificial data. This is a claimant who is closed, a nonsubmitting program claimant for not submitting the materials, the claims package by the applicable deadlines, and this will tell them that person's status.

If you click on the demographic section, this is where you see all the information about claimant; can change the claimant's name and address. If you click on the enrollment button, it will take you to the enrollment world, tell you exactly where they are on their release and stipulations. If you click on the claimant claims section, it will take you to where that claimant is in the claims world and everything that's happened to that claim in the claims world. Whether they are at gates, if they are at gates denial, this is where you see that. If you go to payment, it will show whether the claim has been paid and, if so, how much and when.

So this is our effort to make the portal even easier to use so that a law firm can check a claimant or all their claimants through one window, one-stop shopping to get them exactly with what they need to know about that person's status.

Your Honor, that concludes my portion of this, and then Lynn will go over where we are on claims.

THE COURT: Okay. Thank you.

MS. SNAPKA: Your Honor, I would ask for permission to address the Court. I didn't want to interrupt Mr. Brown.

THE COURT: Okay.

MS. SNAPKA: Your Honor, with regard to the extraordinary injury fund, this Court has crystallized what I think is the essential part of the extraordinary injury fund,

which is for truly, truly extraordinary and not adequately compensated cases under the program. However, I would ask the Court, in reviewing the guidelines that were sent out, there is a provision in there that I believe needs clarification and/or modification.

Under I(C)(5)(c) it talks about the EI payment determinations of the claims administrator shall be made according to guidelines to be established by the claims administrator in consultation with Merck and the negotiating plaintiff committee and shall be final, binding, and nonappealable.

I called BrownGreer and, as always, received a call back almost immediately to discuss the nonappealable nature of it. It is my understanding that once the claim is submitted, then the claims administrator makes a determination in consultation with Merck and the NPC, and under the terms stated that's it.

Mr. Brown indicated that there was some discussion about maybe a rereview by the same people. However, I would urge the Court that given the extraordinary nature of these claims, coupled with the Settlement Program's review processes in other areas, certainly for a truly extraordinary claim we would be able to set up some sort of review by special master instead of just the NPC and Merck and the claims administrator. If we are able to do that for the attorneys fee

1 issue, surely we are able to do that for the clients that we 2 represent, to have some measure of review after a determination 3 is made. 4 I wanted to bring this to the Court's attention, 5 and I would be happy to visit with the Court later or the NPC, 6 but this came up and I asked Mr. Brown for clarification. Ι wanted to bring this to the Court's attention. 7 8 THE COURT: Thank you very much. Any comments from 9 anybody about that to flesh it out for me? Any reason not to 10 do that? 11 MR. HERMAN: May it please the Court. I think if 12 Ms. Snapka would address a letter to both Merck and the 13 negotiating committee, we can meet on it and attempt to resolve 14 it. 15 **THE COURT:** Well, let's dispense with the letter. I 16 will take it as a request. I would like Orran and the 17 committee to get together, and let's see what we can do to at least deal with that issue. 18 19 MS. SNAPKA: I'll be happy to meet with them, 20 Your Honor. 21 **THE COURT:** Fine. Let me know by next time what's

MS. SNAPKA: Yes, Your Honor.

from BrownGreer. I today would like to give the Court an

MS. GREER:

Good morning, Your Honor. Lynn Greer

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happened.

overview of where we are in the progress on claims review and payment and, also, towards the end of my presentation alert the Court and those in the courtroom and on the phone to some very significant changes to some of our claims policies that will affect deadline extensions, going forward, to claims deadlines.

This first slide shows -- and it has not differed much since last month. It shows that there are approximately 48,520 individuals who have filed claims forms with BrownGreer. 62 percent are MI claims; 37 percent IS claims, stroke claims. We still have about 1 percent where we have a claims form but we don't know what injury the claimant is alleging. We have embarked on a campaign this week, with the assistance of the NPC, to contact these firms by phone to try to work with them to let us know what injury it is that they are claiming because these claims cannot even enter our queue for being able to review them unless we know what injury it is that we are looking for.

Your Honor, we are all focused on the heart attack claims to be able to reach our goal of a final payment in September of this year. Accordingly, you will see a lot of progress in the gates queue and also with the gate committee that I will talk about also towards the end of the presentation.

The first row here shows that there are just a little over 2,000 claims that still await our first review for

gates review. This has dropped about 5,400 since we were here back in February. That number is actually a little misleading because other claims have come into the queue. So we are really working that down and have just over 2,000 heart attack claims to touch for the first time.

Row 2 shows that there are about 4,000 that we have reviewed once. As I explained to the Court before, we put all of these through a second review because this threshold question of eligibility is so very important. We have about 4,000 pending now to be able to do that second review on. When we look at those, if they pass, we immediately review those for points. If they fail, we issue notices to the claimants that they have failed and give the claimants an opportunity to submit documentation.

To date, there are 12,668 claims that are eligible for points review, and these have passed either the claims administrator or they have passed at the hands of the gate committee or by Merck, who has pushed some into the program. We have issued, though, 8,902 notices of ineligibility or gate failure. 2,000 claims are currently with the gate committee with no vote yet, although they are considering these at a very aggressive pace on a weekly basis.

We issued the March payment on Monday of this week. Through March we have paid 8,275 MI claims. We have gone to a schedule, Your Honor, of closing out the time for

when firms can accept notice of points award and be put on the next payment list. That is now the end of every month. this coming Monday, which is March 30, will be the window that closes for claims to be paid in April.

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Right now there are 2,423 claims that could possibly be paid in April. Almost 1,200 of those have already accepted, so we know for sure they will be paid. There are another 772 that could still come in and decide to accept between now and Monday, so those could also be paid. There are 463 who are currently on appeal, and those are unlikely to be paid in April because we review those, and the special reviews obviously cannot be paid until the end of the program.

Row 3 shows that there are 369 claims that are about ready to have notice of points awards issued. These are those that we have completed our final step. There are some for administrative reasons why we cannot issue a notice. This sometimes has to do with lien data that we need. In the past it has to do with some enrollment deficiencies, although that is less and less of an issue, as Orran discussed before.

Row 4, there are 121 claims that we still need to put through our final QC review, and as soon as we do that notices of points awards will issue. There are 671, Your Honor, where we have reached a point where we cannot go forward on our points review because they are incomplete. These are claims obviously that were complete enough to get

through gates, but as we get into points they're missing follow-up records. They're missing some sort of proof-of-use records that will allow us to either assess injury level or risk factors.

So these have stopped in our process. We have issued notices of incomplete claims packages to these individuals, and I will discuss later what our plan is for being able to deal with these types of claims to ensure our final payment.

There are 203 claims where we have begun points review and another -- you can't see this on the screen, but another 386 that are in the queue waiting for us to be able to review.

Each month for the past few months, Your Honor, we have tried to project our pace and what we need to be doing collectively to be able to get to a final payment in September. This slide is this month's version of this, which incorporates payments we have now made. What it shows as you go down is that we -- Row 8 is significant. We have been experiencing up until recently a 10 percent appeal rate from a notice of points awards. That has now jumped to 15 percent.

We are watching that very carefully. Obviously, the more claims that appeal, the longer it takes to resolve those, and so we are watching those to make sure that that in and of itself does not cause a delay that we can't handle as we

approach September.

We need to be on pace to bring 2,514 claims to points award monthly. We are confident that we will do that. We are running just slightly under that now, but we feel confident that this is an average that we need to meet over the next few months and we are on track to do that.

THE COURT: It's important when you see something like that, a blip from 10 to 15 percent, that you alert the special masters to that blip.

MS. GREER: Yes, Your Honor.

THE COURT: They are the ones that will in the future be dealing with it. So if they can get ready for it, they can deal with it more easily.

MS. GREER: Yes, Your Honor. I'm not going to read these average points this month. What this slide shows — and this is Slide 18 for those who will later view this on the Web site. This just gives what the average points value is for each level on the MI grid and what the special marker percentage is currently running. We tracked this and hope that it's useful to firms in dealing with the notice of points awards that they get to see where their claim falls along this average.

Your Honor, this slide updates the Court on the payments and the potential payments that we have made or hope to make in April. As I mentioned before, we have paid 8,275 MI

claimants for a total of \$712,944,809, pending April payments of 1,188, potential April payments of another 772. So we could pay almost 2,000 claims in April, which would bring our total payments through April up to over 10,000.

This slide describes the progress on the stroke claims. We have been prioritizing the heart attack claims. That does not mean that we have not continued our efforts on the stroke side. We have not lost sight, obviously, of the importance of continuing to review those aggressively.

We are now down to 4,073 claims that are in the queue for gates review for stroke that we have not reviewed. We have 7,000 that we have reviewed once that are pending our second review. We made progress on 800 of those claims. To date, almost 4,000 have gotten to the point where they are eligible for a points review that they have passed and are eligible for, and a lot of those have notices issued. Some of those have also been paid. We have issued 1,316 notices of ineligibility, and the gate committee currently has about 1,243 claims with no decision yet that are on the portal or before the gate committee.

The points review status for stroke claims, we have paid 482 stroke claims to date. Again, Your Honor, these payments did not begin until February. We have paid 482. For April we could possibly pay another 500.

Going down -- and I won't read each row -- this

also shows the progress we are making with our points reviews on strokes. The biggest group here obviously are those that are pending our QC. 869 we have reviewed for points, and we are reviewing those once again.

As with the MI claims, Your Honor, in the beginning of them we start issuing points awards and payments on the stroke claims. We are taking very careful looks at those. The stroke claims are a little bit harder to evaluate than the heart attacks. They have some more subjective components. So we are taking every effort in the beginning to obviously get it right and to keep that appeal rate down.

A summary in terms of dollars, we have paid \$14,214,878 to stroke claimants so far. Again, with the pending April payments, we could almost reach 1,000 IS claims paid through April.

Your Honor, over the past few months, we have discussed in court potential bottlenecks to the process and to our ability to pay in September. Questions have been asked about the gate committee's progress, and we created this slide to show the Court and those in the courtroom the tremendous progress the gate committee has made.

To date, the gate committee has decided over 11,000 cases. Right now -- and these were figures that were run last night -- there are 2,820 claims pending before the gate committee.

The next row shows that only 337 have been with the gate committee for more than 60 days. A big percentage of those are stroke claims because, consistent with what we are doing, the gate committee, while they are reviewing stroke claims aggressively, they are prioritizing the heart attack claims. You'll see, Your Honor, that almost 1,200 have been with the gate committee less than a week. The average votes that the gate committee is conducting, they are running about 1,200 a week, which is tremendous, significant progress by the gates committee.

The other big area of potential bottleneck is within the claims process itself there are several junctures and decisions that require the firms to decide quickly and to provide documentation quickly. We have identified this as an area where if we do not enforce the deadline the Settlement Agreement prescribes and that we internally, in using our discretion, prescribe, we are in great jeopardy of not being able to issue the payments in September.

This is going to be a sea change for many firms who have gotten very accustomed to asking for more time to submit records, to make a decision about whether to accept a notice of points award, but I think I speak for the parties when I say we are all very, very committed to making sure these deadlines stay firm. So what I would like to do is walk the Court through what these decisions are.

The first is when we issue a notice of ineligibility, the firm to date has had 14 days to give us additional documentation. What they can do, though, is they can ask for more time, and almost 30 percent of the claimants who have received a gate failure notice have asked for more time. That's about 3,500 claims. Of those, about 1,200 have asked for even more time. So we have been in situations where firms have asked for 120 additional days, or four months, to submit records that everyone knew starting on 11-9-07 they needed to submit.

It's important to remember against the backdrop for all of this that the initial claims package deadline was July 1 of last year, the final claims package deadline was December 30 of last year, so by definition we are at a point now where these records should have been before us for months.

So what we have done internally and what we will do starting on April 1 is rather than give people 14 days to submit documents or to make a decision about whether just to go ahead and send their claim to the gate committee, we are extending that to 21 days for everybody. So firms who get a notice of ineligibility have 21 days to submit records, and that is it. There will be no further extensions. If firms cannot give us these documents within 21 days, those documents cannot be considered by the claims administrator, by the gate committee, by Merck, or by the special master.

THE COURT: Let's have the committee prepare some notice for me to post on my Web site because the Court is going to have to get involved in this. If I don't get involved in it and I don't take some action on those claims, then those claims are going to retard the progress of the whole process because the people are not going to be able to get paid, the people who have done timely what they were supposed to do, and that's not fair to them. Give me something that you're comfortable with and I will look it over. If I'm satisfied with it, I will put it on the Web site.

MS. GREER: Your Honor, the second notice that we are enforcing the deadline for is when we get to the point in the points review process where we have enough to review it for eligibility, obviously, and we have enough to glean something about the injury level, but we cannot do a full points review on the claim, we will issue and have issued a notice of incomplete claims package.

Firms will have 30 days from the date that the notice is posted on the secure portal to supply the missing information. At that point, again, no extensions will be granted. Firms, if they pass the 30 days and they have not responded or they come back to us and say, "These are all the records I have. The records you're looking for simply don't exist," they have either been destroyed or the patient never went to see a cardiologist in follow-up, then we will issue a

final notice of incomplete claims package.

That notice will give the claimant two options. The first is to acknowledge and to go down the road of a nonsubmitting program claimant because by definition that is what they are. They have not complied with Section 1.3 of the Settlement Agreement.

The other option the claimant will have is to elect to have us continue with our review and do the best we can to assess injury level, to assess risk factors using the documents we have, and also to apply some sort of standard deduction, average deduction that we will design to make sure that these folks do not get better treatment or do not benefit from their lack of records vis-à-vis those who submitted claims packages.

The details of that are still to be worked out, but the option to that, the only alternative to that is to be a nonsubmitting program claimant. The goal of that will be to permit us to continue to review these claims and to get points issued on claims that are technically incomplete.

The third row describes the decision that a firm has when they get a notice of points award. They have 15 days -- and this is a Settlement Agreement deadline. They have 15 days to decide whether to accept or appeal it. That is a deadline that many people have asked to extend. We have actually had firms, once the 15 days passes, come back and say,

"I didn't mean to accept it. I meant to appeal it."

The message here is that you have 15 days to decide and firms need to communicate with their clients early, upon the receipt of a notice of points award, to find out what the claimant intends to do. After the 15 days, if they have not notified us of an intent to appeal the claim, the notice of points award is deemed accepted and it goes on the next payment list.

The fourth row is there are a lot of claimants who wish to appeal, that they wish to give us additional documentation, and that's fine because a lot of times the notice of points award will show them something that they had not focused on. If a firm wants to submit additional documentation on appeal, they will have 30 days to do so from the date the notice of points award is posted. No extensions will be granted to that. If documentation does not come in within 30 days from the posting of the notice, we will not consider it and the special master will not be able to consider it.

Finally, after we review a claim on appeal, we do a first review, as the claims administrator, on any appeal that's filed and we issue a postappeal notice of points award. Again, a firm has 15 days to decide whether to go forward to the special master or whether to accept the claim, and no extensions will be granted to that 15-day period as well.

The consequences for failing to meet these deadlines I've discussed briefly as I discussed what the time periods are. If a firm does not submit documentation within 21 days after a gate failure notice, the claim will automatically go to the gate committee and the late documents will not be

considered further in the process.

A firm who does not respond within 30 days to a notice of incomplete claims package either becomes a nonsubmitting program claimant or can elect the points review with conditions. If someone does not decide within 15 days to accept or appeal a notice of points award, we will deem that notice of points award accepted. If a firm does not accept documentation for appeal within 30 days, those documents will not be considered. If a firm does not decide within 15 days of our appeal notice of points award whether to accept it or go further with the special master, that award will be deemed accepted.

So important reminders to firms: They have to check the portals daily. These notices get posted daily. All of these deadlines run from the date the notice is posted on the portal. We still hear too often of firms who never check, or they let weeks go by and they haven't checked, and then the 14 days or the 21 days has run. The message here is that we can't go and undo that anymore.

The second message here is that firms who know

they are still missing documentation and claimants who know they are still missing documentation, they have got to gather it now. We are not asking for anything new that has not been part of the Settlement Agreement from the beginning.

Obviously, if on appeal we find a new risk factor and the firm has never had an opportunity to submit documents to that, we are going to give people a chance to submit documentation upon appeal when we find something new for the first time. Other than that, nothing is new. Nothing should be a surprise at this point.

The other reminder is for firms to contact their clients as soon as a notice of appeal is issued. We understand -- and especially with the summer coming up and vacation schedules -- a lot of times it is difficult to reach a client in 15 days and to get a decision. But if firms start on Day 1 or Day 2, our hope is that they will be able to get the client's intention and to know whether to appeal or whether to accept. If there is any question in a firm's mind, they should appeal. They can always withdraw that appeal. If there is any question on Day 14 about what their client wants them to do, they should note an appeal.

No extensions will be granted. There is an existing CAP, Your Honor, that was implemented. CAP 2008-3 was implemented mostly to deal with deficient enrollment documents. This is what has given rise to extension requests in the claims

process. We are revising that CAP, with the agreement of the parties, to make it inapplicable to these claims deadlines.

Finally, the obvious point is that we have made a determination the volume of these deadline extensions that we have experienced so far, if they were to continue, would seriously jeopardize and inhibit our ability to make payments in September.

THE COURT: We just can't do that. The attorneys have to recognize that if they don't do it and the case is either dismissed or their clients are not afforded what they should be afforded, there's going to be some lawsuits against the attorneys. We have given enough notice, and the Court will make it the Court's notice. If they violate it, then they will have their own insurance company to advise.

MS. GREER: Your Honor, at this point, too, if there are firms who have questions about how to use their portal, how to see a notice, we encourage them to call their CA contact at BrownGreer. We are standing by to help any who are not familiar with it or who do not understand the importance or even where to see these notices, although most firms by this point do know that. Thank you, Your Honor.

THE COURT: Thank you very much.

MR. MARVIN: Your Honor, if I may just briefly address the six motions that Merck filed on the order to show cause why the releases and stipulations have not been cured.

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As Orran Brown indicated, more than 45,000 have complied, but we are down to now about 2,000, including those who have estate issues. As to those 2,000, we have moved for the order to show cause why those have not been cured.

All that needs to be done is to go ahead and fix the cure. In some instances it's getting the right signature. In other instances it's getting a complete signature. All that needs to be done is to submit the proper documentation to BrownGreer will then notify us, and then we will BrownGreer. take the name off the order to show cause and they need not appear. As I understand, the Court has set April 15 for that appearance.

THE COURT: Yes.

MR. MARVIN: If that's not done by April 15 and there is an order to show cause and there is not good reason, we will have to ask for additional relief. Right now, all we have asked is that they show cause why they haven't complied; but if they haven't complied, then I will have to ask for additional relief.

Including dismissal of the case. THE COURT: Yes. We have gone through the Settlement Agreement and registration and enrollment of claims. Anything on the lien administrator?

MR. HERMAN: Your Honor, at page 2 of the report, I just want to indicate that we have not had any additional

problems with the medical record gathering. Also, U.S. Bank requested an amendment to the Qualified Settlement Fund Escrow Agreement and we, with Merck, have agreed to such. It's not a problem.

Then at the top of page 3, Your Honor, I understand that Ms. Oldfather has filed a motion or a pleading with respect to the joint motion to lift the Pretrial Order on discovery and may be participating by phone.

THE COURT: Right. I think she is.

Ms. Oldfather, after the conference here today, I would like to be able to call you, with defense counsel and members of the committee, and set a date for an immediate status conference. Hopefully, in the next week or 10 days, I will meet with you as well as all of the other lawyers who are involved. I understand there are not many of them, maybe two or three in addition to yourself, and I would like to then establish some scheduling order to move these cases on to trial.

MR. HERMAN: At page 4, the lien administrator, Mr. Wolf, is here to make a report. I believe Mr. Seeger also has some comments as well.

MR. WOLF: Good morning, Your Honor. I am Jason Wolf, director of operations, The Garretson Firm, and I'm here to report as the lien resolution administrator to the Vioxx program.

I will provide a brief report on the lien resolution administrator work as it relates to the consideration and satisfaction of the federal, state, and military obligations on behalf of the over 78 percent of claimants entitled to the programs. In addition, I will cover the status of the third-party payor lien resolution program.

As for Medicare, The Garretson Firm is actively applying the global resolution categories and the associated reimbursement amounts to all entitled claimants as they're approved and receive notice of points award letters.

In one of Lynn's slides, it did note PAN letters that cannot be issued. One of the issues would be a lien resolution administrator hold where there's a discrepancy on our end to ensure that the agencies are being properly considered. The primary reason for a lien resolution administrator hold at this point of the program was the introduction of the ischemic stroke category.

We did have global resolution categories in place prior to the launch of ischemic stroke, but we have found one small subsection of ischemic stoke, low-value ischemic stroke claimants that fall in between two categories. We expect to have that fixed prior to the next hearing. We are working with CMS to address that.

As for the Medicaid programs, all Medicaid programs are actively engaged. In response to your request

last hearing to know of any agencies that are delinquent and considered nonresponsive, we are pleased to report that all states and territories and their Medicaid agencies, including the five that we were considering somewhat delinquent this time last month, are actively transferring claims data and/or have in place to have us the necessary claims data within the next month.

The only agency that we are somewhat struggling with, due to an unusual turnover rate, is the Puerto Rico Medicaid agency, but we have established what we think is a sound contact there and have plans in place to get the claims data. This speaks specifically to the claims data. We have all programs secured to ensure that holdbacks and proper resolution are against those that were exposed as entitled.

For all the Medicaid programs, we have secured over 12,000 paid claims. As has been discussed in the past, the current protocol is to audit a claim as an eligible claimant processes through and is approved by BrownGreer for an injured category.

As it relates to the third-party payor program, as the Court is aware, this program was launched on January 29. E-mails were sent to all primary counsel introducing the program with an explanation of that program and instructions to send to their claimants, at their discretion, the claimant education materials that were crafted specifically for that

audience.

Those materials explain the terms and the conditions of the program, and the education materials reiterated that some claimants may receive health-care coverage from insurance sources other than government programs. The sources could include health-care programs by a claimant employer or a health insurance policy, disability insurance, Medigap and/or Medicare or Medicaid replacement supplemental --

THE COURT: Do you have any feeling for how many? What's the percentage of those that you have had so far, third parties?

MR. WOLF: Third parties?

THE COURT: Nongovernmental liens.

MR. WOLF: Yes. There is a current rate of federal, state, or military client participation of 78.75 percent entitled to that. The balance were either insured by a private plan and/or uninsured and had self-pay rates. The notation in there, in the education materials, was even if someone was on Medicare, they might have had a supplemental plan and, therefore, might also have had a private payor obligation as well. We do have statistics on that population as well.

As far as plan participation, we sent out with the notice of third-party payor plan a list of participating plans that went out with the notice and also went out with a supplemental notice. There was an e-mail blast, as you're aware, ten days prior to the March 20 deadline. That went out with a new supplemental list of additional plans that have agreed to participate since the launch of the plan. That was up to 70 additional plans agreeing to the program and the terms of the program. So that was favorable news to introduce to the primary counsel and their claimants.

As for eligible claimant participation, the enrollment has been favorable. The enrollment rate and the communication that we have had with primary counsel is evidence that it has been widely supported by primary counsel. The enrollment rate, again, has been favorable and also suggests a strong participation and receptiveness by the claimants themselves.

In the event that the program moves forward, we feel that an extension of the program, in addition to supplemental information to some targeted groups, can further enhance the participation rate in the third-party payor program.

THE COURT: What's the percentage that you need to make the program a go? What is that?

MR. SEEGER: Your Honor, the way the agreement is defined right now, it's 90 percent of those eligible.

THE COURT: Eligible. In this particular matter, because of the census, it's older people by and large. You have a lot of governmental liens, so you may not have as many

nongovernmental liens. Is that what you're finding?

MR. SEEGER: That's what we think. Tom, who is representing the other side of this, I think needs to be satisfied that our numbers are correct. The way it's looking to us, that's correct.

THE COURT: Tom, what's your view of this?

MR. SOBEL: Thank you, Your Honor.

THE COURT: Give us your name.

MR. SOBEL: Tom Sobel for the third-party payor group in connection with the reimbursement program. I think it's the classic situation where we are very happy -- I think everybody should be very happy about where we are in this stage. There's been a huge amount of effort, obviously, as The Garretson Firm has indicated and as Mr. Seeger and the rest of the PSC have done. There's been enormous progress in a very novel program. That's the good part of it.

There are some issues that need to be grappled with, and let me explain what I think that is. Of the approximate 48,000 overall population of participants in the program, to date approximately 17,000 persons have indicated participation in the private lien program. Of that 17,000, we don't know yet, at least from the third-party payor perspective -- that 17,000, we don't know if that is purely people who only have private liens on the one hand or, on the other hand, is a sampling of the population as a whole on the

other --

THE COURT: Right.

MR. SOBEL: -- number one. Second, as to the 30,000 that are left, we similarly have an issue, which is are those only people who don't have any kind of private lien or are they the opposite.

Now, we do know that this population of participants appears to have a higher participation in federal and state health-care programs than is normal in the population as a whole.

THE COURT: Sure. Because it's the purpose of the drug.

MR. SOBEL: For any myriad of things. So we know it's a higher population. That's helpful, number one.

The second thing we know, on the other hand, is that when people participate in Medicare, Medicare does not pay everything. That is very common for people who have a MediGap policy or sometimes a shortfall issue. Sometimes that's paid by Medicaid, but about half the time or more often it's paid also by private insurance.

To make a long story short, I think what the parties are going to try to do -- and I would like to talk a little bit further about the details of this -- is for us to learn more information about the population of participants we have right now and maybe try to do some kind of an audit or

census of the participants who have not yet participated because everybody wants this program to be successful.

The one thing we don't want to have in this is thousands of eligible claimants not knowing that they have the opportunity to participate in this, not appreciating that they might have a piece of their insurance that was paid privately and have that as a legacy issue that has to be addressed after this MDL.

So there are other more draconian ways to address this issue, but I think that the parties have been trying to say, "No, let's not go there yet. Let's look at some things to understand a little bit more first what we have.

Is that fair to say?

MR. SEEGER: Yes. I think Tom is correct. It's a question of I think we have a better sense of what the data looks like and the information than you do standing here today, and we have to work together to get them comfortable. Speaking with Jason and keeping in touch as I have -- Jason can address this -- we are pretty confident that the group we have, the 17,000, includes both the purely private and the combination of government/private.

In addition to that, one of the things we are going to discuss, Judge, is maybe doing another mailing to say to people even if you have gotten Medicaid and Medicare, for people listening and reading the transcript, if they haven't

covered all your questions -- it could be a private wanting to enroll -- let us take a look at it.

THE COURT: As I said before, this is an opportunity for both sides because with the governmental liens we know that the claimants have to pay it back. It's a lien. They have to pay it back. So in a case of this sort, because of the numbers, those liens can be discounted because the transactional cost is down, it's a one-stop-shopping kind of thing, and so you are taking advantage of that.

In the nongovernmental liens, there's also not only a moral but a legal duty to pay them back, so those individuals can and will be sued to get the money back.

Because of the numbers, the plaintiffs' committee has been able to negotiate with the third-party insurers a very good deal so that the amounts that they will be paying back are substantially less than they would have to pay back in the normal circumstance. From the insurer's standpoint, it's a good deal, too, because their transactional cost is down and their opportunities for getting them is better.

So it's a win/win situation. A person has to make their own decision and a lawyer has to make his or her own decision, but this is an opportunity that you ought to look at. It seems to me to be one that is favorable to both sides.

MR. WOLF: Your Honor, to Chris' point, our experience would suggest that supplemental information to

target groups, in the event that this moves forward, would be very well received and assist in stimulating participation. Specifically, because when it was first introduced, it was introduced that, you know, once the deadline passes we'll determine if it goes, it's a green light/red light, and there was a limited number of plans. There's many more plans, and introducing this plan is going forward and "Here's an additional chance for you to recover" I think, again, would be well received. Our experience would suggest that.

One of the things that The Garretson Firm did put together was a call center to ensure that primary counsel and all claimants did have an opportunity to make an informed decision. We have logged over 4,000 calls to date in that call center, and the call center remains open to take new calls to educate anyone relative to the terms of the program.

So in sum, Your Honor, I'm pleased to report the Medicare/Medicaid compliance program is progressing efficiently and effectively. In addition, third-party payor lien resolution program results have been positive to date.

THE COURT: Thank you very much.

The next item is the special master and deputy special masters' report.

THE SPECIAL MASTER: Your Honor, as of today there have been 234 appeals that have been filed. They have been 166 decided. I would like to make note of the fact that that would

be 68 undecided, but I was just informed this morning -- I know these things are being logged as we speak, and that number probably is more like a 50 number as opposed to the 68.

It's proceeding very rapidly. We have a conference every two weeks, Your Honor, with the special master and the deputy special master, and what we do at that conference is take random cases from each special master and run through the cases. The object of that exercise is to make sure that, for the integrity of the program, there is uniformity and a common understanding of what the standards are being applied across the board so that we have a left-hand and a right-hand approach. That's worked very well.

We also have kept abreast with BrownGreer. We are aware of the amount of appeals bump that Lynn referred to, that 15 percent bump. I have discussed that with the special masters. We have made arrangements and are making arrangements to take care of any increase so they will not affect the flow of this, and I think this reflects what we have done thus far.

We have also made internal arrangements, Your Honor, with the deputy special masters. If there's any particular problem that comes up with regard to any one person, we have instituted a mechanism to flow, for that given period of time, those cases so we can continue to get the cases out on a rapid process.

I will note, though, Your Honor -- and I do want

this abundantly clear for the record -- in a lot of these cases especially -- I say "especially." It's true in all cases, but certainly true in the review of these points awards, that it involves a very meticulous look at a lot of medical documents, and we are doing that. We have reiterated that amongst the three of us.

It takes a considerable amount of time because these records come in volumes and it's not a single thing. I might add that that review is a very important part of this whole aspect of this program. I know it's expected by us. It's expected by the claimants. It's expected by the attorneys. I want to give the Court assurance because I have confirmed that on each and every call that we have made that that is, in fact, the process that is taking place. I know that from personal experience in the cases I have reviewed.

So an overall report, Your Honor, is we are on target. We are doing, I think, what's been assigned to us by the Court. We are aware of the various issues. Another issue came up this morning that's been addressed. We are prepared to deal with those issues. The flow is occurring as we thought it would.

I might add one observation. Lynn talked about what could happen to possibly delay the thing. From my observation, we have seen this in some of the correspondence that comes through the appeals, is this delay thing comes up

kind of in the mode of appeal.

From my perspective, Your Honor, I want the Court to know I totally concur on your comments that there are thousands and thousands and thousands of people who have complied and are complying with the program, and it would not be just or right for someone for whatever the reason -- whatever it is, a lack of attention -- to delay that process. That's kind of how we are viewing this program. We are affording as much due process as can be given to people, but there's a flip side to due process. You don't want to prejudice somebody who has done what should be done.

We have reviewed very carefully with BrownGreer the various notices they have made. There's plenty notice in this case what is required, when it's required, and when it has to be done. That's substantially what the report is today.

THE COURT: Thanks very much.

THE SPECIAL MASTER: Thanks very much.

THE COURT: I've been particularly conscious of the significance and importance of the procedure in this particular Settlement Program. The program calls for administrative review. After the administrative review, it goes through the gates committee. The gates committee consists of both plaintiff and defendant lawyers fully knowledgeable of the terms of the settlement, and they look at it, and then finally outside individuals. A highly experienced lawyer is our

1 special master, a former justice of the Supreme Court in 2 California is a deputy master, and a former district court 3 judge from New Jersey is another special master. 4 Not everybody is, obviously, going to get 5 through, but at least everyone ought to be satisfied that they 6 have had a number of look-sees at their particular case. That's the best you can do in a case of this sort. 7 8 appreciate all the work that you have done. 9 THE SPECIAL MASTER: And that's being afforded, 10 Your Honor. Thank you. 11 **THE COURT:** State court trial settings, anything? 12 Class actions? 13 MR. HERMAN: Yes, Your Honor. On February 2, 2009, 14 the Court granted a motion to dismiss without prejudice the amended class action complaints -- personal injury, wrongful 15 16 death, and medical monitoring -- and I believe we await a final 17 order on that. 18 With respect to discovery directed to third 19 parties, the controversy between the PSC and ESI has been 20 resolved in terms of their outstanding bill. We have nothing 21 new to report on that. 22 Ms. Barrios is here with regard to the state 23 liaison. 24 THE COURT: Okay. 25

MS. BARRIOS: Thank you, Mr. Herman. It's nice to

have you back.

MR. HERMAN: Nice to be back. Thank you.

MS. BARRIOS: Good morning, Your Honor. Dawn Barrios for the State Liaison Committee.

We have been plugging away on our remand project, and I would like to give special recognition to my assistant Dena Folts and to Bill Atkinson of BrownGreer. They have worked tirelessly going through the list of plaintiffs again and again and again to see if they're claimants in the process. We hope to have some new numbers for you at our next status conference. BrownGreer and my office are through the state of Mississippi, but we had to stop there because we didn't have any more data to go on.

We are providing everyone now with only one DVD, which I'm very happy to also add. This DVD goes up to Transfer Order 149. We are able now to highlight on the DVD those cases which still have pending remands that could be alive. We feel at the end of the day you will be down to less than 50 if we take out the attorneys general and the third-party payor cases.

Your Honor, while I'm here I would also like to report on the governmental action activity. We have been having numerous discussions -- always weekly, sometimes every other day -- with Merck and with the PSC on the issues. We hope by next Friday, with regard to the discovery track for the governmental action cases, we'll present you with an

1 agreed-upon discovery order. 2 **THE COURT:** That's fine. 3 MS. BARRIOS: Thank you, Your Honor. 4 THE COURT: How about the third-party payors? 5 MR. SEEGER: Your Honor, I'm going to bring up Jim 6 Dugan. 7 Jim, you have some input there? THE COURT: 8 MR. DUGAN: Yes, Your Honor. Thank you. 9 report to you, since our March 5 status conference, Ms. Barrios 10 is correct we have been working with defense counsel and all 11 parties to get to Your Honor a proposed scheduling order, so we 12 are going to continue to work on that. By next Friday, we will 13 submit either a joint case management order or each side will 14 submit them to Your Honor. 15 The only other thing I would ask, Your Honor, to 16 keep the ball rolling here, is that you would set another 17 status conference for maybe April 10. From the plaintiffs' perspective, we think these cases will be ready for trial in 18 19 November, and we would like to not wait a month before getting 20 to --21 Sure. Do you have any problem with that? THE COURT:

MR. BEISNER: John Beisner for Merck. I think we need to talk about a date for that. That probably won't work for us, but I agree to having a status conference.

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THE COURT: Let's get a date in the near future so

1 that we can deal with that. I am interested in some input from 2 you as to which case should go first and what scheduling order 3 that we need to do. 4 MR. BEISNER: The orders we are working on, 5 Your Honor, just to fill in a little bit, with respect to the 6 private TPP cases, we have taken the suggestion you made about 7 the trial selection process in the last hearing. What we are 8 working on is actually a schedule for getting everything done 9 leading up for them being ready for trial. 10 THE COURT: Great. Okay. 11 MR. DUGAN: Lastly, Your Honor, we have identified 12 ten third-party payor bellwether trials. We are going to have 13 some cases to try, Your Honor. 14 THE COURT: Thank you. 15 MR. HERMAN: Mr. Johnston is here, Your Honor, on the 16 pro se claimants. 17 THE COURT: Okay. 18 MR. JOHNSTON: Bob Johnston, curator for the pro se 19 plaintiffs. 20 As we have done each month, Judge, we have 21 provided the Court with the Curator Status Report 11. 22 summarizes the basic year of communications that we have been 23 providing to the pro se plaintiffs. 24 Last month, as you know, we provided a mailing

to approximately 700 pro se's pertaining to the private lien

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resolution program, its requirements, the deadline for participation, the forms required, etc. As with all of our communications, this has resulted in much communication back from the *pro se's*.

Really, I'm not sure over the months that I have been here for these statuses that I have indicated to you the volume, but I want you to get the flavor of it. We are averaging upwards of 150 to 200 communications a week back from pro se's.

Claudia Santoyo, who is an associate attorney, and Ira Rosenzweig, another associate attorney of mine, have done an excellent job of communicating with them, assisting them, working in liaison with BrownGreer, and the compliment is well warranted.

What I just want you to understand is that we have multiple questions that come up, and I feel that we have accomplished an efficient, clear level of communication to assist them. We feel good about it. As you know, we will continue to do the best we can throughout the reminder of the process.

THE COURT: Thank you very much. I know your office has done an outstanding job. It's a very difficult task because it's a wide variety of people and they are located in all regions of the country, some of whom are living at the expense of the government presently, and they have various

facilities available to them for communicating and researching and they have questions. I'm sure you have been able to help all people, including those individuals. It's hard sometimes to deal with it, but you have been doing a good job and I appreciate it. MR. JOHNSTON: Well said. I couldn't say it better. Thank you. THE COURT: Next is PSC MDL trial package. Anything on that?

MR. HERMAN: Yes, Your Honor. We have made a request of DecisionQuest, through their counsel, to provide us with all DecisionQuest work product so that it may be included in the trial package. That will be the only addition once we receive that material. Again, the trial package is available as well as the depository. It will just take one call. That's all.

THE COURT: I've heard that before. Third-party payor cases, anything that we haven't talked about? Foreign individual cases?

MR. MARVIN: The only thing new there, Your Honor, is that counsel for certain plaintiffs, who were subject to the order of dismissal on the grounds of *forum non conveniens*, have filed a notice of appeal. That's the only new item since the last conference.

THE COURT: We talked about the third-party payors.

MR. HERMAN: Yes.

THE COURT: What's the next item, Russ? 1 2 MR. HERMAN: The Vioxx suit statistics, which I think 3 are reported at page 7. 4 MR. MARVIN: Those items are in the report, 5 Your Honor. I think the next item is Item XV, which is Merck's 6 motion on PTO 28, and then there are several other items with respect to motions regarding other pretrial orders. As before, 7 8 Your Honor, would you like to take those after this? 9 THE COURT: We'll take those after this meeting. 10 DecisionQuest, anything on that? 11 MR. HERMAN: The matter has been resolved, 12 Your Honor, by stipulation and order. The PSC has been 13 assessed and first payment has been made. 14 **THE COURT:** Fee allocation committee, anything? 15 MR. HERMAN: We continue to meet. Your Honor has 16 directed us to meet with you again this afternoon. 17 **THE COURT:** The motion for reconsideration/revision of the order capping contingent fees, that is going to be 18 19 argued April 7. I received a brief from the Tulane law clinic, 20 and that's on tap at that time. 21 MR. HERMAN: Your Honor, with the request of 22 Ms. Snapka for an additional review process, I'll speak with 23 Mr. Marvin and Mr. Juneau before we leave here today. 24 Hopefully, we can make a recommendation for Ms. Snapka to 25 consider and report to you on April 7 since she will be here.

THE COURT: What's the next item? PTO 29 and 31, that goes to the motions which we will take in ten minutes. Any other motions?

MR. HERMAN: The other motions that are pending, on February 20 Stratton Faxon filed a motion to transfer cases not participating in the global settlement. Ron Benjamin has filed a motion for a suggestion of remand. Although the PSC has been mentioned prominently in those papers, we choose not to reply as it's not an issue that concerns us. It might be helpful, Your Honor, if Mr. Stratton and Mr. Benjamin appeared before Your Honor in connection with those matters.

THE COURT: I'm going to set a status conference for those cases. What I'm interested in doing is to get a grouping of those cases, get some census information on those cases, see how many, what type of cases they are, and then what additional discovery needs to be done on those particular cases.

I would like to see if I can get those cases package ready before they are sent back to wherever they are going to be sent back to so that the judge trying those cases would simply get the package, the lawyers would know that this is a full and complete package, and they would simply impanel a jury and then start the trial.

I haven't made a decision yet as to whether I will go back to those cases. I will certainly be talking to the chief judges in those districts. I have also spoken with

1	the judge who is the intercircuit representative so that I have
2	an opportunity to go to those areas and try those particular
3	cases.
4	MR. MARVIN: Your Honor, we will be able to provide
5	the census information as to the remaining cases at the next
6	status conference.
7	THE COURT: I'll be setting a status conference for
8	those individuals. Anything further? Anything on anybody
9	else's agenda?
10	Our next meeting is on Wednesday, April 29. I
11	will meet again with the committees at 8:30, and I'll start
12	this meeting at 9:00. Thank you very much. Court will stand
13	in recess for ten minutes.
14	THE DEPUTY CLERK: Everyone rise.
15	(WHEREUPON the Court took a brief recess.)
16	* * *
17	<u>CERTIFICATE</u>
18	I, Toni Doyle Tusa, CCR, FCRR, Official Court Reporter for the United States District Court, Eastern District of Louisiana, do hereby certify that the foregoing is a true and correct transcript, to the best of my ability and understanding, from the record of the proceedings in the above-entitled and numbered matter.
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24	<u>s/ Toni Doyle Tusa</u> Toni Doyle Tusa, CCR, FCRR Official Court Reporter
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