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

TELEPHONE INTERVIEW OF: Alan E. Gross, MD

This is a preliminary transcript of a Committee interview. It has not yet been subject to a review process to ensure that the statements within are appropriately attributed to the witness, member of Congress, Committee staff, or other individual who made them; to determine whether there are any inconsistencies between the statements within and what was actually said at the proceeding; or to make any other corrections to ensure the accuracy of the record.

Monday, February 11, 2008

Washington, D.C.

The telephone interview in the above matter was held at Room 2157, Rayburn House Office Building, commencing at 5:05 p.m.

Appearances:

For THE COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM:

BRIAN COHEN, SENIOR INVESTIGATIVE COUNSEL

STEPHEN CHA, PROFESSIONAL STAFF MEMBER

STEVE CASTOR, MINORITY COUNSEL

Mr. Cohen. This is an interview of Dr. Allan Gross conducted by 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. Gross, thank you for joining us today. Could you please state your full name for the record?

Dr. Gross. Dr. Allan Gross.

Mr. Cohen. My name is Brian Cohen. I'm an investigator for the Committee, and I'm accompanied by two of my colleagues. I'll let them introduce themselves.

Dr. Cha. This is Steve Cha with the majority staff.

Mr. Castor. And Dr. Gross, Steve Castor with the minority staff.

Mr. Cohen. Before beginning with the interview, I would like to go over some standard instructions and explanations regarding the interview. The interview will proceed as follows. I'll ask you questions regarding the subject matter of the investigation for up to 1 hour. When I'm finished, the minority counsel will have the opportunity to ask you questions for up to 1 hour. Additional rounds of questioning alternating between the majority staff and the minority staff may follow until the interview is completed.

The reporter we have here will be taking down everything you

say, and we will make a written record of the interview. Please give verbal audible answers because the reporter cannot record nods or gestures. You are required to answer questions from Congress truthfully. Is there any reason you are unable to provide truthful answers in today's interview?

Dr. Gross. I'm sorry, was that a question?

Mr. Cohen. Yes, it is. Is there any reason you are unable to provide truthful answers in today's interview?

Dr. Gross. No, no reason.

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

Dr. Gross. Yes.

Mr. Cohen. You have the right to be represented by an attorney, although you do not have one present. It is our understanding that you wish to proceed with the interview anyway; is that correct?

Dr. Gross. Right.

Mr. Cohen. Any other questions before we begin.

Dr. Gross. No. Carry on.

EXAMINATION

BY MR. COHEN:

Q To start with, can you describe your educational and professional background?

A I'm an orthopedic surgeon trained in Canada. I work at

the Mount Sinai Hospital, which is part of the University of Toronto. I am presently the holder of the Ghert Family Foundation Chair in lower extremity reconstruction. And I'm a professor of surgery at the University of Toronto.

Q How long have you been an orthopedic surgeon?

A Since 1972.

Q And your position with the Toronto Blue Jays in 1977 and 1998?

A A consulting orthopedic surgeon. We've always maintained a consultant relationship rather than going on salaries and signing contracts.

Q And to what extent did you interact with Roger Clemens? And this was true, in both 1997 and 1998, you were the consulting surgeon?

A Yes. There were two orthopedic -- there's actually three doctors. There's a general doctor, who you've already spoken to, Ron Taylor, and there's two orthopedic surgeons, and we would take turns covering. And my interaction with Roger, I mean, I would see him around the Clubhouse. I would say hello. And when it was requested, I would examine him for various things. And the things that I have seen him about in the past was one related to the MRI of his buttock. The other was the notes that you have in front of you, the exit physical in '98, and then the problem with his knee in '97. And that was it.

Q Okay. What we would like to talk about today is the

injury to Mr. Clemens' buttock?

A Sure.

Q Can you very briefly walk us through your memories of that injury?

A Yes. Well, actually, my memory of it is pretty poor. It was 10 years ago.

Q Okay.

A But according to our notes, he received a B12 injection. And then about some time later he noticed some pain in his buttock. And so he was seen by Ron Taylor, who is the general practitioner. He's like a sports physician, not a surgeon. He examined him, thought it was okay, thought it was probably a hematoma. But because it was Roger Clemens, decided to get a MRI, because he was kind of a key member of our staff at the time. So he put him on Cloxacillin and asked for me to arrange the MRI, which is what we normally did, because I'm kind of the inside guy at the hospital.

Q I see. Did you ever see the -- did you observe the injury firsthand?

A I have a note here that -- I don't have my own -- I don't have a note by me. But according to the -- this note was probably written by the training staff, that he was examined by me on July 28th, and I thought he had a hematoma.

Q I see.

A But I -- they just wanted me to really say whether or

not he was okay to go.

Q To go to get the MRI?

A No, to go -- you know, to pitch.

Q Okay. And your advice was to get the MRI?

A No, my advice was that he was probably okay, but we were going to get the MRI. It was actually between -- it was Dr. Taylor who wanted the MRI also.

Q Okay. I see. But you have -- outside of these notes you have no independent memory of the injury?

A No, no. Ten years is a long time. I try to remember what I had for breakfast this morning, but I can't remember. I can't remember the actual incident.

Q Okay.

A But that sounds pretty okay what they're saying in the notes here.

Q Okay. So the next step was -- and do you remember if you asked any additional questions at the time, if you -- what discussion you may have had with Mr. Clemens or with Dr. Taylor or with any other --

A No.

Q -- members of the staff? No memory whatsoever?

A The only thing I can -- I mean, the only thing -- I'm sure that if I was asked to see him, I would have been focused on the B12 injection and the soreness that was related to it. But did I ask him anything beyond that? I don't recall that I did.

Q Okay.

A It's very unlikely I did because he's a very disciplined type of guy.

Q Okay.

A In terms of conditioning.

Q Okay. Let's turn now to the MRI, which was conducted approximately 3 days later; is that right, July 31, 1998, or July 30, 1998?

A It was July 31, 1998.

Q Okay. It looks like on the top in the letter itself, it says, date of entry, DOE, date of entry -- date of exam, I'm sorry.

A Yeah.

Q July 30, 1998.

A Okay. So the report was on the 31st.

Q Okay. So we have the MRI conducted on the 30th and the report on the 31st?

A Yes. Date of entry, right.

Q Were you present when the MRI was conducted?

A No.

Q Did you discuss the MRI with Dr. Gross?

A I'm Dr. Gross.

Q I'm sorry. Did you discuss the MRI with Dr. White?

A No.

Q You have not. Okay.

A I mean, as far as I can tell, I didn't. I mean, if Larry -- Larry White may have called me about it or maybe not because we weren't really expecting any big deal about it. If we had a really serious injury, of course, we would always discuss things. I don't recall talking to him.

Q Okay.

A But it's quite possible I did.

Q Okay. Thanks very much. I appreciate that. If you read the opinion at the bottom here, I'll read the opinion to you.

A Yeah.

Q The findings described are compatible with a small focal collection of fluid deep within the subcutaneous fat likely related to the patient's prior attempted intramuscular injections.

A Yeah.

Q In layman's terms, can you tell us what that means?

A Well, you know, I'm just looking -- I was looking at this report just the other day for the first time after 10 years. The report makes it sound like the patient was attempting intramuscular injections. And so I tried to talk to Larry White today to ask him where he got that impression, because I didn't have that impression. And I think that if you read the sentence -- and you're going to have to speak to Larry White for sure, but he's out of the country right now. But you'll have to speak to him. I think what he meant was likely related to the patient's prior -- like the attempted intramuscular injections on

the patient rather than the patient attempting intramuscular injections.

Q I see.

A But it's worded very badly, especially under these circumstances.

Q Okay. In layman's terms, why -- the opinion describes the injury or the condition is likely related to the patient's prior attempted intramuscular injections?

A Right.

Q Why would this be the case? What are the --

A Focusing on the actual pathology, you mean?

Q Uh-huh.

A Well, the MRIs are extremely sensitive. So he's saying that because Dr. Taylor and myself were worried about an abscess, he didn't see an abscess on the MRI, but what he saw was a collection of fluid which would be compatible with a -- probably a resorbing hematoma or a collection of fluid related to the injection.

Q So what would cause such a collection of fluid?

A The injection itself would cause part of it. And the other part of it could be caused by a hematoma.

Q I see. So if it was an injection gone awry?

A I don't think it went awry. I don't think you could actually say that. If you got an injection deep into your muscle in your buttock and then you had a MRI about 10 days later, it's

probably going to show some edema in there, some fluid collection, related to the injection and the damage by the needle and the reaction to the substance and so forth. So this was not considered to be an alarming MRI.

Q I see. This would happen with any kind of injection?

A I would think there would be all degrees of it, yes, but it could happen with any kind of -- it doesn't sort of suggest that it was B12 versus other things.

Q So it could be something else besides B12?

A Yeah, it could have been, yeah. But we're all aware of the B12. But sure.

Q Would there be any clues that you would look at to determine if it was B12 or some other --

A Something else? You would have to ask Dr. White about that, because I just don't know.

Q Okay.

A But my guess is no, but I'm not an expert on MRIs.

Q Okay. Have you, specifically with regard to B12 shots, have you -- have you seen this kind of condition in anyone else? Have you treated anyone with this kind of condition?

A No. Well, I don't usually do the B12 shots, although I have done some, but I've not seen it, no.

Q Okay. You have never seen this kind of a small focal collection of fluid deep within --

A I've never ordered a MRI after one.

Q Okay. So you have no experience with B12 --

A No, no, I've never ordered a MRI after a B12 injection. But if somebody complained that they were sore deep and they really had complaints, I wouldn't hesitate to order one, but I've never had to order one, no.

Q So you've never had to order one from the B12 injection. Have you ever had to order one from any other kind of injection?

A No, not that I can think of, not that I can recall. I've never ordered a MRI for somebody that had an injection that was complaining about pain, no.

Q Okay.

A This is all, you know, talking on my memory here, okay.

Q Yeah, of course. Hang on one second.

A Hello?

Q Yeah, we're still here. Just give me one second, okay?

A Okay.

[Discussion off the Record.]

Mr. Cohen. Okay. My colleague, Dr. Cha, is going to take over for a few minutes.

Dr. Gross. Sure.

EXAMINATION

BY DR. CHA:

Q Hi, how are you doing?

A Good.

Q I just have a couple questions again about this MRI.

And I'm just trying to understand this. A lot of this is in language that's difficult for even physicians to understand.

A Right. Are you the physician?

Q Yeah. This is Steve Cha.

A Okay. Good. You probably know more about it than I do.

Q I don't know about that.

A Okay.

Q I'm still a little confused on what your interpretation of that opinion is. You said it could be a resorbing hematoma; it could be fluid from the injection?

A Yeah.

Q Are those your two -- is there anything else that this could be?

A Or it could be like fluid from any kind of injection. I can't think of anything else. Because, you see, the way the radiologists look at it, they look at all these T-1, T-2 and so forth, and that's how they distinguish a mass say from an abscess; a tumor from an abscess from just a simple fluid collection.

Q Sure. And you said it could be a reaction to the substance in there?

A Or it could just be the substance, or it could be edema, which is a reaction to it, or it could be a hematoma.

Q Fair enough.

A But that's -- don't accept my expertise on this for sure, okay.

Q Fair enough. In terms of you said you've given some B12 shots?

A Yeah, not many, but over the years, I've probably given about maybe 10 or so.

Q And in your opinion would a B12 shot -- well, let me start somewhere else. Hang on. So a B12 shot, as I understand it, can either be given into the muscle or subcutaneously; is that correct?

A I'm not sure. I would have to see. Every time I gave them, which was rare, I usually looked at the handout that went with the box. So I don't even know whether -- when I was giving them, I gave them whatever way was recommended on the box.

Q Fair enough. When you did give them, what was your expectation about how long that fluid would remain there?

A I would think that it would remain there -- I don't know. Once again, this is really guesswork. But I would imagine there would be some remnants there for probably a week, 10 days, but I don't know. Larry White would be the guy that -- he's the MRI guy.

Q Sure.

A But that would just -- you know, just judging from what you see in surgery, not that you're giving injections, but when you traumatize an area, I'm sure there's going to be some edema in the area for at least 7 to 10 days.

Q One of the other treating clinicians said they also

remembered the skin being red on the surface. Do you recall anything along those lines?

A No, I don't. That was Ron Taylor.

Q Fair enough.

BY MR. COHEN:

Q You discussed the 8 to 10 days with regard to surgery, your experience with surgical techniques?

A Yeah.

Q I'm a layman, I'm not the doctor here.

A Okay.

Q I'm just curious, would the disruption that occurs from surgery be comparable to the disruption from something like a B12 shot?

A No, this would be much more minor.

Q So a B12 shot would be more minor?

A Yeah.

Q So surgery, you expect 8 to 10 days?

A Do you know what, I'm just sort of guessing. But I would think that if there was something there at 7 to 10 days and a patient said they had an injection there 7 to 10 days ago, my gut reaction would be, I wouldn't be that surprised.

Q Okay.

A If it was like a month before or something like that, I would be surprised.

Q I see.

A But once again, I'm just sort of guessing, okay.

Q Okay. Sounds good. We'll talk to Dr. White, too.

A Yeah, you really have to talk to him.

Q Just to clarify so I understand correctly, your 8 to 10 day estimate was based on your experience with surgical techniques?

A Yeah. And also with injuries. You know, like with injuries, you know, just looking at a contusion or a hematoma, stuff like that, you know, they don't just disappear overnight.

Q Okay. But again, speaking as a layman, from what you just told me, a B12 shot would be less --

A Oh, yeah.

Q -- would cause less damage than a surgical technique?

A Yes, definitely.

Q Okay. I'm going to turn it over to my colleague, Steve Castor.

A Okay.

EXAMINATION

BY MR. CASTOR:

Q Dr. Gross, back in the 1998 time frame that was -- I guess it's been described by Senator Mitchell as the steroid era in baseball?

A Yeah.

Q Do you ever have any recollections of discussing with anyone on the medical staff the right way to approach the use of

anabolic steroids if it was occurring by members of the team generally?

A Sorry, could you just say that sentence again? Did I ever recall having what?

Q Discussions with anyone on the medical staff, whether it's the head trainer or Dr. Taylor, just about the use of anabolic steroids generally by the players during that time frame?

A No. I mean, it was impossible -- you know, this is the home town of the famous runner that lost his Gold Medal. His name just slipped my mind.

Q Ben Johnson?

A Yes, Ben Johnson. So it was always like, I mean, you would talk about it. But we never talked about specifically anybody on the team. But of course, we were aware, you know, that there was a culture out there that had steroids, especially in the, you know, weight lifters and stuff like that in the gyms. But we didn't talk about it very specifically in the Clubhouse. Not more than maybe anecdotally.

Q You know, some of the folks from the Dominican Republic, some of the players down there, really as it turns out like B12 shots, whether they have a medical benefit or not.

A Right.

Q Has that been your experience?

A That the Dominican guys took more B12 shots?

Q Yeah. To the extent you know or can have an educated

recollection.

A I can't, I can't remember that. I know the -- I can't definitely remember that. It seems to me that, let's say I did 10. There were some from the Dominican, no question about it. But whether or not it was more than the other guys, I don't remember. It wouldn't surprise me.

Q And do you have any recollections whether the team policy would have been -- you know, let's say you found out that some guy on the team was a big fan of B12 shots and was potentially injecting himself, do you know whether the medical staff would have tried to have an intervention, for lack of a better term, or would have maybe put your heads together and decided, hey, if he's going to do it, at least let's have the doctors do it?

A No, I think we would be pretty upset by it.

Q And do you remember --

A We would be definitely surprised by it.

Q And do you ever remember a situation where there maybe was a determination to give some B12 shots just out of caution because you would rather have the medical professionals doing it than the players?

A Do you mean the question being like if I was worried that a player was going to do it, we would say, we'll take care of it?

Q Exactly.

A Definitely. I mean, if that situation came up and a player said, give me some B12 and a syringe and a needle, I want to inject myself; we wouldn't allow that. Just because, you know, the guy is valuable property. He could inject the sciatic nerve. No, we definitely would not allow it. Or maybe we couldn't stop it, but we wouldn't give him the equipment to do it and we would advise against it.

Q I think that's all of my questions. Thank you.

A Okay.

BY MR. COHEN:

Q I wonder if you might be able to help us shed some insight on a missing report that we're trying -- not a missing report, but you got the report we have. I believe you do. The initial report of this problem with Mr. Clemens' buttocks is an injuries report?

A Yeah. It looks like it's a trainer's report.

Q Okay. In that report, that describes Roger received a B12 injection approximately 7 to 10 days ago?

A Yeah.

Q We've spoken to Dr. Taylor. We've spoken to Tommy Craig and Scott Shannon, the trainers at the time. They both described it as the process by which records were kept of injections on the team. They described a very careful process. They described they give very few B12 injections. They described that any time any treatment was given, whether it was any prescription medication,

any injectable medication, whether it was something as simple as an ice pack or a massage, that they kept careful records?

A Yes.

Q We're mystified as we look through these records, and I think Dr. Taylor was just as mystified, that there seems to be no record of the initial B12 shot?

A Of Taylor's B12 shot?

Q Yeah. There's the reference to it on the 28th. But from everything we've been told, we would expect to see a record of the actual shot itself on the 18th to the 21st?

A Yeah, it should be there.

Q Any insight into why that's missing?

A No, no, I don't have a clue. Well, did Ron Taylor remember doing it?

Q You know, Dr. Taylor remembered -- well, actually, I don't -- I think I'm in a position where I can't necessarily --

A Answer that, okay.

Q Yeah. I can't provide that information that other people have provided us.

A No problem. But, yeah, I agree that most of the time, we do. I mean, sometimes the guys screw up, there's no question about it if it's like a really busy Clubhouse that day and they're doing 8,000 things. But, yeah, they are supposed to record it. And you have to ask the trainers about that, too, whether that was their protocol to record it.

Q Okay.

Steve?

BY DR. CHA:

Q Two questions. First, do you ever recall giving Roger Clemens any injections specifically?

A No.

Q Do you think you might have forgotten?

A Yeah, I could have forgotten, but I don't recall it. Because he is, you know, a formidable guy, and -- if I had injected him, you know, of all the injections I've ever done, I would probably remember injecting him. So I don't remember it, but I can't categorically state that I've never injected him.

Q Fair enough. But you think you probably would remember, given the description you just gave?

A Yeah, knowing him, yeah. But I can't say 100 percent.

Q Fair enough. And in terms of lidocaine specifically, do you recall any instance where you might have provided any?

A No. No, definitely not. That one I can say definitely not.

Q You can say definitely no lidocaine injection?

A I've never injected lidocaine, no, not for that, no.

Q And why do you say that?

A Well, because lidocaine is a local inject -- anesthetic. So if I had to inject him with local anesthetic, it would be because I was going to do something else that was going to hurt

him, like make a small incision or lance something or, you know, do that sort of thing, so I had to freeze him, or I was injecting cortisone into a joint and I mixed it with lidocaine. So I would definitely remembered that if it was Roger Clemens.

Q And what would you think of a strength and fitness coach injecting his lower back with lidocaine?

A I would be -- I would be surprised. I would be very surprised.

BY MR. COHEN:

Q If that was done --

A Can I just -- I just have to say one word to my resident who just poked his head in. I just have to make sure everyone is okay. Can you just hold one second?

Q Sure.

A Hello?

Q Hello.

A Yeah, go ahead. I'm sorry, I just had to make sure that -- we just finished in the operating room -- that everything was okay.

BY DR. CHA:

Q You were telling us why you were so certain lidocaine, why you would never -- well, I guess you said you would be definitely surprised?

A I wouldn't be happy even for a trainer to be injecting lidocaine, or even -- you know, our trainers normally weren't

doing any injections that I'm aware of. You have to ask them, but they're not supposed to be doing injections. And to inject lidocaine to relieve pain, it doesn't make a lot of sense. Mind you, in the back, it makes a bit of sense because you can break the cycle of spasm. But still, I would be very surprised if a trainer did it or a conditioning coach did it.

BY MR. COHEN:

Q Okay. And lidocaine generally numbs the area for a couple of hours, right?

A Yeah.

Q Okay. What's the outside --

A And it does make some sense in the back, because if you're trying to break a spasm.

Q Okay.

A What's the outside what?

Q Generally, the outside length at which you would expect a lidocaine injection to --

A To act --

Q -- provide numbness is a couple of hours?

A I would say a couple of hours, yeah. When we do a spinal anesthetic, you know, for surgery, usually they last for about -- you know, the most you can get out of them is 2 to 3 hours.

Q Okay, and when you talk about breaking the cycle of pain in the back --

A Yeah.

Q -- that would provide longer relief?

A Yeah. What would happen is, if there was a lot of spasm in the back and then you injected lidocaine, it might provide enough relief of pain to break the spasm.

Q Okay. But that wouldn't -- but still the numbness caused by the lidocaine --

A Oh, no, that would be gone in 3 or 4 hours.

Q Okay.

Anything else?

I think we're done.

Dr. Gross. Great.

Mr. Cohen. We'll go off the record.

Dr. Gross. Okay. If there's anything else, just give me a call, okay?

Mr. Cohen. No problem. I appreciate your time. Before we go off the record, let me just ask you very quickly, has anyone else spoken to you regarding Mr. Clemens' injury aside from us today?

Dr. Gross. No.

Mr. Cohen. And who provided you with the medical record; were those from your own files?

Dr. Gross. Some of them are notes from my own file, and some of them were the trainers' notes.

Mr. Cohen. Okay. So no one has talked to you about what you

should say in response to questions from Congress?

Dr. Gross. Oh, no, not at all. I mean, Dr. Taylor and I talked, because he said to me -- you know, he had to say, are you -- he phoned me to say that I had ordered the MRI and probably you guys are going to want to speak to me, but we never discussed it beyond that. That's all. I haven't discussed it with anyone.

Mr. Cohen. Okay. So no representatives of Mr. Clemens have been in touch with you?

Dr. Gross. No, no, nothing at all. Nothing. I was going to make a joke, but the only thing I'm getting is from the newspapers.

Mr. Cohen. Okay. Thanks very much.

Dr. Gross. When is he testifying? I want to make sure I read the newspaper.

Mr. Cohen. Wednesday.

Dr. Gross. When.

Mr. Cohen. Wednesday.

Dr. Gross. Is that the big one, or is there another one after that?

Mr. Cohen. No, that's the big one.

Dr. Gross. Wow. Are you guys going to be there.

Mr. Cohen. Oh, yeah.

Dr. Gross. There shouldn't be any media there at all?

Mr. Cohen. We'll be the exhausted guys in the back of the room.

Dr. Gross. Okay.

Mr. Cohen. All right. Thank you very much. We'll go off the record now. Thanks a lot. Bye.

[Whereupon, at 5:38 p.m., the telephone 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