

We need to ratchet up in a dramatic fashion our commitment to recognizing abuse.

New drugs create new demands. For example, the use of endogenous substances, that is substances that occur naturally in our bodies, such as testosterone, growth hormone and erythropoietin, better known as EPO, creates the need for a higher ground of independent, peer-reviewed science coupled with credible year-round, out-of-competition testing.

Case in point, in 1997, the United States Olympic Committee executive director Dick Schultz admitted the test to detect testosterone abuse, the so-called T/E ratio, had not been validated in women. Yet it continues to be used by both the IOC and the USOC. Bad science, bad policy.

Let me assure you, whiz-bang new machines are not the answer either. Prior to the Atlanta Games, the IOC extolled the virtues of their expensive, new high resolution equipment. But after the games, the positive results were discarded because of "technical difficulties."

About this, Dr. Donald Catlin, director of the IOC accredited laboratory at UCLA, and a director at the Atlanta Laboratory stated, "There were several other steroid positives from around the end of the Games, which we reported. I can think of no reason why they have not been announced."

What is needed is a Federal commitment to research, whether in the form of grants or tax credits with tight oversight controls.

The third element is the who. We must place the responsibility for drug testing and enforcement of standards in the hands of a structure with unquestioned probity. The public trust in the IOC has been shaken by conflicts of interest and by a dangerous opacity, where transparency and accountability are required.

We must call upon the IOC to replace semantics with science, fine print with fine judgment, and waffling with wisdom.

Now, is the time for an independent and accountable anti-doping agency, nationally and internationally, built on a best practices model with top notch due process protections and broad stakeholder input, especially from athletes.

OATH, the recently created international organization, spearheaded by athletes, has made valuable contributions toward defining this independent body.

The final essential element is the when. The simple answer is yesterday.

When a celebrated athlete like Mark McGwire admits using androstenedione—and make no mistake, androstenedione is a steroid—and millions of kids witness the presumed power of these drugs, we are clearly on the slippery slope to disaster. And we cannot wait any longer to act.

Congress must revisit the DSHEA Act of 1994. Substances like androstenedione were never contemplated by this legislation, and—and if it requires the reclassification of steroid supplements as prescriptive drugs, then let the process begin.

In closing, I want to remind you that the current approach simply has not worked. Today's half-hearted drug testing and limited enforcement matrix are inadequate and porous. High profile drug

cases underscore the work that needs to be done to restore public confidence.

Some assert the IOC deserves a gold medal for stonewalling and inaction. Clearly, much work needs to be done to restore public confidence.

We need to use drug-free athletes as role models and to marshal the force of parents and the media. We need to encourage the USOC and the IOC to pursue truly independent and accountable drug testing.

We need to recognize that genetic engineering will create further opportunities for abuse and will require a greater need for intelligence than ever before.

When it comes to eliminating doping in sports, there can be no compromise, no middle ground, no rhetorical acrobatics. We must go for the gold.

Senator STEVENS. Thank you, Doctor.

[The prepared statement of Dr. Wadler follows:]

PREPARED STATEMENT OF GARY I. WADLER, M.D., ASSOCIATE PROFESSOR OF  
CLINICAL MEDICINE, NEW YORK UNIVERSITY SCHOOL OF MEDICINE

Dear Mr. Chairman and Members of the Committee;

I am honored to be here today and appreciate the opportunity to testify. My name is Dr. Gary I. Wadler and I am an Associate Professor of Clinical Medicine at New York University School of Medicine, a Trustee and Vice-President of The Women's Sports Foundation and a Board Member of OATH. Additionally, I am a former Trustee of the American College of Sports Medicine, the largest sports medicine and exercise science organization in the world, and currently I serve as Chairman of its Health and Science Policy Committee. I am also a member of the Technical Advisory Group of the CASA National Commission on Sports and Substance Abuse. At the local level, I serve as Chairman of the Nassau County Sports Commission in Nassau County, New York. Thus, I am in a unique position to address the subject of performance enhancing drugs from many perspectives—the health perspective, the science perspective, the community perspective and the public policy perspective. As a Board Member of OATH (Olympic Advocates Together Honorably), I have also had the opportunity to address the subject from the athlete's perspective. OATH is the world's leading athlete-centered movement committed to restoring and maintaining the values underlying the Fundamental Principles of the Olympic Charter by promoting ethical guardianship, responsible governance and effective management of the Olympic Movement. I have no vested interest in testifying today other than to share my views with the Committee about the complex and pervasive subject of performance enhancing drugs in society.

For the past 15 years, I have attempted to focus attention on the cascading problem of drugs in sports.

Drug testing is at a crossroads...the point where everyone agrees—at last that something must be done.

There are four elements to consider in your deliberations.

The first is the WHY:

With so many major public health crises, why should we care if a few elite athletes abuse their bodies?

The answer is that the real abuse we are witnessing is that of the public trust. At a time when role models are crumbling, the Olympics should be one of the purest examples of human achievement.

Athletes commit tremendous time and energy in the pursuit of the Olympic dream. For most athletes that commitment and dedication is motivated, not by the desire for external rewards or pay, but simply by a love of sport for its own sake. Athletes pursue excellence. They push themselves beyond their limits; they try, and when they fail, they try again. It is this kind of heroic dedication and the suspense of seeing who prevails in the Olympic contests that draws and holds the spectators. The world watches as its greatest athletes push the human body and spirit in the pursuit of human excellence. People are drawn to this great Olympic Movement because of the athletes and the Olympic values they live and embody. Olympic athletes affirm an oath at the start of every Olympic Games. The Oath says:

"I promise that we shall take part in these Olympic Games, respecting and abiding by the rules which govern them, in the true spirit of sportsmanship, for the glory of sport and the honor of our teams."

The athletes' pledge is to go beyond merely following the rules of sport, to strive for something higher—true "sportsmanship"—for in this lies honor.

Doping is a matter of ethics, which affects not only Olympic athletes but also youth, high school, college and professional athletes. The fact is doping threatens to undermine the ethical and physical well being of children.

There is no doubt that Olympic athletes are role models for younger athletes and alarmingly these young athletes are increasing their usage of steroids. Statistics in the United States indicate that the use of steroids in boys and girls has increased since 1991 and with teenage girls it has increased 100%. What is also alarming is that 3% of girls and just under 3% of boys at the very young ages of 9-13 have used steroids. This is on par with the use of other drugs of abuse as reported by the findings of the 1997 National Household Survey, which found that lifetime cocaine use by children ages 12-17 was 3%. The National Institute on Drug Abuse estimates that 500,000 high school students have tried steroids. These facts highlight the serious nature of the steroid problem and the impact it is having on our youth.

Clearly most athletes, especially Olympic athletes, serve as positive role models, shaping the behavior of our youth. Regrettably, there is a negative ripple effect from those who resort to doping.

The Olympic Movement is a public trust. It is a trust established to promote the ideals of Olympism. How well the guardians of the Olympic Movement discharge their responsibility to the public they serve will be measured by how well they live up to Olympic ideals. The Congress as well as the guardians of the Olympic Movement need to take this matter seriously.

The Olympic Games are not just multi-sport world championships. When asked, the world public identifies Olympic values of excellence, dedication, fair play and international peace as key ingredients of the Olympic Games. The Olympic Games command the sponsorship they do because the public supports the Games. The Olympic rings connote a higher set of ethics and values and this is what public support is based on. Furthermore, it contributes to physical and moral development of young people.

We cannot allow performance-enhancing drugs to undermine the Olympic Movement. We cannot allow another generation of young people to approach adulthood with a pervading sense of cynicism, and a belief in the power of chemical manipulation rather than the power of character.

The second factor is the HOW?

How do we deal with the crisis, given the clandestine nature of doping and its growing sophistication?

The year was 1886, a period characterized by the genesis of new industries and the creation of great wealth. A period when we believed anything was possible. A period, in short, much like today.

1886 is a significant year because it marked the first recorded fatality from a performance enhancing drug.

An English cyclist died of an overdose of what is only known as "trimethyl", during a race between Bordeaux and Paris.

Of course, in the more than 100 intervening years, doping in sports, like the rest of technology, has grown in scientific and ethical complexity.

A new inflection point of abuse appeared in the 1950s with anabolic, androgenic steroids. Since then the manipulators have consistently stayed a step ahead of the monitors.

In 1956, Olga Fikatoyna Connolly bemoaned the fact that "These awful drugs, anabolic steroids, have changed the complexion of track and field."

Nearly half a century later that refrain is still accurate, still poignant.

There are two broad ways to deal with doping.

The first is cultural, the second, methodological.

We must work to create a climate where the critical mass of public opinion turns against doping. We need that great Movement of the national hinge, the way it swung in the cases of tobacco, drunk driving, seatbelts and most recently, in the use of off-shore child labor in manufacturing.

We need consumers to put pressure on sponsors to assure that events are credibly drug tested. Only then will we witness a sea-change.

We need to ratchet up, in a dramatic fashion, our commitment to recognizing abuse. New drugs create new demands. For example, the use of endogenous substances—that is, substances that occur naturally in our bodies, such as testosterone, human Growth Hormone (hGH) and Erythropoietin (EPO)—creates the need for a higher

ground of independent, peer-reviewed science coupled with credible year round out-of-competition, random and unannounced testing.

Recombinant hGH means normal height for children otherwise destined to be dwarfs, but for the drug-abusing athlete it means bigger, albeit not stronger, muscles. EPO means renewed vitality for those with anemia, but for the drug-abusing athlete, it means greater endurance. Derivatives of testosterone mean normal sexuality for those deficient by means of disease or surgery and genetic engineering can only mean new and more complex challenges in the future.

Given the complexities of the drugs and related substances legitimately available, determining whether an athlete has or has not doped requires both good science and good policy.

In 1997, USOC Executive Director Dick Schultz admitted the test to detect testosterone abuse, the so-called T/E ratio, had not been validated in women. Yet it continues to be used by both the IOC and USOC. Bad science. Bad policy.

And let me assure you, whiz-bang new machines aren't the answer, either.

Prior to the Atlanta Games, the IOC extolled the virtues of their expensive new high resolution equipment. But after the games, the positive results were discarded because of "technical difficulties".

About this, Dr. Donald Catlin, Director of the IOC accredited laboratory at UCLA, and a director at the Atlanta Laboratory stated: "There were several other steroid positives from around the end of the Games which we reported. I can think of no reason why they have not been announced."

The Atlanta Games were further clouded by the presence in the urine of the "new" stimulant drug, Bromantan, and why political machinations resulted in five athletes being cleared of a doping offense by the on-site Court of Arbitration in Sport.

In part what is needed is a federal commitment to research, whether in the form of grants or tax credits with tight oversight controls.

Banned drug lists must be based on a generally recognized body of science, and where one does not exist, it must be based on some clearly reasoned rationale, including issues related to laboratory science.

Because advances in biotechnology have outpaced advances in laboratory science, the detection of certain drugs or biologicals is today either impractical or impossible. To wit, hGH, EPO and most recently, IGF-1.

IGF-1 is a polypeptide that is indirectly responsible for most of the growth-promoting effects of hGH. It is associated with a plethora of physiologic functions many of which are shared with hGH. These include increased protein synthesis, decreased protein breakdown and increased fat metabolism—all attractive to athletes.

Its approved uses in the United States are for a certain form of dwarfism and a rare form of insulin resistant diabetes. Like hGH, IGF-1 is not detectable with current screening methods and like hGH it needs to be administered intramuscularly. One of the newer performance enhancing drugs, relatively little is known about its abuse patterns, cost, availability and long term side effects. The cost of IGF-1 is about \$3 thousand per month and counterfeit products are problematic.

Sadly, it seems, we define international sports competitions and events, not by the city or country in which they were held, but by the drug that made the headlines—the Clenbuterol Olympics, the Bromantan Olympics, the Growth Hormone Games, the Steroid Pan Am Games, or the EPO Tour de France, or as some have suggested the Tour des Drugs.

There is good reason for this. If we look at the number and kind of new drugs that have come to market since the introduction of doping control in the Olympic movement in 1960s, the number is staggering.

That's today. But what about tomorrow? What is around the corner—brake drugs, blood substitutes, genetic manipulation? It is not a matter of a brave new world, but of brave new worlds.

And just as researchers are closing in on a method to detect the abuse of EPO, a potentially dangerous new EPO replacement, which is likely to increase endurance, has surfaced.

The substance is perfluorocarbon, or PFC, a substance with enormous oxygen-carrying capacity. It has been suggested that the abuse of this synthetic blood-like substance first surfaced in Nagano where it had been allegedly abused by cross-country skiers and speed skaters.

The International Cycling Federation has issued warnings about PFC to its national federations.

Although not officially on the market in the United States, there is active research into PFCs for legitimate medical use. PFC can significantly increase endurance by delivering more oxygen to working muscles.

With the global market for blood substitutes probably exceeding \$2 billion, the number of new products will undoubtedly continue to grow. For example, active research

is continuing using purified bovine hemoglobin rather than products of human origin or the use of PFCs to carry oxygen, and work continues on genetically engineered blood substitutes.

The injection of this gene limits the effect of IGF-1 to the skeletal muscles into which the gene is directly injected obviating any adverse effects of IGF-1 on the rest of the body.

With this technique young mice experienced a 15% increase in muscle strength, and old mice a 27% increase. Accordingly, the gene has been dubbed the "fountain of youth" for skeletal muscles.

But in the world of doping, milestones become millstones.

The author of the original study has already expressed concern that this technology may be sought out by athletes who are seeking a competitive edge. Interestingly, muscle strength increased without any exercise and there was no way to detect the use of gene therapy from analyzing the blood.

Trials are to begin in monkeys and, in the not too distant future, the first human study may be done in people with a form of muscular dystrophy.

And in another study, IGF-1 producing genes have been successfully introduced into mouse embryos. Is it a stretch that with the new technologies of genetic engineering that we are arming parents with the tools to create designer offspring whether inside the uterus or out of it?

Of course, the ethical, moral and biological debate transcends sports. Indeed, it touches on the transcendent as George Wald, the Nobel Prize-winning biologist and Harvard professor, opined: "Recombinant DNA technology (genetic engineering) faces our society with problems unprecedented not only in the history of science, but of life on earth. It places in human hands the capacity to redesign living organisms, the products of some three billion years of evolution".

We stand at the brink of an uncertain future. But I personally believe that the unpredictability and the velocity of change are not an excuse for reserving judgment about some profound distinctions that should fundamentally govern our perspective on the role of sports in our social fabric.

With that in mind, the columnist George Will has reminded us: "A society's recreation is charged with moral significance. Sport—and a society that takes it seriously—would be debased if it did not strictly forbid things that blur the distinction between the triumph of character and the triumph of the chemistry."

In order that we not blur the distinctions George Will speaks of, what we must do in this complex and challenging environment, is confront the issues related to doping from the broadest possible perspective.

The third element is the WHO:

The athletes' confidence in the public trust has been shaken. We must place the responsibility for drug testing and enforcement of standards in the hands of a structure with unquestioned probity.

The public trust in the IOC has been shaken by conflicts of interest and by a dangerous opacity, where transparency and accountability are required.

We must call upon the IOC to replace semantics with science, fine print with fine judgment, waffling with wisdom.

Now is the time for an independent and accountable anti-doping agency, nationally and internationally, built on a best-practices model with top-notch due process protections and broad stakeholder input, especially from athletes.

OATH (Olympic Advocates Together Honorably), the world's leading independent athlete-centered movement, has made valuable contributions toward defining this independent body. The OATH Report underscores a credible anti-doping agency needs to be independent, open to public scrutiny and accountable.

New doping control measures must be rooted in sport ethics and values; they must flow from athlete agreement; they must respect athletes' rights to privacy; and they must be independently, accountably and fairly administered.

Moving forward in the fight against doping the IOC's progress is painfully slow and its commitment questionable. By example in 1999 the IOC has undertaken marketing efforts valued at \$150 million in a campaign to bolster its waffling public image and \$25 million to the fight against doping, unquestionably a moral crisis of enormous magnitude and the single largest threat to the continued integrity of the Olympic Movement. The priority of image over substance seems clear.

Furthermore, efforts by the IOC this year at their Conference on Doping in Lausanne in February finished far short of expectations. Any ground being made at the conference was seemingly lost in the newly published Olympic Movement Anti-doping Code, which is inadequate in key areas.

The anti-doping code defines doping as:

1. The use of an expedient (substance or method) which is potentially harmful to athletes' health and/or capable of enhancing their performance, or
2. The presence in an athlete's body of a Prohibited Substance or evidence of the use thereof or evidence of the use of a Prohibited Method.

The first part of the definition, taken literally (as it needs to be in a document that will form the basis of legally enforceable rule) would have the effect of banning training. Any method of training is a method of enhancing performance, which, under the definition, is doping and therefore prohibited. Clearly this meaning cannot be what is intended, but the point is illustrative. Unless we know what the enemy is, our battles will be doomed to failure.

The choice of whether to permit or prohibit a substance or practice is a decision about the rules and values of sport. These decisions are similar to decisions about the permissibility of any technological development in sport. They are decisions, but the decisions are not arbitrary. The crucial question concerns, who will be empowered to make the decision and on what grounds the decisions will be made.

The anti-doping code is also deficient in other crucial areas. Doping control can only be accomplished by effective out-of-competition, year round, no notice testing conducted by an independent and accountable agency open to public scrutiny. Research into substances per se without this is essentially pointless. The Anti-doping code refers to such testing but offers no indication of how that testing would be carried out to ensure fairness, effectiveness and respect for the privacy and dignity of athletes. Interestingly most athletes favor anti-doping regulations. The importance of out-of-competition testing which is unannounced and random is due to the fact that many drugs such as hGH, EPO and anabolic steroids are training drugs and are not taken during competition thus enabling drug tests administered during competition to show no signs of doping. Furthermore, when the test is out-of-competition, unannounced and random, athletes are unable to put someone else's urine in their bladder, a practice not unheard of. However, if these out-of-competition, unannounced and random tests are to be properly administered, athletes consent is required so not to violate their rights.

A credible anti-doping agency needs to be independent, open to public scrutiny, and accountable. The IOC retains control of the new anti-doping code and hence of the new agency, by insisting that all modifications to the code be made by the IOC Executive Board and also by insisting that inclusion or exclusion in the Code is not a matter subject to appeal. The IOC must be prepared to relinquish control of the new agency in order to secure independence and a genuine international partnership. It appears the IOC seems more interested in control than credibility.

The fight against doping is international, requiring cooperation and partnerships. In particular, national governments and international sports federations are necessary partners. The current Anti-Doping Code is silent on the commitments required from International Federations and the structure of partnerships with national governments. It is estimated national governments fund 90% of current drug testing, or globally that amounts to \$43.5 million annually.

The IOC's announcement of a new World Anti-Doping Agency suggests that the IOC plans to 'go it alone'. For example, it has failed to recognize throughout the world that much has already been done in establishing anti-doping agencies from which the IOC could learn, such as in Canada and Australia. Why the reluctance to learn from those with experience and expertise?

There are international models for the structure, composition and mandate of such a body. The International Anti-Doping Arrangement is a working agreement between the national anti-doping agencies in Australia, Canada, Great Britain, Sweden, the Netherlands, New Zealand and Norway. Between them, they have many years of experience of in and out-of-competition testing and disappointingly none of them have been consulted by the IOC to assist in setting up their new World Anti-Doping Agency.

Their recommendations are clear. The new agency must be independent and accountable. This independence must include the independence both to determine the content of the Anti-Doping Code and also the methods of testing, adjudication and enforcement. The new agency must also set consistent minimum standards that would apply to all anti-doping efforts whether those efforts are conducted by the Agency itself, other national testing agencies or the International Federations. These minimum standards would include quality control of doping procedures, a minimum percentage for unannounced testing, consistent sanctions and a fair appeal process.

Athletes are leading the fight against doping. The "Doping Passport" proposed by members of the Athletes' Commission, would be an accessible, and public, indication of an athlete's availability for, and history of doping tests. While the details for the

"Doping Passport" have yet to be worked out, the creation of an athlete agreement to end doping and accept the testing required to enforce a level and clean playing field are central elements in The OATH Report's proposal to eliminate doping.

The IOC must go to independent experts to create a new anti-doping agency. It must go to those who have the experience to design and to operate an effective, open and accountable testing program. It must go to medical and scientific experts to determine the effects of new methods of doping and to find safe, effective means of detection. It must go to ethical experts for judgment on the permissibility or otherwise of drugs and practices and the means of enforcement. It must go to legal experts to create a system of adjudication and punishment that is fair and consistently enforceable. It must go to educational experts to develop strategies for encouraging ethical change. And, it must go to athletes to ask them about their bodies and their sports and to seek their wholehearted cooperation and agreement in combating the scourge of doping.

The final essential element is the WHEN:

The simple answer is yesterday.

When a celebrated athlete like Mark McGwire admits using androstenedione—and make no mistake, androstenedione is a steroid—and million of kids witness the presumed power of these drugs—we are clearly on a slippery slope to disaster.

Manufacturers of androstenedione have reported that their sales are up five-fold in the past year. We are living in a culture where young people are particularly comfortable using the internet and the number of web sites which sell androstenedione is staggering not to mention other related steroid supplements. Not surprisingly the Healthy Competition Foundation 1999 survey found that 1 in 4 American teens and pre-teens personally know someone who has used performance-enhancing drugs. And we cannot wait any longer to act.

Congress must revisit the DSHEA Act of 1994. Substances like androstenedione were never contemplated by this legislation, and if it requires the reclassification of steroid supplements as prescriptive drugs, then let the process begin.

I want to remind you that the current approach simply hasn't worked. Today's half-hearted drug testing and limited enforcement matrix is inadequate and porous. High profile drug cases underscore the work that needs to be done to restore public confidence.

Some assert the IOC deserves a gold medal for stonewalling and inaction. Clearly much work needs to be done to restore public confidence.

We need to use drug-free athletes as role models and to marshal the force of parents and the media. We need to encourage the USOC and the IOC to pursue truly independent and accountable drug testing.

We need to recognize that genetic engineering will create further opportunities for abuse, and will require a greater need for intelligence than ever before.

When it comes to eliminating doping in sports, there can be no compromise, no middle ground, not rhetorical acrobatics. We must go for the gold. Our athletes and the public deserve no less.

Senator STEVENS. Ms. Coleman.

Ms. COLEMAN. Senator Stevens, good morning. My name is Doriane Coleman, and I teach at the Duke Law School.

Senator STEVENS. Ms. Coleman, could — could I interrupt you just a minute?

I see that a lot of people are leaving. I — I — I would like to inform those that are here that I — I have already started working on a draft of a bill to deal with these issues, and I — I would invite anyone who wants to submit suggestions to send me suggestions.

I will be working, of course, in conjunction with the chairman in -- in terms of this bill, and my hope is that we will be able to introduce it very soon after the — the Senate convenes in January, with the hopes that we would have some hearings by — by February or early March.

Thank you.

Ms. Coleman.

**STATEMENT OF PROFESSOR DORIANE LAMBELET COLEMAN,  
DUKE UNIVERSITY SCHOOL OF LAW**

Ms. COLEMAN. Thank you, Mr. Stevens — Senator Stevens.

I appreciate the opportunity to testify today concerning the problem of doping in Olympic sport.

It is a subject that I have observed from perhaps more vantage points than anyone else. I was an elite athlete subject to drug testing.

I was the lawyer for the predecessor to USA Track and Field and was instrumental in establishing its out-of-competition drug testing program, which was the first in the United States. I prosecuted doping cases. I defended an athlete against doping charges.

Currently as an academic, I study and teach about the structure of international sport. Most recently, I was the director of the Duke Conference on Doping, which sought to develop a model for a fair and effective drug testing strategy.

My remarks today are based on this experience. They concern the progress that the IOC and USOC have made toward such a model, and the role that the U.S. Government might properly play in encouraging its further development.

As a threshold matter, it is useful to understand that the calls for reform of the IOC's and USOC's anti-doping strategy were very specific. To restore integrity to Olympic sport, their drug testing operations should be externalized from and made independent of these organizations.

This means that the IOC and the USOC should create a new body or bodies that they do not control and that have the authority those organizations now have to conduct relevant research, do drug testing, prosecute positive cases, et cetera.

I have included in my written testimony a memorandum that contains a detailed evaluation of both organizations' proposals for reform and how they should be modified to satisfy these requirements. I confine my oral remarks to a summary of that evaluation.

The IOC's proposal can be characterized simply as a false start. What it suggests is the creation of a new entity, which it calls "The Foundation" that is not formally tied to the IOC, but it does not give that Foundation any real authority.

While the Foundation could recommend to the IOC rule changes, it would not be responsible for relevant research. It would not develop a new drug testing program. It would not do drug testing. It would not be responsible for sample analysis. It would not evaluate suspicious samples. Indeed, it would not even know about those samples. It would not prosecute athletes with positive drug tests.

In sum, this proposal would not externalize anything. The same is true with respect to independence.

The proposal suggests a governing structure for the Foundation that leaves control in the hands of the IOC and the Olympic Movement, so long as it is willing to pay for that control, quite literally.

In stark contrast to the IOC proposal, it is clear that the USOC, through its Task Force on Drug Externalization is committed to the principle of externalization.

Indeed, with respect to this, its response to the public calls for reform is complete. The proposal contemplates that the new anti-doping agency would take over all aspects of the USOC's anti-



doping effort, everything from the development of its rules to the collection of samples and the prosecution of cases.

On the other hand, however, like the IOC's proposal, the USOC's proposal also fails on the question of independence. All of the agency's board members would either come out of the USOC or be selected, at least initially, by individuals within the USOC.

In essence, the proposal suggests the creation of a wholly owned subsidiary.

While there are other important areas that are of concern in the USOC's proposal, all of which I have described in my memorandum, to the extent that the USOC is willing to revise its view toward independence, it is likely that these remaining issues also could be resolved.

The IOC and USOC will tell you that the calls for externalization and independence, particularly independence, are inherently unfair, that the so-called stakeholders have every right to continue to control the Olympic anti-doping program, either because they view the Olympic enterprise as a private club or because they and their constituencies are most directly affected by drug testing.

While this argument has superficial appeal, it is precisely because these organizations are insular and have the most to lose in the drug testing process that they should not be in control of that process.

Indeed, the reason it is so critical that the IOC and USOC both externalize and make independent their drug testing operations is that they are neither willing nor capable, as a structural matter, of conceiving and administering a fair and effective drug testing program.

Both organizations have demonstrated this fact repeatedly over the years. The particular deficiencies in their current proposals for reform are consistent with their historical reluctance to do the right thing with respect to drug testing.

In the view of many observers, what lies behind this reluctance is concern about the impact of an independent drug testing program on the ability of these organizations to market the Olympics and to raise the enormous amounts of money they need to do this successfully.

I note that this fund-raising mission is not only self-imposed. The Olympic and Amateur Sports Act also acknowledged—acknowledges that this is, in principal part, what they exist to do.

But because the success of their fund-raising effort depends uniquely on positive public relations, it is fundamentally at odds with fair and effective drug testing, which at times would require the IOC and USOC publicly to punish the very stars they rely upon in that effort.

The result is that the IOC and USOC sometimes act arbitrarily with respect to individual doping cases, in order to protect their larger economic interests.

The historical record is relatively clear that this conflict of interest is real and that the public's image of the IOC and USOC in any given circumstance has driven their anti-doping policy and decisions, which brings me to my final point.

The U.S. Government not only has the right, but the obligation, to intervene in the affairs of these organizations to address the drug testing problem in Olympic sport.

The right resides in the government's—government's commerce power. The fact that this government also subsidizes the IOC and USOC through special trademark protections and their tax-exempt status merely reinforces this right.

The obligation of the United States to intervene resides in the fact that through the Olympic and Amateur Sports Act, the government is responsible for giving the IOC and USOC the scope of authority those organizations currently are abusing.

The deference that this government has historically given to these organizations is simply not merited in circumstances where their economic interests are in conflict with the interests of athletes.

The obligation of the government to intervene also arises because the IOC and USOC are selling to the product—to the public a product that, in some instances, they misrepresent, because they permit athletes who use drugs to steal opportunities and dreams from those who follow the rules; and most importantly, because their failure to stop the use of drugs affects the health and welfare, including especially the ethical development, of American children.

Thank you.

Senator STEVENS. Thank you very much.

[The prepared statement of Ms. Coleman follows:]

PREPARED STATEMENT OF DORIANE LAMBELET COLEMAN,  
DUKE UNIVERSITY SCHOOL OF LAW

Mr. Chairman, Senators, I appreciate the opportunity to testify today concerning the problem of doping in Olympic sport, a subject that I have observed from perhaps more vantage points than anyone else: I was an elite athlete subject to drug testing; I was the lawyer for the predecessor to USA Track & Field and was instrumental in establishing its out-of-competition drug testing program, which was the first in the United States; I prosecuted doping cases; I defended an athlete against doping charges; currently, as an academic, I study and teach about the structure of international sport; and most recently, I was the Director of the Duke Conference on Doping, which sought to develop a model for a fair and effective drug testing strategy. My remarks today are based on this experience. They concern the progress that the IOC and USOC have made toward such a model, and the role that the U.S. government might properly play in encouraging its further development.

As a threshold matter, it is useful to understand that the calls for reform of the IOC's and USOC's anti-doping strategy were very specific: To restore integrity to Olympic sport, their drug testing operations should be "externalized" from *and* made "independent" of these organizations. This means that the IOC and the USOC should create a new body or bodies that they do not control, and that have the authority those organizations now have to conduct relevant research, do drug testing, prosecute positive cases, etcetera. I have included in my written testimony a memorandum that contains a detailed evaluation of both organizations proposals for reform and how they should be modified to satisfy these requirements, and so I confine my oral remarks to a summary of that evaluation.

The IOC's proposal can be characterized simply as a false start. What it suggests is the creation of a new entity which it calls the Foundation, that is not formally tied to the IOC, but it does not give that Foundation any real authority: While the Foundation could "recommend" to the IOC rule changes, it would not be responsible for relevant research; it would not develop a new drug testing program; it would not do drug testing; it would not be responsible for sample analysis; it would not evaluate suspicious samples; indeed it would not even know about such samples; and it would not prosecute athletes with positive drug tests. In sum, this proposal would not externalize anything. The same is true with respect to independence. The proposal suggests a governing structure for the Foundation that leaves control in

the hands of the IOC and the Olympic Movement so long as it is willing to pay for that control (quite literally).

In stark contrast to the IOC proposal, it is clear that the USOC, through its Task Force on Drug Externalization, is committed to the principle of externalization. Indeed, with respect to this, its response to the public's calls for reform is complete: The proposal contemplates that the new anti-doping agency would take over all aspects of the USOC's anti-doping effort, everything from the development of its rules to the collection of samples and the prosecution of cases. On the other hand, however, like the IOC proposal, the USOC proposal also fails on the issue of independence: All of the agency's board members would either come out of the USOC or be selected (at least initially) by individuals within the USOC. In essence, the proposal suggests the creation of a wholly-owned subsidiary. While there are other important areas that are of concern in this proposal, all of which I have described in my memorandum, to the extent that the USOC is willing to revise its view toward the independence of the proposed agency, it is likely that these remaining issues also will be resolved. The IOC and USOC will tell you that the calls for externalization and independence are inherently unfair, that the so-called "stakeholders" have every right (either because they view the Olympic enterprise as a "private club" or because they and their constituencies are most directly affected) to continue to control the Olympic anti-doping program. While this argument has superficial appeal, it is precisely because these organizations are insular and have the most to lose in the drug testing process that they should *not* be in control of that process. Indeed, the reason it is so critical that the IOC and USOC *both* externalize *and* make independent their drug testing operations is that they are neither willing nor capable (as a structural matter) of conceiving and administering a fair and effective drug testing program. Both organizations have demonstrated this fact repeatedly over the years; the particular deficiencies in their current proposals for reform are consistent with their historical reluctance to "do the right thing" with respect to drug testing.

In the view of many observers, what lies behind this reluctance is concern about the impact of an independent drug testing program on the ability of these organizations to market the Olympics, and to raise the enormous amounts of money they need to do this successfully. I note that this fund-raising mission is not only self-imposed; the Olympic and Amateur Sports Act also acknowledges that this is in principal part what they exist to do. But because the success of their fund-raising effort depends uniquely on positive public relations, it is fundamentally at odds with fair and effective drug testing, which at times would require the IOC and USOC publicly to punish the very stars they rely upon in that effort. The result is that the IOC and USOC sometimes act arbitrarily with respect to individual doping cases, in order to protect their larger economic interests.

The historical record is relatively clear that this conflict-of-interest is real, and that the public's *image* of the IOC and USOC in any given circumstance has driven their anti-doping policy and decisions. I will provide just two brief examples here: First, while the IOC has long asserted *publicly* its dedication to drug-free sport, there is evidence that it suppressed positive drug tests at least at the 1984 and 1996 Summer Games in Los Angeles and Atlanta. Second, while the USOC also has long professed *publicly* to be committed to fair and effective drug testing, I know personally that it went kicking-and-screaming into the era of out-of-competition drug testing; and, in a case with which I also am personally familiar, it has professed *publicly* to support an athlete it believed was treated unfairly by international doping authorities, while it has confessed *privately* that, "even if she is innocent, how can the USOC help [her] without *looking* like [it]'s soft on drugs?" Where image and "the right thing" are in conflict, it is the latter that is sacrificed.

Which brings me to my final point: The United States government not only has the right but also the obligation to intervene in the affairs of these organizations to address the drug testing problem in Olympic sport. The right resides in the government's commerce power. The fact that this government also subsidizes the IOC and USOC, through special trademark protections and their tax-exempt status, merely reinforces this right. The obligation of the United States to intervene resides in the fact that through the Olympic and Amateur Sports Act, the government is responsible for giving the IOC and USOC the scope of authority those organizations currently are abusing. The deference that this government has historically given to these organizations is simply not merited in circumstances where their economic interests are in conflict with the interests of athletes. The obligation of the government to intervene also arises because the IOC and USOC are selling to the public a product that in some cases they misrepresent; because they permit athletes who use drugs to steal opportunities and dreams from those who follow the rules; and most importantly, because their failure to stop the use of drugs affects the health and welfare, including the ethical development, of American children.

Thank you.

Senator STEVENS. I am sure my colleagues might have some questions for you.

My basic problem that has been running through my mind, if we accept this very high standard, which I agree with, for those who participate in Olympic sports, what do we do with those who participate in our college and -- and other type of sports? Have you all addressed that issue?

Ms. COLEMAN. I would be happy to, Senator.

Senator STEVENS. Yes.

Ms. COLEMAN. I—I would not include only the Olympic committees in this effort. I think that they are particularly symbolic of purity in sport and—and—and the high status in which the society holds sport, but I believe that other sports and sports enterprises also affect children especially, both health and ethical development of children.

While I think that it is important that we work with the IOC and the USOC toward the end that I think we all at least state that we are seeking, it is also important that we seek to include the NCAA and the professional leagues in our effort.

Dr. WADLER. I—I would agree with that. I—I certainly think it was in the professional arena of Mark McGwire that really has escalated the awareness of the pervasiveness of the use of drugs in sport.

Whether a drug is legal or illegal, it becomes a matter of some definition. I think Andro has been a major deflection.

I know the United States has been accused of not getting its own house in order over the issue of Andro. I do think the Congress has a role to play to reclassify that. And the reasons should be clearly articulated.

But clearly, this is not just a matter of the Olympics. To view it only as a matter of the Olympics is really to miss—miss the ball completely. They are the pinnacle, but clearly there is much below the surface at every level of—of sports participation and fitness.

Senator STEVENS. Is there an agreement on what the—what are the substances that comprise the generic term "drugs" here?

Dr. WADLER. That is a subject of—it is sort of a moving target, and I think earlier somebody commented that the future only indicates that these substances are going to get more complicated and the laboratory and the forensic laboratory analysis of these drugs are going to get more and more complicated. However, that cannot keep us from our mark.

There—there really has been great differences in organizations as to what constitutes so-called doping lists, what should be on that list.

If you pick up today's paper, you will read about the NBA, which only 6 months ago only had heroin and cocaine on its list. It has now expanded it to marijuana, anabolic steroids, and some other drugs.

But I think clearly it is not as simple as enumerating a drug on a list and, unfortunately, that has—in many ways, the IOC has found itself in the position of articulating doping and defining doping as really a drug listing—drug listed on a banned list, which in fact, is an arbitrary definition of—of doping, so—

Senator STEVENS: We cannot legislate for the world. How are we going to get an agreement of what—what—what is a substance that should be tested for before an Olympics that would be held in this country that—in which the world participates?

Dr. WADLER: I—I—I do not think there is any question that most people in this field would probably come down with four or five drugs that would cover 99 percent of the issues of doping in sports.

Senator STEVENS: Do you agree with that, Mr. Hybl?

Mr. HYBL: I think that is very close. Senator, you raise a very good point. It is not only the drugs that are used but also the harmonization among the 45 or so international federations throughout the world, who really set the standard in each of the sports, the National Olympic Committees, and the IOC that is vitally important.

It is my understanding that the IOC, is in fact, moving in that direction.

Senator STEVENS: Mr. Pound, does WADA have a list?

Mr. POUND: We are—starting, Senator, with the—list that was part of the IOC medical code. That—is ground zero. I—think it is a list that can be continually improved.

I think—once we get the mechanics of—making sure we—involve everybody in the development of that list, I do not think, as—the other panelists think, I do not think we are going to have a problem getting there.

Senator STEVENS: Well, am I wrong? I thought we were really just talking about substances, not—not—not—the kind of drugs that we are talking about that requires prescriptions in this country. Are not some of these non-prescription items?

Dr. WADLER: Well, certainly androstenedione, the one that everybody is talking about in this country as a result of the Act of Congress in 1994 is an over-the-counter substance, which you can buy like you buy apples and pears and bananas. It does not belong there.

Controlled—the Controlled Substances Act in 1990 made steroids a controlled substance in this United States.

There is a middle ground. That middle ground is to make it a prescriptive drug, which does two things. Besides having individuals see a physician, they guarantee safety, purity and efficacy.

What we have now is youngsters buying Andro and having their body converted into a controlled substance. You know, as I—I often say that the human body is a lot smarter than the body politic.

So we have arbitrarily said Andro is sort of safe. You do not need your parents' consent. You can buy it on the Internet. You can buy it in a food store.

The thing it becomes in the body is a controlled substance with the most severe penalties under the Controlled Substances Act, and there is a middle ground.

I think if the Congress would step forward on that point and send the message to lots of young people about what they are consuming—they are assuming it is safe. I have heard it said by countless kids that, "Well, if the government said it is OK, then it must be OK. If I can get Andro without a prescription, without seeing a doctor, without anything else, then it must be OK." And it is not OK.

Why is it not OK? Because Andro becomes a substance in the body, which ultimately converts, for example, in women to estrogen. We all know the concern women have about estrogen and breast cancer. We have now enabled them to get this over-the-counter.

It is a metaphor for how we deal, as a country, with these kinds of substances; and the sport part of it is—is really the focal point of attention. I think we ought to seize the moment.

I—I must tell you, with all the negativism, I am encouraged by, as I said at the outset of my remarks, that everybody seems to be on the same page now, that something must be done.

I think we should not lose that moment to—and—and we should, as Frank Shorter said, "Carpe diem." We should seize that moment right now.

We may disagree exactly what it is—what needs—how it is to be done, but I think we now all agree it needs to be done, and I—I think we cannot let this moment pass.

Senator STEVENS. I hope you are right and we are all on the same page. It would be my hope maybe we will have a sort of a consensus meeting before we introduce this bill next year prior to—prior to Senate coming into session.

I think we will just have—have one of our open session kind of meetings like we had before the USOC bill passed and—and—and have a little general discussion rather than a hearing, if—if—if that meets with the approval of everybody concerned.

All right. We do thank you all for responding. It is a very timely subject with the—with our friends in Australia with their—their coming games, and we are right behind them with Salt Lake City.

It is—it is obvious that we—we should take the steps that are necessary. And I particularly would—would urge you to send us your suggestions on what you think should be in legislation that we consider next year, as we will have to move rather quickly as I understand it in—in the spring in order to get that out of the way of—of the election.

We do not want it to become a partisan issue at all, so I would urge you to—to get—get us your suggestions as quickly as possible.

We—again, we thank you all for coming. It is nice to see you again, Mr. Pound. We thank you all very much for your participation.

Do you want to keep the record open for some time? All right. We would like to keep the record open for 2 weeks for anything you might want to add to this record. That is not—I am not thinking about putting in this record the suggestions that you all may give us concerning the bill we may introduce next year.

Senator STEVENS. Thank you very much.

Dr. WADLER. Thank you, Senator.

Mr. POUND. Thank you, Mr. Chairman.

[Thereupon, at 12:16 p.m., the hearing was adjourned.]



## APPENDIX

### RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JOHN MCCAIN TO FRANK SHORTER

*Question (1).* What sanctions do you believe should be imposed on olympic athletes who are found to be taking performance enhancing drugs?

Answer: Athletes found to be taking performance enhancing drugs should be banned from any sanctioned competition, world wide, for at least 4 years.

*Question (2).* How pervasive do you believe is the use of steroids by olympic athletes?

Answer: There are other, just as effective drugs that can be used that could be detected but the IOC has, until now, shown a reluctance to. The use of steroids by Olympic athletes, male and female, has been unnecessary since 1988. Human growth hormone produces the same performance enhancement and is detectable only through blood testing. I believe, today, every performance in strength or endurance event has to be suspect for the use of human growth hormone or erythropoietin (in use since 1988), because the IOC has not developed blood testing for these drugs. Only athlete who can not afford these drugs would be using steroids.

*Question (3).* In your view, how effective are our testing technologies?

Answer: The testing technologies are on the verge of staying ahead of performance enhancing drug use. I think that, in the past, sports federations have had a disincentive to stay ahead of the cheaters. A truly independent agency is absolutely essential, and, the involvement of governments around the world is essential because of the empirical expertise and enforcement expertise available to the independent agency.

*Question (4).* Do you believe it is relatively easy for an olympic athlete abusing steroids to evade detection?

Answer: See 2 above. All an athlete has to do to avoid detection is to take erythropoietin and/or human growth hormone. The IOC has had over a decade to develop a blood test and has yet to, all the while holding out to the world that their increased urine testing, represents all that can and is being done.

*Question (5).* What effect do you believe these performance enhancing drugs have on the sport for those athletes who chose to stay clean and not use drugs?

Answer: I hate to say this, but, as an athlete who has competed against others suspected and even known to be taking performance enhancing drugs, I honestly believe that it is impossible to be an elite endurance or strength athlete today and not be taking performance enhancing drugs. The logic is simple: everyone knows what drugs work and are currently not tested for. As an athlete, to assume that most of your competition will not be on these drugs is beyond silly. Even if an athlete does not want to take the drugs, the psychological realization that no matter how hard you train, your opposition will have an illegal edge is an incredible, if not impossible obstacle to overcome. Again, there is no choice.

*Question (6).* You are well respected athletes and have won the admiration of millions of Americans, including children. What effects do you believe the continued use of illegal drugs in sports will have on young athletes?

Answer: Today, the 14 year old kids emulating their heroes know what the drugs are, know they will not get caught and most tragically, know they have no choice.

Answers to 2 questions dated 11/1/99:

*Question (1).* Several of the witnesses testified about the need to educate young people about the perils of performance enhancing drugs. Do you think an educational program would be beneficial? If yes, at what level should athletes be targeted and when should it begin?

Answer: I believe it is vital to educate young children about the perils of performance enhancing drugs. Youngsters always emulate their sports heroes and, more critically, know very well what drugs are being used to enhance performance. In



this regard, at this moment in time, they most certainly have much more knowledge of elite level drug taking than their parents. I believe the education should start at as young an age as possible. As for targeting for actual testing, I think this should be delayed until college age and believe it is possible if, and only if a true, transparent, independent, worldwide system that actually tries to catch illegal users is put into place. I believe the deterrent for younger children should be the example of heroes actually, finally perceiving that they will most likely be caught by a system that is actually committed to catch them.

*Question (2).* During the hearing some members expressed concern about ensuring the proposed IOC and USOC drug testing proposals protect the rights of athletes. Do you feel the current proposals will provide athletes with sufficient protections to ensure the testing process is both accurate and fair?

*Answer:* Participation in athletics, all the way up through the Olympic Games, is a privilege, I repeat, a privilege, not a right. I view being tested as the means to gain the privilege of participation. I therefore believe no athlete has the right to refuse to take a test that has been determined to be safe and shown to detect illegal performance enhancing drug use. I believe that up until now, there has been a disincentive for federations to catch stars. Therefore the tests are nowhere near as accurate or challenge proof as they could be. This problem can be solved by making all testing independent of the conflict of interest both endemic to and inherent in sports federation control.

For example:

Currently, the performance enhancing drugs of choice are human growth hormone (used by athletes since approximately 1982) and erythropoietin (used by athletes since approximately 1988). They are only detectable through blood testing. The IOC has yet to develop blood testing for these drugs. Their response in the 1980's was to expand and tell the world about their increased urine testing. This leads me to believe the IOC has historically viewed the drug epidemic as primarily a public relations problem. After the IOC drug summit in Lausanne, Switzerland last February (99) the IOC unbelievably withheld funding from their own research aimed at perfecting a blood test for these drugs. The IOC then held a press conference announcing that they did not believe blood tests would be perfected by the Sydney Olympics in 2000.

RESPONSE TO WRITTEN QUESTIONS BY HON. JOHN MCCAIN TO  
GENERAL BARRY R. MCCAFFREY

*Question 1.* What statistics does ONDCP have on the number of kids using performance-enhancing drugs?

*Question 2.* Is steroid use by young people on the rise? If so, to what do you attribute the increase to?

*Answer:* The 1999 Monitoring the Future Study found that steroid use among 8th and 10th graders has increased dramatically over the past year.

- Among 8th graders, past month steroid use increased 40 percent (from .5 percent to .7 percent), and past year steroid use increased 42 percent (from 1.2 percent to 1.7 percent).
- Among 10th graders, past month steroid use increased 50 percent (from .6 percent to .9 percent) and past year steroid use increased 42 percent (from 1.2 percent to 1.7 percent).
- Among 8th and 10th grade boys, on average, steroid use has increased 50 percent.

While the base percentages remain low, these rates of increase are grounds for serious concern.

Other studies suggest similar reasons for concern:

- In 1998, a survey of Massachusetts' youth reported by the *Pediatrics* journal found that 2.6 percent of boys ages 9 to 13 have used steroids; the rate for girls ages 9 to 13 was 2.8 percent. Use among boys was 2.6 percent. This is the first time that the use of steroids among girls surpassed use among boys. For both boys and girls, these levels are on par with use of other drugs of abuse (for example, the 1997 National Household Survey found that lifetime cocaine use by children ages 12-17 was 3 percent).
- Similarly, the Centers for Disease Control's Youth Risk Behavior Surveillance System found that 550,000 high school age children have tried steroids in 1995 alone—not to mention the full panoply of other performance enhancing drugs

• The Healthy Competition Foundation's 1999 survey found that 1-in-4 American teens and pre-teens personally know someone who uses performance enhancing drugs. Knowledge grows substantially with age — 9 percent of 12 year olds personally know someone doping, compared with 32 percent of those ages 15-16 and 48 percent of those ages 17 and older.

In great measure, increases in youth doping are driven by the belief among young people striving to succeed in sports that it is necessary to dope not just to gain an advantage, but merely to be competitive.<sup>1</sup> Similarly, this perception that doping is a *sine qua non* for athletic success is, in large measure, derived from perceptions that large numbers of elite athletes are using performance enhancing drugs.

While it is difficult to isolate the exact causes of this shift in attitudes and behaviors it is clear that this perception has been, in some significant measure, fueled by a series of high profile doping incidents involving elite athletes:

- Over the last two months, three National Football League players have tested positive for performance enhancing drugs and have been penalized under the League's drug program.

- A 1998 investigation by the French police found that large numbers of the Tour de France cycling teams were doping — eight teams were forced to drop out of the race.<sup>2</sup>

- Over the past decade, over twenty-nine Chinese swimmers tested positive for performance enhancing drugs.<sup>3</sup> In the nineteen-month period ending June 1999, 10 Chinese swimmers and coaches have been banned from competing or coaching as a result of drug use.<sup>4</sup>

- The German courts have held that many of the athletic successes of the former East Germany were won through a government-run doping system, which drugged tens of thousands of young children, some younger than 14 years old, many without any form of consent.<sup>5</sup> (From its inception in 1979 through the early 1990s, the program involved over 2,000 athletes per year.)

The use of performance enhancing drugs is also driven by the desire of young people to improve their appearances through drug use as a replacement for healthy physical activity. In addition to those taking these drugs for sports, increasing numbers of young people are turning to performance enhancing drugs to improve their appearance.<sup>6</sup> The emergence of a "drug buffed chic" dramatically expands the circle of individuals, in particular youth, who are at risk of performance enhancing drug use.

**Question 3.** Your successful National Youth Anti-Drug Media Campaign sends a powerful message to children that it's both dumb and dangerous to use drugs. How influential do you think is the message sent by athletes who take steroids?

**Answer:** The evidence clearly suggests that young people look up to athletes and emulate their behaviors. For example:

- A 1994 Children's Defense Fund national survey found that when African-American youth were asked to name two or three individuals they most admire, Michael Jordan tied with God.

- A 1998 survey by the US Olympic Committee found that athletes and coaches were the most effective individuals (surpassing parents, teachers, peers and TV personalities) at delivering citizenship-related messages.

It should be emphasized that the impact of athletes as role models works for both better—in the case of the vast majority of clean and ethical athletes—and for worse—in the case of those athletes who use drugs.

<sup>1</sup>1999 Healthy Competition Survey, Blue Cross/Blue Shield; S.M. Tanner, et al., *Anabolic Steroid Use by Adolescents: Prevalence, Motives, and Knowledge of Risks*, 16 Clin. J. Sports Med. 108-115 (1995). Among youth athletes who report taking anabolic steroids, the majority indicates this use was done to improve their performance and ability to compete successfully. *Id.* at 110. Among youth who were *not* athletes who reported steroid use 45 percent indicated it was to improve appearance, 18 percent said it was to enhance performance, 12 percent reported it was due to peer pressure, the remainder reported no reason. *Id.*

<sup>2</sup>See E.M. Swift, *Drug Pedaling*, *Sports Illustrated*, June 5, 1999, at 65.

<sup>3</sup>See Richard Panek, *Tarnished Gold*, *Women's Sports and Fitness*, May 1, 1999, 124; Associated Press, *Swimmers Fail Drug Tests*, Jun. 8, 1999.

<sup>4</sup>See Associated Press, *Swimmers Fail Drug Tests*, Jun. 8, 1999.

<sup>5</sup>See, e.g., John Powers, *Blood Sport; F. Germans Admit Doping, So US Wants Medals*, *Boston Globe*, Dec. 11, 1998, C1.

<sup>6</sup>See Tanner, *supra* n. 1. However, rates of use are significantly higher among athletes than non-athletes. See 1999 Healthy Competition Foundation Survey, *supra* n. 1.

- Makers of Androstenedione (Andro) self-report that Andro sales are up roughly five-fold since the revelation that baseball home run king Mark McGwire was using this substance.<sup>7</sup> To his credit, Mr. McGwire has since declared that he no longer uses the substance because he does not want to influence youth toward using Andro. (Andro is currently classified as a food supplement. However, the human body naturally metabolizes Andro into testosterone, a regulated steroid.)
- During focus groups with youth for ONDCP's National Youth Anti-Drug Media Campaign, a number of participants emphasized that if pro athletes could use drugs and succeed, they doubted that drugs could hurt them — often times these comments actually named individual athletes that had been implicated in drug use. While incidences of drug use in sport send young people the wrong message about drugs, it should be underscored that sports can play an important role in preventing drug use. Youth involved in sports tend to use less drugs than their peers who do not. Additionally, a significant number of sports figures and organizations have undertaken counter-drug programs. For example:
  - Coach Dennis Green of the Minnesota Vikings and Coach Pete Carroll of the New England Patriots, along with other players and coaches from across the sports spectrum, teamed up with ONDCP for the 1998 National Coachathon Against Drugs. (Coach Green and Coach Carroll served as honorary spokesmen for the Coachathon.)
  - The Jacksonville Jaguars run a youth outreach program that focuses on drug prevention.
  - The NY Mets run a youth-to-youth counter-drug mentoring program that mobilizes student-athlete leaders—who are, themselves, role models for younger children and their peers.
  - The San Antonio Spurs run an annual youth anti-drug basketball tournament.

Given the ability of athletes to reach children, ONDCP has partnered with a number of athletes who became spokespeople for our Media Campaign. In these instances — and with all spokespeople highlighted in the campaign — we have exercised great care in screening potential campaign participants to ensure that the message sent to our youth will be unequivocal: "If you use you lose. Be a winner."

*Question 4.* The goals and strategy you have laid out in your testimony are ambitious and call for the United States to take the lead in ending this problem. What do you think would be the result if the United States did not take the lead and simply let the IOC continue their reforms without pressure from our country and other concerned nations?

*Answer:* It is our view that absent the leadership of the United States and other concerned nations that the reforms needed to end the use of drugs in sport will not be forthcoming. Experience to date shows that the involvement of the United States and other concerned nations has already played a critical role in moving such reforms ahead.

For example, in December, 1999 the United States participated along with 25 other nations in an Australian-led Summit on the Use of Drugs in Sport. The Summit produced a communique that endorsed the views that already had been advanced by the United States to the IOC concerning improvements needed to the IOC's newly created World Anti-Doping Agency (attached). Subsequently, ONDCP met with representatives of the IOC, including President Juan Antonio Samaranch and Vice President Richard Pound, to seek agreement on the improvements set out in the communique. During these meetings with the IOC we were able to secure the IOC's endorsement of 17 specific agreements implementing the Sydney Communique's terms. It is our view that the efforts of the United States and these other nations working together were responsible for this progress. Therefore, we view U.S. leadership as critical to the fight against doping in sport.

*Question 5.* That role do you think the Congress should play in helping you achieve these goals? Should there be a strengthening of the laws and guidelines when it comes to trafficking of these drugs, especially to children?

*Answer:* It is our view that Congress has an important role to play in the fight against drug use and doping in sport. We believe the importance of Congressional support for such efforts has already been demonstrated by the Congress in the 2000 budget. The 2000 budget includes \$3 million in new money to support the efforts of the USOC to strengthen and externalize their anti-doping program, and to form

<sup>7</sup> See Steve Wilstein, *Baseball Unlikely to Rule on Andro*, Associated Press, Feb. 27, 1999 (citing tenfold increase). The industry's own study noted a three-fold increase between the time of the McGwire revelation (August 1998) and December 1998 alone. See Steve Wilstein, *McGwire Powers Andro Sales to 100,000 users, Doctors Fear Hazards*, Associated Press, Dec. 8, 1998.