

**Transcription ICANN Dublin  
Monday 19 October 2015  
Illicit Internet Pharmacies – A Growing Threat to Online Security & consumer  
Safety: An Event for Registries and Registrars**

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Mike Isles: My name is Mike Isles. I'm the executive director for the Alliance for Safe Online Pharmacy in Europe. And I'm joined by number of colleagues here to discuss this important topic.

First of all, I would really like to thank ICANN for moving the meeting to today. As you know, there was some controversy over the meeting that was to take place tomorrow. So we're very, very grateful that we've had this opportunity, and therefore, registries and registrant people can actually be present at this meeting, so thank you very much.

Patient safety is very important. It requires collaborative and proactive actions, so please do consider how you could give us your ideas and how you could actually help contribute to the situation.

And hopefully by the end of this session, among the perhaps the gremlins, the fears that you may or may not have will be disbursed, because whilst it is a complex area that we're grappling with, and we're dealing with criminals

who are extremely clever, I'm sure together that we can actually make a difference.

Now I'd like to make some introductions, if I can have the next slide please. I'm being joined by a number of colleagues. (Marty), from the National Association of Boards of Pharmacy, (Marty) - so you'll be giving us some really interesting insights into a particular initiative that they've had in the US and, indeed, are planning

(Libby Baney), (over) here, she is like the sister company of (ASOP EU). We tend to refer to it as (ASOP) Global, so the Alliance for Save Online Pharmacy Global.

And we have Marjorie who's been organizing the microphones and everything else to best effect. So we're at the front which is better than perhaps being around the table. So thank you for that, Marjorie. And she's got some very exciting things to talk about as well.

And John Horton who's the president of LegitScript. He is here, too. And, indeed, there's me. So we can have the next slide please. Okay, just a little bit on the Alliance of Safe Online Pharmacy in the EU, it's a community interest not-for-profit company based out of the UK, but we have a (Pan) European remit.

And as you can see, we have a number of members and a number of observers to contribute quite significantly to the cost which is to try and make the Internet a safer place to buy medicines.

We would dearly like more members because, together, we can actually be more effective. You'll see that we have (Michaele), who, right from the beginning, has been a great supporter of what we've tried to achieve and, indeed, (Michaele) is going to say a few words too.

And also, we have (Yurid) as well. (Giovanni Seppi) has also been a great supporter, and indeed, you can see (Norman) out there as well. So if you like, we are part of your community and, that, I'd really like to stress. We are here to work collaboratively and to work together.

So your input and ideas today are going to be absolutely crucial, so please get writing your questions and will do our best to see if we can answer those questions, but even more importantly, if you suggest ideas.

Thank you. So the next slide please. So we're all about voluntary actions that are concrete. And you'll see some of those today and hopefully you'll agree that they are making a difference. Next slide please. Marjorie.

Marjorie Clifton: Okay, we're going to take team here. My name is Marjorie - yes, if people are in the hallway, please come on in. We can fit s'more and around the side and up front. I'm happy to have co-presenters of anyone wants to jump appear. We're trying to get as many people as possible speaking at one time.

Please come on in. And there's another escape hatch here so you won't be locked in if you come in. Don't worry. So my name is Marjorie Clifton. I'm from the Center for Safe Internet Pharmacies and on our board is - has been NewStar, Right Side and GoDaddy were with us starting in 2010.

We're the US entity that started a lot of this coalitional work that now we've grown into Mike's organization and EU. And one of the things I wanted to start with talking about is this idea of voluntary initiative, which I know has become quite the topic for this ICANN, and frankly why it matters.

And when we were founded in 2010 we were a lot of Internet intermediaries, so meaning we're registries and registrars, we're credit card companies, search engines, payment processors and shippers.

And so it looks like a lot of the other coalitions that I see that you have in place for many, many different things that you're doing. Why this stood on its own was a matter of - and will talk a lot about the data around this but it have to do with patient safety.

It was - you know, in the EU, they're talking about - or globally, about 100,000 deaths a year related to this issue. So there's the patient safety issue. And the other was that we saw with our member companies that, in simply changing the terms of use and how they set up their business practices, it became very easy to address this issue.

It wasn't quite the lift everyone thought it would be. But I think one of the things we want you to know, first and foremost, is that sort of the Wild West, as you know, and a lot of these industries, and a lot of this has been (us) coming together to figure out how to problem solve in this area.

There is no one right answer yet. And that is why, one, we've become - this has become a very important global issue, because without all of our companies in different industries working together on this issue, it's, you know, almost impossible to solve and to really address.

But we have seen, over the course of what has now been about four years of our organization, a lot of successes. We have seen things that have proven it's a definitely worth the issue - or worth the work and that collaboratively we have been able to make a difference.

So again, you know, we are here in partnership and wanting to work with you and talk with you and problem solve around this issue and we'll share what we've done so far and a little bit about what we know about this particular issue space a prescription medication.

So three things that we're focused on - and the first is the voluntary option piece of what we do, which is, for our organization, has been principles of

participation, so we have set a best practices essentially for all of the various industries involved in our organization to focus on what we see that works and also what we can all agree we can do.

And a lot of that is just simply changing terms of use, setting up policies so that you have a little bit more control over who you're doing business with. The second has also been a lot of collaboration, so we've been doing a lot of cross-industry collaboration, and this is looks like, in the US, we've worked with the FDA, the Food and Drug Administration.

We collaborate with the White House offices. We work with all different kinds of organizations really to educate because I know this will come as a surprise to - governments aren't always super efficient. They don't always understand what we do.

And so big part of that has been educating all of the different players in this marketplace about, for example, what it means for you, as registries and registrars, to try to run a business and not make the requests and the things that are transpiring unreasonable and undoable.

So facilitating understanding across industries. And the third has been a lot of consumer education. And we hear this everywhere we go. With law enforcement bodies from everywhere from Asia to the US, it's been, until consumers understand the issue we can't end this problem so we have to educate them and make sure they also understand where the responsibility lies with them and what the real issues are.

So that's been a big piece of our work. Can you go to the next slide please? Mike, where did you go? I'm going to let Mike the two little bit about what we know about the scope of this particular issue.

Mike Isles: Thank you, Marjorie. I won't drown you with facts but I think these are fairly plain to see - 97% of online drug sellers worldwide our operating illegally -

97%. Of these, 94% don't have a named verified pharmacist behind those numbers and more than 90% do not require a prescription.

So you go online and you don't need a prescription. It's going to be some form of falsified medicines, whether it's substandard, too much, too little active ingredient. It's not the right stuff for you as a patient.

The WHO, World Health Organization, reports that 50% of prescription meds sold via Web sites that conceal their physical address are falsified. The European Alliance for Access to Safe Medicines did a study in 2008. They bought over 30 medicines from a variety of online pharmacies.

It was then at the World College of Physicians in London. They then undid the packaging that arrived. They then sent the samples off to pharmaceutical companies to actually see what was inside of them and 62% of those medicines purchased were fake or substandard.

This is, if you like, an interesting statistic. (EpiCurious), which is a (Pan) European market research agency, what if the five countries with 1000 online people per country and they asked various questions, but 18% of Europeans have actually bought a medicine online.

Eighteen percent of the European population is a lot of people. It's 130 million people who are doing this and it's going to grow. So Marjorie's point about educating the demand side, the people that are going online to do this, sometimes unwittingly, sometimes wittingly, but it's a lot of people.

And if we talk about 25% of 390 million people that live in the US, that 79 million people who are going online and risking potentially their health and they are taking themselves outside of their national health systems which can't be a good thing.

Next slide please. So how big is the problem? Next slide please - 30,000 to 40,000 fake Web sites are aimed at you and I at any given moment, so you type in Buy Medicines online, you will get to a Web site that doesn't require prescription and you'll be free - yes, sometimes to buy your (unintelligible) medicines because, for whatever reason you wanted to do that.

You know, it's not just lifestyle drugs. It's about 63 medicines according to the UK MHRA medical agency. So that's the issue, guys. Next slide please. I'm now going to hand over to (unintelligible).

Marjorie Clifton: That's okay. And actually, let's go ahead onto the next slide if you don't mind. So I just want to explain a little bit about who's here in the room and why we're speaking to you and how we work together because I think that's an important piece to this puzzle.

We're all coming at this from different angles and different approaches. Again, our organization is intermediary, so we're all companies, and then we have the National Association of Boards of Pharmacy which, in the US, in particular, is the only certifying body for pharmacies. And I'm going to let them tell you more about who they are and now how they're actually playing in the registry space.

The Alliance for Safe Online Pharmacies in the US also represents a patient - well, I'll let them speak for themselves as well, but pharmaceutical companies, patient care groups, and again, a lot of other collaborators, nonprofits and healthcare companies of different sorts.

In the EU, we're sort of all one big family of organizations through ASOP EU. But again, all of us coming at this from a different angle and obviously LegitScript, we've got John Horton here, as well, who's been a key player in helping us actually understand and identify and navigate the laws and the issues behind the scenes.

So that is why and who we all are, and again, once be available to talk to about this from all the different approaches that we've come from. (CSIP), again, this is the organization - is already really spoken to this, but just to reiterate, these are the companies that set on our board right now.

All of our companies follow the principles of participation document that I spoke to and that we all agreed to follow certain policies. And we'll let John Horton speak a little bit more to the policy issue, but again, what we've seen across industry and also what we're seeing globally is that the ability to set up clear-cut policies for a company or anyone of our board members is really the make or break in our ability to do anything and, frankly, have liability and coverage for doing anything.

And so, you know, again we're seeing also across - around the world, certain countries don't have in place the kinds of laws that allow us to really play meaningful there. But in the US, we unequivocally had very clear laws around this but we also know the US consumers don't really know the law.

I'll speak to this personally. I come from a medical family of physicians who did not understand, as they were going online - I had my father call me and - who's the chief of surgery for his department and he said, "So Marjorie, you work on this pharmaceutical - this pharmacy Web site thing. I put in, like, ten different ones. How do I know which one is legitimate?"

This is a man who is prescribing prescription drugs for patients on a daily basis. And I've talked to medical schools as well. They do not educate doctors. So doctors are largely - there's a gap in doctor's understanding of this issue. There's a giant gap in patient understanding.

And we also have research that we are happy to share that will be coming out very shortly reiterating this issue of - that most of the patients that are shopping on these Web sites are highly educated. They have health

insurance coverage. And they are not we may think are the consumers that are buying from these Web sites (fool aside).

Okay, next slide please. Success - we have seen success. Collectively we've shut down 9.6 million different sites, ads, shipments, transactions that would have been related to illegitimate online pharmacies just in 2014 alone.

Next slide please. And the collaboration that we're doing is that we are regularly talking to all of these different bodies. Again, from - coming at this from many, many different issues, from law enforcement, from policymakers. But we found that being involved in the conversation is a heck of a lot more effective than waiting to be informed later.

And what we see and also is our ability to educate policymakers, our ability to educate law enforcement. Law-enforcement largely acknowledges we can innovate faster than they can, and again, why all of our collaboration really matters.

And a lot of what we're all trying to do here is figure out how to innovate around this space with you. Next slide please. So we host annual roundtables typically in Washington, DC with our organization. We will have a meeting happening in December which is going to be largely focused on consumer education and visibility around this issue.

Anyone wants to attend, please find us and we'd happily have you join, but again, all about that information sharing and transparency with each other. Next slide please. Okay, so with that, I'm going to hand it over to John Horton. Thanks.

John Horton: Thanks, Marjorie. Next slide. Hello, nice to meet all of you. I know many of you. John Horton, president of LegitScript. First, I just wanted to tell you a little bit about us. We actually do have an office here down the street in Dublin but our headquarters is in Portland, Oregon.

We've got about 65 people. (Ajeek) runs our office here in the EU, so please say hi to him if you have a chance later on. We mainly focus on the Internet pharmacy space.

We do some other areas, too, but when it comes to our interactions with the domain name registrars and registries, really what we focus on are the domain names, the Web sites that are solely or primarily used to sell prescription drugs.

And by the way, before forget, there are some handouts, outside of the door. A few months ago, we developed an Internet pharmacy informational guide. There are sort of three parts to it. One pages a cheat sheet, so if your abuse or compliant department wants to know, how can I do a quick assessment of whether an Internet pharmacy is legitimate or not, they get you sort of a flowchart.

There is a second document that is more extensive and provides a lot more information, tries to answer questions that registrars have had over the years and then there's a country by country cheat sheet. It's one page for each country. There are about 20 countries.

Those other countries that rogue Internet pharmacies most often target and it just synthesizes the laws and regulations in each of those countries so that is meant to be a complementary resource for you to use of its helpful.

And then there is also another document that talks about the free assistance we provide to domain name registrars and registries. And introducing ourselves, I should probably answer the question, well, wait a minute, if we are a company and we provide free services to registrars and registries, how we make our money?

Well, we work also on Google and Bing to monitor their ads based, Pinterest, Facebook, Twitter, (Visa) and so forth, and that monitoring and compliance service is, you know, a paid service in those contexts.

But we've made a commitment to the registrar and registry industry to try and offer a free and complementary service just so that, you know, if you ever run into issues it's never about a matter of, well, we wanted to ask LegitScript, is this a legitimate Internet pharmacy or not but we couldn't afford the fees.

So that commitment to the community continues. We've got the world's largest database of Internet pharmacies and we identify Internet pharmacies, and there are always new ones coming online, we classify them in three ways. First, what kinds of products are they selling?

Are they, in fact, selling prescription drugs? If so, we call it in Internet pharmacy. Second, is it operating legally or not? And we basically put those into three categories. One, is legitimate.

There are legitimate Internet pharmacies out there. Some countries don't allow them but the criteria we use is, if you're shipping from point A to point B, country want to country two, you have to be operating legally in both countries.

And, you know, our overriding principle that I'll be talking about a little bit more is, in every country around the world, if you're engaged in the practice of pharmacy, if you're dispensing prescription drugs, you have to have a pharmacy license, authority registration, reciprocity, some sort of legal authorization to do that, to sell prescription drugs, so I'll be coming back to that.

So there are some that are legitimate, unfortunately, only about 3% of the market. And then we divided the legal ones into basically two categories. When

we call unapproved and those are, you know, illegal but we're probably not going to report them to registrars because maybe it's something that's fixable.

And then the rogue ones are those that are beyond hope. They're selling prescription drugs without a prescription. The drugs are substandard, counterfeit, unapproved, whatever you want to call them.

And they don't have a pharmacy license either at all where they are supposed to. And those are what we send to registrars, and unfortunately, that constitutes 90% of the market.

So we have the largest database and we work with a number of companies, government agencies who are authorized to represent the Japanese Ministry of Health, work with the state boards as well.

And again, are endorsed on behalf of the Association of Boards of Pharmacy which is here today, their members, the regulatory agencies in the US and Canada to basically serve as the liaison to you, to notify you about rogue Internet pharmacies, if you're a registrar or registry.

Next slide. So what I wanted to do, and unfortunately this was supposed to, then stages, so it's - wow, this is unfortunately blocking actually what I wanted you to see. I think this was perhaps a PDF, so I'll have to sort of tell you what is behind the text that was supposed to transition out.

But you have Xanax, and Meridia and Viagra and a number of drugs. And there are three problems this Web site, just to provide you with an anatomy of a rogue Internet pharmacy. And by the way, I intentionally did not include the domain name because I didn't want to look like I was, you know, calling anybody out if we were to do a Whois search on that.

I don't think that registrars here anyway but there are basically three things wrong with this Web site. First, you can see here, if you read this text, that it

is offering what is called an online consultation. What that is saying is that you can get these medicines without seeing a doctor.

Now, some of these Web sites will say, oh, we have an online doctor. That is almost nowhere legal. Yes, the word almost is in there. We are aware of the rare exceptions where that is legal and legitimate, but it's hardly anywhere around the world and certainly not for these kinds of drugs.

It's the same is not requiring a prescription. Number two, they ship to almost every country. It's not possible to have a pharmacy license in every country. And basically in every country, with rare exceptions they don't really play into this, drug importation is not legal.

So you just can't import from a place that's not a licensed pharmacy, for example. So this is a classic situation where we would call something a rogue the Internet pharmacy and with the deaths, the hospitalizations and the medical problems we've seen, these are the actions on the part of the Internet pharmacy that leads to that problematic result - the overdose, the unintended side effect of a drug because you don't have that medical supervision as is required.

So the next slide. So these come from law enforcement, and when you actually go and look at some of the Internet pharmacies like this, this is what it actually looks like when they have done seizures and investigations.

And I think the slide speaks for itself. These are the Web sites that will even post a forged pharmacy license. This is what you get when you really get there. And the big problem here is you don't know what's in the drugs because it's outside of the (closed chain of commerce). Next slide. And without belaboring the point, these are real victims, real deaths that we've seen.

They are not the only ones, but it's just important to keep in mind, you know, this is a serious matter because it does have real consequences. Next. So one of the things that we have tried to do over the years in working with registrars and registries is try to understand how can we make this as easy as possible for you?

Because, you know, our understanding has been, you want to know that an abuse complaint is accurate. You want to know that the person or the entity submitting it to you is accountable for that information. You want to know where you can go to understand the problem better.

And I think you also want to know that the process is hopefully as easy as possible. And we're certainly sensitive that the abuse of the compliance process is, in many ways, you know, burden on the registrars and registries.

So what we've tried to do is to work out processes and systems that will hopefully make it as smooth as possible are you. Now, one important point, and I think this is why we have really tried to say, when you look at the domain name registrar community as a whole, it's full of really good responsible actors that are taking voluntary compliance very seriously.

This line represents - each one of these is the dot, it's a domain name registrar, and what we've seen is that about ten registrars have about 50% of rogue Internet pharmacies out of -- and I'm consolidating accreditations -- about 900 companies or so worldwide, that have accreditations.

So the vast majority of registrars, and I see many in the room today, have done a fantastic job about saying, "Yes, you know, we don't want this on our platform would like to find a way to do it - to take care of this."

And, of course, we're continuing to try and engage in outreach to these other companies and say, "What can we do to help?" So in terms of how we do

things on our side, before you get information from us, it's not an automated process.

I mean, it is to identify the registrar and so forth, but we always have three analysts who each have to look at the Internet pharmacy, agree that it meets our definition of rogue, agree on the illegality before it goes to a registrar or a registry.

So that's an important mechanism to make sure we're accountable, we don't make a mistake, and hopefully you can trust the process that we have in place. We keep screenshots.

We're there to answer questions that come up. And we're really focused especially on number one - 99 or more percent of our notifications to domain name registrars involved Internet pharmacies selling prescription drugs without requiring a prescription. That's not legal anywhere.

And we have an appeals process. It also involves a sale of substandard and unapproved medicines and not having the right pharmacy licenses. In basically every case, it's going to be doing all three of these things.

Next slide. So, again, how it works on our end is we verify that activity and, you know, we draw a distinction between when should something go to the domain name registrar and when is it something else that should go to, you know, the hosting provider or so forth?

In the line we draw there is, is if the sole - if the primary purpose - basically the only thing the domain name is doing is being used to sell prescription drugs illegally, and we usually go to the domain name registrar in that case.

There're obviously other cases where, you know, there's other activity going on so we try to handle it a different way. We include an explanation of what

the problem is. The registrars we work with suspend and lock the domain names and then we have an appeals process.

And what that is, is basically we try to take the work off your plate if you let us do that, and you can send the domain name registrant to us. We explain the problem.

And then they say, "Well, no, I'm operating legitimately," it's a very simple question - can you please provide us your pharmacy license and the jurisdictions your shipping to, which again, is a consistent legal standard worldwide.

And we've never had a case where they've been able to do that. And illegitimate Internet pharmacy should be able to do that. So we feel like having that appeals process and back and forth is an important way to help, you know, enhance the flow of information, keep you informed.

But that is the way that that process works and we've never had a successful appeal which is as it should be because that means that we're not, you know, having false positives and so forth.

So again, we really appreciate everything that this community has done. It really does save lives. We talk to the families of victims sometimes I can tell you that what you do is really important, so thank you very much, and I'll be able to answer questions later on. Thanks. Oh, okay. Yes, yes, there you go. All right. I'll be back.

(Michaele): Thanks. Right, so I was asked that that couple of words. And welcome, by the way to Dublin and welcome to Ireland to those of you I haven't said that to already. I've been involved, and my company has been involved with ASOP EU for the last -- I don't know -- two or three years.

And part of what I've been trying to do is help them to have a better understanding of what we actually do, what we can do we can't do, and trying to help them to understand that, you know, we sell domain names with narrow margins and that asking us to jump through hoops for certain things probably isn't a good idea, but other things are things that we might be able to do.

Also, we - I company has been working with LegitScript and we've been very happy with that. I don't know, it's something to do with the work they're doing. Ultimately, it's down to something very, very simple which is safety.

I mean, it's the idea of - the idea that my company or anybody's company that we could accidentally end up, you know, resulting in, I don't know, allowing somebody to sell a drug that ends up killing somebody is not something I would be particularly comfortable with.

For my own company, our philosophy wouldn't - it just wouldn't fit which is why we're - I we've been involved. They're not asking us do anything crazy. They're usually pretty reasonable. Not all the time. So I'd say, you know, talk to them.

Man: Thanks, (Michaele).

Marjorie Clifton: Thanks, (Michaele). So from the registrar community to the registry community, we've got (Marty).

(Marty): Good afternoon everybody. I - this is the first time I've had a chance to talk to many of you, not only in public but also the face-to-face here, and help everybody kind of understand where we fit in.

So I know you know (John). You know (Libby) and Marjorie, but you may not know the National Association of Boards of Pharmacy, and quite frankly, ten

years ago when I ended up in the regulatory space, I didn't know what NABP was either.

But I can simplify it for you pretty quickly -- next slide please. That's the definition up there, but our member boards do one thing. It's a big thing, but it's one thing. And they regulate the distribution and dispensing of medications the moment they walk out the door of a manufacturer all the way to the point where that drug is handed to a patient.

And so that's our role. And so I think it's obviously a pretty natural extension of what we do to be involved in the online pharmacy space. And we've been at it now for a while, I mean, since 1999. I mean, these relationships up here are fantastic and we're doing great things that we've been doing it on our own since 1999 through some accreditation programs that we run and continue to run.

So - and we have a vested interest in being involved. It's a demand from our member boards, and you see those listed up there, and we're continuing to do that through the (dot) pharmacy program which I'll talk about here in a little bit. But...

Mike Isles: (unintelligible), okay. Well first of all, thank you.

(Marty): Well, I'll talk about it now. So, you know, Dodd Pharmacy -- we're the registry operator for Dodd Pharmacy -- and what are we trying to accomplish? Well we've had challenges with our accreditation programs. We use seals - and actually next slide please.

And so this is a search in Google, you type in Online Pharmacies. What are you going to get? The ad word program, the results around that, are going to be NAB approved programs in US and Canada. Well, that's been around since around 2011.

So have had kind of another kind of historical context regarding our role in this space and how our programs are leveraged. So these seals are fantastic, and I think in short order, this room is probably easy to explain and understand why they may not work, when it's all said and done, from pulling a patient away from the Web site where you're trying to transact business, verify that Web site.

And also, two, maybe somebody would fraudulent cut-and-paste; so easy to do that. And we see it all the time.

So what if - I love it because of the elegance and simplicity of it. What if we baked in the seal in the URL? So that's what that pharmacy is. It's the same things we've been doing since 1999; it's an extension of that. But it's in that string -- that URL itself. And so that consumer knows when they type in Dot Pharmacy they're going to a safe place.

And that's where we fit in; we are a tool in this fight. And, you know, we are having a dialogue, we're trying to work through what everybody's role is; this is our role in this. Let's come up with a solution to help in the fight and we think this is one of those. Next slide please.

So how does it work? Just real quickly run through it. They're coming to us first; they being the registrants. So we're going through the application process, the very same thing we've been doing for 16 years. We're doing it with Dodd Pharmacy. So we're rolling through all this information, revealing it to determine that we've got a valid license, you're offering a valid prescription, all the things that (John) has already talked about.

But this is global. So not only are we doing it in US and Canada, but we're creating relationships with health regulators around the world.

And so recently we just approved a Hong Kong pharmacy. We did that first by creating the relationship with Hong Kong authorities, and we're continuing to

do that with countries all over the world. So you've got Ireland, Britain, Spain, Australia, New Zealand and so on. And we have enough now it's hard for me to listen to them all.

And so the relationships exist and we can offer our pharmacy in those countries and we'll continue to create those relationships as the months and years roll on. Next slide.

So I'd be remiss - and I don't want to get off topic, but I want to kind of help and maybe set the stage for the future of what Online Pharmacy is going to look like.

We get really caught up in new prescriptions and refills and rightly so. It's a big issue; we've all laid that out. But the future of online pharmacy is going to look different than just refill prescriptions and new prescriptions.

I'm seeing from regulatory perspective changes in tele-medicine. This is globally by the way, in permitting that type of clinical care. Electronic health records have been around for a long time, but the inoperability of those records is taking shape.

So couple that with the online pharmacy that's already going on, the expansion and the scope of practice for pharmacists as well, and the fact that we're seeing pharmacy as a healthcare destination.

And I bring this up to point out, you know, as the Internet community that's helping guide us and work with us in terms of creating a safe online environment, it's not just prescriptions, it is full-blown clinical care online.

We need to consider what that means from a regulatory perspective, and I think we have really a solution to that; what that's going to look like long-term because two things; consumers are going to expect it - I'm telling you they're going to at some point. And regulators are probably going to expect it too.

So I think we've got something we're setting the stage for some exciting - or being a part of duck tailing with the innovation that's going on with the delivery of care. That's a neat thing to bring up and not just set off the topic too much.

So that's all I've got and we'll answer questions at the end, right? Okay, great.

Woman: So next slide please. So I've been standing on the sidelines but I know a lot of you and I appreciate being part of this community to talk about some of the work that the private sector and, you know, non-profit communities are doing, and also talk a little bit about what government has been doing because you've heard about sort of how you can be part of the solution.

I think an important message is, you know, this is not us coming to the Registry/Registrar community saying, "You have to fix it," because you can't alone, right. We all have a role to play in this.

So I represent an organization that reflects a number of healthcare stakeholders, non-profit organizations, pharmacists, pharmacies, universities, academic, sort of healthcare side of the equation. I work in the US, in the EU and in Asia on this issue, and we've been around since 2009.

So we've been trying from the healthcare side of the community to figure out what we can do, and then we'll talk a little bit about that, and then how we all work together. And we've heard from, you know, registrars and registries and the Internet commerce companies and (legit) scripts and others, and so really just want to understand more about this community and how we can collaborate on some of the actions that we're already taking. So next slide please.

So what are the NGOs doing -- Non-Governmental Organization to circumcise it, and (Mike CPU) and certainly (ASOP) global and non-profit organization.

So what are we doing to talk about consumer awareness? I mean this is a major consumer health issue and consumers don't know.

You know, one of the reasons I come to this issue so passionately is my sister was a victim of an online drug seller. Unfortunately she did not die, she had health issues for about six to eight months, and I was working on this issue at the time.

So completely ironic; it wasn't my motivation to get involved in the issue. People would say, "Oh you were inspired by your sister's story and you started a non-profit." Actually, no; actually I had already been working on this issue, and interestingly and ironically, she was taking medicine from an online drug seller because she did not know herself.

I'm her sister so I failed in my consumer awareness to my own family members. So it really gave me a further interest in saying, "Consumers everywhere, your own family members, your doctors," as Marjorie said, everybody needs to understand that this is a huge problem with 97% of those Web sites that look legitimate really aren't.

And so what are we trying to do from the non-profit community to raise awareness and try to help consumers be savvy Internet consumers because I buy the vast majority of my things that I purchase on the Internet; I love shopping online. But I think consumers don't understand that there are Web sites that are legitimate and there are Web sites counter-falsified medicines and products.

And so it's part of our job from the non-profit community to make sure that we are raising that awareness, helping consumers make those choices.

So we've done that in a couple of ways. This year a sub-global launched a consumer awareness campaign mostly targeting the United States. Just for resources, we had to focus in some region. But targeted - we hit 74 million people with a two-month campaign here in the United States. We ran Time Square ads in the US in New York City with (Tsip) and (Asop); you'll see those here there.

And we also are running a free continuing education program for doctors and pharmacists in collaboration with the medical and pharmacy boards in the United States. That's a program we helped to launch in the US this year, but a model we would like to export to other economies as well because certainly doctors and pharmacists as frontline care givers can help their consumers and their patients understand, you know, when you're buying online, here's the things to look for to make sure you're buying safely. Or to (Marty's) point, you can now buy at (self-pharmacy).

So I think there's a lot of ways that doctors have a very important role to play in this problem as well. And so we are reaching out to them and collaborating with the medical boards and the pharmacists and the pharmacies in the US also now in the EU and Asia. So next slide.

Another thing that we've been able to do with partners like (CSEP), Google and others, is do advertising campaigns right at the source of search. So instead of doing big public service announcements in Time Square or media that we've done also this year, those are important tools but only part of the problem because when I'm buying online I'm actually using the Internet and I want to have real-time information that's accessible and helpful to me.

So we've been able to partner with the folks at Google and Yahoo Bing to be able to make sure that we are seeing the right ads at the right time. So you've got the (CSEP) Google ads up there.

You know, this has had a ton of success. Look at the numbers, right. I mean 22 million impressions in one month over a million. I mean people are clearly searching on the Internet for medications.

And so this is a resource that people can say, "Okay, if I'm actually going to type in medicine online, you can see right here, it says, "Buy from safe online pharmacies, safe meds online dot org." That directs you to (CSEP's) Web site.

We should have more information about how to buy safely. You know, a great public private partnership that you did with a non-profit organization and Google and others to make sure that these consumers have real-time information. Also with Microsoft Bing as down here, (PSA) for over 300 pharmaceutical related terms, really great tangible things that non-profit communities can bring to patients directly through the Internet. Next slide please.

So we're also pleased to announce that we're doing this also now in the EU with (Mike Isle's) organization (ASOP EU). We're starting to launch that.

It's a little bit more complicated in EU because you have a lot more languages here. And so we're rolling this out country by country, but we've just launched this program here in EU also working with Google to do search engine advertisements at the point of search, and so you can see, you know, type in Italian Pharmacy and you get an advertisement. Next slide please.

So, you know, speaking about working in the different jurisdictions, I mentioned, you know, we work in Asia, we work in the EU and we work in the United States. We do a lot of work with Internet Commerce companies as I mentioned, but we also try to work directly with governments and other non-profit organizations in these jurisdictions.

So just some images to reflect that we understand our laws that are going on in the EU. The common logo is a new law that is here as a part of the falsified

benefits directive, so we are working with members states to help them respond to the law that they have to educate consumers about -- Internet pharmacy issues.

So trying to help provide tools and solutions to even lawmakers as they have to implement laws and help protect their own citizens. We're doing that with the ad campaigns as I mentioned and other consumer education tools like public service announcements; we run YouTube videos, I mean you name it. We're trying to get the word out both to the healthcare community as I mentioned as well as to regulators and law enforcement themselves, so just some examples. Next slide please.

We've lost connection. You might go to the next slide.

The next slide, if it were on, would talk about government actions and why governments are getting to be part of the solution too. You know, as we mentioned, non-profits have a role to play, but another important trend that we're seeing is that everybody has a stake in this.

And so I just got back. (Marjorie) and I were in the Philippines earlier this year to meet with Asia Pacific Economic Cooperation member -- you know, 28 member economies of APEC -- to do a two-day workshop on Internet pharmacy with healthcare authorities.

So a number of economies -- 19 economies -- were present at this two-day workshop. We sat down in a room much like this, you know, with translation services trying to say, "What's going on in your country? How can we help?" You know, from a non-profit, you know, do you need advertisement, do you need to understand what the Internet companies are doing? Do you need to understand what healthcare companies can do? How can we tackle this together?

And you're seeing globally regulators and member organizations say, "We want to be part of the solution but we just don't know what to do."  
(Unintelligible).

Marjorie Clifton: And I will say something that was very interesting that we saw in Asia in particular when we walked in the door was, "Why aren't your companies fixing this for us?" And I think a lot of what we're trying to do is help facilitate, they can't solve the problem alone.

And so, again, you know, where our boards, we were modeled after the National Center for Missing and Exploited Children. It was the first collaboration you saw by private sector companies to solve a global problem that basically unequivocally people said, "Exploiting children and child pornography is wrong. We can agree on that."

The prescription drug issue has become that. You know, we're endangering patient lives; it's wrong.

I know there's a million different voluntary initiatives, issues, and other, you know, causes that we're also looking at, but where we've been able to really make headway is again on the public health issue.

And a lot of what we're trying to do, because it is sort of the first of its kind in terms of collaboration with governments, is be facilitators of the dialogue. And I know it sounds terrifying in some ways to sort of stick your toe in the water and start, you know, conversing and negotiating with whatever it is.

But again, what our organization is designed to do both in the EU and in the US, our organization is really to try and help navigate all that and to facilitate the conversation. And again, our Board members, Go Daddy, (Rightside) Neustar, have also had their names on the face on a lot of the consumer education that is happening, which is again, worldwide through Google.

And one other thing I wanted to add on the ad that we're doing is that we know that consumers do want good information because our click-through rates are actually double an average ad that you see on search engines. So we're getting higher click-through metrics than you see on most any kind of advertising happening on the Internet which was very telling to us. That said, okay, people do care; it isn't people are blind consumers looking for good information.

Woman: Thank you. I think Marjorie raised an important point which is what does governments need to know about this issue? And so oftentimes, and we found this in the US to be true as well, where you'd go and you'd go the US government agency, and they'd say, "Well we wouldn't it just be easy if Google just did X, Y and Z. Or shouldn't they just stop the payments or just shut them down."

And we understand that's not the way this is going to work. You know, everybody has a role to play and there's only certain things that people can do based on either the existing laws, your terms and conditions, certainly what consumer awareness can happen. And so we all have a role to play in this.

And so we're trying to be part of the solution by going to governments and saying, "Here's what we know is working, here's the principles of participation that some companies are doing. Here's some good organization, good work from NGOs on consumer awareness, but let's all work together on this."

So I'm using this slide to say, you know, the GA has been very focused on this issue as well. EU, as I mentioned, has a falsified medicines directive and a new law that requires some regulation of Internet pharmacy activity. Asia Pacific Economic Cooperation down there at the bottom with 28 member economies focusing on this issue in a multiyear five-year program culminating in a workshop just last month. So there's a lot of work to be done.

Interpol, I know there's some folks in the room here from Interpol. And since (CSEP) was part of the Interpol solution, I'll have Marjorie talk a little bit about the Interpol work that's been going on and their government actions.

Marjorie Clifton: So our collaboration with them has come in the form of Operation Pangaea which is an annual essentially a sting operation targeting specific sites that have been tracked. And a lot of this is trying to get to the heart - I know there's a lot of criticism and people question, "Well where does it ever end, to what end?" And so it's sort of whack-a-mole, and this is part of that solution set.

It's trying to find the heart of a lot of this criminal activity and shutting it down, which by the way, we also find leaks into other areas well beyond prescription drugs.

So we annually participate and helping stop/block/shutdown, whatever it is, that they ask our companies to do.

It's been a really amazing thing because it doesn't take a lot of time; it's about a one week operation and it's super targeted. And so we get to get a lot of bang for our efforts, and we've seen amazing, amazing metrics; \$81 million US worth of products that were seized last year alone; 156 arrest, 429 investigations. I will allow you to read the slide yourself; I don't need to read it for you.

But the point is that we have found small but very effective ways to be able to get good reach and really help on the problem solving. (John Horton) is obviously also been integral in this as have EU member countries as well, but this is part of, again, how we are there as a facilitator between Interpol and our companies, again, hopefully to streamline a lot of those relationships and tasks. Okay, next slide please.

Okay, well let's just keep going.

And by the way, we can make these slides available to anyone who would like to have them after the conference; just for fun, weekends, bring it home to your families, exciting to take home from this conference. Next slide please.

So we're going to wrap up so we can actually take questions, and I know we had some questions come in. but I think the key thing that we would like is a really subtle message which is to join us -- no.

But sincerely, in all of our different capacities, we will be here the next few days, we would be more than happy to sit down and answer any questions you have, help problem solve. I mean on our Board, it's been really an honor, frankly, to be part of the work that we do because I get to see - the Registries and Registrars are a unique space between you guys compete and work with each other at the same time. It's taken me years to kind of understand the dynamics.

But bringing all the other member companies that we had on our Board together as well was a little bit of a crazy feat, but we've seen how they've benefited from sharing best practices and really understanding how they're problem-solving behind the scenes. And so, again, we want to continue to do that in this space in whatever way we can.

So Mike Isles, obviously he's the head of the EU Alliance for Safe Online Pharmacy EU, Libby - and wears many many hats both in a legal capacity as well as the patient care groups; John Horton and I'm Marjorie Clifton. And obviously Marty as well from NABP, and Melissa Madigan from NABP.

So part of many solution sets, and we're open to answering questions. I know there were a few that came in throughout the webinar, so we're happy to answer those as well.

Yes Ma'am?

Mike Isles: With all the medication that you seized, are they all prescription drops only or are they over-the-counter?

Marjorie Clifton: I'm going to address one piece of that and then we'll let John address the last.

The interesting thing is when we started this work about five years ago, it was a very different kind of medication than we're seeing now. It was a little harder to sell, you know, Viagra problem, but now it's interesting because it's moved to life-saving medications and chronic illness medications.

So we've seen the shifts following the waves of basically how people maintain illnesses, but they're lifesaving and that's what's been a real shift. It's about 78%, is that right?

Man: Yes.

Marjorie Clifton: About 78% of the medications that are being sold on these sites are life-saving medications like Lipitor like we saw in that lab. But do you want to speak a little?

John Horton: Oh sure, thanks (Joyce). So yes, it's mostly prescription drugs. There's an emerging problem with what we call designer drugs, psychoactive highs, they call them legal highs sometimes. But it's really been mostly prescription drugs, occasional medical devices too.

We saw an add the other day for somebody selling their deceased mother's pacemaker. And it was like, you know, it's used; you can't do that. So there's a few things like that.

Woman: And I'd say there's also medicines that are labeled as dietary supplements but they have active pharmaceutical ingredients in them. So I think there was just a recent example of a famous US basketball player overdosing on some

medicine that was labeled as a dietary supplement. And fortunately did not die but took a lot of dietary supplement that actually had active pharmaceutical ingredient in it, so that's another issue that we see.

Mike Isles: So we're not going to be (unintelligible).

Woman 1: I'll just do follow-up; do you mind? Okay, all the players on the Internet, they must have bought those medications from vendors, manufacturers.

Will you be able to identify those suppliers? I think those are the source of the problem.

John Horton: Sure, so we really need to have a multi-faceted solution here. And I mean it's a really good point. I mean obviously from, especially a law enforcement perspective, they're trying to hold - especially the counterfeit drug makers - accountable. And as we saw in the slide, you know, these are not generally going to be the legitimate pharmaceutical manufacturers.

Sure, real prescription drugs are sometimes sold without a prescription, but often what we've seen is, you know, when you test them, when you take a look at where they were made, it was somebody's basement. It might or might not have the active pharmaceutical ingredient, so it's not even really a registered manufacturer.

And in some cases, when you try to trace back the source of the drugs, it goes through five or seven or nine countries, and then the trail just runs cold; even the seller doesn't know where it came from which is a problem.

(Liz Benberk): Hi, (Liz Benberk); PIR. A comment and then a question if I may.

So I noticed that I think John, you referred to this earlier as an abuse earlier. From a Registry perspective, at least from PIR's perspective, we would say this is not an abuse issue; it's a content issue. For abuse with a capital A

means something that threatens the security and the stability of the technical infrastructure of the Internet. So farming, fishing, (unintelligible) (unintelligible), spam, what have you.

I would view - and I do view this as a content issue. So we would require a court order before we would disable or suspend a Web site based on the request.

And then my second question is, if I understand correctly, the process would look something like you would report it to the registry and then we could hand it off to you to say to the person, you know, please provide us a copy of your license.

If we were to disable and it happened to be one of the 10%, you know, according to your statistics, pharmacies that are legitimate, and we were to be sued, is there an avenue for indemnification?

John Horton: Yes, so let me answer the second question first about that and then I'll get back to the content question which obviously has come up a lot in this community.

So first, indemnification, we can often get there. We have done that in a few limited cases. I asked our in-house counsel before I came out here, I said, "Can I talk about this?" And she said, "You're going to give me a heart attack?" And I said, "Hey, it's a really important question."

You know, we've obviously paid a lot in insurance. We've never had a registrar or registry get sued and we've never been sued ourselves. So, you know, hopefully - and we will continue those good practices to make sure that we protect our partners in this space.

That said, we've generally gone to the registrar, and the reason for that is because the registrar is the one directly interacting with the registrant. I mean

certainly in PIR's case, right. I believe I don't know that you ever have a situation where you are contracting directly with a registrant but tell me if I'm wrong.

And so that doesn't mean that we don't also work with registries. But usually our first point of contact has been to go to the domain name registrar since there's that - we look at it in the context of a contract violation. So boy, I'd love it to the extent that we can have both levels -- both the TLD and the domain name too. So happy to talk about it, but our general practice has been first to focus on the registrar.

So on the content side of things, and you know, we've heard this phrase, "Hey, you know, we're registrars. This is a domain name. We don't want to be the content police."

And, you know, I think the way that I think about that is first of all, I agree with you. I don't think a registrar or registry needs to or possibly can police or look at every domain name that comes in. I mean when the domain name is registered, you don't know what it's going to be used for. It could be Cheap Shoes Dot Com; you don't know what the content that's going to point too.

So on the flip side of it I think is you can have a reactive policy. And what I mean by that is, you know, if you're put on notice with credible verifiable information as we try to provide, that a domain name is an instrumentality of crime. And I think there's some risk there; I think there's some regulatory risk, and you know, just to be candid about sort of the landscape that we've seen over the last few years, you know, it's been in the news. Google did a great job with this and, they're one of our clients.

But, you know, there was a little instance in 2011 where they fine for (Rogonet Pharmacy) ads. UPS paid to settle, you know, an indictment, and FedEx is currently under indictment.

And, you know, I guess what I would say about that is it's just not worth messing with. I don't think you have to go out and look actively look at every domain name. But gosh, you know, if we contact you, we provide you the evidence, the FDA contacts you, work with us. I mean we're actually trying to help you so that you don't have the stuff on your platform.

Yes?

(Liz Benberk): But just to make - I think there's a nuance there. So it's not my position that you're asking us to look at everything that we have (unintelligible). But even simply a report, so you give us a report and you say, "This is a bad Web site."

We're not a court of (confidence) jurisdiction; we don't weigh evidence. We don't make judgments about who's right and who's wrong. It's really beyond the scope of our remit as a registry.

And again, I guess I'm curious. First of all, I think this is a fabulous initiative and, you know, from a substantive substance, I'm with you. From a registry operator standpoint, it's very difficult.

But in terms of paying a court order, surely, surely the trademark owners - sorry - sorry the trademark constituency has this down to a science. I mean they are able to go to court and get TROs like that.

Something like this would clearly meet the standard for a TRO. And if you serve us with a court order, we will act on it immediately.

And so I'm curious why that's not - or is it - is it a part of what you do and is it a matter of scope or scale?

John Horton: Yes, so it is in part a matter or scope and scale. I mean I think part of the best answer to that is to take a look at how, you know, most of the communities since I think we have worked with either formally or informally, most registrars

- and look, I will concede, you know, from our perspective, there has been, as I said, sort of a difference between how we have approached the registrar and registries and our focus has really been more on both.

But, you know, the fact that the matter is the vast majorities of registrars, we've been able to work out a system where they say, "Okay, you know, I understand." The reality is so obvious and the danger is so imminent in these cases that there is a way for us to take action.

ICANN Compliance has said in writing, "You don't have to have a court order in order to suspend a domain name. If you want to, you know, act in good faith," that was a letter from 2012 I think.

And so, you know, the vast majority of the community has found a way to, I think, implement those voluntary standards. And what we've tried to do is we've tried to find the way to present that information to each company in a way that works for them.

And I think an important concept, and then I'll wrap up the answer to the question is, you know, any complacent, (Legit Script), any government agency, anybody like that, has a high burden of evidence to present to a registrar or a registry as the case may be; that's not us.

But in the case of prescription drugs, it's different from other kinds because once you establish that somebody is selling prescription drugs, the burden shifts to them to produce a pharmacy license upon request. There is no jurisdiction in the world where there is just a right to sell prescription drugs. It's a privilege that's granted by government and that's for patient safety.

And so because that burden shifts, I think that's an important concept to say, you know, we can actually work with that concept as a way of having verifiable information since that process is in place, and that's true online and offline. Anyway, thank you.

Woman 1: (Unintelligible).

John Horton: Sure.

Woman 1: I just wanted to add to your comment about getting it down to a science to get a court order. And I can just add that we had a recent - I'm with (Lilly), a pharmaceutical company.

We had a recent meeting with the Department of Justice and a number of different authorities. And they essentially said, "We're going back to the Internet companies to ask for you to, again, do this voluntarily because we cannot keep up with the bureaucracy inside our agencies to keep getting court orders. Just the bureaucracy, we could get them, it's just too hard to keep it going."

So it is definitely not down to a science. I just wanted to add that. It's very different even though it's not - it's the internal bureaucracy of the authorities; it's not about proving it and demonstrating it. It's just the red tape.

Woman: The Internet works better than government.

Mike Isles: Just a question. Shall we take the ones from...

((Crosstalk))

Mike Isles: Do you want to just, you know, I think we've had some online.

(Holshine): (Holshine) for the record from ICANN Policy Development Support Department. And we had one question and one comment in the Chat Box.

The question comes from (Ben Rogers), (Peregrine Trans Group Limited). Is the cheat sheet available for remote participants?

And the comment comes from (Shareta Asher) (Redicts). Please provide soft copies of all these documents if possible.

John Horton: Sure and let's work together afterwards to get that on the record. And then it's also available for free on our Web site LegitScript Dot Com. There's a registrars tab and you can scroll down and find the guide. And we try to update that every year. Oh yeah, (Rob).

Rob Hall: Thank you. I'm Rob Hall with (Lamentus). And I don't want to get into the debate of whether it's content or not. I think it clearly is; I'm with you. But I'll leave that aside and I'll try give some helpful advice to what I think might be very helpful to some registrars.

In all your presentations, we see a lot of inflammatory rhetoric, and I don't think it's helpful. So yes, we agree people dying is a bad thing, putting up pictures in our sympathy. There's also millions of people around the world being helped because they can afford medicines that are being imported.

And I'm Canadian, so I fall into that class of licensed pharmacies in Canada legally buying product from the big pharma-companies like (Lily) selling into the U.S. John, you know, you claim illegal because they don't have a license where they're shipping to. I think if you started segregating your stats slightly - because when you put up, you know, the KitchenAid (MixMaster) pictures, I think most people in this room would say, "Yes, let's stop that. Let's find a way to deal with that."

But the fact when it becomes a pricing discussion or a licensing discussion interjurisdictional is where you'll lose a lot of our sympathies. And all the pharma-companies can charge more in the U.S. than they can in Canada because the U.S. can't negotiate pricing, but Canada can. And, you know, this is an industry in Canada that's very widely supported by the Canadian government.

John Horton: So I think if you were maybe targeting at different levels as opposed to using the prejudicial words of it's illegal and inflammatory and - because they're not licensed in both jurisdictions, you might have far more success with our community if you were saying, "Look, let's target the ones that are making counterfeit drugs as opposed to the ones that are selling at different commercial levels and pissing off the lobbyists."

So I'm sorry if I'm hogging the answers here. Let me clarify a couple of things and thank you for those comments, Rob. It - 99.9 of what we submit to registrars, they have one thing in common: they sell prescription drugs without a prescription.

So that is not the, you know - anything that the licensed Canadian pharmacies - which we'll come back to in a minute - are doing. That is...

Rob Hall: (Unintelligible) have to be a prescription in Canada.

John Horton: No, I didn't say that.

Rob Hall: American prescription crossing borders - like, this is where it gets into this (unintelligible).

John Horton: No. No I didn't say that, Rob. I'm saying you don't have to see a doctor at all. I am saying that we verify that it is sold without a prescription. That is what goes to domain name registrars.

And there's no jurisdiction in which that's legal. Now some of the political issues you talked about, let me bookmark that because what I don't want to do is get into a longer discussion about whether the drugs are really from Canada, which we can talk about that later. And with some of our other partners, you know, they don't want that on their platform -- the ad space and so forth.

What we've tried to do is draw a clear line that I think the registrar community is comfortable with, which is, I mean, if you're selling prescription drugs without a prescription, I mean, I don't know how anybody can justify that. So that's what we've tried to do to help, hopefully, you know, registrars feel comfortable with it.

And I'm definitely happy to meet afterwards or anytime. My phone line is open so that we can talk about anything we send you or other registrars, walk through it, and say, if I have, in some cases, here's the test buy we did, these are prescription drugs, and I didn't have a prescription.

Rob Hall: Sure.

John Crain: John Crain -- Chief SSR Officer at ICANN. I have a question on your numbers. You talked about 40,000 websites at any one time -- completely agree.

I know how to do the advanced Google stuff; we find it all the time -- tens and tens of thousands of websites out there doing this. But that's not tens of thousands of names that are registered for abusive nature of stuff. Whether it's content or not, it's the - so do you have numbers on the amount of names that you're passing off to registrars -- the ones that are actually not the hacked university websites, of which, there are tens of thousands just of those?

John Horton: So, John, are you basically talking about unique domain names? Is that?

John Crain: Unique domain names that are specifically owned...

John Horton: Yes, so that's what we - I should clarify that - yes, so that's what we actually focus on. Even though there's a little bit of spam that we monitor, there's

some very good organizations already doing that like Spam House. So we're not really focused on the Spam House-type.

That's certainly part of it, but it really is the, you know, whatever that domain name was that I showed you before. They're trying to have a stable presence in organic surge. So, yes.

Man: So you have (unintelligible).

John Horton: That's all of what we're talking about, yes.

Man: (Unintelligible).

John Horton: No, it is about, I would say, 35,000. Right now, the number's about 35,000.

Man: (Unintelligible).

John Horton: Yes, yes.

Man: I'm sorry.

Woman: (Unintelligible) go to James after (unintelligible).

(Tim Smith): Oh, yes. Hello, I actually have a microphone.

((Crosstalk))

John Horton: All right.

(Tim Smith): Thanks. I'm (Tim Smith) in the Canadian International Pharmacy Association. And thanks for your presentation. You know, we share a lot of the same concerns -- certainly the same concerns for safety online.

And so what I'm going to say is more comment than it is question, although I would say that, Marjorie, when you started off by talking about no number - or no one right answer, happy to work with people to come up with great answers. But that's not a question.

I just wanted - and this is more for everybody in the room - I wanted you to know that, you know, my members have been around for about 14 years now. We have an ongoing initiative where we identify websites that masquerade as being Canadian that identify - and mostly, as it relates to the SIPA certification mark. And I know there are concerns about certification marks being copied, which is why we go after it.

And so we are identifying rogue use or fraudulent use of our seal on an ongoing basis and reporting that, and certainly trying to work with registrants and with registrars in order to make sure that sites that are making fraudulent use get shut down or that they - the seal gets removed. And we also work with authorities. We share that with the Canadian Anti-Fraud Center, which is a collaboration of the Ontario Provincial Police and the RCMP in Canada.

So we're doing what we can at our end and I just wanted you to know that there is sort of more than one model for a safe online pharmacy and that if anybody wants to know more about that, they can certainly talk to us. We operate from licensed pharmacies. Dispensing is done by pharmacists and it's a completely safe process.

So I just wanted to share that with you and thanks.

Man: Yes, aside from your members who are under indictment for selling counterfeit drugs, right.

(Tim Smith): Well...

Man: And the other one...

(Tim Smith): ...I don't - let's - I think that's a matter - and the indictment is a matter for the courts to determine. I don't think that's a matter for right now. But I also would want to clarify that our members and our association sells and serves individuals who come to us with a prescription for a 90-day supply of drugs.

And what you're referring to does not refer to that at all.

Man: I'll put a book mark on that.

Woman: Yes, and I think one of the key things that, you know, we're focused on, again, because - I mean, Rob, love to have you at my house to do this debate with my, you know, family members or physicians. And there are a lot of organizations that are, you know, legitimately going back and forth in creating entities in the U.S. because Canada has a good brand name.

I mean, they're a - this is a positive thing for Canada, in terms of their brand. But obviously there's other implications. Our organizations are focused on the laws within the jurisdictions we're working.

So for us, it's, you know, concentrating, again, when it's black and white U.S. law or E.U. law -- you know, not complicated at all with 35 member states -- but trying to operate within that. James, you had something you wanted to ask.

James Bladel: Yes, thanks. James Bladel from GoDaddy and also a participant for CSIP and we use legit script services as well. Just wanted to kind of circle back to (Liz's) question regarding as being a content issue.

It is clearly a content issue. And the we address that as a registrar is that we've, essentially, called it out in our terms of service and that we made it a voluntary practice. And so I'm kind of looking to you, John, and to the folks

from NAPB (sic) and ASAP to say, "Can we continue to make this a voluntary practice?"

I understand you're never going to get 100% effect, but when you come to places like ICANN and start saying, "We need a global, mandatory consensus policy enforced by (Alan)", you know, I think you - you know, you want a - sorry, put you - (Alan)'s looking at the ceiling now. So - but your backstop for that last long tail that you demonstrated up there where you get, you know, to 50% occurring at, you know, 10 to 15 registrars is the court order.

And I understand you can't mechanize it the way - you know, the way that you need to to keep up with scale, but that's your guarantee. Now, building up on that, from the guarantee, is this voluntary organization. And I would also, just as a button on this, is say in the run up to Dublin - I don't know if you guys have heard - but a lot of non-pharmaceutical issues revolving around content are trying to kind of piggy-back on this stuff and say, "Well, look what they did with NickMac and look what they did with CSIP and how do we do this with downloadable things?"

And no one I know of is streaming illegal medicines, okay. So, you know, how do we kind of - how do we at least draw a line and say this is a public health threat, this kills people, this costs money, this has a body count, you know, and start to make some intelligent decisions that separate those separate issues. Thanks.

Woman: And I'll echo with James. I mean, one of the things I'm interested in us trying to learn more about is because we did see, actually, through some of our registrars on the board, a link to malware with a lot of the prescription drug sites as well. So layered upon that, there was also that issue.

We don't have a measure of that right now, but I'm interested in it. And, you know, Statton Hammock from Rightside has had this idea of, you know, is

there a way to do a scalability of grievances? And basically - in terms of these voluntary and these infringement that - Rightside - right there - so you may have heard this before.

But I thought it was a really interesting idea, sort of how do we delineate between all of these different - because we know you're getting inundated by a lot of these requests. And again, we're grateful for you all being here and willing to listen on this topic and, you know, (Alan), for including us in ICANN in the ways that you have.

So we're really grateful and, again, are here to hopefully be collaborative and helpful - not mandating, but really just trying to, you know, find a way to be collaborative. Did you have something else you wanted to add, (Michaele)?

(Michaele): Yes, just very, very, very briefly. Mandatory won't work; voluntary means that you have a hope of working with those of us who have a lot of ccTLD registrations because (Alan) cannot force me to do a single thing with my ccTLD registrations, and that's a good thing.

Woman: Or anything else of that matter, (Michaele).

(Michaele): Well, (Alan) forcing any of us to do anything is always entertaining. But, no, I mean, jokes aside, you know, if you - if we - if you leave us an industry to work independently, collaboratively, then things can get done in a way that might work if you insist on pushing things so that it is either done at the legislative level or trying to pull ICANN into this, it doesn't work; it really doesn't.

Woman: Well, thanks for those comments. (Alan), you have something to...

Woman: (Unintelligible) - we'll be here after.

Woman: Yes, I know we're running over. So...

((Crosstalk))

(Alan): Yes, so I was just going to put in an ad for there's another session on Wednesday at 10:00, which is going to deal with voluntary practices in a variety of contexts. So some of the people here are going to be on that panel; there are also going to be people talking about spam and malware and content like copyright and counterfeit goods and so forth and talking about ways that other industries have used voluntary practices to try to solve the problem.

So join us if you can.

Woman: That's probably a good place to end as we know we have another meeting that needs this room. But just on behalf of the community of people here - you know, ASAP, ASAP (E.U.), CSIP, NABP, LegitScript, and I think there's a whole host of others - Blacknight, Rightside, GoDaddy -- others that have said they're taking voluntary actions -- we're here to say, you know, we want to be part of this community; we want to work with you.

So please - you have our contact information - shoot us an e-mail, find us, text us, Tweet us. We are around to have further dialog and look forward to working with you in the days ahead. Thanks.

END