

**STATEMENT OF  
ELLIOT J. PELLMAN, MD  
MEDICAL ADVISOR TO THE COMMISSIONER OF BASEBALL  
BEFORE THE HOUSE OF REPRESENTATIVES  
COMMITTEE ON GOVERNMENT REFORM  
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I would like to begin by thanking the Committee for the opportunity to be present this morning. Unlike some other medical professionals you will hear from today, I have had extensive experience in the area of professional sports. This morning, I would like to offer you three important medical perspectives that are relevant to the development or evaluation of any steroid policy. I would also like to discuss the medical and educational efforts that form a key component of Major League Baseball's steroid policies.

Although there is, understandably, a serious lack of scientific studies in this area, my personal belief is that anabolic steroid use has significant associated health risks. Most physicians agree that steroid abuse can increase the risk of heart disease, certain types of cancer, sterility and can lead to depression and aggressive, and at times, inappropriate behavior.

More important, in professional sports, anabolic steroids can create a working environment that is unfair and unbalanced. Those who use steroids have a competitive advantage and others may feel forced to take steroids to even the playing field. When one fully appreciates this perspective, it becomes clear that steroid use is like an insidious, contagious disease. In structuring programs to deal with steroids, it is important to approach steroid use like the disease that it is.

Second, the complexity of the steroid problem in professional sports in America has been significantly increased by the federal government's deregulation of nutritional supplements and pro-hormones in the 1990's. Despite recent changes in the law, there is an entire generation that has been potentially contaminated by the belief that the use of such substances is legitimate. In creating an effective drug program, one must take into account the reality of the damage that has been caused by the deregulation of nutritional supplements.

Last, in evaluating the severity of penalties imposed under any program, an element of reality is necessary. My experience in the NFL suggests that, other than deliberate cheating, the most common reason for a positive test is the ingestion of a dietary supplement that is contaminated with a banned substance that is not listed on the label. When one begins talking about two-year suspensions or lifetime bans for professional athletes, it is important to remember that, while athletes must be forced to take responsibility for what they put in their bodies, honest mistakes do occur.

Commissioner Selig has described in some detail the substance of Major League Baseball's new drug testing program. I am also very familiar with the NFL's program. On balance, Baseball's testing program compares favorably with any in professional sports. Above a certain critical threshold of testing, there will always be individuals (in Baseball, the NFL, NCAA and Olympics) who will attempt to circumvent, or cheat, the testing program. This point is perhaps best illustrated by the alleged use by athletes from

several different sports of THG, the designer steroid that is at the center of the BALCO investigation. Therefore, the intent of a testing program must be to try to create an environment that is conducive for athletes to perform without feeling the need to cheat by taking steroids. But the program must also be flexible and innovative enough to change as the type of drugs change. I am comfortable that Baseball's program, like the NFL's, meets this goal.

Our efforts with respect to steroids, however, are much broader than just drug testing and discipline. Last year, the Major League Baseball's Medical Staff visited, in person, all thirty Major League camps to provide players and baseball operations personnel an educational program on the health risks associated with the use of steroids. Participation in this program was mandatory and we have followed up last year's program with individual calls or visits to approximately two thirds of the teams.

Major League Baseball continues to believe that the issue of steroids also must be addressed from the bottom up. As you know, Commissioner Selig implemented a very aggressive minor league drug testing program in 2001. That program has been continually refined and strengthened. As a supplement to the testing component, we have produced a professional quality video, in English and Spanish, which details the health risks and problems associated with steroid use. Minor league players must view this video every year. We significantly enhanced this educational video this off-season and the new video has been or will be shown in every minor league camp this spring.

We have also made resources available to players that can be utilized on an individual basis. For example, we have entered into a contractual arrangement with a hotline that is available to provide players with information about what substances are included in particular dietary supplements. We have also strengthened and educated the employee assistance providers at each individual Club so that they are in a position to deal effectively with steroid-related issues associated with Major League and minor league players.

We have also used the medical staffs of the individual teams as a resource in combating steroid use. Each of the last two years, we have had mandatory meetings for physicians and athletic trainers to educate and instruct them on the dangers of steroid use and to review with them the uncertainties associated with players using dietary supplements. A major component of that program is to emphasize to all Club personnel the serious disciplinary ramifications that they face in the event that they enable steroid use by any player, Major League or minor league.

Our educational efforts have extended to the highest of levels of management in the game. Over the last two years, I have addressed the assembly of all General Managers on two separate occasions on the issue of steroids and performance enhancing substances. I have also had the opportunity to discuss steroids and performance enhancing substances at two separate owners meetings. My strong sense is that all levels of management are committed to the elimination of these substances from Baseball. In

this regard, there is no difference between the leadership of Major League Baseball and the leadership of the NFL.

Looking ahead, Major League Baseball is committed to making every effort to eliminate use of performance enhancing substances from the sport. We are working to establish a program that will provide nutritional products to players that can be used without concern about potential contamination with pro-hormones. We are also working closely with the World Anti-Doping Agency (“WADA”)-certified laboratory at UCLA to make sure that Baseball is completely abreast of developments in the area of designer steroids. Finally, Major League Baseball is currently in the process of developing a funding arrangement that will hopefully speed the development of a urine test for human growth hormone.