August 15, 2026

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF NEW YORK

In re: **PURDUE PHARMA L.P., ET AL.,** **DEBTORS**	**Chapter 11** **Case No – 19-23649**

RESPONSE TO SETTLEMENT WITH MCKINSEY & COMPANY, INC.

My name is [redacted], and I am an individual claimant in this case.

I was harmed within a system that combined long-term use of long-acting opioids with other prescribed medications, while neglecting to provide basic safety features for known risks to patients. At the center of that harm is something simple and preventable: the continued use of bulk dispensing—large quantities of loose pills in bottles—despite known risks. For a patient in severe or chronic pain, often dealing with cognitive strain and medications that impair memory and judgment, this was a foreseeable recipe for disaster.

These risks were not unknown by the pharmaceutical industry or McKinsey. They were built into the system and ignored to maximize profit. Safer alternatives, such as patient-friendly unit-dose packaging, were available and would have provided structure, reduced dosing errors, and protected vulnerable patients. Instead, the system prioritized volume and access over safety, and patients were left to manage dangerous combinations on their own.

McKinsey & Company is a marketing company. Its role was to shape how these drugs were positioned, distributed, and expanded into long-term use for maximum profit. That influence did not stop at messaging—it helped re-create a healthcare system that

normalized high-volume prescribing and bulk dispensing without meaningful patient safeguards. The whole System enabled the changes and is now reacting negatively, at the detriment of patient care. This settlement does not fully account for their role or the consequences that followed. Given the scale of harm caused by the system it helped influence, the proposed amount is insufficient. **More must be required of McKinsey, and the amount directed to the Personal Injury Trust should be in the billions—not a fraction of that—so that those directly harmed have a meaningful opportunity for true healing.**

What is most concerning is that the same approach is continuing. The shift toward so-called abatement drugs demonstrates that the lessons from this crisis have not been learned. The same marketing-driven influence remains, the same lack of patient-centered safeguards persists, and the same failure to consider how medications are actually managed by real patients continues. Changing the drug does not fix the system and denying patients pain relief is cruel and inhumane. The issue was not opioids themselves, but the excessive marketing and failure to implement safe, patient-centered packaging despite known risks—areas where McKinsey & Company played a significant role. The current response has over-corrected, leaving legitimate pain patients without adequate care while decisions are driven by illicit drug concerns rather than real patient needs. The continued marketing and promotion of “abatement” drugs, by the system, without addressing these underlying failures shows that the lessons from this crisis have not been learned.

Legitimate pain patients are now routinely being abandoned. Instead of correcting the failures that caused harm, the system has over-corrected. There are many reports of patients being denied appropriate treatment, stigmatized, and left without adequate care, while policy decisions appear to be driven almost entirely by illicit drug use. This ignores the reality that there is a distinct group of patients who were harmed, not by deliberate misuse, but by the structure of the system itself. Their pain does not disappear just because it goes untreated without the appropriate use of opioids.

This over-correction does not exist in a vacuum. It reflects a failure to address concerns that have already been raised before this Court. By allowing the system to shift in this way—without addressing the underlying issues of safety, packaging, and patient-centered care—the Court becomes part of a process that leaves those patients unprotected.

It is disingenuous to present prescription opioids as the primary driver of the opioid crisis when the overwhelming harm is tied to the illicit use of illegal drugs. The continued flow and distribution of these substances—not legitimate medical treatment—are the principal causes of overdose deaths. Legitimate pain patients are not the source of this crisis. Rather, the problem arose from faulty marketing and systemic changes to healthcare that expanded prescription opioid use without adequate safeguards. At the same time, there remains a clear and ongoing medical need for these medications when used appropriately, and that need has not disappeared. Patients who have lived for years with chronic pain and maintained functional lives with appropriate opioid therapy are now being abandoned and forced onto treatments that do not adequately control their pain. This creates entirely foreseeable consequences, including severe psychological distress and the risk that some patients will turn to unsafe alternatives, including illicit drugs, in an effort to manage their pain. A system that knowingly places patients in that position, rather than addressing the root causes of the crisis, is not only failing—it is perpetuating further harm.

This settlement does not resolve these ongoing problems. It does not address the known risks in packaging. It does not correct the system that placed patients at risk. It does not ensure that safer practices will be implemented going forward. Instead, it closes a chapter while allowing the same conditions to continue under a different form.

For these reasons, I respectfully ask the Court to deny approval of this settlement, or at a minimum require meaningful changes that address patient safety in how medications are delivered, including the implementation of patient-friendly unit-dose packaging and recognition of the risks faced by vulnerable pain patients. It should also be noted that the amount being settled upon for the **PI Trust should dramatically increase**, given that harmed individuals have been functionally disregarded while the system pays itself.

This case is not just about what happened in the past. It is about what is happening now. A system that once expanded opioid use for profit is now abandoning the very patients it placed at risk—without correcting the failures that caused the harm in the first place.

Without meaningful accountability and real correction of these failures, approving this settlement will not end the harm—it will ensure that it continues.

Respectfully submitted,

CERTIFICATE OF SERVICE

I [redacted] a Pro Se Claimant, certify that the above referenced document and associated attachments were presented by email on April 15, 2026, to the following:

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