

RPTS DEAN

DCMN HERZFELD

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

INTERVIEW OF: FREDERICK FEUERBACH

Thursday, September 20, 2007

Washington, D.C.

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

commencing at 10 a.m.

Appearances:

For COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM:

BRIAN A. COHEN, SENIOR INVESTIGATOR AND POLICY ADVISOR

SAM BUFFONE, STAFF ASSISTANT

SARAH DESPRES, SENIOR HEALTH COUNSEL

JENNIFER SAFAVIAN, MINORITY CHIEF COUNSEL

BENJAMIN CHANCE, MINORITY CLERK

For FREDERICK FEUERBACH:

LAURA A. BREVETTI, ESQ.

EDWARD STARISHEVSKY, ESQ.

230 Park Avenue

Suite 625

New York, New York 10169

Mr. Cohen. This is an interview of Dr. Frederick Feuerbach conducted by the House Committee on Oversight and Government Reform. This interview is part of the committee's investigation into the use of performance-enhancing drugs in professional wrestling.

Dr. Feuerbach, could you please state your full name for the record?

Dr. Feuerbach. Frederick Joseph Feuerbach.

Mr. Cohen. Thank you.

My name is Brian Cohen. I'm a member of the Majority staff.

Dr. Feuerbach, you are represented by counsel. Can your counsel state her full name for the record as well?

Ms. Brevetti. Oh, my name -- Laura A. Brevetti and Edward Starishevsky.

Mr. Cohen. Great.

Let's have the other people in the room here identify themselves.

Mr. Starishevsky. I will introduce myself. Edward Starishevsky.

Ms. Brevetti. I said that. Sorry, go ahead.

Mr. Chance. This is Benjamin Chance with the Minority staff.

Ms. Brevetti. Thank you.

Ms. Safavian. Jennifer Safavian with the Republican staff.

Mr. Buffone. Sam Buffone, Majority staff.

Ms. Despres. And Sarah Despres, also with the Majority staff.

Mr. Cohen. Before beginning with the questioning, I would like to go over some standard instructions and explanations regarding the interview. The court reporters here will be taking down everything you say and will make a written record of the interview. They cannot see, and neither can we see, nods or gestures, so please give verbal, audible answers to all questions.

I'm going to ask you questions on a particular subject matter. When I finish with my questions on a specific matter, I'll ask my colleagues if they have additional questions. We will make every effort not to take up any more of your time than we need to collect the information we need for the investigation.

This is not a deposition, so you will not be placed under oath; however, you are required by law to answer questions from Congress truthfully.

Is there any reason you are unable to provide truthful answers to today's interview?

Dr. Feuerbach. No.

Mr. Cohen. Because this is an interview by phone and

we are not in the same room, I will also ask if you or your attorney are recording or transcribing this interview in any way?

Dr. Feuerbach. No, we are not.

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

Ms. Brevetti. My client doesn't, but I would just ask, if you will, could you slow down just a bit?

Mr. Cohen. Sure. Sorry about that.

Ms. Brevetti. Okay.

EXAMINATION

BY MR. COHEN:

Q The first topic we will walk through will be the origins of the WWE cardiovascular testing and monitoring program and Dr. Feuerbach's role, if any, in developing this program.

I would first like to walk you through -- have you walk us through your background, Dr. Feuerbach. You are a practicing medical doctor, correct?

A That is correct.

Q And where do you currently base your practice?

A 425 East 61st Street, New York, New York.

Q From what medical school did you earn your degree?

A The State University of New York at Stony Brook.

Q And in what year?

A In 1992.

Q And where did you do your residency?

A I did my residency at New York -- at Cornell University, New York Presbyterian Medical Center.

Q In what area of medicine do you specialize?

A Cardiovascular disease.

Q And can you give a brief description of your current medical practice outside of your work for WWE?

A I work in a private practice, a group practice with seven or eight cardiologists. We do general clinical cardiology, we do consultative work, and perform a variety of cardiac tests including nuclear imaging stress tests, stress echocardiography, general echocardiography. It is a general clinical cardiology practice.

Q Okay. And in addition to your practice, you are also administrator of WWE's cardiovascular testing and monitoring program; is that correct?

A That is correct.

Q Okay. Can we talk a little bit about the origins of the WWE cardio testing program? When did WWE first approach you about the program?

A They did not first approach me. I was part of a meeting that took place in, I believe, February of 2006 at our office.

Q At your medical practices office?

A That's correct.

Q And can you describe that meeting? Who else was attending? What was the subject of the meeting?

A One of my partners, Martin Post, was present; Linda McMahon; Edward Kaufman, counsel for the WWE; and Richard Herring from the WWE.

Q And the meeting was at WWE's request?

A I believe so.

Q Did they approach you with a cardiovascular testing program in mind, or did they ask you to develop such a program?

A The initial meeting was kind of information gathering. They did not have a program in mind. We did discuss at that meeting what form a program might take.

Q Can you describe in detail the development of the program and how the program was finalized? Following that meeting can you describe your interactions with WWE?

A They expressed an interest in doing cardiac testing on the talent, the wrestling, the entertainers, and Martin Post and I described what we felt was an aggressive state-of-the-art program that would accomplish what they are interested in doing.

Q Was your policy, the approach you suggested and recommended, was that approach accepted in full by WWE? Were there any additions or deletions from what you initially recommended?

A I would say no.

Q Is there a written policy in place now?

A There is not a written policy in place.

Q Now, how long did it take -- from beginning with the February 2006 meeting, how long did it take to finalize the policy?

A Um, that's a hard question to answer because there's no set policy. The program as Dr. Post and I outlined has been and continues to be what we have enacted, and that did not take long to formulate at all.

Q When did you begin testing?

A We began testing in May of '06.

Q Can you describe your contractual relationship with WWE?

A Well, there is no set contract. We have an arrangement, I would say. We proposed the -- you know, what our recommendations for what the program would consist of, and we gave them prices for the testing that we would do, and that's -- you know, we've acted on that since then.

Q So you're paid on a per-test basis?

A Yes.

Q Okay.

Mr. Cohen. I'm going to turn it over to my colleagues now.

Ms. Safavian. Do you want to go?

EXAMINATION

BY MS. DESPRES:

Q This is Sarah Despres.

I want to just go back to the February 2006 meeting.

A Okay.

Q So WWE asked to meet with you; is that correct?

A Yes, that's correct.

Q At that meeting they expressed an interest in doing cardiac testing on the talent. Do you understand why they wanted to do cardiac testing?

A I don't recall them telling me exactly why they wanted to do cardiac testing. It is easy for me to understand why they might. There was, several years ago, a young wrestler who died of apparent cardiac causes. It is not unusual for professional sports teams to do cardiac testing to look for cardiac abnormalities in athletes.

Q Can you describe what the cardiac risks are to a wrestler? I mean, are there risks to wrestlers that are specific to wrestlers or to guys that are that big, or are the risks, the cardiac risks, the same as they are for the rest of us on a population level?

A Well, if you look at the risk to an athlete, a highly competitive athlete, of sudden death is probably 1 in 100,000. And it is -- you know, that risk, that has encouraged some professional teams to do testing on

athletes. It's not standard to test routinely, to do the tests that we do.

Is there a risk to being a wrestler? You know, to my knowledge there is no real risk of the actual wrestling.

Q Um-hum.

A The risk of getting injured in the ring, getting an injury to your heart I'm not aware of. There may be risks to weightlifting. There may be risks to their lifestyle. There may be risks to the size that they are. There may be -- you know, there are certainly orthopedic risks.

Q Right.

A And whether or not there's risk to -- you know, cardiac risk to steroid use as it exists in this population is not totally clear.

Q Okay. And so maybe what would be helpful at this point is if you could describe the program. What is it that you're looking for?

A The program involved taking a history from the patient, and that history would include family history, whether there is heart disease in the family, whether anyone in the family has dropped dead suddenly at a young age, whether anyone has had heart bypass surgery or any illness. The history would also include whether the wrestler has had any prior heart incidents, cardiac history, congenital heart disease. And the history would also include trying to

elicit any symptoms that they may be having, whether they are having chest pains, palpitations, fainting spells, anything that may point towards an underlying heart condition.

We then would perform a focused physical exam, focusing on the heart and vascular system. And then, most importantly, we would perform a sophisticated test on the heart called a stress echocardiogram. What that test is is it involves an ultrasound of the heart at baseline, meaning before the stress. The ultrasound would allow us to measure all the parts of the heart, all of the structures of the heart, how big the heart is, how strong it is, how thick the walls of the heart might be, and how the valves perform. We then do a stress test and speed the heart up, and then at the peak of exercise, we take more pictures of the heart.

This is a very sophisticated test that allows us to not only test for congenital abnormalities, meaning abnormalities that they may have been born with and which may predispose them to sudden death, but we also are able to look for acquired heart disease, such as accelerated coronary disease, which is acquired and may be the result of smoking, diabetes, high blood pressure or anything else that they may be exposed to.

Q And then going back to your statement about lifestyle, and lifestyle could have -- could increase risk

factors for heart disease. Can you describe what kinds of -- what kinds of lifestyles could increase the risk of heart disease for the wrestlers?

A For the wrestlers?

Q Yeah.

A I can't speak specifically about their lifestyle. I can tell you that their travel schedule is very hectic, very demanding. The physical demands are great. They may smoke, they may live on the road a lot, and it's a high-stress life.

Q And when WWE asked you to develop the testing program, was there a discussion about wrestler lifestyle at all, or was it more general?

A There was not a discussion about lifestyle. The stress echocardiogram that I described is a powerful tool to look for whether or not there is immediate and short-term, near-term risk to the wrestler performing. The tests are being performed yearly. And so when I do the stress echocardiogram and I obtain a normal result, then I can pretty safely say that, you know, for the time being they are safe to perform, and that was the main goal of the program.

Ms. Despres. Okay. Thank you. I think I'm finished for the moment.

Brian?

BY MR. COHEN:

Q At the February 2006 meeting, was there any specific concerns that were raised by WWE regarding the health of their wrestlers?

A Well, by the nature of us doing a -- there was no specific. There was a general request to test their hearts. So there was no specific concern for any individual wrestler.

Q And do you know why WWE chose your practice?

A My partner, Martin Post, had a relationship with the McMahons, or at least with Linda McMahon, to my knowledge. And I think that he had expressed to them that I had been doing -- at that time had been working as the cardiologist for one of the NBA teams for 2 years.

Q I see.

A And I think that was interesting to them.

Q Okay, thanks.

On a personal level, can I ask are you a professional wrestling fan?

A In high school I was, and then I got away from it. And, you know, I'm embarrassed to say that my wife didn't realize what she was getting into, because now Monday nights and Tuesday nights, I'm kind of sneaking away to watch the live performances. It is much different than when I was in high school. It is much more like stunt work, and it's

interesting -- it's interesting to me the stunt work that's involved. And yeah, I'm a fan, especially now that I kind of know the guys and can -- so in a way, yes.

Q Do you attend live events at all?

A I have not watched a live event from the audience. At times we've done testing at the venues, so I'm there when they are setting up.

Q And prior to beginning your work as administrator of the cardiovascular testing and monitoring program, have you had any contact -- well, prior to the February '06 meeting, had you had any contact with WWE or its wrestlers?

A No.

Mr. Cohen. Anybody else have anything?

Ms. Safavian. Yes.

EXAMINATION

BY MS. SAFAVIAN:

Q This is Jennifer Safavian. Can you hear me?

A Yes.

Q I believe you mentioned earlier that not all of the recommendations that you all had suggested to WWE were accepted by them when they put together --

A If that's what I said, I misspoke. But what I meant to say, I think I said, is that they accepted everything, and they continue to accept any recommendations that we put forth.

Q Oh, they do?

A They do.

Q So have you -- do you continue to modify the program?

A I think, you know, it's a very large program, and it's a unique program. And, yes, there are changes as we go forward. I can give you one example. You know, 6 months ago they approached us and said that they'd like to do this testing twice a year. And we're currently in discussions about -- I think what they expressed to us is that they want to do more testing, so we're currently trying to decide what would be the next -- the optimal second test. So we're kind of modifying as we go, yes.

Q And it was them who came to you with the idea of having a second test, or was it your practice that did that?

A I think they approached us with that request.

Q Was there any particular reason that you know of as to why they wanted to do more testing?

A I think that they just have expressed a willingness to go beyond any current standard of, you know, excellent screening. And so my recommendation was maybe we should do a different test as a second test. And I just think that they feel the more, the better, to make it as safe as possible.

Q And you test all of the wrestlers?

A Yes. And the referees.

Q Oh. And is that done throughout the year; like do you space them out, or is it all done at one certain time?

A Logistically it's a bit challenging. We started in last in May of '06. The first round was done in the fall. And then the second round we started this July and will probably be done in the fall. So it takes several testing session.

Q So it takes several testing sessions for each wrestler?

A No, to get the whole group completed.

Q Okay. I understand.

A We did about 160 last year.

Q One hundred sixty wrestlers?

A That's right.

BY MR. COHEN:

Q Is that every wrestler? Is there WWE talent that's not tested?

A Not to my knowledge.

BY MS. DESPRES:

Q This is Sarah Despres again. Is Vince McMahon tested?

A I have not tested him, no.

Q And are you the only practice that administers this program?

A We are the only ones who administer the program. The test is performed by either myself or one of my partners in our office, you know, one of my partners at New York Cardiology Associates. The testing is also done by a colleague in California.

Q Do you know if Vince McMahon has been tested at all?

A I don't know. You know, whether he has by his own private cardiologist, I don't know.

BY MR. COHEN:

Q Under your program, you and your colleagues in New York or your colleagues in California?

A No, he has not been tested.

Q Okay. Thanks.

BY MS. DESPRES:

Q I just want to go back to a few more questions about this February '06 meeting. Did steroids come up at all during the course of that meeting?

A They sent out that there is another arm of the program that will be doing all the steroid testing.

Q And then in November of 2005, the wrestler Eddie Guerrero died. Are you familiar with his death?

A Yes.

Q The coroner ruled that the death was from heart disease complicated by an enlarged heart resulting from steroid use. Has Eddie Guerrero's death come up at all in

your discussions with WWE about cardiovascular testing?

A If it did, I don't recall any discussion about it.

Q Okay. And do you -- as well as testing wrestlers, do you prescribe them any medications?

A I do not.

Ms. Despres. That's really it for me, Brian.

Mr. Cohen. Anybody else?

Ms. Safavian. No.

BY MR. COHEN:

Q All right. Move on to the second topic.

There is a description of the program itself, and I apologize if some of this seems a bit redundant. We covered a bit of this under the first set of questions.

Again, to clarify, there is no formal written policy that describes the cardio testing and wellness program?

A That's right.

Q Can you describe -- in layman's terms can you describe the goals of the program for us?

A I think the goal for the program is to perform state-of-the-art screening, cardiac screening, on all of the talent in an effort to expose any congenital or acquired heart disease that may predispose them to sudden cardiac death.

Q You had mentioned earlier the program focuses on short-term risks; is that correct?

A Well, we're interested in all risk. Primarily the most pressing one is the short-term risk, and for that reason we're doing -- you know, we're aggressively doing stress echocardiograms on a yearly basis. The -- yes.

Q Okay. And to the extent that -- that's fine on that.

Can you walk us through a typical testing protocol: Where a test would take place; would the athlete come to your offices; would you go to the -- would you meet the athlete at the arena? Just walk us through a typical -- the protocol for a typical test.

A Quite a few of them are done in our office, and quite a few are done at various arenas where the shows are to be performed. The test is similar in either place.

The way the test is performed is an assistant of mine will hand them -- they start by filling out a short questionnaire which asks them about family history, personal history, symptoms and medication use. And they are subsequently hooked up to an EKG machine, which is an electrocardiogram machine.

And I then perform the baseline echocardiogram. Baseline electrocardiogram is an ultrasound of the heart. And I take measurements of structures of the heart, including the size of the chambers, the thickness of the walls of the heart, and I interrogate each of the valves of

the heart.

Once the baseline echocardiogram is completed, we then have the patient perform a treadmill stress test. We monitor the blood pressure and heart rate and the electrocardiogram while we ramp their heart rate up and speed their heart up. Our target heart rate is 85 percent of their maximum predicted heart rate.

And then at the peak of exercise, we quickly have them lie back down, where I obtain more ultrasound images of the heart while it is under stress. They are then unhooked, and the test is complete.

I should mention that at some point before the stress test, I do a focused cardiovascular physical exam. That pretty much involves the on-site testing, the stress test. That's the most important part.

Q How are the wrestlers informed it is their turn to take a test, that they are up? Do you know how they are chosen or how the process works as far as getting wrestlers to you for the test?

A I can tell you what I know about that. Some of the decision about who gets tested and when depends on when they will be -- who will be at that arena on that specific day and who still needs to be tested.

Throughout the day there is somebody from the WWE that will help coordinate the schedule of who gets tested at what

time during the day.

Q Okay. You had mentioned earlier that when you conduct the test, you take a history from the wrestlers.

A Correct.

Q When you do that, do you ask what -- do you ask about what medications, what prescription medications, they are taking?

A On the form that we give them, there is a section that asks them to list any medications they are on.

Q And do you ask them about other legal or illegal drug use?

A I don't specifically ask if they are using illicit drugs, but under medications that would be included. If someone's taking amphetamines, I would consider that a medication if they are, so I would assume that that would go under medications.

Q Do you think you get honest answers when you ask those questions?

A I couldn't tell you. The applicants do sign the questionnaire.

Q And when you ask those questions, have any of the wrestlers admitted to the use of steroids, amphetamines or painkillers?

A There's been no one that's listed steroids or illicit drugs. Some are on painkillers, and some have

listed painkillers.

Q All right.

WWE, you know, also does testing for steroids and other illicit drugs under the steroid testing policy portion of the wellness program. To the extent that an athlete tests positive under that program, are you informed by Dr. Black or by WWE about those positive tests?

A I was notified of one wrestler who tested positive for cocaine.

Q To the extent that an athlete was taking steroids, amphetamines, painkillers, sleep aids, any other, again, performance-enhancing or illicit drugs, would it be -- is this information that you would want to have to conduct a legitimate -- to conduct a thorough cardiovascular test?

A We're interested in -- when I do a stress test, or when I see a patient, I'm interested in all of their potential risk factors, such as smoking, diabetes, family history, whether they are having symptoms, and try to develop a pretest likelihood for whether or not they are likely to have disease, and so everything is interesting.

In my office I often will take the constellation of risk factors and decide whether or not to perform a stress test. In this case the decision about whether or not to do the stress test had already been made, so the knowledge of those substances would not help -- didn't impact my decision

to do the test.

In addition, the test that I do, the stress echocardiogram that I do, the result that I get is somewhat independent of what risk factors may have led to my performing the test. If the test at the end looks normal, then regardless of what they have taken, the test would suggest that in the short term or in the near term that they are not at risk for sudden cardiac death.

So to answer your question, yes, it is interesting, but I -- you know, to some extent the other arm of the program is testing them for steroids and testing them for those illicit substances, and my test does not really depend on that knowledge.

Q Do you believe the use of steroids presents a short- or long-term cardiovascular risk?

A That's a very involved question, and my assumption is that -- and there's evidence both ways on that, you know. There's literature that would suggest that there is, and there's literature that would suggest that maybe there's not. And there is no good real literature out there.

My assumption is -- when I do this test is that I always assume the most dangerous condition, so I assume -- you know, you might say I assume that they are on steroids, and that is very risky. And so I do my tests, you know, maybe with that in mind, but I don't know the answer to

that, and I'm not sure anybody does.

Mr. Cohen. I turn it over to my colleagues.

No?

BY MR. COHEN:

Q Staying on this same topic, the Sports Illustrated just in the last month listed 11 professional wrestlers as having received steroids or HGH from the Signature Pharmacy. Those wrestlers were Chavo Guerrero, Shane Helms, Randy Orton, John Hennigan, Ken Anderson, Shoichi Funaki, Brian Adams, Charles Haas, Edward Fatu, Darren Matthews, Adam Copeland and Sylvain Grenier, as well as Chris Benoit.

Without naming the specific -- without going into specifics, did you test any of these wrestlers?

A I'm sure I did.

Q And were you aware that they had prescriptions for steroids or sleep aids or painkillers?

A I was not.

Q In retrospect, as a cardiovascular doctor, does it concern you that they did have those prescriptions?

A It does not change the result of my stress test, and it does not change the result of my decision not to -- the result of my stress test is to determine whether or not to pull someone from performing or not. Sure I'm interested in their long-term health, and I, you know -- and so the other arm of the program is paramount to finding whether or not

these guys are taking these substances. My test is not a test to screen for steroids. And so if you -- of course I'm interested, and so I'm glad the other part of the program is looking for this.

Q Can I ask again, this is more of -- I'm interested in your perspective, your general perception. You're a medical doctor. You're close to the wrestlers presumably. It sounds like you've gotten to know them over the years, you've examined them as a medical professional, you've seen them in action. Do you have a sense of whether there is a problem with the use of steroids or amphetamines or sleep aids or other performance-enhancing drugs in professional wrestling?

A I would defer to the blood test results. I don't know. You know, I know more than the average layman. I mean, I -- my exposure -- outside, if you ask anyone on the street is there performance-enhancing substances in professional sports and in wrestling, most people would say there probably may be. And so I think it's worthwhile to test them for that and to try and eliminate it from the sport.

Q I don't want to get too far out of your expertise, and I know you're only responsible from the cardiovascular testing and monitoring portion of the wellness program, but to the extent -- as the individual responsible for the

cardiovascular program, to the extent that you now see evidence from press reports at least that indicate that there are wrestlers using steroids and sleep aids and other illicit drugs that are not being caught under the steroid testing program, as a cardiovascular doctor does that concern you?

Ms. Brevetti. This is Laura Brevetti. I mean, he's being called here to explain what he does at WWE. He is not their personal cardiologist. He has no patient -- doctor/patient relationship long term or even in the short term with these wrestlers. And so his concerns or nonconcerns I would say really falls outside of what I thought this panel was asking him about.

Mr. Cohen. I'll ask it again.

BY MR. COHEN:

Q In your capacity as cardiovascular testing and monitoring program administrator, does it present concerns to you if there's drug use in WWE that is not detected via their testing program?

A Maybe I can answer it this way: The program that we've devised is a very sophisticated program, and it's -- you know, it's -- it goes beyond -- it certainly matches and goes beyond the screening program set by any professional industry.

You know, if you look at the American Heart

Association, their recommendation for screening competitive athletes is to take a history and a physical, and that's it. There are other agencies that recommend doing a history and a physical and just an electrocardiogram. That's just a resting EKG, and these are, you know, experts, and they are consensus opinions. And currently the most aggressive screening program that I'm aware of is the NBA, and they have instituted -- as of last year and after this program was started, they've instituted a mandatory stress echocardiogram. So what we have -- the program that we've instituted is equal to any and, in my opinion, probably surpasses any screening program, cardiovascular screening program, that has ever been established for competitive athletes.

Q Let me ask the question a slightly different way. To the extent you're responsible for the cardiovascular health of the WWE wrestlers and other talent, if there is use of steroids, painkillers, amphetamines, other performance-enhancing drugs or drugs of abuse, does that under -- that is not being uncovered via the WWE steroid testing program, does that undercut your efforts to protect the athletes' health?

A The tests that I perform will -- let's say that they were all drinking lots of chocolate milk, and maybe that's not good for the heart. My test will look and see if their

heart is in danger of shutting down suddenly.

If my test says it's okay, then whether they are drinking a gallon of chocolate milk a day, you know, is interesting and important, but my role to determine whether or not they are likely to drop dead until the next time I do the stress test, you know, the result may or may not change, you know.

So I have to assume that that arm of the program is doing the best job they can, and, you know, I'm not -- whether or not these guys -- I don't know whether these guys were tested by the arm of the program or not, but my screening and my testing is done with that in mind, with the knowledge that some of these guys might be on stuff, and so I put that into the equation when I come up with the final decision about their ultimate risk.

Q Okay.

A So I don't -- in a way that information is interesting, but I don't rely on that to determine what I think their risk is. I rely very strongly on the results of this test.

Q And again, just to clarify, your test focuses primarily just on short-term risks?

A The stress echocardiogram is a good test that focuses on -- that can determine someone's, you know, risk of sudden death. Our interest is not only short term,

though. If someone says they have diabetes and high blood pressure and their dad died at age 40 of a heart attack, then that goes into, you know, the long -- you know, in generating what their potential long-term risks might be.

Q Again, though, the test itself is a test that's primarily designed to uncover short-term risks, the stress EKG?

A The stress echocardiogram, that's not actually so true. A stress echocardiogram, you know, is -- if one has a normal stress echocardiogram, that can prognosticate further down the road into a longer term. So in general when someone turns 50, it is not recommended that everybody get a stress test. If one were to get a stress echocardiogram at age 50 and it's normal, that would bode well not only for the next year, but for the future.

When I said that we're using the stress echocardiogram for short-term clearance, what I meant was we're doing it every year. So that the goal of the stress echo that I do today is to determine -- is to clear them until the next stress echocardiogram.

Q Okay. Do you ever have -- do you ever discuss the policy or the results of your testing or the results of the steroid testing with Dr. Black from Aegis Labs, who runs the testing portion of the wellness policy?

A I have never spoken with Dr. Black. I don't know if

he gets my reports or not.

Q Okay. And again, going back to some of the press accounts and some of what we've heard about the use or combination of steroids and amphetamines and sleep aids by professional wrestlers, the extent that these reports have been in the press and that wrestlers may, in fact, be taking these combinations of drugs, as a cardiologist does this concern you?

A Um, you know, I'm not aware of cardiovascular -- not aware of any studies that have looked at the cardiovascular effects of the sleep aids. You can find some literature on the cardiovascular effects of anabolics and fewer on the cardiology -- cardiac effects of a growth hormone. What you do find in the literature is not great. It's hard to do, you know, large, randomized blinded -- double-blinded studies on people to determine the cardiovascular risk of these agents. So, you know, everything concerns me.

I don't know, nor do I -- you know, nor does anybody really know what the short-term and long-term effects of steroids are on the heart. It does concern -- obviously it does concern me, and that is why I'm performing one of the most sophisticated heart tests that one can perform on everyone in the league.

Mr. Cohen. Anybody else.

BY MR. COHEN:

Q We'll move on to our next topic, your interactions with WWE as cardiovascular testing and monitoring program administrator.

When you conduct tests, do you report your results to WWE?

A Yes.

Q And how are they reported?

A They are reported in written form. I generate a report, and then I generate a letter kind of summarizing the findings and stating that, in my opinion, there is no cardiovascular reason to preclude them from performing. So I kind of give them a sentence of clearance.

Q Okay. Do you report your results to the wrestlers as well?

A I usually -- yes, I tell them verbally, at the time that they are -- after the test I can give them the results right on the spot.

Q Do you follow up; is there any written communication with the wrestlers?

A Not by me.

Q So how frequent in general are your communications with WWE?

A Well, this program logistically is quite an undertaking, so we're constantly talking back and forth

about making plans for testing, and so there's frequent communication.

Q Okay. And to whom do you report your results at WWE?

A I send all my reports to Richard Herring.

Q And Richard is?

A I think he's the vice president of government relations and risk, something like that.

Q Are there others who have access to these testing results, to your knowledge?

A I don't know.

Q You don't know if Vince McMahon has access to them?

A I don't know.

Q Or Linda McMahon?

A I don't know.

Mr. Cohen. Anybody else have anything?

BY MR. COHEN:

Q Next we're going to talk about the results of the cardio testing. Can you tell us approximately how many tests you conducted -- how many wrestlers you tested in 2006 and how many wrestlers you have tested in 2007 to date?

A In 2006, we did probably 160. In 2007, we've done close to 90.

Q Okay. And in 2007, you're currently testing once per year; is that correct?

A We're currently testing once per year.

Q And there is a move afoot to perhaps move it to twice per year?

A There is a move -- definitely a move afoot to, you know, consider additional testing.

Q As of now it is still once a year?

A That's correct.

Q Okay. Can you give us a general description of the -- of what you found in these tests; how many wrestlers have you flagged as having potential problems?

A For the most part the tests have been quite unremarkable. The structures of the heart, the size of the heart and the function of the heart have been unremarkable. The tests have been fairly boring. And then likewise with stress and exercise, the tests have been normal.

So the actual stress tests have not precluded -- the results of the stress tests have not been so that I have had to preclude anyone from performing. There was one instance about 8 weeks ago when we discovered an abnormality in one of the wrestlers that suggested that there may be a short circuit in his heart, it is a syndrome called WPW. That would stand for --

Q This was the wrestler [REDACTED]

A Yes -- Wolff-Parkinson-White. And if that was the case, that's a definite risk factor for sudden death.

Q Let me ask one more question on this. This is -- these tests are -- again, I'm a layman, so you have to indulge me here. There is, I'm going to guess, a certain art to the interpretations of the EKG?

A I'm sure.

Q This is not a black and white, yes, you're good, no, you're not good; is there a gray area here?

A Yes. There is operator error in all these tests. The gray, the black -- the interpretation of the stress echocardiogram is influenced by the operator at a couple different stages.

Mr. Cohen. I turn it over to my colleagues.

EXAMINATION

BY MR. CHANCE:

Q This is Ben Chance from the Republican staff.

Is there a prescreening process for wrestlers who are about to enter into the -- to get the big push? Is there a -- I guess procedures done to enact that, to ensure when they go in for the first time that they are okay?

Ms. Brevetti. I'm sorry, we cannot hear you.

BY MR. CHANCE:

Q I was just wondering in terms of for a first-time wrestler who is getting his big push into the WWE, I didn't know if there was any kind of prescreening test to clear them to be ringworthy.

A We currently are testing all the new talent prior to their -- you know, I think before they are signing their contracts.

BY MR. COHEN:

Q Is that as part of the WWE program, or is that a separate -- is that under a separate program than your ongoing test with the existing talent?

A We are doing the exact same test.

BY MS. DESPRES:

Q This is Sarah to follow up.

For a wrestler who hasn't formalized a contract, the prescreening before you go into the ring, who pays for that? Does WWE pay for that testing, or is it something that the wrestlers are responsible for?

A WWE pays for it, to my knowledge.

Q And then the procedure you described that MVP had following up on his stress echo, was that something that WWE paid for, insurance? How did the payment for that procedure --

A The WWE paid for it.

Q Okay, thank you.

BY MR. COHEN:

Q How much do these tests cost?

A The test costs in the neighborhood of \$1,200 each. The test that MVP had probably costs about 50- or 60,000. I

can tell you that when we first started doing this testing, I approached them and said, if I find someone who needs a bypass operation, you know, what are you going to do? Because a bypass operation could be 3- or \$400,000. And they said, if that's the case, then we'll cover it. But fortunately we haven't pressed them on that. But MVP's I'm sure was tens of thousands of dollars.

Mr. Cohen. Just give me a second. I'm trying to think through one thing.

All right. Anybody else have anything on this topic?

BY MS. SAFAVIAN:

Q One quick question. This is Jennifer Safavian again.

Are you able to compare these annual tests, or do you -- would you compare these tests for each individual wrestler to see how they might differ; are you able to do that?

A Yes.

Q And is that something that you will do?

A Yes, we -- you know, this is a new program, it is a unique program. It's very interesting to be able to take the images, and certainly we will be interested in making comparisons.

Q And by doing such a comparison, I mean, what might that show you? Would that provide any evidence or concern

or questions as to whether the wrestler might be taking some type of steroid or other type of drug? Is that something you might be able to tell or have more questions about?

A You know, it's possible that steroids have an impact on the structure of the heart. The test that I do is not a test to determine whether or not someone is on steroids. The changes that one might see in the heart are -- I can't differentiate those changes from changes that you might see in someone who is a weightlifter or an athlete, or change them in -- you know, is 6 feet, 7 inches tall. So the subtle changes that one might see from steroids are not able to be picked up on this test, and this is not a test for steroid use.

Q No, no, I understand that. I'm just wondering if you might be able to see some type of change, or if you would see some change that might raise concerns, would you do additional testing, or would you notify -- who is it -- Dr. Black to have them do further testing? What steps might you take?

A There's no finding on this test that would point to steroid use. This is not a steroid test. You know, you can -- well, look, let's assume, for example, that Sports Illustrated is right, and all these guys were on steroids. My tests on them were fine. This is not a steroid test. I can't imagine -- if I did see an abnormality, my assumption

would not be, oh, this is a red flag for steroids. It is not a test for that. It's not designed for that. I certainly would not propose to them that it's an adjunct to the steroid arm of the program. And so the answer is no.

Q Okay, taking steroids out of the equation, if you saw an abnormality, what would you do? Would you do further testing? Would you notify Dr. Black?

A We've done that. Two weeks ago I did a test on one of the talents. I was concerned about what I saw. The person was quite large, and I was having trouble getting pictures that I was comfortable with, and so I sent them immediately for a more sophisticated, you know, much more expensive test. So if I find an abnormality on this test, then they don't perform until we're comfortable with, you know, some result that reassures us.

Q Okay. And being the layperson that I am, maybe "abnormality" is not the correct word or term, but if you were to compare the test for an individual year after year, and you saw some change or something that, like I said, you know, caused some concern, or there was some difference to you, is that something that you would then notify WWE about?

A Sure, if I felt it was --if the change was sufficient enough that it suggested some underlying pathologic process. If you come to my office and I do an echocardiogram, and you come back a year later and one of

your valves has become very leaky, then that's something that we would look further into. But, you know, that's obviously keeping steroids aside because we wouldn't anticipate finding any changes.

BY MS. DESPRES:

Q This is Sarah Despres.

Just following up on Jennifer's questions, is there heart damage that's associated with cocaine use?

A Cocaine is certainly associated with accelerated or premature atherosclerosis, and what that means is that it can cause blocked arteries in younger individuals, and it can raise blood pressure, and so it can have dramatic effects on the heart, yes.

Q And so if you saw, let's say, a younger wrestler, say someone in their twenties, who had blockage, but no family history, hasn't admitted to any illicit drug use, would that raise -- just trying to understand whether this test can show anything about lifestyle -- would that raise a red flag about possible drug use or --

A Um, yes. You would certainly inquire about that if you found blockages in a 20-year-old. You know, I can use an example of 2 months ago I had a very healthy 35-year-old come into my office and did a stress electrocardiogram, and we found a blockage. And I questioned him a lot about cocaine and, you know, are you using cocaine and -- but the

guy is as clean as a whistle. So while finding a 20- or 30-year-old with blocked arteries does raise the suspicion of cocaine use, it's not a definite, and nor is it diagnostic of cocaine use.

Q Right, clearly. I mean, it could be caused by something else, bad luck.

A Bad luck.

Q I guess in a case like that where it raised a red flag but obviously isn't as positive, let's take, you know, a 22-year-old wrestler with blocked arteries with no admitted cocaine use. In a situation like that where there aren't other risk factors, but obviously it could be cocaine use, would you notify WWE of a concern?

A You know, I might, I might. You know, his career would probably be over for a while. If he had significantly blocked arteries, he would then be looking at an angiogram, he would be looking at fixing the blockages, he would be looking at being on some sort of antiplatelet agent like aspirin and Plavix for a year or two, and that would prevent him from getting smashed around in the ring. And I would certainly inquire with him if -- whether I was the cardiologist that was going to see him through that whole process, I would certainly interrogate him about cocaine use and warn him of the risk of cocaine use.

Q So someone in my hypothetical would be out of the

ring anyway regardless of how he tested in the drug testing policy, because his heart damage is sufficient that he -- that you wouldn't clear him for --

A Not for a while if he's my patient.

Q Okay. That's helpful. Thank you.

BY MR. COHEN:

Q The clearance letters that you sent to WWE were after you've completed a test. To the extent that there was an unexpected fatality from an athlete from a cardiovascular problem either in the ring, out of the ring, and to the extent there was a lawsuit arising from that fatality, would these letters, do you believe, end up being part of the defense if WWE was -- do you believe that these letters would be used in court by WWE?

Ms. Brevetti. I think that's beyond the witness's expertise. He's not a lawyer.

Mr. Cohen. Fair enough.

BY MR. COHEN:

Q Would you be willing to share with us a -- we don't need any names on it, but I assume this is a form letter that you send, a clearance letter?

A Um, yeah. It's a it's a pretty standard letter, yes.

Q Would you be willing to share with us a copy of that, no names attached, but just as a sample of the form?

A Yeah. I have no objection.

Mr. Cohen. If you could give us a copy of that Laura, that would be great.

Ms. Brevetti. Sure.

EXAMINATION

BY MR. BUFFONE:

Q Just one question about the prescriptions -- this is Sam Buffone -- that the wrestlers' forms -- have those either in dose or in combination of different drugs ever raised red flags for you?

A No.

Mr. Buffone. Okay.

Mr. Cohen. I think we're about done. Laura, we need your address for the record.

Ms. Brevetti. Sure. It is 230 Park Avenue, suite 625, New York, New York 10169.

Mr. Cohen. Dr. Feuerbach, I want to thank you for your time. I believe we're done here. I can't guarantee 100 percent that there won't be any follow-ups. To the extent we have any additional questions, we'll talk to -- we'll talk to you through Laura --

Dr. Feuerbach. Sure, feel free.

Mr. Cohen. -- and go from there. Thank you for your time.

Dr. Feuerbach. Thank you.

Ms. Safavian. Thank you.

Mr. Buffone. Thanks.

Ms. Despres. Thank you.

[Whereupon, at 11:21 a.m., the interview was
concluded.]