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2
3 **Ms. Donna de Varona**
4 **U.S. Olympic Gold Medalist, Swimming**
5 **Advisor to ONDCP**

6 Thank you. I am going to wander about from subject to subject because I think that my colleagues
7 here have really covered a lot of ground that I had listed. But, I would like to point out that we have
8 two, we've had many great interventions, but I'd like to point to this idea of transparency and role
9 modeling in education.

10
11 I think it is incredibly important that we've used this crisis in the Salt Lake instance and this drug
12 issue in a very positive way because out of it has come a synergism worldwide that's brought back,
13 brought out incredible leadership.

14
15 One of the things that I felt after I quit my competition at 17 and there was no where to go because
16 there was no Title IX and no women sports scholarships and no athletes had a voice, I felt that I
17 wanted to make a difference for athletes. And, the fact that we have Johan Olav Koss, Dr. Koss
18 here, interfacing with us, and talking to us. And, giving us his perception of how we are seen, and
19 the fact that he is going to benefit from learning about USADA and taking that information back to
20 the international world is very important.

21
22 So, it says a lot about communication. It says a lot about giving athletes a chance to participate
23 because we do come from passion and from the field of play. We know what is going on. But,
24 again, like all of us, we cannot make a difference alone. We need resources. We need government
25 support. We need government support, and I think this is why people hesitated to use the Olympics
26 for political ends like boycotts, but we need the instruments of the government to implement
27 worldwide programs that deal with testing and intervention and better rules. As my friend Craig
28 Masbach brought out about this issue about the Amateur Sports Act in due process. So, we need to
29 communicate.

30
31 We need to bottle Brandon Slay and send him to every high school in America. And, I'm not
32 kidding about this. I have a young son who is an athlete. He wants to go to the Olympics. And, he
33 doesn't like me to be away, neither does my daughter.

34
35 And, I've been away a lot, because I believe in this, this synergism has given me hope where I'd
36 almost lost hope that we were ever going to deal with this insidious issue, this cancer, that threatens
37 not only sport, but our young people. And, he said to me, it's okay if you go because I want you to
38 make it possible that I can compete clean and healthy.

39
40 I remember earlier looking at my daughter who is built with great shoulders and a great athletic
41 body, watching her swim one day, and saying, I don't want her to swim. I don't want her to go into
42 an environment where the only way she can win is to take drugs and where winning is everything.
43 And, I know we've touched on these purposes, these themes.

44
45 I'm incredibly dedicated, yes, because General McCaffrey did bring up, my father was an All-
46 American football player who played at Cal and that was his way out.

1

2 And we look at young kids now that use sport to win to get scholarships, that is their way out. They
3 may have two way outs, one is to use drugs and to sell it on the street, another one is to put it in
4 their body to win. Because, we do, we are in denial.

5

6 Frank talked about it. He's been a shotgun guy too. About, how we look at football games on the
7 weekend and we are in denial about it. And, I will say I know that from experience because my
8 brother was a football player. He wanted to be like my Dad. He was an All-American. He wanted
9 to live up to my Dad and get his attention. And, the coach did nod to him one day and say, if you
10 want to play center for the team, you better come back a little heavier.

11

12 This was in the 1960's. So, one day, in the mail, a package came. And, my Dad said, what's in the
13 package, because my Dad was totally observant. And, in the package was dianabol. And, my Dad
14 said, well, what's that for? He says, well, you know, the coach said I had to get bigger and I went to
15 another teammate, and, you know, then the trainer, and I found out where to get it. And my Dad
16 said, well, you know, you are going to flush that down the toilet and if I ever catch you doing that
17 again, you'll never play ball again.

18

19 I had a little son, and this gets back into education. I had my son, we had a little project. And, this,
20 this is a way of getting around to my idea of synergism working together with the NFL, with the
21 Pro's, with, you know, confronting our Pro's to deal with this issue, and, those that have the money
22 to fund programs.

23

24 I had a little guy that goes to school, in our community we have something called Project Charlie.
25 Project Charlie teaches our kids about drugs, the use of illegal drugs, what to watch out for if
26 somebody wants to give you a cigarette or alcohol or whatever. And, my little guy and my little
27 daughter have learned about that program. It is volunteer. It is taught by parents in the school.

28

29 One day we all went out on vacation and my little guy was invited to go with this little kid on a
30 ranch. And, after this big party in Wyoming, you know, here we are in the country, in the
31 mountains, we were on our way home. And, I said, did you have a good time? And, John David
32 said to me, yeah, Mom, he said, but, I went in that barn and that guy, he said, he asked me if I
33 wanted to have a drink.

34

35 And, I said, well, what did you do? And, my little guy, at 6 years of age said, well, I asked him
36 what was in it. I asked him if alcohol was in it. And this kid said, yeah, grain alcohol. I said, well,
37 what did you do? He said, well, Mom, I don't want to be an alcoholic, so, I didn't take it. And then
38 he offered me a cigarette. I said, what did you do? He said, oh, I don't want to wind up like your
39 Mom and Dad, I don't want to die early, so, I'm not going to have a cigarette.

40

41 Then he looked at me and he said, but Mom, what's chew? I said, did you like that? He said, no, I
42 hated it. I had left it out. I had left it out. But he knows about performance enhancing drugs and he
43 understood education and you can't get to them too early. And he has a standard now. He wants to
44 compete clean, but he wants the landscape to be clean.

45

46 And that is why we are all here at this table. And, a lot of us have waited 25 years for this moment,

1 this crisis. We've been hanging out, waving the red flag, getting in trouble, keep your mouth shut,
2 been compromised in our jobs. Edwin Moses was a great speaker for this. And he finally had to
3 give it up because it overtook his life and he made his statement.

4

5 And, thank God he was there. But we have an obligation in our Pro leagues, in our institutions, in
6 our State department, in our Government, to keep this momentum going and to use Salt Lake as a
7 watershed moment, to come up with the tests, to work together and to communicate.

8

9 From WADA to USADA to the Amateur Sports Act to revisiting the Coach's Association to using
10 this newly formed wonderful leadership at the U.S. Olympic Committee to host conferences, to
11 come up with the educational materials, and please use people like Brandon Slay. Pay him to go
12 out there and talk to our kids with the tape.

13

14 One of the most important things about his story is that it is a success in a sea of frustration. And it
15 is a success for journalists, like myself, who felt compromised by having to cover lies. By the
16 deceit that have created this pessimism and this idea that you have to prove you are clean, you
17 know, you are guilty before you even start as an athlete, which is the passbook idea.

18

19 But we need to bottle our athletes that are clean, put them out on the road, have them talk to our
20 kids. You know, if they are e-mailing Brandon, they want to communicate, and that is one of the
21 roles that we can use with USADA and WADA, to reach everyone.

22

23 And, it is a privilege for me to be here and I want to thank all of you because I know all of you are
24 giving your time. And, it is going to take a lot more time and effort in the future. So, thank you.

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3 **Ms. Heather Clarke**
4 **Canadian Olympic Rower, President of OATH**

5 Hello, it's a pleasure to be here. I was thinking about the gentleman who talked about the skin.
6 Who was talking about the skin over here? Somebody was. Was talking about the Creatin. And, I
7 was thinking it was a great analogy. I was thinking about our bodies and how our skin is just one of
8 our organs, but it is our most visible organ.

9
10 And, how, if we have acne, which, I, unfortunately suffered from, so I know it well, you know we
11 can put makeup on it or we can scrub and scrub and try to get it clean. Oh, we can do all sorts of
12 things and it can still be there because, in fact, we can actually make it worse. We can make it
13 worse by covering it up with the makeup. We can make it worse by scrubbing and disrupting and
14 causing more scarring. And, we can make it better by discovering what it is that causes it. And,
15 sometimes it might take a little while to heal.

16
17 And, I was thinking about our body as a system, and our skin as the most visible organ in it. And, it
18 occurred to me that really our athletes are like our skin. That's the image we present to the world.
19 And, we want it to be sparkling clean and healthy. And, when it is not, it is distressing to us. And,
20 if we were to get mad at the skin, you know, come on, well, it causes more stress, doesn't it? And
21 our skin, we break out more when we are stressed.

22
23 And, if we don't get at what the heart of it is, then we are not going to clean out that skin. It doesn't
24 mean that we can't clean it up. It doesn't mean that sometimes makeup can't enhance it. It doesn't
25 mean we can't reduce our stress. But, we have to have a comprehensive approach. We have to
26 have a holistic approach.

27
28 And, I think, when we look at the sports system and we look at how sport plays a role in our
29 culture, and, now, in our global culture, I think it is really important to understand the role the
30 athlete plays. I think it is important to understand that really our athletes are like our skin. And,
31 they are our image, but they are not the whole story. And, I think when we then intervene and we
32 try to make a difference for athletes, we can bear that in mind.

33
34 But, I think the wonderful thing is that, really, the athletes aren't just the skin because the skin is
35 really something that responds to everything around. And, it doesn't really have much choice of its
36 own. And, the difference is that, you know, we each have a choice of our own and we are able to
37 not just react to the stresses, but we each have an imagination and we each have an ability to
38 respond and to act responsively, the ability to respond. But, we don't always know that.

39
40 And, I think one of the wonderful things about being an athlete is that on some level you are
41 believing that you can do something. You know, you are not passively accepting life, you are
42 actually believing that you can do something.

43
44 And that's a myth, and, I mean myth in the most positive sense, and symbolism, that we buy into.
45 That, you know, in this race, I was a racer, not a game player, but, in this race, we are overcoming
46 things that we, you know, our fears about ourselves.

1
2 Are we good enough? Do we have a place? And, I think that it is really important that we
3 remember that we have an ability to respond. But, we also need to remember what it is that we are
4 responding to. And, sometimes athletes start giving up. And they really believe, they start
5 believing, that, in fact, they are a victim. And they really have no choice and all they can do is
6 react. And that is really the starting of the dying of the dream, inside.
7
8 And, for some, they close their eyes, or, we close our eyes, and we say, well, I'm not really going to
9 look at that. And, certainly, that was the case, for me, in many ways. I mean, you know, there was,
10 a very strong eastern block of rowers who were definitely doping. And we would get, I won't use
11 the phrase we used, we got fourth a lot.
12
13 And, it was quite distressing. And, on some level, I, I personally, put blinders on and I just said,
14 you know, I'm not going to think about that. Because, you know what, I have to believe that I can
15 do it. I have to believe that I can be the best. And, in fact, when one of our team mates, Angie was
16 one of my team mates, and I was, it was a thrill, and it is a thrill to see Angie now in the role that
17 she plays, but, I had a very strong team.
18
19 We had a very strong subculture in our team. And, we would never, have occurred to us to cheat. I
20 just can't imagine us cheating. But, I laughed at the bee pollen story, you know, because, I thought,
21 yeah, I remember when my coach told us we had to take salt tablets. I mean, this really dates me in
22 the '70's right? We weren't allowed to drink in our two-hour practices because in our 3-minute
23 race, we wouldn't be able to stop and have a drink of water.
24
25 So, you were supposed to take salt tablets. Yes, sir, the coach, you know, the authority. You know,
26 we are not thinking for ourselves. And, then I remember, one day, Angie and I and a few other
27 people talking about bicarbonate. We got to use baking soda and we could cover up the lactic acid.
28 Well, you know, lactic acid is a big enemy for athletes, for rowers. I mean, we have the highest
29 lactic acid tolerance.
30
31 So, we are always looking for a way to get over that lactic acid. So, we could, you know, we can
32 have this baking soda. Well, baking soda is innocuous. I mean, seriously, did you ever think that it
33 would be a banned substance? But, that was from latest research and, let's give it a try. It never
34 occurred to us that that would be cheating.
35
36 But, I did remember Angie saying, well, the problem with that is that you can get diarrhea. And, I
37 thought, well, you know, hmm, you know, on the rowing odometer, which was the test that was
38 coming up, that might, you could maybe get around that. But, in a boat, you know, warming off
39 your rays, what are you going to do? So, I thought, you know, not practical.
40
41 But, our physiotherapist whose house I lived in, overheard us and she was just horrified.
42 Absolutely horrified.
43
44 So, I see how, you know, it was, we were naïve. But, I also see how insidious it is. I mean, how,
45 you know, you are so focused on the technical. You are so focused on overcoming. And, I think
46 that, one of the things that Johan said to me yesterday when we were talking about integrity in and

1 through sport and we were talking about the role of integrity. He was saying, you know, when you
2 speak about that, it is very, he said, it is very easy to feel that you are judging.

3

4 It is very easy to feel that you are rejecting. And, you know, it sort of puts people off. And, I
5 thought, yeah.

6

7 And then, Angie was saying that when you talk to people you really have to be, it is really important
8 that you meet them where they are. And, I thought, when we talk to athletes, do we meet them
9 where they are? Do we really understand the pressures that they are under? Do we understand that
10 they are like our skin? Do we understand that?

11

12 And, what's, just like Brandon has an incredible role with kids, what's the role of, we old folks,
13 with the 20-year old athletes? What is our role? We may not have the exact experiences. I mean, I
14 didn't have the pressures that they had. But, I understood what it was to want to be the best, not my
15 best, the best.

16

17 And when one of my teammates wanted to be her best, we all turned on her. We said, what do you
18 mean, we did not trust her. We did not trust her because she only wanted to be her best. Well,
19 could she be in our crew? I mean, I was very, very concerned about that.

20

21 So, I think the thing about being your best and how to make this so different from being the best,
22 when you are your best you may very well be the best as well. But it has got to come first. It's got
23 to come first in your own self. And, the thing about being the best, it sets up all this, sort of, ego
24 and fear and running away and a negative cycle.

25

26 And the thing about being one's best is that there is room for everybody to be their best. There is
27 absolutely room for everybody to be your best. And I don't think we have that enough in our public
28 discourse. I don't think we meet people where they are. And, I think it's, in people being honest
29 and open with each other that we can meet each other where we are.

30

31 Whether it was Johan meeting me where I was yesterday, or Angie meeting me where I was
32 yesterday, and seeing how quickly, even when you read about it and you think about it, how quickly
33 it can turn, how quickly it can turn to judgment.

34

35 And I think we are in real danger of that. And I think that if we really want to heal this, we have to
36 really see it as a sickness and we have to really come in with support. And, that's all I need to say.

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3 **Mr. Ole Sorensen**
4 **Representative of Canada**

5 Thank you, Sir. I bring sincere and warm greetings from our Federal sport minister. We have a
6 dynamic in Canada where there is indeed a Department of Sport. His name is The Honorable
7 Denny Coderre and he has, to some degree, shaken the international scene in terms of amateur sport
8 and doping. He's a 39-year old minister that has taken on the European leadership in this area, is
9 winning at this point, and, has recently re-defended his election status in the Federal election in
10 Canada.

11
12 So, if you thought Denny Coderre was bravado in his former life, wait until you see him now. I
13 have made a commitment as well, to the, General McCaffrey that I would not exploit this
14 opportunity to draw any references to the efficient and conclusive Federal elections we've just
15 conducted in Canada. And, those here, I will rise above that, and not even make reference to it.

16
17 I recall with great humor the entry on the scene of General McCaffrey and his very competent
18 colleagues and staff on the occasion of the World Conference in 1999. The International sport
19 community were not ready for this visitation. I recall that General McCaffrey was banned from the
20 pool deck in Australia by the President of the Australian Olympic Committee.

21
22 I recall the bookies were having bets on a 10-rounder between McCaffrey and Richard Pound, etc.,
23 etc. And things have all quieted down. To the credit of the ONDCP and the leadership by
24 McCaffrey, the world is a much calmer place now. The integrity and the patience and the insight
25 brought to the international scene by the United States entry and to the anti-doping scene has been
26 profound.

27
28 I would add, as well, compliments to the recently formed United States anti-doping agency
29 USADA and Terry Madden's relentless pursuit to hire the best talent in the world, which has
30 caused us to increase the salaries of all of our staff and retain them within the country.

31
32 The initiative to use Salt Lake City as a benchmark or reference point, to ratchet up a domestic and
33 international anti-doping is a right decision, is clearly the right decision. The Sydney Olympics
34 chose the same general strategy or tactic and found it to be a double-edged sword.

35
36 A quick reflection on the Sydney experience of the same nature as we are undertaking here will
37 reveal the following: Australia hosted a magnificent drugs and sports summit on the November
38 prior to the Olympic games, a gathering of 37 international countries, great progress, great
39 cooperation. An announcement was made in the Australian newspaper that Sydney would be the
40 drug-free games, not unlike the statement made last night in the State, magnificent State House
41 here.

42
43 The WADA involvement in the Sydney Olympics was magnificent. The World Anti-Doping
44 Agency committed and delivered on the no-notice testing of most of our federations, committed
45 and delivered on an independent observer project, rewrote the results management protocol for the
46 Olympics, massive advancements were made in the context of using Sydney as the catalyst and

1 reference point.

2

3 The newspaper, however, shared the following things with the Sydney Olympics: the Australian
4 Sport Drug Agency was under massive attack from a publication that came out just prior to the
5 games challenging their credibility and the heightened awareness of the Sydney Olympics and their
6 commitment to have the cleanest games, escalated this challenge.

7

8 We all know about C.J. Hunter. We know about the Bulgarian weightlifters who were on again
9 then off again then on again. We know the Romanian gymnast tragedy. And, Brandon has just told
10 us about the great, former great German wrestler.

11

12 If you asked the individual on the net impact of the Australian games in terms of the perception of
13 the public on doping and sport, it may be a net negative that the Sydney exposure may indeed be a
14 net negative on the confidence our public have in clean sport. That is the challenge we are into
15 here.

16

17 Back to the Salt Lake City and the plan of action for here. Let me offer two categories of
18 suggestions. In the category of more of the same and let's get it right this time, let me offer the
19 following: detection methodology has to advance.

20

21 The frontiers we have been told by the experts in laboratories are EPO erythropoietin and human
22 growth hormone, maybe genetic engineering and manipulation. They have to advance, be
23 conclusive and confident in time for Salt Lake.

24

25 In fact, I would echo the sentiments made this morning that the white hats have to get ahead of the
26 game. We can no longer be playing catch-up. We have to get ahead of the game, anticipate the
27 next areas of abuse and get up front and get ahead and give Madden the money.

28

29 Also in the area of more and let's get it perfect is the pre-Olympic testing which was magnificent in
30 Sydney. And, I would urge you to continue the same thing, to work with WADA to ensure that no-
31 notice testing is conducted by every single federation that is competing at the Olympic games in
32 Salt Lake City, put pressure on and make it happen.

33

34 The Independent Observer Program, of which Rob Housman was an observer, which was a bit of
35 an anomaly because if you view the image of the Independent Observer, you have the host
36 organization conducting the testing. You have the International Olympic Committee Medical
37 Commission observing the host organization. And, you have WADA observing the International
38 Olympic Committee.

39

40 So there is clearly a height requirement to see over the procession, there. So, the fact that Rob
41 Housman got in is quite amazing, unless he brought a stool along for the occasion.

42

43 I would echo General McCaffrey's comment. That, perhaps the biggest discussion in doing a little
44 bit more and doing it better is the discussion on the transition of the authority and the power of the
45 International Olympic Committee's Medical Commission and the transfer of that authority mandate
46 to that of WADA's. That may be the most sensitive, most strategic discussion we should have.

1

2 At what point do the responsibilities of Medical Commission, divest to WADA, and the Medical
3 Commission indeed becomes the overseer and the ultimate observer.

4

5 In the category, quickly, Sir, of new and totally excellent ideas for Salt Lake City, I offer the
6 following: professional sport challenge. It is imperative that we meet and greet those that are
7 committed in the professional sport community in an alliance of addressing the doping problem.

8

9 Those of us travelling to Europe are confronted, constantly, by the Europeans on and what have you
10 done lately with the Commission's of professional sport in your country. We need, at a minimal, a
11 dialogue or a correspondence going so we can answer those challenges that yes, we have spoken to
12 the Commission's and dialogue is underway.

13

14 In the category of nutritional supplements, can you imagine a product called Bark with the Big
15 Dogs, can challenge the integrity of the massive amount of anti-doping initiative going on in the
16 world. There is a product called Bark with the Big Dogs, freeze dried protein, which is calling into
17 question the integrity of doping activities in the world.

18

19 We must cooperate, certainly Canada is prepared to do so, in legislation, manufacturing,
20 distribution, importation of food supplements to insure the contents in those packages are consistent
21 with the labeling. So that we no longer have individuals, either allegedly or justifiably, claiming
22 that [inaudible] came from Bark with the Big Dogs.

23

24 The Euro-centric theme is a defensive mechanism that many of us have been using to challenge the
25 fact that downtown Europe seems to be running the sport community. That headquarters for the
26 IOC in Europe, the International Federation's are principally staged in Europe, housed in Europe,
27 that the European Union and the Council of Europe are driving the agenda so, we become defensive
28 and use the term Euro-centric.

29

30 Let's get off that and develop what we have in the embryo stage of a strong America's cooperation.
31 America's 47 countries, cooperating on legislation, on harmonization, on education. Let's drive
32 the agenda and get the America's strong as a geopolitical region and get off the defense with the
33 Euro-centric squeals.

34

35 I feel, as has been mentioned today, that the United States has to be plugged into the mainframe of
36 many of the International anti-doping initiatives. It is the same theme that Mr. Madden and Mr.
37 Shorter and Donna de Varona have been advocating.

38

39 The United States must be plugged in to the mainframe of the International anti-doping agreement.
40 Not an observer, not brought in there as a guest, one-hour guest observer on the process, must be
41 plugged in to the Council of Europe's anti-doping initiative.

42

43 These are the strongest, fastest running Government initiatives in the world. United States must not
44 be an observer, must have full voting participatory privileges. And, whatever mechanisms you can
45 do in your country to expedite that would be to your advantage.

46

1 The last theme I would leave with you is that I would challenge that we need a dramatically higher
2 athlete profile in this initiative. Dramatically higher athlete profile in this initiative. I see the
3 wonderful representation from the Shorter's and the de Varona's, and the Canadians that are here,
4 they are athletes. But, quite frankly, we become a bit in the "folkie" category.

5

6 The raw passion that we saw today with Brandon Slay, the unhomogenized, the straight shooting
7 from the heart passion, we need more of that and less the sophisticated intellectual ex-jocks that
8 many of us represent these days. So, I would urge that a much higher profile comes straight from
9 the heart and advocacy movement at that level of athlete should be promoted in the context of Salt
10 Lake City.

11

12 Finally, we need somebody to wrap this whole initiative into a philosophical framework. It is still
13 perceived as remedies, a legal remedy, and scientific remedy, an organization remedy. It is a
14 fragmented initiative we are taking here. We need a philosophical framework to wrap the Salt Lake
15 City project into one cohesive philosophy.

16

17 And it might be as simple as this, that the Salt Lake City objective will develop an environment
18 where doping is rejected by all participants in the activity or enterprise of sport. As simple as that,
19 that athletes and parents and media and press, etc., are rejecting the fundamental principle of
20 cheating. Kind of idealistic, but maybe that is the foundation of it.

21

22 And, number two, that the umbrella philosophical framework for Salt Lake City should also
23 encompass the theme that it is fundamentally here to protect the clean and those that are competing
24 fairly.

25

26 It is not a detection. It is not an enforcement mentality. It is fundamentally motivated to protect
27 individuals who compete fairly and cleanly. Simple as that. That may be the framework that we
28 could offer as an umbrella for the various remedies that we are pursuing.

29

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3 **Mr. Scott Blackmun**
4 **President of the United States Olympic Committee**

5 It is a great honor and pleasure to be here on behalf of the USOC. I'd like to start by addressing a
6 comment that Craig Masback made earlier because I think it is a comment really at the forefront of
7 where we go with doping and sports in the United States.

8
9 Craig referred to the Amateur Sports Act and the fact that we do not suspend an athlete's right to
10 compete without first having a hearing. And we do that because the United States is a country with
11 fundamental notions of due process. And I think the question that Craig is raising is, should those
12 fundamental notions of due process really have application in sport and in doping?

13
14 And I think that is a question, at the end of the day that I think we should look to the athletes to
15 answer. Right now we have a very strong athletes advocacy group. And, they firmly believe that it
16 is unfair for the athletes to have the right to compete suspended without a hearing.

17
18 We also have a group of athletes who feel very strongly that their opportunity to compete fairly is
19 impaired by the athletes who are doping. And, I submit to you that the question of whether the U.S.
20 athletes would prefer one system versus another is open.

21
22 And, so, I would challenge the U.S. athletes, all of the U.S. athletes, to answer the question of,
23 should the fundamental notions of due process, which are imbedded in our system, have application
24 to doping issues?

25
26 But I firmly believe that is a question that our athletes should answer first and foremost, but, all of
27 our athletes.

28
29 Dr. Koss referred to the fact that the perception of America's efforts in the anti-doping war are not
30 positive and, I think, I would concur and agree with that perception. I think if you look back at the
31 old system, it had a number of problems. It was left for the NGB's to enforce. A lot of our NGB's
32 did not have the resources or the expertise or the experience or the background to enforce the anti-
33 doping rules in a way that was going to be effective. I don't think we devoted enough resources to
34 our anti-doping efforts, historically.

35
36 And, I don't think that our efforts from the staff side were as effective and efficient as they could
37 have been. I think we, as an NOC, recognize that. And we are one of the main drivers in the
38 process establishing the United States anti-doping agency.

39
40 I think our effectiveness in fighting doping needs to be differentiated from our intent. And, where
41 I'm going with this is that the doping that is going on has greater impact and greater significance for
42 the Olympic movement than it does for any other sports in the world. It does because, one of the
43 core things that we are really talking about with the Olympic movement, and we are not just talking
44 about competition or entertainment or winning or turning a profit on a franchise, what we are really
45 talking about is the achievement of human potential.

46

1 We are talking about peace through sport. We are talking about fair play. We are talking about the
2 joy and effort. We are talking about competing to the best of your ability. And doping undermines
3 that very, very core mission that we stand for. It taints what we are selling to our sponsors. It taints
4 what we are presenting to the American public.

5

6 And, so, if we don't deliver on that mission because of what is happening with doping and sport,
7 we are really threatening our very future.

8

9 The Miracle on Ice in 1980 is not remembered as one of our greatest sport moments because it was
10 a great hockey game. It's remembered because it was, you know, really a microcosm of human
11 achievement. The same is true of Dan Jansen and what he accomplished. Yes, the USOC
12 definitely wants to win medals. And, we want to allocate our resources in a way that maximizes
13 that. But, clearly, not at the expense of our core mission, as an Olympic movement.

14

15 And the U.S. role in that mission, which is, that we've got to compete on a level playing field,
16 we've got to compete to the best of our ability, but, to compete fairly.

17

18 We helped to create the new agency. We have committed significant resources to its success. And,
19 I would add, for those of you who know the USOC, that consensus is not something that we come
20 to regularly, particularly when it comes to budget issues. But, with respect to this issue, and our
21 commitment to USADA and its success, I have not heard a single person challenge our significant
22 allocation of resources to USADA.

23

24 So, I think the U.S. Olympic Committee is firmly committed to the mission that General McCaffrey
25 has laid out. We are firmly committed to the success of USADA. We are firmly committed to the
26 success of WADA. And we will do whatever we can to help fight this battle that I think we've all
27 been talking about this morning.

28

29 Let me close by telling Brandon that it's not just millionaires who are overweight and worry about
30 the competing efforts for their time from kids, wives and others.

31

32 Thank you very much.

1
2 **SCIENCE AND RESEARCH**

3
4 **Dr. Gary Wadler**
5 **Medical Advisor to the Office of National Drug Control Policy**
6

7 To read the newspaper headlines, the issue of drugs and sport appears to be a simple matter of black
8 and white. Athletes abuse drugs, governing bodies catch up with them or not, and the credibility of
9 sports suffers. But those of us close to the situation know that it is anything but a simplistic set of
10 circumstances.

11
12 For the past two decades, I have worked and focused attention on the increasingly pervasive and
13 multi-dimensional problem of drugs and sports, a subjunctive immense scientific and ethical
14 complexity. Indeed, my interest as a physician in the general subject of drug abuse, dates back
15 more than 30 years. Back in that ancient era, drug abuse, per se, was not even perceived to be a
16 medical concern at all, but, rather, a strictly legal one.

17
18 Fortunately, that perception, in great measure, has changed and the subject is being studied from
19 any number of perspectives, not just medical and legal, but cultural, sociological, psychological and
20 ethical. In fact, it is because of the multi-textured nature of the problem that we stand at another
21 crossroad.

22
23 We must recognize that the abuse of drugs in sports is not just an individual problem or a problem
24 that is limited to the exclusive domain of athletes. It is a burgeoning problem that is threatening our
25 youth and now threatens the public health.

26
27 Historically, doping in sports was the subject about which only a handful of physicians were
28 concerned. Now it is a subject of conferences, task force, position papers of national and
29 international medical bodies and associations.

30
31 Since the 1960's, the science and technology explosion has brought countless new drugs to the
32 market, black and otherwise. And these drugs have triggered a chain reaction of events reminiscent
33 of Newtonian physics. That is, for every action there is an equal and opposite reaction.

34
35 It seems like every time a new drug or technology is developed, an athlete determined to gain
36 athletic advantage, finds a way to misuse or abuse that drug or technology, perverting its original
37 intent.

38
39 For example, some 20 years have passed since the introduction of recombinant DNA technology
40 and genetic engineering. Let's look at human growth hormone and EPO. Recombinant human
41 growth hormone means that the promise of normal height for children otherwise destined to be
42 abnormally short stature, but for the drug abusing athlete, it means the promise of bigger muscles.
43 Erythropoietin, or EPO, means renewed vitality for those with anemia.

44
45 But, for the drug abusing athlete, it means greater endurance. That, today, but what about

1 tomorrow? Blood substitutes, gene therapy, designer genes, a host of technologies and
2 interventions that offer medical possibilities never dreamed of before and, sadly, doping
3 possibilities never anticipated before.

4

5 It has already been demonstrated, for example, that by utilizing gene transfer technology, IGF1, the
6 mediator of human growth hormone, can increase muscle strength by as much as 27%. This
7 technology may be great for elderly osteoporotic women, but think of the opportunity it offers for
8 the ethically deficient strength dependent athlete.

9

10 And that is just one example out of many, because as we enter the new millennium, we are at the
11 cusp of therapy for correction of defective human genes that cause or promotes certain diseases.
12 How long will it be before we have nanobatts influencing the blood levels of, say, indigenous
13 hormones.

14

15 These shifting molecular sands are food for thought for all those governmental regulatory processes
16 that will govern gene therapy and related technologies. I might add that this subject is of particular
17 interest to WADA's Health Medicine and Research Committee, which I am a member.

18

19 Before we stray too far into the future, let me very briefly address two other issues that are
20 important to me from a medical perspective. The first is the issue of therapeutic exceptions for the
21 treatment of legitimate medical conditions. As we continue to refine our processes for defining the
22 banned list, we must not lose sight of the reality that there are those who yearn to participate in elite
23 sports in the face of a medical condition that puts them at a distinct disadvantage.

24

25 They start below the level playing field, looking up at it, instead of meeting it at eye level. Wanting
26 to compete, they seek no competitive advantage from the medications they need to normalize their
27 conditions. Recently, a number of parents have voiced concern that their children, with attention
28 deficit disorder eluded to earlier this morning, were being discriminated against because their
29 medications are on the banned list.

30

31 Admittedly, this opens a Pandora's box, but we must not let the difficulty of the task discourage us
32 from doing what is right. It is essential that the uniform standards be developed with the review of
33 such cases. And that they be incorporated into our anti-doping codes. Otherwise, those who use
34 drugs illegally will succeed not just in debasing the code of sports, but in disenfranchising those
35 who also deserve to play.

36

37 Moving further, dietary supplements pose yet another problem of medical significance and, caught
38 my attention, I think, virtually every speaker this morning has alluded to that whole subject.
39 Androstenedione and its congenants have dominated the headlines. We are all familiar with the
40 seemingly endless list of positive drug tests.

41

42 But these so-called steroid precursors are not only a problem for elite athletes, their use represents a
43 far broader threat to the public health because it goes beyond the effects of these substances on
44 muscle. More importantly, it deals with a short and long-term physio-logical effects of, all things,
45 estrogen, the female hormone. The substance of which androstenedione, et al, is converted into.

46

1 The hormonal implications of andro and its chemical cousins render it essential that the DeShay
2 Act of 1994 be revisited by Senator Hatch of this great state of Utah where we sit today, post haste,
3 with an eye towards reclassifying these so-called steroid precursors as prescription drugs. And I
4 would implore us, as a group, to not put this off for tomorrow or the day after, this is a pressing
5 problem that must be addressed, and forcefully.

6

7 Woven together, these strands lead us to the persuasive and compelling conclusion that sufficient
8 funds must be made available, whether from sports authorities, governments or the private sector,
9 to address the burgeoning problem of performance enhancing drug abuse. What is needed as
10 activism to assure that the broadest scientific community is engaged in addressing the myriad of
11 issues associated with doping. Independent, peer reviewed science must remain the bedrock of our
12 anti-doping efforts.

13

14 Specifically, in the short-term, priority research areas must center around the function and detection
15 of both growth factors, such as human growth hormone, and oxygen carrying factors such as EPO
16 and artificial blood, indigenous substances and, finally, the brave new world of genetic
17 manipulation.

18

19 And, finally, having served as General McCaffrey's medical advisor in doping, I would like to
20 conclude my remarks by, General, publicly thanking you for your bold and persuasive leadership.
21 Not only would respect anti-doping policies as they relate to elite sports, but, even more
22 importantly, for underscoring the threat that doping poses to the public health, and to, particularly,
23 to our youth.

24

25 Thank you very much, General, and, thank you.

26

1
2 **Dr. Angela Schneider**
3 **Special Advisor, Canadian Center for Ethics in Sport**
4

5 General McCaffrey, and Mr. Ibarra and honored guests, it is a great pleasure to be here, sharing
6 with you this important moment. I think this is something to be noted. And, I would like to
7 commend the director for taking the initiative to host this meeting. Because, what's become very
8 clear, I think, over the morning here, is that the challenge we face is about restoring confidence in
9 the integrity of national and international sporting competition, but, in particular, the Olympic
10 games.

11
12 And we have a tall order to meet. In Canada, the Canadian Government and the Canadian Center
13 for Ethics in Sport, is fully committed to ethics in sport and through the fight against doping as one
14 of those allies.

15
16 This task force is about the future of sport. Its focus is doping and the targets of anti-doping
17 campaigns will inevitably tend to be high-level athletes. But we are really helping to decide the
18 future of sport, worldwide, and the future of sport for our children and our neighbor's children.
19 Whatever the course for elite sport, youth sport will surely follow and everyone has eluded to that
20 so we are all in clear understanding of that.

21
22 This past year, governments have participated aggressively and constructively in the world anti-
23 doping agency. And, let there be no doubts that if General Barry McCaffrey had not been there, the
24 movement that was made this year would not have happened. There is just no question that the
25 presence he brought to that really caused serious movement to happen. And I think that needs to be
26 publicly acknowledged.

27
28 I mentioned these initiatives by governments for the purpose of acknowledging the progress that
29 has been made and that we must build on its successes by using existing structures and the expertise
30 of the foundation for our future work. In Canada, the Canadian Center for Ethics and Sport
31 promotes fair play and drug free sport by managing a comprehensive, national doping controlled
32 program.

33
34 The model for this program involves research, which is broad based, medical, social, humanities,
35 education, prevention, detection and deterrents and includes the support of an IOC accredited lab.
36 The CCES has tried to develop an accountability framework, making funding to national sport
37 organizations contingent on their meeting minimum standards under a set of principles that include
38 ethical sport practices such as drug-free sport.

39
40 This is important because sport is a public trust. It deserves careful and vigilant stewardship. Sport
41 is never neutral. It's potential to excite, enthrall and elate is matched by its ability to disappoint,
42 dismay and even damage.

43
44 That is why pursuing excellence in sport by fair and ethical means is so important to athletes, sport
45 organizations, the general public and governments. It has become very clear from the evidence that
46 we've seen that anti-doping campaigns that focused only on punishment and control are ineffective

1 and ultimately doomed to failure. Brandon was right on the mark. It is values that you have to
2 focus on.

3

4 To understand doping and to counter it, we have to understand sport, we have to listen to the
5 athletes who speak so wonderfully, even when they are the older athletes, they still have wonderful
6 things to say. And the constant pursuit of records and the desire to go faster, higher and stronger
7 have always been important parts of sport, but, if that single-minded pursuit is taken as only, or
8 even the central element of sport, the result, quite simply, will be more and sophisticated doping.

9

10 And, thank you, again, to the gentleman from the FBI for reminding us of what we should be
11 focusing on.

12

13 Doping is not, in the first instance, a crisis of medicine or science, but, rather, a crisis of sports
14 ethics and values. When the science is done, the hard questions remain. There are no scientific or
15 medical criteria that allow us to determine whether or not some new substance, or old ones, is
16 doping, and therefore should be ethically banned. That falls within the discussion, a
17 philosophically based framework, and discussion, as Mr. Sorensen pointed out, and what we want
18 sport to be.

19

20 What experience do we want our children to have? Decisions about the permissibility of various
21 substances and methods of doping and decisions about enforceability of the resultant rules are
22 ultimately decisions about athletes, their bodies, their conduct and their privacy. Doping is
23 foremost an athletes issue. It effects all athletes, those who are clean and those who are not.

24

25 The sport system, it is a systemic problem. Inspired educational strategies are fundamental and
26 must accompany high quality testing programs. We need a comprehensive, grassroots campaign
27 for social change.

28

29 And, Dr. Don Vereen is one of the ones who have been pushing very hard for this in WADA. And
30 it has been a pleasure to work with him on that, a change that means the doping will ultimately be
31 seen as socially unacceptable behavior by all members of the sport community. And many of you
32 have shared that with us this morning.

33

34 From their inception, the Olympic games and the Olympic movement have been vehicles for social
35 change. And Coubertin's grand vision was that sport could contribute to the personal and moral
36 development of young people and that a great international sporting festival could bring the world
37 together in peace and celebration.

38

39 These are lofty ideals and the Olympic movement, through the Olympic charter, still expresses
40 these noble sentiments. But the Olympic movement has failed to live up to them and I think we
41 have to be honest about that and thank goodness for the efforts of Johan and Donna and others that
42 have been trying very hard to hand on to this ideal. There are many of us who have not and will not
43 give up on that ideal.

44

45 It is an idealism we are proud to embrace. It is embraced by all of us who love sport and cherish
46 sport and the young people who dream of greatness. It is an idealism that is not in vain. We have

1 the ability and the opportunity to put into practice real change. Do we have the will? We've got to
2 carry the momentum forward.

3

4 What does this mean, putting it into practice? A number of policy and program principles underpin
5 Canada's activities in this area since the inception of what was originally called the Canadian
6 Center for Drug-free Sport. A significant point in the process of evolution of this national agency
7 was the name change to the Canadian Center for Ethics in Sport, signaling a broader understanding
8 of the problem.

9

10 And doping was a symptom of a much deeper malaise in sport and that we must treat the cause, not
11 just the symptom. Not just the skin breaking out, but what is causing it in the system, in the body.

12

13 It is essential that the issue of doping not be seen as being owned by any one agency or as a sport
14 specific issue. Therefore, the development of policy requires the participation and support of
15 athletes, the sport community, governments, and other sectors of society. In Canada, the investment
16 in the process for the development of this policy was considered to be an investment in the social
17 and moral value of sport.

18

19 There are many, many points in which we can help to bring this together and help you work with
20 this. And we are very committed to doing that. And I'm very aware of the time constraints and
21 what we are trying to do here today. So, what I would offer is that the details that I have for
22 suggestions would go into documents that you are hoping to put out and help people with that.

23

24 And, thank you very much for listening to my remarks this morning and sharing them.

25

1
2 **Dr. Jim Tolliver**
3 **U.S. Drug Enforcement Administration (DEA)**
4

5 Let me just start by thanking General McCaffrey for the opportunity to come here and to talk to you
6 today. What I'd like to do is, in a very few minutes, discuss how the DEA has got involved with
7 the issue and then briefly mention the dietary supplement situation in the United States as I see it.
8 And, finally, what the DEA is doing and what it needs to do.

9
10 Back in 1990, Congress passed that Anabolic Steroid Control Act. And, what that did is to
11 basically place anabolic steroids as an entire class of drugs under the Federal Controlled Substances
12 Act, which is one of the strongest laws governing drugs in the country.

13
14 Very few other countries have followed us in doing this. Congress, at the time, listed 22 substances
15 as specifically being anabolic steroids. And they are your classical substances such as the
16 testosterone, nandrolone, methandrostenolone, a variety of things like that. What they did not
17 perceive, what we had no perception of is that in some years down the road we would run into some
18 of these dietary supplements, that they would be an issue.

19
20 So, dietary supplements such as androstenedione are not included among the 22 that Congress
21 specifically listed. Congress did, however, have the foresight to realize that there would, down the
22 road, be additional steroids, anabolic steroids, that the DEA would probably run into. And, they
23 needed to provide us with, and, in fact, did provide us with an administrative procedure whereby we
24 could add those to the list.

25
26 In 1994, there was the passage of the Dietary Supplement Health and Education Act. And,
27 interestingly enough, if you look at any part of the Act, if you look at any of the legislative history
28 of it, you will see absolutely no mention of the so-called steroid precursors at all. I think that's an
29 interesting observation to keep in mind.

30
31 Within a year and a half of the passage of this Act, however, these steroid precursors started
32 appearing on the market. And, that would be around 1996 when they started appearing. Shortly
33 after that, of course, Mark Maguire was found to be using androstenedione and there was a
34 tremendous increase in publicity associated with that particular substance and the use of it.

35
36 With that increase in publicity and other factors as well, the DEA started getting letters, started
37 getting requests to look at these drugs and to see whether or not they could, under the Federal
38 Controlled Substances Act, be classified as anabolic steroids. We heard from various groups. And,
39 including governmental agencies, and, of course, included among that would be ONDCP.

40
41 As a result, about a year and a half to two years ago, we started really looking at these substances in
42 more depth. I am the one that has spent the most time on them. And, in order, it has been done for
43 the purposes of trying to determine whether or not they do, in fact, meet the definition.

44
45 We have, our actions are governed by statute, by law, and, so, we can only do what our law allows
46 us to do. And, started looking at these substances in relationship to what is known as a definition of

1 an anabolic steroid.

2

3 There are actually four criteria that we must meet and one is a chemical similarity to testosterone, a
4 pharmacological similarity to testosterone. It cannot be an estrogen progestational agent or a
5 cortico steroid. And, finally, it must produce muscle growth. And, so, those are the four criteria
6 that we have been looking at. We have been documenting the literature. We've looked at well over
7 1,000 articles dealing with androstenedione as well as the others, and, in order to look at those
8 criteria.

9

10 It is of interest to note that so much attention has been, and I am kind of fascinated by it, on
11 androstenedione. That is all you hear, andro, andro, andro. And, yet, if you really look at the
12 dietary supplement market, there is much more out there than andro. And, it is interesting to look at
13 the market.

14

15 There are eight steroid precursors that are commonly mentioned currently in the dietary supplement
16 market. They are sold in numerous single entity products. They are also quite commonly
17 encountered in multiple entity products. And, single dosage range anywhere from 25 up to 300
18 milligrams. Daily dosages can be, if you look at the labeling, look on them, for example, can go
19 anywhere from 25, to well over 1,000 milligrams per day.

20

21 When you consider that some of these individuals are athletes or bodybuilders, and you realize that
22 one of the characteristics of anabolic steroid abuse is using much higher doses than that which is
23 recommended, then it is not inconceivable that dosages well above 1,000, maybe 2,000, milligrams
24 could, may be used, at a time. The formulations that you find with these dietary supplements
25 include tablets, capsules, liquids, gels, and sprays.

26

27 And, the routes of administration that they talk about using include oral administration, sublingual
28 administration, which is under the tongue, buccal administration, which is between the jaw and the
29 cheek, topical administration and you even see intra-nasal administration.

30

31 Now, I am a pharmacologist by training, and, I find this kind of information particularly fascinating
32 because I know that this violates the DESHEA, it has to.

33

34 There is, certainly, oral administration, is allowed. But, when you get to some of these other types
35 of administration, topical, for example, it just simply can't represent oral ingestion of the drug. But,
36 nevertheless, that is what's out there. And there are numerous products along those lines.

37

38 Getting back to the DEA response, both in terms of characterizing the steroid or the dietary
39 supplement market, we have looked, we are not looking at just one, we are not looking at just
40 andro. I mean, I can tell you right now, if all you are doing is, going to look at andro, you might as
41 well forget it because there is still going to be a very large dietary supplement market out there for
42 these steroid precursors.

43

44 And what the dietary supplement industry will more than likely just do is they'll take andro off and
45 they'll remove it from any of their multiple entity products, but they will keep selling all the others.
46 And, also, as a pharmacologist, I will tell you, that, more than likely, a number of these dietary, of

1 these other steroid precursors, are probably more potent than androstenedione.

2

3 When you get into the norandrostenedione, the norandrostenediol, these types of substances that are
4 out there that are numerous, that you can get over the Internet, you can go into any health food store
5 and get, then, you should raise concerns. And it should really, you should really be thinking, not in
6 terms of just taking care of the andro problem, but taking care of these other steroids at the same
7 time.

8

9 DEA has, is, in fact, looking not just at andro, but at all eight of the steroids at this time. We have
10 collected data or information for the criteria, in terms of the chemical similarity, the
11 pharmacological similarities, and the, whether or not it is a progestational agent on these particular
12 substances.

13

14 And, for the most part, as far as we are concerned, they pretty much meet the definition of an
15 anabolic steroid. Our problem, and it is a very big problem for us right now, it is a serious problem,
16 is trying to meet that fourth definition, fourth criteria, and that is, that it can promote muscle
17 growth. Look at the literature, the studies just aren't there. It is not a matter that they've been done,
18 it's a matter that they have not been done, for the most part.

19

20 And, we cannot, as of yet, satisfy that criteria.

21

22 We are in the process, now, of, we are funding one study on androstenedione. I'll back up for just a
23 minute and say that the law does not specify what kind of muscle or from where it has to come
24 from. And we have taken a position that it does not have to be human muscle.

25

26 So, we are working along the lines that we would like to have an animal model that we can put
27 these substances in and look for effects upon muscle growth. We are currently funding one study
28 to, it actually utilizes the rat, and it is looking strictly at androstenedione. We are, now that that
29 study is on the way, it started in October. We expect it to be done sometime in late summer or early
30 fall of next year.

31

32 We are, at the same time, now, however, beginning to put together a second study. This one would
33 be much more extensive, looking at all eight of the steroid precursors that are on the supplement
34 market today. And, I will, in fact, be going to Manhattan this coming, tomorrow, to talk to some
35 researchers about getting, possibly the study, ongoing.

36

37 And, the one thing that we don't have, right now, we have a protocol, what we think is a good
38 protocol, and, we have some possible people to do it, but, we do have problems with funding. We
39 estimate that this research will, to do all eight of these subcompounds, will cost somewhere around
40 \$400,000.00. And, the DEA just does not have that funding available at this time.

41

42 So, we are going on and trying to put the study together and hope that the funding will become
43 available at some point.

44

45 Finally, we are also interested in not only the muscle studies, but we would actually like to see
46 some epidemiological information. That would be of help to us. I think it was mentioned earlier

1 that there has recently been shown an increase in steroid use among our youth.

2

3 One of the interesting things about that, though, is that there is no indications. The people that have
4 put together that study and shown those results, cannot determine whether or not the steroid use is
5 related to so-called, what I'll call hard steroids, those that are illegal right now. Or, to what extent it
6 may reflect androstenedione or other steroid precursor use. That when the youth fill out the
7 surveys, they are looking at these as steroids and writing down the response. So, it would be, really
8 be nice to have some kind of a study in which it would be possible to get some information on
9 steroid precursors and the use of them by our youth.

10

11 Finally, it would also, certainly be of help, to get information on the patterns of abuse. We can talk
12 about single doses. We can talk about daily doses based upon what you, what we see in the
13 packaging, the labeling, what you see on the Internet, etc., and then we can make our little jump by
14 saying that, well, this is steroid abuse.

15

16 And, normal steroid abuse involves multiple dosing and, etc. And, we can make estimates, but
17 there is no clear indication as to what the patterns of abuse of these steroid precursors are. And, this
18 type of information is always helpful for promoting whatever actions the DEA should take in the
19 future.

20

21 Thank you.

1
2 **Dr. Nancy Pillotte**
3 **U.S. National Institute on Drug Abuse (NIDA)**
4
5

6 First of all, I'd like to thank General McCaffrey to inviting me to come to this forum. This is
7 something that is fairly new to me and so I've been really impressed with the complexity of the
8 problems and the many dimensions you've all brought out with us. And I have a new appreciation
9 for the passion and the dedication you all bring to the problem.

10
11 Now, the National Institute on Drug Abuse is one of 23 separate institutes that form NIH, in the
12 National Institutes of Health. And, any number of other institutes could be sitting here in my place
13 because the kinds of issues that you bring up, in fact, cut across many of the missions of the
14 institutes.

15
16 NIDA is specifically interested in the abuse of these androgenic anabolic steroids and their medical
17 consequences.

18
19 We are currently funding research in four separate areas. The first is in abuse liability, that is
20 independent of the growth promoting effects on muscles as Dr. Tolliver has just pointed out. We
21 are interested to know if these compounds are reinforcing or rewarding to the people who take
22 them, regardless of whether or not they promote muscle growth.

23
24 So, how would we know? Well, our studies in this area are done in animals. So, in fact, what we
25 look at is the propensity of an animal to self-administer a steroid. There are also reports in the
26 literature about people who use these kinds of compounds regularly and when they stop using them
27 they feel bad. They become dysphoric. This is what puts this into the purview of NIDA.

28
29 The second area of research is something that has been eluded to by several of the speakers here
30 today. And that is the neuropsychological effects on the athletes of the use of these steroids. And
31 we are most familiar with the research by Harrison Pope on the aggression and rage that is induced
32 by steroids in certain individuals. We would like to know who's most vulnerable to having these
33 kinds of episodes. And, is aggression a uniform characteristic of people who use these?

34
35 A third concern relates to other illicit and licit substance use. So, we are concerned when
36 bodybuilders use marijuana to relax after the stress of a weightlifting session. We are concerned
37 with reports that people are using opium narcotics like nalbuphene to relieve the pain of
38 overextended muscles.

39
40 And, finally, our research portfolio also includes a concern in the medical consequences of the
41 steroid use, particularly those that are injected. And the kinds of concerns that we have here relates
42 not necessarily to hormonal profiles, although those are important, that could be easily taken care of
43 by another institute, but, in fact, medical consequences on immune system of things like sharing
44 needles.

45
46 Now, that said, I had mentioned earlier in this meeting, that NIDA does have initiatives and

1 prevention in education. And we are very pleased to be supporting the Atlas program that has been
2 instituted by Lynn Goldberg and Diane Elliot. And we think that this gets at some of the concerns
3 in terms of getting coaches, getting parents, getting kids, getting peers on board to say that you can
4 train and not have to use drugs or illegal substances to increase your physical strength or your
5 prowess.

6

7 We are also happy to see that it will be instituted here in Salt Lake City in at least one of the high
8 schools, in one, I think, this year. And within two years, a comparable program for all young
9 women athletes, the Athena program will also be put in place.

10

11 Now this has been piloted in 31 schools in Portland already. And, in fact, after a single year of its
12 use, it has reduced the effect, it has reduced the use of anabolic steroids in the high school athletes.
13 It has reduced the use of marijuana in high school athletes. And it has also reduced other negative
14 behaviors like drinking while driving in the athletes that have been part of this program. And we do
15 get a lot of buy-in from the coaches. And we get buy-in from the parents.

16

17 And this is, I think, one of the things that makes this work. And I think it speaks directly to the
18 values that we, as parents, or, as coaches, or as participants in athletics are trying to instill in our
19 young people so that they can, in fact, produce good things without resorting to illegal means.

20

21 Earlier this year, NIDA also, you have a packet that General McCaffrey was kind enough to show
22 you earlier, which, sort of, summarizes NIDA's education efforts in the use of steroid prevention,
23 or, prevention of steroid use. And this is something that is aimed at kids who are in middle school
24 and high school.

25

26 We had a press conference in April announcing this initiative. And, we have been putting money
27 behind it. And, I think that, in the interest of time, I will stop here.

28

Open Discussion

1
2
3
4 **Question:** Let me just, if I might, because there is so much discussion about andro, and, certainly
5 Dr. Tolliver is probably going to anticipate what I'm trying to say, the stumbling block about
6 reclassification has been demonstrating muscle growth.

7
8 But, I was alluding to my remarks, is that, these, the word steroid precursor is a political definition
9 of a steroid. It is not a scientific definition of a steroid. And, I think that, the sooner we realize it is
10 the political definition, we can deal with the more scientifically rational approach. But, clearly, all
11 the studies that have come out on andro, questioning whether they, the ones done by, sanctioned by
12 major league baseball, done in Harvard and so on, with respect to effects on strength, that is one
13 issue, but they all have shown increases in estrogen, estrodiole, specifically.

14
15 And, for everybody in this room who has a wife or a mother or whatever, who is considering
16 hormone replacement therapy as an answer to their menopausal years, remember they all hesitate
17 because it clearly does positive things, preventing heart disease, osteoporosis, so why do they
18 hesitate? They hesitate because the association of estrogen's development of breast cancer in year's
19 past, before progesterone was added to uterine cancer.

20
21 And those studies continually appear about that association. We are enabling young people, by
22 taking andro, to increase their estrogens on a prolonged basis.

23
24 Now, the unique thing about steroids, whether they be testosterone, estrogen, cortico steroids, they
25 all have the quality of asserting their adverse effects not while you are taking them, but months and
26 years afterwards. So, we have a pact set up here. We think we are taking these supplements with
27 impunity. When, in fact, five and ten years down the road, we may see adverse effects. I'll give
28 you one concrete example and I'll be quiet.

29
30 Many of you remember DES, diethylstilbestrol, which had a wonderful purpose. It prevented
31 miscarriages. The only thing is, 16 years later when these fetuses were now teenagers, we saw a
32 spike in the incidence of vaginal and male genital cancers directly associated with the use of DES.

33
34 So, my suggestion is that we immediately, and I know the DEA and the FDA and Blue Shield/Blue
35 Cross have been addressing this, have hearings held by Senator Hatch. Not so much as
36 reclassifying these andro related products as controlled substances, which is the ultimate, but as
37 prescription drugs, the same as you would for any other steroid, whether it is cortico steroids or
38 estrogens.

39
40 And I think that should be done with dispatch. I think that is a public health crisis. And I think
41 getting caught up in all this dialogue is, too much time is passing by, and I think this is something
42 that should be done immediately.

43
44 I'll really ask Senator Hatch to revisit that Act specifically towards that. That definition of a steroid
45 precursor, and it was alluded to, is not even in the legislation. They refer to it as a metabolite, and
46 there is no reference to it at all. So this is so-called a political definition and it is causing us a

1 paralysis of analysis and nothing is happening. In the meantime, the sales of andro are just
2 skyrocketing and all the related substances.

3

4

5 **Marc Gurwith:** I'm from Gene Labs in California. We have been developing DHEA, one of the
6 substances mentioned. We are developing it as a drug for treatment of systemic lupus. And, it is
7 effective, as a drug, for systemic lupus.

8

9 But I really want to add to the comments that have already been made about DHEA and the other
10 substances. We know DHEA, the best, so, I'll confine my comments to that, but, almost everything
11 I say will apply to andro and all these other drugs. And, the first thing to say, is, again, these are
12 steroid precursors.

13

14 The DHEA is a precursor of androstenedione, which is then a direct precursor of testosterone as
15 well as estrodial. And, they are taken to, by athletes, to increase testosterone, especially, the
16 estrodial effects may be unwanted. And, they certainly do that. In our studies in lupus we are able
17 to show that, clearly, in a dose related fashion, testosterone levels increased.

18

19 So we had women who were taking placebo, and then taking 100 milligrams and 200 milligrams of
20 DHEA. And, just as expected, the dose, the blood levels of testosterone, these women doubled,
21 when the dose of DHEA doubled, and the blood levels were far higher than the placebo levels. So
22 the drugs are precursors and they increase testosterone.

23

24 And, again, testosterone is a banned substance. It is a androgenic hormone and will certainly, it is
25 certainly covered as a controlled substance. We have tried, we have supported both the efforts that
26 have been suggested.

27

28 One is that DeShay be enforced. The law really, DHEA and these other substances, really shouldn't
29 and don't fall, at least in our opinion, follow under the Act. They are not dietary supplements, or,
30 they are not constituents that diets, and they are steroid hormones with all the bad side effects, or, at
31 least, potential bad side effects of those.

32

33 And then, secondly, we also, have petitioned DEA to, in a sense, enforce ASCA, the Anabolic
34 Steroid Control Act. We think DHEA definitely meets the criteria of a controlled substance. We
35 think this is important enough that we've taken the step to try to have this classified as a controlled
36 substance, even though we, potentially we'd be marketing this as a prescription drug and it will at
37 least make it less convenient for physicians to prescribe it.

38

39 As Dr. Tolliver says, it does meet the, at least three, without question, three of the criteria. It clearly
40 is a precursor testosterone. It is chemically related. It has the pharmacologic effects of testosterone.
41 The main side effects we saw in our trials were acne and a little increased hair growth. We saw
42 some increased libido. These were women and this was a known effect of testosterone in women.

43

44 And then the fourth criteria, muscle growth. We feel, at least for DHEA, there is already adequate
45 studies in humans that show that this increases muscle strength, or, muscle mass, I can provide you
46 at least three studies where it has been shown. We know that there is studies that it hasn't been

1 shown.

2

3 But, again, it is not ethical and not possible to give DHEA or androstenedione to healthy volunteers
4 in the doses that are doses of abuse. No one is going to give two grams a day for six months to see
5 if they increase muscle mass. But there are definitely positive studies that show this.

6

7 And then, just to finish up, although we support doing animal studies, that that will do it, although
8 again, we think the data is already available. You have to understand there may be real problems
9 with animal studies. DHEA is a major steroid in humans, the most common steroid produced by
10 the adrenal glands.

11

12 In animals, it is not that at all. It adds a much different metabolism. I can go into lots of
13 differences, so there is a possibility that you could do animal studies, and they are negative, because
14 it has a different role in animals and still not address the human situation.

15

16 So, again, we really feel, both DeShay, and ASCA should be enforced in DHEA, androstenedione
17 and these others, removed as dietary supplements.

18

19 **Mickey Ibarra:** I'd like to direct a question both to Dr. Tolliver and also to Mr. Sorensen and then
20 wait for the response. Dr. Tolliver, you mentioned research activity that you are engaged in with
21 the DEA and the planning that's going on as it relates to needed research in the future in this area.
22 What is the cost figure that you would estimate. And, if you don't have that figure, when do you
23 expect that we would know that cost estimate.

24

25 And, to Mr. Sorensen, at the White House, I would suggest that the perception of the Sydney effort,
26 as it relates to the enforcement efforts of the Sydney Olympic officials and others. I think we had a
27 perception that we had really made a step forward. And, I was very curious by your different
28 perception, I believe. I would like to hear a little bit more about that so that I have the benefit of
29 that knowledge.

30

31 **Dr. Jim Tolliver:** Well, the study that we would like to get going, which would involve all the
32 steroids, our best estimate right now is \$400,000.00 to complete, to do the study. And that would
33 be looking at all eight steroids on muscle growth.

34

35 **Question:** And the timeline for that?

36

37 **Dr. Jim Tolliver:** The total length of time, we would estimate, would be two years, but we would
38 have set priorities on certain drugs to get them out as quickly, on a faster timeline.

39

40 **Question:** And when would that begin, assuming you had the \$400,000.00 in funding?

41

42 **Dr. Jim Tolliver:** I really can't say for sure. I would estimate some time in the spring or summer,
43 it could possibly get going.

44

45 **Question:** Thank you. Mr. Sorenson?

46

1 **Ole Sorenson:** Thank you. I made a comment during my intervention which suggested that if we
2 netted out the contribution made in the context of the Sydney initiatives on anti-doping, the
3 contributions of the wonderful work of WADA, no-notice testing, independent observer, new result
4 management system, the extraordinary workshop that drugs and sports summit, and traded that off
5 with some of the realities of the doping scandals in Sydney, that the general population, in my view,
6 would have a net negative impact on whether we had really moved ahead in the anti-doping thing.
7 At the level of those of us informed and engaged in the enterprise of anti-doping, we could easily
8 say there are great strides. But, the mom and dad of the general scene, know nothing about the
9 WADA observer program, know nothing about the no-notice testing, don't even understand the
10 concept.

11

12 So, I think there is two perspectives. One is at the very real informed level, we can take great bows
13 on the advances. The general population are going to tell us, Bulgarian weightlifters, Romanian
14 gymnasts, United States shot-putter, etc., etc. So, I think we have to balance those two and decide
15 what is the net impact of that. And that was a challenge to us, to be ready for that, because when
16 you stick your neck out and say that we will guarantee you the cleanest games in the history of the
17 Olympics.

18

19 You have to anticipate what would be the downside of another series of mishaps. And have some
20 creative strategies to manage them. That was my perspective.

21

22 **Comment.** I'm a professor at the University of Utah. I run the Sports Psychology program. I just
23 want to throw out a simple thought. Drugs are for health, nor for performance. And that might be a
24 motto that you might think about a little bit. Drugs are for health, not for performance. What were
25 drugs founded for? For health issues.

26

27 But that simple thought, and I'm going to follow-up on Dr. Tolliver just talked a minute ago, and, I
28 think, Angela, she is saying the same thing I am. If we are going to go back, instead of giving
29 money for research, and I think that is extremely important, it seems like, probably strange, coming
30 from a professor, drug labs and all these types of things, we have to change perception of the
31 general population.

32

33 And what is the perception? Drugs are good for anything. Even sport, isn't that what they are
34 saying? You and I all take drugs, don't we? Some of them took them this morning, probably. You
35 have a cold, you take drugs. Athletes are no different. Unless we change the perception and it has
36 to be from the media, from the professional athletes, it has to be a concerted effort, that we talk
37 about drugs for health issues, not for performance issues.

38

39 It was strange. I left a little bit ago, I went over one of the team's I work with, the Utah Jazz. And,
40 as I walked in, they said, Doc, come with us. I said, what's going on? They said, well, [inaudible]
41 is being drug tested. The rookies in the NBA get drug tested three times a year. What we are doing
42 with the testing and so forth is treating a symptom, not a cause.

43

44 And, until we go after the cause, we are still going to have meetings like this.

45

1
2 **SALT LAKE ANTI-DOPING PROGRAM**

3
4 **Dr. Douglas Rollins**
5 **Doping Control Medical Director, Salt Lake Olympic Committee**
6

7 I'd like to begin by announcing, or, introducing some of the other members of the Salt Lake team
8 that are present today. I'd like to begin with Kathy Presner Alinger who is Director of Sport. It is
9 the Sport Division under which medical services exists. Dr. Chuck Rich who is our Chief Medical
10 Officer for SLOC. Ginny Bordencamp, Ginny is back over here. And, Michelle Brown who is the
11 doping control program manager. And I'd like to echo the statement by Mitt Romney earlier, at the
12 beginning of this session this morning, that Salt Lake is a point in time.

13
14 We hope, again, that it will be an exclamation point. Our program is designed to protect drug-free
15 athletes. We will catch cheaters, as Ole has just pointed out. As they did in Sydney, we will catch
16 cheaters. But, the purpose of our program is to protect drug-free athletes. It is going to be your
17 efforts over the next 14 months, as to whether those drug-free athletes come to Salt Lake City.

18
19 Our program has seven parts. The first is athlete selection, where the random athletes are selected,
20 as well as the top three or four winners.

21
22 The second part, is athlete notification and escorting.

23
24 The third is specimen collection.

25
26 The fourth is preparation of specimens for transportation to the laboratory.

27
28 Fifth is specimen transportation to the laboratory.

29
30 The sixth is specimen analysis.

31
32 And, the seventh is result management.

33
34 To date, we have trained ourselves, 47 doping control officers, 57 escort and sight supervisors, and
35 355 escorts. These people are involved in training events this winter. They are involved in 27
36 World Cup test event days at 10 competition venues.

37
38 To follow on to Ole Sorensen's comment about continuing the out of competition testing, SLOC is
39 committed to following the IOC's lead in Sydney. We will test, approximately, 4% of the athletes
40 in out of competition testing that will begin on January 29th when the Olympic village opens.

41
42 This will include athletes not only in the Olympic village, but throughout the United States and,
43 indeed, throughout the world, will do this out of competition testing, in conjunction with USADA,
44 WADA, and, to some extent, within the United States, probably using doping control officers from
45 the NCAA. This will be a random selection of all registered athletes for the 2002 Olympic Winter

1 Games.

2

3 Our partners in this effort are the IOC Medical Commission, USADA for out of competition
4 testing, and we'll also be bringing in USADA doping control officers to facilitate our efforts and
5 WADA. We will encourage, in fact, we are meeting with WADA next week, to encourage them to
6 continue the independent observer process and to give us help in out of competition testing.

7

8 Finally, we will have an IOC accredited Olympic drug testing laboratory in Salt Lake City. It will
9 be a temporary laboratory. They will perform standard Olympic drug tests. And, in addition, the
10 Salt Lake organizing committee is committed to working with the IOC laboratory to develop an
11 EPO test that is scientifically valid and forensically sound.

12