

TESTIMONY OF

THE BLUE CROSS AND BLUE SHIELD ASSOCIATION

REDUCING THE USE OF PERFORMANCE-ENHANCING DRUGS

IN ATHLETIC COMPETITION

BEFORE THE

**UNITED STATES SENATE COMMITTEE ON COMMERCE, SCIENCE AND
TRANSPORTATION**

PRESENTED BY

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EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER**

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Good morning. Mr. Chairman and Members of the Subcommittee, I am Scott Serota, executive vice president and chief operating officer of the Blue Cross and Blue Shield Association. Thank you for the opportunity to testify today about our major new public health campaign to reduce the use of performance-enhancing drugs. I would also like to thank the Chairman for his recent statement of support for our program, formally known as the Healthy Competition Campaign. Both Senator McCain and Congressman Jim Ryun of Kansas are leaders in shedding light on the growing problem of athletic doping. We welcome lawmakers' interest in this critical public health issue, and we look forward to working with you toward eradicating drug use in sports.

The witnesses appearing today are not alone in our eagerness to see congressional action to help reduce drug use in the Olympic movement. In a public opinion survey recently commissioned by Blue Cross and Blue Shield, 76 percent of American adults said Congress should take steps to ensure that athletes who compete in the 2002 Salt Lake Games are drug-free. Clearly, the American public supports your efforts to address this crucial issue.

Much has been written about the need for drug testing to preserve the Olympic Games' fairness and integrity. But Blue Cross and Blue Shield believes the Olympic problem is just the tip of the iceberg. The much larger issue is the proliferation of performance-enhancing drugs at all levels of competition — especially among America's youth. I speak today on behalf of the hundreds of thousands of physicians, nurses, and insurance

professionals who work in the 51 independent Blue Cross and Blue Shield companies throughout the United States. My colleagues and I believe that athletic doping is much more than a regulatory issue or a sports issue. It is also a silent — but deadly — *health* issue. Make no mistake: The abuse of these drugs is profoundly dangerous, and the long-term health effects are devastating.

That's why the Blue organization recently launched our Healthy Competition Campaign. This campaign uses research, a Web site, and grassroots activism to eliminate the use of performance-enhancing drugs at all levels of athletic competition — from the neighborhood to the schoolyard to the Olympic Games. We have submitted for the record a packet of our educational materials. This packet also is available to the public at www.healthycompetition.org. Throughout the coming year, we will sponsor a series of school- and community-based events urging young people to sign the Healthy Competition Pledge and to wear the symbol of drug-free athletics. We also are reaching out to parents, teachers, coaches, and community leaders who can make a difference in the lives of our nation's youth.

To oversee this campaign, Blue Cross and Blue Shield has endowed a new, nonprofit foundation known as the Healthy Competition Foundation. This foundation will serve as a permanent watchdog on doping issues. Along with Blue executives, the foundation's Board of Directors includes six Olympic medallists: Edwin Moses, the legendary hurdler; Frank Shorter, the world-class marathoner who is joining me on this panel; swimming

stars Donna de Varona and John Naber; basketball gold medallist and current Cleveland Rockers guard Suzy McConnell-Serio; and wrestling hero Bruce Baumgartner. We believe the active participation of these internationally renowned, elite athletes provides a positive role model for young people. We are honored to have them join us in communicating the drug-free pledge to children who seek success on the field or on the court.

Let me briefly describe the reasons why Blue Cross and Blue Shield decided to tackle the problem of doping in sports. We believe the growing epidemic of steroids and other performance-enhancing drugs is one of the greatest challenges facing young people today. The use of these drugs has reached crisis proportions — threatening the health and safety of thousands of athletes. Furthermore, doping is not limited to elite levels of athletic competition. In fact, performance-enhancing drugs are widespread at the community and inter-scholastic levels. Steroids and other dangerous substances — including peptide hormones, stimulants, diuretics, and various dietary supplements — are increasingly available to athletes of ever-younger ages. The rapid proliferation of these drugs poses a serious threat to the long-term health of America's next generation.

The National Institute of Drug Abuse estimates that more than 500,000 children — 175,000 teen-age girls and 325,000 teen-age boys — have used steroids during the past year. In a recent survey we commissioned, one in four young people said they personally know someone who uses these drugs. Further, while two-thirds of kids said their parents

are aware of performance-enhancing drug use by young people, fewer than one-third said their parents have actually talked to them about the dangers of these drugs.

Performance-enhancing substances pose tremendous risks to the long-term health of the young people who use them. Many of these complications are difficult to predict; often, they do not become evident until years after the substance abuse has occurred. Moreover, the available research on the health effects of these drugs is quite limited — because young people are taking them in unusually high doses and hiding their usage from their parents and physicians.

It is important to note that most of these drugs have legitimate medical uses. For example, certain steroids are commonly prescribed to treat disorders of the pituitary or adrenal gland. Steroids may also be used to reduce inflammation resulting from a medical problem. Similarly, many drugs used to control cold and flu symptoms include small doses of stimulants.

Each of the drugs I've just described has been extensively tested for safety and efficacy when used appropriately. But athletes are obtaining these legal substances in illegal ways — and then taking them in much greater doses than intended. Little is known about the long-term health effects of this drug abuse, because the compounds involved have never been tested at such excessive doses. Even less is known about the long-term effects

of over-the-counter dietary supplements, such as “andro” and amino acids.

The limited information that we *do* have about the long-term complications of these drugs is frightening. For example, anabolic steroids can have adverse effects on virtually every organ of the body. Steroids cause elevations in blood pressure and cholesterol, increasing the athlete’s risk of heart disease and stroke. These drugs also cause fluid retention and produce menstrual irregularities in women, along with enlargement of the prostate gland in men. Additionally, steroids can contribute to serious behavioral and psychiatric disorders, as well as a host of liver diseases.

These complications may barely scratch the surface of the medical problems caused by performance-enhancing drugs. New problems are becoming increasingly evident as more and more athletes admit to doping and seek help. Clearly, doctors need more information about the long-term consequences of abusing these drugs and how those complications can be treated. Here’s how we can help. The Healthy Competition Foundation will fund further research among athletes who admit to drug use. We will work to better understand the long-term health challenges they face. By demonstrating the courage to come forward and admit their problems, these athletes will help us turn the tide on the epidemic of performance-enhancing drug use.

Along with our research and educational activities, we have called upon the International Olympic Committee to take stronger action to ensure that the Olympics are drug-free and

fair to all. We urge the I-O-C to establish an independent anti-doping agency and to unify drug testing standards around the world. We believe action by the I-O-C is critical, because internationally elite athletes have tremendous visibility and serve as role models for millions of young people spanning the globe.

Furthermore — as health professionals who serve America's athletes — we believe we have earned a place at the table in any international debate about doping. We believe Blue Cross and Blue Shield should be represented on any new anti-doping oversight agency. We urge you to expand existing athletics oversight programs to not only test for banned substances, but also help educate athletes and coaches around the world about the risks these substances pose for athletes' long-term health. As your Subcommittee explores these issues further, I urge you to focus not only on questions of fairness or integrity, but also on the public health consequences of an athletic culture in which drug use is quietly tolerated — or, worse yet, ignored.

I'm sure you share our outrage about the growing epidemic of performance-enhancing drug use, and I look forward to your continued participation in spotlighting the problem. This issue really hits home for many of us at Blue Cross and Blue Shield — because many of us are competitive athletes, or the parents of children who play organized sports. Like you, we are deeply troubled by the notion that some young people will risk their lives to gain a few extra pounds on the bench press or a few extra inches in their vertical leap. Blue Cross and Blue Shield believes sports should represent the ideals we hold most dear:

Hard work, dedication, and the desire to succeed. We must not let the scourge of drug abuse undermine these important lifelong lessons. And we must not let a minor athletic payoff today produce tremendous medical problems tomorrow.

Thank you again for the opportunity to testify today about the Healthy Competition campaign, and for your ongoing attention to this crucial public health issues. I would be happy to answer any questions.