

September 7, 2026

The Honorable Sean H. Lane
United States Bankruptcy Judge
United States Bankruptcy Court
Southern District of New York

Re: Purdue Pharma L.P., et al.,
Case No. 19-23649 —
Submission of Open Letter

Dear Judge Lane:

I respectfully submit the enclosed open letter, *A Call for Patient-Centered Opioid Safety Reform*, for consideration in connection with the continuing consequences of the Purdue Pharma proceedings.

I believe the decisions made in this case have contributed to great suffering among legitimate pain patients while failing to address preventable medication-safety failures. I am particularly troubled by the circularity of a public benefit company whose business proceeds help fund opioid-abatement trusts. Turning the consequences of corporate wrongdoing into a public-benefit funding structure does not, by itself, correct the failures that caused the harm.

I have repeatedly advocated for manufacturer-level, patient-friendly unit-dose packaging, including in this litigation. Arkansas formally called for federal action through HCR 1011 in 2023. Yet patients like me, who never abused our medications and have firsthand knowledge of these failures, continue to struggle to be heard.

I ask the Court to consider the enclosed letter and the continuing need for meaningful patient-safety reform, humane pain treatment, and representation of legitimate pain patients. Please accept it for the record.

Respectfully submitted,



Carrie L. McGaha

Enc: *A Call for Patient-Centered Opioid Safety Reform*

September 6, 2026

A Call for Patient-Centered Opioid Safety Reform

Re: Manufacturer-Level Unit-Dose Packaging, Humane Pain Treatment, and Meaningful Representation of Legitimate Pain Patients

An open letter to those who should care,

I am writing as a former pharmaceutical worker, a former long-term prescription opioid patient, and an individual claimant in the Purdue Pharma bankruptcy proceedings. I ask you to take coordinated action on a practical patient-safety reform that has been overlooked for far too long: **manufacturer-level, patient-friendly, tamper-resistant unit-dose packaging for prescription opioids and other narcotics.**

I also ask that the national response to the opioid crisis recognize the harm caused to legitimate pain patients by overly restrictive policies and include our voices in decisions affecting our lives.

I Have Experienced the Consequences.

I woke up in an ICU after being transported by helicopter because of a medication error. For more than fifteen years, I was legally prescribed opioids for severe chronic pain, often along with multiple medications affecting memory and cognition. I was a patient trying to follow medical instructions while managing pain and the effects of the medications prescribed to me.

My earlier pharmaceutical work gave me another perspective. I personally witnessed unit-dose packaging expose diversion in a professional healthcare setting. **Packaging creates evidence and accountability.** A missing individually packaged dose is visible. Loose pills can disappear easily from a bottle with little indication of when, where, or how they disappeared. Loose medications also present opportunities for tampering and contamination. I used to feel like I was looking down the Barrel of a Bottle of Pills, wondering why I still hurt so badly and if it was time to take another pill. I was taking other medication too, so my judgment was not good.

We give patients medications that can impair memory, cognition, alertness, and judgment, then expect them to safely administer numerous loose doses from a bottle while experiencing those very effects. Pain itself, multiple medications, age, and serious illness can make medication management even more difficult. This absolutely would have prevented many of my medication errors, especially the one that almost killed me!

Why should the patient experiencing the side effects have fewer safeguards than the professionals administering these medications in an institution?

The Solution Must Begin at the Manufacturer.

I am not advocating for pharmacy personnel to manually repack bulk bottles into unit doses. That moves the problem downstream and creates additional handling and potential opportunities for error or diversion, within the professional setting. I've seen it.

I am asking for the individual dose to leave the manufacturer in secure, identifiable packaging and remain protected until the patient opens it, similar to birth control or Accutane.

Patient-friendly packaging should provide individually sealed doses, clear identification of the drug and strength, manageable quantities, and visual cues that allow patients to track remaining doses and record administration when appropriate. Such packaging could support safer medication management, make unexplained missing doses more apparent, deter diversion, and reduce opportunities for tampering or contamination.

This is not a new proposal. I have raised it repeatedly in the Purdue Pharma proceedings. In 2023, the Arkansas General Assembly adopted House Concurrent Resolution 1011, subsequently approved by the Governor, to encourage the federal government to look into the possibility of the pharmaceutical industry to use unit-dose packaging for narcotics and opioids.

Arkansas has already formally asked the federal government to act. I am asking that the request now receive meaningful consideration and a concrete response.

Pain Is Real, and Patients Deserve Humane Treatment

Pain is a symptom. Whenever possible, medicine should identify and treat its underlying cause rather than simply medicate the symptom indefinitely. But sometimes the cause cannot be quickly corrected, and sometimes pain is severe, disabling, or unavoidable. The person experiencing that pain deserves humane treatment.

The response to the opioid crisis has overcorrected. Patients who took their medications as prescribed and never abused, diverted, or illegally obtained drugs have been stigmatized and harmed by policies created in response to addiction and illicit drug use.

We do not have to choose between careless prescribing and denying necessary medication. There is a practical path between those extremes: **treat the underlying cause whenever possible, prescribe opioids when medically appropriate, and make those medications safer to consume through manufacturer-level unit-dose packaging. Lose the FEAR!**

Success should not be measured merely by how few opioid prescriptions are written. It should be measured by whether patients receive appropriate care, whether preventable harm is reduced, and whether people can live with dignity.

Legitimate Pain Patients Must Have a Seat at the Table

I am deeply concerned that opioid settlement and abatement discussions have too often centered on substance-use disorder and illicit drug harms while overlooking patients harmed by prescription-drug safety failures and by the subsequent overcorrection. Addiction treatment and overdose prevention are important, but they are not the only needs created by this crisis.

Do not exclude the people who were harmed while following medical instructions. Our experience is evidence that the system needs to hear.

Requested Action

I respectfully ask the appropriate federal and state authorities to:

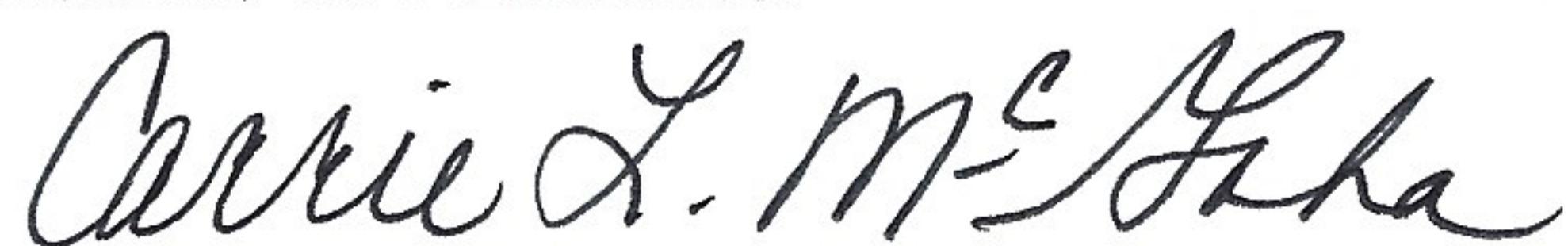
1. **Establish and mandate manufacturer-level unit-dose packaging** for all prescription opioids and other narcotics, as appropriate.
2. Ensure that opioid prescribing and public-health policies preserve individualized medical judgment and do not unnecessarily deny appropriate pain treatment or punish providers for prescribing adequate pain medication on an individualized basis.
3. Quit pretending as if opioids are not provision for pain relief by our creator. It has been the synthesized opioids that have caused the greatest problems along with unchecked greed.
4. Include legitimate long-term pain patients, including those harmed by medication-management failures, in federal and state advisory groups, research, and opioid-abatement planning. Include those who have successfully reduced or abated the opioids using alternative, natural remedies.

Please Do not punish patients for failures they did not create. Do not confuse physical pain with addiction. Do not measure success merely by reducing prescriptions.

Treat pain patients with humanity and dignity. Listen to us. Build safety into the package and allow physicians to treat the individual patient in front of them.

Respectfully submitted,

Carrie L. McGaha



Enc: Arkansas House Concurrent Resolution 1011 (2023).

1 State of Arkansas
2 94th General Assembly
3 Regular Session, 2023

HCR 1011

4
5 By: Representative Vaught
6 By: Senator B. Johnson
7

8 HOUSE CONCURRENT RESOLUTION

9 TO ENCOURAGE THE UNITED STATES CONGRESS TO ENCOURAGE
10 THE USE OF UNIT DOSE PACKAGING FOR NARCOTICS AND
11 OPIOIDS TO PRESERVE THE HEALTH AND SAFETY OF ALL
12 CITIZENS OF THIS NATION.
13
14

15 Subtitle

16 TO ENCOURAGE THE UNITED STATES CONGRESS
17 TO ENCOURAGE THE USE OF UNIT DOSE
18 PACKAGING FOR NARCOTICS AND OPIOIDS TO
19 PRESERVE THE HEALTH AND SAFETY OF ALL
20 CITIZENS OF THIS NATION.
21
22

23 WHEREAS, the rate of drug overdose deaths in Arkansas, a majority of
24 which are due to the misuse of prescription drugs, has more than tripled
25 since 1999, when the age-adjusted rate was six and one-tenth (6.1) per one
26 hundred thousand (100,000) people, compared to twenty-one and seven-tenths
27 (21.7) per one hundred thousand (100,000) people in 2017; and
28

29 WHEREAS, in recent years the pharmaceutical industry has responded to
30 an increased demand for drug products which are packaged for "unit dose"
31 dispensing or the delivery of a single dose of a drug to the patient at the
32 time of administration; and
33

34 WHEREAS, the drug product is dispensed in a unit dose container which
35 is a non-reusable container designed to hold a quantity of drug intended for
36 administration as a single dose, directly from the container; and



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HCR1011

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2 WHEREAS, the advantages of unit dose dispensing are that the drug is
3 fully identifiable and the integrity of the dosage form is protected until
4 the actual moment of administration; and
5

6 WHEREAS, unit dose packaging for narcotics and other opioids,
7 especially narcotics and opioids affecting memory and cognition, would
8 improve patient compliance, reduce misuse of the prescription drugs, and
9 prevent overdoses and diversion which would save lives across the nation; and
10

11 WHEREAS, encouraging unit dose packaging of narcotics and opioids is
12 practical and patient-friendly and may reduce medication waste for
13 manufacturers of prescription drugs; and
14

15 WHEREAS, the United States Congress, the United States Food and Drug
16 Administration, and the United States Drug Enforcement Administration should
17 take action to preserve the health and safety of all citizens of this nation,
18

19 NOW THEREFORE,

20 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-FOURTH GENERAL
21 ASSEMBLY OF THE STATE OF ARKANSAS, THE SENATE CONCURRING THEREIN:
22

23 THAT the House of Representatives of the Ninety-Fourth General Assembly
24 of the State of Arkansas, the Senate concurring, encourages the United States
25 Congress, the United States Food and Drug Administration, and the United
26 States Drug Enforcement Administration to encourage the use of unit dose
27 packaging for narcotics and opioids by the pharmaceutical industry to
28 preserve the health and safety of all citizens of this nation.
29

30 BE IT FURTHER RESOLVED THAT upon adoption of this resolution, an
31 appropriate copy be provided by the Chief Clerk of the House of
32 Representatives to the United States Food and Drug Administration, the United
33 States Drug Enforcement Administration, the majority leader of the United
34 States Senate, the Speaker of the United States House of Representatives, and
35 the members of the Arkansas congressional delegation.
36

CERTIFICATE OF SERVICE

I, Carrie L McGaha, Pro Se Claimant, certify that the above referenced document was presented by email on September 8, 2026, to the following:

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