

**STATEMENT OF ROBERT D. MANFRED, JR.**  
**MAJOR LEAGUE BASEBALL**  
**EXECUTIVE VICE PRESIDENT OF LABOR AND HUMAN RESOURCES**  
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Good morning. My name is Robert Manfred and I am Executive Vice President of Labor and Human Resources for Major League Baseball. I report to Commissioner Allan H. Selig and am principally responsible for the collective bargaining relationships with the Major League Baseball Players Association (“MLBPA”) and the World Umpires Association (“WUA”). I have day-to-day responsibility for the drug policies that apply to these unionized employees, as well as the employees of Central Baseball in New York.

In recent weeks, the issue of steroid use in Major League Baseball has received considerable attention as a result of revelations by two prominent former players, one through statements made in a Sports Illustrated article. As I sit here today, I cannot tell you whether all of the statements made by those former players are accurate. What I can tell you is that long before anyone was writing about steroids in the Major Leagues, our office, at the direction of Commissioner Selig, undertook a multi-faceted initiative designed to deal with the related problems of steroids and nutritional supplements.

The Commissioner began this initiative approximately two years ago by convening a meeting of respected team doctors as well as Major League Baseball’s medical advisor, Dr. Robert Millman. This group of respected physicians came to the meeting burdened by two

related concerns. First, they were concerned about what they perceived to be a growing trend of steroid use at the Major League and minor league levels. The doctors all agreed that steroids were a threat to the health of our players and to the integrity of our game. Second, the team doctors were concerned that steroid use by Major League players was sending a very dangerous message to young people who dream about becoming Major League players. The doctors all agreed that steroid use by young people created health risks even greater than those faced by adults.

The team physicians also came to the meeting armed with troubling data concerning injuries to Major League players. The discussion centered on facts such as these:

- There are between 850 and 900 players on active Major League rosters and in 2001 that group of players accounted for 467 trips to the disabled list.
- Those 467 trips to the disabled list was a 16% increase from 1998, just three seasons earlier.
- Not only are more players going on the disabled list, but their period of disability is increasing. In 2001, players spent a total of 27,430 days on the disabled list compared to 22,100 days in 1998, an increase in nearly 20%. The average stay on the disabled list increased from 55 to 58 days.
- The cost of payments to disabled players increased from \$129 million in

1998 to a staggering \$317 million in 2001. This trend appears to be continuing in 2002.

While the doctors could not scientifically establish a causal connection between the increase in injuries and steroid use, there was a strong consensus that steroid use was a major contributing factor. In this regard, the doctors noted a change in the type of injuries suffered by players, with many of the injuries being associated with a significant increase in muscle mass.

Last, the doctors raised a topic that should be of great concern to Congress. They noted that since the passage of the Dietary Supplement Health and Education Act, nutritional supplement manufacturers have been given much greater freedom to market potentially dangerous products, essentially without regulation, provided that the products are not claimed to prevent, diagnose, treat or cure a disease or illness. Many of the doctors expressed the view that some nutritional supplements, particularly androstenedione, had all of the properties of an anabolic steroid, yet they could be marketed without the restrictions imposed by the Anabolic Steroid Control Act of 1990.

In the wake of this meeting, Commissioner Selig spearheaded the development of a four-point initiative to address the issue of steroids in professional baseball. The goal of the initiative was and is to eliminate the use of steroids and dangerous nutritional supplements in professional baseball for the following reasons: (1) to protect the health of our players, (2) to preserve the integrity of the competition on the field, and (3) to prevent young men from facing

the difficult choice between using steroids or facing a competitive disadvantage in pursuing their life-long dream of playing Major League Baseball.

The first point in the program involved the funding of scientific research on the nutritional supplement androstenedione in an effort to confirm that the supplement in fact has the characteristics of an anabolic steroid. In conjunction with the MLBPA, the Office of the Commissioner funded research on this topic at Harvard University. The results of that study are set forth in an article attached hereto as Exhibit A. In brief, the study indicates that, taken in sufficient quantities, androstenedione elevates the level of testosterone in the body in the same manner as an anabolic steroid. I recommend this article to you and urge Congress to consider passing legislation that would regulate androstenedione and related substances such as DHEA (dihydroepiandrosterone).

The second point in the Commissioner's initiative was education. We felt it was important for our Major League and minor league players to understand the essential facts related to steroids and nutritional supplements and the health risks associated with those substances. Again in conjunction with the MLBPA, an impressive educational program was developed. Dr. Millman and Dr. Joel Soloman, the MLBPA's medical advisor, jointly authored a booklet entitled "Steroids and Nutritional Supplements" which has been distributed to all Major League and minor league players and is attached hereto as Exhibit B. In addition, during spring training, all players were required to attend educational sessions conducted by physicians

selected by Central Baseball.

The third point in the Commissioner's initiative was the promulgation of the Minor League Drug Prevention and Treatment Program, a copy of which is attached hereto as Exhibit C. Historically, each individual Club has determined whether and how to test and treat the non-union players in its minor league system. Prior to the 2001 season, the Commissioner determined that this system of individual Club control was not as effective as it needed to be. The new policy implemented by the Commissioner dramatically increased the role of the Office of the Commissioner, banned the use of all steroids and androstenedione, subjected all minor players to three random tests each year, mandated individualized treatment for first offenders, required discipline for subsequent offenders and established confidentiality as a central tenant of the program. Last year, the Commissioner's Office spent more than \$1,000,000 just on the testing component of the program. Even at this early stage, we believe this program has been effective in dealing with the steroid issue.

The fourth point in the Commissioner's initiative was to negotiate a steroid program applicable to Major League players. I say "negotiate" because drug testing is, of course, a mandatory topic of collective bargaining with the MLBPA. On behalf of the Commissioner and the Clubs, I made a comprehensive proposal on steroids to the MLBPA last March. That proposal would ban the use of steroids and androstenedione, would require three tests for all Major League players each year, would provide treatment programs for first offenders, would

require discipline for the repeat offenders, would establish confidentiality as a central tenant of the program and would involve the participation of the MLBPA and its medical advisor in the administration on the program.

To date, we have received no substantive response from the MLBPA to our March proposal. We remain hopeful, however, that the MLBPA will come forward and address this issue in a meaningful way at the collective bargaining table. Over the long-term, an effective, confidential, treatment-based program including testing will be good for all players and the game.