UNIVERSITY of GEORGIA ATHLETIC ASSOCIATION

July 12, 2012

Dr. Mark Emmert, Executive Director
The National Collegiate Athletic Association
P.O. Box 6222
Indianapolis IN 46206-6222

Dear Dr. Emmert,

This letter is in reference to a current student-athlete at the University of Georgia, Mr. Kolton Houston, who has experienced a series of setbacks during his 2½ years in our athletic program.

Without going into a detailed history of the complex nature of this request (which is attached in a letter to me from our Associate Athletic Director for Sports Medicine Mr. Ron Courson), we have a situation where Mr. Houston tested positive for 19-norandrosterone in a random NCAA drug test on April 13, 2010. Mr. Houston, his parents, and our staff, acknowledge the fact that the results of this test severely impacted his ability to compete as a student-athlete at UGA, and the Houston family accepted responsibility for this unfortunate situation.

Since that initial test confirmation on April 13, 2010, Mr. Houston has been tested very frequently by the NCAA and UGA, and there is scientific evidence that clearly demonstrates that there has been no re-use over the past 2½ years.

While we have fought for Mr. Houston's restoration of eligibility through every imaginable NCAA process available without any success, we still maintain our effort to see this through to the very end.

It is disappointing to witness this scenario play out for 2½ years with Mr. Houston's eligibility in question. The Houston family has acknowledged the use of the banned substance prior to his enrollment at UGA, and since that time, Mr. Houston has done everything possible to prove there was no re-use whatsoever since his enrollment at UGA in the Spring Semester of 2010.

We respect the multitude of requests the national office receives on the various issues of intercollegiate athletics; however, this case is unique, as the scientific documentation illustrates.

Office of the Director of Athletics
Butts / Mehre Heritage Hall • 1 Selig Circle • Athens, Georgia 30602
P.O. Box 1472 • Athens, Georgia 30603-1472
(706) 542-9037 • (706) 542-9100 fax
www.georgiadogs.com

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We are appealing to you on behalf of a young man who has done everything possible to clear himself.

We respectfully request the restoration of eligibility for Mr. Houston in light of these circumstances, and in the end, we will respect any decision rendered.

Thank you for taking the time to read this information.

Sincerely,

Greg McGarity
Director of Athletics

Cc: Dr. Michael Adams
Carla Williams
Jim Booz
Mark Richt
Steve Shewmaker
Fred Reifsteck, MD
Ron Courson

KH

P.O. Box 6222
Indianapolis, Indiana 46206
Telephone: 317/917-6222

Shipping/Overnight Address:
1802 Alonzo Watford Sr. Drive
Indianapolis, Indiana 46202

www.ncaa.org

July 31, 2012

VIA ELECTRONIC MAIL

Mr. Greg McGarity
Director of Athletics
University of Georgia
1 Selig Circle
Athens, Georgia 30603-1472

Dear Greg:

I have received your July 16, 2012 letter regarding Kolton Houston. My understanding of your request is that although it is not disputed that Kolton had, and continues to have, the presence of a banned substance in his system, the institution would like the NCAA to make a special exception to the exit drug test policy, which requires all student-athletes to test clean before competing.

While I understand the institution's empathy for Kolton's situation, I am surprised the institution would make such a request. That surprise stems in part from the fact that Kolton tested positive in subsequent drug tests after his initial sanction, and the Drug Test Appeals Subcommittee did not impose additional sanctions for those positive tests due to the "declining value" argument that supported the conclusion that there was no new use of the banned substance.

The exit test policy, however, which would require Kolton not to have elevated levels of a banned substance in his system prior to competing against other student-athletes who are competing clean, is not something that can be waived or appealed because doing so would undermine the purpose of the drug testing program. The NCAA expects all of its member institutions and student-athletes to adhere to the drug testing program as well as to the principle that clean competition is vital to the health, safety and integrity of intercollegiate athletics.

As I stated previously, I certainly understand the institution's desire to help Kolton since it believes he has done the "right" thing for the past two and a half years by not taking performance-enhancing substances. However, that is the expectation for all of our student-athletes. The fact remains that Kolton currently has the presence of a banned substance in his system and he will not be able to participate in NCAA competition until that presence drops to an appropriate threshold.

Sincerely,

Mark A. Emmert

Mark Emmert
President

MAE:cms

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GEORGIA

Prior to his enrollment at the University of Georgia, Kolton Houston sustained a shoulder injury while participating in high school football. During his recovery process, he was unknowingly given a substance which was banned by the NCAA. During normal NCAA randomized drug testing for student-athletes, Kolton was tested during his first semester and tested positive for Norandrolone, a performance enhancing substance. Per NCAA guidelines he was banned from competition for one year and lost one of his four years of athletic eligibility. The University of Georgia Athletic Association has worked closely with the NCAA, the National Center for Drug Free Sport, Kolton and his family to restore his eligibility. To date, Kolton has not yet passed the exit protocol in order to restore his eligibility. Although he remains ineligible for competition at this time, he is eligible to practice and train with the team and remains on scholarship. His family has requested that the Athletic Association release information related to his NCAA status. Per their request, five letters related to his appeal along with supporting documentation are being released.

--- University of Georgia Athletic Association
Aug. 2, 2012

"We have made every effort through existing NCAA procedures and appeals to restore Kolton's eligibility. We are disappointed for Kolton; however, we will continue to support him."

-- Mark Richt, Head Football Coach

" This is an extremely unique and complex case. This banned substance use occurred prior to his enrollment at the University of Georgia. During the past 2 ½ years while at Georgia following the positive NCAA test, our testing clearly demonstrates Kolton has had no further re-use. We feel strongly he is deserving of the three remaining years of eligibility and continue to work toward restoration."

-- Ron Courson, Associate Athletic Director – Sports Medicine

UNIVERSITY of GEORGIA ATHLETIC ASSOCIATION

SPORTS MEDICINE

December 12, 2011

Mark A. Bockelman
Director of NCAA Drug Testing
The National Center for Drug Free Sport, Inc.
2537 Madison Avenue
Kansas City, Missouri 64108-2334

Dear Mark,

We would like to respectfully appeal the positive NCAA drug test by Kolton Houston. As you are aware, Mr. Houston had a positive NCAA drug test on April 13, 2010, in which he tested positive for 19-norandrosterone (19-NA) at a level of 260 ng/ml and 19-noretiocholanolone (19-NE). With this positive test, he was suspended by the NCAA from athletic competition for one calendar year. In a repeat NCAA drug test on February 2, 2011, he again tested positive for 19-NA at 26 ng/ml. Based upon institutional drug testing performed by an independent agency (Aegis Sciences Corporation) during the 9.5 month time-frame between April 13, 2010 and February 2, 2011, we successfully appealed that a zero level was never reached and the second positive drug test demonstrated residual from the initial drug use rather than re-use. We were advised by the committee that in order to regain eligibility, the student-athlete must re-test with NCAA and be below the threshold level. We continued to perform institutional testing to track the levels, which lowered until June 2011, when the values plateaued.

In consulting with drug toxicologists, we were advised that a plausible rationale for the plateau and delay in the dose level dropping could be loculation, where a bolus of the medication becomes trapped in the gluteal musculature (where injected) and slowly decays. Because of the concern that our student athletes persistant elevation was a result of a loculated medication site, the recommendation was made to administer ultrasound and vigorous sports massage to the injection site. The obvious goal being to eradicate the loculation site. Kolton received a total of sixty sports massage sessions by our clinical massage therapist, Lori Dunsmore, NMT. The first session was Monday, June 27, 2011 and the last session was November 21, 2011. Each 25 minute session consisted of vigorous cross fiber friction massage, joint movement at the hip rotators, and ischemic compression targeted to the gluteal and piriformis regions.

On July 21, 2011 a drug test by Aegis Sciences Corporation (administered at the request of the UGAAA) had a normalized level for 19-NA at 9 ng/ml (below the Aegis Sciences Corporation 10 ng/ml cut-off) and negative for 19-NE. With the 2011 football season rapidly approaching and understanding the time process required to clear the student-athlete, we felt that we were very close to the threshold and contacted the National Center for Drug Free Sport, requesting that an on-site test be performed. The specimen was collected by a NCDFS testing crew on July 29, 2011 and much to our surprise and dismay was positive for 19- NA (49 ng/ml). We could not understand how two gas chromatography–mass spectrometry (GC-MS) tests, both from accredited laboratories, could possibly have results so variant and widely divergent from previous drug tests. We did not dispute your test; however, we could not provide a logical or rational explanation for the contradictory results between the testing from the two laboratories. Testing performed by **both** laboratories since 2010 had demonstrated a steady decline in values over time.

Following the positive test, Aegis Sciences Corporation made two recommendations:

1. a split collection tested by NCDFS, Aegis and a neutral party (WADA laboratory in Montreal, Canada). However, this was not possible and three separate specimens were collected on the same day with one sent to each laboratory for testing

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2. daily testing to track lab values more closely and observe for spiking and what might be plausible explanations.

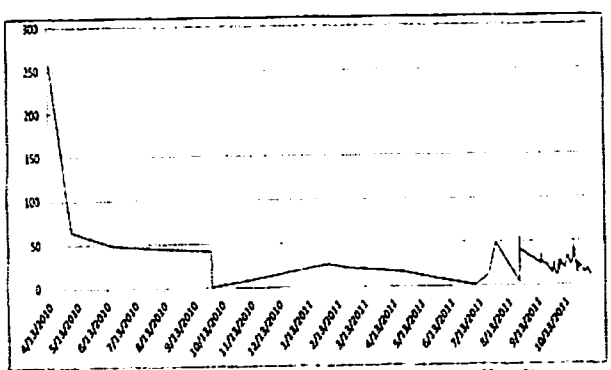
The same day collections were performed on August 23, 2011 and showed **wide variations from three different laboratories,** with Aegis 19-NA at 3.5 ng/ml (16 normalized), NCDFS 19-NA at 54 ng/ml and WADA 19-NA at 41 ng/ml. We subsequently did a two day, 6 sample test, collecting at first void, 4 hours post first void and post-practice. In this sample, collected on September 14-15, 2011, **testing showed wide variations from the same laboratory,** with 19-NA ranging from 23-34 ng/ml (with a normalized concentration range of 18-26 ng/ml).

We next collected daily samples to observe for spiking trends. A total of 33 tests, from September 22, 2011 – November 17, 2011, once again showed wide variations, with 19-NA ranging from 10-43 ng/ml and 19-NA normalized from 12-30 ng/ml. Most interesting, in the 33 tests collected from September 22, 2011 – November 17, 2011, 19-NE was sporadic, testing positive in only 18 of the 33 tests (54.5%).

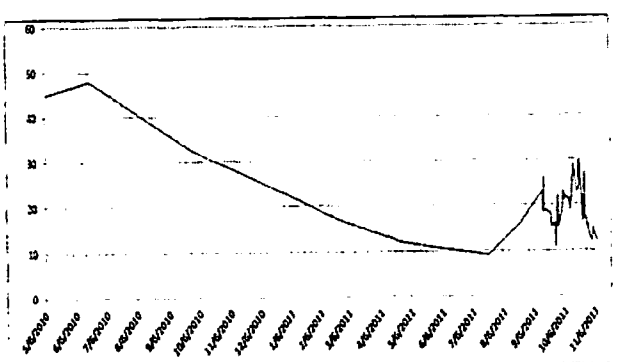
We continue to believe that current lab values for 19-NA reflect continued tapering values from the original test. The student athlete has been closely monitored by UGAA medical staff over the past two years, he has exhibited no outward signs of anabolic steroid use (acne, male pattern baldness, hypertension, testicular atrophy, or gynecomastia). The student-athlete has never exhibited mood swings or violent behavior. Simultaneously, clinical laboratory testing has showed no signs of anabolic steroid use.

This is a very unique and complex case. In the July 2006 British Journal of Sports Medicine, a manuscript entitled "Significance of 19-Norandrosterone in Athletes' Urine Samples" stated "administration of the long chain esters of 19-NA may be detected for months, with anecdotal evidence pointing to more than 18 months". Jaxk Reeves, Associate Professor and Director of the UGA Statistical Consulting Center, provided expert opinion as a statistician regarding the data. He found the sudden drop off and leveling off of the dose concentration typical of an exponential decay model. He did not expect the dose level to drop below the acceptable 2.0 ng/ml point until 783 days following the initial exposure, which would be February 22, 2012.

We contend that that there has never been a case with the level of documented laboratory testing of anabolic steroid tapering in a student-athlete. The testing clearly demonstrates variability between laboratories, with differences in reagents and normalization formulas, as well as normal spikes or variations in levels associated with the tapering process, as evidenced by the graphs below charting data points for 19-NA levels, both non-normalized and normalized.



Data Point Chart 2010-11 (19-NA non-normalized)



Data Point Chart 2010-11 (19-NA normalized)

It is our belief and also the most plausible explanation that the spike occured as a result of the aggressive massage therapy program. The increase in 19-NA correlates with the timing of the addition of sports massage. Additionally, the daily test results demonstrate wide variations (data we are providing) .
To support our appeal, we have provided the following documents:

- Test data collection from 4/13/10 – 11/17/11
- Supporting letter from independent drug toxicologists Dr. David Black, Dr. Timothy Robert and Dr. Mindy Shelby at Aegis Sciences Corporation
- Supporting letter and statistical analysis from Jaxk Reeves, UGA Department of Statistics
- Supporting letter from Lori Dunsmore, UGAA massage therapist

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Finally, we believe that we inadvertently placed the student-athlete at risk by requesting the repeat test by NCDFS. The student-athlete had served his suspension. Based on the information we had at the time, we requested the repeat test hoping to reach an acceptable threshold and restore his athletic eligibility; however, we **believe that the sports massage program initiated to eradicate the loculation site actually caused the spike in test data** and created the current situation he is in. We respectfully request, based upon your review of our appeal, moving our student-athlete back to his pre repeat test status, continuing to test him institutionally and monitoring his values. At that point when we have two separate independent tests, showing his values clearly below the threshold of 2.6 ng/ml for 19-NA and 19-NE, we will request a follow-up test by NCDFS. If that test is below threshold as well, we will submit the necessary paperwork for NCAA re-instatement. Kolton has missed two entire seasons of athletic competition due to an incident that occurred prior to his enrollment at the University of Georgia. He has shown great remorse and patience through this entire process. We feel that he has learned from this experience and is deserving of the three remaining years of athletic eligibility once he meets all criteria for restoration of eligibility by NCDFS and NCAA.

Thank you and your committee for your careful consideration of this appeal. We have great respect for the process and the manner in which you handle these cases on an individual basis. We look forward to the NCAA Drug Test Appeal Conference Call (time/date to be determined) where we can discuss our appeal request further.

Sincerely yours,

Ron Courson, ATC, PT, NREMT-I, CSCS
Assistant Athletic Director – Sports Medicine

Fred Reifsteck, MD
Head Team Physician

Cc: Greg McGarity, Matt Winston, Carla Williams, Steve Shewmaker, Jim Booz, David Black, Mark Richt, Tim Robert, Welch Suggs, Mindy Shelby

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Kolton Houston Test Collection Data 2010-2011

Date Collected	19-NA	19-NA Normalized	19-NE	19-NE Normalized
4/13/10 NCAA	260 ng/ml			
5/6/10	65	45	17	11
6/18/10	48	48	15	15
9/30/10	42	32	<10	
10/1/10		32.3		
2/2/11 NCAA	26			
2/22/11	22	17	<10	
4/25/11	16	12		
7/7/11	interference	interference		
7/21/11	11	9		
7/29/11 NCAA	49			
8/23/11	3.5	16		
8/23/11 NCAA	35			
8/23/11 WADA	41			
9/14/11 1st void	25	23		
9/14/11 4 hours post	23	18		
9/14/11 post-practice	28	18	5	3
9/15/11 1st void	34	26	7	5
9/15/11 4 hours post	25	20	5	4
9/15/11 post-practice	27	19		
9/22/11	22	18		
9/23/11	19	15		
9/26/11	16	16		
9/27/11	13	11	3.5	3.0
9/28/11	20	15	4.5	3.5
9/29/11	26	22	6.1	5.0
9/30/11	14	15		
10/3/11	11	19		
10/4/11	27	23	6.3	5.3
10/5/11	17	21		
10/6/11	27	22	6.6	5.3
10/10/11	19	21	5	5.4
10/11/11	21	19		
10/12/11	interference	interference	6.7	5.1
10/13/11	33	26		
10/14/11	32	29		
10/17/11	23	23		
10/18/11	25	23		
10/19/11	30	23		
10/20/11	43	30		
10/24/11	14	16	3.8	4.3
10/25/11	26	27	6.3	6.4
10/26/11	19	17		
10/27/11	22	17	5.1	4.0
10/31/11	14	13	3.4	3.3
11/2/11	16	12	3.9	3.1
11/3/11	19	15	4.8	3.9
11/4/11	17	14		
11/7/11	10	12		
11/9/11	16	13	3.8	3.1
11/10/11	18	14		
11/14/11	18	14		
11/17/11	29	20	7.1	4.9

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SCIENCES CORPORATION

515 Great Circle Road — Nashville, Tennessee 37228
Telephone: 615.255.2400 Facsimile: 615.255.3060

David L. Black, Ph.D., D-ABFT
President / CEO

Timothy A. Robert, Ph.D., [illegible]
Vice President Laboratory Operations
Laboratory Director

December, 9th, 2011

Ron Courson
Director of Sports Medicine
University of Georgia
Athletic Department
Butts-Mehre Training Room
1 Selig Circle
Athens, GA 30603

RE: Data review for specimen IDs NCDFS S307568 (UCLA QCZ14), NCDFS S005943436 (UCLA SX811), NCDFS S006095277 (UCLA URA03), and NCDFS S006095285 (UCLA UYH03)

Dear Mr. Courson,

Thank you for your assistance in obtaining all of the documentation necessary to properly review the UCLA laboratory test results for specimen IDs NCDFS S307568 (UCLA QCZ14), NCDFS S005943436 (UCLA SX811), NCDFS S006095277 (UCLA URA03), and NCDFS S006095285 (UCLA UYH03). Below is a graph representing the "normalized" 19-norandrosterone (19-NA) concentrations in the samples analyzed at UCLA. "Normalized" test results are based on result adjustment to a Specific Gravity of 1.0200, and the equation used to determine normalized concentrations is as follows:

19-NA Concentration@1.020 (ng/mL) = (1.020 – 1) / (Specific gravity of the *Sample*– 1) ∘ Concentration measured(ng/mL)

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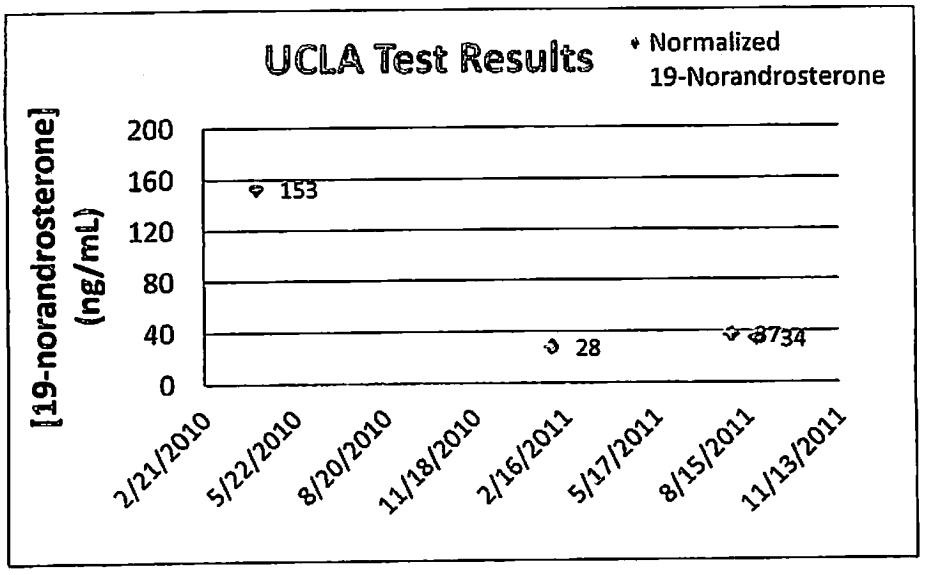

It is important to note that in our experience WADA accredited laboratories do not report normalized concentrations routinely. If the analysis is a threshold test such as 19-NA confirmation, then the threshold may be adjusted to account for the water content of the donor's urine sample. Aegis has determined through review of the data packages that the values reported by UCLA were observed concentrations and not normalized values. The utility of normalized urine drug concentrations is the ability to compare results collected at different days and times to evaluate the elimination pattern for a particular drug. By normalizing the urine drug concentrations to a Specific Gravity of 1.0200, fluctuations in the test results that are due to differences in the donor's state of hydration thereby affecting urine drug concentrations are minimized.

The graph below represents the normalized and non-normalized 19-NA concentrations in six samples from Kolton Houston collected and analyzed by Aegis, three per day, over a two day period (9/14 and 9/15/2011). Each day, a sample was collected in the morning, mid-day, and evening. These samples were analyzed together using the same calibrator in the attempt to minimize analytical variation. The normalized 19-NA concentrations fluctuated between 18 and 26 ng/mL within a two day period. This represents an approximate 30% variation which demonstrates the minimum expectation of differences in urinary 19-NA concentrations in this student-athlete.

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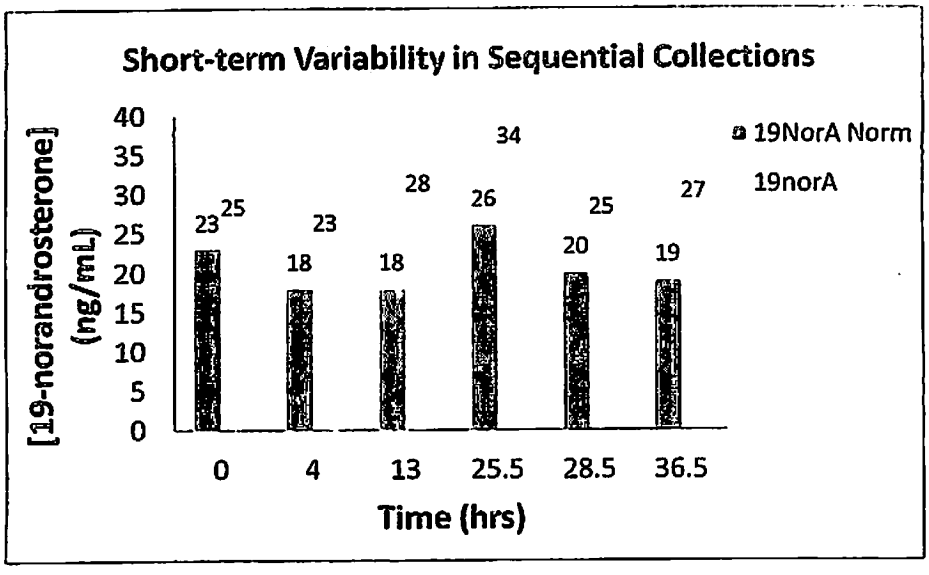
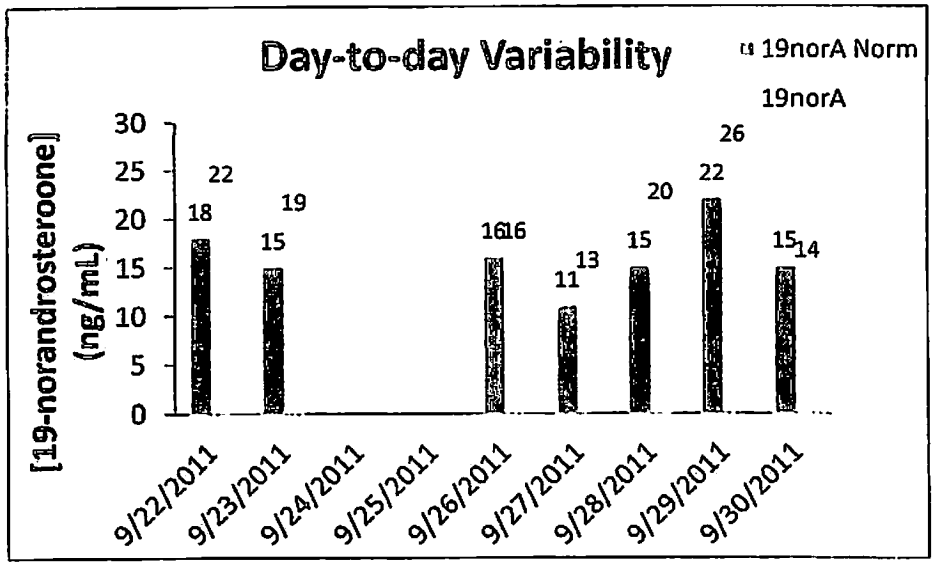


The graph below demonstrates the observed variability in 19-NA concentrations between daily collections of Kolton Houston. These collections occurred at roughly the same time in the morning in the attempt to minimize any potential diurnal variation. These samples were extracted and analyzed together at Aegis Sciences Corporation using a single calibrator to minimize analytical variation. As shown in the graph below, over the course of 5 consecutive days, normalized urinary concentrations fluctuated between 11 and 22 ng/mL, which document a 50% variance in urine 19-NA concentrations.



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Based on the variability of 19-NA urine concentrations documented in the above studies, and review of the UCLA data, there is a lack of unequivocal evidence to prove reuse of Nandrolone.

Please let us know if you have any questions regarding further interpretation of this data.

Sincerely,

Dr. Timothy Robert

Dr. Melinda Shelby

cc: Dr. David Black

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The University of Georgia

Department of Statistics

March 10, 2011

Dr. Ron Courson, Trainer
Athletics Department
University of Georgia

Dear Ron:

You have requested that I provide my expert opinion as a statistician concerning data arising from drug-testing of a student athlete at UGA. It is my understanding that the data are as shown in the table below. The Dates are the dates on which the student was tested, in sequential order. The 'DAYS from Inj.' are days measured from a zero on 12/31/09, since you have stated that you believe that the student was injected once with a banned substance during the last week of December of 2009, immediately prior to his enrollment at UGA. This makes Day=103 for his initial failed test on April 13, 2010. 'DOSE' is the measurement of 19-norandnosterone and 19-noretiocholanalone in units of ng/ml. 'LOGDOSE' are these same measurements in natural logarithm scale; that is LOGDOSE = ln(DOSE).

DATE	DAYS from Inj.	DOSE (ng/ml)	LOGDOSE
April 13, 2010	103	260.0	5.561
May 8, 2010	128	65.2	4.177
June 18, 2010	169	48.9	3.891
Oct. 10, 2010	273	32.3	3.475
Feb. 2, 2011	398	26.0	3.285

This sudden drop and leveling off of the dose concentration is typical of what one would expect to see under an exponential decay model. If one believes this to be the case, one would take the natural log of the dose level (LOGDOSE, above) and expect this to more or less follow a decreasing linear trend in time. A plot of this and the best fitting line is shown in the graph on the attached page. The line of best fit shown there is:

LOGDOSE(t) = 5.3455 - 0.0059*t

While the fit certainly isn't perfect, it behaves approximately as would be expected. The student-athlete's dose level is dropping linearly in log-scale, but he wouldn't be expected to have his dose level fall below the acceptable 2.0 ng/ml (corresponding to ln(2)=0.6931 in log-units) until 783 days after the initial exposure, which would be Feb. 22, 2012; almost1 year from now.

Sincerely,

Jaxk H. Reeves,
Associate Professor & Director, UGA Statistical Consulting Center

204 Statistics Building • Athens, Georgia 30602-1952 • Telephone (706) 542-5232
Fax (706) 542-3391 • electronic address: dept@stat.uga.edu

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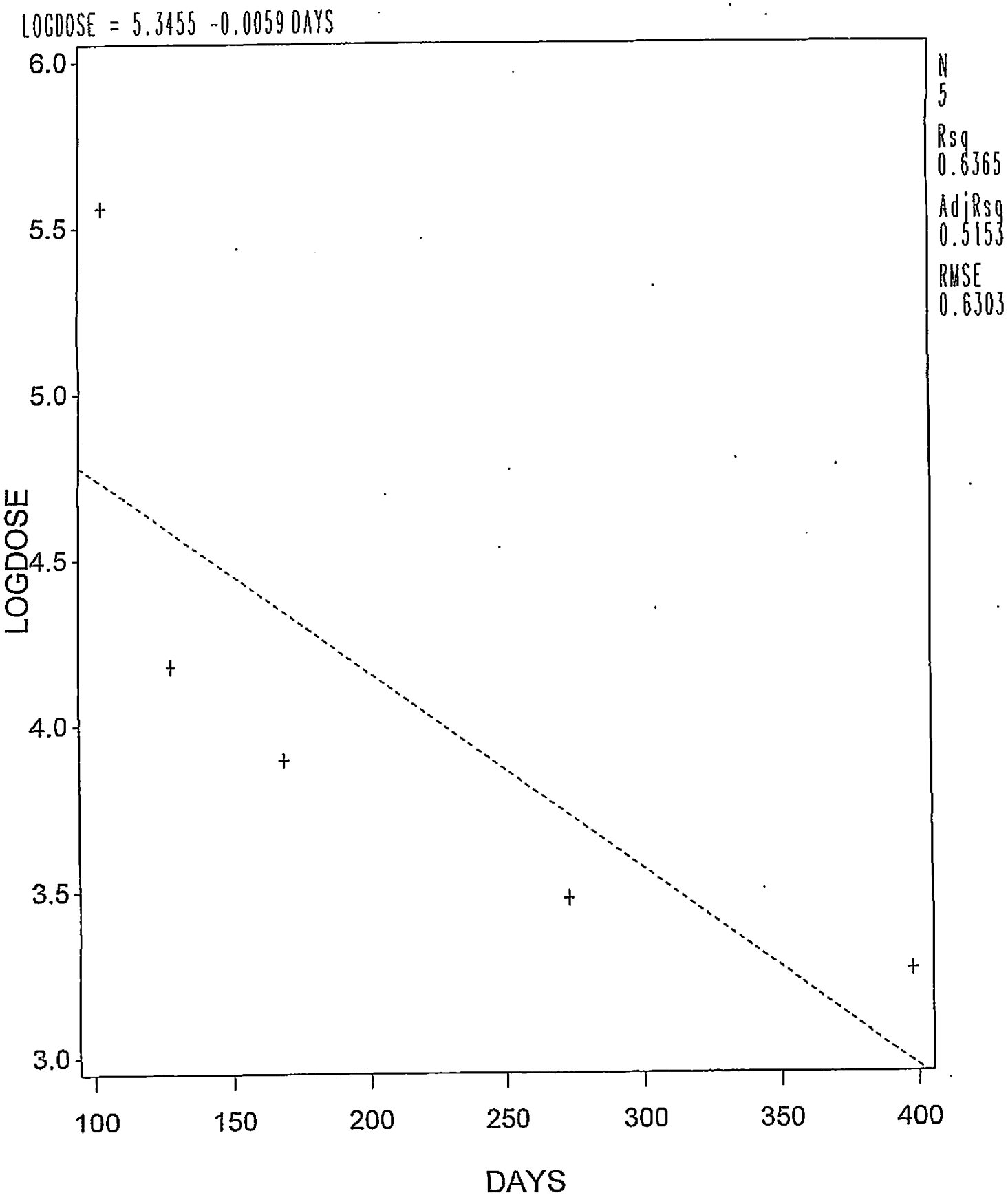
PLOT of LOGDOSE VS. DAYS (12/31/04 = DAY 0)



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RE: Kolton Houston, Sports Massage Protocol Overview

November 21, 2011

Kolton Houston received a total of 60 sports massage sessions (as of and including 11/21/11). Each session was completed and documented by clinical massage therapist, Lori Dunsmore, NMT. The first session was Monday, June 27, 2011. The sessions were 25 minutes long and took place on the UGA campus in the Coliseum sports medicine massage room or in the Butts-Mehre training facility massage room (depending on the day). A Biotone Deep-Tissue massage lotion was used. The techniques used, as directed by Ron Courson, PT, during these sessions were a combination of: vigorous cross fiber friction (deep transverse friction), joint movement at the hip rotators, and ischemic compression. The gluteal and piriformis regions (left and right side) were the target areas treated.

Lori Dunsmore, NMT

GA license # MT001784

NCBTMB #307301-00

AMTA #121406

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UNIVERSITY of GEORGIA ATHLETIC ASSOCIATION

SPORTS MEDICINE

June 15, 2012

Mark A. Bockelman
Director of NCAA Drug Testing
The National Center for Drug Free Sport, Inc.
2537 Madison Avenue
Kansas City, Missouri 64108-2334

Dear Mark,

The University of Georgia Athletic Association respectfully requests restoration of eligibility for our student-athlete, Kolton Houston. As you are aware, Mr. Houston had a positive NCAA drug test on April 13, 2010, in which he tested positive for 19-norandrosterone (19-NA) and 19-noretiocholanolone (19-NE). With this positive test, he was suspended by the NCAA from athletic competition for one calendar year. We were advised by the committee that in order to regain eligibility, the student-athlete must re-test with NCAA and be below the threshold level. As you are aware, we have continued to perform institutional testing to track the levels, which lowered initially, but have plateaued over the past year. Our most recent drug test on June 8, 2012 was positive for 19-NA at 5.9 ng/ml normalized to a specific gravity of 1.020 and 4.6 ng/ml non-normalized.

This is an extremely unique and complex case. We contend that that there has never been a case with the level of documented laboratory testing of anabolic steroid tapering in a student-athlete. The testing clearly demonstrates that there has been no re-use over the twenty-six months. We have exhausted every conceivable means at our disposable to identify why his test values will not drop below the threshold level. Despite multiple physician, biochemist and toxicologist consultations, as well as multiple laboratory panels, we do not have a scientific explanation for this. We do know there is variability for how individuals metabolize substances. A paper published in The Journal of Clinical Endocrinology & Metabolism, "Pharmokinetic Evaluation of Three Different Intramuscular Doses of Nandrolone Decanoate: Analysis of Serum and Urine Samples in Healthy Men" discusses how the ester of the drug (for nandrolone decanoate the ester is the decanoate part) can heavily influence how long the drug stays in the body and the detection window. It also stated "nandrolone concentrations do not decrease in a monoexponential way, but rather, with an increasing half-life over time". We do not believe; however, that there is any research data or scientific literature to demonstrate that his current very low urine concentration of 19-NA provides any competitive advantage.

Kolton has missed two entire seasons of athletic competition due to an incident that occurred prior to his enrollment at the University of Georgia. We feel strongly that he is deserving of the three remaining years of athletic eligibility and again respectfully request restoration of eligibility by NCDFS and NCAA.

The NCAA was founded more than one hundred years ago as a way to protect student-athletes and continues to implement that principle today with increased emphasis on both athletics and academic excellence. This young man exemplifies this emphasis, working hard in the classroom as well as on the practice field with his sport over the past two and a half years at the University of Georgia. We encourage you to look beyond the numbers of this particular case and at the face of the student-athlete who it impacts.

KH

Kolton Houston

- **2012:** Named offensive recipient of the Coffee County Hustle Award at the conclusion of spring practice.
- **2011:** Earned team's Coffee County Hustle Award for Offense at the conclusion of spring practice.
  2010: Redshirted as a member of the scout team.
  *Earned Athletic Director's Honor Roll distinction for summer semester.
  *Graduated early and enrolled at UGA in January, 2010.
- **High School:** Buford; Named to the 2010 Under Armour All-American game; PrepStar All-American; SuperPrep All-Dixie Team; selected for the Atlanta Journal Constitution 2009 Georgia's Super 11; Class AA All-State, and ranked 26th in the 2009 AJC Top 50; 2009 Georgia Sports Writers Association Class AA All-State first team; ranked No. 3 offensive guard prospect by ESPN; member of ESPNU150; ranked No. 21 offensive guard by Rivals.com; Rivals.com Georgia Midseason Top 100 for 2010; Scout.com four-star player ranked #6 OG in the country, #73 overall players in the South, and #15 player in Georgia; helped lead Buford High School to its third straight Class AA state championship in 2009; 2008 Georgia Sports Writers Association AA All-State; 2008 First Team All-Area.
- **Personal:** KOLTON HOUSTON; Born: July 25, 1991. Major: Family Finance Planning. Earned pilot's license at age 16.

Kolton Houston is an outstanding young man with dreams and goals that he would like to accomplish as a student-athlete. We believe it is time to grant him the opportunity to achieve his dreams and goals by restoring his athletic eligibility. We believe in light of the extended penalty which he has already served (more than double the normal time), he is truly deserving of restoration of his eligibility. We have great respect for the process and the manner in which you handle these cases on an individual basis. Thank you and your committee for your careful consideration of this request.

Sincerely yours,

Ron Courson

Fred Reifsteck MD

Ron Courson, ATC, PT, NREMT-I, CSCS
Associate Athletic Director – Sports Medicine

Fred Reifsteck, MD
Head Team Physician

cc: Michael Adams, Mark Richt, Greg McGarity, Steve Shewmaker, Carla Williams, Jeff Anderson, MD, Jim Booz, Mary Wilfert

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UNIVERSITY of GEORGIA ATHLETIC ASSOCIATION

SPORTS MEDICINE

Greg McGarity, Director of Athletics
University of Georgia
1 Selig Circle Butts-Mehre Hall
Athens, GA 30603

July 9, 2012

Dear Greg,

I would like to express my serious concerns in the management of a student-athlete case by NCAA representatives. Kolton Houston is a student-athlete on the football team at the University of Georgia. Mr. Houston enrolled early as a freshman in January 2010. He was randomized on a NCAA drug test on April 13, 2010, in which he tested positive for 19-norandrosterone (19-NA) at a level of 260 ng/ml and 19-noretiocholanolone (19-NE).

Prior to his enrollment at the University of Georgia, he sustained a series of shoulder injuries while in high school and, unfortunately, he was directed to an unscrupulous physician who injected him with a banned substance. We freely acknowledge that a mistake was made while he was in high school prior to enrolling at the University of Georgia. With this positive test, he was suspended by the NCAA from athletic competition for one calendar year. We were advised by the drug testing committee that in order to regain eligibility, the student-athlete must re-test with NCAA and be below the threshold level of 2.5 ng/ml. We continued to perform institutional testing on a regular basis to track the levels.

There are inherent flaws in the current NCAA drug testing program, which have been raised many times before by sports medicine professionals, but never addressed adequately by the NCAA. One of the hallmarks of drug testing is serial, or repeat, testing, in order to track the levels on an individual and document a downward trend. The NCAA does not do this. Following Mr. Houston's initial NCAA test on April 13, 2010, he was not tested again by the NCAA until 9.5 months later on February 2, 2011 when he was randomized. He was informed by the NCAA that he had a positive test for 19-NA at 26 ng/ml which constituted re-use and a second positive test and that he was banned for life from NCAA competition. We appealed with our institutional drug testing, proving that a zero level was never reached and the second positive drug test demonstrated residual from the initial drug use rather than re-use. Fortunately for our student-athlete, we have our own institutional drug testing to protect him from an unfair and unsupported accusation.

One of the other critical issues we identified in this process is the lack of standardization in drug testing. Although different drug testing agencies use similar gas chromatography-mass spectrometry (GC-MS) tests, there is no standardization in reagents used as well as different philosophies in normalization. As an example, at our request, we collected urine samples from Mr. Houston on the same day (8/23/11) and had them tested by the NCAA, our institutional drug testing agency (Aegis) and an independent WADA laboratory. We received three separate positive tests for 19-NA, with 3 different values, ranging from 16 ng/ml to 41 ng/ml to 54 ng/ml.

This is an extremely unique and complex case. There has never been another case with the level of documented laboratory testing of anabolic steroid tapering in a student-athlete. The testing clearly demonstrates that there has been no re-use over the past two and a half years. This fact has been recognized by the NCAA drug testing committee and upheld on two separate appeal cases. We have continued to track Mr. Houston's levels, which lowered initially, but have plateaued over the past year. We have exhausted every conceivable means at our disposable to identify why his test values will not drop below the threshold level. Despite multiple physician, biochemist and toxicologist consultations, as well as multiple laboratory panels, we do not have a

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scientific explanation for this. We do know there is variability for how individuals metabolize substances. Our most recent institutional drug test on June 8, 2012 was positive for 19-NA at 5.9 ng/ml normalized to a specific gravity of 1.020 and 4.6 ng/ml non- normalized. Again demonstrating the variability in testing, the most recent NCAA test on June 19, 2012 was positive for 19-NA at 13 ng/ml non-normalized. There is no research data or scientific literature to demonstrate that his current very low urine concentration of 19-NA provides any competitive advantage whatsoever.

As a former two sport NCAA student-athlete and now a sports medicine health care provider, I have devoted my entire career in intercollegiate athletics. The NCAA was founded on the premise of health and safety for the student-athlete. I have been honored in the past to work closely with the NCAA on a number of student-athlete health and safety issues, from serving as a member of the Committee on Competitive Safeguards and Medical Aspects of Sports to numerous task forces to speaking on behalf of NCAA at congressional hearings to drafting sports safety rule changes to developing NCAA best practices in emergency action planning, management of sudden cardiac arrest, MRSA and concussion. However, after trying to work together with NCAA representatives over the past two and a half years with this case, it appears that the NCAA is only interested in hearing what I think when it serves their purpose and needs. Otherwise, I am summarily dismissed.

The most distressing aspect of this case is the appearance that no one at the NCAA actually cares enough about this case to truly look at it in an objective manner. We can clearly show with science that there has been no further drug use over a two and a half year period. We can show that there is no performance enhancing benefit. The student-athlete has served more than double the issued penalty by the NCAA for a mistake made while in high school! We are chasing an arbitrary threshold number that he is unable to metabolize to, yet no one, from the drug testing committee to Drug Free Sport to NCAA administrators and attorneys, wants to hear any objective data supporting this. I have attempted to work in a collegial manner throughout this appeal process to no avail whatsoever. It appears that it is much easier to hide behind a maze of rules and policies than to have the courage to make a decision which is right and just and in the best interest of the student-athlete.

In our last appeal attempt, in a conference call on July 2, 2011 with our legal team and NCAA attorneys, we were told quite bluntly that his appeal process was over. It appears that his only recourse is legal action. As we both know, this is not an appropriate recourse for a student-athlete. In consultation with attorneys and a federal judge, we believe Kolton has a strong legal case. However, as we cannot financially support the student-athlete in this cause, the financial strain on his family makes this unfeasible, as well as the reality that by the time the courts have rendered a verdict, regardless of outcome, his eligibility will be long expired.

Mr. Houston has missed two entire seasons of athletic competition due to banned substance use that occurred prior to his enrollment at the University of Georgia. We feel strongly that he is deserving of the three remaining years of athletic eligibility and respectfully request conditional restoration of eligibility by NCDFS and NCAA. We are willing to allow the NCAA to test him as frequently as it would like, at our institutional expense. He is an outstanding young man with dreams and goals that he would like to accomplish as a student-athlete. I believe that he should have his athletic eligibility restored and granted the opportunity to compete.

I have tremendous respect for Dr. Emmert and truly appreciate his efforts in leading the NCAA and his positive contributions to intercollegiate athletics. However, I feel we would be remiss in not sharing our serious concerns with him regarding this case and its management by NCAA and NCDFS representatives. I do not think this is the message that the NCAA wants to send to student-athletes, families and institutions.

Sincerely yours,

Ron Courson

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