

RPTS MERCHANT

DCMN HERZFELD

COMMITTEE ON OVERSIGHT AND  
GOVERNMENT REFORM,  
U.S. HOUSE OF REPRESENTATIVES,  
WASHINGTON, D.C.

TELEPHONE INTERVIEW OF: DR. RON TAYLOR

Monday, February 4, 2008

Washington, D.C.

The telephone interview in the above matter was held at  
Room B-373, Rayburn House Office Building, commencing at

4:05 p.m.

Appearances:

For COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM:

BRIAN COHEN, SENIOR INVESTIGATOR/POLICY ADVISOR

STEPHEN CHA, PROFESSIONAL STAFF MEMBER

JENNIFER SAFAVIAN, MINORITY CHIEF COUNSEL

STEVE CASTOR, MINORITY COUNSEL

[The following testimony was delivered via teleconference.]

Mr. Cohen. This is an interview of Dr. Ron Taylor conducted with the House Committee on Oversight and Government Reform. The interview is part of the committee's investigation into allegations of steroid use by Major League Baseball players.

Dr. Taylor, thank you for joining us today.

Dr. Taylor. Glad to be here.

Mr. Cohen. Could you please state your full name for the record?

Dr. Taylor. Ronald Wesley Taylor.

Mr. Cohen. Thank you very much. My name is Brian Cohen, and I'm an investigator for the committee. I'm accompanied by my colleagues. I'll let them introduce themselves.

Dr. Cha. This is Steve Cha with the Majority.

Dr. Taylor. Hi.

Mr. Castor. Steve Castor with the Republicans.

Dr. Taylor. Hi.

Ms. Safavian. And Jennifer Safavian, also with the Republican staff.

Dr. Taylor. Hi.

Ms. Safavian. Hello.

Mr. Cohen. Before we begin the questioning, I'll go over some standard instructions and explanations regarding the interview.

Is this your first time being interviewed by Congress, by the U.S. Congress?

Dr. Taylor. Yes, it is.

Mr. Cohen. All right. Well, the interview will proceed as follows. I'll ask questions regarding the subject matter of the investigation for up to 1 hour. When I'm finished, the Minority staff will have the opportunity to ask you questions for up to 1 hour. Additional rounds of questions will alternate between the Majority and Minority staff of the committee until the interview is completed. We'll make every effort to finish up as soon as we can.

Dr. Taylor. Okay.

Mr. Cohen. The reporter here will be taking down everything you say, and we'll make a written record of the interview. So please make sure -- and of course you're on the phone, so we can't see you -- so please give us verbal, audible answers, because the reporter cannot record nods or gestures.

Dr. Taylor. Okay. If I'm not loud enough, let me know.

Mr. Cohen. Will do. You sound find right now.

You're required to answer questions from Congress

truthfully. Is there any reason you're unable to provide truthful answers in today's interview?

Dr. Taylor. None at all. I have a letter from Roger Clemens, and I can talk anything I want about his medical treatment in Toronto.

Mr. Cohen. Great.

If you knowingly provide false testimony, you could be subjected to criminal prosecution for making false statements or other related offenses. Do you understand this?

Dr. Taylor. I understand that perfectly.

Mr. Cohen. You have the right to be represented by an attorney, although you do not have one present.

Dr. Taylor. I have no attorney present.

Mr. Cohen. It's our understanding you wish to proceed with the interview.

Dr. Taylor. Yes.

Mr. Cohen. Okay. Do you have any questions before we begin?

Dr. Taylor. No.

#### EXAMINATION

BY MR. COHEN:

Q All right. Let's start with can you describe your basic educational, professional background?

A Yeah. At the age of 17, I became a professional

baseball player in the Cleveland Indians organization. I played in the minor leagues. When I was playing in the minor leagues, I got a degree in electrical engineering in 1961 at the University of Toronto. Then I played 11 years in the big leagues as a pitcher pitching in 500 games, and I pitched in two winning World Series. And I went back to medical school at the age of 35 and graduated in 1977 from the University of Toronto. I began a general practice. I run an injury clinic at Mount Sinai Hospital here in Toronto. I've been a team doctor for the Toronto Blue Jays for over 30 years.

Q And can you describe for us your -- so you've been the team doctor at the Blue Jays since 1977?

A No, 1979.

Q 1979?

A Yeah.

Q Until the present?

A Yeah.

Q Okay. So in 1997 and 1998, when Mr. Clemens was with the Blue Jays, you were the team's head doctor?

A Yes.

Q Okay. Can you briefly walk us through your responsibilities in that position?

A Well, I operate in that position as the general practitioner, and I examine players and treat them as

appropriate; and if not appropriate, then I refer them to a specialist. We have a roster of specialists, including orthopedic surgeons, internal medicine and radiologists, like any hospital would have.

Q And to what extent did you interact with Roger Clemens when he was with the Toronto Blue Jays in 1997 and 1998?

A Only at the level of a general practitioner. Any like orthopedic problems were seen by one of our two orthopedic surgeons.

Q So in layman's terms can you -- as a general practitioner, what kind of responsibilities did you have with Mr. Clemens, and what kind of things did you refer on to the orthopedic specialist?

A Well, if he came in with a sore throat or congestion, I would treat him with antibiotics or assess him and treat him. If it was an orthopedic problem, I would assess the orthopedic problem and call in an orthopedic surgeon to see him. And that would go on for all other disciplines of medicine.

Q It's my understanding that you've been provided a copy of Mr. Clemens' medical records during the time he was with the Blue Jays; is that correct?

A Yes, I have.

Q And you were provided a copy of those records by Mr.



Clemens' legal team?

A Yes.

Q And you've had a chance to review those documents?

A Yes.

Q In general, how would you describe Mr. Clemens' health when you were the Blue Jays team doctor?

A He was very healthy, and there was very few problems from a medical standpoint. He did have the usual orthopedic problems that pitchers get.

Q He never suffered any major injuries?

A Not that I recall.

Q Or any significant recurring problems?

A No.

Q Anything you can remember that caused him to go on the disabled list or miss any playing time?

A No. I don't think he was on the DL at all. He may have been. I don't recall it, though.

Q Do you know if he -- do you recall if he or remember if he suffered from any lower back pain?

A He did on occasion, yes.

Q And could you --

A That was treated by our orthopedic surgeons.

Q Do you remember how that was treated?

A I think he was -- he may have had some chiropractic treatment, and he was treated with anti-inflammatories after

assessment with the usual X-rays and MRI.

Q How about any joint pain?

A Nothing significant. He had -- his thumb was hurt on one occasion, I think, with a line drive, but he came back after that with no problem.

Q And to the extent he was injured, he reported those injuries to the team; is that correct?

A That's right. He had, I would say, several leg injuries, but nothing kept him from pitching.

Q His problems with back pain, can you give us a little more detail on what you remember of that?

A He was seen by one of our orthopedic surgeons for that, and he diagnosed a right hip flexor injury. That occurred in your notes there on August 24th, but he still pitched with it.

Q All right. I have some general background questions on team policies with regard to injury treatment, the tracking of injuries and treatment.

A Sure.

Q First, can you give us an overview of how this was done?

A Well, the trainers see the players every day. If they see a problem that's a medical problem, they refer a player to me, then I assess the player and refer him to the appropriate specialty.

Q I see. And at all points during that process, is a record made of the evaluation by the trainer of your assessment of the ultimate disposition of the case?

A Yes, it is.

Q Okay. Is a record created of every incident when a player reports an injury?

A Yes, it is.

Q In every incidence of treatment?

A Yes.

Q Every doctor or trainer consultation? If it reaches a level where it's reported to you --

A It's all recorded. Specialists give us like a medical report or orthopedic report on what they did.

Q And every incidence where a player is provided medication by a team doctor or team trainer?

A Definitely.

Q Whether prescription or nonprescription?

A Right.

Q Aside from the medical records, are there other records that are kept of treatments? Would there be, for example, inventory or billing records for medications?

A For each player individually?

Q Or for the team as a whole.

A For the team as a whole, yes.

Q And billing records for medications, were players

billed for medications or treatment at all?

A No.

Q Or it was just considered part of the team?

A It was considered part of our service.

Q Okay. So there was no individual billing records --

A Right.

Q -- for any player for medication or treatment?

A Right.

Q What about when they were sent off site, if they were sent to a --

A Birmingham?

Q Birmingham, or if they were sent to --

A Well, what we do is -- what happens is a lot of the doctors and Dr. Andrews in Birmingham and Dr. Jove in California have got tremendous experience in athletic injuries. So we -- I as a medical doctor refer them to the best person to take care of them, and it's not always the orthopedic surgeon here in Toronto; so somebody who has had a lot of experience with, for example, rotator cuff injuries. And that's how -- what I try to do is make sure the player gets the best treatment possible no matter whether it's trauma or anything.

Q Okay. And when you provided treatment, I know it was the team policy that all incidences of treatment were recorded. Was it your personal policy to make a record of

every incidence of treatment?

A I made it out with the trainer. We did it together.

Q Can you describe that process?

A Well, in my case if a player came in with an upper respiratory infection, the player would be brought to me by the trainer, and I would examine him, and I would tell him what I saw, what the treatment was going to be, and the length of time for the treatment, and with a follow-up in 1 or 2 days.

Q So to the extent records are kept -- and I apologize if I'm spending a lot of time on records, I'm just trying to get a basic understanding here -- there wasn't -- was there a -- was it a same-day process by which records were kept?

A It was same day.

Q Same day continuous basis?

A Yes.

Q Okay. Can you tell us about the Blue Jays team policy for providing medications to players? Was it only you as the team doctor who could provide medications to players, or could trainers provide medications as well?

A No. I as a team doctor can only provide medications, like prescription-type medications.

Q And over-the-counter medications, could the trainers provide those?

A Only if I agree to them.

Q How about injectable medications, were you the only individual on the team, or was it only you and other team doctors who could inject medication or could trainers inject it as well?

A No. Injections were -- like cortisone injection would only be done by an orthopedic surgeon because it's very specific and requires his knowledge of the anatomy that I don't really have. A B12 injection I would give. I've only given it twice in my career, and once was to Roger Clemens, as you know.

Q Could trainers give B12 injections?

A No.

Q Can you recall incidences of players seeking out medications from you when they were not able to obtain them?

A Well, I wouldn't give out medication to a player unless I felt it was indicated.

Q Okay. And if a player came to you and he told you, my arm is sore, I need a cortisone injection --

A Well, we would have him assessed by an orthopedic surgeon, probably get an X-ray and a MRI, and then, if indicated, he could be injected with cortisone.

Q In your experience when players needed medications, do they typically come to you, do they go directly to the trainer, do they go to you; what's your experience with this?

A Well, they mostly come to me, but the trainer is aware of it. He brings the player to me.

Q I see.

A But I'm the person that prescribes the treatment.

Q Okay. I would like to move on to the general topic of the B12 shot received by Mr. Clemens.

A Sure.

Q You have -- have you provided a B12 -- did you in 1997 or 1998 provide a B12 shot to Mr. Clemens?

A One in 1998.

Q And do you remember exactly when in 1998?

A No. It was on a home stand in Toronto on July 17, 18, 19, 20, 21 or 22, in that period. They haven't got it documented in the report, as you know. It said it was 7 to 10 days before July 28, 1998.

Q Okay. Do you remember giving the shot?

A Yes, I do.

Q Where was it given to Mr. Clemens?

A His buttock.

Q In what location? Was it in the trainer's room in the stadium?

A The trainer's room.

Q Do you happen to remember what time of day?

A It was probably -- I don't get there until around 6 o'clock, so it would be around 6 o'clock. We have a 7

o'clock game. I got to be there an hour before the game starts.

Q And do you remember did the shot cause any reaction?

A No.

Q It did not?

A On the 28th he complained of some soreness in his right buttock. And he was examined by Dr. Gross, one of our orthopedic surgeons, who felt it was a small collection of blood below the surface of the skin. He prescribed therapy with hot packs and ice packs alternating. I prescribed him an antibiotic, cloxacillin, to cover him in case there was an infection there, and just continue. Two days later he had a MRI performed at Mount Sinai Hospital, and results were negative for an abscess. And Dr. Gross recommends current therapy of heat and ice and massages tolerated, and all activities tolerated, just to monitor.

Q I realize you've got the medical records in front of you, so it's a little bit difficult to separate what you're reading right now and your memories of that time.

A Well, I remember bringing in Dr. Gross, he's our orthopedic surgeon, because he had pain in his right buttock.

Q And do you remember -- you were saying at the time -- when you gave Mr. Clemens a shot, you had no memory of it causing any kind of reaction?



A No, no memory at all.

Q Do you remember -- you mentioned you've only given two B12 shots in your career?

A Yeah. Not very common.

Q Do you remember anything going wrong with the shot?

A Not at all, no.

Q When you did provide the shot, did the shot go into the muscle, or did it just go just below the skin? How deep was the shot?

A It was an intramuscular injection, you know, the gluteus muscle.

Q Okay. Hang on 1 second.

#### EXAMINATION

BY DR. CHA:

Q Dr. Taylor, this is Steve Cha.

I'm just curious, if you only gave B12 twice when Mr. Clemens approached you, did you stock B12 in your office, or how did that work?

A I stock it in my office because I have a general practice, and I have a lot of elderly patients who get B12 shots regularly.

Q But when you're say you only gave B12 twice, you're speaking in the context of your sports medicine capacity then?

A No, I'm speaking with the Blue Jays.

BY MR. COHEN:

Q And in your capacity outside the Blue Jays, is this common?

A Well, I have a practice of people up into their 90s. And older people, they tend to have low B12s due to lack of a good diet. That's one way of supplementing it.

BY MR. CHA:

Q And I'm curious, you've seen not the MRI report, but the report of an MRI report in the record?

A Yeah.

Q They say it's a contusion, and you said that there might have been a small collection of blood.

A No.

Q I'm sorry, go ahead.

A The diagnosis by Dr. Gross was a small collection of blood.

Q Okay.

A The MRI really showed nothing.

Q Showed nothing, okay.

A Yeah.

Q And so do you have --

A The MRI was taken 2 days later, I think, at the hospital, so July 30th.

Q Well, do you have any insight as to what that contusion might have been due to then?

A Maybe when I injected the muscle, I might have hit an artery, a small artery or something, that little bit of blood in the area, but nothing showed up right away.

Q Do you recall -- and this is a long time ago, again, and because you don't have the MRI report, do you remember if it was in the upper or the lower part of the buttock?

A You always inject in the upper part to avoid hitting a sciatic nerve.

Q But in terms of the contusion, do you remember if the contusion was in the same place?

A I don't remember that, no. The examination was done by Dr. Alan Gross, our orthopedic surgeon.

BY MR. COHEN:

Q You had mentioned in your outside practice it's not uncommon for you to give B12 shots. Just ballpark, over the course of your career, how many times have you given these B12 shots?

A Where?

Q Ballpark. How many shots have you given, hundreds, thousands?

A At the ballpark or a ballpark figure?

Q No, a ballpark figure. Perhaps I should have used a different --

A Well, I've been in practice for 30 years. It's probably close to 1,000 a year.

Q Have you ever seen the kind of reaction that Mr. Clemens had; have you ever seen that kind of reaction in anybody else from the B12 shot?

A No.

Q Did you ever prescribe any other medications for Mr. Clemens or give him any other kind of injections?

A No. I gave him just that one injection. I prescribed some cloxacillin until he got this problem sorted out in his buttock, and it was discontinued when there was no infection there. I prescribed, I think, on occasion -- if he had a sore throat or a possible strep throat, I prescribed amoxicillin, an antibiotic, for that.

Q And both the cloxacillin and the amoxicillin, those are both oral antibiotics?

A Yeah.

Q So there were no other shots for Mr. Clemens from you?

A Right.

Q What about any -- did you observe any other or did you know if any other, any of the orthopedic doctors or anyone else on the Blue Jays, gave him such a shot?

A No.

Q You don't know, or, no, they did not?

A I don't recall it.

Q How about any of the Blue Jays trainers or --

A Well, they weren't able to do them. It just wasn't in their protocol.

Q When Mr. Clemens approached you for the B12 shot, did he come to you and ask specifically for a B12 shot?

A What happened was the trainer came to me, and I guess he was feeling kind of fatigued. He may have had B12 shots in the past, and he asked the trainer for one, and I said, okay, I'll give you one. There's no harm. He was feeling fatigued. Maybe it would help him.

Q Do you remember who the trainer was?

A We had two trainers at that time. One was Tommy Craig, and the other was Scott Shannon.

Q Now, I'm sorry to go back, I just want to understand the injury. Did you ever examine the injury, or did the trainer come to you and did you send Mr. Clemens directly to Dr. Gross?

A We were both there that night, Dr. Gross and me. And I said, take a look at it and see what you think. And he just thought it was, as I said, a small collection of blood.

Q Was it swollen or painful, do you remember, for Mr. Clemens?

A It didn't appear to be swollen that much. He complained of some tenderness there. And that's when we got the MRI, which I said was normal.

Q What's the trigger point for -- again, I'm a layman, so I apologize. It sounds like you were taking this relatively serious; you sent him for a MRI?

A Well, you know, he's an important part of our team. And that was Dr. Gross, the orthopedic surgeon, wanted to make sure nothing happened, you know, with a muscular problem. And that's when he got the -- with a player of that -- all our players, if there's any undiagnosed problem, they get an MRI to make sure that nothing is going to cause them -- affect his career.

Q Okay. And was one of the purposes of the MRI to determine if the injury was, in fact, an abscess?

A It was to determine what it was, period. And it was whether he had a torn muscle, whether there was an abscess there, or whether he had some other type of pathology.

Q Okay. So it sounds like there was at least -- am I correct -- there may have been at least some level of concern that there may have been an abscess?

A The word "abscess" was not really at the top of our differential. And quite often people can have a -- we had one player a couple of years ago who had a staph infection in his foot for some reason.

BY MR. CHA:

Q Dr. Taylor, this is Steve Cha again. You were concerned enough -- at least on the 28th prior to the MRI,

you were at least concerned enough to prescribe cloxacillin?

A Yeah.

Q So at least something about an infectious source was in the back of your mind, a skin infection specifically, correct?

A Yeah. I just wanted to make sure I covered him for an injection until he got the MRI.

BY MR. COHEN:

Q Okay. So again, I'll ask this again just to make sure I understand and we have it clear for the record. It sounds like there was some concern that there was a possibility that there may have been an abscess here?

A Not necessarily an abscess, but an infection. It could be a cellulitis as well.

Q Do you have a copy of the MRI results from Mr. Clemens? We were not provided those MRI results.

A I don't have them there, no. And it was 10 years ago. It would be in the hospital, Mount Sinai Hospital.

Q Do you happen to remember, by any chance, the MRI findings?

A Well, the findings were that it was negative for an abscess, and that was it. They were normal. There was no abscess there. I guess I don't know why they used the term "abscess." We were just trying to find out what it was. And nothing showed up.

Q Okay.

A Do you want to get a copy of the MRI report? I could probably find one.

Q I think that would be helpful for us, I think.

A Okay. I'll see what I can do.

Q Okay.

A We can order that.

Q All right. The injury is described as a -- also is described as a contusion?

A Yeah.

Q In layman's terms can you tell me what a contusion is?

A A bruise.

Q Can you tell me what would cause such an injury if there was no trauma?

A It could be a strained muscle could cause it. He could have strained it throwing. If he slid into a base, he could cause it. Of course, we don't hit -- they don't hit there. If he got hit with a line drive, it could cause it.

Q Absent such trauma -- there's no report of such a trauma of him being struck by a ball or anything in a game. Absent such a trauma can you walk me through some possibilities what would cause such an injury?

A I'm not sure whether it was from the B12 injection or not. I mean, there are a lot of arterials there. You



could hit one, and you can just get a little bit of bruising from it. That would be the most -- my first thought. And then we just wanted to make sure he got good care, so we covered him with an antibiotic and got an MRI.

Q Okay. The first mention of the problem -- and again, I know you have Mr. Clemens' medical record. The problem is there's a description on a page labeled as Injuries Report.

A Yeah.

Q That page states that Roger received a B12 injection approximately 7 to 10 days ago in the right buttocks from Dr. Taylor at SkyDome. Roger started complaining of right buttock soreness on July 28, 1998.

Did you write that description?

A No.

Q Do you know who did?

A Probably the trainer.

Q Would that have been -- do you know which trainer?

A Either Scott Shannon or Tommy Craig.

Q And did you review those medical records at the time?

A Did I review them?

Q Did you review this injury report at the time?

A I read it over, yeah.

Q And you were aware of the description that appeared

to link the B12 shot to Mr. Clemens' injury?

A Yeah. But I'm surprised it didn't give the date it was done. That surprises me. But I know on that 7 to 10 days, the team was home at that interval, so it must have been given then.

Q Do you have a clear memory of that date, or are you just inferring from the information in the medical reports that was given that date?

A I looked it up on the schedule. We were at home on the 17th, 18th, 19th, 20th, 21st and 22nd. They went on the road, I believe, to New York, and they came back for the home stand, probably back on the 28th was the first day they were back, I believe.

Q I know it sounds like you're inferring from the medical records of when you gave him the shot. I'm trying to -- I know it's difficult to separate the two, but just in your own mind, setting aside the inference from the medical records of when it was, do you have a memory of when that shot was given? Do you remember giving it to him?

A I remember giving it to him, and I think it's very likely it was in that home stand starting the 17th.

Q So you don't have a clear memory? It sounds like you're not 100 percent certain it was during that home stand.

A It was 10 years ago. I have a clear memory of

giving him the shot.

Q But you can't --

A I can't give you the date. But it makes sense to me just how this adds together here with the one home stand. They went on the road to Boston, they came home, and the first day home was when we saw Clemens.

BY DR. CHA:

Q Dr. Taylor --

A Yes.

Q -- this is Steve Cha again. I understand this is 10 years ago, and it's hard to remember some of these things. I'm curious if you can help us understand the lack of any medical documentation of the original shot. Given what you told us about that, every medication is affirmatively logged, every medication is logged, and we don't see any doctor or trainer note, frankly, about the delivery of that B12 injection.

A I'm quite surprised of that, too. I don't believe this is a complete record that we have.

Q You don't believe this is a complete record?

A No.

Q What exactly might be missing specifically? Is there a section missing?

A Well, probably the day I gave him the shot.

Q Is there any particular section or dates that you

see missing or anything else that you recall besides that one event?

A No. I haven't -- I would have to have his chart from that period and compare the two of them.

Q And, again, since you only gave two shots during your time with the Blue Jays --

A That I can recall.

Q That you can recall. I'm not going to hold you to that, I understand. It seems kind of -- it might be at least noteworthy to remember that one of those two examples might have led to an adverse event of some sort. But you still aren't firmly linked in your mind, again setting aside what you saw in the medical records, but just in terms of your own recollection?

A I don't understand the question.

Q Setting aside what you saw in the medical records, do you recall an adverse event from either of these two injections, setting aside the medical records?

A No, I don't. I haven't had one in my office, which was over 30 years. I never had that happen.

BY MR. COHEN:

Q So in your mind is there a clear link? Is it speculation that the B12 shot caused the injury to Mr. Clemens?

A I don't know. I really can't answer that. I think

sometimes if you give a shot, you can hit arterial, and you get some bleeding into the area with a B12.

Q But you've never seen that happen? You've indicated you've given about 3,000 shots in your career, and you've never seen that happen?

A I said close to 1,000.

Q I'm sorry, close to 1,000. And you've never seen that happen?

A Never. Not even on elderly, frail people.

Q So again, let me ask the question a different way. When the link was made in the medical report between the B12 shot and the injury to Mr. Clemens' buttocks, do you think there's a clear cause and effect there? Is it speculation on the part of whoever was writing this?

A Probably speculation, yeah. There's no clear cause and effect.

Q Could something else have caused this kind of injury to Mr. Clemens, Mr. Clemens' buttocks?

A I think any time you break the skin, you worry about that type of a problem.

Q So a different kind of shot could have caused that reaction, that type of complication?

A I have no idea.

Q A different kind of shot that also broke the skin could have caused that kind of complication?

A Any time. If he scratched his buttock in some way, he could have caused it as well. But there was really no infection there.

Q Do you think it's possible that if Mr. Clemens had received that injection of steroids, that it could have caused this type of complication?

A I can't comment on that. I don't have any people here to advise me legally, but I think any time you break the skin with a surface injury, you can get an infection.

BY DR. CHA:

Q This is Steve Cha again. And I understand that completely.

Let me ask the question another way, which is as you know, many steroids are oil-based and, as you know, need to be delivered IM to make sure that you have proper absorption and that there is no irritation of subcutaneous tissue. If, for instance, one of these injections were improperly delivered as an oil-based substance below the surface of the skin rather than into the muscle, could that cause the kind of pock and irritation that we see here? I understand it's conjecture.

A I'm not that familiar with those types of injections.

Q Let me ask another question then. Understanding that technique is important to the delivery of these

injections, as you pointed out, you can hit an artery, and you need to be careful about that, would you be more concerned if the injections were delivered by a nonphysician?

A Yes. That's why I don't let the trainers do it.

Q And if a nonphysician did that, would that be more likely to cause problems or complications?

A I would say so, yes.

BY MR. COHEN:

Q Again, returning to the issue of medical records and the missing medical records, would you bill anyone? Again, would there have been billing records from the team for the B12? It sounds like it wasn't too common that you gave out these B12 shots.

A No, you don't bill. I don't bill for anything down there. I'm on a retainer by the baseball team.

Q Would there have been inventory records? Where did you get the B12 from?

A They may have had it in the trainer's room. I don't recall taking it down myself.

Q Did they have an inventory system that would have -- where you would have had to scan it in or out?

A Yeah, they should.

BY DR. CHA:

Q And just -- I'm just trying to clarify one piece.

Again, since you only gave two of these, this wouldn't necessarily be something that was stocked in the trainer room, correct; you said you had it in your personal office?

A I don't know. They may have stocked it in spring training. I don't treat people in Florida. I don't have a license to treat people there, so they may have had it from down there.

Q In the July time point, are we talking in Florida, or are we talking in --

A No, I'm talking in spring training. That's February and March.

Q Right. Okay. So but in terms of a July injection, if we're going to talk about that for a second, in your own office, in your own office at the home facilities, was B12 stocked in the trainer's room given the fact that you only gave two injections in your time at the Blue Jays?

A It was probably carried up from spring training.

Q From Florida?

A Yeah.

Q Would you have to preorder that and say, hey, can you bring up a stock from next time you're down in Florida, or how did that go?

A I didn't order it. It was probably ordered by a physician in Florida.

Q Right. Ordered by a physician in Florida to be



delivered -- I'm just confused. So the medication was in Florida, or the medication was in Toronto?

A The team takes medication down to Florida to treat the players, and there's Florida physicians who treat them because they have a license to treat the players in Florida. We have orthopedic surgeons and internal medicine people in Florida. I didn't take it down there, so I can only assume that it came back with the medications from Florida.

Q And do you happen to know the shelf life of B12?

A No, I don't, no.

Q So if that came back -- so you're assuming that it came back from Florida with the spring training and then got collected with the whole med collection back in Toronto; is that what I understand then?

A Yeah. That's the only -- that's only an assumption. Like I don't know that for sure.

Q Fair enough, fair enough.

And then if it came back from Florida, and Clemens asked you for a B12 shot, you would have that available immediately right there, and you could give it to him just when he asked for it?

A Yeah. It just happened to be in the --

Q So you don't recall actually having to, say, go to your personal office stash and get the B12 out of that cabinet and transfer it?

A Right. I didn't go to my office stash. It was there.

Q Okay.

BY MR. COHEN:

Q Are you aware of any other occasion when Mr. Clemens sought medical treatment, either from a member of the Blue Jays organization or any other medical professional, for an abscess or soft tissue infection or similar type of injury?

A I've heard nothing outside of our training room.

Q So there was just that one incident in the training room?

A Yeah.

Q That's referred to in the medical records in July and August of 1998?

A Yeah.

Q Okay. Was it common for players to have the kind of injury, potential infection, or palpable mass that Mr. Clemens had?

A It is becoming more common. I think the reason is that there's a lot of staph bacteria floating around these clubhouses. And we've had a problem, as I mentioned earlier, where one of our players missed about 2 months with a staph infection he picked up in a clubhouse on his foot.

Q Was it common in 1997 to 1998 when Mr. Clemens was with the Blue Jays?

A You watch for it. You're always aware of a player getting an infection that can keep him out of the line-up.

Q I'm going to switch now to the issue of lidocaine injections. As you've probably heard, Mr. Clemens, when he gave an interview to 60 Minutes, he referred to having been injected with lidocaine by Mr. McNamee.

A I don't know about that. Lidocaine is a local anesthetic.

Q Did you ever provide Mr. Clemens with a lidocaine shot?

A Never.

Q Were you aware of any lidocaine shots he received when he was with the Blue Jays?

A No, I was not.

Q Have you ever provided a lidocaine injection for any player?

A I don't do lidocaine injections. If they're done, they're usually done by the orthopedic surgeon.

Q Okay. Can you very briefly describe for us -- I know you're not a specialist, but can you give us your views of the appropriate medical use of lidocaine shots in a sports medicine context? When would a lidocaine shot be used?

A It can be used -- it's an anesthetic. And if you have an injured ligament or tendon, if you inject around the

tendon and move it, there's no pain. With the lidocaine there's pain, so you can learn how to locate the actual position of the injury using lidocaine. Also it's used in conjunction with some steroid shots -- not steroid, I'm sorry, cortisone shots to reduce the pain of the shot. And I mean cortisone, okay?

Q Right. Fair enough.

The information Mr. Clemens gave to 60 Minutes, it's not entirely clear if he was referring to an injection by Mr. McNamee of lidocaine with cortisone or lidocaine by itself. Do you ever observe or have you ever heard of lidocaine injections alone being given as kind of a treatment for lower back pain?

A It can be used just as a diagnostic tool. It doesn't last very long.

BY DR. CHA:

Q This is Steve Cha again. I think you've reviewed the records, as I understand. And the lidocaine and cortisone shots that Mr. Clemens did receive appear to be done under an X-ray while he was sedated. Can you describe these epidural injections for us just in plain English?

A Well, it would be better explained by an orthopedic surgeon. This is for low back pain?

Q Right.

A Okay. I think what they do, and I'm not an

orthopedic surgeon, I think you anesthetize the local area, then give a shot of cortisone that would decrease the swelling. It's a very common orthopedic procedure. What you're doing is providing a localized anti-inflammatory, sending it through the whole body with the side effects it could cause.

Q And could you tell us why it was done under X-ray? I mean, that's a pretty-

A Because they probably had the location. It's probably a possible disk problem. They had a location of it, so you would do it under X-ray, and you could watch where you're placing the needle so it would be in a safe and accurate position.

Q And you mentioned safe. Are the injections risky?

A There's a risk of -- I really think that you're kind of outside my field of expertise, sir. I'm trying to help you as much as I can.

Q Well --

A I have never done that myself.

BY MR. COHEN:

Q Let me ask that question in a slightly different way. You've never given an injection. Is that because you feel you're not qualified to give one?

A Yes, that's true. I feel that an orthopedic surgeon with his knowledge of the anatomy and injury is much better

at it than me. So why should not the player get the best treatment?

Q Now, Mr. Clemens has claimed that Mr. McNamee gave him this lidocaine injection. Mr. McNamee, as you know, is the team's strength and fitness coach; he isn't a trainer or a medical doctor. Does it make sense to you that an athletic trainer like Mr. McNamee would have been performing lidocaine injections for lower back pain?

A No, definitely not, it does not make sense, or shouldn't be done.

Hello?

Q I'm sorry, we're listening here.

Would it provide any relief of lower back pain at all if the injection was given in the buttocks?

A You could get relief in that area, you know, in the area of the buttocks. The buttocks is not the lower back.

Q So to clarify for me, if the shot was given in the buttocks, would it have any therapeutic benefit for the lower back?

A Probably not. What you want to do is if you have an injured like disk in the spine, you would probably give a localized injection there of cortisone, which would cut down on the inflammation and may help the healing of the injury.

Q So you would give an injection of lidocaine?

A I wouldn't give any injection.

Q I'm sorry, an orthopedic surgeon?

A Yes.

Q Orthopedic doctor would give an injection of lidocaine and then an injection of cortisone, or just lidocaine?

A Cortisone is not a steroid. We're dealing with a localized anti-inflammatory. Sometimes to get -- and I'm only speculating, honest -- to get the area of pain, you locate it by injection of lidocaine, which takes the pain away, then you inject the cortisone in that area. That's my understanding.

Q Okay. That sounds like a pretty complicated process; am I right?

A You're right, it is complicated, and because the spine is very complicated. You're dealing with nerves there in the spinal cord.

Q So it sounds like had that been done, it would have been both very dangerous for Mr. McNamee to do that; am I correct?

A Yes.

Q And would it -- in that kind of procedure conducted by someone without proper medical training, would it even likely have been effective?

A Probably not.

Q Do you know Mr. McNamee well?

A Not at all. He was hired by one of our assistant general managers. He would be at the ballpark early with the players. He was a strength and conditioning coach. By the time I got there, he was usually gone, like I said, before I arrived at 6 o'clock.

Q And to your knowledge, Mr. McNamee never gave players any shots or any injections?

A To my knowledge, I never saw anything like that, no.

Q Do you think he might have -- he was aware of the risks of improper injections of medications like lidocaine?

A I have no idea.

Q Did the team make it clear to the trainers and medical staff that such an injection -- that injections of that type could be performed only by team doctors?

A Well, that's what our protocol was. I mean, they were told -- and they wouldn't have any injections like that unless it was cleared with an orthopedic surgeon that he did it.

Q Is there any chance that Mr. McNamee was not aware of the team policy?

A I couldn't even -- he worked with the trainers, so he must have been aware from them.

Q Have you ever learned of a trainer on your staff who performed injections like this?

A No, never, not in 30 years.



Q If you learned of such actions, would you have taken disciplinary action?

A For sure.

Q Generally speaking, have you ever heard of cases of trainers injecting lidocaine in any player at all?

A Never.

Q And again, I'm sorry if I'm being redundant here, but I just want to make sure we get it for the record. Do you believe that Mr. McNamee or any trainer on your medical staff would have given not just one of your players, but the best pitcher on your team, the best pitcher in the league at the time -- does it make sense that Mr. McNamee or any trainer would have given that player a procedure like lidocaine injections for lower back pain?

A It doesn't make sense to me because it borders on -- well, it's malpractice.

Q Just give me 1 second, okay?

A Okay.

Q I'm just going to walk you through a set of questions you've already partially answered, so I think we'll get through these pretty quick.

A Okay.

Q Were you aware whether Mr. McNamee ever provided medications to any players?

A I'm not aware of that.

Q And you were not aware of him ever providing any injections to any players?

A Right. The only thing I thought he was doing was stretching out the players and giving them strength and conditioning treatment.

Q Did he ever discuss providing injections with you or discuss B12 or lidocaine treatment with you?

A No, never discussed it at all.

Q Did you at the time have any reason -- ever have any suspicion or any reason to believe that Mr. McNamee might be providing steroids or human growth hormones to players?

A No, I had no suspicion at all. In fact, I was quite surprised when I read about it, the accusations. As I said before, I rarely saw the guy. He was there in the afternoon. I got there an hour before game time.

Q I want to ask a set of general questions. Have you had a chance to read the Mitchell Report?

A No.

Q The report describes what is fairly certain to become known as baseball's steroid era. The Mitchell Report indicates that there was widespread use of players during this era. And from discussions that the committee has had, we've learned that steroid use was an open secret. Few people generally acknowledged it. There may not have been needles and steroids lying around the locker room, but at

least among the players and among insiders in clubhouses, there was a general sense that there were more players taking these drugs, and there was a general sense that, and suspicion of, certain individual players?

A Well, from my standpoint, I was very frustrated that there wasn't a law put into place like the Olympics had to test for these things.

Q Did you ever have any suspicions of players who were using steroids or HGH when you were with the Blue Jays?

A We have had some players, who have since -- we got them in trades actually -- and I think that they are now known to have been using steroids.

Q Again, just hang on 1 second.

Did you ever have any suspicions of or knowledge of Mr. Clemens using steroids or HGH when he was with the Blue Jays?

A No, no, I didn't.

Q Okay. All right. I'm just about ready to wrap up. I want to -- just two quick things I want to go through.

I know you've spoken to Mr. Clemens' lawyers. They've provided you copies of the medical records?

A Yeah, I have that in front of me right now.

Q Okay. Have there been any other contacts with Mr. Clemens' legal team or with other individuals regarding the material in the Mitchell Report?

A The only people I've talked to is Roger Clemens' lawyers. They called me up, and I returned the call. And they sent me this report that I guess I'm reading to you today. And I talked to Robert Manfred of Major League Baseball. He's aware of it. And Paul Godfrey, our president of the Blue Jays and CEO, is aware of it.

Q Did any of them give you instructions on how to answer questions from Congress?

A No. Actually Roger Clemens' lawyer said just tell the truth, and that's what I'm doing.

Q All right. I'm going to turn it over to one of my colleagues.

A Okay. Fine.

#### EXAMINATION

BY MS. SAFAVIAN:

Q Dr. Taylor, this is Jennifer Safavian again.

A Hi.

Q Hi. I just have actually just a few follow-up questions.

A Sure.

Q With regard to the B12 shots that you said you gave Roger Clemens --

A The one shot.

Q The one shot, right, I'm sorry. And you said that you remember giving it to him in the buttocks, and I think

you said the upper part?

A Yeah.

Q Do you recall which side, right or left?

A I think it was the right side. I'm not positive. But usually it is the right side with a right-handed pitcher, I think, because they ask for that. But I've only done it the one time, so --

Q Okay. And then with the records in front of you, the medical records --

A Yeah.

Q -- if you look at I think it's probably the last page of the record, at least the last page that we have, of the treatments report --

A Okay. Let me see.

Q Sure.

A Yeah.

Q If you look at -- and I guess it maybe starts on the previous page. It looks like August 2, 1998. And then the detail. It talks about treatment of an ultrasound. And then it shows ultrasound on right and left glutes progressing well, no complaints.

A What page is that?

Q I'm actually reading from the top of the last page of the treatments report. I don't know if they're Bates stamped at the bottom for you. I don't know how they

supplied them to you.

A Yeah.

Q I've got -- it says page 12.

A I've got treatments report, page -- it starts at 15  
on mine.

RPTS CALHOUN

DCMN BURRELL

[5:05 p.m.]

Q Page 15?

A Page 15. Maybe they are numbered differently.

Q Sounds like it might be. Do you have two pages for Treatment Report? We only have two.

A I have got 11.

Q Okay. Sounds like you obviously have perhaps the full report.

If you can find the one that is dated August 2nd, 1998, and August 4th, 1998.

A I have got August 2nd here.

Q Okay. Then do you see that is where I read: Ultrasound on right and left glutes, progressing well; no complaints. Do you see that under Details?

A Left hip flexor, no complaints.

Q I don't see that.

A It's a continuation of --

BY MR. COHEN:

Q Page 12.

A Of August 2nd, 1998, massage therapies.

BY MS. SAFAVIAN:

Q Are you looking at the top, called Treatments

Report?

A Yes.

Q Okay. That is different than what I am looking at. Do you see an August 4th or an August 5th entry?

A No. I have got an August the 7th, 9th and 11th and 12th, 13th and 15th. These are all massage therapy, ultrasound treatments.

Q Well, let's see. What I am looking at for all three, August 2nd, 4th and 5th, as far as the treatment dates, it's got what looks like provider name, maybe?

A I see that.

Q Well, what is on mine is the Carrillion New River Valley Medical Center.

A Yes.

Q Is that what you're looking at?

A Yes, I am.

Q I am not really sure why our documents appear to be different. Let me just read to you what I was looking at. Here's my question. You said that you gave -- you believe you probably gave the shot on the right side.

A Yeah.

Q From the document that I am looking at, the Treatments Report, it shows, starting on August 2nd, and it's mentioned again on August 4th and 5th, that there was ultrasound treatments on both the right and the left gluteal



region, and, in fact, the August 4th report says:  
Progressing well, right side is almost completely gone.  
Left gluteal region has a definitive palpable mass.

So I was confused by that. Do you recall there being a palpable mass or contusion or something on both sides?

A No. No, just the one side.

Q So do you have any explanation as to what I just read to you and why they are mentioning both the right and the left region?

A Well, this could be an injury.

Q A separate injury?

A Strained lower back.

Q So you don't recall -- first of all, you don't recall this at all.

A No. I don't even know who the Carillion New River Valley Medical Center is. I talked to the trainer, Tommy Craig, today. He may know. This was something that was done outside the clubhouse. We have a chiropractor there. Maybe that is what his company's name is.

Q So the treatment report that looks like I am looking at was not created by somebody within the Blue Jays organization?

A It could have been. We have a chiropractor that comes in. That could be his company's name. I am not aware of that.

Q And was it your practice, or is it your practice to review treatment reports?

A Yeah, with the trainers.

Q But what I have read to you, it doesn't sound like you have it in front of you, but what I read to you does not sound familiar or something that you would have reviewed with the trainer?

A Right.

Q And did you say earlier that you did examine Roger Clemens, or was that left up to just Dr. Gross?

A We both examined him.

Q You both did. So to your memory, you don't have any recollection of a contusion or a palpable mass on both the right and the left gluteal region.

A Right.

Q And is it possible that this mass or collection of blood, or whatever we end up calling whatever this was, is it possible that it could spread?

A That it could spread?

Q Yeah.

A If it was an infection, it could, yeah. That is what we were worried about.

Q But you don't have any recollection of Mr. Clemens complaining to you, or a memory of it spreading?

A Right. As a matter of fact, we did an MRI, like I

mentioned earlier, 2 days later, on July 30th, and it showed nothing. It was normal.

Q Just one second. Could what Mr. Clemens have had, could it have been a cellulitis?

A That is what I was worried about in particular because that is a superficial infection that is usually caused by a staph invading the area. That is why I put him on the antibiotics, to cover him to make sure there wasn't anything like that going on with the MRI.

Q And that is something that could spread, correct?

A Yes, yes.

Q I wanted to make sure that I understood something else that you said earlier. Did you say that you never gave Roger Clemens a lidocaine shot, or that he never received them with the Blue Jays?

A I have never given a lidocaine shot in 30 years with the Blue Jays.

Q Do you know whether or not Mr. Clemens received them while with the Blue Jays?

A I don't know that for sure. He may have received one by one of the orthopedic surgeons in diagnosing an injury. I am not sure about that.

Q Are you notified of all treatment?

A Yeah, yeah.

Q And orthopedic surgeons would have to fill out what,

a medication report also?

A The orthopedic surgeon gives me like a dictated note on the history, the physical examination, the diagnosis and treatment. That is with Roger's records.

Q Okay.

A Those aren't included in these notes I have before me though.

Q I don't notice anything in what we have either. And do you have a specific recollection of filling out a medications report for the B12 shot that you gave Mr. Clemens?

A I didn't hear you. Of doing what?

Q Do you have a specific recollection of filling out a medications report or keeping --

A The trainer does that.

Q The trainer fills out the medication report?

A I think it would be in his chart.

Q So you don't fill out any documentation?

A I dictate it to them and then they put it in the chart.

Q You dictate it to the trainer?

A Yeah.

Q And it would go under what is called the medications report that we have?

A Yeah.

Q And something even as simple as say a B12 shot, that is something that should have been recorded?

A Yeah, I would expect, or I would hope so. Sometimes people miss things.

Q Right. Would it be -- excuse my ignorance here, but would it be normal or is it abnormal for one to receive say a B12 shot or another type of shot and then it take 7 to 10 days for some type of contusion or mass to appear?

A Yeah, that could happen.

Q It could take that long?

A Another factor was they went on the road for several days. When he came back, he complained of it. That is when we looked at it.

Q Is there a physician that travels with the team?

A No. How it works is each team physician takes care of the home team and the visiting team. I would be taking care of a visiting team when we are at home. I think the trip they went to was to Boston. So the Boston doctor would have been seeing Roger Clemens, if necessary.

Q And would you receive any reports from that doctor for your players?

A Often they will call you. Often it's done through the trainer.

Q And you don't recall with Roger Clemens and this injury whether or not either the physician for the visiting

team treated him -- that he complained to him or the trainer while he was away?

A I wasn't aware of that. If there had been a problem, the doctor would have called me. The Boston doctor would have called me.

Q And do you recall if Mr. Clemens, when you examined him, had complained that he had been dealing with this for a number of days?

A No, but we saw it as a team, Dr. Gross and me, when he came back. So I was aware of it then.

#### EXAMINATION

BY MR. CASTOR:

Q Hi, Dr. Taylor; Steve Castor with the Republicans. Just a couple of questions.

A Sure.

Q Did you ever have any suspicions that Jose Canseco was using steroids?

A I had suspicions of it. I think the whole country did. You couldn't do anything about it. There was no test that you could do. That was in front of the Players Association.

Q How about David Segui?

A No, I didn't suspect anything on him.

Q In the course of your tenure as the Blue Jays doctor did you ever come across any evidence that maybe there was

some steroid use in the organization? Did you ever find any needles --

A I had no evidence, legal evidence, but you can tell by the size of people and their change in body shape over the years that something was going on. Again, I think it should never have happened. There should have been a law passed, like the Olympics have it, where they can test people for these things.

Q Are you aware of any reports of needles being found in -- outside of the trainers' room?

A In our training room?

Q Yeah.

A No.

Q Any vials or any other packaging?

A No. Nothing at all.

Q As I understand it, if Winstrol is injected too quickly, an abscess could be the result of an improperly administered shot of Winstrol. Did you have any knowledge of --

A I'm sorry, I don't have any knowledge, nor have I sought it out on how this stuff is administered. I think it's beyond my expertise.

Q Fair enough. Certainly we are not asking for any names of any players, not only because of the doctor-patient privilege, but just because we are not trying to come up

with names of new athletes to look into. But did you ever treat any of the team players for something that you suspected may have been an improperly administered shot of anabolic steroids?

A No. No, I haven't.

Q You said that you gave two B12 shots in your career to Blue Jays players?

A Yes.

Q Were there players that have asked for B12 shots?

A Usually they are players that in the past have had B12 shots, which is fairly benign. All you're doing is injecting a vitamin that people normally absorb. You can take it in pill form as well, but it's easier to give it in a B12 shot. I think some players have had it on other teams and they may think it helps them so they ask me for a shot, and I would give it to them. I have done it twice.

Q So you didn't have a practice of trying to discourage the use of B12?

A No. The real reason, too, is because it's a normal vitamin. And if a player's fatigued, perhaps he is not eating properly on the road. So you can't do any harm by giving a B12 shot.

Q That is all my questions. Thank you.

BY DR. CHA:

Q Just one quick follow-up question, which is that on



the Diclox, or the Cloxacillin, excuse me, after you got the MRI report back, did you stop the Cloxacillin?

A I am really not sure. I would probably just let it go for a while, just to make sure he got the course to protect him.

Q Would that have been just because you had a lingering suspicion of an infection?

A No. I had a lingering fear of it becoming a problem to all of our athletes.

Q Right. But if you got an MRI diagnosis that definitively said it was not an infection?

A Said it wasn't an abscess. It wouldn't show up on an MRI. A cellulitis would not show up on an MRI.

Q Cellulitis or some sort of infection was still possible in your mind after the MRI?

A Right, right.

Q Just to follow up on one thing that Jennifer has asked about as well, the left gluteal region had a definite palpable mass on the Carillion New River Medical Center. There's no mention in any of the other trainer's reports or medical reports or anywhere else about a left gluteal region palpable mass?

A Right.

Q I assume if you had some sort of injury or some sort of trauma, it would have showed up on one of those other

places, is that a correct assumption?

A Yeah.

Q So it's safe to assume that in fact no such trauma or no such other event took place if it did not show up in any of the other records?

A I would assume that, yeah.

Q Do you have any other potential explanation for the left gluteal definite palpable mass?

A No, I don't. But I would have to see a more thorough report than what I have in front of me here.

BY MR. COHEN:

Q Again, I apologize; I am a layman here so I am trying to walk through this and trying to understand it. A palpable mass, that could be caused by, sounds like one of two things, either some sort of blunt force, if a player was hit by a ball or something like that?

A Or if he had a strain of the glute muscle.

Q Okay.

A You get swelling around it and that is a palpable mass. Or it just means you could feel it.

Q Or could have been caused by something that broke the skin?

A Yeah.

Q So a shot, or something else?

A Yeah.

Q Okay. To walk back a little bit to clean up and make sure I have got everything, the description in the Treatments Report, the description that was given that Roger received a B12 injection approximately 7 to 10 days ago?

A Yeah, yeah.

Q That -- would that be a description when Mr. Clemens went to the trainer?

A Yeah.

Q The basis of that description, would that have come from Mr. Clemens? Would he have told the trainer: Listen, I got this B12 shot?

A No, it would have been the trainer was there when I gave it to him, and he would make a record of that shot being given.

Q I see. So the trainer would have been in --

A Watching me do it.

Q Okay. Again, you gave Mr. Clemens one B12 shot. Do you remember who the trainer was that was present at the time?

A We had two. I mentioned the names before. Scott Shannon and Tom Craig.

Q Do you remember observing Mr. -- remember which of the two it was?

A No, I don't.

Q But you do remember that there was a trainer in the

room at the time?

A Yes.

Q Okay.

BY DR. CHA:

Q One last question from me and then this is it for me. I am curious, do you always give your gluteal injection on the right?

A Not always.

Q Not always. I mean, I guess I am recalling when we were in med school they used to teach us to do eye exams with the opposite eye, because if you look at the same eye you would be kissing the patient. I imagine if you're giving a buttocks injection, that would be something one might want to avoid.

Are you sure that you never gave one on the left or on the right or some mix in between the two?

A The only thing I am sure of is I gave an injection in his buttocks. This is 10 years later, and the trainer had written down right buttocks. I assume he knows left from right.

BY MR. COHEN:

Q All right. I think we are about ready to wrap up. I am just going to walk through a series of things we have discussed here, just to summarize, and you can just sort of walk through a yes or no on these.

The first is that it was team policy that it was only doctors, not trainers, who would give injections?

A Right.

Q You never observed any of your trainers or Brian McNamee giving any player an injection?

A Right.

Q The team kept careful records of medical tests and procedures?

A Yes.

Q And you personally did as well?

A Yes.

Q You provided one B12 shot to Mr. Clemens?

A Right.

Q A trainer was in the room at the time.

A As I recall, yeah. Usually they are there when I give an injection. I don't give that many of them.

Q But you don't recall which of the two trainers it was?

A No. I think you're going to be talking to one of them later today.

Q Yes, we are.

This was the only shot that Mr. Clemens ever asked for. He never came to you for another B12 injection or for any other?

A That is right.

Q You have inferred from looking at the team's schedule today, but in your mind you can't quite pin down the exact date?

A Right, I can't. I know what they say sounds logical, like the injection was given in home stand and on the road to Boston when he came back and had this problem. Takes a while for that to progress.

Q So you can infer from the records. But, again, in your own mind, you can't place the exact date --

A No.

Q -- when you provided that shot?

A I would be Einstein. It was a long time ago. I can try to look it up for you, if you want to know the date. I am going to try to get that MRI copy for you.

Q That would be very helpful.

A I will try to find the date as well.

Q You don't recall that shot causing any reaction or any complications at the time?

A Right.

Q But you do remember later treating the contusion or palpable mass that Mr. Clemens had?

A With Dr. Gross, yeah. And covering him with an antibiotic, and we got an MRI, which was normal.

Q Again, can you just describe what the injury looked like. Was it red or swollen?

A To me, it looked like a red cellulitis, superficial. Dr. Gross felt there might be a collection of blood below the skin. So then we got the MRI, which showed it was normal.

Q Was it causing Mr. Clemens any pain?

A It must have been bothering him because he asked to be seen.

Q Okay.

BY DR. CHA:

Q Was it warm, red?

A Was it --

Q Warm or red.

A Mainly it was the redness of it. It's called a cellulitis, that I was worried about.

BY MR. COHEN:

Q The Injuries Report that we have discussed describes the cause of the injury as a B12 shot, but in your mind that was just speculation?

A That is right.

Q In your 30-year medical career you have given approximately a thousand B12 shots?

A Yeah, with no problems.

Q You have never seen this type of injury that Mr. Clemens reported that was caused by a B12 shot?

A Right.

Q And it's possible that this injury could have been caused by another shot that broke the skin, another different kind of shot?

A Anything that breaks the skin can cause a cellulitis.

Q Okay. That is all for now.

Ms. Safavian. Thank you, very much.

Mr. Cohen. Appreciate your time. Thank.

Dr. Taylor. If I can do anything more for you, let me know.

[Whereupon, at 5:30 p.m., the interview was concluded.]



## Certificate of Deponent/Interviewee

I have read the foregoing \_\_\_\_ pages, which contain the correct transcript of the answers made by me to the questions therein recorded.

---

Witness Name