

1 generated. And the light is flashing, so thank you
2 very much for the opportunity.

3 MR. BROWN: My name is Chris Brown and I'm
4 vice president of sales for Inksure Technologies.
5 Thanks for the opportunity for us to present our
6 anticounterfeiting technology solution.

7 Inksure's technology is a covert, machine-
8 readable solution. We use tagants or chemical
9 markers that are optically sensitive and mixed into
10 any commercial inks or commercial varnishes and
11 applied with all common printing processes. This
12 means that any printer can apply these security
13 inks and the tagants, of course, being covert are
14 not visible.

15 We have a broad range of tagants that we
16 can choose from and our new advanced-reader
17 technology actually enables us to create thousands
18 of custom chemistry codes, which gives each
19 customer or distribution channel their own unique
20 chemistry. This licensed chemistry creates a
21 highly secure channel for the inks and the
22 materials and the coded ink distribution is secure.

23 The unique customer chemistries are called
24 Smartinks and, of course they're resistant to copy,
25 alteration, or tampering.

1 The applications for Smartink are in
2 primary or secondary packaging, on secondary
3 adhesive labels, or on the tamper-evident seals and
4 closures.

5 Smartinks can also be integrated into
6 overt features, such as holograms or color-shifting
7 inks to create a layered approach.

8 Smartinks can be used in bar coding with
9 inkjet printing or other printing formats for bar
10 coding to give you a confirmation that the bar
11 coding is authentic without actually accessing the
12 database or reading the bar code data.

13 Smartinks are compatible with all types
14 of inks. They can be printed in all colors. They
15 can be printed in black ink and also in clear
16 varnishes.

17 Smartink readers, signature readers are
18 hand-held detectors and they perform a complex code
19 interrogation with unique optical engineering
20 software algorithms. It's a simple design which
21 requires minimal field training. With a single
22 push of the button, the operator in the field will
23 get a positive green light or negative red light
24 reaction.

25 The hand-held reader can store up to 10

1 Smartink codes and the new signature reader line
2 has the most advanced analysis available with full
3 spectrometer signature analysis measuring
4 wavelength, absorption, decay time, and background
5 colors, still with no field training and we are
6 bringing technology to the field that is actually
7 at the forensic level.

8 Last slide, since I have a blinking red
9 light. The Smartink readers or signature readers
10 are also available in OEM kits so they could be
11 included into other products. We also have high-
12 speed sortation [ph] equipment available for QA or
13 return centers that can read Smartink codes at 10
14 meters per second or give a pass/reject indication
15 within 12 milliseconds. Thank you for your time.

16 [Applause.]

17 MR. RUDOLPH: Greg Metcalf. Steven Crane.

18 MR. CRANE: Thank you, my name is Steven
19 Crane. I'm the chairman of the board of NNC Group,
20 LLC, a healthcare services company.

21 We supply recall, return and
22 communications services to pharmaceutical and
23 medical device manufacturers.

24 The focus of my comments today is on one
25 aspect of the counterfeiting problem that I feel

1 has been given little attention. The recall of
2 counterfeit product that has found its way into the
3 hands of distributors, pharmacies, doctors,
4 hospitals, clinics, or consumers.

5 Once a decision has been made to recall
6 counterfeit product, it should be done in an
7 efficient, effective manner, so as to minimize the
8 chance that any significant amount may remain in
9 circulation.

10 In certain circumstances, however, the
11 task of executing such a recall may fall to an
12 organization with little or no experience in
13 accomplishing such a task. I believe this could
14 cause problems in making sure: one, adequate
15 notification reaches all known recipients of the
16 counterfeit product; and two, that as much
17 counterfeit product as possible is recovered and
18 accounted for.

19 Having handled more than 500 product
20 recalls, NNC Group understand that each recall
21 presents a unique set of challenges regarding
22 notification of consignees, be they wholesalers,
23 distributors, retailers, medical personnel or
24 consumers. It is important to deliver a consistent
25 message in a manner that is meaningful to the

1 recipient and that allows the recipient to respond
2 effectively.

3 Multiple notifications are usually
4 required via telephone, fax, Internet, and mail.
5 Such notifications contain specific information and
6 instructions for the recipient.

7 Notifications may be as timely as urgent
8 as detailed as circumstances warrant. Just as an
9 example of a very timely and urgent notification,
10 earlier this year, we received a request to notify
11 most of the pharmacies in the U.S. of a potential
12 tampering situation.

13 This request came in on a Friday
14 afternoon. By Saturday morning, we had given
15 verifiable notice via telephone to over 40,000
16 pharmacies and followed-up with overnight mail
17 instructions.

18 Instructions to recipients should be clear
19 and unambiguous. Return of the product should be
20 simple, secure, and immediate with no lapse of time
21 between receipt of the notice and return shipment
22 of the product.

23 Finally, there should be requirements for
24 storage, document retention, inspection, and final
25 disposal or destruction.

1 In short, existing technologies and
2 business processes exist and are used on a daily
3 basis for the effective, efficient removal of
4 counterfeit product from the normal channel of
5 commerce and should be brought top bear on the
6 recall of such counterfeit product.

7 Thank you.

8 [Applause.]

9 MR. RUDOLPH: Michael Feinstein. Brian
10 McCarthy and then Jay Fraser; J. Christopher
11 Philips, Jim O'Hagan, and Tom Klaff.

12 MR. MCGREENY: Good afternoon. My name is
13 Bill McGreeny. I'm with Owens Illinois, I'm the
14 business manager for healthcare. Brian McCarthy
15 threw his back out yesterday, so I'm pinch-hitting.

16 We've got a couple of different
17 technologies that are commercial today that we want
18 to present. And hopefully we can do this in a
19 minute or two. We've introduced a new technology,
20 a plastic alternative to type-I glass for
21 pharmaceutical liquids that need a clear,
22 autoclaved or lyophilized package.

23 With this technology, we've got one layer
24 of a material sandwiched between another material
25 or two layers of another material. In that inner

1 layer we can put a microtagant, which is,
2 basically, a forensic device that gives an identity
3 code to each of the lot numbers or however the
4 customer wants to separate the product line.
5 There's over 37 million code combinations and we've
6 partenered with MicroTrace in doing that.
7 MicroTrace has been doing it for decades, in the
8 explosive market and it's a proven technology. And
9 we're ready to launch that product now.

10 There are several different signatures it
11 can be given. We can give you more details if
12 anybody's interested.

13 That second area that we're looking into
14 and we've done quite a bit of development and
15 testing on the viability of FDIR--I'm sorry, RFID
16 technology in-mold labeled into the bottle. And
17 we've done very high-heat molding and tested the
18 RFID components and found them to read very
19 successfully. So, we're pretty happy with the
20 results of that and we're waiting to see how we can
21 proceed with that with a customer.

22 I'm skipping a few of these, that's why I
23 tripped on myself there for a minute.

24 The RFID commitment, we do have an
25 internal sales force with senior management and a

1 commitment from Capitalwize and so forth to launch
2 the RFID technology when a customer wants it.

3 We have a knowledge-base, we've been
4 working with the Ilian [ph] Academy on developing
5 our technology to handle these. We're
6 collaborating with integrators on best practices
7 and we do sit on the HDMA Product Safety Forum.
8 And then we're ready to develop that at the pallet,
9 case, and item levels.

10 And our position in RFID technology,
11 because my red light's blinking, is we think it's a
12 capable technology today. We're ready to
13 implement. We've completed the readiness maneuvers
14 and now we're searching for direction from our
15 customer base.

16 Thank you.

17 [Applause.]

18 MR. FRASER: I'm Jay Fraser from Tracer
19 Detection Technology with my associate Larry
20 Webber.

21 Our technology exploits random patterns
22 and we're commercializing our exclusive license
23 from Oakridge National Lab, as well as our own
24 patent portfolio, with a cradle with Native
25 Laboratory, we have assurances of a continual

1 supply of fibers for our manufacturing and
2 commercialization.

3 Every product that is protected by our
4 security feature is self-authenticating and
5 uniquely identifiable. In fact, to defeat our
6 security feature, a counterfeiter would have to
7 duplicate six overt and covert elements
8 simultaneously. With our proprietary design and
9 scanner we image and encrypt the random pattern.
10 The symbology also enables definitive product
11 tracking; provides manufacturer's tracking
12 information; as well, as information required by
13 the FDA.

14 Our technology is both visible and covert.
15 In fact, a logical combination of covert elements
16 prevents reverse engineering. Our security
17 features accomplishes both the authentication and
18 track-and-trace objectives.

19 Further, it can be stand-alone,
20 integrated, or bundled with IT products and linked
21 to a database, with data entry occurring at every
22 point of the distribution. It is applicable to
23 labels, bottles, outer packages and tamper-evident
24 seals. Even linking the seal to the label or the
25 bottle.

1 And, finally, our technology is combinable
2 [ph] with most other security features without
3 interference.

4 Our engineered materials and manufacturing
5 process have been perfected. We have a functioning
6 demonstration system to create and authenticate our
7 security features and our photo-optics design is
8 production ready and has been qualified by our OEM
9 manufacturers.

10 We're in active discussions with the
11 Department of Homeland Security, New York State
12 Department of Motor Vehicles, AMVA, and a range of
13 private-sector partners and customers.

14 Our system is easily adopted by
15 pharmaceutical manufacturers and packagers. We use
16 off-the-shelf printing equipment to permit printing
17 of the variable product information and inventory
18 information by the manufacturer or label supplier.
19 Our off-the-shelf scanner design and components
20 accomplish high-speed throughput and printing.

21 Additionally, our security feature is
22 consistent with the pending FDA bar code
23 regulation.

24 From a track-and-trace point of view, our
25 technology provides a definitive identification of

1 pharmaceutical products, packaging, seals, and
2 shipments, individually or linked to each other.

3 The scan that's performed at manufacturing
4 creates a unique electronic pedigree that is
5 confirmed at each level of distribution. Each re-
6 scan provides real-time track-and-trace and
7 location data. In fact, our track-and-trace aspect
8 can be extended to the pharmacist or the consumer
9 who can track it by Web or by telephone.

10 We look at FDA as an organization that not
11 only deals with high-end pharmaceuticals but, also,
12 products that have safety and efficacy issues at
13 the consumer level, including HBAs. We're looking
14 at this as an opportunity where the bar code
15 regulation will provide a platform for our
16 symbology as it is applied.

17 And, in summary, our technology offers an
18 unbreakable anticounterfeit system that can be
19 stand-alone or linked to a database. It creates a
20 unique product pedigree for each piece, each
21 individual label, bottle, seal or package will have
22 both overt and covert features. It's machine-
23 readable and, therefore, provides track and trace
24 data for the full chain of distribution.

25 Importantly, the security feature is

1 readily updated to stay ahead of counterfeiters and
2 is ready for manufacturing. All system components,
3 including the hardware, the software, our data
4 acquisition and storage can be customize for the
5 end user and it's fully combinable with most of the
6 other security features that are being discussed
7 here today. And if you have any questions, Dr.
8 Webber and I will be available for questions.
9 Thank you.

10 [Applause.]

11 MR. PHILIPS: Good afternoon. I'm
12 Christopher Philips of Verification Technologies
13 Incorporated, doing business as Veritec in
14 Centerbrooke, Connecticut.

15 Since 1996, our sole focus has been to
16 provide solutions that ensure product integrity
17 throughout the supply chain. This process begins
18 with a patented fluorescence technology to
19 fingerprint products. Once the fingerprint is
20 available samples from the real world can be
21 authenticated in a very simple practice, either in
22 the laboratory or in the field. And this
23 authentication product takes place without the use
24 of tagants or tracers ever in the distribution
25 channel.

1 So, that's fingerprinting and
2 authentication on the product side. The package
3 side involves infrared dyes, covertly marked on
4 packages and for track-and-trace, and that allows
5 field testing also, as you might guess.

6 So, on the authentication side, with
7 products, we matched real-world samples to an
8 existing fingerprint by looking at the fluorescence
9 of the field sample versus fluorescence of
10 authentic product, again, with no tracers or
11 tagants used. This is highly scalable, we are
12 fully automized [ph], robotosized [ph] in the
13 laboratory so that we can do hundreds or thousands
14 of samples in a very short time. And via portable
15 units, this is globally deployable so that
16 authentication can be done in the field. And we're
17 in use since 1996 with Fortune 500 companies.

18 Here's an example of a real fingerprint of
19 a pharmaceutical, a blockbuster drug. The circle
20 on the bottom left, shows about somewhere between
21 30 and 40 authentic samples of that pharmaceutical;
22 small circle up at the top there, is a counterfeit
23 product and, again, what you're looking at here is
24 a two-dimensional representation of a three-
25 dimensional object. The fingerprint of the

1 authentic material that takes into account the
2 manufacturing of the actual authentic process.

3 And, of course, all of this is done with
4 multivariant pattern recognition. So, it's very
5 easy to visually represent a real fingerprint and
6 visually see whether a product matches the
7 fingerprint or not.

8 On the package side with authentication or
9 track-and-trace, the Variguard 300 System involves
10 infrared dyes that are covertly employed for use on
11 packaging to provide authentication and track-and-
12 trace capabilities. These are as infrared dyes,
13 these are truly invisible to the eye and to UV
14 light. Our partnership with Video Jet, who's the
15 largest inkjet printer in the world, seamlessly
16 allows implementation of this technology and
17 existing packaging lines.

18 So, on the track-and-trace side, we
19 provide real-time digital images that are
20 downloadable to databases that allows integrated
21 supply chain protection and this system is
22 currently in use with a global consumer products
23 company.

24 In summary: We offer three major
25 capabilities: The product fingerprinting and

1 authentication system, without tagants; package
2 authentication and track-and-trace capabilities;
3 and field testing or portability for both of these.

4 Again, our partnership with Video Jet
5 allows integrated solutions for data application,
6 for data capture transmission and database
7 management. These solutions work in production
8 facilities. And in the field today. We can and
9 would like to effectively integrate into the
10 proposed counterfeit alert network. And welcome
11 the opportunity to demonstrate our capabilities.

12 The last slide simply gives a Website
13 where you can go for a copy of this presentation or
14 to see more about our capabilities.

15 Thank you very much.

16 [Applause.]

17 MR. O'HAGAN: Hello, I'm Jim O'Hagan,
18 director of technology transfer for Zebra
19 Technologies Corporation, a leading manufacturer of
20 on-demand printing solutions used for supply chain
21 tracking, business improvement and security.
22 Zebra's publicly traded and we're headquartered
23 near Chicago.

24 Zebra provides automatic identification
25 solutions to both small suppliers and worldwide

1 corporations including pharmaceutical
2 manufacturers, contract packagers, drug
3 distributors, retail pharmacies, and hospitals.
4 We've assisted these firms in complying with the
5 FDA's proposed unit of use labeling requirements.
6 We've also assisted several healthcare
7 organizations, including the VA hospitals, with
8 leveraging unit-dose data and positive patient ID
9 for patient safety.

10 In addition, Zebra's participated on
11 several committees and subgroups assisting interest
12 the development of patient safety and security,
13 including the HDMA and their industry coalition for
14 patient safety.

15 Zebra's solutions are an integral part of
16 supply chain tracking systems. Not only in life
17 sciences but, also, in other industries; in
18 automotive manufacturing, personal shipping, retail
19 distribution systems, the U.S. Department of
20 Defense. And in other industries where tracking
21 and tracing individual items is essential to
22 efficient and dependable operations.

23 These businesses use bar codes to improve
24 the security of their supply chains. Each item,
25 case, or pallet is bar coded with the information

1 that needs to be shared between two trading
2 partners. Since these bar codes follow industry
3 standard formats, the information is easily shared
4 with or without access to an electronic database.

5 In addition, each tracked item has a
6 unique identifier allowing each item to be linked
7 to other more specific information made accessible
8 only to trusted partners with a need to know.

9 Since each item has a unique identity,
10 each item can be tracked to and from each trusted
11 partner. Because this identity is encoded in a bar
12 code, or an RFID tag, tracking is extremely
13 reliable at very high speed and, therefore, at very
14 low cost.

15 In addition to supply chain tracking our
16 printers and supplies print authenticable [ph]
17 identities, including state driver's licenses,
18 airline boarding passes, event tickets, consumer
19 electronics, computer software licenses and tax
20 stamps. Custom materials, holographic films,
21 magnetic strips, covert marks, and invisible bar
22 codes are widely used by our customers, but
23 discretely implemented.

24 But these anticounterfeit technologies are
25 worthless without secure operational methods,

1 including hiring practices, access control, and
2 controlled access to information.

3 All these technologies depend on
4 differentiating between trusted partners in an
5 unsafe world. The FDA already plays an important
6 role by making sure that certain manufacturers are
7 trusted to manufacture certain pharmaceuticals.
8 And that certain pharmacists can be trusted to
9 dispense pharmaceuticals.

10 Adding the ability to confirm that a
11 trading partner is who and what he says he is, can
12 go a long way to addressing diversion and
13 counterfeit problems within the supply chain,
14 giving each partner a unique authenticable and
15 automation-friendly identity is key to doing this
16 in an effective but cost-efficient manner.

17 Trading an authenticable identity and
18 tracking it through the supply chain is proven
19 technology and Zebra is an experienced and trusted
20 advisor. Over 90 percent of the Fortune 500, uses
21 Zebra products in over 90 countries throughout the
22 world.

23 Thank you for this opportunity to work
24 with your important issue. More detailed
25 information and specific comments on the interim

1 report will be submitted to the docket.

2 [Applause.]

3 MR. KLAFF: My name is Tom Klaff, I'm CEO
4 of Surety. Surety's mission is to enable regulated
5 industries to guarantee the trustworthiness of
6 their electronic records indefinitely. We have
7 patented absolute-proof data integrity services
8 which generate irrefutable evidence of exactly what
9 was created and precisely when.

10 The company was founded in '93, we're
11 headquartered in Herndon, Virginia. We were spun
12 off from Belcore in '94. We're an iso standard
13 imminently by the end of this month for digital
14 time stamping. We have patented and proven
15 technology and we're focusing on the regulatory
16 markets. We have regulated customers, including a
17 track record of success with life science
18 customers.

19 The value proposition that they see in
20 Surety is that first, we help them protect their
21 intellectual property. We help them prove, first
22 to invent claims; we help them defend their
23 electronic records. To date, about a billion
24 records have been transacted through surety
25 services. And about a million records have been

1 submitted to court without challenge.

2 We also help them comply with regulatory
3 mandates, like, 21 C.F.R. Part 11. We address the
4 data integrity issues surrounding long-lived
5 archival, a record-integrity archival and secure
6 audit logging.

7 The fourth such value proposition is
8 pertaining to today's discussion is proving the
9 validity of the electronic pedigree from the
10 manufacturer to the retailer.

11 Let me briefly tell you how this works and
12 how our technology works. It all starts with a
13 record. A document. It could be an e-mail or it
14 could be a data element from a bar code.

15 These elements reside as database entries
16 in databases, managed by people who need to be
17 trusted. And we all know what happens surrounding
18 trust these days, vis-a-vis, Enron or Credit Suisse
19 First Boston.

20 Essentially what happens is, a document is
21 hashed over two--hashing algorithms that hashes a
22 unique fingerprint that is sent directly to our
23 servers, hosted at Exodus. And it is inserted into
24 a secure hashing chain, which has been running
25 since 1993, all records have been hashed and are

1 now computed in the hashing chain.

2 Every second we do a recomputation. The
3 hash is then sorted, then we recompute the chain
4 and then we send a notary record and the time stamp
5 back to the consumer. The document never leaves
6 the consumer's office.

7 This happens second-after-second and every
8 week we publish our hash values in The New York
9 Times in the Sunday section where the public
10 notices reside. This is a completely integrity--a
11 cryptographically verifiable process. We've taken
12 trust out of the equation entirely.

13 So, from the standpoint of the
14 anticounterfeit drug initiative, we are applicable
15 to any bit stream. We work with bar coding, RFID,
16 Track and Trace Technologies. Again, we prove the
17 validity of the electronic pedigree over time from
18 the manufacturing to the retailer. And we're a
19 cryptographically and independently verifiable
20 process.

21 We actually, firmly believe that a good
22 process does not necessarily necessitate a good
23 record. And we are part of the holistic solution.
24 We're located at surety.com and we also have a
25 booth outside.

1 Thank you very much.

2 [Applause.]

3 MR. RUDOLPH: We'd like to move to the
4 next panel, if everyone could come forward for
5 that. The speakers, in order would be Lou
6 Kontnik, Jay Johnson, June Shelp, Patrick Schmidt,
7 Guy Woods, Eric Turkewitz, Michelle Forzley, and
8 Don Regan.

9 MR. KONTNIK: Thank you, my name is Lou
10 Kontnik and I want to thank the FDA for having this
11 meeting. I think it's very valuable.

12 I'm an independent here today. I'm not
13 representing anybody in particular. I do have some
14 experience in the area, having written the book
15 with co-authors, "Counterfeiting Exposed."
16 Published the manual of anticounterfeiting
17 solutions for the biomedical industry, back a year
18 ago. And was the facilitator of the product surety
19 process, which was a project of the FDA. I am also
20 a technical advisor to the safe medicines Website
21 and there's a little flyer going around, I'll
22 mention that in a moment.

23 First off, I want to say congratulations
24 and thanks because I think the interim report is an
25 excellent beginning. It's a serious and in-depth

1 examination of the issues and some of the problems.

2 Second point is that I think collaboration
3 is of fundamental importance. Again, I
4 congratulate FDA on bringing that forward as
5 forcefully as it has. Having done the product
6 surety project, which involved ten focus groups
7 with the industry, we saw that that was
8 collaboration in knowledge, communication was an
9 essential piece. We're on the same side of the
10 table here. It's a little bit different than most
11 regulated activities of the FDA.

12 Moving, really, to the third part, I want
13 to encourage the agency to do what you can do now.
14 Do what you can do now and then do what you can do
15 later when you can do it.

16 Keep your momentum in this process. To go
17 ahead and delay, I think, would be unfortunate and
18 in certain areas we know there are problems.
19 Pedigree is one of those areas. So, with your
20 wisdom and examination, recognizing that there are
21 high-risk drugs and lower-risk drugs, I encourage
22 you to take action there.

23 Also, inspections--I think that there is
24 an opportunity to send a message to gain wisdom and
25 knowledge by going ahead and having some FDA people

1 detailed to wholesaler and to repackager
2 inspections with the states. It would build
3 communication and it would sent the strong message
4 to the manufacturers.

5 I guess, finally, I want to just mention
6 the Website that I'm working as a technical advisor
7 with. And it's www.safemedicines.org. And it is
8 meant to be, really, a portal on the issue, not a
9 notification system, as we've heard a number of the
10 pharmaceutical or pharmacist associations mention.

11 With that, I want to say thank you. And I
12 beat the light. [Applause.]

13 MR. ARMSTRONG: Good afternoon, I'm Jay
14 Armstrong, principal with Life Sciences Group at
15 IBM Global Business Consulting.

16 I'd like to take you through--I'm not
17 going to waste a lot of time on this--a number of
18 other speakers have already developed these ideas.

19 Successful anticounterfeiting technologies
20 must have the following characteristics: cost-
21 effective; adaptable; scalable. There's been a
22 number of initial forays into these areas about bar
23 coding, tamper-evident packaging. And we kind of
24 see at IBM RFID being a cornerstone for a number of
25 these other technologies but, also, in coordination

1 with these technologies to create a really secure
2 drug supply line.

3 I won't belabor the point of RFID. We see
4 solutions that from RFID, at the individual level,
5 where individual units are tagged to the
6 manufacturer. And we can begin to associate a code
7 with each particular unit. We can show where it
8 was produced, when it was produced, a lot number.
9 We can also create shipping information and data.
10 Along with that, very strong tracking capabilities.
11 As a number of speakers have pointed out,
12 tremendous data capabilities with RFID.

13 And, finally, at the end points, either in
14 the pharmacy or with a physician or with the
15 individual user, confirmation of authentic product.

16 Also at the bulk level, we are able to
17 follow from the supplier--this is why, particularly
18 with IBM--we're interested in the integration of
19 the raw materials in the supply chain, as well,
20 which some of the technology probably don't
21 adequately address. You have the capability to
22 actually begin with the raw materials and follow it
23 all the way through the supply chain to the
24 distribution centers, hospitals, or retail
25 pharmacy. And can also track the number and time

1 of units dispensed at the final pharmacy location.
2 And we can, through database integration, go back
3 and see, even back to the point of raw materials
4 what was incorporated. So we create a continuous
5 assurance chain of information about how and where
6 this was created.

7 This is something IBM, obviously, does
8 extremely well. The IT linkages and product track-
9 and-trace, using both secure local databases and
10 central database repositories to allow
11 instantaneously queries and redirected queries back
12 to confirm that we have authentic products all the
13 way through the process line.

14 IBM is now in the process of integrating a
15 number of preliminary pilot studies, both in retail
16 and at the pharmaceutical level, using something
17 we're calling global goods. Tracker, it's a
18 wireless RFID and bar code capable solution for
19 tracking goods.

20 As I said, we do see the cornerstone of
21 the solution being RFID but, also, with ancillary
22 support from a number of other technologies, as
23 well, so this is a seamless integration, in this
24 case of bar coding and RFID.

25 I won't bore you with reading through

1 that, other than to say that it incorporates a
2 strong network solution system that allows
3 integration between ERP, SCM and warehouse
4 management systems to occur in real-time,
5 simultaneously.

6 Additionally, with RFID, as a number of
7 other people have indicated, we see beyond just
8 counterfeiting and anticounterfeiting capabilities.
9 But things like reduced costs, improve product
10 availability, drug accountability and, another area
11 that we're starting to focus a lot on, intensely,
12 is recall capability. And with RFID you have the
13 ability to do almost instantaneous recall.

14 I will be around for any questions or you
15 can contact the IBM Website, ibm.com for white
16 papers on RFID and on the value chain.

17 Thank you very much.

18 [Applause.]

19 MS. SHELP: Thank you. I'm June Shelp
20 with Sharon Car Associates. And thank you for the
21 opportunity to speak. I'm sure it's been a very
22 long day for everybody here.

23 SCA's experience goes back in the
24 securities industries over two decades. And the
25 last ten years we've really spent working with

1 brand owners, helping them protect their products
2 and their customers.

3 My comments are really directed at three
4 specific areas and are based on our experience, not
5 just in pharmaceuticals, but in a wide range of
6 industries across a lot of geographic areas.

7 SCA is probably best known for our work
8 that we do in technologies. But in talking to you
9 today, I think that in all the industries,
10 regardless of where it was, good management of
11 supply and distribution chain is, in our
12 experience, the single most-important factor in
13 product protection. While we believe in all the
14 other technologies, that still is key.

15 We've seen the most positive results in
16 product protection from brand owners that feel that
17 they can trust the companies with which they do
18 business and don't do business with those they
19 cannot trust.

20 Brand owners have solved much of their own
21 counterfeit and diversion problems with positive
22 changes just in the way they have managed that
23 supply chain and the way they do business. With
24 that said, we certainly endorse your efforts to
25 work to make sure that all of the stakeholders

1 within the supply chain are, in fact, a positive
2 force in it and are actively involved in it. Every
3 entity needs to be part of the solution. In our
4 view, if you're not part of the solution then, by
5 definition, they are part of the problem.

6 The guidelines for secure business
7 practices that you put forward are very relevant,
8 particularly Option 7 in your interim report where
9 you suggest that limiting the supply chain for
10 drugs at high risk is an interim measure. I would
11 propose that, perhaps, you want to look at that not
12 as an interim measure, but as a long-term measure;
13 in the same way that, at the beginning of the day,
14 today, the Bureau of Printing and Engraving tells
15 you they do more with the high-value currencies
16 than they do with the lower-value, the same thing
17 applies here.

18 Education and public awareness. When it
19 comes to public awareness of the dangers of
20 counterfeiting, I urge the FDA to ally their
21 education efforts with other industries.
22 Counterfeiting is very often--and we've certainly
23 heard that today, as well--an organized, multiline,
24 criminal business of which drugs are only one of a
25 counterfeiters profitable product lines.

1 The best defense for all of us U.S.
2 consumers is to understand the interaction between
3 the seemingly harmless counterfeits of fake T-
4 shirts and sunglasses, and purses--and the
5 potentially dangerous fake products, like
6 pharmaceuticals.

7 When the United States is a very poor
8 market for all types of counterfeits, then everyone
9 is going to win. There are individual industry
10 associations, I'm sure you're aware of some of
11 them. There are, as well, multi-industry
12 associations, such as the International
13 Anticounterfeiting Coalition in Washington; the ACG
14 in London, that already have experience in any
15 anticounterfeiting consumer awareness campaigns.
16 They would certainly benefit from some efforts from
17 the FDA and some support for these types of
18 products, which are easily for the consumer to see
19 they're really dangerous.

20 And my last one is an issue of developing
21 and maintaining data. The interim report addresses
22 the need to update databases in several different
23 contexts, including the ones for packaging and
24 product tracking.

25 Missing in this report is the discussion

1 about a reliable database to evaluate the actual
2 extent of the problem. And I think, throughout all
3 industries when you talk about counterfeiting,
4 there is no good information. It is mostly
5 anecdotal and it is not very effective, in my
6 personal view, in getting consumers to be able to
7 move forward.

8 The U.S. government has always played a
9 very significant role in actually providing
10 accurate, reliable, ongoing information for all of
11 us, both businesses and individuals to make our
12 decisions. Be it consumer prices or unemployment.
13 And this is an area for which there is very little
14 information and one that really requires a
15 government hand.

16 There is a current recent study out from
17 the Economic Union in Europe, proposing some
18 realistic and cost-effective measures of putting
19 forward collecting accurate information across
20 industries, including pharmaceuticals. And I
21 would urge the FDA, in spite of the fact that I
22 know funds are always limited and data being one of
23 the last things that gets put on the agenda, to
24 consider expanding the efforts that they've already
25 made in coming out with things like the joint

1 report that you did with customs recently that
2 really did detail exactly what was coming into our
3 ports.

4 Thank you very much.

5 [Applause.]

6 MR. SCHMIDT: Good evening. I'm very
7 grateful for the opportunity to be here and quite a
8 bit more grateful that most of you are still here.
9 So, thank you very much, appreciate it.

10 My name is Patrick M. Schmidt and I'm the
11 president and CEO of FFF Enterprises. My company's
12 the largest distributor of human serum albumin
13 intravenous immune globulin and amophylic cardia
14 factors in the United States. IVIG, you might
15 recognize one of the products that you've
16 encountered that has been counterfeited or tampered
17 with.

18 But our company's best known for our long-
19 term commitment to find a safe and responsible
20 channel for the distribution of biopharmaceuticals.
21 When FFF first entered the biopharmaceuticals
22 marketplace in 1998, the distribution channel was
23 rank with unstable pricing, ill-managed shortages,
24 and unpredictable product allocation.

25 In response, we have vigorously pursued

1 our goal to find a responsible distribution channel
2 to assure availability, safety, and cost
3 containment and a secured pedigree for every vial
4 of every drug that we distribute.

5 Though we've made great strides at
6 promoting to find a responsible channel, there's,
7 clearly, much more work to be done. Recent cases
8 of pharmaceutical tampering and counterfeiting are
9 compelling examples, obviously, why we're here
10 today.

11 The proposed technological, regulatory,
12 and legislative solutions we're learning about can
13 provide important hurdles to counterfeiting, but
14 such solutions are treating the symptoms of a
15 larger more fundamental problem. And if I can
16 convey one thing today here, during my time I hope
17 I can convince some of you that the counterfeiting
18 of drugs is a symptom of the source problem: that
19 is an ill-defined, irresponsible distribution
20 channel. We must address the fundamental problem
21 because it is irresponsible distribution that opens
22 the supply channel to illicit behavior, such as
23 counterfeiting.

24 Irresponsible distribution is the result
25 of two things: the gray marketplace and bad

1 intentions. There is, indeed, a great market for
2 pharmaceuticals. As much as some might like to
3 dismiss or diminish its impact and, frankly,
4 calling it gray is generous.

5 You may be surprised, though, that the
6 gray market is perpetuated by both bad guys and
7 good guys. All of whom engage in purchasing
8 practices that directly create opportunities for
9 counterfeiting, tampering, drug diversion, and
10 theft of drugs. When manufacturers must move
11 inventory quickly and will sell to anyone who can
12 pay.

13 When hospitals and physicians sell
14 overstocked drugs back to the marketplace. When
15 wholesalers and distributors see a chance to make a
16 buck and redistribute products to each other. When
17 these transactions occur, the effective drugs have
18 entered the gray market place.

19 And when safe drugs are diverted into the
20 gray marketplace for whatever reason, the result is
21 inevitable: these drugs are no longer safe because
22 in the shadowy landscape of the gray market, where
23 lot numbers aren't tracked, prices are irrational
24 and safety is not a consideration. These drugs are
25 now vulnerable to mishandling, tampering,

1 counterfeiting and unfair pricing.

2 Most important, they are now putting
3 patients--and I learned earlier today--pets lives
4 at risks. And as we have seen in Florida and
5 across the country, counterfeiters do not care
6 about patient or pet risk. They are just waiting
7 with open arms for those drugs to cross into the
8 gray. Unfortunately, there's no anticounterfeiting
9 measure that will eliminate their bad intentions.
10 Criminals always seem to find a way to overcome the
11 hurdles put in their way.

12 But there is a way to eliminate the gray
13 market. If every entity along the distribution
14 channel--manufacturers, wholesalers, distributors,
15 hospitals, pharmacies, and physicians--if we all
16 adhere to a safe and reasonable standard of
17 distribution, there cannot be a gray market.

18 The standard is simple. It is a standard
19 my company is helping to define and we've been
20 practicing for over 15 years. We call it
21 responsible distribution or channel integrity.

22 Drugs in the responsible distribution
23 channel move only from the manufacturer to a sole
24 distributor to a sole customer with no gray in-
25 between. If manufacturers sell only to

1 distributors who honor this standard; if
2 distributors buy only from manufacturers and not
3 each other; if pharmacies buy only from the
4 distributors who honor this standard, then channel
5 integrity is guaranteed.

6 And when channel integrity is guaranteed,
7 drug pedigree remains in tact and patient safety is
8 secured.

9 Clearly, the battle against counterfeit
10 drugs must be waged on multiple fronts, but the
11 ultimate weapon is integrity. Distribution channel
12 integrity and the solution is achieved by three
13 low-tech, but high-concept steps: Manufacturers
14 distributors and customers must embrace and honor
15 this highest standard of channel integrity; they
16 must formally be recognized for this commitment;
17 and the FDA must endorse this standard.

18 When we take these steps, we will restrict
19 the flow of drugs into the gray market and keep
20 them out of the hands of counterfeiters. I thank
21 you for your time and attention for a long day and
22 staying here, thank you very much, we appreciate
23 it.

24 [Applause.]

25 MR. WOODS: Good afternoon ladies and

1 gentlemen, thank you very much for inviting me to
2 speak to you. I'm managing director of a British
3 company. We have, for many years investigated
4 serious and complex drug provenance issues,
5 including cases involving counterfeits, market
6 abuse, and fraud.

7 The threat of counterfeits begins, I'm
8 afraid, not half-way through the supply chain, but
9 actually at the very moment that pharmaceutical
10 ingredients are released for sale. Unfortunately,
11 it is not just packaging or the downstream
12 problems, though, obviously the threat certainly
13 increases the further along the value chain you go.
14 Certainly the challenge is to separate out the good
15 guys from the bad guys.

16 Counterfeit product networks are highly
17 focused on market entry points and operate by
18 breaking down and separating out executive control,
19 funding, production, and assembly. Frequently
20 networks will employ the use of long-supply chains,
21 spanning many, many jurisdictions.

22 Drug counterfeiting involves creative
23 accounting; having an ability to neutralize
24 anything, including official paperwork and being
25 able to cover tracks.

1 The networks thrive because market-driven
2 economies encourage startup businesses and make
3 setting up companies simple and instantaneous.
4 Counterfeiters love hiding behind shell companies,
5 nominee directorships, and accommodation addresses.
6 They also thrive because of the regulatory
7 inconsistencies that exist between jurisdictions
8 and because counterfeiters know that there is
9 usually poor cross-border cooperation between
10 countries.

11 Networks also thrive because, especially,
12 in the multichannel market, enforcement officers
13 cannot be everywhere. And because counterfeiters
14 rely on ignorance.

15 I have to ask the question, do governments
16 expect those enforcing border prohibitions and
17 restrictions to be pharmacology graduates? How
18 else, can they immediately recognize that an 11B
19 dihydrate 4alphapehan chloride 2 androsta acid
20 [ph], which by the way is a fictitious compound, is
21 a banned substance or, indeed, is really a
22 fictitious material.

23 And how do they know that at the moment in
24 time that they capture the product at the border,
25 which products are subject to some form of

1 restricted medical prescription reserved for use in
2 certain specified circumstances? I would suggest
3 that it's a very, very difficult thing to do.

4 Ladies and gentlemen, in order to secure
5 the drug supplies, it is vital for the FDA, to vet,
6 test, and monitor any part of the value chain. I
7 regret, regardless of geography, and also of
8 corporate size.

9 I might also venture to suggest that an
10 industry that some commentators claim to be rather
11 defensive, perhaps, intraspective is possibly not
12 the best place to carry out due diligence on
13 itself. For the sake of transparency, therefore, I
14 urge this role should be devolved to a third party
15 organization tasked with collating, analyzing and
16 verifying all incoming intelligence. This
17 organization must be neutral and it also must not
18 be financially dependent upon the industry in which
19 it is monitoring, otherwise the risk of the tail
20 wagging the dog and this very excellent FDA
21 initiative being devalued may increase.

22 Thank you very much.

23 [Applause.]

24 MR. TURKEWITZ: Good afternoon, my name is
25 Eric Turkewitz and I am counsel to Tim Fagan [ph].

1 Last year, he was injected for two months with
2 counterfeit epegin [ph]. He has just had a liver
3 transplant and he's 16 years old. At the time it
4 happened, the family sought to find out where the
5 drugs came from. The pharmacy pointed the finger
6 at the distributor; the distributor pointed the
7 finger at the manufacturer; and the manufacturer
8 pointed the finger back at the distributor.

9 We have since learned that the drugs have
10 come from this unregulated gray market. Nobody
11 knows where the drugs originated; the conditions
12 under which they were stored; who owned them; how
13 old they are; they knew nothing about it.

14 The question of why it is that drugs would
15 circulate in this gray market and be purchased by
16 big-name distributors was answered by the Florida
17 Grand Jury report and I'd like to read you a couple
18 of short sections.

19 "The fact that these criminals act with
20 such callous disregard for human suffering is
21 immoral and despicable. But we find that others
22 involved in the industry bear responsibility by
23 turning a blind eye to this activity for the sake
24 of profit. By doing so, they enable these
25 counterfeiters and re-labelers to thrive.

1 Counterfeiters and re-labelers simply wouldn't be
2 in business if they did not have a steady supply of
3 willing buyers in the marketplace."

4 The Florida grand jury also talked about
5 pedigree papers, which you've heard quite a bit
6 about now. I want to read a short section from the
7 same grand jury report about what they had to say
8 and the effectiveness of pedigree papers and why it
9 is that they don't work.

10 "The purpose of pedigree papers is to give
11 buyers a tool with which to protect themselves from
12 buying diverted or counterfeit pharmaceuticals.
13 That is why pedigree papers have to be provided
14 before the transaction. If pedigree papers don't
15 work, it's because wholesalers have stubbornly
16 refused to take advantage of this tool by not
17 verifying their contents.

18 "This refusal has allowed phony pedigree
19 papers to proliferate and has given counterfeiters
20 easy access to introduce their products into the
21 legitimate stream of commerce.

22 "It appears that no one in the industry
23 cares enough to call and verify for fear of losing
24 a purchasing opportunity. It's not surprising to
25 us that no one checks the pedigree papers, because

1 they simply don't want to know the true background
2 of what they're buying. This is nothing less than
3 a blatant example of willful blindness.

4 "The problem is not only the
5 counterfeiters and the criminals. The problem also
6 exists from within the pharmaceutical industry from
7 people who are leaving the door open for those
8 counterfeiters to come through."

9 Now the solutions, one of which the
10 Florida grand jury talked about was the pedigree
11 papers. But the other is to limit that supply
12 chain. The more people that touch the drug, the
13 greater the opportunities for counterfeiting to
14 occur.

15 This is not a technology solution. You've
16 heard plenty about technology, some of which is
17 ready and some of which is not. That has got
18 nothing to do with technology. This has to do with
19 the fact that our drugs should not be treated like
20 a commodity. They should not be traded on open
21 markets like gold or silver or pork belly futures.
22 They're used for people with cancer and HIV or
23 people with transplants and other life-threatening
24 diseases and conditions.

25 The crimes exist because it's a crime of

1 opportunity. And just as if you had one house with
2 five doors and windows and another house with five
3 to 10 thousand doors and windows, you know which
4 one is going to be more secure. Nobody can secure
5 five to 10 thousand doors and windows. You've got
6 to close down those doors and windows, you can't
7 let them in.

8 If you let them in, there are people
9 within the pharmaceutical industry who are going to
10 take advantage of it, who are going to turn that
11 blind eye.

12 We're asking you to restrict the number of
13 times that drugs can be sold to cripple that gray
14 market. Because if it exists, it will be
15 exploited. Where there's money to be made, people
16 will go after it. You know that whatever
17 technology comes up, people will work right away to
18 find a way around it.

19 On behalf of the Fagan family, I thank
20 you. I know, it's late. They want their voice
21 heard.

22 I thank you.

23 [Applause.]

24 MS. FORZLEY: Good afternoon, I'm Michelle
25 Forzley, I'm a lawyer and a public health

1 professional. I'm associated with the Johns
2 Hopkins School of Public Health and am the director
3 of the Public Health law and Policy Clinic, here in
4 the D.C. area. Thank you for the opportunity to
5 address this important public health problem.

6 I'm here to tell you about a study I
7 conducted this past year. It's the first
8 systematic study done to quantify the problem of
9 counterfeit goods from a public health perspective.

10 A comprehensive literature and database
11 search revealed that: counterfeit goods are more
12 than just an intellectual property problem.
13 Indeed, death and morbidity are associated with
14 counterfeit goods, particularly counterfeit
15 alcohol, drugs, food, and personal care products.
16 It's a global problem, as well. And some of the
17 findings are summarized on the slide.

18 Counterfeit drugs are part of a larger
19 problem of counterfeit goods. As well as they are
20 part of the problem of substandard drugs.

21 My message today is to urge this task
22 force to broaden the scope of it's inquiry beyond
23 drugs and beyond the confines of the jurisdiction
24 of the FDA. Let me continue my findings to
25 demonstrate why you should take my advice.

1 There is no systematic, integrated, global
2 detection and surveillance system, nor an early
3 warning system. I think you know that, which would
4 alert law enforcement, customs, consumers,
5 healthcare industry, or brand owners that
6 counterfeits have been detected. Thus, no
7 concerted action can follow to protect anyone.

8 None of the essential functions of public
9 health have been directed at the problem of
10 counterfeit goods. And this being a public health
11 agency, I think you know what they are. We would
12 not know, for example, if there was an epidemic of
13 injuries stemming from any kind of counterfeit
14 good. And that is simply unacceptable.

15 The most important task at hand,
16 therefore, in my view is to collect data. To do
17 that, we must refine the international
18 classification of diseases to code for counterfeits
19 as a mechanism of injury and disease. And then,
20 U.S. existing databases such as that of the
21 National Center for Injury Prevention and control
22 can be refined very easily to capture events
23 related to contact with a counterfeit good of any
24 kind.

25 Without appropriate data collection, no

1 early warning system can function nor can we
2 develop and test appropriate interventions.

3 Numerous factors lead to an increased risk
4 of exposure to counterfeit goods. Drugs are not
5 qualitatively different in this respect. A Hadden
6 Matrix analysis indicates that the four focus areas
7 of this hearing are relevant, but are not all the
8 possible areas. And while these may be the only
9 ones within the jurisdiction of the FDA, they may
10 well be insufficient to solve the problem.

11 Thus, my recommendations: First and
12 foremost, let's stick to the basics. Conduct the
13 basic functions of public health starting with data
14 collection and require our public health agencies
15 to collect data and conduct basic research.
16 Collaborate with other agencies, as well, of the
17 federal government and international organizations
18 such as the WHO the ICC and others.

19 The goal of collaboration must be to share
20 data, share information and develop a global alert
21 system. As for laws, this is my last sentence:
22 Promote the development of laws to support the
23 public health infrastructure in the developing and
24 less developed world.

25 About two-thirds world's countries have

1 inadequate or no drug regulatory authority.
2 Clearly, this one aspect of the deficiencies in
3 public health should be addressed.

4 And, last, it's time for a global frame
5 work to address the problem of counterfeit drugs,
6 if not for drugs, in general. The WHO may serve as
7 the facilitator for such a frame work, but the
8 process should involve all constituencies as
9 indicated earlier.

10 Thank you and I look forward to your
11 questions.

12 [Applause.]

13 MR. REGAN: Good evening, ladies and
14 gentlemen. And you're at the end of a long process
15 that started in May of 2003, as I understand and
16 we're at the end of a day. And I gather you didn't
17 measure the end of the day by saving the best for
18 last because it's me.

19 My name is Don Regan, I'm the president of
20 the Seniors for Fair Access to Pedigree Drugs. I
21 have a little more specific suggestions, but some
22 more general things. And fortunately, Captain
23 McGinnis left because every time I see four
24 stripes, the ensign in me causes my blood to quiver
25 a little bit, so, I have to be--okay, then I've got

1 to be careful.

2 There's two key words in our association's
3 title: One is fair and one is access. And there's
4 two capacities in which I can speak.

5 The first is as a consumer for fair. And
6 as a consumer, I'm attempting to be one of the
7 educated, vigilant public to which you refer in
8 Paragraph G of Section 2 of your good interim
9 report. And this day has helped that in a long
10 way.

11 Secondly, as a consumer, I eat broccoli
12 and I work out and go surfing, I don't smoke, try
13 to avoid drugs, don't have any insurance, but last
14 night, before I hoped on a plane in California to
15 come here. I had an infection, got a drug and from
16 my observation as a consumer, the system really
17 works well. I don't want to toss that good
18 distribution out, in spite of some of the stories
19 that here, we've just heard and have certainly
20 touched our heart.

21 But I'm also in the second word, in
22 access, I'm also an attorney, I guess you finished
23 three for three at the end here. And I have had a
24 lot of administrative experience before a body such
25 as the Security and Exchange Commission, the SEC,

1 IRS, and state regulatory agencies, as well as the
2 California Board of Pharmacy.

3 And there's an analogy to that that I'll
4 get to, you'll see how it comes in. And what makes
5 me think, particularly in the nautical sense here
6 of this situation of the drug industry that we're
7 addressing is that if--there's an immutable law of
8 the sea and it says if everything works, it's not a
9 ship. And if there's four bolts that need
10 tightening, only three are going to go down easily.

11 And you've got--this is such an amazing
12 industry, my personal experience last night for
13 what I've seen the other experience, the three
14 bolts are there. We need to twist the fourth one
15 down. And what's the fourth one? Well, I think we
16 keep the distribution system essentially as it is
17 in place. I realize this may seem a little far
18 fetched, but Trader Joe's has helped another
19 marketplace which isn't as serious as this, but it
20 has worked in a very--in a less regulated
21 situation.

22 What's our fourth bolt here? It's
23 counterfeiting. It's not a simple problem you're
24 right. The Pilgrims, well, I won't get to that,
25 okay. But early last century, there was a

1 proliferation of unlawful financial products,
2 flooded all over the country. What happened?

3 Well, maybe the depression, but in 1934,
4 there was the--and '33--the Securities and Exchange
5 Commission was adopted, the Securities and Exchange
6 Act and all the states got regulatory commissions.
7 For 50 years, the federal and the state blue-sky
8 commissions worked together and, but not
9 cohesively.

10 And it was only until the last 15 years
11 that a system of really effective laws were put
12 into place at both levels. It used to be you could
13 go to New York and have to write a Ph.D. thesis to
14 sell 10-cents' worth of stock and in Nevada, you
15 could do it on a handshake. Now, resources of
16 those administrative agencies are focused on
17 chasing the bad guys rather than making the good
18 guys go through hoops. And I think that's possible
19 in this industry.

20 And the counterfeiting--it's that fourth
21 bolt--what would I suggest from the outside of your
22 industry, looking in? I think there's two key
23 things: One is, you decrease the profit potential;
24 and two, is you increase the risk. And by
25 decreasing the profit potential, I would suggest,

1 as has been done by Messrs. Mayberry and Trealeaven
2 and your Panel 3 that the focus should be not so
3 much on the distribution system, but on unit-dose,
4 tamper-proof packages. And that is a simpler
5 solution and it would seem to cover a lot.

6 I would also, from my perspective, I'd
7 toss the pedigree system, as was, I realize that
8 flies in the face of the statute, but this is one
9 person's opinion. I believe Carmen, if I pronounce
10 his name correctly Catizone, on Panel 2 observed,
11 that it's a lot easier to counterfeit a piece of
12 invoice with a product list than it is to open a
13 container, a tamper-proof package and start to
14 adulterate.

15 So, I would add to that a layer of law at
16 the federal and state level which had really
17 serious criminal--I'm sorry, federal and state
18 criminal code which would have really serious
19 consequences for anybody that is involved in any
20 part of any of the chain that leads to
21 counterfeiting. And I think you use both of those.

22 And, finally, what you suggested earlier,
23 is educate. I think the wholesaler should have a
24 continuing education system; the public, we as the
25 public have a continuing education system; of the

1 Seniors for Fair Access to Prescription Drugs stand
2 ready to help you in educating the public. And I
3 trust that on January of next year that you have
4 proved that you have the force to accomplish the
5 task that you have so well done.

6 Thank you very much for the opportunity.

7 [Applause.]

8 MR. TAYLOR: Okay, well that's the end of
9 the seventh panel. However, I wanted to give the
10 task force members an opportunity to ask any
11 questions of the last group of speakers. So, Bill?

12 MR. McCONAGHA: At the risk of inciting a
13 riot, I will prolong with a quick question. Again,
14 Bill McConagha with FDA's Office of Chief Counsel,
15 I direct this question to Mr. Schmidt and Mr.
16 Turkewitz in turn. Mr. Schmidt, I just want to
17 make sure I understand, your testimony. You both
18 spoke about the gray market and your view that that
19 was one of the problems in this phenomena. Am I
20 correct in understanding it's your view that we
21 should not allow a distributor-to-distributor
22 exchange, in other words, wholesale distributors,
23 ought not to be able to sell back and forth to one
24 another?

25 MR. SCHMIDT: That is a practice that our

1 company's adopted over 15 years ago. And that
2 would be our recommendation. That eliminates the
3 gray market. That eliminates the profit that
4 potentially exists there.

5 MR. McCONAGHA: Mr. Turkewitz, do you have
6 a view to that?

7 MR. TURKEWITZ: Well, I think that anytime
8 you expand the number of people that are going to
9 touch the drug, you're opening the door a little
10 bit more and a little bit more. And whether you
11 come up with a system that just goes
12 manufacturer/distributor/pharmacy or add in the
13 possibility of a second authorized distributor, you
14 know, that's something for you to decide. But,
15 obviously, the narrower you get, the more secure
16 it's going to be. If you open the door up for
17 those drugs to fly outside the system, for the
18 authorized distributors to stop buying drugs from
19 unauthorized sources, the ball game's over, I mean,
20 the doors are wide open, the locks are gone. And
21 that's going to be a problem.

22 It has to be--it seems clear to me, and I-
23 -this is coming from the perspective of an outsider
24 that the system certainly has to be restricted. I
25 mean you can't have five to 10 thousand wholesalers

1 floating around the country swapping drugs back and
2 forth and buying them and picking them up from
3 diverted sources. And then selling them back into
4 the distribution system.

5 So the FDA's going to have to come up with
6 some way to tighten up dramatically, not just a
7 little bit of fine tuning, but very dramatic way of
8 doing it. And that comes from my perspective of
9 somebody that represents somebody who was actually
10 injected with it. To this day would fear that the
11 next piece of medication--the next bit of
12 medication he's going to get is going to be
13 counterfeit. He's going to be on drugs the rest of
14 his life, if he's a transplant patient. And every
15 day, he's taken in. Every week, he's still getting
16 injections. And every time he gets them, he lives
17 in fear that this is going to happen again.

18 And, certainly from his perspective, I
19 think it's important. And it's not just Tim Fagan,
20 you remember, you heard earlier about the example
21 of the procrit. An the State of Florida has
22 estimated that that one instance of counterfeiting,
23 but that was injected into 25,000 people.

24 And so you're talking about 10s of
25 thousands, if not 100s of thousands of people who

1 are likely getting the counterfeit drugs.

2 And the problem that you're faced with, I
3 think is far more widespread than anybody has
4 appreciated. In large part because you're dealing
5 with something that's almost a perfect crime. The
6 actual evidence is injected or swallowed, the
7 packaging is thrown away. So the evidence is gone.

8 And then when the patient doesn't get
9 better. The doctor and the patient presume it's
10 because they're sick. As far as I know, there's
11 only maybe two or three lawsuits out there against
12 various entities in the pharmaceutical business
13 regarding counterfeit drugs.

14 If there were 25,000 people just from one
15 instance of counterfeiting, that being the Procrit.
16 And I think you're dealing with now, about 20
17 instances a year? You're dealing with a vast
18 number of people and a huge problem that's lying
19 below the surface that people don't know about and
20 people undoubtedly staying sick and dying from it
21 and no knowing.

22 And I think it's really important for the
23 FDA to take action and shut down--shut down that
24 system, even though it's flying below the radar for
25 a great portion of America.

1 MR. SCHMIDT: I'd like to reverse the
2 question and ask your understanding of why those
3 distributor-to-distributor sales exist? Why do
4 they exist from your understanding?

5 MR. McCONAGHA: I'll respond to that with
6 another question.

7 MR. SCHMIDT: It proves you're a lawyer.

8 MR. McCONAGHA: The follow-up question I
9 was going to ask and I think this may be responsive
10 is: Based on your voluntary practice and you said
11 you basically have been dealing directly with
12 pharmacies--

13 MR. SCHMIDT: Exclusively.

14 MR. McCONAGHA: Exclusively, for the last
15 15 years.

16 MR. SCHMIDT: With manufacturers.

17 MR. McCONAGHA: With manufacturers--do you
18 find that you are able to fill the needs to service
19 all of the pharmacies and consumers that want the
20 drugs that in some cases, at least, traditionally,
21 had been served by secondary wholesalers?

22 MR. SCHMIDT: No, we do not, but we do not
23 succumb to the temptation. Where we're living
24 right now an example. Right now there's a shortage
25 of flue vaccine in the U.S., it's been quite a

1 surprise to a lot of people. Our company
2 distributes 10 percent of the flu vaccine in the
3 United States.

4 We cannot get enough to meet the demand,
5 but we can buy it from secondary channels. And we
6 refuse to do that. And the only reason that it's a
7 distributor to distributor sales exists is an
8 economic reason. Because if I can buy it from the
9 manufacturer--and we get offers--if I can buy it
10 from the manufacturer for less than I--if I can buy
11 it from the distributor, excuse me for less than I
12 can from the manufacturer--you have to think that
13 that's something wrong. Something untoward has
14 happened, either drug diversion or counterfeiting.
15 It's the buying practices that I think maintain the
16 motivation with counterfeiting than do criminal
17 acts. And we just avoided that temptation.
18 Continue to avoid that temptation.

19 MR. McCONAGHA: Thank you.

20 MR. TAYLOR: Any other questions, Paul?

21 MR. RUDOLPH: I had two questions for Mr.
22 Schmidt and one for Ms. Shelp. Mr. Schmidt, I
23 just, a quick question. I'm not clear do you
24 represent a manufacturer or a distributor?

25 MR. SCHMIDT: I represent a distributor.

1 MR. RUDOLPH: In terms of the good
2 business practices that you mentioned--I might have
3 asked this of the orthobiotech panelist earlier
4 today, how are those actually enforced by a
5 manufacturer or a distributor? The notion that you
6 shouldn't buy from anyone other than a
7 manufacturer, how would a manufacturer enforce that
8 and how would a distributor go about?

9 MR. SCHMIDT: Well, unfortunately the
10 manufacturers do not endorse that, because we make
11 a commitment to our manufacturer we'll only buy it
12 from them and we'll only resell to an end-user or
13 healthcare provider. We do not redistribute to
14 other distributors. Frankly, it never made sense
15 to us because it seems like you respond to a
16 competitor, but from a competitor standpoint it
17 never made sense to us. We only buy from the
18 manufacturer and we only sell to other
19 distributors. Now if you buy from a distributor,
20 it obviates, I think the responsibility that a
21 manufacturer to due diligence on the distributor.
22 I mean, these are prescription pharmaceuticals,
23 they're expensive to make, and sometimes almost
24 everybody that handles them--an that just never
25 made sense to us. So we talk about a real defined

1 distribution channel, we make a commitment from our
2 customers, when they get something from our company
3 they don't have to worry about where it came from.
4 If there's counterfeiting involved, the
5 manufacturer did it. Because that's where we got
6 it from.

7 MR. RUDOLPH: The second was just sort of
8 a follow-up, are these written policies that you
9 have or, because maybe if you'd be kind enough to
10 share any written policies you have about your
11 business practices with us with the docket. As you
12 know, we received a document on HDMA on good
13 business practices and I think it would be
14 interesting for us to be able to review what your
15 business practices are, especially in the context
16 of what they're planning to do. Thank you.

17 And for Ms. Shelp, two questions, for you.
18 One is, I was wondering if, I don't know if your
19 presentation was part of our record, because I
20 couldn't find it, but I missed the names of the
21 organizations, it might be helpful if you know the
22 names of organizations that we can partner with in
23 terms of general counterfeiting, in terms of
24 consumer education, that might be helpful to submit
25 to us so we have a good idea of all those.

1 MS. SHELP: Yes I submitted one, and I
2 will submit a little bit longer piece that for he
3 docket that details some of those organizations.

4 MR. RUDOLPH: And the only other question
5 I wanted to ask you is you also talked about
6 companies trusting each other and the importance of
7 business practices. Could you elaborate on that, I
8 don't know if you were thinking along the same
9 lines as Mr. Schmidt or do you have more, does your
10 company have a more detailed document about that?

11 MS. SHELP: Well, I don't have any
12 detailed document about it, it's just that we, as a
13 company have worked with brand owners across a wide
14 range of industries. And when you go in and they
15 tell you they want to deal with their problem and
16 the first thing you need to do is talk to them
17 about what the problem is and do they really want
18 to deal with it. There's very little you can
19 actually do regardless of how wonderful it all is,
20 if, indeed, you're going to give them some sort of
21 security thing and they're going to put it into a
22 plan where there's nobody takes care of any of this
23 stuff, you know, and the guy can walk out the back
24 door with half of whatever the security element
25 was.

1 I think apropos of what you said before,
2 the more global we get, the more difficult it is
3 for us to go back to our roots where you do
4 business with people you know. And, rather than
5 having to look at the list that tells you what the
6 rating is at the bank, better you know the bank.
7 And especially in an area like this where it's so
8 crucial to you.

9 I know that we have companies that have
10 talked to us about helping them and it may be
11 something like handbags or that type of product,
12 and they have a problem with being diverted
13 product. Well, they sell their product, they
14 actually sell their product into a department
15 store, at the end they are not going to take the
16 product back. They refuse to take any of the extra
17 product back, the department store finds another
18 thing for it. Well, you know, it's not very
19 surprising that it shows up in Costco or it shows
20 up in some flea market area where they didn't
21 expect it to be.

22 The easiest way to solve that problem,
23 obviously, is change the way you do business. And
24 we've seen companies who've done that and,
25 literally, gotten rid of most of the problem right

1 there. And we've seen others who put a blind eye
2 to it and go forward, in large part because they're
3 making more money doing it this way than they are
4 the other and it's the lip service.

5 And, I guess, when you get down to your,
6 the industries that you're regulating and dealing
7 with, none of us can afford for that to happen.

8 MS. BERNSTEIN: I just have a quick thing.
9 When you submit your longer testimony, could you
10 submit a copy of the EU study that you mentioned
11 about the cost of counterfeits?

12 MS. SHELP: Yes, in fact it was one that I
13 thought was really very interesting because what
14 they had done, it was from the Center for Economic
15 Research that comes out of the UK. And they did
16 one for the Economic Union, going through talking
17 about how do you get a handle on the size of the
18 problem. And each industry was very different.
19 And one of the things that they determined is that
20 the pharmaceutical industry was probably the most
21 difficult of them all, because you can't the fact
22 and I heard that question asked today to your
23 commissioner. Do you know how big the problem is?
24 And one of the answers is, well, we've had more
25 seizures. And the answer is, well, if you've got

1 ore seizures, what does that really tell you about
2 the problem? It doesn't. And what they proposed
3 in this was, in my mind, very logical and it was a
4 sampling technique where you go out and you sample
5 among all of those distribution channels that are
6 out there, the drugs, bring them in, get them
7 analyzed and then you're able to really come back
8 and to say to people what the real story is.

9 I guess in my personal view, when I saw
10 the report that you had done recently with customs
11 on it, you know. That was one where there was some
12 hard evidence that actually said what came in from
13 here was this much counterfeit. And that on an
14 ongoing basis is a much better--it's a much better
15 measure for all of us to be able to put our faith
16 in.

17 I guess, you know, for us we have always
18 had such faith in the way the U.S. government can
19 come around and tell you what the unemployment rate
20 is, what consumer prices are, all of those kinds of
21 things. And this entire business is just it's
22 anecdotal information. Which is not, in my mind,
23 very persuasive to people because it tends to be
24 very emotional based, as opposed to factual based.

25 And in our view we find it very difficult

1 to get manufacturers and brand owners themselves to
2 actually take action because they're looking to say
3 how big is the problem. And they only know how big
4 the problem is when they've done something about
5 it. Then they've discovered that maybe, you know,
6 it was twice as big as they thought it was. They
7 had no way of knowing how bad the problem is.

8 MR. TAYLOR: Thank you. Any other
9 questions?

10 Well, it's been a long day. I want to
11 thank all of you for coming and I also want to
12 remind you that, indeed, the docket is open until
13 November 3.

14 A lot of you, in addition your shorter
15 presentations cited to longer presentations, and
16 longer studies that you deemed are helpful or have
17 read and thought have--and based on your review
18 thought they would be helpful for this debate, if
19 so, I mean we welcome seeing all these documents
20 and we think that they will play a crucial role in
21 the deliberations to come.

22 We still are committed to getting out a
23 final report in January. As I also said earlier,
24 we hope that the transcript of the meeting will be
25 available within a week after the meeting. So,

1 please look at our Website and continue to
2 participate, we really appreciate it.

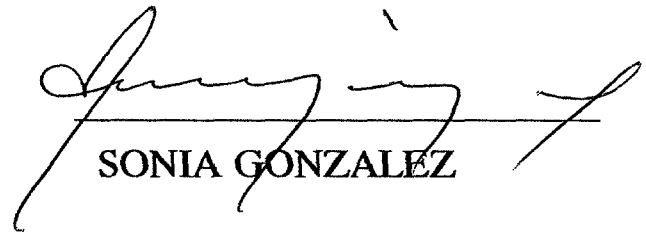
3 [Whereupon, at 6:10 p.m., the proceedings
4 were concluded.]

5 - - -

6

C E R T I F I C A T E

I, **SONIA GONZALEZ**, the Official Court Reporter for Miller Reporting Company, Inc., hereby certify that I recorded the foregoing proceedings; that the proceedings have been reduced to typewriting by me, or under my direction and that the foregoing transcript is a correct and accurate record of the proceedings to the best of my knowledge, ability and belief.



SONIA GONZALEZ