1	UNITED STATES DISTRICT COURT EASTERN DISTRICT OF LOUISIANA	
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4	IN RE: VIOXX PRODUCTS LIABILITY LITIGATION	MDL No. 1657 Section: "L"
5		New Orleans, Louisiana Thursday, January 7, 2010
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8	TRANSCRIPT OF MONTHLY STATUS CONFERENCE PROCEEDINGS HEARD BEFORE THE HONORABLE ELDON E. FALLON UNITED STATES DISTRICT JUDGE	
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1 PROCEEDINGS 2 (THURSDAY, JANUARY 7, 2010) (MONTHLY STATUS CONFERENCE) 3 5 THE COURT: Be seated, please. Good morning, ladies and 6 gentlemen. Let's call the case, please. 7 THE DEPUTY CLERK: MDL 1657, in re: Vioxx. 8 THE COURT: Counsel, make their appearance for the 9 record, please. 10 MR. HERMAN: Good morning, Judge, Fallon, Russ Herman for 11 plaintiffs. 12 MR. MARVIN: Good morning, your Honor, Douglas Marvin for Merck. 13 14 THE COURT: We're here for our monthly status conference. 15 In addition to the people in the courtroom I have a number of 16 people on the phone. I ask that the speakers speak into the mike 17 so that everyone can hear you. I met with liaison and lead counsel 18 to discuss the agenda with them early this morning. I have some 19 other matters also on the agenda. We'll take it in the manner in which it's offered. 2.0 21 First, Settlement Agreement, anything on that? 22 MR. HERMAN: Your Honor, with respect to the Settlement 23 Agreement, Roman numeral 1, and the Vioxx Settlement Program, 24 No. 2, BrownGreer has a report to make to your Honor. 2.5 THE COURT: Okay.

MS. GREER: Good morning, your Honor. Lynn Greer from BrownGreer and with me is Orran Brown, and we are BrownGreer who serve as the claims administrators in this settlement program.

Today I will first start by apprising the court of the status of the stroke claims review and then Orran will finish by discussing the status of the extraordinary injury program.

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Your Honor, this slide shows where we are on the stroke claims in the Gates process, and it shows that we have completed all of our initial reviews of Gates claims. Row 2 shows that there are two claims that we had issued a claims administrator notice of ineligibility on a Gates failure notice. Counsel submitted additional documentation and we are now currently re-reviewing the claim with the new documentation.

As of this week there are now almost 12,000 claims that are eligible for points review. A lot of those have been paid.

Many of those are in the queue to be paid. And there are currently over 5,000 claims with notices of ineligibility outstanding. Some of these are our notices of ineligibility, some of these are currently under consideration by the Gates Committee and Merck for possible inclusion in the program, but some of these ultimately will fail and then be given a chance to appeal to the Special Master.

Row 4b shows that right now there are 19 claims that are on the Gates Committee portal for consideration, which means that we currently have 17,115 stroke claims in the Gates and points

process.

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The next slide shows the status of the points review, and it shows that 4,843 stroke claims have been paid through December. There are 2,248 that have notice of points awards outstanding, so we have issued the notice of points award, and 1,288 of those the claimants have accepted their award. The deadline for accepting was yesterday to be placed on the payment list for January, so those will be paid this month.

There are 746 with awards under consideration. If those are accepted, they will be paid in February. And there are 214 currently on appeal or they were special marker claims that are in special review.

There are 166 where we cannot yet issue the notice because of an administrative issue like lien resolution or some other issue, perhaps audit review, that is holding up our ability to issue the notice. There are 429 that have gone through our initial review, and as I told the court before we do a second review to make sure that we have captured all of the relevant information, and so the 429 are awaiting our second review.

There are 584 that are incomplete for points review, and this is an item I would like to pause on briefly. This rate of incompletion is about 26 percent of all of the claims that make it through points review. This is significantly higher than what we experienced in the heart attack population. I think the reason is is that the records are voluminous, they're difficult to obtain,

the stroke claims require a lot of follow-up records for us to evaluate the level of care that was required for the claimant after the stroke, and it's proven to be quite difficult to have full records that we can evaluate.

What we do is we stop when we can't complete the points review, we issue a notice of incomplete claims package which gives counsel 14 days to submit records back to us. This is an area that we continue to watch, sometimes counsel simply write back and says we have nothing further. But we are looking at this because we fear that it is a possible stumbling point in our ability to keep moving quickly because one in every four claims basically we have to stop.

THE COURT: And that's because counsel has not given you all of the required records?

MS. GREER: That's correct.

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THE COURT: Again, I reinforce that request. This case is not over. Counsel has obligations in addition to having join the program. They need to give you the information so that the evaluations can properly be made, particularly in the stroke cases because there's a lot of additional medical that we did not see or you did not see in the heart attack cases. And it's an ongoing process to some extent and deterioration in some areas, so I think counsel has to be conscious of that and get the material to you, otherwise it's just going to have to be decided with what you have.

MS. GREER: That's correct.

THE COURT: That means that the individuals are not going to get the full benefit of that that they would receive had you had complete records.

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MS. GREER: And we encourage counsel to look closely at the Settlement Agreement. There are very specific time intervals that we need records for, and if counsel could go ahead and evaluate their pending stroke claims and go ahead and send us those and not wait for our notice because it only does give 14 days to submit the records, which in and of itself can be difficult but we have to hold that deadline firm.

There are 67 claims where we have begun our initial points review. And row 7 shows a big number 3,346 which is our queue now of stroke claims, and this number is due to recent activity by the Gates Committee and Merck that has made these claims eligible, and so we are reviewing those and on pace to continue reviewing those at a pace that would allow us to make final payments.

Your Honor, this slide, slide 4 shows the average points by injury level on the stroke claims, and as in past months I will not read this into the record, but we encourage those who are not in court to go on our website this afternoon. If they go to the website there is a banner on the left-hand side where they can access these slides, and it will show the average points by injury level and where we are finding these claims to fall in terms of average points.

And finally, your Honor, this summarizes where we are in terms of claims paid and dollars paid for stroke claimants so for. As I mentioned 4,843 stroke claimants have been paid through December, over \$144 million; 1,288 will you paid the at end of this month, for another almost 34 million; potential February payments so far of over 18 million. That number will grow because we do have a lot of activity that will occur and counsel will have until the 1st of February to accept any claim when they receive a notice of points award and be paid in February.

So based on what we have now, we will approach the 200 million mark at the end of February on payments to stroke claimants.

If you have no further questions, Orran Brown will now talk about the extraordinary injury claims.

THE COURT: Thank you.

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MR. BROWN: Good morning, your Honor. I'm Orran Brown from BrownGreer.

The other phase of the Vioxx Settlement Program that we're currently well underway on is the extraordinary injury program, and today I want to go through those numbers on where we are and where the claims are in our process and update the court and the parties on how the program is proceeding.

THE COURT: Just remind us with a couple of sentences what that program is.

MR. BROWN: Yes, your Honor. These were additional funds

potentially available out of the heart attack fund and the stroke fund in the settlement program to compensate persons who had catastrophic or extraordinary injuries that were different from the underlying heart attack or stroke injury, as well as provide compensation for people who had suffered extraordinary economic loss of past lost wages of \$250,000 or more and/or past medical expenses unreimbursed of \$250,000 or more. So the program provides a potential for additional compensation for claimants who had those extraordinary, different, or special situations on the economic loss side and on, for medical injuries that were atypical and severe beyond what normally happens in a stroke or a heart attack treatment course.

And we are now going through all of the medical records, medical expense records, the tax returns, other financial documents that claimants and their lawyers turned in to us by the September 1, 2009 deadline to submit these claims, and we are plowing through those to figure out how many of those claimants actually had those catastrophic situations and extraordinary income loss.

This slide is No. 6 here, it shows us that by that deadline we received 2,657 claims from persons who wanted to participate in this extraordinary injury program. And these numbers are people, these are actual claimants. Each of those claimants could have asserted one or more of the various types of extraordinary claims for lost wages, medical expenses, or for special medical injuries. Some claimants submitted all three of

those, some just one, some two out of three; but this slide looks at the number of people, so we had 2,657 people who wanted to participate in this program.

Of those, 48 of them sent us some records but no claim form. We have set the prerequisite that we had to have an EI claim form by the September 1 deadline to be in the running to be in this program. There were 48 claimants who sent us some documents but did not send us a claim form, and we have told them that we cannot consider that to be an extraordinary injury claim. Which gives us this net number of 2,609 claimants, persons, who sent us materials and a claim form to be in this program; and those are the claims that we now have been plowing through working through since September.

Some of those 2,609 claimants, they fall out for other reasons, this slide shows us, get us to a net number of persons who really are in the program and are qualified to be in the program. We had two claims that have been withdrawn after they were submitted. We had 173 persons who had sent us extraordinary injury materials but really are not eligible for the program. Fifty-one of them were not eligible on their underlying claim, and one of the basic tenets of the program is that you have to have qualified on your heart attack or stroke claim to be able to participate in the extraordinary injury program, and 51 of them did not.

Two of them sent us a claim form but it was after the September 1 deadline. We've had a few folks who have asked us for

an extension of time to submit those claim forms, we are applying what is really a Rule 60(b) sort of excusable neglect analysis to any of those requests. We have admitted one or two situations where we got a late claim form and there was a Rule 60(b) type of excuse.

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These two right here were untimely late, had no excuse, haven't sought any further extension, and they've been told that their claims are untimely and denied for that reason. We had 120 folks who sent us a claim form but never backed it up with any material, and you were supposed to send us the tax records or other medical records by the deadline as well; and for those 120, we have told them we have a claim form but you never filled it out and those claims were denied.

That gets us down to a net number 2,434 people who have extraordinary injury claims in the program. And so we are working through those.

And the next three slides show us the numbers of claims, this is now no longer people but these are the claims that those folks have presented. And this slide deals with the lost wages issue, and this is one of the types of economic loss that are potentially recoverable in the program. If you had past lost wages between the time of your heart attack and stroke and the time of the Settlement Agreement on November 9, 2007, then you qualified for participation in this program, and the past lost wages or lost wages and income not received because of the injury during that

period.

This AED is what we call additional extraordinary damages, that's the future, and we had said from the beginning if you had future lost wages beyond the date of the Settlement Agreement, then that would be a factor in the analysis and some folks made claims for having been unable to work downstream, and those are the numbers of the past and future lost wages claims that we've got.

912 past, 457 also sought something in the future for future lost wages. This slide shows us what notices we issued and then on the bottom set of numbers where the other claims are in the process. We have issued 73 notices on the past lost wages and 28 on the futures to tell people what their documents showed and what the result of our analysis was.

The second review, the notice tells them that they have 20 days to tell us if they'd like a second review. And in this program we collapsed the deficiency process into this one-step process, that is the opportunity where claimants can show us additional records or additional documents that they were missing that undercut their original evaluation. So the second review is really the claimant's chance to supplement the record and our chance to look at it afresh and make sure we touched all of the basis and got the numbers correct. So we expect to get a fair number of second reviews because that's really also the deficiency process.

If we don't hear from them in 20 days, then we consider it accepted and we see the numbers here for some claimants that have accepted the results either by default because we haven't heard from them or sometimes they affirmatively tell us that they accept the outcome on their claim.

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The bottom row here are the lost wages claims that are in process. You can see that we have a very similar methodology to the way we've always reported on the heart attack and stroke claims of ones that are in various stages of our review. With our initial review and our QC or quality control we really review all of these claims twice to make sure we get them right. And you see the numbers here of the ones that each of these types of economic loss claims where they are in our initial review, complete and QC complete means the notice is about to go out, and I expect some of them went out yesterday and are going out today on those claims as we speak here.

Others that are in our initial review and still in their quality control, that's a large chunk of these, we're reviewing them for the second time. We have some claims, 115 of the past, 58 of the future in their first review. And the administrative issues are the claims that we have to put on hold for some reason where we've gone back to the firm to get some clarification on an issue or perhaps the underlying stroke claim is not yet fished itself so we don't have a points award that tells us whether they're qualified to be in this program. So we have always some claims on

hold but they don't stay there long, we move them off of that as quickly as we can. That's the lost wages population.

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These are the medical expense claims that we've received, we have fewer of them for unreimbursed medical expenses. Again past are people who had medical expenses not covered by the insurance during the period between their heart attack or stroke and the date of the settlement agreement, AED is, again, future people claiming medical expenses beyond that date. And again, the same methodology of reporting them here, showing the notices that we've issued, claims that are still in review, and again a large share of them in our initial review complete now in quality control, notices will go out on them in the next few days.

We are on pace in this program for where we wanted to be in the reviews, these are complicated reviews because of all of the records we look at and the various issues. And the notices we issue on them are really complicated, they tell the claimants and their law firms exactly what they allege for each period of income, each medical service provider and their expenses, and what we found compensable and what we didn't and why. So it's a long codification of the analysis that they get in the notice. And it takes a lot of time and effort to do this correctly on our part and the claimant's and counsel's part, but we're on pace to get these things out in the next -- and we hope this program will be finishing up with payments out, hard to guess when, but we think somewhere between April and June is the target depending on how

many are appeals or second review requests we get.

This next slide shows us a number of special injury medical claims that we received, and that's the lion's share of the extraordinary injuries, 1,776 claims of persons saying that they had some physical injury to the Vioxx user that was not they feel adequately covered by the underlying heart attack and stroke grids and injury levels.

And again, here we are on the notices that we've issued, 843 have already gone out. We have 716 of them initial review complete and our quality control complete, those notices are going out now. We've gotten just about all of these notices out on the special injury side.

And our review of these claims, your Honor, is showing us that for the most part a lot of these injuries that we got were people who felt that they had an additional injury but they are of a nature that is really less severe than the heart attack or stroke. There are other things that people had but they are not as severe medically as the heart attack or stroke, so the bulk of these are not qualifying as really the more severe, more catastrophic type of injury that this program was designed to compensate.

This last slide takes us back to people, the three we just looked at were number of claims, this puts it back together in terms of people, 2,434 people who have these claims. And this shows us we sent notices to 894 of them, and we have the others

that are in the review process still at the bottom; 447 about to go out today, tomorrow, the next couple of days; 815 initial review complete and now in our quality control -- again, this is just where they are in the process -- and 120 on administrative hold, which is a pretty big number, but they won't stay there long. These are issues that we are working on with counsel to clarify something so we make sure we understand what the claim is before we issue a notice on it the first time.

That's the end of the report, your Honor, unless the court has any questions.

THE COURT: Thank you very much.

MR. BROWN: Thank you.

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MR. HERMAN: May it please the court, Jason Wolfe is here to report for Mr. Garretson under Roman numeral 3, Lien Administration.

MR. WOLFE: Good morning, your Honor. Jason Wolfe here to report as the lien resolution administrator. I'll report on both our capacity on the governmental liens and in addition to speak briefly on the private lien resolution program as well.

The statistics I'll share are on all cases that are eligible for final payment or in other words claimants that have a gross settlement dollar as our focus continues to be working in advance and minimizing the need for any holdback provisions out of final payments.

Further, before I get into the statistics, I would like

to report that we continue to work very closely with BrownGreer, who has been obviously excellent to work with, to ensure that we have a centralized source for all settling parties to view information, and we're introducing new functionality with the help of BrownGreer as we reach new stages in each one of the lien and compliance programs. Most recently the newest functionality is to introduce appeal functionality for the plaintiff counsel to appeal any finalized lien values for governmental agencies or for private liens.

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As for government lien obligations, I'll first speak about Medicare and Medicaid and then touch military obligations.

With respect to Medicare, the lien resolution administrator has completed the Medicare resolution for those that have an obligation of over 98.5 percent of those entitled to Medicare. The remaining 311 that are not finalized that have Medicare obligations involve redeterminations, folks seeking redeterminations and looking for different classification of their global settlement application; or there's been a change in the social security number, as we reported in the past that when that happens we reprocess that entire case to make sure that it's compliant.

With respect to Medicaid and the state healthcare agencies, the lien resolution administration has finalized 99.1 percent of all of those with gross settlements that have a state healthcare obligation. The unfinalized Medicaid cases are due in

order of importance to those that are potentially capped. If you recall the state agencies part of the compliance program that we had with the agencies is their agreement to satisfy their interest inside of a predetermined allocation of the claimant's gross settlement. Also, cases that have switched social security numbers, as well as a number of claims where states have not yet approved our audit of the lien and we are seeking their approval. As mentioned, it's a small number of cases.

One additional stat is there's only for those that have a Medicaid obligation to gross settlement, there's only 33 claimants that we still have not been able to squeeze out the actual claims history, which is a very important milestone for our work as it allows us to release all of the funds other than that inbound value.

With respect to other governmental liens, all of the military health programs, I mentioned before that they are facility-by-facility recovery, there's no consolidated or centralized means of satisfying the V.A. programs, for instance, Tri-Care, et cetera. We're down to 157 outstanding cases there, and that's about a 33 percent reduction from the last report from last month. So we're making good progress there. These last remaining 157 cases, most recently our office has worked with BrownGreer to see if we can expose the treating facility with the records they have in-house which might allow us to report even more favorably next month.

The largest amount of activity since the last report for the governmental lien obligations has been actually payments to those Medicare and Medicaid obligation we finalized. We have processed in the last 30 days 80 percent of the Medicare payments to the agencies. We aggregate the claimants that reside inside of a certain state and make one payment and give them an itemization and one check. And we've processed that work with BrownGreer, processed those checks, and sent those checks to over 44 agencies in the last 30 days.

One note on the future, looking ahead work is on the ischemic strokes, we're working in a parallel effort with the claims administrator as they process IS claims, we're working those claims to ensure we're in a position to have as many of the lien obligations finalized prior to final payment coming up at the end of this quarter. And we're very happy with the pace that we're on on that and we look by the end of February prior to final payment to be over 65 percent of IS claims finalized, liens finalized perhaps for a seamless disbursement.

I'll move on the private lien resolution program.

There's over 477 participating private healthcare plans in the private lien resolution program. As we've previously reported over 22,000 participating claimants. These claimants we commonly segregate for reporting purposes into two categories, category one those who signed an acceptance form prior to June 19th, that's about 20,000 of the 22,000; and the balance those who signed an

acceptance form after that point in time. As an enrollment, as a result of an enrollment extension for PTO 48 or 54.

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The third party payors have produced claims for a total of 9,594 claimants to date. Not only do they match but they actually were able to produce claims. Those 9,594 claimants with actual claim activity yielded over 14,395 claim summaries because of multiple plans and claims histories for one claimant.

For that first large group on September, back in September 29th we released all of the holdbacks associated with participating in the plan. On October 2nd we submitted to BrownGreer the maximum holdback that each claimant would have, and then these holdbacks for category one claimants were reduced in one of the following ways: If no valid lien was produced, we released the entire holdback; if a valid lien was produced, we initially held back the inbound value and then further refined it to 50 percent of the inbound value.

We're finalizing these liens with the third party payors on a rolling basis. To date we've audited 10,282 of the 14,000 inbound claims. There is a part that hasn't been audit because they're tied to claimants that have not been completely processed through the claims administration process. We look at every single point, the finalized injury category, any preexisting condition, so we rely heavily on the claims administrator and align their work with the ultimate audit results.

But of the 10,282 that have been audited, 8,000 of those

have been sent back to the TTP's for approval. We have since, it's a significant advance since the last report, is we have 6,200 approved PLP liens that are finalized. These liens are being uploaded in the new functionality that I mentioned earlier through BrownGreer. This is a significant milestone as upon posting it went with an e-mail blast for all counsel to review to see how the process will take place from this form. They have the ability and functionality to appeal the case if necessary, they have a ten-day window to do that. It's automatically processed after that ten-day period, which will allow us to release the balance of the claimant's holdback provision that was in place.

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And then we will be coordinating obviously in the next 60 days processing of payments to the TPPs. In the same time as we coordinate payment, we will be coordinating the releases. The releases will be for all claimants that no claims were produced, in addition to those claimants that a claim was produced, audited, approved and paid.

In addition to at the next hearing being able report in detail the number of appeals, we don't have statistics to share on the number of appeals because the concentration between the lien resolution administrator and the third party payor organizations have been to exchange those that are approving so we can process those and release the balance of the funds. So we will be reporting on the number of appeals and should have a better idea of the number of appeals from the third party payors of our audit or

of the claimants of our mutual agreement on what amount of 1 2 healthcare was related to the compensable injury. Your Honor, that concludes my report as lien resolution 3 administrator for this month. 4 5 THE COURT: Do you anticipate all of the MI liens being 6 completed? MI payments are out now. 7 MR. WOLFE: Yes, sir. 8 THE COURT: What about the liens regarding those MI's? MR. WOLFE: The liens for the governmental are down to 9 10 1.5 percent, I expect those to be finalized by the next report. 11 THE COURT: Okay. 12 MR. WOLFE: The private liens by the next report for 13 those 5,000, there's going to be a lag of probably another 60 days 14 for finalization for the full group on the MI because of the 15 different introduction timing of the private lien resolution 16 program. 17 THE COURT: Okay. MR. WOLFE: 18 Thank you. 19 THE COURT: All right. Thank you. 2.0 Anything from the Special Master? 21 MR. JUNEAU: Patrick Juneau the Special Master, your 22 One quick report, just for background, your Honor, I 23 checked and we had through the Special Master, the three of us, we 24 have processed 7,052 claims on the MI claims that went through 2.5 consideration. On the stroke claims there have been 1,274 matters that were considered and rulings issued in that regard. There remains only 55 outstanding, as we speak today, and those were recently received.

I have talked to BrownGreer and we had all anticipated at the last hearing probably being January when the bubble would occur with the stroke claims, and we've kind of geared up for that.

We're kind of honing down now on when that is, and it looks that's going to occur probably in the first week in February. I have notified Justice Trotter and Judge Corodemus of that fact and they are prepared to handle that as we did in the previous matter, we geared up to do that so they will remain on target.

Overall I will say that stroke claims as indicated by one of the attorneys earlier is little bit more involved with the medical. It just requires a little more time insofar as the review process is concerned.

Generally speaking, your Honor, we're on target to do what we've committed to do. The only other thing that I think that would be of moment and of interest to the court, at the end of this month I have scheduled an audit hearing claim on a case that surfaced through the audit process, will be considered as to what action will be taken about that. But that will be done at end of this month.

THE COURT: Why don't you explain that a little bit.

MR. JUNEAU: Well, what happens, your Honor, is there's an elaborate process that's set up in the proceedings and they go

back through and select out a certain number of cases, and they are looked at in detail from an audit standpoint to make sure that the representations and the submissions and all things that were supposed to have been done were in fact done. And through that process -- very few I might add and I'm glad to say how it turned out -- but there have been a few cases where there have been some inconsistencies in the submissions, for example, in medical records. We had one, the case has been dismissed, I might add, we had done earlier in the case where there had been a change in the medical record. Some of the matters have been clarified and resolved. Some of the matters had to be addressed through hearings.

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It surfaces through the process that then is referred to me to consider as the Special Master, your Honor. And what I do is we get responses from the respective parties and the attorneys, view the matter, receive whatever data has to be received. And if necessary, I precipitate an actual hearing on that subject to determine what should be done. And there are several options that can be done, including all the way through the ultimate claims can be dismissed. That's one of those that's appearing at the end of this month.

It's an ongoing process but it ensures the integrity of the process, and that's important because that spills over to everybody else in the case. If the process is unbalanced or the system was instituted favored one party, that would not be good for

the rest of the parties, it dilutes the fund. So that process has worked very well, and fortunately we've had very few of those to deal with.

And other than that, I think we're pretty much on target, your Honor. Thank you.

THE COURT: Thank you very much. From the court's standpoint, the best I can do is to make sure that due process is undertaken and that's why I focus on the appeal process. And there are three appeals, as I've said several times, and the last one, of course, is the Special Master. And I think that that's been very helpful to this process.

Next item is Class Actions.

MR. MARVIN: Your Honor, the joint report summarizes the status with respect to the class actions, and there's nothing additional to report there.

I believe the item after that, Item 6 is the State Liaison Committee, and Dawn Barrios is here for that.

THE COURT: Okay.

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MS. BARRIOS: Good morning, your Honor. Dawn Barrios for the State Liaison Committee. Our statistics really haven't changed since we last met here, but I did want to bring to your attention that the Attorney General for the Commonwealth of Kentucky has filed an action against Merck. It has been -- it's in the transferor court in Kentucky, there are pending motions to stay the transfer, and motions for remand that have not yet been heard.

The bulk of the remand motions before your Honor are with the governmental entity actions here and those personal injury claimants who were ineligible for the 2007 settlement.

THE COURT: Okay.

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MS. BARRIOS: Thank you.

THE COURT: Thank you. Anything from the pro se?

MR. HERMAN: Judge Fallon, Heather Reznik is here to report on the pro se.

THE COURT: All right.

MS. REZNIK: Good morning, your Honor. Heather Reznik on behalf of Robert Johnston pro se curator. Our office continues to receive calls from pro se claimants. Most of these calls have to do with the future evidence stipulations and motions to dismiss that claimants have been receiving. Frequently it's from claimants whose attorneys have withdrawn from representation.

We also have been receiving inquiries regarding the review and payment of IS claims, and will continue to help these claimants as best we can.

THE COURT: Good. Okay. Thank you very much. I appreciate your work on that. I think it's helpful to those individuals who do not have lawyers and feel that they need to talk to a lawyer. So I've appointed one, a very experience law firm to assist them and they've been doing that and I appreciate it.

The next item.

MR. HERMAN: Judge Fallon, I'd just like to note for the

record that we appreciate the work that BrownGreer and the Garretson firm and Bob Johnston's firm have done because they've really facilitated the process.

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With regard to the trial package, Roman numeral 8, there is no additional information.

Your Honor, with respect to Roman numeral 9 and 12, as your Honor is aware, there was a settlement resolution with the third party payor cases, and Rust company has sent out all of checks, there is no further issue with respect to that.

With respect to No. 10, governmental actions and discovery issues in connection with governmental actions under 11, we have both Mr. Jim Dugan here on behalf of Attorneys General and Ben Barnett on behalf of Merck.

MR. DUGAN: Good morning, your Honor, James Dugan on behalf of the Louisiana Attorney General and the Governmental Action Committee. As your Honor is aware, the Louisiana Attorney General action is set for trial April the 12th. There is a pending discovery deadline of February the 9th. At that particular time there will be approximately 40 depositions that have been taken in the case. There's a March 19th date for dispositive motions, and that case is on track.

As to the other governmental action cases, there are representatives of various states here in the court room today, your Honor. We are back focused and back working with Merck to attempt to in 2010 get to a point to where the various entities can

file their motions to remand and the discovery will be done and attempted to do that by this year.

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So we are meeting with Merck and we would ask -- I know your Honor has a drywall trial in the next two weeks, we would ask that at the next status conference, along with the Louisiana Attorney General's regular status conference, that we also have a governmental action status conference.

THE COURT: Okay. Fine, I'll set that up. Thank you very much.

MR. DUGAN: All right, thank you. Your Honor, one other point on the private third party payor settlement. As Mr. Herman reported, that settlement is going forward and there are over 200 companies that participated in that settlement, and Rust Consulting did report that all of those checks have gone out and there have been no objections whatsoever.

THE COURT: And I appreciate your work on that. I know you've put a lot of time on it and appreciate it.

MR. DUGAN: Thank you, your Honor.

THE COURT: One item that I did have regarding the discovery issues with the governmental actions. I received letters from defense and also from the Attorney Generals. The Attorney Generals wanted to retake the deposition of Dr. Reicin. The defendant objected to it. I am familiar with the issue, I've considered it, and I do think that Dr. Reicin has testified enough in this litigation, I don't think there's a need for another

deposition.

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She's testified in 12 or more or 15 or more depositions, and given testimony in trials, a number of trials. I think there's enough information to allow the plaintiffs to cross-examine her, to impeach her, to do whatever they need to do. I think the transcripts would be available to them, or are available to them as I mentioned in another conference.

I will entertain a motion to quash the deposition of Dr. Reicin and I'll grant the motion.

The next item is third party payor motions. Anything on that?

MR. HERMAN: No, your Honor, we've covered any issue with regard to third party payor motions.

I believe Mr. Marvin will address item 13.

THE COURT: Okay.

MR. MARVIN: Your Honor, item 13 relates to pending cases in which expert reports have been served. Ms. Oldfather and I spoke this morning about those cases, and we will have a further report for the court at the next status conference.

THE COURT: Okay. All right. Next item on the agenda is the Fee Allocation Committee.

MR. HERMAN: Your Honor, there is nothing new. I do want to point out and I appreciate today the attendance of Perry White and Tom Giradi who are members of that committee. They're in attendance.

Item No. 15, reconsideration or revision of contingent fees, there are no issues, new issues.

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With regard to Item 16, Merck's motions and rules on PTOs 28 and 43, I believe that either Mr. Marvin or Ms. Wimberly will address that, as well as the other motions that are listed under Item 17.

THE COURT: Right, we'll take those up at the end of this meeting and I'll deal with those motions.

The new items on the agenda, the last time we had a conference there was an issue involving an Oasis Legal Finance, Inc. Loans. This had to do with loans that were made to claimants and there was, it came to the court's attention that for some of the loan companies involved, at least loan company involved, the interest was 100 percent. I felt that that was overreaching and I convened a conference, ordered the CEO to appear with the attorneys and other relevant people.

We discussed the matter in some detail and the loan company has agreed to forego all of their interest on the matter and also to forego any charge s that they have. The attorney has agreed to return any portion of any fee and so the claimant has been made whole, and I do appreciate their cooperation in this matter. And I really would not want the claims administrator to be paying any liens, any finance liens. It's one thing for the medical liens, but not any finance liens.

The next status conference is?

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MR. HERMAN: Your Honor, I believe you indicated would be
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     February 3rd.
               THE COURT: February 3rd.
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              MR. HERMAN: I do want to make one correction to the
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     status report under Item 19. Your Honor had entered on December
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     17th, 2009 PTO 47A. There are no other issues before your Honor.
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              THE COURT: All right. Anything other than the motions
     that we have to deal with? Dawn?
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                            Thank you, your Honor. Dawn Barrios.
              MS. BARRIOS:
    been asked by the attorney representing the Colorado AG in the
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     Franklin matter, if you could set Merck's motion to dismiss for the
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    next status conference we would appreciate that.
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              THE COURT: Okay. I will do that.
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              MS. BARRIOS: Thank you, your Honor.
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               THE COURT: Anything else from anyone? I'll be back in
     about ten minutes on the motions. The court's in recess.
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               THE DEPUTY CLERK: Everyone rise.
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          (WHEREUPON, A RECESS WAS TAKEN.)
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          (OPEN COURT.)
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               THE COURT: Okay. Be seated, please. All right.
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    have a number of motions set today. The first motion is Merck's
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     renewed PT 28 motion, deferrals from December the 3rd.
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              MS. WIMBERLY: Yes, your Honor, we had two renewed PTO
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    motions, record document 24266 and record document 24649, all in
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    which involved claims and plaintiffs represented by the law firm of
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Cellino & Barnes.

With respect to all of the plaintiffs on the exhibits to those two motions, we have agreed to defer them until the next status conference on February 3rd based upon representations that certain of those claims will be voluntarily dismissed. And also based upon the fact that in the majority of the others, Cellino & Barnes has moved to withdraw.

In some of those instances, it's our understanding that those plaintiffs will remain and will become pro se plaintiffs, and in others that they may have new counsel of record already lined up.

With respect to those, your Honor, and in particular with respect to those in which there are pending motions to withdraw, we would suggest to the court that it would be very helpful in moving the matters along that in the order of withdrawal that is allowed or entered by the court that the withdrawing counsel be required to notify their former clients, not only of the new hearing date of February 3rd, but also some language that we would like to suggest and send to your clerk this afternoon that would give the newly pro se plaintiffs an obligation to contact the pro se curator or obtain new counsel or face dismissal if they don't comply with the terms of Pretrial Order 43.

THE COURT: Okay. All right. I'll defer those then.

MS. WIMBERLY: Your Honor, there also was another matter deferred from December 3rd and that was Merck's third pretrial 43

motion. We're deferring again as to all of the pro se plaintiffs, and that would be in particular -- and these are people who have contacted either through their counsel or through the curator, and requested additional time. And that in particular is Leslie Henry, John Stafisz, Patricia Lewis, Janice Baum and Stanley Bethea.

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The final matter that was deferred from December 3rd was Merck's fourth PTO 43 motion, which contained a large number of plaintiffs represented by the Carey & Danis law firm. At the December 3rd hearing the claim was withdrawn as to -- the motion was withdrawn as to two plaintiffs, Severla Germany and Phillip Polk. It was deferred as to all of the Carey and Danis plaintiffs pending their motions to withdraw. It was deferred as to the Wood firm plaintiffs, with the exception of Maria Sepulveda-Torres as to whom the motion was withdrawn, and was also deferred as to the Corea firm plaintiffs.

Notwithstanding the fact that the matter was reset for today, we've been advised by numerous of the former clients of Carey and Danis that -- and by counsel who are reviewing their cases and intending to enroll -- that they were given a wrong hearing date. So we are deferring as to all Carey and Danis plaintiffs until February 3rd and we will undertake to notify those plaintiffs.

With respect to the Wood firm and Corea plaintiffs, we would ask the court to dismiss their claims today.

THE COURT: Which ones are those?

MS. WIMBERLY: Your Honor, they are identified on the original fourth PTO 43 motion, record document 27190, beginning with plaintiff No. 50 on the exhibit to the motion. And the law firm is identified. And in particular we're asking the court to dismiss the claims of plaintiffs Nos. 50, 51, 52, 53, 54, 55, 57, 58, 59, 60, 61, 62, 63, 64, 66, 67, 68, 69, 70, 71, 73, 74 and 75.

THE COURT: Over the objection of the Plaintiff's Committee, I'll dismiss the cases with prejudice.

MR. DAVIS: Your Honor, Leonard Davis on behalf of the PSC. I just wanted to make one comment and I've spoken to Mr. Marvin about this. Counsel a moment ago suggested that some language would be provided to the court for some dismissals and some --

MS. WIMBERLY: For withdrawal.

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MR. DAVIS: For withdrawals and other language. The PSC just wants to make one comment, and that is that if any such withdrawals or dismissals are to occur, we just want to make sure that the claimant gets an opportunity for due process.

THE COURT: Right. Yes. That's essential. That's what we've been trying to do, that's why I don't dismiss these cases lightly, I give the parties an opportunity to appear. If they don't appear, I ask them to appear a second time and sometimes even a third time. And when they don't show up at least three times, then we dismiss the cases. I have to assume that notwithstanding notices, notwithstanding opportunities that if they still don't

comply then they don't wish to pursue their claims and I dismiss them.

MS. WIMBERLY: Your Honor, the only other deferred matters were from Merck's first PTO 43 motion, record document 22492; its ninth Lone Pine motion, record document 21961; and its PTO 31 motion directed to pro se plaintiffs for failure to register, record document 22070. With respect to all of those that were reset for today, we are deferring again until February 3rd.

THE WITNESS: Okay.

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MS. WIMBERLY: That brings us to the one new motion filed by Merck that is set for today, and that is record document 29116, and this is defendant Merck's tenth motion to show cause why cases should not be dismissed with prejudice for failure to comply with the requirements of Pretrial Order 28. That motion applies to four plaintiffs represented by Ron Benjamin, who I understand is on the phone.

With respect to one of the plaintiffs on the motion, Mr. Anthony Orioles, Mr. Benjamin in his opposition correctly points out that he has submitted an expert report, and Merck thereby withdraws its motion as it relates to Mr. Orioles.

THE COURT: All right.

MS. WIMBERLY: With respect to the remaining three claims or plaintiffs to whom the motion is directed; namely: Lacrita Mobile, Sheryl Singer and Margarita Giordano. Notwithstanding Mr. Benjamin's opposition, Merck respectfully requests that the

cases or the claims of those parties be dismissed with prejudice.

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Mr. Benjamin in his opposition essentially claims that because what he is really seeking are damages for emotional distress that these plaintiffs should not be subject to the requirements of Pretrial Order 28.

Your Honor, we believe that this is really a disingenuous argument, it's already been rejected by the court previously in upholding the requirements of Pretrial Order 28, but also in this case these claims are joined with claims for personal injury and pretrial 28 makes it clear that an expert report establishing just the most basic prime facie evidence of causation is required.

So, your Honor, we think that really the arguments raised by Mr. Benjamin in his opposition are a red herring and that his three plaintiffs are not exempt from the requirements and at some point -- he argues that they shouldn't be put to the expense of retaining an expert. Your Honor's made it clear that what is required by Pretrial Order 28 is not a full fledged Rule 26 report, but simply something to establish causation, to establish that prima facie case.

At some point if these clients intends to move forward with their cases, they will have to have an expert, whether that's their treating physician or otherwise. But to just raise the issue of we shouldn't have to retain an expert and bear the expense does not excuse them from the requirements of 28.

Additionally, Mr. Benjamin argues that the motion should

be, that this court should defer ruling on our tenth motion to dismiss until such time as the court rules on its motion to recuse. While we understand your Honor is not addressing the merits of the recusal motion and will be deciding that on the briefs, we believe that no valid ground exists for recusal and therefore there's no valid basis to delay ruling on Merck's motion to dismiss. And unless your Honor has some questions.

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THE COURT: I'll hear from Mr. Benjamin. Mr. Benjamin, do you have any comments?

MR. BENJAMIN: Your Honor, I don't really have anything to add to what we put in our opposition papers, and I think as counsel suggested you have heard those issues or arguments before. That is our position.

THE COURT: Okay. All right. First I will deal with the motion to recuse. I deny the motion to recuse.

Next I move to the motion to dismiss, and I do feel that Mr. Benjamin's clients have had an opportunity to present the information, they haven't done so, they've violated Pre-Trial Order No. 28. As I mentioned a number of times, this is nearly five years now since this litigation commenced in this court and I don't think that it's too burdensome to ask that a report, brief report showing causation be submitted. Lone Pine orders have been approved by this circuit, so I will dismiss these cases with prejudice.

We'll go to the next motion. Anything?

MS. WIMBERLY: Yes, your Honor. I believe there was a motion for reinstatement of case filed by pro se plaintiff Jessica Adams whose motion -- I believe she filed three motions actually that were pretty repetitious and those are record document 27440, 30557 and 30651.

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Your Honor, Merck's position as to her request is set forth in our opposition, which was filed yesterday. While we're sympathetic, as your Honor just stated, this case has been going on for almost five years and we're not even talking about expert reports here, we're talking about someone not registering, not taking the first step, not submitting anything. And we simply don't believe that the grounds set forth in any of her three motions meet the burden for establishing excusable neglect and allowing the court to reinstate her case.

THE COURT: I do agree with that, and I'll dismiss that over the objection of counsel of the PSC and dismiss it with prejudice.

MS. WIMBERLY: Your Honor, there was one additional motion for reconsideration or reinstatement filed by a pro se prisoner Brian Anderson. As I indicated to your Honor earlier, we are having to go back through literally thousands of notices to pull our proofs of service of our prior motions on Mr. Anderson, and we would ask to defer the motion until the next status conference on February 3rd.

THE COURT: Okay. I'll defer that. Does that end your

motions?

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MS. WIMBERLY: Yes.

asking me to deal with some claims that they have that are not, that they are not claiming any additional fees, additional over the 32 percent. I've read that and I do agree with that, with counsel, I think that those cases in which there's no issue of the 32 percent ought to be released.

For consistency purposes, I ask that you talk with Orran Brown so that we can get the same stipulations. I know you filed an affidavit and just from a consistency standpoint I don't want to be dealing with a lot more documentation.

But the reason that I withheld all of the fees is because there's an appeal on those cases, and when the court of appeal takes a look at it, they can do one of three things: They can agree with you and increase the law fee or they can decrease the law fee. They can come to the conclusion that 32 percent is too high and it should be 10 percent or 15 percent. In that type situation, I wanted to not have to go back to you and say pony up the amount. So when that's an issue, it seems to me that the whole fee ought to be withheld because that is a possibility, is a potential. And if that occurs, then it would simply mean that the balance of the fee would be released to you.

But in those instances, those cases in which you're not making that claim, I think you're in the same position as the other

1	attorneys and I have released those. So I'll grant the motion to		
2	that extent.		
3	MR. McKETTA: Thank you, your Honor, Mike McKetta for the		
4	Vioxx Litigation Consortium. Thank you for the motion to clarify.		
5	We will submit to Mr. Brown a form that is appropriate under		
6	Pre-Trial Order No. 50 limited to these 78 claimants. Thank you so		
7	much, your Honor.		
8	THE COURT: Thank you.		
9	Anything further that we need to deal with? Okay. Thank		
10	you very much. The court will stand in recess.		
11	MS. WIMBERLY: Thank you.		
12	THE DEPUTY CLERK: Everyone rise.		
13	(WHEREUPON, THE PROCEEDINGS WERE CONCLUDED.)		
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15	* * * *		
16			
17	REPORTER'S CERTIFICATE		
18			
19	I, Karen A. Ibos, CCR, Official Court Reporter, United States District Court, Eastern District of Louisiana, do hereby certify		
20	that the foregoing is a true and correct transcript, to the best of my ability and understanding, from the record of the proceedings in		
21	the above-entitled and numbered matter.		
22			
23	Laren a Abos		
24	Karen A. Ibos, CCR, RPR, CRR		
25	Official Court Reporter		