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STEROID USE IN SPORTS, PART II: EXAMINING THE NATIONAL FOOTBALL LEAGUE'S POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

FIRST SESSION

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CONTENTS

	Page
Hearing held on April 27, 2005	1
Statement of:	
Stewart, Willie, head football coach, Anacostia High School; Bobby Barnes, head football coach, Buckeye Union High School; Steve Courson, ex-NFL player, Pittsburgh Steelers and Tampa Bay Buccaneers; Linn Goldberg, professor of medicine, Oregon Health Sciences University; Gary I. Wadler, associate professor of clinical medicine, New York University School of Medicine; John A. Lombardo, NFL advisor, anabolic steroids and related substances; and Bryan Finkle, NFL consulting toxicologist on anabolic steroids and related substances	34
Barnes, Bobby	37
Courson, Steve	41
Finkle, Bryan S.	73
Goldberg, Linn	47
Lombardo, John	64
Stewart, Willie	34
Wadler, Gary I.	55
Tagliabue, Paul, commissioner, National Football League; Harold Henderson, executive vice president, labor relations, National Football League; and Gene Upshaw, executive director, National Football League Players Association	112
Henderson, Harold	132
Tagliabue, Paul	112
Upshaw, Gene	134
Letters, statements, etc., submitted for the record by:	
Barnes, Bobby, head football coach, Buckeye Union High School, prepared statement of	39
Courson, Steve, ex-NFL player, Pittsburgh Steelers and Tampa Bay Buccaneers, prepared statement of	43
Cummings, Hon. Elijah E., a Representative in Congress from the State of Maryland, prepared statement of	23
Davis, Chairman Tom, a Representative in Congress from the State of Virginia, prepared statement of	5
Finkle, Bryan, NFL consulting toxicologist on anabolic steroids and related substances, prepared statement of	76
Goldberg, Linn, professor of medicine, Oregon Health Sciences University, prepared statement of	49
Lombardo, John A., NFL advisor, anabolic steroids and related substances, prepared statement of	67
McHenry, Hon. Patrick T., a Representative in Congress from the State of North Carolina	180
Porter, Hon. Jon C., a Representative in Congress from the State of Nevada, prepared statement of	179
Sanders, Hon. Bernard, a Representative in Congress from the State of Vermont, prepared statement of	30
Souder, Hon. Mark E., a Representative in Congress from the State of Indiana, prepared statement of	19
Stewart, Willie, head football coach, Anacostia High School, prepared statement of	36
Tagliabue, Paul, commissioner, National Football League, prepared statement of	117
Upshaw, Gene, executive director, National Football League Players Association, prepared statement of	137

Page

Letters, statements, etc., submitted for the record by—Continued
Wadler, Gary I., associate professor of clinical medicine, New York University School of Medicine, prepared statement of 58
Waxman, Hon. Henry A., a Representative in Congress from the State of California:
Letters dated April 26, 2005 ..... 11, 168
Prepared statement of 14

STEROID USE IN SPORTS, PART II: EXAMINING THE NATIONAL FOOTBALL LEAGUE'S POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

WEDNESDAY, APRIL 27, 2005

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The committee met, pursuant to notice, at 10:05 a.m., in room 2154, Rayburn House Office Building, Hon. Tom Davis (chairman of the committee) presiding.

Present: Representatives Davis of Virginia, Shays, Gutknecht, Souder, Duncan, Turner, Issa, Brown-Waite, McHenry, Dent, Waxman, Towns, Sanders, Cummings, Kucinich, Davis of Illinois, Clay, Watson, Lynch, Sanchez, Ruppersberger, Higgins, and Norton.

Also present: Representatives Sweeney and Payne.

Staff present: Melissa Wojciak, staff director; David Marin, deputy staff director/communications director; Keith Ausbrook, chief counsel; Jennifer Safavian, chief counsel for oversight and investigations; Howie Dennis and Anne Marie Turner, counsels; Rob White, press secretary; Drew Crockett, deputy director of communications; John Cuaderes, subcommittee staff director; Susie Schulte, professional staff member; Teresa Austin, chief clerk; Sarah D'Orsie, deputy clerk; Kristina Sherry, legislative correspondent; Corinne Zaccagnini, chief information officer; Phil Schiliro, minority chief of staff; Phil Barnett, minority staff director/chief counsel; Kristin Amerling, minority deputy chief counsel; Karen Lightfoot, minority communications director/senior policy advisor; Brian Cohen, minority senior investigator and policy advisor; Earley Green, minority chief clerk; Jean Gosa and Teresa Coufal, minority assistant clerks; and Cecelia Morton, minority office manager.

Chairman TOM DAVIS. The committee will come to order.

Good morning, and welcome to today's hearing on the National Football League and the use of performance-enhancing drugs. The purpose of this hearing is to consider the NFL's drug policy, how the testing policy is implemented, how it effectively addresses the use of prohibited drugs by players, and the larger societal and public health ramifications of steroid use.

Fourteen years ago, anabolic steroids were added to the Controlled Substance Act as a Schedule III drug, making it illegal to possess or sell them without a valid prescription. Today, however,

evidence strongly suggests that steroid use among teenagers, especially aspiring athletes, is a large and growing problem.

The Centers for Disease Control and Prevention tells us that more than 500,000 high school students have tried steroids, nearly triple the number of just 10 years ago. A second national survey conducted in 2004 by the National Institute on Drug Abuse and the University of Michigan found that over 40 percent of 12th-graders described steroids as fairly easy or very easy to get. And the perception among high school students that steroids are harmful has dropped from 71 percent in 1992 to 56 percent in 2004.

The reality is parents today are in the unenviable position of having to add anabolic steroids and performance-enhancing drugs to their teachings on the dangers of recreational drug use. The Associated Press reported yesterday that an alarming number of American girls, some as young as 9 years old, are using steroids. Researchers say 7 percent of middle school girls—7 percent—admit to trying anabolic steroids at least once. Researchers also say that while most of these girls were looking to get more competitive on the playing field, some were just hoping to improve their appearance. Clearly it is time to discuss how we got there.

In light of the societal impact of steroid use, the committee decided to launch an investigation into steroid policies of professional, amateur, collegiate and high school athletics. Last month we held our first hearing aimed at evaluating Major League Baseball's efforts to crack down on steroid use. After that hearing the committee sent letters to the NFL, National Basketball Association, National Hockey League, Major League Soccer, U.S. Soccer Federation, USA Cycling, USA Track and Field, and the Association of Tennis Professionals requesting information on their respective steroid policies.

Today's hearing is based on the information provided by the NFL to the committee regarding its 2004 policy on anabolic steroids and other related substances.

The dynamic is somewhat different from what we encountered at the Major League Baseball hearing. Major League Baseball and the Players Association greeted word of our inquiry first as a nuisance, then as a negotiation. In contrast, both the NFL and its players association have worked cooperatively with the committee to educate us about their policy and the proactive steps the NFL has continued to take with regard to steroid testing. We are appreciative of their cooperation and their responsiveness.

Drug-testing experts have long hailed football's testing program as the top of the heap in professional sports. It's a policy that the league and players association review quarterly and improve upon annually. It's a policy that has evolved along with advancements in science and technology. It's a policy with tough penalties, and that's getting tougher all the time. But it's not perfect, and that's one of the reasons we're here today.

The NFL's testing program has come under heightened scrutiny in recent weeks in the wake of news reports that three Carolina Panther's players filled steroid prescriptions within 2 weeks of playing in last year's Super Bowl.

Today we will ask some serious questions to find out if we can make a good policy even better. Most questions will focus on the what, how and the whens of the league's testing procedures.

I think we will hear from the NFL and the players association about improvements they're making in their policy. I also hope they will address the steps they're taking to educate young people, especially young football players, on the dangers of steroid use; after all, that's why we have undertaken the investigation. More than just the reputation of baseball or football is at risk. Our primary focus remains on the message being sent to our kids, children who play football and baseball and basketball and soccer, children who idolize and emulate professional athletes.

Too many college athletes believe they have to consider steroids if they're going to make it to the pros. High school athletes, in turn, think steroids might be the key to getting a scholarship. It's time to break that cycle, and it needs to happen from the top down.

We will hear about the vicious cycle and the societal pressures that fuel it firsthand today from Bobby Barnes, head football coach at Buckeye Union High School in Arizona. Coach Barnes made the right decision: He suspended 10 of his players for using steroids. But some in his community criticized the move, and I can only wonder how we've arrived at a place where the drive to win is more important to some than not cheating or not risking permanent harm to your health.

These hearings are the beginning, not the end. Today's hearing can give us important information about the prevalence of steroids in professional football, shine light on the sometimes tragic results of steroid use by young athletes, and offer thoughts on where to take our investigations next; thoughts from two high school football coaches with us today on how to steer kids away from steroids and what to do when young athletes fall victim to their allure; thoughts from medical experts about how to better educate all Americans about the very real dangers of steroid use; thoughts from the NFL and the players association on how one professional sports league is addressing this problem, and the need to continually revisit testing effectiveness over time.

Our ongoing investigation already has spawned draft legislation offered by Mr. Waxman and myself that would create uniform testing standards for all major league sports and associations. We think this is a critical next step, and we hope to introduce the legislation soon. Senator John McCain is also working on legislation along these lines.

But our job won't end when the bill becomes law. Public education and awareness will remain paramount. That's why I'm pleased that the advisory committee Mr. Waxman and I announced at the Major League Baseball hearing is beginning to take shape. The leagues and players associations are still discussing the nuts and bolts with each other, but with the leadership of Curt Schilling and Frank Thomas and other high-profile athletes, I think the advisory committee can accomplish some great things, great things like getting more than 56 percent of teenagers to understand steroids are harmful, like getting young girls to find healthy ways to enhance athletic performance or self-esteem. Like getting all

sports leagues to acknowledge that their testing programs need improvement.

[The prepared statement of Chairman Tom Davis follows:]

Opening Statement of Chairman Tom Davis
Government Reform Committee Hearing
"Steroid Use in Sports Part II: Examining the National Football League's Policy on Anabolic Steroids and Related Substances"
April 27, 2005

Good morning, and welcome to today's hearing on the National Football League (NFL) and the use of performance-enhancing drugs. The purpose of this hearing is to consider the NFL's drug policy; how the testing policy is implemented; how it effectively addresses the use of prohibited drugs by players; and the larger societal and public health ramifications of steroid use.

Fourteen years ago, anabolic steroids were added to the Controlled Substance Act as a Schedule III drug, making it illegal to possess or sell them without a valid prescription. Today, however, evidence strongly suggests that steroid use among teenagers – especially aspiring athletes – is a large and growing problem.

The Centers for Disease Control and Prevention tells us that more than 500,000 high school students have tried steroids, nearly triple the number just ten years ago. A second national survey, conducted in 2004 by the National Institute on Drug Abuse and the University of Michigan, found that over 40 percent of 12th graders described steroids as "fairly easy" or "very easy" to get, and the perception among high school students that steroids are harmful has dropped from 71 percent in 1992 to 56 percent in 2004.

The reality is, parents today are in the unenviable position of having to add anabolic steroids and performance-enhancing drugs to their teachings on the dangers of recreational drug use. The Associated Press reported yesterday that an alarming number of American girls – some as young as nine years old – are using steroids. Researchers say 7 percent of middle school girls – *7 percent* -- admit to trying anabolic steroids at least once; researchers also say that while most of these girls were looking to get more competitive on the playing field, some were just hoping to improve their appearance.

Clearly, it's time to discuss how we got here.

In light of the societal impact of steroid use, the Committee decided to launch an investigation into the steroid policies of professional, amateur, collegiate, and high school athletics. Last month, we held our first hearing, aimed at evaluating Major League Baseball's efforts to crack down on steroid use. After that hearing, the Committee sent letters to the NFL, National Basketball Association, National Hockey League, Major League Soccer, U.S. Soccer Federation, USA Cycling, USA Track & Field, and the Association of Tennis Professionals requesting information on their respective steroid policies.

Today's hearing will be based on the information provided by the NFL to the Committee regarding its 2004 Policy on Anabolic Steroids and other Related Substances.

The dynamic is somewhat different than what we encountered at the MLB hearing. MLB and the Players' Association greeted word of our inquiry first as a nuisance, then as a negotiation. In contrast, both the NFL and its players' association have worked cooperatively with the Committee to educate us about their policy and the proactive steps the NFL has continued to take with regard to steroid testing. We've appreciated their cooperation and responsiveness.

Drug-testing experts have long hailed football's testing program as the top of the heap in professional sports. It's a policy that the league and players' association review quarterly and improve upon annually. It's a policy that has evolved along with advancements in science and technology. It's a policy with tough penalties that's getting tougher all the time.

But it's not perfect, and that's one of the reasons we're here today. The NFL's testing program has come under heightened scrutiny in recent weeks in the wake of news reports that three Carolina Panthers players filled steroid prescriptions within two weeks of playing in last year's Super Bowl.

Today we'll ask some serious questions to find out if we can make a good policy even better. Most questions will focus on the "what, how and when's" of the league's testing procedures.

I think we'll hear from the NFL and players' association about improvements they're making to their policy. I also hope they will address the steps they're taking to educate young people – especially young football players -- on the dangers of steroid use.

After all, that's why we've undertaken this investigation. More than just the reputation of baseball or football is at risk. Our primary focus remains on the message being sent to children. Children who play football and baseball and basketball and soccer. Children who idolize and emulate professional athletes.

Too many college athletes believe they have to consider steroids if they're going to make it to the pros; high school athletes, in turn, think steroids might be the key to getting a scholarship. It's time to break that cycle, and it needs to happen from the top down.

We'll hear about the vicious cycle – and the societal pressures that fuel it -- firsthand today from Bobby Barnes, head football coach at Buckeye Union High School in Arizona. Coach Barnes made the right decision; he suspended 10 of his players for using steroids. But some in his community criticized the move, and I can only wonder how we've arrived at a place where the drive to win is more important to some than not cheating, or not risking permanent harm to your health.

These hearings are the beginning, not the end. Today's hearing can give us important information about the prevalence of steroids in professional football; shine

light on the sometimes tragic results of steroid use by young athletes; and offer thoughts on where to take our investigation next.

Thoughts from the two high school football coaches with us today on how to steer kids away from steroids, and what to do when young athletes fall victim to their allure;

Thoughts from medical experts about how to better educate all Americans about the very real dangers of steroid use;

Thoughts from the NFL and players' association on how one professional sports league is addressing this problem, and the need to continually revisit testing effectiveness over time.

Our ongoing investigation already has spawned draft legislation authored by me and Mr. Waxman that would create uniform testing standards for all major sports leagues and associations. We think this is a critical next step, and we hope to introduce the legislation soon. Senator John McCain is also working on legislation along these lines.

But our job won't end when that bill becomes law. Public education and awareness will remain paramount. That's why I'm pleased that the advisory committee Mr. Waxman and I announced at the MLB hearing is beginning to take shape. The leagues and players' associations are still discussing the nuts and bolts with each other, but with the leadership of Curt Schilling and Frank Thomas and other high-profile athletes, I believe this advisory committee can accomplish great things.

Great things like getting more than 56 percent of teenagers to understand steroids are harmful. Like getting young girls to find healthy ways to enhance athletic performance or self-esteem. Like getting all sports leagues to acknowledge that their testing programs need improvement.

The Committee will hear testimony from the following witnesses:

Mr. Willie Stewart, Head Football Coach, Anacostia High School, Washington, DC

Mr. Bobby L. Barnes, Head Football Coach, Buckeye Union High School, Buckeye, AZ

Dr. Linn Goldberg, Professor of Medicine, Oregon Health Sciences University

Dr. Gary I. Wadler, Associate Professor of Clinical Medicine, New York University School of Medicine

Dr. John A. Lombardo, NFL Advisor on Anabolic Steroids and Related Substances

Dr. Bryan Finkle, NFL Consulting Toxicologist on Anabolic Steroids and Related Substances

Mr. Steve Courson, ex-NFL player, Pittsburgh Steelers, Tampa Bay Buccaneers

Mr. Paul Tagliabue, Commissioner, National Football League

Mr. Harold Henderson, Executive Vice President, Labor Relations, National Football League

Mr. Gene Upshaw, Executive Director, National Football League Players Association

Chairman TOM DAVIS. I now recognize the distinguished ranking member, Mr. Waxman, for his opening statement.

Mr. WAXMAN. Thank you very much, Mr. Chairman.

This is the second hearing in our committee on the issue of steroids and professional sports, and this hearing is very different from the first. A little over a month ago we looked at baseball's steroid policies, and Major League Baseball fought us every step of the way. When we finally got the league's policy, we found that it was surprisingly weak.

The NFL has been different. They have cooperated with the committee from the start, and they have a very different steroid policy, too. There is no question that the NFL has a steroid program that is superior to the baseball program we examined at our last hearing. The NFL policy covers a broad range of steroids, and its testing is more extensive. And the NFL acted quickly to add substances like andro to its list of banned substances.

This morning the NFL and the players' association will describe additional changes to their steroid policy. These are significant changes that will make a good policy better.

But even the NFL policy—as good as it is—does have holes. I have questions about how the league treats human growth hormone. And the list of stimulants that the NFL tests is much shorter than the Olympic list. I hope we can explore these issues today.

We also need to explore how the NFL steroid policy is working. The percentage of NFL players who test positive for steroids is very low. Is this because the policy is working, or is this because players have figured out how to avoid detection?

Clearly there is evidence that some football players are trying to cheat the system. Last month 60 Minutes reported that three members of the Carolina Panthers filled prescriptions for testosterone before playing in the 2004 Super Bowl. The NFL testing program never caught any of these players. One possible explanation, they may have been carefully calibrating their dosage to stay below the detection threshold.

In 2003, four members of the Oakland Raiders were found to be using a new type of steroid, THG, that was designed to avoid detection. We need to assess whether these are isolated exceptions or part of a broader pattern.

As our committee continues its work, I think we should recognize some positive developments. We had a rocky start with Major League Baseball, but I am encouraged by our discussions with the Commissioner's office and players union since the hearing. Both are now working with us as we sort through the next steps.

One issue that I raised with baseball I will raise again today; whether we should have a single tough standard for all professional sports leagues. To its credit, baseball has recognized the potential value of such an approach. Today we'll have an opportunity to learn what football and its players association think about this issue.

I received a letter yesterday from nearly 100 high school baseball players in New York who were writing to tell me about a new organization they had formed. These were high school baseball kids, and they formed an organization called HATS, High Schoolers Against Taking Steroids. These young athletes signed a pledge not

to use steroids because as they wrote—"We want to uphold the integrity and honor of the sport as representatives of our generation."

I would like to make their letter a part of the hearing record today.

Chairman TOM DAVIS. Without objection, it will be entered into the record.

[NOTE.—The signatures are on file with the committee.]

[The information referred to follows:]

201 East 69th Street
New York, New York 10021
April 26, 2005

Dear Members of the House Government Reform Committee:

As a congregation of **almost 100 high school baseball players** from the New York City area, we would first like to thank Congress and the House Government Reform Committee for their hearing on issues surrounding steroid use in baseball. Chairman Davis and Ranking Member Waxman, we applaud you willingness to address this issue of national relevance. You have helped better our understanding of the possible dangers brought on by the misuse of steroids. The statements made by participants in your hearing, especially the parents of those teenagers who had suffered from steroid use to the point of suicide, were compelling and resounded with alarm in our thoughts and minds.

We would also like to take this opportunity to thank those athletes of Major League Baseball who have never taken, or have stopped taking these banned drugs during their professional involvement in this great game. Their admirable discretion reflects your acknowledgement of not only what it means to be a responsible human-being, but what it means to be a role model too. Professional baseball players must understand that they are our role models and it is therefore imperative that they make the right choices when it comes to being honest, and not cheating or dishonoring our national pastime. With great success comes great responsibility, and while we are sensitive to the burden this may put on professional athletes, becoming a Major League Baseball player assumes the duty of becoming an example for so many others who aspire to reach your heights in baseball.

We 100 signers of this petition, hereby pledge an oath to never harm our bodies with steroids or any other illegal substances or to abuse this game which has given us so much in our lives. In our effort, these 100 signatures are hopefully the first of thousands to take such an oath.

Encouraged by the sentiments of so many who wish to preserve the reputation of baseball, we want simply to uphold the integrity and honor of the sport as representatives of our generation.

Therefore we encourage all baseball players across the United States of America, professionals and amateurs alike, to add their signatures and make this same pledge. In doing so, we can help to permanently remove this aberration from baseball's rich history, and wipe away the tarnish it has left on baseball's meaning to society as well.

We thank you for reading this letter, and for your participation in restoring baseball to its purest form.

Sincerely,

Nicholas Turner and Brendan Lee
Co- Chairs, H.A.T.S.
High-schoolers Against Taking Steroids

Dear fellow high school baseball players and affiliates:

In light of the recent events surrounding steroid use in baseball across America, Congress and the House Government Reform Committee have held a hearing pertaining to these issues that affect us directly as participants in this great game.

And so, with an overall goal to restore the integrity of baseball and all that it represents to Americans, we ask you to help us in taking this first step. In signing this petition, you are pledging to never harm your own body, or this sport, by using steroids or any other substances banned by Major League Baseball.

Each signature represents one more step towards restoring our national pastime. We thank you for your cooperation and participation.

Mr. WAXMAN. These young members of HATS have the right idea, but they need our help. If steroids are condoned in sports, these aspiring athletes and others like them around the country will be put in a crushing competitive disadvantage. We in Congress and the representatives of professional sports testifying today have a responsibility to ensure that this doesn't happen.

In closing, let me say that I look forward to the testimony today, and I want to commend Chairman Davis for his leadership in holding this hearing.

Chairman TOM DAVIS. Thank you, Mr. Waxman. And I appreciate your initiating this as well.

[The prepared statement of Hon. Henry A. Waxman follows:]

Statement of Rep. Henry A. Waxman, Ranking Minority Member
Committee on Government Reform
Hearing on the
National Football League's Policy on Steroids

April 27, 2005

This is the second hearing in our Committee on the issue of steroids and professional sports, and this hearing is very different from the first. A little over a month ago, we looked at baseball's steroid policies, and Major League Baseball fought us every step of the way. When we finally got the league's policy, we found that it was surprisingly weak.

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But even the NFL policy – as good as it is – does have holes. I have questions about how the league treats human grown hormone. And the list of stimulants that the NFL tests is much shorter than the Olympic list. I hope we can explore these issues today.

We also need to explore how the NFL steroids policy is working. The percentage of NFL players who test positive for steroids is very low. Is this because the policy is working … or is this because players have figured out how to avoid detection?

Clearly, there is evidence that some football players are trying to cheat the system. Last month, 60 Minutes reported that three members of the Carolina Panthers filled prescriptions for testosterone before playing in the 2004 Super Bowl. The NFL testing program never caught any of these players. One possible explanation: they may have been carefully calibrating their dosages to stay below the detection threshold.

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As our Committee continues its work, I think we should recognize some positive developments. We had a rocky start with Major League Baseball, but I am encouraged by our discussions with the Commissioner's office and players' union since the hearing. Both are now working with us as we sort through the next steps.

One issue that I raised with baseball I will raise again today: whether we should have a single, tough standard for all professional sports leagues. To its credit, baseball has recognized the potential value of such an approach. Today, we will have an opportunity to learn what football and its players' association think about this issue.

I received a letter yesterday from nearly 100 high school baseball players in New York who were writing to tell me about a new organization they had formed called "HATS": High-schoolers Against Taking Steroids. These young athletes signed a pledge not to use steroids because – as they wrote – "we want to uphold the integrity and honor of the sport as representatives of our generation." I would like to make their letter part of the hearing record today.

These young members of HATS have the right idea, but they need our help. If steroids are condoned in sports, these aspiring athletes and others like them around the country will be put at a crushing competitive disadvantage. We in Congress – and the representatives of professional sports testifying today – have a responsibility to ensure that this doesn't happen.

In closing, let me say that I look forward to the testimony today and commend Chairman Davis for his leadership in holding this hearing.

Chairman TOM DAVIS. Mr. Souder, the chairman of the subcommittee.

Mr. SOUDER. I thank the chairman and ask unanimous consent to place my full statement in the record.

I would just like to make a few comments. I want to thank the chairman and ranking member for holding this hearing.

The first hearing we heard these constant critics about why you are focusing on baseball. Clearly we're trying to look at the steroid problem as a whole, but the NFL is not Major League Baseball. From his perspective, Ricky Williams would have been a lot better off playing baseball.

We have huge problems in sports. Clearly we have problems that have already been alluded here in the NFL. But the problems here are how can we get a tough enough policy to adjust as the steroids and other body enhancers change their content; as they adjust, as we do testing, how can we do better targeting, how can we do this during the season, how can we do this in a logical way as the market adjusts because the incentives to cheat are overwhelming?

Then as chairman of the Narcotics Subcommittee, and Ranking Member Elijah Cummings and I have been doing—last hearing I pointed out 27 hearings in 22 months, I think it was, but we've had multiple ones since then. And yesterday we focused on drug prevention and how we handle drug prevention budgets. And what we've seen is the use of steroids among professional athletes is alarming, but the trickle-down effect on our youth is huge; that the steroid use among 12th grade boys has been steadily increasing.

Now, the most alarming thing that we look for in drug abuse is perception of risk, and one of the reasons we've made incredible gains in the last 12 months in States where methamphetamines have been used and so-called crystal meth is because we quickly communicate in those zones the perceived risk. And we've had a 38 percent reduction in meth once it hits the media, but then it moves to another market. And right now we're chasing meth across the country.

In steroids, we have close to the lowest point ever in the perceived risk in high-schoolers of steroids. We have to change this perception. We could do drug-free schools programs, we can do prevention and treatment programs, we can have community action groups, but, in fact, if our professional athletes aren't clean, and the example they set is that if you cheat, you might make the SuperBowl, if you cheat, you might become most valuable player, that's going to trickle down to the guys who don't know if they quite have that edge.

And this is very important as we pursue this and as today we continue along the line of how can we make these policies—even when our heart is in the right place, how can we make them really effective so we don't get this inadvertent communication that undermines our ad campaign, that undermines everything else we're trying to do in drug abuse.

I yield back.

[The prepared statement of Hon. Mark E. Souder follows:]

Statement of Congressman Mark Souder (R-IN)
Chairman, Subcommittee on Criminal Justice, Drug Policy and Human Resources
House Government Reform Committee
April 27, 2005 at 10:00 A.M.
Washington, D.C.

I am grateful to the Chairman, Tom Davis, and ranking member Harry Waxman, for holding this hearing, the second in which we examine the use of steroids in professional sports. After our first hearing, many critics asked why we were "picking" on Baseball. A large part of the answer applies today: the actions of our professional athletes regarding steroid use has a tremendous impact on the society, especially our nation's youth.

Late last month, we learned that at least three players for the Carolina Panthers had used steroids within two weeks of last year's Super Bowl. Last week, Luis Castillo was signed by the San Diego Chargers during the first round of the NFL Draft, despite the fact he had tested positive for androstenedione -- which the league considers part of the steroid family -- at the annual NFL scouting combine in March.

And just last February, the *Dallas Morning News* published a stunning special investigative report called "The Secret Edge: Steroids in High Schools." The report demonstrated the ease with which high school students obtain steroids, and the prevalence of steroid use among high-school athletes across all sports.

The use of steroids among professional athletes is alarming, and the trickle down effect this inevitably has on the youth of the nation is tragic. According to the National Institute on Drug Abuse, steroid use among 12th grade boys has been steadily rising, and it was at 2.5% in 2004. Another alarming fact is that the perceived risk of steroids among this age group is only 56%, close to the lowest point ever. These trends are not surprising when there is a constant stream of reports exposing the use of steroids among professional athletes.

Inasmuch as the National Football League strives to adhere to the standard set by the International Olympic Committee, it should be commended. Without strongly enforced policies that prohibit steroid use in professional sports, doped up athletes are allowed to commit a fraud on the public, while setting the worst kind of example for adolescents who are striving for excellence.

This is simply unacceptable. Teens who take steroids are endangering their lives, while trying to live up to the standard set by professional athletes who are taking steroids. It goes beyond cheating – it is life threatening. This has to end.

As Chairman of the Drug Policy Subcommittee of the Government Reform committee, I have held 29 narcotics hearings, along with Ranking Democrat Member Elijah Cummings, since the 108th Congress. We are committed to tackling the overall narcotics and drug abuse issues that are affecting this nation, in particular its youth.

I am looking forward to the testimony of our witnesses.

Chairman TOM DAVIS. Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. And I thank you, Mr. Chairman, for holding today's hearing examining the use of steroids in the National Football League and the effectiveness of the NFL steroid testing policy.

Today's hearing reflects an understanding that professional sports, at their best, represent more than a game, but an expression of some of America's most revered principles. It tells us that we can achieve more together than we can alone, and that our drive and talent should be the only limitations to how high we can soar on the playing field or in life.

Unfortunately, our first hearing on steroids use in sports served as a stark reminder of what happens when a professional athletic league, that is, Major League Baseball, fails to embrace the very values that make it America's pasttime.

As ranking minority member on the Subcommittee on Criminal Justice, Drug Policy, and Human Resources, I work along with Chairman Souder frequently on issues related to U.S. drug control policy and public health. Although Schedule I substances are the primary focus of our oversight in our hearings, the dangers associated with substances on other schedules, such as steroids, are just as real.

Even though some anabolic steroids have legitimate medical use, abuse of steroids by recreational users seeking increased muscle growth and enhanced athletic performance can result in serious health problems ranging from early cardiovascular disease to serious psychiatric side effects, including severe depression and even suicide.

To minimize the dangers of illegitimate steroid usage, Congress added certain anabolic steroids to Schedule III of the Controlled Substances Act. Individuals possessing such drugs without a valid prescription are subject to a misdemeanor charge, while persons convicted of distributing, dispensing or selling these drugs are subject to a 5-year sentence for first offense. In other words, it is a crime.

Unfortunately, today we find that the illegal use of steroids by professional athletes encourages the perception that steroid abuse is acceptable. I am here to tell you it is not. The private actions and personal choices of even a few elite players can reverberate into the lives of our young people. Let us not forget the families who testified before this committee about the suicide of their children after using steroids. They attributed their children's steroid use and subsequent deaths to the negative examples set by professional athletes.

Unfortunately, while the world of professional sports is increasingly beset by allegations of steroid use among athletes, more families are confronting the use of performance-enhancing drugs by their children. In just 10 years the percentage of U.S. high school students reporting steroid use has tripled, and experts believe that over 500,000 high school students have used steroids in some form. According to Centers for Disease Control, 1 in 45 high school students reported steroid use in 1993. By 2003, the figure was 1 in 16.

Given these startling statistics, I was pleased to learn that the NFL maintains what is generally considered the most effective steroid testing policy in American professional sports. The NFL recognizes that steroid use among its players sends a dangerous message to our young people, undermines the credibility of the game, and violates the sanctity of our laws. This steroids testing policy includes penalties for steroid use, random year-round testing, and public disclosure for violations. In the past 5 years, only 0.5 percent of 15,000 NFL players have tested positive.

However, while the NFL's drug testing policy is strong, it needs to be one of zero tolerance, and it needs to be air-tight. NFL's policy fails to meet the Olympic standard in several key areas, from insufficiently prohibiting and testing stimulants to inadequately penalizing players who test positive. Allegations that the NFL steroid testing policy may be underestimating the scope of the problem must be considered in light of a recent 60 Minutes report that has already been mentioned where three Carolina Panthers obtained steroids before the 2004 Super Bowl and evaded detection.

I repeat, the use of steroids is a crime, and the use of steroids is cheating. While I applaud the NFL for adopting a strict steroid policy, I will continue to push for zero tolerance. Mr. Chairman, we should not settle for a field goal. American families deserve a touchdown when it comes to a robust steroid testing policy in professional sports.

And with that, I yield back.

Chairman TOM DAVIS. Well, thank you very much.

[The prepared statement of Hon. Elijah E. Cummings follows:]

Opening Statement of

Representative Elijah E. Cummings, D-Maryland

Hearing on "Steroid Use in Sports Part II: Examining the National Football League's Policy on Anabolic Steroids and Related Substances"

Committee on Government Reform

U.S. House of Representatives
109th Congress

April 27, 2005

Mr. Chairman,

Thank you for holding today's hearing examining the use of steroids in the National Football League (NFL) and the effectiveness of the NFL's steroid testing policy.

Today's hearing reflects an understanding that professional sports at their best represent more than a game, but an expression of some of America's most revered principles. It tells us that we can achieve more together than we can alone, and that our drive and talent should be the only limitations to how high we can soar on the playing field or in life.

Unfortunately, our first hearing on steroid use in sports served as a stark reminder of what happens when a professional athletic league—Major League Baseball—fails to embrace the very values that make it America's pastime.

As Ranking Minority Member of the Subcommittee on Criminal Justice, Drug Policy, and Human Resources, I work frequently on issues related to U.S. drug control policy and public health. Although Schedule I substances are the primary focus of our oversight, the dangers associated with substances on other schedules such as steroids are just as real.

Even though some anabolic steroids have legitimate medical use, abuse of steroids by recreational users seeking increased muscle growth and enhanced athletic performance can result in serious health problems—ranging from early cardiovascular disease to serious psychiatric side effects including severe depression and even suicide.

To minimize the dangers of illegitimate steroid usage, Congress added certain anabolic steroids to Schedule III of the Controlled Substances Act. Individuals possessing such drugs without a valid prescription are subject to a misdemeanor charge, while persons convicted of distributing, dispensing, or selling these drugs are subject to a five-year sentence for a first offense.

Unfortunately, today we find that the illegal use of steroids by professional athletes encourages the perception that steroid abuse is

acceptable. The private actions and personal choices of even a few elite players can reverberate into the lives of our young people. Let us not forget the Garibaldi and Hooten families who testified before this Committee about the suicide of their children after using steroids. They attributed their children's steroid use and subsequent deaths to the negative examples set by professional athletes.

Unfortunately, while the world of professional sports is increasingly beset by allegations of steroid use among athletes, more families are confronting the use of performance-enhancing drugs by their children. In just ten years, the percentage of U.S. high school students reporting steroid use has tripled and experts believe that over 500,000 high school students have used steroids in some form. According to the Centers for Disease Control, 1 in 45 high school students reported steroid use in 1993. By 2003, the figure was 1 in 16.

Given these startling statistics, I was pleased to learn that the NFL maintains what is generally considered the most effective steroid testing policy in American professional sports. The NFL recognizes that steroid use among its players sends a dangerous message to our young people, undermines the credibility of the game, and violates the sanctity of our laws. Its steroid testing policy includes penalties for steroid use, random

year-round testing, and public disclosure for violations. In the past five years, only 0.5% of 15,000 NFL players have tested positive.

However, while the NFL's drug testing policy is strong, it needs to be one of zero tolerance and it needs to be airtight. The NFL's policy fails to meet the Olympic standard in several key areas—from insufficiently prohibiting and testing stimulants to inadequately penalizing players who test positive. Allegations that the NFL's steroid testing policy may be underestimating the scope of the problem must be considered in light of a recent *60 Minutes* report that three Carolina Panthers obtained steroids before the 2004 Super Bowl and evaded detection.

While I applaud the NFL for adopting a strict steroid policy, I will continue to push for zero tolerance. Mr. Chairman, we should not settle for a field goal. American families deserve a touchdown when it comes to a robust steroid testing policy in professional sports.

Chairman TOM DAVIS. Let me ask, we've had the chairman and subcommittee chairman give long, lengthy statements. If Members would like to take a minute or two so we can move it along, that would be great. And everybody will get a chance to say something, and the entire statements will be in the record.

Mr. Shays.

Mr. SHAYS. Thank you, Mr. Chairman.

I want to first thank the National Football League for being so cooperative in this hearing. It is very appreciated. And I thank you, Mr. Chairman.

Young athletes are threatened by a cultural tsunami of explicit rewards and implicit tolerance for pharmaceutically enhanced performance. No testing policy, however tightly drafted or rigorously enforced, will turn back the tide that is already rising in our high schools and college playing fields across this Nation if we don't change the culture of drug tolerance.

When an admitted steroid user gets taken in the first round of the NFL draft, and three players from a team competing in the Super Bowl allegedly obtain illegally filled steroid prescriptions from a doctor, it is clear a tougher policy is in order.

Professional sports have to lead the way toward a societal policy of zero tolerance for chemical cheating. Professional athletes are role models for our student athletes, and until there is zero tolerance for the use of steroids in the professional ranks, there will continue to be steroids used in our schools.

They can't hide behind internal work rules and penalties and ignore the broader impact of the win-at-all-costs culture they glamorize. Bottom line, baseball has five strikes and you're out; it appears that football has four strikes and you're out. I think it needs to be much less than that. Thank you.

Chairman TOM DAVIS. Thank you very much.

Any statements? Mr. Lynch.

Mr. LYNCH. Mr. Chairman, at the outset I just want to thank you, as well as Ranking Member Waxman, for your leadership on this issue.

I think this series of hearings has assisted greatly in bringing the issue of steroid abuse from the shadows of society to the attention of the media and general public. As is often the case, any potential legislative response to this problem must also include an educational component regarding the nature and the scope of steroid abuse for society, as well as for professional sports.

Mr. Chairman, I read recently that there is evidence now that even young girls and young women have turned to steroid use for weight control and physique enhancement. In light of this and other reports indicating that steroid use among our young people, including those who are not athletes, has risen dramatically during the last decade, part of our role here must be to inform the public in the process in which we are, ourselves, informed.

In addition, I'd like to thank the witnesses for their assistance in this effort, and I wish to express my appreciation for Commissioner Tagliabue, and particularly Gene Upshaw from the players union. As a former president of the Iron Workers Union in Boston, I have negotiated a number of collective bargaining agreements, and with respect to the issue of drug abuse, I have always felt that

the establishment of a clear and no-nonsense, reliable drug-testing protocol not only served the best interests of the workplace, but was also essential in terms of setting the bounds of acceptable behavior beyond work. And I compliment Mr. Upshaw on a job that cannot be easy.

And from what I have seen, Mr. Upshaw's tenure as head of the NFL Players Association has been marked by a proactive and cooperative approach, unlike baseball, to protecting his players from harmful consequences associated with the use of performance-enhancing substances. However, in turning to the specifics of the NFL's 2004 policy on anabolic steroids and related substances, while I agree with the chairman's assessment that the NFL has done a better job than Major League Baseball on policing the steroid abuse, I must admit that the bar was set exceedingly low.

While I would like to believe that the problem of steroid abuse in football has been eliminated—limited to a small number of players, I am not yet convinced. I believe there is evidence that chemists and so-called steroid designers have become more creative. We also know that testing for the abuse of human growth hormone has not been addressed by the league, and that no firm timetable has been set for the implementation of blood testing that would be required.

In addition, in contrast to the World Anti-Doping Agency's inclusion of about 40 stimulants in its Olympic Code, the NFL steroid policy bans only eight.

Now furthermore, I'm also concerned by the statements of some former players indicating that today's NFL athletes can and are gaming the system of testing protocols that are currently in place. And we cannot ignore the fact that, according to recent statistics provided by the media, while only five players in the NFL were over 300 pounds in 1985, by 2003 there were 327 players in the league over 300 pounds. That is an increase of over 6,000 percent in the span of 18 years. And it's my understanding that currently the average NFL offensive tackle now weighs over 300 pounds, that's the average.

It is not only that the average player is bigger, but that a very cursory review of the data also suggests that unlike the rest of the population, including players of an earlier era, a phenomenon is developing among a certain segment of players in the NFL suggesting that the time of which these players have experienced this growth spurt has actually shifted, and while the evidence is largely, at this point, anecdotal, it is troublesome, and I would recommend that we as a committee take a closer look.

And last, but important, I believe that if this committee is serious about investigating steroid use among football players today, well, we should probably start by talking to some of today's football players. And regrettably, today's witness list affords this panel an extremely limited opportunity in that respect. It would appear that the investigation today will receive testimony from a player's perspective that begins in 1967—if you count Mr. Upshaw's arrival on the scene—and it ends in 1985 with Mr. Courson's retirement. Now that's it, from 1967 to 1985; that's what we're going to hear player testimony, actual player testimony. And I for one think that what happened in the NFL in the intervening 20 years is very important

and quite relevant to this investigation. This is a glaring gap, especially given the depth of the recent hearings with Major League Baseball, and I think this defect, if it is not cured, will lead the public to come to question the commitment, thoroughness and fairness of this committee in this process in general.

Mr. Chairman, I look forward to the testimony of our witnesses, and I yield.

Chairman TOM DAVIS. Thank you.

Mr. Sanders.

Mr. SANDERS. Thank you very much, Mr. Chairman. And thank you for holding this important hearing.

The issue here is not just what the NFL is doing, what Major League Baseball is doing within their own organizations, as important as that is, but it is, in fact, more important is that for better or for worse, major league athletes, professional athletes, are role models to tens of millions of kids. Kids look up to them, and increasingly, as we all know, for worse, not for better, we are in a culture, whether it is politics, whether it is athletics, where winning is everything, and it's not how you play the game, but who ends up with the Super Bowl. And if you cheat and if you lie and if you do all kinds of bad things, that's OK as long as you win.

And what ends up happening is that mentality trickles on down to kids who are in elementary school, little girls who do gymnastics, and they look up and they see professional athletes, strong, tough fantastic athletes, and they say, I'm going to do what those athletes are doing, even if it endangers my health.

And you see coaches at the high school level who get tremendous community pressure, you've got to within the championship in your local athletic league, and look away if some of your kids are doing illegal drugs.

So there is an enormous responsibility on those organizations like the NFL or Major League Baseball and others for doing what is right not just for your own athletes, but for millions of American kids.

So today I thank the chairman and ranking member for holding this hearing. It is very important for us to see what the NFL, certainly one of the major sports organizations in this country, is doing to not only protect its own players and its own integrity, but what they are doing, in essence, for millions of young people in this country.

Thank you, Mr. Chairman.

Chairman TOM DAVIS. Thank you very much.

[The prepared statement of Hon. Bernard Sanders follows:]

Statement of Representative Bernard Sanders
Government Reform Committee hearing on
Steroid Use in the National Football League
Wednesday, April 27, 2005

Mr. Chairman and Ranking Member, thank you for holding this important hearing. Steroid use not only in the National Football League, but in nearly every sport and by adults and children as young as 10 years old, is no doubt of importance to all of us and I look forward to hearing from our witnesses about their roles in this crisis and in solving it.

This is a very serious issue. As in our hearing of several weekes ago, I am more concerned for the future of a great American pastime, football, and our nation's youth, than with digging up allegations or confessions about past practices or who did what when. There is widespread agreement in the medical community that steroid use can have very serious, long-term effects on human health and that, accordingly, steroids should only be used when prescribed by a doctor for diagnosed medical problems. So why is steroid use so rampant?

We live in a society in which, for better or for worse, celebrities are looked to as role models by tens of millions of children across the country. Our culture has become obsessed with physical appearance and the advertisers and marketers on Madison Avenue make professions out of making people feel insecure about their bodies and themselves. Today, one of the most popular shows on television is called "Extreme Makeover" and it reflects and feeds the insecurities of millions. It should come as no surprise then that people are extremely susceptible to the temptation of the quick fix for their appearance and their physical condition. In come steroids.

Today we are looking at a situation where professional athletes, role models for millions of our children, are opting for the easy way out every day. They are tapping into the quick fix of steroids all the time and the aspiring young athletes who look to them for leadership know it. So, despite the extreme risk to their physical and mental health, our kids are taking the short cut, too. I was shocked to read that a 1998 Massachusetts study found that 9% of gymnasts in the 5th, 6th and 7th grades had used illegal steroids and that children across the country report that such illegal steroids are "fairly easy" or "very easy" to obtain.!

These are drugs that have been implicated in, among other things, early heart disease, including sudden death, increased bad cholesterol, increases in tendon injuries, liver tumors, testicular atrophy, emotional disturbances and other significant health risks. They have wreaked havoc on countless families, some of whom we will hear from today, whose children paid the ultimate price for their use of these dangerous drugs. These tragedies, and the day-to-day harm done to so many of our people, are in no small measure fueled by the recklessness of many of our highest profile athletes.

So, we are here today to learn about what the National Football League has done to prevent the use of steroids in its league. One look at the size of players in a replay of a game in the 70s or 80s makes it clear that if steroids are a problem today, it is certainly not a new problem. Former pros in the game and current officials have made it clear that use and abuse of steroids has been an issue in the NFL since the 70s.

Obviously, as we examined a few weeks ago in a hearing focused on Major League Baseball, this is not a problem for just the NFL. Considering that the NFL has done steroid testing since 1989 and yet we still have reason to believe that steroid use is pretty widespread, it is clear thatb this is not an easy problem to solve.

Recently, perhaps in reaction to the increased Congressional interest in this issue, the NFL has recently re-examined and updated its testing policy. This is good news. But the question is, is it enough? I look forward to hearing from our witnesses today about what the NFL is doing and how it is going to work.

What I want to hear today from our witnesses from the NFL today is what, in very clear and understandable terms, are they going to do to stop this harmful trend? I think we and the American people want straight talk about how the NFL and other professional sports are going to clean up their own act and at the same time lead the way in getting across the right message to our children.

Thank you.

Chairman TOM DAVIS. Ms. Norton.

Ms. NORTON. Thank you, Mr. Chairman. And I believe that every parent in America would want to thank you and the ranking member for the way in which you have brought this subject into the open so that all of us collectively can do something about it.

I appreciate that Major League Football is here and has been cooperative, and I particularly want to welcome Mr. Willie Stewart from our own Anacostia High School here in a tough neighborhood in the District of Columbia where youngsters would be especially likely to look up to football players. You've got a good winning record as well.

Mr. Chairman, you began with what I used to say when I was a Chair of the Equal Opportunity Commission; you said, we begin with the worst first, because that leads others to believe that they better fall into line before we get to them, and you did that when you and the ranking member began with baseball. Now we have come to the best, but not the best it can be.

I appreciate that football has long been doing some random testing on and off season. The nearly perfect record would lead one to believe that you have not kept ahead of the extraordinary advances in steroid development and detection. The pressures on the players simply cannot be discounted. The culture which reinforces the pressure on them, which comes from the fans, comes from the country, comes from everyone, cannot be underestimated. How to break through that.

There are real gaps, you've heard some of them from my colleagues, insufficient coverage even in what you've done in amphetamines, lack of testing of human growth hormone about which our youngsters hear so much about these days. And I use one standard through these hearings, and that is, what are we doing this for? And we're doing this basically because we're concerned about what is happening to young people, about the liver damage and the early heart damage and the horrible role model that professional athletes set.

So I exercise a presumption that American sports should follow the policy America has insisted upon at the Olympics; perhaps that's a rebuttable presumption, but it seems to me that if that's the policy that we have insisted upon for the world, then it's very hard to understand why that policy would not be the same policy we brought home to America.

Thank you very much once again, Mr. Chairman.

Chairman TOM DAVIS. Well, thank you very much.

We have a vote under way in the House, but we're going to keep the hearing going. Mr. Shays is over there voting and coming back. We may have a picture of the House, and Mr. Waxman and I just said we will forgo the picture this year. This is important for us, so we will try to keep the committee hearing moving.

We are just really pleased with our opening panel today. We have Willie Stewart, the head coach of Anacostia High School right here in Washington, DC. Congratulations on your successful season, and thanks for being with us.

We have Bobby Barnes coming here from Buckeye Union High School in Arizona. Thank you very much for being here.

Steve Courson, former NFL player with the Pittsburgh Steelers and the Tampa Bay Buccaneers. Steve, thanks for being with us today.

Linn Goldberg, professor of medicine, Oregon Health Sciences University. Thank you for being with us.

Gary Wadler, the associate professor of clinical medicine at New York University School of Medicine. Thanks for being with us.

Dr. John Lombardo, NFL advisor on anabolic steroids and related substances.

And Dr. Bryan Finkle, NFL consulting toxicologist on anabolic steroids and related substances. Thank you both for being with us.

We are the major investigative committee in the House, so it is our policy that we always swear everybody in. So if you would just rise with me and raise your right hands.

[Witnesses sworn.]

Chairman TOM DAVIS. Coach Stewart, we'll start with you.

STATEMENTS OF WILLIE STEWART, HEAD FOOTBALL COACH, ANACOSTIA HIGH SCHOOL; BOBBY BARNES, HEAD FOOTBALL COACH, BUCKEYE UNION HIGH SCHOOL; STEVE COURSON, EX-NFL PLAYER, PITTSBURGH STEELERS AND TAMPA BAY BUCCANEERS; LINN GOLDBERG, PROFESSOR OF MEDICINE, OREGON HEALTH SCIENCES UNIVERSITY; GARY I. WADLER, ASSOCIATE PROFESSOR OF CLINICAL MEDICINE, NEW YORK UNIVERSITY SCHOOL OF MEDICINE; JOHN A. LOMBARDO, NFL ADVISOR, ANABOLIC STEROIDS AND RELATED SUBSTANCES; AND BRYAN FINKLE, NFL CONSULTING TOXICOLOGIST ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

STATEMENT OF WILLIE STEWART

Mr. STEWART. Good morning to the Committee on Government Reform.

For the record, I want to state that I do not support steroid use by student athletes. On the high school level, the majority of student athletes want to attend a Division I school, so the student athlete feels he needs to use performance-enhancing drugs to become bigger, stronger and faster; in other words, some student athletes want a quick fix. Unfortunately, there are no quick fixes, meaning down the road the student athletes who use performance-enhancing drugs are at risk for premature heart attacks, strokes, liver tumors, kidney failures, and other health complications. Really, the long-term effects of this drug use outweighs the immediate athletic advantage the student athlete achieves.

There were two instances in which I suspected steroid use by two of my football players. I noticed an increase in weight and size. First I questioned them; I then established a counseling program in which a physician, nurse and athletic trainer discussed the ramifications of steroid use. One of the two student athletes I suspected of using performance-enhancing drugs died 2 weeks ago of kidney failure. He was only 28 years old. His death was just a waste of a human life.

Student athletes look up to the pro athlete as a role model. They see themselves in the same position in a few years. The clothes, the

automobiles, the wealth and prestige are the assets they seek. Given the seriousness of this issue, I urge coaches to get involved in educating student athletes about steroid use, as well as encouraging them to engage in strength training through the normal progression.

And I thank you, Mr. Chairman, for inviting me this morning. Thank you.

Mr. SHAYS [presiding]. We thank you, too, sir.

[The prepared statement of Mr. Stewart follows:]

Congress of the United States
House of Representatives
Committee on Government Reform

Statement from Mr. Willie Stewart
Head Football Coach, Anacostia Senior High School

For the record I want to state that I do not support steroid use by student-athletes. On the high school level the majority of student-athletes want to attend a Division I school. So, the student-athlete feels the need to use performance-enhancing drugs to become bigger, stronger and faster. In other words, some student-athletes want a quick fix. Unfortunately, there are no quick fixes. Meaning, down the road, student-athletes who use performance-enhancing drugs are at risk for premature heart attacks, strokes, liver tumors, kidney failure and other health complications. Really, the long-term affects of this drug use out weigh the immediate athletic advantage the student-athlete achieves.

There were two instances in which I suspected steroid use by two of my football players. I noticed an increase in weight and size. First, I questioned them. I, then, established a counseling program in which a physician, nurse and athletic trainer discussed the ramifications of steroid use.

One of the two student/athletes I suspected of using performance enhancing drugs died 2 weeks ago of kidney failure. He was only 28 years old. His death was just a waste of a human life.

Student/athletes look up to the pro-athlete as a role model. They see themselves in the same position in a few years. The clothes, automobiles, wealth, and prestige are the assets they seek.

Given the seriousness of this issue, I urge coaches to get involved in educating student-athletes about steroid use as well as encouraging them to engage in strength training through normal progression.

Chairman TOM DAVIS. Mr. Barnes, you have the floor.

STATEMENT OF BOBBY BARNES

Mr. BARNES. Members of this committee and Mr. Vice Chairman, I first would like to say that I am very humbled that any member of this committee would consider what I have to say to be of importance. In no way do I consider myself to be an expert on steroids. I have my thoughts on what has created the current situation as it relates to high school kids in general, but my testimony is truly only personal experience and opinion.

Our experience may not have as much relevance as you would hope, but I do believe some of the core problems of our experience are universal and not related to just our community. I believe I could best serve this committee by answering your questions; however, I will try to give a sufficient accounting of my thoughts through this presentation.

There is a great deal of blame to pass around as to what I feel has contributed to the problem. If I were pressed to give a single most important problem at the high school level, it would be the loss of accountability for our actions and accepting the blame for the choices that we make. Parents are not the sole blame for the final actions of their children, but they are the start of holding their kids accountable. There are those who sadly make excuses for their kids and point fingers elsewhere. Coaches are culpable in their drive for success measured by winning at all costs. The prevailing attitude in many schools is don't ask and don't tell.

I believe in our profession, but I know that in many walks of life there will always be those that do not do the right thing. Peers place a great deal of pressure on those that might not try steroids, but for as long as there has been a gathering of youth, peer pressure has played a part in doing the wrong thing.

This brings me to society today and role models. I cannot speak for the young men who have used steroids to enhance athletic ability, but it is my belief that our kids did not try steroids simply because some professional athlete had. It is my opinion they were just trying to get bigger, faster and stronger the easiest and fastest way they knew how. I considered their actions selfish and ill-advised.

In looking at all the circumstances, I believe they never felt that what they were doing was anybody's business, and I feel they never worried about consequences. This area of consequences is very much a touchy subject for me, and I believe this is where I have the most to say to this committee.

Almost daily we see and hear through the media that a professional athlete has admitted to or is believed to have used illegal drugs for the purpose of enhancing physical ability to perform, yet to this date the consequences of their actions have been mostly verbal. I do not wish any professional athlete to be made an example of, but if this committee and professional sports wants to see results, they must come up with a comprehensive punishment where the youth of today will see that all levels answer for their actions.

Our kids were given felony charges and dismissed for the remaining seven games of their season. A school within a few miles

of our community caught football players admittedly using illegal substances, and they were suspended for two games and had no felony records. I do not believe that our kids or theirs should have been given felony charges; however, our school followed school policy clearly known by our kids, and I assume the police filed charges based on the law.

There must be a clear consequence at all levels so that they do fear not only for their health and safety, but also for what will be the end result of their actions. Thank you.

Mr. SHAYS. Thank you, Mr. Barnes.

[The prepared statement of Mr. Barnes follows:]

Congressman Tom Davis
Congress of the United States

Members of this Congressional Committee and Mr. Chairman:

I would first like to say that I am very humbled that any member of this committee would consider what I have to say to be of importance. In no way do I consider myself an expert on steroids. I have my thoughts on what has created the current situation as it relates to high school kids in general, but my testimony is truly only personal experience and opinion.

Our experience may not have as much relevance as you would hope, but I do believe some of the core problems of our experience is universal and not related to just our community. I believe I could best serve this committee by answering your questions. However, I will try to give a sufficient accounting of my thoughts through this presentation.

There is a great deal of blame to pass around as to what I feel has contributed to the problem. If I were pressed to give the single most important problem at the high school level it would be the loss of accountability for our actions and accepting the blame for the choices we make. Parents are not the sole blame for the final actions of their children, but they are the start of holding their kids accountable. There are those who sadly make excuses for their kids and pointing fingers elsewhere.

Coaches are culpable in their drive for success measured by winning at all costs. The prevailing attitude in many schools is don't ask, don't tell. I believe in our profession but I know that in many walks of life there will always be those that do not do the right thing.

Peers place a great deal of pressure on those that might not try steroids, but for as long as there has been a gathering of youth peer pressure has played a part in doing the wrong thing. This brings me to society today and role models.

I cannot speak for the young men who have used steroids to enhance their athletic abilities but it is my belief that our kids did not try steroids simply because of some professional athlete. It is my opinion they were just trying to get bigger, faster, and stronger, the easiest and fastest way they knew how. I consider their actions selfish and ill advised.

In looking at all the circumstances, I believe they never felt what they were doing was anybodies business, and I feel they never worried about the consequences. This area of

consequence is very much a touchy subject for me and I believe this is where I have the most to say to this committee.

Almost daily we see and hear through the media that a professional athlete has admitted to or is believed to have used illegal steroids for the purpose of enhancing their physical ability to perform. Yet to this date, the consequences of their actions have been mostly verbal threats. I do not wish any professional athlete to be made an example of, but if this committee and professional sports wants to see results they must come up with a comprehensive punishment where the youth of today will see that all levels answer for their actions.

Our kids were given felony charges and dismissed for the remaining seven games of the season. A school within a few miles of our community caught football players admittedly using illegal substances and they were only suspended for two games and have no felony records now. I do not believe that our kids or theirs should have been given felony charges. However, our school followed school policy clearly known by our kids and I assume the police filed charges based on the law.

There must be a clear consequence at all levels so that the kids do fear not only for their health and safety, but also for what will be the end result of their actions.

At this time I would be happy to answer any questions you have for me, to the best of my ability.

Respectfully submitted,

Bobby L. Barnes

Chairman TOM DAVIS. Mr. Courson.

STATEMENT OF STEVE COURSON

Mr. COURSON. First of all, it's really a privilege to be asked to be here to talk to you people today. I come from a very unusual background in this dilemma that we're talking about. I've been a professional athlete, arguably part of one of the greatest football teams in NFL history; a strength athlete, steroid user, high school coach; and I have also given hundreds of steroid prevention seminars in high schools, junior high schools and colleges.

What we're looking at is a very unpleasant reality of modern sport. It is something that I believe is as much societal as anything else.

When we talk about the health effects of these drugs, I myself have had some heart problems. I was on a heart transplant list for 3½ years, so I've had time to contemplate some of my discussions very deeply, and fortunately through diet and exercise, I have been able to completely reverse the symptoms of my illness. But when we talk about health effects, even my health effects and my heart problems, one of the problems is our lack of long-term research. And Lyle Alzado, former Oakland Raiders star, and myself, I am very suspicious of anabolic steroids' relationship to my illness, and I will tell you why.

If you understand heart disease, extreme heavy body weights are a heart risk factor, and I feel some of the body weights in professional sports today, some of these people are going to be facing some serious health consequences later in life, especially if they don't lose weight once they get done playing.

I would also like to talk about the health effects that affect children in particular. Stunting of linear bone growth is probably the No. 1 thing that I talk about when I do seminars to kids. We've seen the statistics among 8th-graders; we're talking some studies saying 80,000 8th-graders. If you've ever looked at the faces of 8th-graders and try to imagine the fact that they're taking steroids, it's a very sobering experience.

As far as the NFL goes, anabolic steroid use, to the best of our knowledge, started back in the 1960's. In the 1970's, it is probably fair to say that every team had a certain amount of anabolic steroid use. At this time this was a result of the competitive aspects of football, the fact that people were looking for an advanced training way to make themselves better, bigger, faster and stronger. Again, I can't underline the competitive nature of the sport, it's just the way it is.

But I think what the NFL has done, and to their credit, Bill Fralic and the NFL Players Association in 1989 approached Commissioner Rozelle and they approached Commissioner Tagliabue about instituting random drug testing in sport. And the NFL responded, creating the most stringent policy of testing in professional sports as we know it. The question is, is it enough? And I think the BALCO investigation has shown us that there are holes in drug testing, as there are holes with the example of the Carolina Panthers. These we need to work to close.

When it gets down to adolescence, when you think about dealing with this, I would like to be solution-oriented. I think there are

things that we can do to help the adolescent problem. I think, No. 1, we need to develop a uniform high school steroid policy that everybody follows. I think No. 2, we need research on improving drug detection, research on long-term health effects. And I would also basically encourage legislation to prevent the nonmedical use of genetic engineering and gene doping before it becomes a problem.

I'd like to end with one statement. I've given hundreds of lectures and seminars in schools, and the most asked question I get from kids at the end of my seminars is—far and away what they ask me the most—they ask me, do I think I could have made it in the NFL without drugs, and I think that should tell us a lot. Thank you.

Mr. SHAYS. Thank you all for your very honest and helpful testimony.

[The prepared statement of Mr. Courson follows:]

Performance-Enhancement and the Future

by Steve Courson

Statement to:
Congress of the United States
House of Representatives
Committee on Government Reform
2157 Rayburn House Office Building
Washington, D.C. 20515-6143
April 25, 2005

Introduction

Esteemed members of Congress, representatives of the press, citizens and NFL personnel we are all here discussing a very unpleasant reality of modern sport. I come to you experiencing a unique perspective in this dilemma. I was a member of arguably one of the greatest teams in NFL history, a lineman, a strength athlete, Super Bowl Champion, admitted former steroid user, former high school coach and finally one who has given hundreds of prevention education programs in schools dealing with performance-enhancing drugs. I have been literally in the trenches as a user and as an educator who has observed the teen age situation first hand. The predicament with these various substances is not just an issue with the NFL but all sports and society as a whole. I believe more than anything it is reflective of the negative realities of modern training combined with the current intensity of competition.

This dilemma has spread to our high schools and junior high schools, it was essentially spawned out of a combination of competitive zeal, advancing science and societal ignorance. I commend President Bush with bringing this issue to the attention of the American people with his comments in his 2004 State of the Union Address. Pressure to win should not be a foreign emotion to any politician here, for you have faced the intensity of elections.

Experiencing the emotional trauma of a life threatening disease, dilated cardiomyopathy is a humbling experience. This fact was greatly amplified when previously I was an elite athlete. My illness and miraculous recovery has led me to contemplate these issues deeper than most. When I first started seeing heart symptoms in 1985 and was suspicious of their potential relationship with anabolic steroids, perhaps the scariest part was recognizing how little the medical community knew about these drugs. Today we still don't know whether my illness or the late Raider great Lyle Alzado's T-Cell lymphoma was related to the use of anabolic hormones because of the lack of definitive long-term longitudinal research. I do believe that higher body weights assisted by the use of drugs do create greater vital organ risk factors. Personally, the recovery effects the drugs had on my enhanced ability to train were the most addicting aspect of their use. The lack of research becomes increasingly more precarious for society in general as human growth hormone (HGH) and testosterone now are being promoted as the new "fountain of youth" in hormone replacement anti-aging therapy in clinics nationwide.

The short-term male hormone side effects of these drugs are well documented as well as the greater risks associated with adolescent use. Performance-enhancing drug use is as inappropriate for teenagers as any recreational drug of abuse. Current estimates range form ½ to one million adolescent users, one study estimated close to 80,000 eighth graders. The irony of young people using these drugs is that their bodies are geared for growth naturally without them. Using improperly at a young age training wise is as potentially negative to physical development as introducing extremely heavy weight training to a bone structure still growing. This can only be counterproductive.

History

Anabolic steroids systemically had their first known historical emergence with the world dominant Soviet Olympic Weightlifting teams of the 1950's. As the story goes the Soviet team physician and the

United States team physician Dr. John Ziegler were having dinner and drinks after the world weightlifting championships in Vienna in 1954. Apparently the Soviet team doctor got tipsy and spilled the beans that the Soviets were using testosterone in their weight lifters. This prompted Ziegler to work with the Ciba pharmaceutical company and our weight lifters, many who trained in York, PA. He helped create the oral anabolic steroid Dianabol, in 1958. Pandora's Box was now opened and by 1963 the drugs had spread to professional football. The San Diego Chargers hired the first strength coach in professional football, Alvin Roy. Mr. Roy had worked with the U.S. Olympic Weight Lifting team and understood the effectiveness of Dianabol. He later worked with the Chiefs, Cowboys and Raiders while passing in 1979.

Essentially this type of drug use was not viewed as cheating. By the 1970's, it is safe to say that the "diffusion of innovation" with anabolic steroids had spread to a certain degree to every NFL team. However, strength athletes across the sports spectrum were soon to realize the effectiveness of various anabolic hormones combined with proper diet and training. Pressure to win, medical ignorance and man's never ending search to enhance training played a crucial role. The NFL, at this time under commissioner Pete Rozelle had no enforced policy so NFL players and coaches became victims of the times. By the 1980's the use of anabolic hormones was widespread and the NFL responded by starting announced testing in 1987. Steroid use officially became cheating in the NFL in 1989 when punitive testing began with fines and suspensions imposed with those who violated the league's substance abuse policy. In 1989, NFL players such as Bill Fralic approached commissioner Tagliabue wanting random testing to be instituted to hopefully level the playing field. Commissioner Tagliabue responded favorably by initiating a random testing program tougher than any other professional team sport in the United States. However, is it enough?

The BALCO Investigation has been informative in evaporating some of the existing myth's surrounding drug use in elite sport. It is often been stated that only "a few bad apples" are using performance-enhancing substances. Yet, the allegations in BALCO involve some of the world's best athletes from across the sports spectrum. The significance of the threat that "designer steroids" present to modern testing technology has also been a product of the scandal. New evidence reported by a CBS 60 Minutes telecast involving the Carolina Panthers also reflect testing loopholes. Human growth hormone (HGH) and testosterone in low doses have long been a strategy used by athletes in many sports to avoid detection. In training for power, strength and size it is common knowledge that HGH works better when used with an androgen and testosterone is most definitely an androgen.

In 1989, prior to the beginning of random testing in the NFL there were 27 NFL players that weighed in excess to 300 lbs. In 2004, after 14 years of random testing, there were 350 NFL players that weigh in excess of 300 lbs. I don't believe for one second that every NFL player in excess of 300 lbs. is a product of modern chemistry, but the NFL is a business that highly values bigger, stronger and faster. Combine these facts with the knowledge that resistance training and dietary methods have not made significant scientific advances corresponding to the escalating sizes reflect potential prevalence of use. We will never because of both institutional and individual denial know percentages to the extent of steroid use in football. Again, intense competition is the catalyst for escalating size. One also cannot be oblivious to the fatal flaws in current testing technology. The NFL may want to consider taking advantage of the expertise of the U.S. Anti-Doping Commission to assist them in addressing the ever evolving challenges of drug detection. Regardless, whether this size is created naturally or unnaturally still presents health risk issues for players during and after football.

Gene Upshaw once stated during 1989 Senate Hearings, "Anabolic steroid use is an institutional phenomenon in football. By that I mean the impetus for steroid use most often has come from sports management, i.e. coaches, owners, and others who urge 'bigger and stronger is better'" Gene is correct, but incomplete in his assumption. For the "others" that he mentioned reflect a society that has not addressed its own addictions to increased performance and winning. This is also the same society that is enamored with "instant gratification" and the quick fix. For our dilemma with performance-enhancing drugs is beyond individual and institutional, it is societal. This is best illustrated by the large numbers of male and female users in gym's who do not compete in athletics and enhance their training with anabolic drugs based primarily on vanity and insecurity.

My biggest criticism of current NFL drug policy is its handling of amphetamines. The only effective way to test for them is to do periodic post game testing. This to my knowledge is not being done. Most drug experts consider the health risks of amphetamines greater than those associated with steroid use.

The history of doping reflects some startling parallels between elite sport and society. The Greeks of history in the ancient Olympics had performance-enhancing drugs. Primitive by today's standards they used wine mixed with strychnine and hallucenogenic mushrooms. That was the extent of their bio-medical technology. We first saw the emergence of stimulents, in the 1900's glandular products, the 1950's brought anabolic steroids and finally in the 1980's steroids combined with human growth hormone. The pattern has been unmistakable, the elite athletic fields have mirrored to varying degrees the bio-medical technology of the age. Now, we face the most de-humanizing challenge yet, genetic engineering. This technology could well represent sports Armageddon and I strongly urge all sporting federations and the NFL to be vigilant of the potential dangers that could negatively threaten the face and the economics of your industry.

The NFL, more than any sport in America captures the attention of the American public. The NFL has a long and storied history and satisfies vital social, economic and psychological needs for this country. In Pittsburgh, when the Steelers play the entire city is buzzing. You can't walk down the street without seeing a sea of Black and Gold. Restaurant and bar owners, hotel owners, street vendors, various shops all depend upon NFL revenue. Yet, the NFL must not forget its fans, must not forget those players and coaches who have struggled in the past to make it what it is both financially and image wise today. Competition is the life-blood of capitalism, which is part of what makes this country great and is essential in creating profitable business. The NFL is a dangerous work place, but that is part of its allure for fans and players alike. Congressman Bunning stated at the baseball hearings on how baseball was America's game, in that same light is not football also America's game? Where football is certainly a game for everyone to watch it is not one for everyone to play.

Adolescent Use

It is very concerning when high school coaches, parents and administrators reflect denial about a drug situation that national health statistics reveal as alarming, What kind of leaders are they? Unfortunately we as a society base the hiring and firing of coaches even in high school on primarily winning and losing. This reflects the "win at all costs" mentality of elite sport. This may be appropriate when big money is at stake, but is it elsewhere? This mentality in youth sport needs to change. How can coaches teach valuable lessons about preparing youth for life when their value is based only on wins and losses? It is not just our youth that are receiving mixed messages from big time sport, but our coaches and parents as well. We as a society in this age can ill-afford these misguided philosophical messages of winning regardless of the costs to dominate our youth sports landscape. More than anything we need to bring youth sports back into perspective as a "training camp" for life. Where this may not be a realistic philosophy in an environment of adult big time sport, big money and big business entertainment, it is imperative for our youth. Teaching the intrinsic values of sport should be the number one goal and placing them on a pedestal above winning. Sport teaches invaluable lessons in the game of life. Learning how to prepare for success, developing an intense work ethic, recognizing the importance of teamwork and last but not least learning not to quit when things get tough, these all are useful tools in the game of life.

All of these values were instrumental in me defeating a life threatening illness and I understand their worth all too well. Today, my experiences have led me to teach advanced dietary and exercise strategies geared at overweight adults and children.

Solution

It is easy to point out the problems but what about finding solutions. Starting with our youth, educational prevention programs are important but are not a panacea. School districts are pondering drug testing, but can we afford the cost? In my home state of Pennsylvania they are implementing body mass index (BMI) ratings of all students in our battle against childhood obesity. Body mass index is kg/m2 and is a measurement of weight in ratio to height. One strategy would be to educate school nurses and officials on what might be the telltale signs of anabolic drug abuse in a radical change in BMI primarily in lean mass

along with other symptoms that may be red flag. These signals could be followed up with limited testing and then if needed medical evaluation and treatment. This would lessen the prohibitive costs of "across the board" drug testing while lessening the overall invasiveness of interdiction efforts. Recently, I spoke with my scientific mentor in this area Dr. Charles Yesalis of Penn State. He mentioned how he would be willing together with other experts to draw up a "profiling" prototype to be used to teach school nurses and medical officials as a preliminary evaluation tool. This could help school medical officials identify potential students at risk and funnel them to appropriate medical attention or discipline. This would be a way to use an existing medical evaluation in our fight against obesity to help contain another issue of risky adolescent behavior.

Philosophically, I have never been a huge believer in "big government" being over-involved in private business or "invasive testing." However, used judiciously for the right reasons as a safety net for a public health issue involving children I believe such government actions are both appropriate and required for the general public's best interests. I would strongly suggest the adoption of a national school steroid policy combined with preventative legislation prohibiting non-medical genetic engineering and gene doping .

Obviously, funding for research for both long-term health effects and to improve drug detection technology are a basic need in strategies of containment or eradication. I would support the idea that the athletic federations themselves should assist in financially helping to clean their own mess. Ultimately, the reality facing us is that how we now shall proceed will determine the sports/social environment of our future. Are we willing to embrace these challenges, how much do we care about preserving the joy of sport for our youth and what is the price of business?

Sincerely,

Stephen P. Courson

Mr. SHAYS. Dr. Goldberg.

STATEMENT OF LINN GOLDBERG

Dr. GOLDBERG. Mr. Vice Chairman and committee members, I am honored to participate in this important hearing. I am professor of medicine at the Oregon Health and Science University, and co-developer of the NIDA-sponsored drug prevention and health promotion programs entitled ATLAS and ATHENA for young athletes.

Over 50 percent of students participate in school sports, and many feel pressured to perform at a high level. The CDC reports approximately 1 million adolescents have used or are using anabolic steroids, and the latest University of Michigan data reveals past-year steroid use among 12th-graders has never been higher.

As you've heard, steroid use can have significant harmful effects, including stunted height for growing adolescents; cardiovascular, kidney, liver disease; clotting disorders; and tumor growth. There can be devastating psychological disturbances, and, for females, usually lead to permanent development of male characteristics.

Research has shown certain factors promote or prevent adolescent use of anabolic steroids. Because factors vary by age and gender, a prevention cannot be a one-size-fits-all approach. Those influences include behaviors of high-profile athletes, media images in advertisements, and, most important, family, peer and coach attitudes and practices. Because teenage habits cluster, those who use steroids are more likely to use alcohol and other drugs.

With professional and Olympic athletes, what they do does matter. When Ben Johnson broke the 100-meter world record at the Seoul Olympics, teen athletes reported that Johnson's use of steroids positively influenced them to use these drugs in the future. After Mark McGwire's use of steroid precursor androstenedione was publicized, identification with Mr. McGwire was strongly associated with intended use of that steroid hormone. At the same time, reports revealed quadrupling of andro sales, and national data showed steroid use to increase among America's youth.

Professional sports policies can influence performance-enhancing drug use. While the NFL does have a strong in-season steroid policy and exemplary lab to perform tests, the unfairness of its preseason consequences which allow athletes to continue participating while on steroids and lack of draft status impact when an athlete tests positive combined could encourage others to use drugs to enhance their chances to make an NFL team. Furthermore, the lack of game-day testing and the short list of stimulants are weaknesses in the policy.

Images influence behavior as well. Each children's toy, from GI Joe figures to comic strip characters, have had makeovers reflecting unrealistic muscular body types. The blatant advertising tactic using the term "on steroids" used to market products from automobiles to running shoes is a strategy suggesting that their product is so superb, it's similar to being on steroids. No other drug would be used in this egregious fashion.

Some coaches and administrators deny this problem exists. When we surveyed coaches about the use of steroids among their athletes, their response was, "Not in my school." Coaches reported that steroid use occurred, but only at other schools. Recently a mother who

reported learning of steroid use at a Texas school was derided by the coach. School officials did nothing until nine athletes confessed to use. A Connecticut high school football coach said he feared pressure on his football players was causing some to make unhealthy choices. Last month six athletes in his school, including those on the championship football team, were arrested for steroid use and distribution. Despite this, the school superintendent said, "This is not something I believe is a problem on our football team."

So how can drug use in teen sports be prevented? In addition to drug-free role models and national campaigns, there needs to be a local approach to provide schools with the necessary tools. With NIDA funding and working with dedicated coaches and students, we created and studied the ATLAS and ATHENA programs. These gender-specific, peer-taught and coach-directed programs help students discover how to achieve their athletic goals using sports nutrition and strength training, and how to avoid steroids and other health-harming substances. We found ATLAS and ATHENA-trained students reduced their performance-enhancing drug use, including steroids; reduced alcohol and illicit drugs; lowered drinking and driving; and enhanced health behaviors.

Last October, Congress amended the Controlled Substances Act, listing ATLAS and ATHENA as national models. Although funding for steroid education is present in that 2004 act, those funds have yet to be appropriated.

School sports provide an opportunity to influence health behavior. Deterring steroid use and other use requires exemplary role models, insightful school administrators, educated coaches and science-based programs that are proven to work. This will create a positive team environment and promote healthy, well-adjusted young athletes for the future.

Mr. SHAYS. Thank you, Dr. Goldberg.

[NOTE.—The pictures are on file with the committee.]

[The prepared statement of Dr. Goldberg follows:]

Testimony of Linn Goldberg, M.D., F.A.C.S.M.
U.S. House of Representatives
Committee on Government Reform
Washington, D.C. 20515-6413
April 27, 2005

Mr. Chairman and Committee members:

Thank you for inviting me to participate in this important hearing. I am a professor of Medicine at the Oregon Health & Science University, Head of the Division of Health Promotion & Sports Medicine, and co-developer of the National Institute on Drug Abuse (NIDA) sponsored drug prevention and health promotion programs entitled, ATLAS, for adolescent male athletes, and ATHENA for young female athletes (1-6). In addition, I am the Principal Investigator of the NIDA sponsored evaluation of student-athlete drug testing (7), as well as a former Olympic Crew Chief for drug surveillance and a Doping Control Officer for the United States Anti-Doping Agency. I have worked with the World Health Organization, The White House Office of National Drug Control Policy, the U.S. Department of Education and the Endocrine Society's Hormone Foundation to create greater awareness of drug use in adolescent sport. I have authored over 190 scientific publications and three books.

Steroid Use Prevalence
More than 50% of high school students participate in school sports, and many feel pressured to perform at a high level. The use of anabolic steroids and other performance enhancing substances occurs in adolescent sports. The latest CDC reports approximately 1 million adolescents have used or are currently using steroids (8), while the recent University of Michigan study reveals that past year and 30-day use among 12th graders has never been higher (9).

Potential Risks of Steroid Use
Anabolic steroid use has significant harmful effects, including

- growth stunting among youth
- cardiovascular, kidney and liver disease
- clotting disorders
- growth of various tumors
- psychological disturbances (from uncontrolled aggression to suicidal depression)
- Permanent development of male characteristics (females)
- Breast development (males)
- Testicular atrophy
- Needle sharing, a common practice among steroid users, leaves them vulnerable to HIV/AIDS, hepatitis and other serious infections.

Factors Promoting Adolescent Steroid Use
Certain factors promote the use of anabolic steroids among youth. However, the influences may vary, depending on whether the student is a boy or a girl. Thus a prevention program cannot be a 'one size fits all' approach. Risk factors for use include:

- Attitudes and behaviors of high profile athletes

- Media images and advertisements
- Concerns about body image
- Impulsivity and risk taking (especially young males)
- Depression and disordered eating practices (especially young females)
- Coach, peer and family influences

Unfortunately, unhealthy habits cluster, and teens that use steroids are more likely to use alcohol and other drugs.

Professional and Olympic athletes' attitudes and personal conduct do influence youth. After Ben Johnson broke the existing 100 meter world record at the Seoul Olympics, young athletes reported that Johnson's use of steroids positively influenced them to use steroids in the future. After Mark McGwire's use of the steroid precursor androstenedione, identification with Mr. McGwire was strongly associated with knowledge and intended use of that steroid (10). At the same time, reports revealed a quadrupling of 'andro' sales, and national data showed steroid use to increase among teens (9,11).

The media influences teens. Over the past ten years, hyper-muscular pictures are frequently on the cover of many magazines. Children's items and images from GI Joe figures to comic strip characters have had a "steroidal" makeover, reflecting unrealistic muscular body types. The advertising tactic using the term "on steroids" is often used to market products that include automobiles, software, negotiating seminars, notepads and running shoes. This strategy suggests that their product is so superb, it is similar to being on steroids.

Some coaches and school administrators deny problems exist at their school, in spite of contrary evidence. When we surveyed coaches in the 1990s about the use of steroids among their athletes, the response was, "not in my school" (12). Coaches reported that steroid use occurred, but only at 'other' schools. This form of enabling continues today. Recently, a Texas high school's head coach derided a mother who reported the possibility of steroid use among his athletes. Her warnings went unheeded, until nine athletes confessed use. Last year in Connecticut, a high school football coach said he feared "increasing pressure on football players was causing some to make unhealthy choices." His team won the state championship this year. Last month, athletes, including those on the football team, were arrested for steroid use and distribution. Despite this, the school superintendent said, "This is not something I believe is a problem on our football team (13)."

The National Football League Policy

I have reviewed the Policy on Anabolic Steroids and Related Substances of the National Football League. This policy appears to be a thoughtful and well-structured approach to preventing steroid and stimulant use during the football season. The testing laboratory used for drug analysis is most highly regarded, and the medical evaluation of a player with a positive test is comprehensive. Without the ability to review the manual of procedures, I am not able to comment specifically on the process of player notification,

specimen collection and chain of custody, which can affect the validity of a specimen for analysis.

The only issue of concern is the policy of a positive result that occurs during the pre-season and combine tryouts. The Policy states that if a player's suspension for substance use occurs prior to or during the preseason, the player will be permitted to engage in "all preseason activities." It further states, "upon the posting of final rosters, however, he will be suspended for four regular season games." It seems unclear why a steroid abusing athlete would be allowed to participate in preseason competition with those vying for a position on a team. This places other competing 'clean' players at a disadvantage, since they are in competition with an athlete using illegal or illegitimate performance enhancing drugs. Likewise, a collegiate athlete who tests positive at a combine, may not have any sanctions for the draft, despite being caught cheating. This could send a message to other collegiate athletes that you can essentially cheat on the entrance exam to improve your draft position. The fact that the policy does suspend the athlete during the season, when games count, is most appropriate. However, allowing players participate under the influence of performance enhancing drugs seems to be at odds with a doctrine of fairness and inconsistent with an otherwise comprehensive approach to the problem.

Prevention of Substance Abuse in Adolescent Sports

Despite the pressures and adult enabling, prevention can work. Reducing use among professional and Olympic athletes sends a powerful message to our nation's youth that steroids and other performance enhancing drugs are not tolerated. National campaigns, initiated by NIDA, the White House Office of National Drug Control, and the Endocrine Society's Hormone Foundation have been critical to gaining public and media awareness. A newly released and now best selling popular book by John McCloskey and Dr. Julian Bailes, *When Winning Costs Too Much: Steroids, Supplements and Scandal in Today's Sports*, shows that more people are aware of the growing drug use problem in athletic competition.

In addition to these national efforts there needs to be a local, targeted approach that provides coaches with the tools to prevent use of steroids, alcohol and other drugs. Former Speaker of the House Tip O'Neill said, "All politics is local." This statement is also true about youth behavior. The salutary effects of committed coaches and team leaders can positively influence a young student-athlete's behavior. By working with numerous dedicated coaches and students, we studied the ATLAS (*Athletes Training & Learning to Avoid Steroids*) and the ATHENA (*Athletes Targeting Healthy Exercise & Nutrition Alternatives*) programs with support from the National Institute on Drug Abuse. Over 4,000 student-athletes participated in the evaluation. Today, ATLAS and ATHENA are evidence-based drug prevention and health promotion programs.

Specifically, ATLAS is a multi-component program for male high school athletes, proven to reduce risk factors and use of anabolic steroids (AS), alcohol and other illicit drugs (marijuana, narcotics, amphetamines), while promoting healthy nutrition and exercise behaviors.

ATLAS' team-centered, peer led approach exerts positive peer pressure and promotes positive role modeling. The program features learning about anabolic steroids and other

drugs, skills to resist drug offers, team ethics and drug-free commitment, drug use norms, vulnerability to drug effects, debunking media images promoting substance abuse, parent, coach and team intolerance of drug use; and goal-setting for sports nutrition and exercise. Students learn how to achieve their athletic goals using state-of-the-art sports nutrition and strength training.

After ATLAS, the following occurred:

- New anabolic steroid use decreased 50%
- New alcohol and illicit substance use decreased 50%
- Occurrences of drinking and driving declined 24%
- Reduced use of performance-enhancing supplements
- Improved nutrition and exercise behaviors
- Students believed they were better athletes

ATLAS is a SAMHSA **Model Program** and achieved **Exemplary** status by the U.S. Department of Education.

Like ATLAS, ATHENA features the promotion of healthy nutrition and effective exercise training as alternatives to harmful behaviors. ATHENA's objectives are to reduce young women athletes' disordered eating habits; deter use of body-shaping and performance enhancing substances; use proven techniques to help prevent depression; and Improve sport performance, with guidelines targeting the specific needs of young women.

ATHENA effectively reduces the risk factors for unhealthy behaviors and improves protective factors that guard against disordered eating and substance abuse, which are combined with sports nutrition and strength training. Content is gender-specific, debunks media images of females; emphasizes depression prevention, is peer-led and coach facilitated.

After ATHENA, the following occurred:

- Less use of athletic enhancing substances (steroids, amphetamines, supplements)
- Less use of diet pills
- Less riding in a car with a drinking driver
- Greater seatbelt use
- Reduced new sexual activity
- Improved nutrition behaviors
- Reduced long-term use of alcohol, marijuana and tobacco

Last October Congress amended the Control Substances Act, listing ATLAS and ATHENA as national models. Although funding for education was listed in the bill, as yet, these funds have not been appropriated.

School sports programs provide a setting and opportunity to influence healthy behaviors of youth. Deterring steroids and other substance use among young athletes requires a national awareness, insightful school administrators, educated coaches, and science-

based, programs that work. This will create a positive atmosphere and promote healthy, well adjusted young athletes.

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Chairman TOM DAVIS. Dr. Wadler.

STATEMENT OF GARY I. WADLER

Dr. WADLER. Thank you, Mr. Chairman. I welcome this opportunity to appear again before this committee as you further explore the issue of performance-enhancing drugs in professional sports and its impact on the youth of America.

I am especially privileged to appear on this panel with two other physicians with whom I have collaborated in the past and for whom I have the highest regard, Dr. John Lombardo and Dr. Linn Goldberg.

As you may recall my credentials in antidoping, I represent the United States as an unpaid member of the World Ant-Doping Agency's Prohibited List and Methods Committee.

Last month, both in my prepared statements and in response to questions by this committee, I addressed a number of deficiencies that exist in Major League Baseball's drug policy. Today I would like to explore with you some observations concerning the policy of the National Football League. Before I do so, I would like to state that, in my view, the NFL's drug policy is the most comprehensive of the four major professional sports leagues in the United States. But that does not mean there is no room for improvement. And I am confident that the National Football League and the National Football League Players Association would agree with me on that point.

For years the NFL's program has closely paralleled that of the Olympics, and for that I commend them. However, since 1999, the antidoping landscape has undergone a sea change, especially with the establishment of the World Anti-Doping Agency [WADA], and with the adoption of the World Anti-Doping Code.

In the past 6 years, we have witnessed unprecedented changes of antidoping initiatives around the world. Now, as evidenced by these hearings, it's time for the major professional sports leagues in the United States to follow suit.

Many of the best elements of the historic Olympic antidoping programs have been incorporated into the World Anti-Doping Code. Similarly, many of the successful and innovative elements, the core of the current National Football League program, should be preserved and integrated into a more contemporary policy. As I articulated during the Major League Baseball hearings, it is my belief that the World Code and its international standards should serve as the backbone of enhanced policies and programs in professional sports. The World Code is the gold standard.

I fully recognize that the NFL's current policy is not only a product of the league's unique history on antidoping, but it also is a result of the collective bargaining process. That being said, having the World Anti-Doping Code as the backbone of the enhanced NFL policy would only serve to further NFL's commitment to antidoping.

Having participated in the drafting of the World Code and its list of prohibited substances, both of which I distributed to this committee when I last appeared, I would like to emphasize there can be no shortcuts in documenting the league's antidoping policies, technical standards, or list of prohibited substance and methods.

Simply stated, a detailed and very detailed written policy as exemplified by the World Code is in the best interest of both the players and the league. Recognizing the delicate balance that exists between drug-free sport and the protection of athletes' rights, there can be no room for ambiguity and misinterpretation as doping cases are adjudicated.

Time does not permit me to detail all the specific issues I believe need to be addressed in the NFL's current policy; therefore, I will highlight but a few, and I'm sure others will surface during the questions and answers that follow this panel's opening statements.

With respect to the prohibited list, I believe the NFL and other major sports should adopt WADA's list as their own. Regarding the NFL's current list, I would like to direct your attention to the section entitled "Certain Stimulants" on page 12 of the 2004 National Football League Policy and Anabolic Steroids and Related Substances, hereinafter "the Steroid Policy."

As you may recall, I expressed serious concern that Major League Baseball had omitted stimulants such as amphetamines from its list of prohibited substances. In my judgment, the NFL's steroid policy, as it relates to stimulants, also needs to be revisited and revised. For example, the policy tends to omit the strongest stimulants such as amphetamine, yet it includes substances such as the very mild stimulant synephrine, which still remains categorized as a dietary supplement in the United States. In fact, of the eight stimulants prohibited by the NFL in its 2004 steroid policy, two are not banned by the World Anti-Doping Agency, while two others are only prohibited while consumed in large quantities.

It is odd that the NFL policy groups these weak stimulants together with anabolic steroids, potentially subjecting an athlete to a four-game suspension for taking them. By contrast, WADA prohibits more than 40 stimulants, most of which are more potent as performance-enhancing drugs than the stimulants banned by the NFL's 2004 steroid policy.

Furthermore, unlike the NFL's steroid policy, WADA only bans stimulants in competition because of their short duration of action. However, recognizing that certain stimulants such as methamphetamine, cocaine and ecstasy are clearly drugs of abuse and are not used to enhance performance, compelling arguments can be made to treat those stimulants as drugs of abuse.

Offenders would face different consequences as set forth in the NFL's other drug policy entitled the 2004 policy and program for substances of abuse.

However, the converse is also true. That is, if a particular stimulant is primarily used as a performance-enhancing drug, it should be so categorized and its abuse should carry the same sanctions that are associated with the use of other performance-enhancing drugs.

Another subject worthy of consideration by the NFL is the concept of therapeutic-use exemptions. WADA has published an international standard and established a process that allows for precompetition approval for the use of a drug otherwise deemed performance-enhancing. Under rigorous medical supervision, this standard allows athletes with legitimate medical needs to receive proper treatment without fear of a failed drug test.

Currently, the NFL's steroid policy as I understand it grants such approvals only after the fact. In my judgment, the NFL should adopt WADA's therapeutic-use standard in its entirety, thereby according greater clarity, transparency and accountability.

Two additional subjects I would like to briefly address in my opening statement relate to two anabolic agents, testosterone and growth hormone. The recent revelations regarding the use of testosterone by a number of Carolina Panthers provides me with the opportunity to emphasize to this committee that our limitations in antidoping in great measure can be attributed to either, one, limitations of policy and/or to, two, limitations of science. Currently, to test for doping with testosterone, we employ the T/E ratio method, that is, examining the ratio of testosterone to epitestosterone. The NFL has recently revisited its standard and adopted one implemented this year by WADA, effectively lowering the threshold for a positive test from 6:1 to 4:1. This represents a change in policy. The same subject, doping with testosterone, has also been addressed by the development of alternative technology that does not use a T/E ratio. This technology is called isotope ratio mass spectrometry, and it represents a change in science. As new drugs and methods appear that lend themselves to doping, the challenges to both science and policy will become all the greater.

As my statement draws to a close, I would like to strongly encourage the NFL to implement blood testing, particularly for the detection of growth hormone abuse. Sadly, growth hormone is increasingly being marketed to young people on the Internet from sources around the globe. This is an increasingly serious health concern. Whether the abuse of growth hormone actually increases strength, improves recovery time or just increases one's size, there is a prevailing perception by users that it is performance-enhancing. By implementing blood testing, the National Football League can send a powerful message both to its players and to its fans that such behavior is contrary to the spirit of sport and represents a dangerous threat to the public health.

Finally, I would like to reiterate that, in my opinion, the complexity of antidoping does and will continue to exceed the capacity of professional sports leagues to design, implement and monitor an effective, transparent and accountable program. Professional sports leagues should heed the experience of the Olympic movement, which recognized its credibility was compromised by doping. By passing the antidoping baton to WADA and to national antidoping agencies like USADA, Olympic organizers have been able to focus their attention on fielding great events rather than on drug science and policy. With the multidimensional problem of doping becoming increasingly complex, with gene doping and sophisticated new drug delivery systems lurking in the not-too-distant future, such a proposition seems not only practical but inevitable. I look forward to your questions and comments and thank you very much.

[The prepared statement of Dr. Wadler follows:]

Opening Remarks

Gary I. Wadler, M.D., FACP, FACSM, FACPM. FCP
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Before the U.S. Congress House of Representatives Committee on Government Reform on the National Football League and the Use of Performance-Enhancing Drugs

April 27, 2005

THANK YOU. MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE.

I WELCOME THIS OPPORTUNITY TO APPEAR AGAIN BEFORE THIS COMMITTEE AS YOU FURTHER EXPLORE THE ISSUE OF PERFORMANCE ENHANCING DRUGS IN PROFESSIONAL SPORTS AND ITS IMPACT ON THE YOUTH OF AMERICA.

I AM ESPECIALLY PRIVILEGED TO APPEAR ON THIS PANEL WITH TWO OTHER PHYSICIANS WITH WHOM I HAVE COLLABORATED IN THE PAST AND FOR WHOM I HAVE THE HIGHEST REGARD, DOCTORS JOHN LOMBARDO AND LINN GOLDBERG.

AS YOU MAY RECALL, AMONG MY CREDENTIALS IN ANTI-DOPING, I REPRESENT THE UNITED STATES AS AN UNPAID MEMBER OF THE WORLD ANTI-DOPING AGENCY'S PROHIBITED LIST AND METHODS COMMITTEE.

LAST MONTH, BOTH IN MY PREPARED STATEMENTS, AND IN RESPONSE TO QUESTIONS BY THIS COMMITTEE, I ADDRESSED A NUMBER OF DEFICIENCIES THAT EXIST IN MAJOR LEAGUE BASEBALL'S DRUG POLICY.

TODAY, I WOULD LIKE TO EXPLORE WITH YOU SOME OBSERVATIONS CONCERNING THE POLICY OF THE NATIONAL FOOTBALL LEAGUE.

BUT BEFORE I DO SO, I WOULD LIKE TO STATE THAT IN MY VIEW, THE NFL'S DRUG POLICY IS THE MOST COMPREHENSIVE OF THE FOUR MAJOR PROFESSIONAL SPORTS LEAGUES IN THE UNITED STATES.

BUT THAT DOES NOT MEAN THERE IS NO ROOM FOR IMPROVEMENT.

I AM CONFIDENT THE NATIONAL FOOTBALL LEAGUE AND THE NFL PLAYERS' ASSOCIATION AGREE WITH ME.

FOR YEARS, THE NFL'S PROGRAM HAS CLOSELY PARALLELED THAT OF THE OLYMPICS, AND FOR THAT I COMMEND THEM.

HOWEVER, SINCE 1999, THE ANTI-DOPING LANDSCAPE HAS UNDERGONE A SEA CHANGE ESPECIALLY WITH THE ESTABLISHMENT OF THE WORLD ANTI-DOPING AGENCY, BETTER KNOWN AS WADA, AND WITH THE ADOPTION OF THE WORLD ANTI-DOPING CODE.

IN THE PAST SIX YEARS, WE HAVE WITNESSED UNPRECEDENTED CHANGES IN ANTI-DOPING INITIATIVES AROUND THE WORLD.

NOW, AS EVIDENCED BY THESE HEARINGS, IT IS TIME FOR THE MAJOR PROFESSIONAL SPORTS LEAGUES IN THE UNITED STATES TO FOLLOW SUIT.

MANY OF THE BEST ELEMENTS OF THE HISTORIC OLYMPIC ANTI-DOPING PROGRAM HAVE BEEN INCORPORATED INTO THE WORLD ANTI-DOPING CODE.

SIMILARLY, MANY OF THE SUCCESSFUL AND INNOVATIVE ELEMENTS AT THE CORE OF THE CURRENT NATIONAL FOOTBALL LEAGUE PROGRAM SHOULD BE PRESERVED AND INTEGRATED INTO A MORE CONTEMPORARY POLICY.

AS I ARTICULATED DURING THE MAJOR LEAGUE BASEBALL HEARINGS, IT IS MY BELIEF THAT THE WORLD CODE AND ITS INTERNATIONAL STANDARDS SHOULD SERVE AS THE BACKBONE OF ENHANCED POLICIES AND PROGRAMS IN PROFESSIONAL SPORTS.

THE WORLD CODE IS THE GOLD STANDARD.

I FULLY RECOGNIZE THAT THE NFL'S CURRENT POLICY IS NOT ONLY A PRODUCT OF THE LEAGUE'S UNIQUE HISTORY IN ANTI-DOPING, BUT ALSO A RESULT OF THE COLLECTIVE BARGAINING PROCESS.

THAT BEING SAID, HAVING THE WORLD ANTI-DOPING CODE AS THE BACKBONE OF AN ENHANCED NFL POLICY WOULD ONLY SERVE TO FURTHER THE NFL'S COMMITMENT TO ANTI-DOPING.

HAVING PARTICIPATED IN THE DRAFTING OF THE WORLD CODE AND ITS LIST OF PROHIBITED SUBSTANCES, BOTH OF WHICH I DISTRIBUTED TO THE COMMITTEE WHEN I LAST APPEARED, I WOULD LIKE TO EMPHASIZE THAT THERE CAN BE NO SHORTCUTS IN DOCUMENTING THE LEAGUE'S ANTI-DOPING POLICY, TECHNICAL STANDARDS, OR LIST OF PROHIBITED SUBSTANCES AND METHODS.

SIMPLY STATED, A DETAILED WRITTEN POLICY, AS EXEMPLIFIED BY THE WORLD CODE, IS IN THE BEST INTEREST OF BOTH THE PLAYERS AND THE LEAGUE.

RECOGNIZING THE DELICATE BALANCE THAT EXISTS BETWEEN DRUG FREE SPORT AND THE PROTECTION OF ATHLETE'S RIGHTS, THERE CAN BE NO ROOM FOR AMBIGUITY OR MISINTERPRETATION AS DOPING CASES ARE ADJUDICATED.

TIME DOES NOT PERMIT ME TO DETAIL ALL THE SPECIFIC ISSUES I BELIEVE NEED TO BE ADDRESSED IN THE NFL'S CURRENT POLICY.

THEREFORE, I WILL HIGHLIGHT BUT A FEW AND I AM SURE OTHERS WILL SURFACE DURING THE Q&A THAT FOLLOWS THIS PANEL'S OPENING STATEMENTS.

WITH RESPECT TO THE PROHIBITED LIST, I BELIEVE THAT THE NFL, AND OUR OTHER MAJOR SPORTS LEAGUES, SHOULD ADOPT WADA'S LIST AS THEIR OWN.

REGARDING THE NFL'S CURRENT LIST, I WOULD LIKE TO DIRECT YOUR ATTENTION TO THE SECTION, "CERTAIN STIMULANTS," ON PAGE 12 OF THE "2004 NATIONAL FOOTBALL LEAGUE POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES," HEREINAFTER, "THE STEROID POLICY."

AS YOU MAY RECALL, I EXPRESSED SERIOUS CONCERN THAT MAJOR LEAGUE BASEBALL HAD OMITTED STIMULANTS SUCH AS AMPHETAMINE FROM ITS LIST OF PROHIBITED SUBSTANCES.

IN MY JUDGMENT, THE NFL 2004 STEROID POLICY AS IT RELATES TO STIMULANTS ALSO NEEDS TO BE REVISITED AND REVISED.

FOR EXAMPLE, THE POLICY TENDS TO OMIT THE STRONGER STIMULANTS, SUCH AS AMPHETAMINE.

YET, IT INCLUDES SUBSTANCES SUCH AS THE VERY MILD STIMULANT SYNEPHRINE, WHICH STILL REMAINS CATEGORIZED AS A DIETARY SUPPLEMENT IN THE UNITED STATES.

IN FACT, OF THE EIGHT STIMULANTS PROHIBITED BY THE NFL IN ITS 2004 STEROID POLICY, TWO ARE NOT BANNED BY WADA, WHILE TWO OTHERS ARE ONLY PROHIBITED WHEN CONSUMED IN LARGE QUANTITIES.

IT IS ODD THAT THE NFL POLICY GROUPS THESE WEAK STIMULANTS TOGETHER WITH ANABOLIC STEROIDS, POTENTIALLY SUBJECTING AN ATHLETE TO A FOUR GAME SUSPENSION FOR TAKING THEM.

BY CONTRAST, WADA PROHIBITS MORE THAN 40 STIMULANTS, MOST OF WHICH ARE MORE POTENT AS PERFORMANCE ENHANCING DRUGS THAN THE STIMULANTS BANNED BY THE NFL'S 2004 STEROID POLICY.

FURTHERMORE, UNLIKE THE NFL'S STEROID POLICY, WADA ONLY BANS STIMULANTS IN-COMPETITION BECAUSE OF THEIR SHORT DURATION OF ACTION.

HOWEVER, RECOGNIZING THAT CERTAIN STIMULANTS, SUCH AS METHAMPHETAMINE, COCAINE AND ECSTASY, ARE CLEARLY DRUGS OF ABUSE, AND ARE NOT USED TO ENHANCE PERFORMANCE, A COMPELLING ARGUMENT CAN BE MADE TO TREAT THOSE STIMULANTS AS "DRUGS OF ABUSE."

OFFENDERS WOULD FACE DIFFERENT CONSEQUENCES AS SET FORTH IN THE NFL'S OTHER DRUG POLICY ENTITLED "THE 2004 POLICY AND PROGRAM FOR SUBSTANCES OF ABUSE."

HOWEVER, THE CONVERSE IS ALSO TRUE, THAT IS, IF A PARTICULAR STIMULANT IS PRIMARILY USED AS A PERFORMANCE ENHANCING DRUG, IT SHOULD BE SO CATEGORIZED, AND ITS ABUSE SHOULD CARRY THE SAME SANCTIONS THAT ARE ASSOCIATED WITH THE USE OF OTHER PERFORMANCE ENHANCING DRUGS.

ANOTHER SUBJECT WORTHY OF CONSIDERATION BY THE NFL IS THE CONCEPT OF THERAPEUTIC USE EXEMPTIONS.

WADA HAS PUBLISHED AN INTERNATIONAL STANDARD THAT ESTABLISHED A PROCESS THAT ALLOWS FOR PRE-COMPETITION APPROVAL FOR THE USE OF A DRUG OTHERWISE DEEMED PERFORMANCE ENHANCING.

UNDER RIGOROUS MEDICAL SUPERVISION, THIS STANDARD ALLOWS ATHLETES WITH LEGITIMATE MEDICAL NEEDS TO RECEIVE PROPER TREATMENT WITHOUT FEAR OF A FAILED DRUG TEST.

CURRENTLY, THE NFL STEROID POICY GRANTS SUCH APPROVALS ONLY AFTER THE FACT.

IN MY JUDGMENT, THE NFL SHOULD ADOPT WADA'S THERAPEUTIC USE EXEMPTION STANDARD IN ITS ENTIRETY, THEREBY ACCORDING GREATER CLARITY, TRANSPARENCY AND ACCOUNTABILITY.

TWO ADDITIONAL SUBJECTS I WOULD LIKE TO BRIEFLY ADDRESS IN MY OPENING STATEMENT RELATE TO TWO ANABOLIC AGENTS – TESTOSTERONE AND GROWTH HORMONE.

THE RECENT REVELATIONS REGARDING THE USE OF TESTOSTERONE BY A NUMBER OF CAROLINA PANTHERS PROVIDES ME WITH THE OPPORTUNITY TO EMPHASIZE TO THIS COMMITTEE THAT OUR LIMITATIONS IN ANTI-DOPING, IN GREAT MEASURE, CAN BE ATTRIBUTED TO EITHER (1) LIMITATIONS OF POLICY AND/OR TO (2) LIMITATIONS OF SCIENCE.

CURRENTLY, TO TEST FOR DOPING WITH TESTOSTERONE, WE EMPLOY THE T/E RATIO METHOD, I.E., EXAMINING THE RATIO OF TESTOSTERONE TO EPITESTOSTERONE.

THE NFL HAS RECENTLY REVISITED ITS STANDARD AND ADOPTED THE ONE IMPLEMENTED THIS YEAR BY WADA, EFFECTIVELY LOWERING THE THRESHOLD FOR A POSITIVE TEST FROM 6:1 TO 4:1. THIS REPRESENTS A CHANGE IN POLICY.

THE SAME SUBJECT, DOPING WITH TESTOSTERONE, HAS ALSO BEEN ADDRESSED BY THE DEVELOPMENT OF AN ALTERNATIVE TECHNOLOGY THAT DOES NOT USE THE T/E RATIO.

THIS TECHNOLOGY IS CALLED ISOTOPE RATIO MASS SPECTROMETRY – IT REPRESENTS A CHANGE IN SCIENCE.

AS NEW DRUGS AND METHODS APPEAR THAT LEND THEMSELVES TO DOPING, THE CHALLENGES TO BOTH SCIENCE AND POLICY WILL BECOME ALL THE GREATER.

AS MY STATEMENT DRAWS TO A CLOSE, I WOULD LIKE TO STRONGLY ENCOURAGE THE NFL TO IMPLEMENT BLOOD TESTING, PARTICULARLY FOR THE DETECTION OF GROWTH HORMONE ABUSE.

SADLY, GROWTH HORMONE IS INCREASINGLY BEING MARKETED TO YOUNG PEOPLE ON THE INTERNET FROM SOURCES AROUND THE GLOBE.

THIS IS AN INCREASINGLY SERIOUS HEALTH CONCERN.

WHETHER THE ABUSE OF GROWTH HORMONE ACTUALLY INCREASES STRENGTH, IMPROVES RECOVERY TIMES, OR JUST INCREASES ONE'S SIZE, THERE IS A PREVAILING PERCEPTION BY USERS THAT IT IS PERFORMANCE ENHANCING.

BY IMPLEMENTING BLOOD TESTING, THE NFL CAN SEND A POWERFUL MESSAGE BOTH TO ITS PLAYERS AND TO ITS FANS THAT SUCH BEHAVIOR

IS CONTRARY TO THE SPIRIT OF SPORT AND REPRESENTS A DANGEROUS THREAT TO THE PUBLIC HEALTH.

AND FINALLY, I WOULD LIKE TO REITERATE THAT IN MY OPINION, THE COMPLEXITY OF ANTI-DOPING DOES AND WILL CONTINUE TO EXCEED THE CAPACITY OF PROFESSIONAL SPORTS LEAGUES TO DESIGN, IMPLEMENT AND MONITOR AN EFFECTIVE, TRANSPARENT AND ACCOUNTABLE PROGRAM.

PROFESSIONAL SPORTS LEAGUES SHOULD HEED THE EXPERIENCE OF THE OLYMPIC MOVEMENT, WHICH RECOGNIZED ITS CREDIBILITY WAS COMPROMISED BY DOPING.

BY PASSING THE ANTI-DOPING BATON TO WADA AND NATIONAL ANTI-DOPING AGENCIES LIKE USADA, OLYMPIC ORGANIZERS HAVE BEEN ABLE TO FOCUS THEIR ATTENTION ON FIELDING GREAT EVENTS, RATHER THAN ON DRUG SCIENCE AND POLICY.

WITH THE MULTIDIMENSIONAL PROBLEM OF DOPING BECOMING INCREASINGLY COMPLEX--WITH GENE DOPING AND SOPHISTICATED NEW DRUG DELIVERY SYSTEMS LURKING IN THE NOT TOO DISTANT FUTURE--SUCH A PROPOSITION SEEMS NOT ONLY PRACTICAL, BUT INEVITABLE.

I LOOK FORWARD TO YOUR QUESTIONS AND COMMENTS.

THANK YOU.

Chairman TOM DAVIS. Thank you very much.
Dr. Lombardo.

STATEMENT OF JOHN LOMBARDO

Dr. LOMBARDO. I would like to thank Mr. Davis, Mr. Waxman, Mr. Shays and the rest of the committee for giving me the opportunity to speak today.

Since my graduation from medical school, I have had the opportunity to work as a team physician at the high school, collegiate and professional level, and I've served as an adviser to the NCAA, the USOC and the NFL on various issues. As a practicing physician for over 27 years, I have viewed firsthand the problems with the trends and issues concerning performance-enhancing drugs and substances by athletes and nonathletes of all ages. I appreciate the opportunity to share my thoughts with you concerning these performance-enhancing substances and the NFL's role in decrying and deterring their use within the league and by all athletes and nonathletes of any age. There is a segment of our society who searches for the quick fix, fast-food answer and the magic pill to cure all our ills. They want to overcome all their obstacles and genetic deficiencies with some type of pill or medication. Winning is the only goal that satisfies these people, they are prepared to win at all costs, and to them, the end justifies the means. My judgment and education has told me that the end-justifies-the-means philosophy leads to chaos, and that's where it will lead. Performance-enhancing substances can be a staple in such an environment. With the popularity of athletes at all levels and the rewards to be gained, increasing adulation among friends, family, fans and the media, the use of performance-enhancing substances by athletes can be very understandable.

However, the use of these substances does not affect only the one person that uses them. These are coercive. By that I mean that if one person takes these substances, they force other people in order to compete with them to take them also. That is the real problem with these drugs. It is their coercive nature and the way they force people to do things that they otherwise do not want to do.

On the other side, there are risks to being exposed as a cheater, being sanctioned, losing a medal or facing adverse effects from these drugs. These may very well pale in comparison to the young athlete or any athlete to the potential positive rewards that the athlete sees. Although we may all understand the athlete's choice to use these substances and the reason they do it, we can never allow this to become an acceptable procedure. The adverse medical effects of anabolic steroid use can be seen in a number of systems. They affect the cardiovascular system, the immune system, the musculoskeletal system, the reproductive system and psychologically. Groups such as adolescents and women have additional specific adverse effects or consequences in addition to the general adverse effects. In adolescents specifically, these general effects can be intensified and magnified by their use of the steroids. If you look at youth, there are many influences on the youth and on our young athletes. These include the leaders in various fields, entertainers, athletes, parents, coaches, peers, older friends and schoolmates. It is difficult to say whether the reported actions of a professional

athlete, the pressure of parents and coaches to succeed or the examples of older teammates or friends are the major influences on the use of performance-enhancing substances. They all are influences.

Another important issue with adolescent steroid use is the significant percentage of nonathletes who use steroids not for a competive edge but to attain the well-developed, muscular look. This is not only young men but young women also who are less likely to be influenced by anything that a professional athlete or college athlete does or by anything that is sanctioned by some world agency or any league.

Human growth hormone is another issue that has presented itself to us, and it sets a new set of problems. Human growth hormone, which is not a controlled substance as are anabolic steroids, is widely available through America on the Internet, through prescriptions by physicians, shipped across borders to institutions, companies and to individuals. The obtained substances may be human growth hormone or may be some counterfeit substance. There are anecdotal reports of the use of human growth hormone by athletes including NFL players. Light may be shed on these reports through ongoing investigations. However, attempts by us and other organizations to assess the scope of human growth hormone use have yielded little data and clarity. When compared to the effectiveness of anabolic steroids, the efficacy of human growth hormone to performance enhancement is not as well accepted either scientifically or anecdotally among athletes. More importantly, when it comes to human growth hormone, the adverse effect profile of this substance is severe. It can have a severe effect on the heart, liver, spleen, kidneys and other organs and systems. The credibility of the medical and scientific community, lost early on the steroid issue, is dependent upon accurate information, on effectiveness and adverse effects. Care must be taken not to give inaccurate information concerning human growth hormone.

With steroids, the adverse effects are real and could be severe. But the incidence is low and may occur later in life. This can be a potential problem that the users don't see these problems in other people, only the positive effects. To combat this issue, a multipronged approach must be used. A program must be developed that has a policy which is accepted by all involved parties and which defines the goals of the policy, the banned drugs and the other parts of the program. There must be an educational component which includes education about the drugs and the policy, testing, discipline and the availability of assistance to those who have medical and psychological problems. Testing is a major weapon in the arsenal of drug abuse. The amount of testing must be sufficient so that the athlete does not know when the test may occur. The test must be sensitive enough to identify the banned substances, and the discipline must be severe enough to make it undesirable for the athlete. I do not believe the number of positives is a good indicator of a successful program as is the number of repeat offenders. When this number is low, it reflects an understanding on the part of the players that the consequences of use, loss of pay, loss of playing time, other embarrassment to themselves and their family outweighs the benefit of use.

The NFL's policy on anabolic steroids represents a cooperative effort between the NFL and the players association. The policy is founded on three important principles. The maintenance of the integrity of the competition, a level playing field and protecting the health and safety of the players, while most importantly setting an appropriate example for our Nation's youth. All the elements of an efficient, fair and adaptable program are present. These include: unannounced annual and random testing both in and out of competition, players are eligible to be tested at any time throughout the year; stringent and exacting collection procedures, state-of-the-art analytical procedures using the same laboratories that are used by other testing programs including WADA; a comprehensive list of prohibited substances, masking agents and methods; strict liability standards for violations; and a mandatory suspension without pay upon first violation.

Throughout the past 15 years, all aspects of the NFL's policy have been regularly reevaluated by the NFL and the NFL Players Association in consultation with a variety of leading experts, and changes have been made to maintain a thorough and effective program. This is achieved by monitoring the latest scientific and technological advances; investigating reports of use patterns and new substances; and acting quickly to make appropriate changes when the evidence supports them. The policy works because the leadership of the NFL and the NFL Players Association view themselves as guardians of the game of football and accept all the responsibilities which accompany this role.

Without reservation, I am proud of my involvement with the NFL's steroid policy and have every belief that it will continue to be among the best and most effective in sports. Thank you.

[The prepared statement of Dr. Lombardo follows:]

April 27, 2005

Remarks of Dr. John Lombardo before the United States Congressional Committee on Government Reform

I would first like to thank Chairman Davis, Ranking Minority Member Waxman and the other members of the Committee for extending me an invitation to address you at today's hearing.

To provide the Committee with some context for my statements, in addition to my work as Medical Advisor to the NFL's policy, I am a Clinical Professor in the Department of Family Medicine at the Ohio State University Medical School and Medical Director of the Max Sports Medicine Institute in Columbus, Ohio. I have also previously served as Team Physician to the Ohio State University football team and Cleveland Cavaliers NBA team, and have acted as advisor to both the NCAA and United States Olympic Committee. As a practicing physician who has been involved with high school, college and professional athletics for more than 27 years, I have gained considerable experience in understanding trends and issues in the use of performance-enhancing substances among adolescents and athletes and appreciate the opportunity to share my thoughts concerning steroids and the National Football League's role in deterring their use by our nation's young people.

THE "PERFORMANCE-ENHANCEMENT CULTURE"

Over the past several decades, parts of our society have developed a "quick-fix, fast-food, pill-taking, win at all costs, end justifies the means" mentality. This mentality fosters an environment ripe for the promotion and use of steroids and other performance-

enhancing substances. In the athletic context, the pressures are greater, as the use of such substances by one competitor might make other competitors feel compelled to use them in order to compete. Thus, despite the risks, using steroids has become not only an available avenue for young people and athletes, but an understandable one. The positive rewards of winning, the adulation of friends, family, fans and the media, material gains and preferential status, can seem to outweigh the risk of being exposed as a cheater, being sanctioned, losing a medal and facing the adverse health consequences. Although this avenue is understandable, we can never allow it to become acceptable.

ADVERSE EFFECTS

The adverse medical effects of steroid use can be seen in a number of the body's systems:

Cardiovascular--The use of steroids is associated with myocardial infarctions and strokes. The heart attacks and strokes are caused by the early development of plaque formation and coronary artery disease and the development of clots in the coronary arteries. There also can be seen increases in blood pressure.

Immune—Evidence suggests that there is also a relationship between steroid use and certain types of cancer. Kidney and liver cancers and lymphomas have all been found in users of these drugs and felt to be associated with their use.

Reproductive--The male reproductive system is dependent on testosterone for function. The use of steroids can result in sterility both during and after use. It can also result in impotence, which generally occurs after the cessation of use. These effects are reversible when the drugs are discontinued, but may last for more than a year.

Musculoskeletal--Animal studies suggest that anabolic androgenic steroid use causes an absolute change in the tensile strength of the tendons, thereby increasing the chance of injury. There will also be a relative weakness of connective tissue as compared to the steroid enhanced muscle tissue.

Psychological--When taking steroids, a user may experience increased aggressiveness, enhancement in libido and mood swings. After termination of use, depression and decreased libido can occur.

In addition to these general adverse effects, steroid use can have additional consequences in other particular groups:

Adolescents--Individuals who are progressing through puberty undergo significant physical, emotional and psychological changes. In males, many of these changes occur as a direct result of increased testosterone. Testosterone also is a factor in the closure of growth plates. Exogenous anabolic-androgenic steroids can result in the premature closure of growth plates. Also, the effects on other systems may be intensified and magnified in this special group.

Women--Women who use steroids can experience masculinization, including lowering of the voice, changes in skin and body hair, development of facial hair and enlargement of the clitoris.

PATTERNS OF USE IN YOUTH

Behaviors are passed down from generation to generation. Role models for our youth include leaders in various fields, entertainers, athletes, parents, peers and older friends and school mates. Does the high school athlete take anabolic steroids because he is influenced by the reported actions of a professional athlete? Or does he take them because he is encouraged and supplied by an older student, coach or conditioning guru? The answer is of course both: although the influence of professional athletes on the young athlete is clear, I believe that local influences are also very important in affecting an adolescent's decision whether or not to try steroids. Surveys reveal that a high percentage of adolescent steroid users do not participate in organized athletics. These young people are likely influenced less by the actions of professional athletes than by the belief that they can achieve their goal with steroids, whatever that goal might be.

DETERRENCE OF USE

The adverse effects, although potentially severe and very real, have a low incidence or may occur later in life, so that most would-be users will not see known or suspected steroid users develop these problems. They may see only the "positive" effects on physique and performance. Therefore, it is critical that a multi-pronged approach be employed to deter use among athletes and nonathletes. In the athletic context, testing is of course a primary weapon in the arsenal. But merely establishing a testing system is not enough. The amount of testing must be sufficient so that the athlete does not know when the tests will occur. The test must be sensitive enough to identify use when it occurs. The discipline must be severe enough to make it undesirable to the athlete. And

players have to be educated about the risks and consequences of using steroids and of being caught.

In my view, one way to evaluate a program is by the number of repeat offenders. What percentage of athletes test positive a second time? When that number is low (in the NFL's case it is virtually zero), it reflects an understanding on the part of the players that the consequences of use, including loss of pay, loss of playing time, public embarrassment and increased testing scrutiny, outweigh the hoped for benefits.

THE NFL'S STEROID POLICY

Based on my experience, the NFL's Policy on Anabolic Steroids represents a genuine and effective means of addressing these concerns. It is grounded in three very important principles: promoting the integrity of the competition, protecting the health and safety of its players, and perhaps most important, setting the appropriate example for our nation's youth.

The NFL's policy contains all of the elements necessary to ensure that it is efficient, fair and adaptable to meet changes in science and technology. Specifically, those elements are:

--unannounced annual and random testing, in and out of competition;
--stringent and exacting collection and analysis procedures;
--a comprehensive list of prohibited substances, masking agents and methods;
--a strict liability standard for violations; and
--a mandatory suspension without pay upon first violation.

Using that foundation, the NFL's policy has grown to become a complex and tightly structured program. The testing protocol, which is conducted under my supervision, is specifically designed to be thorough and unpredictable to the player, and to thwart any efforts to manipulate the process or test results. At the same time, the NFL and Players Association are steadfast in their efforts to stay on top of the latest scientific and medical research on substances and testing, acting quickly to make adjustments to account for technological advances and trends in use.

Beyond the specifics of the protocol, the policy works because it was and is the product of a collaborative effort between the League and NFL Players Association. Since the beginning, all parties involved have been able to set aside any individual interests and consider what is best for the effective functioning of the policy. This cooperative approach has allowed the policy to evolve and grow while maintaining fairness and consistency.

Without reservation, I am proud of my involvement with the NFL's steroid policy and I have every belief that it will continue to be among the best and most effective in sports.

Chairman TOM DAVIS. Thank you very much.
Dr. Finkle.

STATEMENT OF BRYAN S. FINKLE

Dr. FINKLE. Thank you, Chairman Davis, Mr. Waxman and members of the committee.

I, too, very much appreciate the opportunity to participate in today's hearing, and I certainly applaud the committee's interest in the NFL's steroid testing program and its potential for adverse impacts on the young people of the United States.

By way of brief background, I am a scientist. For more than 40 years, I have been a forensic toxicologist with a continuing experience in toxicology of substance abuse and at least 20 years of involvement in sport antidoping toxicology. My association with the National Football League's steroid policy dates from its inception, some 12, 13 years ago. Currently I serve as the chief forensic toxicologist for the National Football League's steroid performance-enhancing drug program, also the substance-abuse program, for which I have been jointly selected by both the league and the National Football League Players Association. I am responsible for all technical aspects of the programs, including oversight of the laboratory performance, quality control and interpretation of test results.

I also provide support to the substance-abuse treatment program and manage research studies designed to evaluate new analytical technology and ways to improve testing. The NFL's steroid policy is a carefully crafted, thoughtfully negotiated program which is designed to detect and prevent substance use and abuse. It has evolved over more than 10, in fact almost 13 years to its present level of sophistication. Importantly, the policy is a living document. It is one that requires mutual effort and agreement of the league, the players association, the players themselves and the teams. The laboratory analysis of urine specimens for which I am responsible to detect prohibited drugs and their metabolites is just one essential part of an overall comprehensive program. It cannot stand alone. Analysis not only can accurately identify drugs that are being used but acts as a deterrent, creating the risk of being detected and the adverse consequences that occur as a result to those who might otherwise wish or attempt to cheat. Scientifically, the program features an extensive testing protocol which is followed rigidly involving detailed procedures for specimen collection, defined analytical methods and blindfolded control processes. These practices follow closely, very closely, those recommended by the World Anti-Doping Agency and the U.S. Anti-Doping Agency, and I am confident that they would satisfy any reasonable review. Importantly, through periodic review of these methods and processes, systematic improvements have been made to the program over the last several years. This flexibility for program assessment and policy change is a very important feature of the NFL's programs.

For example, working with scientists at the UCLA Olympic laboratory, we have taken advantage of new and refined techniques for detecting many new substances and have introduced new forms of testing to assist the detection of exogenous testosterone use. In addition, we routinely consult with a variety of outside experts to assist us in addressing specific concerns. This happened when the

concern came up with the effects of ephedrine use on heat and hydration issues associated and also with growth hormone. While the range of substances specifically banned by the NFL is less extensive than WADA, the NFL prohibited list is designed specifically for football. Unlike WADA, which is responsible for monitoring use in perhaps as many as 100 diverse different sports across the world year round, the NFL monitors a relatively small population of athletes with common characteristics. They are young males with exceptional strength and speed. And we monitor drugs that influence their performance goals.

Accordingly, the program as designed is based upon the intelligence and experience gained within the last 10 years and is tailored to meet the league's goals of protecting the health of its athletes and preserving the integrity of the sport. The NFL banned list is wide ranging. It is continuously reviewed and frequently revised. The testing of these substances requires exacting forensic and scientific standards.

Currently, however, there is only one WADA certified laboratory in the United States—that is the Olympic laboratory at UCLA—that can routinely meet these standards of practice. In order to address the need for additional laboratory capability and capacity, the NFL has joined the U.S. Anti-Doping Agency to fund the development of a new laboratory. It is the Sports Medicine Research and Testing Laboratory located at the University of Utah. When fully operational next year, it is anticipated it will be WADA certified and will work in close collaboration with the Olympic lab at UCLA. It will have the most up-to-date instruments and technology and will be staffed by experienced analysts and toxicologists. In addition to testing, a primary function of the laboratory will be to conduct sponsored research studies to broaden our understanding of performance-enhancing substances and to develop new analytical methods. It will also be available to assist other sports programs.

The NFL's collaboration with USADA to fund testing and research is unique in the United States and is evidence of its serious intent to address steroid and other substance abuse issues as they affect the health of athletes and the sport. So, in summary, for the past 15 years, the NFL has had a comprehensive testing program for the detection of steroids and other performance-enhancing substances. It is founded on the best science and technology and is bolstered by the continuing cooperation of the league and the players association. Overall, it represents a proactive effort to eliminate the use and associated health risks of performance-enhancing substances from its sport.

I would like to add just a couple of sentences based on something we've already heard this morning. Let me emphasize for the committee, since I have the responsibility, amphetamines, methamphetamine and its analogs, are strictly banned by the NFL, and they are tested for routinely in our programs. Their use is illegal without a prescription. Team physicians act responsibly in these matters. The inventories of amphetamine type drugs that are available on prescription to teams is audited and supervised. There is some doubt in football from a pharmacological-toxicological point of view whether amphetamines are indeed performance-enhancing, but they are certainly misused and abused as substances of abuse,

and we test for them. We test for them also in the window. Someone mentioned game day. It is possible on occasion to test on game day, but in any event, we test within the window of time that would allow us to detect the use of these substances in a carefully designed program. Thank you.

[The prepared statement of Dr. Finkle follows:]

Statement of Dr. Bryan S. Finkle, Chief Forensic Toxicologist for the NFL's Policies on Steroids and Substances of Abuse

I am pleased to have been asked to participate in today's hearing before the Government Reform Committee. I applaud the Committee's interest in the NFL's steroid testing program and its impact on young people.

By way of background, for more than 40 years I have been a forensic toxicologist with continuing experience in the toxicology of substance abuse and at least 20 years in sports (anti-doping) toxicology. My association with the NFL's steroid policy dates to its inception. Currently I serve as Chief Forensic Toxicologist for the NFL's steroids and substances of abuse programs, for which I have been jointly selected and approved by the League and NFL Players Association. I am responsible for all technical aspects of the programs including oversight of the laboratory performance, quality control and interpretation of test results. I also provide support to the substance abuse treatment program and manage research studies designed to evaluate analytical technology and improve testing.

The NFL steroid program is a carefully crafted, thoughtfully negotiated program which is designed to detect and prevent substance use and abuse. It has evolved over more than ten years to its present level of sophistication. Importantly, it is a living document, one that requires the mutual effort and agreement of the NFL, NFLPA, its players, and its teams. The laboratory analysis of urine specimens to detect prohibited drugs and their metabolites is just one essential part of an overall comprehensive program. Analysis not only can accurately identify drugs that are being used, but acts as a deterrent

(creating the risk of being detected and the adverse consequences that occur as a result) to those who might otherwise attempt to cheat.

Scientifically speaking, the program features an extensive testing protocol involving detailed procedures for specimen collection, as well as defined analytical methods and quality control processes. These practices closely follow those recommended by WADA and USADA, and I am confident that they would satisfy any reasonable measure of review.

Importantly, through periodic review of these methods and processes, systematic improvements have been made to the program over the past several years: for example, working with scientists at the UCLA Olympic Laboratory, we have taken advantage of refined techniques for detecting many substances. In addition, we routinely consult with a variety of outside experts to assist us in addressing specific concerns, such as the effects of ephedrine use on heat and hydration or issues associated with growth hormones.

While the range of substances specifically banned by the NFL is less extensive than WADA, the NFL prohibited list is designed specifically for football. Unlike WADA, which is responsible for monitoring drug use in more than one hundred diverse sports worldwide, the NFL monitors a relatively small population of athletes with common characteristics (young males with exceptional strength and speed) and performance goals. Accordingly, the program design is based upon the intelligence and experience gained over the past decade and is tailored to

meet the NFL's goals of protecting the health of its athletes and preserving the integrity of the sport.

The NFL banned list is wide-ranging, continuously reviewed and frequently revised. Testing for these substances requires exacting forensic and scientific standards. Currently, however, there is only one WADA-certified laboratory in the United States--the Olympic Lab at UCLA--that can routinely meet these standards of practice.

In order to address the need for additional laboratory capacity, the NFL has joined with the United States Anti-Doping Agency to fund the development of a new laboratory, the Sports Medicine Research and Testing Laboratory located at the University of Utah. When fully operational next year, it will be WADA-certified and will work in close collaboration with the Olympic Lab at UCLA. It will have the most up-to-date instruments and technology, and will be staffed by experienced analysts and toxicologists. In addition to testing, a primary function of the laboratory will be to conduct sponsored research studies to broaden the understanding of performance enhancing substances and to develop new analytical methods. It will also be available to assist other sports programs. The NFL's collaboration with USADA to fund testing and research is unique in the United States and is evidence of its serious intent to address steroid and other substance abuse issues as they affect the health of athletes and the sport.

In summary, for the past fifteen years the NFL has had a comprehensive testing program for the detection of steroids and other performance enhancing substances. It is founded on the best science and technology and is bolstered by the continuing cooperation of the League and Players Association. Overall, it represents a proactive effort to eliminate the use and associated health risks of performance enhancing substances from its sport.

Chairman TOM DAVIS. Thank you very much.

I want to thank all of you very much. Let me start with the coaches. How prevalent is steroid use? Each of you have had some experience with your players. How prevalent is it, and where do they get it?

I will start with you, Coach Stewart.

Mr. STEWART. Mr. Chairman, again, I've only had two instances where I've detected steroid use. Other than that, pretty much nil.

Chairman TOM DAVIS. Do you have any idea where they got it?

Mr. STEWART. Not really. Because, again, both young men denied even taking the steroids. So I have no idea where they got their hands on it. But I would say probably—they were both weight lifters. They lifted weights on a regular basis. So I presume they got them around the weight lifters they were participating with.

Chairman TOM DAVIS. Mr. Barnes, any idea?

Mr. BARNES. Yes, we know where our kids got their steroids. They admitted to that in our meetings that we had. They went to Rocky Point in Mexico, which is close of course to where our proximity is, and were able to buy them freely. There was just a story that I saw on television, I don't remember which one it was, that talked about they even have doctors down there that give prescriptions if they want to try to make it look as legal as possible. That's all they do is give prescriptions for steroids and illegal drugs. It's freely purchased there.

Chairman TOM DAVIS. How many players did you have to discipline in the end?

Mr. BARNES. We had 10 that were removed from our football team in that first year as a head coach. That was quite an experience for me.

Chairman TOM DAVIS. How did the other kids react to it? Did they get the message?

Mr. BARNES. Well, the other kids were just like our whole community. This was a difficult situation. We all have to remember that we were on the front end of exposure nationwide. I know that there's been steroids long before this happened to our high school. But it hasn't come to the forefront from a media standpoint as often as it has in the past year or 2 years. So suddenly our school became popular, and this of course has created a difficult situation for our community because the parents are tired of the media attention that they've gotten. At the same time, I think that we have a lot of parents that understand the importance of what happened and the ramifications. There are many parents that are going to be very unhappy that I'm here.

Chairman TOM DAVIS. They need to understand you're here under subpoena.

Mr. BARNES. Yes, they understand.

Chairman TOM DAVIS. I don't think it's a reflection on your community. In fact, you handled it right. You probably did more to prevent it.

Mr. BARNES. We have many people that are proud of the fact that we took a problem and did something with it. It's not just those that are upset with the way that we handled it. There are things that happened that it's probably not important to this committee because it's our own internal little problem of how things

were handled. For instance, parents were very upset that, when I did the interview process to get them to tell the truth, that they weren't allowed to be a part of the process. We could speak on that forever. But the bottom line is, you know, there's a lot of energy being spent where parents I think need to be talked to about enabling their kids by saying, you know, that's not the problem, what you did, the problem is the way they wouldn't let us come in there. That energy that's being spent, I think, could be better spent on making our kids understand that their health was at risk here.

Chairman TOM DAVIS. Thank you.

Mr. Courson, you had a very successful NFL career, including playing for a Super Bowl championship team, and you've been very open about your steroid use during your playing days. Could you try to elaborate on the steroids you used, the health problems you suffered as a result?

Mr. COURSON. As far as my heart health problems, again, that's very unclear. My doctors, we don't know. I've always said that I believe that they contributed to my health problems, and the reason I state that is, if you understand heart disease at all, increased body mass is a risk factor. That's just a common understanding with heart disease. The thing that I experienced from the short-term standpoint was the increased aggressiveness. The thing I guess that was the most addicting aspect for me about them as a former user was the way they enhanced my training. In other words, you almost develop a love-hate relationship. You love what they do for your training, but you hate compromising yourself to gain the advantage from a drug.

Chairman TOM DAVIS. But it did give you a considerable advantage, didn't it?

Mr. COURSON. That is probably the most difficult aspect from a competitive standpoint with this dilemma for athletes in general. They work. And they work dramatically well.

Chairman TOM DAVIS. Is it possible to get the same level of achievement through ordinary means without taking steroids?

Mr. COURSON. All things being equal, someone who's genetically blessed, the drugs will always provide an example. You cannot train to the same degree. You can make tremendous gains without them, but the person who's using, everything being equal, is always going to have the advantage, in my opinion.

Chairman TOM DAVIS. Thank you. And thank you for sharing your story with us.

Dr. Goldberg, you mentioned in your testimony that the Atlas and Athena programs have been effective and successful in promoting healthy lifestyles and preventing steroid use. How many high schools are currently implementing either Atlas or the Athena programs, and have they been adopted by high schools nationwide? And why aren't more schools using the program?

Dr. GOLDBERG. Good questions. First, there are about 60 schools, I believe, across the country and more are doing it. We just had 100 curricula purchased in Texas. We're going to Connecticut in 2 weeks for 60 coaches. I was just in Ohio last week with another 15. I think part of the hearings that you've had has increased and highlighted this problem. Dr. Elliott and I are professors of medicine, and we're not really marketing the program, so really people

have to look at the model programs list to see whether they want it or not. We implemented it in five schools in Nashville, TN, 2 months ago. So there is an increase, but that is coming more in dribs.

Chairman TOM DAVIS. Thank you very much.

Mr. Waxman.

Mr. WAXMAN. Thank you, Mr. Chairman.

I want to thank all the members of this panel. I think your testimony has been very, very helpful. I do have some questions, and I want to pursue them.

Mr. Courson, I guess my bottom line question to you is, in your judgment, can players evade the current testing system? And if that is so, that leads to a lot of other questions for you and the doctors. But what is your opinion of that?

Mr. COURSON. Well, I've written and stated publicly since 1988 about the various loopholes in drug testing. Obviously, we all know about growth hormone. We also know about low doses of testosterone. The Balco investigation has probably exposed probably the most dangerous threat to drug testing yet, and that's designer drugs. When you alter—basically when you alter the molecular structure of a drug where you render it undetectable, undetectable means undetectable, and that is a real challenge for Mr. Blotner and his people without question.

Mr. WAXMAN. What changes would you recommend in order to stop this kind of evasion?

Mr. COURSON. Well, what I would do personally, if I were boss for a day, what I would do is basically help the U.S. antidoping commission as far as funding to improve the technology, to basically deal with an ever-changing landscape. That also means the threat of gene doping. That technology is here. It's a matter of what we call the diffusion of innovation. Who's going to be brave enough to try it?

Mr. WAXMAN. What percent of the football players, professional football players do you think are using steroids today?

Mr. COURSON. That would be very hard for me to determine. First of all, I've been out of the game for 20 years. I'm not around those guys. I don't train with them. But we do know that, of course, drug testing has loopholes. We do know the intense pressure that players are under. I think the NFL is doing the best job that they can do with the technology at hand.

But, then again, when you look at the size of players today; diet and training hasn't really changed. So it would lead me to believe that it's out there, and that it is prevalent. To what degree, I don't think we'll ever know, especially when you recognize the individual and institutional denial associated with the use of these drugs.

Mr. WAXMAN. The NFL reported in the last 5 years that less than 1 percent of players have tested positive for steroids. On the other hand, some people are saying they are evading them, as you think along those same lines. Former Olympic antidoping official Robert Voy estimated in 2001 that one-third of NFL players were using steroids. And current broadcaster and former Kansas City Chief Bill Maas recently suggested that use has increased to levels above those in the 1980's before the league had a policy in place. Does that sound like an overestimation to you?

Mr. COURSON. Would it surprise me? No. Do I know that? Can I quantify that or qualify that? No. I wouldn't be able to say simply because, again, I'm not around those players. But, then again, we have to recognize the fact that line of scrimmages are bigger than ever. And I think—to be honest with you, I think one thing the NFL may want to consider—and I know the league is not going to want to hear this—but maybe a weight limit in time.

Mr. WAXMAN. A what?

Mr. COURSON. A weight limit in time, especially with genetic engineering around the corner.

Mr. WAXMAN. What do the doctors think about these points that Mr. Courson has raised?

Dr. Lombardo.

Dr. LOMBARDO. I think, on the aspect of size, I think you have to look at the players. If we have a problem in the NFL, it's the same problem we have with the youth and with society in general. It's called morbid obesity. The game changed. I was a team physician for Ohio State for 14 years. In those years, I watched the linemen change from lean, fast people to people who were fairly big, fairly heavy, extremely heavy, somewhat obese, because the nature of the game changed.

The Pittsburgh Steeler line of the seventies that Mr. Courson played on played a different type of football. If you watch the way the game is played at the line of scrimmage, they have big people who just get in the way and move people a little bit, and that's the name of the game. It has gone all the way down to high school. If you look at the McDonald's high school all American team or the Parade high school all American team in the line, they all average over 300 pounds. So this is not something that happens and blossoms when they arrive in the NFL. This is a problem all through football and the game of football and the way it has changed. In order to combat that, the people on the other side of the ball have to have just the same amount of mass to hold the line of scrimmage.

Mr. WAXMAN. I guess the question I would have of you, and if others can comment on it in whatever time I may have available, is this just a natural phenomenon or is this the use of drugs? We don't see 300-pound roly poly players. We see 300-pound pretty strong, muscular players. So the number of football players that are much larger than the past is clear.

Dr. LOMBARDO. I'm not so certain that you see the 300-pound muscular players as much as you would think as much as the 300-pound roly poly players. I think we need to look at the body fat level of the players, and either one of us would be deemed to be correct on that. But I do think that's a potential, whether it's drug use or whether it's the nature of the game. If it is, like I said, these previous players arrive in the league at 300 pounds, they don't come in the league and then become 300 pounds. As far as the percentage of the people who use drugs, I think anybody's estimate is what I call the guesstimates of people, because they have no idea what the percentage of drug use is in the league, and I would never hazard a guess as to what the percentage of drug use is in the league. I just know that the testing we use is the same testing, same analytic procedure, everything the exact same as used by

WADA and every other doping agency. So, therefore, if there's a problem, it's a problem that's science-wise and not just program-wise.

Mr. WAXMAN. Thank you.

Because my time is just about out, Dr. Wadler, do you believe this testing regime that NFL has is stringent enough for amphetamines and other stimulants?

Dr. WADLER. I think I need to clarify that, and perhaps the NFL could clarify that. They actually have two drug policies as I understand it. They have a drug abuse policy which deals basically with what we might consider recreational drugs. Then they have their steroid policy which deals with the sanctions and penalties as opposed to treatment. The first one, as I understand it, is to get people help if they have a problem with methamphetamines and things of that sort. As I understand it, the steroid policy which lists the eight stimulants is inadequate because those are not the stimulants we see in terms of performance-enhancing drug abuse. There we're talking 40, 50, at least. In fact, as we sit here this morning, there's a meeting going on in Montreal that they have devoted to just what stimulants should be on the list. So that amphetamines, in my view, and the related stimulants belong together with the other performance-enhancing drugs and should be dealt with with those consequences, because the use of those drugs are for treating, they're for gaining unfair athletic advantage. People who have problems with MDMA, ecstasy, meth and so on, that's a different issue. So I think it needs greater clarity. And it may be true. There's a consequence if you're caught in this policy or that policy but if we're talking about performance-enhancing drugs, the policy as it is written is inadequate. It really does not address those stimulants which enhance performance or are thought to enhance performance for which there should be significant sanctions.

Mr. WAXMAN. Thank you very much.

Chairman TOM DAVIS. Thank you.

Mr. Souder.

Mr. SOUDER. Thanks. I have a number of questions, but I want to followup directly on that one. Dr. Finkle also said he didn't believe that amphetamines may actually work as a stimulant in football, and you just used the phrase that people may think work. Do you believe they do or don't, or could you enlighten us a little on that?

Dr. LOMBARDO. First of all, the basis for something being on the list doesn't mean it necessarily works. There's a question whether growth hormone actually works. So that has never been a sole criteria. We use actually three criteria. The potential to enhance performance, the risk to health and violating the spirit of sport. In terms of amphetamines, there is a long history going back about amphetamine use in sports. Certainly, we know about it in baseball. We talked about it previously. Its effects, for example, increased arousal, increased alertness, increased reaction time, increased eye-hand coordination, weight reduction. I can go on. They mask fatigue. They mask pain. They have been a quintessential drug for years in sports. The first reported deaths ever in competitive athletics were two cyclists in the sixties from heat illness from taking amphetamines. The ultimate question of whether there's de-

bate as to how effective they are I really think is misdirecting the nature of the discussion. That is not the criteria.

Mr. SOUDER. Let me say, for a lack of a better word, a super Notre Dame hotdog, that I'll take a couple of 280-pound guys that can block Michigan as opposed to a rolly polly 300-pound guy. But let me ask this fundamental question, are you in effect saying, any of you, and I have another question, I'd just like somebody to react to this, that often you hear an athlete comes out of high school, and they haven't had the correct weight training going into college. Usually the 300-pound guys are already there. If they can play in the NFL, they're there in college, that you can't get up to 300 pounds with going to year-round weight training using things that are legal and that you have to use an illegal substance? In other words, is weight not really a criteria here? It's just if it's sudden, if it's out of the size characteristic that body might be able to carry or is this something over 4 years you can actually buildup and change your body structure through legal substances that aren't a danger to your health other than that you may become obese later on in life if you don't readjust?

Dr. LOMBARDO. I think if everybody would just go back to the time when they were 17 and think of the weight and size you were when you graduated high school, or 18, and think of what you graduated college at, and then what you are right now. Your body undergoes tremendous change all through your life. Probably the single biggest time of change is as you go through puberty and as you go up to about the age of 22 which is why you see a lot of times people come in as freshmen, they're big, they may be soft, and they firm up a little bit and gain weight. Part of that is the natural weight gain you're going to get with proper nutrition and with weight training. So you can get up to that point without the use of drugs. I firmly believe you can, if that's the goal and that's the place you want to be.

Mr. SOUDER. In fact, one of the challenges of competitive sports is that, in anything highly competitive, you kind of distort your body characteristics. I think it's fairly safe to say that most Members of Congress, if they weren't ADD before they became Members of Congress, they developed those characteristics after they're in. That we certainly have certain things that we have to get much more fine tuned. An athlete who's a runner is going to get his leg muscles disproportionate to the rest of his body if he's going to work his legs aggressively. The question is, are you cheating or doing things that are inordinately damaging to your health that aren't recoverable and where are those lines? The implication here was, is that it can't be done naturally and what you just said as I understood it was that there is a logical body weight, but we're obviously going to push these guys past their logical body weight. It's how far can you go for how long and how do you do that and in that type of question as far as testing.

I want to make sure I get this question in to Dr. Finkle. Do you believe the problem was much greater before your policy went in?

Dr. FINKLE. Yes, without question. I was first involved with the National Football League as a consultant during Commissioner Rozelle's time in the 1980's, and it was freely known and acknowledged and addressed during the last years of his tenure as commis-

sioner that there was a very serious problem and health problem. He set in motion, it was picked up by Commissioner Tagliabue when he came into office, to address that problem. So absolutely the problem was much worse a generation ago, and it is under control now. It is not perfect. We still have serious problems, but it is under control now.

Mr. SOUDER. I want to ask this question. Last night on ESPN Outside the Lines, Super Bowl XXX, 9 years ago, most valuable player and Dallas Cowboys cornerback Larry Brown said he believes that 40 percent of the players in today's NFL are using steroids. He has been here long since the time that you were. Do you believe that statement has any logic in fact? Is it possible that 40 percent of the players could be getting through? If you can just elaborate on that.

Dr. FINKLE. Anything is possible, of course, but I'm a scientist. I like to see data. In this world of substance abuse and social issues, we're constantly faced with anecdotes, stories, news stories. I'm not saying that the people who make these statements don't believe them. I'm simply saying that, when challenged, usually when challenged to produce the data or the foundation for their opinion, it is sadly lacking. The consequence of that is that I greet with great skepticism what I read for the most part as off-the-cuff statements like that unless I can see some data to support it. And I know of no such data.

Chairman TOM DAVIS. Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. Let's turn to the issue of penalties. The NFL policy calls for a four-game suspension for a first violation of the policy and a six-game suspension for the second, each without pay. I understand that these suspension periods are not insubstantial in light of the relatively short career of NFL players. However, these penalties are much lower than the standards currently in place for Olympic athletes which require a 2-year ban for the first violation and a lifetime ban, which I like, by the way, for the second. Moreover, under the NFL's policy, players who test positive during the preseason must serve their four-game suspension during the regular season but are allowed to practice and play with the team during the remainder of the preseason.

Dr. Goldberg, do you think that the NFL should incorporate the WADA penalty scheme into the policy for anabolic steroids and related substances?

And then, I would like to know what you think, Dr. Wadler.

Dr. GOLDBERG. I have a little different opinion. If I were the king and said that I wanted to try and erase anabolic steroid use in any team sport, the Olympic model is a paradigm for individual athletes. You've got swimmers, wrestlers, boxers, track and field. And so the penalty goes to that individual and rightly so. You've got a team, and sometimes teams and team ownership can try to coddle a player, protect a player. If you're going to really try to get at the heart of the issue, I think, if I were king, that I would construct a team penalty where it could impact on draft choices, where it could impact on win-losses, and there would be a team penalty. If there were a team penalty, then you would have—the teammates would exert peer pressure on the other teammates who were pos-

sibly users. You would also see management effect a change among those individuals. So if I were the king and I wanted to eliminate it, I think that would be the best way.

Mr. CUMMINGS. While you're up there in the king's seat, would you—let's hang right there. Would you also give a penalty to the player?

Dr. GOLDBERG. Oh, absolutely. But I'm saying that, in a team sport, which is a very different paradigm than an individual sport which WADA is enforcing, and these are makeshift teams when they're put together, when we have USA Basketball or USA Baseball, they are diverse people and they're not working together. But we have essentially a business in baseball, football, basketball, then we're talking about a real team, with management.

Mr. CUMMINGS. I have to ask you this. You just said something that was very interesting. You said the management or whatever—I am not trying to put words in your mouth so you correct me if I am wrong—tend to coddle players. What does that mean?

Dr. GOLDBERG. I can just go back to my own experience with a player who trained in our laboratory in the 1980's. He went to his NFL team. He made the team, and then he called me up, and he asked me about using steroids. I told him not to use steroids. His wife called a few weeks later and told me she found a bottle of steroids in the bathroom with his jersey number on it. So that told me something about the use back then. I know there have been changes. But often people try to protect their own kids, parents, coaches, and there's a halo around them. As I described when we talked about our coaches, when we said, are kids using steroids on your team, they said, not in our school, not on my team, but other teams are using them. So I think that's sort of a natural habit to coddle, to put a halo around the athletes that you deal with. And sometimes you feel they wouldn't do that when in fact they are.

Mr. CUMMINGS. Dr. Wadler.

Dr. WADLER. Yes. With respect to the world antidoping code, there is a section on consequence to teams, article 11, which I will not bore you with. But it does make provisions for target testing where an individual team member tests positive. So there is some provision for it. There's another element to this which I think is worthy of at least some discussion. That deals with the hearing process when one has a positive test. I understand fully the nature of the collective bargaining agreement between the players association and the union, but there are sports—I cite men's professional tennis as an example—using the WADA example whereby there is a process in which the vested interests of management and the players have an arm's distance relationship and the decision-making to go through a hearing or an adjudication process. I think that ought to be looked at. I certainly understand the complexities of collective bargaining. But, for example, let me cite men's professional tennis. I know they are going to appear before you at some point. If management found a positive urine test in a professional tennis player, that ultimately would go to a tribunal independent of the management of the sport, independent of the union of the sport and the experts in that case, a doctor, a lawyer and a forensic scientist, would review the evidence and make a decision. That would be the sanction. It deals with the issue of any appearance

of any other interest that you may have been alluding to and removes it.

It's complicated and certainly complicated in the context of collective bargaining, but I think it would enhance public perception that everything is out in the open. I'm not suggesting everything is not out in the open, but there is always the perception. I think some of the questions today alluded to the perception. Do we think it's going on? My answer to that, by the way, it's what we think that doesn't matter. It's what we know that matters. And what we know really has to be embodied in a comprehensive testing program. That's why I feel the world antidoping code is in fact the gold standard we should use to find out the questions rather than speculation.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

Chairman TOM DAVIS. Thank you. Before they go, just one other question for Dr. Lombardo.

In an AP article this morning, the chairman of WADA, Dick Pound wonders that if 9-year-old girls are taking steroids just to look good, then what are the odds that the enormous players in the NFL are on steroids? That is a question he would like to ask the NFL medical advisers, and since he couldn't be attending, I'll ask it for him. With everybody doing the things that are going on, why don't we catch more people?

Dr. LOMBARDO. I could turn that around to any testing situation. Why doesn't any testing situation catch more people? On the one hand, Mr. Cummings is talking about a zero tolerance policy, stopping the use, eliminating the use. On the other hand, you want to judge a program by the number of positives that it has. I think there's a little contradiction there. And I think that one of the things we have to look at is these people are going to cheat. The majority of players that test positive in the NFL have a reason that they are, that's the only chance they have to make it in the league. That's the reason. It's not the star players who are setting records, and they're tested a phenomenal amount of times using the same strict analytical procedures that Mr. Pound's organization uses. We use the same analytical techniques. We use the same labs. We use the same testing procedures, same collection procedures, same substances and essentially come up with our results. So, again, I do not think that the number of people that are caught is an indicator of the prevalence of the problem nor do I think it is an indicator of the success of the testing program.

Chairman TOM DAVIS. Let me say this. I understand that testing now occurs on a random basis throughout the week. Is it true that, previously, testing was limited to a certain day of the week?

Dr. LOMBARDO. No, it's been probably 8 years since we changed that. Everybody has to be tested the day after the game. And then they can be tested any other day the remainder of the week.

Chairman TOM DAVIS. How long does it take to get a steroid out of the body?

Dr. LOMBARDO. It depends. That's a very difficult question. It depends on what you use, how you use it. There's no average. I think it would give you a false sense of what the problem is if we——

Chairman TOM DAVIS. Could it be 12 hours?

Dr. LOMBARDO. It would be very difficult to say something is going to get out of your body and not change your profile within 12 hours.

Chairman TOM DAVIS. Yes, Dr. Wadler.

Dr. WADLER. I want to emphasize something I mentioned before. The limitations of policy and the limitations of science. I think most of us are concerned regarding those individuals who are taking testosterone below the level which you can detect it using T/E ratios. By narrowing the window from 6:1 to 4:1, the likelihood of finding somebody is greater.

But the concern I have and others have is that there is this pretesting going on by athletes who are learning how to keep their ratio, say at 4:1, keeping it at 3:1. We see this in another form of drug abuse, with EPO where red blood counts are very carefully monitored just below the detection. So if I were to cheat and I can find a laboratory that would monitor my blood or my urine and constantly tell me, I could run 3:1 using patches and creams, not injections, so I have an even level, I'll beat you every time. That's a real concern. And that's a limitation of science. Not a limitation of policy. That's a real issue and probably one of the most important issues in terms of the National Football League.

Chairman TOM DAVIS. Dr. Finkle.

Dr. FINKLE. I would just like to respond briefly to that. Yes, there is indeed a limit of science, and indeed the athletes who are intent upon cheating and using testosterone can get up to all kinds of quite sophisticated ways to defeat the test. But some have suggested that our testing program is not sufficient with respect to testosterone, and I would like to just try to alter that perception a little bit. The fact is that no testing organization has more stringent tests than the NFL for this particular steroid. We have adhered strictly to the same testing standards as WADA and the Olympics. We used the 6:1 ratio when it was standard for them and for us. When the Olympics moved to 4:1, we moved this January. After bargaining and discussing with the players association and the league, we moved to 4:1. And we would be willing to change it as our science permits us to do so. We have discussed this issue and agreed to adopt the new and more stringent standard. Any suggestion that the prior NFL standard of 6:1 was higher than what was allowable by the Olympic standard is simply not correct.

The NFL also pioneered, by the way, the use of highly sophisticated tests that you heard earlier, CIR, carbon isotope ratio analysis. We use that. We use it in the UCLA Olympic testing laboratory in our program. We use that test data to confirm tests that show that T/E ratios exceed our threshold. This is the same protocol that's followed by other antidoping agencies, including WADA.

Let me say, with respect to people that may use creams with testosterone and have very low levels of testosterone in their body, yes, they may well and probably will on occasion come in with a test that we cannot at the laboratory by our criteria report as positive to our medical adviser or to the league. That is a true statement. On the other hand, even recently, where there have been low levels allegedly used of testosterone, we see aberrations in urine profiles, and we monitor those players through Dr. Lombardo in

the future. So the players are not entirely beating the test in the way that they would like to think all of the time. But it is a limitation of science, and we do the best we can with the science and technology available to us.

Chairman TOM DAVIS. Thank you very much.

Mr. Sanders.

Mr. SANDERS. Thank you very much, Mr. Chairman.

I think we all understand that this is a complicated issue. We understand the limits of science. We understand false positives, etc. But in terms of policy, let me just ask a very simple question, picking up on a point that Mr. Cummings made a moment ago. That is that, under current NFL policy as I understand it, players who test positive during the preseason must serve their four-game suspension during the regular season, a four-game suspension and that, if they are found positive again, it is a six-game suspension. Given the severity of what we are discussing today and the seriousness of the issue, I think many people would say, excuse me, some guy has been found using steroids and what you're saying, making millions of dollars a year, you're going to lose a little bit of money, but no problem, you come back, and you're using it again, you're only going to be suspended. Some people might think that this is a fairly weak policy. Could we get some response to that?

Dr. FINKLE. Frankly, I think it's draconian.

Mr. SANDERS. You think it's draconian.

Dr. FINKLE. I do indeed. If somebody said to me, as an employee, I was about to lose, first offense, at least 25 percent of my gross income and not be able to practice my profession for almost a quarter of my season in this case, that is a very, very serious penalty.

Mr. SANDERS. But if somebody told you, if there's a kid three blocks away from here who's dealing in drugs and is arrested, that kid also pays a pretty serious penalty. That kid goes to jail for years and his life is destroyed. He doesn't make millions of dollars. I don't quite understand that answer. What we're talking about is people doing illegal activity, and you're saying, it's weak? I would respectfully disagree with that.

Dr. GOLDBERG. If I were to violate the law in my practice of medicine, I would not be able to practice medicine. It would be more, I am sure, than one-fourth of my year of practice.

Mr. SANDERS. Anybody else want to comment on that? I think the American people might think, and again understanding that we want to make sure that the testing is right and people have the right to appeal it, and we have independent testers. But on the surface—and please explain to me what I'm missing, because I surely disagree with Dr. Finkle on this. If a guy is found using an illegal substance, money is taken away from him; he is not paid for four games. Then he's back, and he does it again, and all we're doing is suspending? I think most Americans would say that's kind of a slap on the wrist.

Mr. COURSON. I think one thing that's very evident from the baseball hearings is that athletes in general don't comprehend that breaking the rules is also in this day and age breaking the law.

Mr. SANDERS. That's a very good point.

Mr. COURSON. We see that throughout the sports world, not just in the NFL.

Mr. SANDERS. Yes. Dr. Wadler.

Dr. WADLER. I think we have to ultimately be serious about this, to paraphrase Mr. Selig. There needs to be zero tolerance, and there have to be consequences, provided we have a fair hearing process.

Mr. SANDERS. Absolutely.

Dr. WADLER. That's very, very—I cannot emphasize that enough. Assuming a fair process, the entire process, and somebody blatantly cheated using anabolic steroids or growth hormone, I personally believe there should be a 2-year suspension.

Mr. SANDERS. You think that the current policy is too weak?

Dr. WADLER. Not only in football, I think in any of the sports we're talking about. If you took anabolic steroids, cheated and went through a hearing process, defended yourself, the whole 9 yards, and at the end of the day, you were guilty, I think the consequence should be 2 years.

Mr. SANDERS. Our high school coaches, do you want to comment?

Mr. BARNES. Mr. Courson brought up a great point from our standpoint. Our kids aren't sure that they did anything wrong still to this day.

And they believe that what they did was personally for their gain, and that it didn't have anything to do with the outside world feeling like they broke a law. Our kids knew that the school policy was you don't use steroids; our kids knew that it was against the law to use steroids, our kids broke the law and broke a policy, but to this date, I don't really feel like they have focused on the seriousness of what they did and the ramifications that it has had for not only our community and our kids, but this is all a part of what we're all here for. What caused this? How do they see this.

Do we blame professional sports? Our kids don't. I don't believe professional sports had anything to do with our kids using steroids. Do role models create a problem? Yes, they do. And for any of these gentlemen to say that role models are not responsible are incorrect. They took that position, maybe not willingly, but it is given to them, it is thrust upon them. And yes, NFL players, professional baseball, Congressmen, our Senators all are role models to our kids. Our kids don't say a football player was a role model and this is why I did this. You could ask them, do you have another role model, and it could be a teacher, it could be a Congressman, it could be those kind of things.

But what he had to say was correct, they're invincible, they don't feel like healthwise they're going to get hurt, and they don't feel like they've really broke the law because they see things out there that there has been no punishment.

Dr. GOLDBERG. Can I make a comment? The problem is sort of a trickled-down effect where we get from professional and high-profiled athletes down to the high school level, and I have worked with high school kids all over the country. And the problem is—and Chairman Davis asked me the question about our Atlas and Athena programs, why aren't they in a lot of places. Well, a lot of these schools can't afford new books, and they don't have the money for programs.

In the Anabolic Steroid Control Act of 2004 there is an education policy, and there is money devoted to education for steroid use, but

no money has been appropriated by Congress. You've got it in the act, but there is no appropriation. So as long as that continues, you are not going to get the high quality education efforts in the high schools.

Mr. SHAYS [presiding]. OK, thank you.

Ms. Brown-Waite.

Ms. BROWN-WAITE. Thank you very much, Mr. Chairman.

You know, when we started talking about steroids, I was kind of nonplussed by it; but my grandson, who is like a super soccer star, I start talking to him about it, and he said oh, yeah, he said in junior high. So I would ask the coaches, do you think that maybe we have the focus on the wrong ball of maybe going after marijuana and alcohol in the schools, as opposed to also looking at far-too-early in-life use and even exploration of steroids?

When he made that comment to me, he said everybody wants to be like the big superstars, whether it's soccer or whether it's baseball or whether it's football, and if they think even remotely that they can achieve that. It was at that point, Mr. Chairman, that I realized how important these hearings are. So I'd like to ask the coaches if maybe they think we're—no pun intended—but if we have our eye on the wrong ball.

Mr. STEWART. I think they need to widen. They need to widen beyond marijuana and alcohol because a problem exists. And personally, I wasn't really abreast on steroid use until I lost the young man a few weeks ago. And so I think we need to broaden the field to include performance-enhancing drugs; because again, so many of the athletes have aspirations to get to that level. And lifting weighs twice a week—Kenny Barnes can attest to this, lifting weights twice a week and running is not fast enough. They want to speed it up, so they take the route of using the performance-enhancing drugs to get to where they want to be.

Mr. BARNES. Well, I agree with Coach Stewart. There is no profound answer to your question because there is a pursuit of who do we go talk to to keep these things from happening from our education process today. It's not as though we're out there blindly letting kids do things and our educational system doesn't care. I see a lot of programs in our area where they're concerned about these things that are going on and they're attempting to communicate with the youth of today to try to stay away from these things. How much more media attention can there be right now on the BALCO situation, and especially in our community? To be honest with you, we're very tired of the attention that we've got in our little community because it's as though that's all there is to our community.

So the media is doing their job of giving us all there is to know that there is a problem right now.

Ms. BROWN-WAITE. Can I ask a followup question?

Mr. SHAYS. Your green light is on.

Ms. BROWN-WAITE. Tell me what steps the education system is really using; do you have film strips, do you have people come in and talk to the students? What exactly is being done to discourage this kind of steroid use in schools?

Mr. STEWART. Well, I brought in a medical staff, a certified athletic trainer, school nurse and our team doctor, and they discussed the hazards of using steroids. And again, most of our kids believe

that nothing is going to happen to them, they are invincible; but we all know 5 years from now, 10 years from now, 15 years from now, they're going to have a problem.

Mr. BARNES. Our programs are pretty much left to each individual school, but the AIA, which is Arizona Interscholastic Association, requests that we spend as much time as possible on talking to kids about the problems with drugs, etc., and that's on a complete community of the school, it's not just about football players or athletes. So I want to make it quite clear that it's not just a football or baseball or basketball situation, it's important to all of our students and our student athletes. So we focus on trying to talk to the kids and give them—for us and our football program, we have a meeting each year—which I've got to be at tomorrow at 7 o'clock—and we talk to our parents, we make sure that we meet with our parents and we say here is what we need to watch out for. So we're active and proactive with this stuff. There are schools that I know of in Arizona that are trying to be proactive.

Dr. GOLDBERG. Can I make one comment? Film strips, doctors talking, lectures don't educate kids about drugs, they just don't. Just say no does not educate kids about drugs, it has to be delivered, I think, by kids delivering them to kids who are training with the coach support, I think that is the only way you can do it. And that is what the paradigm that we use to reduce alcohol, illicit drugs and steroid use.

Mr. COURSON. I'd like to answer your question, also. I had 7 years of high school coaching experience myself, so I can really relate to the two gentlemen here on what they deal with firsthand.

I think one of the issues I think we really need to look at—and this is more from a philosophical standpoint—part of the problem that we have with all performance-enhancing drugs deals with the win-at-all-costs mentality. And I think what we really need in our school sports is a change of philosophy where coaches, administrators, basically we want to put the intrinsic value of sports on a pedestal equal or perhaps above winning. And what I'm saying is the game of football has taught me some great lessons, not to quit, prepare for success through hard work, being a team person, all of those are valuable tools in the game of life, but when we hire and fire coaches even at the high school level based on winning and losing, our coaches don't get the opportunity to basically prepare kids for life. I think we should look at our high schools and our junior highs as training camps for life. And until we can address that philosophically as a country, we're going to have a very difficult time in addressing this issue.

Ms. BROWN-WAITE. Thank you.

Mr. SHAYS. Thank you very much.

Dr. LOMBARDO. Can I just say one thing to followup with that?

Mr. SHAYS. Yes, of course.

Dr. LOMBARDO. Just something everyone can identify with. What is the first question you ask your child when they get home from playing a game? Did you win? That simple question tells the child exactly what's important in the games. Without a doubt, that's the first thing—and if you ask a group of parents, they will deny it, but it's the first thing they ask them. If you don't change that, you're not going to change this problem one bit. And I really—I

firmly believe that and agree with Mr. Courson on that, that until we change that win-at-all-costs philosophy, we're never going to solve this problem.

Mr. SHAYS. Thank you very much.

Mr. Lynch.

Mr. LYNCH. Thank you, Mr. Chairman.

Dr. Lombardo, I'd like to start with you. I've been trying to get a complete copy of the collective bargaining agreement—Mr. Chairman, I don't know if I need to make a request for that, I didn't see it in the documents that we requested it for the hearing, but maybe that is best in the hands of the commissioner in the next panel. But in the parts of the collective bargaining agreements that I've been given, I don't see anything in here that says that upon a positive test there will be public notification.

Dr. LOMBARDO. I'm not sure if it's in the policy, exactly as those words in the policy, but there is public notification of a positive test.

Mr. LYNCH. Where does that come from?

Dr. LOMBARDO. It comes from the league office, and the commissioner can address that.

Mr. LYNCH. Is that memorialized somewhere, that there shall be——

Dr. LOMBARDO. I'm not sure if that's—again, I don't know specifically if that line is in the policy, he will be able to answer that.

Mr. LYNCH. I know you're involved in the whole testing policy and you're central to that. I mean, when is the—well, maybe I should leave that for the next panel.

Let me move on. Mr. Courson indicated earlier today that in 2004 there were 350 players over 300 pounds. If you compare in 1983 there were 5 players, and in the last year there were 350 players over 300 pounds, I want to read you something that Dr. Frank Katz, who is an expert in human physiology and he has formerly consulted with 5 NFL teams, he indicated that the only way to explain this startling increase in size is steroid use. He said, "No one can prove it and no one is going to admit it, but how else can you explain it, there are just too many guys who are too huge."

Going from 5 players in 1983 who were over 300 pounds to 350 players who are now over 300 pounds, is something going on here? I'm going to ask the other gentlemen as well.

Dr. LOMBARDO. In 1983 the rules of football were that you could not use your hands to block, you had to have your hands in close. Somebody over 300 pounds would not have been able to play the game of football at that time.

If you look at college weights, those have significantly increased over the same amount of time. If you look at linemen weight in high school, they have significantly increased over the same amount of time. If you look at the body composition of these professional football players, these are not your 12 percent body fat, 300 pound behemoths that are artificially induced, many of these are 25–30 percent body fat, obese individuals who are playing a sport that is now designed for a large person to play and being opposed by a person who is the exact same nature to stop them from moving.

Mr. LYNCH. So let me get this straight. You're saying this is because we are selecting big people, we're not building big people. That is your statement there——

Dr. LOMBARDO. They're selected from high school——

Mr. LYNCH. That this 6,000 percent increase from 1983 to today is because we're picking people, and we didn't need big football players in 1983, we need them now.

Dr. LOMBARDO. In high school they're selecting them to play, they're selecting them in college to play that, and those same individuals are coming to the National Football League over 300 pounds, yes.

Mr. LYNCH. I heard you say that earlier.

Now, do you track these—I mean, from what we're seeing, it's not only that they're bigger, but at a certain period in their lives, in their young careers, they're actually getting very big very fast. Do you track these kids from high school? Do you have some data there what the kid is coming—weighing coming out of high school? The colleges, you get a lot of your players out of colleges, they track the weights of their players and then you get them, do you track these players to see if there is any unusual spikes in their weight and their growth?

Dr. LOMBARDO. I was the team physician for a high school for 27 years, I've been the team physician for Ohio State University for 14 years prior to this, and working with the NFL for many years, basically they're spikes—they're not spikes that come up as you follow a player's career, they gain weight as they go overtime. Watch them as they come in as freshman, they're 260, 270 pounds, then as they get to be seniors, juniors, they're up to 290, 300 pounds or over. Some of them come to the college at 300 pounds and they move up. I don't think that is an indication of steroid use, I firmly believe that the majority of the reason for that is the fashion of the game will give those people who are that weight, that size an advantage, and that's what is used.

Mr. LYNCH. Dr. Wadler, what are your thoughts on that, those numbers and the statement of Dr. Frank Katz, the consultant to 5 NFL teams?

Dr. WADLER. Well, certainly it raises questions clearly, I mean, those shock anybody. But I certainly expect the experience that Dr. Lombardo has seen at the high school, collegiate and professional levels. But certainly it is something that needs to be studied. We need to know more about the body composition of the league athletes in football, we need to know the same with body fat and body mass; and I think we need to have an air-tight testing program regarding drugs, including growth hormones—speaking of size—which means blood testing, which is still not implemented in the NFL.

So I think we've got to do all of those things. Clearly it's an unhealthy situation on the merits of the weight alone, but clearly we need to understand how much of this is related to nutrition and related matters, how much of this is related to drugs, how much of this is related to steroids, how much of this is related to growth hormone; and I still would like to get back to the growth hormone because I don't think we should walk away from this so easily.

Mr. SHAYS. Sir, your time has expired. You have gone a minute over your time. The Chair would recognize Mr. Sweeney.

Mr. SWEENEY. Thank you, Mr. Chairman. And welcome to all of you.

As one who has worked pretty extensively on this issue for about 7 years, the better part of 7 years, since I've been here, I'm very happy to be part of this. I will say it's pretty obvious that there is a lot less stress or antagonism in this hearing than there was a couple of weeks ago with baseball, and I think that's a direct acknowledgement of the work that Commissioner Tagliabue and Mr. Upshaw have done, and I congratulate you on that. But I also really want you to understand that we need more—there is a long way to go. And it starts with this notion that there really needs to be independent oversight in some places.

And I agree with you, Dr. Goldberg, we need an education program. I had an approps bill this year—here's the catch in my problem, it ought not to be all on the taxpayers. Professional sports entities, recognizing that they're in the business to make money, have resources, they also have some responsibility, if not, indeed, culpability here, and we need them to step up to the plate. I know the NFL has done some things to help certainly with USADA and expanding its technologies, but we need to do more.

Let me get to the independent oversight pieces, and I want to talk to Dr. Lombardo and Dr. Finkel specifically about it. And this relates to some of the recent history that we've had in all sports as it relates to medical staffs. We know at the University of Washington a physician, a volunteer physician loosely affiliated with their athletic department was passing out—was convicted of passing out and overprescribing medications.

We know that the doctor in South Carolina that's been accused of prescribing steroids to the three Carolina Panthers, while not affiliated with the team, that allegation is out there, it taints the good work that's been done, and makes us question whether we have the proper structure in place to get to where we need to go.

What rules or ethics do you promulgate now with each team, and what are the league mandates as it relates to those rules of ethics to medical training staffs?

Dr. LOMBARDO. There are certain—there is prohibited activities for teams. If a team physician or an athlete or someone within the team were to give a prohibitive substance to a player, there is a significant—and again, I don't know the exact administrative fine or dismissal or suspension, but there is a sanction for that activity. So, again, I think that along those lines, there are rules and regulations that the team and the team physician, the medical staffs, must also follow, as well as the player.

Mr. SWEENEY. Are you intensely training physicians and medical staff? Are you updating them?

Dr. LOMBARDO. We talk to the trainers two to three times a year, and to the physicians one to two times a year, and the players as many times as we——

Mr. SWEENEY. Who derives those standards, is that you?

Dr. LOMBARDO. I act as an advisor, I will advise the NFL as to what I think should be done, and we will work together accordingly to put them in place.

Mr. SWEENEY. So there is a league-wide policy written and prescribed to by each team?

Dr. LOMBARDO. I believe so. I think that Mr. Tagliabue can answer that better, Mr. Henderson can answer it better than I as far as the exact way the rule is written.

Dr. FINKLE. Could I just address your question with respect to independence? There is perhaps more independence in the League's program than you might first imagine. The League has advisory committees made up of independent scientists, physicians and other knowledgeable people that meet at least twice a year and advise the League, very frankly and openly, about the kind of issues we're talking about here today, our deficiencies, how they might be rectified and how they might be improved.

Mr. SWEENEY. My point is who chooses them? How independent are they?

Dr. FINKLE. They're independent in the sense that they're certainly not employed by the National Football League; neither am I, neither is Dr. Lombardo. I'm an independent consultant to the National Football League, but I also am a consultant to WADA and to the U.S. Anti-Doping Agency, and I consider myself an independent professional person. I provide as frank and as open opinion based on my profession as I can to the National Football League when I'm asked, and if they don't accept my advice, that's the way it goes. But I'm independent to that extent.

I just wanted to point out that the programs as a whole, including the treatment program, have these advisory committees that advise the League and look after them. So it's not entirely an in-house closed room in which decisions and policies are made.

Mr. SWEENEY. I will conclude. I've got some other questions I want to submit to you, Dr. Finkel.

But the NIH has already studied and recognized that there is a shorter life expectancy among NFL players, and I'm wondering if you have done any research or looked at the notion that it could be connected to the steroids use of other substances because there is a long way for the NFL to go——

Mr. SHAYS. We need a short answer to that, a yes or no, have you done it?

Dr. LOMBARDO. The commissioner stated a committee to look at cardiovascular disease, and that issue; and they will start working on that this year. It was put together last year.

Mr. SHAYS. Thank you, Mr. Davis, you have the floor.

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman. And I want to thank all of the witnesses for participating in what I think is one of the most serious discussions of this issue that I've heard, and I really appreciate the fact that you're here.

I want to go back to the philosophical construct because I think that sort of determines to a great extent what we do and how we do it, and how we try and arrive at where it is that we're trying to go. And while I know that there are no simple solutions to very complex problems, it seems to me we're not certain how effective we are in curbing or beating back or holding down the use of performance-enhancing drugs.

In your estimations—and I guess they would have to be quick answers because of the time—how effective are we being? And

would you have any concrete recommendation for us? I mean, what can we, as Members of Congress, do that will help reduce this problem, especially as it relates to the national programs of athletics that we have, but also the impact on young people growing up? Because I happen to believe that drug use and abuse is one of the most serious challenges that we have in our country today. So if you could just respond to that as quickly as you could, I would appreciate it.

Mr. COURSON. I'd like to respond to that. I think one of the things that we need to do, as I mentioned in my opening statement, is to work together with the high schools to develop a standard school policy that everyone has to follow; I think that's a positive first step.

Second to that, obviously we need to do more research as far as cleaning up some of the loopholes in drug testing and research in the long-term health effects.

And third, obviously any school policy is not effective without an educational component. And a uniform code of either discipline and/or treatment to deal with offenders. And then on top of that, again, I'm repeating myself here, but I do believe we need to nip in the bud the oncoming problem with genetic engineering, I can't repeat that enough. It's here.

Dr. WADLER. And I think, as I said earlier, that we've seen a sea change since Senator McCain's hearings back in 1999. I think it's had a profound effect. And if you look over the last 6 years, there has been many steps on the road which brings us here today. But I think it's not a time for adjustment at the margins. I really think it requires a paradigm shift in our thinking. And I, again, put out for this committee and for all those who are seriously studying this issue that we adopt a world anti-doping code as our gold standard, as our road map and make those adjustments so they can apply to the various sports as appropriate. But it's time to move away from the little changes and add this substance, do this little thing, do that little thing, it really requires that paradigm shift.

We now have a global standard, I think we should endorse that global standard, and I think that will enable us to address issues like genetics and gene doping, it will allow us to address creative ways of developing educational programs, it will enable us to provide the necessary research funds to do the research that is absolutely necessary as we go forward, and it will provide us with the standards of lists of substances to be addressed, it will give us the process for adjudicating cases where individuals have been accused of doping. I just think it's time for a paradigm shift and to move away from just slight adjustments at the margins, which is what we have been tending to be doing.

Dr. LOMBARDO. Mr. Davis, I think that when you use the word philosophical, my Jesuit training takes me back to the essay. The world is an essay, it's not a multiple choice and objective test. And the essay starts with what's the cause of this thing, and the cause of this thing still comes back to that one thing, that winning is the only thing that counts, no matter how you get there, and that's what we espouse.

When we bring people and take winners, put them on pedestals, give them so much adulation and praise, then that's what our youth are going to want to be.

The other thing is we have to take a realistic look at ourselves. Genetically I would never play in the NBA, so I cannot be anything I want to be. There is no drug, nothing that could have got me there. But there are people who think they take a drug and they can become that type of athlete, the genetically special people. Realize our limitations, take winning out of the equation, I think you have a start. And then educate people along the lines of the program that Dr. Goldberg says.

Mr. DAVIS OF ILLINOIS. I thank the gentleman, very much.

I consider myself a pretty staunch libertarian in terms of individual rights, individual liberties, but I do believe that we've allowed standards of expectations to slip, and we do need to look at changing the paradigm shift.

Thank you very much, Mr. Chairman.

Mr. SHAYS. I thank the gentleman. I haven't yet asked questions, and I would like to start by asking you, Mr. Barnes. I'm a bit unclear as to the reaction of the parents—I don't want to dwell a long time on it. But the 10 students that were suspended also have charges against them, and I just want to know if the parents basically were reinforcing your suspension or questioning it, and that's what I wanted you to just focus on.

Mr. BARNES. Realize, of course, that I have to go back to my town——

Mr. SHAYS. I understand.

Mr. BARNES. And coach these parents and their kids that are still coming out, so I'm going to be as diplomatic as I can with this answer; but I can tell you that their focus was out of their concern more for their personal rights of being allowed to come in the interviewing process when the kids were asked to tell the truth. They've had a great deal of focus on that. They're very upset with the school principal at that time and myself—I'm the only one that's still there.

Mr. SHAYS. OK. I get the gist of it. But the bottom line is you sent a tremendously positive message to every kid that follows, and I hope that you're not inclined to back off——

Mr. BARNES. Oh, I don't in any way apologize for what I did. I prayed and studied on this daily, and it was a difficult time for me. And I feel like I stuck with and did the right thing. And there are many in our community that were proud of the way it was handled, it's not just that. But these people are the parents of these young men, who they love.

Mr. SHAYS. I understand they love their kids, but they also are teaching their kids an incredible message.

Evidently I'm needed on a vote. Mr. Waxman, I'm going to give you the gavel. And we will go to Mr. Clay. I'm sorry, Mr. Souder is here.

Mr. SOUDER [presiding]. I'm sorry. We're having a recorded vote over at Homeland Security, and Mr. Davis and Mr. Shays and I are all there.

Mr. Clay.

Mr. CLAY. Mr. Courson, you have stated in your testimony that human growth hormone and testosterone in low doses have long been a strategy used by athletes in many sports to avoid detection. Do you have evidence that football players are using human growth hormones?

Mr. COURSON. I don't have any direct evidence, all I know is what has been reported in the 60 Minutes piece. That was the combination that they reported, testosterone creams and the growth hormone, talking about growth hormone, which makes sense, understanding some of the frailties in drug detection.

Mr. CLAY. Have you ever witnessed any player using——

Mr. COURSON. Anabolic steroids back in my time? I've witnessed a lot of anabolic steroid use, but back in my time there was no stringent policy like the NFL has today. I played before random testing and before the NFL basically started their testing program.

Mr. CLAY. Thank you for the response.

Dr. Lombardo, the NFL's policy bans human growth hormone but doesn't provide the testing for HGH. Since HGH is detected through blood tests and the policy does not provide for blood testing, why doesn't the NFL test for HGH?

Dr. LOMBARDO. I'm going to defer this to the scientific consultant that we have who tells us whether tests are to be used.

Dr. FINKLE. Certainly there is a validated test for growth hormone that was applied at the Athens Olympic games; it is not perfect, there is much yet to do in development.

Ideally we would like a test where we continue to use urine specimens, or even alternative specimens such as saliva. It would be up to the negotiating parties, the League and the Players Association, to agree that this problem—on the basis of advice from people such as me and others—needs to be addressed, and at the point that they address it and decide that blood sampling needs to be taken and analyzed, we will be ready to do it. That is the position as we are today.

Mr. CLAY. Thanks for that response.

Dr. Wadler, you recommend that the NFL conduct blood tests for the human growth hormone. Why do you think it is important to test for HGH?

Dr. WADLER. Well, clearly it is a feeling in many quarters that it's being abused. We know there is no urine test that is acceptable at the present time, so the only option we have is a blood test. And knowing its limitations, that does two things; one, it sends a message that you could get caught; and second, if one is caught, there are consequences to pay. I'm saying there are other things we can find out from blood as well the NFL doesn't test for, like EPO, which deals with endurance. But with respect to growth hormone, I think there is strong reason to believe it's being abused, and we currently have no test for it in urine. If we have any way to detect it other than intelligence, being caught with the goods, if you will, it's by blood testing.

Mr. CLAY. According to the——

Dr. FINKLE. Just to followup with a very brief comment if I might. About the worse thing we can do, certainly as a scientist, is to put in place a test that is not full proof with respect to detection. If we announce to any population of suspected drug users that

we're going to use a test to catch them and they learn that test is inadequate, then it is completely ineffective. And I think the degree of conservatism exercised just at the moment with respect to growth hormone is well placed.

Mr. CLAY. You're going to have to cut it short because my time is running out, but doesn't the Anti-Doping Agency have a blood test that's reliable?

Dr. LOMBARDO. The answer is yes. We ran the test in Athens that was validated, it's an isoform test, and that's the answer.

Mr. CLAY. OK. Dr. Wadler, according to the NFL, random in-season testing typically takes place on certain set days of the week. Newer steroid creams and patches can be used in such a fashion that they are undetectable even after only a day or two. So if a player knows he will only be tested twice a week, he can take steroids on a schedule that will allow him to pass tests given on those 2 days.

Would the NFL policy be improved by changing the testing schedule so that it is impossible for players to predict the day of the week in which they might be tested?

Dr. WADLER. As I said previously, steroid testing should be done 365, 24/7; you never know when they're going to come for a specimen.

Dr. LOMBARDO. Mr. Clay, I think there is one misconception about that.

The individuals who use steroid creams can stay under any level because what they're doing is masking and staying under the level of 4–1. So regardless of what day of the week it's testing, regardless of what organization does the testing, the same labs do the testing, the same labs are looking for it, therefore creams could be used the day of the test in a WADA test or our test. We still have a problem.

Mr. SOUDER. Thank you, Mr. Clay. I yield back to Mr. Shays, since I cut him off earlier on his question.

Mr. SHAYS. Thank you. Mr. Barnes, let me just say to you, you did the right thing. And it's a tough decision, I know parents love their kids, but these kids are learning life's lessons. But the thing that disturbs me a little bit, and I would like comment from all the panelists, when I hear of high school kids that are involved in this, they're arrested, they're charged with a felony, I don't hear that when I hear major league sports players get it. Somebody explain to me why would the kids become felons and with the League guys, they don't. And maybe, Mr. Courson, you could start off. Is your mic on, by the way?

Mr. COURSON. Yes, it's on. That is a very interesting question, applying the law tougher to minors than you do to adults, again, that doesn't make sense to me. Again, that probably reflects on the elevated stature that athletes at the elite level are given. And obviously that's not what I would call a great message.

Mr. SHAYS. Mr. Finkle, maybe you could respond to that one?

Dr. FINKLE. Well, just briefly. Clearly the National Football League is not a law enforcement agency. As you well know, players like any other citizen that contravene the law are indeed arrested with some frequency and are prosecuted. And the League supports

that as far as I know, and supports it when it involves drugs, which involves me with the testing.

With respect to why law enforcement agencies don't charge, on a regular basis at least, players that have used or possessed or distribute steroids, I can't answer that, I don't know.

Mr. SHAYS. Let me ask a question of all of you and just go down the line. I would be interested to know whether you think that there should be a uniform policy in the NFL, Major League Baseball, the NBA and the NHL, a uniform policy on steroids which, if there was, it would probably involve the Federal Government encouraging that.

Mr. Stewart.

Mr. STEWART. I think there need to be one policy for all the professional teams, because as has been mentioned today, there are some loopholes, depending on what major sport you're participating in, baseball compared to football compared to hockey.

Mr. SHAYS. Mr. Barnes.

Mr. BARNES. Well, obviously the effect of this, just as you said, and there does need to be uniform laws down the road, all the way through from professional sports. Don't contain it just for professional sports; the college level, the high school level, the kids need to know and the parents what the judgment is going to be for being held accountable. And that's something that we didn't have, we didn't have an equal accountability for our situation. That's hard for me to answer to those parents.

Mr. SHAYS. Mr. Courson.

Mr. COURSON. I think a uniform testing program is a good idea but, I might add to what Coach Barnes said is that the NCAA is big business also, and when we talk about the—we were talking earlier about the sizes of the linemen; the cycle starts in high school, and then it goes to college and then it goes to pros. So the NFL is caught between a rock and a hard spot because they get what comes to them.

Dr. GOLDBERG. Harmonization of all the policies, I think, would take pressure all off the leagues, too; so I think it sounds great.

Dr. WADLER. I think I have been making that point kind of consistently. I believe there should be uniform policy based on the World Anti-Doping code for all professional sports, not limited to anabolic steroids, but also to other performance-enhancing drugs.

Mr. SHAYS. Thank you.

Dr. LOMBARDO. I think that there is individual differences among the different sports that have to be maintained and respected before someone puts a uniformed code. Things have a tendency to migrate away from superiority to mediocrity when you band things together.

Mr. SHAYS. I don't understand that, but I would like to come back if I can.

Mr. Finkle.

Dr. FINKLE. Yes. I believe that in general principles. For example, I think that all sports should stand together and ban unequivocally these kinds of drugs, absolutely unequivocally.

Mr. SHAYS. And have the same basic penalty as well? In other words, with baseball it's five strikes, with football it appears it's four strikes.

Dr. FINKLE. It might be a nice thought; how that would apply, given—I'm not a lawyer or an executive of these sports, but I think those things are so intimate to the negotiation process in sports that it would be wrong and inappropriate for me to make such a statement that all penalties across all sports should be the same. But I think the basic principles should be uniformly applied. We all condemn the use of these drugs, they are very serious, have very terrible health consequences. But I think the application can be a little bit different——

Mr. SHAYS. My time has expired.

Dr. FINKLE [continuing]. As the needs arise.

Mr. SHAYS. Thank you, Mr. Chairman.

Mr. SOUDER. Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Let me begin by first saying the name John Walters; does that ring a bell to you, Dr. Finkle?

Dr. FINKLE. Yes, I know John Walters.

Mr. TOWNS. How about you, Dr. Lombardo.

Dr. LOMBARDO. No.

Mr. TOWNS. How about you, Dr. Wadler?

Dr. WADLER. Director of the Office of National Drug Policy.

Mr. TOWNS. That's correct. And the reason I asked that question is it seems to me that you should have some discussion with him along the way. If he is in charge, I mean, it seems to me you should be talking to him; there should be some dialog and communication at some point in time.

Dr. WADLER. I have, since 1999, communicated regularly with the Office of National Drug Control Policy; they have been intimate in the development of the World Anti-Doping Agency, the World Anti-Doping code. They sit on the executive committee of the World Anti-Doping Agency, have chaired some of their educational initiatives of the World Anti-Doping Agency. They certainly have been a very active player over the past 6 years.

Mr. TOWNS. What about you, Dr. Goldberg?

Dr. GOLDBERG. I worked with him also since 1999. Tomorrow I'm going to New York to meet with magazines about the problems of drugs in sports. In fact, this is my packet from Mr. Walter's agency. And I'm going to—I spoke last week in Dallas, TX about drug testing in adolescent sports. So they've been very active and very helpful, from conferences and dealing with the media in the National League, meeting with press for many years.

Dr. FINKLE. The same is true for me. And likewise, I have given, even in the past year, talks for ONDCP at high schools and high school programs. And I might add the senior person employee at ONDCP was, for a long time, a member of an advisory committee to the NFL; so there was a relationship.

Mr. TOWNS. Well, I'm happy to hear that at least some of you know him, I'm happy to hear that.

Let me ask this question: Do you feel that the Congress really should be involved in this issue? And just go right down the line, yes or no. Do you feel that the Congress should be involved in this issue of steroids?

Dr. FINKLE. To the extent that these hearings heighten the awareness of the public in general in all of the aspects that you

have heard today, I think it's extremely important that Congress has a voice in this problem.

Mr. TOWNS. Dr. Lombardo.

Dr. LOMBARDO. As leaders of the country, you set the tone for the country. If you call this a severe problem then it can be viewed as a severe problem; if you don't, it won't be.

Dr. WADLER. As I said, going back to 1999, I think the Congress led the way in the hearings in the Senate, addressing Olympic sports. In the 6 years since then, I think the Federal Government has played a significant role. We already saw the reaction of baseball when they had to testify before this. I understand that even as a result of these hearings today, some modifications in the NFL policy, which may have occurred anyway, I don't know; so I think it's an essential role, and I look forward to it being a continuing role.

Mr. TOWNS. Dr. Goldberg.

Dr. GOLDBERG. There are potentially dangerous drugs, Congress has made them illegal. They are drugs that have infiltrated adolescent sport. I think it's important to address this issue head on, and Congress has done that, and then expanded on the list just this last October. And I think it's important that Congress do be involved.

Mr. TOWNS. Mr. Courson.

Mr. COURSON. Yes. I really agree with Congress being involved. All I have to think about is 500,000 to a million adolescents using, I think that says it all.

Mr. TOWNS. All right. Thank you, thank you very much.

Mr. Barnes.

Mr. BARNES. Yes. Continue to be involved. And support those that do the things that you feel like are right and make sure that the media puts that out there also. When the NFL does things that you think are good versus what baseball is doing, expound on that. Challenge their own peers. Let baseball say to themselves, if they're happy with the things that the NFL is doing, we need to get our act together. And stay involved, but continue to challenge.

Mr. TOWNS. Mr. Stewart.

Mr. STEWART. I also feel that you should stay involved. We need big brother looking down on the rest of us to make sure we're doing the right things. Again, we've got young folks' lives at stake, we want to protect that.

Mr. TOWNS. Let me just ask a followup question because my time has expired. In your discussions with Mr. Stewart, at any point in time did he propose a national testing—a toxicology lab, a national toxicology lab? Walters, I mean. John Walters.

Dr. FINKLE. Not in any discussions I've had with his staff, no.

Dr. WADLER. No that I'm specifically aware of. But clearly, again, they have been intimately involved with the laboratory aspects of the World Anti-Doping Agency, including USADA. But in terms of a national independent one, I have not—I'm not aware of that.

Mr. TOWNS. Does that make any sense?

Dr. WADLER. Well, I think the U.S. Anti-Doping Agency is well equipped. They have a WADA certified laboratory, really state-of-the-art. There is some 32 labs in the world.

Mr. TOWNS. But we're talking about in the country, we're talking about uniformly, we're talking about all the way through in terms of all sports, even in high school, I think, as Mr. Stewart mentioned early on. If we're talking about that, then why don't we come up with a national lab, toxicology lab for everybody to send it there, they evaluate it and tell you, because I think that's important.

Dr. WADLER. I don't think it's a matter of the process. We now have standards for anti-doping laboratories, which is different than forensic laboratories and clinical laboratories. The question is how many should the United States have to meet the demand? And I think that's a practical issue. As you heard, there is going to be an NFL lab now in—is it Salt Lake? In Salt Lake. We may need one on the east coast to accommodate testing.

It's a very expensive business, it's a very technical business. And Dr. Finkle can certainly attest to that. So I think we have a mechanism to produce the laboratory—as many laboratories in this country as the demand requires. The standards are there. We don't have to reinvent the wheel in that regard. It's just the numbers of them.

Dr. FINKLE. I agree with that statement, but there is a need to support all this testing with research. And some countries in the world have, in fact, adopted a national laboratory for that purpose, for doing research, being a central resource, and providing the operational laboratories, the testing laboratories in their particular countries with that kind of support as they go about the testing. And I think that is something that can be considered very seriously in the United States.

But funding is an issue; I mean, you've heard a lot from Dr. Wadler about the World Anti-Doping Agency today, but even they are struggling with money; I mean, they're going to cut back testing by quite a bit because they don't have enough money to do what they think is the right thing to do.

Mr. TOWNS. See, now you make an argument for centralizing it.

Mr. SOUDER. Mr. Towns, you've gone over quite a bit already. I understand the problem that you're addressing, but we need to keep it rolling.

Mr. Ruppersberger.

Mr. RUPPERSBERGER. I was one of those members who was reluctant, when we had the baseball hearings, whether or not it would just be a media show or it would be productive; and after that hearing and this hearing here today, I think it is extremely productive because we've put the issue on the table. And one of the main reasons that we're here is because of the impact that our professional players have on our younger generations, and it is important that we deal with that issue. Now with that in mind, I want to talk to the coaches or ask the coaches some questions.

We've been identifying some problems, Congressman Towns just raised the issue and went through the questioning on whether Congress should be involved. My issue to you first is, what resources do you think that you need that you don't have now, whether it's congressional oversight, whether it's education, whether it's money, whether it's your principals, your school district superintendents; what are the resources you need to address the issue that we're

dealing with respect to the use of steroids as it relates to younger players?

Mr. BARNES. I don't know that our resources are really the major problem in our situation. I mean, again, I can't speak for across the Nation, but I can speak for our particular situation.

But obviously money and the ability to educate the parents and the kids is always important; that's the way that you hope that you stop the problem. We can talk about punishment and that type of stuff all we want, but if we could just educate the parents and the kids where they didn't feel infallible. The kids really believe I can take these steroids, and nothing is happening to me right now, so I'm not being harmed.

And things like what this committee is doing and the things that the media has brought out through the BALCO situation, that's all, as far as I'm concerned, positive in educating our kids.

Like has been mentioned before, I think Dr. Goldberg, you can bring in film and you can bring in speakers all you want, I truly believe that you would be a waste of money, I hate to say that, but that's my gut feeling; because then we get back to what we've talked about before, it is the peer pressure, it's the enabling by the parents, it's what they see with their role models, it is a combination of all these things that are going to have these young people feel invincible and I'm going to give it a try. And I may have talked in circles here and not given you an answer, but I don't know for sure that's it's doing all those kinds of things.

Mr. RUPPERSBERGER. Let me ask you this; those of us who played sports will say our coaches had a tremendous amount of impact on our life, you have to be disciplined, you have to sacrifice, it's teamwork. There is a school in my district, Delaney High School, that requires each player to sign—ahead of the season to sign a form, and then the coaches go over with the player that you're going to be held to a higher standard, that if you are involved with alcohol you will be disciplined. And again, do we need to educate our coaches more, the coaches who have the discipline and really have the influence over these kids?

Mr. BARNES. Well, I think coaches clinics would be a great place for that, but with the proper funds and funding——

Mr. RUPPERSBERGER. Well, I'm talking even more than just a clinic, a system that is going to deal with this issue. I'm going to get to you docs soon. Do you have anything to say on what I asked?

Mr. STEWART. I would just like to add that I still feel that the education in my situation would be a big help. I don't see any additional funding really addressing the problem, we just need to get the word out to the young men and young women.

Mr. RUPPERSBERGER. But we need to have a system to make sure that we implement it. Let's go to the docs.

Dr. GOLDBERG. I've been studying this problem for 18 years, and I've literally talked to hundreds of school districts around the country and in Puerto Rico, when we put our programs in, and people that would like our program.

I think most important is funding. It doesn't cost a lot to do education funding, say for our program it's about $5 a kid, that's about it.

Mr. RUPPERSBERGER. But you know, we always talk about funding. We need to have a standard in the system of where the funding is going to go.

Dr. GOLDBERG. Well, I think what you have to do, there are verified programs by the National Institute on Drug Abuse that have been verified to work, and there is model programs. And Mr. Sweeney had said, well, government can't cover everything, and I agree with that——

Mr. RUPPERSBERGER. My light is coming on, and I'm going to get something out because then you can talk but I can't.

First thing, we need to involve the parents, that's an important issue that we really haven't talked about, and what programs are available. But before we even have any of our students play these sports, do we need to bring them all in, individually and as a family? That's another thing.

There is the issue of online purchasing of steroids, I want to ask you all to think about how we deal with that. It's tough, it's coming from other countries, and we clearly need to deal with that because it's accessible, one way or another the kids are getting it. So let's talk about how we implement and what we're going to do to focus on that. Comments, and then my time is up, so you can keep talking.

Dr. WADLER. Regarding coaching, I do think we need to address in this country the issue of coach certification. If you get your hair cut, somebody has to get credentials, if you get your nails done, somebody needs to get credentials. We have no credentialing, as far as I know, mechanism of coaches who have this enormous impact on young people. The coach says jump, the kid says how high; the parent says jump, I'm not jumping. So we need to address that, somewhere along the line, the way we deal with coaches in this country.

Mr. RUPPERSBERGER. OK, Dr. Lombardo.

Dr. LOMBARDO. You need a multipronged effort. I mean, the one effort is education. You have to educate people, otherwise there is no chance for them at all to have anything to change because they don't know any different. I think you're going to have to implement something with parents. Unfortunately when we went to school, the parents—if I got in trouble with school or you got in trouble at school, we were in trouble at home. Here, the school is in trouble and the child comes home in trouble. That's an attitude we have to change; that's educational.

I think there has to be research because we don't know enough about a lot of these things, we need to know more. And we're always going to need to know more because there will always be more coming out there. There is a dark side to this. As BALCO brought out, avery intelligent biochemist made those drugs, this wasn't somebody make it in the bathroom. And I think some research needs to be done, and ongoing research funds need to be available in order to fight this battle.

Mr. COURSON. I think you also need a deterrent, and when we talk about drug testing at the high school level, with the expense of it, I think most school districts will cringe. But in Pennsylvania, for instance, part of the work I do is geared at overweight kids, childhood obesity. And in Pennsylvania we're implementing body

mass indexing of our kids; and what you could do to offset the prohibitive costs of drug testing at the high school and junior high level, is use body mass indexing to basically chart some unusual growths that would occur, and then use the limited testing on those kids to basically funnel them to the appropriate discipline and help.

Dr. GOLDBERG. If I could comment on that. That sounds like a great way to deal with those athletes that are increasing mass. Take a look at the first baseball player in Major League Baseball that was caught, he was not a big guy, he was a regular size guy that was using something. And so you've got small wrestlers, you've got small weightlifters, you have all different people that can use this for recovery and not necessarily for mass. So there is a difference in just doing that.

Mr. COURSON. Right. That's true, but you could use limited drug testing randomly throughout the rest of the athletic population also, and the students. It's just cutting down costs.

Mr. SOUDER. Thank you. I wanted to ask Mr. Stewart and Mr. Barnes, have you had athletes that have been recruited by colleges, NCAA?

Mr. BARNES. Yes.

Mr. SOUDER. Do you know what the rules are as far as what colleges can give you? How many contacts they can make to your kids?

Mr. STEWART. Yes.

Mr. SOUDER. And do you follow those pretty rigidly?

Mr. STEWART. Oh, very much so.

Mr. SOUDER. Would you say high school coaches follow that more rigidly and are more concerned about that than they are steroids in this instance?

Mr. STEWART. Well, quite a few of the coaches do because, again, you want to continue to have those coaches recruit your schools; and if you break the rules, NCAA will come down on the university, and in turn, they will probably stop recruiting in schools.

Mr. SOUDER. Don't you think it's interesting, because as an alumnus of Notre Dame, one of the things they make crystal clear to every alumnus, if you take any possible recruit out to even lunch, you could put their whole program in danger. If you recruit illegally. Why do you think there is so much concern about that and so little, comparatively, in the system about steroids? In other words, is it the sanction? Because what you immediately raised was the sanction, they might not recruit, the university might not recruit because they might lose their ability to build their ball game. And when we alluded to this earlier, maybe some of the problem here is that there needs to be penalties broader than the individual, and would the behavior—let me ask Dr. Finkle this question.

Do you believe that if the team was told that if one of their players was caught, that they would not be eligible for the post season games, that they would implement different drug testing policies?

Dr. FINKLE. You're speaking at the college level and the high school level?

Mr. SOUDER. I think I have clearly indicated at high school and college, that the fear of sanctions creates major behavior changes

at every high school, every college, not about narcotics, but about recruiting—which is less dangerous to the kids, less dangerous to the universities than narcotics—and when they stand up to communicate it, they didn't all of a sudden say this is a lot of money, this could impact our university and so on; what they saw was they might get suspended as a team, in addition to the players.

And the question is, because this comes at the core of can you catch it or not, if a given team like the Indianapolis Colts felt that if one of their players, maybe even a second tier player could keep them from being eligible to go to the playoffs, would they implement a different drug testing policy.

Dr. FINKLE. Well, I don't think the team can implement the policy, the League and the Players Association in agreement would have to implement the policy.

But to answer your question, of course such very, very severe consequences for detection of players or a single player that was using an illegal drug, that would have a tremendous effect, there is no question about that.

Mr. SOUDER. So you believe they would actually change their policies?

Dr. FINKLE. I don't know whether the League or the Players Association would change the policy or not. The club doesn't have a policy, the League and the Players Association have a policy.

Mr. SOUDER. The fundamental question here is can it be done? And that suggests it could be done, what it is, is there a will to get it done?

Dr. FINKLE. Absolutely, that is the question, is there a will to do such a thing and how effective it would be.

Mr. BARNES. Mr. Souder, could I say something to that? I'll be quick.

It concerns me that we—and I know that you're trying to get to a positive end to this, but it concerns me that we would go so far as to punish a whole team for the actions of one particular man. And I'm a team person, that's what I try to teach our kids is that we're in this together. Now the punishment phase, having everybody punished, is punishing those that have done everything right, with the exception of a particular person.

If we get so deep into this that we're going to punish the whole program over the actions of one particular young man, then I don't think the punishment will fit the crime. That's just a personal opinion I'm just throwing out there.

Mr. SOUDER. So you disagree with the NCAA——

Mr. BARNES. I'm concerned that it punishes those that are doing things right when you go that deep as to punish a whole program.

Mr. SOUDER. I understand the concept. But you disagree with the NCAA sanctions on these universities that illegally recruit?

Mr. BARNES. No, I think that they're the best thing that could happen.

Mr. SOUDER. Then that was punishing the university over an individual case because often the coach doesn't even know. The university doesn't even know. Universities have lost their ability.

Mr. BARNES. But I believe in the university level there's a personal punishment before there's a team sanction.

Mr. SOUDER. But if they have a team sanction, they have to report it to the NCAA. Then the NCAA looks at the sanction, and, in fact, it's treated as a team. Even if an alumnus does something on their own and the university doesn't know it, the coach doesn't know it, because we decided that the problem was so great that the only way to get this is to say, get real. You have to get down there in that. We had this in baseball. We may get into it today in football.

One thing we didn't followup on that I found very interesting at the tail end of our baseball hearing, it had been a long day, and we had heard that these things were negotiated and that a team couldn't actually do anything because it was a negotiated contract. But it was interesting, because Mr. Towers said, at San Diego—he said after Ken Caminetti—and he said he was so frustrated with Ken Caminetti, who was a friend of his, and he hadn't seen it coming, he was astounded by what happened, that he said, we cleaned up our minor league system and our locker room.

Afterwards as I reflected and looked at some of the testimony, I thought, what did he mean when he said, I have 100 percent confidence we don't have it in San Diego? It may have meant that his players had to give a waiver to do it, but I'm not convinced, and if you're telling me, in fact, that the union or management would be the block here, and that this is a negotiated-type thing whether they're going to follow the law, that suggests we may have to intervene.

But the key question here is that if there were sanctions that were broader—because if this is tough to catch, and it takes things like probable cause, shifts in body weight, shifts in performance behavior and so on, a random preseason testing with occasional testing before—particularly as the new variations wear out and you don't necessarily get to, is it 24 hours, is it 72 hours, how long is it in the system, how do you track it; all those kinds of questions suggest the team has to have a direct incentive as well, and the trainers, and we have to basically award trainers in the locker room, the key people who can see this and do this, and they have to be viewed as quasipolicemen.

Mr. WAXMAN. Mr. Chairman, before you recess, I just want to ask one last question of this group. You were asked whether there ought to be one uniform standard for all sports. I would like to ask a question similar to that, and that is whether you think there ought to be some independent group that runs the testing program rather than the league itself, because if the league comes up with a small figure, people will say, maybe they're not doing an adequate job. So for the integrity of the tests and for the public confidence that the tests are being done appropriately, what do you think of the idea of having an independent group do it? Whichever way. We could start with you, Mr. Stewart, if you're ready. If you don't have an opinion on it and you want to think it over, that is fine, too.

Mr. STEWART. I think to me the issue is credibility, and an outside source shows a credible group.

Mr. BARNES. Being at the high school level, it would be difficult for me to answer that question. So it's probably better if these gentlemen do.

Mr. WAXMAN. Mr. Courson.

Mr. COURSON. I think an independent source would take away a lot of the headaches.

Dr. GOLDBERG. I agree with that.

Dr. WADLER. That's the point I've been trying to make. So many times I've made speeches at this microphone, but I do think you need that independence to provide the credibility that the public so desperately wants.

Mr. WAXMAN. Thank you.

Dr. Lombardo.

Dr. LOMBARDO. Since I'm intimately involved in this, I don't think it's necessary to have an independent group. I think it can be adequately handled and is being adequately handled to the same extent that it would be by any independent agency.

Mr. WAXMAN. Dr. Finkle.

Dr. FINKLE. I just want to emphasize what I said earlier on the same matter, and that is actually the program has a remarkable amount of independence now, and maybe we should emphasize that, find a way to put that out in an appropriate fashion so that the perception is not that in this case the NFL somehow has its cold hand on this. There are enormous independent aspects to it right now.

Mr. WAXMAN. Thank you all very much. I very much appreciate the time you have given us.

Chairman TOM DAVIS. I appreciate it. It has been a long morning for you. We will recess the hearing and, because we have intervening votes on the House floor, come back about 2 o'clock. Thank you very much.

[Recess.]

Chairman TOM DAVIS. Commissioner, thank you. Mr. Henderson, Mr. Upshaw, thank you for your patience on this. Unfortunately we had a series of votes. I hope you at least got a lunch out of it.

The committee will come back to order. We will now recognize our distinguished second panel. We have Mr. Paul Tagliabue, the commissioner of the National Football League; we have Harold Henderson, the executive vice president of labor relations for the National Football League; and we have Gene Upshaw, the executive director of the National Football League Players Association.

It is our policy we swear everyone in before you testify. Just rise with me.

[Witnesses sworn.]

Chairman TOM DAVIS. Thank you. I think you know the rules. Mr. Tagliabue, Mr. Commissioner, we will start with you. Take what time you need. Your entire statement is in the record. Again, we appreciate your patience. Thank you. Let the record note, too, they sat through the whole first panel to hear everybody testify out there in the audience. I know that everyone appreciates that as well. I know you have a high interest in this. We appreciate your proactivity in this area.

STATEMENTS OF PAUL TAGLIABUE, COMMISSIONER, NATIONAL FOOTBALL LEAGUE; HAROLD HENDERSON, EXECUTIVE VICE PRESIDENT, LABOR RELATIONS, NATIONAL FOOTBALL LEAGUE; AND GENE UPSHAW, EXECUTIVE DIRECTOR, NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION

STATEMENT OF PAUL TAGLIABUE

Mr. TAGLIABUE. Thank you, Mr. Chairman and members of the committee. I'm very pleased to be here with Harold Henderson, who's the head of our labor relations group for the teams and the league, and with Gene Upshaw as the executive director of the NFL Players Association, which is the collective bargaining association of our players. Gene, of course, played in the league during three decades and is a Hall of Fame player. He's one of two players in the history of our league to play in Super Bowls in three different decades, in the 1960's, the 1970's and the 1980's. The only other such player is Jerry Rice. So I think Gene is very well suited by dint of his service as a player and as the head of the players union to speak to some of the issues about what has gone on or not gone on in locker rooms in the NFL in the past as well as currently, and I'm sure he will speak to that.

I want to take my hat off to the prior panel because I think they illustrated for us something that we've tried to make an article of our business operations, which is to reach out and listen to people who are dealing with different aspects of sport at all levels of sport, and in particular I want to express thanks to Steve Courson and the two high school coaches, because over the term of my 16 years as commissioner, one of the things we've tried to do is have excellent relations with high school football in an effort to understand the challenges that they face and to see whether we can do something to help them, and if so, what that might be. So this was a continuation of a dialog that we've had going on.

For my own part, I think I'm here not just as commissioner of the National Football League, but as a parent and as a grandparent, and also as someone who has spent most of his life, for better or worse, for richer or poorer, involved in sports. I would not be where I am had I not had the opportunity to go to Georgetown on a basketball scholarship, having grown up in Jersey City, spending 8 or 10 hours in school yards playing every sport under the sun. And so sports for me has been a great part of my life, and I still view youth sports and college sports as important to me as professional sports.

The issues that the committee is considering are obviously wide-ranging and address a wide range of concerns, the health of athletes who use these substances, the values of sport that are either promoted or debased by what people in sports do, and the proper role of government and the private sector in combating the use of these substances.

I'll say right at the top how I view our responsibility. We feel that our program is the best in American sports, but we have the responsibility to make it even better. It is often said, if it ain't broke, don't fix it. I've tried to operate for 16 years as commissioner on an opposite premise, which is if it ain't broke, fix it anyway, be-

cause things can always be made better, you can always improve your operations. That's the attitude that we come here with.

For two decades, the National Football League has had very strong programs in place to rid its locker rooms and its playing fields of performance-enhancing substances. During that period we feel we've also been a positive force in helping youth football address these issues. We have not had all the answers, but we have worked with leading institutions, top scientists, top physicians and others to stay ahead of an ever-changing curve. Our policies, which have included stiff discipline and sanctions as well as other elements, we feel have been constructive over the long term.

Today I would endorse what Steve Courson and others said earlier, that the quickening pace of change in medicine and science, including genetics, is confronting all of us with challenges in the future that will make those of the past seem relatively easy to deal with.

In our efforts, we've had strong support and active participation in all of our programs, including our youth football efforts, from the NFL Players Association, which, as I said earlier, is the collective bargaining representative of our player-employees. Together we continue to have, intend to have, very strong policies and programs to deal with the scientific, the medical, the ethical and the legal issues that are generated by the ever-escalating availability of body-changing, performance-enhancing substances. They are body-changing, they are performance-enhancing, and eventually they are going to be gene-altering. That's the environment that we're in.

More than 20 years ago, in 1983, my predecessor Pete Rozelle notified all NFL players that anabolic steroids were within the categories of drugs prohibited for use in the National Football League. In 1987 and 1988, the league did testing to identify the dimensions of the problem and to educate players as to the risks that they were undertaking when they would use steroids or other performance-enhancing substances. In 1989, when I was the league attorney, Commissioner Rozelle suspended players for the first time for violating the league's then drug testing prohibitions. I want to say this, because I really believe it's important. We've been at this for 20 years. It didn't take Congress in 1999 or the creation of WADA 5 years ago for us to address these issues. We were there in the early 1980's, the mid-'80's, and the late 1980's, and we've been improving our program ever since. I'll come back to that issue a little bit later.

Shortly after becoming commissioner in late 1989, we instituted a number of changes in the league's substance abuse program and in our relationships, meaning that we tried to get better and better services from independent outside parties. These changes took account of the growing complexity of the issues, the increasingly varied types of substances that were out there, as well as the need to ensure fairness in all of our processes. And Dr. Lombardo and Dr. Finkle from whom you've heard this morning have been key parts of our program.

In the early 1990's, we also worked closely with the National Institute on Drug Abuse, with the White House Office on Substance Abuse. We made every effort we could to avail ourselves of the resources of NIH and other Federal agencies and programs aimed at

interdicting drug use by Americans. I must say at that time, there were no federally financed programs for testing for steroids. There certainly was research going on for cocaine testing, marijuana testing in the transportation sector and other areas, but we funded, along with the Olympic Committee, certain labs along with universities. I believe the first two labs that were in place were at UCLA and one in Indiana. The one in Indiana then went bankrupt, and we've continued with the UCLA lab, which is an Olympic and WADA-certified lab. But we've been investing in research right from the beginning.

Two other matters are key. The first is the subject of human growth hormone. Dr. Lombardo spoke about it a little bit this morning. We've prohibited this substance since 1991. Currently there is no readily available test. There was mention this morning of the fact that we're not testing for human growth hormone. Well, there is no lab in the United States that does test for human growth hormone. We understand that later this year, there may be one or more labs with this capability in the United States, and if there is, and if we can satisfy ourselves that lab has a test protocol that is validated and reliable, then we will consider how to incorporate the program addressing human growth hormone based upon blood testing, if that is what is necessary, into our programs. But when people say that the NFL's program is deficient because it's not testing for human growth hormone, that's because there has been no tests, and there have been no labs. The WADA tested, and of 11,000 Olympic athletes, I believe, in connection with the Athens Games, 300, there were no positive tests, and so there is an issue as to the scale of use of this substance among athletes. But the basic point is that those tests were in Europe, the labs were in Europe, and there are no tests in the United States. So our standards there and our capabilities there are in line with everyone else.

Second, on testosterone, this is an area that we've worked on for a decade or more. It is a substance naturally appearing in the body. We have been leaders, as Dr. Finkle said, in developing the testosterone, epitestosterone ratio tests that are used to identify the presence of illicit amounts of testosterone in an athlete. We have worked together with the other organizations to take the ratio down from 6:1, they're now down to 4:1, and to see whether there are even additional ways, as Dr. Finkle suggested, by comparing urine samples or the time line for a player's testosterone levels to show, to figure out that he has been using illicit amounts of testosterone, even if a single test doesn't hit the ratio.

The one thing I think is critically important in this area is for us to be factual and complete and not selective and self-serving as we analyze these issues. Some things were said this morning that I don't think meet that standard. There was comments about our out-of-competition testing versus WADA's out-of-competition testing, and the suggestion was made that we are administering too many out-of-competition tests compared to WADA.

We don't feel that our players are out of competition at any time of the year. They are employees, obligated, subject to collectively bargaining rules, to work 12 months a year. So there is no time of the year that they are out of competition. That's one of the reasons

we subject them to year-round drug testing for these performance-enhancing drugs.

Another area is with respect to therapeutic use exemptions. We don't give them because our players are not out of competition. The therapeutic use exemption in this context can become a fishing license to see who will give a prescription for a substance that we don't want used. So we have a system on our appeal process where it has to be raised as an affirmative defense.

To suggest that our program is deficient because they do it one way and we do it the other way is to say that the rules of procedure in the Federal courts are deficient because the State courts do it differently. It's a minor point. Both programs have a great deal of validity. What you need is a process that's fair and balanced, and we have that.

There are other areas that I also feel that there has not been a balanced approach. On the issue of the size of our players, we've been aware of it. You would have to be blind not to be aware of the fact that athletes in general are growing. We have Yao Ming playing in the NBA. No one saw Chinese players of that size playing in the NBA 20 years ago. One statistical point of interest is that over the past 20 years, based on the studies I've seen, our players have become both smaller and bigger. We have a far greater number of big players and a far greater number of smaller players, under 6 feet and under 190 pounds. It reflects the specialization in our game, a so-called flea-flicker-type receiver or the fleet defensive back. At the other end of the spectrum we have the large player.

With respect to the large players, we don't believe that they are getting there because of steroids. If you read all the literature about steroids, what does it do? It reduces body fat. It makes athletes lean and sculpted. It has an effect on muscular and skeletal structure. These large players are exhibiting none of those characteristics. To the contrary, they have high body fat. They tend to be the antithesis of the sculpted, lean athlete.

If steroids were raging in the 1970's in the NFL, and I think everyone admits that their use has declined today, then we would have had more 300-pound players in the NFL in the 1970's. That strongly suggests it's not related to the use of steroids.

The other thing is the data itself. Gene Upshaw is going to talk about 300-pound players that he blocked against in the 1960's. Where the notion comes up there were only 5 in the league 20 years ago when he played against 10 of them in his career in the 1960's, I don't know. The next question is, if more players are over 300 pounds today, how many were between 285 and 299 20 years ago? We don't have that data in front of us.

We created a special committee on obesity about 18 months ago, I appointed it, chaired by a team physician who is, I believe, at Johns Hopkins to address this issue of the large size of the players. We feel we have a universe of individuals that's nowhere else found in America. We're concerned about that. We want to make sure that we don't do things with those athletes, don't ask them to do things that will have long-term negative effects for their health, and perhaps in the process we can learn things about others in society who are going to have to deal with issues of obesity.

So we're studying it, we're studying it seriously, but we're certainly not going to jump to a conclusion that because we have larger athletes today, there is increased steroid use in the National Football League. I think it's nonsense. Whoever thought we would have a quarterback like Daunte Culpepper? Bart Starr used to be the paradigm. Billy Kilmer used to be the paradigm. Today we have a young man who's 6 feet 6 and 268 pounds playing quarterback. Are we to conclude that he's using steroids? I don't like to smear people in that fashion.

I'll make a final comment about youth football. We started a youth football fund about 5 years ago. We funded it with our players association. The players gave up money that would ordinarily go into their salaries, about $150 million over 5 years, to fund a youth football fund, which Gene Upshaw and I co-chair. One of the leading things we've done with this program is to put out materials like this for high school and youth football. This is a four-volume series that we published. It's published in hard copy. It's on the Internet on a Web site, NFLhighschool.com. It's on a lot of other Web sites. It was prepared with our funding in conjunction with the Yale University School of Pediatrics, the American Red Cross, the National Athletic Trainers Association, the Institute for the Study of Youth Sports at Michigan State University, and it's out there and can be downloaded in any house in America that has a computer, or in any school. We've distributed it to every high school in America. It's called Health Concerns for Young Athletes. It's a four-volume series.

There's a whole section in here on substance abuse, emphasizing that for the high school—young high school football player, steroids are definitely a concern, and they're prohibited. But coaches need to know that other things, according to Federal statistics, are even a more severe problem, including alcohol, marijuana, cocaine, ecstasy and other recreational drugs. We have a whole section in here on anabolic steroids.

So we agree 1,000 percent that dealing with this problem among young people is critically important, and we stand ready to intensify our efforts in that area. As many of you probably know, we have the longest-standing public service television program advertising series in support of the United Way. We could do additional things in this area. If messaging is important, if programs are important, we're prepared to fund programs as we have been doing around the country emphasizing these concerns.

I'll stop there and be prepared to take your questions. We certainly appreciate the committee's interest in these matters and the fact that you have focused everyone's attention, including our own, on these issues.

If it's permissible, I'll turn it over to Mr. Henderson and then to Mr. Upshaw.

Mr. WAXMAN [presiding]. Thank you very much for your testimony.

[The prepared statement of Mr. Tagliabue follows:]

TESTIMONY OF PAUL TAGLIABUE
COMMISSIONER, NATIONAL FOOTBALL LEAGUE

AND

HAROLD HENDERSON
EXECUTIVE VICE PRESIDENT – LABOR RELATIONS
NATIONAL FOOTBALL LEAGUE

BEFORE THE COMMITTEE ON GOVERNMENT REFORM
U.S. HOUSE OF REPRESENTATIVES

APRIL 27, 2005

Chairman Davis and Members of the Committee:

The issue that the Committee is considering today – the use of steroids and other performance-enhancing drugs in professional sports – is an important one that merits thoughtful attention by the Congress. It is an issue that addresses a wide range of concerns: the health of athletes who use these substances, the values that are promoted or debased by the use of these substances, and the proper roles of government and the private sector in combating their use.

For two decades, the National Football League ("NFL") has had very strong programs in place to rid its locker rooms and playing fields of performance-enhancing drugs, and League programs have been a positive force in helping football at all levels to address these issues. We have not had all the answers, but we have worked with leading institutions and top scientists and others to seek to stay ahead of an ever-changing curve. The NFL's policies, which have included prompt and stiff sanctions for violators, have

addressed these issues in a firm and constructive way. Today the quickening pace of new developments in medicine and science, including genetics, heightens the challenges that we all face.

In these efforts, we have had strong support and active participation in all of our programs by the NFL Players Association ("NFLPA"), the collective bargaining representative of NFL players. Together, we intend to continue to have very strong policies and programs to deal with the scientific, medical, ethical and legal questions likely to be generated by the ever-escalating availability of body-changing, performance-enhancing, and eventually even gene-altering substances in our society.

We have produced to the Committee detailed information about the past and current structure of our programs, how they have worked, and the results to date. (A copy of the 2004 Policy is attached to my full testimony as Exhibit A.)

To summarize, more than twenty years ago, in 1983, Commissioner Pete Rozelle notified all NFL players that anabolic steroids fell squarely within the League's prohibitions against the abuse of drugs and that steroids had serious adverse health effects. In 1987 and 1988, the League began testing for steroids to obtain a documented understanding of the extent of steroid use among NFL players. And in 1989, the NFL instituted disclipline for steroid use, with suspensions imposed on players testing positive for these substances.

In testimony given in May of 1989 to the Senate Judiciary Committee, Commissioner Rozelle explained the basis for the League's more stringent approach:

> "The fundamental responsibility of [the Commissioner] is to protect, as best he can, the integrity of the game he oversees and the public's confidence in it. In my view, steroid use both threatens that integrity and confidence and presents other significant problems as well.

> "Our measures are designed to promote common sense, fair play, and good health. If they do no more than generate an increased awareness among athletes at all levels of the potential risks of using steroids, our program will have been a modest success. . . .[But] we hope our new measures will be a much larger success, and a significant step toward eradicating these drugs from our sport."

In August 1989, Commissioner Rozelle issued the first suspensions of NFL players for positive tests for steroids, and a Federal Court in the Nation's Capital upheld the suspensions as within the Commissioner's authority under the collectively-bargained disciplinary principles then in place in the League.

In the NFL's submission to the Federal Court in support of that ruling, the League underscored the negative health and competitive aspects of steroid use for NFL players, and also emphasized the responsibility of the League and its players to set a proper example for America's youth on these matters. In part, the League's submission explained:

> "[F]ans cannot be expected to purchase tickets to games tainted by steroids. [In addition,] the image of the NFL and its players is critically important to the young people of our Nation who, for good or ill, emulate their sports heroes. Commissioner Rozelle's affidavit explains the basis for this concern, and makes reference to arbitration and court decisions that underscore its legitimacy. In this connection, it is not surprising that the NFL Players Association has never challenged the importance of maintaining the image of the NFL or of NFL players."

Shortly after becoming Commissioner in late 1989, Commissioner Tagliabue instituted a number of changes in the League's substance abuse programs and relationships. These changes took account of the need for greater investment in specialized resources and increasingly varied and sophisticated testing techniques in order to deal with the growing array of substances that were creating both competitive issues and adverse health effects for NFL players. These changes included year-round

random, unannounced testing for all players; the hiring of new medical and scientific advisors, including Dr. John Lombardo, who serves as our Medical Advisor, and Dr. Bryan Finkle, our Program Toxicologist, both of whom testified earlier today. In addition, we moved all of our testing to two laboratories then certified by the International Olympic Committee – at UCLA and at Foothills Hospital in Calgary. When the Calgary lab ceased doing analytical work for the IOC, we moved all of our testing to UCLA, under the direction of Dr. Don Catlin, who is widely recognized as one of the leading anti-doping authorities in the world.

Several years later, in 1993, the key elements of the League's program were agreed to by the NFL Players Association in collective bargaining. Since then, our Program has been jointly administered by the NFL and the NFLPA. Harold Henderson, the League's Executive Vice President for Labor Relations, is the senior NFL executive responsible for administering our substance abuse policies and programs.

Since 1993, the League and the NFLPA have met regularly to review the workings of the program and ensure that we continue to be proactive in responding to developments in science and technology, doping control research and the policies of other organizations. For example, in 1997, we added steroid precursors to the list of banned substances, including androstenedione and DHEA. The former was not made a controlled substance by Congress until last year; the latter remains a legal substance.

In December of 2000, Dr. Lombardo issued a "Health Alert" to all NFL players regarding ephedra. The alert stated that "a study of dietary supplements containing Ephedra has shown that this stimulant can contribute to a number of dangerous, even fatal, medical conditions. ***If you are using any products containing Ephedra, I strongly***

urge you to stop immediately! We began testing for it in 2001, and discipline was imposed for positive tests starting in 2002.

We have also pioneered the use of new and improved testing techniques. As we become aware of new types of so-called "designer drugs," we move promptly to address them. For example, when the designer steroid THG was identified in 2003, the League retested more than 2000 urine samples – every sample in our possession – to determine the extent to which NFL players may have used this drug. And our policy has from the outset incorporated a "related substances" provision, to ensure that minor chemical changes do not allow users to escape the prohibitions of our program. In this respect, our program mirrors the Olympic, World Anti-Doping Agency ("WADA") and United States Anti-Doping Agency ("USADA") guidelines.

This process of continual examination and improvement has continued into 2005. In our most recent meetings, the League and the NFLPA agreed to the following improvements in our program dealing with performance enhancing substances, which will take effect this year:

- To reduce the threshold for a positive testosterone test from the current 6:1 testosterone/epitestosterone ratio to a ratio of 4:1. This is the standard adopted by the WADA earlier this year.
- To increase from 2 to 6 the maximum number of times a player can be randomly tested during the offseason.
- To add additional substances to the list of banned substances.
- To codify the League's ability to re-test specimens for designer steroids and other substances that may have evaded detection.

Under our current program, more than 9000 tests for steroids and other prohibited substances are conducted each year. These include a mandatory unannounced preseason test for all players; random, unannounced tests of seven players on each team each week throughout the preseason and regular season; weekly random, unannounced tests of seven players on each remaining playoff team through the Super Bowl; and approximately 1600 offseason tests, which, like the regular season tests, are conducted on a random, unannounced basis. The random selection of players to be tested is supervised by Dr. Lombardo, who uses a computer-based selection system specially designed for this purpose. No representative of the NFL, the NFLPA, or any NFL member club has any role whatsoever in determining who will be tested.

The League first instituted its program of testing, discipline, deterrence and education in 1989 because it recognized that use of anabolic steroids and other performance-enhancing substances was a serious issue in sports, including the NFL. For many years, we were the only professional league that tested for these substances and imposed significant discipline for a positive test. And our program, while not perfect, has worked and worked well.

In this respect, it is important to understand what a four-game suspension means in the NFL. It takes the player entirely out of the lineup for one-quarter of our regular season. In other leagues, this would be the equivalent of a 20 or 40 game suspension. If the suspension begins late in the season, it will carry into the playoffs. Any suspended player likewise loses a quarter of his regular season salary. Suspended players may also be required to forfeit some or all of their signing bonuses. And insofar as they have the opportunity to earn performance bonuses, a loss of four games will almost certainly place

those performance targets out of reach. One indication of the effectiveness of these penalties is that we have only had two players test positive a second time; both chose to retire rather than accept an even longer suspension.

Two other matters related to the scope and effectiveness of the League's testing programs also deserve mention.

The first is the subject of human growth hormone ("HGH"). We have prohibited this substance since 1991. Currently, there is no readily available test or testing laboratory for HGH, and there is still no urine-based test for growth hormone. A blood test was first used at last summer's Olympic games in Athens, where 300 of the more than 11,000 athletes who competed in the Games were tested. No athlete tested positive. Currently, no lab in the United States is certified by WADA to conduct these tests, although we are advised that this will certainly change, and perhaps soon. We are currently evaluating our next steps with respect to growth hormone and will continue to consult with experts in the field, including those associated with other leading sports organizations. As scientific developments warrant, we will be prepared to adjust our own policies, as we have consistently done in the past.

The second involves testosterone. The Carolina matter that has been in the media in recent weeks is under investigation by both our office and by Federal law enforcement authorities. We are proceeding deliberately and with due respect for the government's investigation. Until those reviews conclude, it is inappropriate to comment on the specifics of any individual player. If, as has been suggested, players were using substances for which no test was available, or were using a substance at levels that were calibrated to escape detection under existing NFL test protocols, they would have

avoided a positive test under either our program or those administered by other leading sports anti-doping organizations.

Currently, we are addressing testosterone issues in two respects. First, to take account of the evolving consensus as to test protocols for the testosterone-epitestosterone ratio, we will lower the threshold for a positive test from a ratio of 6:1 to a ratio of 4:1. Second, we are developing a program to review player tests over time to identify unusual changes in player t:e ratios, even when below the 4:1 threshold, which would then result in more detailed medical review, reasonable cause testing, and other responses.

We recognize that one of the Committee's primary concerns is the extent to which young people are using steroids today. As Commissioner Rozelle's remarks to the Senate Judiciary Committee more than 15 years ago demonstrate, this has been one of the primary factors underlying the NFL's program as well.

Among athletes and coaches, where we can influence behavior, we make an aggressive effort to discourage the use of steroids, supplements and drugs of abuse. As one example of this, we have worked with leading institutions in medicine and sports to create reliable guides on fitness, nutrition, safety and conditioning – entitled the "Play Safe! The NFL Youth Football Health and Safety Series". This four-volume series gives players, coaches, parents and the public generally information on football-specific health and safety issues in a clear, easy-to-understand format. Needless to say, this series emphasizes that the use of performance-enhancing substances, and/or other drugs of abuse, is unacceptable.

By partnering in the publication of this series with leading academic and public service organizations, we have sought to ensure that this series will be regarded as

definitive and independent and also widely distributed and used. The series editor is the Director of Sports Medicine at Yale University Health Services and Clinical Professor of Pediatrics at Yale University School of Medicine, Dr. Barry Goldberg. The series is produced in partnership with the American College of Sports Medicine, the American Red Cross, the National Athletic Trainers' Association, and the Institute for the Study of Youth Sports at Michigan State University.

Two of the four volumes of this series deal with matters of direct interest to this Committee. One volume specifically discusses "Strength and Conditioning" and offers practical, step-by-step techniques to build strength, endurance and flexibility, improve performance and decrease risk of injury – all without steroids or other substances. Another volume in the series, entitled "Health Concerns for Young Athletes" includes an entire section on substance abuse and specific warnings about steroids, including the following:

> **"There should not be any controversy about steroid use in sports; nonmedical use is illegal and banned by most, if not all, major sports organizations."**
>
> **"The use of anabolic-androgenic steroids to enhance performance is not only illegal, it is dangerous."**

This series has been distributed nationwide in both print and on-line editions and has been furnished to the Committee. It has been furnished to all high school football programs, and to our NFL National Youth Football Partners network, which includes the Boys and Girls Clubs of America, Jewish Community Centers Association, Police Athletic Leagues, Pop Warner, and the YMCA, among others. The entire series is available free of charge on NFLHS.com, a high school football website sponsored by the NFL. The site also includes articles and Q&A sessions between a former NFL coach and

high school players on various topics, including the dangers of steroids and drug use. Among these messages: "Coaches: Please Know What Your Athlete is Taking." NFL representatives and other professionals also address these issues at our annual NFL Youth Football Summit and youth football coaches throughout the country receive our NFL Coaching Academy Playbook, which includes a chapter devoted to health and safety issues that gives specific advice to football coaches on the dangers of steroids and steps coaches can take to detect and deter drug use by their players. This, too, has been furnished to the Committee.

USA Football, a not-for-profit advocacy and educational organization jointly endowed by the NFL and the NFLPA, has made a wide array of resources available to parents, coaches and players across the Nation. The USA Football website contains articles on steroids and drugs of abuse, and USA Football is making this a key focus of its health and safety efforts for 2005, including at its Huddle 2005 national conference in June. The message is always the same – to play football in a way that is safe, within the rules, and without use of artificial performance enhancing products.

The NFL's recognition that a strong anti-steroids policy may positively affect the conduct of our Nation's youth is not of recent vintage; in fact, it dates back at least to the late 1980s. In the same 1989 testimony before the Senate Judiciary Committee that we referred to earlier in this statement, Commissioner Rozelle emphasized precisely this point:

> "The third risk of anabolic steroid use by adult athletes, as dangerous as the other two, is its potential effect on the youth of America. Whether NFL players like it or not, they are role models. I worry about the young athlete, still in his formative years, who emulates his favorite college or pro football star by taking a drug he believes to be a harmless source of size and strength. Equally worrisome is the

> youngster who recognizes the risks, but ignores them and looks beyond to the rewards of a larger physique and possibly a professional contract.
>
> "In 1987, the NFL produced a video tape on the harmful effects of steroids featuring a discussion among our drug advisor, the medical officer for the United States Olympic Committee, an expert from the American College of Sports Medicine, and two team physicians from the NFL. This tape was made available for showing to our own players, and 450 copies of it have been distributed throughout the country by the National State High School Coaches Association."

So the question remains, what accounts for the levels of steroid use by high school students and what can we do about it?

First, steroids, growth hormone, and similar substances are freely available – almost on demand – in the retail marketplace or over the Internet. As the Committee knows, we live in an era of borderless electronic commerce and the global Internet pharmacy. A web search for "buy steroids" yields a large number of Internet sites where one can buy a wide range of steroids. The most difficult problem appears to be deciding where – not how – to buy steroids. The same is true of growth hormones, where one of the first sites identified in response to a search for "buy human growth hormone" offered customers the chance to "Buy 2 and Get 3d Free." These substances are freely marketed as cure-alls, promising youth, vigor, enhanced social standing, freedom from disease, improved personal appearance, and the like. Apart from the Internet, magazines, newspapers, faxes and other print materials advertise a wide variety of steroids, growth hormones, and similar products.

Second, there are substantial media pressures that lead adolescents to use steroids or "body shaping drugs." Dr. Goldberg, who testified earlier today, has decried the extent to which steroid use has become acceptable among advertisers, who suggest their product is "on steroids" – i.e., bigger, faster, better. As Dr. Goldberg asks, "Could

anyone imagine marketing strategy that [suggests] that their product is 'on' any other drug of abuse, like cocaine, LSD or marijuana?"

Third, high school students evidently assume that there is very little risk of detection except perhaps by attentive parents or a well-informed school or athletic official. Our own research has disclosed no state in which there is mandatory testing of athletes for steroids, although a number of states are looking at instituting such programs. A survey of high schools conducted by the National Federation of State High School Associations in 2003 showed that fewer than 4 percent tested students for steroids. To date, where testing has been proposed, it has been rejected, as occurred recently in California. Given budget constraints and other pressures, this may not be surprising. For example, the same 2003 survey found that of school districts that do not have drug testing, 54 percent cited budget concerns as the reason. Yet these circumstances leave a large gap in the state and local educational infrastructure that might serve to address issues of concern to the Committee.

Fourth, the use of steroids is probably as prevalent among non-athletes as it is among athletes, and the use of steroids is not limited to high school boys. It evidently continues to be true that the "perfect body" remains something that many high school students strive for, and drug testing of professional athletes is likely to have a very limited influence on many high school students if their levels of self-esteem and peer acceptance drive their behavior.

Research presented at a 2004 meeting of the Endocrine Society found that while both athletes and non-athletes used both anabolic steroids and body shaping drugs, "student athletes were less likely to use steroids, alcohol, cocaine, cigarettes,

pseudoephedine and diet pills" than were non-athletes. Dr. Goldberg's studies showed "an increase in anabolic steroids use among high school non-athletes, which may be one of the reasons for the national increase in steroid use among teens." This appears to be true among both boys and girls.

It is questionable whether the same approaches that affect behavior of athletes will work for non-athletes. In testimony given last month before another committee of the House, Dr. Goldberg cited research suggesting that special programs, called ATLAS and ATHENA, which are targeted separately to high school boys and girls, could lead to significant reductions in all types of drug use, including anabolic steroids.

We recognize that the Committee may have other questions about the NFL's program and its effectiveness, and we will do our best to respond to those questions. But in the remainder of this statement, we want to focus on what the future holds in this area, and what steps private organizations and governments must consider taking now if we are to avoid a much more serious problem in the future.

We assume that there are additional BALCO-type operations in place today, and that they are looking for the next "undetectable" steroid. As one step to counter those efforts, we have jointly established with USADA a new laboratory at the Center for Human Toxicology at the University of Utah. A primary near-term reason for starting this laboratory was to provide an opportunity for focused, concentrated research into performance enhancing agents and the means to detect them.

Fourteen months ago, in a published essay, Commissioner Tagliabue emphasized that winning the battle against performance-enhancing substances will take "the investment of significant resources," financial and otherwise, and that "stronger

government measures are needed to address these challenges both in and out of professional sports . . .." (New York Times, February 29, 2004.) While such efforts can surely learn from the past, they must sharply focus on the future because scientific and medical research developments are radically altering the challenges that sports organizations face – from youth, high school, and college to the professional level.

The Commissioner's early 2004 essay stated:

> "Even now, as the federal government is focusing on steroids and other substances that have been around for decades, new challenges are being presented by the improper use of human growth hormone and the continuing advance of gene therapy and genetic manipulation."

A growing body of informed opinion now exists to illustrate how clearly these future challenges differ from those of past decades. (For example, see "Gene Doping – Will Athletes Go For the Ultimate High?", Science News, October 30, 2004.)

Over the longer term, all sports organizations, anti-doping bodies, and governments will have to face the challenges of rapidly changing technology. As scientists come to truly understand – and therefore be able to alter – the genetic structure of human beings, the "Six Million Dollar Man" will no longer be a television fantasy, but will instead become a near-term reality. When that happens, the issues that our society is discussing today, such as t:e ratios, growth hormone, or LASIK surgery, will be as distant and irrelevant as the blacksmith in the automobile age. These genetic alterations are likely to be undetectable, at least using current technology, and far more effective at enhancing performance than any techniques used today.

This is not to say that we should simply ignore current activity and we will not. And we should not use the likelihood of these developments as an excuse for doing nothing today. We will continue to work closely with the NFLPA and others to keep the

NFL as free of performance-enhancing substances as we can. But we cannot be so focused on the past that we ignore the challenges that will – not may, but will – present themselves in a very short period of time.

Our challenge going forward will be to ensure that our research is current, that adequate resources are available to support programs proven to be effective with young people, including non-athletes, and that sports organizations remain firm in their commitment to clean competition at all levels.

Thank you for inviting us to appear today. We will be pleased to answer any questions.

Mr. WAXMAN. Let's hear from Mr. Henderson next and then Mr. Upshaw.

STATEMENT OF HAROLD HENDERSON

Mr. HENDERSON. Good afternoon, Chairman Davis and members of the committee. The commissioner introduced me. I'm Harold Henderson, appointed by the commissioner in 1991 as executive vice president for labor relations. I also head the NFL Management Council, the multi-employer bargaining unit. In that capacity I am directly responsible for all matters related to the players in regard to their employment by the clubs in the National Football League, including negotiation and administration of the collective bargaining agreement. That's with the players and the players association that represents the players.

When I arrived at the NFL in 1991, labor relations was nonexistent. Following a players strike at the expiration of the contract in 1987, the players returned to work without an agreement. Several years of antitrust litigation followed, during which period the union disclaimed continuing representation of the NFL players and ceased doing business with the NFL. The parties were unable to resolve their bargaining differences 'til after a 3-month-long trial through the whole summer of 1992. Then we spent the next 6 months negotiating a new CBA with Gene Upshaw and his union.

While we ultimately reached an agreement that is viewed by many as the best in the history of professional sports, that 6-month period was one of hard-fought negotiations, often contentious and acrimonious. The total lack of trust on both sides of the table made the situation especially difficult. In short, we fought about everything.

After negotiation of the CBA terms related to economic and system issues was completed in March 1993, the union and the Management Council turned their attention to the policies on drug and alcohol abuse, and steroids, and performance-enhancing substances. This was against the background of nearly 5 years without a collective bargaining agreement and 3 years without union participation, during which time both programs had been modified substantially. Discipline was instituted and subsequently increased, a strict liability standard was instituted, and additional substances were added to the banned list.

Despite these changes, and despite earlier union objections to the discipline process and other policy provisions, the negotiation of the collective bargaining provisions concerning the policy on anabolic steroids and related substances was agreed in a relatively short time with very little debate or acrimony.

The union agreed there was no place for steroids in the National Football League for three reasons. Their first concern was for the players' health. Even at that time there was sufficient medical indication of adverse medical effects on people using these substances. Second, they were concerned that the use of these substances would threaten the fairness and integrity of the athletic competition on the field as well as the competition between players vying for a position on the team. It was considered unfair and undesirable that players who did not wish to use those substances would feel forced to do so in order to compete effectively with those who

did. Third, they recognized that our players are role models and that use of such substances may well influence young athletes to use them as well. Those were exactly the same reasons the league wanted a strong policy.

After a thorough and detailed review of the then current policy, it was adopted by the NFLPA, making it part of the collective bargaining agreement without significant change. That included continuation of the league's adviser for anabolic steroids and related substances, Dr. John Lombardo, who spoke earlier today, and adoption of the same testing laboratories which had been used. It also carried forth the principle of strict liability. A player is held responsible for what is in his body.

Others here today have described provisions of our policy in detail so I won't get into it. The NFL steroid policy has been modified almost every year since the Management Council and the NFLPA agreed. Most of those modifications involve adding to the banned substance list. It has been our practice to make those changes in the spring of each year, effective upon publication to the players in May of each year. Further, we meet twice a year with an advisory panel of experts in the field unrelated to the NFL steroid program, whose advice is used to ensure that our program reflects all current scientific and medical advances in the field.

Over the years we've discussed with the players several times the appropriateness of the discipline schedule in our steroid policy. Our goal has been to balance deterrence and punishment with appropriate fairness for the individual. A first violation is punished by suspension of four games, regular or postseason, without pay. Our players are paid on a per-game basis, usually 17 paychecks over the course of the season, so that for the 4-week suspension, a player loses nearly 25 percent of his annual salary. Additional financial losses are incurred by forfeiture of signing bonuses or a failure to make incentives because they weren't on the field. For a second offense, a player is suspended for a minimum of six games, and a third offense for at least 12 months.

These are severe sanctions for a professional football player. I think it is significant that in my 14 years with the league, there has never been a player suspended for a second time. The purpose of the discipline and our policy is as a deterrent, and we believe that it works.

Education and awareness is also an important part of the program. We communicate to the players through direct communications and newsletters from Gene Upshaw and from me, bulletin board posters at team meetings. We established a toll-free telephone line on which players can get information about dietary supplements and other potential sources of unintentional ingestion of banned substances. You heard here about our newly established supplemental certification program where manufacturers of food supplements can have them certified by an independent lab to contain no substances banned by our program.

In summary, in a labor relations environment in which nearly every issue is hotly contested and debated, frequently resolved through arbitration or litigation rather than agreement, in the area of steroids and related substances, the league and the union have seen eye to eye on nearly every point. With full support of the play-

ers and the clubs, we maintain a very effective policy, tough but fair, which works for the clubs, the league, the players and the public.

We will continue to be alert for new performance-enhancing substances and new ways to avoid detection. We will continue to use the most effective, reliable state-of-the-art methodology and equipment to detect illegal use of banned substances. We will continue to invest in research and development to keep us current on the scientific and medical developments in this area, in part through a new laboratory funded jointly by the NFL and the U.S. Anti-Doping Association. We will strive to continue to ensure that our players are positive role models for America's youth, athletes or not.

I welcome your questions.

Mr. DUNCAN [presiding]. Very fine testimony, Mr. Henderson. Thank you very much.

Mr. Upshaw.

STATEMENT OF GENE UPSHAW

Mr. UPSHAW. Thank you, Mr. Chairman. I am Gene Upshaw. I'm the executive director of the National Football League players association. We're an exclusive bargaining agent on behalf of all the players in the National Football League.

There are numerous issues in which management and labor disagree, and we are presently involved in a very serious extension of our collective bargaining agreement. But I want to start by saying there is no disagreement when it comes to this issue of steroid use and performance-enhancing drugs in our game. We will do all we can to get it out of the game and out of our society, because there is no place for performance-enhancing substances in our American life.

Our collectively bargained program on anabolic steroids has been in place for several decades and is the most comprehensive in sports today. How did we get here? In 1967, when I was drafted by the Oakland Raiders in the first round, I entered into a league that had no drug policy, that had no testing, that had no education, that had nothing in the form that we see it today. I played through the 1960's, the 1970's and the 1980's. I retired after the 1982 season and became the executive director of the NFL Players Association.

Back then, no one was keeping track of sacks. If you asked Deacon Jones today, he would say he would be the sack leader if someone had kept track of that. It was the same way with 300-pound players. I had to play against guys that were 300 pounds in 1967 when I first came into the league, and they were still there when I left in 1982. Just to name a few, Buck Buchanan, Ernie Ladd, Louie Kelcher, Wilber Young, Bob Brown with the Green Bay Packers. I also believe my old teammate and roommate for 15 years might have tipped the scales at 300 a few times or two.

In 1987, the NFL began testing players for steroid use. In 1989, we began suspending players. And in 1990, we instituted a year-round random testing program. Today I would like to believe that we have sorted out a lot of the issues that we need to sort out over that period of time.

You have heard from the commissioner and from Harold Henderson on what our program looks like, but the one thing that has been clear about our position and about where we are today, there has never been any doubt that the players in the National Football League wanted it off the field. The reason that we have always wanted it off the field, because players have always stressed to me, and they did it when I was playing, and they are doing it still today, that if you don't get it away from the other guy, we're forced to take it to compete. We also understand the health effects that it causes. We also understand our role as role models and leaders in this area, and we intend to uphold that. We have always been in favor of getting rid of steroids out of the National Football League and anywhere else it is in our society.

When you look at our collective bargaining agreement and you look at the disagreements that we've had over the years with the NFL, the only place that you find random testing is in this area, because we believe strongly in it. The players know that there is no way to escape if you are using performance-enhancing substances, including steroids.

I must say, we would be naive to not be aware that there are people out there trying to stay ahead of the curve. We will continue to monitor that and try to stay ahead of them. We can only know what we know. And as soon as we find out something, we do something about it. In 2003, the laboratory at UCLA turned up a new substance, a designer steroid that we all heard about today, THG. They informed us of it, we talked about it, and I think we did it over a phone call. Immediately it went on the list. Even as ephedra came on the market 3 years ago, even though now it seems to be back in some form, it still remains on our banned list because we understand the effects that it has on our players.

Someone said that we need active players here. I talk to active players, I spend most of my time in locker rooms around the NFL, and I can tell you this: Over the years that I've been in this position in the locker room, and I did include some quotes from active players in my testimony that's part of this record, but I want to point out one thing that I think is very important. We have never had one player in the National Football League defend another player, his teammate or anyone else that tested positive for using drugs and using steroids. Not a one. You are responsible for what you put in your body. We stand behind that. Our players support that. We believe our program is fair.

I heard a word today when I was sitting back there that said codify, and I started thinking, what is that? We don't believe that our system codifies any player. That is the main reason it is not in the hands of teams and clubs. It is independent, away from them. We will look at it in a way that if you test positive, you will be suspended. Players expect that. We believe that it is a severe penalty to be suspended. If there are changes that need to be made in our policy, as Harold has pointed out, we're not above changing, wherever change needs to be. We want to have the best, and we want to make our program even better. We have always strived to do that. But there is no room for this substance in our sport or anywhere in our society when it comes to athletic competition.

The players will support this committee, and we do support this committee, and we also support what the NFL and the players have been able to accomplish over a long period of time. We didn't just come to this dance a couple of weeks ago. We started out many, many years ago, and we'll stay until the song is over. Thank you.

[The prepared statement of Mr. Upshaw follows:]

TESTIMONY OF

GENE UPSHAW, EXECUTIVE DIRECTOR
NATIONAL FOOTBALL LEAGUE
PLAYERS ASSOCIATION

BEFORE
THE COMMITTEE ON GOVERNMENT REFORM
UNITED STATES HOUSE OF REPRESENTATIVES

On

USE OF PERFORMANCE-ENHANCING DRUGS

APRIL 27, 2005

TESTIMONY OF GENE UPSHAW
EXECUTIVE DIRECTOR, NFL PLAYERS ASSOCIATION
BEFORE THE
HOUSE COMMITTEE ON GOVERNMENT REFORM
APRIL 27, 2005

Mr. Chairman and Members of the Committee:

My name is Gene Upshaw and I am the Executive Director of the NFL Players Association, the labor union that represents all NFL players in collective bargaining. I also played in the NFL for 15 seasons with the Oakland and Los Angeles Raiders. For my accomplishments as a player, I have been honored by induction into the Pro Football Hall of Fame.

There are numerous issues on which management and labor disagree, and we are presently involved in a difficult round of collective bargaining negotiations. But there is complete agreement on this: steroids and other performance-enhancing substances have no place in our game, or anywhere in sports. For many years, we have been committed to keeping them out of the NFL, and we will continue to work with the League, and with government and private parties, to help remove them from American life.

In recent weeks, this subject has again received renewed attention, and there has been a sharp focus on the use of performance-enhancing substances in sports. Many

observers have come to recognize that this is both an ongoing challenge and one that is likely in coming years to be more complex and difficult to address successfully.

In the NFL, we have been focused on performance-enhancing substances since the late 1980s. The League's then-Commissioner, Pete Rozelle, instituted both educational and disciplinary programs in the late 1980's to deter the use of performance-enhancing substances by NFL players and to eliminate them from our game.

Educational efforts have led both our teams and our players to support strong measures, developed jointly by the League and the Players Association, to eliminate these illicit substances from NFL football – and to send a message to others in football at the intercollegiate, high school and youth levels that the use of performance-enhancing substances is not the way to play or succeed in football.

Our collectively-bargained Policy and Program on Anabolic Steroids and Related Substances has been in place for more than a decade, and is the most comprehensive in professional sports today. Our results confirm that the program is very effective. It reflects a strong and ongoing commitment on the part of both management and our union, backed by substantial financial investments, top scientific resources, and more than a few tough decisions.

The NFL began testing players for steroids in 1987; started suspending violators in 1989; and instituted in 1990 a year-round random testing program, including during the off-season, backed by suspensions without pay for violations. The program has

strong features to deter evasion, including suspension for players testing positive for masking agents or who attempt to dilute their urine to beat the tests. Players who test positive are subject to up to 24 unannounced tests per year, including during the off-season. They remain subject to this frequent, year-round testing for the remainder of their careers.

We also recognize the importance of staying current, and have consistently expanded our own list of prohibited substances – in the past three years, nearly 20 additional substances have been added to the banned list. Those included ephedra, which we prohibited three years ago. As the Committee knows, the federal government's ban of that dangerous supplement was just limited by a District Court Judge. Nonetheless, ephedra will remain a prohibited substance in the NFL because of the risks it continues to present to our player population.

This process of ongoing review is one of the most important aspects of our Program. The League and the players meet on a quarterly basis to review the operation of the Program and discuss issues. Every year the Policy is re-written – hopefully for the better. We have just concluded that process for 2005 and will shortly publish the revised Policy and distribute it to all the players. We will provide the Committee with the new version, but I can highlight a couple of changes today.

First, we have reduced the threshold for a testosterone positive. While a player formerly had to have a t:e ratio greater than 6:1 for a positive test, that ratio will now be 4:1.

Second, we have increased the maximum number of off season tests from 2 to 6 per player. Thus, at a time when other drug testing organizations both in this country and around the world are sharply reducing their "out of competition" testing, we are sending the message to our players that steroid use is inappropriate at any time – in-season or out.

Why has this issue been among the highest priorities of the NFL and its players?

First, these substances threaten the fairness and the integrity of the game on the field. To allow the use of steroids and banned stimulants would not only condone cheating, but also compel others to use them to remain competitive. Our own players want to rid the League of these substances so they can compete on a level playing field.

Second, we have a responsibility to protect our players from the demonstrated adverse health effects of steroids and other banned substances. Medical literature is replete with research linking the use of these substances to a wide range of serious health problems.

Third, we take seriously our role in educating and leading young people. As President Bush said, the use of performance-enhancing drugs is dangerous and sends the

wrong message that there are shortcuts to success and that performance at any price is more important than integrity. Our players regularly meet with young people – both athletes and non-athletes, girls as well as boys – in a wide variety of settings, including our "Pipeline to the Pros" sessions. We consistently emphasize that steroids or other drugs are the wrong course for players. They are dangerous. They are unfair. They are wrong.

The key provisions of our policy are:

- An annual test for all players plus unannounced random testing in and out of season. We test players on all teams each week of the season, conducting more than 9,000 tests a year for steroids and related substances.

- A list of more than 70 prohibited substances, including anabolic steroids, steroid precursors, growth hormone, stimulants and masking agents. This list is continually revised and expanded.

- A mandatory four-game suspension (25 percent of the regular season schedule) without pay upon a first violation. A second violation would result in a six-game suspension and a third would ban a player for a minimum of one year. Players cannot return to the field after a suspension until they test clean and are cleared for play.

- Strict liability for players who test positive. Violations are not excused because a player says he was unaware that a product contained a banned substance.

- Education of players and teams about the program through literature, videos, a toll-free hotline and mandatory meetings.

The consistent application of these core tenets has resulted in the recognition by experts in the field of the NFL's policy as the most effective in professional sports. Over the past five seasons, less than 1 percent of our players have violated our steroid program and been suspended. In short, virtually all of our players get the message and participate in the NFL without using anabolic steroids or other performance-enhancing substances.

In considering the effectiveness of our program, the comments of current players and coaches are instructive:

> ***"I'm not sure how much more we can do with our steroid policy. It is already the most comprehensive testing in professional sports. If you are doing steroids now, you've got some kind of death wish because I doubt very much there are many players taking steroids now in the NFL." Rob Konrad, Oakland Raiders, Boston Globe, March 31, 2005.***

> ***"I was drug tested for steroids just last week and I was drug tested through the season. I just have a hard time believing that people can do it and beat the system the way it is." Sean O'Hara, New York Giants, Newsday, April 1, 2005.***

> ***"The NFL has been very clear about steroids and that feeling permeates every locker room. So it is considered bad to do anything like that, not only from an organizational standpoint, but a player-to-player***

standpoint. You will be frowned upon if another player found out you were taking steroids. I think there is a very small percentage of guys in the NFL doing it. Very small." Jerome Bettis, Pittsburgh Steelers, New York Daily News, April 21, 2005.

"I coached in the League before there was [a steroid policy]. I can see the difference. That's how far our professional sport has come. I think it is the cleanest professional organization in the world." Dick Vermeil, Head Coach, Kansas City Chiefs, Florida Today, May 16, 2004.

At the same time, we would be naïve if we did not understand that there are temptations and pressures to succeed facing football players that require us to make education and deterrence of substance abuse a constant priority.

When our steroid testing lab – the U.C.L.A. Olympic Analytical Laboratory – informed us in 2003 of the new designer steroid called THG, we immediately added it to our banned substance list.

Going forward, we will continue to be vigilant. The NFL spends $10 million a year on our steroid and drug programs, including the funding of research to identify new substances and improve testing. To date, close to $100 million has been invested on this initiative. And we are prepared to do more if necessary.

Despite the efforts that we and others in sport have made to eliminate anabolic steroids and other performance-enhancing drugs from our athletic competitions, there are those in America and elsewhere who will seek to beat the system by designing and producing illicit substances that inappropriately affect athletic performance while escaping detection.

We are proud of this Program and what it has accomplished. Is it perfect? Does it catch everyone? No. But the players overwhelmingly support the program, recognize its value, and believe that it applies to all players in a fair and even-handed way.

In that respect, this Program is different from any other drug testing program the Committee's likely to examine. It has not been imposed by management or by a sports federation or other governing body. And the players were not dragged unwillingly to the bargaining table. In the NFL, players and teams recognized the problem and reached a common consensus that these substances had to get out of the game and that testing and tough discipline for violators were the key elements of an effective program. For more than a decade, as thousands of players have entered the League, this Program has continued to have extraordinary support from players.

One simple but powerful fact will be of interest to the Committee: I constantly spend a great deal of time with current NFL players, and I cannot recall an occasion in more than ten years in which a player who used steroids was defended by his teammates or any other player. NFL players know what cheating is and they do not want cheating or cheaters in our game.

I hope that as it continues its review, the Committee will understand the importance of this level of player support, and will respect the process by which it has been achieved and maintained.

Today new challenges are being presented to our society by the improper use of human growth hormone and the continuing advance of gene therapy and genetic manipulation.

Both the government and private sectors must aggressively address these challenges. If not, the secret designers of new illicit substances will slog on, and the future will bring more high-profile grand jury investigations, health risks to young people and dishonor to sports. NFL players are prepared to do their part, as they have for more than 15 years.

Mr. Chairman, we in the NFL thank you for your leadership on this issue, and we appreciate the opportunity to testify today.

Chairman TOM DAVIS [presiding]. I want to thank all of you for your testimony and your patience being with us today.

Commissioner Tagliabue and Mr. Upshaw, there has been a lot of discussion about the cooperation between the NFL, the players association and even this committee leading up to today's hearing. I think you are both to be commended for facilitating such a positive working relationship.

The first panel answered this question, and I want to get your answer as well: how the average American is supposed to look at the size, strength and speed of today's NFL linebackers and not conclude that they might be taking performance-enhancing drugs? That's chatter. That's not data. The first panel addressed it in terms of specialization and the like, and I just want to give you an opportunity to do the same.

Mr. UPSHAW. Well, I think the NFL is a particle of what we get. It starts at the college level. You heard the statistics about the high school players and the size that they are. They are getting bigger. They come to us the size that we get them. What's really amazing about the size is that one of our strictest fines is overweight. When they come to us that big, we try to reduce them down. One of the biggest fights I had with Harold is the amount of fines that the players get for being overweight for a period of days or weeks. It's pretty close to $200 a pound per day for being overweight. So we are trying to get them down. They come to us at a certain size, and we just accept that.

But everyone has also pointed out, and the Commissioner has, too, the rules have changed. When I was playing, there was a Green Bay sweep, and everyone ran it, and they had guards that looked like me. I couldn't play tight end today. But the rules changed that now we have basically five tackles across the front. You don't have an offensive guard, a center and two tackles; what you have is five tackles, and they all get in front of each over, and they push each other around.

That is the difference in where we are today when it relates to size. Obviously when you see a young, aspiring athlete out there, and he sees this size, and he decides I need to be that big to play, we're not saying that they're not doing things that they shouldn't be doing, but the NFL is basically getting what the colleges and the high schools are providing.

Chairman TOM DAVIS. Thanks.

Mr. TAGLIABUE. Mr. Chairman, I guess if I could—just to add a point. I think what we're seeing in athletics today, not just at our level, but at the youth level, is specialization. We read about it constantly in the sports pages, parents complaining about the fact that their son or daughter is 12 or 13 years old, and all he or she wants to do is play one sport. They want to play football all year, they want to play soccer all year, they want to play women's basketball all year.

Coupled with specialization goes weight training. Sometimes it's weight loss. In wrestling, doctors have expressed to me concern about high-schoolers losing weight to get down from 185 to the 152-pound division. Then we see people gaining weight through strict weightlifting programs.

Our players now are employed 11 months of the year. Mr. Henderson has a story about his own son that illustrates, I think, what perfectly clean, drug-free workouts can do in terms of body size. I know you don't want to beat this to death, but I'll turn it over to him.

Mr. HENDERSON. Several Members have spoken about their children and grandchildren in sports. I had the experience a few years ago, my son was a four-sport athlete in high school locally in Fairfax County. He wrestled, captain of the wrestling team and football team his senior year. He would wrestle at 152. He played football at about 165. He was blessed with his mother's genes. He was about 5 foot 8 in about his 10th-grade year. He's still 5 foot 8. He went to college. He played football in college. He went from a high school program where he cut weight, put on weight, cut weight, put on weight, to full-time football, around-the-year training there, and he went from 165 to about 180, to about 190, and his senior year he captained the team at his college at over 200 pounds. I am as confident as anything that he never took any kind of substance to enhance his growth. He's still 5 foot 8.

We have players now who come into the NFL, and unlike the 1970's and 1980's when Mr. Courson and Mr. Upshaw played, it is a full-time job now. They don't come in in July and play 'til Christmas and go home and take it easy anymore. By March 1st, sometimes earlier, they're back at the facility lifting weights, training, running, year around, putting on bulk, working on dietary programs and nutritional programs and weight programs for the purpose of putting on weight. And it's effective. I've seen it in my own household. If you work at it, you can do it on an ordinary body. I think that's the element that we are disregarding too quickly, that hard work can produce the bulk, muscles, size as effectively as anything else.

Chairman TOM DAVIS. Thank you.

Let me just ask one other quick question. I noted in my opening statement the momentum is building behind the idea of an advisory committee. Mr. Waxman and I talked about it on March 17 at the Major League Baseball hearing. Is it safe to say that the NFL and the players association support this concept, an advisory committee of sports figures on that?

Mr. TAGLIABUE. We would like to know a little bit more about what is going to be done, and we'd like to make sure we're investing our resources wisely, but we would certainly look forward to cooperating. We think there can be a very powerful statement here and an enhancement of what we're trying to do. Of course, there are programs out there like the Partnership for a Drug-Free America and many other things, but we will certainly support programs that are positive through the committee.

Chairman TOM DAVIS. Thank you.

Mr. Waxman.

Mr. WAXMAN. Thank you, Mr. Chairman. I want to commend the three of you for not just being here, but for the proactive way you have tried to deal with the steroid problem. If you could look back to the 1980's, there were reports of widespread use of steroids in football. Since then you have worked to refine and improve the policies. You didn't wait until the problem just couldn't be ignored

any longer, you tried to make sure that you could do something about it.

I think one of the issues that we have is that getting a clear picture of how much steroids and other performance-enhancing drugs are used in the various professional and amateur sports, and for obvious reasons, since it is against the law, sports figures don't want to talk about it. You can understand that to be the case. No one questions whether the NFL has made a good faith effort to police steroids. You have, and you seem to be testing—you have testing numbers to back it up.

But it is also true that a lot of people who follow sports closely believe that maybe some of the players use performance-enhancing drugs but evade detection. That report about the Carolina Panther players reinforce that view. That is one of the issues we are trying to sort out today.

What is your perspective about the extent of steroid use in the NFL? You had a serious problem in the 1980's. Do you believe that the problem is under control?

Mr. TAGLIABUE. We believe it is. It's not perfect. We do about 9,000 tests a year. We have very extensive random testing, unannounced. We think that there is a tremendous deterrent element in there. As you know, we've suspended 54 players over the period of years. Fifty-seven others have tested positively and just left the game. So we've had about seven a year.

Our experience is very consistent with the WADA experience in 2004 and USADA. In 2004, USADA tested fewer athletes than we did, 7,600 versus 9,000. They did it in 45 sports. We did it in one sport. They had nine positive tests. On average we have about seven. So we don't think the low level of positives indicates a weak program any more than their low level of positive indicates a weak program. We think that the programs are effective.

The three difficult areas are those that you have identified. One is testosterone when it's calibrated to be under the now ratio of 4:1 testosterone to epitestosterone. Two may be human growth hormone. I say "may be" because it's not yet clear that really does accomplish what some athletes would like to accomplish, but there is no current test for it. And the third is the designer steroid issue that Mr. Courson emphasized, of which THG in the BALCO investigation is only one.

But our feeling is that, as Gene said, the culture of our athletes, the overwhelming number of our athletes, is to stay clean, to play clean, to be as dedicated to the same values of the game as the Vince Lombardis and the Bart Starrs and the Roger Staubachs and right up to today with the Donovan McNabbs and the Tom Bradys, and we don't feel that there is rampant efforts to cheat in our sport.

Mr. WAXMAN. Are you doing an investigation of that report from 60 Minutes?

Mr. TAGLIABUE. We are investigating. We do have our security department interviewing those players, and we will—at some point I will have—our security department is headed by a former top official of the FBI, and we are interviewing those players, cooperating with the DEA in trying to get to the bottom of that investigation in South Carolina.

Mr. WAXMAN. When you finish your investigation, we would like to see a copy of that.

Mr. TAGLIABUE. We would be pleased to share with you the results of our interviews and all we get from the DEA.

Mr. WAXMAN. We are all in agreement about the goal. We want to get steroids and performance-enhancing drugs out of sports. I have asked this question of others. It came up this morning, and I would like your view on it. Do you think the adoption of a single uniform steroid policy across sports would help in reaching this goal?

Mr. TAGLIABUE. I don't think so. I think that in this area, it's a question of general rules versus specialized programs. Both have their place in society. I think we have a specialized program, directed at our sport to deal with our needs, which incorporates all the best elements of the other programs. To some extent we've set the standard for the other programs. When I go to Europe, they praise the way we govern our sports. They have major issues in German soccer right now with game referees having taken bribes.

I happen to believe that Americans can solve American problems just as well as anyone else in the world. I think when we apply our mind to it, we can be the best in the world. And if we've got to start outsourcing or offshoring our drug programs, then I think we're in trouble.

Mr. WAXMAN. I wasn't thinking of that. I was thinking of——

Mr. TAGLIABUE. But that's what the WADA is. It's outsourcing and offshoring our drug program. I think we can do it better here.

Mr. WAXMAN. If we're going to do it better here, don't you think it would make sense to have baseball have the same policy as football, the same as others?

Mr. TAGLIABUE. In terms of testing technology, in terms of science, in terms of perhaps even test protocols, the more we can do together, the better. If we can get $10 from 10 different sports instead of just $5 from one sport and invest in better science and research, yes. But when it comes to process and other considerations, including discipline, I think we can deal with our own sport better than a uniform standard, which in many cases is going to become the lowest common denominator.

Mr. WAXMAN. Thank you very much.

Mr. Upshaw.

Mr. UPSHAW. I just want to add one thing. From what you heard this morning and what we already know, we all are using the same experts. We all are using the same labs. We all are using the same testing protocol, I mean, in a sense, and we've been doing this for years.

The Commissioner remembers the days when this program was not in the shape that it's in. It's simply because of his leadership and his integrity that we were able to come together under a program in which the players feel very, very confident that they're treated fairly and that every player is treated the same. That has been the reason. When we go back to the early 1980's or the late 1980's and start talking about why do we have testing, it was the players who said, we want it, we need it, we don't want it in our sport. That's why we are where we are today.

Mr. WAXMAN. Don't you think what is good for football should also be good for baseball?

Mr. UPSHAW. No. I couldn't hit a curveball. I don't think so. On the other hand, when it comes to trying to get it out of the sport, we should all be on the same page. I think we are on the same page. The difference is, where we are, we've been doing it for 20 years, and we've been trying to evolve and stay ahead of this. They haven't done it that way, and they have to do what's best, because I get asked all the time, what advice would I give baseball? I can't give them any advice. I'm more concerned about our league, our players, our teams and our sport. That's where I am.

Mr. WAXMAN. Thank you very much.

Mr. DUNCAN [presiding]. Thank you.

I'm going to go for questions to Mr. Shays, but first I want to just say that a few weeks ago just before and just after our hearing with the baseball executives and players, there were a lot of media reports. I saw one about a boxer who had lost both of his legs because of steroid use. I saw other reports about high school kids having mental problems and even committing suicide.

There was some criticism of this committee about holding these hearings. I even said—I told the media, this is my 17th year in the Congress. I have never seen so much media coverage. Some people said, well, we should have been holding hearings on some of the more important issues. This committee has about the broadest jurisdiction of any committee in the Congress. We have held hearings on every major issue there is out there, from the war in Iraq to everything else, and a lot of times those hearings aren't well attended. We couldn't help it because there was more media interest in this than some of the other things.

But I think holding these hearings has brought attention to this issue like never before, and a lot of young people now know how dangerous some of these things are. I appreciate your attitude and your cooperation with this committee in regard to these hearings. I will tell Mr. Tagliabue that my constituent and good friend Lamar Alexander I know is a good friend of yours from law school days, and he certainly thinks a lot of you.

Finally, I would just say, I've told people the biggest thing in my district is Tennessee football, and that the colors orange and white are almost more patriotic than red, white and blue. But I found out how tough pro football was a few years ago when we had an All-American linebacker named Chazon Bradley, and he was cut by the New York Giants. He told me later that when he came up, they moved him around like he was a toothpick. I have never forgotten that. So pro football has to be a very difficult profession.

Go ahead, Mr. Shays.

Mr. SHAYS. I want to say that this hearing today with all of you and the earlier panel is like light years different from Major League Baseball. I want to thank you for your cooperation. I want to thank you for being here before and listening to the first panel. I want to thank you for providing us all the data that we needed. And so I have nothing but admiration for—Commissioner, I want to thank you for knowing what the hell is going on. With all due respect, the commissioner of baseball hadn't even read the document that he had given us. They didn't even seem to know that in

the document they gave us it said a penalty or a fine. Then they said, well, a fine really wasn't part of it. And then after the hearing, they said they voted to take the fines out as if they were part of it.

I kind of love you guys, and yet I shouldn't because I still have problems. The problem I have is you still have four bites, and I don't understand it. I don't understand why someone who's breaking the law, who's cheating, should have one bite, should have two bites, should have three bites before they are asked to leave. So I need you to explain to me why you think that is OK.

Mr. TAGLIABUE. I don't want to quibble, but I don't know what you mean by four bites. As soon as a player tests positive for a performance-enhancing——

Mr. SHAYS. Let me explain what I mean then so you won't have to wonder. You don't suspend him the first time permanently, you don't suspend him the second time permanently, you don't suspend him the third time permanently. They still get to come back and play. And the fourth time, I think they're out. I'm not sure, but I think they're out.

Mr. TAGLIABUE. Maybe I could just answer it in two parts. It's definitely worth discussing, obviously. First of all, as soon as a player tests positive for any one of these substances, or if he refuses to give a test, he's suspended for four games.

Mr. SHAYS. That is one bite.

Mr. TAGLIABUE. In other sports, that's equivalent to a 40-game suspension. In baseball, that would be a 40-game suspension. In the NBA, it would be a 20-game suspension.

Mr. SHAYS. Baseball has 10 days.

Mr. TAGLIABUE. But ours is equivalent to 40 games in baseball, if they had the same policy.

Second, it works. It's easy for me as the almighty God on high to be peremptory and say, throw them out of the sport. That's not fair. It works. We've had 54 violators and never a repeat. So four games works.

Mr. SHAYS. So you really don't need the second at six games and the third at 1 year. That's what I'm wondering. I don't have a problem with the first pass.

Mr. TAGLIABUE. But we don't have a first pass. We got 54 violations, we've had 54 suspensions. There were two positive tests, and those—on the second time through, and those players retired. So the deterrent has worked. We've never gotten to the second.

Mr. SHAYS. You have had two repeats?

Mr. TAGLIABUE. We've had two repeats, and they retired from the game.

Mr. SHAYS. When they were caught the second time?

Mr. TAGLIABUE. When they were caught the second time, they retired. We had 54 players; 52 of the 54 were disciplined once, and there has never been a repeat. So it works.

Mr. SHAYS. I'm impressed by that, but then maybe you all should be considering not having the third time being 1 year.

Mr. TAGLIABUE. That's a fair point. Maybe we can take a fresh look at how these things are sequenced.

Let me just make another point. We heard this morning about other sports with 2-year suspensions, including the WADA. They

had a lot of exemptions from that. It's not actually as advertised. They have a bunch of exemptions, all the way down to warnings, as exemptions from the 2-year policy. If a player can show that what he did was not intentionally designed to violate the policy, he gets a warning, not a 2-year. We have absolute liability.

Mr. SHAYS. Let me ask Mr. Upshaw to comment.

Mr. TAGLIABUE. I'd like to make one further point. In many cases, if we went to something like a 2-year suspension for the first offense here, A, I think it would be unnecessary to deter, and, B, it would be the end of the player's career. He would go back in the street. In some cases he's going to be a young man whose only path out of the ghetto is football. He's going to go back and never return.

Mr. SHAYS. Before Mr. Upshaw makes his point, I am not arguing that the first time be 2 years. I guess what I had a problem with was looking at the three and the four.

Mr. Upshaw.

Mr. UPSHAW. As the commissioner has pointed out, we have not had repeat offenders. The thing that you have to also remember is that once you're in this program, you're randomly tested at least 24 times per year for the rest of your career. So you're always on the edge from that first time. There are not many clubs willing to take a chance when you're that close to basically losing it all. That is all part of being in the position where we feel that it has worked for us. We're not close-minded to what they're doing at WADA, but that's a different story, but we feel this works for our players, and our players believe it works because we don't have repeat offenders.

Mr. SHAYS. I think that's an impressive statistic. I think it speaks volumes. What I will just conclude by saying is it strikes me then that it may be unnecessary to have a perceived third bite of the apple.

Mr. UPSHAW. Let's hope we never have to get there.

Mr. SHAYS. Thank you, Mr. Chairman.

Mr. TAGLIABUE. We will take a look at that to see if we can make it clearer that this is peremptory.

Mr. DUNCAN. Mr. Cummings.

Mr. CUMMINGS. Mr. Chairman, thank you very much.

Let me say first of all to you, Mr. Tagliabue, to Mr. Henderson and to Mr. Upshaw, I sat through the entire baseball hearing, all 11 hours of it, and I got to tell you that this is a breath of fresh air compared to what we heard and what we experienced that day. I want to thank you for your testimony.

One of the things—and I just want to pick up on where Mr. Shays left off. Mr. Tagliabue, having said what I just said, you said something just now that really kind of struck my interest. When Mr. Shays was talking about possibly, I guess, suspending folks for a lifetime, or putting them out of the game, you said for some of these folks, it's their only path out of the ghetto. Is that what you said?

Mr. TAGLIABUE. Yes. Some of our players.

Mr. CUMMINGS. I live in the ghetto, all right? I've been there for a long time. I live within a shadow of Ravens stadium. I represent people who can't afford to go to the game. I represent people, if they are caught with a Schedule III drug, they go to jail. I am here

to tell you, I feel no sympathy, none, for people who cheat, who make it harder on other players, and in the words of Mr. Henderson, I think Mr. Upshaw may have said it, too, what happens, it almost forces folks to say, well, if they're doing it, then I've got to do it.

That is the thing that bothers me. These guys are getting paid, big time. Nobody says that kind of stuff to my guys on my street who are being arrested as we speak. They don't get any sympathy from me.

What I would like to see is that after that second time, that they be thrown out of the game. We need to send a message to some of the kids in my neighborhood that professional sports, where people can bulk up or do whatever—I am not so worried about the weight stuff, I am more concerned about the example. They sit there and they say to themselves, you know, this is my—see, there is another way to look at this. This is my way out of the ghetto. But they don't understand that on their way trying to get to one of those games and be a part of the game, they may be derailed. And if they are derailed, they got major, major problems.

So I guess what I am saying to you is that I hope that you do take a look at throwing folks out after the second offense. And I know and, Mr. Upshaw, I heard you and you, Mr. Henderson, you were very sincere, and I really appreciate it, but part of the reason why we hold these hearings, I think, is to try to send a message to our young people not to mess with not only these kinds of drugs, but other drugs.

I heard you, Mr. Tagliabue. I know you to be an honorable man, and I hope that you will consider that. It is not just the guys that you are worrying about, at least they're making some money. My guys when they get arrested, you know what happens to them? They're sentenced to life with no—when I say life, I mean they can't get a job, they can't have certain occupations, they can't do a whole lot of things. They may not ever have a sentence where they serve a year or two, but just that record. And so they see this as a ticket out of the getto. Your players running around, it's a wonderful magazine with the fancy uniforms that you showed, the fancy uniforms, they're looking good. My guys can't get in the stadium. You follow me? And so I would appreciate it.

Do you want to comment on that?

Mr. UPSHAW. I would like to comment on the end result of the second offense. That is where we are focused. We focus on the repeat offenders. We don't have repeat offenders. We all understand the economics here. That's why guys are playing the game. That's why guys in the game want this banned substance and steroids out of the game. They don't want it in there. That's why we're talking about it. And when it gets to going to try to educate other students, younger students, younger athletes, we have been on the cutting edge of doing as much as we can possibly do.

Mr. CUMMINGS. Moving over to Mr. Tagliabue, one of the things that you all said, which is very interesting, was the thing about the athletes and how small they are. We had a program with the NFL in my district where they were working with us on obesity issues in some high schools. I walked into the auditorium, and I'm expecting to see these big guys. These little tiny fellows—I'm almost fin-

ished, Mr. Chairman. These little tiny fellows. I said, what are you doing? They said, we play for the Ravens. I was shocked. So I know what you are talking about. There are a lot of pretty small fellows in the league.

Mr. UPSHAW. I just want to comment on that. That gets to the rules. Last weekend we went through the draft. There was a lot of discussion about one of the rule changes that we made on what you can do and can't do with a receiver as he goes 5 yards past the line of scrimmage. You will see a change in the defensive back, the way that they look, the size that they are, and what they can and cannot get away with based on what rules that we have.

So when you have these big, huge Mack trucks sitting in the front blocking, you need some little, smaller guys to kind of ease through that hole, because they can't open up a hole big enough for a guy that's 240, 250 pounds. That's the gist of what happens in the game today.

Chairman TOM DAVIS. Thank you.

Mr. TAGLIABUE. I guess, Mr. Cummings, I think you and I agree on most everything here on the terms of discipline. We want it to be stiff. We don't have repeat offenders, as Gene just said. We have not had a repeat offender stay in the league in this area. And my only point was that at some juncture, I'd rather save a life than destroy it.

Mr. CUMMINGS. You heard my comments.

Chairman TOM DAVIS. Thank you.

Mr. TAGLIABUE. I think we agree on most everything here.

Chairman TOM DAVIS. Mr. Dent.

Mr. DENT. Thanks, Mr. Chairman.

Good afternoon. I sat through several hours of hearings when Major League Baseball appeared before this committee. Like some of the previous speakers, Mr. Shays and Mr. Cummings, I do applaud you for your forthrightness, for your interest in this issue, and for how you have tried to be proactive on this issue over the years.

My question—one of the questions I had asked Major League Baseball that dealt with sports betting, betting on baseball; if you bet on baseball, you're gone. I take it that the NFL has a similar policy. I remember a case several years ago, I think, of a prominent quarterback who was betting, and he is no longer in the game. You do have a policy, Mr. Tagliabue, on sports betting?

Mr. TAGLIABUE. Yes.

Mr. DENT. What are the penalties for a player who bets on football while an active player?

Mr. TAGLIABUE. I guess it's up to me.

Mr. DENT. Up to you. So it is not like Major League Baseball where basically you're banned for life.

Mr. TAGLIABUE. I'm sure I could ban someone for life. It would depend on what he did.

Mr. DENT. I asked this question of baseball, and I will ask it of you. Do you believe that the steroid issue is as serious or more serious than the sports betting issue among players?

Mr. TAGLIABUE. I think it's just as serious, but I think it's comparing apples and oranges. I guess the way I look at it is that an effective program in this area really has to go to about five points.

One is education. One is strict enforcement of access to these substances, and I think that's a real, deep, big problem in our society, especially for young people. I've been told by experts that you can get some of these substances by going online, getting an 800 number, no matter where you live, calling a call center. The call center will switch you to Bermuda and get you a prescription. You can get drugs prescribed, and then they will be FedEx'd to you from someplace overseas. It's flooding in. Internet pharmacy.

Education; enforcement relative to access; effective testing, which is a major deterrent; strong discipline; and at some point rehabilitation and giving people a second chance, I think those are the elements, and I think that's what we have.

I think this is as severe as gambling. I think the challenges for young people here are greater because of confusion about what's a legitimate drug and what's illegitimate. We talked about stimulants this morning. A big part of the issue there is increasing prescriptions of wonder drugs for ADD and ADHD. I think this is a little more nuanced, I guess, than the gambling. I think they're both very severe problems, and they should be addressed severely.

Mr. DENT. I understand and respect your answer. I guess I was hoping that we might say that this steroid issue is more serious because both sports gambling and illegal steroid use affect the integrity of your game to be sure, but the steroids certainly affect the health of the players considerably.

Mr. TAGLIABUE. I think this is a lot more complicated than gambling. We're in an environment where gambling can be a big problem in our society. That's probably another week of hearings. Of course, that's being condoned in ways that it shouldn't be. Thank you.

Chairman TOM DAVIS. Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

First of all, let me associate——

Mr. TAGLIABUE. Including video poker on ESPN.

Mr. TOWNS. Let me first associate myself with the remarks made by a couple of my colleagues in saying that dealing with you is a breath of fresh air when you compare it to Major League Baseball.

Also, I want to commend you, Commissioner Tagliabue, and, of course, Mr. Upshaw and Mr. Henderson, for how you have actually dealt with the problem in terms of working together to deal with the whole drug abuse issue. I want to salute you for that.

I just want to make certain that I fully understand what you are doing. Will you describe the process by which a player who is notified he has tested positive can appeal? If a player has tested positive, and he would like to appeal, what is the process? Maybe I should go all the way through.

Mr. HENDERSON. I can answer that. A player who has tested positive is first notified by Dr. Lombardo, who is an adviser to the administrative head of the program. I think that his first step after advising the player of the positive test is to discuss with him whether there is a legitimate reason that he had a particular substance in his system, such as a prescription from a doctor or something like that.

Once he makes that determination, either the case is dropped as not a positive, it's not considered a positive, or advanced. There

may be some circumstances in which he's not fully satisfied of the player's innocence, but feels there is not enough conclusive evidence to go forward with the case, and we put him on probable cause testing, reasonable cause testing, and he's tested indefinitely at the program's discretion, randomly, several times regularly after that. Or if there is no adequate rationale, no reasonable explanation for the substance in the player's body, and no issue of proof with the evidence, he's given a notice of discipline.

A letter is issued from people in my office notifying him that he is suspended immediately for 4 weeks and that he has a right of an appeal. If he wishes to appeal, he can bring a representative, including a lawyer of his choice, and his union representative to take advantage of his opportunity to have a hearing.

A hearing, if he wants a hearing, an appeal hearing is held before a designated hearing officer with full due process afforded under the CBA, an opportunity to present evidence, witnesses. We also have—he can bring in a toxicologist of his own to refute any evidence that we have. Sometimes these hearings may be as short as an hour or so, but I've known them to take 8 hours or more. After he has fully exhausted his defenses, a decision is rendered.

Mr. TOWNS. Let me make sure I understand that. Let me make sure I understand the appeals process. For instance, you're saying that you have tested positive, and I am saying, no, that's not the case. What happens to the player during that process?

Mr. HENDERSON. What happens to the player?

Mr. TOWNS. Yes, during that process.

Mr. HENDERSON. Discipline is stayed pending the appeal, if that's what you mean. Nothing happens to the player prior to his appeal hearing.

Mr. TOWNS. Right. So he can still continue to play.

Mr. HENDERSON. If it's during the season, yes, he would continue to play.

Mr. TOWNS. How long does this appeal process take?

Mr. HENDERSON. It varies. Obviously during the season we make every effort to expedite it. We try to have it resolved, certainly within 30 days or less if possible, with lawyers involved and witnesses and things like that. Sometimes the process takes longer to put in place. In the off-season, the penalty is deferred until the season starts anyway, and so people are inclined not to rush it as much. There is not the same urgency, and sometimes it's as late as this time of year, May or even June, before those cases are resolved, because the discipline would be imposed only in September when the season starts.

Mr. TOWNS. I know some suggestions were made up here about them being suspended for life and all that. Let me ask you, up to this point, how do you feel that the program has actually worked?

Mr. HENDERSON. How do I feel that it's working?

Mr. TOWNS. Yes.

Mr. HENDERSON. I think it's working very effectively because—I never played football, unlike Mr. Upshaw and Mr. Courson, but since I've been here, I've spent a lot of time talking to players. I go to the teams, I spend time in the locker room, I spend time on the sidelines before the games. We have players come to the combine. We have players come to the competition committee meeting,

and even some of our own committee meetings we have joint meetings with players involved. So I talk to a lot of players.

The players believe that it's working. I cannot tell you how many players I've talked to who say, I can't believe anybody can beat a test. I'm tested every time I turn around. Unless there's some real serious hole in it, I don't know anybody that can beat the test. The players generally don't believe that people are beating the tests.

Mr. UPSHAW. There was an article in the Washington Post today, and there were several active players that basically commented about the program. One was our president, Troy Vincent. As president of the players association he fully supports and understands exactly what we're talking about here today and how much he supports it. He's in the locker room with his teammates. He understands what's going on.

I happen to have been in a locker room with a player who has passed away. I was there at the end. He to this day believes that steroids led to his death. That was Lyle Alzado. That was his words. So to be there firsthand to deal with it, to understand it, to know it's there was very—had a very, very profound impact on all of us.

Mr. TOWNS. I guess the only thing that I would say, and I know my time has expired—we've got a vote, I know. The only thing I would say is that if you can find a way to sort of assist in terms of making young people aware of the dangers, maybe some of this money when you suspend a person, take some of that money and put it into a program of that magnitude, I think might be helpful to the young people because that is a real concern, because they really look at football players as role models. And, of course, that is something that we—I think we need to just spend more time and energy some way or another getting the message to young people. They are 25 percent of our population, but they are 100 percent of our future.

Mr. Chairman, I yield back.

Mr. SOUDER [presiding]. I, too, want to say I believe football has a much better policy than what we saw out of baseball. But I have some concerns, and I want to raise some. I am going to raise some different concerns. Some of this you can maybe respond back in writing because it's far too comprehensive here.

One is after you heard the three Carolina football players who were in the Super Bowl admit to steroids, did the NFL do any after-action report where you went and talked to the players and say, how did this happen? What could we have done differently? And if you did do an after-action report and made any changes, could you provide that to the committee?

Point No. 2, we have heard, with all due respect, on the earlier panel from the NFL doctors and hear a lot of whining about how, oh, this starts in high school, and it moves through college, and then proceeded to also hear "first time." Give me a break. This isn't a first time. You yourselves have testified all day today that most likely, unless you have an exception like you talked about in the one league, where you say if indeed they can prove it's the first time, that probably it has been a habitual pattern all the way through high school and college where they were bulking up.

One of the questions—this is a series of questions, but it comes to the fact that the San Diego Chargers' first-round draft pick Luis Castillo tested positive to andro and didn't get a penalty. If you are so concerned about what is happening in high school and college, how come he didn't get a penalty? That is a clear way to send something.

In the process here is—do you have a drug testing program for incoming players? Is there a gap in testing between the players' final college game in November and the NFL combine in March? What happens if they test positive there? Do they come under suspensions?

I would like to hear what happens with Mr. Castillo. Clearly the way to get ahold of it is as soon as they're coming in. You can't say it's a first time because I just don't believe that in most cases it is actually the first time.

The third thing—and this comes to a core question. I don't know whether this is true or not. I want to give Mr. Upshaw a chance to respond. Last night on ESPN, you are probably aware of this, Gary Plummer, a linebacker for the 49ers and the Chargers, said—you said, Mr. Upshaw, that you had been working on this for 20 years. He said:

> The NFL had wanted us to make that part of the collective bargaining agreement to agree to steroid testing. And, you know, the players association, Gene Upshaw and the rest of them, were just vehemently against it. No, no way. Now, remember that these were the guys that came up in the 1970's when all were doing it. I'm sitting in the back of the room waving my arm, like waves arms, are you kidding me, Gino? You give up this stuff for more money? Give up this stuff for more money? Let's do it today. Let's do it yesterday. You know. And there were some guys that felt that way, but I did get some guys turning around, and he turns around, looking at saying, who's this young guy in the back wanting to agree to steroid testing? You know, there were a lot of players at that time who wanted no part of steroid testing.

Is that statement true?

Mr. UPSHAW. No. I think the record will show that I have supported and continue to support and have been a strong supporter of testing for steroids. I don't know what Gary Plummer is talking about, but knowing that he's a linebacker, I sort of take that into the balance of this also.

But I am not here to defend my position on steroids. It's very clear. It's very clear. There is no room for steroids in the game. There never has been. I never have supported steroids in the game. It's true, I played in the 1960's, the 1970's and the 1980's, but I never left the locker room. I'm still in there today, and I can't find one player that believes anything that has to do with steroids was connected with money, not then, not now and not in the future.

So my record is there. I'm proud of what we've done and what we continue to do and what we're willing to do.

Mr. SOUDER. So you don't believe there was anybody else in the room who would say there was such a debate that occurred?

Mr. UPSHAW. I can't even recall Gary Plummer being in a meeting in 1987. We didn't even have a collective bargaining agreement.

Mr. SOUDER. Mr. Tagliabue, what about Mr. Castillo? Was there a penalty on him, or do you have one planned?

Mr. TAGLIABUE. I think under our existing policy, the consequence of a player testing positive at the combine is that he goes

into—once he signs a contract to play in the league, he gets tested 24 times a year. At this point, I don't think we do have a disciplinary component to a preemployment test. I think we should look at that. Whether it would be lawful, we'd have to check out with the attorneys. But I think that's the short of it.

Mr. SOUDER. One of the key things is much like I talked about in the first panel with the high schools, they know, for example, that any alumnus who walks around, if they have inappropriate contact, what that strong penalty message is.

Last, did you do an after-action report with the Carolina Panthers?

Mr. TAGLIABUE. Yes. We discussed it, I believe, with Chairman Davis maybe when you were out. But the answer is we're in the process of doing it. We've been coordinating with the DEA, and without interfering in the law enforcement investigation, we are doing our own interviews through our own security department, and we will furnish the results of that to the chairman as he requested.

Mr. SOUDER. Thank you.

Mr. Lynch. I'm willing to miss a vote if you're willing to miss a vote. I will yield to Mr. Lynch.

Mr. LYNCH. Thank you.

Just for the record, Mr. Upshaw, I am familiar with your record over the years. I did see that telecast last evening with Mr. Plummer, but his comments were not consistent with the record of progress that we have seen in the league and under your leadership of the union.

As a former union president myself, I saw what was going on in Major League Baseball, and I have to say this is in stark contrast to that. I think your leadership—you personally deserve much credit because of the credibility that you have with the individual players. That is enough about that.

Mr. Tagliabue, if I could, Commissioner, this is just a housekeeping measure, but we did, in response to our request for documents, get a summary of requested testing data from 1989 to the present. I am just going to point out one thing. You have referred in your testimony to 54 violations, right? And then on this sheet, if I count up the number of program violations from 1989 to 2004, it comes to like 109 or something like that. Is that because one player might have several violations? Is that the deal?

Mr. TAGLIABUE. No. I believe what I said earlier, and I believe what is a fact, is that we had 54 positives where the player was suspended and 57 where the player just retired, having been notified of the positive. I think the total was 111.

Mr. LYNCH. OK. You are right. That explains it. But there were 111 positives; 54 of them resulted in suspensions. The other the players either retired or——

Mr. TAGLIABUE. They chose to retire, which suggests to me it was a marginal player.

Mr. LYNCH. That is fair enough.

I have gone through—you were nice enough to provide this collective bargaining agreement. I went through it as well as I could to try to figure out the notice that the public gets regarding these violations. One of the problems that we saw with Major League

Baseball, which, again, it is in contrast to what you have done and what the NFL has done, and you deserve credit for that, but one of the problems with Major League Baseball was that there was, I think, an attempt or a willingness to hide the violations. They would let the players pay a $10,000 fine, and their violation of the steroid policy would remain secret.

And so I am curious. I don't see anything in writing regarding the players association and the league and how they deal with a violation publicly, because that is a huge disincentive to players if they think that their opportunity for endorsements—and obviously these are people who enjoy hero worship in our society, so if they were guilty of steroid abuse and a violation of the league policy there, and then that violation was made public, it would be a tremendous force, I think, positive peer pressure, that would encourage them not to engage in that activity. I just was wondering if you had something worked out that is not written.

Mr. TAGLIABUE. It's in the policy itself, which says that the confidentiality of a player's medical condition and test results will be protected to the maximum extent possible; however, recognizing that players who are disciplined for violating this policy will come to the attention of the public and the media.

So we do announce every suspension. We respect confidentiality during the appeal process that Mr. Henderson described, but once a player is adjudicated a violator, it's made public, and of course he disappears from his team's squad because he's no longer playing for that team for four games. So that's well known to everybody.

Mr. LYNCH. But, Commissioner, with all due respect, that talks in the passive context. It doesn't say the league shall notify or anything. It just says, recognizing that the violation may come to the attention of the public.

Mr. TAGLIABUE. It says will come.

Mr. HENDERSON. As Gene and I were the signatories to the agreement, we put it in there, it was not necessary, it was not deemed to be necessary here because of the nature of the policy. A player who's guilty of an infraction is suspended. We don't have fines. We don't have warnings. We don't have interim discipline. A player is suspended. And the league has long held in place a policy governing how notification is given when a player is not going to be with the team, and it comes out of the league office, out of our communications department, distributed uniformly to the clubs and the media at the same time on every player who's being disciplined under the policy.

Mr. LYNCH. That was my question. You are telling me that every single violation—when you have had a violation, every single time the public has been notified of the suspension, although not of the medical condition, the confidential information regarding the player.

Mr. HENDERSON. With the exception of those 57 people who chose to leave the league. There was no need to make a public announcement about them. They no longer were associated with us.

Mr. LYNCH. OK. Thank you. I yield back.

Mr. UPSHAW. We have people covering this league that cover everything. That was how it was with this Gary Plummer deal. That shows you the extent of coverage we get. When a player disappears

off the field, everyone knows that he's gone, and there is a reason. Normally what we try to do is to protect the confidentiality until we can be sure that we, in fact, are right.

Mr. LYNCH. The one point I wanted to make on this, the HGH gap, and that is a principal concern that I have is that in some cases we have gaps where technologically there is the opportunity at least to conceal the violation from the league and from the union. HGH, it appears that in connection with the Olympics in Athens, they developed labs that can test for this in Europe. I know the NFL has NFL Europe where you actually have—I believe you have a team in Cologne, which also is the host city for one of these HGH capable labs. I don't necessarily see the difficulty, and I asked Dr. Wadler about this, about taking the urine samples and have them tested in Cologne at that lab to verify for the presence of HGH. It doesn't seem like a huge obstacle for a multibillion-dollar business. I am just curious to hear your response to that, Commissioner.

Chairman TOM DAVIS. The gentleman's time has expired, but you can answer the question. Thank you.

Mr. TAGLIABUE. We've been staying closely on top of this development of this supposed test for HGH. To my understanding, there are at least two different kinds of tests, to my understanding. They are still seeking validation of the reliability of the tests.

There is no testing lab in the United States. Should we take blood samples here and ship them to Cologne? It's an issue we're looking at. But we do not intend this—once the science gets to the point where it's reliable, we will act upon that science and close that loophole. Right now it has been the absence of testing, of a reliable test and of testing labs, that has been the constraint.

Chairman TOM DAVIS. Thank you.

Mr. Souder.

Mr. SOUDER. Mr. Chairman, I had a brief clarification with Mr. Upshaw, because I may have misspoken, but I want to make sure we were on the same page.

Gary Plummer said in 1997 during the strike, not in 1987, and I thought in your answer you said——

Mr. UPSHAW. He misspoke because we didn't have a strike in 1997. This is like—maybe we should have had a strike, but we didn't have one in 1997. The last strike we had was in 1987. We returned to work without a collective bargaining agreement. What he talked about until 1993, there was no agreement. And part of that time there was not even a union. Whatever Gary Plummer remembers doesn't square up with the facts.

Mr. SOUDER. Thank you.

Chairman TOM DAVIS. Thank you.

Mr. Sweeney.

Mr. SWEENEY. Thanks, Mr. Chairman.

Welcome to the commissioner and Mr. Henderson and Mr. Upshaw. I said earlier you are due some recognition. You indeed—I am a former labor commissioner. I think you have shown clearly in this hearing that your priorities are in better places than some of your colleagues in other sports.

Mr. Upshaw, you in particular I wanted to note that, because I think as compared to some of your colleagues, you have decided the

health of your representation, who you represent, is significantly important. You are to be saluted for that. We have a long way to go, Commissioner.

I want to talk a little bit about the process for banning substances and get your sense of the collective bargaining agreement and how it works. You rightly mentioned—we have been talking about the growing challenge of designer steroids. Last year we passed legislation; it was real hard to get the legislation all-encompassing, and I think we failed here in some respects in doing what we needed to do to allow you the tools to protect your athletes as well. Are you required to wait until a controlled substance or a substance is actually scheduled as a controlled substance before it is banned, or do you have an independent mechanism for designer steroids in particular, but any of the other products, to add them to the list? How does that work?

Mr. TAGLIABUE. We view ourselves as having an independent mechanism, and we add to the list. We added THG, as Mr. Upshaw said, when it came to light, and also I think our language says, and related substances. So if there was a similar molecular structure, and it was differentiated in some way, we would consider that to be encompassed within our policy.

Mr. SWEENEY. Would it not be helpful if the FDA issued the long overdue good manufacturing rules for supplements? Would it not provide you additional knowledge, information? Maybe Mr. Henderson is the more appropriate person to answer that. Is it not a problem that the FDA has not moved forward on DSHEA and things like that?

Mr. TAGLIABUE. It is, and it isn't. We banned ephedra before the FDA did, and we're going to continue to view ephedra as dangerous and banned for our players despite the recent court ruling in Utah, because we feel there is sufficient scientific data and medical opinion that shows that for athletes with the characteristics and the work requirements of ours, it's a dangerous supplement.

The FDA issue in some ways is a broader and different issue focused on the population at large. We presume to have the authority by agreement with the players to ban things that the FDA does not ban.

Mr. SWEENEY. Is it not true that the NFL independently and voluntarily last year contributed money to USADA to expand their testing capabilities on substances?

Mr. TAGLIABUE. Yes, we contributed $1.1 million over 5 years to create a new lab jointly with USADA at the University of Utah to promote their research and detection techniques.

Mr. SWEENEY. Would the NFL be interested in helping as well in establishing a nationwide elementary-school-on-up education program?

Mr. TAGLIABUE. We have it. Perhaps before you came in, we have published through our youth football fund a series of booklets, four in number, on young athletes' health. We have one volume on strength and conditioning without supplements and steroids. We have another volume that specifically addresses dangerous substances, which is what I'm holding up. It's on our Web site. It's on other youth football organizations' Web sites, available throughout the country. It was done in conjunction with a number of univer-

sities and other institutions, including the American Red Cross. And I said earlier that we would put additional resources into additional distribution if that served the purpose, which I think it could.

Mr. SWEENEY. I would also like to talk to you about an expanded in-school program at some point, but given your past behavior, frankly, I don't think it is as big a problem.

Two final points. On the issue of tainted supplements, a current football player was suspended, I think, in 1999. In baseball, it's a common occurrence. You have taken a look at it because you have been involved in the proactive approach longer than baseball has been. What do you do to protect players?

Mr. TAGLIABUE. We agreed with the players' association on a sort of a certified supplement manufacturer program, which I'll let Mr. Henderson or Mr. Upshaw explain. It's in place now.

Mr. HENDERSON. This was an effort aimed principally at providing a means for players to use legal supplements that are deemed to be helpful to use without running the risk of taking inadvertently a banned substance. We put in place a certification program in which the manufacturer of those supplements can submit his products, and, in fact, all his products have to be submitted and an independent lab retained, but not affiliated, by us or the union would do clinical examinations, would do random testing of things coming out of the batches and lots off the shelves, do testing and certify that none of the products produced by that particular supplement manufacturer contained the banned substance. There is a certification symbol that's put on the packaging. A list is provided.

At this point we don't have a large number of companies that have participated, but the purpose of that was to provide sources for players that would know it is not tainted, because when they come with a positive test to their appeal hearing and say, I bought it down at the GNC or some other store and something was in it, that's not an excuse that gets them off. The fact is that they are held strictly accountable for what's in their body, and that's why we moved to that kind of a testing program.

Chairman TOM DAVIS. Thank you.

Mr. Ruppersberger, last but not least.

Mr. RUPPERSBERGER. Last but not least.

First off, I want to thank you all for being here today. I've said before—and I was a little concerned about the hearing that we had for baseball. I want to commend the chairman and also the ranking member for the hearing because I think it has put the issue on the table.

One of our key issues is the influence that professional players, whether it is football, baseball or whatever, have with respect to our younger generation. That is an important issue. During the baseball hearing, I referred to your policy from a positive point of view. I think that you have a strong policy. It can always be stronger. But I think that your policy has worked, and I think the evidence of that is that it is my understanding, correct me if I'm wrong, that of the 42 violators that you have had in your program, you have not had that same individual be charged with another violation; is that correct?

Mr. UPSHAW. That's correct.

Mr. RUPPERSBERGER. With that said, and I think that you have come a long way, there are a lot of issues that you can deal with. We just had the incident that, I'm sure it has been referred to, I wasn't here before, and we are going to continue to have incidents like that when you have an operation like the NFL.

I want to ask this question. I guess you first, Mr. Tagliabue. Why does the NFL performance-enhancing drug policy test only eight stimulants compared to the 42 stimulants tested by the Olympic standards?

Mr. TAGLIABUE. As was explained this morning by Dr. Finkle and Dr. Lombardo, we feel those stimulants are the ones that are of principal concern and that are the focus of our concerns for football players. The Olympic Committee is dealing with many, many other sports. Blood-doping techniques and other things that are of concern there have not been a concern for us. We are looking at that issue now to see whether we should expand the number of stimulants.

I said earlier that one of the issues, a key issue, for us in this area is prescriptions being given for ADD, attention deficit disorder, and ADHD and whether those are being abused. We are looking at those issues, and we will see whether——

Mr. RUPPERSBERGER. I am glad you said that you are looking at those issues. Amphetamine, I think you test once a year. Amphetamine can be used for different reasons. The bottom line from a macro point of view is that we are talking about the perception of anyone in sports using a drug that will help them perform. Not only is that illegal, and not only does that have an effect on the younger generation, but it also is cheating. I know based on your standards in the NFL, you don't want anybody to perceive that you are cheating.

I would ask you, so Congress doesn't have to come in and deal with the issue, to police your own industry. You have done a good job, but you need to go further. Hopefully this hearing will have you reevaluate on where you need to be.

Mr. Upshaw, what is your opinion about where we need to go, to go beyond? Even though the NFL is right out there, other than the Olympic standard, it is still, as indicated by what happened with the Panthers, isn't enough, and one or two bad apples affects us all.

Mr. UPSHAW. We are looking at that issue as we speak, the whole amphetamine issue. We understand that if there is cheating involved, we want it off the field. We will look at this the same way we did ephedra. When we found out the effects and what was going on, we immediately banned it, and it stays on the banned list because we understand how it addressed our football population. So each year, and all the time—it doesn't take a bill passed here in Congress for us to act, because we won't have a chance to act. But what we try to do is do what's best for our sport on a timely manner. When we understand that there is a problem, we deal with it, we meet it head on, we use the best research and science, and that's really what we're talking about here.

Mr. RUPPERSBERGER. Let me ask you this question because I think negotiation is important, and my time is almost up. It seems that you have come a lot further than baseball. Is it because of you

representing the players, that the players want to police it themselves; because that really is what is going to, I think, make a difference is the influence of other players. Because all of our sports, previous generations created a sport that a lot of people are benefiting, and it is your duty, I think, not only to look after the influence on children, but also to hold this in trust for future generations.

How did you negotiate with the NFL to get where you were versus where you think baseball is? That might be a hard question, but I would like the answer.

Mr. UPSHAW. It's not a hard question. It's an easy question.

Mr. RUPPERSBERGER. You don't like baseball?

Mr. UPSHAW. No, I actually love baseball. I wanted to play baseball. My dad wouldn't let me. On the other hand, what you have to understand here is that our players really wanted this out of the sport. The teams wanted it out of the sport. We wanted it out of the sport. But even more than that, you have to have some leadership, too. You have to take some tough positions that might not be popular at the time, but in the long run they will work out what is better for not only our players, but for the people that look up to our players as role models and as leaders. We have to do what is right.

Mr. RUPPERSBERGER. My final—not a question—since my red light is on, you have done a good job to this point, but I hope you stay ahead of the curve and address these issues because there seems to be a lot more to do, especially as it relates to drugs. It's illegal, and it's cheating.

Mr. UPSHAW. I want to say as a final point is that I think our history will show that we will do what is necessary to get cheaters out of the game.

Mr. RUPPERSBERGER. Thank you.

Mr. WAXMAN. Mr. Chairman.

Chairman TOM DAVIS. Mr. Waxman.

Mr. WAXMAN. I know the hearing is about to come to an end. I want to thank our witnesses not just for their testimony, but for their commitment to deal with this issue of steroids among athletes.

But there is still one thing that puzzles me, and that is the fact that there are a lot of people who are very credible in sports who will tell me privately that they think there is a high amount of steroid use in football. Yet when I look at the testing results, it doesn't appear that is the case. So it is still nagging at me. We can continue the conversation after the hearing is over to try to still think through why that is, whether they are wrong, or whether we are not getting all the information. But I have no doubt about your good faith in trying to deal with the problem.

Mr. Chairman, I want to put in the record, the hearing record today, a letter from the parents of Efrain Marrero. Mr. Marrero was a 20-year-old college football player from Vacaville, CA. He was a caring son from a close family. In an effort to improve his play, Efrain turned to steroids. He felt he had to do this to get better and felt it was OK because he saw his role models, professional athletes, doing the same thing.

Tragically it appears that Mr. Marrero's steroid use resulted in serious psychological harm that led to his suicide. His parents have since become active in efforts to eliminate steroid use by high school, college and professional athletes. I want them to know how much we appreciate their work. I know they were at our first hearing, and I thank them for their contribution to this hearing, and I would like to put their letter into the record.

Chairman TOM DAVIS. Without objection.

[The information referred to follows:]

Congress Of The United States
House of Representative
Committee On Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

April 26, 2005

Dear Committee,

Six months ago we arrived home to a scene that has shattered the very fabric of our family – a horror that is forever seared into our souls. We found our oldest son Efrain in our bedroom, dead from a self-inflicted gunshot.

Through the crushing grief and bottomless despair that washed over our family we kept coming back to one question. Why? What led this gentle, kind, caring, and respectable young man to take his own life? He was deeply committed to his family – a family with parents fiercely committed to the welfare and well-being of their children. He was the kind of son every parent hopes for. He was the big brother every little sister and brother dreams of. He had good friends. He was a successful and powerful athlete. We are a religious family, and Efrain had solidly embraced his faith. He was attending college – he had a

plan for his life. He had a bright future and everything to live for. Why then?

Approximately three weeks before his death Efrain told us he had been using steroids. He was preparing to play football at the community college he was attending, and he wanted to move from the offensive line to middle linebacker. Even a novice football fan would have recognized the significant physical transformation it would take for him to make that move, and that transformation was exactly what he was looking for when he turned to steroids. It is important to note that Efrain was 6'2" 285 lbs and still felt the need to get bigger, faster, stronger. Watching professional football players size increase year after year sent him the message that natural was just not good enough anymore. Since our son's death we have educated ourselves about these drugs, and in retrospect the signs of Efrain's steroid use were right in front of us. The mood swings, the rages, his obsession with the gym, his rapid fat loss and equally rapid muscle gain – all of these were clues we attributed

to the trials and tribulations of adolescence. We were, regrettably, completely unaware of their real significance.

We did what any responsible and caring parents would do – we told Efrain that using steroids was wrong and he had to stop immediately. He listened. Next we talked to our family physician, who assured us the substances would pass out of his system soon – no further action required. Little did we know that telling our son to stop using steroids "cold-turkey" was ill-advised, and our physician failed to provide us with an appropriate course of action. Three weeks later our son killed himself, and we are absolutely certain that the deep depression that accompanies sudden withdrawal from steroid use led him to put that gun to his head and pull the trigger.

When we told Efrain that using steroids to enhance his athletic performance was unethical, illegal and simply wrong, his response was "Barry Bonds does it! Mark McGwire does it!" Additionally, Efrain compared himself to pro football players noting that he could never get that big on his own. What clearer

evidence does anyone need that professional athletes have a profound and lasting influence on our children? Teenagers and young adults are at a point in their lives when they begin to look beyond their parents to find a direction for their lives. Professional athletes, with their glamour -- fame – money – fancy cars -- expensive homes – stylish clothes, make a very attractive model for our kids to emulate. To those professional athletes who say they don't want to be role models for our children, we say "You have no choice!" Their only choice is whether they will be a positive role model or a destructive one. Pro athletes are in the limelight constantly, and whether or not they want to acknowledge it, our kids are watching and listening intently. It's time the public who pays their lofty salaries demands some accountability for their behavior.

The first step toward establishing accountability is to immediately and permanently ban the use of steroids and their precursors from all sports at all levels from high school to the pros – they simply have no place in athletics.

Secondly, the governing bodies for various sports from the local high school level to the NCAA to the professional ranks must implement a strict "No Tolerance" policy that permanently bans violators from their sport without endless "one more chances." For example, just a few days ago the San Diego Chargers used their 28th pick in the NFL draft for Luis Castillo. Luis Castillo, an admitted steroid user, was rewarded for testing positive by being given the opportunity to play professional football. These actions send the clear message that using steroids can get you to the next level and that organizations like the NFL are willing to overlook the use of a banned substance. If these governing bodies fail to take action on their own, then Congress must act to protect our children.

Next, coaches at all levels must be held responsible for ensuring their athletes are steroid free. Coaches must be trained to recognize the signs and symptoms of steroid use, and given the tools necessary to deal with it. This must include the ability to direct an athlete be tested for steroids if the coach has a reasonable suspicion that the athlete is "juicing."

Finally, a credible random testing program, conducted by an impartial outside agency, must be implemented at all levels of athletics. Without this final action everything else is just "window dressing." Athletes must know that they are subject to testing on any given day, and that the consequences for non-compliance are swift and severe.

We also feel strongly that education must be a centerpiece of our effort to counteract the scourge of steroid abuse. Certainly, a greater effort must be made to educate our children about the dangers of steroid abuse, and our high schools and junior high schools are the best places to accomplish this goal. In particular, though, the education effort must stress that severe depression and suicidal thoughts are potential side effects of steroid use. These disastrous symptoms are too often overlooked in current discussions about these drugs.

Education, however, must go beyond our children. Parents need education so they can recognize the signs and symptoms

of steroid abuse, along with appropriate actions to take if they become aware their children are using these poisons. Had we been armed with the right information, perhaps our son would still be alive. The Department of Health and Human Services should be able to find an innovative way to arm parents with the knowledge they need to prevent the kind of tragedy we've endured.

Additionally, physicians across America need to be alerted to the steroid abuse issue as it relates to our children. As you recall, we consulted our physician to address our son's steroid abuse, but because our doctor either didn't take the situation seriously or wasn't attuned to the dangers of steroid abuse, he failed to provide the care our son needed. Urgent guidance from The Surgeon General's office to physicians nationwide alerting them to this problem would be a positive step.

Finally, we recommend that the various professional sports organizations be required to implement anti-steroid public awareness programs that include successful, respected athletes

speaking out about the dangers of steroid abuse in the print media, on the radio and on TV. This would be an important step toward counteracting the harmful messages our kids are getting from the likes of Canseco, Bonds, Giambi, etc. You need not look any further than Canseco's book "Juiced" for the message that's being conveyed to our children. And I quote, "To score that big paycheck, to set up your family and become one of the richest people in your country or on your island you're going to need to guarantee that performance—and the only way to ensure that is to make the most of the opportunity presented by steroids and growth hormone. Put it that way, and I don't see any young kid turning it down. Would you? Would you really?"

We wish none of this was necessary. We wish we could turn back the clock and protect our son. We wish Efrain was still alive. But, the genie is out of the bottle now. The problem is upon us, and it's incumbent on us to deal with it effectively and responsibly. Unfortunately, with high profile athletes like Jose Canseco not only condoning steroid use, but actually

encouraging it, we must also deal with it quickly before it kills more of our children.

Respectfully,

//Signed	**//Signed**
Efrain Marrero	**Brenda K. Marrero**
Father	**Mother**

Mr. WAXMAN. Again, thank you, gentlemen, for your testimony.

Chairman TOM DAVIS. What steps would an NFL coach or athletic trainer take if they suspect a player is taking steroids? Do they automatically go to a test, or what happens if there is a suspicion?

Mr. UPSHAW. Obviously you would have to look at the body itself. You would have to do it and observe what you see. As I said, when I was playing with a player that was taking steroids, it was very obvious. You could see it.

We do have provisions for reasonable cause testing within the program which would be referred to our medical people to make the determination. The coach cannot make that determination.

Mr. TAGLIABUE. I would think a coach would talk to the owner, and the owner would call me or Mr. Henderson or Mr. Upshaw and ask us to proceed.

Chairman TOM DAVIS. Thank you very much. You have been very thorough.

Mr. Payne just came in. He is not a member of the committee, but I ask unanimous consent he be allowed to ask a couple of questions. He will wrap it up, and we will let you go. You have been very good with your time today. We appreciate the delays you have had to encounter because of our voting schedule.

Mr. Payne.

Mr. PAYNE. Thank you very much. I certainly appreciate the opportunity to participate. I will be very brief.

I am just here because of my concern in general about athletics, the positive part that athletics play in our country, and, of course, then the negative part where so many young people who strive to be the stars.

Let me certainly commend the NFL in general and Commissioner Tagliabue for some of the programs that you have put in place over the years. We met years ago on the whole drug question, a decade ago. When we met one on one about trying to deal with the substance abuse of players. And now, of course, this is another aspect of it with steroids.

But I would just like to say that it is important that the leadership of our sports leagues, whether it is professional or college or high school, really try to instill in our young people the right course; the fact that, discouraging, of course, as I know you gentlemen there do, the use of related substances and steroids and other kinds of drug-related substances. I think we really have to work harder at attempting to get the message out.

I just want to say as a former high school coach, of course, in those days these were not problems, but I think if we work together, we could really do a job.

Also, some of the issues of age of young people going into professional sports, that is another issue I think that we need to take a look at, because if we are going to continue to use younger and younger people in professional sports, they will be doing things to bring their bodies up to where they feel it should be 3 or 4 years from now.

I would like to continue to work with you on those issues. I have raised the issues with the NBA on the age of youngsters performing in professional sports, but I just wanted to say that I think that

we need to work together. If there is a problem, we need to acknowledge it is a problem and work toward eradicating it.

Thank you very much, Mr. Chairman.

Chairman TOM DAVIS. Mr. Payne, thank you for joining us.

Again, I want to thank this panel. It has been very illuminating. We may have one or two other questions we will get to you in a written format. If you could get back to us on that.

Thank you so much. The hearing is adjourned.

[Whereupon, at 4 p.m., the committee was adjourned.]

[The prepared statements of Hon. Jon C. Porter and Hon. Patrick T. McHenry, and additional information submitted for the hearing record follow:]

CONGRESSMAN JON C. PORTER (R-NV-3)
COMMITTEE ON GOVERNMENT REFORM
"Steroid Use in Sports Part II: Examining the National Football League's Policy on Anabolic Steroids and Related Substances"
April 27, 2005

Mr. Chairman, thank you for holding this hearing today. I would also like to thank the witnesses for being here today.

On March 17th, the Committee on Government Reform held a hearing that looked into Major League Baseball's efforts to eradicate steroid use in professional baseball. After listening to the testimony of the witnesses, I was incredibly disturbed by the extent to which steroids have been allegedly used by professional players. Like it or not, professional sports players are role models to our young people, and the statistics regarding the rise in steroid use among teenagers is worthy of attention by Congress.

We are here today to conduct a hearing on the use of steroids within the National Football League (NFL). Although the NFL has been cooperative in working with the Committee regarding its policy and the proactive steps the NFL has made in regard to steroid testing, I hope that they remain sensitive to the serious nature of this subject and continue to strengthen their national policies regarding illegal drug use.

Professional sports players should be the true example for all young sports players to look up to. I firmly believe that we, as a nation, cannot afford to give our young people any mixed messages regarding what is permissible to "get ahead" in sports and what is not. When even one teenager dies due to steroid use, the cost has already risen too high. As I said in last month's hearing, we do not need any more excuses from professional sports leagues and players. We just need solutions.

Mr. Chairman, I appreciate your letting me submit this statement for the record, and I look forward to hearing the testimony from the witnesses.

***

OPENING STATEMENT FOR NFL STEROID POLICY HEARING for CONGRESSMAN McHenry
April 27, 2005, 10:00 a.m., 2154 RHOB

Thank you Mr. Chairman for calling this timely hearing and for your leadership in this fight to overcome a national problem with steroid abuse. This hearing will send a very important message that this Committee is not focused on baseball, but is focused on the alarming numbers surrounding steroid abuse by young athletes in America today.

I am from North Carolina, and, like most Carolinians, was both excited and proud when the Carolina Panthers made it to the Super Bowl in 2004. Our team played hard and earned the respect of fans throughout the country. I was, therefore, very concerned recently with the report that some players on that team may have been using steroids.

I understand that an investigation is underway, and that at this point there is no indication that these players tested positive for abusing performance enhancing substances. While I am anxiously awaiting the results of this investigation and I commend the Pathers' ownership and team for cooperating fully, this report shows that the NFL policy may not be strong enough to discourage players from attempting to cheat by using steroids.

In our recent hearing with Major League Baseball, we found out that their drug testing policy was sorely lacking. I commend the NFL on having a stricter policy and for its efforts to police the use of banned substances by players, but we still need to learn if this policy is enough. Ultimately, we must find out what needs to be done to help combat the 300% increase in steroid use by young people in the last ten years.

Young athletes look to the professionals in the NFL for guidance on how to play and prepare. We must make sure that the league and its players are meeting this responsibility by sending out a strong message through their drug policies and enforcement.

I would like to welcome all of our witnesses today and thank you for taking the time to be here and for lending us your expertise so that we can better understand this problem. I look forward to hearing from each of you and for the opportunity to discuss what needs to be done to protect America's young athletes. Thank you again Mr. Chairman and I look forward to a productive hearing.

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April 27, 2005 Wednesday 3:34 AM Eastern Time

SECTION: SPORTS

LENGTH: 840 words

HEADLINE: Sportsview: NFL's Turn in Steroids Debate

BYLINE: TIM DAHLBERG; AP Sports Columnist

BODY:
Dick Pound has a question he'd like asked when NFL executives take their turn Wednesday before a congressional panel investigating steroids.

"If I were a member of the panel I'd be saying, 'Tell me how it is, with everybody knowing things are going on, why can't you catch anybody?'" said Pound, who heads the World Anti-Doping Agency.

Good question.

After all, if 9-year-old girls are taking steroids just to look good, what are the odds the behemoths in the NFL are juiced?

Probably pretty good, though you wouldn't know it by the handful of players who have been caught by a drug-testing system the league heralds as the toughest in professional sports.

That's an easy claim to make, of course, since baseball had to be dragged kicking and screaming into testing for steroids and the NBA gives only a cursory test in preseason to its players.

Give the NFL some credit for being the first league to test for performance-enhancing drugs and for actually having some penalties in place for those who get caught. But the league began testing 15 years ago, and since that time has suspended only 54 players for four games at a time for testing positive.

During the same period, football players have grown in ways that nature and good diets can't fully explain. From a handful of 300-pounders 15 years ago, an unofficial check of NFL rosters at the end of last season turned up 455 players listed at 300 pounds or more.

These players aren't just bigger. They're also stronger and quicker, qualities that don't come from merely getting in line for seconds at the Shoney's buffet.

NFL commissioner Paul Tagliabue knows that. He also understands that public opinion is now driving the steroid issue, and that now is not the time to do a Bud Selig and deny there is a problem.

That's why he plans to tell the **Government Reform Committee** on Wednesday that the league will increase the number of times a player can be randomly tested from two to six,

add items to the list of banned substances, and begin stricter testing for testosterone.

Tagliabue wants to be seen as being ahead of the curve, but the reality of it is he didn't have much choice. In announcing the hearing, Rep. Henry Waxman said ominously that "new information has called into question the effectiveness of the NFL drug policy."

Pound, who would like all professional leagues to adopt the same worldwide standards used - and used effectively - by WADA to catch cheaters in Olympic sports, said his agency has tried unsuccessfully to get the NFL and other leagues to use its proven system

"Basically, it's like all pro sports," Pound said. "First of all, they say they don't have a problem. Then they say even though we don't have a problem it's under control. Third, they say even if they wanted to do something they can't because of collective bargaining agreements."

There's plenty of anecdotal evidence to show the NFL does have a problem that goes beyond its bust of four Oakland Raiders in 2003 for testing positive for THG, the designer steroid at the center of the BALCO scandal.

In the last few weeks alone, a "60 Minutes Wednesday" report said a South Carolina doctor wrote steroid prescriptions for three players on the Carolina Panthers in 2003, and Northwestern defensive tackle Luis Castillo admitted to using androstenedione to get ready for February's NFL draft combine.

New Orleans Saints coach Jim Haslett also said he used steroids as a linebacker for the Pittsburgh Steelers in the early 1980s, a time he said steroid use was rampant because there was no testing and steroids weren't illegal.

There is testing now, but who is getting caught? Sure, the NFL suspends an average of less than four players a year. But, at the same time, up to 7 percent of middle school girls say they have used steroids to look or play better.

Anyone really think a higher percentage of schoolgirls use steroids than NFL players?

Those are the kind of numbers that drew the attention of politicians. And that's why the NFL will try to look proactive in a hearing that will be a lot less entertaining than baseball's last month.

Mark McGwire won't be there to talk about the future. Sammy Sosa won't be looking for his translation book, and Curt Schilling won't be up on his soap box.

There's also no football version of Jose Canseco. The best the committee could come up with was Steve Courson, who said he suffered a heart attack from using steroids when he played a quarter-century ago for the Steelers.

Still, what comes out may be more important. Public pressure is finally mounting on sports leagues to clean up their act, with Congress ready to do something if the leagues don't.

"I think they're more serious this time," said Pound, a Canadian. "The organizations that are dismissing this as a whim of the moment are making a mistake.

"It's like your president said: 'Clean this up, or we'll find someone to clean it up for you."'

-

NATIONAL FOOTBALL LEAGUE

POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

2004

As Agreed by the National Football League Players Association and the National Football League Management Council in the 1993 Collective Bargaining Agreement, as Amended

As amended May 15, 2004

(5.15.04)

AN OVERVIEW OF THE POLICY

WHAT SUBSTANCES ARE PROHIBITED?

-- Anabolic Steroids
-- Growth Hormones and Beta-2-Agonists (Clenbuterol, etc.)
-- Human Chorionic Gonadatropin
-- Diuretics and Other Masking Agents
-- Ephedrine and Certain Other Stimulants
-- Dietary "Supplements" Containing Prohibited Substances
-- Other Substances Related to the Above

WHO IS TESTED?

-- All players at least once per year, usually in preseason
-- Weekly preseason, regular season and postseason tests, and periodic off-season tests with players selected by computer on a coded or "blind" basis
-- Reasonable cause testing for players with prior steroid involvement or when medical or behavioral evidence warrants

WHAT IF I VIOLATE THE POLICY?

-- **First Positive Test:** Medical evaluation (if Advisor directs) and suspension for four regular and/or postseason games

-- **Second Positive Test:** Medical evaluation (if Advisor directs) and suspension for six regular and/or postseason games

-- **Third Positive Test:** Minimum one-year suspension

-- Players will not be paid during suspensions

-- Players are subject to discipline for positive tests at any time during the year

WHAT IF I FAIL OR REFUSE TO TAKE A TEST?

-- Failure or refusal to take a test will warrant disciplinary action by the Commissioner, as will efforts to evade or distort test results.

HOW CAN I APPEAL A TEST RESULT?

-- Players may appeal test results and/or discipline to the Commissioner. You will be offered a hearing and may be represented by counsel.

This is only an Overview. You should read carefully the full Policy in your Playbook. If you have questions, talk to Dr. John Lombardo, the NFL Advisor on Anabolic Steroids and Related Substances, or to your trainer or club physician.

NATIONAL FOOTBALL LEAGUE POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

TABLE OF CONTENTS

		Pages
1.	General Statement of Policy	1
2.	Administration of the Policy	2
3.	Testing for Prohibited Substances	2
	A. Types of Testing	2
	B. Testing Procedures	3
	C. Failure or Refusal to Test	4
	D. Testing Laboratories	4
	E. Unknowing Administration of Prohibited Substances	4
4.	Procedures in Response to Positive Tests or Other Evaluation	5
	A. Notification	5
	B. Re-test of Split Sample	5
	C. Medical Evaluation	5
5.	Discipline for Violation of Law	5
6.	Suspension and Related Discipline	6
7.	Procedures in Response to Positive Tests for Testosterone	7
8.	Masking Agents and Supplements	7
9.	Examination in Connection with Reinstatement	7
10.	Appeal Rights	8
11.	Reasonable Cause Testing	8
12.	Confidentiality	9
	A. Scope	9
	B. Discipline for Breach of Confidentiality	9
Appendix A -	List of Prohibited Substances	10
Appendix B -	Personnel	13
Appendix C -	Collection Procedures	14
Appendix D -	Procedures Following Positive or Presumptively Positive Tests	15
Appendix E -	Positive Test Medical Evaluation	17
Appendix F -	Supplements	18
Appendix G -	Letter from NFL Advisor on the Supplement Act	19
Appendix H -	Letter from U.S. Department of Justice, Drug Enforcement Administration	20
Appendix I -	Documentation Comprising a Complete Laboratory Testing Package	21

NATIONAL FOOTBALL LEAGUE POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES

1. General Statement of Policy

The National Football League prohibits the use by NFL players of anabolic/androgenic steroids (including exogenous testosterone), certain stimulants, human or animal growth hormones, whether natural or synthetic, and related or similar substances. (See Appendix A). For convenience, these substances, as well as masking agents or diuretics used to hide their presence, will be referred to as "Prohibited Substances".[1] These substances have no legitimate place in professional football. This policy specifically means that:

- **PLAYERS** may not, under any circumstances, have Prohibited Substances in their systems.

- **COACHES, TRAINERS, OR OTHER CLUB PERSONNEL** may not condone, encourage, supply, or otherwise facilitate in any way the use of Prohibited Substances.

- **TEAM PHYSICIANS** may not prescribe, supply, or otherwise facilitate a player's use of Prohibited Substances.

- **All PERSONS**, including players, are subject to discipline by the Commissioner for violation of this Policy or of laws relating to possession and/or distribution of Prohibited Substances, or conspiracy to do so.

The League's concern with the use of Prohibited Substances is based on three primary factors. First, these substances threaten the fairness and integrity of the athletic competition on the playing field. Players use steroids for the purpose of becoming bigger, stronger, and faster than they otherwise would be. As a result, steroids and related substances threaten to distort the results of games and League standings. Moreover, players who do not wish to use these substances may feel forced to do so in order to compete effectively with those who do. This is obviously unfair to those players and provides sufficient reason to prohibit their use.

Second, the League is concerned with the adverse health effects of steroid use. Although research is continuing, steroid use has been linked to a number of physiological, psychological, orthopedic, reproductive, and other serious health problems.

Third, the use of Prohibited Substances by NFL players sends the wrong message to young people who may be tempted to use them. High school and college students are using these substances with increasing frequency, and NFL players should not by their

[1] An illustrative list of Prohibited Substances (see Appendix A) is attached to this Policy. Please note that, in addition to the substances specifically named, other categories and related substances can also violate the Policy.

own conduct suggest that such use is either acceptable or safe, whether in the context of sports or otherwise.

The NFL Player Contract specifically prohibits the use of drugs in an effort to alter or enhance performance. The NFL Player Contract and the League's Constitution and Bylaws require each player to avoid conduct detrimental to the NFL and professional football or to public confidence in the game or its players. Steroid use violates both these provisions. In addition, the Commissioner is authorized to protect the integrity of and public confidence in the game. This authorization includes the authority to forbid use of the substances prohibited by this Policy.

2. Administration of the Policy

As agreed in the 1993 Collective Bargaining Agreement, the program is conducted under the auspices of the NFL Management Council. The program will be directed by the NFL Advisor on Anabolic Steroids and Related Substances ("Advisor"). The Advisor shall have the sole discretion to make determinations regarding steroid-related matters, including medical evaluations and testing. He will also make himself available for consultation with players and team physicians; oversee the development of educational materials; participate in research on steroids; confer with the Consulting Toxicologist;[2] and serve on the League's Advisory Committee on Anabolic Steroids and Related Substances.[3]

3. Testing for Prohibited Substances

A. Types of Testing

All testing of NFL players for Prohibited Substances, including any pre-employment testing, is to be conducted pursuant to this Policy. All urine samples will be collected by a Drug Programs Agent (DPA) and tested at the appropriate laboratory (see Paragraph 3(D) below). As is the case in the employment setting, players testing positive in a pre-employment setting will be subject to medical evaluation and clinical monitoring as set forth in Paragraphs 3A, 4C and 11, and to the disciplinary steps outlined in Paragraph 6.

Testing will take place under the following circumstances:

Pre-Employment: Pre-employment tests may be administered to free agent players (whether rookies or veterans). In addition, the League will conduct tests at its annual timing and testing sessions for draft-eligible football players.

[2] The Consulting Toxicologist on Anabolic Steroids and Related Substances ("Consulting Toxicologist") will consult on testing procedures and results, laboratory quality, and other issues referred to him by the Advisor. For more information, see Appendix B ("Personnel").

[3] The Advisory Committee on Anabolic Steroids and Related Substances is appointed by the Commissioner and chaired by the Advisor.

Annual/Preseason: All players will be tested for Prohibited Substances at least once per League Year. Such testing will occur at training camp or whenever the player reports thereafter, and will be deemed a part of his preseason physical. In addition, random testing will be conducted during the weeks in which preseason games are played.

Regular Season: Each week during the regular season, players on every team will be tested. By means of a computer program, the Advisor will randomly select the players to be tested from the club's active roster, practice squad list, and reserve list who are not otherwise subject to ongoing reasonable cause testing for steroids. The number of players selected for testing will be determined in advance on a uniform basis. Players will be required to test whenever they are selected, without regard to the number of times they have previously been tested.

Postseason: Players on teams qualifying for the playoffs will be tested periodically so long as their club remains active in the postseason. Players to be tested during the postseason will be selected on the same basis as during the regular season.

Off-Season: Players under contract as of January 31 or thereafter who are not otherwise subject to reasonable cause testing may be tested twice during the off-season months. Players to be tested in the off-season will be selected on the same basis as during the regular season, irrespective of their off-season location. Any player selected for testing during the off-season will be required to furnish a urine specimen at a convenient location acceptable to the Advisor. Only players who advise in writing that they have retired from the NFL will be removed from the pool of players who may be tested. If, however, a player thereafter signs a contract with a club, he will be placed back in the testing pool.

Reasonable Cause Testing For Players With Prior Positive Tests Or Under Other Circumstances: Any player testing positive for a Prohibited Substance, including players testing positive in college or at a scouting combine session, or with otherwise documented prior steroid involvement, will be subject to ongoing reasonable cause testing at a frequency determined by the Advisor. Such players will be subject to ongoing reasonable cause testing both in-season and during the off-season. Reasonable cause testing may also be required when, in the opinion of the Advisor, it is warranted by available medical and/or behavioral evidence. (See Paragraph 11.)

B. Testing Procedures

In-season tests will ordinarily be conducted on two days each week, and each player to be tested will be notified on the day of the test. On the day of his test, the player will furnish a urine specimen to a DPA who will be present at the team facility.

To prevent evasive techniques, all specimens will be collected under observation by the DPA. Specimens will be shipped in collection bottles with tamper-resistant seals. Each bottle will be identified by a control identification number, not by the player's name. The player will be given an opportunity to witness the procedure and to sign the chain-of-custody form. For more detailed information, see Appendix C ("Collection Procedures").

C. Failure or Refusal to Test

A failure or refusal to appear for required testing, or to cooperate fully in the testing or evaluation process, will warrant disciplinary action. Any effort to substitute, dilute, or adulterate a specimen or to alter a test result may subject a player to more severe discipline than would have been imposed for a positive test.

D. Testing Laboratories

The Advisor will determine the most appropriate laboratory or laboratories to perform testing under the Policy. Currently, the UCLA Olympic Analytical Laboratory in Los Angeles will analyze each specimen collected for Prohibited Substances in a player's urine.

The UCLA laboratory currently is accredited by the International Olympic Committee for anti-doping analysis and conducts testing for the NCAA, the United States Anti-Doping Agency and other sports organizations.

Screening and confirmatory tests will be done on state-of-the-art equipment and will principally involve use of GC/MS equipment. In addition, testing will be done for masking agents (including diuretics) as appropriate.

E. Unknowing Administration of Prohibited Substances

Players are responsible for what is in their bodies, and a positive test result will not be excused because a player was unaware that he was taking a Prohibited Substance. If you have questions or concerns about a particular dietary supplement or other product, you should contact Dr. John Lombardo at (614) 442-0106. As the NFL Advisor on Anabolic Steroids and Related Substances, Dr. Lombardo is authorized to respond to players' questions regarding specific supplements. Having your Club's medical or training staff approve a supplement will not excuse a positive test result.

4. Procedures In Response to Positive Tests or Other Evaluation

(See Appendix D for a full outline of procedures normally followed after a positive test result.)

A. Notification

Once a positive result is confirmed, the Advisor will notify the player and the League Office.

B. Re-test of Split Sample

Unless waived, any player testing positive from the first or "A" bottle will be afforded a test of the other portion of his specimen from the second or "B" bottle.

The player may not be present for the re-test; however, at the player's request and at his expense, the re-test may be observed by a qualified toxicologist not affiliated with a commercial laboratory. The re-test will be performed at the same laboratory that did the original test according to the procedures used for the original test and by a technician other than the one performing the original confirmation test on the "A" bottle. The player will be notified of the results in writing as soon as practicable.

C. Medical Evaluation

A medical examination such as outlined in Appendix E may be required of any player who tests positive. The Advisor will arrange for the evaluation, and the results of this evaluation will be reported to the player, the Advisor, and the team physician. If medical treatment (including counseling or psychological treatment) is deemed appropriate, it will be offered to the player. Players with a confirmed positive test result will also be placed on reasonable cause testing at a frequency to be determined by the Advisor.

The player is responsible for seeing that he complies with the arrangements of the Advisor for an evaluation as soon as practicable after notification of a positive test. This requirement is in effect throughout the year.

5. Discipline for Violation of Law

Players or other persons within the NFL who are convicted of or admit to a violation of law (including within the context of a diversionary program, deferred adjudication, disposition of supervision, or similar arrangement) relating to use, possession, acquisition, sale, or distribution of steroids, growth hormones, stimulants or related substances, or conspiring to do so, are subject to discipline by the Commissioner, including suspension or, if appropriate, termination of the individual's affiliation with an NFL club. Any suspension shall be without pay and served as set forth below. Longer suspensions may be imposed for repeat offenders. In addition, players violating this policy by a violation of law will be appropriately placed or advanced within the three-step program. In this respect, players are reminded of federal legislation which criminalizes possession and distribution of steroids. (See Appendix H.)

6. Suspension and Related Discipline

Players with a confirmed positive test result will be subject to discipline by the Commissioner. Before a player is reinstated following a suspension, he must test negative for all Prohibited Substances and must be approved as fit for play by his team physician.

Step One:

The first time a player violates this Policy by testing positive, or by violation of law (see Paragraph 5), he will be suspended without pay for a minimum of four regular and/or postseason games. The suspension will begin on the date set in the League's notification to the player of his suspension, subject to any appeal (see Paragraph 10). If fewer than four games remain in the season, including any postseason games for which the club qualifies, the suspension will carry over to the next regular season, until a total of four regular and/or postseason games have been missed.

If the imposition of a player's suspension occurs prior to or during the preseason, the player will be permitted to engage in all preseason activities. Upon the posting of final rosters, however, he will be suspended for four regular season games.

In addition, the player will be subject to evaluation and counseling if, in the opinion of the Advisor, such assistance is warranted.

Step Two:

The second time a player violates this Policy by testing positive, or by violation of law (see Paragraph 5), he will be suspended without pay for a minimum of six regular and/or postseason games. The suspension will begin on the date set in the League's notification to the player of his suspension, subject to any appeal (see Paragraph 10). If there are fewer than six regular and/or postseason games remaining in the season, including any postseason games for which the club qualifies, the suspension will continue into the next regular season until a total of six regular and/or postseason games have been missed.

Step Three:

If, after completing Step Two, a player violates this Policy by testing positive, or by a violation of law (see Paragraph 5), he will be suspended without pay for a period of at least 12 months, subject to any appeal (see Paragraph 10). Such a player may petition the Commissioner for reinstatement after 12 months. Reinstatement, and any terms and conditions thereof, shall be matters solely within the Commissioner's sound discretion.

Players who are suspended under this Policy will be placed on Reserve/Commissioner Suspension. During the period that he is on Reserve/Commissioner Suspension, the player

will not be paid, nor may he participate in team activities, use the club's facilities or have contact with any Club officials except to arrange off-site medical treatment.

7. Procedures In Response to Positive Tests for Testosterone

If the introduction of testosterone or the use or manipulation of any other substance results in increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, the test will be considered presumptively positive. Tests showing a ratio greater than 10:1 will be considered conclusively positive. In cases where initial tests reveal a testosterone:epitestosterone ratio that is elevated but not conclusive of steroid use, the Advisor may require the player to submit to ongoing reasonable cause testing and other medical procedures including Carbon Isotope Ratio Testing or other diagnostic tests. In addition, the Advisor will be entitled to review any available past and/or current medical or testing records.

In addition, the use of epitestosterone to lower a player's T:E ratio is prohibited. When such use is detected or reasonably suspected by the Advisor, additional diagnostic tests may be required if the Advisor deems it necessary. If a player's epitestosterone level exceeds 300 ng/mL, it will be considered a positive test result regardless of the player's T:E ratio.

If on the basis of such follow-up tests, records, prior or subsequent test results, discussions with the player, or other studies, the Advisor subsequently concludes that the test results do in fact reflect the player's use of steroids, the player will be subject to discipline according to the terms of the policy. Such discipline may be imposed within the season of the year in which the positive test occurred, or, if the Advisor prescribes follow-up measures that entail delay in the final determination, in a subsequent season.

8. Masking Agents and Supplements

The use of so-called "blocking" or "masking" agents is prohibited by this Policy. These include diuretics or water pills, which have been used in the past by some players to reach an assigned weight.

In addition, a positive test will not be excused because it results from the use of a dietary supplement, rather than from the direct use of steroids. Players are responsible for what is in their bodies. For more information concerning dietary supplements, see Appendix F.

9. Examination in Connection with Reinstatement

Prior to reinstatement from any suspension imposed under this Policy, a player must be examined by the team physician before he may participate in contact drills or in a game.

10. Appeal Rights

As is more fully outlined in Appendix D, any player who is notified by the League Office that he is subject to discipline for a violation of this Policy is entitled to an appeal.

The League will designate a time and place for a hearing, at which either the Commissioner or his designee will preside. The player may be accompanied by counsel and may present relevant evidence or testimony in support of his appeal. Additionally, the NFL Players Association may attend and participate notwithstanding the player's use of other representation.

After the record has been closed, the Commissioner or his designee will issue a written decision, which will constitute a full, final, and complete disposition of the appeal and which will be binding on all parties. (If appropriate, a summary ruling may be issued followed by a formal written decision as time permits.) Pending completion of this appeal, the suspension or other discipline will not take effect.

11. Reasonable Cause Testing

Players who are not presently within the three-step program may nonetheless be tested for cause. A player in this pre-disciplinary status is (1) any player who has tested positive for a Prohibited Substance either at a timing-and-testing session or before entering the NFL; (2) any player who has been arrested for a violation of law relating to a Prohibited Substance, or who has had other documented prior involvement with a Prohibited Substance; or (3) any player who, in the medical judgment of the Advisor (after consultation with the team physician, if appropriate), exhibits behavioral, physical, or psychological symptoms consistent with use of Prohibited Substances. No club may require any player to submit to reasonable cause testing without the agreement of both the team physician and the Advisor.

Players in this status may be removed from their club's active roster and placed in the category of Reserve/Non-Football Illness if, after consultation with the team physician, it is the Advisor's opinion that such a step is medically necessary.

12. Confidentiality

A. Scope

The confidentiality of players' medical conditions and test results will be protected to the maximum extent possible, recognizing that players who are disciplined for violating this Policy will come to the attention of the public and the media.

B. Discipline for Breach of Confidentiality

Any club or club employee that publicly divulges, directly or indirectly, information concerning positive drug tests or other violations of this Policy (including numerical summaries or specific names of persons) or otherwise breaches the confidentiality provisions of this Policy is subject to a fine of up to $500,000 by the Commissioner.

APPENDIX A

List of Prohibited Substances

The following substances and methods are prohibited by the National Football League:

I. ANABOLIC AGENTS

A. ANABOLIC/ANDROGENIC STEROIDS:

Generic Name	Brand Names (Examples)
Androstenediol	Androstederm
Androstenedione	Androstan, Androtex
1-Androstenedione	---
Bolasterone	Myagen
Boldenone	Equipoise, Parenabol
Clostebol	Turinabol, Steranabol
Danazol	Cyclomen, Danatrol
Dehydrochlormethyltestosterone	Oral-Turinabol
Dehydroepiandrosterone	DHEA
Dihydrotestosterone	DHT, Stanolone
Dromostanolone	Drolban
Ethylestrenol	Maxibolin, Orabolin
Fluoxymesterone	Halotestin
Formebulone	Esiclene, Hubernol
Furazabol	Miotolon
Gestrinone	Tridomose
17-Hydroxypregnenedione	---
17-Hydroxyprogesterone	---
Mesterolone	Proviron
Methandienone	Danabol, Dianabol
Methandriol	Androdiol
Methandrostenolone	Dianabol
Methenolone	Primobolan
Methyltestosterone	Metandren
Mibolerone	Testorex
19-Norandrostenediol	19-Diol
19-Norandrostenedione	19 Nora Force
Norbolethone	Genabol
Norethandrolone	Nilevar
19-Nortestosterone (Nandrolone)	Deca-Durabolin
Oxandrolone	Anavar, Lonovar

Anabolic/Androgenic Steroids (cont'd)

Generic Name	Brand Names (Examples)
Oxymesterone	Oranabol
Oxymetholone	Anadrol
Progesterone	---
Stanozolol	Stromba, Winstrol
Testosterone	Andronate
1-Testosterone	---
Tetrahydrogestrinone	THG
Trenbolone	Finaject

and related substances

B. HUMAN OR ANIMAL GROWTH HORMONES

C. BETA-2-AGONISTS (CLENBUTEROL, ETC.)

D. HUMAN CHORIONIC GONADATROPIN

II. MASKING AGENTS

A. DIURETICS

Generic Name	Brand Names (Examples)
Acetazolamide	Amilco
Amiloride	Midamor
Bendroflumethiazide	Aprinox
Benzthiazide	Aquatag
Bumetanide	Burine
Chlorothiazide	Diuril
Cyclothiazide	Anhydron
Ethacrynic Acid	Edecrin
Flumethiazide	---
Furosemide	Lasix
Hydrochlorothiazide	Aprozide
Hydroflumethiazide	Leodrine
Methyclothiazide	Aquatensen
Metolazone	Zaroxolyn
Polythiazide	Renese
Probenecid	Benemid
Quinethazone	Hydromox

Diuretics (cont'd)

Generic Name	Brand Names (Examples)
Spironolactone	Aldactone
Triamterene	Jatropur, Dytac
Trichlormethiazide	Anatran

and related substances

B. EPITESTOSTERONE

C. PROBENECID

III. CERTAIN STIMULANTS

Generic Name	Brand Names (Examples)
Ephedrine	Ma Huang, Chi Powder
Methylephedrine	---
Pseudoephedrine *	Sudafed, Actifed
Fenfluramine	Phen-Fen, Redux
Modafinil	---
Norfenfluramine	---
Phentermine	Fastin, Adipex, Ionamin
Synephrine	Bitter Orange, Citrus Aurantium

* Except as properly prescribed by Club medical personnel

IV. DOPING METHODS:

Introduction of Prohibited Substance into the body by any means, including but not limited to ingestion or injection, or of supplements or other products containing Prohibited Substances.

Pharmacological, chemical or physical manipulation by, for example, catheterization, urine substitution, tampering, or inhibition of renal excretion by, for example, probenecid and related compounds.

APPENDIX B

Personnel

The NFL Advisor on Anabolic Steroids and Related Substances is Dr. John Lombardo. Dr. Lombardo, a Professor in the Department of Family Medicine and Medical Director of the Sports Medicine Center at the Ohio State Medical School and Head Team Physician for the OSU Athletic Department. Prior to that position, he was a member of the faculty at the Sports Medicine Center of the Cleveland Clinic. Dr. Lombardo has served as team physician to the Cleveland Cavaliers of the NBA and as an adviser on steroid issues to both the NCAA and the Olympic Committee.

The Consulting Toxicologist on Anabolic Steroids and Related Substances is Dr. Bryan Finkle, Board-certified forensic toxicologist and Research Professor of Pharmacology-Toxicology in the College of Pharmacy and Department of Pathology in the College of Medicine at the University of Utah Health Sciences Center. He also serves as a consultant to the International Olympic Committee Medical Commission, World Anti-Doping Agency and United States Anti-Doping Agency.

APPENDIX C

Collection Procedures

Upon reporting to the collection site, a player will be asked to select a sealed urine specimen cup. The player will furnish a urine specimen under observation by a DPA. Thereafter, the player will be given the opportunity to select a sealed collection kit which will be used to store and ship his urine specimen. In the player's presence, the specimen will be split between an "A" bottle and a "B" bottle and resealed with security seals. The DPA will note any irregularities concerning the specimen on the chain-of-custody form, following which the player will be given the opportunity to sign the chain-of-custody form.

Once the bottles have been sealed and the chain-of-custody form has been completed, the bottles will be inserted into containers and placed back into the kit. The kit will then be sealed and sent by Federal Express or similar carrier to the testing laboratories.

All bottles will be identified by a control identification number. The number on the bottles will be the same as the number on the chain-of-custody form. The testing laboratories themselves will be unable to associate any specimen with an individual player.

APPENDIX D

Procedures Following Positive or Presumptively Positive Tests

The following will outline the procedures to be used following the testing laboratory's notification to the Advisor of a positive test:

1. The Advisor will telephone the laboratory for verification.

2. After verifying the result with the laboratory, the Advisor will match the control identification number with the player's name, and will then notify the player in writing of the positive result and request that the player call him to discuss the result.

3. If the player wishes to have the "B" sample test observed by a qualified toxicologist, he will notify the Advisor in writing within five (5) business days of receiving written notification of the positive test result.

   a. If observation is requested, the Advisor and toxicologist will schedule the test for the first mutually available date. Otherwise, in the absence of a reasonable basis for delay, the "B" sample test will be initiated within seven (7) business days following player's receipt of written notification of the positive test or as soon as possible following the Advisor's receipt of written notification by the player that he does not wish the test to be observed, whichever is sooner.

   b. The laboratory will report the "B" sample test result to the Advisor, who will in turn report it to the player, the team physician, and the League Office.

4. The Advisor will review the case with the Consulting Toxicologist and the laboratory director.

5. The Advisor will report his findings to the League Office.

6. If the player is subject to disciplinary action, the League Office will notify him in writing.

7. If the player decides to appeal, he must so indicate in writing to the Commissioner within five (5) business days after receiving from the League Office the notice referred to in Paragraph 6 above. He should state in his notice of appeal whether or not he desires a hearing.

8. If a hearing is requested, the League will schedule it within twenty (20) calendar days of the request absent mutual agreement or extenuating circumstances. The hearing may be conducted either in person or by conference call upon agreement of the parties.

9. Prior to the hearing, the League will provide the player and NFL Players Association with a laboratory documentation package prepared in accordance with Appendix I. In the absence of clear evidence to the contrary, such package will be deemed full and complete for the purpose of evaluating the integrity of the chain-of-custody and test results. Once the player has had sufficient opportunity to review the documentation package, he will provide to the League a brief statement of the basis of his appeal. Additionally, no later than two (2) business days prior to the hearing the parties will exchange copies of any documents or other evidence on which they intend to rely and a list of witnesses expected to provide testimony. Following the exchange, the parties may provide further supplementation as appropriate.

10. Once the record is closed, the Commissioner or his designee will evaluate the evidence and render a written decision with respect to disciplinary action within five (5) calendar days. (If appropriate, a summary ruling may be rendered, followed by a formal decision as time permits.)

The League will endeavor to conduct and conclude these procedures expeditiously, with appropriate regard to the possible need for follow-up tests or other measures required in the Advisor's judgment, or other extenuating circumstances.

APPENDIX E

Example of Medical Evaluation Following a Positive Test

Initial Positive Test

History and Physical

Emphasize:
- Cardiovascular
- Abdominal
- Genitourinary (testicle, prostate, impotence, sterility)
- Psychological (aggressiveness, paranoia, dependency, mental status)
- Immune system (masses, infections, lymphadenopathy)

Testing
- CBC with Differential
- General chemistry panel
  - Electrolytes, BUN/Creatinine, Glucose, Liver enzymes
- Lipid Assay
  - Triglycerides/cholesterol, HDL-C, LDL-C
- Urinalysis
- Cardiovascular
  - EKG
  - Chest X-ray
  - Stress test
  - Echocardiogram
- Semen analysis
- Endocrine Profile
  - TSH, LH, FSH, T4, TBG, Testosterone, SHBG (TBG)
- Liver scan (either MRI or CT or Ultrasound or liver/spleen Scan)

Repeat Positive Test Evaluation

History and physical - as above

Testing - Lab as above

CV } As indicated by time since last test and

Liver scan } by history and physical

APPENDIX F

POLICY ON ANABOLIC STEROIDS AND RELATED SUBSTANCES
-Use of Supplements-

Over the past several years, we have made a special effort to educate and warn players about the risks involved in the use of "nutritional supplements." Despite these efforts, several players have been suspended even though their positive test result may have been due to the use of a supplement. Subject to your right of appeal, **if you test positive or otherwise violate the Policy, you *will* be suspended.** You and you alone are responsible for what goes into your body. Claiming that you used only legally available nutritional supplements will not help you in an appeal.

As the Policy clearly warns, supplements are not regulated or monitored by the government. This means that, even if they are bought over-the-counter from a known establishment, there is currently no way to be sure that they:

(a) contain the ingredients listed on the packaging;
(b) have not been tainted with prohibited substances; or
(c) have the properties or effects claimed by the manufacturer or salesperson.

Therefore, if you take these products, you do so AT YOUR OWN RISK! For your own health and success in the League, we strongly encourage you to avoid the use of supplements altogether, or at the very least to be extremely careful about what you choose to take.

Take care and good luck this season.

Sincerely,

HAROLD HENDERSON
Executive Vice President, Labor Relations
National Football League

GENE UPSHAW
Executive Director
NFL Players Association

APPENDIX G

To: All NFL Players
From: Dr. John Lombardo
Subject: Supplements
Date: November 10, 1998

Gene Upshaw and representatives from the NFLPA along with Harold Henderson and representatives from the NFL Management Council recently met with me and a number of my colleagues to discuss dietary supplements and their interrelationship with the NFL Policy and Procedures for Anabolic Steroids and Related Substances.

Upon the conclusion of the meeting all participants felt that I should advise you of both health and policy violation risks you may be faced with by adding over-the-counter supplements to your diet.

In 1994, the U.S government passed a law entitled "The Dietary Supplement Health and Education Act". As a result of this law, the supplement manufacturers and distributors do not have to prove the effectiveness or the safety of their products. Also, the ingredients of the supplements are not checked by any independent agency, such as the Food and Drug Administration (FDA), to certify the contents of the supplements. Therefore, the effectiveness, side effects, risks and purity of many products you can buy at the health food store are unknown.

This law also permits over-the-counter sale of products that violate the NFL Steroid policy. For example, androstenedione, a steroidal hormone that serves as a direct precursor for the synthesis of testosterone, is widely advertised. However, since this substance is found in some plants and animals, manufacturers are allowed to market it as a dietary supplement. This product, like many other supplements that contain substances that violate the policy, can be purchased at your local health food store and, when ingested, is no different than taking illegal anabolic steroids or related substances.

If you take a supplement that contains a substance that violates the policy it will subject you to discipline. More importantly, you run the risk of harmful health effects associated with steroid use.

I will continue to provide you with information on the subject throughout the year. In the meantime, if you have any questions about supplements or the steroid policy, please contact me.

JOHN A. LOMBARDO, M.D.
NFL Advisor for Anabolic/Androgenic
Steroids and Related Substances

APPENDIX H

U.S. Department of Justice
Drug Enforcement Administration
Washington, D.C. 20537
September 4, 2001

Mr. Paul Tagliabue
Commissioner
National Football League
410 Park Avenue
New York, New York 10022

Dear Commissioner Tagliabue:

Thank you for your concern regarding the policies of the Drug Enforcement Administration (DEA) in enforcing the Anabolic Steroids Control Act of 1990 and the National Football League's (NFL) policies to eliminate the use of anabolic steroids in the NFL.

Your program of random and reasonable cause testing for steroids reinforces the provisions of the Anabolic Steroids Control Act of 1990. Under this law, DEA has the responsibility to regulate all aspects of the legitimate steroid industry, including doctors and pharmacists.

To those who use anabolic steroids, including professional athletes, I should emphasize that under the Act, possession of even personal use quantities not validly prescribed by a doctor is a federal crime. The maximum penalty for simple possession (possession not for sale), is one year in a federal prison and a minimum $1,000 fine.

DEA will also investigate and prosecute violations involving the unlawful manufacture, distribution, and importation of anabolic steroids. Doctors who prescribe anabolic steroids for other than legitimate purposes will be prosecuted. Pharmacists who dispense anabolic steroids without a doctor's prescription or with one that they know is bogus, will also be prosecuted.

While DEA's primary focus is law enforcement, we also recognize the importance of public education on matters such as these. I would thus appreciate it if you would make this letter directly available to each NFL team, its players, physicians, trainers, and other personnel.

Sincerely,
[*Signature on file*]
Asa Hutchinson
Administrator

APPENDIX I

Documentation Comprising Complete Laboratory Testing Package

Laboratory Accession Number of Donor:_____
Identification Number/Name of Donor:_____

Section I	External Chain of Custody/Custody and Control Form
Section II	Specimen Internal Chain of Custody
Section III	Screening Aliquot Chain of Custody
Section IV	Screening Results
Section V	Specimen Storage Internal Chain of Custody
Section VI	Confirmation Aliquot Chain of Custody
Section VII	Specimen ID Verification
Section VIII	Autotune Report from GC/MS
Section IX	Data from GC/MS
Section X	Certifying Scientist Worksheet
Section XI	Copy of Results Forwarded to Advisor