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STEROIDS IN SPORTS: CHEATING THE SYSTEM AND GAMBLING YOUR HEALTH

JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON
COMMERCE, TRADE, AND CONSUMER PROTECTION

AND THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON ENERGY AND
COMMERCE
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STEROIDS IN SPORTS: CHEATING THE SYSTEM AND GAMBLING YOUR HEALTH

THURSDAY, MARCH 10, 2005

HOUSE OF REPRESENTATIVES, COMMITTEE ON ENERGY AND COMMERCE, SUBCOMMITTEE ON COMMERCE, TRADE, AND CONSUMER PROTECTION, AND SUBCOMMITTEE ON HEALTH,

Washington, DC.

The subcommittees met, pursuant to notice, at 10:34 a.m., in room 2123 of the Rayburn House Office Building, Hon. Cliff Stearns (chairman) presiding.

Members present Subcommittee on Commerce, Trade, and Consumer Protection: Representatives Stearns, Upton, Deal, Radanovich, Bass, Ferguson, Myrick, Murphy, Blackburn, Barton (ex officio), Schakowsky, Brown, and DeGette.

Members present Subcommittee on Health: Representatives Deal, Upton, Gillmor, Shimkus, Buyer, Ferguson, Myrick, Burgess, Barton (ex officio), Waxman, and DeGette.

Staff present: David Cavicke, chief counsel; Chris Leahy, policy coordinator; Brian McCullough, professional staff; Ryan Long, professional staff; Will Carty, professional staff; Chuck Clapton, chief counsel; Jon Tripp, deputy press secretary; Billy Harvard, clerk; Jonathan Cordone, minority counsel; John Ford, minority counsel; Jessica McNiece, research assistant; and David Vogel, staff assistant.

Mr. STEARNS. Good morning, everybody. We are going to not start the committee until after the journal vote, and the swearing in of the new gentlelady from California. So, we will just be back probably in about 25 minutes, 20 to 25 minutes, so I seek your indulgence here, and your patience. Thank you.

[Brief recess.]

Mr. STEARNS. Good morning. The subcommittee, the joint hearing between Health and the Commerce, Consumer Protection, and Trade, will come to order.

I have talked to the Ranking Member Schakowsky, and she agreed that we could go ahead, even though the swearing in is not complete. In fact, it is in the midst, because we do have a hearing, the Telecommunications, using the same room, later—early this afternoon, so we thought we would go ahead.

I will start with my opening statement. Like many of you, I am a big sports fan. I grew up playing sports, and competed in high school as a high school athlete. I watched my favorite football and baseball and basketball players, learned a lot about life lessons through sports and team competition. The training also involved

closely following the extraordinary careers of the many gifted athletes who have become legends, Muhammad Ali, Mickey Mantle, Mr. Brown, Unitas, and the list goes on and on.

Those greats, like the vast majority of the stars today, were a testament to true character, hard work, and determination to succeed against all odds. Their performances, victories, records, and careers seem to capture the straightforward honesty and integrity that is at the heart of sports. The ideal that sports allow success based upon merit and God-given talent, whether it be on the court, gridiron, or track. My colleagues, that is why the committee's focus today, both committees, today is on illegal drug use, specifically steroid and performance-enhancing drug use. It seems almost out of context with my deep sense of reverence for sports and competition.

As we will learn, anabolic steroids are basically manmade compounds that mimic the effects of testosterone, the male hormone that stimulates muscle and bone growth. Steroids allow users, both male and female, to build strength, body mass, and increase injury recovery time artificially, thereby giving them an advantage over their competitors. Steroids are the tools of the cheater. Steroids are the tools of the cheater.

Sadly, the scourge of these drugs is not simply a footnote in the history of sports in America. Steroids use goes much deeper, to the basic integrity of sports and the athletes themselves. At the most fundamental level, steroid use is just plain cheating and furthermore, it is quite illegal. Steroids are classified as Schedule III controlled substances under the Controlled Substance Act. Those caught in illegal possession of steroids without a prescription face arrest and prosecution. Dealers face a Federal felony charge and up to 5 years in prison. As we also will learn, steroid use involves significant health risks for our athletes, because these substances are dangerous. Studies suggest that use of them can lead to stunted growth in adolescence, increased risk of heart and liver disease, as well as cancer and hormonal problems for both men and women.

That is why I believe these and other factors demand that our elite athletic organizations, both professional and amateur, establish uniform world-class drug testing standards that are as consistent and robust as our criminal laws in this area. Nothing less should be tolerated.

Steroid use in sports is not new. Cheaters have been using these drugs ever since the Soviet bloc International Olympic teams first embraced them during the 1950's. Today, steroids are a big business. In many cases, these drugs are cooked up in domestic and international clandestine labs, smuggled from legitimate pharmacies or foreign countries, and they are sold on the black market. And unfortunately, my colleagues, this market is growing.

As we will hear today, steroids are now not only infiltrating the professional and the elite amateur leagues, they are finding their way into middle school and high school sports programs, and in fact, and according to the most recent Monitoring for the Future survey, funded by the National Institute on Drug Abuse, 3.5 percent of high school seniors have used steroids with similar percentage for eighth and tenth graders. Those are alarming numbers that represent just a part of the susceptible youth population. These es-

timates suggest that the high school steroid problem is just as great, if not greater, than it is in the professional leagues.

As any parent knows, high school is a trying time for any kid, let alone student athletes. These exceptional kids now face yet another hazard along the way to adulthood, that is trying to claim the safe haven of sports as its next growth market. We must take an aggressive stand against this plague before these pressures lead young student athletes to steroid use, its destructive effects on honesty and fair play, and ultimately, their very health, and very well-being. We will hear today from a parent of a young man who tragically took his own life when that pressure to succeed, coupled with steroids, became too much. In my opinion, our professional leagues have an obligation to be the gold standard with regard to education, detection, and sanctions for the illicit use of steroids and other performance-enhancing drugs.

I would also like to clarify for all of us here today that this committee and the Health Subcommittee, did not call, invite—did call, we did call and invite the Commissioners of the NFL, MLB, NBA, as well as the NCAA. We invited all of them. While we are happy to have guests from these organizations, and look forward to their testimony, the Commissioners are noticeably absent today. It is my strong feeling that the Commissioners of the professional sports leagues must take ownership of this issue, and lead at the highest level if we are to succeed in this nation.

This committee will expect their presence when we reconvene to further investigate our options in this area and continued additional oversight. We are signaling today that we may have another hearing on this matter. The recent scandals in baseball, the Olympics, and other professional and amateur sports have served to highlight the significance of the steroid problem. However, the scandals themselves are not the direct focus of this hearing today. This committee is attempting to look beyond headlines and sensationalism to drill down into the core of the very serious problem that is having such a corrosive effect on the integrity of sports in America today.

My colleagues, this is not a witch hunt. The committee wants to learn the facts surrounding the steroid problem, its scope in amateur and professional sports, and what is being done to reestablish integrity and honor in American sports with a consistent and robust solution. And finally, I would like our witnesses to consider the following questions. If steroids are illegal and banned, why do athletes, particularly young athletes, continue to take steroids and other performance-enhancing drugs in increasing numbers? Is it societal pressure to succeed and win at all costs that is causing this? Why do largely amateur athletic organizations like the NCAA and the Olympics have more, tighter, stringent testing and sanctioning policies than any of the professional sports leagues, including the NFL, MLB, and the NBA? For example, a positive test under an NCAA policy, yields an automatic 1 year suspension, while under the MLB agreement, it warrants a 10 day suspension. What message do these inconsistencies between the professional and amateur programs send to our athletes today?

And finally, can we expect to see substantial improvement on the part of these Commissioners, or does Congress, last, have to act

and become involved? I would again, like to again graciously thank our distinguished panel, our colleagues, and Mr. Ryun, for coming forward to witness today, and we look forward to their testimony.

And with that, the ranking member of the Subcommittee on Health, Mr. Sherrod Brown.

[The prepared statement of Hon. Clifford Stearns follows:]

PREPARED STATEMENT OF HON. CLIFFORD STEARNS, CHAIRMAN, SUBCOMMITTEE ON COMMERCE, TRADE, AND CONSUMER PROTECTION

Good Morning. I'm a big sports fan. I grew up playing sports and competed as a high school athlete. Like many kids, I followed my favorite ball players and teams and learned of lot of life's lessons through sports and team competition. That training also involved closely following the extraordinary careers of the many gifted athletes who have become legends—Ali, Mantle, Brown, Unitas, and the list goes on. Those greats, like the vast majority of the stars today, were a testament to true character, hard work, and determination to succeed against difficult odds. Their performances, victories, records, and careers seem to capture the straightforward honesty and integrity that is at the heart of sport—the ideal that sports allow success based on merit and God-given talent, whether it be on the on the court, gridiron, or track.

That is why the Committee's focus today on illegal drug use, specifically steroid and performance-enhancing drug use, seems almost out of context with my deep sense of reverence for sports and competition. As we will learn, anabolic steroids are basically man-made compounds that mimic the effects testosterone, the male hormone that stimulates muscle and bone growth. Steroids allow users, both male and female, to build strength, body mass, and increase injury recovery time artificially, thereby giving them an advantage over their competitors. Steroids are the tools of the cheater.

Sadly, the scourge of these drugs is not simply a footnote in the history of sports in America. Steroid use goes much deeper—to the basic integrity of sports and the athletes. At the most fundamental level, steroid use is just plain cheating, and furthermore, quite illegal. Steroids are classified as schedule III control substances under the Controlled Substances Act. Those caught in illegal possession of steroids without a prescription face arrest and prosecution. Dealers face a federal felony charge and up to five years in prison. As we also will learn, steroid use involves significant health risks for our athletes because these substances are dangerous. Studies suggest that use of steroids can lead to stunted growth in adolescents, increased risked of heart and liver disease, as well as cancer, and hormonal problems for both men and woman. That is why I believe these and other factors demand that our elite athletic organizations, both professional and amateur, establish uniform, world-class drug testing standards that are as consistent and robust as our criminal laws in this area. Nothing less should be tolerated.

Steroid use in sports is not new. Cheaters have been using these drugs ever since Soviet Block international and Olympic teams first embraced them during the 1950s. Today, steroids are big business. In many instances, these drugs are cooked up in domestic and international clandestine labs, smuggled from legitimate pharmacies or foreign countries, and sold on the black market. Unfortunately, that market is growing. As we will hear today, steroids are now not only infiltrating the professional and elite amateur leagues—they are finding their way into middle school and high school sports programs. In fact, according to the most recent Monitoring for the Future survey, funded by the National Institute on Drug Abuse (NIDA), 3.5% of high school seniors have used steroids, with similar percentages for eighth and tenth graders. Those are alarming numbers that represent just a part of the susceptible youth population. These estimates suggest that the high school steroid problem is just as great if not greater than it is in the professional leagues. As any parent knows, high school is a trying time for any kid let alone student athletes. These exceptional kids now face yet another hazard along the way to adulthood that is trying to claim the safe haven of sports as its next growth market. We must take an aggressive stand against this plague before these pressures lead young student athletes to steroid use, its destructive effects on honesty and fair play, and ultimately their very health and well-being. We will hear today from a parent of a young man who, tragically, took his own life when that pressure to succeed coupled with steroids became too much.

In my opinion, our professional leagues have an obligation to be the gold standard with regard to education, detection, and sanctions for the illicit use of steroids and other performance enhancing drugs. I also would like to clarify for all here today,

that this Committee did call and invite the commissioners of the NFL, MLB, and NBA as well as the NCAA. While we are happy to have guests from those organizations and look forward to their testimony, the commissioners are noticeably absent. It is my strong feeling that the commissioners of the professional sports leagues must take ownership of this issue and lead at the highest level if we are to succeed. This Committee will expect their presence when we reconvene to further investigate our options in this area and continue additional oversight. We are signaling today that we may have another hearing on this matter.

The recent scandals in baseball, the Olympics, and in other professional and amateur sports have served to highlight the significance of the steroids problem. However, the scandals themselves are not the direct focus of this hearing today. This Committee is attempting to look beyond headlines and sensationalism to drill down into the core of a very serious problem that is having a corrosive effect on the integrity of sports in America today. This is not a witch-hunt. The Committee wants to learn the facts surrounding the steroid problem, its scope in amateur and professional sports, and what is being done to reestablish integrity and honor in American sports with a consistent and robust solution. Finally, I would like our witnesses to consider the following questions:

- If they are illegal and banned, why do athletes, particularly young athletes, continue to take steroids and other performance-enhancing drugs in increasing numbers? Is it societal pressure to succeed and win at all costs?
- Why do largely amateur athletic organizations like the NCAA and the Olympics have more stringent testing and sanctioning policies than any of the professional sports leagues, including the NFL, MLB, and the NBA? For example, a positive test under NCAA policy yields an automatic one-year suspension while under the MLB agreement it warrants a ten-day suspension? What message do these inconsistencies between the professional and amateur programs send to our young athletes?
- Can we expect to see substantial improvement on your part or will Congress need to become involved?

I would again like to again graciously thank our distinguished panel of witnesses for joining us today. We look forward to your testimony. Thank you.

Mr. BROWN. Mr. Chairman, I would like to let Mr. Waxman go first, because he has another hearing, if that is okay.

Mr. STEARNS. Yes. Mr. Waxman, the gentleman from California.

Mr. WAXMAN. Thank you, Mr. Chairman and Mr. Brown, for your courtesy in allowing me to deliver my opening statement. I have a conflict in my schedule, and I have to go to another committee meeting.

But I wanted to be here to commend this committee for holding this important hearing. It is an important public health issue. The sharp rise in steroid use among athletes, including teenage athletes, over the last decade. In 1993, 1 of every 45 high school students reported ever using illegal steroids. By 1999, 6 years later, this rate had increased to 1 in every 27 high school students. In 2003, the last year for which data is available from the Centers for Disease Control and Prevention, 1 in every 16 high school students reported illegal steroid use. This trend is alarming, because these drugs are so dangerous.

Anabolic steroids are related to testosterone, a hormone that plays a critical role in normal adolescent development. But teenagers don't take a natural amount of these hormones. They take 10, 20, or even 50 times the normal doses. At such high levels, anabolic steroids can signal to the bones to stop growing, cause premature heart disease, lead to life-threatening liver problems, and cause significant emotional disturbances, personality changes, psychiatric diseases, suicide. In addition to these risks, some steroids are administered by hypodermic syringes, and if that is the case, when teenagers share their hypodermic needles, they run the risk of being infected with HIV/AIDS and hepatitis.

So this is a very serious public health issue, but it is also a touchy subject. Recently, the Dallas Morning News reported about a mother who found a vial of clear liquid and some syringes in her son's closet. He confessed to having used steroids to become a better athlete. He told her he had obtained the steroids from a player on his high school football team. She called the assistant principal. The assistant principal called the football coach, who angrily denied that there was even a problem. He told the newspaper this lady is a liar. There is nobody in my program who uses steroids. But to his credit, the coach didn't let it end there. He met with his players and demanded to know the truth. Eventually, 9 athletes admitted to steroid use. The community is now aware of its problem, and is already taking action.

Investigating steroid use is as difficult as it is necessary, both for a high school football team in Texas, and for major league sports. There are some who don't want to investigate these issues. They would prefer that we look the other way and we not ask hard questions. I think the chairman of this committee is doing the right thing in holding today's hearing, and Chairman Tom Davis, the Chair of the Government Reform Committee, is doing the right thing in holding a hearing next week. The American people deserve the truth, and we have a responsibility to help them find it.

Thank you very much, Mr. Chairman, and Mr. Brown.

Mr. STEARNS. I thank my colleague. Mr. Deal, the chairman of the Health Subcommittee, is recognized.

Mr. DEAL. Thank you, Mr. Chairman. I want to thank you for holding this joint hearing today with our two subcommittees, and I want to thank the witnesses for coming. I know many of you have come great distances, and we will try to be respectful of your time.

I think it is appropriate that we hold a hearing on this issue of growing steroid use. Many of us believe, however, that we should try to shift the emphasis away from the sports page back to the dining room table in homes and in the classrooms where children can be taught about the adverse effects of these illegal substances. It is very difficult, though, to become real enamored about whose bat is going to be in Cooperstown, when children are being the victims of the suffering of trying to duplicate the use of those illicit substances.

I believe we are sending the wrong message to young people when they see these people who now are self-proclaimed entertainers being lauded for efforts as a result of illicit drugs, and children not being told about the emotional and physical conditions that can result from their duplication of those uses. I seriously doubt that the sports channels or the sports magazines will pay much attention to the athlete whose heart and liver is failing, or to the young athlete who winds up in jail simply because he couldn't control his anger, as a result of the use of these drugs.

In the future, I think young people should continue to be given as much information as possible about these substances, and the lack of accurate information is a real danger to our communities. It is a serious problem. I thank the witnesses for their time and effort in being here, and we look forward to continuing the dialog and debate that will begin in this discussion today.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Nathan Deal follows:]

PREPARED STATEMENT OF HON. NATHAN DEAL, CHAIRMAN, SUBCOMMITTEE ON HEALTH

Let me start by thanking our witnesses for appearing before us today. We value your expertise, and we are grateful for your cooperation and attendance at today's hearing. I know several of our witnesses have traveled great distances and put their busy lives on hold in order to be with us today, and I think we should be respectful of their time and devote as much of this hearing as possible to listening to what they have to say.

I am very glad we are having this joint hearing today to address the growing problem of steroid abuse in this country. We are here to help shift the dialogue about this problem away from the sports page and back into the classroom and around the kitchen table at home.

It is hard to care about whose bat is on display in Cooperstown or whose name is in the record books when so many young lives are being destroyed in this country by steroid abuse.

I believe our young people are receiving the wrong message when they see that these self-proclaimed "entertainers" are able to achieve great accomplishments on the playing field through the aid of these illicit substances without being told of the potential damage that can done to their physical, mental, and emotional health.

I doubt the all-sport channels will be there to cover these once-famous athletes after their hearts and livers have started to fail them, and I don't think the sports magazines will write a story about a young amateur athlete who is sitting in a jail cell because he could not control his anger.

If, in the future, young people continue to abuse these substances due to a lack of accurate information about the dangers of steroid abuse, then we have all failed in our responsibilities.

Steroids and the serious health effects they are having on our children deserve a serious and substantive discussion, and I would like to again thank our witnesses for coming here today to discuss this important issue.

Mr. STEARNS. I thank my colleague. The gentleman from Ohio, the ranking member of the Health Subcommittee, Mr. Brown.

Mr. BROWN. Thank you, Mr. Chairman. I am pleased we are focusing today on this public health threat, but like so many issues before this committee, we cannot responsibly consider this issue without placing it in the larger and the appropriate budget context. Our committee has jurisdiction over the National Institutes of Health, over CDC, over SAMHSA. Among their numerous responsibilities, these agencies have each played an important role in countering the growing use of steroids. The question is, will they have enough resources to continue fighting steroids and other public health threats.

The President's budget cuts CDC, cuts SAMSA, funds NIH well below the level needed to simply maintain the current level of research. The total cuts to public health programs contained in the President's budget total over a billion dollars for next year alone. Is our committee holding this hearing and approving that budget, determining that these agencies are spending money hand over fist on unnecessary public health initiatives. SAMHSA administers the Athletes Training and Learning to Avoid Steroids program, ATLAS, which uses team dynamics and positive peer pressure to reduce steroid use among student athletes. CDC provides vital surveillance of risk behavior among youth, including steroid use, so we can understand trends and changes in use, and direct our resources to where they are the most effective.

NIH, largely through the National Institutes on Drug Abuse, funds several initiatives, including public education campaigns and websites designed to alert people to the dangers of anabolic steroid

use. Are we saying these initiatives are a waste of money? If we are going to stand idly by while appropriators starve the agencies under our jurisdiction, I hope we are prepared to take the blame when these agencies abandon meaningful public health initiatives, like those aimed at protecting kids from steroids.

We have all seen, as the chairman said, the news stories in the last few months on steroids in professional sports. It seems that with the increased combination of—the right combination of increased public scrutiny and professional accountability, we can begin to identify and deal with these problems better than our society has. But perhaps the most disturbing consequence of steroid use at the professional level is the trickle down effect that it has on athletic programs in our minor leagues and our universities, and especially in our high schools. Among teenagers in this country, as we know, steroid use is more widespread, and is growing at an alarming pace. In the last 14 years, the use of steroids among teens has increased by 50 percent. Teens have regularly identified steroids as far easier to obtain than other illegal drugs.

Using steroids makes the average teenager far more likely to engage in other risky behaviors. Use of these drugs can lead to disastrous side effects, include rapid weight gain, blood clots, liver damage, premature heart attack and stroke, depression, and increased aggression, as Chairman Deal said. Thee consequences are a problem at any level, high school, college, and pro, but it is critical that professional athletes, who we still say set the example for performance and integrity at all levels, be held to a much higher standard. We can be certain if steroids are effectively eliminated from professional sports that fewer kids will use them. The reverse is also true. If we fail to hold our professional athletes accountable, if the biggest stars in sports are allowed to violate the rules of the game and Federal law over and over and over, then kids will obviously follow suit.

Mr. Chairman, we must work to improve the rules regarding steroid use, and we must fight to strengthen the enforcement of those rules. Beyond that, we must endeavor to change the culture that surrounds our athletes, from high school students to professional stars, that leads them to jeopardize their health in the name of another home run or a tenth of a second off their time in the 40-yard dash.

I look forward to our witnesses' insights on this issue. Thank you.

Mr. STEARNS. I thank my colleague. The chairman of the full committee, Mr. Barton, from Texas, is recognized.

Chairman BARTON. We thank you, Mr. Chairman.

When I grew up, Babe Ruth was the standard in baseball. He had hit 60 home runs, and people didn't worry about him taking steroids. They worried about him eating another hot dog. My heroes in my generation were guys like Willie Mays and Hank Aaron and Mickey Mantle, and those kind of guys. And again, there wasn't any concern about whether they used steroids.

Well, unfortunately, because of what has happened in the last 5 to 10 years, we have to worry about did Barry Bonds do that legitimately, or was it chemically enhanced, and so we are here today to say enough is enough. And it is not just baseball. We have got

panelists from the NFL and the NCAA and high schools. We have got a parent on the next panel whose son committed suicide under the influence, apparently, of steroids. Enough is enough. Now, you know, you can hold a hearing and grandstand on this. This is not a grandstand hearing. We have an Olympian and a former world record holder in the mile, Mr. Ryun, who has made this a personal issue of his for a number of years. He is now a Member of the House of Representatives. We thought at one time Senator Jim Bunting was going to come over on this hearing.

We want to get to the bottom of this. And I say we, the Energy and Commerce Committee on a bipartisan basis, and this is the first of what could be a number of hearings. I have 3 subcommittees that could be in this. We have got the Health Subcommittee, Mr. Deal is the chairman. We have got this subcommittee. Mr. Stearns is the chairman. We have the Oversight and Investigations Subcommittee, and Mr. Whitfield of Kentucky is the chairman.

This committee has already done something. In the last Congress, we passed the Anabolic Steroid Control Act. It was signed into law by the President on October 22 of last year. It makes illegal the precursor steroids. It awards grants to carry out educational programs in our elementary and secondary schools, and it sets up a National Survey on Drug Use to determine just how pervasive steroid use is. So, this committee has already acted, and I am here to tell you as chairman, if we need to act again in this Congress on a bipartisan basis, we will. But we are going to get the facts, and we are going to get them at every level, from junior high and high school, up through the pro sports. We have not issued any subpoenas. We are trying to ask people to come forward voluntarily, but if we need to issue subpoenas, we will, and that goes at every level, from the pro sports commissioners, down to folks in the NCAA, and if necessary, in high school education.

The President put this on the table 3 or 4 years ago in his State of the Union, and people kind of scratched their heads. Well, he was ahead of his time, but the time has come to put an end to this mess, to reclaim sports for true competition and in the spirit of what sports are supposed to be. I am sick and tired of hearing about somebody who may have taken this drug or may have taken that drug, and helped them in the Olympics, or helped them in the whatever the level of sports is, so I am just here to tell everybody in this audience that this is not a grandstand hearing. This is a real hearing, and whatever we need to do, when the appropriate time comes, if it is in the jurisdiction of the Energy and Commerce Committee and it needs to be done, on a bipartisan basis, we are going to do it.

And with that, Mr. Chairman, I yield back.

[The prepared statement of Hon. Joe Barton follows:]

PREPARED STATEMENT OF HON. JOE BARTON, CHAIRMAN, COMMITTEE ON ENERGY AND COMMERCE

The sports of our lives are a wonder, but steroids in sports are a killer. Their presence ruins bodies and careers, and gives lie to the achievements of people we thought were heroes. Babe Ruth has been gone for 57 years, but he's as much an idol to me and to millions of other Americans as he was in his prime. Would he still be our hero if we suddenly discovered that a drug helped him hit those 60 home runs?

As you can tell, I'm an old baseball player. I've probably thrown my last fast ball, but I never lost my love of the game and the people who play it. I am outraged that because of steroids and the people who peddle them, the achievements of Babe Ruth's modern successors are in doubt. If the Babe appeared today and began hitting the cover off balls, people would automatically believe he was on drugs. That's what it's come to.

We all understand what's required because it has happened before. The Black Sox threw the World Series in 1919, but the discovery that players sold out to gamblers produced draconian reforms that probably saved my sport. Without a new restitution of trust, the game I love may wither and die. I don't mean that to happen without a fight.

As a recreational activity, they promote healthy living, provide social interaction, and provide an arena for personal achievement. At the higher levels of athletic excellence, competition is a great source of entertainment. Sports are deeply ingrained in our culture and our economy; professional leagues are billion dollar businesses with million dollar athletes, college athletics are now covered by their own cable station, and high schools are put on national TV if advertising can be sold.

Unfortunately, the growing body of evidence indicates athletes at all levels are willing to take steroids and subvert the integrity of sports to achieve success, regardless of the potentially life-threatening consequences. I believe such athletes are misguided about the meaning of sport. Achievement found in a syringe or a pill is not achievement at all: it is cheating.

This is not a new problem. Nor is it confined to professional sports. Men and women, boys and girls, are using steroids. It is a problem that has been relatively unnoticed despite all the warning signs and our reluctance to acknowledge it. Some professional athletes have admitted to using steroids, and others are alleged to have used steroids. They are not my primary concern because they are not the first, nor will they be the last athletes to cheat the system.

I am most concerned about the effect steroid use is having on our children. They look to professional athletes as their idols and are influenced by what they see and hear. My fear is that a society that accepts steroids as a part of sport is sending a very dangerous—and wrong—message. Our children need to know it is wrong and why we won't tolerate it. We have seen the carnage wrought by corporate scandals in recent years when shortcuts and deception took precedent. A similar culture seems to be growing in sports; a recent study showed steroid use among all high school students is on the rise while only 55% of 12th graders perceived a great risk with steroids.

We may not be able to change society's attitudes in one day or one year, but we have to increase our efforts. We have been fighting illegal drug abuse for decades, saving countless lives. We have to do the same with steroids.

We will change the momentum and direction of sports and its effect on youth, even if it includes drastic measures. This Committee has the jurisdiction to make changes, whether it is in the business practices of sports organizations or the health aspects. It is my desire that it does not come to that.

I look forward to hearing from the witnesses and discussing options to address these problems.

Mr. STEARNS. I thank the distinguished chairman. The gentlelady, Ms. Schakowsky, the ranking member of our committee.

Ms. SCHAKOWSKY. Thank you, Chairman Stearns. I would also like to thank Ranking Member Brown and Chairman Deal for working with us today—on today's hearing about the growing use of steroids by athletes.

Representative Ryun, I also appreciate your taking time out of your schedule to share your perspective on this issue, being one of the few Olympians and world record holders in Congress, I believe your insights will be quite helpful for us as we try to grapple with this problem.

While we are going to be discussing steroid use on all levels of sports, from high school to professional athletes, I am especially concerned about young athletes, the high school and college students. According to a study by the National Collegiate Athletic Association, steroid use among athletes increased by 27 percent from

1996 through 2000. A survey by the University of Michigan found that 54 percent more high school seniors took steroids in 2003 than they did in 1996. And the Center for Disease Control reported in May 2004 that approximately 800,000 high school students have used or are using anabolic steroids.

These young athletes are taking steroids to meet body ideals and physical performance standards that cannot be achieved without artificial enhancement. They are judging their abilities and their appearance on curves where the highest standard is set by synthetic performance boosters. They are trying to be superhuman. What they don't realize or appreciate are the deleterious effects of steroids. While they think they are building themselves up, they are tearing their health down. Of particular concern is the permanent damage that the very young competitor who uses steroids experiences. For example, although steroids deliver lean muscle mass and strength, the terrible irony is that the use also promotes premature skeletal maturation, and their growing bones are stunted. They also are putting themselves at greater risk of ligament and tendon injury, not to mention heart attacks, liver failure, infertility, and other permanent and irreversible problems.

It is our responsibility to ask why our young athletes are doing this to themselves. I believe part of the cause is that there is a ripple effect through the athletic world around steroid use. High schoolers and college players are seeing professional athletes make millions of dollars off of their steroid-enhanced performances, and know that use is rewarded. Today's corked bat is a juiced up player. I believe that when they call out play ball, the playing field should be even, safe, and healthy. However, professional steroid abuse is not the only reason that young athletes are turning to steroids, and we need to explore the other factors that may be contributing to it.

I think we need to look at whether the students are seeing their only means to get to college is through an athletic scholarship, and the only way to get an athletic scholarship is if they are the biggest and the best. And how can they be the biggest and the best if one of their teammates is pumped up? I think we need to look at the pressures that parents, coaches, and peers are putting on young athletes to look and do better than is naturally possible. And I also think that we need to get to the bottom of where the steroids are coming from, and how their use is mostly unnoticed until it is too late.

Mr. Hooton, I appreciate you being here today to share your son Taylor's story. You have turned your personal tragedy into a much-needed public awareness campaign that will help us get to the bottom of this and save lives.

Thank you. And again, Chairmen Stearns and Deal, I appreciate your calling today's hearing, and am glad that we have witnesses from the various sports, medical, and research organizations, to provide a comprehensive view of what steroids are doing to athletes. I also hope that we can show the same commitment to getting a complete picture when we consider cuts to Medicaid this year.

Thank you.

Mr. STEARNS. I thank the gentlelady. The gentleman from Michigan is recognized.

Mr. UPTON. Well, thank you, Mr. Chairman. And I appreciate having this hearing, and I look forward to working with you and Chairman Barton to continue to pursue this very important issue.

Sports is a big part of America. Let us face it. Every weekend, tens of millions of Americans watch in person, watch on TV, let alone those of us that often read the sports pages first. The fundamental principle of sports participation is that the rules are the same. They are the same for every team and every player, and that is why we have umps, that is why we have referees. That is why we have time folks clocking, whether it be in swimming or running, and if they haven't done the job, they are not—they are done. And that is why we have allegedly commissioners for all these sports. They are to look out for the best interests of those sports, and to make sure that they perform., the athletes, as well as the teams.

Sports are not for cheaters. Ask Sammy Sosa, with a corked bat. Ask a hockey player who has too much of a curve in his hockey stick. He is removed from the ice. Sammy Sosa was suspended for, what, 8 games, as I believe. Too many men on the field. You break the rules, your team is going to be penalized. You may lose the game because of it. The rules are supposed to be the same for every competitor that is on the field. I am a dad. I played high school sports. I am married to a woman who was asked to try out for the Olympics. And thank God my 13-year-old son has her abilities and not mine. And as a spectator now, to the sports that he plays, whether it be basketball, football, lacrosse, baseball, I want the teams and the outcome to be fairly settled.

I have got no tolerance for anybody that cheats, whether they be on the job, or whether they be on the field. Steroids are not only unhealthy, they are for cheaters. What kind of signal does it send to amateur sports if professional sports don't play by the same rules. They have got to get their act together, and if they can't do it on their own, then this committee needs, and this Congress needs to get it done for them.

I yield back the balance of my time.

Mr. STEARNS. The gentlelady from Colorado, to seek, opening statement.

Ms. DEGETTE. Mr. Chairman, I will waive my opening statement.

Mr. STEARNS. Okay. The gentlelady waives her opening statement. Mr. Murphy is recognized.

Mr. MURPHY. Thank you, Mr. Chairman, and thank you for having this hearing.

I just quickly want to say, as a person who has spent his career working with youth, what has concerned me, as this discussion has opened up on steroids is athletes who say they don't want to be role models, but they are. And athletes who say they don't want to be seen as ones to influence the behavior of our kids, but they are eager to take millions of dollars in product endorsements, specifically to influence the actions of our youth. And I am concerned that we see comments coming out that can best be described as callous, self-centered, and greedy, that pervades sports and athletes, when they make comments such as saying it is entertainment, and the fans are expecting us to get out there and have some hits and score

touchdowns, and to make goals. This attitude of blaming fans and absolving themselves of responsibility, and somehow should be responded to by fans who, at games, should sit on their hands, or leave out resounding boos when they see athletes out there trying to pull a scam on the fans, and saying we can give you what you want if you let us cheat on the way.

Likewise, owners, managers, and commissioners use the same kind of distorted thinking and reasoning when they say the fans made us do this. I am hoping that hearings such as this, and actions taken by this committee, can really work toward helping us to make sure that sports are played fair, that the role models are out there for youth, and that we can, indeed, save the health and lives of our youth and other athletes.

I yield back. Thank you.

Mr. STEARNS. I thank my colleague. The gentleman from New Jersey, Mr. Ferguson.

Mr. FERGUSON. Thank you, Mr. Chairman.

Steroids have been a scourge in the sports world since their first use, dating back to the 1960's. Since then, sports organizations of all varieties, beginning with the International Olympic Committee, have launched testing regimes to curb and hopefully eliminate illegal steroid use in athletes. In many respects, we have seen a decrease in steroid use in professional athletes under the watchful eye of regulators and league officials.

What is scary, though, is that we have seen steroid use increase in high school and amateur athletes, far from the watchful eye of scrutiny provided by a testing program. Unfortunately, reports have stated that upwards of 300,000 high school students in our country use steroids. Yet, according to a study by the University of Michigan in 2003, only 5 percent of schools test for steroids. I look forward to hearing today from our esteemed colleague from Kansas, Congressman Ryun, and other panelists, to see what steps can be taken to give proper notice to our communities and our children that steroid use is wrong and deadly.

The representatives from our professional sports leagues and the NCAA have a responsibility to the youth of our country to be an example that wrongdoers will be caught and will be punished. The NFL has been testing their players since 1987. Major League Baseball has just put in place a much tougher testing regime, the mere prospect of which lowered positive results fivefold. But the team that everyone roots against, the combination of rogue science and athletes bent on breaking the rules, is motivated to keep steroids viable in athletics today. We must do everything we can to fight this battle, and educate people about the dangers of illegal steroid use by our young athletes.

Thank you, Mr. Chairman. I yield back.

Mr. STEARNS. The gentleman, thank you. Mr. Radanovich, waives. Mr. Bass, not here. Mr. Buyer.

Mr. BUYER. Thank you, Mr. Chairman. I want to thank you for this hearing, and I look forward to the testimony of the panelists. I want to thank our colleague, Jim Ryun, for being here to testify. Jim, I believe that you have been an inspiration to generations, and it deals with how you have handled yourself, not only as a professional athlete, but as a person. And you have, in fact, been a

role model for many in our society, and for that, I want to thank you. And your words will carry a lot of weight, you see, because your words are far more powerful to us, not only because you are our friend and a colleague, but you were in a system, and you also were an elite athlete, at a time when the system was more pure than it is today. And that is really unfortunate, because we could have some professional athletes here, and we would have to do a vetting process to find the credible athletes that we could listen to. And that is unfortunate. We ought to be able to just do a random sampling, right? And we ought to be able to find that athlete that, in fact, is not only that role model, but also, a pure system.

And so, I want to thank you for coming forward and giving your testimony and your thoughts, and I am disturbed about baseball. I am disturbed about baseball, and other sports, and how this has this downward pressure, everything to win. And it is almost as if the owners are also absolving themselves. Well, you know, we got—there is a union we have to deal with, or collective bargaining agreements, and excuse after excuse after excuse, as they then, also, then turn to place pressures upon cities to build their stadiums for them, as they continue to reap their profits, and what, they also don't care about the health effects it is having upon players? And then, the detrimental effect that has upon kids, children in our societies?

No, I think this is a very serious problem. But there is enough responsibility out there that needs to go around, and I noticed some articles in some sports pages that were even questioning Congress as to why they should even look at this issue. What, as though we should turn a blind eye? I don't think so.

So, I want to thank you, Jim Ryun, for many things. More importantly, for being here to provide this testimony, to give your insights and your wisdom to how we can bring purity to a system. And it sure is sad that we have got some individuals now who love to talk about hitting home runs, breaking records, about to break records, yet we are now, they find themselves in a scandal. And, as though that has no impact upon kids. I believe it does.

I yield back.

Mr. STEARNS. Gentleman, thank you. The gentleman from Ohio, Mr. Gillmor. The gentleman passes. Ms. Myrick.

Ms. MYRICK. Thank you, Mr. Chairman. I want to thank the witnesses for being here, and I don't mean to sound like a broken record, because I wanted to say to Jim some of what Steve has already said. We thank you for the good example you have set, Jim, not just what you did in sports, with the incredible, incredible records that you had, but the example you set every day in your life, and with working with young people, like I know you do. And you can have an incredible influence in this issue, if you are willing, as you are today, to stand up and to speak out. Because it is something that concerns all of us.

My kids are grown. I now have grandkids who are into sports. We didn't have to worry about this problem to this extent when our kids were growing up, so it is a very real issue that is a very—of deep concern to us. And I thank you for your willingness to participate.

Mr. STEARNS. I thank the gentlelady. The gentlelady from Tennessee is recognized. With that, I think we have finished our opening statements.

[Additional statements submitted for the record follow:]

PREPARED STATEMENT OF HON. CHARLIE NORWOOD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Thank you, Mr. Chairman.

While steroid use has been banned in the United States since the passage of the Anabolic Steroids Control Act of 1990, the illegal use of these drugs continues to be a serious problem.

When professional athletes admit to using steroids to enhance their athletic skills, children receive the message that drugs are OK. I suspect this fact is in no small part related to the high rate of steroid use among high-school-aged students.

Steroid use is a problem that affects athletes and non athletes alike, impacting both our sons and our daughters. Steroids can create serious health problems, including heart attacks, liver damage and high blood pressure.

I fully support the goals of this hearing as we work to send a clear message to children and adults across the country that steroids are dangerous, illegal, and morally offensive to this country's competitive spirit.

I am looking forward to our witnesses' testimony and guidance. I yield back.

PREPARED STATEMENT OF HON. BARBARA CUBIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WYOMING

Thank you, Mr. Chairman, for holding this hearing.

I would like to welcome the distinguished witnesses before us today, including our colleague Mr. Ryun. The committee has worked to bring together three panels of witnesses who will offer diverse views on steroid use. I look forward to a hearing that will provide a forum for honest discussion about the use of steroids and other performance enhancing supplements and what the roll of Congress should be to curb the dangers associated with the increasing use of these illegal substances.

We are all starting to become too familiar with the prevalence of steroid use by professional athletes. Most concerning to me is the fact that many of the athletes being accused of and even condoning steroid use are the same ones who serve as role models for America's youth. There is no question the nature of youth sports and activities has been dramatically altered in the last decade. It is hardly enough anymore for a child to participate in sports to develop a new skill or make new friends. You can see it at any gym or park on a given Saturday morning: kids today are being pressed at young ages to dedicate their time, mind and body to being faster, stronger and more competitive. It's hardly a surprise that this pressure on today's kids coincides with an increase in performance-altering supplements.

Today I hope to hear an honest assessment of steroid use by amateur athletes. With the accessibility of these illegal substances via the internet or through mail, steroids have clearly become a potential threat to all regions of America, even rural areas like the state of Wyoming which I represent. Media attention to steroid use by professional athletes glamorizes the affects steroids have on one's physique, yet often neglects to inform amateur athletes about the negative physiological or behavioral side affects. I want today's hearing to initiate a public discussion of the negative side affects of steroid use before this habit becomes an unofficial standard for amateur athletes.

Again, I thank the chairman and I yield back the balance of my time.

PREPARED STATEMENT OF HON. ED TOWNS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Thank you, Mr. Chairman. I am very pleased that the Committee is holding this hearing. As the details emerge of how widespread steroid abuse in this country has become, I am becoming increasingly upset for a number of reasons. However, upon reading Mr. Hooten's prepared remarks, my anger quickly turned to sadness.

Mr. Hooten mentions that because our young people are so enamored with today's athletes and their achievements, they will do anything to emulate them and get ahead in their own school sports programs. As we have learned, they don't need to go too far to get illegal help. The unfortunate reality of the internet is that for all of its benefits, it also has a great number of downsides. With a click of the mouse,

our children can choose from a buffet of illegal steroids, most of which are dangerous and potentially life-threatening. I sit on the committee's panel that oversees the internet, and I hope my colleagues and I can come up with some sort of legislation that stems this black market tide. The pressure to succeed that our children endure can be overwhelming, and if we need to go to the source to curb their behavior, then so be it.

It seems that the culture of our professional athletes and their steroid use has become somewhat "en vogue" and alluring to our young people. The current controversy involving Major League Baseball and some of its players has highlighted the epidemic, but I firmly believe that the league is not blame. Rather, we should applaud the big league's efforts to crack down on usage, and we need to give Commissioner Selig's new steroid prevention program a chance to work. Since its implementation, steroid use is down from 11% to 1.7%. The commissioner heard our complaints about the league's previous program and took action—so far the results are encouraging and I hope the trend continues.

Let me also mention how sickened I am by the primary reason for steroid use. As I hope you would all agree, cheating in any form is despicable. America is about giving everyone an *equal chance to succeed,* and putting all of our young people and professional athletes on the proverbial level playing field should be priority #1. But as I said previously, peer pressure and the desire to be a winner can be crushing during the teenage years, and I wish these substances weren't available to our kids. The sad truth is that they are, and we must figure out a way to stop their widespread distribution.

Thank you, Mr. Chairman. I yield back the balance of my time.

PREPARED STATEMENT OF HON. GENE GREEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Good Morning. I like to thank Chairman Stearns, Chairman Deal, and Ranking Members Schakowsky and Brown for holding a hearing on this important issue.

Since Congress banned anabolic steroids in 1990, it seems the pressure to have the perfect body or the perfect performance has only increased. Often, the steroids used by athletes or individuals with a distorted body image are taken in doses up to 100 times the dose used to treat a medical condition. Steroid users also frequently mix oral and injectable steroids and will add stimulants to the mix to have a greater effect on muscle size.

Unfortunately, this quest for perfection has serious negative health consequences. Oral steroids, in particular, increase LDL and decrease HDL, leading to hardening of the arteries and eventually heart attack or stroke. Steroids also disrupt hormonal production, resulting in stunted growth when taken during puberty. Many of the detrimental health effects caused by steroids are reversible if we can get the users off steroids. But we face an uphill challenge when instant gratification and quick fixes outweigh long-term health in the minds of steroid users.

Last April, the Full Committee heard and passed HR 3866, the Anabolic Steroid Control Act of 2004. In doing so, we doubled the maximum penalty for selling steroids near athletic facilities and we expanded the definition of "anabolic steroid" to include steroid precursors such as THG.

I believe the legislation we've passed was a good start in addressing the problems with steroid abuse; however, we have a long way to go.

Many of you have at least heard of the film "Friday Night Lights". This film was based on a book by the same name which portrays what people do to win high school football championships in my home state of Texas. In Texas, it is not uncommon for crowds of over ten thousand people, sometimes as high as twenty thousand to attend a high school football game. The culture revolving around these games often brings communities together, but also places immense pressure on student athletes to perform.

Young men are made local heroes by running a touchdown or making a key play. Given the amount of pressure there is to perform, I was not surprised to read a recent article in the Dallas Morning News stating nine players at a North-Texas high school admitted to using steroids.

Coming from an area that has produced several Championship Football teams, I'm sure this problem is not limited to this region of our state. I am troubled by the idea that High School students are using steroids during a phase of their lives when their body is continuing to mature. The health risks are great and as we'll hear today, may not appear until years after a person has started to use them.

In collegiate sports, this issue has been addressed by the NCAA and in professional sports, individual governing bodies police athletes through random testing.

However, it seems that no one is doing enough to keep steroids out of the hands of athletes, and penalties are not a strong enough deterrent to keep those who are determined to use them from doing so.

Sports is big business in the United States. I think we all agree that the most important part of this problem is ensuring the health of athletes in all levels of competition. However, it's also important that when we take our families to sporting events, our children and grandchildren know that there is such a thing as a level playing field.

Thank you Mr. Chairman. I yield the balance of my time.

Mr. STEARNS. At this point, we welcome our colleague, Congressman Jim Ryun, one of the greatest middle distance runners of all time, and as a 17 year old junior, became the first high school student to break the 4 minute barrier in the mile, and we welcome, Jim, your opening statement.

STATEMENT OF HON. JIM RYUN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KANSAS

Mr. RYUN. Mr. Chairman, thank you. It is a great honor to be here, and I want to thank you for asking me to participate in this most important and timely hearing.

As a 3 time Olympian and former professional athlete, I take this issue before us today both personally and seriously. During my career, I ran over 100 miles a week training twice a day. I believed then, as I do today, that there is no acceptable substitute for hard work when it comes to sports, or for that matter, anything really in life.

I was fortunate to run at a time before performance-enhancing steroids became a real issue in the professional sports arena. In fact, during my athletic career, I did not know of any long distance runners that were using steroids. Sadly, the running world has not kept that up, and we have been hit with steroids, blood doping, through the use of EPO and other forms of performance-enhancing drugs.

While most athletes refuse to use performance-enhancing drugs, steroid use has become a serious problem in professional athletics today. I find this trend very disturbing. Like it or not, professional athletes, as has already been enumerated by some of you, are natural role models for our young people, and it is time they begin to take this responsibility seriously. Today's athletes are sending the wrong message to their young fans, a dangerous message that stands not only to have a negative impact on their future lives, but also on the rest of their lives as a whole. It is encouraging for me to see that many professional athletes who have admitted their steroid use are now working to educate others on the dangers associated with them.

Using performance-enhancing drugs, in a way, is a way of trying to get something for nothing. For many, it is the easy road to more fame or money. Steroid use is a method to bypass the blood, sweat, and tears of training, and is really nothing less than cheating to achieve unnatural results. And as Chairman Stearns and I were talking on the way over, to the vote, I know my trainer in high school and coach in college would say, you know, you are stiff and sore. You get that soreness and stiffness out, and you have a good recovery by the same way you got it in, and that is to go out and warm up, run again, and you will eventually work it out.

Today, I am speaking as a representative of those who have done it the right way. I trained, expecting hard work to reach the high level of performances that I achieved. I spent an average of 4 to 5 hours a day, each day, working to improve upon the God-given skills that I was blessed with, ran thousands of miles in all kinds of conditions, and was proud to compete with so many athletes who were doing the same thing.

When others cheat, it robs those who compete fairly of reaping the benefits of their hard work. In addition to the negative influence steroid use is having on the mindset of our society, it also does not come without significant physical risks. Athletes are trading a few years of marginal performance enhancement for a potential lifetime of negative health effects.

In fact, according to the National Institute on Drug Abuse, the major side effects, which some of you have already recounted, I want to touch on those again, for abusing anabolic steroids can include liver tumors, cancer, jaundice, fluid retention, high blood pressure, increase in LDL, which is the bad cholesterol, decrease in HDL, which is the good stuff, the good cholesterol. Other side effects include kidney tumors, severe acne, trembling, and not to mention several other gender and age specific problems. In addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver, of course.

In conclusion, I strongly believe that, if unaddressed, this problem will only escalate into a greater problem for athletes and millions of others influenced by them. It is time that we start sending a positive message to our young people, while at the same time, protecting the health and integrity of our athletes and the sports they compete in.

Mr. Chairman, that concludes my prepared remarks. I would like to respond, if I may, to one of the questions you actually asked earlier.

Why take drugs? I know as a young athlete, I wanted to make an athletic team. There is a tremendous amount of pressure, I think, on athletes today to excel. My first venture was not extremely successful. I tried to make the baseball team, and I went from the outfield to the infield to the bench. I was cut from the team, and it was the church baseball team. So, it wasn't exactly a stellar start. But I think it represents what I wanted to do. I wanted to be involved in sports, so I kept trying different sports.

Eventually, I found the sport of running, which, you know, was the talent God gave me, and I had a wonderful coach, who knew how to take that talent, and really develop it into what I am today. But one of the things that he did, and I think this is paramount in what we are dealing with now, is he set standards, that if I broke those standards, I would no longer be a part of that team. In my day, it wasn't so much steroids as it was alcohol. He made it very clear. He said if you get involved in any kind of alcohol, if you drink, you are off the team. And he cut people from the team. I knew the boundaries that I was faced with. I stuck with those boundaries.

There is pressure on young people to succeed today. I think that is one of the reasons they are willing to take that risk, but they

need to recognize that there are penalties that go with it. I knew the penalty that I would be faced with was a very stern one. I would no longer compete in athletics. I would be finished, because that was his boundary. That was his standard. That would help me in the years to come, and that is why this is such an important lesson for all of our young people.

So, those are the end of my remarks, and I thank you.

[The prepared statement of Hon. Jim Ryun follows:]

PREPARED STATEMENT OF HON. JIM RYUN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KANSAS

Mr. Chairman: It is an honor to be here, and I would like to thank you for asking me to participate in this most important and timely hearing.

As a three-time Olympian and former professional athlete, I take this issue before us today both personally and seriously. During my career I ran over 100 miles a week, training twice a day. I believed then, as I do today, that there is no acceptable substitute for hard work when it comes to sports, or for that matter, anything in life.

I was fortunate to run at a time before performance enhancing steroids became a real issue in the professional sports arena. In fact, during my athletic career, I did not know of any long distance runner that used steroids. Sadly, the running world has now been hit with steroids, blood doping through the use of E.P.O., and other forms of performance enhancing drugs.

While most athletes refuse to use performance enhancing drugs, steroid use has become a serious problem in professional athletics today.

I find this new trend to be very disturbing.

Like it or not, professional athletes are natural role models for our young people, and it is time that they begin to take this responsibility seriously. Today's athletes are sending the wrong message to their young fans, a dangerous message that stands not only to have a negative impact on their future athletic lives, but also on the rest of their lives as a whole.

It is encouraging to see that many professional athletes who have admitted their steroid use are now working to educate others on the dangers associated with them.

Using performance enhancing steroids is a way of trying to get something for nothing. For many, it is the easy road to more fame or more money. Steroid use is a method to bypass the blood, sweat, and tears of training and is really nothing less than cheating to achieve unnatural results.

Today, I am speaking as a representative of those who did it the right way. I trained exceptionally hard to reach the level of performance that I achieved. I spent an average of 4 to 5 hours each day working to improve upon the God given talent that I had been blessed with. I ran thousands of miles in brutal conditions and was proud to compete with so many athletes who were doing the same.

When others cheat, it robs those who compete fairly of reaping the benefits of their hard work.

In addition to the negative influence steroid use is having on the mindset of our society, it also does not come without significant physical risks. Athletes are trading a few years of marginal performance enhancement for a potential lifetime of negative health effects.

In fact, according to the National Institute on Drug Abuse: the major side effects from abusing anabolic steroids can include liver tumors and cancer, jaundice, fluid retention, high blood pressure, increases in LDL (bad cholesterol), and decreases in HDL (good cholesterol). Other side effects include kidney tumors, severe acne, trembling, and not to mention several other gender and age specific problems.

In addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver.

In conclusion, I strongly believe that if unaddressed, this problem will only escalate into greater problems for athletes and millions of others influenced by them. It is time that we start sending a positive message to our young people while at the same time protecting the health and integrity of our athletes and the sports they compete in.

Thank You.

Mr. STEARNS. I thank my colleague, and I just appreciate his comments about setting the standards and the boundaries, so that young people, and obviously, amateur athletes as well as profes-

sional athletes. And I think that is part of the core of this hearing, is to see why haven't these boundaries been established.

Any member who wish to seek, to ask questions to our colleague, Mr. Ryun. Mr. Buyer.

Mr. BUYER. I would ask, Mr. Ryun, would you advocate a no tolerance policy for steroid use for professional athletes and college, and high school?

Mr. RYUN. I would. I believe once you set that standard, it begins to be the standard, not only for professional athletes, but it sends the message to the younger generation that if they break these standards and cross over that boundary, then there is a penalty that goes with it.

You know, we often talk about the rewards of hard work and performance, and that there are tremendous accolades that go with it. We also need to emphasize the tremendous problems that come with the use of drugs, and if we have a no tolerance policy. Now, let me qualify that by saying this. If you have someone—I know today, for example, you can buy over the counter medications. If you innocently somehow have done that, there is a process I know in the sport of running where you are tested, and if it can be proven that there was some innocence involved, then you are given, you know, if you will, a moment to recoup from that. But I believe the message needs to begin with no tolerance, if you cross this boundary, there are penalties that go with it.

Mr. BUYER. You know, we give a lot of deference in our society to governing bodies, such as in amateur sports, and for the professional bodies to police themselves. How well do you think that these organizations are performing?

Mr. RYUN. Well, let me try and answer your question by actually making a statement at the same time. I think they are doing—some of them are doing a reasonable job. But I think they need to have encouragement, perhaps sent by this body, that oversight and other options are available, should they not create a standard that encourages and doesn't allow professional athletes to break these boundaries.

I prefer that the governing bodies would establish those standards, and work with them, and—as opposed to Congress getting involved. As much as I love the governing body we are involved in, I would prefer that would be the second option, as opposed to the governing bodies making that decision, setting the boundaries, living by them, and doing the appropriate thing.

Mr. BUYER. We have some of these governing bodies, or professional sports, that an athlete would even commit a crime, whether it is the use of cocaine, whether they can be tested for those types of—they can do drug testing. They have been arrested for marijuana use. They get them into a drug program, rehabilitation. They don't kick them off the team. They say they are a professional athlete. This is their job. The owners—you know, they don't want to lose their star athletes. So, even for when they commit crimes, they say oh, you know, I can play basketball a lot better when I am on cocaine. Really. And yet, we—those governing bodies permit them to stay as athletes. And now, you know, it is kind of strange, if we are going to get involved in their business, and they say well, you

can go ahead and keep your athletes if they commit crimes, but with regard to steroid use, we are going to kick you out.

How—do you have a comment?

Mr. RYUN. My comment would be that the message that they are sending to our younger generation, to our amateur athletes, and to our young high school and junior high athletes is that there really aren't any boundaries. That if you are good enough, or if you can maybe be the exception to the rule, and I don't believe there should be exceptions. I think we need to enforce those rules. I think we need to move forward to sending a message that we won't have that sort of tolerance in the future.

Mr. BUYER. So, in high schools in America, they are trying to do that. Would you agree?

Mr. RYUN. I think many high schools are. I would go back to——

Mr. BUYER. And they are going to no tolerance policies today on alcohol and drug usage. And then, when we get into the college ranks, something is slipping pretty fast here.

Mr. RYUN. I think it is that pressure to succeed. And often, we lose that—the importance of what it establishes for the future generations. I go back to the example I gave a moment ago of my high school coach. Anybody participating in one of his sports, he had cross country, he had track, and he had swimming, knew in advance when going in what the boundaries were. And they also knew that if you crossed that boundary, you were off the team. It may mean the team would lose, but the standard was held, and I think that is important, because it sends the right message that we need to have for future generations.

Mr. BUYER. Is it fair for me to infer now from your testimony that your counsel to us is, is if these governing bodies do not do well in their oversight to set the standards, whether they are professional or in amateur sports, that they are inviting the scrutiny of the U.S. Congress, or even the drafting of standards for them.

Mr. RYUN. I would prefer that we work with the governing bodies, but should they prove ineffective in what they are doing, then yes, I believe scrutiny is appropriate. Oversight is appropriate as well.

Mr. BUYER. Thank you, Mr. Ryun.

Mr. STEARNS. I thank my colleague. The gentlelady from Colorado.

Ms. DEGETTE. Thank you, Mr. Chairman. I don't usually get recognized as the young lady, so that is good.

Congressman Ryun, I really want to thank you for coming today, and sharing some of your thoughts. I was particularly struck when you talked, in your opening statement, and again, just now, about your coach, who talked about knowing the boundaries, and sort of a zero tolerance policy.

The thing I have been concerned about the last few years, and I have had it in my backyard at the University of Colorado, not so much with steroids, but with sex and underage drinking, and it seems to me the culture that grew up there was this culture of well, everybody is doing it. This is what we have to do to recruit football players to our program, and so, we are just going to go along with it. And it took a lot of effort by a lot of people, including me, to sort of break them of that attitude of well, everybody is

doing it, so we have to do it. The thing I am concerned about is if all of the coaches don't have that same view that your coach had, that we are not tolerating this, we are not doing this in this program, and you are off the team if you are taking steroids, I mean, it is a zero tolerance approach, then what happens is a culture builds up where people start surreptitiously doing this, because they understand it is not a level playing field if they don't.

I am wondering how we can break that mentality, if you have any thoughts on that.

Mr. RYUN. First of all, I don't think there are any easy answers. Leadership is a very lonely position, but doing the right thing, there is good fruit for the future, especially for our younger generations, and you know, as you have more and more coaches that are willing to take that standard and use that as a standard, then I think we will start to see some reverses here. I am optimistic enough to believe that as those that are willing to stiffen the spine and do the right thing, that ultimately, it will pay great dividends.

Ms. DEGETTE. I am wondering, we talked about the governing bodies, the bodies that oversee these various activities, particularly with young people, and is there more that they can be doing to discipline coaches or coaching staffs that allow the unauthorized use of steroids?

Mr. RYUN. I think sending the right message, again, the zero tolerance policy——

Ms. DEGETTE. But I mean, is there more enforcement that—is there more incentive they can—either a carrot or a stick approach, that they can give to send the right message?

Mr. RYUN. I would have to think about that some.

Ms. DEGETTE. Yes, that would be—I would love to talk to you about that. And the last question I have is, is there any role in all of this for Congress, either funding more public education of the risks of steroids, or putting—or giving incentives to programs that have sort of a zero tolerance program? Is there something we can do?

Mr. RYUN. Well, I mentioned earlier to Chairman Stearns that I would prefer that the governing bodies of each of the individual sports be those that set the standard, but set it high enough that you really do have a no tolerance policy. But if they aren't able to enforce that, and choose not to, then meetings like this do a lot to bring public attention, and in many cases, ridicule to a double standard. And it is important that you use this as an option. I would prefer that government not get involved with those standards. At the same time, that becomes a fallback, should they not follow through.

Ms. DEGETTE. But what about, though, funding of public education, or anything like that? Is there any role—do you really see Congress' role purely as sort of a bully pulpit?

Mr. RYUN. Yes, I think bully pulpit to begin with, and again, going back to looking for those individuals who would hold that standard, the coaches that are willing to stand alone, and to say this is what we will do, and these are the results of your decision to get involved in steroids.

Ms. DEGETTE. Thank you. Thank you, Mr. Chairman.

Mr. STEARNS. I thank you, and I just remind my colleagues, we have two other panels, and second, we have to try to vacate this room for Chairman Upton, who wants it at 1, I believe. So, anyone else would like questions, obviously, Mr. Upton.

Mr. UPTON. I have a question. We are ready to put this under our jurisdiction as well, Telecommunications. Mr. Jim, it is—again, we welcome you here, and I just have a brief comment, and a short question. That is, this issue of steroids has been festering for some time. Let us face it. And there are a number of us in the Congress who I think over the last number of months, even I would put it into sports technology, seasons, trying to tell particularly professional sports to get it right. We have tried to use the bully pulpit. I would be interested in your answer. Did baseball get it right? MLB?

Mr. RYUN. I have my questions as to whether they did. It doesn't seem to me that it is a consistent policy.

Mr. UPTON. I agree with you. I yield back.

Mr. STEARNS. The gentleman yields back. The gentlelady, Ms. Blackburn.

Mr. BLACKBURN. Thank you, Mr. Chairman, and to our colleague, I say thank you. As my son, who is now 24, was training and becoming the State 1-mile champ, we used you as an example many a time, and I just do have one question for you.

When we hear sportscasters go about debating well, maybe we should just put an asterisk by someone's name to note that they were a record-breaker, but—or they were a champion, but they were either convicted or a found or a confirmed user of steroids, and knowing how powerful your witness has been, as someone who trained and did it right. You and Chariots of Fire got us through a lot of tough times, as Chad trained.

So, I would just like for you to comment, if you would, about how it makes you feel when you hear this debated about putting an asterisk by someone's name, and do you think that those individuals just should be stricken from the record books?

Mr. RYUN. Thank you for your question, Marsha. And I, first of all, I believe that it is cheating those who did it right, who have worked, often don't get the acclaim that they should, but they played by the rules. Yes, I think there should be maybe an asterisk, but also, you know, when you list the accolades, world record holder, put down steroid user, whatever it might be, because if that can be proven, then that should be a part of their resume as well.

Mr. STEARNS. The gentlelady. Anyone else seeks recognition. Yes.

Mr. MURPHY. Thank you, Mr. Chairman. Real quickly, Congressman, it is a—I remember my motivation, back when I was in high school, as my track coach, when I was running the mile, always berated me I was nowhere near your time. And so, it is—I won't give you any tough questions in revenge here, but it was good to see this, and I was—it is good to know you did this the honorable way. It is so important.

A quick question for schools. You mention about the aspects of the student athletes. What recommendations would you have for school boards, coaches, and PTAs, to also get the message out of the importance of this? And the reason I bring this up is an event I have had the honor of volunteering on the last several years has

been a children's triathlon, that we are raising money for Habitat for Humanity. And in that, we emphasize the point that every kid should finish, and every child who finishes gets a medal, and the top ones get awards, et cetera. And of course, there are differences in there, in terms of some parents are there to encourage the kids every step of the way, and there are some who, perhaps, push a little bit too much. But it seems to me we also need to get this message out to parents.

What would you recommend, again, for school boards, superintendents, coaches, and parents?

Mr. RYUN. That they need to establish a standard, just like the coach does, of zero tolerance. It is not easily established, and it is not very popular at times, perhaps, but it is the message that I think we all want to send from here, and you can do that in a lot of different ways, and that is one way of doing it as well.

Mr. MURPHY. Thank you very much, and thank you, Mr. Chairman.

Mr. STEARNS. Anyone else seeks recognition? If not, we will go to our second panel, and thank Mr. Ryun for his able testimony, and appreciate his time.

The second panel consists of Mr. Don Hooton. He has also started the Taylor Hooton Foundation, which is fighting steroid abuse. Dr. Linn Goldberg, Professor of Medicine, Division of Health Promotion and Sports Medicine, at Oregon Health and Science University, in Portland, Oregon. Mr. Robert Kanaby, Executive Director, National Federation of State High School Associations. Ms. Sandra Worth, Athletic Trainer Commission, Head Athletic Trainer, University of Maryland, on behalf of the National Athletic Trainers Association. And Dr. Charles Yesalis, Professor at Penn State, dealing with sports medicine.

I want to welcome all of you here, and Mr. Hooton, we will start with you, and thank you very much for coming. Welcome.

Mr. HOOTON. Thank you, Mr. Chairman.

Mr. STEARNS. And we probably just need you to put your speaker on, and just move it a little bit toward you. Staff can help you.

Mr. HOOTON. Oh. Excuse me.

Mr. STEARNS. There you go.

STATEMENTS OF DONALD M. HOOTON; LINN GOLDBERG, PROFESSOR OF MEDICINE, DIVISION OF HEALTH PROMOTION AND SPORTS MEDICINE, OREGON HEALTH AND SCIENCE UNIVERSITY; ROBERT F. KANABY, EXECUTIVE DIRECTOR, NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS; SANDRA WORTH, HEAD ATHLETIC TRAINER, UNIVERSITY OF MARYLAND, ON BEHALF OF THE NATIONAL ATHLETIC TRAINERS ASSOCIATION; AND CHARLES E. YESALIS, PENNSYLVANIA STATE UNIVERSITY

Mr. HOOTON. Thank you, Mr. Chairman, distinguished members, Mr. Barton from my home State of Texas.

20 short months ago, my youngest son, Taylor, took his own life. He was just 2 weeks away from beginning his senior year in high school. This past spring, he would have been a pitcher on his varsity baseball team, which had been one of his dreams. During the fall of his junior year, his JV coach told a 6'3", 175 pound young

man that he needed to get bigger in order to improve his chances of making the varsity team. Taylor took his coach's advice seriously, and he resorted to using anabolic steroids as a shortcut to reach his goal.

I am absolutely convinced that Taylor's use of anabolic steroids played a significant role in causing the depression severe enough to result in suicide, and I have learned that what happened to Taylor, the events leading up to and including his suicide are right out of the medical textbook on steroids. And we have also found out that Taylor is not the only young person that this has happened to. Since going public, we have been contacted by a number of families from across America whose stories are very similar to Taylor's. I would ask you to look at the front page of the New York Times today. There is another tragic story today from a young man named Efrain Marrero, from the State of California.

Well, just how widespread is steroid use amongst our youth? The question is extremely difficult to answer, because the users are so secretive about their usage. According to Dr. Yesalis, who is here on the panel, and I quote: "In my 58 years, other than pedophilia, I have never seen a behavior as secretive as this." Well, with this secrecy in mind, and based on what I have learned from talking with the kids, I believe the studies that have been quoted here underestimate the usage amongst our kids. Experts in general put the usage rate at somewhere between 5 and 6 percent of the total high school population. Some studies put the use of steroids at about 11 to 12 percent of the junior and the senior male high school students in some parts of the country, especially the South, where I come from.

During the days following Taylor's funeral, we had a little window open, when the kids told us the secrets about what was going on. They opened up to my wife and I. They told us that there are a lot more kids doing steroids than the percentages I just shared with you. Some estimate that at least a third of the young men that show up to play high school under the lights on Friday night are juicing.

Many factors contribute to the high usage of steroids amongst our kids, including the pressure to win and earn a scholarship, combined with heavy peer pressure. I believe a major contributor is the example, the poor example being set by our professional teams, athletes and management. Our kids look up to these guys. They want to do the things that the pros do to be successful.

When I looked for a quote to illustrate the messages that are being sent to the kids, I really didn't have to look far. All I had to do was pick up Jose Canseco's new book. He tells the world: "I truly believe that because I have experimented with it for so many years, that it can make an average athlete a super athlete. It can make a super athlete incredible, just legendary." He attributes his success in baseball to his use of steroids, and the kids know that Jose is not the only big league player that has used steroids to help them get to the top.

Let me take this opportunity to speak directly to players like Barry Bonds and others, who insult our intelligence by claiming that they do not know what they have been taking to improve their performance. Barry, gentlemen, the next time you are wondering

what the stuff is that is causing you to gain the muscle and strength that allows you to hit so many home runs, just ask any high school baseball player in America. They know exactly what you have been taking to get those results, and they are following your lead. Our youngsters hear the message. It is loud, it is clear, and it is wrong. If you want to achieve your goals, it is okay to use steroids, because the pros are doing it.

Major League Baseball and other sports need to take serious steps to solve this steroid problem. To use steroid sports is cheating, in addition to being a felony. Slapping a player on the wrist with a 10 game suspension sends just one more signal to the kids that management is not talking seriously about ridding the game of this junk. Forcing a player to miss just 6 percent of the season is equivalent to forcing a high school kid to sit out just one game during a season. And we really shouldn't be talking at all about putting asterisks next to these guys' records. We are missing the whole point. They ought to be thrown out of the big leagues.

Over 80 percent of the steroids that are sold illegally to our kids in the U.S. come across the border from Mexico. They are of very questionable quality. Most are veterinary grade at best, designed for horses, pigs, and cattle. They are very easy to buy. They are sold by drug pushers at most local gyms. Taylor met his dealer at our local YMCA, and yes, they can easily be purchased over the Internet.

So, what do we do about it? I believe testing is a crucial way of controlling steroid abuse amongst our athletes, because it is the only way to know for sure whether or not these kids are using this drug. In addition, a random testing program can act as a deterrent against our kids using steroids. Today's high school student has no fear of getting caught. There is no testing. Most coaches are not taking active steps to stop this usage. Parents don't know what to look for, and neither do many family physicians, and our law enforcement officials are not paying serious attention to this illegal use by our kids. A testing program will create the risk of getting caught, and will at least give the kids an excuse to say no when they are pressured to use steroids.

Another weapon that we have is education. Students need to understand that these drugs can seriously harm them. But warning a 16-year-old about the dangers of having a heart attack or developing liver cancer when he is 40 years old is probably going to fall on deaf ears. That is why I believe our coaches are the most serious target for this education. They are the key to solving the problem. Coaches are positioned to reward the behavior of the steroid user. For example, a young man may earn a starting position on the defensive line, because of the increase in weight and strength that the kid developed when he used steroids over the summer. Coach may not know that the player used steroids to achieve the result, but believe me, the other kids on the team know how the result was achieved, and they get another clear message that they need to take steroids in order to compete.

With this in mind, I believe that we must take steps to make coaches more responsible and accountable for supervising the situation with the teams. They need to be trained to recognize the symptoms of steroid abuse. They need to be trained to know what to do

about it, and they need to be held accountable for ensuring that their teams are steroid-free. Coaches should be forced to implement a zero tolerance policy against steroid abuse, and our coaches need to be certified. They need to have to pass a test to prove they are competent to supervise our kids.

In addition, the medical community needs to step up to this problem. Many doctors have told me this is not a subject that they are trained on in medical school. Our clinics are not prepared to handle steroid abusers. I have heard a number of steroid users that were thrown out of traditional drug clinics because of their aggressive behavior.

To help fill the education void, we are working in conjunction with experts in this field, like Dr. Gary Wadler and others, and have formed a non-profit foundation, the Taylor Hooton Foundation, for fighting steroid abuse. The only private group that we know of that is organizing to fight this battle, and we would love to explore ways to work with you to make our foundation part of your efforts moving forward. There are other things that you can do, such as strengthening the penalty for distribution and possession, and ensuring that existing laws are enforced. And we need to find ways to stop the flow of steroids across the borders from Mexico.

Creative legislation is needed now. Doing nothing will ensure steroid use will grow. Pros continue to use, coaches continue to look the other way, and parents continue to push the kids to get that scholarship. Knowingly or unknowingly, our kids continue to be pressured into using steroids.

[The prepared statement of Donald M. Hooton follows:]

PREPARED STATEMENT OF DONALD M. HOOTON

20 short months ago, our youngest son Taylor took his own life. He was just 2 weeks away from beginning his senior year in high school. This past spring, he would have been a starting pitcher on his varsity baseball team.

During the fall of his junior year, his JV coach told this 6'3"—175 pound young man that he needed to "get bigger" to improve his chances of making varsity. Taylor took his coach's advice seriously, and he resorted to use of anabolic steroids as a short-cut to reach his objective.

I am convinced that Taylor's secret use of anabolic steroids played a significant role in causing the severe depression that resulted in his suicide. I have learned that what happened to Taylor—the events leading up to and including his suicide—are right out of the medical "textbook" on steroids.

And, Taylor is not the only young person that this has happened to. Since going public with Taylor's story, we have been contacted by a number of families from across America whose children have met the same fate as Taylor.

How widespread is steroid usage amongst our youth?

This question is difficult to answer because the users are so secretive about their usage. According to Dr. Chuck Yesalis of Penn State University, "In my 58 years, other than pedophilia, I've never witnessed a behavior as secretive as this."

With secrecy in mind and based on what I have heard directly from kids, I believe most studies underestimate actual usage rates.

Experts put the usage rate at about 4-5% of the total US High School population. Some studies have put the use of steroids at about 11-12% of the junior/senior HS male population in some parts of the country—for example, the South.

During the days following Taylor's funeral, many of Taylor's friends opened up to my wife and I about what's really going on amongst their peer groups. They told us that there are more kids doing steroids than the percentages that I just shared with you. Some estimated that at least a third of the high school players that show up to play football under the lights on Friday nights are "juicing."

Many factors contribute to the increase in steroid usage amongst our kids including the pressure to win and earn a scholarship, combined with heavy peer pressure.

I believe a major catalyst is the poor example being set by our professional teams—athletes and management. Our kids look up these guys—they want to do those things that the pros do to be successful.

When I looked for a quote to illustrate the messages that the pros are sending to our kids, I didn't have to look far. In Jose Canseco's new book he says, "I truly believe that because I've experimented with it for so many years that it can make an average athlete a super athlete. It can make a super athlete incredible. Just legendary!" He attributes his success in baseball to his illicit use of steroids.

And, the kids know that Jose is not the only big league player that has used steroids to help them get to the top. Let me take this opportunity to speak to players like Barry Bonds and others who insult our intelligence by claiming not to know what it is that they've been taking to improve their performance—"Gentlemen, the next time you are wondering what that stuff is that is causing you to gain the muscle and strength that allows you to hit so many home runs, just ask any high school baseball player in America. They know exactly what it is that you've been taking to get that kind of results and they are following your lead.'

Our youngsters hear the message: it's loud, it's clear, and it's wrong—"if you want to achieve your goals, it's okay to use steroids to get you there because the pros are doing it."

Major League Baseball and other sports need to take serious steps to stop the use of steroids by the players. To use steroids in sports is cheating in addition to being a felony. Slapping a player on the wrist with a 10-game suspension sends just one more signal to the kids that management is not serious about ridding the game of this junk. Forcing a pro to miss just 6% of the season is equivalent to forcing a high school kid to sit the bench for one of his games! And, we shouldn't be talking about whether to put an asterisk next to these guys' records! We're missing the whole point. We should be throwing them out of the big leagues.

Over 80% of illegally sold steroids our kids are buying come across the border from Mexico. They are of very questionable quality—most are veterinary grade at best, designed for use in horses, pigs, and cattle. They are very easy to buy. They are sold by drug pushers at most local gyms—Taylor met his dealer at our local YMCA. And, yes they can even be easily purchased over the Internet.

Now, what can we do about it?

I believe testing is a crucial way of controlling the abuse of steroids among athletes—it is the *only* way to know for sure whether kids are using these drugs. In addition, a random testing program can act as a deterrent against kids using steroids. Today's HS student has no fear of getting caught—there is no testing, most coaches are not taking active steps to stop usage, parents don't know what to look for and neither do many family physicians, and law enforcement officials are not paying serious attention to the illegal use of steroids by our kids.

A testing program will create a risk of getting caught and will give the kids a good excuse to say "no" when they are pressured to use steroids.

Another weapon that we have in this fight is education.

Students need to understand that these drugs can seriously harm them. But warning a 16-year-old about the dangers of having a heart attack or developing liver problems when he turns 35 or 40 will probably fall on deaf ears.

That's why I believe that our coaches are the most important first target for this education—they are the key to solving this problem. Coaches are positioned to reward kids that take steroids. For example, a young man may earn the starting position on the defensive line because of the increase in weight and strength that resulted from secret steroid use. The coach may not know that this player used steroids to achieve this result. But believe me, the other kids on the team know how the result was achieved and they get a clear message that they need to take steroids in order to compete.

With this in mind, I believe that we must take steps to make coaches more responsible & accountable for supervising this situation with their teams. Coaches need to be:

a) Trained to recognize the symptoms of steroid abuse,
b) Trained to know what to do about it, and
c) Held accountable for insuring that their teams are steroid-free.

Coaches should be forced to implement a zero tolerance policy against steroid abuse.

In addition, our medical community needs to step up to this problem. Doctors have told me that this is a subject that they are not trained on in medical school. Clinics are not prepared to handle steroid abusers—I have heard about a number of steroid users that were thrown out of traditional drug treatment centers because of their "aggressive behavior."

To help fill the education void, we have formed a non-profit foundation—The Taylor Hooton Foundation for Fighting Steroid Abuse, the only private group that is organizing to help fight this battle. We would like to explore ways to work with you make our Foundation part of your efforts moving forward.

There are other things that you can do such as strengthening the penalties for distribution and possession and insuring that existing laws are enforced. And we need to find ways to stop the flow of steroids across our borders.

Creative legislation is needed NOW. Doing nothing will insure that steroid use will grow. Pros continue to use, coaches continue to look the other way for whatever reason, and parents continue to push their kids to get that scholarship. Knowingly or unknowingly, our kids continue to be pressured into using steroids.

Mr. STEARNS. Thank you very much. Dr. Goldberg.

STATEMENT OF LINN GOLDBERG

Mr. GOLDBERG. Mr. Chairman and committee members. Thank you for the opportunity to testify on this critical issue.

I am a practicing physician and professor of medicine in the Oregon Health and Science University. I have worked with young athletes for two decades. I am the father of 5 sons. So for me, this has—problem has significance, both personally and professionally.

It is difficult to be a teenage athlete today, but when winning turns into a win at all costs mentality, it can be destructive. Anabolic steroid use has invaded the world of adolescent sport. The NIDA-funded University of Michigan study shows that past year and past month use among twelfth graders is at an all-time high. Well-publicized problems of high school athlete steroid use in Utah, Arizona, today in Connecticut, and in Texas, are troubling reminders that this problem can occur anywhere.

Although there is a focus on steroids in professional sport, and the President correctly said we need to solve this problem, the vast majority of steroid users are attending our Nation's high schools as we sit here, and many don't have the tools to refuse an offer. Having just been to Texas last week, and speaking to coaches and administrators, it is clear that these school representatives want to rid their sports programs of this growing problem.

Steroid use has many origins. They include steroid abuse both by the high profile athlete and local athletes. There are gender and media pressures as well. For females, there is a link between disordered eating and depression. For males, there are links between unreasonable expectations of becoming a professional athlete, risk-taking, impulsivity, and poor decisionmaking.

One specific influence that promotes the tacit acceptance of steroid use has emerged through advertisers who glibly use the term "on steroids" to market their products, literally saying that their merchandise is bigger and better, as if it were on steroids. This includes the 3M corporation's ad stating that its "Post-it Easel" is like a "Post-it Note" on steroids, the U.S. Satellite Broadcasting's boast that its digital picture and sound are like "putting your TV on steroids," and Saab, comparing its car engine to the muscles created from steroid use.

Anabolic steroid use has numerous physical and psychological risks, and these risks may be even greater among adolescents, due to differences in physiology, lower body mass, and lack of hormonal maturity. So, what is the solution? With funding from the National Institute on Drug Abuse, we have studied this problem, and developed two specific programs. Initially, we learned what would not

work. We found that scare tactics, just say no, informational pamphlets, and adult lectures do not deter steroid use. High school students don't typically listen to lectures, they don't read pamphlets, and they often feel invulnerable. But what we did find that did work, we learned that we had to separate girls and boys, as their reasons for using these drugs differ. Second, the information discussions need to be led by peers, not coaches, because kids listen to kids. Third, there needed to be younger and older students present, so the more mature athletes could serve as role models. And last, the instructor, the facilitator, needed to be someone the students respect, in and out of the classroom, and those are the coaches. These necessary components are present in nearly every sports team in the United States.

Armed with NIDA's support, ATLAS, the program for young men, and ATHENA, the program for young women, were born. These programs provide healthy sports nutrition, strength training as alternatives to athletic-enhancing and body-shaping drugs, while reducing the risk factors that promote use of alcohol and other harmful substances. The messages are clear and tailored to each gender, and students really enjoy the activities. Peer leaders do the bulk of the teaching, and the coaches assist them.

After ATLAS, athletes had reduced alcohol and illicit drug use, more than a 50 percent reduction in steroid use, reduced sports supplement use, and less drinking and driving. ATHENA athletes had reductions in new sports supplements, diet pills, amphetamines, and steroid use, lowered alcohol and marijuana use, that was long-term, and less riding in cars with drinking drivers.

ATLAS was awarded the Model Program status by SAMHSA, and recognized as exemplary by the U.S. Department of Education. ATLAS and ATHENA are the feature prevention programs listed in the Anabolic Steroid Control Act of 2004, and these education initiatives require funding. During high school, students establish habits that can last a lifetime. To prevent steroid use, schools need to do what they do best, educate. They need to educate parents, teachers, coaches, and athletes.

ATLAS and ATHENA are examples of rigorous research-based programs being used for public service. They improve the health of young athletes, and recapture the healthy mission of sport.

[The prepared statement of Linn Goldberg follows:]

PREPARED STATEMENT OF LINN GOLDBERG, PROFESSOR OF MEDICINE, DIVISION OF HEALTH PROMOTION AND SPORTS MEDICINE, OREGON HEALTH & SCIENCE UNIVERSITY

Mr. Chairmen and members of the committees: Thank you for the opportunity to testify on this critical issue. I am a practicing physician, professor of medicine and Head of the Division of Health Promotion & Sports Medicine at the Oregon Health & Science University in Portland, Oregon. For nearly two decades, I have worked with young athletes and have been engaged in the study of anabolic steroids and other performance enhancing drug use. I also am the father of five sons. For me, this problem has significance, both personally and professionally.

It is difficult to be a teenage athlete today. More than 50% of high school students participate in school-sponsored athletics, and these student-athletes face the pressure to succeed, perform at a high level, and win for themselves, their team, parents, schools and communities. When winning becomes more important than developing well-adjusted student-athletes, this often translates into substance abuse and antisocial behavior.

Anabolic steroid use has invaded the world of adolescent sport. Despite a perception that student-athletes are not involved in unhealthy behaviors, young athletes participate in substance abuse at a rate similar to that of non-athletes and they have even higher rates of performance enhancing drug and supplement use. The most recent *Monitoring the Future* survey shows that past year and past month steroid use among high school seniors is at its highest level since self-reported use was first assessed over a decade ago. The arrest of Utah high school students traveling in a van loaded with steroids, and the recent admitted use of these drugs by high school teams in Arizona and Texas, are reminders that this problem requires immediate action.

Despite the focus on steroid use among selected professional and Olympic athletes, and news reports of use by police officers, the vast majority of steroid users are in our nation's high schools. Based on the May, 2004 *Centers for Disease Control* report, there are more than 800,000 high school students who have used or are currently using anabolic steroids. Also, because steroids have not been a focus of youth drug prevention, and since high school drug prevention is limited, young athletes are unprotected at a time when they are particularly vulnerable to the inducements and risks of these drugs.

Steroid use among children and adolescents has several origins. Besides the significant role model effect from high profile steroid abusing athletes, there are gender and media pressures. For adolescent females, the desire toward being thin is compounded by the needs of their sport, resulting in disordered eating, depressive symptoms and use of body-shaping drugs, including steroids. For young male athletes, there are unrealistic expectations for their future as collegiate and professional athletes, coupled with risk-taking and impulsive behaviors that lead to performance-enhancing drug use. Adolescent male steroid use has been found to be related to anti-social behavior, and use of alcohol and other drugs.

Another critical influence toward the acceptance of steroid use may have emerged among advertisers who glibly use the term, "on steroids" to market their products. These strategies promote the idea that being "on steroids" relates to their merchandise being bigger and better. This includes the 3-M corporation's ad stating that its "Post-it Easel" is like a "Post-it Note" on steroids, or U.S. Satellite Broadcasting's boast that its digital picture and sound are like "putting your TV on steroids." A recent shoe ad describes its cross training athletic shoe to be "cross trainers on steroids," while a Saab automobile advertisement compared their vehicle's engine to the large muscles derived from steroid use with the title, "Saab vs Steroids." Could anyone imagine marketing strategy that makes the analogy that their product is "on" any other drug of abuse, like cocaine, LSD, or marijuana? In our society, only steroid drugs are associated with being bigger and better and used in ad campaigns.

Anabolic steroid use has numerous risks. These risks may be even greater among adolescents, due to differences in physiology, body mass, and maturity. Current scientific data probably underestimates the actual harmful effects of steroid use because of the low doses studied in most research, which do not approach the typical doses used by steroid users. Because there are no long-term scientific studies of use at the extreme levels taken by athletes, research into the effects have been left to animal studies, case reports, and lower dose use. These documented harms include: 1) increased risk for cardiovascular disease, including heart attacks and strokes; 2) the risk of various liver diseases, especially for those who use the oral steroids; 3) tumors, including those of the prostate and liver; 4) tendon rupture; 5) kidney failure; 6) masculinization of women; 7) stunting the height of children and adolescents; and 8) psychological disturbances ranging from suicidal depression to uncontrolled aggression. In addition, because of needle sharing, the risk of HIV/AIDS, hepatitis, and serious infections are ever-present.

So, what is the solution? To combat the growing use of steroids and associated behaviors, my colleague Diane Elliot and I engaged in 4 years of formative research. Initially we learned what would not work. We found that scare tactics, informational pamphlets and adult lectures would not deter students from steroid use, since high school students don't enjoy lectures, don't read pamphlets and often feel invulnerable. What we did learn however, was that an effective prevention program would need four major components. First, we needed to separate the girls and boys, because their risk and protective factors for harmful behaviors differ. Second, the information and discussions needed to be led by peers, because kids listen to kids, and the venue should be a place where students work together and share common goals. Third, there needed to be younger and older students present, so the more mature students could serve as role models. Fourth, an instructor needed to be someone the students respect, in and out of the classroom. As you can see, these necessary components are present in every high school sport team.

After learning these lessons, we applied for and were awarded funding from the National Institute on Drug Abuse. With NIDA funding, ATLAS, the program for young men, and ATHENA, the program for young women, were born. ATLAS and ATHENA are team-centered, programs, with most of the teaching performed by student-athletes, and facilitated by the coach. These programs provide healthy sports nutrition and strength-training as alternatives to use of athletic-enhancing and body-shaping drugs, while reducing risk factors that promote use of alcohol and other illicit substances that can harm sport performance. The messages and activities are clear and tailored to each gender. Not only are these programs successful, kids really enjoy them. Today, schools from 29 states and Puerto Rico have selected these programs for use.

Athletes Training & Learning to Avoid Steroids

Athletes Targeting Healthy Exercise & Nutrition Alternatives

The results of ATLAS and ATHENA have been published in prestigious, peer-reviewed scientific journals, including *JAMA* (*Journal of the American Medical Association*) and the *Archives of Pediatrics and Adolescent Medicine.* Findings for ATLAS include:

- Significant decreases in alcohol and illicit drug use
- More than 50% reduction in new anabolic steroid use
- More than 40% reduction in performance enhancing supplement use
- 24% reduction in drinking and driving
- Improved dietary behaviors, increased physical capacity, and reduced body fat

For ATHENA, the changes include:

- More than 50% reduction in new sport supplements, amphetamines & steroid use
- More than 50% reduction in new and ongoing use of diet pills
- Long-term reductions in alcohol and marijuana use
- A reduction in riding in cars with drinking drivers, and an increase in seat belt use
- A reduction in new sexual activity
- Improved nutrition and strength training behaviors
- Fewer sports injuries

After careful review by federal agencies, ATLAS was awarded *Model Program* status by the *Substance Abuse and Mental Health Services Administration* and was recognized as one of only nine *Exemplary Programs* by the *United States Department of Education.* ATLAS and ATHENA are the only featured prevention programs listed in the *Anabolic Steroid Control Act of 2004.*

The high school years represent a critical window of opportunity to prevent the use of steroids, alcohol and other drugs. During this period, students are establishing habits that will last a lifetime. Schools need to do what they do best—educate. They need to educate coaches, parents and their athletes. ATLAS and ATHENA are examples of rigorous research initiatives that have turned into important public health interventions that can be easily implemented by school districts throughout the United States. ATLAS and ATHENA and programs modeled after them, can improve the health of young athletes and recapture the healthy mission of sport.

SUMMARY OF MAJOR POINTS

- Student-athletes face pressures to succeed in their sport. For some schools winning appears more important than developing well-adjusted student-athletes. When this occurs, it can lead to substance abuse and antisocial behavior.
- Monitoring the Future reports that past year and past month steroid use among high school seniors is at its highest level since steroid use was first assessed. Although there has been a focus on Olympic and professional athletes' steroid use, most users are high school athletes. The CDC suggests over 800,000 teens report current or prior use.
- Male and female adolescents use steroids for different reasons. For females, it is related to disordered eating practices and depressive symptoms; whereas for males it is more related to being muscular, risk-taking, anti-social behavior and use of alcohol and other drugs.
- Steroid use can cause significant physical and psychological harm. Risks include heart attacks, strokes, certain tumors, liver disease, depression and uncontrolled aggression. These drugs can stunt the height of growing adolescents and masculinize women. The unhealthy effects of steroids are more likely to occur among adolescents than adults.
- ATLAS and ATHENA are two NIDA funded, gender-specific, sport team programs that use peer teaching and a coach facilitator. These research-tested, interactive programs provide sports nutrition and strength training as alternatives to use

of athletic-enhancing and body-shaping drugs, and reduce risk factors that promote use of other substances that can harm sport performance. ATLAS and ATHENA athletes showed reduction of steroids, alcohol and other drug use, and improved health behaviors.

• ATLAS and ATHENA are easily implemented into schools, are enjoyable to students, improve the health of young athletes and recapture the healthy mission of sport.

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Mr. STEARNS. Thank the gentleman. Mr. Kanaby, Dr. Kanaby.

STATEMENT OF ROBERT F. KANABY

Mr. KANABY. Thank you, Mr. Stearns. I want to thank you, Chairman Stearns, Chairman Deal, Ranking Member Schakowsky, Ranking Member Brown, and the distinguished members of these combined subcommittees, for the opportunity to testify today, pardon me, on the issue of steroid use amongst our young athletes.

I have served as Executive Director of the National Federation of State High School Associations for the past 12 years. Also in my background, I served 13 years as the Executive Director of the New Jersey High School Athletic Association, and before that, some 19 years, in the New Jersey public schools, as a teacher, coach, and high school principal. The membership of the NHFS, our organization, are very aware and concerned about this growing problem of steroid and performance-enhancing drug distribution, and use in high schools, and the ever growing influence of the use in higher levels of competition. The average high school student has little sense of mortality, but a huge sense of where he or she stands within their peer group context. That is an explosive combination when products exist and are easily obtained that can make a young person stronger, faster, and more athletic.

Permit me to give you just a brief background on the NFHS and its role in high school sports and activities. It is the national service and administrative organization for high school athletics, fine arts, and programs in speech, debate, theater, and music. Its purpose is to provide leadership and coordination of these activities, to enhance the educational experiences and the educational purposes to high school students, and to reduce the risks incident to their participation. We promote inclusiveness and sportsmanship in all that we do, and its paramount goal is to develop good citizens through sports and activities. Its independent members, the 50 high school associations in each State and the District of Columbia, conduct championships and enforce eligibility rules in their own respective jurisdictions. The NHFS promulgates voluntary rules of play for the Nation's 7 million high school student athletes, and unlike the NCAA, the NHFS does not perform enforcement functions, nor sponsor any national events.

We know steroids are harmful, terribly harmful, but unfortunately, in a society where a bigger, faster, and stronger mentality prevails, young people often turn to steroids and performance-enhancing drugs to get the edge, often unaware or ignoring the potential health risks essential and associated with such products. These health risks range, as you have so accurately stated, from the mundane to the absolute lethal.

Over 1 million young people in the United States have used steroids at least once in their lifetimes, according to our statistics,

and more than one third of high school steroid users do not participate in interscholastic sports. So, it is a problem that transcends even the issue of which we have been speaking about here.

Our difficulty is to inhibit usage. That is the challenge before us, to answer the question what can be done to discourage their usage and distribution amongst our young people. Unfortunately, like most things, there is no one quick fix. Anabolic steroids pose as complicated an issue as all the other drugs and social welfare problems that plague our society today.

But there are things that are being done. Dr. Goldberg just mentioned the conference. One of the cosponsors of that conference a week ago in Dallas, Texas, which I also attended, is the UIL, which is our member State association in Texas. Many other State associations are taking action on these issues. The California Interscholastic Federation provides an excellent example of what can be done in the way of education. The CIF, in cooperation with the United States Drug Enforcement Agency, held a Steroid Summit last fall, and distributed health bulletins to its member schools. Additionally, this month, the CIF will send almost 1,400 member high schools an educational PowerPoint presentation which emphasizes the dangers of anabolic steroids. We have provided the committees with a copy of that program. Through an aggressive plan of coach-student, coach-parent, school administrator-student meetings and presentations, the full truth about steroids must reach their target audience.

Other things that are occurring as we speak. At the Virginia General Assembly, recently passed a bill which is currently awaiting the Governor's signature. The legislation will allow our Virginia High School League to establish rules whereby a student, who has used steroids, unless prescribed by a licensed physician for a medical condition, would be declared ineligible for a minimum of 2 years. Additionally, the Michigan State legislature is currently conducting hearings on a bill that would require each local board of education to have a policy that includes a prohibition of performance-enhancing drugs, but leaves the period of ineligibility determination to the local schools. The prohibited drugs are those that are banned by our partners, the National Collegiate Athletic Association, including steroids. This approach is important to note, for the committee to understand, because neither the National Federation, nor our member State associations, have the authority to mandate adoption of such a rule at the local school level. This remains a local school prerogative.

What do we recommend? Well, the Anabolic Steroid Control Act of 2004 is certainly a step in the right direction, and we have supported that from its early initiation, and we applaud Congress' efforts thus far. But we believe that for high schools, it is important to continue and enhance the efforts currently underway to educate students on the dangers of using these products.

Testing can work, but we believe it can work to a degree. As the American Academy of Pediatrics notes, random drug testing is a deterrent at the Olympic level, the NCAA level, and professional sports levels, but it is probably too costly for widespread use in high schools. Bluntly stated, high schools lack the money to test, an ongoing testing program, for steroids. To put the cost issue in

perspective, the NCAA spends about $4 million each year on drug testing for its 360,000 student athletes. There are 20 times that number of student athletes at the high school level, not to mention those who are not involved in interscholastic sports.

One of the good things about teenagers, and there are many good things about teenagers, is that they are trusting of adults who don't abuse such trust. They are more likely to believe us when we tell them both sides of the story. Much as they would like bigger muscles, they already know enough about acne to understand that they don't want more of it, and they certainly don't want the other short-term problems, too.

But we must focus not only on educating our young people, but we must focus on educating our coaches, our school administrators, parents, and the community at large, in order to deal with this issue. The NHFS Coaches Education Program, which annually trains 40,000 to 50,000 coaches a year, including on this subject, is a good example, but it is far too little, in terms of meeting and heading off this problem.

Mr. STEARNS. Mr. Kanaby, I will ask you——

Mr. KANABY. I am sorry.

Mr. STEARNS. [continuing] to sum up. We are——

Mr. KANABY. I apologize.

Mr. STEARNS. No, it is okay. We are generally keeping it within the range of 5 minutes, as an opening statement. So, if you could.

Mr. KANABY. Let me conclude by simply saying that we stand ready and prepared to work with this committee, as well as Congress and our government, to try to deal with this issue, through our member State associations. We have a network in place, and we do a good job of delivering information, or can do a good job of delivering information to students and coaches and administrators. And we are prepared to assist in any way that we possibly can to do that.

[The prepared statement of Robert F. Kanaby follows:]

PREPARED STATEMENT OF ROBERT F. KANABY, EXECUTIVE DIRECTOR, NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

Introduction

Thank you Chairman Stearns, Chairman Deal, Ranking Member Schakowsky, Ranking Member Brown and distinguished Members of the Subcommittees for the opportunity to testify today on the issue of Steroid use among our young athletes. My name is Robert Kanaby and I have served as the Executive Director of the National Federation of State High School Associations (NFHS) for the past 12 years. Prior to that, I served 13 years as the Executive Director of the New Jersey State Interscholastic Athletic Association. I have also been a high school teacher, coach, vice principal and principal.

The Problem

In my role as the Executive Director of the NFHS, I have become keenly aware of the growing problem of steroid and performance enhancing drug distribution and use in high schools and all levels of athletic competition. Last week, as it happens, I attended a conference in Houston, Texas focusing on this very problem.

The average high school student has little sense of mortality, but a huge sense of where he or she stands within a peer group context. That is an explosive combination when products exist that can make a young person stronger, faster and more athletic. The products, anabolic steroids and their ilk, are effective; let's not delude ourselves on that point. Thus, the key questions we face in considering this problem are the following: 1. Are steroids harmful? and 2. If so, how can we discourage their use by teenagers? These questions have long been of interest to the NFHS.

Who Are We?

Let me give you some background on the NFHS and its role in the high school sports and activities community.

The NFHS is the national service and administrative organization for high school athletics and fine arts programs in speech, debate, theater and music. Its purpose is to provide leadership and coordination of these activities to enhance the educational experiences of high school students and reduce the risks incident to their participation. The NFHS promotes inclusiveness and sportsmanship, and its paramount goal is to develop good citizens. Its members, the 50 high school associations in each state and the District of Columbia, conduct championships and enforce eligibility rules in their respective jurisdictions.

The NFHS promulgates voluntary rules of play for the nations 7,000,000 high school student-athletes. (Unlike the NCAA, the NFHS does not perform enforcement functions.) In coordinating a variety of activities incident to high school sports, one of its key functions is to obtain and disseminate health and safety-related information. For example, the NFHS has promulgated a statement on drug and supplement usage and supplement that has been adopted as policy by many of the nation's 18,000 high schools.

Are Steroids Harmful?

With respect to the first question, whether steroids are harmful, the answer is an unequivocal yes. But unfortunately, in a society where a "bigger, faster, stronger" mentality prevails, young people often turn to steroids and performance enhancing drugs to get the "edge," often unaware or ignoring the potential health risks associated with such products. These health risks range from the mundane to the lethal. According to the American College of Sports Medicine, "anabolic steroid use has been implicated in early heart disease, including sudden death, the increase of bad cholesterol profiles (increased LDL, lower HDL), an increase in tendon injuries, liver tumors, testicular atrophy, gynecomastia (abnormal enlargement of breast in males), male pattern baldness, severe acne, premature closure of growth plates in adolescents, emotional disturbances and other significant health risks." The National Institute on Drug Abuse adds to this list many behavioral side effects of anabolic steroid use including, paranoid jealousy, delusions, increased irritability and aggression (often called "roid rage").

Facts/Studies Regarding Anabolic Steroid Use

Over one million young people in the United States have used steroids at least once in their lifetimes. And more than one-third of high school steroid users do not participate in interscholastic sports. A "Monitoring the Future" survey, funded by the National Institute on Drug Abuse, reported an increase in anabolic steroid use and a decrease in perceived harm among 10th graders from 1998 to 1999. This same survey annually measured whether 8th, 10th and 12th graders had ever used anabolic steroids, used anabolic steroids in the past year, and used anabolic steroids in the past month. The 2003 survey indicated 2.5% of 8th graders, 3.0% of 10th graders, and 3.5% of 12th graders had used anabolic steroids at some time.

Inhibiting Usage

The more problematic issue we face in dealing with anabolic steroids, after determining harm associated with them, is what can be done to discourage their usage and distribution among our young people? Unfortunately there is no one quick fix, anabolic steroids pose as complicated an issue as all of the other drug and social welfare problems that plague society. While complicated and difficult, it is imperative we address these issues and be committed to making a change.

What is Already Being Done?

Many state high school associations are already taking action. For example, the California Interscholastic Federation provides an excellent example of what can be done in the way of education. The CIF, in cooperation with the United States Drug Enforcement Agency held a "Steroid Summit" last fall, and distributed health bulletins to member high schools. Additionally, this month the CIF will send to almost 1400 member high schools an educational Power-Point presentation which emphasizes the dangers of anabolic steroids. The power-point presentation is attached. Through an aggressive plan of coach-student, coach-parent, school administrator-student meetings and presentations, the full truth about steroids will reach the target audience.

Other member state associations are looking towards their local legislatures for assistance. The Virginia General Assembly recently passed a bill which is currently awaiting the Governor's signature. The legislation will enable the Virginia High School League to establish rules whereby a student, who has used steroids, unless

prescribed by a licensed physician for a medical condition, would be declared ineligible for two years.

Additionally the Michigan state legislature is currently conducting hearings on a bill that would require each local board of education to have a policy that includes a prohibition of performance enhancing drugs, but leaves the period of ineligibility determination to the local schools. The prohibited drugs are those banned by the National Collegiate Athletic Association, including steroids.

What does the NFHS recommend?

The Anabolic Steroid Control Act of 2004 is a step in the right direction. The NFHS was one of the early supporters of that legislation and we applaud Congress' efforts thus far, but more needs to be done. We believe that for high schools it is important to continue and enhance the efforts currently underway to educate students on the dangers of using these products.

Testing

Testing works. As the American Academy of Pediatrics notes, "random" drug testing is a deterrent at the Olympic, NCAA, and professional sports levels, but it is probably too costly for widespread use in high school. It is expensive, both from the standpoint of the tests themselves, and because of the litigation that can ensue from positive tests.

Bluntly stated, high schools lack the money to test for steroids. To put the cost issue in perspective, the NCAA spends $4,000,000 each year on drug testing for its 360,000 student-athletes. There are twenty times that many student-athletes at the high school level. There are also potentially difficult legal issues to consider relating to minority, privacy and informed consent. All that aside, however, we must recognize that in an era of scarce resources, steroid testing is way down on budgetary pecking order for most school districts. This is particularly true if there is another good way to address the problem, and there is.

Education

One of the good things about teenagers, and there are lots of good things about them, is that they are trusting of adults who don't abuse such trust. If we are honest with young people about the positive aspects of steroids (which they already know), they are much more likely to believe us when we tell them the other side of the story. Much as they would like bigger muscles, they already know enough about acne to understand they don't want more of it. They certainly don't want the other short-term problems either. The long-term problems are even worse.

But we must focus on educating not only coaches and athletes, but school administrators, parents and the community at large. Fortunately, there are some good sources of education about steroids. One of the best on-line services for the student-athlete audience is the Resource Education Center maintained by the National Center for Drug Free Sport [www.drugfreesport.com]. There are also excellent programs for coaches and administrators, and various educational programs have, in fact, been implemented to address the use of steroids and performance enhancing drugs. The NFHS Coaches Education Program is a good example.

From a delivery standpoint, the NFHS and its members are experienced providers. We are very good at putting useful information in the hands of high school coaches and athletic directors. Assuming they have developed the relationships of trust referenced above (and most of them have), the truth about steroids WILL resonate with the target audience.

Steroids are a problem at the high school level, but we are dealing with it. Coaches and other educators have the relationships of trust necessary to deliver difficult information. They are doing it now, and they will keep doing it as time goes on

The Role of Congress

If the Congress wants to help us, we would welcome your support. As an educator, I urge that any such help be focused primarily on education rather than on mandates relating to testing or other punitive measures. An example would be funding the development of deterrence strategies which target not only student-athletes but non-athletes as well.

At our level, education is the right answer.

I'd like to thank both Subcommittees for the opportunity to be here today. I look forward to answering your questions.

Mr. STEARNS. Thank you. Ms. Worth.

Ms. WORTH. Mr. Chairman.

Mr. STEARNS. I think you will need a microphone, and you will—have it brought over to you.

Ms. WORTH. Thank you.

Mr. STEARNS. Put it nice and close, if you don't mind.

Ms. WORTH. Very good.

Mr. STEARNS. Okay.

STATEMENT OF SANDRA WORTH

Ms. WORTH. Mr. Chairman and members of the committee. On behalf of the National Athletic Trainers Association, and the more than 25,000 licensed and certified athletic trainers that we represent, I want to thank you for this opportunity to testify at today's hearing, "Steroids in Sports: Cheating the System and Gambling Your Health."

My name is Sandy Worth. I am a certified athletic trainer, and the head athletic trainer at the University of Maryland. I am also the head athletic trainer for our football team. Our athletic training staff for the football team is comprised of me, two full-time certified athletic trainers, one certified athletic training intern, and 10 to 12 undergraduate student athletic trainers.

Certified athletic trainers work with high school, collegiate, and professional athletes, as well as weekend athletes who are seen in private physician offices. We are licensed and certified health professionals. We are educated and trained in the prevention, treatment, and rehabilitation of injury that occurs during athletic competition, or general physical activity. The athletic trainer wears many hats. We are emergency first responders, we are health counselors, and we are rehabilitation specialists. We are not personal trainers.

The title of this hearing is most appropriate, and while I agree that the use of performance-enhancing drugs is cheating, the focus of my remarks will be on the health and safety issues related to steroid use. As I stated, we are health care professionals charged with ensuring the well-being of student athletes in our programs. Part of this responsibility includes being familiar with performance-enhancing drugs, signs of use, and the side effects of that use.

The NATA, the National Athletic Trainers Association, recognizes the myriad problems associated with steroid and other performance-enhancing drugs used in sports today. The health risks associated with steroid and other performance-enhancing drug use simply do not justify their use to improve athletic performance. The NATA considers this one of the most important issues facing the sports world today.

Many athletes competing at the collegiate level, whether Division I or Division III, believe that they can play at the professional level if they just get a little bit bigger, a little bit stronger, and a little faster. And to accomplish that goal, they have been programmed from a very early age to push their bodies to the limit. They will do most anything to make the dream a reality. For many, this is their mindset and their motivation.

Today, we have the tools and support of school administrations and coaching staffs to realistically prevent steroid use at the collegiate level, but we face an even more difficult challenge. Today, we know more about the long-term health effects of steroid use, and

we can do more to educate our athletes about the harmful side effects of using performance-enhancing drugs. But really, who is the young football player or baseball player or basketball player more likely to listen to, me, or a former professional athlete and admitted steroid user, who has been saying publicly that if you are good and want to get better, use steroids. And if you are great and you want to be incredible, use steroids.

And finally, as if that wasn't enough, it has been reported that he has also said, in addition to all the wonderful things that can happen to you athletically, your peers will find you "sexier." Unfortunately, what that drug abuser fails to tell these young athletes is that they also increase the risk of serious medical problems. What the former athlete also fails to mention to these young men or women, who may now believe that use of steroids will make them sexier, is that use of steroids can lead to testicular atrophy and impotence in men, and for women, there is hirsutism, or increased facial and body hair, and alopecia, which is baldness. So I suppose if his definition of a sexy male is an impotent 30 year old man with atrophied testicles, or a bald 30 year old female with a mustache, then perhaps steroid abuse can make you sexier. But if we can get Congress and the media to get out the real story, to deglamorize steroid use, then perhaps we can succeed in our public education efforts.

Mr. Chairman, it is not enough the athletes. We must also educate the parents. During a recent NATA-sponsored conference on the topic of steroid use, a colleague of mine related a recent situation he had encountered at his university. The university requires all athletes to undergo mandatory, periodic, unannounced drug testing. The athletes sign a waiver agreeing to submit to drug testing as a precondition for playing. Parents and/or guardians of the athletes are also informed of this policy. During one of the university-sponsored drug tests, two athletes tested positive for steroids. As is the university policy, the parents were brought in for drug counseling with the athletes. During the course of the counseling, it was discovered that not only were the parents aware that the child, their children were using steroids, but they were the ones who had actually purchased the drugs for their children. In both cases, the parents believed their children had an outside chance of playing professionally, and that in order to make that possibility a reality, supported the use of steroids, so the athletes could get bigger, could get stronger, and faster. If our education programs are going to be effective, we must start at a younger age with the athletes with the athletes, and we must also include educating the parents, not just the students, about the long-term health consequences of steroid use.

Late last year, the Congress passed, and President Bush signed into law, the Anabolic Steroid Control Act. This landmark legislation added anabolic steroids and a host of pharmacological agents related to testosterone to the list of controlled substances. This will make it more difficult for athletes to obtain these substances, but it won't completely prevent a determined athlete from procuring these drugs. That is why education is so important and why we were pleased that the legislation included a section on prevention and education.

As you know, Section 4 of the new law authorizes the Secretary of Health and Human Services to "award grants to public and non-profit private entities to enable such entities to carry out science-based education programs in elementary and secondary schools to highlight the harmful effects of anabolic steroids." The NATA fully supports this legislation and strongly urges the Congress to fund this new initiative to the full amount authorized by law, $15 million.

Today, we know better, or we should know better. We have the data, and we have the cover stories to bring this data to life, or death, as the case may be.

Mr. Chairman, I appreciate this opportunity to present these views on behalf of the NATA.

[The prepared statement of Sandra Worth follows:]

PREPARED STATEMENT OF SANDRA WORTH, HEAD ATHLETIC TRAINER, UNIVERSITY OF MARYLAND, REPRESENTING THE NATIONAL ATHLETIC TRAINERS' ASSOCIATION

Mr. Chairman and members of the committee. On behalf of the National Athletic Trainers Association and the more than 25,000 licensed and certified athletic trainers we represent, I want to thank you for this opportunity to testify at today's hearing: Steroids in Sports: Cheating the System and Gambling Your Health.

My name is Sandy Worth. I am a certified Athletic Trainer and the Head Athletic Trainer at the University of Maryland. I am also the Head Athletic Trainer for our Football team. The Athletic Trainer staff for the football team is comprised of me and 2 full time certified athletic trainers, 1 certified athletic training intern and 10-12 undergraduate student athletic trainers.

The Sports Medicine Department at my university provides athletic training services for 25 sports that includes more than 700 athletes participating in a very successful Division I intercollegiate athletics program. This is typical of many Division I schools. As assigned, one or more staff members will attend home contests and as able, one or more staff members will attend away games.

In addition to our game day activities we also are responsible for evaluating player injuries and recommending and supervising treatment and rehabilitation. The athletic trainer makes the final determination to return an athlete to the field, the court or rink following injury. When needed, this determination is made in conjunction with the team physician. Finally, we are the primary point of contact for both the University of Maryland and NCAA drug testing programs.

Certified Athletic Trainers work with high school, collegiate and professional athletes as well as the weekend athletes who are seen in private physician's offices. We are licensed and certified health care professionals. We are educated and trained in the prevention, treatment and rehabilitation of injuries that occur during athletic competitions or general physical activity. The athletic trainer wears many hats. We are emergency first responders, we are health counselors and we are rehabilitation specialists. We are not personal trainers.

The title of this hearing is most appropriate and while I agree that the use of performance enhancing drugs IS cheating, the focus of my remarks will be on the health and safety issues related to steroid use. We are health care professionals charged with ensuring the well being of the student athletes in our programs. Part of this responsibility includes being familiar with performance enhancing drugs, signs of use and the side effects of this use.

The NATA recognizes the myriad problems associated with steroid and other performance enhancing drugs use in sports today. Legal, ethical and sportsmanship boundaries quite frankly are being obliterated. The health and safety of all student athletes is a guiding principle of the NATA and used of these substances compromises that one very simple tenet. The health risks associated with steroid and other performance enhancing drug use simply do not justify their use to improve athletic performance. The NATA considers this one of the most important issues facing the sports world today.

Many athletes competing at the collegiate level—whether Division I or Division III—believe that they can play at the professional level if they just get a little bigger, a little stronger, or a little faster. To accomplish that goal, they have been programmed from a very early age to push their bodies to the limit. They will do most anything to make the dream a reality. For many, this is their mindset and motivation.

Mr. Chairman, my colleagues and I are on the front lines. We are involved in the education of our student-athletes about the adverse health effects of performance enhancing drugs such as steroids. As I mentioned earlier, we are the principle point of contact for drug testing programs at the collegiate and professional levels. Finally, because of our close contact with high school, collegiate and professional athletes, we often see the first signs of drug use, whether it is performance enhancing drugs or so-called recreational drugs. Today, we have the tools and the support of the school administration and coaching staffs to realistically prevent steroid use at the collegiate level. But we face an even more difficult challenge.

Today, we know more about the long-term health effects of steroid use and we can do more to educate our athletes about the harmful side effects of using performance enhancing drugs. But really, who is the young football or baseball or basketball player more likely to listen to, me or a former professional athlete and admitted steroid user who has been saying publicly that if you are good and want to get better, use steroids. If you are great and want to be incredible, use steroids. And finally, as if that wasn't enough, it has been reported that he has said that in addition to all the wonderful things that can happen to you athletically, your peers will find you "sexier". Unfortunately, what that drug abuser fails to tell these young athletes is that you will also increase the risk of serious medical problems. I have attached a list of known side effects of steroid use from an article entitled, "Steroid Use and Long-Term Health Risks in Former Athletes' published in 2002 in the Journal Sports Medicine (Miia Parssinen and Timo Seppala Sports Medicine 2002: 32(2): 83-94).

Here are a few of the nearly 40 problems associated with steroid use: Myocardial Hypertrophy, Depression, Suicide, Hepatic tumors, possibly cancer, Hyperinsulinism, and Aggressive Behavior.

And, what that former athlete also fails to mention to those young men or women who may now believe that use of steroids will make them "sexier", is that use of steroids can lead to testicular atrophy and impotence in men and for women there's Hirsuitism (mustaches) and Alopecia (baldness). So I suppose if his definition of a sexy male is an impotent 30 year old man with atrophied testicles or a bald 30 year old female with a mustache, then perhaps steroid abuse can make you sexier. But if we can get Congress and the media to get out the real story, to deglamorize steroid use, then perhaps we can succeed in our public education efforts.

Mr. Chairman, it is not enough to educate the athletes, we must also educate parents. During a recent NATA sponsored conference on the topic of steroid use, a colleague of mine related a recent situation he encountered at his University.

This particular University requires all athletes to undergo mandatory, periodic, unannounced drug testing. The athletes at this University sign a waiver agreeing to submit to drug testing as a precondition for playing in a Division One sport. The parents or guardians of the athletes are also informed of the policy.

During University sponsored drug tests, two athletes tested positive for steroids. As is the University's policy, the parents were brought in for drug counseling with the athletes. During this counseling session, it was discovered that not only were the parents of these athletes aware of their child's steroid use, but were the ones who had actually purchased the drugs for their children. In both cases, the parents believed their children had an outside chance of playing professionally and that in order to help make that possibility a reality, supported the use of steroids so the athletes could get bigger, stronger and faster. If our educational programs are going to be effective, we must start at a younger age and we must also include educating the parents—not just the athletes—about the long-term health consequences of steroid use.

As bad as things sometimes may seem, it is still better than when I first started as an Athletic Trainer. Twenty years or so ago a young man reported to our program standing 6'6" and weighing 250 pounds. Now for you and me that might seem big but given this young man's height he was rather light—at least for the position he played in his sport. A comment was made that the young man really needed to get bigger if he wanted to survive Division One football. I saw this young man about 3 months later. He had not only gained over 30 pounds, but he was "chiseled". How did this happen in just a short period of time—aggressive weight lifting—change in diet—or use of an anabolic steroid? Unfortunately at the time we did not have the authority to test but we all suspected he was using steroids—we just couldn't do anything about it. Today, there are procedures in place that would permit personnel to recommend testing. As with all testing, if the test did come back positive, the administration and coaches would be notified and the athlete would be subject to University and team sanctions.

NATA's 30,000 members, many of whom work with secondary school or collegiate students, are especially concerned with steroid use among young athletes. The long-

term, irreversible, negative effects of banned substances on a young athlete's growing body are a frightening repercussion not worthy of improved athletic performance. The NATA supports any and all governing body's—high school, college, amateur and professional and international—bans on steroids and other controlled substances not prescribed by a physician for therapeutic purposes and more severe penalties for those who violate these rules. While a broad ban on such substances is a start, an equally important weapon in the battle against steroid use is more thorough education of our student-athletes and parents. On going research on the dangerous side effects of steroids combined with more intense dissemination of the facts about the extreme health risks—to athletes of all ages, coaches at all levels and parents of all young athletes—may once and for all send the message that no on-field victory is worth serious health problems later in life.

Late last year, Congress passed and President Bush signed into law the "Anabolic Steroid Control Act". This landmark legislation added anabolic steroids and a host of pharmacological agents related to testosterone to the list of controlled substances. This will make it more difficult for athletes to obtain these substances but it won't completely prevent a determined athlete from procuring these drugs. That is why education is so important and why we were pleased that the legislation included a section on Prevention and Education.

As you know, Section Four of the new law authorizes the Secretary of Health and Human Services to "award grants to public and nonprofit private entities to enable such entities to carry out science-based education programs in elementary and secondary schools to highlight the harmful effects of anabolic steroids." NATA fully supports this legislation and strongly urges Congress to fund this new initiative to the full amount authorized by the law—$15 Million.

We also support the addition of questions concerning anabolic steroid use to the National Survey on Drug Use and Health.

Today, we know better—or we should know better. We have the data and we have the cover stories to bring the data to life—or death, as the case may be.

Mr. Chairman, I appreciate the opportunity to present these views and I would be happy to answer any questions you may have.

ADVERSE EFFECTS ASSOCIATED WITH THE USE OF ANABOLIC ANDROGENIC STEROIDS

Cardiovascular system

Myocardial hypertrophy, QT dispersion, Increased risk of thrombosis, Decreased HDL, Increased LDL, Increased triglycerides, Elevated blood pressure, Risk of myocardial infarction, Risk of sudden death

Behavior

Increased aggressive behavior, Depression, Mania, hypomania, Psychotic episodes, Suicides, Dependence, Mood swings, Increased irritability, Euphoria

Cancer

Increased risk of hepatic tumors, Increased risk of malignant tumors

Skin

Acne, Male pattern baldness

Hormonal system

Testicular atrophy, Impaired spermatogenesis, Transient infertility, Decreased testosterone production, Gynaecomastia, Impotence

Musculoskeletal system

Premature epiphyseal closure, Increased risk of tendon tears

Immunological system

Decrease in immunoglobulins

Metabolic system

Altered glucose tolerance, Hyperinsulinism

Effects in women

Altered menstruation, Clitoral enlargement, Hirsutism, Decreased breast size, Alopecia, Deepening of the voice

Source: "Steroid Use and Long-Term Health Risks in Former Athletes, Miia Parssinen and Timo Seppala, Sports Medicine 2002: 32(2): 83-94

Mr. STEARNS. I thank you. Dr. Yesalis, welcome.

Mr. YESALIS. Thank you.

Mr. STEARNS. Just turn your mike on. There you go.

STATEMENT OF CHARLES E. YESALIS

Mr. YESALIS. Thank you, Chairman Stearns. I appreciate this opportunity.

If you look at the work of investigative journalists, the testimonials of athletes, the work of sport historians, as well as government investigations and hearings, you quickly come to the conclusion that doping has been epidemic in elite sports since 1875. None of this is new. It has been a sustained epidemic.

In regard to the interest of government in this matter, this is the fourth time in 17 years I have been asked to testify. I looked, the first hearing on steroid use and amphetamine use in sport, was in 1973, in front of the 93rd Congress, when Olympic athletes and professional athletes openly testified about steroid use and amphetamine use of that era. They were very open about it.

While this epidemic continues, while it hasn't changed, what has changed, and I respectfully disagree with you, Congresswoman Schakowsky, I think the figure is closer to a million kids who have used, in their short lives, anabolic steroids. And anabolic steroids, you don't just take one pill or one injection. You go on a cycle, an episode of use of 6 to 12 weeks or more.

Well, what can we do about it? One alternative is education. I think education at the elite levels really holds no promise whatsoever. There is too much money involved. Clearly, education, as my good friend Dr. Goldberg said, holds promise with kids. He has wonderful programs, in the ATLAS and ATHENA program. Admittedly, they have not spread like wildfire across the country. They are expensive, time-consuming, but I would propose that one of the reasons why school districts haven't wanted to spend that money is they are in denial. If I could tell you how many times I have heard Doc, it is a problem, but not in our school. Doc, it is a problem, but not in our university. Or not in our sport league.

Another alternative is interdiction. Could use law enforcement. The Balco investigation is a great example of that. Balco had little to do, or nothing to—virtually nothing to do with drug testing. It was high-powered police investigation, as you all know, DEA, IRS, FBI. Do we have the fire in our belly to do sting operations against universities and colleges, or high school teams and pro teams? I don't know. But clearly, I know that our law enforcement resources are stretched, with the war on terror, and fighting other drug problems.

Drug testing. If there is one point I would like to drive home, ladies and gentlemen, drug testing is no panacea. The most rigorous drug testing systems have loopholes through which I could drive every M1 Abrams tank we own, and not scrape the body armor. It is full of loopholes. Just because you test negative does not mean you are a clean athlete. And I would be glad to articulate those loopholes in the questioning period.

In the late 1980's, there was a major meeting on anabolic steroids, and the scientific group concluded, while this is a public health problem, it is more of an ethical and moral problem, and I agree with that. In an era where moral relativism, situational ethics, you know, late Senator Moynihan, who I admire greatly, said

we have down-defined deviance, and we certainly have. You know, everyone does it. If you subscribe to it is only cheating if you get caught, if you subscribe to win at all costs, if you subscribe to all that, ladies and gentlemen, drug use is really very rational behavior.

And while I am not going to tolerate it in elite athletics, I certainly will not accept that among our children. I will fight as long as I take breath, I am not going to give up on our kids.

Thank you very much.

[The prepared statement of Charles E. Yesalis follows:]

SOCIETAL ALTERNATIVES TO PERFORMANCE-ENHANCING DRUG AND SUPPLEMENT USE IN SPORT

Charles E. Yesalis, Sc.D.[1] and Michael S. Bahrke, Ph.D.[2]

In 2001, as former International Olympic Committee President Juan Antonio Samaranch[1] said when he relinquished his position, "In doping, the war is never won". It appears Mr. Samaranch's prediction was correct. In 2002 and 2003 alone the public was bombarded with a constant stream of doping scandals[2,8] that included among others:

- Australian swimmer Andrew Burns banned from the sport for three months after testing positive for ecstacy, a stimulant.
- Colombian soccer player Rene Higuita testing positive for cocaine.
- United States javelin thrower Emily Carlsten suspended after testing positive for amphetamine, a stimulant prohibited under international athletic rules.
- Three players in the Greek first division soccer league testing positive for nandrolone, an anabolic steroid.
- South Korea confirming speed skater Paek Eun-bi tested positive for the banned stimulant strychnine after winning silver and bronze at the Winter Asian Games.

Portions of this manuscript are from: "Winning and Performance-Enhancing Drugs—Our Dual Addiction" by CE Yesalis, The Physician and Sportsmedicine, 1990;18(3):161-163, 167. Published by McGraw-Hill. Copyright 1990 by McGraw-Hill, Inc. Adapted by permission of McGraw-Hill, Inc. "Societal Alternatives" by CE Yesalis, MS Bahrke, and JE Wright. In: CE Yesalis, ed. *Anabolic Steroids in Sport and Exercise, Second Edition,* published by Human Kinetics, Champaign, Illinois, 2000.

- Two South African sprinters testing positive for the banned substance, androstenedione, an anabolic steroid.
- The United States losing two gold medals at the recent Pan American Games held in the Dominican Republic when sprinter Mickey Grimes was found to have excessive levels of ephedrine, a banned stimulant.
- In addition to drug use, the range of so-called supplements available to athletes has increased dramatically over the past few years with increased technology and with the loosening of regulations regarding their sale. Exacerbating the drug vs. supplement problem is the confusion surrounding what exactly is a prohibited substance. For example, most elite sport governing bodies have already declared androstenedione (Andro) a banned substance. The International Olympic Committee, the National Collegiate Athletic Association, and the National Football League have banned androstenedione use among players, and recently the National Basketball Association included androstenedione on a list of nine newly prohibited substances. However, the NBA Players Association has been fighting the androstenedione ban. The NBA Players Association only recently agreed to add marijuana to the NBA list of banned substances. Major League Baseball does not ban androstenedione. To add to this confusion, there is scant research to support the notion that androstenedione enhances performance, while there is a number of studies that support the performance effects of creatine—a supplement that is not on any banned substance list.

When discussing the problem of performance-enhancing drug and supplement use, it is important to remember sport is a microcosm of our society and the problems surrounding sport are by no means limited to drug and supplement use. During the 1980s, 57 of 106 universities in Division I-A were punished by the National Colle-

[1] Pennsylvania State University, University Park, Pennsylvania
[2] Human Kinetics, Champaign, Illinois

giate Athletic Association via sanctions, censure, or probation for rule violations.[9]. The perpetrators of these offenses did not involve illicit drug use by athletes but rather the unethical behavior of coaches, athletic administrators, staff, and faculty, the very men and women who should be setting the example. More recently, U.S. collegiate athletes have been convicted of criminal offences related to sports gambling.[10,11] In addition, an NCAA survey of 2000 Division I male football and basketball players found 72% had gambled in some form and 25% reported gambling on collegiate sports: 4% bet on games in which they played.[11,12] Among members of the IOC, bribery, graft, and other corruption appear entrenched in the culture of the organization.[13,14] A common factor among all these scandals is money. In the new Millenium there is no doubt sport has become a multinational industry of huge proportions. The IOC, NCAA, NFL, NBA, and MLB, among others, are all billion dollar businesses.[15,16]

A free society often relies on the news media to inform the populace regarding the incidence and magnitude of problems such as doping in sport. Even though the epidemic of drug use in sport has been common knowledge among insiders, many in the news media, especially in the United States, have not appeared to have engaged in a widespread concerted effort to chronicle the true magnitude of this issue. Unfortunately the media, in particular television news, are often influenced by conflicts of interest within their parent companies, between those reporting the news and those responsible for the broadcast of major sporting events. Few would argue that an in-depth expose of drug use, in for example the NFL or the Olympics, would enhance the marketing of these highly lucrative sporting events.

Before any effort can be made to address the issue of doping in sport, it is critical all of the stakeholders acknowledge a problem exists. In this regard we need to fully appreciate the high entertainment value placed on sport by society. Some go so far as to argue sport is the opiate of the masses—a contention made earlier by Karl Marx regarding religion. If sport has become the opiate of the masses, then we must be prepared for indifference on the part of the public regarding drug and supplement use in sport, at least at the elite level. Moreover, it could be argued that if substantial inroads are made regarding the epidemic of doping, fans may express anger towards those fighting drug use, rather than appreciation. Many people view competitive sport to escape from the problems of daily life and do not wish to be confronted with the moral and ethical aspects of doping. Besides, if anti-doping efforts are successful, the once bigger-than-life idols could begin to appear all too human in stature and the eclipsing of records at national, Olympic, and world levels could become so rare that the fervor of fans will wane and the sport business will suffer. In the U.S., even high school sport appears to be expanding as a source of entertainment for adults, as shown by the increasing level of television coverage of the USA Today's Top 25 high school football and basketball teams featuring players such as Lebron James, among others. Consequently, it can be argued that the growth of the high school sport entertainment business is contributing to the continued increase in performance-enhancing drug and supplement use, even among adolescents, that has been observed during the late 1990s and early 2000s.

Sport has also been used by governments as a tool to control the masses or as justification for their social, political, and economic systems. "Bread and circuses" (*panem et circenses*) were used in this fashion by the emperors of Rome.[17] Nazi Germany, the Soviet Union, East Germany, and Communist China all used sport for political advantage.[19] Consequently, such governments, arguably, would be less than enthusiastic participants in the fight against doping or, for that matter, even publicly acknowledging the existence of widespread doping. On the contrary, there is a reasonable amount of evidence that the governments of the Soviet Union, East Germany, and Communist China all played significant roles in the systematic doping of their athletes.

With many societal problems, identifying potential solutions is easy, but agreeing on a proper course of action and successfully completing it are difficult. The following are our alternatives for dealing with the use of performance-enhancing drugs as well as supplements: legalization, interdiction, education, and alteration of societal values and attitudes related to physical appearance and winning in sport.

LEGALIZATION: AN END TO HYPOCRISY?

The legalization of illicit drugs has for some time been the subject of heated debate: comments range from "morally reprehensible" to "accepting reality." Legalization would reduce the law enforcement costs associated with illicit performance-enhancing drug use as well as the substantial cost of drug testing. Even some opponents of legalization must concede that such an action would lessen the level of hypocrisy currently enveloping sport. It can be argued that society and sport federa-

tions have turned a blind eye or have subtly encouraged drug use in sport as long as the athletes have not been caught or spoken publicly about their use of performance-enhancing drugs.[19-25]

In the U.S., legalization of performance-enhancing drug use in sport would involve two levels of authority. At one level, federal and state laws related to the possession, distribution, and prescription of performance-enhancing drugs would have to be changed. For example, if in the future anabolic steroids become an accepted means of contraception or as treatment for "andropause" (so-called male menopause), it is difficult to understand how anabolic steroids could remain a Schedule III controlled substance in the U.S. At the second level, bans on anabolic steroids now in place in virtually every sport would have to be rescinded. Legalization would bring cries that the traditional ideals of sport and competition are being further eroded. On the other hand, given the continued litany of drug and other sport scandals that have taken place in full public view over the past five decades, it is hard to imagine in this jaundiced age that many people believe the so-called "traditional ideals" in elite sports even exist. It has long been asserted that the legalization of performance-enhancing drugs would force athletes to further expose themselves to the potential for physical harm or else to compete at a disadvantage. Some have even questioned this basic premise that banning drugs in sport benefits the health of athletes and have argued:

> ...the ban has in fact increased health risks by denying users access to medical advice and caused users to turn to high risk black market sources.[26]

Further, legalization would allow athletes to use pharmaceutical grade drugs while being monitored by a physician. It can also be argued that the "dangers" of performance-enhancing drug and supplement use are not, in itself, a realistic deterrent given the existing levels of tobacco, alcohol, marijuana, and other illicit drug use.

In 2003 it seems that legalization of performance-enhancing drug use in sport is still not acceptable. However, if the apparent impotence of drug testing, now in full view, persists for much longer, it is easy to imagine the IOC or other sport federations throwing up their hands in frustration and publicly allowing the athlete with the best chemist to prevail.

INTERDICTION: A QUESTION OF COST- EFFECTIVENESS

The U.S. federal government and all state governments currently have laws regarding the distribution, possession, or prescription of various performance-enhancing drugs such as anabolic steroids, growth hormone, and amphetamines.[27] For example, the Federal Food, Drug, and Cosmetic Act (FFDCA) was amended as part of the Anti-Drug Abuse Act of 1988 such that distribution of anabolic steroids or possession of steroids with intent to distribute without a valid prescription became a felony. This legislation not only increased the penalties for the illicit distribution of steroids but it also facilitated prosecution under the FFDCA. In 1990 the Anabolic Steroids Control Act was signed into law by President Bush and added anabolic steroids to Schedule III of the Controlled Substances Act. This law institutes a regulatory and criminal enforcement system whereby the U.S. Drug Enforcement Administration (DEA) controls the manufacture, importation, exportation, distribution, and dispensing of anabolic steroids. However, the act did not provide extra resources to the DEA to shoulder the added responsibility.

Furthermore, as the use of anabolic steroids is increasingly criminalized, drug use will likely be driven further underground and the source of the drugs will increasingly be clandestine and foreign laboratories, the products of which are of questionable quality. It also appears that in some areas criminalization has already altered the distribution network for anabolic steroids; athletes used to sell to other athletes, but sellers of street drugs are now becoming a major source.[28]

Even though the legal apparatus to control steroid trafficking exists, enforcement agents already are struggling to handle the problems of importation, distribution, sales, and use of other illicit drugs such as cocaine and heroin.[29] Thus, the availability of performance-enhancing drugs in this country suggests there is reason to believe the U.S. may simply not have the law enforcement manpower to deal with apprehending and punishing sellers of performance-enhancing drugs. Based on what we know about the physical, psychological, and social effects of performance-enhancing drugs, it is neither realistic nor prudent that enforcement efforts for performance-enhancing drugs should take precedent over those for more harmful drugs. On the other hand, this line of reasoning should not be used as a rationale for a lack of effective action against performance-enhancing drugs. Nevertheless, the outlook that limited resources can be stretched to cover yet other drugs is not optimistic,[28] especially given the increase in recreational drug use among adolescents[29] and in

light of the demands placed on all levels of law enforcement regarding homeland security.

Nonetheless, after passage of the Anabolic Steroids Control Act, numerous anabolic steroid investigations were initiated by the U.S. Drug Enforcement Administration and many arrests were made and convictions obtained.[30] However, because of the way criminal penalties were developed for steroid infractions, an individual brought to court on charges of distribution or selling must be a national level dealer to receive more than a "slap on the wrist" and/or a short visit to a "country club" prison. For this reason, U.S. law enforcement agents often do not bother pursuing small cases because the costs of prosecution vastly outweigh any penalties that will be assessed.

The range of supplements available to athletes has increased dramatically over the past few years with the loosening of regulations regarding their sale. The 1994 Dietary Supplement Health and Education Act (DSHEA) substantially reduced the control of the U.S. FDA over supplements and permitted the introduction of new supplements as long as they occurred naturally in food. In other words, if a substance occurs naturally—and as long as manufacturers do not claim it has medical benefits—the FDA cannot monitor it. As a result, the DSHEA allows the sale of some steroid hormones such as androstenedione (Andro) and dehydroepiandrosterone (DHEA) as over-the-counter dietary supplements. Consequently, for the consumer (athlete), the distinction between what is a drug and what is a supplement is further blurred.

Drug testing by sport federations is yet another form of interdiction. Such testing has been partially successful when directed at performance-enhancing drugs that, to be effective, must be in the body at the time of competition, such as stimulants and narcotics. Drug testing has been even less effective against performance-enhancing drugs that are used during training or used to enhance an athlete's capacity to train. For example, testing can be circumvented in several ways. Generally, to avoid a positive test, athletes can determine when to discontinue use prior to a scheduled test or, in the case of an unannounced test, they titrate their dose so as to remain below the maximum allowable level, as is the case with testosterone. Further confounding the issue is that while EPO testing is finally being instituted (athletes can still resort to autologous blood doping without fear of detection), there are currently no reliable tests for recombinant human growth hormone and other performance boosters such as insulin and insulin-like growth factor-1.

Moreover, as the booming biotechnology and pharmaceutical industries discover new ways to fight disease, athletes and their scientific advisors are also discovering ingenious new ways to subvert those substances and methods to enhance performance and appearance. There are some unscrupulous scientists who attend academic meetings and perch like vultures waiting to figure out how substances can be tweaked for athletic use. Then, a few months later, we hear rumors about athletes who are experimenting with them or these new substances are being sold as nutritional supplements.

It is important to note that testing for performance-enhancing drugs such as anabolic steroids is expensive (over $100/test), and although organizations like the IOC, NFL, or NCAA may be able to institute such procedures, the cost is prohibitive for the vast majority of secondary schools. Consequently, only a handful of U.S. secondary school systems test for performance-enhancing drugs such as anabolic steroids.

In spite of this, we note that the recent establishment of the World Anti-Doping Agency (WADA) and its counterpart in the United States, the U.S. Anti-Doping Agency (USADA), offers for the first time a better-coordinated and consistent effort to combat doping in sport. To date, however, WADA and USADA have been, at best, only marginally effective in overcoming the technical innovations of users and in reducing the prevalence of doping in sport.

In summary, although interdiction through law enforcement and drug testing has intuitive appeal, its impact on the use of performance-enhancing drugs is open to debate. Since the flurry of legislative activity at the state and national levels regarding the control of the manufacture, distribution, prescription, and possession of steroids in the late 1980s and the early 1990s, use among U.S. adolescents has increased significantly. As to the future of testing, it is difficult to be optimistic: over the past 30 years, drug users have consistently outplayed the drug testers. In addition, one can only speculate as to the future challenges posed by impending advances in genetic engineering. Will we be able to genetically enhance muscle mass, aerobic capacity, vision, and neurological response?[31] In fact, selected genetic engineering has already been achieved in animals. Researchers have shown in mice that a gene injected directly into a target muscle can increase muscle performance by 27%. More recently, researchers have identified a protein transcription factor,

peroxisome proliferator-activated receptor-gamma coactivator-1, that, when expressed at physiologic levels in mice, converts fast-twitch, strength muscles into high-endurance, slow-twitch muscles. Some have speculated that drugs that influence these factors may be used to increase muscle activity, although much work still remains to elucidate the mechanism.

EDUCATION: IS ANYBODY LISTENING?

Since the 1980s, the U.S. Public Health Service, the U.S. Department of Education, as well as many state education departments, state and local medical societies, private foundations, and sports federations have been involved in prevention efforts related to performance-enhancing drugs, especially steroid abuse. For the most part, these efforts have centered on the development and distribution of educational materials and prevention programs such as posters, videos, pamphlets, workshops, and web sites. For example, the Iowa High School Athletic Association developed an educational booklet that provides information on the effects of steroid use, but also includes strength-enhancing alternatives to steroids and prevention ideas.[32] The U.S. Department of Education and other sources developed a variety of informational posters targeted at high school students to provide facts about steroids, their adverse effects, alternatives to their use, and their illegal status.[33] Video distributors now have a wide range of videotape programs available on steroid use prevention as well as body building techniques.[34] Educational consulting firms provide anti-steroid training, program, and curriculum development to junior and senior high schools across the United States.[35,36] The Office of National Drug Control Policy provides a web site (http://www.whitehousedrugpolicy.gov/prevent/sports/index.html) and information resources such as newsletters on drugs and sports for coaches, athletes, and parents. Similarly, the Energy/Australia Live Clean Play Clean Drug Education Program aims to educate Australia's young aspiring athletes on the moral, ethical, social, and physical reasons for not taking performance-enhancing drugs. In addition to a web site (http://www.olympics.com.au/default.asp?pg=livecleanplayclean&spg=home), the program offers a video of Australia's leading athletes publicly declaring their opposition to illegal sports drugs and the athletes who use them.

U.S. health educators have made some inroads in changing several high-risk behaviors, such as high-fat diets, sedentary lifestyles, drunk driving, and smoking. However, educators are well armed with vast quantities of scientific data regarding the deleterious nature of these activities. Furthermore, these are behaviors upon which society has increasingly frowned. In sports, on the other hand, athletes who use performance-enhancing drugs and especially supplements have enjoyed significant improvements in physical performance and appearance. Society is much less likely to shun these people. The adulation of fans, the media, and peers is a strong secondary reinforcement, as are financial, material, and sexual rewards.

Another fly in the education ointment is the possibility that performance-enhancing drugs including anabolic steroids taken intermittently in low to moderate doses may have only a negligible impact on health, at least in the short term. In 1989, several experts at the National Steroid Consensus Meeting concluded that according to the existing evidence, these drugs represent more of an ethical dilemma than a public health problem.[37] Although there is still little available evidence regarding the long-term health effects of performance-enhancing drugs such as anabolic steroids, many current or potential performance-enhancing drug and supplement users unfortunately mistake absence of evidence for evidence of absence. Even more frustrating is the fact that in two national studies, a significant minority of the anabolic steroid users surveyed expressed no intention to stop using anabolic steroids if deleterious health effects were unequivocally established.[38,38] Also, according to national results on adolescent drug use from the 2001 Monitoring the Future Study,[40] following a peak in perceived risk of steroids in 1993, a six percentage-point drop occurred between 1998 and 1999 and another four percentage-point drop in 2000. This sharp a change is quite unusual and highly significant, suggesting some particular event (or events) in 1998 changed beliefs about the dangers of steroids. Coincidentally, a sharp upturn in use of steroids also occurred that year. Clearly, the paucity of scientific information has impeded the formulation of effective health education strategies. Far more than that, the unsubstantiated claims of dire health effects made by some in sports medicine and sensationalized by the news media have further eroded communication between athletes and doctors. However, even if long-term deleterious effects were well documented for performance-enhancing drugs and supplements, our experience with teenagers and smoking suggests that substantial abuse would probably persist.[41,42]

All of these problems and limitations in developing and disseminating effective prevention and intervention strategies could, in great part, explain the significant increase in performance-enhancing drug and supplement use among adolescents.

Changing a behavior that has resulted in major benefits to the user, such as improved appearance and athletic performance, presents a monumental challenge. Traditional cognitive and affective education approaches to tobacco, alcohol, and other drug abuse prevention have not been effective.[43] In fact, there is evidence that providing a prevention program that uses "scare tactics" to dissuade adolescents from becoming involved with performance-enhancing drugs such as anabolic steroids may actually lead to increased usage, possibly because additional information stimulated curiosity.[44] This observation helped lead to prevention programs (Athletes Training and Learning to Avoid Steroids—ATLAS and Athletes Targeting Healthy Exercise and Nutrition Alternatives—ATHENA) focused, in part, on positive educational initiatives related to nutrition and strength training. The programs also focused on increasing adolescents' awareness of the types of social pressures they are likely to encounter to use anabolic steroids and attempts to "inoculate" them against these pressures. Adolescents are taught specific skills for effectively resisting both peer and media pressures to use anabolic steroids. Periodic monitoring and reporting of actual anabolic steroid use among adolescents was conducted in an effort to dispel misinformation concerning the widespread use of anabolic steroids among peers. Using peers as program leaders is an additional component. These programs have been successful in significantly affecting attitudes and behaviors related to steroid use and remained effective over several years.[45]

There are two important and, as yet, unanswered questions regarding the ATLAS and ATHENA programs. First, are school boards, in an age of constrained resources, willing to commit time and money to these relatively demanding programs? Efficacy aside, it would be far easier and cheaper to continue to only give "lip service" to this problem and restrict efforts to an occasional talk by the coach and the use of readily available educational videos and posters.

The second question is even more threatening to school officials. In an era when some believe that the "win at all costs" philosophy is gaining the upper hand, will some schools hesitate to unilaterally "disarm"? That is, will some schools hesitate to institute a program that could significantly reduce performance-enhancing drug use at the cost of conferring an advantage to an opponent who chooses to maintain a "see no evil" stance on the use of performance-enhancing drugs? This question is given some legitimacy by pervasive anecdotal accounts of high school coaches encouraging the use of, and in some instances selling, so-called supplements such as creatine, DHEA, and Andro to their athletes.

In summary, although educating athletes about the health risks and ethical issues associated with performance-enhancing drug and supplement use continues to hold some promise, this strategy certainly cannot be viewed as a panacea.

OUR VALUES MUST CHANGE

Compared with legalization, interdiction, and education, our social environment appears to receive far less attention. Yet in many ways the social environment exerts a more fundamental influence on drug and supplement use in sport than do the more superficial strategies described earlier.

A number of performance-enhancing drugs, including anabolic steroids, are not euphorigenic or mood altering immediately following administration. Instead, the appetite for these drugs is created predominantly by our societal fixation on winning and physical appearance. An infant does not innately believe that a muscular physique is desirable—our society teaches this. Likewise, children play games for fun, but society preaches the importance of winning—seemingly, at an increasingly younger age.

Ours is a culture that thrives on competition—both in business and in sport. However, we long ago realized that competition of all types must exist within some boundaries. A primary goal of competition is to win or be the very best in any endeavor. Philosophically, many in our society appear to have taken a "bottom-line" attitude and consider winning the only truly worthwhile goal of competition. If we accept this philosophy, then it becomes easy to justify, or be led to the belief, that one should win at any cost. At that point doping becomes a very rational behavior, with the end (winning) justifying the means (use of performance-enhancing drugs and supplements).

This "win at any cost/winner take all" philosophy is not new. The winners in the ancient Greek Olympics were handsomely rewarded, and episodes of athletes cheating to obtain these financial rewards are well documented.[46-48] Smith[49] argued persuasively that the level of cheating in college athletics at the turn of the last cen-

tury exceeded what we see today. Even the legendary college football coach Knute Rockne was quoted as saying, "Show me a good and gracious loser and I'll show you a failure." Pro football coach Vince Lombardi went a step further with his philosophy that, "winning isn't everything—it's the only thing." Indeed episodes of cheating, including drug use, have been commonplace at the collegiate, professional, and Olympic levels over the past 50 years.[14,20,24,50-54]. Moreover, because of reports in the news media as well as written and verbal testimonials by athletes, adolescents are aware of the part that performance-enhancing drugs and supplements play in the success of many so-called role-model athletes.[19,51,55]

Our fixation on appearance, especially the muscularity of males, is also long lived. An entire generation of young men in the 1930s and 40s aspired to the physique of Charles Atlas, followed by yet another generation who marveled at the muscles of Mr. Universe, Steve Reeves, who played Hercules in several movies in the 1950s. Today's children look with envy at the physiques of Vin Diesel , Jean Claude Van Damme, Wesley Snipes, Linda Hamilton, Demi Moore, and other actors *and actresses* whose movie roles call for a muscular athletic build. In addition, a number of professional wrestlers such as Hulk Hogan, "Stone Cold" Steve Austin, "The Rock", and Goldberg are admired in part for their bigger than life muscularity, while some elite athletes like professional baseball player Barry Bonds and Sammy Sosa are envied because of the spectacular athletic feats of which they are capable. Anabolic steroid use among professional wrestlers, including Hulk Hogan, was given national attention during a steroid trafficking trial in 1991.[56] President George H. Bush's appointment of Arnold Schwarzenegger, an individual who attained his prominence as a bodybuilder and movie star at least in part as a result of steroid use, as chair of the President's Council on Physical Fitness and Sports from 1990-1992 was yet another inappropriate message we sent our children. Interestingly, Schwarzenegger was then replaced by Florence Griffin Joyner ("Flo Jo") who co-chaired the Council from 1993-1998, and competed, retired, and died under suspicion of performance-enhancing drug use. Lee Haney, bodybuilder and eight time Mr. Olympia winner, followed Joyner and chaired the Council from 1999 through 2002. Such messages of material reward and fame as a result of drug-assisted muscularity and winning grossly overshadow posters on gym walls and videos that implore "Just Say No to Drugs."

Some might argue that our attitudes and values related to sports and appearance are too deeply entrenched to change. That may be so, in particular when it comes to elite sport—there is simply too much money involved. However, if we cannot control our competitive and narcissistic natures, we then must resign ourselves to anabolic steroid use, even among our children.

Society's current strategy for dealing with the use of performance-enhancing drugs in sport is multifaceted and primarily involves interdiction and education. However, years after our society was made aware that our children were using steroids, our efforts to deal with this problem have not been very successful. Since 1989 a number of national conferences on anabolic steroid use have been held, sponsored by either the U.S. federal government or sports and educational organizations. The purpose of these meetings was to gather and/or disseminate information or to achieve a consensus for action. At this point all these activities appear to have been a sincere effort to deal with the problem, but this strategy of attacking the symptoms while ignoring the social influence of drug and supplement use in sport is obviously ineffective. If we maintain our current course in the face of increased high levels of performance-enhancing drugs and supplements, then we as sports medicine professionals, parents, teachers, and coaches are guilty of duplicity—acting for the sake of acting. We plan and attend workshops, distribute educational materials, lobby for the passage of laws, and seek the assistance of law enforcement. All these activities merely soothe our consciences in the face of our inability—or unwillingness—to deal with our addiction to sport and our fixations on winning and appearance.

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Mr. STEARNS. I thank you. And I will start the questioning.

Mr. Hooton, I—little words that I can say about the loss of your son, and I think all of us feel deeply about it. And having 3 boys myself, I particularly identify, knowing raising children today is not for the faint at heart. And I admire you for starting this, the Taylor Hooton Foundation, and anything we can do to help advertise what you are doing, we will do.

My question for you is, were there signs that other parents could see of steroid abuse, that either the coaches could identify, or you and your wife could identify, to recognize the signs, so that other parents, who perhaps are ignorant of this, might start to think twice?

Mr. HOOTON. Great question. All of the signs, in hindsight, were there, both physically and emotionally. Physically, he put on about 30 pounds of weight in his upper body.

Mr. STEARNS. So, he went from 175 to 205.

Mr. HOOTON. 205.

Mr. STEARNS. Yes.

Mr. HOOTON. At his death. Developed a severe case of acne on his back, oily skin, puffy face, puffy neck, bad breath, and he used to go through bottles of mouthwash, couldn't figure out why. If we had been trained, if we knew what we knew now, all of the physical signs were there, but what was more apparent were the emotional signs, the mood swings, known in the vernacular as roid rages, where you are dealing with a kid, and we have raised two other children, you are going to go through explosive episodes with your kids. But not as explosive as it is when you have got a kid on steroids, that would—got to picture that on two occasions, drove a fist through a sheetrock wall for no reason, just exploded. Yelling and cursing at his mom and I, only——

Mr. STEARNS. Huge aggression.

Mr. HOOTON. Huge aggression. So, the combination of those, in hindsight, it was obvious that he was doing steroids.

Mr. STEARNS. You know, Dr. Yesalis has indicated that he is not sure random testing, I think you said is going to, would stamp it out. Is that a fair assessment of what you are saying?

Mr. YESALIS. Yes, sir.

Mr. STEARNS. Because you could drive an M1 tank through it, you say. But——

Mr. YESALIS. At night, I could drive it through.

Mr. STEARNS. Now, when a young man goes in the Marine Corps, he is tested for all the drugs, and sometimes, the threat of random testing will work to the benefit. So, I am a little concerned that you sort of feel so adamant that random testing would not—either in

high school or college, be a deterrent. But on the other hand, I went onto the Internet, and I saw there is analog anabolic steroids, which mean they are a derivative, and these were touted as you cannot detect them. So, there is now a whole new classification of these steroids, that one, are almost considered like multivitamins but are steroids, and can't be detected. So, that is sort of a contribution problem, too.

Mr. YESALIS. I think drug testing would have significant deterrent value with kids. I made my comment related to lead athletes. If you wish to use testosterone creams and gels judiciously, and most of these elite athletes in big money sports have scientific advisors, unethical people, who are making sure they don't test positive, if you use growth hormone, insulin, insulin-like growth factor, designer drugs, new drugs that come on the market, even before they are even on the market, athletes can get a hold of them before physicians can. Those are the loopholes which I addressed. And they are sustained loopholes. They have existed in different types and shapes and sizes, since drug testing started in 1968, in the Olympics. Clearly, if drug testing did its job since 1968, we wouldn't be sitting here today talking about this.

Mr. STEARNS. Yes. Dr. Goldberg, since a lot of testing, so little testing is done in high school, some of your statistics, how accurate do you think they are?

Mr. GOLDBERG. Well, I think that the steroid statistics are, probably what we are dealing with is the bottom.

Mr. STEARNS. At the bottom.

Mr. GOLDBERG. At the bottom.

Mr. STEARNS. What would you project the top is, I mean, just based upon your feel? Because Mr. Hooton had mentioned as 11 percent, I think, he mentioned.

Mr. GOLDBERG. There were 11 percent in Arkansas. There was 12 percent in Michigan, in State studies. So, there has been studies that have looked at this. I think it would probably be more in the realm of 8 to 12 percent. Now, we did the first study on drug testing. NIDA funded our study, called the Saturn study. The results of the final, randomized control trial, it is the only one that has ever been done, a randomized control trial, looking at drug testing, to reduce drug use among student athletes. We did that study. We will have the results. The pilot study showed that it did work. The pilot study, that was just two schools, showed that it was—there was one fourth the illicit drug and one fourth the performance-enhancing drug use, in the school that did the drug testing, than the school that did not do the drug testing. That is not what we are finding with the randomized control trial, but it is a deterrent.

When you mention about the reason to say no, we found only 20 percent of the kids, was it a reason to say no. For 80 percent, drug testing was not a reason to say no. One of the reasons is that the drug testing that is done in the high schools, they can't afford the Olympic style testing. They can't afford the $100 a urinalysis for steroids. So, they can't afford that, and the way they do it is very different. I have been a USADA, United States Anti-Doping Agency drug control officer. I have to look at the person void. We can't do that to kids. It is very different. We used a screen. We use a screen to have up so you can't see the person voiding. And there are so

many ways to beat the system. There are penises you can buy on the Internet that are the color of your skin, and there are pocket warmers that you can use to warm the urine, and a person can give you a sample that is clear as can be.

There are all different types of ways——

Mr. STEARNS. Because they kill all the sample, within the urine specimen, through the heat, then.

Mr. GOLDBERG. No, it is—you can buy clean urine.

Mr. STEARNS. Oh, I understand. Oh.

Mr. GOLDBERG. And you put the bag there, and you have an artificial penis, and——

Mr. STEARNS. Oh, okay. Oh, I see. I see.

Mr. GOLDBERG. [continuing] somebody is—no one is looking.

Mr. STEARNS. Oh, I see. I understand. Okay.

Mr. GOLDBERG. So, if you go in a room, you can—you just—you strap it to yourself and use it.

Mr. STEARNS. I see. My time has expired. The gentlelady, the ranking member, Ms. Schakowsky.

Ms. SCHAKOWSKY. You know, sometimes we deal with problems that deal with such deep cultural issues that they are really hard to get a grip on, but often, when you look at those issues, money is involved, that somewhere, money is involved here, the selling of these drugs, and of course, the value of sports, not only professional sports, but even college sports.

My colleague from Colorado, Diana DeGette, was talking about hearings that we had about the University of Colorado, and the use of alcohol and sex, et cetera. I find it ironic that the coach, Gary Barnett, is still there, and the President of the University, tell me her name again, Elizabeth Hoffman, is gone. And one of the reasons she cited for having to leave the University, it was that scandal and some others, was that she wasn't able to raise the money any more that is needed for a university like that. So, the coach, in his million dollar plus job, who was engaged in these—and also said that one of the women on the team, who had been raped, well, "she was just a girl," were his comments. He is still there, so we have to look at money, as well, and who is profiting from this.

I wondered, Mr. Hooton, you have been hearing a lot about testing, and how many people think it is ineffective. I feel like you would like to say something, because that was a centerpiece of your testimony.

Mr. HOOTON. Yes, thank you.

The first point I would like to make, if you think of yourself as a 15 or 16 year old kid in high school, there are no deterrents, right now, in most schools. There is no education program, the coaches claim not to know what to look for, or deny that it is going on. The parents don't know what to look for. The family physician doesn't know how to recognize steroid use. All of our system of checks and balances with these kids are nonexistent.

Ms. SCHAKOWSKY. What happened to the guy, or whoever it was, at the YMCA, where your son got——

Mr. HOOTON. We knew exactly who it was, and the police weren't successful in making a case against him, and he has—I have talked to his dad, he is still out on the street. As far as——

Ms. SCHAKOWSKY. He is another young person?

Mr. HOOTON. Well, he is 19 now. He was 18 at the time. So testing, for me, random testing is at least one step that we can take that will give the kid, at least there is a risk he will get caught, even if it is only 20 percent, that we drop the usage, that is 20 percent more deterrent than we have now. If there is one message I can leave you with, there are no deterrents for a 15 or 16-year-old kid, except the positive messages, look at the millions you can make if you take this stuff and you are successful.

Ms. SCHAKOWSKY. Yes. Mr. Kanaby, in your—there is a slideshow, is that yours, attached to——

Mr. KANABY. That is correct.

Ms. SCHAKOWSKY. [continuing] your testimony? "Where do you usually get your anabolic steroids? Friend and family, 20 percent. Other physician." I wanted to ask about these 3, 3 of them. "Friend and family, 20 percent, other/physician, 16 percent, website/mail order," and you also have if you Google buy steroids, it'll tell you where to go.

Mr. KANABY. That is absolutely correct.

Ms. SCHAKOWSKY. But I wondered if you could comment on those——

Mr. KANABY. Well, my only comment would be—excuse me—my only comment would be that they are absolutely easily accessible, that the monitoring, as Mr. Hooton indicated, getting into this country is relatively easy from the standpoint of steroids, and you can go online and order what you want, without checking in terms of ages or anything else. Far too easily accessible.

Ms. SCHAKOWSKY. Did either of the doctors want to comment about that? Dr. Goldberg?

Mr. GOLDBERG. Yes. What we found is most kids get it either from the gyms, where they are working, where they see older athletes, and older athletes tell them what to do, or the Internet. I don't know any doctors that do do that, but I think that is the area. As far as testing is concerned, though, we could train 200 athletes and their coach in the coaching staff, for the cost of 14 steroid tests, and that would last them for years, and those tests would only last them during the time that they were in sport.

Ms. SCHAKOWSKY. You know, I just have a second to ask, what is the appropriate role of coaches here? I mean, it seems like there is at least as much complicity as there is prevention going on.

Mr. GOLDBERG. We asked all the coaches in Oregon, how many kids on your team are using steroids, and how many kids on other teams are using steroids. To a coach, they said there was no use of steroids on their team, but about 6 percent use on other teams.

Ms. SCHAKOWSKY. Thank you.

Mr. KANABY. May I respond to the comment about coaches? One of the things that the committee should understand is what has happened with coaches and coaching over the last 15 years or so. Traditionally, as I listened to Congressman Ryun talk about the relationship that he had with his coach, he would see that coach on a day in, day out basis, maybe in the cafeteria, in the halls, et cetera, perhaps even had them in the classroom. That is not what coaching is at the secondary level any more, due to the fact that people won't coach any more as teachers, in that regard. We estimate up to 50 percent of the coaches in this country, that are work-

ing with young people, are no longer in those schools. And I could—I can speak regularly to athletic administrators who say 75 percent of their coaching staff are not in a school building, so that these individuals are coming from our community, to—they go through various alternative routes, which are legitimate and available, approved by the State legislatures, and Departments of Education, in those respective states.

And I am not saying these are not good people. But they are no longer the individuals that you see, the way we used to see, the we thought of, and that we remembered of, in terms of the relationship that was described by Mr. Ryun, et cetera.

Coaching is a 24-hour job, and you more easily fulfill that responsibility when you have the opportunity to bump into a youngster who might just have had a fight with his girlfriend, or might just have had a problem with another teacher in that classroom, or teachers seek out coaches because they are available in the skills, to talk to them about incidences and signs, et cetera, that might heighten their awareness.

So our coaching in the United States has changed dramatically in that regard. We have a coaches education program that is subscribed to by 36 of our member states, that they make it mandatory to take our coaching education program for any individual who comes into the system this way. And part of our coaching education program does deal with steroid information.

Mr. STEARNS. The gentlelady's time expired. The chairman of the full committee, the gentleman from Texas.

Chairman BARTON. Well, thank you, Chairman Stearns.

Mr. Hooton, I really appreciate you coming forward. Not often do you see the members just really listen to testimony, but they listened to you. They weren't reading their papers, and they weren't having a conversation about a pending amendment. They—everybody who was here at the time you were speaking was listening to you, and myself included. So we appreciate you coming forward.

My question to you, the coach that told your son that he needed to get bigger, did he directly encourage him to take steroids? Did he implicate that he should take steroids? Did he—was he using code language to encourage him to take steroids?

Mr. HOOTON. Great question, Mr. Barton, and it will give me the opportunity to say categorically, we are not accusing the coach in any way of encouraging Taylor to use steroids. He made his own decision, based on information he got from his friends. A great number of the kids on the team, a high percentage, were using steroids. So there was enough pressure without the coach. My challenge to our coaches, the world has changed, the world of coaching has changed in the last 10 years. Telling a kid to get bigger, in my mind, is irresponsible, and borders on negligence.

Chairman BARTON. Well, my question is, is that code language in the coaching community, in the high school athletic community, that the coaches don't want to be accused of knowing, but they are street smart, too, and is that just a way to encourage something that they know is illegal, without them being culpable? That is my question.

Mr. HOOTON. It could be. I would very much like not to make any accusation of that, because I have no specific knowledge of that. My

problem, you know, that is possible, and it is probably going on some places. Not my role to challenge that yet. We may get there, but my problem with the coaches are they tell a kid to get better, whether it is code language or not, and they are not qualified to show the kid how to get bigger.

Chairman BARTON. Right.

Mr. HOOTON. They haven't been trained to show him what exercise program or what diet he needs to get on. He leaves it to a 16-year-old to make his own judgments about how to get bigger. And to your question, there is probably a lot of what is inferred in your question going on.

Chairman BARTON. Well, again, I want to thank you for coming forward with the personal tragedy, and——

Mr. HOOTON. Thank you.

Chairman BARTON. [continuing] the courage you have encountered. I want to ask Mr. Kanaby, are there things that we could do that would send a direct signal at the high school level that teams, communities, coaches, that wink and nod at steroid use are not going to be tolerated? For example, if we set up some sort of—in Texas high school athletics, it used to be rampant that back in the old days, somebody finds out there is a young man, then, now young men and women, I guess, that was a great athlete, they would offer the dad a job, and they would move him. And lo and behold, Texas, they got to be so big time that they passed a law that you had to live in the district so many months or years before you could transfer athletically, and if somebody still tried to do it, opposing coaches could lodge a protest that so-and-so moved over here because we offered his dad a job, and that athlete could be disqualified.

Could you set up some sort of a protest in high school athletics, that if coaches suspected somebody wasn't playing by the rules on steroids, that after due process, they could take away the district championship, the State championship, prevent them from competing for, you know, either collectively as a team, or on an individual basis? Could something like that be done?

Mr. KANABY. I think what you are asking is can we restore to this country the culture of sport that existed many, many years ago, and that is not to say that even many, many years ago, that these same kinds of charges about giving someone's father a job to get them to go to a specific college, or to get them to go to a specific high school, probably college, years ago. Even high school——

Chairman BARTON. In Texas, it was high school.

Mr. KANABY. Yes. I am sure, is going to be eradicated, or in a new culture. Our member State associations, virtually all of them, all 51 of them, have what amounts to transfer for athletic advantage rules, and they consistently will have—when evidence is produced, and it has to be evidence, because you are going to end up ruling someone ineligible——

Chairman BARTON. I am not saying we are transferring athletes, because of their ability to use steroids. I am using that as an analogy. If I feel like the school district next door has a coaching staff or a community or a culture of use, that condones the use of steroids, and I think I can prove it, could I ask for a hearing, and if it was proved, that athlete, that district, that school be prohib-

ited from competing, have its victories forfeited, have its championship forfeited, so you know, Ronald Reagan loved the Russians, but he said trust, but verify.

I am trying to come up with a verification system that is self-policing, and if—to use an example in my district. I live in Inez, Texas, and also, Arlington, Texas. But Inez, Texas, has won the stateSdistrict AAAA championship 3 of the last 5 years in football. Waxahachie, Texas won the State district championship in the early 1990's. Inez got tired of getting beat by Waxahachie. So, Inez went out and hired a coach, and upgraded their athletic facilities. Now, let us assume Waxahachie thinks Inez is cheating on steroids. Let the Waxahachie Independent School District file a complaint with the UIL in Austin, that Inez, Texas Lion football, who has won 3 State championships in the last 5 years, are cheating on steroids. And if it is proven, they forfeit those championships, they forfeit the 10 district championships in a row. They forfeit all those things. Would that work, if we made it a penalty to go against those communities where there is a culture of steroid winking and looking the other way? That is my question.

Mr. KANABY. And it is a good question, and my answer, basically, would be this. I am confident that should that be brought to the attention of a—by a specific school on another specific school, that the representatives, the competent representatives in the UIL, would probably—let me answer it the way I would, if I were back in New Jersey. We would bring the representatives from both schools together, in terms of that, and provide them with the opportunity to prove their burden, to meet their burden of proof.

Chairman BARTON. Well, as there is no penalty——

Mr. KANABY. Well——

Chairman BARTON. [continuing] for abuse, somebody out there is going to take advantage of that. Now, I want to ask the athletic director for—trainer at University of Maryland, could we do the same thing at the college level, and say before you get—before the Maryland Terrapins offer you a basketball or a football or a baseball or a soccer or a hockey or a girl's volleyball, or whatever the scholarship is, you have got to pass a steroid test, and you don't get offered that scholarship if you don't pass that test, and sign an affidavit, I make everybody that goes to my academy interview, for a military academy, I have not knowingly or willfully used any sort of illegal substance, period. And they sign their name. And if it that turns out they lied, we kick them out. We don't even consider them in the process. So, if the NCAA adopted something, you don't get an athletic scholarship to college unless you sign this, and prove that, in some way, that you have been not using steroids, would that help at your level?

Ms. WORTH. Well, that certainly is something that would come from a level above where we are. I mean, at the administrative level for intercollegiate athletics. If that is what the rules are, and everybody knows what the rules are——

Chairman BARTON. Well, I am asking your opinion—would something—I am not saying you are the one to implement.

Ms. WORTH. Right.

Chairman BARTON. If it were to be, would that help? What we are trying to get at here——

Ms. WORTH. Yes.

Chairman BARTON. I don't want the U.S. Congress to have to pass a bunch of Federal bureaucratic standards on steroid use. If that is what it comes to, and we can do it, legally and Constitutionally, if the athletic—at every level, from the elementary to the pro level, if you all won't do it, I am going to try to get this committee to do it. But I would rather you do it yourself. You know, I am tired of people sticking their heads in the sand, and saying I don't know how come that kid gained 50 pounds and improved his 40-yard dash two tenths of a second. I just know he can do it. Go get them, tiger. It doesn't happen naturally. I lifted weights until I was blue in the face in high school, and gained 5 pounds. You know. I just wasn't built to be a high school football player. Well, you know, until everybody collectively decides that this is a problem, and tries to think of ways to fix the problem, we are going to be here in Washington besieged by parents and sports fan, who say what are you going to do about steroid abuse?

Now, there are a lot of things that could be done by the NCAA and by UIL, and by the professional sports to clean up their own act, but if the prevailing opinion is, as long as I am not responsible, all I want to know is can he throw that fastball 95 miles an hour, can he run the 100-yard dash, or the 100-meter dash in 9 seconds flat, whatever it is, can he bench press 350 pounds, don't ask me how he can do it, or why he can do it, or she can do it. I just want him to do it. You all have got to change it, and what I am telling you, if you don't change it, and start doing it soon, this committee is going to use every legal authority and jurisdictional authority that we can get to try to do it for you.

That is what I am saying. I am tired of hearing that somebody's son or daughter got hooked on steroids and committed suicide, or died at the young age, and when I go and talk to my young people in my district, they look to me as a role model, and I have got the ability, through chairing this committee, to do something about it, and I am fed up. I don't want bureaucratic answers. I don't want gobbledygook. I don't want it is the next person's problem. It is your problem, and the professional representatives that are coming the next panel, it is their problem. And if you don't clean it up, we are going to try to clean it up for you.

That is what I am telling you.

Mr. GOLDBERG. Can I respond to that?

Chairman BARTON. You can try.

Mr. GOLDBERG. Okay. I think one way Congress can help are fund programs that are scientifically proven to work. Give us—we have two programs we developed.

Chairman BARTON. We just passed a law last year that is a start.

Mr. GOLDBERG. But it is not—they are not funded. It is not appropriated.

Chairman BARTON. Well, we will help appropriate it.

Mr. GOLDBERG. And that is one start. You have mentioned some very nice potential policies that could work. But those policies need to be studied. That is why we asked NIDA, and received grants to study drug testing, because people do drug testing, and we wanted to know does it work or not? Are we wasting money if we are doing drug testing?

Chairman BARTON. Well, you come in and see my staff, and I bet every member of this committee's staff, and we will, on a bipartisan basis, come up with some funding mechanisms, and go to the appropriators, as long as the money can be shown to be well-spent, and not wasted, and given to bureaucrats who sit on their butts in various agencies, and never hit the streets, we will help you.

Mr. GOLDBERG. Well, Congressman Barton, I was in Texas last week, and I lectured at Texas, and showed our programs, and the people there wanted to use those programs, and they distributed 100 of those to schools. So I am hopeful that there will be more of that, because I think that it is important to use scientific methods that actually work, and bring this research to service, which can be done.

Chairman BARTON. Well, we will work with you. Thank you, Mr. Chairman, for letting me go way over.

Mr. STEARNS. I thank the chairman, and I just commend him for his comment, and as he pointed out, even last year, President Bush in his State of the Union told the Nation that we must do something to clean up this terrible obsession we have with trying to get the edge all the time. So, I think that is what the chairman is talking about.

And the gentleman from Michigan is recognized.

Mr. UPTON. Well, thank you, and I would want to follow up Chairman Barton's comments. I am bitterly disappointed that the leaders of these other institutions, whether it be the NCAA or the MLB, Bud Selig, refused to come and talk to us today. I think what the chairman said a little while ago, about limiting or saying no to aid packages, student aid packages, to go to university, I think that ought to be on the table, and I would like to hear specifically from the NCAA in terms of why that shouldn't be.

Mr. Hooton, we were all deeply moved with your testimony, and I am going to take this home myself. My son Stephen Taylor McCarthy Upton is going to see that he is a teenager. He is going to read this tonight. Make sure that not only him, but his friends, see that same message. So we appreciate your ability to come today.

Ms. Worth, I have a question. As a trainer, so many different athletes. Maryland has a great program. I hope they do well in the tournament this weekend, and I am sure——

Ms. WORTH. So do I.

Mr. UPTON. Can—are you able to suspect athletes as you see all these folks that are in and out? Are you able to have some degree of suspicion that certain athletes may be using?

Ms. WORTH. The football, the wrestling, the field, track athletes, those that require a bit more strength than say, perhaps, tennis or wrestling, something like that. You will notice strength gains in the general population, student population, you do notice strength gains, just as they are in the weight room, working out. Those that make precipitous gains in short periods of times, do raise everyone's eyebrows. And you have to wonder. In place at the University of Maryland, if there is suspicion, and it has to be validated. I mean, it can't just be because I don't like the way you look, or you know, your green hair is making me crazy. It can't be anything like

that, but there has to be behavioral, there has to be somatic kinds of things.

Mr. UPTON. But you can—but what you are saying is, you can almost target folks that ought——

Ms. WORTH. Yes.

Mr. UPTON. [continuing] to be tested, based on what you——

Ms. WORTH. Yes. That is correct.

Mr. UPTON. Dr. Goldberg, how long do traces of steroids stay in a system?

Mr. GOLDBERG. That is a good——

Mr. UPTON. A couple months?

Mr. GOLDBERG. Yes, that is a good question.

Mr. UPTON. A couple weeks?

Mr. GOLDBERG. Some of them, just a couple of days. You can tape a buckle type of steroids, which you put in between your cheek and gum, it can be gone in 6 or 8 hours. Some would be oil-based. They will last a month or longer. And the problem is, a lot of these drugs are cycled, so there is times that you are on the steroids, and then you are off the steroids. So that is why when baseball said oh, we have from 5 to 7 percent of use, well, that was not true. That means that is more like 10 to 14 percent, and that doesn't include all the steroids that are hidden, all those designer steroids.

Mr. UPTON. Okay. When you talk a little bit about the problems in testing with the urine that you indicated a little bit earlier. Are there other ways to test? Can you take your hair? Isn't that a much better—I just know that other drug testing that firms have, it is, obviously, not as invasive.

Mr. GOLDBERG. You have hair. You have saliva.

Mr. UPTON. And that keeps it—doesn't the hair, even if you use a steroid that is good for only a few hours, doesn't it stay for a long, long time, indicating use?

Mr. GOLDBERG. Well, it has not been well studied for hair, but how are you going to test Barry Bonds? He is bald.

Mr. UPTON. Well——

Mr. GOLDBERG. Could I add, excuse me, Congressman.

Mr. UPTON. I can't go there.

Mr. GOLDBERG. I just wanted to speak to the—how long these drugs stay in your system. If you use regular testosterone via creams and gels, and you use it judiciously, we have a level, a chemical level in testing, and if you stay under that level, which will still give you a performance enhancement, you can test me every day of the year, and you will—I will not test positive.

Mr. UPTON. Mr. Kanaby, different states, as you were talking about, with legislation, one of them being Michigan. I am going to follow up with my State legislators, to see where that is. I know, you know in Indiana and New Jersey probably best of all, when you have a student that is identified as being tested positive, and they are automatically drummed out, are there provisions within those states if that student cannot transfer to another——

Mr. KANABY. Yes.

Mr. UPTON. [continuing] school association. Just because I know some kids that have broken the rules for drinking, other things, and they have——

Mr. KANABY. Yes.

Mr. UPTON. [continuing] simply transferred to another school district.

Mr. KANABY. No, that is covered by each of our member State associations, who would have a bylaw that would prohibit that kind of a transfer in order to avoid a penalty at a previous school, that might be imposed.

Mr. UPTON. And Dr. Yesalis, last question, because my time is expiring. I know that you come from Penn State, a great university, in one of the best conferences that there is, and I just think about your coach, Joe Paterno, a friend, a wonderful man, and I have got to believe that his policy with his players is a no tolerance policy. Is that correct, do you know?

Mr. YESALIS. We are very aggressive in testing, but again, we are limited to what is technologically available. So, you know——

Mr. UPTON. But does he let his—doesn't he let his players know, like Coach Carr and some other great coaches in the Big 10, if you use this—these pills, et cetera, you are off the team, period?

Mr. YESALIS. All right. But—Coach Paterno has been very aggressive about that, as have some other coaches. I don't think enough of them. But again, you can tell these kids, you can tell them what the consequences are, but you know, there are some collegiate athletes that actually, because they have potential pro careers, they already have some scientific helpers out there making sure they are not going to flunk drug tests. Because they know that kid might sign a multimillion dollar contract.

Mr. UPTON. That is why I like Chairman Barton's idea about the scholarships. Mr. Chairman, my time has expired. I yield back.

Mr. STEARNS. I thank the gentleman. Mr. Shimkus is recognized.

Mr. SHIMKUS. Yes, thank you, Mr. Chairman. And it has been a long morning. I really appreciate your testimony. I was a coach in high school for 4 years, at a small Lutheran high school, in which I was in that environment where you taught, and then you stayed. It made for long days, but those who love it can do it. But I am in a different era. I was able to coach my son's sixth grade basketball team November, December, January. It is pretty unique, based upon our schedule, but it just happened that I could do that, and I am the parent, outside, going into the school, to do that. So, there is a shift change in our culture, with respect that maybe it is—somehow, we need to get back.

This—I am going to take this in a little bit different direction. There is legislation on the book, Mr. Chairman, but this issue on steroids, for some reason, culturally, has not been accepted as illegal, illicit drugs, like we would marijuana or cocaine, crack cocaine, and the like. Under the legislation No Child Left Behind, there is a provision in the bill on Safe and Drug-Free Schools Act, which requires high schools to record, for the Department of Education, incidences. That is the importance of these hearings. So that we can then follow up under that provision, and say well, why isn't steroid use a reportable item in this report?

Then there are grant moneys available for schools to access, to train and educate, $400 million last year. Still, and even in the President's budget, there is—it has been cut, in his proposed budget, but there is $100 million available under that provision. So, there is access to funds. Why I know all this, this is not the Edu-

cation and Workforce Committee. We are not real involved in that, but I have—there is—another tie is, I have a bill, and I would like my colleagues to look at it, that amends that bill on the issue of bullying, another major issue. And I am wondering, Mr. Hooton, if your foundation has, or if it would consider, in your work, because of the aggressive behavior that is indicated, maybe there is a connection to bullying in schools, just because of the nature of the change.

Is that anything you all have looked at?

Mr. HOOTON. That is a great—no, we haven't. It is a great question. I think steroids is related to a lot of the bad behavior that we see, whether it is the increase in domestic violence amongst many of our pro athletes, whether it be a lot of the violence that we see on the streets amongst and between our policemen and the, you know, but great question, and I would love to follow up with you on that.

Mr. SHIMKUS. Yes, and I would like for, you know, to the best of the individual's ability, because when I have talked about bullying at editorial boards, and I mean, we have actually got a large number of Members co-sponsoring the legislation, this kind of bullying is kind of a taboo subject. It is kind of like steroid use. It is like other type abuses that we know is out there, we are afraid to address it.

Mr. HOOTON. Hard to deal with.

Mr. SHIMKUS. Hard to deal with. We would rather not know. Let us just get along and be merry, but it is a significant problem in our schools, so much that there is a large coalition of different, diverse groups, from the National Education Association to the Sheriffs Association, that really would like us, as part of this reporting procedure that is already in current law. So I think on—twofold, how it can address this issue, and especially for, you know, the tragedy that we see with the young kids is making sure that as the Safe and Drug-Free Schools, you have the safety aspect, you have got the drug-free, steroid use aspect, and then, if we are successful in adding bullying to this equation, maybe there will be other identifiers that we can use to help educate members, and that may be another way to help free up money, as Chairman Barton said, in the education and training of coaches, peer counselors, all these things that we have talked about.

Any—does anyone want to add to that, because my time is up, but you—I have got a few minutes for anybody to respond.

Mr. KANABY. My only response would be that that would be a very appropriate topic to also include in that bullying or hazing or whatever else our traditional rites of passage, so to speak, more often than not, unfortunately, do occur in athletic programs. And it is something that we need to address and should address. So we would support that.

Mr. SHIMKUS. And I thank you for your testimony. Mr. Chairman, I yield back.

Mr. STEARNS. I thank you. The gentleman's time has expired. The gentlelady from Tennessee, Ms. Blackburn.

Ms. BLACKBURN. Thank you, Mr. Chairman, and thank you to each of you. I have questions for each of you, but what I am going to do, in the interests of time, because we do have another hearing

that is going to start in a few minutes, and a panel yet to hear from, and I am going to submit these. I do want to make just a couple of comments, though.

I agree with what our chairman was expressing to you all, and the concerns there, and you know, it is an amazing, amazing thing. If the private sector and the not for profit sector does not fill a need that exists in society, then people are going to turn to government to fill that need. So, if the policing agencies and the groups that exist, if the coaches, if the educational institutions do not tend to the situation, people are going to expect us to do it, and you know, Ms. Worth, I found it really almost incredible that as a trainer, someone involved in the National Athletic Trainers Association, involved with education, that you made the comment, I find it interesting you state that you think Congress and the media need to get the message out about the dangers of steroid use.

And being a parent, having children that competed in high school, and one who competed, competitively, ran in college, you know, there are folks that they are listening to. There are trainers, and there are coaches, and there is also the responsibility of the parent, but there are those that they answer to every single day, just as Congressman Ryun was saying, and I do think that there is a responsibility there. Because this is something that needs to be addressed.

And I will submit my questions to each of you. They range from dealing with the secretive nature of what we see, your—what your opinions are going to be on the Steroid Control Act that we put into place last year. Looking at educational programs, outreach questions, motivation of why kids other than athletes are using steroids. So these will come to you.

Thank you for your time. Thank you for your participation and your desire to work with us.

Mr. STEARNS. I thank the gentlelady. We want to thank you for your forbearance, and we will now call up the third panel.

Dr. Ralph Hale, Chairman of the United States Anti-Doping Agency. Mr. Adolpho Birch, Counsel for Labor Relations, the National Football League. Mr. Frank Coonelly, Senior Vice President, the Major League Baseball. And Ms. Mary E. Wilfert, Chief Liaison, the Committee on Competitive Safeguards and Medical Aspects of Sports, the National Collegiate Athletic Association.

So, I want to welcome all of you with your opening statements. And before you start, I want to clarify and to make one statement again. To say that this committee, this subcommittee did invite the commissioners of Major League Baseball, the NFL, the NBA, and the President of the NCAA. All declined to appear personally. Now, it is our feeling on this subcommittee that these officials should not duck their responsibility by failing to appear, and must at some point be called to account, to this committee and the American people, for their failure to address this issue before today. They need to provide answers for their league, and be leaders in establishing the highest standard to combat this plague that is hurting our kids and, obviously, the sports we love so much.

So with that, Dr. Hale, I welcome you for your opening statement.

STATEMENTS OF RALPH W. HALE, CHAIRMAN, UNITED STATES ANTI-DOPING AGENCY; ADOLPHO BIRCH, COUNSEL FOR LABOR RELATIONS, NATIONAL FOOTBALL LEAGUE; FRANCIS X. COONELLY, SENIOR VICE PRESIDENT, MAJOR LEAGUE BASEBALL; AND MARY E. WILFERT, CHIEF LIAISON, COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS, THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

Mr. HALE. Thank you, Mr. Chairman. I appreciate the opportunity to come and talk about this very important health issue. I will try to keep my comments relatively short, since you do have my testimony.

I am here as the Chairman of the Board of the U.S. Anti-Doping Agency, which is very fortunately funded extensively by Congress, and for that, we certainly do appreciate it, and I want to extend our thanks to you.

I am also a physician who has been practicing for over 40 years. I have been involved with sport teams at the youth, the high school, the university, and the Olympic level. I am also the father of 3 elite athletes, one of whom, incidentally, is a high school coach now, and I have seen the incidence of steroid use, and the problems facing our young athletes, up close and personal. You very well have described the perils of the medical issues related to the use of anabolic steroids, and others have already testified to the increasing incidence, so I am not going to say that. It is in my testimony.

But why, then, do teens and adults themselves use steroids? I think there are multiple reasons. Steroids, they do increase muscle mass. They do increase size and strength, and we live in a sport culture here where winning at all costs is the standard, and resultant success can result in money, fame, and much more money, as you see by the bonuses some of these people receive, which are astronomical, more than most people will ever earn in their entire lifetime.

They also see their sports heroes, and that, I think, is one of the things that we do face, the sport heroes that our youth look up to, they believe their answer is to be the same, and they can achieve that goal by the use of steroids. They also realize that they can heal their injuries much faster by the use of steroids. Whether this is a real healing or a false sense of security is not even thought of by these athletes.

And also, what we are now starting to see is the concept of looking better. I still remember, in fact, I am old enough to remember when the Charles Atlas advertisements in the back of comic books were the things that all young men looked for. It was based upon basically muscular development and use of weight training, but now, many of these young athletes, they look at that, and they say all I have to do is take steroids, because they have seen this among themselves, and we have worked with Mr. Hooton and his foundation, and we are very concerned about seeing these particular problems.

The U.S. Anti-Doping Agency is concerned. Obviously, at the Olympic and para-Olympic level athlete, maintaining a clean playing field. This is the basis of our drug testing program, which is

designed to deter the use, and it is important that deterrent is there. But in addition, we believe that education programs are extremely important, and we have a strong educational component that we work with. As a matter of fact, we even are starting at middle school, working with Scholastic Magazine, trying to get out the information to help the young athletes that will come. Because you have to be a young athlete before you can be an Olympic athlete. You just don't walk onto the floor.

We also conduct an active research program. And recently, our experience with THG and the Balco lab has been very much in the news, and we are very interested in trying to identify all sorts of other designer steroids and others that may out there. However, all of our efforts at the USADA will not totally succeed, until all sports organizations agree to fully participate in programs to deter the use of performance-enhancing, dangerous steroid drugs. Programs that fail to test, or that test sporadically and infrequently, are not a deterrent. As a matter of fact, programs with minimal sanctions will only result in minimal success.

Unfortunately, for many athletes, it is simply a matter for the cost/benefit analysis. Because these athletes are focused on current success, they discount or ignore the long-term consequences of steroid use that may suffer later in life, or the short-term punishment, excuse me, that may be dealt out to them.

Again, I want to emphasize again the potential side effects of steroids as they affect men and women. They are—can be disastrous. They can result in extreme debilitation as well as death. However, this is not what people look at. They are looking at what will be the result of their success taking this. And so education will ultimately be the critical and most important area we have to deal with. And until we get there, though, an effective program of testing to deter the use, and of sanctions when caught, is essential if we are to defeat this battle.

I would like to thank the committee very much for the opportunity to testify.

[The prepared statement of Ralph W. Hale follows:]

PREPARED STATEMENT OF RALPH W. HALE, CHAIRMAN OF THE BOARD, UNITED STATES ANTI-DOPING AGENCY

Mr. Chairmen, Members of the Subcommittees, good morning, my name is Dr. Ralph Hale. Thank you for the opportunity to testify regarding this important health issue. Today, I am here as the Chairman of the Board of Directors of the United States Anti-Doping Agency. I am also a physician who has been practicing medicine for more than 40 years. USADA has been recognized by Congress as the independent, national anti-doping agency for Olympic and Paralympic sport in the United States. Our mission is to protect and preserve the health of athletes, the integrity of competition, and the well being of sport through the elimination of doping.

Recently USADA has received increased media attention for its role in the investigation into the existence and use by elite athletes of the designer steroid, THG. Designer steroids are an important concern for USADA. However, USADA is equally concerned about all anabolic steroids that are readily available in the United States. The availability of these anabolic steroids is a significant public health issue that transcends sport and places American consumers at risk.

The perils of anabolic steroid use are well known. In Olympic sport, the most notable, systematic state-supported program of doping with anabolic steroids was conducted by the East Germans from 1974 until the Berlin Wall fell. The documented side effects of steroids and steroid precursors among these East German athletes, particularly women athletes, are tragic. These side effects included damage to the liver and reproductive system, susceptibility to cancers, and permanent

masculinization of women. It is also well known that men who abuse steroids and steroid precursors risk serious health consequences including gynecomastia, baldness, shrunken testicles, infertility and susceptibility to aggressive behavior or rage. For adolescents who use steroids the side effects can include all of the above, as well as a strong likelihood that natural growth will be arrested or otherwise detrimentally affected.

Let me address youth first. In a 2003 study of 48,500 students in the 8th, 10th, 12th grade by a group at the University of Michigan in conjunction with the National Institute on Drug Abuse and the U.S. Department of Health and Human Services, 2.5% of 8th graders, 3% of 10th graders and 3.5% of 12th graders had used steroids.[1]

A recent Newsweek report stated that 300,000 American Teenagers abuse steroids each year. In a 1998 Massachusetts based survey published in the Journal Pediatrics, 3% of middle school students had used steroids. This problem is increasing on an annual base. In June 2004, the CDC published figures on self-reported drug use called the Youth Risk Behavior Surveillance from 2001 to 2003 use of steroids went up 20% for men and 300% for girls. Of more concern among 12th graders 3.3% of girls and 6.4% of boys had used steroids once however 7.3% of ninth grade girls and 6.9% of ninth grade boys had already been using steroids.[2]

A recent Blue Cross and Blue Shield Association survey estimated that approximately 1.1 million youth between the ages of 12 and 17 have taken potentially dangerous performance enhancing drugs.[3] These are just a few of the ever increasing number of reports on the use of these dangerous compounds. And yet in the Blue Cross and Blue Shield Association study 76% of the teens could not identify any negative side effects from long-term use. These surveys are also increasingly being confirmed by admissions of high school athletes who have used steroids. For example, nine football players from Heritage High School in Texas recently admitted to using steroids. Of significance is the fact that lack of testing for steroid use by high school athletes' results in lack of detection, so the true incidence is unknown.

Why then do teens and adults use steroids? Steroids increase muscle mass and thus size and strength. In a sport culture where "Winning at all costs" is the standard and the resultant success can result in money, fame, and more money, the use of steroids is viewed as an easy way to attain this goal. They also see their sport heroes using steroids and believe this is their answer well. Steroids are also viewed as a way to increase healing of injuries. This is especially true with muscular skeletal injuries. A recent finding is the use of these compounds to make individuals "look better." Even non-athletes appreciate the muscular body of the athlete. I still remember the Charles Atlas advertisement in comic books when I was growing up. Many thousands of young men sent in for the Charles Atlas system. Now they believe they just have to use steroids.

USADA is concerned, with the Olympic level athlete and maintaining a clean and equal playing field. This is the basis of our drug-testing program, which is designed to deter use of performance enhancing drugs. In addition we believe education programs for the athletes, from youth to Olympic level, must also be a key component of addressing the problem in the U.S. USADA also supports an active research program related to the use of performance enhancing drugs.

However, all of our efforts will not totally succeed until all sports organizations agree to fully participate in programs to deter use of performance enhancing dangerous steroid drugs. Programs that fail to test or that test sporadically and infrequently are not a deterrent. Programs with minimal sanctions only result in minimal success. Unfortunately for many athletes, it is simply a matter of cost-benefit analysis and because these athletes are focused on current success, they discount or ignore the long-term consequences of steroid use that may not surface until much later in life. Is the cost of being caught and disciplined greater than the rewards gained from using the compounds? You will note that the side effects, although serious and life threatening, are not included in the formula. The reason is that in the end, if they were considered, the cost side of the equation would be enormous and does add a significant burden to the health care system.

Let me again emphasize the potential side effects of steroids as they affect adults. In men steroid use has been associated with reduced sperm count, infertility, impotence, gynecomastia (increased breast size), enlarged prostate, urinary and bowel

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[1] Sheltra, Patrick. "Stomping Steroids: Districts Can't Afford to Test Their Athletes." Inland Valley Daily Bulletin 13 Feb 2005

[2] De'Noon, Daniel. "Steroid Use: Hitting Closer to Home; Olympic scandals spot light performance-enhancing drugs as number of kids use them." 4 August 2004 http://www.WebMd.Com

[3] Blue Cross and Blue Shield Association Survey Projects 1.1 million Teens have used Potentially Dangerous Supplements and Drugs. 31 October 2003

problems, sleep problems, baldness, left ventricular hypertrophy of the heart, liver damage, stroke, sudden mood swings, rage and aggression. Withdrawal can result in depression and suicide. These psychological effects can be even more severe in adolescents who are going through the upheavals associated with teenage adjustment. In women, many of these same problems can occur as those in men but also include as breast reduction, increased facial and body hair, deepening of the voice, menstrual problems, clitoral enlargement, acne and heart disease.

I am including reference on Anabolic steroids for the committees' information that outline the health hazards. In addition, I ran a Medline of the Adverse Effects of Anabolic Steroids following the notice of the hearing. There were more than 50 references in this initial review.

I would like to thank this Committee for its time and its interest in this important public health issue and for inviting me to share my thoughts on the dangers posed to American athletes and non-athletes by the use of steroids.

Mr. STEARNS. I thank the gentleman. Mr. Birch.

STATEMENT OF ADOLPHO BIRCH

Mr. BIRCH. Thank you. My name is Adolpho Birch, and since 1997, I have acted as labor relations counsel for the NFL. My responsibilities include the negotiation and administration of our player discipline policies, which would certainly include our policy on anabolic steroids and related substances.

I would like to thank you for the opportunity to share our thoughts and concerns on, perhaps, what is the most important issue in the sports business today. I would like to start by really developing the NFL's policy, and how we got to where we are.

Primarily, the National Football League, and the NFL Players Association have been committed to ensuring that our sport is not tarnished by steroids. We are guided by three pillars and three principles that we think are most important in this area.

First, we think that steroids threaten the fairness and integrity of the athletic competition on our field. They can distort results of games. They can distort League standings. Moreover, the use of certain substances by players without negative consequences leads other players to believe that they have to take them as well in order to remain competitive, on their team or in the League. This arises not only with respect to steroids, but with ephedrine and other stimulant substances, which should be considered performance-enhancing for reasons beyond strength or beyond endurance.

Second, we have serious concerns about the health effects of steroids and other performance-enhancing substances. We have talked at length, I think, some of the panelists, about those effects, but we do consider them to be important, and we do protect the health and safety of our players as a primary thought.

Third, we take our role in educating and providing guidance to high school athletes and young athletes in particular. When these young athletes see professional players who they admire or even idolize using performance-enhancing substances, their desire to use them increases dramatically. When you combine that desire with a still-developing judgment and decisionmaking skills, these athletes face even higher risks than a professional athlete would. As role models, our players must be concerned with those consequences.

Using those, that pillar, and those foundations, we—in 1989, we became the first U.S. professional league to implement a program of testing, discipline, and education. The components of our policy,

and what we feel are the bases of an effective policy, are that we have unannounced, random, and annual testing of all players, both in and out of season. We have a banned list of over 70 prohibited substances, which includes steroids, precursors, growth hormones, stimulants, and all of which is frequently revised and updated based on scientific developments, and based on things that occur within and outside of the NFL.

We have the use of WADA-certified testing laboratories and internationally respected and known scientific and medical advisors. We have a commitment to scientific research, through which we have funded a number of studies that have been effective in providing new techniques and new testing. We have a mandatory 4 game suspension upon first violation, based upon a strict liability standard, meaning the player is responsible for what goes into his body. There are no excuses, and there are no second chances.

The adherence to those provisions has resulted in our policy generally being considered to be the most effective in professional sports. Notwithstanding, we feel one of the key things that we need to do is educate our players and educate the public about the health risks associated with steroid use. Indeed, the most rigorous testing and discipline cannot be effective in the absence of substantive education on the risks and dangers. In that regard, we have undertaken a number of initiatives.

We have established a dedicated toll-free hotline, where information from scientific professionals and medical professionals can be obtained regarding issues of dietary supplements and/or steroids. They certainly would include information concerning the hazards and risks of those types of substances. We have funded a number of studies that have helped us and other organizations to identify better techniques.

We work with our Youth Football department and with USA Football to develop youth-oriented materials that could help us, and help kids, in determining and deterring their use at that level. We started a label certification program, which is an effort to provide additional review and testing of dietary supplements to ensure that they are free of banned substances, and to ensure that they contain what they say they contain.

We also, and most recently, have announced a partnership with the U.S. Anti-Doping Agency and the Center for Human Technology, to establish the Sports Medicine Research and Testing Laboratory, which we expect to devote a significant portion of its activities to scientific research.

Overall, we would like to reiterate that we have a commitment, along with our Players Association, to maintaining the strongest and most comprehensive policy possible. We owe it to our players. We owe it to our fans who support our game, and most importantly, we owe it to the young athletes who take guidance from the dedication and accomplishments of the players who suit up and play every Sunday.

Again, we would like to thank you for the invitation, and we will be happy to answer any questions that you would have. Thank you.

[The prepared statement of Adolpho Birch follows:]

PREPARED STATEMENT ADOLPHO BIRCH, LABOR RELATIONS COUNSEL, NATIONAL FOOTBALL LEAGUE

My name is Adolpho Birch and since 1997 I have acted as Labor Relations Counsel for the National Football League. On behalf of the NFL, I would like to thank the Committee for inviting us to participate in this hearing. We sincerely appreciate the opportunity to share our thoughts and concerns on perhaps the most important issue facing the sports community today.

DEVELOPMENT OF THE NFL'S STEROID POLICY

The National Football League and NFL Players Association have long been committed to ensuring that our sport is not tarnished by the influence of steroids and other performance-enhancing substances. We are guided in this respect by three principles:

- First, these substances threaten the fairness and integrity of the athletic competition on the playing field and could potentially distort the results of game and League standings. Moreover, the use of certain substances by some players without negative consequence might lead other players to believe that they must use them as well in order to remain competitive. This concern arises not only with respect to steroids, but also with respect to ephedrine and other stimulants, which some players believe will provide a boost or "edge" in competition.
- Second, the League has serious concerns about the adverse health effects of these substances on our players. There is a growing body of medical literature linking their use to a number of physiological, psychological, orthopedic, reproductive and other serious health problems.
- Third, the NFL takes very seriously its role in educating and providing guidance to high school athletes and youth generally. When young athletes see the professional players whom they admire and even idolize using performance-enhancing substances, their desire to use such products increases dramatically. When that desire is combined with adolescent judgment and decision-making skills, young athletes face even higher risks than professional athletes. As role models, NFL players must be concerned with such unintended consequences.

KEY PROVISIONS OF THE POLICY

Following these principles, in 1989 the NFL became the first U.S. professional league to implement a comprehensive program of steroid testing, discipline and education. The key components of the policy are:

- Unannounced annual and random testing of all players both in and out of season;
- A list of more than 70 prohibited substances--including anabolic steroids, steroid precursors, growth hormones and stimulants--which is frequently revised and updated based on scientific developments both within and outside of the NFL;
- The use of WADA-certified testing laboratories and expert scientific and medical advisors;
- A commitment to scientific research by the NFL and NFL Players Association, including the establishment of a new research and testing laboratory;
- Mandatory 4-game suspension (25% of the regular season) without pay upon first violation; and
- Strict liability for players who test positive—a violation will not be excused because a player was unaware that a product contained a banned substance.

The consistent adherence to these provisions and to our guiding principles has resulted in the NFL's policy being considered the most effective in professional sports.

EDUCATIONAL EFFORTS/HEALTH AND SAFETY

As discussed, one of the primary tenets of our policy is the protection of the health and safety of our players. In our view, that is best accomplished through education. Indeed, the most rigorous testing and discipline cannot be effective in the absence of substantive education on the risks and dangers of steroids. In that regard, we have undertaken a number of initiatives:

- We have established a dedicated toll-free hotline that players and Clubs can call to receive confidential, objective information on dietary supplements and steroids, including the physiological and psychological risks and hazards associated with their use;
- Since 1989, we have funded a number of research studies looking at a variety of issues related to steroids and other performance-enhancing substances. Those studies have assisted in educating the League and other organizations on poten-

tial areas of concern, and in identifying better techniques for testing and detection;

- We continue to work with our Youth Football department and USA Football to develop youth-oriented materials and programs stressing the dangers of steroids and the importance of healthy nutrition rather than the use of supplements;
- At the start of the 2004 season, we launched a Dietary Supplement Label Certification program, which provides a mechanism for additional review and testing of dietary supplements to ensure that they are free of banned substances and that they contain exactly what is listed on the label; and
- In 2004, we announced a partnership with the United States Anti-Doping Agency and the University of Utah's Center for Human Toxicology to establish the Sports Medicine Research and Testing Laboratory, which will devote a significant portion of its activities to scientific research in the field.

Concluding, the NFL would like to reiterate our commitment, along with that of the NFL Players Association, to maintaining the strongest and most comprehensive policy possible. We feel that we owe it to our players, the fans who support our game and, most important, the young athletes who take inspiration and guidance from the dedication and accomplishments of those who suit up and compete every Sunday on a fair and level NFL playing field.

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

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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

Mr. STEARNS. And I thank you. Mr. Coonelly.

STATEMENT OF FRANCIS X. COONELLY

Mr. COONELLY. Mr. Chairman, members of the subcommittees. I am pleased to appear before you today on behalf of Major League Baseball. Like you, Major League Baseball is deeply concerned about the use of performance-enhancing substances by athletes, particularly young athletes.

As many of the committee members indicated today in their opening remarks, the research tells us that the potential long-term effects associated with steroid use are particularly dangerous with the young athlete. We agree with you that the message must go out here today, loud and clear, that steroid use is not a shortcut to getting to Major League Baseball, or any other professional sport. In fact, that steroid use by young athletes will hurt, not help your chances of becoming a major league player. We understand that our players are role models for children. I am pleased to report to you that we are addressing this very important and critical issue in professional sports in 3 distinct ways.

First, Major League Baseball has made tremendous progress in its testing programs, both at the major league level, and at the minor league level. The goal of each of these programs is zero tolerance, a word that has been used by both committee members and panelists here today. Second, appreciating their position as role models. Our players have been out in the forefront on this. Unfortunately, certain misguided former players have gotten most of the press, but our current players today have come out forcefully against drug use, and particularly steroid use by young athletes. Third, our office is working closely with our friends at the Partnership for a Drug-Free America to educate American youth on the dangers of steroid use. I will describe each of these efforts for you today.

The most important and most influential thing that baseball can do, Major League Baseball can do for the youth of America, is to tell them that baseball does not tolerate steroid use, at the minor league level, and at the major league level. And therefore, using steroids as a young person is not an effective, and will not be an effective stepping stone to the major leagues.

We have just completed an unprecedented agreement with the Players Association that we believe will do just that. Indeed, the steroid policies that have been negotiated with the Players Association, and unilaterally implemented at the minor league levels, are well on their way to eradicating steroid use completely from Major League Baseball.

In 2001, Commissioner Selig promulgated the first ever comprehensive drug policy for minor league players. In the first year of that testing, 11 percent of minor league players tested positive. This was alarming to us, as it should have been. In each subsequent year, however, as a result of educational programs that have been instituted at the minor league level, and as a result of the deterrent of drug testing on a random, unannounced basis, that rate has declined. It was 4.8 percent in 2002, 4 percent in 2003, and less than 2 percent this last year.

As we embark on 2005, baseball has committed even more resources to this effort. In fact, as we sit here today, we have an educational program going on at the minor league level, in the spring training camps today, as a result of expert testimony and expert witnesses that have put together a really rather remarkable videotape that is being shown and being in every camp today.

Similar progress has been made at the major league level. In 2002, Major League Baseball reached a new agreement with the Players Association, which for the first time, provided for the random testing of major league players for steroids. Under that agreement, anonymous prevalence testing was conducted in 2003. The positive rate for performance-enhancing substances in 2003 was in the 5 to 7 percent range. That was alarming to us as well, and it triggered a more rigorous testing program under our collective bargaining agreement. This more effective, rigorous program resulted in the decline of positive test results in the major leagues to just in the range of 1 to 2 percent in 2004. In other words, the program that has been criticized in many circles has actually resulted in the reduction of steroid use in Major League Baseball.

It wasn't enough, however. As a result, we went to the Players Association at the Commissioner Selig's insistence, and negotiated an unprecedented midterm modification to our collective bargaining agreement to strengthen the drug testing program at the major league level.

This new policy addresses all of the major areas that were brought to us by Congress in hearings last year. Let me describe it for you. First, the new policy broadens the list of banned substances in Major League Baseball. The banned list now includes not only all steroids, but the steroid precursors, ephedra, human growth hormone, diuretics, and other masking agents. Congress' passage of the Anabolic Steroid Control Act of 2004 has helped in this area. As a result of the passage of that legislation, all of the precursors have become illegal in Major League Baseball, and are now tested for.

Second, the new policy greatly increases the frequency of testing at the major league level. Under the prior policy, players were tested once a year. When—once they were tested, they knew they couldn't be tested again. Now, players are tested multiple times. Each is also tested once a year, but then is subject to random, unannounced testing throughout the season and in the off-season. Under the new policy, no matter how many times a player has been tested, that player will remain subject to additional testing. As I indicated, the policy now is broadened to include off-season testing. This off-season testing will ensure that misguided players can't use the off-season to build their bodies through illegal steroid use.

Baseball's new policy also provides for greater penalties. There are no free passes under this policy. First time offenders will be suspended, without pay, for 10 days, and will be publicly identified as violators of the steroid policy. In other words, they will be publicly identified as cheaters. It was mentioned earlier in today, by one of the members, that Sammy Sosa is viewed by some as a cheater because he used a corked bat. Those who are identified publicly as steroid users will be viewed the same way. The pen-

alties for subsequent offenses increase to 30 days, 60 days, and then 1 year.

Major League Baseball has recognized that our players are role models to the youth of America. Players have come out, as I said at my opening, and have been forceful that young individuals cannot and should not use steroids to get to the major leagues. I will give you just a few examples.

Mr. STEARNS. We will probably just need you to sum up.

Mr. COONELLY. Okay.

Mr. STEARNS. You are 2 minutes over.

Mr. COONELLY. Yes, sir. To sum up, Major League Baseball has taken aggressive steps to eradicate the use of this illegal substance in the sport. The programs are working. As I sit here today, and as the members also said, I listened to Mr. Hooton. I was also deeply touched by his remarks. As a father of 4, myself, 3 of whom are in high school today, one is on his way, I was deeply touched by that tragedy. And I am personally dedicated, and Major League Baseball, to make sure that baseball is the leader in this area. Thank you very much for your time.

[The prepared statement of Francis X. Coonelly follows:]

PREPARED STATEMENT OF FRANCIS X. COONELLY, SENIOR VICE PRESIDENT AND GENERAL COUNSEL—LABOR, MAJOR LEAGUE BASEBALL

Messrs. Chairmen, Ranking Members and Members of the Subcommittees, I am pleased to appear before your Subcommittees today on behalf of Major League Baseball as you address the important issue of anabolic steroid use among our nation's young athletes. Like you, Major League Baseball is deeply concerned about the use of performance enhancing substances by athletes in general, and young athletes in particular. As you are well aware, the potential long-term health risks associated with steroid use are greatest for young users. We agree with you that the message must go out loud and clear to young people that anabolic steroids are extremely harmful to your health and will hurt, not help, your chances of becoming a Major League Baseball player. Major League Baseball understands that our players are role models for young athletes and what we do and say does matter. I am pleased to report to you that we are addressing this issue in three distinct ways.

First, Major League Baseball has made tremendous progress in dealing with the use of performance enhancing substances by its players by instituting a zero tolerance policy in the minor leagues and by negotiating a new and much stronger steroid policy at the Major League level with the Major League Baseball Players Association ("MLBPA"). The goal of each of these programs is zero tolerance for steroid use. Second, appreciating their position as role models, many of our biggest stars have spoken out about the dangers of steroid use, particularly for young people. Third, our office is currently working closely with the Partnership for a Drug-Free America to educate America's youth on the dangers of steroid use. This morning, I will describe for you our efforts in each of these areas.

The most influential step that Major League Baseball can take to dissuade young people from using steroids is to demonstrate to them that steroid use is not tolerated in professional baseball and thus cannot be used as an effective stepping stone to the Major Leagues. We just completed an agreement with the MLBPA that should do just that. Indeed, the steroid policies that we have negotiated or instituted unilaterally now have no tolerance for steroid users and are effectively eliminating steroids from professional baseball.

In 2001, Commissioner Selig promulgated the first-ever comprehensive drug policy for minor league baseball. In the first year of testing under that policy, the positive rate in the minor leagues was approximately eleven percent. In each subsequent year, that positive rate has decreased dramatically. The rate was 4.8 percent in 2002, 4 percent in 2003 and just 1.7 percent in 2004. As we embark on the 2005 season, Baseball has committed even more resources to the eradication of steroid use in the minor leagues.

Similar progress has been made at the Major League level. In 2002, Major League Baseball reached a new agreement with the MLBPA which, for the first time, provided for the testing of Major League players for steroids. Under the agreement, an

anonymous prevalence study was conducted in 2003. The positive rate for performance enhancing substances in the 2003 testing was in the range of 5-7 percent. This disturbing rate triggered a more rigorous disciplinary testing program in 2004. This more effective program resulted in a decline of the positive rate to just 1-2 percent during the 2004 season. In other words, the 2002 agreement that had been roundly criticized in some circles actually resulted in a significant reduction in steroid use.

Despite this improvement, Major League Baseball has continued to move ahead on this challenging issue. Last December, at the urging of Commissioner Selig, the MLBPA took the unprecedented step of reopening an existing collective bargaining agreement to allow for the negotiation of an even stronger, new policy on performance enhancing substances. This new policy addresses all of the major areas of concern raised in Congressional hearings conducted in 2004.

First, the new policy broadens the list of banned substances in Baseball. The banned list now includes not only all steroids, but also steroid precursors, ephedra, human growth hormone and diuretics and other masking agents. Congress' passage of the Anabolic Steroid Control Act of 2004 was a key development in allowing Baseball to move closer to accepted international standards in this area.

Second, the new policy greatly increases the frequency of testing of Major League players. Under our prior policy, each player was subject to just one steroid test per season on an unannounced, randomly-selected date. This type of testing will continue in 2005. Under the old testing program, however, once the player had completed his one test for the year, the threat of discipline for the use of steroids was gone until the next season. To address this shortcoming, Major League Baseball added an on-going program of random testing for 2005 and beyond, under which players can be tested multiple times in a given year. Under the new policy, no matter how many times a player is tested in a given year, he will remain subject to additional, random tests.

Third, the new policy, for the first time, introduces off-season or "out-of-competition" testing. In the traditional employment context, unions have resisted employer efforts to intrude into off-duty hours and vacation time. This traditional union resistance has carried over into the context of professional sports. To its credit, however, the MLBPA has agreed to compromise the privacy concerns of its members and allow off-season testing. This off-season testing, which will literally be carried out around the globe, will insure that misguided players cannot use the winter months to enhance their performance through illegal substances.

Baseball's new policy also provides for increased penalties. There are no free passes under the new policy. First-time offenders will be suspended, without pay, for ten days and will be publicly identified as having violated the drug policy. A ten-day suspension will cost the average Major League player approximately $140,000 in lost salary. More important in terms of deterrence, however, is the fact that no player wants to be identified to his peers and the public as a cheater. Penalties for subsequent offenses increase to 30 days, 60 days and one year.

Major League Baseball has always recognized the influence that our great players can and do have on the youth of America. Our players recognize this as well. As such, both owners and players have been deeply concerned that recent revelations and allegations of steroid use have sent a terrible message to young people. With our encouragement, some of our great players have begun to speak out forcefully on this topic, often times aiming their strong anti-drug message directly to young players aspiring to become Major Leaguers. For instance, Reds' first-baseman Sean Casey recently applauded the new Major League policy and noted that "it sends a strong message that you don't need to take steroids to be a Major League player." Likewise, Mets' catcher Mike Piazza was recently quoted as saying that the stronger policy was important to him because it "put this issue to the forefront and [made] a statement to all kids who look up to baseball that this is something we don't endorse." Finally, Red Sox' centerfielder Johnny Damon said that the tough new steroid program was "great for baseball," because performance enhancing substances "need[] to be out of this game" and "kept away from kids."

On a more formal basis, our office has been working with our friends at the Partnership for a Drug-Free America over the past year to determine the appropriate timing and content of public service announcements that will discourage young people from using steroids. In the coming months, you will see the product of these efforts on television and through other educational material and we can only hope that these announcements will contribute to better decision-making by young athletes.

We believe that, with the steps that I have outlined here today, Major League Baseball is sending a very strong message to young people that performance enhancing substances have no place in professional or amateur athletics and will not

be tolerated in Major League Baseball, by those playing the game today or by those who aspire to play it one day.

I want to thank the Subcommittees for the opportunity to appear before you today.

Mr. STEARNS. And Ms. Wilfert.

Ms. WILFERT. Thank you, Chairman Stearns.

Mr. STEARNS. Just turn your mike on, if you would.

STATEMENT OF MARY E. WILFERT

Ms. WILFERT. Thank you, Chairman Stearns, Ranking Member Schakowsky, and other distinguished members of the subcommittees. On behalf of the National Collegiate Athletic Association, I am Mary Wilfert, and I appreciate the opportunity to appear today, and to provide you a full accounting of the Association's drug education and drug testing programs.

For the last 5 years, I have been responsible for managing the NCAA's efforts in the areas of drug education and drug testing, and am also the NCAA liaison to the Committee on Competitive Safeguards and Medical Aspects of Sports, and the Drug-Education and Drug-Testing Subcommittee.

The NCAA is an association of 1,200 member institutions, representing over 360,000 student athletes. The NCAA's Constitution, under the Principle of Student-Athlete Welfare, states that intercollegiate athletics programs "shall be conducted in a manner designed to protect and enhance the physical and educational welfare of student-athletes." And in addition, NCAA legislation requires a shared responsibility between the NCAA national office and NCAA member institutions, again, those over 1,200 member institutions that are part of the Association.

The Committee on Competitive Safeguards and Medical Aspects of Sports is comprised of experts in sports medicine practice and research, sports law, and athletic administration, many of whom have been published in their respective fields. These dedicated professionals assist the NCAA in the development of drug education and testing policies, and provide medical and policy review and adjudication for any student athlete who wishes to appeal a positive drug test.

In order to promote student athlete well-being and deter drug use, the NCAA has developed a two-pronged approach, education and detection. The NCAA provides over $500,000 in funding assistance to its member institutions for educational programs, and approximately $4 million annually for its national drug testing program. In addition to NCAA resources, our member institutions provide substantial resources on campus to complement these efforts. Our membership continues to play a vital role in shaping our policies, and enhances our efforts through their own education and testing programs.

In my written testimony, I set out several resources that we provide to assist our member institutions in education. One resource I would like to highlight is the Dietary Supplement Resource Exchange Center, which provides student athletes and athletic staff a 24 hour toll-free number and website to get reliable information about NCAA banned substances, medications, and supplements, and all inquiries are treated in a confidential manner.

The NCAA sponsors two drug testing programs, national drug testing programs. During NCAA championships, that program was established in 1986, and randomly throughout the academic year, that program was established in 1990. The NCAA publishes a list of banned drug classes that is even more comprehensive that what is required by law. All NCAA student athletes in all sports are subject to testing, and may be tested during NCAA championships or during the academic year. NCAA testing is conducted under a strict, published protocol, using one of the best labs in the U.S. for sports drug testing. The UCLA Olympic Analytical Lab identified the latest designer steroid to hit the market, THG, and developed a testing protocol that now benefits the NCAA and others in providing keener detection of hard to identify anabolic steroids.

Sanctions from a positive drug test are automatic, and are defined for the student athlete in the annual signing of the drug testing consent form. Athletes who test positive are withheld from competition in all sports for at least 1 year, and lose one of their 4 years of collegiate eligibility. Athletes who test positive a second time for steroids lose all remaining collegiate eligibility, and are permanently banned from intercollegiate competition.

The NCAA was supportive of legislative efforts to remove steroid precursors from the dietary supplement market through the Anabolic Steroid Control Act of 2004, and joins the authors and partners in celebrating this victory. The next important steps involve expanding resources for research in the area of detecting new performance-enhancing substances as they emerge, and developing effective prevention strategies. Again, the two-pronged approach, drug testing and drug education.

On behalf of the NCAA, I would like to thank the subcommittees for the opportunity to speak before you today, and express the NCAA's willingness to assist in moving forward in this monumental and critical task to eliminate drugs from sports.

[The prepared statement of Mary E. Wilfert follows:]

PREPARED STATEMENT OF MARY E. WILFERT, CHIEF LIAISON, NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS

Chairman Stearns, Chairman Deal, Ranking Member Schakowsky, Ranking Member Brown and other distinguished Members of the Subcommittees, on behalf of the National Collegiate Athletic Association, I am Mary Wilfert and I appreciate the opportunity to appear today and inform you of the Association's drug education and drug-testing programs with Association member institutions. For the last five years, I have been responsible for managing the NCAA's efforts in the area of drug education and our drug testing program and am also the NCAA liaison to the Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) and the Drug-Education and Drug-Testing Subcommittee of CSMAS. This NCAA Committee provides expertise and guidance to the NCAA on health and safety issues, reviews the NCAA drug-testing and education programs, and adjudicates positive drug-test appeals. I have an extensive professional background in the health services field, focusing on programs that enhance wellness and lifelong learning.

The NCAA is a private association of approximately 1,200 four-year institutions of higher education and athletics conferences. There are more than 360,000 student-athletes competing at these NCAA member schools. According to the NCAA Constitution, under the Principle of Student-Athlete Welfare, intercollegiate athletics programs "shall be conducted in a manner designed to protect and enhance the physical and educational welfare of student-athletes." The NCAA manual states that it is the responsibility of each member institution to protect the health and safety of and provide a safe environment for each of its participating student-athletes.In order to promote student-athlete well-being and deter drug use, the NCAA has developed a two-prong approach—education and detection. Both are critical to

the overall effort to address concerns with the use of drugs in intercollegiate athletics. The NCAA established its national drug-education and testing programs in the 1980's and 1990's. The NCAA drug-testing program has earned a reputation as a model of quality and professionalism. The NCAA spends close to $4 million annually for our national drug testing programs. The national NCAA drug-education and testing programs are enhanced and complemented by the additional efforts of NCAA member institutions. The majority of members have developed institutional policies to conduct drug-education and drug testing programs of their athletes, as measured through the biennial Drug-Education and Testing survey of the membership. This partnership provides a strong anti-doping message throughout intercollegiate athletics programs.

COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS

The NCAA Association-Wide Committee on Competitive Safeguards and Medical Aspects of Sports, CSMAS, provides expertise and guidance to the NCAA on issues pertaining to student-athlete health and safety. CSMAS is comprised of experts in sports medicine practice and research, sports law, and athletic administration. Members of this committee have been published in their respective fields, and are looked to as important resources for sports science information. These dedicated professionals contribute their time and expertise to assist the NCAA in the development of drug-education and testing policies, and provide medical and policy review and adjudication for any student-athlete who wishes to appeal a positive drug test. This committee annually reviews the NCAA drug-testing program protocol and list of banned drugs.

DRUG EDUCATION

Since 1985, the NCAA has conducted a national study of the drug use habits of college athletes. The study is replicated every four years and five replications have been conducted since the original study. The study is designed to obtain data on the substances and use patterns of college athletes through the use of anonymous self-report questionnaires. This data assists us in developing policy and practice to deter drug use by collegiate athletes. More than 21,000 student-athletes completed the survey in the 2001 study. The results of the 2005 study will be available later this summer. Copies of the last two published studies are available at www.ncaa.org.

To support and promote drug education of student-athletes, NCAA Bylaw requires that each institution's Director of Athletics or the director's designee educate student-athletes about NCAA banned substances and the products that may contain them. Student-athletes are required to sign a student-athlete statement and a drug-testing consent form that alerts them to the NCAA drug-testing policies and the list of banned substances, and requires their agreement to abide by these regulations and be tested when selected either during the academic year or during any championship play. The NCAA publishes guidelines for institutional drug-education programs, and annually provides more than a half million dollars in resources to its member institutions to help them conduct campus drug-education and prevention efforts. Some of the other resources provided to assist our member institutions to enhance student-athlete health and safety and deter drug use are:

- Health and safety specialists. The NCAA national office employs staff members who oversee the NCAA's health and safety initiatives.
- The NCAA Sports Medicine Handbook. A set of sports medicine guidelines compiled by leaders in the field of sports science that includes the NCAA's recommendations on educating athletes about drugs and supplements.
- Educational seminars on developing student-athlete drug and supplement prevention programs within the university.
- Educational information via bookmarks, posters, and Web-based resources.
- Educational conferences for coaches and administrators on deterring supplement use by athletes.
- A national speakers bureau of experts on drug use in sport.
- The Dietary Supplement Resource Exchange Center (REC). All NCAA athletes and staff may use this service funded by the NCAA and housed at Drug Free Sport. The REC provides a toll-free number and Web site for athletes to get reliable information about NCAA banned substances, medications and supplements. Inquiries are treated in a confidential manner.
- Articles and alerts through its biweekly publication, The NCAA News, which has featured a number of articles on drug use in sports.
- A special advisory memorandum sent annually to the senior athletics administrators at every NCAA institution to alert them to the potential risks of banned drugs in dietary supplements.

DRUG TESTING

The NCAA sponsors two national drug-testing programs for college athletes—during NCAA championships and randomly throughout the academic year. The NCAA believes that drug testing is an integral part of drug-abuse prevention. NCAA drug testing was established to protect student-athlete health and safety and to ensure that athletes are not using performance-enhancing drugs to gain a competitive advantage.

The NCAA first introduced drug testing at its championships and postseason football bowl games in 1986. Since 1986, any NCAA athlete competing in these events is subject to NCAA drug testing, and approximately 1,500 athletes are tested each year through championship drug testing. NCAA testing is conducted under a strict, published protocol utilizing one of the best laboratories in the U.S. for sports drug testing, the UCLA Olympic Analytical Lab, certified by the International Olympic Committee. Not only tops in analysis, the UCLA lab is also the research lab that identified the latest designer steroid to hit the market, THG, and developed a testing protocol that now benefits the NCAA in providing keener detection of hard-to-identify anabolic steroids.

As part of its drug-prevention efforts, the NCAA publishes a list of banned drug classes.

This list goes further than those substances banned under federal law, and includes anabolic steroid precursor DHEA and the stimulant synephrine.

To deter the use of training drugs such as anabolic steroids, the NCAA implemented a second drug-testing program in August 1990. Today as part of this program, more than 10,000 athletes, including incoming freshman and transfers, are tested by the NCAA on their campuses August through June. Athletes in all sports are subject to this testing, and may be tested at any time during the academic year. Sanctions for positive drug tests are automatic and defined for the student-athlete in the annual signing of the NCAA drug-testing consent form.

PENALTIES

The NCAA and its member institutions have taken a strong stand to deter doping in sports and have established serious penalties for those who violate these policies. Athletes who test positive are withheld from competition in all sports for at least one year, and lose one of their four years of collegiate eligibility. Athletes who test positive a second time for steroids lose all remaining eligibility and are permanently banned from intercollegiate athletics competition.

RESULTS

The NCAA has been active in the fight to deter steroid use for over 30 years. Through collaborative educational efforts with sports medicine and athletics organizations, the NCAA has been a champion in deterring the use of these substances by young athletes. The establishment of drug testing, NCAA support for drug-testing research, the strengthening of NCAA and campus policies to deter drug use, and the combined educational efforts from the NCAA national office and campus athletics staff have had a positive impact on steroid use. Data from the NCAA substance use surveys note a marked decrease in the reported use of steroids following the institution of drug testing for that substance during the academic year. In the 1989 Study of the Substance Use Habits of College Student Athletes, 9.7% of NCAA Division I football student-athletes reported using anabolic steroids. In 1990, the NCAA began testing for anabolic steroids during the academic year in all Division I football programs. In the 1993 study, 5.0% of Division I football student-athletes reported using anabolic steroids, and subsequently, 2.2% reported steroid use in the 1997 study and 3.0% in the 2001 study.

NEXT STEPS

The NCAA was vocal and supportive of legislative efforts to remove steroid precursors from the dietary supplement market through the Anabolic Steroid Control Act of 2004 and joins the authors and partners in celebrating this victory. But we understand there is much more to be done. We continue to review and enhance our drug testing protocol, and work to strengthen our relationships with drug prevention experts. We support our friends and colleagues in their efforts to address drug use at the high school and professional leagues, and offer our cooperation to those who share in our commitment to ensure safe, drug free sport. As we have for almost two decades, we will continue to meet on common ground with the professional leagues and our colleagues at the high school level, and to enlist the expertise of sports scientists to provide us guidance in our prevention and testing programs. The

important next steps involve expanding resources for research in the area of detecting new performance enhancing substances as they emerge, and to identify and implement effective prevention strategies. As noted in the THG case, the importance of research to detect and test for new performance enhancing drugs cannot be overstated, and on behalf of all of us who administer athletics programs, we urge funding support for drug-testing research and implementation of programs that have been able to demonstrate a positive impact on youth decisions to enhance performance through healthy and fair strategies, by hard work, dedication and practicing healthy behaviors.

On behalf of the NCAA, I would like to thank the subcommittees for the opportunity to speak before you today and express the NCAA's willingness to assist in moving forward in this monumental and critical task to eradicate drugs from sports.

Mr. STEARNS. Thank you. Mr. Coonelly, I am going to start with you, with the opening questions. Are there athletes, in your opinion, today, that are taking steroids in the Major League Baseball? Just yes or no. Just yes or no. Are there athletes today in Major League Baseball—not the minor, I am talking the Major League Baseball, are taking steroids, yes or no?

Mr. COONELLY. The testing to date, sir, indicates that yes, a very small proportion.

Mr. STEARNS. Yes, they are taking them. Okay. Now, under the law, those caught with illegal possession of steroids without a prescription faced arrest and prosecution. That is the law. Dealers face a Federal felony charge and up to 5 years in prison. Once you detect an athlete that has this, 10 days is nothing. The athlete is against the Controlled Substance Act. Do you understand that? And so, shouldn't you find out how he got it, and shouldn't you go after the dealer, which is a felony, and shouldn't you have more than just 10 days suspension, because this fellow, he is getting something without a prescription, and that is against the law.

Mr. COONELLY. Mr. Chairman, I disagree with you that 10 days is nothing for a major league player. Ten days is 10 days of his career that he will never get——

Mr. STEARNS. Let us ask him—why don't you find out from him who is the distributor, how he got it, and go after them?

Mr. COONELLY. Mr. Chairman, I would respectfully say to you that that is the prosecutor's job, and we do not prosecute felonies at Major League Baseball.

Mr. STEARNS. So you are not interested in who—how he got the drugs? That is no concern of Major League Baseball.

Mr. COONELLY. Mr. Chairman, we are interested in removing drugs from our sport entirely.

Mr. STEARNS. Are you concerned with how he got it at all? Is Major League Baseball—if you find a person has tested positive, are you concerned at all how he got the drug?

Mr. COONELLY. We are concerned, because we are concerned that that person may also be distributing to other major league and minor league players.

Mr. STEARNS. And what do you do to find the distributor?

Mr. COONELLY. We will turn over all of the information that we have, or we can get, to the Federal prosecutor, the State prosecutors, who can prosecute those crimes.

Mr. STEARNS. And let me ask you, you give 10 days. What do you do in the minor leagues if that same, if some person is caught with possession without a prescription of steroids. What do you do in the minor leagues?

Mr. COONELLY. The penalty for a first offense is 15 days in the minor leagues.

Mr. STEARNS. And what is the penalty the second?

Mr. COONELLY. Same as the major league program, 30 days, 60 days, 1 year.

Mr. STEARNS. Okay. And why is there a difference between the minor league and the major league, in terms of the penalty?

Mr. COONELLY. The 5 day difference, Mr. Chairman, is the result of collective bargaining with the Major League Baseball Players Association. The minor league players are not unionized, and as a result, we unilaterally implemented that policy.

Mr. STEARNS. So because of the unions, you have a lesser penalty.

Mr. COONELLY. It was a result of the negotiation with the Players Association, yes, sir.

Mr. STEARNS. Okay. Mr. Birch, the same question for you. In the NFL, are there athletes today in the NFL that are using steroids? Just yes or no.

Mr. BIRCH. Yes.

Mr. STEARNS. Okay. And the penalty for someone who you find with steroids is what, again? What is the penalty?

Mr. BIRCH. The penalty is a mandatory 4 game suspension without pay.

Mr. STEARNS. Which could be a month.

Mr. BIRCH. Correct.

Mr. STEARNS. Okay. And so you have almost a 30 day penalty, and the Major League Baseball has a 10 day. Does that include, Mr. Coonelly, does that include weekends, so if a person was found on a Friday, that would include Saturday and Sunday, plus the next Saturday and Sunday, so he would only be out possibly 5 working days?

Mr. COONELLY. It does, Mr. Chairman, but we work 7 days a week.

Mr. STEARNS. Well, I know. Okay.

Mr. COONELLY. We play every day.

Mr. STEARNS. That is a good point. That is a good point. NCAA. Are there drugs, athletes using steroids in the NCAA?

Ms. WILFERT. Yes.

Mr. STEARNS. Yes or no. Yes.

Ms. WILFERT. Yes.

Mr. STEARNS. Okay. So we have come, across the board, that all of these sports activities are using steroids. And we have been told in the second panel that you can't even get them by testing. So the question is for people like legislators, how do we even know that your testing is getting—is an accurate test, and we are extirpating, rooting out this problem? I mean, you talked quite a bit in your opening statement about these testing, but the feeling I have from the second panel is that the testing, you can drive a tank through the testing. And you heard that testimony, too. What do you think?

Ms. WILFERT. I did, Mr. Chairman. I believe that our testing does identify steroid users. I know that we don't identify every steroid user, and as one of the panelists in the second panel identified, we would probably need to test every day, everybody, all the time to do that. But we do believe that the deterrent aspect of testing

at the collegiate level, along with education, is effective in reducing steroid use.

Mr. STEARNS. Now, as I understand it, the Olympics, Ms. Wilfert, is much stricter than the NCAA. Isn't that correct?

Ms. WILFERT. The first penalty for steroid use is a 2 year penalty.

Mr. STEARNS. Two years.

Ms. WILFERT. Correct. Dr. Hale.

Mr. STEARNS. Dr. Hale, is that correct?

Mr. HALE. That is correct.

Mr. STEARNS. Well, it seems to me if it is for Olympic athletes, it is 2 years, and it is only 10 days for baseball, it is a month, four games, for the NFL, and for NCAA, it is——

Ms. WILFERT. One year of 4 years of eligibility.

Mr. STEARNS. So——

Ms. WILFERT. So, it is 25 percent of their career.

Mr. STEARNS. The more money you make, there seems to be something tied here. The more money you make, the less the penalty. Dr. Hale, does that sound right?

Mr. HALE. I—we believe very strongly that a 2 year banment from the sport is a very strong deterrent, because for most Olympic level athletes, that basically ends their career.

Mr. STEARNS. Well, in the NFL, Mr. Coonelly, if you take a month off, that is a huge part of the season. And it seems to me we have the Olympics, we have the NCAA, we have the NFL, and you folks have the lightest touch on the athletes. And I just think that there seems to need to be a more stronger enforcement by you. Do you test drugs in the off-season?

Mr. COONELLY. Yes, Mr. Chairman.

Mr. STEARNS. And let us say, a Barry Bonds, do you go to his home, or how do you test him?

Mr. COONELLY. We would go to a player's home, and test him at that point.

Mr. STEARNS. And how often, in the off-season, do you test a player like Barry Bonds?

Mr. COONELLY. Well, any individual player might be tested or might not be tested. We have—the off-season testing was first instituted in this new program, so we will do it——

Mr. STEARNS. And that started when?

Mr. COONELLY. [continuing] for the first time next year.

Mr. STEARNS. And when did that start?

Mr. COONELLY. That will start next off-season, which is the first year——

Mr. STEARNS. Okay. So right now, you are not doing a rigorous testing in the off-season of any of these athletes.

Mr. COONELLY. Well, we did not this past off-season, because that was part of the new program——

Mr. STEARNS. Okay. Okay.

Mr. COONELLY. [continuing] that we just instituted.

Mr. STEARNS. But don't you—wouldn't you—wouldn't the American people understand that if the person takes the steroids all during the off-season, and then tailors off during the season, you really can't detect them, and the testing, we have shown, is not rig-

orous enough anyway. So really, your program is extremely weak, and——

Mr. COONELLY. That is——

Mr. STEARNS. [continuing] it is now just starting to get some teeth in it, and the only reason you have got teeth on it is because of prodding, either from Congress, from the public, or from these exposes from children dying. I mean, it seems like you are very low, slow in showing full accountability here.

Mr. COONELLY. Mr. Chairman, I would disagree with the last point, but I do agree that as a result of those things, we instituted a much stronger penalty, and we also instituted off-season drug testing so that those types of things could not happen.

Mr. STEARNS. Okay. I submit that you are slow in solving the problem, and your enforcement is weak, and now, your testing is also weak, because you are just starting in the off-season. So with that, my time has expired, and Ranking Member Schakowsky.

Ms. SCHAKOWSKY. Thank you, Mr. Chairman. First, I would like to say that you know, you quoted from the State of the Union Address, where the President referred to having to root out the use of steroids, and Mr. Shimkus referred to a program twice, referred to a program that it is in schools, Safe and Drug-Free Schools State grants. I just wanted to note that in the President's proposed budget, where last year, that program was funded to the extent of $437 million, it is slated to be completely eliminated and zero funded for 2006. So, those of us who are concerned about youth in particular, I think, ought to take a very close look at that particular program, or at the very least, at programs that address the use of steroids in our schools and our country.

Mr. Coonelly, you know, Pete Rose was banned from baseball for gambling, and I understand that is a serious offense, but here we are. I want to get back to this 10 game issue, because I—you said you were moved by Mr. Hooton's testimony, and in his testimony, he points out that that does represent about 6 percent of the games, and I understand to most Americans, $140,000 in lost salary is a lot of money, but unfortunately, or fortunately, to professional athletes, it is a drop in the bucket in many cases.

And so, if we want to leave here, as you said, with a really strong signal that steroid use, there is no tolerance, again, justify it for me how what, for many athletes, amounts to a slap on the wrist sends that strong message.

Mr. COONELLY. I would only disagree that it is a slap on the wrist because, as I indicated in my opening statement, the real deterrent here is that these individuals will be publicly outed as cheaters in the game.

Ms. SCHAKOWSKY. You know, I want to say this about that. What does "publicly outed" mean? You know, you get your multimillion dollar salary, and your—and in many circles, having kind of thumbed your nose at the system, unfortunately, in our culture, very often is—that is pretty cool, and so, what does publicly outed, what is the consequence of that?

Mr. COONELLY. The consequence, particularly in Major League Baseball, is we are known by our history. These players are known by where they stand in history, and as, I believe it was Congressman Upton indicated in his statement, as I indicated in mine, in

many circles, Sammy Sosa, who otherwise has a Hall of Fame career, is now known as a cheater because he used a corked bat on, he says, one occasion. Others think that he wasn't telling the truth when he said other occasions.

Those in Major League Baseball who are publicly identified as being a cheater, they will be treated and viewed differently by not only their peers, but also, by historians of the game, and by their fans. And it means a lot more than a slap on the wrist to a major league player to be identified not as a great home run hitter, future Hall of Famer, but as a cheater.

Ms. SCHAKOWSKY. You know, I think that is such an incredibly subjective kind of punishment, and if we are going to be relying on reputations and history writers, et cetera, rather than concrete sanctions, as a way, we are in deep trouble here, I think. What one may think is a horrible rebuke, and something that will change behavior, to another person is just, you know, nothing.

Anyway, the difference between, you said that the difference between major league and minor league is just a few days. If you think it is so important, and you have complete control over those minor league players, why is it that even there, that they penalties are as light as they are? I mean, if you mean zero tolerance, if you really mean zero tolerance, in a setting where you control, and which is often the entry point for young athletes, why don't you do more there?

Mr. COONELLY. Because again, because we think that the greatest deterrent for a minor league player as well, is to be publicly identified as somebody who is cheating on steroids. But the minor league——

Ms. SCHAKOWSKY. Wait. I want to underline that. You are going on record now as saying that the greatest deterrent to steroid use is for the public to know that someone is using steroids. That is the greatest deterrent.

Mr. COONELLY. Yes, Ms. Congresswoman. I am, and I think that as some others in the panel have indicated, the financial sanctions don't work in this area. They are meaningful, and they are meaningful to a minor league player, but that is not what is going to drive the professionals——

Ms. SCHAKOWSKY. What about legal sanctions, as my chairman has indicated. What about those? People who have broken the law.

Mr. COONELLY. I agree that those people should be prosecuted, and I am quite surprised that they are not.

Ms. SCHAKOWSKY. I have to tell you, I think it is absolutely stunning that the official position of the representative of baseball coming before this body is to say that the worst thing that could happen is just for someone to be identified as a steroid user. Clearly, in our culture right now, making the majors and being professional athletes, and making a ton of money, is worth all these risks of being identified as somebody who has used risky and perhaps even illegal, as well as unethical behavior. And I am very disappointed.

Mr. COONELLY. I think your analogy of Pete Rose tells the story. It is not the 1 year ban that Pete Rose has complained of and has gone on his own crusade. It is the fact that he is not allowed in the Hall of Fame. It is the historical perspective that is important to these individuals.

Ms. SCHAKOWSKY. Incredible.

Mr. STEARNS. The gentlelady's time has expired. The gentleman from Michigan, Mr. Upton.

Mr. UPTON. Thank you, Mr. Chairman. I have got a couple questions, and then, I am going to go to my hearing, which has started on the third floor.

Mr. Birch, how—it is my understanding, the NFL, every player gets tested.

Mr. BIRCH. Correct.

Mr. UPTON. Multiple times. The first violation, they miss 25 percent of the season. The second violation, it increasingly gets more, and as you say, it is most effective. Is that right?

Mr. BIRCH. That is correct, sir.

Mr. UPTON. And how long have you had that plan in place?

Mr. BIRCH. Since 1987, we initiated——

Mr. UPTON. Terrific. Terrific. That is all I need to hear. Ms. Wilfert, I liked what the NCAA has as well. First violation, you miss how much?

Ms. WILFERT. One year of——

Mr. UPTON. One year.

Ms. WILFERT. [continuing] your 4 years of eligibility.

Mr. UPTON. And the second violation, you're done.

Ms. WILFERT. Out for life.

Mr. UPTON. So you lose, obviously, you lose your scholarship, too. In essence, the death penalty for the NCAA. You are done playing.

Ms. WILFERT. For an individual.

Mr. UPTON. For an individual. I think everyone here, Republican or Democrat, would—supports that. And we were very disappointed, again, as we watched this, us baseball fans, very disappointed the way that baseball ended up, particularly knowing that you all were on notice. It is my feeling that the players unions were much to fight about it. Is that right, Mr. Coonelly? I mean, they—did they object? Were they dragged along kicking and screaming with what you ended up?

Mr. COONELLY. Well——

Mr. UPTON. Could you have gone for more?

Mr. COONELLY. I wouldn't constitute as come along kicking and screaming, and in fact, as I indicated, it was unprecedented that this was a midterm change in a collective bargaining agreement. The Players Association——

Mr. UPTON. Though you have had it——

Mr. COONELLY. [continuing] negotiates hard.

Mr. UPTON. [continuing] since 1987 in the NFL, almost 20 years. Why couldn't we get this same deal for baseball?

Mr. COONELLY. Congressman Upton, we did propose this in previous collective bargaining negotiations, and——

Mr. UPTON. But did the players union say no?

Mr. COONELLY. [continuing] and the Players Association objected to the——

Mr. UPTON. Okay.

Mr. COONELLY. Yes, at that time, yes.

Mr. UPTON. You know, I wish, and as Chairman Stearns said, we are going to have additional hearings on this, and if we have to pursue legislation, I certainly intend to be part of that struggle.

But I will tell you the other thing that disturbs me, is that, you know, when—MLB says you want to do it right. You are proud of what you have now accomplished, and yet, the Commissioner, Mr. Selig, refuses to come and testify to the committee, when he was asked.

If you wanted to do it right, I think that it should have fallen on his shoulders to have him brag about what they have done, particularly in light of what the NFL, as well as the NCAA has done. And the other thing that I want to say, too. You know, I am one of those guys that reads the sports section first, and when I got this Washington Post this morning, before 6, my curb, MLB Union Fight House Order. "Lawyers for MLB vowed Wednesday to fight efforts by a House committee to compel seven current and former members to testify." I want the players union to come testify. I want them to tell us why they didn't want to go further. And with MLB not sending the top guy here, and not allowing for the players themselves to come testify, and to join their side, when in fact, in your own testimony, you cite Sean Casey, Johnny Damon, and others, Mike Piazza. You use their comments, so that you can use their testimony in your testimony, but we can't ask other players what the deal is, to ask them how many players might cheat.

Mr. COONELLY. Congressman Upton, I would note that Donald Fehr, the executive director of the Players Association, has agreed to testify at the hearings next week.

Mr. UPTON. But why do you guys side with them? And my staff was—some counsel from the MLB was on the radio this morning, and he was, I think the words of my staff was, he was really deliberate in making—vociferous in that they shouldn't come testify.

Mr. COONELLY. Well, I heard Mr. Brand on Baseball——

Mr. UPTON. I didn't hear it. I just heard——

Mr. COONELLY. I heard him on the radio as well, and there are important privacy issues relating to the drug testing program that has been instituted——

Mr. UPTON. But if you want to do it right, why shouldn't they be exposed, if—to send a signal so that we don't have another young boy, somewhere in America, die, as we heard in the testimony earlier this morning?

Mr. COONELLY. Congressman Upton, I would respectfully suggest that the strongest signal that can be sent here today is that we have agreed on a new, tough, rigorous testing program. That testing program is going to do away with steroids——

Mr. UPTON. You know what. We don't believe it. 10 games is not enough. A corked bat, with steroid use, is not enough. It ought to be what the NCAA has done. It ought to be what the NFL has done. They have sent the signal to their players that they are not going to allow this to continue to happen.

Mr. COONELLY. I have heard that view expressed here today, Mr. Congressman, and this is, and will be part of future collective bargaining negotiations, and I take your point.

Mr. UPTON. My time has expired. I yield back.

Mr. STEARNS. I thank the gentleman. The full chairman.

Chairman BARTON. Has Mr. Engel gone yet?

Mr. STEARNS. I think, as a policy, Mr. Engel is not a member of the subcommittee——

Chairman BARTON. Oh.

Mr. STEARNS. [continuing] on Commerce and Consumer Protection and Trade, nor on the—Health, so what I was going to do was take all the members who are, and then come to him.

Mr. UPTON. Would the chairman yield just 1 second?

Mr. STEARNS. I would be glad to yield.

Mr. UPTON. Is Mr. Engel waiting for my hearing? We have actually moved it to upstairs, if you want to go with me.

Chairman BARTON. I am going to go to the hearing as soon as this hearing is done. Yes. But I have two other questions. I have two questions that I want to ask.

Mr. STEARNS. I have two hearings. We have an Energy and Air Quality hearing, and Telco hearing, so——

Chairman BARTON. Yes.

Mr. STEARNS. But with that——

Chairman BARTON. This is a great committee.

Mr. STEARNS. I didn't want to go out of order with Mr. Engel, but if he is not a member of the subcommittee.

Chairman BARTON. I will wait. It is fine.

Mr. STEARNS. Take my time.

Chairman BARTON. Thank you. Well, first of all, I want to thank you all for testifying voluntarily. We can subpoena, too. It is—this committee has used the subpoena authority, and if we need to, we will, but we try to do things in a cooperative fashion, so I appreciate you all being here.

My first question is to the gentleman who is the head of the Anti-Doping Agency. How long can you detect the traces of steroids in an athlete's system after they stop taking them?

Mr. HALE. The—it depends on the root, as was explained to you earlier, whether it is an oral compound, or whether it is an injectable compound. In most instances, you are probably looking at 72 to 96 hours. However, it is a constant use of a steroid, it changes what we call the testosterone, epitestosterone level. We can evaluate that up to several months following that, and there is recently some research being done on something called the carbon isotope ratio. Most—without going into the chemistry involved, most of the steroid compounds are based on a vegetable background, and therefore, they have a different isotopic formula than those that are on—used from humans. And that is what we usually use to see if there has been a long-term use of steroids.

Chairman BARTON. Well, you know, obviously, the initial reaction to any kind of a problem like this is to have a testing program, and make sure that it is accurate, and you have very few false positives, and things like this. But it doesn't do too much good to claim you have a testing program if it is fairly easy to get around the test, because you take the test once a month, or once a year, or—so, I guess my question to my two friends from the major leagues, from the football, NFL, and Major League Baseball, are you all serious about a testing program that could actually catch people?

Mr. COONELLY. Well, let me——

Chairman BARTON. Not just on paper, that—but that you would actually set the program up, so that if they are using something they are not supposed to be, you will catch them.

Mr. COONELLY. Let me start, and indicate, as I indicated in my opening, that our testing program now uses gold standard WADA laboratories to do the testing. We use the most sophisticated testing that——

Chairman BARTON. I am not talking about the type of test. I am talking about the frequency of testing.

Mr. COONELLY. And on that point, we also address that point as well, by putting in a program that now, a player doesn't know at all during the season or during the off-season, that he can't be tested. A player can be tested on multiple occasions, unannounced, random testing. There is never a point in time when the player can say I have been tested 3 times this year, so I know I won't be tested this week. That player can be tested throughout the year, regardless of how many times he has been tested.

Chairman BARTON. Mr. Birch.

Mr. BIRCH. Yes. I would agree with that, to the extent that our testing program has a host of safeguards and checks to prevent predictability, and to ensure that that deterrent value is there, and that if, in fact, when that person tests, they have used a substance, that we will find it.

Chairman BARTON. All right. Let us just, hypothetically, on average, in Major League Baseball, if you have a random testing program, which it sounds to me like, it is what you—how often would a major leaguer expect it, not knowing when, but in the course of a season, how often might he be tested, on average, with your random program?

Mr. COONELLY. On average, that player would be tested 2 to 3 times.

Chairman BARTON. 2 to 3 times. And——

Mr. COONELLY. But the—but he could be tested as many as 4 to 5 times.

Chairman BARTON. We understand that. But somebody is going to be tested almost every day, we just don't know who it is.

Mr. COONELLY. It wouldn't be almost every day, because our season is 183 days, but it is throughout the season, and during spring training, the time that we are in right now.

Chairman BARTON. But over the course of the season, a Major League Baseball player could expect to be tested 2 or 3 times from spring training through the World Series.

Mr. COONELLY. Correct.

Chairman BARTON. Not knowing when. What about the NFL?

Mr. BIRCH. Well, our testing is by a random draw. It would be at least, I would say, a minimum of 4 or 5, a maximum, it could be anywhere, probably 15, 16. I mean, we have—it really—there is no maximum limit to it. It just—it is how many times it comes up during—on that computer draw.

Chairman BARTON. Okay.

Mr. BIRCH. But it certainly is a very wide range.

Chairman BARTON. Okay. And what about if there is reason to believe, are there rules in the collective bargaining agreement if somebody feels there is reason to believe that there is a specific individual, can they be tested for cause, and if so, what do you have to establish as that cause before they are tested?

Mr. COONELLY. Under our program, there is reasonable cause testing, and what you have to establish to a medical committee is that there is some reason to believe that this person is using steroids.

Chairman BARTON. How long does it take to go through that before they are actually tested? Does it take so long that by the time they get around to the test, it is out of their system?

Mr. COONELLY. No. If the committee decides that there is reason to believe this person is using steroids, he would be tested within 1 to 2 days.

Chairman BARTON. Okay. And what about——

Mr. BIRCH. We have a reasonable cause program. We can also, the clubs can request a player be tested before employment, meaning if they are choosing to sign a player, they can get him tested prior to signing. We also have a medical, behavioral, and legal component that allows for testing if, in fact, there are behavioral indications or medical indications, or there have been some documented prior involvement with steroids, that we learn of, we can——

Chairman BARTON. Well, my time has expired. I just want to end up on this note. This is a systemic, endemic program. And it is starting in grade school, and it is going through the pros. And obviously, when you get to the professional level, the short-term pressure to win is so great that it is easy to overlook some of these issues, and say, well, we just want to win the Super Bowl, or the World Series this year. But if we can't get the major leagues to really be role models in a positive way, it is going to be darn tough to get the junior highs and the high schools and the colleges to do the things that they need to do.

So it has to be a comprehensive effort, and this committee is one of the few committees that has enough jurisdiction to do it across the spectrum, and as we said earlier, we don't normally operate by subpoena. We operate by cooperation. But as we pursue this, I want you to take the word back to Mr. Tagliabue and Mr. Selig, that at some point in time, if we want them to appear, I expect them to appear. Now, we will do it the easy way or the hard way, and we want to come up with a program that starts in grade school, and goes through the professional, and we all work from the same sheet of music, and try to do something that in the near term, changes the culture of sport in our society.

I don't want to do that coercively. I want to do it cooperatively. And I know many owners of Major League Baseball teams and NFL football teams, and I can interact with them on a personal basis. But we are probably going to need, at some point in time, to have the Commissioner of the NFL and of Major League Baseball to appear before this committee, and we hope that we can work that out in a cooperative fashion.

With that, Mr. Chairman, I yield back.

Mr. STEARNS. I thank the Chairman. There is just under 10 minutes left, and I thought what we would do is let the gentlelady from Tennessee use her 5 minutes, and then I, if—I am not sure if the gentleman from New York will have enough time, because I think after this, we will adjourn the subcommittees.

Ms. BLACKBURN. Mr. Chairman, if not, can he submit his questions?

Mr. STEARNS. The gentleman is—by unanimous consent, can submit his questions to——

Mr. ENGEL. I just need 1 minute, if we can hurry it up, I would be happy to, just——

Ms. BLACKBURN. Well, I will be happy to. Thank you, Mr. Chairman.

Mr. STEARNS. Just use your time.

Ms. BLACKBURN. Thank you very much. I appreciate that. I want to thank all of you for being here, and for taking the time. This is a topic that I think all of us who are concerned about our children, or concerned about role models, are quite interested in. And I will tell you, Mr. Coonelly, when I picked up this paper today, the Examiner, and the quote on the front page, where when the baseball stars were called to testify, the quote from your main office that was given is that it is an absolutely excessive and unprecedented misuse of Congressional power.

Now, with all due respect, sir, to you and baseball, which is my husband's very favorite sport, as I said to the earlier panel, if the private sector and the not for profit sector does not tend to an issue, then that is when you are going to see government become involved. And I feel like there are two reasons we are here today. One is Balco, and the other is baseball. And I pulled the transcript of the 60 Minutes interview with Victor Conte, and read back through that. And I pulled some of the newspaper articles that have been—it is amazing the amount of coverage that the steroids issue has given, and the misuse, and the abuse has received out there.

And then, you know, there is Jose Canseco's book, and there is all the discussion of if there is going to be an asterisk placed by his name, and if we are going to see his title given to Jeff Greenwell, who, you know, the 1988 MVP title, if that is going to be given to somebody else or recognized, if there is an asterisk by his name. And all of that just dilutes the excitement of what should be our Nation's favorite pastime.

And reading in the paper today, and by the way, you may want to read that. I think there are 4 or 5 different articles in there on this issue, it leads me to ask you this question. You talk about the minor leagues having a zero tolerance policy, and then in your testimony, you talk about the majors are getting better.

So my question to you, sir, very quickly, is this. Are you all just going to be getting better, or are you going to sit there and wait until Congress decides that a zero tolerance policy has to be enacted, and what is your course of action?

Mr. COONELLY. Congresswoman Blackburn, first, I am glad to hear that your husband is a fan of Major League Baseball. Second, our policy at the major league level is a zero tolerance policy. As a result of negotiations with the Players Association, the penalties are less strict than they are at the minor league level, but the goal, the policy, is zero tolerance, and that is where we are, that is where the policy is today. As I indicated, it is a matter subject to collective bargaining, and the bargaining agreement will be nego-

tiated again, and I have taken the points made by the members of this committee.

Ms. BLACKBURN. With all due respect, sir, a slap on the wrist, and sitting in the timeout corner for a few moments is probably not viewed by the public as zero tolerance.

Thank you very much for being with us today.

Mr. STEARNS. I thank you. And if the gentleman wants to take a minute, we will be glad to give him a minute.

Mr. ENGEL. Yes. Thank you, Mr. Chairman.

First of all, I want to agree with everything that has been said here. I am a big baseball fan myself. Mr. Coonelly, if Pete Rose is banned from the Hall of Fame for gambling, why should not someone be banned from the Hall of Fame for steroid use?

Mr. COONELLY. Well, that is an interesting question, Congressman. I think drug use and drug abuse has always been treated differently by all professional sports, and even by amateur athletes. As I indicated, the difference between amateur athletics, whether it be the Olympics or the NCAA, is that they don't have employees who they have to negotiate with unions. And that is why, as this continuum that was noted by the chairman, in that the amateur athletes, the penalties are stronger, and when you get to football and baseball, the penalties are less strong. It is because we negotiate with professional unions that negotiate on behalf of rights of their individual members.

Mr. ENGEL. But you see, if someone has a drug dependency, I can almost say, you know, they are really sick, and perhaps, we should be more lenient, because we have got to get them away from their dependency. This isn't a dependency, this is a conscientious effort—a conscious effort, excuse me, to do this to enhance. And you know, Dr. Hale, you said in your testimony, is the cost of being caught and disciplined greater than the rewards gained from using the compounds? And I think that the feeling is that it probably is not, and I just don't understand. I realize there are negotiations, but I don't—I think 10 days, a second time they are caught, 30 days, a third time, they are caught, 60 days, a fourth time, they are caught, 1 year. I mean, that is ridiculous. I mean, if you are caught so many times, why shouldn't you be banned?

Mr. STEARNS. I thank the gentleman.

Mr. ENGEL. Thank you.

Mr. STEARNS. We are going to close up shop. I just conclude by saying I think the major—the baseball league has not been aggressive enough, and in fact, has been deliberately slow, it would appear, and I think as a quote, they are at the bottom of the lineup, and the amateurs appear to be at the top.

And with that, the subcommittee is adjourned.

[Whereupon, at 1:48 p.m., the subcommittee was adjourned.]

[Additional material submitted for the record follows:]

April 26, 2005

The Honorable CLIFF STEARNS
Chairman
Subcommittee on Commerce, Trade, and Consumer Protection
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable NATHAN DEAL
Chairman
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Re: "Steroids in Sports: Cheating the System and Gambling Your Health"

DEAR CHAIRMEN STEARNS AND DEAL: On behalf of the National Football League, I would like to again thank the Subcommittees for inviting me to participate in last month's hearing. This will respond to the additional questions put forth in your letter dated April 11, 2005:

Question 1. What is your testing policy for college players who attend the NFL scouting combine? Can you test them as a pre-condition for attending the combine?

Response: Although college players who are invited to attend the combine are not employees of the NFL, all invitees are tested for performance-enhancing substances, as well as for substances of abuse. Players who test positive for performance-enhancing substances are reported to the Clubs and are placed on reasonable cause testing.

In addition, college players who are not invited to the combine may be given a pre-employment test at the request of a Club and will be given an annual test upon joining the team, if they are signed to a contract after the annual testing for that Club has concluded.

In all cases, players will also go into the random steroid testing pool upon joining the Club.

Question 2. Please describe the testing procedures the NFL employs regarding the randomness of testing in season. Specifically, please provide data regarding the percentage of tests conducted for each day of the week during the 2004 season (from training camp through the Super Bowl) and the percentage of tests conducted for each team on each day.

Response: Beginning the week of the first preseason game (usually the first week in August) and continuing through the playoffs and Super Bowl for the participating teams, random tests are conducted on 7 players per Club per week. Players are selected via a randomization program which ensures that every player is subject to be chosen regardless of how often he was chosen previously. There is no limit to the number of times a player may be selected and tested during the course of the season.

To detect and deter the use of stimulants during games, a portion of the selected players per week is always tested on the day immediately following the game (usually Monday or Tuesday). The remaining tests occur at the discretion of the Advisor and are conducted between Monday and Friday.

We do not maintain data showing the specific percentages of tests conducted on each day of the week. Moreover, to the extent that such data could be assembled, its dissemination could potentiality undermine the effectiveness of the policy by allowing a player to attempt to calculate his odds of being tested on a particular day.

Question 3. Who conducts the testing program for the NFL (i.e., is the program conducted by a contracted entity, what lab is used, etc.)?

Response: The NFL's program is a comprehensive but tightly structured one that encompasses player selection, notice, collection, analysis and results management. The administration of the policy including player selection and testing is conducted under the direction of Dr. John Lombardo, who has been jointly approved by the League and NFL Players Association and who has more than 25 years of experience in the field. The collection of specimens is conducted by a group of Drug Programs Agents we have retained in every Club city. These DPAs have law enforcement backgrounds (usually DEA or FBI) and receive continuing training in proper specimen collection techniques. Neither the NFL, NFL Players Association, nor any team has a role in the selection of players to be tested or the collection of their specimens.

Once collected, the specimens are analyzed at the UCLA Olympic Laboratory—currently the only WADA-certified lab in the country—under the direction of Dr. Don Catlin. The analytical processes and techniques are further reviewed and certified by Dr. Bryan Finkle, Chief Toxicologist to the NFL's steroids and substance

abuse programs, who has more than 40 years' experience in forensic toxicology and doping control.

Additionally, we maintain a standing Advisory Committee comprised of leading experts in the field. The Advisory Committee meets periodically to evaluate and consider developments in testing technology and trends in use. Based on its recommendations, the program is updated and modified on an ongoing basis.

Thank you again for your interest in the NFL's steroid program and if you would like further information, please do not hesitate to contact me.

Sincerely,

ADOLPHO A. BIRCH III
Labor Relations Counsel

cc: Joe Browne
Dennis Curran

The Honorable CLIFF STEARNS
Chairman
Subcommittee on Commerce, Trade, and Consumer Protection
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable NATHAN DEAL
Chairman
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

DEAR CHAIRMAN STEARNS AND CHAIRMAN DEAL: As you have requested, I respectfully submit for the record the following responses to the questions submitted by Chairman Stearns and Member Blackburn following the Subcommittees' March 10, 2005 hearing "Steroids In Sports: Cheating The System And Gambling Your Health."

QUESTIONS SUBMITTED BY CHAIRMAN STEARNS

Question: MLB unilaterally instituted a drug-testing program for the minor leagues in 2001 because minor league players are not unionized. Why did the league wait until 2001 to implement a drug testing policy for the minors?

Answer: In 1991, the Commissioner added steroids to the list of substances that were prohibited under his unilaterally-implemented Commissioner's Drug Policy. This Drug Policy was applicable to minor league players. Although the Commissioner's Drug Policy permitted the Office of the Commissioner to subject minor league players to unannounced testing for illegal drugs, including steroids, this Office did not implement comprehensive drug testing at the minor league level until 2001. At least part of the reason for this was the fact that many individual Major League Clubs had instituted drug testing programs covering their minor league players and these programs tested for steroids as well as other illegal drugs. In addition, the implementation and administration of a comprehensive, wall-to-wall drug testing program in the minor leagues was an enormous undertaking. There are over 160 affiliated minor league teams and more than 6,000 players signatory to a minor league contract. In the late 1990s, however, the Commissioner became concerned that the testing conducted at the individual Club level was not sufficient to address what appeared to be more than an isolated issue. As a result, the Commissioner consulted with outside experts and gathered information about the prevalence and patterns of steroid use by players. This process led to, among other steps, the promulgation and implementation in 2001 of the comprehensive Minor League Drug Prevention And Treatment Program. To put this undertaking into some perspective, we expect to conduct approximately 8,400 drug tests of minor league players in 2005.

Question: Please provide aggregate data regarding the number of minor league players suspended for a violation of the league's drug policy since 2001. Please identify the number of minor league players suspended for a positive steroid test for each year since 2001.

Answer: Since 2001, 186 players have been suspended for violating the Minor League Drug Prevention And Treatment Program. Of these 186 players, 165 players were suspended for a positive steroid test. In both responses, we have counted every suspension as an event so that if a player has been suspended on two different occasions, that player would be counted twice.

Question: Please identify how many players, if any, tested positive for each year under the minor league testing program that were on the 40 man roster of a major league team at the time of their positive test.

Answer: A Player who is on a 40-man Major League roster but whose contract has been optionally assigned to a minor league affiliate is considered, for purposes of the Clubs' bargaining relationship with the Major League Baseball Players Association ("MLBPA"), to be a Major League Player covered by the collective bargaining agreement between the 30 Major League Clubs and the MLBPA. Therefore, no player on a 40-man roster of a Major League Club is tested under the Minor League Drug Prevention and Treatment Program. Instead, these players are tested exclusively under the Major League Joint Drug Prevention and Treatment Program.

QUESTIONS SUBMITTED BY MEMBER BLACKBURN

Question: If it is proven through the BALCO investigation or by other means that some current or future baseball record holders or former MVP's were using steroids while reaching their record marks, is baseball prepared to write anyone out of the record books? How would baseball handle that situation?

Answer: With all due respect, this is a decision that only the Commissioner can make. To date, the Commissioner has indicated that he is not prepared make a decision on the record books based on the information that is currently available.

Follow-up Question: Will baseball address the Jose Canseco 1998 MVP award with an asterisk or some other designator as a result of his admitted steroid use during that season?

Answer: Again, this is a question that only the Commissioner can answer. To date, the Commissioner has not been prepared to place an asterisk or some other designator next to the MVP award that Mr. Canseco received in 1988. It is important to note that Baseball does not determine postseason awards. They are voted on and given by the Baseball Writers' Association of America ("BWAA").

Question: I commend you for the recent steps in toughening your steroid policies. It definitely is a step in the right direction and sends a good message to our nation's youth. Although, in that policy you reference a penalty for a first positive being a 10 day suspension. As you know, the NFL has a 4 game suspension, equivalent to a month and ′ of the season, which is significantly longer than baseball. How did you come to the 10 day number?

Answer: When we negotiated with the MLBPA over the first Joint Drug Prevention And Treatment Program in 2002, the Commissioner sought a more significant penalty for first-time offenders (and subsequent offenders). Similarly, when we opened mid-term negotiations over the Joint Drug Prevention and Treatment Program in 2004, the Commissioner again sought a longer suspension for first-time offenders (and subsequent offenders). The MLBPA was unwilling to agree to any discipline for a first-time offender in 2002. By 2004, the MLBPA was prepared to agree to discipline for a first offense but was unwilling to agree to a penalty of more than a ten-day suspension for a first violation. The 10-day suspension for a first-time offender was, in short, the best compromise that we could make with the limited bargaining leverage that we possessed during this last round of mid-term bargaining. In assessing the significance of the ten-day suspension, it is important in our view to remember that the MLBPA was under no legal or contractual obligation to negotiate any changes to the Joint Drug Prevention and Treatment Program during the term of our collective bargaining agreement, which will not expire until after the 2006 season. Under these circumstances, agreeing to move from a regime of no discipline for a first offense to one with a ten-day suspension without pay was significant. The Commissioner remains committed to increasing the penalties for offenders.

Very truly yours,

FRANCIS X. COONELLY
Senior Vice President and General Counsel—Labor

RESPONSES FOR THE RECORD BY DR. RALPH HALE, CHAIRMAN, UNITED STATES ANTI-DOPING AGENCY

1. The percentage of tests conducted In-competition and Out-of-competition during 2004

2004	In-Competition 42%.		
	OOC 58%	52% No-Notice	6% Short Notice

2. The Number of tests conducted and the number of athletes tested for calendar years 2003 & 2004

	Total number of tests	Athletes tested
2003	6890	3982
2004	7630	4234

3. The Number and percentage of tests conducted for each of the five most tested Olympic Sports during 2004

Sport	Total number of tests	% of all tests	Athletes tested
Track & Field	1618	21%	823
Swimming	706	9%	377
Cycling	526	7%	267
Weightlifting	388	5%	166
Rowing	335	4%	165
Total of 5	3573	47%	1798
Total tests conducted by USADA	7630	100%	4234

April 14, 2005

The Honorable CLIFF STEARNS
Chairman
Subcommittee on Commerce, Trade and Consumer Protection
Energy and Commerce Committee

The Honorable NATHAN DEAL
Chairman,
Subcommittee on Health
Energy and Commerce Committee

Subject: Answers to questions submitted by Rep. Blackburn

Question 1

You mentioned that ⅓ of high school steroid users do not participate in interscholastic sports.

What is the primary motivation for use by this group?

The answer here is pretty straight forward. Teenagers just want to be bigger. The motivation for this group is not necessarily to excel in a sport. The motivation is often simply to be bigger, stronger, and "better built" and to impress members of the opposite sex. Teenagers not only see athletes they want to emulate, but entertainers, body builders and others. With the growth in the workout business in recent years, teenagers have more exposure to the culture of muscle building. As I mentioned in my testimony, most high school student have little sense of mortality, they don't believe or understand the harms and they simply just want to be bigger.

In your report you mentioned that the National Institute on Drug Abuse survey reported an increase in use and a decrease in the perceived harm by 10th graders. Your examples cited multiple potential reasons for increase in use but very little in regards to why individuals would perceive it to be less harmful

Why do you think the perception has grown? Could use by professional athletes by the cause?

After a career of more than 40 years working with high schools and high school students, I would never underestimate the impact of popular culture on young people. Use of performance enhancing drugs by professional athletes and the milestones they achieve is a big part of the reason that the perception of harm is low. If pop culture icons who are older, more experienced and presumably smarter do it, it must be OK.

You mentioned that the Anabolic Steroid Control Act of 2004 was a step in the right direction. One portion of that bill was intended to award grants to enable public and nonprofit entities to carry out science-based education programs in elementary and secondary schools to highlight the harmful effects of anabolic steroids.

Describe the effectiveness of both the criminal provisions as well as the grant programs.

First regarding the criminal provision. We believe that such laws can be effective deterrents to steroid abuse. We fully approve of the section that amends the Con-

trolled Substances Act to expand the list of substances to include products such as THG and Andro. With respect to the grant programs this is absolutely the course of action. We need to enable organizations like ours to improve and enact comprehensive education programs to communicate the harmful effects of anabolic steroids. We strongly support full funding of this provision of the Anabolic Steroid Control Act of 2004 and look forward to participating in this program.

ROBERT KANABY
Executive Director
National Federation of State High School Associations

April 25, 2005

The Honorable CLIFF STEARNS
Chair, Subcommittee on Commerce, Trade and Consumer Protection
The Honorable NATHAN DEAL
Chair, Subcommittee on Health
U. S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515-6115

DEAR CHAIRMEN: As requested, enclosed are my responses to your questions regarding the NCAA drug-testing programs. The NCAA supports all efforts to address the problem of doping in sport, and will be available to provide additional information as requested.

Please do not hesitate to contact me if you need any clarification of my responses. I can be reached at 317-917-6319 or m.

Sincerely,

MARY E. WILFERT
Chief Liaison
Committee on Competition Safeguards and Medical Aspects of Sports

Enclosure

RESPONSES TO QUESTIONS FROM CONGRESSMAN STEARNS RE: THE NCAA DRUG TESTING PROGRAM

Percentage of tests conducted for each sport in the most recent academic year.

In the 2003-04 academic year, the most recent academic year for which drug-testing numbers are available, the NCAA conducted 10,574 drug tests of student-athletes in the year-round testing program and in the championships testing program. In 2003-04, all Divisions I and II football and Division I men's and women's track and field teams were tested in the year round program.

In 2003-04, 39,569 student-athletes participated in Divisions I and II football; 19% of these athletes were drug tested through the NCAA year-round and championship testing programs. 38,736 student-athletes participated in Division I men's and women's track and field; 6% of these athletes were drug tested through the NCAA year-round and championship testing program.

In 2003-04, approximately 31,000 student-athletes participated in championship events other than football and track and field. Approximately 2.6% of these student-athletes were drug tested through the NCAA Championship testing program. Beginning in 2004-05, all Divisions I and II sports teams are being tested in the year-round program, which will increase the number of total tests conducted in each sport.

Is a student-athlete whose eligibility has expired, but is still enrolled, tested?

If a student-athlete has no more eligibility remaining, or will no longer be able to participate in intercollegiate athletics due to injury, there is no longer an issue of competitive equity or risk of loss of eligibility. Therefore, according to NCAA Drug-Testing Protocol 4.4.1.1, student-athletes listed on the squad list who have exhausted their eligibility or who have career-ending injuries will not be selected [for drug testing].

According to Ms. Wilfert's testimony "The NCAA manual states that it is the responsibility of each member institution to protect the health and safety of and provide a safe environment for each of its participating student-athletes." Has the NCAA sanctioned any member institution for failing to provide a safe environment for its student-athletes on the basis of positive steroid tests by its student-athletes?

It is the institution's responsibility to educate student-athletes about NCAA drug-testing policies. It is the student-athlete's responsibility to follow that policy. A member institution's athletics department staff members or others employed by the intercollegiate athletics program who have knowledge of a student-athlete's use at any time of a substance on the list of banned drugs shall follow institutional procedures dealing with drug abuse or shall be subject to disciplinary or corrective action, ranging from public reprimand to loss of membership in the Association. (Bylaw 19.5.2.2)Institutions have been required to review and/or revise their drug-testing and educational policies to ensure compliance and sufficient education. In addition, institutions have been required to issue a letter of admonishment to the individual(s) responsible for the violation.

The NCAA takes a strong position on the use of nutritional supplements, warning student-athletes of the following:

> "Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their institution's team physician or athletic trainer for further information."

In addition, the NCAA places restrictions on its member institutions in providing nutritional/dietary supplements to student-athletes, under Bylaw 16.5.2.

There have been cases where an institutional staff member provided an impermissible substance to student-athletes, or allowed student-athletes to purchase impermissible substances at a reduced rate (e.g., protein shakes, creatine). In response to those cases, the involved staff members have been suspended from their coaching duties for one or two contests, and/or received letters of reprimand. In addition, the institutions have been required to conduct rules review sessions with the athletics training staff and strength coaches concerning the use of supplements and, if necessary, develop policies and procedures regarding the use of nutritional supplements by student-athletes.

What sanctions can the NCAA take against member institutions whose athletes have tested positive for steroids?

Under NCAA Bylaws 14.1.1.1 and 18.4.1.5, the institution must declare ineligible a student-athlete who tests positive by the NCAA for banned substances. Once the institution is notified of the results of a positive drug test, the institution must withhold the student-athlete from competition for a minimum of 365 days. If the institution continues to play a student-athlete after notification of the positive drug test, the institution will be sanctioned under the provisions of Bylaw 14.11.3, which identifies failure to withhold such a student-athlete from competition as a violation of the conditions and obligations of membership. If a coach willfully plays an ineligible player, the penalties may range from the suspension of the coach to the loss of scholarships permitted to be awarded by the institution.

Does the NCAA plan to introduce penalties on member schools if their teams' athletes have competed unfairly by using steroids?

The NCAA has regulations in place to penalize member schools who violate the NCAA drug-testing policy (see above.) The NCAA member institutions have adopted the NCAA drug-testing legislation, and may, through the legislative process, amend NCAA drug-testing legislation.

Can the NCAA require steroid testing of all prospective student-athletes, prior to the athletes' enrollment in the NCAA member school, as a precondition of entering the NCAA's initial eligibility clearinghouse?

NCAA drug-testing policy requires that a student-athlete annually sign a drug-testing consent form prior to practice or competition or by the Monday of the fourth week of classes, in which the student-athlete consents to be tested for the use of drugs prohibited by NCAA legislation. NCAA protocol does not allow for drug-testing of individuals who have not matriculated to a member institution, as the member institution is the vehicle through which the consent form and, in the event of a positive drug test, the declaration of ineligibility and withdrawal from competition

is accomplished. The NCAA member institutions have adopted the NCAA drug-testing legislation, and may, through the legislative process, amend NCAA drug-testing legislation.

RESPONSE FOR THE RECORD BY SANDRA WORTH, ON BEHALF OF THE ATIONAL ATHLETIC TRAINERS ASSOCIATION

REPRESENTATIVE BLACKBURN

Question: In your testimony you mentioned that legal, ethical and sportsmanship boundaries are being obliterated. In a recent interview with 60 Minutes, Kelli White, a track and field star that was stripped of her medals was asked if she had a moral problem with steroids. She responded, "No because I felt that there are so many people doing it that I would be just like one of the others."

As a college administrator that sees the direct affect that professional athletes have in influencing college athletes, what do you believe professional sports leagues and track and field need to do to address this issue? Have they done enough?

Response: Given that steroid use continues to occur among high school, college and professional athletes, it would be difficult to say that we have "done enough." Clearly, we must do more.

The financial resources needed to adopt a consistent and effective drug testing program at the high school level especially, but also among many colleges programs, is a major barrier but I see no reason why the professional sports—all of them—cannot adopt similar or like testing parameters

Every organization has different banned substances lists, different testing panels, different collection processes and different sanctions for positive tests. Even at the Olympics, which arguably have the most stringent drug testing requirements and most severe penalties, drugs are still an issue. As Ms. White's response to the 60 Minutes question implies, there are great rewards for success at this level in terms of money and prestige. The temptation is too strong for all to refuse, no matter how stringent or diligent the testing process. Control of illegal performance enhancing drug use in a collegiate setting is far more manageable than the professional counterpart where money and technology combine. The successful professional athlete has the means and the access to these designer drugs. Realistically, you will never eradicate drug use in sports—particularly professional sports—totally.

We must continue to make education a priority. We must work to strengthen drug testing programs and we must encourage all organizations to establish and abide by one standard of testing. We must continue to make use of our educational resources—from PSAs to school curriculum to internet web sites, videos, educational booklets, Powerpoint presentations, etc. Unfortunately, the rule breakers, *the "cheaters,"* are generally one step ahead of the rule makers. Be assured that *right now,* there are labs preparing masking agents that help athletes "pass" their drug tests. I believe all organizations should look to make their positive test penalties as stringent as possible. The penalty should be a deterrent in and of itself. A baseball player who plays a 160+ game schedule is not impacted by a 10 day suspension the same way a professional football player who plays 16 games is affected by a 4 game suspension.

Steroids remain a problem because they are obtainable, easily in fact. When I can order steroids (plus literature on cycling, stacking, how to inject, what medications to use to help prevent or minimize side-effects, etc...) over the internet, that is a problem! I have listed several websites below where this information can be obtained. *I would ask that these sites not appear in the record of this hearing as I do not wish to provide these sites with free advertising* but I do want the Committee to be aware of the fact that they are out there. The federal government can again be front and center on this issue by aggressively working to eliminate access to these drugs and I would hope that the professional and Olympic sports organizations would support this not only in spirit but in practice.

http://www.steroids.com/, www.anabolicsteroids.com; http://www.elitefitness.com/; http://www.legalsteroids.com/; http://www.steroid-encyclopaedia.com/; http://www.steroids101.com/; http://www.veterinarysteroids.com/

We continue to believe that while the adoption of more uniform drug testing standards and more stringent penalties will help significantly, the best way to address this problem over the long-term is through education.

April 19, 2005

The Honorable MARSHA BLACKBURN
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C.

Dear CONGRESSWOMAN BLACKBURN: This letter is in response to your written question regarding my testimony before the joint hearing of the Subcommittee on Commerce, Trade, and Consumer Protection and the Subcommittee on Health on March 10, 2005.

Let me begin by stating—I believe that competition is good. It is responsible in large part for making our country the great nation that it is. Our competitive spirit has facilitated significant advances in engineering, medicine, and science. However, competition without moral and ethical boundaries can lead to excesses, as we have observed with the behavior of some journalists, CEOs, scientists, and politicians, among others. In our increasingly secular society, these moral boundaries, unfortunately, have become clouded. Situational ethics and moral relativism appear to hold a more dominant role in our society, and led the late Senator Moynihan to conclude that we have "down-defined deviance." Thus, morally unbridled competition has resulted in a "win at all cost" attitude where it is only cheating if you get caught, and it can't be cheating if everyone is doing it! In such an atmosphere not only is drug use very rational behavior, it can be exceedingly profitable for both owners and players in that it can enhance the entertainment value of sport by creating bigger than life athletes capable of super human feats. In addition, given the banner financial years that MLB and the NFL have had—in the presence of major drug scandals—it appears that the fans/customers share some good amount of culpability regarding the pervasiveness of drug use in sport.

If I am correct in my assertions, further emphasizing that drug use is cheating to elite athletes will have no effect and, short of substantial coercion, there is little incentive on the part of owners and players to give anything but lip service to this problem. Rather, sport sanctioning bodies will likely attempt to "wait out" Congress and the news media until the focus shifts to other issues of the day.

If either you or your staff wishes to speak further about this issue, please contact me.

Sincerely,

CHARLES E. YESALIS *MPH, ScD*
Professor of Health and Human Development
Penn State University