

Katherine Jackson v AEG Live September 6th 2013



Dr. William Barnhart Van Valin II(MJ Dr.)

(Please note *** represents a break in the video deposition)

Q. We're going to go through some basic formalities to get started here so if you could just spell out your whole name for the record, that would be great.

A. W-I-L-L-I-A-M, B-A-R-N-H-A-R-T, V, as in Victor, A-N, then a separate word V, as in Victor, A-L-I-N, the second, MD.

Q. Is it fair to call them your medical chart for your treatment?

A. Yeah, it's more than fair. It's what it is, okay.

Q. Okay, that's what I'm getting at. This may sound silly but when we're referencing Michael Jackson, we're talking about the pop star Michael Jackson who passed away in 2009?

A. Right.

Q. Okay.

A. I always maintain, I did not know the pop star. I knew the father and the friend, you know.

Q. And the father and the friend was Michael Joseph Jackson who was born in August 29th, 1958?

A. Yeah.

Q. Great. So before I go too far down that road, can we just talk about your medical background and your background, starting with your educational background since high school?

A. Okay. Graduated from Dunn school which is a private school here in Los Olivos.

Q. Is that D-U-N-N?

A. Uh-huh, private boys school. And then I went to college in southern Illinois, a small college called Greenville College. Just a small Christian college. And I -- I did actually five years 'cause I changed my major and ended up with a major in premed and minor in chemistry. And then I knew I wanted to go to medical school so I did a year at SIU at Edwardsville, graduate school. I found that very boring and a friend of mine had told me that you can go to school in Guadalajara, Mexico, and so I really wanted to do that because I wanted to become bilingual, so I applied to that medical school and I got accepted, so went down, that was 1978, and went down to Mexico and did their full six-year program, and applied for residency and took boards and all that stuff to get back in the United States. And then I applied for residency in Chicago. I did a year of pediatrics residency and was far too high end for this area and I knew this was where I wanted to come so, you know, they don't have any neonatal intensive care unit and peds ICU and these kinds of things that I was being trained with at, and so I switched residencies to family practice and I did three years of family practice, and then went into practice there outside of Chicago and I did a year of urgent care, and I did -- I did moonlighting at some emergency rooms around. And then decided to leave Chicago and went to Coeur d'Alene because I had family there and I worked urgent care in Coeur d'Alene for three years, and just was tired of those kind of winters, and I didn't have a California license but I got hired on to work in the emergency room at Vandenberg Air Force base, which I did for five years, and they were starting to -- they were getting to the point where they were going to close down the emergency room and so I applied for my California license, had to go to San Francisco, take oral boards, and got my license and went into practice here in Solvang at the Country Medical Clinic, it was called at that time, it's now Samsun Medical Clinic, S-A-M-S-U-N, and I did that for about eight years, and they were doing HMO, which was less and less profitable on a yearly basis for us as doctors, so I decided to switch to a place in Buellton and work with Dr. Hallauer there, and he has since retired but I have been there since.

Q. What was the name of that, was that the Buellton Medical Center?

A. Yeah, it was Buellton Medical Clinic. It's now the Buellton Medical Center.

Q. Do you have any idea when the name changed?

A. About three years ago.

Q. Going back to your medical school in Guadalajara, what was the name of that school?

A. University -- you want the Spanish or the English translation? Universidad Autonoma, A-U-T-O-N-O-M-A, de Guadalajara, D-E, then Guadalajara.

Q. And as a foreign medical school, was it recognized by the American Medical Association?

A. Oh, yeah.

Q. And there were other American students?

A. Oh, yes, many. Sorry. And this county has tons of them that graduated from there or went there for two years and then transferred out.

Q. And if you could just remind me the areas that you've practiced in over the years, for example, family practice. I just want to make sure I have the entire list.

A. It's just been family practice and emergency room medicine.

Q. And the first visit, the first time you met Michael Jackson in August or October, do you recall the year?

A. 2001.

Q. 2001?

A. Yeah.

Q. And how did that meeting or visit come about?

A. Well, he came to the office and he wanted a doctor that would make house calls, you know, and I was the house call doctor for the -- for the three of us, I was the one that made the house calls.

Q. In your practice?

A. Yeah, and so that's why they had him see me.

Q. And do you remember what Michael Jackson came to see you for at that first visit?

A. He had a toothache. He'd had some dental work done and something was wrong with his canines that was bothering him, and I actually consulted a dentist and asked him about that particular problem, and he said yeah, it's a difficult tooth, characteristically has more pain than -- than others, when whatever was done to him was done. Anyway, I can't remember what his name was. Elder, Dr. Duane Elder.

Q. Do you remember if you called Dr. Elder while Mr. Jackson was at your office?

A. I think I did.

Q. And do you remember, without looking at your records do you remember what treatment, if any, there was for Michael Jackson that first visit?

A. Not without looking at the records, I don't, I don't recall.

Q. I know it was over ten years ago now, so it's understandable.

A. Yeah.

Q. Do you remember anything else about that first visit?

A. Well, if -- we talked about that, we talked about a whole bunch of other stuff. I -- all through college and medical school I was an antique dealer at the same time, and my parents had an antique store here in Solvang so I, you know, all in southern Illinois, you know, there were farm auctions every weekend and sold off incredible antiques and I just would buy and buy and buy and when I had enough I'd ship it out and sell it and say look us up again, so I did this all through college, graduate school, and all through Mexico. And in Mexico everything was 200 years older than it was here so, you know, Michael asked what kind of things did you get in Mexico, and I said, well, the thing I liked to get most was the children's carousels, the small ones, you know, they were made for -- all the animals were half-sized --

Q. The wooden ones?

A. Yeah, the wooden ones, yeah, they had to be carved in wood, you know, they had to be the original carvings, you know, I'd buy the actual whole carousel, and Michael wanted it -- he said: Do you have one? I want that, you know, I want -- that's exactly what I'd want for my fairground, you know, children's carousel. And I said, I told him: No, sorry, last one disappeared sometime ago, we sold it, you know. You know, there -- anyway, we had a common ground as far as the antiques were concerned and he told me about stuff he bought, where, you know -- we just, you know, hit it off, you know --

Q. So you and Michael hit it off over antiques at that first visit.

A. Yeah, over antiques, yeah, he told me he had a carousel. I said, "Does it have, like, it's a full-on wooden carousel, does it have the calliope in it and everything?" And he said, "Yeah, it's a big one. You know, it's sixty-something horses," but --

Q. Where did he have that, up at the ranch?

A. Up in Neverland. He goes, "I want you to see it," you know, and he said, you know, "You want to come to the ranch?" I said, "I'd love to. When are you talking about?" He said, "Tonight if you want," you know. I said, "Sure." And I asked him if I could bring my son because my daughter had something going on, and he said, "Yeah, bring anybody you want," so, and it was just my son Mason and I, and Michael, Prince, and Paris.

Q. That was -- and it was the same evening as your first treatment of Michael.

A. Yes, right, right.

Q. Before we talk about that first night that you and Mason went to Neverland, do you remember anything else besides what you already told me about that first medical treatment for --

A. You know, I have to look at the chart. I can't remember what I gave him, you know, if I -- or if I even gave him anything at that time. I -- I think I -- after talking to Duane elder, he said that that's, you know -- that's a painful tooth, you know, so I may have given him a shot or I may have given him some pain reliever or oral pain reliever. That's in the chart, you know, that's easily verified.

Q. Were you surprised when Michael Jackson showed up in your treatment room that first time?

A. Well, I was surprised when my nurse told me, handed me the chart and she goes, "Michael Jackson's in that room," and I know her, she was, you know, wasn't like she was playing around, she was just telling me, "Your next patient is Michael Jackson," you know.

Q. You didn't think she was pulling a fast one on you?

A. No, I thought, well, "That's cool, you know, it's going to be fun to meet him," you know.

Q. Did you always --

A. So I went in --

Q. Sorry.

A. I went into the room and he stood up and bowed to me like this and, you know, it was his hello, I think, but anyway, his first statement was, you know, "Don't I know you? I think we've met before."

Q. Had you met him before?

A. No. I'd seen him around, you know, I'd seen him in the video stores. Never tried to talk to him or anything.

Q. All right, so let's talk about the first -- the night of your first treatment of Michael, when you said that was in October or August 2001, right?

A. Yeah, and it's in the chart.

Q. Okay.

A. Don't you have the chart here somewhere?

Q. Yeah, we'll get to that.

A. Okay.

Q. We'll get to that at the end.

A. It would be easier if I look at it --

Q. Yeah, I know --

A. -- otherwise, it looks like I lied about it, you know. I don't have a clear recollection of these dates.

Q. No, we know it was over ten years ago so we're just trying to get a general sense right now.

A. Okay.

Q. We'll go back through the chart.

A. Okay.

Q. I'm just trying to get your general impression --

A. Okay.

Q. -- of what you remember.

Q. Could you actually walk me through the house, just as you walk in the door and the rooms that you saw?

A. Sure. You go through the front door, just to your left, immediately to your left there's a closet door and I think that's where the stereo system was but just past that door is the entryway into the dining room.

Q. On the left?

A. To the left. Down to the right, down the hallway was Michael's room.

Q. Michael's bedroom?

A. Bedroom, yeah. And straight in front of you was, and I don't know what they call them, a very tall kind of column, at the top of it were these busts of black men that was like ebony wood and the rest was all gold leafed and very Baroque, you know, his taste in antiques was very opulent and he was -- Baroque and Rococo were his styles. I like those styles but they were always, you know, so high end, it's nothing I could afford, you know. But I was very much into the different woods, you know, rosewoods, walnut, cherry wood things, those. He had a cherry wood highboy up in Paris's room and a nice antique kind of small four-poster bed for her. But anyway, between those two statues was a very large picture of Michael sitting somewhere in a forest and there was a trail of children coming to see him and -- but trailed off in the distance and it was very well done, very well painted, you know, this is a painter who really knew what he was doing.

Q. So he was involved in all the decorating and all the --

A. Oh, yeah, he did -- he picked all the antiques. That was his stuff. Nobody put -- nobody designed stuff for him. He had great taste. In fact, Ron Palladino, who had the antique store in Solvang, he'd open it up for -- for us at night to go in and -- and, you know, go around, you know, and, you know, just buy, you know, like took a little paper bag full of, you know, \$30,000, you know, and he'd like something and, you know, he'd say, "Barney, what do you think of that?" That's what I go by, "Barney."

Q. Do you have any other nicknames besides Barney?

A. Not -- that would affect this area. My sister has a name for me, but not --

Q. No, I don't want --

A. Right. No, but Michael called me Dr. Barney or Barney. When he was referring to somebody else it was Dr. Barney. When he was talking to me it was Barney.

Q. Do you remember meeting any other staff members of Michael Jackson's at Neverland?

A. Well, there was Manuel who was a very good friend of mine, still is. Manuel was, you know -- I think he was a very good friend of Michael's as well, okay?

Q. Do you know how long he worked for Michael?

A. Probably, I think 20 years, maybe longer. He was the one that Michael sent off to school to learn how to drive the train, okay?

Q. The life-sized steam engine --

A. Yeah, the steam engine train, yeah, so -- Manuel Rivera.

Q. In his room. How was his room laid out?

A. When you go through the door there were a couple steps down to another level and over against the wall which was under the stairs was a big screen TV, really big. And there was a rollout couch over to the left and then a fireplace back over here and so that rollout couch was always rolled out --

Q. Why was that?

A. Because we always kicked back on that, watched movies, you know. And sometimes we wouldn't even watch the movie, we'd just talk, you know, just talk all weekend, you know, and then a few times I was there just all night, you know, with Michael. He never slept, you know, he just -- one night we went through the memorabilia house, which is where he kept all his gold records and everything in an article, on a paper or anything like that was in the memorabilia house which was on another part of the property. So we drove up and went through that house one night for a few hours, you know, just saying: Look at this, you know, check this out, Barney, it's just so fun. I remember him telling me, showing some articles way back, he said, "You know, this was on a stage" -- I guess where Motown actually started, you know, there was some kind of a theater or something -- "so we'd play here and people would throw money on the stage, you know, and so it was -- so I'd do the splits, you know, and grab the money," you know, and he said, "So my father let us keep all the money we got off the stage, that was our money, you know, so we'd take it and buy candy." And I said, "You did exactly what I did, every cent I had went to candy," you know, and he said, "Yes, this was fun, sometimes we'd end with \$30, \$40 in our pocket, you know, so as we'd dance, you know, we'd move around to picking it up, you know, make it look like part of the act," you know.

Q. Did you testify earlier today that Michael Jackson was an insomniac?

THE WITNESS: Yes, I would say he was, he would qualify as an insomniac, you know, meaning he had insomnia.

Q. Did you observe Michael having difficulty sleeping?

A. Uh-huh.

Q. During 2001 and 2005?

A. Yeah, I did.

Q. Did he tell you he had trouble sleeping?

A. Yeah, he'd sometimes, he'd say, "Barney, do me a favor, see if I can sleep, I'll -- I'm going to get under the covers on that rollout couch," and he said, "just read me out of a book" -- you know, he'd find -- I'd find a book that looked interesting and I'd just start reading, you know, and, you know, he'd -- or I'd tell him stories and that didn't work because oftentimes he got excited about the story and say, you know, "That really happened?" you know, or something, so -- anyway, I'd read him -- and when it seemed like he was asleep I'd slip out, you know, kind of hard because the door made a little noise, you know, but anyway, if I thought he was asleep I'd leave, and once in awhile he'd say, you know, "Good night, Barney," and when I got to the door, he wasn't asleep at all, you know. But, you know, yeah, he was -- he just had a hard time sleeping, you know, and it didn't matter, you know, I could give him Xanax, you know, and didn't -- didn't touch him, you know.

Q. What's the most Xanax you ever saw him, Michael Jackson take?

A. Well, I gave him -- one time I gave him six of the one milligram tablets and I said: Now, you can take one every night, one or two every night.

Q. What's the normal dosage for an adult?

A. Well, it comes as two milligrams, you can take one every eight hours, okay. And -- and he just dumped all six of them out and took them right then. And I said, "Michael, you can't do that," you know, and all he says, he goes, "No, this won't" -- he goes, "I'm just showing you, this won't touch me," you know, so we hung out, I stayed with him, I think at least -- you know, he was going to disappear on me, you know, and I said, "There's a reason there's only six, you know," so -- you know, he says it just doesn't work, and you know, the whole evening, that evening together, and nothing, you know, it was like there was no change in him whatsoever.

Q. Did Michael Jackson ever discuss Diprivan with you?

A. Yes, he did, and he had a box --

Q. When was that?

A. He had a box of it in his -- in his room, and he wanted -- he said, "Now, this is the stuff, Diprivan," he said, "I used to use this between shows on my world tours," and he said, "I had a doctor there that would put in the I.V. and put me to sleep, and he'd stay there for eight hours and wake me up 'cause I would go -- if I had three days between shows, I would have three days I didn't sleep and, you know, that I couldn't put on the show I wanted to have, you know, I mean, I want my shows to be, you know, as high end as possible." And so anyway, for however many years he toured he got I.V. Diprivan from a doctor who was on tour, but obviously this doctor monitored him, you know.

Q. You say --

A. And that -- and so by monitoring him, you know, he must have had a heart monitor on him, watching his drip and making sure his respirations didn't slow, you know, watching for arrhythmias, sounds like a doctor who did his job, not like this other guy, who just started the drip and left the room and basically put him to sleep like a dog, you know.

Q. When was the first time Michael Jackson told you about Diprivan? When was that conversation?

A. I don't know. Maybe 2003, 2002 or three, some --

Q. Do you remember where you were when you had this conversation?

A. Yeah, I was in his room.

Q. In Michael Jackson's bedroom at Neverland?

A. Yeah.

Q. Yeah.

A. And he said, "Would you put me to sleep, I haven't been able to sleep for four days," you know, and I said, "With what?" And he goes, "Well, I have this stuff," and I said, "I don't -- Mike, I don't do I.V. sedation, you know, that's for -- you need an anesthesiologist to do that," you know. And he said, "Oh, it's safe, man, I use -- I used it for all those years between shows and I got put to sleep." I said, "I can't imagine that was good sleep," you know. You know, he said, "No, it works really well," you know, so I told him, "Well, I'll talk to an anesthesiologist and see if he'll do it," you know.

Q. Why did you talk to the anesthesiologist about it?

A. Because I thought, what a strange thing, the way -- I wanted to know what he knew about it, you know, and if that's something he ever does, you know. I certainly wouldn't do it, you know.

Q. Were you --

A. And so I called the anesthesiologist and he said, he said, "Diprivan?" He goes, "Oh, my God, no," you know. He goes, "That's -- that should only be used in an operating room," where you have him on a heart monitor and you've got, you know, you're ready to intubate him if the respirations slow down enough and you can turn off the drip and, you know, we actually breathe for him with a bag, you know, just make sure -- 'cause we watch their oxygenation, and -- I mean, everything needs to be monitored when you're on this stuff, you know. So, you know, I told Mike, I said, "No, Mike, that's dangerous, you know, you need -- you need to have a specialist do that."

Q. When you told Michael Jackson it was dangerous to use Diprivan in a home setting, did you -- was that after you spoke with the anesthesiologist?

A. Yes, 'cause I went and got more information. I said -- I told him I don't know about this stuff, you know, so I don't really know --

Q. Had you at that time --

A. I'd never even heard of it.

Q. At the time Michael Jackson asked you to use Diprivan, you'd never heard of it?

A. Never heard of the stuff.

Q. And that's why you went and called another doctor?

A. Yeah, I called another -- I said, "What is this?" Maybe -- you know, I don't assume I know everything in medicine, you know. I still keep learning stuff, you know, so I said -- you know, I asked the anesthesiologist in Santa Barbara what, you know, "What do you know about this? You know, "is this something you do?" And he said, "Absolutely not, you know, it's only for surgery. "

Q. And you then informed Michael Jackson of the dangers --

A. Yeah, I told him that. I said: This is -- this stuff is dangerous. It -- you know, the only place it should ever be used it in an operating room with an anesthesiologist that specializes in it.

Q. And did Michael Jackson have a box of Diprivan in his bedroom?

A. Yes.

Q. And what did that look like?

A. It was about this big (indicating), okay, and it had the bottles of Diprivan in it and --

Q. Could you see the insides of the bottles?

A. Yeah, it had been opened, you know, I remember it being a white -- I don't know if it was white powder or white solution at this point, I don't remember what it was, I don't know if you had to mix it or something, but whatever it was, it was white inside, and -- you know, I'd never before seen it, never heard of it, I had no idea what it was, and but I think it was -- came from Florida. I asked him, you know, where did it come from. He said he got it from somebody in Florida.

Q. Do you know if -- did he tell you it was a doctor he got it from?

A. You know, I don't know if he told me or I just assumed it. I can't tell you that but --

Q. But you remember him saying it came from Florida?

A. Yeah. It was from -- I think it was a doctor in Florida.

Q. Did Michael ever discuss the names of other doctors that he was -- that were treating him?

A. No.

Q. So he didn't tell you the name of the doctor in Florida.

A. No.

Q. Did you ask him for names of other doctors that were treating him?

A. No. There was a point at which, you know, I went out to Michael, he was complaining of back pain and, you know, and -- maybe, you know, once every couple weeks, you know, I'd -- I'd give him a shot of Demerol for his back pain, because it just got intolerable. Two times I actually took him to a guy named Dr. Lagattuta to do facet injections into his back, and he got six facet injections each time. Very painful, very painful.

A. But anyway, those are places where there are unions of support from where one vertebra down to the next one in your lumbar spine and throughout all the whole spine, but anyway, he put -- Michael laid on his stomach and I sat on the floor under right below him and, you know, I would hold his hand while the guy put these needles in his back, you know, and Michael was like, "Oh, that hurts so bad, you know, give me a -- you know, give me something so make it so it doesn't hurt," you know, and they had given him -- they had given him intravenous Demerol, okay, that's what they gave him for.

Q. This was at Dr. Lagattuta's office?

A. Well, it wasn't at his office, no. This was -- Lagattuta used Santa Ynez Valley Cottage Hospital for one set and the other set was done at a facility up in Santa Maria.

Q. Do you know how Michael Jackson got to those treatments?

A. Yeah, I took him.

Q. You drove him?

A. Yeah, with -- you know, but I went with him for the first one with Manuel, and the second one I drove him to, in that Lincoln Navigator that had the blackest

Q. So at night you drove Michael to Santa Maria?

A. Uh-huh.

Q. But Dr. --

A. To get the facet injections, and Dr. Lagattuta stayed late and did that, so we tried, you know, to fix his back pain, you know, and tried to get to the bottom it, and, you know, he had the studies on him and he, you know -- but you know, said there's some degenerative stuff there and he has a reason for his back pain, so -- anyway, I

even had -- took an orthopedist out to the ranch to look at his back at some point to see what he thought, you know.

Q. Do you remember the orthopedist's name?

A. Yeah, that was Bill Gallivan. I also took him to see a doctor in Santa Barbara named Victor Rosenfeld who's a neurologist.

Q. You know, I didn't ask you what Michael's reaction was when you said, when you told him about the risks of Diprivan.

A. Oh, he said, "Okay," you know. It was just like, you know, for a guy who's used to getting his way he was pretty complacent about being told no, you know.

Q. Do you know if anyone else gave him Diprivan?

A. No.

Q. You don't know?

A. Oh, well, the guy I told you about, whoever that was, you know, on the world tour that Michael took on his world tour with him, and he gave him the -- he put him to sleep, you know, between shows.

Q. Did Michael Jackson ever ask you again to administer Diprivan?

A. Never asked again, no. However, one night when I went out, I was going to tell you, when I went out to give him a shot, I gave him a shot, and afterwards I noticed that he had a -- his T-shirt on, there was a little blood spot on it, and I lifted it up and there's a little Band-Aid over it and I said, "Michael," I said, "you -- you have another doctor that gave you a shot." I said, "You realize what risk you put yourself and me at by doing that? Who -- who came and gave you a shot?" "Oh, no, I didn't -- it was not a shot," but it was, he was lying, okay. And I --

Q. Michael told you it wasn't a shot.

A. Wasn't a shot.

Q. But you could see the blood on his --

A. I told him, "Michael," I see the little -- it's the little round kind, you know, and it bled onto his T-shirt from the shot he had gotten in his shoulder.

Q. The round --

A. Now, this would have been the same day, and so I told him, I said, "You know what, I can't do this, okay, 'cause if you're doubling up, you know, I -- you -- I give you a shot and then you've already had one," I said, "I could kill you," okay.

Q. What kind of shots are you talking about?

A. This is Demerol, okay.

Q. I was -- I'll clarify. I was asking about what kind of shots were you going to give Michael Jackson?

A. Yeah, I did give him, I gave him a shot of Demerol, but I gave it to him in the butt.

Q. This was after you saw --

A. No, not after. I wouldn't have done that. You know, I didn't see that until after I'd given the shot, you know, we're sitting there talking, you know, and, you know, in the -- we were in the library, and he was -- we were talking and I noticed that on the sleeve, you know.

Q. So --

A. And I went over and I lifted his sleeve and I said there -- I said, "Michael, you know, that's not right, okay, you can't -- you can't do this. I could kill you, okay? And then what would happen, you know? I mean, my God, this -- you don't do this, okay, that's a problem. "

Q. How did he respond when you told him that?

A. Well, he said that that wasn't a shot, you know, and, you know, what I told him was: You know, this -- this that I do, you know, is going to be very difficult for you to get, you know, not -- now that I've seen that, I don't know if I'm going to be able to, you know, give you a shot and not know that somebody didn't give you one earlier because, you know, what you're getting is, appears to be a tolerance, you know.

Q. A tolerance to Demerol?

A. Tolerance to Demerol, yeah, which usually translates to a tolerance to just about anything, okay. So anyway, I really didn't -- you know, from then, I was just mostly -- I mean, we were just -- I mean, I'd take care of, you know, if he had a bronchitis or something and, you know, but as far as pain medication was concerned, I was -- I just kind of backed off of it, you know, I told him --

Q. Approximately when did this incident with the shot and the blood on the shirt happen?

A. You know, I -- I don't -- I don't really remember when that was. Maybe two years into it.

Q. So two years after 2001?

A. Yeah, maybe 2003, something like that. Then I stopped making entries into the -- into his chart because I wasn't -- whenever those stopped, it was about that time, you know, it was like -- and I told him, you know, there were problems with this Demerol, it -- it -- you build up a tolerance and it tends to be addictive, you know.

Q. When you made --

A. He said, "I understand that," you know, and he did not -- you know, I mean, I've taken care of plenty of people that are addicted to medication, they've got to have it every day, okay? They don't go periods without it, you know. And so perhaps all along, you know, if it was -- if your four days would go by and, you know, and you'd come to my house or, you know, call me up and say: Hey, bring the kids, let's have dinner, you know -- you know, it was, that's a long time to go for somebody who's gotten addiction to a drug, you know. And I had

Manuel, I told Manuel, I said, "Manuel, this is what's going on, man." I said, "Did any doctor come here?" And he said -- he said, you know, "I wasn't here, so I don't know," but he said -- I said, "Look, here's what Michael ended up getting, was a double dose, you know," and I said, and I said, "That explains a few other times, like when I've given him a shot before he got totally just looped."

Q. When did that happen?

A. That was -- that was previous to it. Maybe the year before.

Q. So 2002?

A. And I did not know -- you know, I couldn't understand, I gave him the same dose and it was fine, then I'd give him the same dose some other time and he would just be singing and conducting an orchestra, you know, and at my house and we were all going, Gracie and I and Manuel were going, you know, "what the hell," you know.

Q. So that wasn't a normal reaction --

A. No.

Q. -- for someone who had been receiving Demerol?

A. No, for someone it would be --

Q. Sorry, we're talking over each other a lot, so I'll ask. So the singing and dancing reaction you saw with Michael Jackson wouldn't be a typical reaction from someone who had received one shot of Demerol.

A. Someone with his, you know, probably his level of tolerance, you know. And so it was -- it was a bit scary, you know, I didn't know -- I sat there with him till it went away, you know, and, you know, I was at a loss to understand how the same dose did that, whereas before it didn't. Well, I'm certain he got a shot from somebody and then came over, you know.

Q. Do you have any idea who would have given him the other shot?

A. No. And I did talk to another doctor that did, Dr. Hallauer did, took care of him at some point. And he's got actually dementia now so won't get any information from him but, you know, he would -- took care of Michael for awhile.

Q. Do you know approximately when he was seeing --

A. It was probably before I ever saw him.

Q. Before 2001?

A. Yeah.

Q. What did Dr. Hallauer tell you about his treatment of Michael?

A. It -- you know, he treated him -- when Michael would come in, he would give him a shot of Demerol, that was kind of like the standard of care, you got a migraine, a bad back pain, you know, you got a shot. They've since changed that. Now they use Dilaudid.

Q. But at the time that you were treating Michael, Demerol was the standard?

A. Yes, it was the standard, you know, treatment. You'd go to the ER, that's what you'd get, you know. When Michael went to ER, the doctor would give him a shot of Demerol.

Q. Was there a standard adult dose of Demerol?

A. Yeah, it was like 100 to 150 milligrams. You could go to 200. It was really severe. But no more than that.

Q. So 200-milligram dose of Demerol would be high for an average adult; is that correct?

A. Yeah, that would be -- that would be as high as you would go. Single dose, you know.

Q. So you don't have -- you don't have 300-milligram doses of Demerol?

A. No, that -- no, there's not -- no, you could only -- well, you could, you could drop 400 if you wanted but, you know, it's just a matter of --

Q. It wasn't your typical practice.

A. No, no, I never did that, I never gave that much. If I had a patient sometimes in the ER I'd give him a shot of the Demerol for a really nasty migraine and wait an hour, and if it didn't get better I'd give him, you know, another 200, you know, and then I would soften it out, you know.

Q. You told me that Grace and Manuel saw Michael Jackson after you -- acting --

A. Acting like that, yeah.

Q. Singing and --

A. Yeah.

Q. -- conducting --

A. Just being looped, you know, yeah.

Q. Where were you when they saw him --

A. That was at my house. They came -- they came over with him.

Q. How often would Michael Jackson come to your house between 2001 and 2005?

A. Gee, you know, every week or two.

Q. On a regular basis?

A. Yeah, well, is every week or two irregular? I'm not sure, but he did -- you know, he would just show up, you know.

Q. What do you mean by that?

A. Well, I'd be at -- like I'd get up in the morning and, you know, get dressed to go to work and I'd open the door and he would be standing there.

Q. No call?

A. No call, no. No call. And -- because it was too early, you know, so -- and I would -- I mean, he was very polite, you know, and he had, you know, exquisite manners, you know, and I'd say, go, "Michael, you know, what are you doing?" He goes, "Can I come in?" And I said, "Sure. Why didn't you just walk in, man, this is your place," you know, and I said, you know, "You even have your own chair that you love," you know. So I said, "Come on in," you know. And he goes -- I said, "How long are you waiting?" And he said, "Oh, I just got here," you know. And I said, "Oh, good," you know, so I'd put him in his chair and wake up my wife and I'd tell her Michael's out there, and she'd go out there and take care of him and I'd leave, I'd say, "Michael, I've got to go to work," and I'd take off, and Manuel would be out in the van --

Q. So Manuel would drive him?

A. Yeah. So I'd go out there and say to Manuel, I said, "What -- you know, how long have you been here?" And he'd -- I remember him looking at the watch one time and go, "Thirty-five minutes." I said, "You mean, Michael's been standing at my door 35 minutes and he wouldn't knock?" And he said, "Yeah," you know, and I -- and I asked Michael about it later and he said, "I just don't like to presume, I think that's bad manners." So he waited until somebody was awake and came out and then let him in, okay? And then when he would do that, if he'd come early enough, all my kids could stay home from school, you know, and spend the day with him, but Bianca seemed to be the only one that would always do that. So I'd come home from work and there's Michael there at the house and they're watching cartoons or, you know, eating pizza, he would send Manuel out to go get stuff, you know, and just bring it to the house and, you know, the place was a disaster at the end of the day, you know, everything was thrown everywhere and, you know, Monopoly half played and, you know, all this stuff, you know. It was -- yeah, he was able to make -- make himself at home at our house, you know. It just made me laugh, you know. You know, it's -- he's like one of the kids, you know, they'd do the same thing.

Q. How so?

A. Because they leave everything everywhere, you know, they don't clean up, you know, they eat a pizza and they toss the box on the floor, you know, and that's where the boxes were and, you know, it was just like that, and he and Bianca were sitting on the floor playing Monopoly.

Q. So they'd play board games together?

A. Yeah.

Q. Michael Jackson and your kids?

A. Yeah.

Q. And would Pauline play with Michael Jackson?

A. Yeah, she would but she was, you know, it was -- it was so common that he was there, it was like, you know, "Hey, Michael," and they were going off to play with their friends.

Q. Not even a big deal?

A. No. So they -- you know, I mean, they loved Michael but it wasn't -- it was like he was my friend, you know, and they -- they don't hang around with -- you know, any of my friends come to visit, they're not interested, you know, but it got -- you know, at first it was novel and after awhile, you know, it kind of -- the novelty wore off and they were happy to see him and they'd go out. On their birthdays Michael would send them a limo to pick up for birthdays out at the ranch, which they always did, but other than that, they always just said hi and went about what they were doing, you know.

Q. Did Michael ever sleep at your house?

A. Not -- he didn't spend the night but sometimes I'd -- you know, if he seemed a little tired I'd say, "Let's have you lay down," so I'd put him in Pauline's bed because it's the most comfortably quiet room, you know, and I'd stick him in there and just close the door and go about our day, you know, and just -- you know, eventually he would come out and have -- you know, he would have slept as often as he wouldn't have, you know.

Q. So he would sleep during the daytime at your house.

A. Sometimes, yeah, exactly. If he was a little tired that was the perfect place for him. He liked that room a lot because it was really -- it was cool and it was on the back side, you know, it was very comfortable and he -- you know, bed was a lovely comfortable bed, more comfortable than his, you know, so.

Q. Did he ever ask for pain medication at your house?

A. Yeah, and I'd take him to the back room and check him out and, you know, and say, "I think you could use it," you know, so.

Q. Would that be a Demerol shot or some other treatment?

A. Demerol shot, because I tried -- I said, "Well, let's try some Norco," you know, and he goes, you know, he says, "I've tried it but it makes me throw up." I said, "Well, let's see, let's have you eat some food." So we had him eat something, gave him the Demerol -- I mean the Norco, and, you know, he -- wasn't too long afterwards, half an hour, he was sick to his stomach, had to go throw up, you know, so, you know, I couldn't give him that. And codeine did the same thing. There were a few other choices but, you know, he didn't -- I didn't have any problem giving him the Demerol, it's just because that was not very frequent, you know, and just flare-ups. Apparently he had the back pain, I said -- when I asked him how did that start, you know, he said that he was on tour and he was up on a raised platform and he was walking down this platform and it -- and it fell, platform went out -- just boom, and he rolled right down into the orchestra pit, and he said, you know, "I hurt my back,"

you know, and he said, he said, "I almost fainted from the pain, it was horrible." He said, "I got up and finished the show but, you know, that was, that was really bad," you know, and he said that's -- you know, "I got worked up and everything, there was no fracture or anything, but it was, you know, it's been painful ever since, you know.

After you treated him with Demerol at your house, did he ever take a nap or go it sleep after that at your house?

A. No. Unless he, like, you know, fell asleep on the couch or something, you know. I mean just -- and then I'd just made everybody be quiet and just let him sleep.

Q. And is Diprivan the same as Propofol?

A. Uh-huh.

Q. It's just another way of referring?

A. Yeah, acetaminophen Tylenol, okay?

Q. Okay.

A. For whatever reason everything has two names. I don't like that. Because it's twice the work, right?

Q. Now, before -- sorry -- so Diprivan and Propofol are the same drug.

A. Uh-huh. To my knowledge, yes.

MR. HUNT: I'm going to hand the document and ask that the court reporter mark it as Exhibit 2, please, and then she'll hand it to you.

Q. Do you have Exhibit Number 2 in front of you, Dr. Van Valin?

A. Yes, I do.

Q. Do you recognize Exhibit 2?

A. Yes, I do.

Q. What do you recognize Exhibit 2 to be?

A. His chart, Michael Jackson's chart.

Could you describe the contents of the different documents in this chart generally for me, please.

A. These are medical visits where I was taking care of Michael for different medical issues that he had.

Q. Did you ever use any different names for Michael Jackson to help maintain his privacy?

A. Yes, I did.

Q. And what names were those?

A. Phil Sanders, that's what his chart was registered under, and at times if I was putting medicine up at a local pharmacy I would use Manuel Rivera or Phil Sanders. Again, to maintain his anonymity or his privacy.

Q. Sure. Did Michael Jackson ever specifically ask you for a particular type of medication?

A. No, no. I gave him what I felt would -- worked, and he also told me this is -- this is what works, but he left it up to me to decide what -- what to give him.

Q. Aside from Propofol, did Michael Jackson ask you to administer any other drugs specifically?

A. No.

Q. What about Demerol?

A. He didn't ask for Demerol specifically, no.

Q. What did he ask for that --

A. He said, "I need something for pain." He would call and say, "I'm really hurting."

Q. In Exhibit 2, are there records from other medical providers?

A. Yes, there's one with -- Dr. Shannon gave him a shot of Demerol with Phenergan, and having a follow-up with me.

Q. Was Dr. Shannon a physician in your practice?

A. Um-hmm. Yes.

Q. He was? What about records from the Santa Ynez Valley Cottage Hospital?

A. Yeah, there's some included here from hospitalizations.

Q. And could you tell me why those records would be in Michael Jackson's chart in your office?

A. All the hospital records of any patient are sent to the office of his primary care physician, or her, and become part of the chart.

MR. HUNT: I'm going to hand the court reporter a document to mark as Exhibit 3. It's Bates numbered Van Valin 0002 through Van Valin 00008.

Q. Can you please take a minute for look through Exhibit 3, Dr. Van Valin.

A. This is just a subset of Exhibit 2, correct?

Q. That's correct.

A. Okay.

Q. As you already said about Exhibit 2, these documents were maintained in the ordinary course of business for your treatment of Michael Jackson?

A. Right.

Q. Whose handwriting -- do you recognize the handwriting?

A. Yes, it's mine, except for this is Dr. Shannon's.

Q. When you point, can you tell me what page you're on?

A. Page 1 --

Q. Is it the page labeled Van Valin 0002 at the bottom?

A. Yes.

Q. And which part of that page is in Dr. Shannon's handwriting?

A. The top.

Q. Is it the entry dated 10/9/01?

A. Uh-huh.

Q. And is that Dr. Shannon's signature that appears at the bottom of --

A. Yes.

Q. What about the second entry lower on the page on Van Valin 02?

A. Yes, that's my writing.

Q. For the progress note also dated 10/9/01.

A. Yes, doesn't have a time but that was in the afternoon of the same morning he saw Dr. Shannon.

Q. So on October 9th, 2001, Michael Jackson saw both you and Dr. Shannon.

A. Right.

Q. And these notations were made at or near the time of that visit?

A. Yes.

Q. Can you please read the first entry made by Dr. Shannon?

A. "Complaints of left lower jaw pain, post extraction and an application of post in jaw for upcoming tooth, unable to tolerate Vicodin which causes nausea and vomiting. "Objective: Acute jaw pain secondary to extraction. "Plan," which is represented by P, "Demerol, 200 milligrams, plus 50 milligrams of Phenergan, intramuscular directly, right buttock. Patient brought in his own medications. Dr. Van Valin prescribed a triplicate beforehand. " And I don't have any idea what that was, but this, it would appear I saw him first and he saw him second, because he's saying I gave him a triplicate beforehand.

Q. Could you just describe the circumstances when you need a triplicate?

A. Specific drugs require a triplicate prescription written out, handwritten, like Adderall or Ritalin, Percocet, okay? And so Percocet is when -- very similar to Vicodin, but if you have a problem with Vicodin you can probably take Percocet, so it's probably for Percocet.

Q. Is there a particular class of drugs that you would have to write a prescription in triplicate?

A. Well, it's -- it's the -- it's a schedule -- I was thinking which schedule -- schedule -- I don't remember if it's Schedule 2 or Schedule 3 drugs, some of them require triplicates and some don't, so it depends on which one it is. Some I can call in. Others require a triplicate, so.

Q. And you don't recall -- do you recall why the patient brought in his own medication?

A. Probably to show us what he was taking. I don't know what that medication was.

Q. Is it normal for patients to bring in their medications to you?

A. Yeah, it's pretty common, just to show you: I'm taking this, can you refill it? Or if it isn't working what else is there.

Q. And part of the note you read, it says "Vicodin which causes nausea and vomiting."

A. Uh-huh.

Q. Do you know where that information came from?

A. From Michael, I would imagine. I mention it later in his chart: Allergies, phenothiazines and gastrointestinal upset with Vicodin, on 12/21/01.

Q. Was it typical for the treating physicians to write down what patients complained of on these notes?

A. Oh, absolutely.

Q. Was that the purpose of the notes, in part?

A. Yeah, it's to give -- it's splitting into subjective, objective, assessment and plan, SOAP, a SOAP note, that's the classic formula. So Subjective was patient complained of; Objective, what do you notice; Assessment, what's your diagnosis; and the Plan, what are you going to do with that.

Q. I see. Based on your experience as a physician, are you able to quantify the 200-milligram dosage of Demerol as average, high, or some other --

A. That's the upper end, yes. Depends on how much pain you're in, you kind of gauge it by that, and you gauge it by the fact that they've had before and tolerated it, because I wouldn't -- I mean, if I'm in ER I'm going to start with a hundred milligrams and go back and check on the patient and find out if, you know, that was enough; if that didn't touch them at all, then you give maybe fifty more or a hundred more.

Q. So 200 milligrams of Demerol would be a high amount to start with?

THE WITNESS: It would be in -- in any other circumstance. In -- but in somebody who had a tolerance to it, it was -- had been getting that, then you, you know, you could give them 200 if you know that that's, you know, what they've taken before.

Q. Had you treated Michael Jackson prior to October 9th, 2001?

A. No. That was the first visit.

Q. Were you aware on October 9, 2001 that Michael Jackson had been using Demerol?

THE WITNESS: Was I aware that he'd used it? He told me that he had used that before for pain.

Q. Did he tell you a specific dosage that he typically received?

A. Yes, he said he usually takes 200 milligrams, you know, with 50 Phenergan mixed in to cut the nausea, and so, you know, it was a typical dose for him and he was really not -- he didn't care if I wanted to give him a hundred and then wait and then give him another hundred later, you know, but I'd given plenty of people that dose before so, you know, I had experience with it, you know.

Q. And it was Michael Jackson that told you in October of 2001 what a typical dose of Demerol was?

THE WITNESS: He told me that that's what it usually takes to reach his level of pain, to give him rest from his pain.

Q. Was that fact taken into account when he was treated with the Demerol shot that day?

A. Yes, that's -- that's the implication is. I can't remember exactly what my thought process was at the time, but I'm -- I'm pretty sure it was typical of what mine is still to this day, even though I don't use Demerol anymore, it's -- you know, it sounds like what I would have been thinking at the time.

Q. And in general, if a patient tells you what medications they've been taking and a particular dosage, you would take that into account --

A. Oh, yeah, yes.

Q. Let's move to the second note on Van Valin 02.

A. Okay.

Q. The second note that begins with your handwriting.

A. My note, yes.

Q. Could you read through slowly for the court reporter your handwriting here, please.

A. "Complains of tooth pain after root canal yesterday to point he was up most of the night last night. He was taking Vicodin for the pain but he couldn't keep it down as it made him very nauseous." The Assessment was "dental pain," and Plan: Demerol with Phenergan, 200 -- Demerol 50 Phenergan intramuscularly," and that will be given by Dr. Shannon, so I was probably, I think I wasn't there that -- at that time, and I was -- Dr. Shannon had called me and said -- asking what I should give him, so it must have been that was the case because I -- Dr. Shannon wouldn't give it unless -- if I wasn't there, if I -- if I was there I would be giving it, okay? And let's see, I wrote a triplicate script for Demerol, 100 milligrams per milliliter, vials, and it came as hundred milligrams in a vial. "If needs another injection through the night, patient to call me and I will make a house call to evaluate. Note: Demerol prescription put in patient's driver's name so it could be picked up by him, as well as to preserve Mr. Jackson's anonymity," and I can't read what it's -- after that it gets cut off.

Q. Okay, do you recall which driver's name this prescription for Demerol was put in?

A. Manuel Rivera.

Q. Did you know Manuel Rivera before you met Michael Jackson?

A. Um-hmm.

Q. Do you recall looking, at this exhibit, when your first treatment of Michael Jackson was?

A. Looking at -- well, I remember -- I wrote it.

Q. Right, so was this your first time treating Michael Jackson?

A. You know, I'm not -- it implies that I'd seen him the day before, okay, and probably didn't write a note about it but this implies that I'd seen him the day before, so.

Q. Do you recall when the conversation you testified about earlier today, about antiques?

A. Yes, and that was the -- that was the first visit, okay?

Q. And that visit was separate and prior to the visit we're looking at now.

A. Yeah, it has to be, because on that day that was when I called and talked to Dr. Duane Elder about it 'cause it was during the day and I was in the office, so it probably was 10/8/01 was the first one but I don't have a note on it.

Q. So as best you can recall, the first visit happened approximately at the same time as the October 9th, 2001 visit.

A. Yeah, except --

Q. Approximately --

A. Approximately is what you mean.

Q. It could have been the day before.

A. Yes, yes, it could have been the day before. It probably was. I just didn't write the note.

Q. Let's turn to the next page, Van Valin 3. Is this all your handwriting on this page?

A. Uh-huh.

Q. Could you read the first --

A. "10/10/01. Patient called this evening to say his pain was back again and would like something for it. I made house call and gave him injection of Demerol 150 with 50 Phenergan in the left deltoid. Also gave him a few samples of Ultram to use during the night if the Demerol wore off. Addiction potential with Demerol discussed carefully with patient and he verbalized his understanding of this."

Q. Do you recall the conversation on October 10th, 2001 when you discussed the addiction potential of Demerol?

A. Yes, actually I remember that very well.

Q. Could you describe that conversation?

A. What you said --

Q. Well --

A. Well, I told Michael, I said, "You know, you have to be careful with Demerol because it can -- you can very easily get addicted to this stuff, and so I'm going to watch out for that as well as you, but there will be times when I think you've used too much and I think you need to, you know, taper off, you know, and not -- you know, if that comes I will tell you, you know, but I just want you to be warned that this stuff has that potential."

Q. How did you know that Demerol had that potential?

A. Well, I mean, that's what I was taught, you know, that was part of my training.

Q. So it was part of your medical experience.

A. Yes, part of -- part of my medical training was saying, you know, all these narcotics are potentially addictive.

Q. Do you recall what Michael Jackson's reaction was, if any, after you told him that?

A. He said, "Oh, I know, I know that," and he was very well aware of the fact, he said. He said, "I know that that's a danger with this."

Q. Did you go any further in discussing how he knew?

A. No, no. I wasn't -- wasn't even in my mind to

Q. At any point during your conversations with Michael Jackson, did he tell you he was -- he had been addicted to drugs?

A. Never.

Q. Can you please read that entry, Dr. Van Valin?

A. What's the date?

Q. October 11th, 2001.

A. "Patient came to office for same problem, taken to ER for injection of Demerol and Phenergan. Unable to get in and see his dentist, so I will discuss symptoms with a local dentist and make appointment for patient to be seen." So it was that date, the 11th that I talked to Duane Elder. It wasn't the first day. It was at the -- I guess when it wasn't getting better I said, "What do I do?" You know.

Q. Do you recall if Michael Jackson received any pain medication on October 11th, 2001?

A. He must have got an injection in the emergency room.

Q. Okay, we'll look at the emergency room records in a little bit.

A. Okay.

Q. Looks like there's a signature under the entry that you just read?

A. Uh-huh.

Q. Do you recognize that marking?

A. That's mine.

Q. That's your signature?

A. Yeah.

Q. Why does your signature appear there?

A. I wrote the note.

Q. So you would typically sign the note after you wrote it?

A. Yes.

Q. Were there times when you wouldn't sign a note that you wrote?

A. Well, I can't think of a reason. It's probably because I'd forget, I suppose, or interrupted and ended up getting picked up and put away or something, but in general I sign my notes, you know.

Q. That was part of your standard practice?

A. Yeah, standard practice. Now, these notes are together. I probably wrote them on the 11th and was putting in the 10th at the same time, because -- so I wrote what happened on the 10th and then I wrote what happened on the 11th and signed them both, because they're not really separated except by the date.

Q. Do you know where your very first treatment note of Michael Jackson is?

A. No. And I always thought it was this one but I never went back and read it, but actually I -- on the first visit I -- I don't think I treated him with anything, okay? I was just -- he was -- he wanted to meet the doctor, wanted somebody who would make house calls and I was a house call doctor so I would -- but I don't recall that on that first visit I gave him anything. It was just get to know you and to establish care basically which, you know, somebody like that every day, I'm just here to establish care, I don't need anything, I've got all my medicine but I will be needing it so I have to have someone on file who is my doctor of record.

Q. Did other patient ask to meet with you before they started treatment?

A. Have other patients done that?

Q. Yeah.

A. Yes, I just had somebody yesterday, told me: I

Q. Have you ever heard the name Dr. Arnold Klein?

A. No.

Q. Have you ever heard the name Dr. Alan Metzger?

A. No.

Q. Have you ever heard the name Dr. Alimorad Farshchian who practices --

A. Is he in Florida?

Q. He practices in Florida.

A. Yes, I heard that name, okay.

Q. Okay, can you please continue reading slowly?

A. Okay. "Patient a little teary eyed as he talked about his pain. Assessment: Post surgical pain. Plan: Demerol 200 milligrams with Phenergan, 50.

Q. Did you give him the Demerol treatment?

A. Yes.

Q. On that date?

A. Yes, but given in the right upper outer quadrant of -- upper outer quadrant of the right buttock.

Q. Was that a commonplace for you to administer Demerol shots?

A. Uh-huh.

Q. And then it says 2:00 p.m., correct?

A. Yes.

Q. Okay, could you please read the rest of that note?

A. "Good pain control obtained for approximately four hours, then wore off gradually. Patient reevaluated and injection repeated at 7:45 p.m."

Q. Do you know how much Demerol was given at the 7:45 p.m.?

A. The same amount. It's implied, it's not written but it implies same amount.

Q. Okay.

A. "Patient observed for 30 minutes thereafter and quite comfortable, and I left, no medication reaction. Note: Addiction potential addressed clearly and patient assured me he knew about this and would never abuse a drug, he just needed some relief."

Q. Do you recall having that conversation?

A. Uh-huh.

Q. What do you remember about that conversation with Michael Jackson?

A. I can see him actually right now, I can see him answering me, you know, it was like, "Don't worry, I, you know, I know about that." And nothing that he -- that happened really would have implied that he was having a

problem with this, because people that get a problem with this have to have it all day, every day, you know, they get up for four hours, then they've got to get another shot and then the next day it's all over again, you know, and so, you know, what was it, three weeks between shots, not three weeks since I saw him but three weeks between having given him another shot. Nearly four weeks.

Q. Now, on one occasion, after you injected Michael Jackson with Demerol, you noticed that he had received another shot, correct?

A. Yes, yes, that was at his house in the library, you know.

Q. Are there other times that you suspected Michael Jackson received shots in between your treatments of him?

A. Never, I never suspected.

Q. Do you know if he could have had other shots from other doctors?

A. Of course he could.

THE WITNESS: I mean, that, you know, he -- you know, that's -- I didn't know about this one, I could have not known about hundreds of them if that were the case but -- you know, I asked Manuel, you know, and Manuel was always there, I said, "Are -- do any other doctors ever come out here?" And he told me, "I have never seen anyone else come out, you're the only one." So, I mean, he was a good resource.

Q. Right, and you trusted Manuel.

A. Yeah, very much so, yeah. The guy would never tell a lie. He was as honest as the day is long.

Q. Dr. Van Valin, I notice that Demerol and Phenergan are often administered at the same time when you treated Michael Jackson.

A. Or Vistaril.

Q. So either Phenergan or Vistaril was often administered to Michael Jackson at the same time as Demerol?

A. Right.

Q. Why was that?

A. Because Demerol itself tends to cause nausea so it's always mixed with Phenergan or Vistaril, which are anti-nausea medications.

Q. The intravenous Demerol was for the facet injections?

A. Yes. The needles are about this long, okay, and they put six of them in your back and they put it down into between -- in the facets which is in these junctions between two bones and they inject them with xylocaine mixed with hydrocortisone, but they put all of those in and they do it under fluoroscopy.

A. So anyway, they -- like two to put one on each side and then one -- it's a total of six, six -- you know, three successive facets on both sides on his back and then when he's got them all done he checks that they're this position and he just goes and squeezes and shoots them all in.

Q. What was administered?

A. The xylocaine, which is a local anesthetic, with hydrocortisone, which is a steroid.

Q. And did Michael Jackson receive any general anesthesia for that procedure?

A. No, he just got intravenous Demerol.

Q. Did you ever see Michael Jackson treated with general anesthesia?

A. No, there was never any reason, no.

Q. In the hospital setting?

A. No, no, never had to have surgery that I'm aware of.

Q. Did you ever talk to any of Michael Jackson's bodyguards between 2001 --

A. I never saw one bodyguard the whole time I was.

Q. -- and 2005?

A. Never. Never saw one bodyguard. They never went with us anywhere, they were never around that I saw. They had people around the grounds that watched it at night and all, but nobody you could call a bodyguard did I ever see.

Q. Let's get back to the Exhibit 3, your progress notes, we left off on the page Van Valin 04.

A. Okay.

Q. The note dated December 18th, 2001.

A. Okay.

Q. 3:00 p.m. it says -- could you please read that note?

A. "Patient called me to say he had done quite well with his back pain, since last Sunday, and hadn't had anything for pain as it really hadn't been bad enough. It was, however, starting to crescendo again and I could -- and could I give him a shot again when I got off work. I got off at 5:00, 6:00 p.m., given Demerol and Vistaril, patient had no adverse reaction to the med. I stayed with him for about an hour afterwards, blood pressure, 132 over 84, half hour after injection."

Q. So at 6:00 p.m. on December 18th, 2001 you gave Michael Jackson a shot of Demerol at Neverland Ranch.

A. Right.

Q. And then you stayed at Neverland for an hour to observe him?

A. Uh-huh, just to make sure he was okay, you know.

Q. And is that your signature at the bottom of this note?

A. Yes.

Q. Do you recall anything else about that trip up to Neverland to treat Michael Jackson on December 18th, 2001?

A. No, I don't even remember that visit, you know.

Q. That's why you have the progress notes, right?

A. Yeah.

Q. Now, can you please read the next entry on Van Valin 4 dated --

A. Two days later.

Q. -- 12/24/2001?

A. Three days later, okay. "Complains of back pain getting beyond his ability to tolerate, non-radiating. Objective: He was awake, alert, responsive, no acute distress. Sits with his back straight and forward in his chair." And that's a position back pain people take, you know, they'll be just keep their back straight and lean forward.

Q. Is that why you noted --

A. Yeah, you notice their whole demeanor. I mean, that was a part of -- you know, I may walk in the room and tell, you know, by the way somebody's sitting probably where their problem is, you know, just by the way they sit or when they stand up, you know, how they stand up, they use the arms of the chair, they climb up one leg, do they lean to one side, you know, are they -- you know, basically I'm looking for fakers, you know.

Q. So that was part of your objective assessment of Michael Jackson --

A. Yeah, just the position he was sitting in, he was saying, you know, he was uncomfortable.

Q. And what does "non-radiating" mean?

A. It's what we call non-radicular, in other words, there's not a nerve that's being compressed by perhaps a disk that's coming out of the spine and radiating the pain from that pinching of that nerve down into your leg on that side.

Q. And according to this note he did not have that, right?

A. Right. It was in his back. And people will tell you, "I can feel in down in my foot, two of my toes are numb," you know.

Q. And that would be radiating?

A. Yes, that's radicular or radiating, yes.

Q. Okay, could you continue on with this note, please?

A. Objective: Awake, alert, responsive, sits with his back straight and forward in the chair. Back pain -- or the pain -- the back exam showed the pain of chief complaint to be reproduced with palpation of the paraspinal musculature bilaterally at L-5, as well as being -- as well as along both sacroiliac joints. Range of motion of the back was --"

Q. Sorry, what section are you on now?

A. ROM.

Q. Okay.

A. Range of motion. The pain increases with flexion, greater than extension, was no pain with side bending, but with rotation right greater than left.

Q. And then there's Assessment next?

A. Assessment is exacerbation of low back pain. And Plan, Demerol 200 Vistaril 50 intramuscular in the right posterior deltoid, observed for 30 minutes, good pain relief."

Q. Is there a reason why sometimes you would give Michael Jackson an injection of Demerol in the deltoid versus the buttocks?

A. I suppose it was -- I think I asked him where he would want it, you know.

Q. And he would tell you where he preferred?

A. Yeah, he would say, "Just put it here," you know. Wherever he was comfortable. It didn't matter as long as you got into muscle.

Q. So he directed --

A. Not too close to nerve, you know.

Q. He directed you where to put the shot.

THE WITNESS: Well, yeah, it's not directing.

BY MR. HUNT:

Q. How would you say it?

A. I would say, I would ask him where he preferred it and he would tell me.

Q. So he had preferences --

A. On one day as opposed to another, I suppose, you know, I mean, it wasn't always he would say, you know, here or here, it didn't really matter, you know, it just -- whatever he said it, 'cause I never cared -- just, you know.

Q. The effect --

A. I ask people -- still I ask anybody: Where do you want your shot? You know. What are my choices? You know, it's either here or there, I want it right or left, okay? Are you right-handed? I'll put it in your left arm because it will be sore for a few days, so it's just a matter of, you know -- or some people just want it here, say "Give it to me here (indicating)," and so -- "yeah, I don't like it in my arm, I'll take it in the butt but I won't take it in my arm."

Q. So you generally with any patient would listen to where they want it.

A. Yeah, we may ask them, if it's a flu shot we're just going to do it, okay? If it's a shot of steroid, you know, it can be a little uncomfortable, he'll say, you know, "It's going to be a little sore for a few days, which side would you rather be sore on?"

Q. Now, the left side of the progress note for December 21st, 2001, it says "allergies." Can you read the allergies listed?

A. "Phenothiazine, GI upset with Vicodin." Now, phenothiazines are Compazine, Phenergan. I think Restoril is maybe a phenothiazine but I'm not sure. There is one that starts with an "R" that's a phenothiazine, but Phenergan can give you a thing called extrapyramidal reaction.

Q. What's that?

A. Extrapramidal reaction is, you get, you know, you get your arms start to turn out and you get -- you get stiff and you can't get your -- you get in a position -- you get these muscle contractions.

Q. Well, you originally treated Michael Jackson with Demerol and Phenergan, correct?

A. Right.

Q. But as of this date, December 21st, 2001, that class of drug is listed as an allergy.

A. As an allergy. Now, and I can't tell you why at this point he had developed it. Maybe he told me about something that had happened from a previous injection that was Phenergan as opposed to Vistaril, and I didn't have always have Phenergan so I would use Vistaril, and I believe he seemed to get better relief with one than the other. I can't remember which was which, but he didn't have an extrapyramidal reaction, that obvious one that I recall. But it must have had something that was along those lines. Maybe I was thinking that his jerks and things had something to do with the Phenergan and I just decided I'm going to call that an allergy and use Vistaril, but I may have used Phenergan at some other point along the way so I don't know, but that one's Vistaril. Anyway, so -- and still the gastrointestinal upset with Vicodin or hydrocortisone.

Q. And that's an allergy you noted back in --

A. He even came with that, I'm saying, but I gave it to him once and he did throw up, so I watched it, 'cause people will guide you. They'll tell you, "I can't take aspirin or NSAIDS," which are non-steroidal anti-inflammatory, drugs like Aleve and Motrin and ibuprofen, and those are all NSAIDS, so they'll say, "I have allergies to those."

Q. What does NSAID stand for?

A. Non-steroidal anti-inflammatory drugs, which are Anaproxen, Naproxyn, ibuprofen; there are a lot, there are a ton of them.

Q. Like Advil?

A. Advil is ibuprofen, yeah, so they'll guide you by saying, "I can't take NSAIDS or aspirin and I can't take Vicodin" and, you know, "but I can take Ultram," okay? Or "I can take, you know, Darvocet," or I can take, which is now off the market; but in other words, they'll have allergy to all the things except the thing that they want you to give them, okay? Which is often a flag that this -- you know, points right to what their problem is, and so oftentimes I'll tell them: "I won't give you that but I'll give you this," which is what you forgot to put on there.

Q. Did Michael Jackson ever guide you like that?

A. No. He didn't care what he took. He said, you know, "Give me what you think," and I -- but I tried the hydrocodone inside of things, and some Ultram but it really wasn't much of an effect. But anyway, this was basically what worked and I didn't have to worry about it and it was not happening very often enough for me to be worried about this as into being addicted to it.

Q. When you said this is -- this was basically what worked, are you referring to what worked for Michael Jackson's lower back pain?

A. Uh-huh.

Q. Let's turn to Van Valin 05.

A. Okay.

Q. And the first treatment note is dated 1/21/02.

A. Right.

Q. Could you please read that note?

A. "Patient complains of recurrence of low back pain without radiation to legs. Same pain, pain as on previous occasions. And pain is a ten on a one to ten scale and burning. MRI done last week showed small central bulge at L5/S1." So we got an MRI somewhere in there.

Q. Do you remember who that MRI was done by?

A. You know, I don't know where that was done, because we have one here at the hospital but I don't know if we had one at that time, so it would have had to have been Santa Maria or something, you know, or Santa Barbara, and I just don't remember where we went.

Q. But outside of your practice, outside of the Country Medical Clinic.

A. Yeah. We didn't have an MRI, but I ordered it. And/or may have been Gallivan that ordered it, but we got it done, and there was a bulging disk at L5/S1, which is where he was sore when you palpate his back, that was consistent with that spot.

Q. Did you make a -- reach an opinion about the cause of Michael Jackson's back pain at this visit?

A. Well, that was -- that would have seemed to have pointed to it.

Q. "That" being the bulge?

A. The bulge, yes. So "MRI done last week showed a small central bulge at L5/S1," that's lumbar fifth vertebra and the first sacral vertebra, okay.

Q. Part of Michael Jackson's spine?

A. Um-hmm, midline. And so "Objective: Awake, alert, responsive" -- just put AAR, that's what I put, I say it so fast -- "awake, alert, responsive."

"Some distress, secondary to pain, and he walks slowly. His back exam shows decreased range of motion with extension secondary to pain."

Q. ROM is range of motion?

A. Um-hmm.

Q. Okay.

A. And he -- E period is extension, FLEX would be flexion if it was there -- so "range of motion -- motion decreased -- decreased with extension secondary to pain and to a lesser extent with flexion rotation and side bending."

Q. SB is side bending?

A. Yes.

Q. What was the assessment on January 21st, 2000 --

A. "Low back pain, chronic" -- and it should say "exacerbation" but I didn't write it down -- exacerbation of back pain, that's what it always is.

Q. For Michael Jackson?

A. No, for any patient that has chronic low back pain, if they're in getting a shot or medication for it they're having exacerbation of it.

Q. And what was your plan for Michael Jackson --

A. At that time he got Demerol and Vistaril and had relief within half an hour and I told him to "re-check if you're not better in the morning."

Q. Do you recall if Michael Jackson followed up with you the next day?

A. No, he didn't. He didn't follow up with me the next day. It must have taken care of it. Didn't mean he didn't call me and we didn't hang out or something but, you know, because I never put any of that stuff down.

Q. So you kept your medical treatment separate from your social interactions with Michael.

A. Yeah, eventually I didn't have any -- I didn't have any medical treatment. It was just us doing stuff together.

Q. Do you recall, was there a specific point in time when you stopped providing medical treatment?

A. Well, whenever this ends as far as notes are concerned, I was basically no longer treating him unless he was maybe put in the hospital.

Q. Do you recall a particular conversation when you and Michael Jackson decided you wouldn't be continuing on as his physician?

A. No, it wasn't even a conversation. It just never came up. It just basically, you know, we'd hang out and stuff, but he just --

Q. He'd stop asking for treatment?

A. Yeah, he stopped asking for this.

Q. Let's move on to the next, your next treatment note on Van Valin 5 which is dated March 3rd, 2002.

A. "Subjective: Patient called me with a complaint of having recently gotten over the flu. But last two days has had a cough productive of yellow sputum and hard to take deep breaths, as hurts under his sternum and makes him cough." In other words, his trachea was inflamed and his bronchial -- his trachea and bronchial tree is inflamed; that's why it hurts if you stretch that tree and it aches and it makes you cough, okay, typical of bronchitis. "Cough has exacerbated his low back pain again," which is very common, "after long pain-free spell. No radiation of symptoms." You can cough your back right into a blown disk and have to have surgery, so not unusual to have that happen. So on exam: Objective, AAR -- how about NAD, how's that one, no acute distress, again, after long pain-free spell -- wait, sorry, take that back.

Q. Let's start over with Objective.

A. "Awake, alert, responsive; no acute distress; dry cough in the room. "HEENT" -- that means head, eyes, ears, nose, throat -- "all within normal limits. Neck supple without anterior or post-cervical adenopathy or tenderness. "Lungs presently cleared to auscultation without wheezes, crackles or rhonchi, respiratory rate 18. "Back. The pain of chief complaint reproduced and moderate with palpation of L5/S1 and extension as well as with extension greater than flexion and side bending and rotation are sore but not like extension. "Assessment: Bronchitis and, number 2, exacerbation low back pain due to bronchitis" -- due to cough, that sounds better. So he was given Avelox -- "Plan: Avelox, 400 milligrams per day for ten days with food."

Q. What is Avelox?

A. It's an antibiotic. It's a fluoroquinolones, like Cipro or Levaquin, if you've ever heard of those. Tequin used to be one of those and they took it off the market. So then it says "Re-check if not better in three to four days, sooner if worsens or new symptoms develop."

Q. Okay, the -- there's a notation 11:30 p.m. --

A. Uh-huh.

Q. -- under 3/3/2002.

A. Right.

Q. What does that indicate?

A. That means that's when I was seeing him.

Q. Do you recall where you saw Michael Jackson at 11:30 p.m. on March 3rd, 2002?

Q. We're on Van Valin 6. At the top of Van Valin 6, there's a note dated March 7th -- excuse me, 3/7/02.

A. Okay.

Q. Which is March 7th, 2002, correct?

A. Right.

Q. Would you please read that note.

A. "Patient states back pain not going away as fast as he wants it. Usual flare-ups are around four to five -- or are around for four to five days, but only bad the first few. Cough is better but probably the reason for his flare. States back has been really doing well since the facet blocks done by Dr. Lagattuta on 1/23/02. Patient wonders if he should have them done again. Awake, alert, responsive."

A. Objective: AAR, awake, alert and responsive; NAD, no acute distress.

A. "Lungs clear to auscultation without" -- the S with the line over is without -- "wheezes, crackles or rhonchi," which imply different things. "Back exam unchanged. "Assessment: Resolving bronchitis. "Plan: Continue Avelox full ten days, samples of Ultracet given, take one or two every six hours, PRN for pain." And those I had samples of from the office, they drop me big boxes of Ultracet all the time so I always had that available. "And re-check if not helping."

Q. Who was "they" that would give you samples of --

A. The drug reps for the company.

Q. You told us earlier today that Avelox was an antibiotic; is that correct?

A. Uh-huh.

"4/3/02: Patient in with a chief complaint of back pain much worse, has resisted coming in but so painful he can't even sit in meetings. Pain still non-radicular but feels like a huge weight pushing downwards over his lower back." That's an interesting statement for him to make. That's not one you make up, okay? That's an actual people mention: I feel like there's a weight in there that's laying down and pushing it interiorly, you know, so.

Q. Have you heard other patients have that same complaint about their back pain?

A. Uh-huh, yeah. Other ones say it's pinching, other ones say, "It doesn't hurt there but my leg's killing me," or they -- I watch the way they walk, the way they move, the way they get up or down from a chair, all these things, you know, can they -- and somebody who's trying to fake you out with a back pain comes in, and I said, "Well let's -- can you bend forward," you know. If I see somebody, oh, let me go like this, I'm still suspicious that they have -- whether they might be faking it, but somebody with back pain, they're complaining it hurts, and they come in and I tell them can you flex and they bend all the way over, "yeah, they don't bother me," they've got a real pain because the guy who's faking it is going to pretend that he can't do anything with it, you see, but the person who's telling the truth has these parts of his range of motion in his back that don't hurt, okay, but they said, "If I get right here a little farther back," bingo, it gets me, so -- you know, it was this weight

pushing downward over his lower back is a classic symptom of the low back pain from somebody who has it, you know.

Q. Have you seen patients that you suspected were trying to, as you've said --

A. Oh, yes.

Q. Let me finish the question, I'm sorry.

A. Okay.

Q. Have you seen patients that that you would were trying to fake their low back pain?

A. Uh-huh.

Q. And was Michael Jackson one of those patients?

A. No.

Q. Okay, so I think I stopped you on this progress note at the Objective section.

A. Yes.

Q. Could you continue on there and I believe this note is continued on the following page.

A. Okay. "Walking erect, using a cane, walking slowly" -- I can't read my own writing.

Q. Happens to everyone.

A. I don't know. "Back pain off -- back pain off with chief complaint, the pain of chief -- the pain of chief complaint" -- Okay. "Back. Pain of chief complaint increase with extension greater than flexion" -- that means it hurts in both directions but extension was worse -- "rotation, side bending not too uncomfortable, deep tendon reflexes sensation and strength are equal and normal bilaterally in both lower extremities. Negative bolstering sign."

Q. What does that mean?

A. That means when you have your knee flexed and you pinched, if you just, your knee in your 90-degree position, if you reach around the side of your leg right by the knee behind it, you'll feel a tendon sticking there. If I pull that tendon up, you know, it hurts your back, if you have a -- if there's a disk pushing on the nerve, so you can push that up, that's a bolstering sign if it's positive; in other words, it hurts your back when you do that, you go, "Ow, oh, I can feel that in my back." Well, that's because it's -- nerve is being pinched by a disk.

Q. Okay, and then if we turn to page Van Valin 07, it says P at the top.

A. Yes, "Plan: Demerol/Vistaril, 200/ 50" -- that's the mix -- "intramuscularly, significant relief within a half an hour, have already set up facet blocks again with Dr. Lagattuta on Tuesday the 9th. Instructions to Michael: No bending, lifting or twisting."

Q. At the beginning of this progress note on April 3rd, 2002, you said, "Michael Jackson resisted coming in"? Do you recall that?

A. I mean, he did his best not to come in.

Q. Did he tell you that?

A. I think he -- yeah, he would have said that. That's not something I can guess by looking at him, okay? So he said, "I did what I could, I thought I could just resist it and get through it," you know, but he says, "I can't, it's just gotten too bad."

Q. So he was trying to push through the pain?

A. Yeah, which he tended to do, you know.

Q. It says he was walking erect, using cane, correct?

A. Um-hmm.

Q. Did Michael Jackson typically use a cane to walk?

A. No.

Q. So this was unusual.

A. Yeah, he brought a cane with him. I guess he tried it and felt it helped him walk better.

Q. Did you ever prescribe the use of a cane for Michael Jackson to help with his back pain?

A. No.

Q. For any other reason? No?

A. No.

Q. The reference to setting up facet blocks again, on Van Valin 07 --

A. Uh-huh.

Q. -- with Dr. Lagattuta?

A. Uh-huh.

Q. Is that one of the two visits you previously testified about earlier today?

A. One of the what?

Q. You told us earlier that you took Michael Jackson to see Dr. Lagattuta --

A. Yes, twice.

Q. -- on two occasions, correct?

A. Yes, and the first occasion he went through already.

Q. Right, on January 23rd, 2002.

A. Yeah, and you can repeat it every 90 days or so.

Q. When you say "repeat it," you mean you can repeat facet blocks?

A. Facet blocks, yeah, the facet blocks can be repeated every 90 days.

Q. The procedure for facet blocks can be repeated every 90 days.

A. Uh-huh.

Q. Did you recommend that Michael Jackson repeat the procedure for facet blocks?

A. No, Lagattuta did. I kept telling him, I would tell him what Michael was experiencing and, you know, I think he's having more pain, you know, I may have said, you know, "Is he in line for more facet blocks, is there something we can do," you know, and I've known Dr. Lagattuta for a long time, he's a good friend of mine and he was -- I did rotations under him when I was

Q. Now, the next entry on Van Valin 07 is dated 4/9/02, can you read that please?

A. "Patient had facet blocks times six done last night in Santa Maria by Dr. Lagattuta, with significant relief after procedure. Will be arranging physical therapy to strengthen back as patient allows. Ha."

Q. Why don't you think he would have done that, based on your experience with him?

A. Because he kind of liked to do things himself, you know, and do it on his own kind of, and so I just -- I never pushed that part of it. I just said, you know -- and I saw him the next day after I went out to the ranch, he was walking out the door with Manuel and Manuel was helping him walk out, because he was -- and he was, like, going, he was in pain but he goes, "It hurts but I think it helped," you know, and he was just uncomfortable from those -- because I was -- they were shooting these needles into his back, I was sitting on the floor and Michael was up here facing me and with his hand over the end of the gurney, you know, and just taking my hands and squeezing them like this: "Barney, it hurts, man, it hurts, really -- it's not going to hurt worse, ow," you know, he's like getting these needles, like, so long in his back.

Q. How long were the needles?

A. About this long (indicating).

Q. Is that --

A. Doesn't go all that way in but it goes probably this far (indicating).

Q. Just because she's writing this down could you estimate number of inches?

A. That's probably ten inches of needle, you know, five of which -- probably four or five of which goes in. I mean, these are deep injections and they've got to go right in between places that's really not made to have anything put in between it, you know. Anyway, and he does it six times, three on each side, you know, and Michael's going, "Tell him to give me something more for pain because I can feel it, it's so bad, it hurts so bad," you know, and he's squeezing my hands white, you know, and I'd tell him, "Give him a little more Demerol," you know, so they did and he would go, "Oh, that's better, that's better." I can still feel it, you know, he's still squeezing my hands.

Q. So even the Demerol didn't help with the pain management during that procedure?

A. During, yeah, while he put the needle in, you know, it takes a lot for you not to have -- not to feel that needle, or basically not to care about it, okay. I think you will always feel it but there's a level at which you just don't care, okay? Which is, I tell people that, you know, Vicodin or Norco, I said, "You'll have pain, you just won't care about it," that's how this stuff works. It's there but you can ignore it. Some pain is just too loud, you can't stop the scream, you know.

Let's go through the next treatment note on Van Valin 07 which is dated 5/13/02.

A. Okay. "Basically complains of cracked, itchy dancer's feet," as he called them, "for years." He mentioned it one day to me, he said, "I have dancer's feet." I said, "I don't know what that is, what is that?" He goes, "You know, dancer's feet, it's like" -- he said, "I'm just embarrassed to show you," you know. I said, "Michael, it doesn't matter. Show me your feet, take your socks off." So he takes off his socks, and you know, and he's got scaled, cracked feet, you know, classic, you know, athlete's foot on both feet, and he had tinea unguium, which is a fungus that you get under your nails, so the treatment is Lamisil. Anyway, so "Patient complains of itchy dancer's feet for years. Also toenails are cracked and crumbly times years. Feet as described" -- Under "Objective: Feet as described, plantar aspects cracked and peeling and toenails thickened and yellowed and crumbling." "Assessment: Tinea pedis was and tinea unguium," U-N-G-U-I-U-M. And "Plan: Penlac, applied to nails daily." Penlac is like a fingernail polish that you put on fungal nails.

Q. It's a medication?

A. Yeah. It's supposed to work if he does them. And then, "Lamisil, 250 milligrams, one a day for a week, and repeat the same seven days each month for six months," and he's to follow up with me monthly. Carpal tunnel.

Q. Did you see any track marks on Michael Jackson's feet?

A. On his feet?

Q. Evidence of any injections?

A. No. Huh-uh, never, I never saw track marks on him where on him anywhere, okay? He had no track marks, to my knowledge, and I saw him, you know, with nothing on, okay, I've seen him completely nude. Nothing was on him, you know, as far as marks like that were concerned so.

Q. Let's move on to the June -- the progress note on Van Valin 7 dated 6/15/02.

A. Okay.

Q. Could you read that note.

A. "Referrals to date: With Dr. Gallivan, orthopedist" -- this is just an update -- "Dr. Gallivan, orthopedist; Dr. Rosenfeld, neurology; Dr. Lagattuta, psychiatry, having given two sets of facet blocks." "Plan: Need to reschedule EEG with Dr. Rosenfeld and get MRI of the cervical spine," and that would be something I ordered. And then you want me to go to the next?

Q. Let's stop on that note for a second. Why did Michael Jackson -- why did you refer Michael Jackson to Dr. Gallivan?

A. Gallivan is an orthopedist, okay? And he specializes in back pain as well. Second opinion basically, okay?

Q. And do you know if Michael Jackson saw Dr. Gallivan?

A. Yeah, I took Dr. Gallivan to the ranch, myself. He was out here at the visitadores.

Q. Do you recall what Dr. Gallivan's evaluation or assessment of Michael Jackson's back was?

A. It was just -- it was basic just low back pain, and not really sure why, but probably he wanted to look at the MRI and see what that showed, you know.

Q. Now, one of the referrals listed on your progress note for June 15th, 2002 was Dr. Rosenfeld for neurology?

A. Um-hmm.

Q. Correct?

A. (Whereupon the witness nods his head in the affirmative.)

Q. "Yes"?

A. Yes.

Q. Do you recall if Michael Jackson ever saw Dr. Rosenfeld?

A. I know he did.

Q. When -- why did you refer Michael Jackson to see Dr. Rosenfeld?

A. Because of the jerks and the jolts things that he was getting.

Q. That you told me about earlier today.

A. Yes.

Q. Do you know if Dr. Rosenfeld ever made an assessment of Michael Jackson?

A. He never got -- I took him to Dr. Rosenfeld's office and Michael and I went up to the office and in the hallway, and so we went into the room with Dr. Rosenfeld and Michael, in a very, very apologetic tone, you know, said, "Barney, is it okay if I just see him by myself," you know, and I said, "Oh, absolutely, Michael, I mean, that's fine, just," you know, so I stepped out, "don't worry about that," you know, and I mean, he was, like, so apologetic, he felt bad about it, you know.

Q. Why do you think he felt bad about it?

A. He's embarrassed about something on his scalp, okay, and he didn't want me to see it. And so anyway, after a time, finally Victor comes out and said, "Barney, I'm really unable to do the EEG and, you know, Michael and I will schedule another time to do that," and but he didn't tell me why and I -- it had something

Q. Was there any other time that you knew Michael Jackson that he asked you to wait outside when he received treatment from another doctor?

A. No, no. When Michael came out, he was -- he started to cry, you know, he said, "Barney, I'm so sorry, I'm so sorry that I excluded you," and he said, "I don't, you know, I don't -- I don't like that I did that but I just was embarrassed." And I said, "God, Michael, let it go, man, it's okay, it's cool, you know, I get that, you know. I wouldn't want to be dropping my pants in front of you in front of another doctor, you know, it's like -- so I get it, don't worry about it, you know. " And he kept apologizing, but it made him cry, you know, he just didn't want to exclude you, you know, or make you feel bad or anything. He had a very gentle soul, a very gentle spirit, you know.

Q. The last doctor that was listed on this June 15th, 2002 progress note was Dr. Lagattuta who we've talked about already today.

A. Um-hmm.

Q. Is there anything else that you recall that you haven't already told me about regarding Michael's treatment by Dr. Lagattuta?

A. No.

Q. Let's move on to the treatment note, the last note on Van Valin 7 dated July 28th, 2002.

A. Okay. "Patient told he needed a break from his Demerol as use was accelerating. He had no" -- I don't know what it goes on to say then.

Q. So according to this progress note on July 28th, 2002, you told Michael Jackson that he needed a break from his Demerol.

A. Yes.

Q. And you don't recall specifically why you told Michael Jackson that on this date.

A. No. I always put things in the chart that

Q. I understand. It wasn't the exact date necessarily --

A. No, it wasn't. No. Yeah, it's referring to a previous time when I was giving him some and he kept needing more, you know, and I couldn't give it to him, okay?

Q. But by July 8th, 2002, it was your opinion that Michael Jackson needed a break from his Demerol.

THE WITNESS: Referring back to a time when I told him that.

A. Not on this date, because he wasn't getting it then from me.

Q. Okay, let's turn to the last page of your handwritten notes which is Van Valin 08. Can you read the entry dated 10/25/02?

A. "Patient called to say he had an infection on his abdomen, with drainage from it, and so told to come in for evaluation. Here patient states he had a device put under his skin to help decrease his need for pain medication for his back pain, approximately a week ago, and now" -- let's see -- "and now" -- can't read this -- "possible drainage out of area" -- oh, "pus is draining out of area and is tender to palpation." So, "Objective: Right lower abdominal wall, approximately three centimeters, sutured laceration with pus drainage centrally and surrounding erythema and tenderness. Sutures removed at a 1.5 centimeter of the middle of the wound, dehisced." In other words, the wound came apart, okay, to dehiscence. That's D-E-H-I-S-C-E-D, dehisced. And bottom -- half a -- I mean, half a -- that should be half a centimeter -- oh, no, half of a millimeter it should be, came out of pus. "Some local anesthetic" -- oh, yeah I ended up giving him -- I injected locally with some local

anesthetic to numb it up because it was painful. I wanted to look into this and see maybe if there wasn't maybe some pockets of pus inside there, okay.

Q. Is that sentence "some local anesthesia one percent" --

A. -- "one percent of lidocaine was necessary to evaluate the wound further. A white chalk-like 1.25 centimeter somewhat friable plug was removed from the wound base. "

Q. Do you recall this procedure?

A. Yes, very well. It was the right lower abdomen.

Q. And did you have -- do you have an understanding of what the white chalk-like device was used for?

A. No, I had no idea.

Q. Had you ever seen a device --

A. Never seen anything like it.

Q. Had he ever seen a device like that before?

A. I've never seen it since either, no.

Q. Do you know how Michael Jackson came to have this device in his abdomen?

A. Yes, and remember the -- I remember the doctor that you mentioned, I think he's the one that put this in, the guy in Florida.

Q. Dr. Farshchian?

A. Yes, because I think I -- I think this must have been when I called him, I said, "What the heck, Michael told me he's got this -- you put this in?" That's what he -- it was him, pretty sure that's the guy, but he put it in, and this device that was put under his skin was put there to help decrease -- help with his pain control, okay?

Q. Help with Michael Jackson's pain control?

A. Yes. Okay, so going back here, "a white chalk-like 1.5 centimeter somewhat friable plug was removed from the wound base. The wound probed and no more pus appreciated. No loculations found. The wound was packed with iodo form gauze and bandaged." And it says it was a wound infection. I put him on Levaquin, which is good for staph at that time, daily for seven days, and put a heating pad to the area which he was to do four times a day, and I wanted to see him the next day. And I told him to advise his personal medical doctor of the removal of this device because of the wound infection.

Q. This PMD stand for --

A. Personal medical doctor, private medical doctor.

Q. Do you recall when you called Michael Jackson's doctor in Florida about the white chalk device?

A. Yes, I remember calling him.

Q. And do you remember when --

A. And I remember --

Q. Sorry to cut you off, just for the record. Do you recall what you said to him and what he said to you?

A. Yes.

Q. Could you tell us?

A. Okay. I called him and told him that: Michael had told me that you put a device into his belly wall, and I said, it's infected, you know, and so he's got a wound infection, and I took it out, you know, and --

Q. So you called that doctor after --

A. After Michael had left. I got -- Michael told me his name and I went and looked it up and found that doctor and called him -- Faruschian, or what is it?

Q. It's Farshchian, F-A-R-S-H-C-H-I-A-N.

A. Okay. And he sounded like a good doc, good guy, and I told him, I asked him, I told him what I'd done, he said, "Perfect, you know, that's fine, and I'll follow up with Michael." I said, "Well, what is that? I don't know of anything that helps you with pain that you put under the skin. I'd like to know about, you know, that kind of a pain reliever, I've never seen it." He goes, "No, it's not a pain reliever. It's Narcan." And I said, "Narcan?" And he said, "Yeah," and he says, he said, "Narcan is, it blocks the -- it blocks narcotic effect."

Q. Were you already familiar with Narcan at the time --

A. Narcan itself, but I didn't know you could get a Narcan plug.

Q. Were you already familiar with Narcan at the time of your call with Dr. Farshchian?

A. Yes, I'd heard of Narcan before but always as a -- as something I used in the emergency room for somebody who came in comatose, okay, you didn't know what they're comatose from. You give them an intravenous injection of Narcan, and if they're comatose from a drug overdose, they wake up just like that, you know. Some of them wake up pissed because their high is gone, you know. And this stuff works very well to block Morphine receptors or narcotic, you know, the receptors that you're trying to trigger by the drug you're taking.

Q. Would Narcan work to block the effects of Demerol?

A. Absolutely.

Q. Did Dr. Farshchian tell you if he implanted this device to block the effects of Demerol in Michael Jackson?

A. Yes.

Q. In your experience it was, Narcan was typically administered intravenously?

A. No. Oh, Narcan, sorry, yes, Narcan. I was thinking Demerol. Yes, Narcan was administered intravenously, yes.

Q. But in this device, you were told by Dr. Farshchian, it was released by the --

A. Yeah, it's released gradually into the bloodstream, so it's a constant protection against over -- you know, an overdose of Demerol, and you really couldn't take enough -- it was his opinion that Michael had a problem with the Demerol, and I hadn't seen Michael really for awhile, so he must have gone to Florida and talked to this doctor about it, and he was trying to help Michael, you know, with the problem with the Demerol, but he must have been getting it from somebody else because I hadn't, I hadn't given him this very much and I told the doc, I said, you know, "God, I just, you know, his use of this is, I mean, it's not that much."

Q. Do you remember anything else that you said to Dr. Farshchian during that call on or around October 25th, 2002?

A. No. Well, I think the decision was that, he said, he should have that plug put back in. Let's let this heal and we'll replace it.

Q. Do you know if that plug was ever replaced by Dr. Farshchian?

A. No idea.

Q. Did you ever talk to Dr. Farshchian again?

A. No, just the once. So I figured he would be talking to Michael about it because I informed him of what it -- he told me, "Yeah, just -- you did the right thing, just -- you know, I packed it." You can't sew it back together because you sew the infection in, okay, so you leave it open and let it granulate in from the bottom out. So I put the packing in and I didn't see him after that. He didn't come back to me for packing removal or -- you know, he may have gone over to Dr. Farshchian, I don't know.

MR. HUNT: Handing the court reporter a document to mark as Exhibit 5. And Exhibit 5 is again a subset of the records produced in Exhibit 2.

Q. Do you know why your name appears at the top of this document?

A. I'm his personal physician. *****

Q. Are you surprised that Michael Jackson didn't tell you about fracturing his foot?

A. No.

THE WITNESS: No, that didn't surprise me. Michael told me what he wanted to tell me and didn't tell me what he didn't want to, you know, just that was just Michael, so I didn't bring it up. I never talked about things he didn't talk about, so.

Q. Doctor, I want to ask you a couple of questions kind of more generally about Mr. Jackson. You were at his home at the ranch here on multiple occasions; is that fair?

A. Yes, more times than I can count.

Q. And did you have any opportunity to see how he acted around his children?

A. Yes.

Q. And how his children acted around him?

A. Yes.

Q. Can you just tell me about that?

Q. Was Michael Jackson a good father?

A. No, he is an amazing father.

Q. Why do you say that?

A. Because I'm a good father and he was better than me, okay? He respected them and as they respected him and he would correct them gently. I remember sitting around the table one time and Michael and I were talking about something, and Michael was here and Prince was right across from us, and Michael said -- Prince interjected, said something, said, "Oh, Barney," he said, "Barney, Barney," and I said -- I turned to Prince, and Michael said, "Prince," he said, "Yes, Daddy." He said, "What did you do?" And he thought for a minute and he goes, "Oh, I butted in." He goes, "That's right, and what do you say?" And he looked at me and said, "Oh, I'm so sorry, Barney, please forgive me for butting in." And I said, "That's okay, Prince, I forgive you." And Michael said, "We'll address that, keep that question, we'll talk about that when Barney and I are done, okay?" So he, Prince sat there quietly and waited until we were done and then I turned to him and I said, "Okay, what were you going to say?" That was his typical way of handling, you know, the teaching of his children, and he was very careful, didn't get mad, never spanked, never punished, just explained why it's not right to do that, you know, and so he was always very careful, very available, climb up in his lap at any time and, you know, he taught them manners and they were extremely well-behaved.

Q. And did you have an occasion to see how -- were the children -- what level of attachment did the children have to Mr. Jackson?

Q. Do you understand the question, Doctor?

A. What level? Well, are we on a scale of one to ten?

Q. Just if you can just use lay terms.

THE WITNESS: Lay terms? Okay. Very attached to him. Especially Paris. You know, she would -- she was rather shy and would have her arms around his, his leg and kind of head up against him and then, you know, kind of be protect -- protect herself from anybody that would come to visit Michael, us in particular, but, you know, she would oftentimes at dinner be up in Michael's lap, and he would let her, let her sit there and eat from his lap.

Q. This is when she was approximately what age?

A. Two or three, something like that.

Q. Okay.

A. Three, probably three. And, you know, Prince was, you know, always a gentleman, you know, very courteous, and just you could tell Michael had done a very good job of -- of raising them up to that point.

Q. Now, what do you recall about when Blanca -- do you remember being introduced to Blanca one time?

A. Yeah, Michael called us and said, "You know, I have -- I want you all to come to dinner," and may have said, "I'm going to ask you something, you have to say 'yes,' and you're going to say 'yes'," and I said, "Yes," and he said, "I want you all to come to dinner," and I said, "Okay." I asked my wife, I said, "Do you want to go to dinner?" And he says, "Yeah, I have something to show you." So we all went to dinner at Michael's, and as we went through the front door, my wife leaned over to me and said, "There's a baby here." And I said, "How do you know that?" And she said, "There's a twelve pram down the hall," you know, and she hadn't seen that before. And so after dinner, Michael said, "All right, everybody, let's go upstairs." So we went upstairs and there were two girls in a room that had been actually changed into a nursery. It wasn't a nursery originally. And there was a crib on the far wall, and he walked over and picked a baby up out of that crib and brought her, brought the baby over and put the baby in my wife's arms, and he said, "This is my son," you know. And I said, "Michael, that's so great, what's his name?" And he said, "Right now it's Blanket, just call him Blanket, but I want all my kids to be named Michael Jackson, so but maybe Blanket Michael Jackson, but at this point it's just Blanket. I decided all my children will be named Michael Jackson." I guess like George Foreman named all his kids George Foreman. Michael thought that was a good idea because all of them got the same chance to have recognition because of the name, nobody would be left out really.

Q. What level of interest did you see that Michael had in providing for the care of his children?

Q. Emotionally, health, just generally, care.

A. What --

Q. What level of --

A. He was very interested --

How -- I think you talked a little earlier about occasionally you would go out to Mr. Jackson's ranch and spend time with him at various hours, daytime, nighttime. What was -- just describe what your relationship was with Mr. Jackson.

A. Well, in my opinion, and I think in Michael's too, we were best friends, you know. I didn't have a better friend and I don't think he did, you know, and we talked about, I don't know, things that best friends talk about, you know. We didn't even have to talk, you know, I mean, we were comfortable, you know, looking at books or reading something in the same room, or maybe stop and point something out to each other, he goes, "Oh, check this out, I think you'd like it," you know, and I'd look at it. And we'd go together at nighttime to the antique store in Solvang because we both loved antiques and he'd always insist on getting to the storerooms, you know, he wasn't satisfied with just the regular floor. He wanted to see what was in storage, so we'd go back there and climb around and find stuff and, you know, Michael would always say, "Barney, what do you think of this?" you know, and sometimes I'd tell him I liked it and sometimes I'd tell him I didn't and it didn't seem to have any bearing on whether he bought it or not, you know, he'd just kind of would always ask me, "What do you think?" So anyway, we spent hours doing that, you know, probably went there, I don't know, three or four different times over the years and. We didn't spend much time talking on the phone. It was always in person, you know. "Can I come over?" Or he'd show up, or he'd say, "Come out to the ranch," you know. And a lot of times I'd get there and I'd go into his room and there would be a chimichanga already made or a Coke, you know, because he really liked them, because they were really good, they made great ones, but -- you know, he was thoughtful with me, and very -- you know, I don't know, we, I just -- we just got along great, you know, it wasn't like -- I mean, I didn't know -- I didn't know anything about the pop star. I didn't know that guy at all. I just knew Michael, you know. We were just, you know, very close friends and, you know, I still miss, miss seeing him, you know. We had a lot of fun together, a lot of laughs, did a lot of things, had a lot of experiences together, you know, went through a lot of stuff together, and I don't have a best friend that I've done any less with, you know, I mean, that qualified to me as best friends, you know.

Q. All right, now, you at all of this relevant time period, 2001 to 2005, you had a full license issued by the Drug Enforcement Administration to prescribe medications?

A. Uh-huh.

Q. Any class of medication?

A. Right.

Q. Did Mr. Jackson, during -- when we were taking a break, I think a little bit earlier today, I wrote down that you said, "I didn't do anything here that I wouldn't have done for anybody else."

A. Exactly.

Q. Is that true?

A. Yes, that's true.

Q. Did you ever believe that Mr. Jackson was trying to use his personal friendship with you to get you to prescribe him medications that were not clinically indicated?

A. No, I do not think so.

Q. And if I -- are all of the Demerol shots that you provided to Mr. Jackson during the 2001 to 2005 time period contained within your medical records, Exhibit 2?

A. You know, it's possible something escaped, you know, but to my recollection that was about all I can remember, you know, it was not a -- it wasn't a real commonplace thing. It was -- you know, that's why I say, you know, what I did for him, I would have done for anybody in the same situation, and I did, you know. I had patients that I did more for with the same kind of symptoms, you know, so there was probably more I could have done but I didn't need to because what I did was enough, you know, so as far as some -- me giving him Demerol at other times that are not mentioned here, it's quite possible that I did, you know, and I -- you know, people would call me and say, "I've got, you know, migraine, can you call something in," and I would call it in and I won't even remember having done it, and it doesn't get in their chart, you know, it's just, the only record of it is that it was called in, you know, so, you know, it's possible I did something for him that he -- didn't make it into the chart.

Q. Would it be fair to say that would be a very limited number of occasions?

A. Yeah, because I tried to document everything. I tried to keep up on that.

Q. According to the records, if I counted them correctly, from October through December of 2001 you administered five Demerol shots to Mr. Jackson; is that consistent with your recollection?

Q. I can show you Exhibit 3. Maybe you have it in front of you, I'm sorry.

A. Yeah, I have it in front of me.

Q. Just go to Exhibit 3, those are your notes.

A. Okay.

Q. Can you just go through your notes, Exhibit 3, and tell me what dates you provided Mr. Jackson with a Demerol shot?

A. 10/09/01, 10/10/01, 10/11/01, and then 12/08/01, 12/18/01, 12/21/01.

Q. All right, that's six in 2001?

MR. HUNT: Excuse me, on Van Valin 03 there were two injections on 12/8/01. THE WITNESS: 12/8/01. MR. HUNT: 2:00 p.m. and 7:45 p.m.

MR. BLOSS: Just to be clear, six dates that you provided Mr. Jackson with Demerol in 2001.

Q. Right now, I'm just talking about times you gave from Jackson Demerol.

A. You're talking about in '01.

Q. '01, six dates.

A. Your count is correct. And '02, you want to know that?

Q. That would be next, yes, sir. How many in '02 did you provide?

A. It looks like two.

Q. How many in 2003?

A. None.

Q. How many in 2004?

A. None that I know of.

Q. How many in 2005?

A. None.

Q. Is that the last time you saw Mr. Jackson?

A. The last time I saw him was the day before the verdict was handed down on that trial in Santa Maria.

After October 25, 2002, is it fair to say that Mr. Jackson did not come to you for treatment of any pain-related condition at all?

THE WITNESS: Well, to my knowledge, I can't remember doing it after that. There was a point in time it kind of just dissipated away. BY MR. BLOSS:

Q. There are no notes that were produced.

A. Yeah.

Q. And you got notes for treatment in 2001, 2002.

A. Right.

Q. Is it fair to conclude from that, that you did not provide medical treatment to Mr. Jackson after October 25th, 2002?

A. So that date you mentioned was what?

Q. October 25th, 2002, referring to the last page of your notes in Exhibit 3.

A. Right. Oh, I would imagine if -- it's quite possible I treated another bronchitis or, you know, something similar, maybe I gave him -- refilled some Xanax for sleep or whatever it was. It was not -- but it wasn't Demerol and pain medication, and it was somewhere around that time that I realized he was getting pain medicine from somebody else and that put him at risk and so I basically said, "I can't do this, you know, so -- because obviously you're not being straight with me."

Q. But did you ever ask him where he was getting any other medication?

A. I asked him about it and he said -- he denied it. He said, "I didn't get it from somebody." I said, "Michael, there was a blood on a little Band-Aid here. I didn't put that one on you. That wasn't me. I didn't give you that shot. Someone gave you a shot."

Q. When was that, if you remember?

A. I have no idea. I really don't know. And so he basically just stuck with his story, you know.

Q. Did you ever see any other --

A. Never saw anything again.

Q. That's what I was going to ask. Did you ever see any other bandage that led you to conclude that he was getting injections from somebody else, other than that one occasion?

A. No, no.

Q. And the amounts of Demerol that you provided to Mr. Jackson, was there anything medically unreasonable about those amounts under the circumstances?

A. No, I don't think so.

Q. And in fact, there was objective evidence that he had a bad back, a bulging disk in his back at the time, right?

A. At that time, yes, with the MRI.

Q. Right.

A. And he was also given the same dose by Mills Tanaka in the emergency room, 200/50 Vistaril which, you know, basically verifies the fact that, you know, that's a reasonable dose. It's the high-end dose, but he had quite a tolerance it would appear.

A. Yeah. He never could sleep, so that was his biggest issue, sleep.

Q. And did he say that he had -- he said he had a doctor that helped with this?

A. Um-hmm, he had a doctor that was on the tour with him always that took care of that, and I told him, I said, "I can't imagine that's, like, really good sleep," you know. It doesn't appear to me, that just putting you to sleep is similar to, you know, would take the place of regular sleep, and he said, he said, "No, it does, I would wake feeling really refreshed," you know, so he had no fear of the stuff, you know.

Q. I think you testified earlier that when you were giving Mr. Jackson medications that you gave him what you believed would work and that Mr. Jackson left it up to you to decide what to give him; is that accurate?

A. Yes.

A. I mean, it was basically up to me what I gave him. He -- he said, "I'll try whatever you want," I believe I told you that, so that basically was up to me to decide, you know, what would work, and --

Q. Did you ever -- there are doctors I understand who are pain specialists that practice in that particular area, right?

A. Yes.

Q. Did you ever refer Mr. Jackson to a pain specialist?

A. Yes.

Q. When was that?

A. Dr. Lagattuta.

Q. Okay, and that was for his back pain.

Q. "Yes"?

A. Yes, Dr. Lagattuta.

Q. Okay, so and he gave Mr. Jackson two facet blocks for the pain in his back.

A. Two sets of facet blocks.

Q. And those worked.

A. Yes.

Q. All right, so during the period of the facet blocks in that roughly three-month period, after then Mr. Jackson was not seeking -- complaining to you of being in pain?

A. Right.

Q. And you were not prescribing any Demerol during that period.

A. Right.

Q. Did you ever come to the conclusion that, as a medical provider, that Mr. Jackson was faking his back pain?

A. No, I never -- I didn't suspect that -- and I looked for that because there are plenty of people that come in and try to scam me, so I'm always looking for that, and there are things that hint at it, you know, and -- I mean, I certainly can't imagine going through facet injections, you know, for a fake back problem.

Q. Why?

A. Because they're so horrendously painful, you know -- to get a Demerol shot how often? You know, I mean, it wasn't often enough to really justify going through that. He actually felt better after the first set of injections and, you know, he was sore but he felt better, and he actually went through the second time knowing what it felt like, you know, so it was enough of a relief that he wanted to do it.

Please note we are low on funds. We need to purchase another two weeks?? Maybe more. We have enough for one week only. Please remember any donations left at the end of trial will be used to purchase transcripts of testimonies we did NOT purchase in the first month of trial, donation can be sent via paypal to manager@teammichaeljackson.com. Thank you