TESTIMONY OF PAUL TAGLIABUE
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AND

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BEFORE THE COMMITTEE ON GOVERNMENT REFORM
U.S. HOUSE OF REPRESENTATIVES

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Chairman Davis and Members of the Committee:

The issue that the Committee is considering today – the use of steroids and other performance-enhancing drugs in professional sports – is an important one that merits thoughtful attention by the Congress. It is an issue that addresses a wide range of concerns: the health of athletes who use these substances, the values that are promoted or debased by the use of these substances, and the proper roles of government and the private sector in combating their use.

For two decades, the National Football League ("NFL") has had very strong programs in place to rid its locker rooms and playing fields of performance-enhancing drugs, and League programs have been a positive force in helping football at all levels to address these issues. We have not had all the answers, but we have worked with leading institutions and top scientists and others to seek to stay ahead of an ever-changing curve. The NFL's policies, which have included prompt and stiff sanctions for violators, have

addressed these issues in a firm and constructive way. Today the quickening pace of new developments in medicine and science, including genetics, heightens the challenges that we all face.

In these efforts, we have had strong support and active participation in all of our programs by the NFL Players Association ("NFLPA"), the collective bargaining representative of NFL players. Together, we intend to continue to have very strong policies and programs to deal with the scientific, medical, ethical and legal questions likely to be generated by the ever-escalating availability of body-changing, performance-enhancing, and eventually even gene-altering substances in our society.

We have produced to the Committee detailed information about the past and current structure of our programs, how they have worked, and the results to date. (A copy of the 2004 Policy is attached to my full testimony as Exhibit A.)

To summarize, more than twenty years ago, in 1983, Commissioner Pete Rozelle notified all NFL players that anabolic steroids fell squarely within the League's prohibitions against the abuse of drugs and that steroids had serious adverse health effects. In 1987 and 1988, the League began testing for steroids to obtain a documented understanding of the extent of steroid use among NFL players. And in 1989, the NFL instituted disclipline for steroid use, with suspensions imposed on players testing positive for these substances.

In testimony given in May of 1989 to the Senate Judiciary Committee, Commissioner Rozelle explained the basis for the League's more stringent approach:

> "The fundamental responsibility of [the Commissioner] is to protect, as best he can, the integrity of the game he oversees and the public's confidence in it. In my view, steroid use both threatens that integrity and confidence and presents other significant problems as well.

> "Our measures are designed to promote common sense, fair play, and good health. If they do no more than generate an increased awareness among athletes at all levels of the potential risks of using steroids, our program will have been a modest success. . . .[But] we hope our new measures will be a much larger success, and a significant step toward eradicating these drugs from our sport."

In August 1989, Commissioner Rozelle issued the first suspensions of NFL players for positive tests for steroids, and a Federal Court in the Nation's Capital upheld the suspensions as within the Commissioner's authority under the collectively-bargained disciplinary principles then in place in the League.

In the NFL's submission to the Federal Court in support of that ruling, the League underscored the negative health and competitive aspects of steroid use for NFL players, and also emphasized the responsibility of the League and its players to set a proper example for America's youth on these matters. In part, the League's submission explained:

> "[F]ans cannot be expected to purchase tickets to games tainted by steroids. [In addition,] the image of the NFL and its players is critically important to the young people of our Nation who, for good or ill, emulate their sports heroes. Commissioner Rozelle's affidavit explains the basis for this concern, and makes reference to arbitration and court decisions that underscore its legitimacy. In this connection, it is not surprising that the NFL Players Association has never challenged the importance of maintaining the image of the NFL or of NFL players."

Shortly after becoming Commissioner in late 1989, Commissioner Tagliabue instituted a number of changes in the League's substance abuse programs and relationships. These changes took account of the need for greater investment in specialized resources and increasingly varied and sophisticated testing techniques in order to deal with the growing array of substances that were creating both competitive issues and adverse health effects for NFL players. These changes included year-round

random, unannounced testing for all players; the hiring of new medical and scientific advisors, including Dr. John Lombardo, who serves as our Medical Advisor, and Dr. Bryan Finkle, our Program Toxicologist, both of whom testified earlier today. In addition, we moved all of our testing to two laboratories then certified by the International Olympic Committee – at UCLA and at Foothills Hospital in Calgary. When the Calgary lab ceased doing analytical work for the IOC, we moved all of our testing to UCLA, under the direction of Dr. Don Catlin, who is widely recognized as one of the leading anti-doping authorities in the world.

Several years later, in 1993, the key elements of the League's program were agreed to by the NFL Players Association in collective bargaining. Since then, our Program has been jointly administered by the NFL and the NFLPA. Harold Henderson, the League's Executive Vice President for Labor Relations, is the senior NFL executive responsible for administering our substance abuse policies and programs.

Since 1993, the League and the NFLPA have met regularly to review the workings of the program and ensure that we continue to be proactive in responding to developments in science and technology, doping control research and the policies of other organizations. For example, in 1997, we added steroid precursors to the list of banned substances, including androstenedione and DHEA. The former was not made a controlled substance by Congress until last year; the latter remains a legal substance.

In December of 2000, Dr. Lombardo issued a "Health Alert" to all NFL players regarding ephedra. The alert stated that "a study of dietary supplements containing Ephedra has shown that this stimulant can contribute to a number of dangerous, even fatal, medical conditions. ***If you are using any products containing Ephedra, I strongly***

urge you to stop immediately! We began testing for it in 2001, and discipline was imposed for positive tests starting in 2002.

We have also pioneered the use of new and improved testing techniques. As we become aware of new types of so-called "designer drugs," we move promptly to address them. For example, when the designer steroid THG was identified in 2003, the League retested more than 2000 urine samples – every sample in our possession – to determine the extent to which NFL players may have used this drug. And our policy has from the outset incorporated a "related substances" provision, to ensure that minor chemical changes do not allow users to escape the prohibitions of our program. In this respect, our program mirrors the Olympic, World Anti-Doping Agency ("WADA") and United States Anti-Doping Agency ("USADA") guidelines.

This process of continual examination and improvement has continued into 2005. In our most recent meetings, the League and the NFLPA agreed to the following improvements in our program dealing with performance enhancing substances, which will take effect this year:

- To reduce the threshold for a positive testosterone test from the current 6:1 testosterone/epitestosterone ratio to a ratio of 4:1. This is the standard adopted by the WADA earlier this year.
- To increase from 2 to 6 the maximum number of times a player can be randomly tested during the offseason.
- To add additional substances to the list of banned substances.
- To codify the League's ability to re-test specimens for designer steroids and other substances that may have evaded detection.

Under our current program, more than 9000 tests for steroids and other prohibited substances are conducted each year. These include a mandatory unannounced preseason test for all players; random, unannounced tests of seven players on each team each week throughout the preseason and regular season; weekly random, unannounced tests of seven players on each remaining playoff team through the Super Bowl; and approximately 1600 offseason tests, which, like the regular season tests, are conducted on a random, unannounced basis. The random selection of players to be tested is supervised by Dr. Lombardo, who uses a computer-based selection system specially designed for this purpose. No representative of the NFL, the NFLPA, or any NFL member club has any role whatsoever in determining who will be tested.

The League first instituted its program of testing, discipline, deterrence and education in 1989 because it recognized that use of anabolic steroids and other performance-enhancing substances was a serious issue in sports, including the NFL. For many years, we were the only professional league that tested for these substances and imposed significant discipline for a positive test. And our program, while not perfect, has worked and worked well.

In this respect, it is important to understand what a four-game suspension means in the NFL. It takes the player entirely out of the lineup for one-quarter of our regular season. In other leagues, this would be the equivalent of a 20 or 40 game suspension. If the suspension begins late in the season, it will carry into the playoffs. Any suspended player likewise loses a quarter of his regular season salary. Suspended players may also be required to forfeit some or all of their signing bonuses. And insofar as they have the opportunity to earn performance bonuses, a loss of four games will almost certainly place

those performance targets out of reach. One indication of the effectiveness of these penalties is that we have only had two players test positive a second time; both chose to retire rather than accept an even longer suspension.

Two other matters related to the scope and effectiveness of the League's testing programs also deserve mention.

The first is the subject of human growth hormone ("HGH"). We have prohibited this substance since 1991. Currently, there is no readily available test or testing laboratory for HGH, and there is still no urine-based test for growth hormone. A blood test was first used at last summer's Olympic games in Athens, where 300 of the more than 11,000 athletes who competed in the Games were tested. No athlete tested positive. Currently, no lab in the United States is certified by WADA to conduct these tests, although we are advised that this will certainly change, and perhaps soon. We are currently evaluating our next steps with respect to growth hormone and will continue to consult with experts in the field, including those associated with other leading sports organizations. As scientific developments warrant, we will be prepared to adjust our own policies, as we have consistently done in the past.

The second involves testosterone. The Carolina matter that has been in the media in recent weeks is under investigation by both our office and by Federal law enforcement authorities. We are proceeding deliberately and with due respect for the government's investigation. Until those reviews conclude, it is inappropriate to comment on the specifics of any individual player. If, as has been suggested, players were using substances for which no test was available, or were using a substance at levels that were calibrated to escape detection under existing NFL test protocols, they would have

avoided a positive test under either our program or those administered by other leading sports anti-doping organizations.

Currently, we are addressing testosterone issues in two respects. First, to take account of the evolving consensus as to test protocols for the testosterone-epitestosterone ratio, we will lower the threshold for a positive test from a ratio of 6:1 to a ratio of 4:1. Second, we are developing a program to review player tests over time to identify unusual changes in player t:e ratios, even when below the 4:1 threshold, which would then result in more detailed medical review, reasonable cause testing, and other responses.

We recognize that one of the Committee's primary concerns is the extent to which young people are using steroids today. As Commissioner Rozelle's remarks to the Senate Judiciary Committee more than 15 years ago demonstrate, this has been one of the primary factors underlying the NFL's program as well.

Among athletes and coaches, where we can influence behavior, we make an aggressive effort to discourage the use of steroids, supplements and drugs of abuse. As one example of this, we have worked with leading institutions in medicine and sports to create reliable guides on fitness, nutrition, safety and conditioning – entitled the "Play Safe! The NFL Youth Football Health and Safety Series". This four-volume series gives players, coaches, parents and the public generally information on football-specific health and safety issues in a clear, easy-to-understand format. Needless to say, this series emphasizes that the use of performance-enhancing substances, and/or other drugs of abuse, is unacceptable.

By partnering in the publication of this series with leading academic and public service organizations, we have sought to ensure that this series will be regarded as

definitive and independent and also widely distributed and used. The series editor is the Director of Sports Medicine at Yale University Health Services and Clinical Professor of Pediatrics at Yale University School of Medicine, Dr. Barry Goldberg. The series is produced in partnership with the American College of Sports Medicine, the American Red Cross, the National Athletic Trainers' Association, and the Institute for the Study of Youth Sports at Michigan State University.

Two of the four volumes of this series deal with matters of direct interest to this Committee. One volume specifically discusses "Strength and Conditioning" and offers practical, step-by-step techniques to build strength, endurance and flexibility, improve performance and decrease risk of injury – all without steroids or other substances. Another volume in the series, entitled "Health Concerns for Young Athletes" includes an entire section on substance abuse and specific warnings about steroids, including the following:

> **"There should not be any controversy about steroid use in sports; nonmedical use is illegal and banned by most, if not all, major sports organizations."**
>
> **"The use of anabolic-androgenic steroids to enhance performance is not only illegal, it is dangerous."**

This series has been distributed nationwide in both print and on-line editions and has been furnished to the Committee. It has been furnished to all high school football programs, and to our NFL National Youth Football Partners network, which includes the Boys and Girls Clubs of America, Jewish Community Centers Association, Police Athletic Leagues, Pop Warner, and the YMCA, among others. The entire series is available free of charge on NFLHS.com, a high school football website sponsored by the NFL. The site also includes articles and Q&A sessions between a former NFL coach and

high school players on various topics, including the dangers of steroids and drug use. Among these messages: "Coaches: Please Know What Your Athlete is Taking." NFL representatives and other professionals also address these issues at our annual NFL Youth Football Summit and youth football coaches throughout the country receive our NFL Coaching Academy Playbook, which includes a chapter devoted to health and safety issues that gives specific advice to football coaches on the dangers of steroids and steps coaches can take to detect and deter drug use by their players. This, too, has been furnished to the Committee.

USA Football, a not-for-profit advocacy and educational organization jointly endowed by the NFL and the NFLPA, has made a wide array of resources available to parents, coaches and players across the Nation. The USA Football website contains articles on steroids and drugs of abuse, and USA Football is making this a key focus of its health and safety efforts for 2005, including at its Huddle 2005 national conference in June. The message is always the same – to play football in a way that is safe, within the rules, and without use of artificial performance enhancing products.

The NFL's recognition that a strong anti-steroids policy may positively affect the conduct of our Nation's youth is not of recent vintage; in fact, it dates back at least to the late 1980s. In the same 1989 testimony before the Senate Judiciary Committee that we referred to earlier in this statement, Commissioner Rozelle emphasized precisely this point:

> "The third risk of anabolic steroid use by adult athletes, as dangerous as the other two, is its potential effect on the youth of America. Whether NFL players like it or not, they are role models. I worry about the young athlete, still in his formative years, who emulates his favorite college or pro football star by taking a drug he believes to be a harmless source of size and strength. Equally worrisome is the

> youngster who recognizes the risks, but ignores them and looks beyond to the rewards of a larger physique and possibly a professional contract.
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> "In 1987, the NFL produced a video tape on the harmful effects of steroids featuring a discussion among our drug advisor, the medical officer for the United States Olympic Committee, an expert from the American College of Sports Medicine, and two team physicians from the NFL. This tape was made available for showing to our own players, and 450 copies of it have been distributed throughout the country by the National State High School Coaches Association."

So the question remains, what accounts for the levels of steroid use by high school students and what can we do about it?

First, steroids, growth hormone, and similar substances are freely available – almost on demand – in the retail marketplace or over the Internet. As the Committee knows, we live in an era of borderless electronic commerce and the global Internet pharmacy. A web search for "buy steroids" yields a large number of Internet sites where one can buy a wide range of steroids. The most difficult problem appears to be deciding where – not how – to buy steroids. The same is true of growth hormones, where one of the first sites identified in response to a search for "buy human growth hormone" offered customers the chance to "Buy 2 and Get 3d Free." These substances are freely marketed as cure-alls, promising youth, vigor, enhanced social standing, freedom from disease, improved personal appearance, and the like. Apart from the Internet, magazines, newspapers, faxes and other print materials advertise a wide variety of steroids, growth hormones, and similar products.

Second, there are substantial media pressures that lead adolescents to use steroids or "body shaping drugs." Dr. Goldberg, who testified earlier today, has decried the extent to which steroid use has become acceptable among advertisers, who suggest their product is "on steroids" – i.e., bigger, faster, better. As Dr. Goldberg asks, "Could

anyone imagine marketing strategy that [suggests] that their product is 'on' any other drug of abuse, like cocaine, LSD or marijuana?"

Third, high school students evidently assume that there is very little risk of detection except perhaps by attentive parents or a well-informed school or athletic official. Our own research has disclosed no state in which there is mandatory testing of athletes for steroids, although a number of states are looking at instituting such programs. A survey of high schools conducted by the National Federation of State High School Associations in 2003 showed that fewer than 4 percent tested students for steroids. To date, where testing has been proposed, it has been rejected, as occurred recently in California. Given budget constraints and other pressures, this may not be surprising. For example, the same 2003 survey found that of school districts that do not have drug testing, 54 percent cited budget concerns as the reason. Yet these circumstances leave a large gap in the state and local educational infrastructure that might serve to address issues of concern to the Committee.

Fourth, the use of steroids is probably as prevalent among non-athletes as it is among athletes, and the use of steroids is not limited to high school boys. It evidently continues to be true that the "perfect body" remains something that many high school students strive for, and drug testing of professional athletes is likely to have a very limited influence on many high school students if their levels of self-esteem and peer acceptance drive their behavior.

Research presented at a 2004 meeting of the Endocrine Society found that while both athletes and non-athletes used both anabolic steroids and body shaping drugs, "student athletes were less likely to use steroids, alcohol, cocaine, cigarettes,

pseudoephedine and diet pills" than were non-athletes. Dr. Goldberg's studies showed "an increase in anabolic steroids use among high school non-athletes, which may be one of the reasons for the national increase in steroid use among teens." This appears to be true among both boys and girls.

It is questionable whether the same approaches that affect behavior of athletes will work for non-athletes. In testimony given last month before another committee of the House, Dr. Goldberg cited research suggesting that special programs, called ATLAS and ATHENA, which are targeted separately to high school boys and girls, could lead to significant reductions in all types of drug use, including anabolic steroids.

We recognize that the Committee may have other questions about the NFL's program and its effectiveness, and we will do our best to respond to those questions. But in the remainder of this statement, we want to focus on what the future holds in this area, and what steps private organizations and governments must consider taking now if we are to avoid a much more serious problem in the future.

We assume that there are additional BALCO-type operations in place today, and that they are looking for the next "undetectable" steroid. As one step to counter those efforts, we have jointly established with USADA a new laboratory at the Center for Human Toxicology at the University of Utah. A primary near-term reason for starting this laboratory was to provide an opportunity for focused, concentrated research into performance enhancing agents and the means to detect them.

Fourteen months ago, in a published essay, Commissioner Tagliabue emphasized that winning the battle against performance-enhancing substances will take "the investment of significant resources," financial and otherwise, and that "stronger

government measures are needed to address these challenges both in and out of professional sports . . .." (New York Times, February 29, 2004.) While such efforts can surely learn from the past, they must sharply focus on the future because scientific and medical research developments are radically altering the challenges that sports organizations face – from youth, high school, and college to the professional level.

The Commissioner's early 2004 essay stated:

> "Even now, as the federal government is focusing on steroids and other substances that have been around for decades, new challenges are being presented by the improper use of human growth hormone and the continuing advance of gene therapy and genetic manipulation."

A growing body of informed opinion now exists to illustrate how clearly these future challenges differ from those of past decades. (For example, see "Gene Doping – Will Athletes Go For the Ultimate High?", Science News, October 30, 2004.)

Over the longer term, all sports organizations, anti-doping bodies, and governments will have to face the challenges of rapidly changing technology. As scientists come to truly understand – and therefore be able to alter – the genetic structure of human beings, the "Six Million Dollar Man" will no longer be a television fantasy, but will instead become a near-term reality. When that happens, the issues that our society is discussing today, such as t:e ratios, growth hormone, or LASIK surgery, will be as distant and irrelevant as the blacksmith in the automobile age. These genetic alterations are likely to be undetectable, at least using current technology, and far more effective at enhancing performance than any techniques used today.

This is not to say that we should simply ignore current activity and we will not. And we should not use the likelihood of these developments as an excuse for doing nothing today. We will continue to work closely with the NFLPA and others to keep the

NFL as free of performance-enhancing substances as we can. But we cannot be so focused on the past that we ignore the challenges that will – not may, but will – present themselves in a very short period of time.

Our challenge going forward will be to ensure that our research is current, that adequate resources are available to support programs proven to be effective with young people, including non-athletes, and that sports organizations remain firm in their commitment to clean competition at all levels.

Thank you for inviting us to appear today. We will be pleased to answer any questions.

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