

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
COMMITTEES ON JUDICIARY AND EDUCATION

In re: Joint Public Hearing on Steroids
HB 855 and SB 454

* * * * *

Stenographic report of hearing held
in Rooms 1601-1604, State Office Building,
Pittsburgh, PA

Monday,
July 10, 1989
1:00 p.m.

HON. GERARD KOSINSKI, ACTING CHAIRMAN

MEMBERS OF COMMITTEES ON JUDICIARY AND EDUCATION

- | | |
|-----------------------------|----------------------------|
| Hon. Peter J. Daley | Hon. Terrence F. McVerry |
| Hon. John S. Davies | Hon. Nicholas B. Moehlmann |
| Hon. Lois S. Hagarty | Hon. John F. Pressmann |
| Hon. David W. Heckler | Hon. Robert D. Reber |
| Hon. Alice S. Langtry | Hon. James R. Roebuck |
| Hon. Paul McHale | Hon. Paul Wass |
| Hon. Christopher K. McNally | |

Also Present:

- Hon. Robert Godshall
- Hon. Thomas Murphy
- Hon. Leo J. Trich, Jr.
- William Andring, Counsel, Judiciary Committee
- David Krantz, Executive Director, Majority Judiciary Comm.
- Katherine Manucci, Majority Judiciary Committee
- Paul Dunkelberger, Research Analyst, Min. Judiciary Comm.
- Jan Bissett, Research Analyst, Majority Education Comm.

Reported by:
Ann-Marie P. Sweeney, Reporter

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1 ACTING CHAIRMAN KOSINSKI: We're going to be
2 calling the meeting to order soon. Is Representative
3 Trich available? I'd like to call this combined meeting
4 of the House Judiciary and Education Committee hearing to
5 order.

6 The first part of business is for the
7 Judiciary Committee. Tomorrow's meeting scheduled, or not
8 even scheduled here but tentatively announced for this
9 location has been canceled. Instead, at 10:00 a.m., at 10
10 a.m. we will be meeting at the 17th floor of the Flick
11 Building, F-L-I-C-K, that's at Third and Grant Streets on
12 the 17th floor, Common Pleas Court President Judge Paul
13 Zavarella's chambers. We are taking a tour of the Common
14 Pleas Court.

15 Now, the Education Committee, do you have
16 any announcements tomorrow as far as the details of
17 tomorrow's meeting?

18 MS. BISSETT: It's 9:30 tomorrow, it's the
19 LEAP Program at the Mifflin Elementary School in
20 Homestead, Pennsylvania, and I have directions from center
21 city Pittsburgh to that facility if committee members do
22 not have them. And that will last approximately until
23 noon.

24 REPRESENTATIVE MOEHLMANN: May I add to
25 that, Mr. Chairman?

1 ACTING CHAIRMAN KOSINSKI: Yes.

2 REPRESENTATIVE MOEHLMANN: There was, at
3 10:00 a.m. tomorrow, there was to have been a Judiciary
4 Committee meeting on House Bills 1112, 1123 and 1124
5 having to do with child abuse murders. Those hearings
6 were canceled by the Democrat House leadership for reasons
7 which, in my estimation, are blatantly political. That
8 hearing will be held by the minority, by the Republican
9 members of the House Judiciary Committee here in this room
10 tomorrow at 10:00 a.m. on those bills having to do with
11 child abuse murders.

12 Thank you.

13 ACTING CHAIRMAN KOSINSKI: House Bill 855 is
14 the subject, and Senate Bill 454 is the subject of today's
15 hearings. I am State Representative Jerry Kosinski from
16 Philadelphia. I'm the Subcommittee Chair on Courts. I'm
17 also a member of the Education Committee.

18 Would the members of the committee please
19 introduce themselves? Starting on the left, Pete Daley.

20 REPRESENTATIVE DALEY: Representative Pete
21 Daley, 49th District, Washington County.

22 REPRESENTATIVE PRESSMANN: Jack Pressmann,
23 132nd District, Lehigh County.

24 REPRESENTATIVE DAVIES: John Davies, 129th
25 District, Berks and Lebanon Counties.

1 REPRESENTATIVE HECKLER: Dave Heckler, 143rd
2 District, Bucks County.

3 REPRESENTATIVE McVERRY: Terry McVerry, 42nd
4 Legislative District, South Hills, Allegheny County.

5 REPRESENTATIVE WASS: Paul Wass, 62nd
6 District, Indiana County.

7 REPRESENTATIVE MOEHLMANN: Nick Moehlmann,
8 Minority Chairman of the Judiciary Committee, Lebanon
9 County.

10 MR. DUNKELBERGER: Paul Dunkelberger, staff
11 member of the Republican Judiciary Committee.

12 MR. ANDRING: Bill Andring, Democratic
13 Counsel of the committee.

14 MR. KRANTZ: Dave Krantz, Executive
15 Director, House Democrats Judiciary Committee.

16 REPRESENTATIVE LANGTRY: Alice Langtry, 40th
17 District, South Hills area of Pittsburgh.

18 ACTING CHAIRMAN KOSINSKI: And two more
19 arrivals. We have Representative Paul McHale from Lehigh
20 County, and Representative Bob Reber of Montgomery County.
21 We're going to give them a second to catch their breath.

22 Representative Trich, who is the State
23 Representative in the 47th District, and I believe the
24 prime sponsor of House Bill 855, of which I'm a cosponsor,
25 will be with us for opening remarks.

1 Could I advise all speakers to please keep
2 their remarks to about 20 minutes and allow time for us to
3 ask questions?

4 Representative Trich.

5 REPRESENTATIVE TRICH: Thank you very much,
6 Mr. Chairman.

7 Certainly, I want to thank the distinguished
8 members of the Judiciary Committee for your willingness to
9 meet concerning House Bill 855, one that I feel is very
10 important to all of amateur sports and to our young people
11 in general. The concerns addressed in this legislation
12 are real and the need for tighter controls relative to the
13 abuses of anabolic steroids, in my estimation, is also
14 real.

15 For the record, as a means of insuring that
16 my background warrants my interest in this legislation,
17 for nearly 15 years I had the pleasure of personally being
18 involved with amateur youth sports. From 1971 through
19 1986, I served as a national administrator with the PONY
20 Baseball program founded in our Commonwealth. From 1980
21 through 1986, similar responsibilities also include my
22 position as Vice President of the United States Baseball
23 Federation. Additionally, from 1980 through and including
24 the Los Angeles Summer Games of '84, I served as a member
25 of the United States Olympic Committee.

1 Realizing that the problem of misusing
2 anabolic steroids goes beyond the headlines of
3 professional and Olympic class athletes, studies show that
4 these drugs are now getting into the hands of amateur
5 athletes, even at the junior high level. A recent Penn
6 State study shows that between 6 and 8 percent of the male
7 athletes polled across the country have used or continue
8 to use steroids. A 3-percent figure of 8th and 9th
9 graders was also reported, with 12th graders or seniors
10 admitting to the highest rate, or 8 percent. Female use,
11 fortunately, is substantially lower, but unfortunately,
12 even their use is on the increase. In total, a
13 conservative estimate now shows that near a half million
14 high school students have used or continue to use these
15 drugs.

16 Young people see the use of anabolic
17 steroids as a means by which they can quickly become
18 faster, stronger, and athletically better. Some coaching
19 staffs and other leadership positions have encouraged that
20 concept. Unfortunately, what has not been stressed are
21 the adverse effects of these drugs when misused: Liver
22 disorders, blood disorders, temporary and in some cases
23 permanent infertility, as well as heart damage are but a
24 few of the problems associated with the side effects of
25 anabolic steroids.

1 The Penn State report goes on to say that of
2 those who have admitted using these drugs, 38 percent said
3 that they did so for the first time at age 15 or younger,
4 and I found that somewhat alarming and surprising. Nearly
5 half of these users, 44 percent, indicated that they have
6 used more than one drug at the same time, something that
7 they referred to as "stacking." Again, in a way to
8 perhaps heighten their abilities on the athletic field.
9 38 percent stated that they had administered these drugs
10 both orally and by injection. The largest percentage of
11 users, 47 percent, did so because they felt it would
12 enhance their athletic performance. Appearance was
13 selected as the main reason by 26 percent of this user
14 group, and although not accepted as a medical practice in
15 this country, 11 percent said that they took anabolic
16 steroids for injury prevention or treatment.

17 While it was reported that nearly 60 percent
18 of these drugs were obtained from other athletes, coaches,
19 trainers, et cetera, the black market, if you will, more
20 than 20 percent, or one-fifth, listed their primary source
21 as from having received those medications from a health
22 care professional; for example, a physician or a
23 pharmacist or veterinarian.

24 To address this problem, it was my intent to
25 deal with anabolic steroids in a realistic, defined

1 manner. Having them placed in a Schedule II controlled
2 substance status is, in my mind, indeed justifiable. With
3 research help from support staff in Harrisburg, it was
4 found that at least 10 other States have seen fit to deal
5 with this growing problem. It was, therefore, my
6 objective to look at those sister States and their
7 legislation and to use their findings as a guide to take
8 the best of all worlds, so to speak. With that
9 accomplished, House Bill 855 was developed and assigned to
10 your committee for consideration. Amendments were made
11 from this Judiciary Committee, copies of which are
12 attached in my report, which, by the way, members of the
13 committee, I have for you, and were acceptable to myself
14 as the prime sponsor.

15 On June 13th, I announced yet another
16 amendment dealing with one of those 20 items previously
17 listed in the bill as one of the steroids themselves known
18 as the Human Growth Hormone. Let me paraphrase from that
19 memo that was sent to each of you as committee members for
20 the purpose of entering them into today's records.

21 Again, this communique was sent to the House
22 Judiciary Committee members only June 13th. "This
23 communique is merely to update you relative to House Bill
24 855. Concerns have been expressed to my office and that
25 of Chairman Caltagirone's regarding a specific drug named

1 in the bill - Human Growth Hormone, or HGH.

2 "Since presenting this bill to your
3 committee, I have held four different meetings with
4 various professional (medical, drug manufacturers)
5 concerning human growth hormones. I have found this drug
6 to be very much in control at present. Only a limited
7 number of doctors are permitted to prescribe HGH and it
8 can only be obtained through two pharmaceutical
9 manufacturers in this country. The drug itself is not a
10 steroid," as I had found out later on, "and is neither
11 chemically or functionally related to anabolic steroids."

12 "Based in large part on the above
13 information, and in that the use of HGH is primarily used
14 for children with severe growth disorders known as
15 dwarfism, it is my intention to amend House Bill 855 by
16 eliminating 'human growth hormone' from the list of the
17 steroids proposed for Schedule II classification."

18 I realize that procedurally I cannot do this
19 today because there may not be a quorum, but certainly
20 would want this committee to take that into consideration
21 at your earliest possible date to have that particular
22 item eliminated from the listing.

23 It should also be noted that the
24 Pennsylvania Medical Society, in a letter sent to my
25 office on April 24, 1989, indicated support of House Bill

1 855 with only a few reservations, and I might add that
2 those reservations have now been dealt with, thanks to the
3 amendments offered by the Judiciary Committee. Let me
4 again go on to again paraphrase very quickly from their
5 letter. This is a letter dated April 21st to the members
6 of the Judiciary Committee by a Dr. Gerald L. Andriole, I
7 believe, President of the Pennsylvania Medical Society, of
8 Lemoyne, Pennsylvania.

9 "I am writing in response to your request
10 for position on the Pennsylvania Medical Society regarding
11 House Bill 855. This legislation would include anabolic
12 steroids as a Schedule II controlled substance in
13 recognition that it is a substance with a high potential
14 for abuse. The Society agrees with the assessment and has
15 a policy position supporting legislation to 'classify
16 anabolic steroids as a controlled substance.' The Society
17 believes that the requirements for recording distribution
18 of controlled substances and the severe penalties are
19 appropriate with regard to anabolic steroids."

20 The letter concludes by stating, "The
21 Society has reviewed other legislation that would prohibit
22 the use of anabolic steroids by high school athletes.
23 Although we can support that intent of those other
24 proposals, you should be aware that there are valid
25 clinical applications of this substance which for medical

1 reasons may benefit those athletes. The Society therefore
2 believes that House Bill 855 should be enacted into
3 law...."

4 Others will testify before this
5 distinguished committee today and I hope many will be in
6 favor of it. Undoubtedly, there may be some who will
7 oppose it. The request that I made of this committee to
8 hold public hearings was two-fold: One, to gain the
9 additional input so that various aspects of this issue
10 could be looked at all in an effort to fine tune the
11 legislation itself. That, I'm confident, will take place.
12 The second part of my request dealt with the hope that
13 additional publicity would bring to light the critical
14 problem that exists at the amateur ranks concerning
15 steroids. Moms and dads who consider themselves well
16 meaning and in some instances even assist Bobby and Susan
17 to get access to anabolic steroids, all in the hope that
18 they're going to gain an athletic scholarship at a fine
19 university or perhaps acquire a professional career in
20 sports and to gain the lucrative contracts that go with
21 that, presently do not realize the amount of harm that can
22 be done and is being done to their children.

23 Practitioners must also realize the
24 long-term negative effects of their liberal distribution
25 of anabolic steroids. Publicity from this hearing and

1 future projects will help us get our story told.

2 Again, I would like to thank this committee
3 for their time in working on a bill with me, first of all,
4 and secondly, for your willingness to take time from a
5 very busy summer schedule in this particular committee to
6 take time to hold this public hearing. As I indicated
7 earlier, I do have this report in written form that I will
8 now distribute it for the record and would also ask that
9 other members who are here to speak on behalf of the bill
10 could also be heard.

11 ACTING CHAIRMAN KOSINSKI: Questions?

12 (No response.)

13 ACTING CHAIRMAN KOSINSKI: Thank you,
14 Representative.

15 REPRESENTATIVE TRICH: Thank you very much.

16 ACTING CHAIRMAN KOSINSKI: From left to
17 right, Representative Davies.

18 By the way, the Chair accepted
19 Representative Davies' motion to suspend the rules and you
20 may remove all jackets, members.

21 REPRESENTATIVE DAVIES: Thank you, Mr.
22 Chairman.

23 BY REPRESENTATIVE DAVIES: (Of Rep. Trich)

24 Q. In discussion of the Senate version which
25 the Education Committee had, we ran into a problem with

1 that particular bill because it again only spoke of
2 athletics. In your definition of "practitioners shall not
3 prescribe," my concern is if the kids find out that it
4 gives them strength, that there are other children that
5 might be attempted to use it in the performing arts, for
6 example, dance and the rest of it, and that may be in that
7 prescription, but I'm not sure that the veins of music
8 such as developing a voice and so forth and so on. Would
9 you have any objections to expanding that?

10 A. None whatsoever, sir. As a matter of fact,
11 I think that the real concern is that we often only think
12 of young amateur athletes when we talk about the concerns
13 that I've already alluded to, and certainly that would be
14 true of any youngster who may just want to increase his or
15 her physique to impress their girlfriend or boyfriend.
16 That, too, is a problem, so therefore I would welcome such
17 a suggestion.

18 Q. Thank you.

19 ACTING CHAIRMAN KOSINSKI: Representative
20 Heckler.

21 REPRESENTATIVE HECKLER: Thank you, Mr.
22 Chairman.

23 BY REPRESENTATIVE HECKLER: (Of Rep. Trich)

24 Q. Representative Trich, I agree that the human
25 growth hormone provision in the bill represents a problem

1 for those for whom that is medically necessary. Is there
2 a potential or have you discovered in your research into
3 this matter a potential for abuse? In other words, if we
4 strike that, is that going to become then a hormone of
5 choice for abuse?

6 A. Okay. I'll answer that in two ways. First
7 of all, it's my understanding that Dr. Thomas Foley will
8 be testifying later and will deal with that certainly on a
9 much better level than I can. I can at least share this
10 with the committee, and please understand that I was not
11 anxious, let's say, to make this bill so broad that it
12 really didn't do what we were intending to do and make it
13 too lenient. As it has been explained to me, there are
14 only two companies, the Eli Lilly Company and Genentech,
15 who manufacture this drug. Secondly, there are only, I
16 believe, less than 6,000 doctors around the country who
17 can even prescribe it. When they do prescribe the drug,
18 the drug goes directly from the manufacturer straight to
19 the patient, so it's not even dealt with at local
20 pharmacies, as an example.

21 So with that in mind, I felt that the
22 controls were certainly tight enough that it might be
23 certainly well worth our efforts not to cause additional
24 hardship to those individuals by striking it from the
25 record. Again, I feel confident about that. I believe,

1 again, that Dr. Foley will reiterate that commentary and
2 probably even increase that.

3 Q. Thank you.

4 ACTING CHAIRMAN KOSINSKI: No further
5 questions?

6 Oh, I'm sorry. Representative Pressmann.

7 BY REPRESENTATIVE PRESSMANN: (Of Rep. Trich)

8 Q. Has PIAA taken a position on your bill or
9 these other bills?

10 A. They have certainly not -- not to my
11 knowledge, Representative, have they indicated to me that
12 they would be against it, but in all fairness, nor have
13 they sent me a letter in support of it. I think they were
14 waiting to see what was going to happen with the multitude
15 of bills that were coming out of the Education Committee
16 in addition to this one, Jack, but nothing in writing.

17 Q. Does the PIAA have any kind of policy on
18 steroid use now?

19 A. It's my understanding that the only laws
20 that presently exist on the books, and Representative
21 McNally, who I believe just snuck in with us, Chris, on
22 this area you may even know more about this than I do,
23 certainly. He's shaking his head "no." That's not fair.

24 It's my understanding that to date, the only
25 rules that are written into those regulations deal with

1 drugs, period, not specifically anabolic steroids, but I
2 can't answer that beyond that question.

3 Q. The reason I ask about that, I graduated
4 from high school quite a while ago and even in those days
5 they had anabolic steroids. The big one was Dianabol. I
6 think we called all steroids Dianabol. Everything was
7 "roids" and "bols," and there were certain guys that did
8 them, and they seemed to be bigger guys. So this is not,
9 you know, a new problem. I'm glad to see that it's being
10 recognized. I'm glad to see that the increased publicity
11 with medal winners, taking their medals away, will make
12 young athletes see that this is not the answer to their
13 athletic success. I think that what you're doing here is
14 important also because there has been concerns raised
15 recently about the fact that professional athletes use it
16 in spite of the fact that there are supposedly laws
17 against possession and use of these drugs, and I think by
18 making it just a little bit more serious maybe we can
19 drive the issue home a little bit harder.

20 Thank you.

21 ACTING CHAIRMAN KOSINSKI: Further
22 questions?

23 (No response.)

24 ACTING CHAIRMAN KOSINSKI: I'd like to
25 introduce, already Representative Chris McNally has been

1 introduced, and also Representative Lois Hagarty of
2 Montgomery County.

3 If I do not have any objection, I'd like to
4 invite Representative Trich to join us in our
5 deliberations today.

6 (No response.)

7 ACTING CHAIRMAN KOSINSKI: Seeing no
8 objections, Representative, you're more than welcome to
9 join this esteemed panel.

10 REPRESENTATIVE TRICH: Thank you, sir.

11 ACTING CHAIRMAN KOSINSKI: Dr. Hays is next,
12 but protocol dictates me calling up Representative Robert
13 Godshall of the 53rd District in Montgomery County first.

14 Representative Godshall.

15 REPRESENTATIVE GODSHALL: I can wait. I'll
16 wait until -- I appreciate that very much, Jerry, but I'll
17 wait until where I can fit in on the agenda. I think
18 there are some people that want to go down to Washington
19 that are ahead of me and I also agree that they can come
20 in first.

21 ACTING CHAIRMAN KOSINSKI: Fine. No problem
22 whatsoever.

23 Dr. Hays. Dr. Lewis Hays is Chairman of the
24 Board, United States Baseball Federation.

25 I'd also like to extend the same courtesy,

1 without hearing objection, to Representative Godshall to
2 sit with us today and ask questions before he testifies.

3 (No response.)

4 REPRESENTATIVE GODSHALL: Thank you, sir.

5 DR. HAYS: Mr. Chairman, gentlemen, ladies.

6 I speak on behalf of the United States Baseball
7 Federation, and these papers will be in your hands very
8 shortly. First, just a word about what is the United
9 States Baseball Federation. There is a brief description
10 on the bottom of the front page. The United States
11 Baseball Federation is the national governing body for all
12 amateur baseball within the United States, particularly
13 where it involves international competition, and it comes
14 about as a follow-up of the Sports Act of 1978 in which
15 the United States Olympic Committee was created as the
16 governing body for all amateur athletics within the United
17 States. And the USOC is made up then of national
18 governing bodies for each of the individual sports. And
19 it's been my privilege to have represented that
20 organization both as a member of the House of Delegates of
21 the USOC and more specifically as Chairman of the Board of
22 the United States Baseball Federation.

23 My statement will be quite brief. I simply
24 want to thank you, as a committee, for the opportunity to
25 speak to you on this matter, and the United States

1 Baseball Federation wants to go on record as supporting
2 House Bill 855 and any other legislation which would put
3 controls on the use and the abuse of anabolic steroids.
4 Steroids have become a very real problem among the
5 nation's young people, especially the young athletes. And
6 those of us who are involved in amateur athletics have
7 seen an increased use of these very dangerous drugs by
8 sports participants. They are too readily available, and
9 they are just too easy to get.

10 According to this recent Penn State study
11 which was referred to and published in the American
12 Medical Society Journal, steroid use and the abuse by
13 young athletes is on the rise, and dramatically so.

14 We're concerned about this on two levels.
15 The first being concern for the individual's health, the
16 second being concern for what this abuse does to amateur
17 athletes on the whole.

18 We have a concern about what steroid use
19 will do to an athlete who is participating in a sport.
20 Certainly the athlete opens up for himself or herself to
21 more injury and more serious injury. We who are in the
22 business of promoting -- we are in the business of
23 promoting good health, and that's why the use of steroids
24 is so disturbing. Abuse of anabolic steroids hurts all
25 amateur athletes. The use is contrary to everything we

1 stand for and believe is right.

2 Based upon that Penn State study, which, by
3 the way, was the first definitive nationwide study on
4 steroid abuse, we have learned just how widespread this
5 problem really has become.

6 This is what we have learned:

7 --Up to half a million children are using
8 anabolic steroids.

9 --Steroids are readily available in high
10 school and junior high school locker rooms and in local
11 gyms.

12 --The non-medical use of steroids has been
13 estimated at \$100 million.

14 --Another 20 to 25 percent of all steroid
15 users get their drugs from the medical community.

16 Now, we must crack down on the availability
17 of these drugs, and this could very well be that first
18 step. That's why those of us who are involved in amateur
19 athletics support Representative Trich's bill. Amateur
20 athletes should be judged on their natural ability and to
21 that which they develop by practice, not on their
22 medically enhanced abilities. That's why the United
23 States Olympic Committee and the International Olympic
24 Committee have taken a strong stand against the use of
25 steroids. They're bad for you and they're bad for sports.

1 I have taken the prerogative, if you will
2 note, to have attached on the back a column which was just
3 in today's paper, and I give it there because there is
4 much we don't know, but it certainly raises a lot of
5 questions, and I am grateful for this opportunity of
6 speaking on behalf of support of the bill.

7 ACTING CHAIRMAN KOSINSKI: Thank you, Dr.
8 Hays.

9 Questions from the committee?

10 We're being joined right now by
11 Representative Tom Murphy of Allegheny County. If I do
12 not hear any objection, would we allow Representative
13 Murphy to sit and ask questions.

14 Are there any objections?

15 (No response.)

16 ACTING CHAIRMAN KOSINSKI: I see no
17 objections.

18 Representative Pressmann.

19 BY REPRESENTATIVE PRESSMANN: (Of Dr. Hays)

20 Q. Dr. Hays, one of the, I think, important
21 things for people, and I think you can attest to this, is
22 that everybody thinks of steroids only being used by the
23 linemen in football, the heavy weight men in track and
24 field, the weight lifters, but am I correct that in
25 baseball, in gymnastics, whatever, cycling, we've seen

1 this use?

2 A. There is no question about it. You do
3 identify with the big guy, but it's available to and is
4 being used by persons of smaller stature for the same
5 purposes, because they are either in weight categories or
6 for some other reason or they hope that their chances of
7 enhanced participation is available by this process.
8 Baseball players, of course, are of many shapes and sizes,
9 but that does not control their abuse. And one of the
10 most difficult things that we have do deal with
11 particularly in the area of international sports is this
12 whole problem of sifting this problem out and dealing with
13 it. It takes more time than the administration of the
14 things that we have dedicated our lives to doing, and this
15 has so complicated the process, the expenditures of money
16 are tremendous for this purpose. It costs about \$200,
17 round number ballpark figure, just to test an athlete who
18 is eligible to compete on one of these teams, and that's
19 just the beginning.

20 Q. Do all athletes who make the United States
21 team, say in baseball, are they all tested for illegal
22 drug use?

23 A. Not only once but two or three times in the
24 course of the year. Let me cite a classic example. USA
25 baseball team which won the gold in Seoul last year is in

1 training right now in Millington, Tennessee. They are
2 tested before they come in and tested at random during the
3 course of the summer so that when we get to the
4 international games at the end of the year that we have
5 not let anything slip by. The very embarrassing situation
6 that happened to Canada with their runner last year, this
7 is difficult to keep in check, but this is a process that
8 is continuous, very costly, but very necessary to protect,
9 you know, the sport, the United States of America who
10 these people are representing, the whole process.

11 Q. Do you test other athletes that are
12 registered as United States Baseball Federation members
13 other than those who are on the national team?

14 A. The responsibility for which we have are
15 those that are participating in international competition.
16 The United States Baseball Federation is made up of all of
17 the national amateur baseball organizations from little
18 league through PONY Baseball that I've been identified
19 with, American Legion, each of those persons or
20 organizations have their own drug control organization.
21 It is from those groups which the international
22 representatives for international competition are drawn,
23 and all of them, there has been a very extensive program
24 done by the national high school organization in this
25 whole area, and many of the organizations, the constituent

1 bodies that make up the United States Baseball Federation
2 have adopted that or similar programs for the control of
3 this practice.

4 Q. Thank you.

5 REPRESENTATIVE PRESSMANN: Thank you, Mr.
6 Chairman.

7 ACTING CHAIRMAN KOSINSKI: Representative
8 Wass.

9 REPRESENTATIVE WASS: Thank you, Mr.
10 Chairman.

11 BY REPRESENTATIVE WASS: (Of Dr. Hays)

12 Q. Sir, you referred to steroids as a drug, is
13 that right? It's a drug?

14 A. That's the category in which we deal with
15 it, yes.

16 Q. It's a drug. Who do you believe should be
17 responsible for the enforcement or control of this drug?

18 A. The production of it or use?

19 Q. Who should be in control? Here's a
20 youngster that bought a drug or got it. Who should pay
21 the price?

22 A. Well, the practice ought to start at home,
23 of course, you know, in the control or use of it.

24 Q. Should the penalty be on the one
25 administering, making it available, should it be on the

1 person purchasing it? Where should the penalty, who
2 should be the person--

3 A. First and foremost, those who are making it
4 available, and there probably should be lesser penalties
5 for users. This is a difficult balance to maintain, but I
6 don't think anybody should be just free to use it at
7 random. Certainly the provider of the substance should be
8 at the top of the list, in my judgment.

9 REPRESENTATIVE WASS: Representative Trich
10 do you want to respond to that?

11 ACTING CHAIRMAN KOSINSKI: Do you want to
12 respond to that, Representative?

13 REPRESENTATIVE TRICH: If I may, and again,
14 in fairness to Dr. Hays and some of the other people who
15 will be testifying, in fairness, the bill itself was
16 created to in fact do exactly what Dr. Hays -- as a matter
17 of fact, I should let him go ahead and answer the question
18 because he's going to do better than I am, I'm sure. The
19 penalties that we want to impose are on those who make the
20 drugs available. It would be great to say that we can do
21 it on every street corner. That's not going to happen.
22 But where we can begin at least is at the professional
23 medical society end of it. The pharmacists, the doctors
24 who are just making those drugs a little too available.

25 The intent of the bill, as you will see, is

1 geared directly at them. Not so much the user, that young
2 athlete, although he's not or she would not be certainly
3 innocent in this, but we felt that the heavy punishment
4 should in fact be on the person who is administering the
5 drug. We felt that that was the direction to go
6 initially, and that's the intent of the bill and why it
7 was designed that way.

8 To go one step further, in each of the
9 instances that I looked at from 10 other States,
10 Representative, each of those instances showed that that's
11 where the penalties that they have imposed were directed,
12 at those who administer the drugs, not trying to cripple,
13 if you will, some youngster's ability to function as an
14 athlete for many years to come. So again, the design was
15 really towards those who administer and not necessarily at
16 those who are in fact mainly the users.

17 REPRESENTATIVE WASS: What about the
18 producer?

19 REPRESENTATIVE TRICH: Again, I would
20 probably characterize them as being the person who
21 administers because they make the drug available.

22 REPRESENTATIVE WASS: Thank you.

23 That's all I have, Mr. Chairman.

24 ACTING CHAIRMAN KOSINSKI: Representative
25 McNally.

1 REPRESENTATIVE McNALLY: Yes.

2 BY REPRESENTATIVE McNALLY: (Of Dr. Hays)

3 Q. Dr. Hays, I think everyone is probably most
4 concerned about the health effects on young people who use
5 steroids, but one comment that I found, actually two
6 comments that you made that I found interesting were that
7 amateur athletes should be judged on their natural and
8 practiced abilities, not on their medically enhanced
9 abilities, and that steroids are bad for sports. And I
10 guess sort of an ancillary effect of this steroids use,
11 and maybe you can elaborate on this, is that we've always,
12 at least in this country, promoted the amateur ideal that,
13 you know, people engage in sports and athletic activities
14 not so they can win competitions as much as to excel at a
15 particular event or sport, and that to the extent that we
16 allow steroids to be used, we're really undermining that
17 amateur ideal and we're really asking people to engage in
18 sports so that they can win, as though winning is
19 everything. And again, I think that the use of steroids
20 sort of undermines those amateur values that I think you
21 are really at the heart of what America really means.

22 A. You probably have stated it as well as I
23 can. Those of us who have committed our lives to the
24 promotion of amateur athletics in one form or another work
25 on that premise, that there are certain God-given talents

1 and the individual uses those to the best of his ability
2 both for personal recreation, for fun, for whatever it is.
3 But because we are a part of the American instinct to
4 compete and hopefully to win, there are abuses along the
5 way. But when you add additional ingredients to that
6 inherent characteristic of Americans, then it gets
7 extremely difficult to deal with, and those of us who are
8 committed to amateur athletics in particular find this
9 very repulsive, repugnant. It is the antithesis of what
10 we are seeking to do, and, you know, professional
11 athletics has not helped us much in recent days in this
12 whole area by some of the practices that have been
13 involved.

14 Q. Thank you.

15 ACTING CHAIRMAN KOSINSKI: Thank you, Dr.
16 Hays. We appreciate your comments and being with us
17 today.

18 DR. HAYS: Thank you.

19 ACTING CHAIRMAN KOSINSKI: I'd like to call
20 next Mr. William Schmidt.

21 (No response.)

22 ACTING CHAIRMAN KOSINSKI: I'm sorry, I'm
23 going to have to make a change in the schedule, and I wish
24 that staff would tell us a little bit more ahead of time.

25 Mr. Roy Gillespie of PONY Baseball,

1 Incorporated. I'm sorry. Please share your comments with
2 us, sir.

3 MR. GILLESPIE: Gentlemen, my name is Roy
4 Gillespie. I'm the President of PONY Baseball,
5 Incorporated, headquarters for a national youth baseball
6 agency which also entails girls' softball program. I come
7 to you in that position and as the father of eight
8 children, all of whom have been involved in sports and who
9 are now young adults, the youngest being 24, and to the
10 best of my knowledge have escaped the use of drug
11 enhancement performances.

12 I would express my appreciation to you for
13 allowing PONY Baseball to offer its input on the abuse of
14 anabolic steroids among our nation's young people.

15 Before I specifically comment on House Bill
16 855, let me tell you a bit about the organization I
17 represent and why we support this legislation and have a
18 sincere interest in it. PONY Baseball was founded 38
19 years ago to Protect Our Nation's Youth. The name "PONY"
20 is an acronym for that phrase. Our expressed purpose is
21 to help young people develop into healthier and happier
22 adults through the experience gained from a
23 community-based summer baseball and girls' softball
24 program. Today we are the facilitating agency for many
25 thousands of young players age 7 through 18. Children

1 have the opportunity to learn the game, to compete in an
2 atmosphere conducive to good sportsmanship and the
3 establishment of lifelong friendship. We want to provide
4 good, clean fun for thousands of young people through
5 baseball and softball. We have an inherent interest in
6 the health and welfare of our nation's youth, and that's
7 why I'm here today to urge you to pass House Bill 855.

8 We are concerned about the rising abuse of
9 anabolic steroids by our young people. We are concerned
10 about parents purchasing drugs to chemically manipulate
11 their children's physiques in attempts to add height,
12 bulk, and muscle mass. The potential ravages that these
13 drugs can bring to a young man or woman are just too
14 serious and life threatening. We know that young people
15 are getting these dangerous drugs. According to the
16 previously alluded to Penn State study in 1988, nearly 7
17 percent of all 12th grade male students have used or do
18 use anabolic steroids. Of that number, 21 percent receive
19 the drugs from a health professional, the rest of them
20 receive them from either mail order or black market.

21 We need to wave a red flag before the eyes
22 of parents of young athletes. These drugs are too readily
23 available. They are too deadly to get into the hands of
24 young people and into the hands of parents who seek to
25 enhance the physical development of young athletes without

1 an understanding of the long-term consequences.

2 When we at PONY Baseball promote sports
3 activity, we don't support the idea that to be the best
4 you necessarily have to be the biggest or the strongest.
5 We promote sports because we want our young people to know
6 the physical good and experience the enjoyment that can
7 come from healthy, fair competition. We support the idea
8 that to be the best you have to work hard to learn
9 technique and improve performance level. We want children
10 to learn the discipline and self-sacrifice needed to
11 operate as part of a team. We want children to develop to
12 their fullest potential through hard work, practice, and
13 dedication and compete fair without drug-induced
14 advantages.

15 As a leader of a youth sports agency, I
16 commend all of you for addressing this particularly
17 difficult issue. There are so many negative influences in
18 life to which our young people are subjected on a daily
19 basis. We would like to provide a drug-free opportunity
20 for children to enjoy summer baseball and softball within
21 the PONY Baseball concept. We want kids to know that they
22 can compete with the physical attributes they have and can
23 improve through practice, dedication, and hard work. We
24 want them to know that drugs do not have to be a part of
25 the athletic scene.

1 I hope the legislature will provide the
2 leadership necessary to address this very real problem.
3 The baseball diamond should be a safe place for kids to
4 play, to grow, and develop. Probably every young person
5 who plays the game of baseball and softball harbors the
6 dream of some day becoming a hero in major league or
7 Olympic competition. I have a concern that steroid abuse
8 will bring this, quote, "field of dreams" an emphasis on
9 all of the wrong things. That's why we support this
10 legislation to protect our nation's youth.

11 Thank you very much, gentlemen.

12 ACTING CHAIRMAN KOSINSKI: Thank you, Mr.
13 Gillespie.

14 Before we go on to questioning, I'd like to
15 recognize Representative Jim Roebuck from Philadelphia, a
16 member of the Education Committee, today.

17 Questions?

18 Representative Wass.

19 BY REPRESENTATIVE WASS: (Of Mr. Gillespie)

20 Q. Sir, if I may follow up on my question of
21 the previous presenter. You are concerned about parents
22 purchasing. Do you believe that there should be a
23 liability on that parent? There should be a penalty for
24 the parent that purchases this drug for the child?

25 A. I think, Representative, at this time that

1 parents need to be fully informed of the potential danger
2 of what I choose to call a drug that is sold to them and
3 that the provider, be it physician, trainer, and so forth,
4 should bear that responsibility. I think that parents are
5 obtaining these items without being fully aware of the
6 potential danger, because I'm not sure any of us really
7 know that at this stage.

8 Q. So you don't feel that the parents should be
9 penalized when they purchase the drug for their child?

10 A. No, I would go back, again, as has been
11 stated, to the producer, the manufacturer who is making
12 the drug available.

13 Q. Thank you very much.

14 REPRESENTATIVE WASS: That's all I have, Mr.
15 Chairman.

16 ACTING CHAIRMAN KOSINSKI: Further
17 questions?

18 (No response.)

19 ACTING CHAIRMAN KOSINSKI: Mr. Gillespie,
20 thank you for your time today.

21 On the agenda next was to be Mr. William
22 Schmidt, Director of Amateur Marketing for Gatorade
23 Corporation. He is not present, he is not going to
24 testify today and that's a shame because we really could
25 have used some Gatorade, if that's acceptable to the new

1 Ethics Act. I don't know. Representative Heckler, would
2 that be okay?

3 REPRESENTATIVE HECKLER: Only in small
4 quantities.

5 ACTING CHAIRMAN KOSINSKI: Okay. On the
6 agenda next is Mr. Jack Rea, that would be R-E-A, for the
7 record. He is the Athletic Trainer of Washington and
8 Jefferson College. Mr. Rea.

9 MR. REA: Mr. Chairman, ladies and
10 gentlemen, thank you for this opportunity to come before
11 you this afternoon on the anabolic steroids. I have been
12 the athletic trainer at Washington and Jefferson College
13 for the past 29 years. I am a member of the National
14 Athletic Trainers Society. I am a member of the
15 Pennsylvania Society of Athletics, in which we are
16 required to be certified in the State of Pennsylvania.
17 The report I have prepared contains several actual facts
18 of harm of anabolic steroids. The information was
19 provided by James C. Vailos, M.D., of Georgetown
20 University and a football player at the University of
21 South Carolina.

22 Anabolic steroids are chemical androgenic
23 derivatives of testosterone. Testosterone is the most
24 potent and androgenic hormone provided by a male's testes.
25 Unfortunately, anabolic steroids are being used by people

1 who want to get bigger, stronger muscles, and these drugs
2 are obtained without a prescription from a medical
3 professional.

4 What happens when an adult uses steroids?
5 They have anxiety attacks, cannot sleep properly, have
6 body spasms, contemplate suicide, put blame on others for
7 their mistakes, and are always looking to start a fight.
8 Where does this start? Sometimes it begins with parents
9 who want their child to be better than the rest and get an
10 athletic scholarship. Some coaches want to win at any
11 cost. Example: In 1983, a naive male reported to
12 Columbia, South Carolina for football practice, at which
13 time he found out all the information he had received was
14 false. He was red-shirted for one year to get bigger and
15 faster. He was asked if he wanted to take "juice" so he
16 could beef up and fight back.

17 What are the side effects? Cancer, liver
18 damage, heart disease, sex problems (testicles begin to
19 shrink), severe cases of acne on the back, loss of hair,
20 high blood pressure, pink and puffy skin, swollen face and
21 neck, colitis and bleeding rectally, walking pneumonia,
22 bronchitis, roaring in the ears which will probably never
23 leave.

24 Where are these steroids found so easily?
25 The majority are found at bodybuilders' and power lifters'

1 gyms. Some pay as high as \$10,000. Others \$800 for 10
2 injections over an 8-week period. Often when a parent
3 witnesses these conditions, their actions are, don't
4 worry, you're just tired and worn out. They must
5 recognize these warning signs.

6 I, Jack Rea, Jr., support Representative Leo
7 Trich on House Bill 855.

8 ACTING CHAIRMAN KOSINSKI: Thank you, Mr.
9 Rea.

10 BY ACTING CHAIRMAN KOSINSKI: (Of Mr. Rea)

11 Q. I have a couple questions.

12 A. Yes, sir.

13 Q. Washington and Jefferson would be a small
14 college athletic program, Division III NAIA?

15 A. NCAA, sir.

16 Q. Okay, Division III?

17 A. Yes, sir.

18 Q. Okay. In your travel not only to Washington
19 and Jefferson but to other Division III schools, is
20 steroid use that much of a problem?

21 A. I am fortunate and able to say not to my
22 knowledge.

23 Q. So I would imagine that since the emphasis
24 is not on big-time athletics there you wouldn't have much
25 of a problem.

1 Does the NCAA take any action against those
2 using steroids or institutions using steroids?

3 A. We were fortunate in the last three years to
4 be in the NCAA playoffs in football. I was notified by
5 the NCAA that I would have to have facilities available
6 for screening and testing, so, yes they do take big steps
7 in Division III football, which I'm proud of.

8 Q. And I know they do it in Division I because
9 some people do test positive.

10 A. Yes. Yes.

11 Q. I remember a few things.

12 ACTING CHAIRMAN KOSINSKI: Okay, further
13 questions?

14 Excuse me, Representative Pressmann?

15 REPRESENTATIVE PRESSMANN: I remember
16 Bosworth being--

17 ACTING CHAIRMAN KOSINSKI: Yes. I was just
18 going to mention him.

19 Representative Heckler.

20 REPRESENTATIVE HECKLER: Thank you, Mr.
21 Chairman.

22 BY REPRESENTATIVE HECKLER: (Of Mr. Rea)

23 Q. Let me say first of all, sir, that you have
24 a high calling. You and trainers like you play a very
25 important role in the lives of young athletes. We've

1 heard, we've all read and I think there's been some
2 reference earlier today to the use of steroids on perhaps
3 a more theoretically selective basis to help injuries
4 heal, either by doctor's prescriptions or in some cases
5 perhaps by trainers and colleagues. Do you have any
6 knowledge of that practice or can you shed any light on
7 that?

8 A. No, sir, I can't. In fact, when I heard it
9 today for the first time I was a little shocked that
10 steroids were being used for medication for injury
11 problems that may arise. In the 29 years at Washington
12 and Jefferson, I have never had a doctor prescribe any
13 type of steroids for medical purposes.

14 Q. Thank you.

15 ACTING CHAIRMAN KOSINSKI: Anything further?
16 (No response.)

17 ACTING CHAIRMAN KOSINSKI: Thank you, Mr.
18 Rea.

19 ACTING CHAIRMAN KOSINSKI: Now I'd like to
20 call Representative Robert Godshall from Montgomery
21 County, the 53rd District, one of our colleagues.

22 REPRESENTATIVE GODSHALL: Thank you, Mr.
23 Chairman.

24 I'd like to thank Representative Trich for
25 asking me out here and also for the committee for allowing

1 me the opportunity to testify. On behalf of my brother,
2 who's an orthopaedic surgeon well known in sports medicine
3 in southeastern Pennsylvania, works with Dr. DiStefano,
4 another prominent name in southeastern Pennsylvania in
5 sports medicine, and he's prepared a statement, so my
6 testimony will be a statement from him and then
7 introduction to a paper that was just recently given at a
8 seminar in which he attended.

9 "Representative Trich and members of the
10 Judiciary Committee: I would like to take this
11 opportunity to strongly register my support for House Bill
12 855. I am an orthopaedic surgeon who has been practicing
13 orthopaedic surgery with a subspecialty in sports medicine
14 for approximately 25 years. In the last 10 years of my
15 practice, I have become increasingly aware of the fact
16 that many athletes even at the high school level are
17 becoming involved with anabolic steroids. These athletes
18 and bodybuilders have seen their friends take anabolic
19 steroids and almost immediately bulk up. They need only
20 to read the paper and see others who have been on steroids
21 break world records. Because of the competitiveness of
22 our society and the competitive nature of many athletes,
23 there is no other incentive needed to get them on to
24 steroids. This is especially enticing to the young
25 athlete weighing about 150 to 170 pounds and who, for

1 example, wants to play college football. I have seen this
2 body type come to my office on numerous occasions asking
3 for my professional help in putting them safely on
4 anabolic steroids. These are not bad kids but kids that
5 have a strong desire to compete equally with individuals
6 of different body builds. It is the competitive nature of
7 this group that leads them into the world of anabolic
8 steroids.

9 "One of the most impressive medical talks
10 that I recently attended was presented by a physician from
11 Florida. This man was a competitive swimmer in high
12 school and college. He was on anabolic steroids for six
13 years. He had his first heart attack at the age of 28 and
14 his second heart attack at the age of 32. He attributes
15 both of these heart attacks to the use of anabolic
16 steroids. He is presently 36 years old and doesn't know
17 how long he is going to be able to live. He has -- he has
18 very serious heart problems and in his message he said
19 that we must tell athletes that while anabolic steroids
20 work, they will ruin the lives of the people taking them.
21 He felt that for every year an athlete was on anabolic
22 steroids, he is going to lose five years of his life. He
23 is living proof of this statement. This is a much more
24 dramatic and honest way to approach athletes concerning
25 anabolic steroids.

1 "The problems with these drugs is that a
2 person who is on anabolic steroids for a short period
3 becomes very impressed with the changes in his body. He
4 notes muscular development and possibly even enhancement
5 of his competitive endeavors. He may then try to get off
6 steroids for a period of time and almost immediately loses
7 muscle bulk. He then gets back on the drugs and we have
8 the start of an addictive problem. It is my impression
9 that there probably are just as many people addicted to
10 anabolic steroids as there are to other hardcore drugs in
11 this country today.

12 "I strongly favor House Bill No. 855. In
13 addition, I might offer the following comments: It is my
14 experience that many of these drugs are sold in a
15 so-called health club or bodybuilding clubs." This is
16 what Jack Rea just reported in front of me. "These drugs
17 are sold on the pretense that they are completely natural
18 and safe. I am not sure if the clubs are licensed. If
19 they are licensed, I would recommend an amendment into the
20 bill which would cause the club to lose its license if
21 these drugs were sold or dispensed on the club premises.

22 "Thank you for allowing me to present this
23 testimony. Sincerely yours, Dr. Richard Godshall, Chief
24 of Orthopaedics, Grand View Hospital; Clinical Professor
25 of Orthopaedics, Temple University."

1 With that, I have another introduction to a
2 paper that I would like to share with the committee. The
3 paper is a lengthy paper. I am only going to go over the
4 introduction, and I will make the complete paper available
5 for the record at a later date, including the
6 introduction. This paper was given by Dr. William M.
7 Taylor, M.D., Non-Surgical Sports Medicine, Fellow of
8 American College of Sports Medicine, Physician Crew Chief
9 of the U.S. Olympic Drug Control Program, and the Board of
10 Governors of the American Academy of Sports Physicians.

11 "Two of the most common drug issues in the
12 clinical practice of sports medicine today are the
13 self-use of synthetic anabolic androgenic steroids by
14 athletic patients and the prescription of non-steroidal
15 anti-inflammatory drugs to active patients with acute
16 musculoskeletal injuries. There are over 20 common types
17 of synthetic anabolic androgenic steroids, henceforth
18 referred to simply as steroids--" thank goodness for me.

19 ACTING CHAIRMAN KOSINSKI: We'll have to
20 have you try to figure out the education formula ESBE and
21 WADMs and that.

22 REPRESENTATIVE GODSHALL: As I said, I was
23 going to present this paper in in full.

24 Okay. "--currently used by athletes and
25 physique enthusiasts, and in this paper these steroids

1 will be grouped together, even though several of these
2 agents will have some differing effects on self-users.

3 "With the discussion of non-steroidal
4 anti-inflammatory drugs, henceforth called NSAIDs, several
5 relevant prescribing criteria will be discussed in order
6 to define specific differences between the drugs in this
7 class." That gets through the technical stuff.

8 "Self-use of synthetic anabolic androgenic
9 steroids: Scope of the problem.

10 "There is currently an ongoing steroid
11 epidemic within the United States which is fueled
12 primarily by a well-developed black market network.
13 Steroid abuse has been labeled the fastest growing form of
14 drug abuse in the United States, with estimates of well
15 over 1 million regular uses. To place this number into
16 perspective, Federal estimates reveal that there are
17 approximately a half a million heroin addicts and a half a
18 million regular Crack cocaine users in the United States
19 currently. Moreover, the abuse of steroids tends to occur
20 in a different segment of society than is usually affected
21 with the other forms of psychoactive drug abuse. The
22 non-medical use of these steroids poses significant health
23 risks for the users and ethical and moral backlashes for
24 most physicians who deal with this issue.

25 "The black market for steroids. A survey of

1 100 Florida steroid users in 1980 revealed that only 15
2 percent of the users had obtained their drugs legally from
3 a licensed physician, and the remaining 85 percent of the
4 users had purchased drugs which had been diverted from
5 pharmaceutical companies to black market dealers. By '83,
6 larger black market distributors of steroids and other
7 drugs began to distribute promotional material and
8 postcards advertising steroids to health club members.
9 For example, one black market distributor mailed Christmas
10 cards with naked women posed in front of a Christmas tree
11 decorated with vials of steroids and growth hormones with
12 the statement of 'Have a harmonious, festive season.'

13 "In 1986 the U.S. Food and Drug
14 administration, FDA, estimated that the steroid diversion
15 had reached \$100 million annually, which represents the
16 largest diversion of a general prescription drug in United
17 States history. The primary distribution point for
18 steroids today is health clubs. Combined efforts of the
19 Federal Bureau of Investigation, the Department of
20 Justice, the American Medical Association, and the FDA
21 resulted in a recent crackdown in the diversion of these
22 steroids, but a subsequent survey reveals that steroid
23 supply has continued to increase in health clubs of
24 several major cities.

25 "The major, primary source of domestic raids

1 of black market steroids is genetic pharmaceutical
2 companies--" I'm sorry, that's "generic pharmaceutical
3 companies. Imported and veterinary grades of steroids
4 seized by police from a major black market supplier made
5 up nearly 50 percent of the steroids sold to athletes and
6 physique enthusiasts. Other non-controlled prescription
7 drugs are also diverted and distributed by steroid
8 dealers, including human growth hormone, diuretics,
9 antibiotics, estrogen blockers, thyroid hormones, and
10 other drugs. This indicates that general prescription
11 drugs are easily diverted for profit, if there is an
12 established market for them."

13 Now, that's an introduction of the paper,
14 and I will make that paper available, and hopefully maybe
15 some of you can pronounce the words that I sort of, you
16 know, rolled over. But my brother feels very strongly
17 about the use of steroids. He asked me to come out here
18 and give that paper for him, which I appreciate the
19 opportunity of doing. I'll answer any questions.

20 ACTING CHAIRMAN KOSINSKI: Questions?

21 REPRESENTATIVE GODSHALL: Except for
22 pronunciations.

23 ACTING CHAIRMAN KOSINSKI: Representative
24 Heckler.

25 REPRESENTATIVE HECKLER: I just wanted to

1 make the observation that -- two observations, really.
2 First of all, Bob, as you know, your brother, who of
3 course practices in the district immediately north of
4 mine, is certainly one of the most distinguished and
5 respected orthopaedic surgeons in our entire area. And I
6 just want to make the observation that I'm reassured, I
7 was always confident that I could distinguish between the
8 two of you. When I saw you sitting there and the paper
9 from him, I thought that I had lost that, but now I'm
10 reassured and very happy to have his comments.

11 REPRESENTATIVE GODSHALL: Thank you, Dave.

12 ACTING CHAIRMAN KOSINSKI: Anything further?

13 (No response.)

14 ACTING CHAIRMAN KOSINSKI: Representative
15 Godshall, thank you.

16 REPRESENTATIVE GODSHALL: Thank you, Mr.
17 Chairman.

18 ACTING CHAIRMAN KOSINSKI: Representative
19 Murphy, do you care to make any comments or make a
20 statement?

21 REPRESENTATIVE MURPHY: (Indicating in the
22 negative.)

23 ACTING CHAIRMAN KOSINSKI: We will continue
24 with our regular agenda.

25 Dr. Thomas Foley, M.D., Professor of

1 Pediatrics, Department of Endocrinology, Children's
2 Hospital of Pittsburgh. Dr. Foley, I hope you don't use
3 the same acronym as Children's Hospital in Philadelphia
4 does.

5 DR. FOLEY: No, we're CHP in Pittsburgh.

6 ACTING CHAIRMAN KOSINSKI: Okay.

7 DR. FOLEY: Mr. Chairman, ladies and
8 gentlemen, good afternoon and thank you for the
9 opportunity to speak before you regarding House Bill 855.
10 My name is Tom Foley. I'm not speaker of the House,
11 though I wouldn't mind that job. I am Professor of
12 Pediatrics at the University of Pittsburgh, and a
13 pediatric endocrinologist at Children's Hospital of
14 Pittsburgh. I'm here today to share my knowledge about
15 human growth hormone and how the proposed amendment to the
16 Controlled Substance, Drug, Device, and Cosmetic Act will
17 negatively impact patients regarding treatment with human
18 growth hormone.

19 Before I begin comments on human growth
20 hormone, I would like to commend you for the action that
21 you have taken to control the inappropriate use of
22 anabolic steroids. Your bill is an important first step
23 to control the abuse of these drugs in athletics, and I
24 might parenthetically comment that I think it's important
25 that Pennsylvania play a leadership role and set the

1 precedent nationally, for we are recognized through the
2 country and I think even throughout the world as a State
3 with excellence in athletics and the resource of excellent
4 athletes, and we must set this precedent. I also would
5 parenthetically say that any young child or young
6 adolescent that takes anabolic steroids will have an
7 effect on the skeletal maturation that is detrimental to
8 their growth and might result in stunting of their adult
9 height.

10 However, I am concerned about including
11 human growth hormone in this bill along with anabolic
12 steroids. Human growth hormone is legitimately prescribed
13 for children who secrete inadequate amounts of growth
14 hormone, causing dwarfism. These conditions, known
15 collectively as growth hormone deficiency, affect between
16 10,000 and 15,000 children nationally and prevent a child
17 from growing normally. By taking human growth hormone
18 three or more times each week for years, these children
19 usually are able to obtain a reasonably normal size as an
20 adult and lead normal lives.

21 As the proposed amendment currently reads,
22 human growth hormone would be classified as an anabolic
23 steroid and place anabolic steroids in Schedule II of the
24 State Controlled Substances Act. This would make the
25 possession of more than three vials of human growth

1 hormone illegal except for physicians, pharmacists, and
2 manufacturers. Patients requiring human growth hormone
3 typically need between two and three vials per week. As
4 we usually dispense a three-month supply to our patients,
5 our patients would be in violation of this limit. House
6 Bill 855, if passed, would cause our patients and their
7 families considerable inconvenience.

8 Human growth hormone differs from anabolic
9 steroids in several ways, and therefore should not be
10 included in this legislation. First, human growth hormone
11 differs in structure and function from the anabolic
12 steroids. Anabolic steroids are testosterone-like
13 compounds that have a variety of indications related to
14 their tissue-building properties. The anabolic steroids
15 are taken by athletes in an effort to increase their
16 strength. There is no evidence that human growth hormone
17 increases strength in normal children or adults.

18 The second difference is in the control of
19 distribution. Human growth hormone is distributed through
20 a home health care company or hospital pharmacy. The vast
21 majority of prescriptions are written by pediatric
22 endocrinologists, with the remainder written by adult
23 endocrinologists. However, anabolic steroids can be
24 obtained at any drug store with all kinds of physicians
25 writing prescriptions.

1 Further, the potential for abuse is
2 different for human growth hormone due to its cost and
3 difficulty to administer. Human growth hormone costs the
4 average dwarfed child about \$12,000 per year and would
5 cost much more for adults, obviously, because they would
6 need a larger dose. Human growth hormone must be
7 administered by injection or it's ineffective. In
8 contrast, anabolic steroids only cost adults several
9 hundred dollars per year and many types can be taken as a
10 pill.

11 Classifying human growth hormone as an
12 anabolic steroid and therefore as a Schedule II drug is
13 incorrect and will have a negative impact on our patients
14 in several ways. As I have said, children with growth
15 hormone deficiency take human growth hormone three or more
16 times per week for years. For these children, there are
17 no other alternatives that will allow them to grow and
18 reach normal development. Where diagnosed, these patients
19 and families are already under stress and are adjusting to
20 cope with their child's illness and necessary lengthy
21 treatment course. These families must learn how to
22 administer their children's medication and must travel
23 several times each year to Children's Hospital for us to
24 monitor the child's progress. Placing human growth
25 hormone in the same class as anabolic steroids and some

1 narcotics will confuse these children and their parents
2 and may cause them to be reluctant to start or continue
3 treatment.

4 Scheduling human growth hormone, as the law
5 will require, will add to the recordkeeping burden of any
6 person handling the drug. Most likely this will increase
7 the cost of this already expensive drug. The law will
8 also require that all prescriptions for human growth
9 hormone be handwritten and will prohibit any refills of
10 prescriptions. This will require patients to obtain a new
11 written prescription from their physicians each time they
12 need more human growth hormone. Because human growth
13 hormone is taken for many years, some patients may take it
14 for as long as 15 years or more, if diagnosed early. This
15 will result in a substantial burden on patients,
16 physicians, and pharmacists. Given the small amount that
17 patients will be allowed in their possession, patients
18 will have to return to their physicians and pharmacies
19 every week, or perhaps even more frequently.

20 For these reasons, I firmly believe that the
21 proposed law inappropriately treats human growth hormone
22 and anabolic steroids similarly. The proposed law will
23 greatly complicate the long-term treatment of children who
24 are dependent upon human growth hormone for normal growth
25 and development. For these patients and their families, I

1 ask you to remove human growth hormone from House Bill
2 855, as I understand today is a suggestion by
3 Representative Trich.

4 With my written testimony I have attached
5 for your review a copy of a resolution adopted by the
6 society representing the Pediatric Endocrinologists of
7 North America, of which I am a member. The contents of
8 this resolution are consistent with my testimony.

9 I thank you and will be happy to address any
10 questions that you all may have.

11 ACTING CHAIRMAN KOSINSKI: Thank you, Dr.
12 Foley.

13 I just have a comment before we start with
14 the questions. This is one of the reasons we do have
15 hearings. We are not an all-knowing body, contrary to
16 popular belief, and in many cases when a bill is proposed,
17 many times because of something that may have been in the
18 news or in reaction to a situation we do not know of a
19 situation where there could be a valid exception. In this
20 case, we had a trainer who dealt with a number of
21 different drugs, Mr. Rea, not knowing that steroids could
22 be used for human growth hormone, and frankly, till today
23 I, myself, did not know either. And speaking for the
24 committee, this is exactly why we go out and solicit
25 testimony from people in the field who are experts, such

1 as yourself, and you do us a very good public service by
2 commenting. Remember, we are a reactive body and again,
3 our intelligence level is only as good as the people who
4 we represent. So thank you very much.

5 Questions?

6 Representative Daley.

7 REPRESENTATIVE DALEY: Thank you, Mr.
8 Chairman.

9 BY REPRESENTATIVE DALEY: (Of Dr. Foley)

10 Q. Following your statement I think is in line
11 with my question. Being a Pittsburgher, or basically a
12 Pittsburgher, being from the Pittsburgh vicinity, we are
13 all aware of Steve Courson and some of the problems that
14 publicly I think that people are now becoming aware of the
15 use or maybe the abuse of anabolic steroids has caused to
16 that young man and in terms of him needing a heart
17 transplant at this point. I think that has done more in
18 light of that publicity to bring the public's attention to
19 the problem. But I'm reading your resolution and I come
20 from a background of my family was involved with medicine
21 and I know that anabolic steroids can be used for other
22 things other than what they are being used for in terms of
23 this discussion. Maybe for the education of the
24 committee, let's talk about possibly what anabolic
25 steroids could be used for and the positive effects of

1 those?

2 A. Sure. I think that, and I won't prolong the
3 discussion, but there are certain anemias, severe anemias,
4 aplastic anemias, that respond to anabolic steroids and
5 testosterone. They were one of early uses of that drug.
6 There are various causes of hypogonadism, we call it,
7 ineffective secretion of male hormone due to various
8 reasons, either testes doesn't form or it doesn't properly
9 work, and we treat even our patients with growth hormone
10 deficiency with testosterone in order to enable them to
11 have a normal sexual development in puberty and normal
12 sexual function as an adult, and that's an important use
13 of testosterone. Let me emphasize again, that's
14 testosterone. That's a natural hormone that the body
15 secretes.

16 We have also used in the past a drug which
17 is on the list called Oxandrolone. This drug has been
18 shown to be helpful in stimulating growth but not male
19 development in children who make normal amounts of growth
20 hormone but have other causes of dwarfism and are
21 psychologically adversely affected because of their
22 shortness and their lack of puberty. That medication is
23 only used at the most for a year or two. It's not the
24 same as a human growth hormone. So there are specific
25 indications for the use of medications that are classified

1 as true anabolic steroids.

2 Now, there's also a drug on the list called
3 human chorionic gonadotropin. That compound is similar to
4 the pituitary hormones that stimulate the ovary in the
5 female and the testes in the male to stimulate pubertal
6 development. I don't know whether there are any
7 obstetricians/gynecologists to testify or comment on this
8 substance. We have used this substance for short-term
9 therapy to cause descent of the testes in infants who do
10 not have descent. Again, that's over a limited course of
11 several days to several weeks. That is something I think
12 we could deal with within this legislation.

13 So that there are certain drugs - human
14 chorionic gonadotropin, Oxandrolone, and testosterone - on
15 that list that have very legitimate medical indications
16 that we, as endocrinologists, and to a lesser extent other
17 physicians, would find their use worthwhile and
18 appropriate.

19 Q. My question, as a follow-up to that, is that
20 according to the proposed legislation, it says in
21 "Professional Prescription, Administration, and
22 Dispensing.-- A practitioner shall not prescribe,
23 administer or dispense any anabolic steroid for the
24 purpose of enhancing a person's performance in an
25 exercise, sport or game." But there are cases in which it

1 could be prescribed, and this is almost like a value
2 judgment in terms of a prescription, because I don't think
3 there's any pharmacist that's going to write down that
4 this is for someone to play better or enhance their muscle
5 bulk or whatever it may be. So there are legitimate
6 reasons why it could be prescribed in certain cases.

7 A. Yes. I was a little concerned and
8 interested to hear the comment earlier that other
9 individuals that use their body such as in the arts, in
10 the ballet, might use this, and maybe that should be
11 included. I would hope that would not be the case and I
12 don't know whether that's a possibility, but someone may
13 get that idea that they could perform better physically in
14 other aspects of the theater and arts as well. A girl
15 certainly wouldn't be able to sing very well, but--

16 Q. Baritone?

17 A. --but there are concerns outside of
18 athletics.

19 Q. Then the question is, is it abuse or is it
20 use, or is it use and abuse?

21 A. For other medical reasons?

22 Q. Right.

23 A. Specific medical reasons it would be of use.
24 The anemia, possibly certain forms of short stature, the
25 endocrinologist would use one drug. This HCG, human

1 chorionic gonadotropin, in specific instances. Otherwise,
2 I think those drugs are open to the same abuses.

3 Q. So it's the abuse of anabolic steroids that
4 really have brought about the problem, not so much the
5 use?

6 A. That's right. Yeah.

7 Q. Okay.

8 A. They're still going to have use and they're
9 going to have to be used within the constraints of this
10 legislation, but I think one always deals with risk
11 benefit, and the risk of abuse seems to me, with anabolic
12 steroids, greater than the benefit to the minority of
13 people that would use them legitimately.

14 Q. Let me, as a footnote, and maybe I might be
15 wrong with this, it is my understanding that some research
16 has been done with anabolic steroids in respiratory
17 distress. Are you aware of any?

18 A. Not sufficiently aware to comment
19 professionally, but I am aware of that. I doubt that that
20 is going to -- I think there are other forms of therapy on
21 the forefront that will be much more specific for the
22 abnormality of the disease and more appropriate for
23 treatment.

24 Q. Thank you.

25 REPRESENTATIVE DALEY: Thank you, Mr.

1 Chairman.

2 ACTING CHAIRMAN KOSINSKI: Representative
3 Reber.

4 REPRESENTATIVE REBER: Thank you, Mr.
5 Chairman.

6 BY REPRESENTATIVE REBER: (Of Dr. Foley)

7 Q. Dr. Foley, from your professional overview
8 over the years, have you ever seen a situation where
9 someone was treated, and I hesitate using this word but
10 I'll use it anyway, from the legitimate treatment for
11 medical purposes with types of anabolic steroids, has gone
12 on to then become proficient in exercise, sport, or a
13 game, that there would be any correlation, and as a result
14 of a scenario like that possibly happening, I guess what
15 I'm really saying is are we in any way hurting a
16 practitioner who administers bona fide medical treatment
17 through the use of these particular drugs, if you will,
18 and then that person then goes on to excel? Is there any
19 problem for that practitioner? I guess the question would
20 come down to intent at the time of the prescription?

21 A. Yeah, I think that's important.

22 Q. Do you have any problem though with the way
23 this is written for the professional?

24 A. No, I don't know of a study or of a group of
25 instances that has been scientifically evaluated to show

1 that, you know, that using an anabolic steroid has had any
2 beneficial effect for a patient to which it was prescribed
3 medically. Parenthetically or an aside to that comment
4 would be the use, as I mentioned, the testosterone
5 specifically for people who do not make it, and I think
6 that's important, and if someone has a medical disease,
7 one that comes to mine is Klinefelter's Syndrome, a
8 chromosomal disease in which they cannot make normal
9 amounts of male hormone. They should not be deprived of
10 this treatment and they should have the same equal
11 opportunity to compete in Olympics and professional sports
12 as anyone else.

13 So there are indications for the use of, in
14 this instance, a specific biologic hormone that this
15 individual needs for their body replacement. So we think
16 of the use of testosterone, for instance, as a replacement
17 therapy not as an enhancing of physical strength and
18 aptitude. I know of no indication that the other is
19 indicated.

20 REPRESENTATIVE REBER: Thank you, Mr.
21 Chairman.

22 ACTING CHAIRMAN KOSINSKI: Representative
23 Langtry.

24 REPRESENTATIVE LANGTRY: Yes.
25 BY REPRESENTATIVE LANGTRY: (Of Dr. Foley)

1 Q. Dr. Foley, are anabolic steroids or the
2 human growth hormone, are they dealt with at the Federal
3 level as far as substance classification?

4 A. To me, I don't think they are at the moment,
5 but I am not -- certainly they are not handled by us in
6 writing prescriptions. I mean, growth hormone is very
7 restricted, as I described in the testimony, in its
8 distribution and who is permitted to write the
9 prescriptions and how it's handled, but I don't know,
10 although there is some -- I understand that there may be
11 some Federal legislation in this regard. I'm not aware of
12 that at the moment.

13 Q. Okay. And the second question.

14 ACTING CHAIRMAN KOSINSKI: Representative
15 Langtry, Representative Trich--

16 REPRESENTATIVE TRICH: Just very quickly.
17 As a matter of fact, Representative Langtry, presently
18 there is consideration at the Federal level on legislation
19 very similar to what we're talking about, so that they are
20 in fact working on that. As a matter of fact, the
21 gentleman who had mentioned earlier the former Pittsburgh
22 Steeler and former Tampa Bay Buccaneer player testified,
23 and I was hoping to have his testimony to submit also and
24 will still try to do that, but he testified recently at
25 Federal hearings, within the last month, I'd say.

1 REPRESENTATIVE LANGTRY: But as it stands
2 now, there's no conflict?

3 REPRESENTATIVE TRICH: Right.

4 REPRESENTATIVE LANGTRY: Okay, fine.

5 BY REPRESENTATIVE LANGTRY: (Of Dr. Foley)

6 Q. Second question, Dr. Foley. Do you have
7 House Bill 855? And there's a list of elements, some 20
8 elements that are considered part of anabolic steroids.
9 If the human growth medicine were, let's say it were
10 removed from this bill, would any of these -- would we
11 have a problem with any of these substances here insofar
12 as the human growth hormone is concerned? Because the
13 bill says, anabolic steroid includes any of these
14 materials. Would the human growth hormone include any of
15 these 20 elements?

16 A. Human growth hormone is a specific chemical
17 secreted by the pituitary gland at the base of the brain,
18 and it's largely protein with 191 amino acids. It is not
19 a steroid, so that a steroid is a compound that has these
20 various certain chemical rings to which other atoms are
21 attached, and a specific class of drugs and hormones. So
22 that human growth hormone structurally has no relationship
23 to anabolic steroids.

24 That's also true for, number 1, chorionic
25 gonadotropin. That's a hormone that actually comes from

1 the placenta, but its structure is more analogous to human
2 growth hormone than it is to anabolic steroids. But if
3 you inject that substance into a male, it will cause the
4 male to make more male hormones, so that that may be the
5 reason it's included. Whether or not it's actually been
6 shown to be a drug of abuse, I do not know.

7 The other substances are all steroids. The
8 ones that we use are testosterone, number 18, which is the
9 natural male hormone that is attached to a substance
10 called propionate, which makes you able to inject it.
11 There are various propionate and anthate, they are
12 various salts that are attached to testosterone. But
13 testosterone is the natural male hormone, and that's a
14 steroid. But human growth hormone, number 20, chorionic
15 gonadotropin, number 1, are not steroids and are
16 technically, or from a scientific point of view,
17 inappropriately listed as an anabolic steroid. Now,
18 whether that would cause any legal challenge in the
19 future, I don't know.

20 Q. I guess that's my question. Do you have
21 problems with any of these elements listed insofar as the
22 context of the bill is concerned, assuming that the human
23 growth hormone may be exempted from this bill?

24 A. The only question I would have would be
25 number 1, and perhaps the way it's phrased, "acts in the

1 same manner on the human body," perhaps that would correct
2 that question with that compound.

3 Q. Thank you very much.

4 ACTING CHAIRMAN KOSINSKI: Representative
5 Roebuck.

6 BY REPRESENTATIVE ROEBUCK: (Of Dr. Foley)

7 Q. Dr. Foley, I wonder if you could comment on
8 the long-term effects where you're administering the
9 anabolic steroid with the human growth hormone, do you get
10 the same kinds of effects over the long term even where
11 you're treating, per se, dwarfism? Do you ultimately find
12 the person becomes also more liable to all the other
13 negative impacts referred to today?

14 Q. Well, we'd have to answer that in two ways.
15 One, with human growth hormone, we try and administer this
16 drug in a dose that is in the range of a replacement of
17 what the body does not make, although it is true that as
18 we reach the older age, the adolescent age, that there
19 seems to be some resistance to the doses and one increases
20 the dose higher, but I don't think we reach the position
21 of danger, or at least we're not aware of that at the
22 moment, in sufficiently high doses to cause the same side
23 effects as one sees in the rare cause of gigantism, the
24 very tall person due to a tumor of the pituitary, or the
25 adult with acromegaly. So I don't think with human growth

1 hormone we are using doses that in the long-term are
2 detrimental to the health of the child.

3 Now that we have much more growth hormone
4 since 1985 because of our work in DNA technology, this
5 concern resides within my colleagues and myself that there
6 may be a dose above which it could be hazardous. Now,
7 with anabolic steroids I think it's a different question.
8 Aside from testosterone and human chorionic gonadotropin,
9 these are not naturally secreted substances but are
10 synthetically produced analogs with variable, usually
11 greater, potency than testosterone. Their side effects I
12 think have been already discussed, and I think it's a
13 serious concern about the use of these drugs. Even in the
14 lower doses one does not know whether in the long-term
15 they're hazardous, so I think it's an entirely different
16 situation when one uses a naturally occurring hormone and
17 a synthetically-derived chemical on long-term effects.

18 ACTING CHAIRMAN KOSINSKI: Representative
19 McNally.

20 REPRESENTATIVE McNALLY: Yes.

21 BY REPRESENTATIVE McNALLY: (Of Dr. Foley)

22 Q. Doctor, I guess maybe the flip side of
23 Representative Langtry's question is what I wanted to ask.
24 For example, it was my understanding that perhaps zinc or
25 maybe some other compounds are used when particularly a

1 child is rather small in stature and you want to increase
2 that child's growth, and so I'm wondering, are there any
3 elements or compounds, chemicals, that are not listed in
4 this bill that can be used for the same purposes as these
5 steroids and in fact could be abused that we might take a
6 look at regulating?

7 A. Well, that's a good question, and I at the
8 moment off the top of my head cannot think of any. I
9 think it is true that if you have zinc deficiency you will
10 not grow and you should replace it with zinc, and there
11 are other trace metals that one could apply. I don't
12 think that people, on the other hand, are going out and
13 loading up their children with zinc. I don't think that's
14 going to be an abuse particularly for a sport. And, you
15 know, you always read in the papers certain anecdotal
16 comments that if you eat this kind of food or do this kind
17 of exercise, et cetera, that you may grow better, and I
18 think there are a lot of so-called wives' tales in this
19 regard.

20 There may be one comment that is true, that
21 if you get a good night's sleep you might grow better
22 because deep sleep is the time when you make your own
23 growth hormone, and most of your growth hormone is made
24 during sleep. So if you stay up all night you may not
25 make enough growth hormone and not grow. But I don't know

1 -- I can't comment at the moment that there are other
2 substances at the moment to consider to be included that
3 have potential abuse for growth. If they are, they are
4 probably going to surface as these are controlled, but at
5 the moment I don't know.

6 ACTING CHAIRMAN KOSINSKI: Representative
7 McHale.

8 REPRESENTATIVE McHALE: Thank you, Mr.
9 Chairman.

10 BY REPRESENTATIVE McHALE: (Of Dr. Foley)

11 Q. Doctor, can human growth hormone be produced
12 synthetically in any manner?

13 A. It's a natural hormone. It is now produced
14 by biosynthetic technology. For many years -- Dr. Raven
15 gave the first person growth hormone in 1957. That was
16 extracted after death from human pituitary glands because
17 all other growth hormones are not effective in the human,
18 and some abuse has been giving patients animal growth
19 hormones that are totally ineffective in anything, so that
20 that hopefully is disappearing. Until 1985, all growth
21 hormone administered throughout the world came from
22 pituitary glands post mortem. As DNA technology,
23 recombinant DNA technology, I'm not sure you're familiar
24 with this technique, but if you grow bacteria that has the
25 gene to make growth hormone, the bacteria will make tons

1 of growth hormone exactly the same compound as our
2 pituitary glands make, and that's the current technology.

3 Q. If you would estimate of the human growth
4 hormone which is now being prescribed, what proportion is
5 produced synthetically and what proportion is produced
6 naturally?

7 A. All of it is now synthetic in the United
8 States. The reason being that there was some question in
9 1984, '85, of a serious neurologic disease that might have
10 been caused by the extraction process of the human growth
11 hormone from post mortem pituitary glands. We don't think
12 that that's a serious problem, but at that point, all
13 growth hormone from human sources was discontinued.
14 Fortunately, at that time, technology had just advanced at
15 a point where this alternate source became available.
16 Now, in some parts of the world, they may still be using
17 the human-derived hormone, but not in North America. It's
18 all biosynthetically produced by recombinant DNA
19 technologists.

20 Q. I noticed in your testimony you indicated
21 that the average cost for a child taking the human growth
22 hormone was approximately \$12,000 per year. Why is the
23 cost so high, and do you anticipate any changes in
24 technology which would lower that cost?

25 A. The cost is high partly because of

1 development, partly because it is a complex protein that
2 requires very precise purification from this vat. I've
3 actually been in the plant where it essentially looks like
4 a brewery where they grow all the bacteria, but from this
5 big vat they must then purify the hormone to ultra-pure
6 specifications so that none of the other products are
7 contaminating and harmful to the patient. So that there
8 is an expense in this process. I think in the future the
9 price will decrease. At the present, the two products in
10 the United States are protected by an orphan drug status,
11 whereas in Europe there are three other sources which may
12 wish in the future to compete in the U.S. market, at which
13 time the price will drop perhaps 5, 10 years from now. I
14 think at this point the price will remain at this level
15 and not show a change until perhaps into the next century.

16 Q. One of the reasons why steroids are so
17 widely abused is the fact that they are relatively
18 inexpensive. In the near future then I gather from your
19 previous response you don't anticipate that human growth
20 hormone would come down to a price range where it, too,
21 would be readily available?

22 A. Right.

23 Q. You anticipate, I gather, that it will
24 remain, at least in the foreseeable future, as a substance
25 that is relatively expensive?

1 A. Well, I wish I could forecast the market, I
2 could retire, but I don't know what the cost of these
3 products will be in the future. It is possible that
4 somebody may find a very simple, inexpensive method to
5 produce this hormone and it will be as inexpensive as the
6 anabolic steroids, but I have no idea that -- I am not
7 aware of any technology that is even on the drawing board
8 that will enable this to happen, so I don't expect, from
9 my gut feeling, that there will be a drop in the price in
10 the next 5 to 10 years.

11 Q. Thank you, Doctor.

12 REPRESENTATIVE McHALE: Thank you, Mr.
13 Chairman.

14 ACTING CHAIRMAN KOSINSKI: Representative
15 Heckler.

16 REPRESENTATIVE HECKLER: Thank you, Mr.
17 Chairman.

18 BY REPRESENTATIVE HECKLER: (Of Dr. Foley)

19 Q. Doctor, first of all, I want to thank you.
20 You've made me feel considerably better about my
21 17-year-old son's penchant for sleeping as much as
22 possible. Maybe he is just growing.

23 I just want to clear up a couple of things
24 which I think I know the answer to already, and then ask
25 one very dumb question.

1 Number one, Schedule II drugs and materials
2 can be prescribed. They are -- but generally speaking,
3 given they have a potential for abuse but a recognized
4 potential, therapeutic potential, and therefore in general
5 they can be prescribed?

6 A. Um-hum.

7 Q. So that we are creating certain burdens and
8 limitations by making these substances Schedule II in that
9 there's a closer monitoring or a more elaborate reporting
10 as you've outlined, but in general if a physician were to
11 determine that any of these materials are appropriate for
12 therapeutic purpose they prescribe them?

13 A. Yes.

14 Q. Okay. I believe you've answered this, but
15 I'd like to just be very clear in my own mind: Do you
16 see, let's assume the scenario that Representative McHale
17 outlined where human growth hormone becomes very readily
18 available at an inexpensive price, is there a potential
19 for abuse? Would my son, for instance, who is about 6
20 feet and wants to be 6'2", would he want to grab some of
21 this?

22 A. Yes, that's a potential concern in the
23 future. We think now -- actually, all the things that
24 I've mentioned are reasons not to consider that at the
25 present time. But 5 to 10 years from now if it's very

1 cheap, if there is known abuse that can be documented as
2 that nice study at Penn State with anabolic steroids, then
3 we would certainly ourselves want to support the concept
4 that this drug should be under better control. But I
5 think at the moment it is under very good control. It is
6 too expensive for general abuse, unless you're a
7 multimillionaire, and I think it is not being abused. And
8 it does have the difficulty that it has to be injected
9 each day, which is not too convenient either.

10 Q. Well, taking the position, again, some of
11 these young men have been described in some of the other
12 testimony, somebody who is 170 pounds and wants to play
13 college linebacker and really wants to be 200. Is this
14 something they would conceivably use? What is it? We
15 know anabolic steroids pump you up, bulk up your muscle
16 tissue.

17 A. Right. I don't think there is a study to
18 document the efficacy of growth hormone in increasing
19 muscle bulk or strength. What we are concerned in the
20 future is the use of this by parents who are 5 feet tall
21 and want their children to be 5'9", 5'10", so they can be
22 President of the United States, because everybody knows
23 the taller you are, the better likelihood you'll become
24 President. That is a concern and that, again, should be
25 controlled by the physician through the current existing

1 system to avoid that type of abuse, but that's more than
2 statural height where growth hormone does have an effect.
3 And theoretically, the more growth hormone you get,
4 perhaps the greater you should grow. That is a concern,
5 but I think a different issue under a different system of
6 control.

7 Q. Okay, so that it's more directed to stature
8 than it is to the muscle tissue?

9 A. That's right, stature and not muscle bulk.

10 Q. My dumb question, and then I'll relinquish
11 the floor. There are other varieties of steroids besides
12 anabolic steroids?

13 A. Yes. That's not a dumb question at all. In
14 fact, I would be very concerned if you controlled
15 Cortisol. Cortisol is estrogen, female hormone. There
16 are multiple steroids that are not anabolics, classified
17 as anabolic steroids, that you certainly do not want to
18 consider.

19 REPRESENTATIVE HECKLER: Thank you, Mr.
20 Chairman.

21 ACTING CHAIRMAN KOSINSKI: Representative
22 McVerry.

23 BY REPRESENTATIVE McVERRY: (Of Dr. Foley)

24 Q. Dr. Foley, there was testimony that a lot of
25 anabolic steroids seemed to be available in health clubs

1 or gymnasiums and physical fitness type places. Not to
2 demonstrate my naivete, but if they are available there,
3 do you just get them from somebody who works there or is
4 there a physician who prescribes them or how do people
5 actually get them, if you know?

6 A. Yeah, I'm not really sure. I have heard
7 that even in this area. It's possible there are drug
8 order--

9 Q. Mail order?

10 A. I see these catalogs that you can order
11 drugs. I'm sure if you pay the right type of person they
12 will be able to order them through a mail order, maybe use
13 a physician's name and number. I'm sure there are many
14 ways you can obtain these drugs outside of the usual
15 stream. And again, you know, not all physicians are
16 honest either.

17 Q. Do you think that they're gotten by people
18 who are attempting to make themselves more athletically
19 attractive through streams of other than physician
20 prescriptions?

21 A. I would think there are sources in that
22 regard, and I think the Penn State study supports that.

23 Q. If I took any of these between number 2 and
24 18, would they basically have the same effect on me? I
25 mean, if I went into a gymnasium and somebody said, do you

1 want to take these steroids, and I wouldn't know what they
2 were, could it be any one of those and they would have
3 essentially the same type of an effect?

4 A. They would probably have different potency.
5 But again, it depends on -- you test a drug for potency by
6 injecting it in an animal or testing it in some culture
7 system or some type of method to prove its potency and
8 then it's designated to have so much potency per milligram
9 or per unit weight, and then it is made up and given as a
10 pill. So it's possible that something that's 10
11 milligrams is equally as potent as 100 milligrams just
12 because the 100 milligrams is not as potent per size. So
13 the potency is different in these products, and so that
14 some pills may have more of an androgen effect than
15 others, and some may be associated with greater side
16 effects than others. I could not tell you which fall into
17 what category and which ones to avoid and which ones to
18 take, other than the fact that testosterone is a natural
19 hormone and if given by injection should not be associated
20 with side effects. Only rarely.

21 Q. If you didn't have access to these anabolic
22 steroids but did have access to human growth hormone,
23 would it have the same effect on you?

24 A. No. Human growth hormone mainly stimulates
25 linear growth. The male hormones mainly stimulate muscle

1 bulk and strength and the male voice and hair
2 distributions.

3 Q. Would the human growth hormone have that
4 same effect irrespective of the age or maturity of the
5 individual who was taking it? If you're already a full
6 grown adult, whatever that is -- would it help us short
7 guys?

8 A. I'm afraid not. Once your bones fuse, the
9 growth center between the shafts of the bone fuse, then
10 you no longer grow, and that's why somewhere between 14
11 and 18 usually, even later sometimes, you don't grow.

12 Q. So would it have a potential negative effect
13 on your body or would you just--

14 A. It could if given in high doses, and this is
15 a disease in adults known as acromegaly, where there's a
16 pituitary tumor that secretes constant amounts of growth
17 hormone, and that does have several vascular, muscle,
18 joint, diabetic-like side effects to excessive amounts.

19 ACTING CHAIRMAN KOSINSKI: If you small guys
20 want any tips on how to bulk up.

21 Representative Murphy.

22 REPRESENTATIVE MURPHY: I really was going
23 to ask the same question. I think it's important that the
24 human growth hormone, Doctor, what you're saying is that
25 its impact really is in a relatively narrow range of age

1 and that for abuse it's either going to have to be the
2 parents, very rarely would it be the user themself using
3 it?

4 DR. FOLEY: Yes, that's right.

5 ACTING CHAIRMAN KOSINSKI: Representative
6 Wass.

7 BY REPRESENTATIVE WASS: (Of Dr. Foley)

8 Q. Sir, can one detect a user?

9 A. Of growth hormone?

10 Q. Yes, in any other way than testing?

11 A. Excuse me again?

12 Q. Can you recognize a user?

13 A. Of growth hormone?

14 Q. No, of this steroids without some type of a
15 test. Can you physically--

16 A. Oh, oh, I see what you mean. Not that I'm
17 aware of. I think you need to look--

18 Q. You can't walk into a classroom and say,
19 that guy is using it?

20 A. Well, you could sort of suspect it perhaps,
21 particularly in an 8-year-old that was taking it that you
22 would really begin to wonder, but that's unusual. I mean,
23 I think you'd need to look in urinary secretion of
24 anabolic steroids, and growth hormone you probably could
25 not look at the urine. Possibly in the future, but at the

1 moment you would have to do a blood test to find out if
2 they are taking growth hormone.

3 Q. Thank you very much, Doctor.

4 ACTING CHAIRMAN KOSINSKI: Further
5 questions?

6 Representative McNally.

7 REPRESENTATIVE McNALLY: I just want to
8 thank Dr. Foley for giving the definitive explanation of
9 why Michael Dukakis lost the election. It's all a matter
10 of height.

11 REPRESENTATIVE GODSHALL: He had a few other
12 things going for him.

13 ACTING CHAIRMAN KOSINSKI: Representative
14 Trich.

15 REPRESENTATIVE TRICH: First of all, I, too,
16 want to thank Dr. Foley and to even go on record, if I
17 may, as a person who has been involved with this bill
18 certainly on a day-to-day basis. The cooperation that I
19 have received as a legislator from a professional such as
20 Dr. Foley and also representatives of the pharmaceutical
21 role, Eli Lilly being represented today, has been
22 outstanding, and they have done so in a very professional
23 manner and they have offered assistance rather than trying
24 to fight the process, so to speak. And as a new
25 legislator, I certainly appreciate that and wanted to go

1 on record in that light.

2 ACTING CHAIRMAN KOSINSKI: Thank you.

3 Doctor, very informative. Thank you.

4 DR. FOLEY: Thank you.

5 ACTING CHAIRMAN KOSINSKI: Next up on the
6 agenda is Ms. Barbara Parees.

7 MS. PAREES: Thank you, Chairman, and ladies
8 and gentlemen.

9 In my job as Director of Educational
10 Services at the Community College of Allegheny County, I
11 have given testimony in the past usually on educational
12 issues not related to people I know, and I would say it's
13 a very different experience today to be here as a parent
14 of a child who has a growth hormone deficiency. My
15 primary goal in coming today was to say that children
16 receiving human growth hormone should not be included in
17 legislation regarding the abuse of anabolic steroids, and
18 I was greatly relieved to hear Representative Trich's
19 opening remarks and to know that he has received enough
20 information at this point in time to cause him to remove
21 human growth hormone from that list of steroids included
22 in House Bill 855.

23 My remarks then are of a personal nature and
24 personal point of view as a parent of a child. Bradley,
25 when he was 2 years olds, had fallen below the third

1 percentile for boys, which meant that his height was not
2 on the growth chart, and he did not grow at all between
3 the ages of 2 and 4, so by the time he went to
4 Kindergarten, he was about 25 inches tall and I took him
5 to school on the first day and I clearly recall getting
6 him into the classroom and having a mother stop in the
7 doorway of the classroom and call to her husband, "Come
8 here, Harry, I want you to see this little kid. He has
9 all lunch box that's bigger than he is." And you shake
10 your head and I do, too, and I clearly remember it and I
11 share that with you as a way of saying that the children
12 struggle every day to grow tall and also to grow
13 psychologically normally, and I think that including them
14 in a bill and legislation such as this puts them in a
15 light then which they do not belong, and it puts them in
16 connection with people abusing a drug that they need
17 medically to grow.

18 From a practical point of view, Bradley,
19 since that time, has received an injection of human growth
20 hormone daily. It's a painful injection. It means that
21 he and I have to connect every day. He is now 17 years
22 old, and that becomes difficult with a 17-year-old's work
23 and school schedules, as well as mine. It was stated that
24 the average cost for children is about \$12,000. Bradley's
25 treatment costs \$51,000 every year, and I do gladly pay

1 that. I always tell people I have to pay the mortgage, I
2 pay the car payment, and then I have a book to Children's
3 Hospital that looks just like the car payment book. And I
4 pay that willingly and gladly, but I would resent the
5 extra cost that would be included if this hormone was to
6 be included in this bill that would require us to go to
7 the clinic more often. In fact, the amount of growth
8 hormone that I would be permitted to have in my possession
9 would be enough for just 6 days of treatment for Bradley,
10 and I have in my refrigerator enough right now to put me
11 in jail for about 20 years should this go into effect.

12 I live in the Pittsburgh area. I moved here
13 from West Virginia when Bradley was diagnosed after two
14 years of traveling back and forth, and it would be an
15 inconvenience, at the very least, for us to go every six
16 days to pick up hormone. For parents who live in the
17 tri-State area, it would be prohibitive.

18 Lastly, regarding Bradley's participation in
19 high school athletics, I would say that it has been the
20 single most significant factor for him in his
21 psychological development. He's small. He's working
22 today and was not able to come. He would tell you that
23 he's 5 feet tall, and he is almost 5 feet tall, and we
24 celebrated recently when he tipped the scales at 100
25 pounds. So his use of the human growth hormone hardly

1 enhances his athletic experience but in fact makes it
2 possible at all.

3 I commend you for your efforts here today
4 and thank you for this opportunity to represent his point
5 of view.

6 ACTING CHAIRMAN KOSINSKI: Could I ask if
7 Bradley's a soccer player?

8 MS. PAREES: No, Bradley plays ice hockey,
9 and you make a good point because hockey and soccer are
10 two sports where it counts to be close to the ground, and
11 he also is on the high school golf team.

12 ACTING CHAIRMAN KOSINSKI: I hated guys like
13 that, and I hate guys on the golf course like that. I
14 can't drive a ball any distance and these guys just go
15 boom, so tell him from somebody who's not as athletically
16 talented as him that I envy him.

17 MS. PAREES: Thank you.

18 ACTING CHAIRMAN KOSINSKI: So any questions
19 from the committee members?

20 Representative McVerry.

21 BY REPRESENTATIVE McVERRY: (Of Ms. Parees)

22 Q. How much longer will Bradley take this
23 treatment?

24 A. Well, from onset of puberty you have
25 approximately 5 to 7 more years to grow, and Bradley is

1 definitely in puberty, sleeps all day and stays up all
2 night, and so chance would say that his bone ends are not
3 yet closed, and they X-ray his bones every 3 months to see
4 what stage of development they're at, so he has maybe 2
5 more years to grow, and that he grows about not quite 2
6 inches a year. So he could reach 5'4", and we're real
7 excited about that. His prognosis without this would have
8 been about 3 feet 4 or 5. So when he was 16 and able to
9 get in a car and drive, that was a major goal, something
10 that we had really hoped for and were very pleased about.

11 Q. Did I hear you correctly to say that his
12 treatment is \$51,000 a year?

13 A. That's just for the serum.

14 Q. Not \$5,100?

15 A. No, \$51,000.

16 ACTING CHAIRMAN KOSINSKI: Further
17 questions?

18 Representative Trich.

19 REPRESENTATIVE TRICH: As a parent, and by
20 the way, thank you for taking time to come and testify
21 today and for making people like myself aware of that
22 problem.

23 Just out of curiosity, are insurances
24 presently accepting that drug as one that they will help
25 reimburse on the costs?

1 MS. PAREES: Yes, they do. They reimburse a
2 significant portion of that.

3 REPRESENTATIVE TRICH: Thank you.

4 ACTING CHAIRMAN KOSINSKI: Is he a goal
5 tender?

6 MS. PAREES: No, he's a right winger.

7 ACTING CHAIRMAN KOSINSKI: Well, must be a
8 Republican then.

9 REPRESENTATIVE MOEHLMANN: We'll take him,
10 happily.

11 ACTING CHAIRMAN KOSINSKI: Ms. Parees,
12 again, thank you very much because you're on the front
13 lines and we need all the information we can get.

14 Miss Erin Brooks, a member of the American
15 Natural Bodybuilding Conference.

16 Miss Brooks, the floor is yours.

17 MS. BROOKS: Hello, panel. Thank you for
18 allowing me to be on your agenda today.

19 As stated, my name is Erin Brooks and I am a
20 member of the American Natural Bodybuilding Conference,
21 which does promote natural bodybuilding or drug-free. I
22 am from Punxsutawney, PA, which is about 80 miles
23 northeast of here, better known for its groundhog
24 folklore, but that's not why I'm here today. Punxsutawney
25 is a small town with approximately 7,000 people in it, and

1 most of them are elderly or middle aged. There are very
2 few people that are my age or youth, let's say.

3 This is a bottle of Dianabol. I got it from
4 a guy in my gym. Just for the record, I have never taken
5 steroids and I would never take them. The point that I'm
6 trying to make is there are thousands of these bottles
7 which exist all over the country, all over Pennsylvania,
8 under perhaps some of your sons', but I hope not, under
9 their beds in shoe boxes, in locker rooms, in their
10 dresser drawers.

11 Basically, the point I'm trying to make is
12 that if we have a problem in Punxsutawney, we have a
13 problem everywhere. I'm here to tell you why steroids are
14 a problem in your hometown, about the widespread use of
15 steroids and why we need to do something about this
16 problem.

17 Before I begin, I'd like to share with you a
18 little bit about my background. As stated, I am a
19 bodybuilder, but I also have an interest in the law. I
20 graduated in 1984 from Penn State University with a degree
21 in Administration of Justice. I've worked for the
22 district attorneys of Montgomery and Jefferson Counties.
23 I attended Municipal Police Academy and graduated first in
24 my class, and I am a certified paralegal currently working
25 for the district attorney of Jefferson County in his

1 private practice. And as stated, I am a competitive
2 bodybuilder.

3 Now, this leads me to my first point, why
4 steroids are a problem that we should be concerned about.
5 Now, most likely, none of you have ever really come
6 face-to-face with this problem. It's not like we see
7 these people standing out on street corners begging for
8 money to buy steroids or strung out on them or anything.
9 Certainly I wouldn't be aware of the problem if I hadn't
10 become a bodybuilder. Bodybuilding is a sport, some of
11 you may not be familiar with it, it's a sport which
12 promotes muscular and physical development through weight
13 training and proper diet techniques.

14 Where this falls into the whole scheme of
15 things is that people who are involved in sports consult
16 weight lifters and bodybuilders for their expertise in
17 dealing with training. There is this misconception that
18 only bodybuilders or weight lifters are taking these
19 drugs, and that's simply not the case. I train in a local
20 gym, it's very small, there are no fancy machines in
21 there, it's mostly free weights. The lifters in there
22 range from anybody from a junior high to high school age
23 to doctors and lawyers. It's the only gym in town. When
24 I first started lifting, I had no idea that we had this
25 problem. I thought that only the guys in the magazines

1 were taking these things. Well, I was completely naive.
2 I was totally wrong. I've spent a lot of time in the gym
3 training. I've come into contact with a lot of regional
4 and local athletes, not just bodybuilders, and I can tell
5 you without reservation we have a definite steroid
6 problem.

7 I'm going to give you three examples of
8 people just from my gym who I know personally. The first
9 boy is a local farm boy who is underweight, very
10 determined, he wants to look like the guys in the
11 magazines. He hears about a shortcut called steroids and
12 thinks he can build muscles rapidly and without too much
13 work if he takes them. So, he goes to our local dealer,
14 gets a few bottles and starts taking three to four times
15 the recommended dosages that you're supposed to take for
16 these things. Well, I've tried to exert some influence in
17 the gym by denouncing these things and he was off of them
18 for a while. I understand yesterday somebody told me that
19 he is back on them, and I have seen changes in his
20 physique in this regard.

21 Two other boys who are local high school
22 all-American types, they're on the wrestling team, played
23 football, they are looking for college scholarships, they
24 got involved in steroids and within weeks they were acting
25 like junkies. They were in the restroom of my gym

1 shooting each other up with hypodermic needles in the
2 bathroom. Unbelievable. In addition to the physical
3 changes, they developed this very anti-social behavior,
4 very aggressive, started to provoke fights in the gym and
5 outside the gym. One of them became heavily involved in
6 the black market now, I understand.

7 The last person who I know, I went to school
8 with this kid. He played for a Division III college which
9 is very close to me. He went to school on a college
10 football scholarship and I saw him just the other week and
11 he had this huge scar all the way around his chest, and I
12 asked him what happened. He said he couldn't cut college
13 football, and I said, "Well, what did you mean?" He said,
14 "Well, the coaches were forcing me to take steroids." He
15 said he couldn't compete without them. In other words, he
16 had to conform if he wanted to be on the team. Well,
17 while they're on these steroids, their health is not
18 monitored by any sort of sports physician, or anybody
19 else, for that matter. He developed a tumor inside of his
20 lung cavity which was approximately the size of a
21 grapefruit, and the doctors told him that it was
22 definitely steroid related. Now he's wondering about the
23 long-term effects of the steroid abuse which he has
24 undertaken.

25 Based on the information that I've gathered

1 in Smalltown, USA, approximately 26 percent of the people
2 in my gym have either taken steroids or they are on them
3 currently, and I think that that number is minimal because
4 I don't know of everybody who's taking them. You know,
5 please keep in mind, this is a town of about 7,000 people,
6 so like I said, if it's happening here, it's happening
7 everywhere.

8 This leads me to my second point, which is
9 exactly how widespread the problem is. Now, certainly
10 Punxsutawney is not the epicenter of this problem. There
11 are thousands of little communities just like ours out
12 there with a gym. I'm the only competitive bodybuilder in
13 Jefferson County, so that means that anyone else that's
14 taking these steroids, I don't know why they're taking
15 them, but certainly some of them are on sports teams, but
16 a lot of them are just taking them because they are trying
17 to get their egos geared towards being big and fitting in
18 with the rest of that crowd. Other gyms in other towns
19 I'm sure have identical problems. I know one locally, I
20 was talking about this with a Pennsylvania State Trooper
21 who is an undercover narcotics agent, he told me that in
22 the Clearfield YMCA they were selling steroids out of the
23 refrigerator like vitamins.

24 So what I'm here to say is that it's a
25 growing problem. Ten years ago when I was in high school,

1 I guess it was longer than that, but you never heard of
2 steroid use on the local level. Well, now the kids are
3 actively involved in steroid use. The younger students
4 are training right alongside with the older kids that are
5 also taking them, and the older kids are setting the
6 example, the bad example for the younger kids, and there
7 we have it. It's a cycle now. Without direct action,
8 this problem is only going to get more severe.

9 This leads me to my third point is why we
10 need to do something about this. I think we need to
11 strike at the root of this problem, and that is the
12 availability of the steroids themselves. I know of some
13 guys in my hometown who are heavily involved in the black
14 market, and if you think that these things are not
15 flowing, here I have a bottle with me today. You're
16 absolutely wrong. They are out there and they're easy to
17 get. The counterfeiterers are also a problem because what
18 they are doing is taking these steroids and cutting them
19 with other agents, which I'm not sure what they are, and
20 then selling them, so there's also a flimflam aspect to
21 this where people are making money off things that aren't
22 even "legitimate," quote, unquote.

23 The lack of education for the youngsters is
24 also dangerous. Again, when I was in high school, nobody
25 said, don't take these steroids, they're bad for you.

1 Well, the kids are not getting that fundamental background
2 in the health classes that really pronounce each and every
3 one of these side effects and what could possibly happen
4 to them if they are involved in steroid abuse.

5 A third thing that I perceive in this is
6 that the kids are taking the steroids based on the advice
7 of other users and the people that are involved in the
8 black market. For example, I have this little publication
9 with me, it's called "The Anabolic Reference Guide." This
10 is an underground type of manual and this goes from A to Z
11 and it's a how-to on how to take steroids.

12 From here I would like to comment on the
13 growth hormone, which is contained in this publication.

14 REPRESENTATIVE MURPHY: Dr. Foley, have you
15 ever seen this? We might try to get a copy for you.

16 MS. BROOKS: Well, I would urge anyone that
17 wants a copy to please let me know.

18 These steroids in here are rated on a scale
19 of 1 to 4 stars, depending on the benefit that you derive
20 from them versus the lack of side effects that you get
21 from them, and in this publication, and believe me, I'm no
22 expert, it does give human growth hormone 4 stars, which
23 is the best. I know a kid from Punxsutawney who is taking
24 \$800 worth of human growth hormone per month in an effort
25 to increase his physical or promote his physical

1 appearance.

2 The current law that we have, I really don't
3 think that it's necessary for me to get into how
4 inadequate it really is. I've consulted with my boss on
5 this who's been the district attorney of my county for the
6 past 12 years and basically he said that under the current
7 law, there is really nothing that he could do to prosecute
8 someone who is distributing this junk. The Pharmacy Act
9 doesn't really cover the situation. They didn't really
10 intend for the Pharmacy Act to cover the black market. I
11 know that the law is really confusing to the layman.

12 The way House Bill 855 is written, a small
13 amount of steroids will not be unlawful, that being three
14 2cc bottles. Well, from my sources, that's enough for a
15 whole cycle. So this isn't the kind of drug where the
16 more and more you take it the better high you're going to
17 get out of it. That's not the situation here.

18 Under that sort of introduction, if we
19 wanted to make that bill into law, that would almost be
20 analogous to possessing five pounds of marijuana for
21 personal use. So really, that's a more than adequate
22 amount of steroids for an athlete who wants to get big.

23 You might hear people say, well, we don't
24 know what steroids are going to do to your body within the
25 next 10 or 20 years, so why should we worry about it? I

1 respectfully assert today that you, as legislators, have
2 an opportunity to make sure that nothing happens to these
3 people in the next 10, 20, 30 years and that these people
4 are still around and they don't die of heart attacks.

5 That's all I have.

6 ACTING CHAIRMAN KOSINSKI: Thank you.

7 BY ACTING CHAIRMAN KOSINSKI: (Of Ms. Brooks)

8 Q. I find it interesting that your DA said he
9 couldn't prosecute, because he certainly can prosecute the
10 person after the pharmacist who sells it.

11 A. No, I think he was saying under the
12 Controlled Substance Act it would be very difficult for
13 him to make a successful prosecution of that.

14 Q. Right.

15 A. There is one section, I believe -- I don't
16 really want to get too technical here, but the
17 non-proprietary drugs, I believe, which is listed in the
18 back of House Bill 855.

19 Q. Right.

20 A. That goes into the sale. Well, it could be
21 argued by a defense attorney that steroids don't fit into
22 the category of non-proprietary drugs simply because I
23 believe they define it in the Controlled Substance Act as
24 drugs of a glandular origin. Well, these can be
25 synthetically derived, so that blows that. You know, it's

1 just not precise enough.

2 Q. Okay. We will take that back because the
3 Judiciary Committee can tighten up language within the
4 bill and maybe as a companion to the bill, but I'm
5 surprised by your testimony today because, quite frankly,
6 I didn't think it was that big of a problem outside of the
7 population that goes in for bodybuilding or sports. When
8 it hits Punxsutawney, you know it's pretty bad.

9 A. That's where it really got my attention to
10 this problem.

11 ACTING CHAIRMAN KOSINSKI: Representative
12 Roebuck.

13 BY REPRESENTATIVE ROEBUCK: (Of Ms. Brooks)

14 Q. Ms. Brooks, could you just comment on the
15 response of bodybuilders to this problem, since you talk
16 about bodybuilding as a sport? Is there any pressure in
17 that sport to isolate those who are on steroids or to put
18 the pressure on those not to do it?

19 A. It depends on the organization. Now, right
20 now there are two major organizations in the United States
21 which are involved in bodybuilding, that being the NPC,
22 the National Physique Committee, and the ANBC, which is
23 the particular organization that I'm involved in. Now,
24 the ANBC has come out, we most definitely denounce any
25 sort of drug use, and any bodybuilding contest that I

1 enter is drug tested. Now, as far as the NPC, they have
2 had a reputation in the past as not being a drug-free
3 organization. Right now they say they would like to
4 become drug-free. Most recently I was in a contest that
5 was drug-free, but at this point in time they haven't come
6 out and taken the steps that the ANBC has in order to get
7 rid of this.

8 As far as the pressure on the bodybuilders,
9 I feel there is a tremendous amount of pressure on them in
10 order to remain clean. From what I understand, I could
11 never really compete with the people you see in the
12 magazines simply because I'm not on steroids.

13 Q. The contests that we see on television, are
14 they likely to be drug-free or not drug-free?

15 A. Not drug-free.

16 Q. So that's certainly a major problem.

17 ACTING CHAIRMAN KOSINSKI: Representative
18 Langtry.

19 REPRESENTATIVE LANGTRY: Yes.

20 BY REPRESENTATIVE LANGTRY: (Of Ms. Brooks)

21 Q. I'd like to talk about that bottle that's in
22 front of you. Do I understand correctly that someone in
23 your gym gave you that?

24 Q. I asked them if I could bring it down here.
25 I borrowed it from them, yes.

1 Q. Okay. Do you know how many doses or
2 whatever it is that are in there, how much it costs, and
3 how they came to have that?

4 A. Okay, the person that I borrowed it from
5 today got it through the black market. There are, I
6 think, 100 tablets in here of 5 milligrams each. As far
7 as what they paid for it, it's probably somewhere in the
8 neighborhood of, oh, about \$4. Let me look it up in here.
9 They give you costs in here also.

10 Q. How long a period is that supply, the
11 numbers of pills?

12 A. Here, let me quote from "The Anabolic
13 Reference Handbook" here. "Average dosages for Dianabol
14 have been 15 milligrams to 30 milligram per day," and
15 these are 5 milligram tablets, "oral, or 50 milligrams to
16 100 milligrams a week injectable. This drug can still be
17 purchased for a fair price of about \$30 a bottle."

18 REPRESENTATIVE MURPHY: What's the human
19 growth hormone? I'm curious to see, how much does it say
20 about that?

21 MS. BROOKS: It says in here that they're
22 astronomical. Let's see. "Growth hormone products,
23 because several false products have shown up on the black
24 market, obviously to cash in on the big price tag. If you
25 can find a doctor to prescribe the HGH to you, that would

1 be the very best way to go. It shows up on the market
2 very rarely.

3 REPRESENTATIVE REBER: Tom, I have a Batman
4 comic book. Batman uses steroids here, if you want to
5 refer to that as well.

6 REPRESENTATIVE LANGTRY: I'd like to finish
7 up.

8 BY REPRESENTATIVE LANGTRY: (Of Ms. Brooks)

9 Q. Are you suggesting that there are
10 underground factories that manufacture this?

11 A. Yes.

12 Q. And these are somebody's house or wherever
13 it may be?

14 A. Yes, I'm suggesting that. I know that to be
15 true.

16 Q. Okay. And do you have any idea where some
17 of these manufacturers exist? Just yes or no.

18 A. Yes, I do.

19 Q. Okay. So regionally, area wide, there's
20 probably a place that manufactures these anabolic
21 steroids?

22 A. Most definitely.

23 Q. Okay.

24 ACTING CHAIRMAN KOSINSKI: Representative
25 Hagarty.

1 BY REPRESENTATIVE HAGARTY: (Of Ms. Brooks)

2 Q. Ms. Brooks, when you refer to a black
3 market, who is selling the drugs? Are these kids?
4 Adults?

5 A. They're both. Really, there are kids and
6 adults selling them, and basically anybody that wants to
7 sell them. If you wanted to go out and sell them
8 tomorrow, they'd let you.

9 Q. Are they the same people who are selling
10 other illegal drugs?

11 A. No, usually not. This is usually people who
12 are very interested in bodybuilding, but here again,
13 remember that bodybuilding incorporates a lot of its
14 principles into all -- you know, people come to me and
15 say, will you train me, I'm on the football team? You
16 know, so I'm using my expertise and knowledge in order to
17 show them how to become stronger.

18 Q. And they're making a profit, I take it, of
19 selling the drugs?

20 A. Most definitely. They're making a profit on
21 things that aren't even steroids. They're counterfeits.
22 They're placebos.

23 ACTING CHAIRMAN KOSINSKI: Representative
24 Godshall.

25 REPRESENTATIVE GODSHALL: I think in

1 brother's testimony and his contacts through the medical
2 society down home, again, with orthopaedic people and so
3 forth, they found that they figure it's only about 20
4 percent of the steroids that are really prescribed by
5 doctors, and a lot of those are for legitimate purposes.
6 80 percent, I think the Penn State study also verified
7 that, approximately 80 percent come from the black market
8 and wherever, and that's manufacturers of them out of
9 homes or wherever. 80 percent of all the steroid users,
10 and that's, I think, what you said too that you agree
11 with.

12 MS. BROOKS: Well, I don't know of anybody
13 who's on steroids from a doctor's prescription, and I've
14 had most of the people, you know, I gave you the figure of
15 26 percent of the people in my gym that are taking them.
16 Well, they've talked to me about it. I'm a friend of
17 everybody in the gym and, you know, they've said to me,
18 well, you know, I want to get off the juice or whatever.
19 And none of them received the drug from a doctor.

20 REPRESENTATIVE GODSHALL: I think that
21 testimony that I had in here in this one paper that I was
22 going to present to the committee said that there was \$100
23 million a year, and that goes back a few years, is what
24 with the sales amounted to, \$100 million a year. And
25 that's a heck of a lot of money for steroids when they're

1 only looking at \$30 a bottle. It's a lot of steroids.

2 ACTING CHAIRMAN KOSINSKI: Representative
3 Wass.

4 REPRESENTATIVE WASS: Ma'am, I'm 28 miles
5 from Punxsutawney and all I'm interested in is how do I
6 get into your class?

7 REPRESENTATIVE HAGARTY: A sexist remark
8 here.

9 ACTING CHAIRMAN KOSINSKI: Representative
10 Heckler.

11 REPRESENTATIVE LANGTRY: Tell him just to
12 pay up.

13 BY REPRESENTATIVE HECKLER: (Of Ms. Brooks)

14 Q. I'm wondering, the Dianabol, is it, that you
15 brought with you, what you have there is manufactured by
16 some legitimate pharmaceutical company?

17 A. That's debatable.

18 Q. Oh, it's not--

19 ACTING CHAIRMAN KOSINSKI: May I see that?
20 You can toss it over.

21 MS. BROOKS: Sure.

22 (Ms. Brooks passed the bottle to Acting
23 Chairman Kosinski.)

24 MS. BROOKS: It could be, but, see, what
25 they do is they make it and they'll put it in something

1 that looks legitimate.

2 BY REPRESENTATIVE HECKLER: (Of Ms. Brooks)

3 Q. I see. I see. So this could be--

4 A. I guess there are certain ways that you can
5 determine whether or not they are counterfeit, and again,
6 this guide here gets into that. Particularly I think they
7 are looking for the stamp on the individual pill or the
8 marking on the pill and whether or not the bottle is
9 sealed with the plastic around it.

10 Q. Well, I know we've seen this for years in
11 some of the drugs of abuse, the speed-related prescription
12 drugs, that there are vast quantities produced in the
13 legitimate market that just sort of mysteriously find
14 their way into the black market, and I'm wondering, well,
15 certainly what you've had to tell us is very valuable. I
16 hope -- will it be possible for us to have that manual as
17 a part of the record? I assume -- this is a State office
18 building. The odds are there's a Xerox machine somewhere
19 in this building.

20 REPRESENTATIVE REBER: Does it work?

21 REPRESENTATIVE HECKLER: The odds are
22 somewhat slimmer there's one that works, but if it would
23 be possible, perhaps after the hearing, for us to arrange
24 for that. That is some very striking testimony.

25 MS. BROOKS: Sure. There's another

1 reference book out which is called, "The Underground
2 Steroid Handbook," and I couldn't get a hold of a copy of
3 that. The gentleman, if I can use that term, that
4 publishes it is in jail right now, from what I understand.
5 His name is Dan Duquesne. But I understand that that's
6 even a little bit more comprehensive than this, although
7 bodybuilders do really refer to this very strongly.

8 ACTING CHAIRMAN KOSINSKI: Can we have
9 somebody from the staff copy that now so that we don't
10 have to delay Miss Brooks?

11 Further questions?

12 Representative McHale.

13 BY REPRESENTATIVE MCHALE: (Of Ms. Brooks)

14 Q. I gather in the past the word simply has not
15 been communicated very accurately, particularly to high
16 school students and perhaps others who have never before
17 used steroids, regarding the long-term detrimental impact
18 of this kind of drug consumption. In light of the horror
19 stories that I've been hearing today, is that word
20 beginning to be communicated? Is there at least an early
21 stage of an effective educational process so that people
22 know that when they take this kind of substance they are
23 dramatically increasing the likelihood of heart failure
24 and other related problems?

25 A. I would say no, absolutely not, because, for

1 example, the kid in my gym, the farm boy who was on them,
2 you know, one day I sat down with him and I told him,
3 look, you don't want to do this. This is not a good idea.
4 He's back on them again. But I really don't think that in
5 communities such as ours where we're pretty isolated from
6 the big problems of the big cities and so on, and I
7 honestly don't think that anything has really made an
8 impact thus far in the media on the youth of our society.
9 I think this thing with Ben Johnson has definitely brought
10 it out to the forefront a little bit, but it's not enough.
11 We need it in the health classes to let them know. And we
12 also need to really make an impact on the coaches that
13 this should not be going on both at the high school and
14 the college level.

15 Q. It just seems to me that if we did a better
16 job of communicating the tragedy of Mr. Courson's story
17 and other similar events, that the best form of addressing
18 this problem and deterrence would be more effective. I
19 find it difficult to believe that that farm boy would be
20 taking anabolic steroids at this point if he knew the
21 tragedy that such consumption brought into Mr. Courson's
22 life.

23 A. And he's unique in that he is not in high
24 school. He's younger than I am. I believe he might be
25 20, 21 years of age, but he's not even a competing

1 athlete. He's not a bodybuilder, not even a Rec
2 Department sports that are sponsored by the community.
3 He's just trying to become bigger. The guys in the
4 magazine, those are his idols.

5 ACTING CHAIRMAN KOSINSKI: Further
6 questions?

7 Representative McNally.

8 REPRESENTATIVE McNALLY: Two.

9 BY REPRESENTATIVE McNALLY: (Of Ms. Brooks)

10 Q. First, would you be able to tell us, I think
11 one example you related was a young man who had had a
12 tumor related to steroid use and that the steroid use was
13 sort of promoted by an athletic program at a Division III
14 school, is that right?

15 A. That's correct. I believe it's a Division
16 III school.

17 Q. Is it a State school?

18 A. Yes, it is.

19 Q. And what would you think about sort of
20 expanding beyond this legislation where say, for example,
21 that young man, using his case as an example, where a
22 physician of an institution or an organization which sort
23 of -- I'm trying to think of the exact word, but
24 encouraged someone to use steroids, might be held liable
25 for all of the damages that might result from that, even

1 though it may have actually been with the consent of that
2 particular individual?

3 A. Are you talking about a litigious--

4 Q. A civil liability.

5 A. Okay. Hum. I'm not a lawyer and I don't
6 really know where that would fit into the scheme of civil
7 litigation. I suppose if somebody wanted to bring suit
8 against a college for that particular reason, they're
9 certainly entitled to do that, and if they got enough good
10 medical experts, they could possibly find a verdict in
11 their favor. But I really think that perhaps what they
12 could do is maybe have some sort of NCAA sanctions against
13 them, like they would be suspended for a certain period of
14 time if they were found to have steroids in their locker
15 rooms.

16 Q. Well, I guess maybe I can narrow the
17 question a little bit. You know, obviously a person who
18 uses steroids is making a personal decision to use
19 steroids, and for selfish reasons I suppose, you know,
20 because they want to be more competitive or be bigger or
21 whatever, but at the same time there is apparently a
22 pressure put on them to use steroids?

23 A. Um-hum.

24 Q. If I understand your testimony correctly.
25 And so I guess what I'm asking you in your opinion, do you

1 think it's fair to place the greater responsibility and
2 sanctions upon those institutions or people who are
3 creating that pressure and, you know, shift the
4 responsibility from the individual who may elect to use
5 them but, I don't know, is in a sense a victim of that
6 pressure?

7 A. I guess in my personal opinion I feel very
8 strongly that, yes, they should have greater penalties
9 imposed on them for pressuring a kid to think that he
10 can't compete in college football unless he does this to
11 his body, and them being the authority and the kid being
12 just perhaps a freshman or sophomore in college that's
13 trying to make the team. Well, certainly I think that
14 they should be held to a greater accountability than the
15 kid that's lost in this football program trying as hard as
16 he can to make the team.

17 Q. Thank you.

18 ACTING CHAIRMAN KOSINSKI: Representative
19 Davies.

20 BY REPRESENTATIVE DAVIES: (Of Ms. Brooks)

21 Q. What you're saying is that the dosage has to
22 be lowered in this piece of legislation so that it's more
23 prohibitive?

24 A. Yes. I feel that way. I think if you give
25 them an inch, they're going to take a mile. If you allow

1 them to have three 2cc bottles, that's all they need.
2 And what they'll do, if this is legal to possess this
3 much, they can get great quantities, pass it out to their
4 friends and say, here, hang on to this until I'm done with
5 this cycle. That way they'll be abiding by the law. You
6 know, this isn't the kind of thing where the more joints
7 you smoke, the higher you get. It's not like that.

8 Q. With your training, is there any other
9 suggestion as to -- you're saying at a YMCA it was
10 supposed to be prevalent. Is there any other deterrent
11 that could be built into this piece of legislation as far
12 as facilities, making restrictions on facilities or on
13 availability in facilities or any such thing?

14 A. I was thinking about that, and I'm not
15 really sure. I don't really think that health clubs have
16 to be licensed, per se, with any particular athletic
17 organization or, you know, I'm not sure if they have their
18 own sort of society that sort of governs them, their own
19 governing body, I should say. You know, I really haven't
20 thought about that too hard.

21 Q. Thank you.

22 ACTING CHAIRMAN KOSINSKI: Any further?

23 Representative Moehlmann.

24 REPRESENTATIVE MOEHLMANN: On the same line
25 of questioning as Representative Davies. At the committee

1 meeting at which we discussed this legislation, an
2 amendment was presented, and I believe adopted, but I
3 don't recall, but at any rate, the amendment is there, and
4 the language, 25 labels or three 2cc bottles was or will
5 be stricken, but the amended language would be 25 trade
6 packages. Now, that language was given to us by the
7 Department of Health, and I'm not sure that I know just
8 what trade packages mean. Do you?

9 REPRESENTATIVE McHALE: No, but it was their
10 recommendation that we use that terminology.

11 REPRESENTATIVE MOEHLMANN: But let's assume
12 that trade package means -- a trade package would be a
13 dose, as in the case of a pill or a capsule, or in the
14 case of a liquid I don't know what a trade package would
15 be. I suppose it would be whatever small--

16 ACTING CHAIRMAN KOSINSKI: It's equivalent
17 to what a doctor gives you. If you've ever gone into a
18 doctor's office and he says, here take this. Small
19 amounts, small dosage.

20 REPRESENTATIVE MOEHLMANN: Like a sample?

21 ACTING CHAIRMAN KOSINSKI: Yes.

22 BY REPRESENTATIVE MOEHLMANN: (Of Ms. Brooks)

23 Q. Do I understand you correctly, your feeling
24 would be -- your feeling might be that there should not be
25 a limit beneath which it's appropriate, or at least

1 defensible, for a non-physician or a person for whom it's
2 not been prescribed to possess this juice?

3 A. Yeah, I agree with that. In other words,
4 yes, that's true. I don't think that anybody should be
5 allowed to have any amount of steroid that has not been
6 prescribed by a physician for a medically necessary
7 reason. There's abuse inherent right in having a small
8 amount of it.

9 Q. Yeah. I gather from your testimony these
10 amounts that we think in the bill are small amounts are
11 really functionally large amounts, is that correct?

12 A. That's correct.

13 Q. Thank you for your answer.

14 REPRESENTATIVE MOEHLMANN: Mr. Chairman, I
15 would very much like to hear Dr. Foley's comment on pretty
16 much that same point, on what we're really talking about
17 in terms of dosages with what we thought were small
18 amounts.

19 ACTING CHAIRMAN KOSINSKI: Doctor?

20 DR. FOLEY: I think that comment is
21 appropriate. I think a nonprescription possession should
22 be not acceptable legally. Should be illegal. Only
23 prescription drugs properly prescribed for an indicated
24 cause which is legitimate for -- in a cause indicated
25 according to the packaging information for these steroids.

1 REPRESENTATIVE MOEHLMANN: Do you agree also
2 with Miss Brook's comment that these amounts, like 25
3 labels or 25 trade packages or three 2cc bottles, which we
4 thought were really small amounts, are actually, in terms
5 of dosage, rather large amounts?

6 DR. FOLEY: Actually, I don't really use
7 these drugs. I can't comment. The only medicine I use is
8 testosterone, and we can give, I think, five monthly doses
9 in one vial, and that's about all we use.

10 REPRESENTATIVE MOEHLMANN: Thank you, Dr.
11 Foley, and thank you very much, Miss Brooks.

12 MS. BROOKS: You're welcome.

13 ACTING CHAIRMAN KOSINSKI: Further
14 questions?

15 (No response.)

16 ACTING CHAIRMAN KOSINSKI: Miss Brooks,
17 again, thank you very much for your testimony again. Very
18 enlightening. And also, please take the bottle with you.

19 MS. BROOKS: Oh, one more thing before I go.
20 This is a petition which was signed at a bodybuilding
21 contest that I was in, and it says, "We, the undersigned
22 citizens of Pennsylvania, feel that steroids are very
23 harmful physically and psychologically. As the current PA
24 law reads, steroids are illegal to possess or consume, and
25 we feel that steroids should be classified as a Schedule

1 II narcotic which requires a prescription to possess and
2 consume.

3 ACTING CHAIRMAN KOSINSKI: We will make that
4 part of the record. Thank you very much.

5 Our next testifant today will be Ms. Linda
6 Schnupp and her son, Trevor Schnupp.

7 MS. SCHNUPP: Thank you. I'm accompanied by
8 my restless young man here who has asked that he not give
9 any actual testimony but will be happy to answer questions
10 when I'm finished.

11 My name is Linda Schnupp. I'm a concerned
12 parent of a child receiving human growth hormone. I'm not
13 here to address the subject of anabolic steroids, but I do
14 support that portion of this pending legislation. First,
15 I would like to thank Representatives Langtry, Petrone,
16 McVerry, and Trich for their responses to letters my
17 husband and I wrote expressing our concerns about House
18 Bill 855. Representative Lantry's diligence and interest
19 in our situation provided the opportunity for me to
20 testify today.

21 As a parents of a child receiving human
22 growth hormone therapy, I would like you to understand the
23 difficulties that we have faced in the past year. We have
24 realized and brought to our doctor's attention that our
25 son was not growing at the expected minimum rate of 2

1 inches per year. We have observed his peers towering over
2 him as they began their pubescent growth spurt and heard
3 their cruel remarks to our son. Let me assure you that
4 the pecking order of biggest to smallest still exists and
5 will leave its emotional scars.

6 We watched our son endure, with bravery and
7 cooperation, the tedious, painful, and emotionally
8 draining experience of two hospitalizations and a series
9 of outpatient testing to diagnose the cause of his lack of
10 growth. All this was necessary for documentation that a
11 child does medically meet the criteria for human growth
12 hormone replacement therapy. There are strict Federal
13 guidelines that must be met before physicians can
14 prescribe this medication, and documentation must be
15 updated constantly for justification of continued
16 treatment. By pharmaceutical definition, human growth
17 hormone stimulates the linear growth in children who lack
18 adequate normal androgenous growth hormone.

19 In order for treatment to begin, we had to
20 be taught by a home health nurse how to properly store,
21 mix, and inject the medication. The adjustment to the
22 three times a week injections has been difficult. The
23 entire process takes about 20 minutes per injection
24 because the medication must be mixed fresh each time using
25 sterile conditions. My husband, Trevor, and I share these

1 responsibilities, while our daughter Tory, age 11, stays
2 as far away from the whole process as possible.

3 Because human growth hormone is a protein,
4 there is a burning sensation felt with every injection.
5 Trevor was able to inject himself two weeks into therapy.
6 It was two months before I could adjust to this and bring
7 myself to give the injections. We are so proud of the way
8 Trevor has handled this. We are also pleased to report
9 that he has grown 4 inches in 9 months of human growth
10 replacement therapy.

11 Even with this positive response to the
12 medication, it's hard to forget the other problems the
13 situation has brought to our family. The cost of Trevor's
14 medical care is approximately \$50,000 annually. For an
15 average family, this is overwhelming. Simple travel has
16 become another obstacle because the medication must be
17 refrigerated. We have just received a cold pack carrying
18 case from the pharmaceutical company for this purpose,
19 which should make things a little easier. However, House
20 Bill 855, if passed without the proposed amendment, would
21 mean that we could be jailed and fined for carrying just
22 one dose of medication to a grandparent's house. This is
23 not fair to our children.

24 We must also address the issue of limiting
25 the amount of medication that we can keep in our

1 possession. In reality, if this bill is passed without a
2 specific amendment, we would have to visit our physician's
3 office three times a week for injections. The
4 inconvenience and expense of this would make treatment
5 much more difficult. We do not need more obstacles and
6 stresses added to our child's life.

7 In conclusion, we would suggest to you that
8 it is not enough to strike human growth hormone from the
9 list included in these bills but rather urge to you
10 include a statement to House Bill 855 and Senate Bill 454
11 that states specifically that human growth hormone, used
12 for legitimate medical purposes, is not included in this
13 legislation. By doing this, you will leave no doubt in
14 the minds of uninformed law enforcement officials or
15 school board directors as to the legitimacy of human
16 growth hormone replacement therapy.

17 Thank you.

18 ACTING CHAIRMAN KOSINSKI: Questions?

19 Representative McNally.

20 REPRESENTATIVE McNALLY: Yes.

21 BY REPRESENTATIVE McNALLY: (Of Ms. Schnupp)

22 Q. Mrs. Schnupp, thanks very much for your
23 testimony, and Ms. Parees as well. You know I, and I
24 think I probably reflect the sentiment of everyone on the
25 committees today, I sympathize entirely with your view,

1 and I think Representative Trich supports your view as
2 well, but the one thing that I would ask you as parents to
3 do, because based on what Mr. McHale asked earlier and Dr.
4 Foley's testimony, is that at some point this particular
5 human growth hormone could become more readily available
6 and more likely to be abused, and you might want to lobby
7 your position about this to tell him or her that it's
8 important that they as physicians not allow this hormone
9 to be abused in the future. But, you know, if it is
10 abused, it will create a problem that will have to be
11 addressed and that the onus of that legislation is going
12 to fall most harshly upon families like your own. And so
13 physicians and parents, I think, really have a
14 responsibility to make sure that this hormone is not
15 abused so that we can avoid any kind of complication or
16 problems for your son.

17 A. I think we're aware of that because even
18 when we were traveling, we made a trip to visit friends on
19 the eastern part of the State and then went on to go to
20 the Statue of Liberty. And that was difficult. If we had
21 not had the friend's refrigerator, because we didn't have
22 this cold pack at that point, you can't give it to a motel
23 to store in their refrigerator. You have to -- we did,
24 anyway. We were advised by the home health agency to keep
25 the syringes and the supplies locked in the trunk of our

1 car, but because of the weather, we couldn't do that with
2 the cold carrying case that we did take along. It does
3 become an obstacle to overcome and it is a burden. Trevor
4 was very concerned that we might have to give our address
5 because we have \$10,000 worth of medication, as Barbara
6 said, in our refrigerator, and it is sometimes scary to
7 think about that, and he was concerned about security,
8 that sort of thing. It's something that we not only feel
9 but our children, as he's an older patient who is only 9
10 months into therapy, feel. And it is an overwhelming
11 responsibility. The first time the Federal Express man
12 pulled up and left this 3-month supply, I called my
13 husband and said, you know, I'm really worried. I never
14 was concerned about this before.

15 So I think we do feel this responsibility.
16 Hopefully, the drug will become less expensive. We are
17 aware of that with the expense involved though that we
18 certainly, you know, don't want to drop a vial or anything
19 that would in any way prohibit his, you know, not being
20 able to use it, so you have to be very careful with
21 everything you do with it.

22 Q. I never had any doubt in my mind that you
23 understood the responsibility, but even as Dr. Foley
24 indicated, there may be just one or two physicians that
25 are not as honest, perhaps, as they ought to be, and it's

1 important that we tell them and emphasize that point with
2 them.

3 A. Yeah, that's probably true.

4 ACTING CHAIRMAN KOSINSKI: Questions?

5 Representative Langtry.

6 REPRESENTATIVE LANGTRY: Yes.

7 BY REPRESENTATIVE LANGTRY: (Of Ms. Schnupp)

8 Q. In my many conversations with Linda, I
9 neglected to ask this question: Are you aware of any
10 other sources of human growth hormone? Have you ever been
11 approached, other than through a legitimate, apparently,
12 source that you're using now? Are you aware of any other
13 method to receive this?

14 A. Not at all. In fact, as a parent, when
15 you're told that there are only two drug companies that
16 make it, and there was a time, as Dr. Foley said, just a
17 few years ago, when they were using actual pituitary
18 extract from cadavers that it was not available for
19 certain periods of time, and now that it isn't and it is
20 manufactured, so to speak, it is a relief to know that it
21 is available, even if only through two sources, two drug
22 companies.

23 Q. Well, how would you account for Miss Brooks'
24 testimony that apparently HGH is one of the best?

25 A. But you have to understand in her testimony

1 also that she did state that it's almost impossible to
2 get. At least I got that impression from what she was
3 reading, that even though they might want to use it, it's
4 only by a doctor's prescription, and if you have a doctor
5 that's not going to be honest about prescribing, then
6 there's no control over that. But I don't think you can
7 penalize these children for that situation.

8 Q. So to the best of your knowledge, there's no
9 other than a legitimate source to supply human growth
10 hormone?

11 A. Not that I have ever heard of. No. No.
12 Not at all.

13 ACTING CHAIRMAN KOSINSKI: Representative
14 Davies.

15 BY REPRESENTATIVE DAVIES: (Of Ms. Schnupp)

16 Q. That growth factor, that seems phenomenal,
17 or is that normal or is that better than normal?

18 A. The 4 inches?

19 Q. Yes.

20 A. From what we understand, from what our
21 doctor has said, the more a child needs it, the more and
22 the quicker the response you will get to the medication,
23 and Trevor definitely needed it. And you usually, within
24 the first 18 months to 2 years, have a more rapid growth
25 than you do after that, and since he started on it late to

1 begin with, we are very fortunate that he has had this
2 very rapid growth at this point. He will slow down. He
3 won't be getting 4 inches every 9 months from here on,
4 most likely. It's just the fact that initially he had
5 that.

6 REPRESENTATIVE DAVIES: How are you feeling,
7 Trevor?

8 MR. SCHNUPP: Fine.

9 REPRESENTATIVE DAVIES: Fine?

10 MR. SCHNUPP: Yeah.

11 REPRESENTATIVE DAVIES: You don't notice any
12 difference at all?

13 MR. SCHNUPP: Well, sometimes I do.

14 REPRESENTATIVE DAVIES: Do you?

15 MR. SCHNUPP: Yeah. Like I'm losing a
16 little weight and I'm getting rid of some of my stomach
17 and stuff.

18 REPRESENTATIVE DAVIES: Uh-huh. Thank you.

19 REPRESENTATIVE HECKLER: Maybe we can look
20 into getting some of that.

21 ACTING CHAIRMAN KOSINSKI: Trevor, how old
22 are you?

23 MR. SCHNUPP: 14.

24 ACTING CHAIRMAN KOSINSKI: 14.

25 Okay, Mrs. Schnupp and Trevor, thank you for

1 sharing your testimony with us today.

2 MS. SCHNUPP: Thank you.

3 ACTING CHAIRMAN KOSINSKI: We have one more
4 testifant who is not on who asked to be recognized. Dr.
5 Scott Witon, Ph.D. He's a competitive bodybuilder and
6 also a judge of such competitions. Scott?

7 MR. WITON: Thank you.

8 ACTING CHAIRMAN KOSINSKI: For the record,
9 could you give your complete name?

10 MR. WITON: It is Scott L. Witon.

11 ACTING CHAIRMAN KOSINSKI: Spell Witon,
12 please?

13 MR. WITON: W-I-T-O-N.

14 First of all, let me say why I asked to be
15 put on the agenda, and I am thankful for doing so. I'm
16 here as a factfinding representative for Senator Pecora.
17 I do work for him full-time, I teach at a college
18 part-time. I've been a competitive weight lifter for
19 between 20 and 25 years. I felt compelled, knowing Erin
20 Brooks' testimony and things, to give a little more about
21 firsthand type of information about steroids in a gym and
22 the problem it poses. I have trained with many topnotch
23 bodybuilders on the steroids scene. I mean, the people
24 you see in the magazines. I was once in an argument with
25 one less than five years ago who was being trained by one

1 of the top officials of the NPC, why do I not take them?
2 He said, quite frankly asked me, do you want to be a
3 Cadillac or a Volkswagen? I told him my outlook on that,
4 it depends on how long the engine lasts. He didn't seem
5 too enthused over that. There was quite a large
6 difference in size between him and I.

7 There is no way a person in the ANBC, even a
8 champion, can compete on that level without them. When I
9 first went to college it was in 1970. At that time, one
10 of my first research reports was on this particular
11 subject. Paul Toomey, at that time, who was a decathlete
12 for the United States, claimed to take only 20 milligrams
13 a month in his preparations. Now we have people now
14 taking much more than that a day, and you can go into any
15 gym other than a few where the owners are so vehemently
16 against it that they will not encourage people to buy
17 memberships if they know they're even remotely associated
18 with them. But you can enter any gym and buy them very
19 readily. The problem is one of having a ready supply and
20 also having the effects being so visual.

21 Now, the America College of Sports Medicine
22 has not helped in this endeavor. Because of the lack of
23 empirical evidence showing the effects of steroids on
24 muscle size and strength, they claim that it could only be
25 a placebo effect. Any competitive bodybuilder, however,

1 knows that it is much more than a placebo effect. If it
2 were a placebo effect, you'd see people who are taking
3 them not having the effects, and quite frankly, I've never
4 seen that. While there may not be this empirical evidence
5 to the street people, it's very, very -- it's one of fact
6 that if you take steroids, you're going to have these
7 effects.

8 Now also, as was in previous testimony, it's
9 not the case that they know of the adverse effects.
10 Whether it's a lack of education or just the fact that so
11 many people do take them, become very, very popular, I
12 mean Arnold Schwarzenager and certain things has boasted
13 of it. How do you have heroes like this and yet say that
14 it has negative effects? At the same time, while we all
15 hear of him, I was told of one who only needed a wider
16 casket because he died. So you don't hear of those, but
17 you can see readily of the people in the magazines making
18 a living.

19 In the early 1970s, I played college
20 football. I found that there were no 200-pound middle
21 linebackers. The coach told me, it's either get on it or
22 have the future of pro football eliminated. I had them in
23 my hand, I took them for three days. I then flushed them.
24 These were provided for me, and readily so for every
25 player on our team if they so desired. And this was not a

1 large school, Youngstown State University. It was there,
2 and I know of a lot of friends of mine who went, attended
3 Penn State, Pitt, all the other large schools, same
4 situation there at that time. Now, I'm sure that the NCAA
5 with their actions, that that might have ceased, but
6 believe me, there is no -- if you want them, you can get
7 them. And the problem is manifold in the youth, and I
8 think that it's very important that you look at this bill
9 seriously as a statement to youth about the future.

10 Now, I also want to make it clear that I'm
11 not here saying anything about what Frank might have to
12 say about it. This is only my personal testimony, and I
13 want to differentiate that from my professional status
14 with him.

15 Thank you.

16 ACTING CHAIRMAN KOSINSKI: Questions?

17 Representative Roebuck.

18 BY REPRESENTATIVE ROEBUCK: (Of Dr. Witon)

19 Q. There seems to be a clear double standard
20 here. You're talking about competitive bodybuilding where
21 steroid use seems to be common and acceptable, yet in many
22 other sports it's now prohibited. I wonder if you could
23 comment on that as a factor?

24 A. Well, it's not only that but it's also
25 competitive bodybuilding within the different agencies of

1 bodybuilding. For instance, as Erin Brooks is a member of
2 the ANBC, I also am a judge at that organization, as well
3 as a competitor. To compete, you have to take a polygraph
4 test where they ask you if you've taken them in the last
5 five years, and if you have, if you show positive, you
6 cannot compete. Now, I and other people I know that
7 support these types of natural contests, they have -- I,
8 myself, I have called up NPC tournaments and I've said, "I
9 want to compete. I just got off of them five months ago
10 and I know I shouldn't have done them. Can I compete?"
11 And they say, "No problem." You have a double standard
12 even within bodybuilding.

13 But the fact is, as the testimony has gone
14 on, and I don't think it's been in depth enough about the
15 amount of value, you're talking about an illicit drug, and
16 at \$100 million I do not think -- I think that's very
17 conservative. There was a TV show where it said it was a
18 billion dollar industry to the underworld, and now as you
19 people know, when you're talking about that kind of money,
20 you don't have to look far for people to get engaged in
21 it.

22 And teaching also in ethics at a college, I
23 run into young people who, you know, have the philosophy
24 that if you're successful, it's good. Quite frankly,
25 we're fighting a little bit here against the American way.

1 When you see Brian Bosworth on TV against drugs and then
2 you find out he took steroids and he says to his
3 followers, I never considered that a drug, it creates a
4 double standard. When you see the people on the tube all
5 the time giving you this visual feedback, when you watch
6 NFL games and realize that to compete at that level,
7 almost every lineman has to take them, and probably almost
8 every back. And even though Ben Johnson is caught, you're
9 talking about probably 60, 70 percent of all the
10 competitors take them.

11 What does this say about our heroes? How
12 does this filter down to the youth in the gym? It's just
13 such a problem, and I've run into the behavioral tragedies
14 it's caused in the life of a lot of people. I have seen
15 people go through marriages, I have seen people run their
16 cars into walls, and they would say because of the change
17 in their behavior is so dramatic. Unless you're really
18 involved with them, I know that I'm getting carried away
19 here, but if you get involved with them and in the sports,
20 even football or other things, the effects that they have
21 are so dramatic that, you know, I don't think I'm
22 overstating any of it.

23 ACTING CHAIRMAN KOSINSKI: Questions
24 further?

25 (No response.)

1 ACTING CHAIRMAN KOSINSKI: Dr. Witon, thanks
2 again.

3 DR. WITON: Thanks.

4 ACTING CHAIRMAN KOSINSKI: A few
5 announcements before we adjourn.

6 First of all, is there anybody left who
7 would like to testify?

8 (No response.)

9 ACTING CHAIRMAN KOSINSKI: Seeing just staff
10 members, reporters, and John Milady.

11 I just want to remind the Education
12 Committee members, Jan Bissett has your assignment for
13 tomorrow. Again, the House Judiciary members, we will
14 meet at 10:00 a.m. at the Flick Building at Third and
15 Grant, 17th floor.

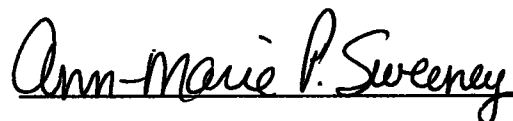
16 MR. KRANTZ: Mr. Chairman, I've been told
17 it's Fifth and Grant.

18 ACTING CHAIRMAN KOSINSKI: Fifth and Grant.
19 We will make that correction. Fifth and Grant, the Flick
20 Building, 17th floor, with President Judge of Allegheny
21 County Court of Common Pleas, Judge Paul Zavarella.

22 Seeing no further business, this hearing is
23 hereby adjourned. Thank you.

24 (Whereupon, the proceedings were concluded
25 at 4:00 p.m.)

1
2 I hereby certify that the proceedings and
3 evidence are contained fully and accurately in the notes
4 taken by me during the hearing of the within cause, and
5 that this is a true and correct transcript of the same.
6

7 

8 ANN-MARIE P. SWEENEY
9

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