IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE DIET DRUGS (Phentermine/ Fenfluramine/Dexfenfluramine) PRODUCTS LIABILITY LITIGATION	MDL DOCKET NO. 1203
THIS DOCUMENT RELATES TO:	
SHEILA BROWN, et al. Claimants,	CIVIL ACTION NO. 99-20593
v. AMERICAN HOME PRODUCTS CORPORATION, Defendant.	AFFIDAVIT IN OPPOSITION

STATE OF NEW YORK)
) s.s.:
COUNTY OF NEW YORK)

DENISE A. RUBIN, being duly sworn, hereby deposes and says:

1) I am an attorney associated with the law office of Napoli Kaiser Bern & Associates, LLP. I offer the within Affidavit, exhibits annexed hereto, and the Memorandum of Law and Facts served with these papers in Opposition to the AHP Settlement Trust's proposed Operations Plan.

2) Annexed to this affidavit are the following exhibits:

a) Excerpts from the testimony of Robert Mitchell, Jr., taken on October 28, 2003;

b) Wyeth's Form 8-K dated October 22, 2003;

c) AHP Settlement Trust Report of September 22, 2003.

DENISE A. RUBIN (DR-5591)

Sworn to before me this 31st Day
Of October, 2003

Notary Public

BETSY BARRANCO
Notary Public, State of New York
No. 01BA6043158
Qualified in Richmond County

Exhibit A

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: DIET DRUGS
(Phentermine/Fenfluramine/Dexfenfluramine) PRODUCTS LIABILITY LITIGATION
MDL DOCKET NO. 1203

THIS DOCUMENT RELATES TO:
SHEILA BROWN, SHARON GADDIE, VIVIAN NAUGLE, QUINTIN LAYER, and JOBY JACKSON-REID, individually and all others similarly situated,
Plaintiffs,
v.
AMERICAN HOME PRODUCTS CORPORATION,
Defendant.
CIVIL ACTION NO. 99-20593

Video Taped Deposition of

ROBERT A. MITCHELL, JR., was taken pursuant to notice, held at the offices of Wolf, Block, Schorr & Solis-Cohen, 1650 Arch Street, Philadelphia, Pennsylvania, on Tuesday, October 28, 2003, beginning at or about 9:00 a.m., before Jeanne Christian, Court Reporter-Notary Public, and Al Skipper, Video Tape Operator, there being present:

- - -

MR. CHIRLS: I object.

THE WITNESS: It depends on what you mean by equally.

BY MS. PRESBY:

Q. Do you think that either category should be given any sort of preferential processing treatment?

MR. CHIRLS: I object.

THE WITNESS: Well, it is going to get into what you mean by preferential processing treatment.

BY MS. PRESBY:

Q. Should either the non-Matrix or Matrix Pro Se Claimants be processed first?

MR. CHIRLS: I object.

THE WITNESS: First relative to what?

BY MS. PRESBY:

Q. Each other.

A. At this point, the Trust is processing all of the claims, so the relative -- some claims will be completed and either be paid or denied earlier than others.

Q. And is it your view that the Trust should be, indeed, processing all of the

claims at an equal pace without giving preferential treatment to either one to get them to the point of completeness, so that they can be paid?

A. No.

MR. CHIRLS: I object. The pro se CAP gets it to the point of readiness for audit.

BY MS. PRESBY:

Q. I apologize. To get them to the point of readiness for audit, so that, ultimately, they can be paid or denied?

A. Not necessarily.

Q. Can you explain that?

A. At this point, the Trust has adopted policies for processing claims that it believes are most likely to be legitimate Claimants based on inquiries that we have had with the Claims Integrity Program.

Q. Can you say that sentence again? I'm sorry. At this point, the Trust is processing?

A. Processing claims that appear to be the ones most likely to be legitimate claims based on issues that we are learning through our

Claims Integrity Program, and pro se claims along with some other categories of claims, have been designated as receiving a priority for processing at least through audit.

That is a little bit different from what we are discussing here, where we are talking about getting claims ready for completion. There is different stages at which you are talking about, so there is different priority determinations in what we are looking at in order to advance claims through the system.

Q. You said that pro se claims have been designated as receiving priority, right?

A. Right.

Q. Receiving priority for what?

A. For advancement into audit.

Q. And why have pro se claims been designated as receiving priority for advancement into audit?

A. That was based on determinations made as to factors that are being reviewed in the Claims Integrity Program and the histories and the patterns of the way that claims have been filed with the Trust.

Q. In other words, you are saying that it has been determined by information from the Claims Integrity Program that the pro se claims are more likely to be legitimate claims than non pro se claims? Is that what you are saying?

A. No, not entirely, because there is other categories of the Trust, where people who are represented are also being advanced through the Trust that receive basically very similar prioritization to the pro se claims.

Q. And those are people whose claims are attested to by doctors who submitted 20 or fewer green forms?

A. 20 or fewer green forms, the high level Matrix claims, the III's, IV's and V's.

Q. So there has been a determination then, through information gathered by the Claims Integrity Program, that claims submitted by doctors who attested to fewer than 20 green forms are more likely than other claims to be legitimate claims; is that right?

A. At this stage in the Claims Integrity Program.

Q. Is it the belief of the Trust that all

Exhibit B

FORM 8-K

WYETH - WYE

Filed: October 22, 2003 (period: October 22, 2003)

Report of unscheduled material events or corporate changes. e.g acquisition bankruptcy resignation

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SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15 (d)
OF THE SECURITIES EXCHANGE ACT OF 1934

DATE OF REPORT (Date of earliest event reported): October 22, 2003

Wyeth
(Exact name of registrant as specified in its charter)

Delaware	1-1225	13-2526821
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

Five Giralda Farms, Madison, New Jersey	07940
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: 973-660-5000

Item 9. Regulation FD Disclosure

Attached hereto as Exhibit 99.1 and incorporated to this Item 9 by reference is information regarding Wyeth's diet drug litigation which is being posted on the Investor Relations section of Wyeth's internet website (www.wyeth.com). The information included in this Item 9 and in Exhibit 99.1 hereto is not being filed but rather is being furnished under Regulation FD.

Item 12. Results of Operations and Financial Condition

Attached hereto as Exhibit 99.2 and incorporated to this Item 12 by reference is Wyeth's Earnings Results for the 2003 Third Quarter. The information included in this Item 12 and in Exhibit 99.2 hereto is not being filed but rather is being furnished under Regulation FD.

This Current Report on Form 8-K is being posted on the Investor Relations section of Wyeth's internet website (www.wyeth.com).

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

WYETH

By: /s/ Paul J. Jones
Paul J. Jones
Vice President and
Controller
(Duly Authorized Signatory)

Dated: October 22, 2003

Exhibit 99.1

Wyeth Provides Update on Diet Drug Litigation

The Company regularly updates information on the status of its diet drug litigation in connection with its quarterly filings with the Securities and Exchange Commission. If the Company's Form 10-Q were being filed today, the following information would be included:

The Company is involved in various legal proceedings, including product liability and environmental matters of a nature considered normal to its business. It is the Company's policy to accrue for amounts related to these legal matters if it is probable that a liability has been incurred and an amount is reasonably estimable.

The nationwide class action settlement to resolve litigation brought against the Company regarding use of the diet drugs PONDIMIN (which in combination with phentermine, a product that was not manufactured, distributed or sold by the Company, was commonly referred to as "fen-phen") or REDUX received final judicial approval effective January 3, 2002.

As previously reported, the number of individuals who have filed claims within the settlement that allege significant heart valve disease (known as "matrix" claims) has been higher than had been anticipated. The settlement agreement grants the Company access to claims data maintained by the settlement trust. Based on its review of that data, the Company understands that, as of September 24, 2003, the settlement trust had recorded approximately 108,000 matrix-level claim forms. Approximately 24,300 of these forms are so deficient, incomplete or duplicative of other forms filed by the same claimant that they are, in the Company's view, unlikely to result in a significant number of matrix claims to be processed further.

The Company's current understanding of the status of the remaining approximately 83,700 forms, based on its analysis of data received from the settlement trust through September 24, 2003, is as follows. Approximately 10,300 of the matrix claims have been processed to completion, with those claims either paid (approx. 2,750 claims, with payments of $1.039 billion), denied (approx. 7,000) or withdrawn. Approximately 1,500 claims have begun the 100% audit process ordered in late 2002 by the federal court overseeing the national settlement. Approximately 25,550 claims allege conditions that, if true, would entitle the claimant to receive a matrix award; these claims have not yet entered the audit process. Another approximately 16,650 claims with similar allegations have been purportedly substantiated by physicians whose claims are now subject to the outcome of the trust's Integrity Program, discussed below. Approximately 29,400 claim forms do not currently contain sufficient information even to assert a matrix claim, although some of those claim forms could be made complete by the submission of additional information and could therefore become eligible to proceed to audit in the future. The remaining approximately 300 claims are currently in the data entry process and cannot be assessed at this time.

In addition to the approximately 108,000 matrix claims filed as of September 24, 2003, additional matrix claims may be filed through 2015 by class members who develop a matrix condition in the future if they have registered with the settlement trust by May 3, 2003, and have demonstrated FDA+ regurgitation or mild mitral regurgitation on an echocardiogram conducted after diet drug use and obtained either outside of the settlement trust by January 3, 2003 or within the settlement trust's screening program.

The Company's current understanding, based on data received from the settlement trust through September 24, 2003, is that audits have been completed on 820 of the approximately 1,500 claims that have begun the 100% audit process. Of these, 285 were found to be payable at the amount claimed and 16 were found to be payable at a lower amount than had been claimed. The remaining claims were found ineligible for a matrix payment, although the claimants may appeal that determination to the federal court overseeing the settlement. Because it remains unclear whether the claims audited to date are a representative sample of the claims that might proceed to audit, the Company cannot predict the ultimate outcome of the audit process.

Both the volume and types of claims seeking matrix benefits received by the settlement trust to date differ materially from the epidemiological projections on which the court's approval of the settlement agreement was predicated. Based upon data received from the settlement trust, approximately 94% of the 25,550 matrix claimants who allege conditions that, if true, would entitle them to an award (and approximately 99% of the approximately 16,650 claims certified by physicians currently subject to the trust's Integrity Program) seek an award under Level II of the five-level settlement matrix. (Level II covers claims for moderate or severe mitral or aortic valve regurgitation with complicating factors; depending upon the claimant's age at the time of diagnosis, and assuming no factors are present that would place the claim on one of the settlement's reduced payment matrices, awards under Level II range from $192,111 to $643,500.)

An ongoing investigation which the Company understands is being conducted by counsel for the settlement trust and discovery conducted to date by the Company in connection with certain Intermediate and Back-End opt out cases (brought by some of the same lawyers who have filed these Level II claims and supported by some of the same cardiologists who have certified the Level II claims) cast substantial doubt on the merits of many of these matrix claims and their eligibility for a matrix payment from the settlement trust. Therefore, in addition to the 100% audit process, the settlement trust has embarked upon an Integrity Program, which is designed to protect the Trust from paying illegitimate or fraudulent claims.

Pursuant to the Integrity Program, the settlement trust has required additional information concerning matrix claims purportedly substantiated by thirteen identified physicians in order to determine whether to permit those claims to proceed to audit. Based upon data obtained from the trust, the Company believes that approximately 16,650 matrix claims were purportedly substantiated by the thirteen physicians currently covered by the Integrity Program. It is the Company's understanding that additional claims substantiated by additional physicians might be

comprehensive questionnaire regarding each claim and the method by which the physician reached the conclusion that it was valid. The ultimate disposition of any or all claims that are subject to the Integrity Program is at this time uncertain. Counsel for certain claimants affected by the program recently challenged the trust's authority to implement the Integrity Program and to require completion of the questionnaire before determining whether to permit those claims to proceed to audit. While that motion was denied by the court, additional challenges to the Integrity Program are possible.

The settlement trust has also adopted a program to prioritize the handling of those matrix claims that it believes are least likely to be illegitimate. Under the plan, claims under Levels III, IV and V will be processed and audited on an expedited basis. (Level III covers claims for heart valve disease requiring surgery to repair or replace the valve, or conditions of equal severity. Levels IV and V cover complications from, or more serious conditions than, heart valve surgery.) The policy will also prioritize the auditing of, inter alia, Level I claims, all claims filed by a claimant without counsel (i.e., on a pro se basis) and Level II claims substantiated by physicians who have attested to 20 or fewer matrix claims.

Finally, the settlement trust has filed a suit alleging violations of the Racketeer Influenced and Corrupt Organizations (RICO) Act against a Kansas City cardiologist who attested under oath to the validity of over 2,500 matrix claims. The suit alleges that the cardiologist intentionally engaged in a pattern of racketeering activity to defraud the settlement trust. The trust has indicated that one of the goals of the Integrity Program is to recoup funds from those entities that caused the trust to pay illegitimate claims.

The Company continues to monitor the progress of the trust's audit process and its Integrity Program and has brought and will continue to bring to the attention of the trust and the court overseeing the settlement any additional irregularities that it uncovers in the matrix claim process. Even if substantial progress is made by the trust, through its Integrity Program or other means, in reducing the number of illegitimate matrix claims, a significant number of the claims which proceed to audit might be interpreted as satisfying the matrix eligibility criteria, notwithstanding the possibility that the claimants may not in fact have serious heart valve disease. If so, matrix claims found eligible for payment after audit may exceed the $3.75 billion cap of the settlement fund.

Should the settlement fund be exhausted, most of the matrix claimants who filed their matrix claim on or before May 3, 2003 and who pass the audit process at a time when there are insufficient funds to pay their claim may pursue the opt out right created by the Sixth Amendment to the settlement agreement, unless the Company first elects, in its sole discretion, to pay the matrix benefit after audit. Sixth Amendment opt out claimants may then sue the Company in the tort system, subject to the settlement's limitations on such claims. In addition to the limitations on all Intermediate and Back-End opt outs (such as the prohibition on seeking punitive damages and the requirement that the claimant sue only on the valve condition that gave rise to the claim), a Sixth Amendment opt out may not sue any defendant other than the Company and may not join his or her claim with the claim of any other opt out. The Company cannot predict the ultimate number of individuals who might be in a position to elect a Sixth Amendment opt out or who may in fact elect to do so, but that number could be substantial.

If the settlement fund were to be exhausted, some individuals who registered to participate in the settlement by May 3, 2003, who had demonstrated either FDA+ level regurgitation or mild mitral regurgitation on an echocardiogram completed after diet drug use and conducted either outside of the settlement prior to January 3, 2003 or within the settlement's screening program, and who subsequently develop (at any time before 2015) a valvular condition that would qualify for a matrix payment might elect to pursue a Back-End opt out. Such individuals may pursue a Back-End opt out within 120 days of the date on which they first discover or should have discovered their matrix condition. The Company cannot predict the ultimate number of individuals who may be in a position to elect a Back-End opt out or who may in fact elect to do so, but that number could also be substantial.

The Company's current understanding is that approximately 76,000 Intermediate opt out forms were submitted by May 3, 2003, the applicable deadline for most class members (other than qualified class members receiving echocardiograms through the settlement trust after January 3, 2003, who may exercise intermediate opt out rights within 120 days after the date of their echocardiogram). The number of Back-End opt out forms received as of the 2003 Third Quarter is estimated to be approximately 20,000, although certain additional class members may elect to exercise Back-End opt out rights in the future (under the same procedure as described above) even if the settlement fund is not exhausted. After eliminating forms that are duplicative of other filings, forms that are filed on behalf of individuals who have already either received payments from the settlement trust or settlements from the Company, and forms that are otherwise invalid on their face, it appears that approximately 78,000 individuals have filed Intermediate or Back-End opt out forms as of the 2003 Third Quarter.

Purported Intermediate or Back-End opt outs (as well as Sixth Amendment opt outs) who meet the settlement's medical eligibility requirements may pursue lawsuits against the Company, but must prove all elements of their claims - including liability, causation and damages - without relying on verdicts, judgments or factual findings made in other lawsuits. They also may not seek or recover punitive, exemplary or multiple damages and may sue only for the valvular condition giving rise to their opt out right. To effectuate these provisions of the settlement, the federal court overseeing the settlement has issued orders limiting the evidence that may be used by plaintiffs in such cases. Those orders, however, are being challenged on appeal and the Company cannot predict the outcome of those appeals.

In addition to the specific matters discussed herein, the federal court overseeing the national settlement has issued a number of rulings concerning the processing of matrix claims and the rights of, and limitations placed on, class members by the terms of the settlement. Several of those rulings are being challenged on appeal. Certain class members have also filed a number of motions attacking both the binding effect of the settlement and the administration of the settlement trust. While most of those motions have been denied, one remains pending and several

To date, approximately 25,000 individuals who have filed Intermediate or Back-End opt out forms have filed lawsuits, most of which have been filed in the past few months. The claims of most of these 25,000 plaintiffs are now pending in federal courts and have been or will be transferred for pretrial proceedings to the federal court overseeing the national settlement. The Company expects to challenge vigorously all Intermediate and Back-End opt out claims of questionable validity or medical eligibility and the number of such claims that meet the settlement's opt out criteria will not be known for some time. As a result, the Company cannot predict the ultimate number of purported Intermediate or Back-End opt outs that will satisfy the settlement's opt out requirements, but that number could be substantial. As to those opt outs who are found eligible to pursue a lawsuit, the Company also intends vigorously to defend these cases on their merits.

The Company has resolved the claims of all but a small percentage of the "initial" opt outs (i.e., those individuals who exercised their right to opt out of the settlement class) and continues to work toward resolving the rest. It also continues to work toward resolving the claims of individuals who allege that they have developed Primary Pulmonary Hypertension (PPH) as a result of their use of the diet drugs. The Company intends vigorously to defend those initial opt out and PPH cases that cannot be resolved prior to trial.

During the 2003 Third Quarter, the Company increased its reserves in connection with the REDUX and PONDIMIN diet drug matters by $2.0 billion, bringing the total of the charges taken to date to $16.6 billion. Through September 30, 2003, payments into the national settlement funds, individual settlement payments, legal fees and other costs totaling $13.0 billion were paid and applied against the litigation accrual. At September 30, 2003, and including the most recent increase, $3.6 billion of the litigation accrual remained. The balance remaining represents management's best estimate of the minimum aggregate amount anticipated to cover payments in connection with the settlement trust up to its cap, initial opt outs, PPH claims, Intermediate, Back-End or Sixth Amendment opt outs (collectively, the "downstream" opt outs), and the Company's legal fees related to the diet drug litigation. Due to its inability to estimate the ultimate number of valid downstream opt outs, and the merits and value of their claims, as well as the inherent uncertainty surrounding any litigation, the Company is unable to estimate the amount of any additional financial exposure represented by the downstream opt out litigation. However, the amount of financial exposure beyond that which has been recorded could be significant.

The Company intends to defend itself vigorously and believes it can marshal significant resources and legal defenses to limit its ultimate liability in the diet drug litigation. However, in light of the circumstances discussed above, including the unknown number of valid matrix claims and the unknown number and merits of valid downstream opt outs, it is not possible to predict the ultimate liability of the Company in connection with its diet drug legal proceedings. It is therefore not possible to predict whether, and if so when, such proceedings will have a material adverse effect on the Company's financial condition, results of operations and/or cash flows and whether cash flows from operating activities and existing and prospective financing resources will be adequate to fund the Company's operations, pay all liabilities related to the diet drug litigation, pay dividends, maintain the ongoing programs of capital expenditures, and repay both the principal and interest on its outstanding obligations without the disposition of significant strategic core assets and/or reductions in certain cash outflows.

Exhibit 99.2

IMMEDIATE RELEASE

Investor Relations Contact:
Justin Victoria
(973) 660-5340

Media Contact:
Lowell Weiner
(973) 660-5013

Wyeth Reports

Results for the

2003 Third Quarter and First Nine Months

Madison, New Jersey, October 22, 2003 - Wyeth (the Company) (NYSE: WYE) today reported results for the 2003 third quarter and first nine months. Worldwide net revenue increased 13% for the 2003 third quarter and 7% for the 2003 first nine months. Excluding the impact of foreign exchange, worldwide net revenue increased 9% for the 2003 third quarter and 3% for the 2003 first nine months.

2003 Third Quarter Results

Net income, before unusual items discussed below, increased 39% to $873.6 million for the 2003 third quarter compared with $626.7 million in the prior year. Diluted earnings per share, before unusual items, increased 38% to $0.65 compared with $0.47 in the prior year. The 2003 third quarter unusual items included a charge of $2,000.0 million ($1,300.0 million after-tax or $0.98 per share-diluted) to increase the reserve relating to the Redux(R) and Pondimin(R) diet drug litigation. Including the impact of unusual items, net loss and diluted loss per share for the 2003 third quarter were $426.4 million and $0.32,

respectively, compared with net income and diluted earnings per share of $1,401.4 million and $1.05 in the prior year.

The increases in net income and diluted earnings per share for the 2003 third quarter, before unusual items, were due primarily to higher net revenue, lower cost of goods sold, as a percentage of net revenue, and decreased interest expense offset by higher selling, general and administrative expenses and lower other income, net. The lower cost of goods sold, as a percentage of net revenue, was due in part to the non-recurrence of certain additional costs that were incurred in the 2002 third quarter to address various manufacturing issues, as well as a 2002 third quarter write-off of approximately $35.0 million of FluShield(R) inventory. These improvements in cost of goods sold, as a percentage of net revenue, were partially offset by a slightly less profitable product mix for the 2003 third quarter which was due primarily to decreased sales of higher margin products, including the Premarin(R) family of products and Cordarone(R) I.V., and higher sales of lower margin products such as Protonix(R), Zosyn(R) and Enbrel(R) (international) offset, in part, by higher sales of Effexor(R) XR and Prevnar(R), high margin products.

Unusual Items

As noted above, the Company recorded a charge of $2,000.0 million ($1,300.0 million after-tax or $0.98 per share-diluted) in the 2003 third quarter to increase the reserve relating to the Redux and Pondimin diet drug litigation. The Company has provided updated information related to this litigation on its website at www.wyeth.com which information may be accessed by clicking on the "Investor Relations" hyperlink. This information has also been furnished on a Form 8-K filed with the Securities and Exchange Commission.

The 2002 third quarter results also included a diet drug litigation charge of $1,400.0 million ($910.0 million after-tax or $0.68 per share-diluted).

A reconciliation of net income and diluted earnings per share before unusual items to net income (loss) and diluted earnings (loss) per share as reported under generally accepted accounting principles (GAAP) is presented in the following table:

(In millions except per share amounts)

	Three Months Ended		Nine Months Ended	
Item Description	9/30/2003	9/30/2002	9/30/2003	9/30/2002
Net Income before unusual items(1)	$873.6	$626.7	$2,457.2	$2,098.5
Gains related to Immunex/Amgen common stock transactions(2)	-	1,684.7	558.7	1,684.7
Litigation charges	(1,300.0)	(910.0)	(1,300.0)	(910.0)
As reported net income (loss)	($426.4)	$1,401.4	$1,715.9	$2,873.2
Diluted earnings per share before unusual items including the dilutive effect of common stock equivalents (CSE)(1)	$0.65	$0.47	$1.84	$1.57
Dilutive effect of CSE(3)	0.01	-	-	-
Gains related to Immunex/Amgen common stock transactions(2)	-	1.26	0.42	1.26
Litigation charges(4)	(0.98)	(0.68)	(0.97)	(0.68)
As reported diluted earnings (loss) per share(4)	($0.32)	$1.05	$1.29	$2.15

(1) The Company calculates net income before unusual items by excluding the after-tax effect of items considered by management to be unusual from the net income (loss) reported under GAAP. Management uses this measure to focus on on-going operations and believes that it is useful to investors because it enables them to perform meaningful comparisons of past and present operating results. The Company believes that using this information along with net income (loss) provides for a more complete analysis of the results of operations by quarter. Net income (loss) is the most directly comparable GAAP measure.

(2) The gains related to the Immunex/Amgen common stock transactions consist of the following:

- $2,627.6 million ($1,684.7 million after-tax or $1.26 per share-diluted) recorded during the 2002 third quarter related to the acquisition of Immunex by Amgen. The gain represents the excess of $1,005.2 million in cash plus the fair value of 98,286,358 Amgen shares received, $2,500.1 million, over the Company's book basis of its investment in Immunex and certain transaction costs.

- $860.6 million ($558.7 million after-tax or $0.42 per share-diluted) recorded during the 2003 first quarter related to the gain on the sale of the remaining 31,235,958 shares of the Company's Amgen common stock holdings.

(3) The $0.01 per share benefit represents the impact on diluted earnings per share of excluding the dilutive effect of CSE.

(4) The average number of common shares outstanding used to calculate the diluted loss per share for the 2003 third quarter items does not include CSE, as the effect on these items would be antidilutive.

2003 First Nine Months Results

Net income and diluted earnings per share, before unusual items discussed above, each increased 17% for the 2003 first nine months to $2,457.2 million and $1.84, respectively, compared with $2,098.5 million and $1.57 in the prior year. Including the impact of unusual items, net income and diluted earnings per share for the 2003 first nine months each decreased 40% to $1,715.9 million and $1.29, respectively, compared with $2,873.2 million and $2.15 in the prior year.

Higher net income for the 2003 first nine months, before unusual items, was impacted by increases in net revenue and other income and lower interest expense, partially offset by a less profitable product mix and higher manufacturing costs, as well as higher selling, general and administrative expenses. Higher other income was a result of 2003 second quarter gains from the divestiture of certain pharmaceutical and consumer healthcare products amounting to approximately $290 million.

Segment Information

The following table sets forth worldwide net revenue by operating segment together with the percentage changes from the comparable period in the prior year:

Operating Segment	Three Months Ended 9/30/03 ($ in 000's)	Inc	Nine Months Ended 9/30/03 ($ in 000's)	Inc
Human Pharmaceuticals	$ 3,211,615	11%	$ 9,166,201	5%
Animal Health Products	209,159	63%	605,097	25%
Pharmaceuticals	3,420,774	13%	9,771,298	6%
Consumer Healthcare	660,835	10%	1,745,924	10%
Total	$ 4,081,609	13%	$11,517,222	7%

Pharmaceuticals

Worldwide pharmaceutical net revenue increased 13% for the 2003 third quarter and 6% for the 2003 first nine months. Excluding the favorable impact of foreign exchange, worldwide pharmaceutical net revenue increased 9% for the 2003 third quarter and 2% for the 2003 first nine months.

Human Pharmaceuticals

Worldwide human pharmaceutical net revenue increased 11% for the 2003 third quarter and 5% for the 2003 first nine months due primarily to higher sales of Effexor XR (global growth and higher volume caused by an increase in prescriptions), Protonix (strong prescription volume growth), Enbrel (international), Prevnar and Zosyn (each reflecting consistent increased manufacturing capability) and increased alliance revenue offset, in part, by lower sales of the Premarin family of products and Cordarone I.V. (market exclusivity ended October 2002). Excluding the favorable impact of foreign exchange,

worldwide human pharmaceutical net revenue increased 7% for the 2003 third quarter and 1% for the 2003 first nine months.

Animal Health Products

Worldwide animal health product net revenue increased 63% for the 2003 third quarter and 25% for the 2003 first nine months due primarily to higher domestic sales of ProHeart(R) 6 compared with the similar period in the prior year which was impacted by significant ProHeart 6 product returns. The increase in sales for the 2003 first nine months was also due to higher domestic sales of the Company's West Nile - Innovator(TM), a biological vaccine for horses. Excluding the favorable impact of foreign exchange, worldwide animal health product net revenue increased 57% for the 2003 third quarter and 21% for the 2003 first nine months.

Consumer Healthcare

Worldwide consumer healthcare net revenue increased 10% for both the 2003 third quarter and first nine months. The increases were due primarily to sales of Alavert(TM) (introduced in the 2002 fourth quarter) and higher sales of Centrum(R), Advil(R) and Caltrate(R). The 2003 first nine months increase was also attributable to higher sales of cough/cold/allergy products. Excluding the impact of foreign exchange, worldwide consumer healthcare net revenue increased 7% for both the 2003 third quarter and first nine months.

Wyeth is one of the world's largest research-driven pharmaceutical and health care products companies. It is a leader in the discovery, development, manufacturing and marketing of pharmaceuticals, vaccines, biotechnology products and non-prescription medicines that improve the quality of life for people worldwide. The Company's major divisions include Wyeth Pharmaceuticals, Wyeth Consumer Healthcare and Fort Dodge Animal Health.

The statements in this press release that are not historical facts, are forward-looking statements based on current expectations of future events that involve risks and uncertainties including, without limitation, risks associated with the inherent uncertainty of the timing and successfulness of pharmaceutical research, product development, manufacturing, commercialization, economic conditions including interest and currency exchange rate fluctuations, changes in generally accepted accounting principles, the impact of competitive or generic products, trade buying patterns, wars or terrorist acts, product liability and other types of lawsuits, the impact of legislation and regulatory compliance and obtaining reimbursement, favorable drug pricing, access and other approvals, environmental liabilities, and patent, and other risks and uncertainties, including those detailed from time to time in the Company's periodic reports, including current reports on Form 8-K, quarterly reports on Form 10-Q and the annual report on Form 10-K, filed with the Securities and Exchange Commission. Actual results may vary materially from the forward-looking statements. The Company assumes no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise.

The Company will hold a conference call with research analysts at 8:00 a.m. Eastern Time today. The purpose of the call is to review the financial results of the Company for the third quarter and first nine months. Interested investors and others may listen to the call live or on a delayed basis through the internet webcast, which may be accessed by visiting the Company's website at www.wyeth.com and clicking on the "Investor Relations" hyperlink. Also, for recent announcements and additional information including product sales information, please refer to the Company's website.

The comparative results of operations are as follows:

(In thousands except per share amounts)

	Three Months Ended		Nine Months Ended	
	9/30/2003	9/30/2002	9/30/2003	9/30/2002
Net Revenue	$4,081,609	$3,623,672	$11,517,222	$10,770,041
Cost of Goods Sold	1,126,356	1,058,122	3,074,555	2,747,516
Selling, General and Administrative Expenses	1,313,870	1,216,073	3,967,362	3,796,457
Research and Development Expenses	502,758	518,608	1,517,123	1,525,681
Interest Expense, Net	24,304	52,367	77,182	161,326
Other Income, Net	(5,732)	(21,850)	(269,299)	(155,188)
Gains related to Immunex/Amgen Common Stock Transactions	-	(2,627,600)	(860,554)	(2,627,600)
Litigation Charges	2,000,000	1,400,000	2,000,000	1,400,000
Income (Loss) Before Federal and Foreign Taxes	(879,947)	2,027,952	2,010,853	3,921,849
Provision (Benefit) for Federal and Foreign Taxes	(453,589)	626,553	294,924	1,048,671
Net Income (Loss)(1)	($426,358)	$1,401,399	$1,715,929	$2,873,178
Basic Earnings (Loss) Per Share	($0.32)	$1.06	$1.29	$2.17
Average Number of Common Shares Outstanding During Each Period - Basic(2)	1,331,958	1,325,930	1,329,492	1,325,294
Diluted Earnings (Loss) Per Share(1)	($0.32)	$1.05	$1.29	$2.15
Average Number of Common Shares Outstanding During Each Period - Diluted(2)	1,331,958	1,331,068	1,335,315	1,335,298

(1) Net loss and diluted loss per share for the 2003 third quarter were $426,358 and $0.32, respectively, compared with net income and diluted earnings per share of $1,401,399 and $1.05 in the prior year. The 2003 third quarter net loss and diluted loss per share included a charge of $2,000,000 ($1,300,000 after-tax or $0.98 per share-diluted) related to the Redux and Pondimin diet drug litigation. The 2002 third quarter net income and diluted earnings per share included a gain of $2,627,600 ($1,684,723 after-tax or $1.26 per share-diluted) related to the acquisition of Immunex by Amgen and an additional diet drug litigation charge

of $1,400,000 ($910,000 after-tax or $0.68 per share-diluted). Excluding these items from both the 2003 and 2002 third quarter results, net income and diluted earnings per share for the 2003 third quarter increased 39% and 38%, respectively.

Net income and diluted earnings per share for the 2003 first nine months were $1,715,929 and $1.29 compared with $2,873,178 and $2.15 in the prior year. The 2003 first nine months net income and diluted earnings per share included a first quarter gain of $860,554 ($558,694 after-tax or $0.42 per share-diluted) related to the sale of the remaining 31,235,958 shares of the Company's Amgen common stock holdings and a third quarter charge of $2,000,000 ($1,300,000 after-tax or $0.97 per share-diluted) related to the Redux and Pondimin diet drug litigation. Excluding these items and the unusual items noted above from the 2002 third quarter results, net income and diluted earnings per share for the 2003 first nine months each increased 17%.

(2) The average number of common shares outstanding for diluted loss per share for the 2003 third quarter does not include common stock equivalents, as the effect on the diluted loss per share would be antidilutive. Therefore, the average number of common shares outstanding for diluted loss per share is the same as for basic loss per share.

The average number of common shares outstanding for diluted earnings per share is higher than for basic earnings per share for the 2003 first nine months and the 2002 third quarter and first nine months due to the assumed conversion of outstanding stock options into common stock equivalents using the treasury stock method.

Exhibit C

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE DIET DRUGS (PHENTERMINE/FENFLURAMINE/ DEXFENFLURAMINE) PRODUCTS LIABILITY LITIGATION	MDL No. 1203
SHEILA BROWN, et al. v. AMERICAN HOME PRODUCTS CORPORATION	CIVIL ACTION No. 99-20593

REPORT OF THE AHP SETTLEMENT TRUST
OF SEPTEMBER 22, 2003, PURSUANT TO PRETRIAL ORDER NO. 2881

The AHP Settlement Trust (the "Trust") hereby reports pursuant to paragraph 4 of Pretrial Order No. 2881 on matters related to its review, processing and payment of claims. This report includes information and is in the format developed after consultation with the Special Master. The attached tables summarize activities of the Trust in August, 2003. This report will also describe how the attached tables are to be read. This is one of a series of monthly reports filed pursuant to Pretrial Order No. 2663 or Pretrial Order No. 2881; reports about earlier months are on file with the Court and may be seen at the Trust's website, www.settlementdietdrugs.com, under "REPORTS."

As the first of the attached tables shows, the Trust sent 472 letters in August 2003, to acknowledge receipt of BLUE Forms from people who had not previously filed BLUE Forms. At the end of August, there were eight BLUE Form filers who had not been sent acknowledgment letters. All had filed their BLUE Forms within the previous thirty days.

The Trust has been meeting its obligation to send acknowledgment letters to claimants within thirty days, as is required by Section VI.C.3.a of the Settlement Agreement.

The second table on the attached report shows that during the month of August, 2003, the Trust processed non-Matrix claims of 56,335 claimants. The Trust processed the non-Matrix claims of 8,335 more claimants than the goal of 48,000 claimants that was the subject of testimony at the hearing that preceded entry of Pretrial Order No. 2663.

The third of the attached tables describes the nature of the applications that were to be processed at the beginning of August, 2003, by quantifying how many applications were to be the subject of initial review or processing and how many were to be the subject of review or processing of information submitted after the Trust stated that the applications were incomplete. Applications are also categorized in columns according to the nature of the benefits sought. The bottom section of this table shows how many claimants received deficiency letters and how many received denial letters with respect to each benefit claimed. It also shows how many claimants had their claims approved (in the case of non-Matrix claims, by benefit) and how many were approved to go to the next step - - in the case of Matrix claims, a medical audit.

An individual claimant may qualify for more than a single non-Matrix benefit with the Trust. For example, the Trust could be approving a Drug Refund while sending the claimant at the same time a deficiency letter seeking more information regarding his or her apparent request for Cash or Additional Medical Service benefits. "Processing" for purposes of tallying non-Matrix activity means that the Trust has reviewed the information the claimant has submitted and either approved the payment of a particular benefit, has determined that the claim is deficient in some manner, in which case a letter to the claimant describing the deficiency has been prepared and distributed, or has informed the claimant of the Trust's determination that the claimant is not eligible for a particular benefit.

The Trust processed the Matrix claims of 10,211claimants, 3,811 more than the goal of 6,400 claimants that was the subject of testimony at the hearing that preceded entry of Pretrial Order No. 2663. The Trust's tally of Matrix claims processed includes those that were brought to the point where they were referred to the Audit program established pursuant to Pretrial Order No. 2662, were the subject of deficiency or denial letters that were sent, or were the subject of payment after eligibility determinations were made.

For Matrix claims, in August 2003, the Trust processed 4,319 claims to the point of a deficiency letter. The Trust sent to each of 54 claimants a letter stating that their Fund B submissions were denied because they were inadequately filled out to process further or because they failed to assert the medical conditions or other facts that would warrant payment of a Matrix Level benefit. Additionally, the Trust reviewed and approved 5,780 claims for inclusion in the Trust's Matrix audit review program. The Trust made payment on 41 Matrix claims. Five of the 41 payments were payments of amounts called for by the A-1 Matrix following previous payment on the B-1 Matrix, pursuant to the Trust's program of payment on the B-1 Matrix where the audit was initiated prior to the effectiveness of Pretrial Order No. 2662 but completed thereafter. The other 36 were final payments following audits pursuant to Pretrial Order No. 2662.

In August, 2003, the Trust issued notifications relating to findings of its Auditing Cardiologists. (See Rules 9, 12 and 13 of Rules for the Audit of Matrix Compensation Claims, approved pursuant to Pretrial Order No. 2807.) The Trust issued 11 Post-Audit Determinations stating that Matrix Claims were payable on the Matrix B. The Trust issued 39 Post-Audit Determinations stating that the Matrix Claims were potentially payable on Matrix A. The Trust issued 122 Post-Audit Determinations denying Matrix Claims. The Trust issued 14 Medical

Status Letters stating that materials submitted in connection with Matrix Claims were not evaluable as to one or more factors that are material to a determination of eligibility for Matrix Compensation Benefits.

Additional activity by the Trust during August 2003 included:

- Payment of $6.4million to physicians who performed and reported on 7,546 echocardiograms in the Screening Program.
- Mailing of 55,659second or third deficiency letters; these are follow up letters to claimants who had not answered previously sent deficiency letters.
- Mailing of 5,024 letters notifying claimants of results of their Screening Echocardiograms.

From the inception of administration of claims and benefits pursuant to the Settlement Agreement through August 31, 2003, the Trust has:

- Paid more than $1.039 billion on account of 2,625 Matrix claims and their associated derivative claimants; these payments are the aggregate of direct payments to class members, subrogation payments, attorneys' fees and costs and derivative claims.
- Sent 181,327 letters notifying claimants of results of their Screening Echocardiograms.
- Paid $126.3 million to 21,489 claimants who have been determined to have FDA Positive valvular conditions pursuant to the Cash or Additional Medical Services program.
- Paid $152.6 million to physicians who performed and reported on 186,770 echocardiograms in the Screening Program.
- Paid 259,588 drug reimbursement claims totaling $64.9 million.
- Approved and referred 398,181 claimants to the Trust's Echocardiogram Screening Program.
- Approved and referred 30,017 claims for the medical audit program to be performed pursuant to Pretrial Order No. 2662.

Andrew A. Chirls
Attorney for AHP Settlement Trust

OF COUNSEL:
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Dated: September 22, 2003

AHP Settlement Trust
Monthly Processing Report: August 2003

Acknowledgement Letter Activity:	
DDRs Not Yet Sent an Acknowledgement Letter (as of 8/1/03)	53
Acknowledgement Letters Sent in August 2003	472
DDRs Not Sent an Acknowledgement Letter Within *30 Days of Receipt of Claim*	*0*
DDRs Not Yet Sent an Acknowledgement Letter (as of 8/31/03)	8

	Fund A					Fund B
Activity By Claimant	Drug Refund	Echo Screening	Cash/Medical Services	Echo Reimbursements (White Forms)	Total Fund A	Matrix
Total Claimants to be Processed as of August 1, 2003:					232,034	37,322
Total Claimants Processed in August 2003:					56,335	10,211
Processing Goal:					48,000	6,400
Variance Above/(Below) Goal:					8,335	3,811
Prior Month Variance:					6,840	1,317
Average Forms Processed Per Month (Mar. 2003 through August 2003)					49,149	6,736

	Fund A					Fund B
Activity By Benefit	Drug Refund	Echo Screening	Cash/Medical Services	Echo Reimbursements (White Forms)	Total Fund A	Matrix
Benefit Applications To Be Processed as of August 1, 2003:						
Initial Reviews	14,918	0	5,283	9,886	30,087	9,707
Additional Information Reviews	74,900	8,514	155,917	11,824	251,155	27,615
Total Benefit Applications To Be Processed:	89,818	8,514	161,200	21,710	281,242	37,322
Processed:						
Deficiency Letters	14,476	0	29,755	1,527	45,758	4,319
Denial Letters	0	0	0	0	0	54
Claims Approved (Fund A)/*Approved for Matrix Audit (Fund B)*	9,357	0	1,429	0	10,786	5,780
Claims Paid (or Sent to Echo Screening Program)	13,182	0	0	0	13,182	58
Total Benefit Applications Processed:	37,015	0	31,184	1,527	69,726	10,211

Fund B Audit Activity	
Approved for Matrix Audit	5,780
Sent to Matrix Audit	489
Audit Completed and Sent Back to Trust	223

Paid:						
Number of Payments	13,182	0	0	0	13,182	41
Total Amount of Payments	$ 3,356,796	$ -	$ -	$ -	$ 3,356,796	$ 14,440,335

Note: There are multiple benefits per claim. When a claim is processed, all benefits are processed at the same time

CERTIFICATE OF SERVICE

Andrew A. Chirls hereby certifies that on the 22nd day of September, 2003, he caused a true and correct copy of the foregoing Report of the AHP Settlement Trust Pursuant to Pretrial Order No. 2881 to be served by first class postage prepaid, upon the following counsel:

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Andrew A. Chirls

Dated: September 22, 2003

UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: DIET DRUGS (Phentermine/ Fenfluramine/ Dexfenfluramine) PRODUCTS LIABILITY LITIGATION	:	CIVIL ACTION 99-20593
THIS DOCUMENT RELATES TO: SHEILA BROWN, SHARON GADDIE, VIVIAN NAUGLE, QUINTIN LAYER, and JOBY JACKSON-REID, Individually and all others similarly situated,	:	**Hon. Harvey Bartle**
Plaintiffs,	:	**DECLARATION OF SERVICE**
-against –	:	
AMERICAN HOME PRODUCTS CORPORATION,	:	
Defendants.	:	

DENISE A. RUBIN, an attorney duly admitted to practice in the State of New York and before the United States Court of Appeals for the Third Circuit, hereby declares that on October 31, 2003, I caused a true copy of **Opposition to the AHP Settlement Trust's Proposed Operations Plan** to be served on the following person(s) by e-mail and electronically filed with the Court.

Peter Zimroth, Esq. Arnold & Porter, LLP 399 Park Avenue New York, New York 10022 Email: Peter_Zimroth@aporter.com	Andrew Chirls Esq. Wolf, Block, Schorr & Solis-Cohen, LLP 1650 Arch Street, 22nd Floor Philadelphia, PA 19103 Email: achirls@wolfblock.com
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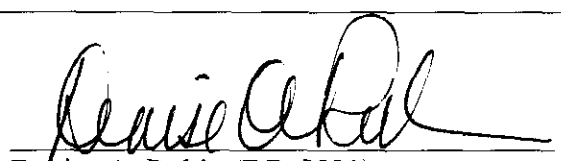

Denise A. Rubin (DR-5591)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: DIET DRUGS
(Phentermine/Fenfluramine/Dexfenfluramine)
PRODUCTS LIABILITY LITIGATION

MDL 1203

SHEILA BROWN, et al.

Plaintiffs,

Docket No.: 99 CV 20593

-against-

AMERICAN HOME PRODUCTS
CORPORATION, *et al,*

Defendants.

OBJECTOR CLAIMANTS' OPPOSITION TO THE
AHP SETTLEMENT TRUST'S PROPOSED OPERATIONS PLAN

NAPOLI KAISER BERN & ASSOCIATES, LLP
Attorneys for : Claimant Barbara Truglio
Office and Post Office Address, Telephone
3500 Sunrise Hwy., Suite T-207
Great River, New York 11739
(212) 267-3700

To
Attorney(s) for

Service of a copy of the within
is hereby admitted.
Dated,

Attorney(s) for

PLEASE TAKE NOTICE:

NOTICE OF ENTRY

that the within is a (certified) true copy of a
duly entered in the office of the clerk of the within name court on 20

NOTICE OF SETTLEMENT

that an order of which the within is a true copy
will be presented for settlement to the HON. one of the judges of the
within named Court, at
on 20 at M.

Dated,

Yours, etc.
NAPOLI KAISER BERN & ASSOCIATES, LLP