

REMARKS OF
DR. LEWIS HAYS
U.S. BASEBALL FEDERATION

AT JULY 10, 1989, HEARING ON HOUSE BILL 855

THANK YOU MEMBERS OF THE COMMITTEE
FOR GIVING ME THIS OPPORTUNITY TO ADDRESS
YOU ON THIS VERY IMPORTANT SUBJECT.

THE U.S. BASEBALL FEDERATION
SUPPORTS HOUSE BILL 855 AND ANY OTHER
LEGISLATION WHICH WOULD PUT CONTROLS ON
THE USE AND ABUSE OF ANABOLIC STEROIDS.

STERIODS ^{HAVE} ~~HAS~~ BECOME A VERY REAL
PROBLEM AMONG OUR NATION'S YOUNG PEOPLE,
ESPECIALLY THE YOUNG ATHLETE.

THOSE OF US INVOLVED IN AMATUER
ATHLETICS HAVE SEEN AN INCREASED USE OF

THESE VERY DANGEROUS DRUGS BY SPORTS PARTICIPANTS. THEY ARE TOO READILY AVAILABLE. THEY ARE JUST TOO EASY TO GET.

ACCORDING TO A RECENT PENN STATE STUDY PUBLISHED IN THE JOURNAL OF THE AMERICAN MEDICAL SOCIETY, STEROID USE AND ABUSE BY YOUNG ATHLETES IS ON THE RISE -- DRAMATICALLY.

WE ARE CONCERNED ABOUT THIS ON TWO LEVELS -- THE FIRST BEING CONCERN FOR THE INDIVIDUAL'S HEALTH, THE SECOND BEING CONCERN FOR WHAT THIS ABUSE DOES TO AMATUER ATHLETICS ON THE WHOLE.

WE HAVE A CONCERN ABOUT WHAT STEROID USE WILL DO TO AN ATHLETE WHO IS PARTICIPATING IN A SPORT. CERTAINLY, THE ATHLETE OPENS HIM OR HERSELF UP TO MORE INJURY AND MORE SERIOUS INJURY.

WE ARE IN THE BUSINESS OF PROMOTING HEALTH. THAT'S WHY THE USE OF STEROIDS IS SO DISTURBING.

ABUSE OF ANABOLIC STEROIDS HURTS ALL AMATUER ATHLETES. THE USE IS CONTRARY TO EVERYTHING WE STAND FOR AND BELIEVE IS RIGHT.

BASED ON THAT PENN STATE STUDY, WHICH BY THE WAY WAS THE FIRST DEFINITIVE NATION-WIDE STUDY ON STEROID ABUSE, WE HAVE LEARNED JUST HOW WIDESPREAD THIS PROBLEM HAS BECOME.

THIS IS WHAY WE HAVE LEARNED:

-- UP TO HALF A MILLION CHILDREN HAVE USED ANABOLIC STEROIDS.

-- STEROIDS ARE READILY AVAILABLE IN HIGH SCHOOL AND JUNIOR HIGH LOCKER ROOMS AND LOCAL GYMS.

-- THE NON-MEDICAL USE OF STEROIDS
HAS BEEN ESTIMATED AT \$100 MILLION.

-- ANOTHER 20 TO 25 PERCENT OF ALL
STEROID USERS GET THEIR DRUGS FROM THE
MEDICAL COMMUNITY.

WE MUST CRACK DOWN ON THE
AVAILABILITY OF THESE DRUGS. THIS IS THE
FIRST STEP. THAT'S WHY THOSE OF US
INVOLVED IN AMATUER ATHLETICS SUPPORT
REP. TRICH'S BILL.

AMATUER ATHLETES SHOULD BE JUDGED ON
THEIR NATURAL AND PRACTICED ABILITIES,
NOT ON THEIR MEDICALLY-ENHANCED
ABILITIES. THAT'S WHY THE U.S. OLYMPIC
COMMITTEE AND THE INTERNATIONAL OLYMPIC
COMMITTEE HAVE TAKEN A STAND AGAINST
STEROIDS.

THEY ARE BAD FOR YOU AND THEY ARE

BAD

FOR

SPORTS.

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REMARKS FOR LEWIS HAYS, U.S. BASEBALL FEDERATION

What is the USBF?

Due to an act of Congress in 1978, the United States Baseball Federation (USBF) is the national governing body for the sport representing all of amateur baseball in America on the U.S. Olympic Committee and the International Baseball Association. This accounts for over 19 million amateur athletes in this country. Virtually every major national amateur baseball organization in America has been united as a national member of the USBF.

The USBF is the sole organization responsible for the selection, training, and fielding of USA teams for international competition annually. The USBF is responsible for promoting and developing the game of baseball as well as fans and players for the sport, both nationally and internationally. The USBF strives to coordinate, not duplicate, any of the individual programs, projects or endeavors of the various membership groups and to provide services unique and necessary to all baseball fans and players. Also, the USBF is required to protect the rights and status of amateur baseball players and provide the opportunity for athletes to pursue excellence in international competition.

For information on Olympic baseball, amateur baseball in the USA and worldwide, Junior Olympic baseball and more, contact the USBF, 2160 GREENWOOD AVE., TRENTON, NJ 08609; (609) 586-2381 — phone; (609) 587-1818 — FAX.

Experts fear many steroid users may need transplants

By Marcia Dunn, AP Writer

PITTSBURGH (AP) — He was one of professional football's mightiest men, a 295-pound monster who could bench press twice his weight. Now, Steve Courson is thrilled to lift 15-pound dumbbells and climb a flight of stairs.

The former offensive lineman, now only 33 years old, suffers from cardiomyopathy, a mysterious disease that turns heart muscle into flab and eventually kills its victims unless they undergo a transplant.

Though his doctors can't blame Courson's condition on his long, heavy use of anabolic steroids, they can't rule it out. Neither can he.

"There are so many ironies about my situation. That's why I can't discard them as being an accident. Why is all this ironically happening to me? I've had two strikes. Strike three you're out."

Courson, formerly of the Pittsburgh Steelers and Tampa Bay Buccaneers, is believed to be the first professional athlete to be put on the waiting list for a heart transplant after years of taking illegally obtained anabolic steroids.

Experts fear more may follow.

"I wouldn't be surprised. I think it's going to happen," said transplant pioneer Dr. Thomas E. Starzl of the University of Pittsburgh. "It might be liver disease that comes out of those things, too."

"The potential health hazard and the impact on the national health care system... it's very frightening," said Harvard University's Dr. Lyle Michell, president of the American College of Sports Medicine.

It also raises an ethical question for transplant surgeons: With a scarcity of organs, should people who take harmful drugs be given lower priority?

Anabolic steroids, fast becoming the scourge of sports, are derivatives of the male sex hormone testosterone. They stimulate development of bone, muscle and skin. Admitted users include Canadian sprinter Ben Johnson, whose 1988 Olympics gold medal was withdrawn after he tested positive for the drugs.

Courson first took anabolic steroids in 1974 before his sophomore year at the University of

South Carolina. In four weeks, he went from 230 pounds to a solid 260. He continued the off-season habit after being drafted by the Steelers in 1977 and playing on two Super Bowl teams.

Not long after being traded to the Buccaneers in 1984, Courson boasted a 60-inch chest and 22-inch biceps and was pressing up to 605 pounds. "Anyone who's trained with weights or trained that seriously at world-class level realizes those types of gains don't occur by eating Wheaties."

At one point, Courson was shelling out \$1,500 a year for steroids, "not that big a tradeoff when you're making \$300,000 a year," he said.

In March 1985, in the midst of an 1,800 milligram-a-week regimen, his highest ever, Buccaneers doctors told him he had an irregular heartbeat. The problem cleared up in two weeks with medication, and Courson quit taking steroids for the next year.

At the end of the 1985 season, Courson lost his starting job. He took his last dose of anabolic steroids before the Buccaneers' training camp in 1986 in hopes of

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getting off the bench. "I wanted to maintain a competitive edge and I realize it had to do with my age, too, the wear and tear on the body."

Courson was waived at the start of the season, got no other offers, and retired. He lived in Wyoming and Florida, then returned to the Pittsburgh area in early 1988 to finish his autobiography and train as a professional wrestler.

On Nov. 23, 1988, Courson went to Allegheny General Hospital for what he thought was an ulcer. It turned out to be cardiomyopathy.

For years, doctors have warned of the immediate side effects of steroids: acne, sexual dysfunction, rashes and unusually aggressive behavior known in the trade as "roid rage." Less is known about long-term effects, although animal tests suggest the drugs accelerate cardiovascular disease.

"Anybody who's used steroids and has any malady, it's immediately assumed steroids caused it. We haven't even done those studies yet," said Dr. Charles Yesalis of Pennsylvania State University.

"We don't know frankly what is the bottom line," said Dr. Judith

Orie, Courson's cardiologist. "But we do know anabolic steroids cause high blood pressure in patients. High blood pressure after a point in time causes the heart to fail."

Also, "steroids can alter the immune system. We don't know whether that has played a role and allowed a virus to affect his heart or not," Orie said.

Complicating matters is the fact that doctors don't always know what causes cardiomyopathy.

"There are many people who have cardiomyopathy and had nothing to do with steroids," said Dr. Barry Maron of the National Institutes of Health. "That's the problem there is in establishing a connection in this one person. It's a very iffy kind of thing (although) I'm not saying it's impossible."

About 40 percent of all heart transplants are performed on cardiomyopathy patients, said Dr. Michael Kaye of the University of California at San Diego, who keeps the international registry of heart, heart-lung and lung transplants, which stood at 11,181 in late June.

There were 1,223 people awaiting heart transplants in the United States as of June 26, according to the United Network for Organ Sharing.

"The transplant community is concerned (about steroids) because of the tremendous need for organs and lack of donors," Kaye said.

Courson, who has been on the list since March 31, could wait a

long time because of his body size. Doctors give him two years without a transplant.

Experimental heart medication has enabled the 6-foot-1½ Courson to go from an all-time adult low of 225 pounds late last year to 255 pounds. It has also allowed him to stay in shape by walking treadmills and lifting light weights three times a week at Allegheny General's cardiac rehabilitation laboratory.

Because of the scarcity of organs, some people quietly wonder whether former steroid users should get the same priority as individuals who never took illicit drugs. Transplant doctors, however, say they merely take into account patients' current lifestyles and ability to maintain healthy habits.

Cigarette smokers and alcoholics, for instance, usually are told they must stop before they can be considered for transplantation. That's no guarantee, however, that they will stop for good.

Arthur McDonald Sr., 53, of Schenectady, N.Y., ended a 30-year cigarette habit before being put on the heart transplant waiting list at Presbyterian-University Hospital of Pittsburgh. About a year after his 1985 transplant, he was smoking again. He says he plans to quit as soon as he loses 30 more pounds.