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**Drug Games: The International Politics of Doping  
and the Olympic Movement, 1960-2007**

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**Drug Games: The International Politics of Doping  
and the Olympic Movement, 1960-2007**

**by**

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## **Dedication**

This dissertation is dedicated to my family.

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# **Drug Games: The International Politics of Doping and the Olympic Movement, 1960-2007**

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The widespread use of performance-enhancing drugs among elite athletes is the most important policy problem in modern Olympic history. Although several works have addressed the subject (a few of which are admittedly excellent), they have been limited either temporally or by a lack of access to archival sources of information. Based on research in both American and foreign archives, this dissertation complements earlier, path-breaking works by tracing the evolution of Olympic doping policy from 1960 to the present.

Olympic policymakers first seriously considered the subject of doping after suspicions arose that the death of Danish cyclist Knud Jensen at the 1960 Rome Olympic Games was triggered by the use of amphetamines. For most of the next decade, these officials attempted to define the doping problem and struggled to formulate a program for its solution. An international politics of doping consequently developed, under which the various bodies of the Olympic governance structure failed, due to their divergent interests and jurisdictions, to implement a coordinated plan. Until recently, administrators working

at all levels of this organizational system tended to formulate doping policies with the idea of dampening the effects of public controversy. In addition, the influence of the Cold War on the Olympics exacerbated the situation, as national governments on both sides of the Iron Curtain, believing that success in the Olympic medals race was essential to their images abroad, condoned the use of ergogenic aids among elite competitors. It was not until Canadian track star Ben Johnson tested positive for an anabolic steroid after setting a new world record in the one-hundred meter sprint at the 1988 Seoul Games that a different policy direction was initiated. The involvement of national governments after the scandal led eventually to the creation of the World Anti-Doping Agency in November 1999. The consolidation of regulatory authority in this agency has transformed the issue of doping in the Olympics from a combined political and scientific problem to one based more appropriately on the latter.



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## Introduction:

On August 26, 1960, twenty-three year old Danish cyclist Knud Jensen, riding in the one-hundred kilometer team time trial in that year's Rome Olympic Games, suddenly fell from his bike and fractured his skull on the pavement below. Several hours later, he died. The tragedy was at first attributed to a cerebral hemorrhage, thought to have been caused by heatstroke. The relatively mild temperatures that Friday—in the low-ninety degrees Fahrenheit—and the suspiciously similar collapse of two of Jensen's teammates, though, raised questions among those who followed the event. Alberto Oberholzer, director of the hospital where the cyclists were taken for treatment, conjectured that “it seemed strange” that only the Danes had difficulty with the heat.<sup>1</sup>

Others, however, were more informed regarding artificial performance-enhancement among competitive cyclists. Michael Hiltner, an American competing in the race, called his mother and asserted that it was commonly known among the cyclists that chemical stimulants were being used by the Danish squad.<sup>2</sup> Officials from the Olympic movement and the Danish cycling team at first denied such rumors. However, on Sunday August the 28th, Ferdinando Cocucci, Rome's Deputy Attorney General, announced that an investigation would begin and that “authorities did not exclude the possibility” that the team had imbibed chemical substances.<sup>3</sup> On the same day, a Danish newspaper reported that Oluf Jorgensen, trainer of the Danish Olympic cycling team, had admitted to providing the athletes with Roniacol, a peripheral vasodilator known to enhance blood

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<sup>1</sup> “Inquiry to Last Several Weeks: Use of Roniacol is Blamed for Death of Knud Jensen in Olympic Bike Race,” *New York Times*, August 30, 1960.

<sup>2</sup> “L.A. Cyclist Says Other Nations Used Stimulants,” *Los Angeles Times*, August 30, 1960.

<sup>3</sup> “Inquiry to Last Several Weeks: Use of Roniacol is Blamed for Death of Knud Jensen in Olympic Bike Race.”

circulation.<sup>4</sup> Media reports of Jensen's autopsy later asserted the presence of the drug, as well as an assortment of amphetamines documented to stimulate cardiac output and central nervous system drive.<sup>5</sup>

The use of performance-enhancing drugs was, of course, nothing new; in fact, the first known instance of Olympic doping occurred fifty-six years prior to Jensen's death when Thomas Hicks, an American runner, ingested a mixture of strychnine, brandy, and raw eggs to win the marathon at the 1904 Games in St. Louis. Even then, the danger of drugs to the health of athletes was apparent. Hicks's collapse at the finish line was described by a contemporary: "His eyes were dull, lusterless, the ashen color of his face and skin had deepened; his arms appeared as weights well tied down; he could scarcely lift his legs, while his knees were almost stiff."<sup>6</sup>

During the Cold War years, the imperatives of political prestige, under which the Olympic movement became a site of intense ideological rivalry between the United States and the Soviet Union, led to the development of highly sophisticated national sport systems.<sup>7</sup> As part of this transformation, the science of athletic training underwent a

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<sup>4</sup> "Trainer Says He Issued Cyclist Drug," *Chicago Daily Tribune*, August 29, 1960.

<sup>5</sup> Australian Broadcasting Corporation webpage, dated March 17, 2003: <http://www.abc.net.au/cycling/items/s809238.htm> (accessed November 21, 2006). A contemporaneous newspaper report disputes the findings of the autopsy: "Find No Drug in Olympics Cycling Death," *Chicago Daily Tribune*, March 26, 1961. The lack of substantive corroboration that Jensen ingested amphetamines is detailed in Verner Møller, "Knud Enemark Jensen's Death During the 1960 Rome Olympics: A Search for Truth?," *Sport in History* 25, no. 3 (December, 2005): 452-471.

<sup>6</sup> Charles Lucas quoted in Allen Guttman, *The Olympics: A History of the Modern Games*, 2nd ed. (Urbana: University of Illinois Press, 2002), 27.

<sup>7</sup> For the American sport system, see Thomas M. Hunt, "Countering the Soviet Threat in the Olympic Medals Race: The Amateur Sports Act of 1978 and American Athletics Policy Reform," *International Journal of the History of Sport* 24 (June, 2007): 804-826; Wanda Ellen Wakefield, "Out in the Cold: Sliding Sports and the Amateur Sports Act of 1978," *International Journal of the History of Sport* 24 (June, 2007): 776-795; Thomas M. Hunt, "American Sport Policy and the Cultural Cold War: The Lyndon B. Johnson Presidential Years," *Journal of Sport History* (forthcoming, 2007). On the superpower rivalry in the Olympics, see Guttman, *The Olympics: A History of the Modern Games*, 85-170; Allen Guttman, "The Cold War and the Olympics," *International Journal* XLIII (Autumn, 1988): 554-568; Thomas Michael Domer, "Sport in Cold War America, 1953-1963: The Diplomatic and Political Use of Sport in the

paradigm shift from prior notions of “fixed” human performance to new beliefs in terms of an expandable increase in athletic capacity. Over the following decades, this new environment, aided by chemical experiments during the Second World War, advanced to encompass the application of such substances as barbiturates, amphetamines, testosterone, and anabolic steroids to elite sport.<sup>8</sup> By the 1960s, international athletics had become, as one scholar describes, a “vast, loosely coordinated experiment upon the human organism.”<sup>9</sup>

Despite the pervasiveness of such experimentation, it took an event of such magnitude as a competitor’s death to induce Olympic policymakers to finally pay attention to the issue of doping, a problem that many drug-free participants in Olympic sport, such as American cyclist Michael Hiltner, suspected to be far larger than these officials wished to acknowledge. The subsequent efforts of Olympic officials in the 1960s to deal with performance-enhancing drugs were negatively affected by four interrelated issues: 1) indifference among some International Olympic Committee (IOC)

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Eisenhower and Kennedy Administrations” (Ph.D. Dissertation, Marquette University, 1976); Alfred Erich Senn, *Power, Politics, and the Olympic Games* (Champaign, IL: Human Kinetics, 1999), 83-246; Damion Thomas, “‘Is It Really Ever Just a Game?’” *Journal of Sport and Social Issues* 29, no. 3 (August, 2005): 358-363. Connections between the Cold War and doping in sport are explored in Rob Beamish and Ian Ritchie, “Totalitarian Regimes and Cold War Sport: Steroid ‘Übermenschen’ and ‘Ball-Bearing Females’,” in *East Plays West: Sport and the Cold War*, ed. Stephen Wagg and David L. Andrews (New York: Routledge, 2007); Paul Dimeo, “Good Versus Evil?: Drugs, Sport and the Cold War,” in *East Plays West: Sport and the Cold War*, ed. Stephen Wagg and David L. Andrews (New York: Routledge, 2007).

<sup>8</sup> For a brief, but useful history of the use of these substances in sport, see Barrie Houlihan, *Dying to Win: Doping in Sport and the Development of Anti-Doping Policy*, 2nd ed. (Strasbourg, Germany: Council of Europe Publishing, 2002), 33-59. On testosterone in particular, a good brief overview of its development for both sport and non-athletic purposes is found in John M. Hoberman and Charles E. Yesalis, “The History of Synthetic Testosterone,” *Scientific American* (February, 1995), 76-82. The Second World War also had a less direct influence on doping in terms of rumors that the Nazi regime “doped” members of the German military. See Rob Beamish and Ian Ritchie, “The Spectre of Steroids: Nazi Propaganda, Cold War Anxiety and Patriarchal Paternalism,” *International Journal of the History of Sport* 22, no. 5 (September, 2005): 777-795.

<sup>9</sup> John Hoberman, *Mortal Engines: The Science of Performance and the Dehumanization of Sport* (New York: Free Press, 1992), ix. Hoberman traces this concept from the German physician Wildor Hollmann, who claimed in 1986 that the past one-hundred years of Olympic sport was “a gigantic biological experiment carried out on the human organism” (p. 4).

members, 2) the scientific difficulty of detecting certain chemicals in the human body, 3) political problems related to the relatively uncoordinated international sport system, and 4) ethical and scientific ambiguity as to the definition of “doping.” As a result, the use of dangerous ergogenic aids continued to spread while the IOC focused on regulating more innocuous practices such as training at high altitude.<sup>10</sup> By the end of the decade, the consequent failures in Olympic doping policy would give rise to a circumstance in which, as stated by *Sports Illustrated* journalist Bil Gilbert, “The doctor and the chemist [would] soon be as important to an athlete as a coach.”<sup>11</sup>

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Olympic officials knew about the use of performance-enhancing drugs in their competitions for at least a decade prior to Knud Jensen’s death. A 1951 issue of the International Olympic Committee’s regularly published *Bulletin*, for example, included a response by the International Rowing Federation to accusations that the Danish rowing team had used “poison” to win the 1950 European Championships. Protesting that it had no jurisdiction over the issue, the Federation went on to claim that the Association of Danish Doctors would determine whether the squad’s use of “a daily dose of three tablets

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<sup>10</sup> The medical priorities of the Olympic community during this time are elaborated in Allan J. Ryan, “A Medical History of the Olympic Games,” *Journal of the American Medical Association* 205 (September 9, 1968): 715-720.

<sup>11</sup> Quote from “Letter from the Publisher,” *Sports Illustrated* (June 23, 1969), 4. A more accessible source for this quote is Jan Todd and Terry Todd, “Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999,” in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 70. See also Bil Gilbert, “Drugs in Sport: Problems in a Turned on World,” *Sports Illustrated* (June 23, 1969), 64-72; Bil Gilbert, “Drugs In Sport: Something Extra On the Ball,” *Sports Illustrated* (June 30, 1969), 31-32, 37-40; Bil Gilbert, “Drugs in Sport: High Time to Make Some Rules,” *Sports Illustrated* (July 7, 1969).

of Anrostin [*sic*] during twelve days can be considered as ‘doping’.”<sup>12</sup> Olympic policymakers were by then also aware of a decision—as demonstrated by its publication in the *Bulletin*—by the International Boxing Federation to prohibit the administration “immediately before or during a contest of drugs or chemical substances not forming part of the normal diet of a boxer.”<sup>13</sup> Rather than taking preventive action in light of these developments, the International Olympic Committee did nothing, and at the 1952 Winter Olympic Games several speedskaters became ill due to their excessive use of amphetamine stimulants.<sup>14</sup> In addition, the surprisingly successful Soviet weightlifting team at that year’s Summer Games in Helsinki, Finland—the first in which the Soviets competed—prompted the dismayed American coach Bob Hoffman to publicly accuse its members of chemical enhancement: “I know they’re taking that hormone stuff to increase their strength.”<sup>15</sup>

Hoffman’s suspicions were subsequently validated in a Viennese tavern during a break at the 1954 World Weightlifting Championships when a Soviet team physician “after a few drinks” informed his American counterpart, John Ziegler, that “some members of his team were using [the male hormone] testosterone” to add muscle mass.

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<sup>12</sup> Gaston Mullegg and Henry Montandon, “The Danish Oarsman who took part in the European Championships at Milan in 1950; Were They Drugged?,” *Bulletin du Comité International Olympique* (July, 1951), 26. For this and other references to doping in the IOC *Bulletin* around this time, see also Alison Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” *Sport in Society* 7, no. 2 (Summer, 2004): 217. A brief overview of early IOC doping policies is additionally provided in Raymond Gafner, ed., *1894-1994, The International Olympic Committee. One Hundred Years—The Idea—The Presidents—The Achievements*, 3 vols., vol. 2 (Lausanne: International Olympic Committee, 1994), 165-167.

<sup>13</sup> “After the Congress of the Association Internationale de Boxe Amateur. About Boxing,” *Bulletin du Comité International Olympique* (September, 1951), 16.

<sup>14</sup> See Houlihan, *Dying to Win*, 34.

<sup>15</sup> Hoffman quoted in Elliott Almond, Julie Cart, and Randy Harvey, “Testing Has Not Stopped Use of Steroids in Athletics; Soviets Led the Way, but West Has Caught Up,” *Los Angeles Times*, January 29, 1984.

The substance's effects were stunning, according to Ziegler, to the point that it was apparent that the Soviets were "abusing the drugs heavily," so that they were "having to get catheterized."<sup>16</sup> The episode intrigued Ziegler, and he began to experiment with synthetic testosterone upon his return to the United States. He took it himself and gave it to a small number of weightlifters in order to test its performance-enhancing effects. Although Ziegler soon abandoned his usage and dispensing of testosterone, his wishes for a new pharmacological agent were soon realized. In 1958, the CIBA pharmaceutical company announced the production of a new synthetic anabolic steroid, developed to help burn victims and geriatric patients.<sup>17</sup> Given the trade name Dianabol, it had less androgenic side effects than testosterone but retained the desired anabolic benefits. Soon thereafter, Ziegler convinced three high-ranking U.S. weightlifters to begin using Dianabol, and all three experienced significant improvements in both strength and muscle mass. Following this success, the use of Dianabol spread rapidly among U.S. lifters and, from there, to other sports.<sup>18</sup>

Given the Cold War impetus for the United States to keep pace with its communist rivals in the Olympic medals race, a few American athletes may have joined their Soviet counterparts in the use of ergogenic substances. At the 1956 Summer Games in Melbourne (two years before the production of Dianabol), for example, it was rumored

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<sup>16</sup> Ziegler quoted in John D. Fair, "Isometrics or Steroids? Exploring New Frontiers of Strength in the Early 1960s," *Journal of Sport History* 20, no. 1 (Spring, 1993): 4.

<sup>17</sup> For these experiments, see *Ibid.*: 5-6.

<sup>18</sup> See Terry Todd, "A History of the Use of Anabolic Steroids in Sport," in *Sport and Exercise Science: Essays in the History of Sports Medicine*, ed. Jack W. Berryman and Roberta J. Park (Urbana; Chicago: University of Illinois Press, 1992), 325-326. For a discussion of research regarding the removal of testosterone's androgenic properties while keeping its anabolic benefits, see Charles D. Kochakian and Charles E. Yesalis, "Anabolic-Androgenic Steroids: A Historical Perspective and Definition," in *Anabolic Steroids in Sport and Exercise*, ed. Charles E. Yesalis, 2nd edition (Champaign, IL: Human Kinetics, 2000), 26-30.



among some of the competitors that several members of the United States track-and-field squad were using testosterone.<sup>19</sup> Despite these reports, however, the various governing bodies that constituted the Olympic movement refused to take definitive steps to impede the proliferation of doping. Pope Pius XII, among others, condemned such practices, writing for the IOC *Bulletin* in February of 1956 that “one must deplore the error . . . of absorb[ing] gravely noxious substances. Such is the case when consuming highly stimulating drugs which . . . are looked upon as a kind of fraud by specialists.” Criticizing the tacit acceptance of ergogenic aids among the members of the Olympic community, the Pope concluded that “the responsibility of spectators, organisers and the press is very serious when they encourage this risky practice.”<sup>20</sup>

Although he protested after Knud Jensen’s death that “I’ve been connected with sports for 60 years, and I’d never considered such a thing,” IOC President Avery Brundage had, in fact, already been aware of the increasing use of amphetamines in elite athletics before its occurrence.<sup>21</sup> In 1959, he met, at an American Medical Association session in Dallas, Texas, U.S. physician Dr. Henry Bercher, a professor at the prestigious Harvard School of Medicine. After receiving from Bercher several articles on the use of amphetamines by competitive athletes, Brundage, whose attention to ethical matters

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<sup>19</sup> Richard W. Pound, *Inside the Olympics: A Behind-the-Scenes Look at the Politics, the Scandals, and the Glory of the Games* (Etobicoke, Ont. [Canada]: J. Wiley & Sons Canada, 2004), 54-55. Pound was a member of the Canadian Olympic swimming team when he heard these rumors. He later became Vice-President of the International Olympic Committee and is now President of the World Anti-Doping Agency. While head of the agency, Pound elaborated his moral conception of the doping problem in Dick [Richard W.] Pound, *Inside Dope: How Drugs are the Biggest Threat to Sports, Why You Should Care, and What Can be Done About Them* (Mississauga, Ontario [Canada]: John Wiley & Sons Canada, Ltd., 2006).

<sup>20</sup> H.H. Pius XII, “Let Us Condemn the Practice of Doping,” *Bulletin du Comité International Olympique* (February, 1956), 65. For a larger analysis of doping in the 1950s, see also John Hoberman, “Amphetamine and the Four-Minute Mile,” *Sport in History* 26, no. 2 (August, 2006): 289-304.

<sup>21</sup> Brundage quoted in Paul Gardner, “Dope,” magazine clipping, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-1969,” p. 37.

traditionally centered on questions of amateurism rather than medical debates, responded by outlining the complicated international sports system that made any strategy for dealing with drugs nearly unmanageable. “When you inquire how we are going to solve this problem,” Brundage wrote in early 1960, “you pose a most difficult question. The initial responsibility is in the hands of the National Federations of a score or more sports in more than ninety countries. . . [among whom] there may be some who are unscrupulous.” Aggressive action, he continued, might only exacerbate the situation in that “if we inaugurate a campaign of education it may give ideas to the unscrupulous ones referred to above.”<sup>22</sup>

While aware that pharmacological doping was occurring prior to 1960, members of the International Olympic Committee, believing the practice to be of relatively minor importance, refused to take measures against it. The drug-induced death of Knud Jensen in that year’s Rome Olympic Games forced Olympic leaders to revise this perspective. For most of the next decade, however, IOC officials avoided meaningful intervention, defaulting instead to restricted attempts to define and circumscribe the nature of the doping problem. Initiatives to create a universal policy approach for its solution were fundamentally lacking. Moreover, the IOC failed in asserting critical leadership responsibilities to mobilize the diffuse Olympic governance network to address the most critical policy issue in modern Olympic history.

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<sup>22</sup> Avery Brundage to Henry Beecher, January 9, 1960, Avery Brundage Papers, Box 99, Folder “SP Medical IOC Amphetamines Used in Athletics, 1937-1969.” The three articles that Beecher sent Brundage were: Allan J. Ryan, “Use of Amphetamines in Athletics (Guest Editorial),” *Journal of the American Medical Association* 170 (May 30, 1959): 562; Peter V. Karpovich, “Effect of Amphetamine Sulfate on Athletic Performance,” *Journal of the American Medical Association* 170 (May 30, 1959): 558-561; Gene M. Smith and Henry K. Beecher, “Amphetamine Sulfate and Athletic Performance,” *Journal of the American Medical Association* 170 (May 30, 1959): 543-557. Avery Brundage Papers, Box 99, Folder “SP Medical IOC Amphetamines Used in Athletics, 1937-1969.”

The Olympic movement was (and still is) governed through a diffuse network of independent organizations, all of which have different interests, jurisdictions, and powers. While it is easy to mistake the Olympics as functioning under a hierarchical structure with the IOC at its apex, it is more accurate to conceptualize its governance system as a confederation of competing institutions.<sup>23</sup> Until recently, administrators working at all levels of this organizational system tended to formulate doping policies with the idea of dampening the effects of public controversy. Meaningful reforms were consequently deferred while a series of scandals continued to plague the movement. At one time or another, members of nearly every organization in the international sports network were rumored to have participated in doping cover-ups. Due to the politicized nature of the movement during the Cold War, several national governments also became involved in the “medicalization” of the Games.

During the 1970s, nationalist forces became an especially important factor in terms of the proliferation of drugs in the Olympics. The German Democratic Republic’s infamous *Stasi* secret police organization, for example, instituted a state-sponsored doping regime that administered dangerous performance-enhancing substances to some

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<sup>23</sup> The fragmented framework under which Olympic doping policies were promulgated prior to the creation of the World Anti-Doping Agency in November 1999 was best put by Valparaiso law professor Michael S. Straubel. Olympic drug regulations, as he described it, were the products of a “Byzantine and dysfunctional world of anti-doping control.” Quoted from Michael S. Straubel, “Doping Due Process: A Critique of the Doping Control Process in International Sport,” *Dickinson Law Review* 106 (Winter 2002): 531. The complex nature of the international sport system allowed this diffuse doping control system to develop. The Olympic governance structure with the IOC at its apex is described by Christopher R. Hill, a specialist in the international politics of sport, as “akin to a multinational corporation in which a great deal of work is left to the various national companies.” “There exists,” he continues, “a creative tension between the three permanent legs of the Olympic milking stool [the IOC, National Olympic Committees, and international federations].” Christopher R. Hill, “The Politics of the Olympic Movement,” in *The Changing Politics of Sport*, ed. Lincoln Allison (Manchester: Manchester University Press, 1993), 87, 89. For the many different bodies that comprise the international sport system, consult James E. Thomas and Laurence Chalip, eds., *Sport Governance in the Global Community* (Morgantown, W.Va.: Fitness Information Technology, 1996). See also Barrie Houlihan, *Sport and International Politics* (New York: Harvester Wheatsheaf, 1994). As its title would suggest, the narrower topic of politics within the Olympic movement is discussed in Christopher R. Hill, *Olympic Politics*, 2nd ed. (Manchester, UK: Manchester University Press, 1996).

10,000 East German athletes, sometimes without their knowledge. The often obvious use of ergogenic aids by these competitors called attention to the need for more rigorous doping regulations. While several progressive steps were subsequently taken during the decade—including the institution of anabolic steroid testing at the 1976 Montreal Games—Olympic officials were unable to overcome the political obstacles imposed by the movement’s diffuse organizational framework. Indeed, although the restricted IOC regulatory approach produced a number of positive drug test screenings at its events, efforts at reform within the elite sports establishment remained relatively ineffective until the late-1980s.

What political scientists called a “focusing event” occurred, however, when Canadian sprinter Ben Johnson failed a screen for anabolic steroids after setting a new world record in the one-hundred meter sprint at the 1988 Seoul Olympic Games.<sup>24</sup> An investigation of the episode by the Canadian national government worried Olympic leaders that their movement might be subjected to unwanted political intrusions unless meaningful steps were taken to resolve the predicament. Due perhaps only to the tangible threat of direct governmental involvement, momentum finally built over the course of the next decade for the creation of an independent agency to oversee international doping policy. With the assistance of both national governments and private sport bodies, the World Anti-Doping Agency was created in November 1999 with the aim of implementing a universal drug regulation strategy. In order to maintain its autonomy from the IOC and the other members of the Olympic community, the new agency undertook a difficult process of consolidating power over the subject for most of the next decade. Although challenges remain, the approach has been modestly successful in

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<sup>24</sup> An excellent description of focusing events is provided in John W. Kingdon, *Agendas, Alternatives, and Public Policies*, 2nd ed. (New York: Longman, 2003), 94-100.

initiating a change in the nature of the policy dilemma. Having historically been a combined scientific, ethical, and political dilemma, obstacles to the elimination of doping in the Olympics are becoming less restrained by organizational inertia.

As I sought to understand the nature of this policy problem, my research indicated that no comprehensive, archival source-based history of the evolution of Olympic doping policy had been undertaken. The first scholarly assessment of doping in athletics was provided by Terry Todd in a 1987 article that appeared in the *Journal of Sport History*. Entitled, “Anabolic Steroids: The Gremlins of Sport,” this assessment called attention to the early development of performance-enhancing substances and their subsequent incorporation into competitive athletics.<sup>25</sup> In 1992, conceptions of modern sport were deeply affected by the publication of John Hoberman’s *Mortal Engines*. In that volume, Hoberman argued that although it was considered by many as a “pure” exception to everyday life, contemporary athletics had in fact embraced the high-performance values of the larger society in which it was situated.<sup>26</sup> Eleven years later, Hoberman continued his analysis in *Testosterone Dreams*, which demonstrated the degree to which pharmacological innovations have been embraced by humanity as means to enhance physical and mental functioning.<sup>27</sup> In narrower studies, Charles E. Yesalis provided a wealth of information to scholars with regard to the range of issues associated with doping in sport, including their physiological effects and the technology of drug testing.<sup>28</sup>

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<sup>25</sup> Terry Todd, “Anabolic Steroids: The Gremlins of Sport,” *Journal of Sport History* 14, no. 1 (Spring, 1987): 87-107. See also Todd, “A History of the Use of Anabolic Steroids in Sport.”

<sup>26</sup> Hoberman, *Mortal Engines: The Science of Performance and the Dehumanization of Sport*.

<sup>27</sup> John M. Hoberman, *Testosterone Dreams: Rejuvenation, Aphrodisia, Doping* (Berkeley: University of California Press, 2005).

<sup>28</sup> Charles E. Yesalis, ed., *Anabolic Steroids in Sport and Exercise*, 2nd ed. (Champaign, IL: Human Kinetics, 2000); Charles Yesalis and Virginia S. Cowart, *The Steroids Game* (Champaign, IL: Human Kinetics, 1998).

Wayne Wilson and Edward Derse's 2001 edited collection, *Doping in Elite Sport*, included several insightful articles concerning drugs in the Olympics; among these, a historical timeline compiled by Jan and Terry Todd—which included references to the most significant events in the evolution of Olympic doping regulation—is especially deserving of praise.<sup>29</sup> All of these works, though, do not systematically incorporate archival research into their analyses. The literature on drugs in athletics, while thus excellent in some cases, has been limited temporally or by a lack of access to important archival sources of information with respect to the development of doping policies in the Olympic movement. This dissertation documents the course of that history since 1960, integrating available archival records. It thus complements the earlier, path-breaking works that collectively provided the intellectual stimulation for this study.

Appreciating the opportunities that the gaps in the existing historiography afforded, I initiated a research strategy that took me to documentary collections located both within the United States and abroad. These included the International Olympic Committee's Library and Archives in Lausanne, Switzerland, the United States Olympic Committee Library in Colorado Springs, Colorado, and the Todd-McLean Physical Culture Collection and the personal research archive of Professor John Hoberman at the University of Texas at Austin. The first of these also provided access to microfilm copies of the Avery Brundage Collection, the actual documents of which are held at the University of Illinois at Urbana-Champaign. Finally, the Foundation Board of the World Anti-Doping Agency provided an enormous gift to researchers when it decided to publish online the meeting minutes of the new agency.

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<sup>29</sup> Wayne Wilson and Edward Derse, eds., *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement* (Champaign, IL: Human Kinetics, 2001); Todd and Todd, "Significant Events in the History of Drug Testing and the Olympic Movement," 65-128.

The originality of this work is thus at least partially due to its integration of under-utilized documentary records within the existing body of scholarship that concerns doping in the Olympics. Accordingly, this study sheds fresh light on the fragmented Olympic governance structure that hampered efforts to deal with the problem, and the delays induced by organizational failure to assume the leadership required for its resolution. Nevertheless, like most attempts at history, my efforts to elucidate the course of Olympic doping policy over the last five decades fall short of providing a definitive, complete analysis. Despite my access to a substantial body of primary archival information, there are gaps in the historical record that are unlikely to be filled anytime soon. What I hope to have produced, then, is the fullest account possible with the information that is available. I look forward to reading further contributions to the subject written by scholars with additional resources made accessible at some future point.

## Ch. 1: Defining the Problem, 1960-1969

By February 1960, the problem of exogenous performance-enhancement had become so acute that IOC President Avery Brundage felt it necessary to address the issue in an International Olympic Committee meeting in San Francisco. He related the disturbing “use in certain sport circles” of a pharmacological agent called “Amphetamine Sulfate,” which, he continued, “is nothing else but a dope or a drug.”<sup>1</sup> IOC delegate Bo Ecklund suggested a rigorous scientific investigation of the issue. However, the committee ignored the recommendation in favor of a more modest proposal. The IOC’s decision on the question of doping was thus that the members of the committee, few of whom had any medical training, should “speak of this matter in their respective countries”; no further actions were specified.<sup>2</sup>

After Danish cyclist Knud Jensen’s death on August 26, 1960, in the Rome Olympics, however, the Executive Board of the International Olympic Committee became slightly more attentive to the danger posed by unregulated doping. Meeting in Rome fifteen days after the cyclist’s collapse, members of the group asserted that the Olympic movement “deplores deeply the death of a Danish cyclist competing in the

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<sup>1</sup> Minutes of the 56th General Session of the International Olympic Committee, February 1960, San Francisco, California, International Olympic Committee Library, Lausanne, Switzerland (hereafter IOCL), p. 9. For the point concerning Brundage’s focus on amateurism rather than doping, see Allen Guttman, *The Games Must Go On: Avery Brundage and the Olympic Movement* (New York: Columbia University Press, 1984), 123.

<sup>2</sup> Jan Todd and Terry Todd, “Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999,” in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 66. The Todds mention that IOC member Bo Ecklund proposed a rigorous investigation in their study. This is based on Wolf Lyberg (a former IOC member), *The IOC Sessions: 1956-1988, Volume 2—A Study Made by Wolf Lyberg, Former Secretary General of the NOC of Sweden*, n.d., p. 46. The official minutes of the meeting, however, do not mention this claim. The IOC’s request is articulated in Minutes of the 56th General Session of the International Olympic Committee, February 1960, San Francisco, California, International Olympic Committee Library, Lausanne, Switzerland, p. 9.



present Games.” Perhaps more importantly, they also worried about the effects of the fatality on the prestige of the Olympic movement. Brundage was particularly displeased by the public relations dilemma that ensued after Jensen was posthumously awarded a gold medal.<sup>3</sup> The Board, attempting to make up for this lapse in judgment, therefore called for punitive measures (notably by some other, undefined organization) because “the responsible parties ought to be penalized.” As for the International Olympic Committee, the Board simply asked its Danish national counterpart for a report on the situation so that a definitive decision could be made sometime in the future.<sup>4</sup> Beyond this limited response, however, nothing else was done to address the growing problem of doping in 1960. This lack of meaningful action was, in fact, to become a familiar pattern in the IOC’s approach to doping over the next five decades.

Over a year later, convening in Athens in June of 1961, the Executive Board finally revisited the problem when Comte Jean de Beaumont, an International Olympic Committee delegate from France, argued that the Olympic movement needed some form of policy toward performance-enhancing drugs so that future deaths among its athletes could be prevented. The Board accordingly agreed to submit to the upcoming General Session of the International Olympic Committee the question of whether a doping control system should be established.<sup>5</sup> In that meeting, President Brundage again referred to the seriousness of the situation, and asserted that “sanctions should be applied.” However, in a statement that would foreshadow much of the future debate on the issue, he further argued that the International Olympic Committee should first decide exactly what

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<sup>3</sup> Avery Brundage to Otto Mayer, November 10, 1960, referenced in Alison Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” *Sport in Society* 7, no. 2 (Summer, 2004): 218.

<sup>4</sup> Minutes of the Meetings of the I.O.C. Executive Board, September 10, 1960, Rome, Italy, IOCL, p. 3.

<sup>5</sup> Minutes of the Executive Board, June 15, 1961, Athens, Greece, IOCL, p. 2.

“constitutes a doping.”<sup>6</sup> In January 1962, believing that he needed help from medical experts to resolve confusion over the definition, he wrote to International Olympic Committee Chancellor Otto Mayer that “the problem of ‘doping’ is not a simple one and we must have professional advice on where to draw the line. This is a difficult problem. I shall appoint a subcommittee of doctors . . . to deal with the subject.”<sup>7</sup>

Brundage’s decision to seek help from the scientific community was prudent; a successful businessman with extensive experience in Olympic governance, he nevertheless lacked the medical training requisite to a knowledgeable stance on doping issues. As for his moral compass regarding the subject, Brundage was deeply committed to the transnational ideals of the Olympic movement. For him, the Olympics were akin to a universal religion through which international peace could be accomplished by means of athletic competition. This conviction that inclusion in the movement was essential to global harmony even led him to oppose the U.S. campaign to boycott the 1936 “Nazi Olympics” while head of the American Olympic Association.<sup>8</sup> Brundage’s philosophical rigidity combined with an interpersonal style that many thought to be overbearing, though, begged an important question: would the IOC President understand the ethical threat of doping to his cherished movement? The result of these attributes was that Brundage failed to appreciate the saliency of the doping issue relative to other organizational and political issues that he perceived as requiring more immediate attention. As a consequence, he in effect pushed doping regulation downward in the

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<sup>6</sup> Minutes of the General Session of the International Olympic Committee, June 1961, Athens, Greece, IOCL, p. 3.

<sup>7</sup> Avery Brundage to Otto Mayer, January 8, 1962, quoted in Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” 218.

<sup>8</sup> For Brundage’s involvement in the American debate over a 1936 boycott, consult Carolyn Marvin, “Avery Brundage and American Participation in the 1936 Olympic Games,” *Journal of American Studies* 16, no. 1 (April, 1982): 81-105.

diffuse Olympic governance structure at the expense of a meaningful, centrally-initiated IOC regulatory approach.<sup>9</sup>

In March 1962, the International Olympic Committee agreed to create a new doping subcommittee, with Dr. Arthur Porritt, then President of the Royal College of Surgeons of England, as its head. The group, it was suggested, would coordinate its activities with the *Fédération Internationale Médecine Sportive* (FIMS), a body with which the IOC had remained loosely affiliated since it had been “officially recognized” by the Olympics in 1952.<sup>10</sup> The choice of Porritt was, however, deeply flawed; at the IOC session in St. Moritz in 1948, he had argued against any involvement by the IOC with questions of a medical or scientific nature. “Any direct action in this connection,” he believed, “would but lead the Committee into spheres where it is neither justified nor equipped to enter. . . . As a corporate body we have neither the right nor the machinery to play any direct or practical part.”<sup>11</sup> In addition, the subcommittee initially received little organizational support from the IOC, causing Chancellor Mayer, writing to two of its members, to warn that “there will be some difficulties for you to meet as you all live in different parts of the world.”<sup>12</sup>

Porritt, in one of his few accomplishments as part of the committee, responded by appointing to the group Dr. Pierre Krieg, who as a resident of the Olympic movement’s

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<sup>9</sup> The best biography of Brundage is Guttmann, *The Games Must Go On*. This work provides particularly excellent discussions of his philosophy regarding sport.

<sup>10</sup> Original in French. *Proces-Verbal de la réunion de la Commission Exécutive du C.I.O avec la Commission d’Amateurisme*, March, 3, 1962, Lausanne, Switzerland, IOCL, p. 3. For more on the IOC’s relationship with the FIMS, see Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” 213.

<sup>11</sup> Arthur Porritt, “Report on a Proposed Scientific Congress Regarding Medical Sporting Questions,” IOC General Session, January 1948, St. Moritz, Switzerland, quoted in *Ibid*.

<sup>12</sup> Otto Mayer to Kyotaro Asuma and Arthur Porritt, March 12, 1962, Avery Brundage Papers, Box 99, Folder “SP Medical IOC Amphetamines Used in Athletics, 1937-1969.”

home city of Lausanne, Switzerland, would allow him to “keep a closer contact with the chancellery of the I.O.C.”<sup>13</sup> Even this modest act, however, indirectly served to demonstrate Porritt’s weakness. IOC Chancellor Mayer had actually initiated the appointment by suggesting to the British physician that Krieg might be useful for this role. “I can assure you that he is a clever man,” Mayer wrote, “and he might do a good work [*sic*].” “He [rather than you,] could report straight to us and it would give a stronger contact between the IOC, and your commission.”<sup>14</sup> Mayer was also dismayed by Porritt’s decision to skip the IOC General Session in June of 1962, writing to him, “As you are not coming to Moscow, it is of no use to call a meeting there.” The Chancellor, in addition, conflated Porritt’s individual indifference with two other components of the IOC’s enervated approach to doping in the 1960s: a perception of the issue as one of image management rather than of a medical or ethical problem, and a preference that other organizations should bear most of the responsibility for its curtailment. “Something must be done as quickly as possible so that we can show to the World . . . that the I.O.C. does something,” he said. “It will be also a great help to the International Federations” in formulating policies for the use of performance-enhancing drugs among their athletes.<sup>15</sup>

Porritt’s ambivalence towards doping was further demonstrated when he missed the IOC General Session in Moscow; a colleague of his on the doping subcommittee, Dr. Ferreira Santos, took his place in submitting a report to the body.<sup>16</sup> Porritt’s subsequent

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<sup>13</sup> Otto Mayer to the Members of the Commission of Doping, April 21, 1962, Avery Brundage Papers, Box 99, Folder “SP Medical IOC Amphetamines Used in Athletics, 1937-1969.”

<sup>14</sup> Mayer to Porritt, April 12, 1962, Avery Brundage Papers, Box 99, Folder “SP Medical IOC Amphetamines Used in Athletics, 1937-1969.”

<sup>15</sup> Mayer to Porritt, April 3, 1962, Avery Brundage Papers, Box 99, Folder “SP Medical IOC Amphetamines Used in Athletics, 1937-1969.”

<sup>16</sup> Minutes of the General Session of the International Olympic Committee, June 1962, Moscow, Soviet Union, IOCL, p. 4.

inactivity did little to further persuade Olympic policymakers of his commitment. Mayer wrote angrily on September 27, 1962, "Since our Moscow Session where we have elected a special commission on Doping, of which you are President, we have not heard anything! Would you kindly let me know when you expect to send us a report from the Commission."<sup>17</sup> In late October—nearly a month later—Porritt meekly responded, "Here I am, at last, with many apologies . . . but I have just returned" from two extensive tours of Africa and the United States. "This is the sort of thing," he continued, "that has made it quite impossible for me to do much about the Doping Commission." Despite these limitations, however, Porritt was willing, though reluctant, to "do what I can as soon as I can, but I really have very little spare time these days." He therefore suggested that a colleague on the commission, Dr. Agustín Sosa, "who seems to have shown some interest," should take his place as chairman and that the IOC should "see what he can do."<sup>18</sup>

The continuing inaction on the part of Porritt caused some dissonance among the IOC leadership, which had wanted something done before the 1964 Games began in Tokyo to define the concept of doping. Brundage wrote Porritt that "inasmuch as Dr. Santos has already assembled some material and brought in a partial report I think we should ask him to head the Commission."<sup>19</sup> The President's willingness to seek a

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<sup>17</sup> Otto Mayer to Sir Arthur Porritt, September 27, 1962, Avery Brundage Papers, Box 99, Folder "SP Medical IOC Amphetamines Used in Athletics, 1937-1969."

<sup>18</sup> Porritt to Mayer, October, 23, 1962, Avery Brundage Papers, Box 99, Folder "SP Medical IOC Amphetamines Used in Athletics, 1937-1969." Referring again to his commitment to other concerns, Porritt later wrote to Brundage that "it is good of you to let me off my Chairmanship of the Doping Commission but I really have tried to find time to do this but, at the moment, am just stymied." Porritt to Brundage, November 5, 1962, Avery Brundage Papers, Box 99, Folder "SP Medical IOC Amphetamines Used in Athletics, 1937-1969." Given Porritt's stance to scientific questions and Brundage's reluctance to deal with doping issues, one wonders whether the IOC president chose Porritt for the chairmanship of the new commission in order to slow policy development on the subject.

<sup>19</sup> Avery Brundage to Porritt, November 1, 1962, Avery Brundage Papers, Box 99, Folder "SP Medical IOC Amphetamines Used in Athletics, 1937-1969."

replacement seemed justified when a conclusive report by the doping commission finally appeared in a 1963 issue of the IOC *Bulletin* under Santos's name rather than Porritt's. Despite the shortcomings of the British physician, though, the article provided a starting-point for coming to grips with the problem; doping, according to the report, could be defined as:

An illegal procedure used by certain athletes, in the form of drugs; physical means and exceptional measures which are used by small groups in a sporting community in order to alter positively or negatively the physical or physiological capacity of a living creature, man or animal in competitive sport.<sup>20</sup>

Of course, the inclusion of performance-inhibition as well as enhancement, in addition to vague terminology with regard to “physical means” and “exceptional measures,” left substantial room for interpretation. Most importantly, the definition was not tied to a formal regulatory policy under the auspices of the IOC.

## **1964 TOKYO OLYMPIC GAMES**

Nearly simultaneous with the report's publication, Brundage again argued that the international federations that governed the various sports in the Olympic movement—and not the IOC—should hold primary responsibility for promulgating doping policies. This philosophy of dispersed responsibility for doping regulation exemplified Brundage's powerful influence over IOC decision-making during his twenty-year term as president of the body. Writing to Mayer, he urged the IOC leadership that “it would be better for us to

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<sup>20</sup> J. Ferreira Santos and Mario de Carvalho Pini, “Doping,” *Bulletin du Comité International Olympique* (February, 1963), 56.

cooperate with organizations more competent to treat on the subject of 'doping' than we are."<sup>21</sup> This went against recommendations issued by the European Council on Doping and the Biological Preparation of the Athlete Taking Part in Competitive Sports. In January 1963, this latter assembly of biologists, lawyers, sports leaders, athletes, physicians, pharmacists, and journalists, convening in the casino of Uriage, France, developed what it felt was a "reasonable and realistic anti-doping plan of battle." Calling first for the creation of an "International Commission" on doping, the Council insisted that "it is urgent and vital that an international body should examine the matter thoroughly and standardize the rules governing sport in the different countries." The use of performance-enhancing drugs, furthermore, constituted "an infringement of rights or offence in sport," which could, despite a few contrary opinions, be successfully curtailed in that "there are efficacious means of detecting the use of artificial stimulants."<sup>22</sup>

Nevertheless, the International Olympic Committee continued to insist upon its lack of jurisdiction and to argue that the international and national sports federations were the only organizations that could address the issue. In November of 1963, the Committee pronounced that "the main struggle is only just beginning, and it will intensify . . . by reason of the comprehension and the severity of the sporting federations."<sup>23</sup> However, several months later, and increasingly aware that this posture was doing little to help the image of the Games, IOC members again deliberated the matter in Innsbruck, Austria, at their sixty-first General Session. Bo Ekelund, again framing the problem as a public

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<sup>21</sup> Brundage to Mayer, February 26, 1963, quoted in Wrynn, "The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70," 218.

<sup>22</sup> "The Anti-Doping Battle is Making Good Progress," *Bulletin du Comité International Olympique* (May, 1963), 43-44. See also Todd and Todd, "Significant Events in the History of Drug Testing and the Olympic Movement," 67.

<sup>23</sup> "Doping, the International Olympic Committee and the Press," *Bulletin du Comité International Olympique* (November, 1963), 60.

relations issue, suggested that “in order to stop Press reports about athletes doping, blood tests could be taken in suspicious cases.” With Santos’s death, the doping sub-committee, once again hindered by the ineffectual leadership of Porritt, had, however, not done enough work to submit even a partial report on its progress. Chairman Porritt instead stated that “it was a little too soon to comment on the question. Probably the next year there would be great benefits forthcoming from proved medical advice.”<sup>24</sup>

This attitude of non-urgency by the sub-committee on doping led, of course, to little policy development on the issue of ergogenic aids prior to the 1964 Tokyo Games. A limited number of chemical analyses were conducted in the cycling events at those Games so that Porritt and the International Olympic Committee Executive Board could—somewhat to their own surprise—claim that “it seems that tests have been made in Tokyo.”<sup>25</sup> These tests, as later explained by American track and field star Harold Connolly, though, were ineffective in curtailing doping at the Games. In a 1973 Senate hearing, he recalled that his roommate on the squad brought his own drugs, which were “boldly presented . . . to the medical staff of the team, they placed the drug in their refrigerator and the team nurse gave him the injections. . . . [O]ur Olympic medical staff were really not very concerned with what he was receiving.”<sup>26</sup>

Still, however tentative it may have been, this was the first instance of concrete action taken to combat doping in the Olympic movement. The choice of cycling for targeted tests, it should be mentioned, was even quite perceptive in that the sport was

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<sup>24</sup> Minutes of the IOC General Session, January 1964, Innsbruck, Austria, IOCL, p. 12-13.

<sup>25</sup> Minutes of the Meeting of the Executive Board of the International Olympic Committee, October 16, 1964, Tokyo, Japan, IOCL, p. 1.

<sup>26</sup> United States Senate, Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary, *Hearings Pursuant to S. Res. 56, Section 12. Investigative Hearings on the Proper and Improper Use of Drugs by Athletes*, Ninety Third Congress, First Session, June 18, July 12, 13, 1973 (Washington, D.C.: U.S. Government Printing Office, 1973), 274.



perhaps the Olympic sport most overrun by performance-enhancing drugs in this era. The International Cycling Union and its head, President Rodini, were, of course displeased with the protocol, and a series of complaints were quickly fired off to Brundage.<sup>27</sup> The surprisingly confident head of the IOC, however, reminded the Executive Board of the perils of doping in terms of “the degradation of sport,” and asserted that “any degraded [*sic*] sport would be expelled from the Games.”<sup>28</sup>

At the accompanying IOC General Session in Tokyo, Porritt exhibited greater attention to the matter. He suggested that the delegates should construct and implement four interconnected policies: it should, first, issue a formal declaration denouncing the use of any performance-enhancing drug; second, create regulations that would allow “sanctions against any [National Olympic Committee] or any person who directly or indirectly promoted the use of drugs”; third, insist that those committees require their athletes to submit to “an examination at any time”; and finally, append to the application forms for Olympic participation the clause, “I do not use drugs, and hereby declare that I am prepared to submit to any examination that may be thought necessary.” After further declaring his belief that a team of medical practitioners should attend future Games “to carry out very precise and very rapid examinations,” Porritt, in a slight departure from previous statements by Brundage calling for their sole power over the topic, suggested that “the International Federations should also be asked for their support.” The attendees thereafter unanimously condemned the practice of doping, and called for the Executive

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<sup>27</sup> See Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” 219.

<sup>28</sup> Minutes of the Meeting of the Executive Board of the International Olympic Committee, October 16, 1964, Tokyo, Japan, IOCL, p. 1.

Board to incorporate their decision into “a more precise text for the rules of eligibility” for participation in the Olympics.<sup>29</sup>

## ALTITUDE TRAINING AS DOPING

By the 1964 General Session in Tokyo, an additional factor had been added to the debate on medical ethics within the Olympic movement: high-altitude physiology.<sup>30</sup> At an IOC meeting the previous year, questions were asked about the potential difficulties that athletes might face should Mexico City, situated nearly 7,500 feet above sea level, be awarded the 1968 Summer Olympic Games. The Mexican delegation attempted to allay such concerns by questioning their scientific basis and by promising to reimburse athletes for the expenses of acclimatization.<sup>31</sup> In Tokyo, General José de J. Clark Flores, chairman of the Organizing Committee for the Mexico City Olympic Games, again criticized those who argued that altitude would impede the Games, claiming that their worries were “just a question of prejudice.” “No accidents had ever been recorded” among those performing at high altitudes, the General argued, and, in the unlikely event

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<sup>29</sup> Minutes of the 62nd International Olympic Committee General Session, October 1964, Tokyo, Japan, IOCL, p. 11.

<sup>30</sup> For a monograph on the subject, see Alison M. Wrynn, “‘A Debt Was Paid Off in Tears’: Science, IOC Politics and the Debate about High Altitude in the 1968 Mexico City Olympics,” *International Journal of the History of Sport* 23, no. 7 (November, 2006): 1152-1172. Ethicists, physicians, and policymakers continue to debate the connection between altitude training and doping, especially after “artificial” hypoxic environments began to be used. For a medical argument against defining their use as doping, see Benjamin D. Levine, “[Editorial] Should ‘Artificial’ High Altitude Environments be Considered Doping?,” *Scandinavian Journal of Medicine and Science in Sports* 16, no. 5 (October, 2006): 297-301. For a recent review of how altitude training increases athletic performance, see Aurelie Gaudard et al., “[Review Article] Drugs for Increasing Oxygen Transport and Their Potential Use in Doping: A Review,” *Sports Medicine* 33, no. 32003): 191-193. For a philosophical argument against altitude training—or any other technique—as doping, see J. Salvulescu, B. Foddy, and M. Clayton, “Why We Should Allow Performance Enhancing Drugs in Sport,” *British Journal of Sports Medicine* 38, no. 6 (December, 2004): 666-670.

<sup>31</sup> Minutes of the 60th International Olympic Committee General Session, October 1963, Lausanne, Switzerland, IOCL, p. 6.

that they did become sick, “after a few days, athletes were [and would be] perfectly alright.”<sup>32</sup>

The other contenders for the Games—Lyon, France; Detroit; and Buenos Aires, Argentina—were, like Mexico City, asked a series of questions relating to “size, population, climate, [and] altitude.” In response, Buenos Aires emphasized that it was conveniently situated at sea level.<sup>33</sup> Taking a firm stance against this implied criticism, the Mexicans argued in their own *Bid Book* that the elevation of their proposed site for the athletic competitions would pose only a “harmless effect . . . on the athlete’s cardiopulmonary capacity, even though they come from lower altitudes.”<sup>34</sup> When the time came for a decision as to whom would host the XIXth Olympiad, General Clark again assured the IOC delegates that Mexico City’s altitude would pose little problem and that the city would pay any expense associated with acclimatization. In the end, Clark was successful in his efforts, and at the 60th IOC General Session in Baden-Baden, Germany, the Mexican capital was awarded the rights to the Games after receiving thirty out of a possible fifty-eight votes.<sup>35</sup>

American sport officials remained worried, however, about the potential detrimental effects of Mexico City’s altitude upon the performance of their athletes. Jim Swarts, a delegate of the United States Olympic Committee from the National Collegiate Athletic Association, believed that in terms of the application of medicine and science to sports, “the foreign nations apparently are quite a step ahead of us in this regard.” He

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<sup>32</sup> Minutes of the 62nd International Olympic Committee General Session, October 1964, Tokyo, Japan, IOCL, p. 11.

<sup>33</sup> Wrynn, “‘A Debt Was Paid Off in Tears’: Science, IOC Politics and the Debate about High Altitude in the 1968 Mexico City Olympics,” 1156.

<sup>34</sup> Quoted in *Ibid.*

<sup>35</sup> Minutes of the 60th International Olympic Committee General Session, October 1963, Baden-Baden, Germany, IOCL, p. 6.

therefore recommended that the committee consult a certain physician who, he explained, “is an expert on the effects of altitude on athletes, and has the science down to the point, he can predict who is going to win.”<sup>36</sup> Later, Harry McPhee, a physician who, according to USOC President Kenneth L. Wilson, “guided us with great skill through a number of Olympiads,” warned that “I don’t know whether you gentlemen understand the problem we will have there is one of oxygen and oxygen is the one element which the body can’t store.”<sup>37</sup> After one delegate concluded that “it seems to be mandatory that we do everything we can to in [*sic*] further experiments and research under conditions most closely similar to those . . . in Mexico City,” a number of alternatives were discussed.<sup>38</sup> These included involvement with a number of projects concerning sports medicine then underway; as put by Swarts, “when it comes to the research side of it in todays [*sic*] situation you might as well argue against motherhood and the American flag.”<sup>39</sup>

As for the relationship of high-altitude training with doping, the USOC leadership asked one of its delegates, physician Daniel Hanley, about “any medicine available that will facilitate adaption [*sic*]” to altitude. Responding that “there is one that may, as a matter of fact,” Hanley cautioned against over-optimism with regard to such an approach because “this part of the adaptation would be this much [a small part] in the total scheme . . . and we have not [yet] translated the use of these drugs into the human blood.”<sup>40</sup> In

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<sup>36</sup> Minutes of the Meeting of the Board of Directors of the United States Olympic Committee, May 3-4, 1964, New York City, United States Olympic Committee Library and Archives (hereafter USOCLA), pp. 55, 54.

<sup>37</sup> Wilson and McPhee quoted in Minutes of the Meeting of the Board of Directors of the United States Olympic Committee, March 22-23, 1965, New York, USOCLA, p. 73.

<sup>38</sup> Mr. Sober quoted in *Ibid.*, p. 82.

<sup>39</sup> Minutes of the USOC Board of Directors, May 8, 1965, no location given, USOCLA, p. 98.

<sup>40</sup> Minutes of the USOC Board of Directors, October 25-26, New York, USOCLA, p. 66.

addition, IOC officials, who were increasingly wary of the chemical and scientific steps being proposed to accommodate to Mexico City's location, devised a policy that restricted such efforts. At an IOC meeting in Rome, Lord David Burghley, the Marquess of Exeter, proposed a rule stating that "in order to achieve fairness as far as possible between competitors, no athletes other than those who normally live at such heights, shall train specially at high altitudes more than 6 weeks up to the start of their event, in the last three months before the Games." "To break this rule," Burghley continued in a statement of incredible naiveté, "would be a gross breach of good sportsmanship and it is sure that no-one . . . would wish in any way to be guilty of taking an unfair advantage over other competitors."<sup>41</sup>

In light of the apparent connection between altitude physiology and medicine, it was somewhat odd, however, that the IOC leadership chose to address altitude training as an issue of amateurism rather than as a medical problem; the doping sub-committee, observing simply that "the Commission notes with interest this decision," had nothing to do with the topic.<sup>42</sup> Under the Olympic regulations in force at the time, no athlete could leave work to train for more than four weeks a year and still compete in the Games. Seeing some sense in applying this standard to the question of high-altitude preparation, IOC delegates, meeting in Rome during the spring of 1966, revised Burghley's rule and announced that Olympians could train at altitude for only one month prior to the Mexico

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<sup>41</sup> Proposal signed by Marquess of Exeter, Box 82: IOC Meetings, 1966, Folder "Proposal by Marquess of Exeter: Training at High Altitudes, 1966," Avery Brundage Papers.

<sup>42</sup> Agenda of the Meeting of the IOC Medical Commission, December 20, 1967, Lausanne, Switzerland, quoted in Wrynn, "The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70," 221. There was, it should be mentioned, one exception to this generalization: a February 1967 article by Medical Commission member Albert Dirix addressed high-altitude physiology. Albert Dirix, "The Problems of Altitude and Doping in Mexico," *Bulletin du Comité International Olympique* (February, 1967), 43-46.

City Games.<sup>43</sup> His enthusiasm for intensive altitude training thus somewhat dampened, Douglas Roby, after replacing Wilson as the USOC president, disappointedly stated that the rule “moulds or somewhat shapes our thinking as to what we are going to do in preparation for the Mexico City Games.”<sup>44</sup> Still, he said later, “I don’t think there is going to be any policing on this. . . . I don’t think anybody will be penalized.”<sup>45</sup>

Given the context of the Olympics within the larger international environment of the Cold War, western countries also became increasingly suspicious that communist-bloc scientists were seeking the type of physiological edge that the Marquess of Exeter was trying to combat. In April of 1967, the London *Observer* reported that despite official pronouncements to the contrary by Konstantin Andranov, president of the national Olympic committee of the USSR, the Soviets were running a high altitude training facility deep within the Tien Shan Mountains in Western Kyrgyzstan. Directed by Leningrad’s Central Institute of Physical Culture, psychologists, physiologists, and, most ominously, pharmacologists worked to determine an optimal system of high-altitude preparation. Performance-enhancing drugs, it seems, were a central part of its operation. As revealed by Felix Talyshev, Secretary of the Institute, “We must,” in addition to normal athletic training, “also pay attention to pharmacological preparations.” A Russian newspaper was also cited as stating that “there lies a grain of truth in the saying that Mexico will be the scientists’ and not the athletes’ Olympic Games.” It was thus concluded by the *Observer* that the Soviets “might be experimenting with various forms

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<sup>43</sup> “Acclimatization at the Mexico Altitude,” Annex no. 4 of Minutes of 64th International Olympic Committee General Session, April 1966, Rome, Italy, IOCL.

<sup>44</sup> Minutes of the USOC Board of Directors, May 22, 1966, Washington D.C., USOCLA, p. 153.

<sup>45</sup> Minutes of the USOC Board of Directors, February, 25-26, 1967, Chicago, Illinois, USOCLA, p. 235-236.

of doping, either to overcome the effects of altitude, [or] to improve performance generally.”<sup>46</sup>

In the end, and after much criticism by other members of the Olympic establishment, Brundage and Burghley relented and allowed an extra two weeks of training. Again conflating the subjects of amateurism and altitude physiology, a final—though complicated—decision was released by the IOC in August of 1967. First providing that “we want to make it plain that, although it is not prohibited, the general operation of special training camps is not in accordance with the spirit of amateur sport,” the regulation went on to elaborate upon the committee’s reasoning. As “there has been so much misinformation circulated on the effect on performance of high altitude such as that of Mexico City we have decided to make a special allowance for the year 1968 only of two weeks.” However, the rule continued, “In our eligibility code, it is provided that participation for special training in a camp for more than four weeks in any one calendar year is not permitted.” To resolve this conflict, “This means that six weeks in special training camps during the year 1968 will be permitted but no more than four of these weeks shall be during the three months preceding the opening of the Games in October 1968.”<sup>47</sup>

## THE DOPING CRISIS CONTINUES

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<sup>46</sup> Roland Huntford, “Olympic Training: Inside Russia’s Non-existent Camp,” *London Observer*, April 9, 1967. Clipping found in Avery Brundage Papers, Box 177, Folder “Games of XIX Olympiad – Mexico – Medical Board – Altitude, etc, 1964-68.” On Soviet high-altitude camps, see also “Soviet Olympic Body in Study,” *New York Times*, March 13, 1965; Wrynn, “‘A Debt Was Paid Off in Tears’: Science, IOC Politics and the Debate about High Altitude in the 1968 Mexico City Olympics,” 1159.

<sup>47</sup> “Training Camps,” Circular Letter to the National Olympic Committees, August 11, 1967, quoted in Wrynn, “‘A Debt Was Paid Off in Tears’: Science, IOC Politics and the Debate about High Altitude in the 1968 Mexico City Olympics,” 1164.

The USOC's response to high-altitude training revealed the deeper problem of doping among its athletes. One of the physicians in attendance at the American high-altitude training camp at South Lake Tahoe, H. Kay Dooley, who was also Director of the Wood Memorial Clinic in Pomona, California, openly supported the use of performance-enhancing drugs by athletes. "I don't think it is possible for a weight man to compete internationally without using anabolic steroids," he argued. Although he refused to admit to prescribing steroids at the camp, Dooley nevertheless acknowledged that "I also did not inquire what the boys were doing on their own. I did not want to be forced into a position of having to report them for use of a banned drug. A physician involved in sports must keep the respect and confidence of the athletes with whom he is working." As for any moral dilemma posed by the adoption of such a position, Dooley remained unmoved. "I see no reason not to make it available to an athlete," he asserted. "I can't see any ethical difference between giving a drug to improve performance and wrapping an ankle or handing out a salt pill for the same purpose."<sup>48</sup> This outlook led to a situation at the camp where, according to a later estimate by Tom Waddell, a decathlete training there, a full one-third of the American track-and-field squad was using anabolic steroids.<sup>49</sup>

Dooley's attitude may seem less remarkable when one considers the social context of the 1960s. The mass production of pharmaceutical products meant that Americans were much more likely than their parents or grandparents had been to turn to prescription drugs for amelioration of a variety of ills that would have gone untreated in earlier decades. Indeed, more than thirty types of pharmacological agents could be found

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<sup>48</sup> Dooley quoted in Bil Gilbert, "Drugs in Sport: Problems in a Turned on World," *Sports Illustrated* (June 23, 1969), 66, 68.

<sup>49</sup> Jack Scott, "It's Not How You Play the Game, But What Pill You Take," *New York Times*, October 17, 1971; Jack Scott, "Drugs in Sports," *Chicago Tribune*, October 24, 1971; Terry Todd, "A History of the Use of Anabolic Steroids in Sport," in *Sport and Exercise Science: Essays in the History of Sports Medicine*, ed. Jack W. Berryman and Roberta J. Park (Urbana; Chicago: University of Illinois Press, 1992), 327; Todd and Todd, "Significant Events in the History of Drug Testing and the Olympic Movement," 69.



in the average American home during the 1960s.<sup>50</sup> Another contributing factor to both Dooley's sanguine attitude to doping and the IOC's scant concern was the growth of recreational drug use among young people throughout the Western World—including Olympic athletes. Marijuana, LSD, hallucinogens, and, of course, amphetamines were widely available in youth circles, leading millions of young people to experiment with various drugs associated with the counter-culture.<sup>51</sup> By the late-1960s, recreational drug use was as much a part of the world of elite sport as it was in an average American community.<sup>52</sup>

The widespread incorporation of performance-enhancing drugs into the training regimens of elite athletes within this environment caused a difficult policy dilemma for the IOC leadership. While meeting in Lausanne in July of 1965, the IOC Executive Board was informed that "a medical check [at the 1964 Tokyo Games] has proved that certain athletes had been given shots and that some teams had drugs and artificial stimulants with them." Several policies were therefore proposed. "We ought to have a rule obliging the athletes to submit to a medical examination," the committee concluded. As for the implementation of specific punitive measures, it declared that "if drugs and artificial stimulants have been used, the athlete or the team should be disqualified."<sup>53</sup> Later that year, President Brundage, who was concerned with the interpretation of such a rule,

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<sup>50</sup> See Terry Todd, "Anabolic Steroids: The Gremlins of Sport," *Journal of Sport History* 14, no. 1 (Spring, 1987): 95.

<sup>51</sup> See *Ibid.*

<sup>52</sup> Not surprisingly, when the IOC finally created a list of banned drugs in 1967, Cannabis was included, even though no one could argue that it was a performance-enhancer. See Minutes of the 65th IOC General Session, May 3-9, 1967, Tehran, Annex XIa, IOCL. It should be mentioned, though, that Cannabis was not included on the IOC's list of substances that would be tested for at the 1968 Winter Olympics in Grenoble, France. See "Medical Commission," *[IOC] Newsletter* (February, 1968), 71.

<sup>53</sup> Minutes of the Executive Board of the International Olympic Committee, July 9-10, 1965, Paris, France, IOCL, p. 4.

argued that the Board would need to “study the question to know if the whole team must be disqualified when one of its members is convicted of using drugs . . . if this question ought to figure in our Rules and if sanctions ought to be considered.”<sup>54</sup>

Departing slightly from his prior statements, Brundage also announced to the international federations that the IOC “would take our [own] precautions against the use of drugs . . . and penalize those who are guilty of their use.”<sup>55</sup> In April 1966, Porritt and the doping sub-commission, in addition, presented a report that included a preliminary list of substances that would be prohibited at the Mexico City Games. “Whilst it is fully realised that the problem of doping can be met only by a long-term education policy stressing the physical and moral aspects of the subject,” the report began, it recommended a series of stop-gap measures. First the National Olympic Committees should “stimulate general education on the subject” and incorporate a promise to refrain from doping within their entry forms. The international federations should, furthermore, write their own rules barring the use of performance-enhancing drugs. As for the IOC, it should issue a statement against doping, “be given powers to establish sanctions against either N.O.Cs [*sic*] or individuals adjudged to be guilty,” and make arrangements for medical tests at the Games. Control of these drugs would be especially important “because the athletes will not be accustomed to the high altitude” of the event. Finally, it was conclusively established that the entire team “of an athlete convicted of doping will be disqualified for the sport concerned.”<sup>56</sup>

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<sup>54</sup> Minutes of the 63rd International Olympic Committee General Session, October 1965, Madrid, Spain, IOCL, p. 18.

<sup>55</sup> Minutes of the 64th International Olympic Committee General Session, April 1966, Rome, IOCL, p. 3.

<sup>56</sup> Minutes of the 64th International Olympic Committee General Session, April 1966, Rome, IOCL, p. 21, Annex no. 11. The report on doping, dated March 3, 1966, is contained in this annex. It is also available in Avery Brundage Papers, Box Box 82, Folder “RS Report by Committee on Doping, 1966.”

This new, albeit modestly more aggressive stance against drugs by the IOC was followed several months later by Porritt's announcement of his resignation from the doping sub-commission so that he could become the new Governor General of New Zealand. A new organizational model was subsequently proposed after it was realized that most of the other members of the commission were, either by death or termination of service, no longer part of the Olympic movement.<sup>57</sup> This evolution in the Olympic medical structure would take some time, however, as Brundage and the balance of the IOC leadership deliberated on how best to address the situation. Seeking clarification in light of rumors that Porritt would remain with the body, IOC Secretary General J.W. Westerhoff wrote to him in March 1967. Stating that if Porritt wished to resign, "then a new chairman has to be appointed for the sub-committee for doping, and I should very much appreciate your suggestion as to who should be your successor." In conclusion, Westerhoff expressed his preference that Prince Alexandre de Merode, "who, although being no *medecin* [*sic*], has shown much interest into the matter," assume the position.<sup>58</sup>

In the meantime, President Brundage and the Executive Board again attempted to transfer responsibility over doping controls to the other organizations in the international sport system. At a Board meeting in late October 1966, a "full discussion" over a possible Medical Congress at the 1968 Games revealed that "many of the athletes would not be prepared to undergo medical tests" at the competitions. Not wishing to bear the full brunt of the public outcry that was sure to attend the number of positive results should a comprehensive IOC testing protocol be implemented, the issue, in the Executive Board's

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<sup>57</sup> See Wrynn, "The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70," 220.

<sup>58</sup> J.W. Westerhoff to Porritt, March 7, 1967, Avery Brundage Papers, Box 99, Folder "SP Medical Commission, IOC, 1966-1969."

estimation, should be “left to the Organizing Committee to decide.”<sup>59</sup> Shortly after the meeting, Porritt, who remained an advisor, thus wrote to Brundage, “As we recognize the *Fédération Internationale [de] Médicale Sportive* as our official medical body, it would seem that the responsibility of arranging for possible tests during the Games should be put in their hands.”<sup>60</sup> Nevertheless, a drug memorandum distributed to the Executive Board by Prince de Merode, then a member of the doping sub-committee, led to a decision that mandatory testing should be put on the agenda of the upcoming May 1967 IOC General Session in Tehran, Iran.<sup>61</sup>

At the Tehran meeting, it was conclusively decided that Prince de Merode would take Porritt’s place as chairman of the new medical committee.<sup>62</sup> As a Belgian aristocrat, de Merode assumed the notion that the Olympic movement was the preserve of the well-bred and financially secure social elite. Feeling an element of fatherly responsibility for Olympic competitors, he shied away from punitive measures that he felt were overly-harsh. “Cheating will go until the end of the world,” he later asserted, “but our job must be as much to expose the health dangers of depression, of glandular and cardiovascular

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<sup>59</sup> Minutes of the International Olympic Committee Executive Board, October 22, 1966, Mexico City, IOCL, p.11.

<sup>60</sup> Italics added. Porritt to Avery Brundage, November 8, 1966, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-1969.

<sup>61</sup> Minutes of the International Olympic Committee Executive Board, October 22, 1966, Mexico City, IOCL, p.11.

<sup>62</sup> Minutes of the 65th General Session of the International Olympic Committee, May 1967, Tehran, Iran, p. 13, IOCL.

damage, as to *ban* people.”<sup>63</sup> Under his guidance, the IOC Medical Commission would therefore do its best to avoid the imposition of suspensions whenever possible.<sup>64</sup>

Equally important in Tehran, a list of the drugs for which there would be testing was also finalized; while not comprehensive, it included alcohol, cocaine, vasodilators, opiates, amphetamines, ephedrine, and cannabis. Although anabolic steroids were specifically referenced as “constitute[ing] ‘doping’ from the Olympic viewpoint,” they were excluded from the index. This absence was quite remarkable as a report on their properties, including their known side-effects, was appended to the minutes of the session. Because anabolic steroids could, according to the statement, cause jaundice, increased blood pressure, impotence, and reduced sperm counts in men, menstrual problems and hirsutism [abnormal hair growth] in women, and stunt adolescent bone growth, the conclusion that “detection . . . is theoretically not impossible” was, in hindsight, quite damning.<sup>65</sup>

With the 1968 Games approaching, the IOC leadership began to press the other groups in the international sports system to address the problem. On August, 31, 1967, for instance, IOC Secretary General J.W. Westerhoff wrote to Dr. Eduardo Hay, Director General of Mexico City’s Olympic Sports Center, “Recently, specially in connection with doping affaires during European and World Championships here, many disastrous things

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<sup>63</sup> Emphasis from original. This quote (p. 151) as well as the biographical information upon which this paragraph is based come from David Miller, *Olympic Revolution: The Biography of Juan Antonio Samaranch*, Revised ed. (London: Pavilion, 1996).

<sup>64</sup> De Merode’s disagreement with powerful sanctions was present throughout his long tenure as Medical Commission chairmen. Even after Canadian sprinter Ben Johnson’s positive test for steroids at the 1988 Seoul Olympic Games, for example, he opposed lifetime suspensions. At a 1989 IOC General Session, de Merode accordingly said that he was “strongly opposed to a ‘life sentence’ (exclusion for life)” for doping offenses. Minutes of the 95th IOC Session, August 30 – September 1, 1989, Puerto Rico, p. 12, copy on file at the Todd McLean Physical Culture Collection, University of Texas at Austin.

<sup>65</sup> Minutes of the 65th General Session of the International Olympic Committee, May 1967, Tehran, Iran, Annex XIa: “Doping”; Annex XIb: “Summary on Anabolic Steroids” (dated September 23, 1966), IOCL.

have happened, even death, and I do think we have to . . . [be] quite diligent in this matter.”<sup>66</sup> Within the IOC itself, the transfer of authority from the doping sub-committee to the new Medical Commission was concluded in late September 1967. The new group, which had an expanded area of jurisdiction, met for the first time on the 25th and 26th of that month in Lausanne to consider new ways to handle the problem.<sup>67</sup> The results of that meeting, however, were far from fresh, as it recommended many of the same steps that its predecessor had been advocating for the last several years: revision of the athletes’ entry forms to include a promise to submit to medical examination, random drug tests, and close consultations with the international federations over the allowable time lapse for the athletes between their events and specimen deposits. In its sole original contribution, the Commission did, it should be noted, take “great care to lay down a procedure for these tests,” including a protocol that detailed “point by point all the various stages which must be followed from the moment a sample is taken to the moment that a laboratory has carried out its analysis.”<sup>68</sup>

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<sup>66</sup> J.W. Westerhoff to Eduardo Hay, August 30, 1967, Avery Brundage Papers, Box 177, Folder “Games of XIX Olympiad – Mexico – Medical Board – Altitude, etc, 1964-68.”

<sup>67</sup> Todd and Todd, “Significant Events in the History of Drug Testing and the Olympic Movement,” 67. Chaired by Prince Alexandre de Merode, the Medical Commission included eight other members, seven of whom were physicians or scientists: Arpad Csanadi (who, like de Merode, was not a medical expert), Dr. Albert Dirix, Dr. Arnold Beckett, Dr. Roger Genin, Professor Ludwig Prokop, Dr. Eduardo Hay, Dr. Pieter Van Dijk, and Professor Giuseppe La Cava. Press Release, International Olympic Committee Medical Commission, September 27, 1967, Avery Brundage Collection, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

<sup>68</sup> Press Release, International Olympic Committee Medical Commission, September 27, 1967, cited above.

## 1968 GRENOBLE WINTER GAMES

The Medical Commission later tried to exclude the other members of the Olympic movement from the issue of doping, including the remainder of the IOC, by establishing itself as the sole authority on the use of performance-enhancing drugs. It proposed that the results of the conceptualized multi-layered system, which included thin-layer chromatography, gas chromatography, “plus any other methods which could prove to be necessary. . . . will be given to the IOC Medical Commission only who will decide on any possible further action.” Moreover, after two samples had been tested, “no protests will be considered.” As for the set of penalties that would be applied in the event of a positive test, the Commission concluded that in individual sports, athletes found to be using performance-enhancing substances should be removed from the Games while in team sports, the entire squad “of an athlete who has been shown to have used doping is excluded, *if the team can benefit from this usage*.”<sup>69</sup>

Once the national Olympic committees and international federations were informed of the steps to be taken, however, a significant problem arose in terms of understanding the commission’s definition of doping. Although alcohol use was classified as such, the athlete’s entry sheet required a prospective Olympian to declare “that he has never indulged in an alcoholic drink, nor does he have the intention of so doing.”<sup>70</sup> “This . . . [would be] utterly untrue and makes the competitors’ Declaration Form suspect,” complained British Olympic Association officer Sandy Duncan.

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<sup>69</sup> Minutes of the International Olympic Committee Medical Commission, December 20, 1967, Lausanne, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69,” p. 1-3.

<sup>70</sup> Quoted in K.S. “Sandy” Duncan to Avery Brundage, December 27, 1967, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

Moreover, he continued, “Although details of Olympic Amateurism are set out on the reverse side of the Declaration Form, there are no details of ‘dope’ so the competitor really doesn’t know precisely what he is signing. . . . The signing of it in its present form is really making the competitor sign an untruth.”<sup>71</sup> USOC physician Daniel Hanley added that while we “are in accord with your commission that ‘doping’ is bad. . . . it would be most helpful to us if the Medical Commission . . . would state specifically what tests are to be used and how they are to be done.” These should include “scientific descriptions so that all nations may then standardize and to [*sic*] the tests the same way . . . including what levels are to be considered positive.”<sup>72</sup>

This request for standardization of a testing protocol under the aegis of the Medical Commission was, however, overly-ambitious. In July, Pedro Ramirez Vasquez, an officer of the Organizing Committee of the Mexico City Games, wrote to Brundage, informing him that he had received the IOC doping resolutions. Vasquez, therefore, “wish[ed] to inform you [Brundage] that this Organizing Committee will be glad to take steps to put in force all the necessary . . . doping control measures referred to in the [regulations].”<sup>73</sup> By late October 1967, though, the IOC had returned to its belief that the international federations should have an active role in the development of doping policies. Writing to these bodies, J.W. Westerhoff, Secretary General of the committee, explained that “we are convinced that only through close co-operation with the International Federations will it be possible for us to find reasonable solutions to these

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<sup>71</sup> K.S. “Sandy” Duncan to Avery Brundage, December 27, 1967, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

<sup>72</sup> Daniel Hanley to Prince Alexandre de Merode, November 1, 1967, Robert Kane Papers, Box 4-a, Folder 4, USOCLA.

<sup>73</sup> Pedro Ramirez Vasquez to Avery Brundage, July 21, 1967, Box 177, Folder “Games of XIX Olympiad – Mexico – Medical Board – Altitude, etc, 1964-68.”



very controversial problems.” The IOC, he went on, “would therefore like to ask you to aid us through your experience and inform us if your Federation has any rules on this subject, and if so, what methods you employ. . . . We would be very happy to know under what conditions you have worked and what results were obtained.”<sup>74</sup> Whether this change in approach was an acknowledgement of the political realities of the Olympic governance structure at this time, or a re-imposition of Brundage’s antipathy towards centralized control of doping policies in the IOC, remains uncertain.

As for the 1968 Winter Olympic Games in Grenoble, France, de Merode delineated the testing procedures that were to be used at an IOC Executive Board meeting in January of that year; in his report on the substances that were prohibited, however, he again excluded anabolic steroids.<sup>75</sup> The international federations were, in addition, only provided clarification as to the penalties to be imposed at an IOC General Session held just prior to the opening of the Games.<sup>76</sup> President Brundage later recalled that the federations strongly objected to this measure and “hinted that this was a technical matter that should be in their hands.”<sup>77</sup> In any event, of the samples taken, according to a post-Games report by Dr. Jacques Thiebault, not one prohibited substance was detected.<sup>78</sup> As the year went on, it became apparent that the IOC’s reluctance to take action stemmed

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<sup>74</sup> J.W. Westerhoff to International Sports Federations, October 31, 1967, Box 71, Folder Illegible, Avery Brundage Papers.

<sup>75</sup> Minutes of the International Olympic Committee Executive Board, January 26-27, 1968, in Lausanne, and 29-30, 1968, in Grenoble, France, IOCL, Annex III.

<sup>76</sup> Minutes of the 66th International Olympic Committee General Session, February 1968, Grenoble, France, IOCL, p. 3, 19, Annex II-a.

<sup>77</sup> Brundage to Prince Alexandre de Merode and members of the IOC Executive Board, August 29, 1968, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69,” p. 17.

<sup>78</sup> Report by Doctor Thiebault on the Grenoble Games, n.d., Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69,” p. 17.

from fear of the repercussions that could come from a vigorous and efficacious testing system. At an Executive Board meeting in September 1968, Brundage made it clear that the limited steps he had taken with regard to the issue were “with the aim of protecting the Medical Commission and the IOC legally.” Furthermore, it was agreed that the Medical Commission should only “go on with its work of supervising but not operating the tests which are to be made only on the written request of IF’s [International Federations].”<sup>79</sup>

## **GENDER TESTING**

During the 1960s, worries over the performance-enhancing drugs were strangely coupled with longstanding fears concerning non-females competing as women at the Games.<sup>80</sup> The catalyst for this combination occurred at the 1936 “Nazi” Olympic Games when German officials, having been prompted by a set of Polish journalists, did a “sex check” (which was passed) on the American sprinter Helen Stevens. During the Cold War, paranoia over “sex cheating” exploded when a German man named Herman Ratjen disclosed that Nazi officials had forced him to compete as a woman at the 1936 Games, where he placed fourth in the high jump; “Dora,” as he was called, later set a women’s world record in the event.<sup>81</sup>

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<sup>79</sup> Minutes of the International Olympic Committee Executive Board, September 1968, Mexico City, IOCL, p. 6.

<sup>80</sup> For a short description of this pairing, see C.L. Cole, “On Issue: Testing for Sex or Drugs,” *Journal of Sport and Social Issues* 24, no. 4 (November, 2000): 331-333. On sex testing during the 1960s at the Olympics, see also Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” 221-224; Louis J. Elisas et al., “[Review] Gender Verification of Female Athletes,” *Genetics in Medicine* 2, no. 4 (July/August, 2000): 250.

<sup>81</sup> Elisas et al., “[Review] Gender Verification of Female Athletes,” 250.

As for the relationship between drugs and sex, a 1961 issue of the IOC *Bulletin* proclaimed that although doping was beginning to be addressed, “no mention was [made] of a particularly revolting form of doping that of women athletes who take male hormones which lead to castration of the functional cycle of women and amount sometimes to an atrophy of the ovaries which may cause a chronic disease in the long run [*sic*].”<sup>82</sup> Building on this point, Monique Berlioux, then an editor of IOC publications, claimed that gender doping was occurring through certain techniques whereby “the woman’s menstruation is stopped by means of medicinal substances. In addition, injections of male hormones are given and these have the twofold effect of increasing physical resistance and of fortifying the muscular tones.” Although such steps could not, according to Berlioux, change one’s gender, “from then on,” she warned, “certain secondary masculine characteristics may begin to appear.”<sup>83</sup>

The IOC Executive Board discussed gender verification at their October 1966 meeting in Mexico City. It was decided that delegates at the impending Olympic General Session should contemplate, as with drug analyses, the possibility of administering sex tests which, notably, had already been implemented by the International Association for Athletics Federations (IAAF), the world governing body for track and field.<sup>84</sup> Brundage thus wrote to Porritt, “In view of the sex developments at the recent European Championships in Budapest and the action of the I.A.A.F., should we not have something in our rules on this subject[?] Will you be good enough to prepare a suggestion for the

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<sup>82</sup> Marie-Thérèse Eyquem, “Women Sports and the Olympic Games [Extracts],” *Bulletin du Comité International Olympique* (February, 1961), 50. On this point, see also Wrynn, “The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70,” 217.

<sup>83</sup> Monique Berlioux, “Femininity,” [*IOC*] *Lettre D’Informations/Newsletter* (December, 1967), 1.

<sup>84</sup> Minutes of the International Olympic Committee Executive Board, October 22, 1966, Mexico City, IOCL, p. 11.

coming Session in Teheran[?]"<sup>85</sup> Porritt, however, was nonplussed, arguing that "I can see difficulties in trying to make this comprehensive for all sports. As for a rule on the subject, even with my medical knowledge I would find this a little difficult to compose!" Falling back on the IOC's traditional penchant for avoiding responsibility in scientific matters, he therefore proposed that "it would seem that such individual Federations as had an interest in the subject might follow the good example of the I.A.A.F. and that the I.O.C. might reasonably keep out of this very contentious field."<sup>86</sup> Several of the federations, however, were equally apathetic; IOC member Lord Killanin (a future president of the committee) later recalled that the International Amateur Swimming Federation pragmatically "stood out for a long time against tests, asserting that swimsuits clearly disclose the sex of the competitor."<sup>87</sup>

In Tehran, Porritt, having been pressed to do so, maintained that "the problems of doping, sex tests and anabolic steroids" required "that contacts should be taken up with the Organizing Committee for the Olympic Games so as to make sure that medical machinery to cope with these problems would be available."<sup>88</sup> As for the Grenoble Winter Olympics, the Medical Commission, "bearing in mind the high cost of these tests and the facilities of the laboratories," as well as hoping to avoid a public relations catastrophe, "suggested testing one female athlete in five, in such a way as to assure

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<sup>85</sup> Brundage to Porritt, November 1, 1966, Avery Brundage Papers, Box 99, Folder "SP Medical Commission, IOC, 1966-1969."

<sup>86</sup> Porritt to Brundage, November 8, 1966, Avery Brundage Papers, Box 99, Folder "SP Medical Commission, IOC, 1966-1969."

<sup>87</sup> Lord Michael Morris Killanin, *My Olympic Years* (New York: William Morrow, 1983), 157.

<sup>88</sup> Minutes of the 65th General Session of the International Olympic Committee, May 1967, Tehran, Iran, IOCL, p. 13.

ourselves of these facts and avoid unnecessary scandal.”<sup>89</sup> Due to the media’s framing of the issue as an alarming threat to the purity of sport, athletics policymakers worried, as they did with doping, that inaction could ignite a storm of public criticism. Writing to Prince de Merode, the USOC’s chief medical officer, American physician Daniel Hanley asserted that “like you, we feel that the publicity which has been given to both of these programs [doping and gender cheating] is unfortunate and we appreciate your efforts to help prevent future sensational stories about them.” Furthermore, Hanley was unclear as to the IOC’s understanding of gender orientation; he therefore requested “that the Medical Commission state clearly and in advance their definition of a ‘female’ and of a ‘male’. . . . The interpretation of these studies is subject to human error and the Buccal smear techniques [to be used] are not the most accurate.”<sup>90</sup>

Given the highly personal nature of sex testing, the commission was, in addition, concerned with the well-being of the athletes, some of whom, it was felt, may have been unaware of their true gender orientation. It therefore proposed that “in the event of some irregularity being found, the result of the control will be given only to the responsible medical officer of the team concerned, and to the President of the IOC Medical Commission or his representative.”<sup>91</sup> Prince Alexandre de Merode, as chairman of the commission, clarified that “in view of the expense involved, only fifty out of two hundred and fifty female athletes would be tested.” As such, he “asked [successfully] for the support of the Executive Board in trying to persuade the Organizing Committee [of the

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<sup>89</sup> Minutes of the Meeting of the IOC Medical Commission, December 20, 1967, Lausanne, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-1969,” p. 4.

<sup>90</sup> Daniel Hanley to Prince Alexandre de Merode, November 1, 1967, Robert Kane Papers, Folder 4, Box 4-a, USOCLA.

<sup>91</sup> Minutes of the Meeting of the IOC Medical Commission, December 20, 1967, Lausanne, Box 99, Folder “SP Medical Commission, IOC, 1966-1969,” p. 4.

Games] to have more athletes tested, if possible all of them.” Aware of the delicate nature of the issue, the IOC membership therefore resolved that each female Olympian would be tested through chromosomal analysis of buccal smears and concluded that “the control will be carried out before the Games in such a way as to preserve secrecy and avoid all embarrassment.”<sup>92</sup> In buccal examinations, scrapes are taken from an individual’s inner cheek, which are then scrutinized through a microscope to determine the competitors’s chromosome orientation.<sup>93</sup> For their part, the international federations asked that no sex tests be administered in their respective sports without their prior approval.<sup>94</sup>

At the conclusion of the Winter Olympics in Grenoble, Dr. Thiebault presented a report describing the activities of the Medical Commission. Although no abnormalities had been detected among the women who were examined, several moral and practical issues arose which required the IOC’s consideration. The competition, according to him, was “the first time that such steps were carried out within the framework of the Olympic Games, which explains certain shortcomings when they were put into practice.” However, Thiebault naively went on, “these should be easily rectified in the future.” In fact, the medical officer had argued before the Games against gender testing out of a belief that “these people are to be pitied, for throughout their lives they will be inadapted [*sic*] and thanks to sport, they probably tried to achieve a difficult assimilation into an often hostile, and even stupid society.” “These examinations,” he continued, “must be carried out in the most absolute medical secrecy, and the more or less radical sporting

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<sup>92</sup> Minutes of the International Olympic Committee Executive Board, January 26-27, 1968, in Lausanne, and 29-30, 1968, in Grenoble, France, IOCL, p.2, Annex III.

<sup>93</sup> Individuals with XX chromosome patterns are defined as females. Those with XY patterns are defined as males. There are, however, exceptions to this generalization.

<sup>94</sup> Minutes of the 66th International Olympic Committee General Session, February 1968, Grenoble, France, IOCL, Annex IIa.

measures which may follow must be based on the wish, not to harm, but rather to help. Our idea will therefore never be that of punishing, but always that of dissuasion.”<sup>95</sup>

Equally important in terms of the image of the Olympic movement, Thiebault also asserted that “it is useless to discuss at great length the reasons which crystallized this question; most of the press and unfortu[n]ately the scandal-rags, have for a large part made themselves the echo of these so-called women, built like navvies and breaking records.” “Already at the European Athletics Championships the Federation carried out checks which were rewarded by a public scandal,” Thiebault continued, “which proves that in this sort of thing, *discretion is at least as important as examination techniques*.”<sup>96</sup> As such, the “scandal[s] ensuing from the discovery of a false sex [at the Olympic Games] would inevitably have given rise to a host of juicy headlines and bad taste in the international scandal-rags.”<sup>97</sup> Although careful to distinguish his points concerning sex testing from rules prohibiting the use of performance-enhancing drugs, which were, according to Thiebault, “evident attempt[s] at fraud,” this mindset became a fixture of Olympic doping policy.

## **1968 MEXICO CITY OLYMPIC GAMES**

After the 1968 Winter Games, a power struggle ensued within the IOC that pitted President Brundage and his followers against the Medical Commission, few of whose

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<sup>95</sup> Report by Doctor Thiebault on the Grenoble Games, n.d., Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69,” p. 1-2.

<sup>96</sup> Emphasis added. Report by Doctor Thiebault on the Grenoble Games, n.d., Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69,” p. 1.

<sup>97</sup> Report by Doctor Thiebault on the Grenoble Games, n.d., Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69,” p. 1.

members were attached to the IOC, over the development of doping policy. By attempting to bypass Brundage's view that the Medical Commission should have only secondary responsibility over the matter in comparison to the international federations, de Merode challenged the IOC's longstanding avoidance of the issue. Writing to General Clark at the Mexico City Organizing Committee, Brundage countered that despite the Medical Commission's assumptions, "it has never been our idea that the IOC would take permanent charge of the actual testing. This is a technical requirement that rests with the International Federations and is not our province." "It was never the intention of the IOC," he pointedly concluded, "to assume permanently the duty of carrying out these tests anymore than it handles the starting or the timing of the races. The actual testing must remain in the hands of the International Federations."<sup>98</sup>

The piqued President also contacted de Merode to assert that "I have been dealing with this matter for twenty years and I am positive that the IOC had *never* had any intention whatsoever of undertaking such an enormous task." "Our responsibility," Brundage emphasized, "is to have intelligent regulations, to see that the adequate facilities are provided, and that correct methods are used, and that is all. I am sorry that you were not properly informed."<sup>99</sup> In a similar, tedious analysis of the Olympic medical structure and priorities, the President absolved the IOC of even these limited duties. "You will note," he asserted, "that the testing is to be made by the medical authorities of the Organizing Committee with the assistance of officials of the F.I.M.S." Brundage emphatically added, "It was never, never, never intended that the IOC itself should take responsibility for testing. . . . We are not equipped for that sort of an operation, ignoring

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<sup>98</sup> Avery Brundage to General José de J. Clark, August 9, 1968, Avery Brundage Papers, Box 99, Folder "SP Medical Commission, IOC, 1966-69."

<sup>99</sup> Emphasis in original. Avery Brundage to Prince Alexandre de Merode, August [illegible], 1968, Avery Brundage Papers, Box 99, Folder "SP Medical Commission, IOC, 1966-69."



the expense involved.”<sup>100</sup> Soon thereafter, Brundage released a circular letter to the various organizations of the Olympic movement outlining the IOC’s stance toward testing: “this is a technical matter that must be handled by the International Federations and the National Olympic Committees . . . in co-operation with the Organizing Committee.” The IOC and its Medical Commission, in contrast, played only consultative roles in that they “are ready to advise any [of the aforementioned organizations] . . . which may desire, in pursuing this subject, the benefit of their studies and their experience.”<sup>101</sup>

Committed to a stronger position, de Merode replied that “the absolute confusion that this statement has caused in everybody’s minds is a serious blow to the work we are trying to achieve. This change of opinion brings us back to the question of how much we can depend on the decisions of the I.O.C.” Brundage’s meddling with previous decisions regarding the Medical Commission’s power should therefore be considered “an abuse of authority and would be a serious mortgage on the work we would have liked to foresee in the future.” “I must also add,” de Merode continued, “that these extremely delicate matters concern the moral responsibility of the I.O.C. and go far beyond technical questions, if we still wish to remain loyal to the fundamental principles of the Olympic spirit.” In the interests of the Olympic movement, however, de Merode hoped that he and Brundage could patch their relationship, concluding that “I am sure that our next talks in

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<sup>100</sup> Brundage to Prince Alexandre de Merode and members of the IOC Executive Board, August 29, 1968, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

<sup>101</sup> Brundage Circular Letter to International Federations, National Olympic Committees, and International Olympic Committee, August 27, 1968, Avery Brundage Papers, Box 71, Folder “Circular Letters to IOC’s, NOC’s, IF’s, 1968.”

Mexico will help to smooth out these differences of opinion which are certainly only on the surface.”<sup>102</sup>

As this conflict trickled down to the other organizations in the Olympic system of governance, confusion ensued as to how the drug tests in Mexico City would be conducted. General Jose De J. Clark wrote to Brundage complaining of Medical Commission member Dr. Eduardo Hay’s insistence that the IOC controlled the doping protocol. “I have tried to explain to him,” Clark stated, “that matters of a technical nature, such as the use of dope by the athletes or the sex tests, are beyond the competence of the IOC. On the contrary, these problems are completely in the line of the International Federations’ concern.” In terms of a specific procedure, Clark continued that “these tests would be effected upon request from the International Federations themselves whose demands, as we know, are quite varied and differ a lot one from another.”<sup>103</sup> Writing to Pedro Vásquez, chairman of the Mexico City Games Organizing Committee, Brundage confirmed that “this testing will not be done by the International Olympic Committee directly. Facilities would have to be provided by the Organizing Committee. . . . [while] [t]he actual testing will be under control of the International Federations concerned.”<sup>104</sup>

Aware of the potential for internal IOC division to erode the effectiveness and prestige of the Olympic movement, Brundage, though still insistent that the committee keep a low profile with regard to doping, later sought to dampen the friction between de

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<sup>102</sup> Prince Alexandre de Merode to IOC members, IOC Executive Board, and members of the Medical Commission, September 10, 1968, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69.” This document can also be found in Avery Brundage Papers, Box 177, Folder “Games of XIX Olympiad – Mexico – Medical Board – Altitude, etc., 1964-1968.”

<sup>103</sup> Jose De J. Clark to Brundage, September 2, 1968, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

<sup>104</sup> Brundage to Vásquez, August 31, 1968, Avery Brundage Papers, Box 177, Folder “Games of XIX Olympiad – Mexico – Medical Board – Altitude, etc., 1964-1968.”

Merode and himself. Cabling the Prince, who was then in Brussels, Belgium, he, in a rare admission of fault, expressed “regret [over the] misunderstanding on Medical Commission. Perhaps I did not make myself clear.” Brundage, however, misrepresenting his prior statements on the issue, providing that he could not “understand confusion since all testing in Mexico must be done under its [the Medical Commission’s] supervision as planned before[.] The only difference is testing will be done only at the written request of the International Federations.”<sup>105</sup> Later that day, Brundage penned an even more conciliatory letter, stating that “there has been no intention whatsoever on my part to undermine the Medical Commission, which everyone has agreed has accomplished its task with outstanding success.” As for the protocol at the Games, he assured de Merode that although the international federations must request drugs tests, “if there is any testing in Mexico, it will be done under the supervision of this Commission and according to its regulations and procedures.”<sup>106</sup>

The international federations, of course, were no more eager to assume control over the drug tests than Brundage. On September 16, 1968, Brundage received a telegram from a group of European national Olympic committees and international federations congratulating the Medical Commission on the successful drug regime in Grenoble and expressed their great “hope that the I.O.C. will give it full powers to continue these tests in collaboration with the International Federations at the Olympic Games.”<sup>107</sup> The Olympic drug control efforts during the 1960s were thus developed within an

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<sup>105</sup> Brundage cablegram to de Merode, September 14, 1968, Avery Brundage Papers, Box 177, Folder “Games of XIX Olympiad – Mexico – Medical Board – Altitude, etc., 1964-1968.”

<sup>106</sup> Brundage to de Merode, September 14, 1968, Avery Brundage Papers, Box 71, Folder “Circular Letters to IOC’s, NOC’s, IF’s, 1968.”

<sup>107</sup> Telegram received by Brundage, marked received on September 16, 1968, Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

environment whereby no entity, except the Medical Commission, wished to assume a position of leadership. Nevertheless, de Merode accepted Brundage's apology, promised to work closely with the international federations on technical matters, and assured him that the Commission sought only "to carry out resolutely adaptable and humanely acceptable tests which are in accordance with the dignity of the Olympic Games." He did warn Brundage, however, that future avoidance of the issue was unacceptable in that "by tolerating exceptions or only partially putting legislation into force, we would risk being accused of biased opinions and it would seem a flagrant injustice" to the athletes."<sup>108</sup>

With the power struggle thus ameliorated, Brundage allowed Dr. Hay, as a member of the Medical Commission, to direct the gender verification and drug testing procedures at the Games. The IOC President's previous insistence upon the international federations' primary responsibility for implementing such activities derived, according to the minutes of a pre-Games IOC Executive Board meeting, from concerns that the committee should distance itself from policies that could result in damaging litigation. At an IOC Executive Board meeting in Mexico City, he thus asserted that his position "was with the aim of protecting the Medical Commission and the IOC legally." De Merode subsequently explained that the thorny nature of the doping issue required extensive involvement by the Medical Commission. "It goes without saying," he argued, "that such a complicated mechanism could not be left to different individual Sports Federations and therefore it has been centralized."<sup>109</sup>

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<sup>108</sup> De Merode to Brundage, September 24, 1968, Avery Brundage Papers, Box 71, Folder "Circular Letters to IOC's, NOC's, IF's, 1968."

<sup>109</sup> Brundage and de Merode cited from Minutes of the International Olympic Committee Executive Board, September 30, 1968 – October 6, 1968, Mexico City, IOCL, p.6. Brundage repeated the explanation for his stance in a later (October 7-11, 1968), IOC General Session in Mexico City. See p. 12 of the minutes of that session, which are also available at the IOCL.

As such, a specific effort was made at the Games to harmonize the different international sport organizations in terms of execution of the testing protocol; the Medical Commission met regularly with officials from the international federations and national Olympic committees at the hotel housing the IOC delegation. “This arrangement,” according to a post-Games report by Hay, “greatly facilitated the coordination and the completion of the work.” A total of 803 female Olympians submitted to buccal scrapings, which were examined to determine their sex chromatin orientations. Only two required clarification by a “Modified Guard Method”; all were confirmed as females. Once the athletes’ female orientations were confirmed, they received a certificate absolving them of any responsibility to submit to additional verifications at future events sponsored by the IOC.<sup>110</sup>

Hay and the Medical Commission also directed the doping control procedures, sending “brigades” of technicians out to the individual events to collect urine and blood specimens. In each situation, however, the athletes were provided “notice to report to the office in which the specimens were to be taken,” providing in one case, “several hours before the athlete was able to provide the specimen.” In all, 670 urine samples were examined for various stimulants through a dual-layered technique that included both chromatography in gaseous phase and chromatography on paper; in addition, forty-eight analyses for alcohol were conducted through blood samples.<sup>111</sup>

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<sup>110</sup> “General Report Presented by Dr. Eduardo Hay, Member of the Medical Commission of the International Olympic Committee and Delegate of the Organizing Committee of the Games of the XIX Olympiad – Mexico, October 1968,” IOC Medical Commission Series, Folder “Commission Médicale: Rapports de Grenoble et de Mexico, 1968 à 1969, IOCL, p. 2-5. A copy of this essential document is also contained in Avery Brundage Papers, Box 99, Folder “SP Medical Commission, IOC, 1966-69.”

<sup>111</sup> “General Report Presented by Dr. Eduardo Hay . . .” p. 5-14. This set of procedures is detailed in A.H. Beckett, G.T. Tucker, and A.C. Moffat, “Routine Detection and Identification in Urine of Stimulants and Other Drugs, Some of Which May be Used to Modify Performance in Sport,” *Journal of Pharmacy and Pharmacology* 19, no. 5 (May, 1967): 273-294.

Despite the fact that only two confirmed positive indications of amphetamines were found, Dr. Hay reported that a disturbing number of unknown chemicals were found in the examinations. “It was evident in the analyses,” he explained, “that a large number of the samples analyzed contained abnormal products. Analytically, they produce results very similar to some of the drugs commonly used but whose chemical make-up . . . does not correspond to that of the products classified [as prohibited substances].”<sup>112</sup> Remarking upon this problem, an anonymous American weightlifter at the Games wryly asserted regarding the efficacy of the doping control system: “What ban? Everyone used a new one [performance-enhancing drug] from West Germany. They couldn’t pick it up in the test they were using. When they get a test for that one, we’ll find something else. It’s like cops and robbers.”<sup>113</sup> Concerned about this dilemma, Hay concluded that “if a technique . . . is established as official, it is relatively easy to administer drugs that cannot be identified.” He therefore recommended that rather than focusing on specific substances, the IOC should concentrate on a broader definition of doping so that “a positive result may be obtained even though the chemical product is not specified, but rather the group to which the product belongs.”<sup>114</sup>

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The failure of Olympic doping policy during the 1960s thus resulted from several factors that collectively prevented the implementation of an effective drug control system. When combined with the chemical smorgasbord that characterized the decade,

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<sup>112</sup> The positive tests were reported in “General Report Presented by Dr. Eduardo Hay . . .” p. 12-13. Hay is quoted on p. 15.

<sup>113</sup> Quoted in Gilbert, “Drugs in Sport: Problems in a Turned on World,” 66.

<sup>114</sup> “General Report Presented by Dr. Eduardo Hay . . .” p. 15.

the use of performance-enhancing drugs by athletes exploded. The modest steps that were taken, which were catalyzed by Knud Jensen's death, were weakened by a "pass-the-buck" mentality among most policymakers involved in elite athletics. Officials at the International Olympic Committee, which sat at the pinnacle of the international sport governance structure, approached doping as either a public relations problem or, worse still, as someone else's responsibility. President Brundage, in particular, set a strong tone of restraint in the assumption of centralized responsibility for doping policy creation and execution by the IOC, rationalizing this avoidance of responsibility by the stated objective of protecting the IOC from the organizational, financial, and legal consequences of such a role. Presidential reluctance during the decade was too strong a force for newly-emergent elements within the IOC structure, particularly the Medical Commission, to overcome.

The international federations, national Olympic committees, and organizing committees for the individual competitions, thus endowed with the responsibility to develop doping controls, were either indifferent or actually encouraged the use of drugs. Within the United States and its communist rivals, a "sportive nationalism" blinded sport officials to the urgency of the problem.<sup>115</sup> Indeed, a transfer of America's "containment doctrine" to the private realm—including the Olympics, under which a victory for the Soviets signaled an inversely-related loss for the free world, required that its athletes and physicians keep up with the Eastern-bloc's chemical innovations.

The proliferation of drugs at the Games caused significant concern over the future of the Olympic movement. The ethical dilemma posed by doping even called into question conventional notions of sport as a "pure" exception to the compromising

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<sup>115</sup> "Sportive nationalism" is a concept borrowed from John Hoberman. See especially John M. Hoberman, *Testosterone Dreams: Rejuvenation, Aphrodisia, Doping* (Berkeley: University of California Press, 2005), 249-260.

realities of everyday life.<sup>116</sup> As put by *Sports Illustrated* columnist Bil Gilbert in 1969, who looked back with dismay over the decade, “The use of drugs—legal drugs—by athletes is far from new, but the increase in drug usage in the last 10 years is startling. It could, indeed, menace the tradition and structure of sport itself.”<sup>117</sup> While such a pessimistic—and, in hindsight, prescient—analysis should have captivated the attention of officials involved in the Olympics, it, in the end, failed to do so. As will be shown, the situation at the end of the 1970s would be little better than the state of Olympic doping policy at the time of Gilbert’s article.

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<sup>116</sup> For Americans’ interpretation of athletics as a “pure” exception to everyday life, see Michael Mandelbaum, *The Meaning of Sports: Why Americans Watch Baseball, Football, and Basketball, and What They See When They Do* (New York: Public Affairs, 2004), 4-9.

<sup>117</sup> Gilbert, “Drugs in Sport: Problems in a Turned on World,” 64.



## Ch. 2: Nationalism Strikes, 1970-1979

Although many of the same issues affecting Olympic doping policy during the previous decade continued to play important roles in the 1970s, an additional element was added in the form of a broadening of nationalist forces that became endemic to the Olympic movement. Since its inception in the late-nineteenth century, the Olympic movement has been marked by a curious intermingling of such elements alongside a broader internationalist mission.<sup>1</sup> The father of the Games, Baron Pierre de Coubertin, believed, for instance, that a moderate form of munificent patriotism within a global institution of athletics could act as an agent of world peace.<sup>2</sup> Nevertheless, Coubertin warned that moderate nationalism in sport might lead to jingoism, which, in his words, would “[open] the door to all kinds of dangerous misunderstandings and illusions.”<sup>3</sup> Over the years, events gave substance to this warning as ultra-nationalist, politically motivated manipulations of international sport became increasingly apparent features of the

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<sup>1</sup> For an insightful interpretation of Olympic internationalism, see John Hoberman, “Toward a Theory of Olympic Internationalism,” *Journal of Sport History* 22, no. 1 (Spring, 1995): 1-37. See also John M. Hoberman, *The Olympic Crisis: Sport, Politics, and the Moral Order* (New Rochelle, NY: A.D. Caratzas, 1986). A wonderful recent analysis of the tension between nationalism and internationalism in athletics prior to the Second World War is provided in Barbara J. Keys, *Globalizing Sports: National Rivalry and International Community in the 1930s* (Cambridge, Mass.: Harvard University Press, 2006). For additional monographs by the same author on the subject, see Barbara Keys, “The Internationalization of Sport, 1890-1939,” in *The Cultural Turn: Essays in the History of U.S. Foreign Relations*, ed. Frank A. Ninkovich and Liping Bu (Chicago: Imprint Publications, 2001), 201-220; Barbara Keys, “Spreading Peace, Democracy, and Coca-Cola: Sport and American Cultural Expansion in the 1930s,” *Diplomatic History* 28, no. 2 (April, 2004): 165-196.

<sup>2</sup> “Sincere” internationalism was Coubertin’s term for this environment. See William J. Morgan, “Cosmopolitanism, Olympism, and Nationalism: A Critical Interpretation of Coubertin’s Ideal of International Sporting Life,” *Olympika: The International Journal of Olympic Studies* IV (1995): 81.

<sup>3</sup> Coubertin quoted in Hoberman, *The Olympic Crisis: Sport, Politics, and the Moral Order*, 51. Coubertin also asserted in the wake of the First World War that “ulterior motives of a nationalistic or a religious character . . . would only upset the whole [Olympic] movement in the end.” Pierre de Coubertin, *Olympic Memoirs* (Lausanne: International Olympic Committee, 1997), 185. The best biography of Coubertin is John J. MacAloon, *This Great Symbol: Pierre de Coubertin and the Origins of the Modern Olympic Games* (Chicago: University of Chicago Press, 1981).

Olympic movement. Governmentally sponsored doping was an important element in these developments.

By 1970, of course, the International Olympic Committee realized that the widespread use of performance-enhancing substances at the Games was evolving into a dangerous, and increasingly public, ethical crisis. The minutes of an IOC General Session in May of that year thus declared that in the 1968 Games and in “more recent cases of deviations from the regulations and moral standards, the question of doping raises the need for energetic and more organised steps in this sensitive sphere of sport and humanism.”<sup>4</sup> Medical Commission Chairman Alexandre de Merode, recognizing that “the intensity of international competitions had grown in all Olympic sports,” accordingly called for “[a] well organised and systemical [*sic*] doping control . . . for the Olympic Games.”<sup>5</sup> Nevertheless, the regulatory efforts of Olympic policymakers during the 1970s failed to come to terms with the connection between doping and intensified nationalist forces. Officials in the United States Olympic Committee, for instance, sought to circumvent doping regulations after what they felt was an unfair suspension of American swimmer Rick DeMont for using asthma medication approved by a team doctor. More dangerously, the German Democratic Republic, committed to success in elite international sport as an indicator of national vitality, implemented a pervasive, state-sponsored doping system in 1975 that would eventually force some 10,000 athletes—many against their will or without their knowledge—to ingest or otherwise absorb quantities of potentially harmful performance-enhancing drugs.<sup>6</sup>

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<sup>4</sup> Minutes of the 69th IOC General Session, May 1970, Amsterdam, IOCL, p. 112.

<sup>5</sup> “Report of the Chairman of the Medical Commission of the International Olympic Committee,” September 1971, Luxembourg, International Olympic Committee, Medical Commission Records, Box SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL.

<sup>6</sup> For the GDR’s doping program, see Steven Ungerleider, *Faust’s Gold: Inside the East German Doping Machine* (New York: Thomas Dunne Books/St. Martin’s Press, 2001); Brigitte Berendonk, *Doping*

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The tension between nationalism and internationalism during the 1970s was at first secondary to internal IOC friction in terms of importance for the direction of Olympic doping policy. The Executive Board of the IOC, although unanimous that the efforts of the Medical Commission in Mexico City should be applauded, “considered [in 1969] that it [and its jurisdiction] should be limited to the period immediately preceeding [*sic*] and following the Olympic Games.”<sup>7</sup> The international federations, likewise wary of the issue’s potential for embarrassment, supported this position so that they, as stated by French IOC delegate Comte Jean de Beaumont, could “have the responsibility of carrying out these tests.”<sup>8</sup> The Executive Board, thus having returned to Brundage’s restrictive position of the 1960s regarding IOC doping authority, declared that the Medical Commission would thereafter be limited to a supervisory role while the “IFs [International Federations] [would be] responsible for carrying out their own dope, alcohol and sex tests. . . . [and] [t]he Organizing Committees will provide all facilities.”<sup>9</sup> This retreat from any evolving vestiges of centralized responsibility would prove critical

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*Dokumente: Von der Forschung zum Betrug* (Berlin: Springer-Verlag, 1991); Werner W. Franke and Brigitte Berendonk, “Hormonal Doping and Androgenization of Athletes: A Secret Program of the German Democratic Republic Government,” *Clinical Chemistry* 43, no. 7 (1997); Giselher Spitzer, “A Leninist Monster: Compulsory Doping and Public Policy in the G.D.R. and the Lessons for Today,” in *Doping and Public Policy*, ed. John M. Hoberman and Verner Møller (Odense [Denmark]: University Press of Southern Denmark, 2004), 133-143. An early, complimentary analysis of the East German sport system which discounts the country’s use of performance-enhancing substances is provided in Doug Gilbert, *The Miracle Machine* (New York: Coward, McCann & Geoghegan, 1980).

<sup>7</sup> Minutes of the IOC Executive Board, March 22-23, 1969, Lausanne, Switzerland, IOCL, p. 6.

<sup>8</sup> Minutes of the IOC Executive Board, March 22-23, 1969, Lausanne, Switzerland, IOCL, p. 7.

<sup>9</sup> Minutes of the IOC Executive Board, June 5-9, 1969, Warsaw, Poland, IOCL, p. 5. “IFs” in this quotation refers to international federations.

in the 1970s as nationalistic forces overwhelmed the capacities of a de facto leaderless, diffused Olympic policy response.

Brundage, still engaged in a somewhat prickly relationship with de Merode, continued to express hostility towards a robust regulatory response by the IOC. Writing to the medical chairman in early May 1971, he suggested that “it would be wise for your Commission to make a contact [*sic*] with the Federations which have had the most experience with the necessity for [drug] control.” Referring to the set of doping regulations to be implemented at the upcoming 1972 Munich Olympic Games, he continued, “If they approve the regulations that you finally adopt, it will add strength and power to them.”<sup>10</sup> Brundage’s concern for the Olympic movement’s economic stability also dampened his enthusiasm for the commission’s work. Having been informed by IOC Information Director Monique Berlioux of two Medical Commission conferences for which the expenses would be “tremendous,” Brundage responded that “there is no use wasting a lot of money on these superfluous meetings if we can avoid it.”<sup>11</sup> After learning that the Munich Games Organizing Committee would pay the costs of the sessions, Brundage, in a somewhat sarcastic note to de Merode, underscored his conviction that the foundation of IOC doping policy should center on delegation of responsibility. He accordingly wrote, “It is a little embarrassing to have others pay the expenses . . . but probably in this instance it is not out of order seeing that it is one of the obligations of the Organizing Committee to prepare for the medical tests.”<sup>12</sup>

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<sup>10</sup> Brundage to de Merode, May 2, 1971, Avery Brundage Papers, Box 99, Folder Medical Commission, 1970-73.

<sup>11</sup> Berlioux to Brundage, March 24, 1971, Avery Brundage Papers, Box 99, Folder Medical Commission, 1970-73; Brundage to Berlioux, April 20, 1971, Avery Brundage Papers, Box 99, Folder Medical Commission, 1970-73.

<sup>12</sup> Brundage to de Merode, April 22, 1971, Avery Brundage Papers, Box 99, Folder Medical Commission, 1970-73.

At the July 29, 1971, Medical Commission meeting, discussions focused on a new doping control brochure, four thousand copies of which were to be distributed to the various members of the Olympic establishment. De Merode was quite optimistic before the IOC leadership about the benefits of the document in terms of a conviction held by the Commission “that the application of these presented methods of control, and their publication, will have a positive effect in the immediate decrease and future elimination of the danger of doping in modern sport.”<sup>13</sup> As for the actual distribution of authority over drug controls, the international federations were given the actual “technical responsibility for sports matters (number of checks, persons to be examined, times)” while the Medical Commission was relegated to “moral responsibility for the different kinds of controls and will supervise their organization.” In terms of the enforcement mechanism, guilty athletes could only be “eliminated from the Olympic Games by the International Federation concerned following the proposal of the IOC Medical Commission.”<sup>14</sup> The international federations, wary of the issue’s potential for embarrassment, later tried to avoid Brundage’s position, according to a 1972 report, by asserting that it was “generally agreed that it should be the Medical Commission who carried out the control.”<sup>15</sup>

Although this was seen as a useful first step, President Brundage, having heard that methods to identify anabolic steroids were under development, expressed interest in

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<sup>13</sup> Minutes of the Meeting of the Working Group of the IOC Medical Commission, July 29, 1971, Avery Brundage Papers, Folder Medical Commission, 1970-73; de Merode remarks in 71st General Session of the International Olympic Committee, Luxemburg, September 11-18, 1971, Annex 17, p. 33, IOCL.

<sup>14</sup> International Olympic Committee brochure, “Doping” (Lausanne, 1972), p. 4, International Olympic Committee, Medical Commission Records, Folder: Commission médicale: correspondance et cas de dopage, 1972 à 1973, IOCL.

<sup>15</sup> Minutes of the Meetings of the I.O.C. Medical Commission, Sapporo, January 29-30, and February 3, 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

whether the Commission “had found any [definitive] method of detecting [such] hormones,” which were quickly replacing amphetamines as elite athletes’ drugs of choice.<sup>16</sup> Such tests, he was told, were problematic in that they were untraceable if the athlete ceased their administration several weeks prior to the Games.<sup>17</sup> This made the IOC Executive Board’s limitation of the Medical Commission’s authority to the “period immediately preceeding [*sic*] and following the Olympic Games” all the more curious.<sup>18</sup> In any event, the world’s leading expert on the subject, Dr. Arnold Beckett of Great Britain, “had not gone far enough in his research,” de Merode explained, “for the Medical Commission to use any control in this field.”<sup>19</sup> The early years of the 1970s were thus marked by IOC deferral, and Medical Commission restriction (and even truncation in the case of steroid testing), of authority. These failures made Olympic regulatory policies unnecessarily vulnerable to the emerging, unrestrained nationalistic forces of the decade.

## 1972 SAPPORO WINTER OLYMPIC GAMES

Some national Olympic committees were dissatisfied with the status quo regarding doping regulation, however. The Belgian national committee, for example,

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<sup>16</sup> Brundage to de Merode, November 1, 1971, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73; Report of the Medical Commission, 71st General Session of the International Olympic Committee, Luxemburg, September 11-18, 1971, p. 23, IOCL.

<sup>17</sup> Report of the Medical Commission, 71st General Session of the International Olympic Committee, Luxemburg, September 11-18, 1971, p. 23, IOCL. De Merode later explained that “there had been considerable progress in the field of hormones and steroids but it was not possible at this point to control these substances. As the Commission had to be certain before carrying out tests, these products were not on the list of prohibited products.” 72nd General Session of the International Olympic Committee, January-February, 1972, Sapporo, Japan, P. 28, IOCL.

<sup>18</sup> Minutes of the IOC Executive Board, March 22-23, 1969, Lausanne, Switzerland, IOCL, p. 6.

<sup>19</sup> Report of the Medical Commission, 71st General Session of the International Olympic Committee, Luxemburg, September 11-18, 1971, p. 23, IOCL.

submitted a proposal, which was subsequently rejected by the IOC, “to entrust a [new] Commission to study the drafting of some simple rules, which could be applied in all cases, for every sportsman and every sportswoman and of which they can avail themselves in every country, for every sport.”<sup>20</sup> The United States Olympic Committee likewise—and to its credit—wished to take additional steps apart from the IOC. In October 1971, Dr. Daniel Hanley, chief medical officer of the body, thus declared, “Dope control is becoming a very strong issue, and I think we should formulate some policy. . . . I think we can ignore it, if you want to . . . but, more and more, many individuals and some important segments of our society, like the press, are looking to you for direction.”<sup>21</sup> The problem was particularly acute, as described by U.S. Olympian Harold Connolly, in that “the overwhelming majority of the international track and field athletes I have known would take anything and do anything short of killing themselves to improve their athletic performance.”<sup>22</sup>

The USOC’s progressive rhetoric did not reflect its pre-Games policies toward performance-enhancing drugs, however. After the 1971 Pan-American Games, during which he won a gold medal in the super-heavyweight weightlifting contest, U.S. lifter Ken Patera asserted his eagerness for a rematch with the Soviet Union’s Vasily Alexeyev, who had defeated him in the previous year’s World Championships in Columbus, Ohio. In relating his optimism for the 1972 Munich Games, he claimed, “Last year, the only

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<sup>20</sup> Proposal of the Belgian Olympic Committee, Minutes of the International Olympic Committee Executive Board, May 27-30, 1972, Lausanne, Switzerland, p. 13, IOCL.

<sup>21</sup> Minutes of the Meeting of the Board of Directors of the United States Olympic Committee, October 11-12, 1971, New York, p. 92, USOCLA.

<sup>22</sup> United States Senate, Committee on the Judiciary, Subcommittee to Investigate Juvenile Delinquency, *Hearings Pursuant to S. Res. 56, Section 12. Investigative Hearings on the Proper and Improper Use of Drugs by Athletes*, Ninety Third Congress, First Session, June 18, July 12, 13, 1973 (Washington, D.C.: U.S. Government Printing Office, 1973), 274.

difference between me and him was that I couldn't afford his drug bill. Now I can. When I hit Munich next year, I'll weight in at about 340, maybe 350 [pounds]. Then we'll see which are better—his steroids or mine.”<sup>23</sup> As for any response by American sport officials, Patera later recalled that he “didn't hear a peep out of anyone from the U.S. Olympic Committee.”<sup>24</sup> Although Patera was not reprimanded by the body, he was a topic of discussion in its deliberations. Dr. Hanley, speaking in October 1971 before the USOC Board of Directors, apologized “for that mental pigmy we had aboard, who sounded off and shot his mouth off, afterward, about subjects he knew absolutely nothing about.”<sup>25</sup> In hindsight, however, one wonders who could have known more about Patera's use of drugs than himself.

At the 1972 Winter Olympic Games in Sapporo, Japan, tests were administered to 211 athletes. These tests detected only one instance of doping (a West German hockey player named Alois Schloder), an astonishingly low number given such public testimonials as that of Patera.<sup>26</sup> Despite the dearth of positive tests due in significant measure to the absence of steroid screening, several new issues resulted from the competition that would have significant effects for the IOC's medical policies. Schloder's position in a team sport sparked significant controversy in terms of how to address

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<sup>23</sup> Patera quoted in Jack Scott, “It's Not How You Play the Game, But What Pill You Take,” *New York Times*, October 17, 1971.

<sup>24</sup> Terry Todd telephone interview with Ken Patera, May 16, 1986, quoted in Terry Todd, “Anabolic Steroids: The Gremlins of Sport,” *Journal of Sport History* 14, no. 1 (Spring, 1987): 95.

<sup>25</sup> Minutes of the Meeting of the Board of Directors of the United States Olympic Committee, October 11-12, 1971, New York, p. 89, USOCLA.

<sup>26</sup> Jan Todd and Terry Todd, “Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999,” in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 70. Schloder was identified in International Olympic Committee Press Release, February 11, 1972, Sapporo, International Olympic Committee Medical Commission Records, Folder: Dopage aux Jeux Olympiques d'Hiver de Sapporo 1972: rapports d'analyse, résultats et correspondance, 1972, IOCL.



instances in which doping affected more than an individual. The relevant IOC regulation in effect at the time stated that “if the athlete belongs to a team, the game or competition in question shall be forfeited by that team,” and, it continued, “a team in which one or more members have been found guilty of doping may be disqualified from the Olympic Games.”<sup>27</sup> In a post-Games IOC meeting, however, de Merode explained “that this rule had not been applied in Sapporo because of technical reasons and the Commission had decided that the rule should not be applied in the future.”<sup>28</sup> The West German squad was thus allowed to continue at the games, where it eventually finished seventh.

In addition, a scientific argument ensued in the aftermath of the Sapporo Games when Danish researchers publicly questioned the efficacy of the Olympic gender verification regime based on the identification of an individual’s chromosomal—rather than somatic and/or psychosocial—sex.<sup>29</sup> Prior to the Games, Dr. Ingborg Bausenwein, a physician who worked with female athletes on the West German Olympic team, argued that prior to the test’s implementation in 1968, “five out of 11 women’s world records [in track-and-field] were held by hermaphrodites.”<sup>30</sup> The Danish scientists countered that “the decision of the international [O]lympic committee to demand that all female competitors at the Olympic games should be ‘sex-tested’ with the aim of excluding sex

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<sup>27</sup> International Olympic Committee brochure, “Doping” (Lausanne, 1972), p. 45, International Olympic Committee, Medical Commission Records, Folder: Commission médicale: correspondance et cas de dopage, 1972 à 1973, IOCL.

<sup>28</sup> Minutes of the 73rd General Session of the International Olympic Committee, August 21-24, September 5, 1972, Munich, p. 32, IOCL.

<sup>29</sup> Erik Strömberg, Johannes Nielsen, Mogens Ingerslov, Gert Bruun Petersen, and A.J. Therkelsen, “A Memorandum on the Use of Sex Chromatin Investigation of Competitors in Women’s Divisions of the Olympic Games,” February 3, 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

<sup>30</sup> “Those Exempted Have ‘Passes’,” *Los Angeles Times*, January 17, 1972.

chromatin negative individuals from competing with females is open to criticism for scientific as well as for medical and ethical reasons.”<sup>31</sup>

Several months later, Brundage sought the opinion of the IOC Medical Commission, writing to de Merode that “I am happy I didn’t realise [*sic*] all the complications when I was 25, but seriously this is very disquieting and must have the attention of your committee.” In a notable display of humor from the usually acerbic IOC president, Brundage lightly concluded, “Maybe the eye of a 25 year old would be better.”<sup>32</sup> The problem concerning these early chromatin tests centered on the fact that they threatened to shatter the lives of numerous women, most of whom held no significant physiological advantage over their fellow competitors.<sup>33</sup> In the end, the chromatin tests were retained and an alternative system was not put in effect until the 1992 Albertville Winter Olympic Games.<sup>34</sup> Explaining this decision, de Merode pointed out that the IOC’s “practical” concerns outweighed the researchers’ “scientific side.” Brundage agreed, stating that “the problem of the Danish doctors being purely theoretical was very different from that of the IOC’s which was practical.”<sup>35</sup>

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<sup>31</sup> Erik Strömberg et al., “A Memorandum on the Use of Sex Chromatin Investigation of Competitors in Women’s Divisions of the Olympic Games,” February 3, 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

<sup>32</sup> Brundage to de Merode, April 24, 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

<sup>33</sup> A[lbert] de la Chapelle, “The Use and Misuse of Sex Chromatin Screening for ‘Gender Identification’ of Female Athletes,” *Journal of the American Medical Association* 256, no. 14 (October 10, 1986): 1920-1923.

<sup>34</sup> At the Albertville Games, the IOC replaced chromatin tests with testing for “Y-specific loci using polymerase chain reaction (PCR) amplification of DNA extracted from nucleated buccal cells.” Louis J. Elsas et al., “[Review] Gender Verification of Female Athletes,” *Genetics in Medicine* 2, no. 4 (July/August, 2000): 251.

<sup>35</sup> De Merode and Brundage statements in Report of the Medical Commission, Minutes of the International Olympic Committee Executive Board, May 27-30, 1972, Lausanne, p. 28, IOCL.

## 1972 MUNICH OLYMPIC GAMES

As for the Summer Olympics, the organizing committee for the Munich Games was confident about the steps—estimated to cost \$669,195—that it was taking with regard to the curtailment of doping at its competitions. In a report to the IOC in early 1972, the Munich Organizing Committee asserted that “there was good co-operation with the International Federations” in developing a rigorous control system through “uniform guidelines . . . drawn up on a sound scientific basis.” Furthermore, the committee (quite mistakenly in light of future events) claimed that “the entire question of doping control in Munich has been very well thought out so that mistakes and protest are virtually impossible.”<sup>36</sup> The complex regulatory system of the Olympics, in which the IOC, organizing committees, and international federations each played important roles, however, led to confusion as to possible situations in which drug treatments might be allowable. A 1968 report from the medical board of the International Cycling Union circulated to IOC members prior to the 1972 Games, for instance, concluded that “a certain tolerance may be admitted . . . concerning the tune of administration, the used dosis [*sic*], and the therapeutic goals” of selected classes of tranquillizers, sedatives, ephedrine, ether, caffeine, and hormones.<sup>37</sup>

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<sup>36</sup> Report of the Munich Organizing Committee, 72nd General Session of the International Olympic Committee, January-February, 1972, Sapporo, Japan, Annex 5, p. 56-57, IOCL.

<sup>37</sup> Dr. R. Marlier, “Report of the Medical Commission of the ‘International Cycling Union’,” January 13, 1968, attached to Artur Takac [IOC Technical Director] to Suat Erler [Secretary General, Turkish Olympic Committee, September 24, 1971, International Olympic Committee, Medical Commission Records, Box SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL.

Such ambiguity led eventually to an environment in which, according to an unofficial poll of all track and field competitors in Munich by U.S. squad member Jay Sylvester, sixty-eight percent of the men used some type of anabolic steroid prior to the competitions.<sup>38</sup> Pat O'Shea, the American weightlifting team physiologist, likewise claimed that every member of the squad was using some sort of performance-enhancing drug.<sup>39</sup> The problem had even become acute enough to cause Dr. John Zeigler, a U.S. team physician during the 1960s, to quit. "I found some of the athletes were taking 20 times the recommended dosage [of various ergogenic drugs]," he asserted. "I lost interest in fooling with IQ's of that caliber. Now it's about as widespread among these idiots as marijuana."<sup>40</sup>

While such public claims should have been cause for alarm among American sport officials, no such calls for reform occurred. Rather, a response in the shape of a vehement, nationalistic protest by the USOC only ensued after a sixteen year old American swimmer named Rick DeMont—who may very well have been innocent—tested positive for a prohibited stimulant after winning the four-hundred meter freestyle competition.<sup>41</sup> DeMont later explained that he had awoken early in the morning of September 1, 1972, "wheezing," after which he took three tablets of Marax over

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<sup>38</sup> Terry Todd, "A History of the Use of Anabolic Steroids in Sport," in *Sport and Exercise Science: Essays in the History of Sports Medicine*, ed. Jack W. Berryman and Roberta J. Park (Urbana; Chicago: University of Illinois Press, 1992), 330.

<sup>39</sup> "Team Physiologist Claims Nearly All U.S. Weightlifters on Steroids," *Los Angeles Times*, July 16, 1972. This article mistakenly identified Pat O'Shea as Pat O'Rea.

<sup>40</sup> Ibid.

<sup>41</sup> See Sharon Robb, "Burned: At the Munich Olympics of 1972, a Young Swimmer Named Rick DeMont was stripped of his Gold Medal due to a Bureaucratic Error. Thank that Sounds Like an Easy Fix? Not Even Close," *Splash: The Official Newsletter of United States Swimming* (April/May, 2001), 8-9.

approximately the next several hours.<sup>42</sup> Although DeMont had cleared his use of the asthma medication containing the banned substance ephedrine with U.S. team physicians, they made no effort to inform examiners in Munich. After the swimmer was stripped of his medal, U.S. Head Team Physician Winston Rhiel wrote to the IOC that DeMont “has a history of bronchial asthma and allergy. . . . [and] Mr. DeMont has taken this medicine [called Marax] on his own at infrequent intervals to control the symptoms.” Dr. Rhiel argued that “considering all of the above we do not feel that this young athlete has used any medication for the purposes [*sic*] of enhancing his performance.”<sup>43</sup> The USOC Chief de Mission in Munich, Clifford Buck, went a step further in arguing that “it would be inordinately cruel and undeserving [*sic*] if this young man is punished for following his doctor’s instructions in order that he may stay alive. This 16-year-old boy, because he loves his sport, has by persevering will and grueling training, overcome a physical handicap to excel in his sport.”<sup>44</sup>

However, the IOC Medical Commission took a different position. Although initially recommending that DeMont be allowed to keep his medal, de Merode later reversed direction, urging the IOC Executive Board to consider stripping DeMont of the award. De Merode, in addition, declared that DeMont would not be permitted to participate in additional competitions in Munich, including the 1,500-meter freestyle swim in which he already held the world record. Furthermore, he argued that “the persons accompanying the athlete [U.S. team officials] should be punished according to the

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<sup>42</sup> DeMont to de Merode, September 4, 1972, Avery Brundage Collection, Box 185, Folder: XXth Olympiad, Status of Rick DeMont’s Gold Medal.

<sup>43</sup> Winston P. Rhiel to Alexandre de Merode, September 3, 1972, International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc, 1972 à 1972, IOCL.

<sup>44</sup> Clifford H. Buck to de Merode, September 4, 1972, Avery Brundage Collection, Box 185, Folder: XXth Olympiad, Status of Rick DeMont’s Gold Medal.

recommendation of the IOC Medical Commission, since they were clearly co-responsible for the incident.”<sup>45</sup> After the Board confirmed DeMont’s suspension, Brundage accordingly asked USOC President Clifford Buck to coordinate the return of DeMont’s medal and informed him of the IOC’s additional conclusion that “much of the responsibility for this disqualification rests on your team medical authorities, who are severely reprimanded.”<sup>46</sup> This did little to stimulate future American compliance with regard to doping regulations.

In addition, a doping scandal involving the Union Internationale de Moderne Pentathlon et Biathlon (UIPMB) likewise eroded the enthusiasm of both the international federations and national Olympic committees. On August 22, 1972, in Munich’s Hilton Hotel, UIPMB Secretary General Wille Grut was directed by representatives of 20 national Olympic committees to seek the addition of tranquilizers on the IOC’s list of prohibited substances.<sup>47</sup> The following day, Grut met with de Merode, representatives of the Munich Games Organizing Committee, and the chief lab technician for doping tests

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<sup>45</sup> De Merode’s initial advocacy that DeMont keep his medal is contained in Minutes of the Executive Board of the International Olympic Committee, August 18-22, & September 1, 6-8, 10-11, 1972, p. 41, IOCL. The Medical Commission’s subsequent position is outlined in both these minutes and in a letter: de Merode to Brundage, September 4, 1972, International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc, 1972 à 1972, IOCL. De Merode’s statements in this paragraph are quoted from this document.

<sup>46</sup> Brundage to Clifford Buck, September 8, 1972, International Olympic Committee Medical Commission Records, Folder: Dopage: Rick DeMont (USA Swimming) et Patrick James (American Basketball Team), etc., 1972 à 1973, IOCL. The Executive Board’s decision regarding DeMont is provided in Minutes of the Executive Board of the International Olympic Committee, August 18-22, & September 1, 6-8, 10-11, 1972, p. 47, IOCL. The USOC’s account of the events surrounding DeMont’s punishment is provided in “The Rick DeMont ‘Doping’ Charge,” September 29, 1972, appended to Proceedings of the Executive Committee of the Board of Directors of the United States Olympic Committee, November 6, 1972, USOCLA.

<sup>47</sup> Memorandum, “Subject: Modern Pentathlon Doping Procedures at XX Olympiad,” International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

to officially submit this proposal.<sup>48</sup> As the international federations held jurisdiction over such matters at the time, the Medical Commission agreed to the addition of tranquilizers after it was concluded that the laboratory had enough capacity and the Organizing Committee promised to pay for the additional tests.<sup>49</sup> Grut accordingly wrote to Dieter Krickow, the Organizing Committee member responsible for the Modern Pentathlon, to confirm the tests, after which Krickow informed the individual teams.<sup>50</sup>

UIPMB officials began to regret their progressive actions, however, when fourteen positive cases of drug use were found through the doping checks.<sup>51</sup> Grut accordingly denied the request for the tests and UIPMB President Sven Thofelt declared that the proposal was done without authorization and that the federation had never been informed of any such decision.<sup>52</sup> After the UIPMB representatives were presented with evidence of the events, Grut pled negligence, explaining that “UIPMB did not ever officially ask the IOC Medical Commission to add ‘tranquilizers’. . . . I should not have allowed a non[-]competent meeting of team captains to charge me to forward their

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<sup>48</sup> Press Release from the IOC Medical Commission, September 8, 1972, International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

<sup>49</sup> Press Release from the IOC Medical Commission, September 8, 1972, International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

<sup>50</sup> Wille Grut to Dieter Krickow, n.d.; Krickow “To the Members of the International Jury, Delegation heads, and Team captains of participating teams,” “Subject: Doping Control on the occasion of the Olympic Modern Pentathlon Competition,” August 24, 1972. Both documents are from International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

<sup>51</sup> The Munich newspaper *BILD* had a story on September 3, 1972, indicating 16 positive results. The next day, *BILD* designated 16 Olympians from Finland, Sweden, Holland, and Austria. A clipping of the former story, and translations of both can be found in Tab F of Memorandum, “Subject: Modern Pentathlon Doping Procedures at XX Olympiad,” cited above.

<sup>52</sup> Minutes of the Executive Board of the International Olympic Committee, August 18-22, & September 1, 6-8, 10-11, 1972, p. 40, IOCL.

opinion.” “I now feel,” he concluded, “that this task has not been one for which I am properly trained. . . . I very much regret the loss of time and money I seem to have caused your commission.”<sup>53</sup> After receiving a query from Brundage asking for the rationale concerning the lack of sanctions, de Merode released a statement declaring that “the Medical Commission of the IOC must not interfere in the internal affairs of an International Federation and has therefore suspended all further action for the time being.”<sup>54</sup>

American sports officials were infuriated, perceiving the excuses as an intolerable slap in the face after they were publicly castigated by the IOC for their negligence concerning DeMont’s medication. USOC President Clifford Buck wrote to IOC member Lord Killanin, who would succeed Brundage as IOC president in 1972, that “it seems most inconsistent that prompt severe action was taken on Mr. DeMont in swimming as well as others and then not take disqualifying action against fourteen found guilty of doping in Modern Pentathlon.” DeMont is a sixteen year old boy,” he continued, “who was taking his normal prescribed medication for a chronic problem and not to enhance his performance, whereas the guilty pentathletes are mature individuals who knowingly and deliberately took a banned drug to improve their performance in competition in violation of a rule of which they were aware.” Buck therefore finished, “In the interest of justice, fair play, the honor and integrity of the Olympic Games, and for all athletes who did not indulge in taking forbidden drugs during the shooting event of Modern

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<sup>53</sup> Evidence presented in Minutes of the Executive Board of the International Olympic Committee, August 18-22, & September 1, 6-8, 10-11, 1972, p. 40, IOCL. Grut quoted in Grut to “IOC Medical Commission, The Chairman,” September 2, 1972, International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

<sup>54</sup> Brundage to de Merode, October 5, 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73; Press Release signed by de Merode, n.d., Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.



Pentathlon, it is respectfully requested that the IOC Executive Board reconsider the decision.”<sup>55</sup> Even Brundage noted that the incident was leading to “tremendous opposition” and that in the future “some distinction would have to be made between medicine and doping.”<sup>56</sup>

Two additional occurrences also highlighted the problems caused by the inconsistent penalties that derived from ambiguous standards. Although the IOC had decided at the Sapporo Games not to suspend national teams after doping was found among individual squad members, the ruling was contradictorily applied in Munich. Tests confirmed drug use by a Puerto Rican basketball player, although the analyses had taken so long as to allow the team to continue play throughout the course of the tournament. While the player was disqualified, the team was not, and its victories were consequently upheld. The Dutch cycling team’s bronze medal, on the other hand, was rescinded after one of its riders tested positive for Coramine, a substance prohibited by the IOC, but not by the International Cycling Union. During the IOC Executive Board’s deliberations, William Jones, Secretary General of the Federation Internationale de Basketball Amateur, pointed out that while one set of rules “stated that teams were disqualified [only] if the team had benefited from an athlete taking dope . . . the doping brochure . . . said that the team would be disqualified [automatically] if one of the players was found guilty.”<sup>57</sup>

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<sup>55</sup> Buck to Lord Killanin, September 27, 1972, International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

<sup>56</sup> Minutes of the Executive Board of the International Olympic Committee, August 18-22, & September 1, 6-8, 10-11, 1972, p. 46, IOCL.

<sup>57</sup> Minutes of the Executive Board of the International Olympic Committee, August 18-22, & September 1, 6-8, 10-11, 1972, pp. 41-47, IOCL. The response from the national Olympic committee of The Netherlands is provided in Annex 14 of this document. Jones’s statement can be found on p. 43.

## THE INTER-GAMES PERIOD

The inconsistent application of doping regulations acted in conjunction with the Black September terrorist attacks—during which thirteen Israeli Olympians were killed—to cause significant introspection among Olympic policymakers in the aftermath of the Munich Games. Due to the perceived need for a fresh start among the Olympic constituency, the 1972 Games marked the last of Brundage’s twenty-year presidency. Having ruled with an iron-grip with little regard for the concerns of the other members of the Olympic community, Brundage retired with the prediction that the movement would not survive in his absence.<sup>58</sup> Hoping for a less dictatorial leader, the IOC elected Lord Killanin, a mild-mannered Irishman, as its new president. “He was the key element,” as later put by sports administrator Alain Coupat, “in the evolution from this totally closed organization under Brundage to the open regime of Samaranch [who succeeded Killanin in 1980].” Yet, Killanin’s mental composition was unsuited to effective leadership pertaining to the doping subject. “He was indecisive,” Coupat continued, “in the sense of not having the will to make decisions.”<sup>59</sup> The fact that Killanin was regarded as a transition figure within the movement bode poorly for the future direction of Olympic doping policy.

In February of 1973, de Merode argued that “there should be some changes in the IOC rules.” “The experience in Munich,” he explained, “had shown the need of having strict regulations and many IFs [International Federations] had expressed the wish that

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<sup>58</sup> For Brundage’s arrogant prediction, see David Miller, *Olympic Revolution: The Biography of Juan Antonio Samaranch*, Revised ed. (London: Pavilion, 1996), 11.

<sup>59</sup> Coupat quoted in *Ibid.*

the IOC should take a stand.” As for the longstanding directive that only competition medalists should be investigated, de Merode argued that “the control of the first three in any event was insufficient.” The discrepancy between the treatment of the Puerto Rican basketball team and the Dutch cycling squad moreover suggested the need for a uniform policy, stating that “if any member of a team was found guilty of doping, the whole team had to be disqualified.”<sup>60</sup> Within the USOC, deliberations likewise concentrated on the problems caused by the decentralized doping control system in which each sport operated under a different set of rules. At an early 1973 committee meeting, one official explained that “you’ve got five conflicting sports. . . . [and] [t]here has been no attempt to effect doping control, [*sic*] for riding, for fencing, for shooting, for swimming.”<sup>61</sup>

In addition, reports began to circulate that athletes were beginning to take advantage of loopholes within the IOC’s list of banned substances by finding new, equally effective compounds to ingest. At a 1973 Senate hearing, former U.S. Olympian Phillip Shinnick asserted that “like in many areas in our society new ways to beat the system are devised once new precautions are taken.”<sup>62</sup> Rumors swirled that communist-bloc nations had developed a performance-enhancing formula that combined several vitamins with caffeine and nicotinamide, which were unlisted chemicals. Researching the effects of the formulation on volunteers after the Games, Swiss chemist David James, formerly an American elite sprinter, concluded that the subjects of his study benefited in several ways: “actions were more rapid, it seemed to delay fatigue, their reaction was diminished, their motor activity was better.” Although not covered under current IOC

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<sup>60</sup> Minutes of the Executive Board of the International Olympic Committee, February 2-5, 1973, Lausanne, p. 12, IOCL.

<sup>61</sup> General Hains quoted in Proceedings of the Meeting of the Board of Directors of the United States Olympic Committee, January 3-4, 1973, p. 232, USOCLA.

<sup>62</sup> U.S. Senate, *Investigative Hearings on the Proper and Improper Use of Drugs by Athletes*, 150.

rules, a tablespoon of the drug, he concluded, could potentially have as much impact as a standard dose of amphetamine sulfate.<sup>63</sup>

A link between nationalism and doping was obvious in these developments. Shinnick, for instance, described an episode during his time as a manager for the U.S. team at a previous World University Games in Budapest, Hungary. American government officials traveling with the squad constantly reminded the athletes of the need “to win so that we could beat the ‘Commies’.” Shinnick recalled that “implicit in this value [was] the assumption that the world has one winner and all the rest losers in each event. This type of pressure leads toward drug abuse as clearly as the need for the coach to win to retain his job.”<sup>64</sup> Within the Olympic governance structure, these pressures resulted in conflicts-of-interest among IOC medical officers. The experience with American officials over DeMont’s treatment (Daniel Hanley was a member of both the USOC and the IOC Medical Commission) led to a regulation that “no member of the commission could be a team doctor.”<sup>65</sup>

Nationalism’s greatest effect, though, came in the form of a clandestine state-sponsored doping regime in the German Democratic Republic (GDR) run by that country’s Ministry of State Security—the notorious secret police popularly known as the *Stasi*. Although its constitution expressly incorporated a right to athletic opportunities for

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<sup>63</sup> Neil Amdur, “Use of Caffeine Cited: Drugs Played an Olympic Role,” *International Herald Tribune*, November 15, 1972.

<sup>64</sup> U.S. Senate, *Investigative Hearings on the Proper and Improper Use of Drugs by Athletes*, 151.

<sup>65</sup> This was successfully proposed by Lord Killanin in Minutes of the Executive Board of the International Olympic Committee, February 2-5, 1973, Lausanne, IOCL. For the connection between American protests and the decision to bar team physicians from membership on the IOC Medical Commission, see Minutes of the Executive Board of the International Olympic Committee, September 29-30 and October 2, 1973, p. 28, IOCL. In that document, de Merode stated, “The experience in Munich of the team doctor attached to the US team was sufficient evidence of this” need for “the decision that doctors of teams at the Olympic Games should not be members of the Medical Commission.”

all East Germans, government officials in the GDR discovered that successes in international sport competitions offered unique opportunities to gain prestige on a global stage.<sup>66</sup> With a total population of only seventeen million, the country became an athletic superpower with the aid of many of its top scientists. The Cold War context of this development was later explained by IOC official Dick Pound. GDR leaders, he stated:

viewed them [East German athletes] as cold warriors. They were at the Olympics to demonstrate the superiority of their political system. They were servants of the state, with no other purpose. They had been identified and trained at the expense of the state and with all of the resources of the state, and they were expected to perform accordingly. And they were expendable warriors.<sup>67</sup>

A 1973 *Stasi* report that surfaced in the 1990s documented an “on-off” analysis of Oral-Turinabol (a type of anabolic steroid) in terms of its performance-enhancing effects on forty track-and-field athletes.<sup>68</sup> At the 1968 Mexico City Games, the head of the GDR’s doping system, Dr. Manfred Höppner, utilized a protocol that allowed Margitta Gummel to set a new world record in the shot put by throwing 19.61 meters. A fellow contestant, Brigitte Berendonk, later described Gummel at the event: “She was huge. She had massive shoulders and arms. Her body had transformed since the last time we competed. She was clearly a she-man.”<sup>69</sup> In Munich—only the third Summer Games in

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<sup>66</sup> Article 18 of the East German Constitution provided, “Physical culture, sport and outdoor pursuits promote, as elements of socialist culture, the all-round physical and mental development of the individual.” Quoted in Günter Witt, “Mass Participation and Top Performance in One: Physical Culture and Sport in the German Democratic Republic,” *Journal of Popular Culture* 18, no. 3 (Winter, 1984): 171.

<sup>67</sup> Dick [Richard W.] Pound, *Inside Dope: How Drugs are the Biggest Threat to Sports, Why You Should Care, and What Can be Done About Them* (Mississauga, Ontario [Canada]: John Wiley & Sons Canada, Ltd., 2006), 54.

<sup>68</sup> See Franke and Berendonk, “Hormonal Doping and Androgenization of Athletes: A Secret Program of the German Democratic Republic Government,” 1264.

<sup>69</sup> Quoted in Ungerleider, *Faust’s Gold*, 146.

which they competed as a separate team, the East Germans built on this initial success, winning a total of sixty-six medals, third best among the competing nations.<sup>70</sup>

East German athletes under the age of eighteen were told that the “little blue pills” they were being given were “vitamins”; those who were older were required to take an oath of silence concerning what were termed “performance-enhancing supplements.”<sup>71</sup> The effects of the drugs were stunning; in March 1977, Höppner informed *Stasi* officials that:

At present anabolic steroids are applied in all Olympic sporting events . . . and by all national teams. The application takes place according to approved basic plans, in which special situations of individual athletes are also considered. The positive value of anabolic steroids for the development of a top performance is undoubted. . . . From our experience made so far it can be concluded that women have the greatest advantage from treatments with anabolic hormones. . . . Especially high is the performance-supporting effect following the first administration of anabolic hormones, especially with junior athletes.<sup>72</sup>

For the athletes, however, anabolic steroids had dangerous side-effects. Nevertheless, Dr. Ulrich Sunder, Chief of the Sports Medical Service, “was told by [his] medical superiors that the deep voice and the hair and the virilization would reverse after the women stopped taking them, so we did not worry about long-term consequences.” After all, he concluded, everyone was using drugs, including the Western states, “so why should we not compete on that level playing field?”<sup>73</sup>

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<sup>70</sup> The medal count for the Games is provided on the website of the International Olympic Committee: [www.olympics.org](http://www.olympics.org) (accessed December 5, 2006).

<sup>71</sup> Ungerleider, *Faust's Gold*, 88.

<sup>72</sup> Quoted in Franke and Berendonk, “Hormonal Doping and Androgenization of Athletes: A Secret Program of the German Democratic Republic Government,” 1264.

<sup>73</sup> Ungerleider, *Faust's Gold*, 107.

Unaware of the extent of the GDR's doping regime, the IOC leadership focused on modest steps to improve its doping control system. Dissatisfied with a procedure under which medals were handed out before the results of the drug tests were known, IOC member Comte de Beaumont asked if the order could be reversed at a February 1973 Executive Board meeting. De Merode explained that implementation of the proposal was impossible in that "unless there was a lapse of two or three days before the awarding of medals, this would be out of the question." As a compromise, the Medical Commission chairman agreed that both the initial and confirmation samples could be analyzed at the same time instead of sequentially. He moreover argued that the IOC's list of banned substances should be reconciled with those of the international federations. "It was unfortunate what had happened in the cycling cases," he explained with regard to the suspension of the Dutch cycling team in Munich, "but the Federation should have adhered to the IOC list." He consequently called for a meeting between IOC and federation officials before the 1976 Montreal Games to "make sure that all agreed the IOC prohibited list."<sup>74</sup> In addition, de Merode, asserting the authority of his commission, made it clear that the international federations should adhere to the IOC's list rather than the other way around, which was the traditional point of departure under the Brundage leadership.<sup>75</sup>

By May 1975, many of these policies had been studied and put into effect by the Medical Commission. More importantly, the IOC's list of banned substances was finally updated to include anabolic steroids. This was made possible through the development of several tests reported by scientists in the British medical literature that could detect such

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<sup>74</sup> Minutes of the International Olympic Committee Executive Board, February 2-5, 1973, p. 12-13, IOCL.

<sup>75</sup> Minutes of the International Olympic Committee Executive Board, September 29-30 and October 2, 1973, p. 14, IOCL.

chemicals in the human body. As articulated by de Merode, “The reason for this is that the progress of the scientific work proposed gives a complete guarantee as to the accuracy of the results that can be obtained.”<sup>76</sup> In July of that year, several articles appeared in a special issue of the *British Journal of Sports Medicine* outlining alternative analytical techniques. One described the use of radioimmunoassay and another recommended a combination of gas chromatography and mass spectrometry.<sup>77</sup> Seeking the broadest possible solution, the IOC adopted both; unfortunately, though, Olympic officials still lacked an accurate test for synthetic anabolic steroids’ natural counterpart, testosterone.<sup>78</sup> This provided a significant loophole for unscrupulous competitors. Dr. Arnold Beckett, member of the IOC Medical Commission, explained that “some people and some countries are at present overcoming this disadvantage of having to stop [anabolic steroid treatments] before an event by injecting the male hormone testosterone; although this drug can be detected, the fact that this is also an endogenous material means at present we cannot act.”<sup>79</sup>

Although IOC President Lord Killanin lauded the effort as “good news indeed,” the new tests failed to solve several problems.<sup>80</sup> Many performance-enhancing drugs,

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<sup>76</sup> “Prince de Merode’s Report to the Session – May 1975,” International Olympic Committee Medical Commission Documents, Folder: SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL.

<sup>77</sup> R.V. Brooks, R.G. Firth, and N.A. Sumner, “Detection of Anabolic Steroids by Radioimmunoassay,” *British Journal of Sports Medicine* 9, no. 2 (July, 1975): 89-92; R.J. Ward, C.H. Shackleton, and A.M. Lawson, “Gas Chromatographic-Mass Spectrometric Methods for the Detection and Identification of Anabolic Steroid Drugs,” *British Journal of Sports Medicine* 9, no. 2 (July, 1975): 93-97. See also Todd, “A History of the Use of Anabolic Steroids in Sport,” 330.

<sup>78</sup> The IOC announced steroid tests for the 1976 Montreal Games in Minutes of the 75th General Session of the International Olympic Committee, October 21-24, 1974, Vienna, Austria, p. 19, IOCL. For the way by which the two procedures were used, see A.H. Beckett, “Misuse of Drugs in Sport,” *British Journal of Sports Medicine* 12 (January, 1979): 189.

<sup>79</sup> See *Ibid.*: 191.

<sup>80</sup> Lord Killanin quoted in “British Find Method to Detect Steroids,” *Los Angeles Times*, November 1, 1973.



including anabolic steroids, could be used by athletes during training, and then stopped shortly before competition to avoid their detection.<sup>81</sup> In announcing the radioimmunoassay procedure as head of the British Sports Council, Dr. Roger Bannister, the world's first sub-four minute miler, suggested that a successful policy would also feature "snap checks" in which specimens would be collected without prior notice at variable intervals. "Giving these sort of details of timing," he continued, "would be against the interests of what we are trying to do."<sup>82</sup> Nevertheless, de Merode and the Medical Commission remained rooted to the notion that doping analyses should only take place during the Olympic competitions. This was at least partially understandable given the fact that few facilities were equipped to run the tests, which were, consequently, expensive.<sup>83</sup> Referring to the 1976 Montreal Games, he explained to IOC officials that "the steroids could be detected, provided the last dosage was taken within three weeks before the test. If dosages had been administered more than three weeks before the test, then this could not be detected." De Merode did not address, however, Dr. Bannister's recommendation for a more effective "out-of-competition" testing regimen.<sup>84</sup>

Before the Montreal Games, the new tests for anabolic steroids were used in trial runs at the 1974 British Commonwealth Games in Auckland, New Zealand, and in that

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<sup>81</sup> See Beckett, "Misuse of Drugs in Sport," 191.

<sup>82</sup> Bannister quoted in "British Find Method to Detect Steroids."

<sup>83</sup> Dr. Manfred Donike [later head of the IOC drug-testing committee], personal communication to Terry Todd, April 1987, referenced in Todd, "A History of the Use of Anabolic Steroids in Sport," 330. At a May 1975 IOC Executive Board meeting, James Worrall, a member of the Board of Directors of the Organizing Committees for the Games of the XXI Olympiad in Montreal, expressed his "thought that the control of anabolic steroids [at the Montreal Games] would be difficult on account of the cost." Quoted in Minutes of the International Olympic Committee Executive Board, May 14-16, 1975, Rome, and May 19, 23, 1975, Lausanne, p. 26, IOCL.

<sup>84</sup> Minutes of the 75th General Session of the International Olympic Committee, October 21-24, 1974, Vienna, Austria, p. 19, IOCL.

year's European Track and Field Championships.<sup>85</sup> In Auckland, nine samples tested positive for anabolic steroids, but no athletes were disqualified, or even named. At the European Championships, Adrian Paulen, president of the European Amateur Athletic Federation, asserted prior to the meet that no punishments would be handed out in that the procedures were for research purposes only.<sup>86</sup> British shot-putter Geoff Capes described the resulting satisfaction among the athletes: "you could hear the sigh of relief as it echoed round the team hostels that the tests would not disqualify us."<sup>87</sup> However, at the 1975 European [Track-and-Field] Cup, which was held later, two athletes were disqualified from the contest and then suspended by their governing body after tests confirmed their use of anabolic steroids.<sup>88</sup>

## **1976 MONTREAL OLYMPIC GAMES**

The issues concerning anabolic steroids led the IOC Medical Commission to appointment a sub-committee to investigate implementation of the new tests at its July 14, 1976, meeting, which was held only a few days before the official opening of the Games. Several days later, the group issued a report with a description of the problem, alternative courses of action, and a comprehensive set of recommendations.<sup>89</sup> Chief

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<sup>85</sup> See "Steroid Drug Tests to be Held," *Chicago Tribune*, September 1, 1974.

<sup>86</sup> Ibid.

<sup>87</sup> "[Morning Briefing] Steroids are Out and Marks are Down in Some Field Events," *Los Angeles Times*, September 9, 1974.

<sup>88</sup> See Todd, "A History of the Use of Anabolic Steroids in Sport," 330.

<sup>89</sup> "Anabolic Steroid Control," July 16, 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL. The sub-committee members were Arnold H. Beckett, I.M. Diop, Robert Dugal, Michel Bertrand, and Albert Nantel. They are listed on p. 4 of the aforementioned document.

among their concerns was the IOC's preference that the analyses should be conducted, and their results announced, prior to the events so that athletes who tested positive would not be allowed to compete.<sup>90</sup> The sub-committee first demonstrated that "no sample received after the 18th of July 1976 can be analyzed (and rechecked) before the end of the Games"; this was particularly problematic in that although "many samples have already been submitted for analyses. . . . [and] it is probable that some . . . designated athletes will not be sampled before the above deadline."

An ideal pre-competition testing regime was therefore impossible given the time constraints involved. However, the sub-committee circumvented this dilemma by pointing out that "no mention is made in the Medical Commission regulations that results have to be made available during the Games. . . . It is important to realize that taking action on definitive results from analysis done after the end of the Games is already accepted for regular doping control [involving tests for drugs other than anabolic steroids]." The sub-committee thus suggested that the IOC implement the procedures with the understanding that post-competition sanctions could be applied. This was the "only action which constitutes a deterrent to competitors against their own foolishness and doctors or coaches against irresponsible actions not in the best interest of competitors."<sup>91</sup> In terms of the accuracy of the new tests, de Merode explained to his counterparts in the IOC that "the Medical Commission would only propose sanctions on

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<sup>90</sup> This position was put forward at an IOC meeting held the previous year. "The list of banned substances now included anabolic steroids, which were to be checked *before* the Games began." Emphasis underlined in the original. Minutes of the 76th General Session of the International Olympic Committee, May 21-23, 1975, Lausanne, p. 18, IOCL.

<sup>91</sup> "Anabolic Steroid Control," July 16, 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

athletes if it was absolutely certain. . . . If any doubt existed at all, no decision would be taken.”<sup>92</sup>

The lack of pre-Games tests at the national level was a problematic aspect of the Olympic doping control framework as reports began to leak out that many athletes were using performance-enhancing substances to qualify for the Games. Twenty-three American competitors failed the drug control tests at the U.S. Olympic track and field trials in Eugene, Oregon; none were punished.<sup>93</sup> After qualifying in the discus, Jay Silvester, who had competed in three previous Olympic Games, stated, “I can’t ethically accept the use of steroids. But I would have to say that 98 to 99 per cent, no, 100 per cent of the international caliber throwers are taking them.” Although claiming that “I don’t like to talk about it,” Silvester went on to assert that “it would have been a disadvantage to have the control at this meet. None of the European athletes have such a control, so we would have been at a disadvantage.”<sup>94</sup>

The tests served several purposes for the United States Olympic Committee, however. Some officials sincerely believed that they could help dampen the use of performance-enhancing substances by their competitors. For others, the analyses allowed American athletes to learn the ins and outs of the Olympic testing protocol. As stated by USOC member Bob Giegenbach, “It has been widely advertised and agreed upon that, in the final Olympic trials for men and women in Track and Field, that [*sic*] we will duplicate the doping procedure to be used at Montreal.”<sup>95</sup> A letter to USOC physician

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<sup>92</sup> Minutes of the 78th General Session of the International Olympic Committee, July 13-17, 1976, Montreal, p. 41, IOCL.

<sup>93</sup> “Effect of Drugs to Aid Athletes Studied by U.S.,” *New York Times*, August 22, 1976.

<sup>94</sup> “Olympian Says Drug Use Heavy,” *Chicago Tribune*, June 23, 1976.

<sup>95</sup> These points can be found in Proceedings of the Meeting of the Board of Directors of the United States Olympic Committee, June 5, 1976, New York, pp. 99-114, USOCCLA. Giegenbach quote from p. 100.

Daniel Hanley regarding American swimmers informed him of an extraordinarily high number of positives in pre-competition testing. It was therefore suggested to Hanley that “all competitors in future competition be similarly advised on . . . detection procedures.”<sup>96</sup>

During the Games, a total of 1,800 urine specimens were collected in “conventional” testing procedures for prohibited drugs; three positive drug indications were obtained. In the new anabolic steroid screens, eight instances of anabolic steroid use were identified among the 275 tests for such substances; this ratio was thirty times greater than the combined positive results of all other prohibited drugs.<sup>97</sup> Among those testing positive for anabolic steroids were two American weightlifters, Mark Cameron and Phil Grippaldi, both of whom were suspended.<sup>98</sup> Remembering their experience over DeMont, USOC officials protested that they were “shocked and appalled in having to learn of penalties enforced by the [IOC] Medical Commission in the case of Mark Cameron.”<sup>99</sup> They were, in addition, infuriated by what they perceived to be several mistakes within the drug control procedures. USOC President Philip Krumm argued first that “we seriously question the validity of the procedures used and the random selection of subjects which resulted in inequities in the pre-competition testing for steroids.” Taking issue with the inability of his athletes to recognize the loopholes within the procedures,

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<sup>96</sup> Kenneth J. Bender and Dr. Dean H. Lockwood to Dr. Daniel F. Hanley, August 13, 1976, F. Don Miller Papers, Series IV, Box 41, Folder 442, USOCLA.

<sup>97</sup> Beckett, “Misuse of Drugs in Sport,” 190. For the ratio of anabolic steroid indications, see “Medical Report of the 1976 Montreal Olympic Games, International Olympic Committee Medical Commission Records, Folder: SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984. p. 10-11.

<sup>98</sup> See “Cameron, Two Others Banned for Steroid Use,” *Los Angeles Times*, July 31, 1976; Jerry Kirshenbaum, “Steroids: The Growing Menace,” *Sports Illustrated* (November 12, 1979), 33.

<sup>99</sup> United States Olympic Committee, “Games of the XXI Olympiad, Montreal, Canada, Bulletin,” n.d., F. Don Miller Papers, Series IV, Box 41, Folder 442, USOCLA.

he complained that the controls “were not clearly enunciated prior to the Games, or prior to the arrival of the various squads.” Equally shocking, Krumm continued, was the fact that the penalties were released to the public before the USOC was informed.<sup>100</sup>

American sport officials were not alone in such criticisms. Boleslaw Kapitan, President of the Polish Olympic Committee, wrote to Killanin that “we deplore the fact that the medical tests were so prolonged.” Kapitan claimed that his federation learned of the positive test result for Zbigniew Kaczmarek, one of its weightlifters, seven days after the closing ceremonies and three weeks after he had received a gold medal. More importantly, Kapitan asserted, “The publication of the results of the medical tests in the international press before the IOC had announced its decision and probably contrary to your intentions, is prejudicial to the essential interests of sport.” As for the validity of the procedures that were used, Kapitan’s medical consultants informed him that several of the seals used in the specimen containers were defective in that they could easily be opened and their contents changed. “Under these circumstances, since our athlete categorically denies having used Dianabol and as the identification of the contents of the bottles is extremely dubious,” he declared that “we feel obliged to deny the regularity of the way in which the medical tests were carried out.”<sup>101</sup>

Warned by IOC doping expert Arnold Beckett that “some countries may endeavour to make a political issue of this and challenge the efficacy of the tests,” IOC President Killanin sought to dispel such questions concerning the validity of the doping

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<sup>100</sup> United States Olympic Committee, “Games of the XXI Olympiad, Montreal, Canada, Bulletin,” n.d., F. Don Miller Papers, Series IV, Box 41, Folder 442, USOCLA.

<sup>101</sup> Kapitan to “the President of the IOC [Killanin], September 3, 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

protocols by authorizing an article in the *IOC Review*.<sup>102</sup> Concerned also by the premature release of information concerning the test results, he wrote that “[I] am most interested to know the first ‘leak’. . . . I am interested to know whether at any time an ‘IOC Spokesman’ was referred to in the [press] cuttings.”<sup>103</sup> Several days later, the Medical Commission tried to limit the damage from the problem by releasing a statement that it “deplores the publication of names of competitors before analysis of the second samples of urines had confirmed the presence of a steroid. The information concerning names and countries involved was not released by the commission.”<sup>104</sup> After the Games, de Merode blamed other members of the international sport community by speculating that the “leakage might have come from the then Secretary General of the [International Weightlifting Federation].”<sup>105</sup> Further outlining the validity of the suspensions, the IOC Medical Commission firmly announced that “while points of protest were heard about the procedure. . . . [a]fter due consideration, we reject these protests on the ground that the agreed procedure had been followed and there was no evidence of violation of security.”<sup>106</sup>

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<sup>102</sup> Killanin to “Technical Director,” August 31, 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

<sup>103</sup> Killanin to “Technical Director,” September 1, 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

<sup>104</sup> [London] *Times*, “Weightlifting: New Tests Confirm Steroid Use by Five,” August 27, 1976, clipping in International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

<sup>105</sup> Untitled Medical Report, October 15, 1976, p. 39, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

<sup>106</sup> Document 3 attached to “Report from Prof. Arnold H. Beckett, Member of the IOC Medical Commission on the positive Cases of Anabolic Steroids, Announced after the Close of the 1976 Olympic Games at Montreal,” signed by Medical Commission members Arnold H. Beckett, Daniel Hanley, and

## LEGACY OF THE 1976 MONTREAL GAMES

American competitors were angered by the fact that not a single athlete from the GDR competing at the Games was included on the list of disqualified individuals. Watching the women's swimming events, Rod Strachan, the gold medalist in the 400-meter individual medley, described the incredible physical discrepancy between the American and East German female competitors. "If you look at the East Germans," he asserted, "they don't look exactly like they're girls. They're quite a bit bigger than most of the men on the American team. They could go out for football at U.S.C. They've got some big guys there."<sup>107</sup> Five-time U.S. long-jumper Willye White continued that "if they [are] around, the only way you can tell it's a woman is by their bust." Future American success, according to White, therefore required a cynical incorporation of East German methods: "If we're going to compete against synthetic athletes, we must become syntheti[c] athletes."<sup>108</sup>

Ironically, given their condemnation of the GDR doping regime, this is exactly the strategy that USOC leaders chose to adopt. Shortly after the conclusion of the Montreal Games, USOC officials approved the formation of a panel, headed by cardiovascular surgeon Irving Dardik, to study the application of scientific and medical advances to athletics. "We want to develop methods and modalities for working with

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Carroll A. Laurin, August 23, 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

<sup>107</sup> Strachan is quoted in "E. German Women's Success Stirs U.S. Anger," *New York Times*, August 1, 1976.

<sup>108</sup> White quoted in Ibid.



athletes that would enhance their performances,” Dardik explained. As part of this effort, the panel would even “look into areas considered taboo” among members of the public; these would include the possible uses of performance-enhancing drugs.”<sup>109</sup> Privately, Dardik tried to mollify concerns by asserting that while the “ultimate function . . . of the Olympic Sports medicine Committee is to provide . . . scientific and technological assistance for maintenance and improvement in athletic performance,” the panel would “draw the line where sports medical aid stops and physical manipulation begins.”<sup>110</sup> As a long-jumper who had to compete with the East Germans, Willye White exclaimed that “this is the kind of program we’ve needed for a long time. If the U.S.O.C. lets Dardik operate, there’s no telling how far we could go.”<sup>111</sup> While most American officials never adopted such a broad interpretation, this was the sort of attitude that characterized the connections within the Olympic movement between nationalist forces and the increasing popularity of performance-enhancing drugs.

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Olympic drug control policies during the 1970s were thus beset by many of the same issues apparent in the previous decade. The various components of the international sport system, including the IOC, its counterparts at the national level, international federations, and organizing committees for the Games, were at odds over both the

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<sup>109</sup> Dardik quoted in “Effect of Drugs to Aid Athletes Studied by U.S.”

<sup>110</sup> “Dr. Dardik’s Sports Medicine Presentation, Athletes Advisory Council Meeting, Squaw Valley, California, April 2, 1977, appended as Exhibit “A” in Proceedings of the Quadrennial Meeting of the United States Olympic Committee, General Business Session, April 29, 1977, Colorado Springs, Colorado, Vol. 1, USOCLA.

<sup>111</sup> White quoted in “Effect of Drugs to Aid Athletes Studied by U.S.”

regulations that should be enacted and how they should be enforced. Nationalistic forces became an especially important component of this environment as countries increasingly perceived the Olympics as a tool for the promotion of their images abroad. The German Democratic Republic, what with its extensive doping regime, was the most culpable (and successful) individual country in terms of applying performance-enhancing techniques in the pursuit of this goal. Failing to acknowledge these developments, Olympic policymakers were consequently slow to take advantage of the latest drug detection methods. As a result, a multitude of athletes, many of whom were unaware as to the substances they were being forced to take, suffered severe—and at times, life-threatening—side-effects.<sup>112</sup>

While these developments should have been cause for public concern, unrelated events took attention away from the issue. The dramatic terrorist attacks by the Black September organization at the 1972 Munich Games, in which thirteen Israeli athletes lost their lives, received (quite appropriately) the overwhelming attention of Olympic administrators, media outlets, and government officials. Less justifiable was the relatively anemic response to widespread rumors that East German swimmers were dominating the 1976 Games through their extensive use of performance-enhancing drugs. Although several meaningful changes were made, Olympic officials, still largely approaching the matter through the lens of image management, preferred to downplay the real magnitude of the doping crisis rather than engage in a difficult and expensive process of reform. The IOC leadership continued to assert a restrictive stance towards central IOC regulatory responsibility at the inopportune time when extreme nationalistic forces emerged to overwhelm a vulnerable, internally-conflicted policy framework. The stage was thus set

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<sup>112</sup> The effects of the GDR doping system for East German athletes are catalogued in Ungerleider, *Faust's Gold*.

for the 1980s, in which a series of doping scandals would finally force the IOC to pursue a new direction.

### Ch. 3: The Turning Point, 1980-1989

In the last decade of the Cold War, the perceived ideological importance of the Olympic movement led to its continuation as a proxy in the political rivalry between the United States and the Soviet Union. While their respective boycotts of the 1980 Moscow Games and the 1984 Los Angeles Games threatened the future viability of the Olympic movement, the superpowers also had important influences on the direction of doping control policy.<sup>1</sup> Deferring to the wishes of Soviet sport administrators and distracted by the American boycott, IOC leaders failed to fulfill hopes for an effective testing regimen in 1980. As a consequence, the Moscow Games, deceptively portrayed by de Merode at the time as the “purest” in the history of the movement, produced not a single positive indication of drug use, although unofficial tests later identified a potpourri of performance-enhancing substances.<sup>2</sup> American officials, responding to the athletic successes of the communist world, weakened their own policies to keep pace in the Olympic medals race. The Los Angeles Organizing Committee for the 1984 Games, motivated by a concern for economic efficiency, was particularly influential in blocking expensive testing initiatives. Other members of the international sports community also

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<sup>1</sup> The 1980 Moscow Games are covered in Christopher Booker, *The Games War: A Moscow Journal* (London: Faber and Faber, 1981); Barukh Hazan, *Olympic Sports and Propaganda Games: Moscow 1980* (New Brunswick, N.J.: Transaction Books, 1982). The boycott by an American-led coalition is analyzed in Derick L. Hulme, *The Political Olympics: Moscow, Afghanistan, and the 1980 U.S. Boycott* (New York: Praeger, 1990). The Soviet Union’s retaliation with a similar boycott in 1984 has received less attention. For a starting point, see Harold E. Wilson, Jr., “The Golden Opportunity: Romania’s Political Manipulation of the 1984 Los Angeles Olympic Games,” *Olympika: The International Journal of Olympic Studies* 3 (1994): 83-97. An overview of the state of doping in sport at the beginning of the decade is provided in E.C. Percy, “Chemical Warfare: Drugs in Sports,” *Western Journal of Medicine* 133, no. 6 (December, 1980): 478-484.

<sup>2</sup> “Purest” is the term used by IOC Medical Commission chairman Alexandre de Merode. He is quoted in The Organising Committee for the 1980 Olympic Games in Moscow, “Doping Control at the Games of the XXIIInd Olympiad,” February 1981, p. 28, International Olympic Committee Medical Commission Records, Folder: Affaires Medicales aux Jeux Olympiques de Moscou 1980: controles du dopage et de feminine 1980, 1980-1987, IOCL.

played critical roles in relaxing doping regulations; at different times during the decade, for example, the IOC Medical Commission, the International Association of Athletics Federations, and the USOC suppressed test results that would have otherwise rendered their athletes ineligible.

While most of the decade was marked by alternating improvements and relapses in regulatory development, the 1988 Seoul Olympic Games served as a turning point in the history of doping control policy.<sup>3</sup> Canadian sprinter Ben Johnson's positive test for the anabolic steroid stanozolol in the wake of a world record-setting one-hundred meter sprint focused public attention on the issue in a profound way. Government officials, taking note of this response, initiated investigations into the conduct of the movement, thereby pressuring Olympic officials to reform their policies. Describing the consequences of these events, IOC member Dick Pound later recalled that "when the definitive history of doping in sport . . . is written, the Ben Jonson disqualification will be one of the key dates. This was a definitive statement by the IOC that it would not cover up cheating, even by one of the leading athletes."<sup>4</sup> Although it would take several years

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<sup>3</sup> While the 1980 Games demonstrated the continuing weakness of Olympic doping policy and the 1984 Los Angeles Games witnessed a doping "cover-up," testosterone was finally added to the IOC's list of banned substances in 1982. See Jan Todd and Terry Todd, "Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999," in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 78; Philip Hage, "Caffeine, Testosterone Banned for Olympians," *Physician and Sportsmedicine* 10, no. 7 (July, 1982): 15-17. The implications of the Johnson scandal for doping policy in international athletics is discussed in Judith Blackwell, "Discourses on Drug Use: The Social Construction of a Steroid Scandal," *Journal of Drug Issues* 21, no. 1 (Winter, 1991): 147-164. See also Bruce Kidd, Robert Edelman, and Susan Brownell, "Comparative Analysis of Doping Scandals: Canada, Russia, and China," in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 155-161.

<sup>4</sup> Richard W. Pound, *Inside the Olympics: A Behind-the-Scenes Look at the Politics, the Scandals, and the Glory of the Games* (Etobicoke, Ont. [Canada]: J. Wiley & Sons Canada, 2004), 53.

to be implemented, the agenda was thus set for a gradual expansion and consolidation of Olympic drug control policies by the end of the decade.<sup>5</sup>

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In the aftermath of a silver medal performance in the 1976 Olympic marathon, U.S runner Frank Shorter was asked whether he planned to compete in the upcoming Moscow Games scheduled for the summer of 1980. His response highlighted the degree to which performance-enhancing drugs had become necessary components to success in elite international sport. “Yeah,” he affirmed, so long as “I find some good doctors.”<sup>6</sup> Policymakers in the Olympics were even more critical. The chief American physician at the 1976 Games, John Anderson, asserted a belief that “you’ll see much more of a problem in doping control [in Moscow], particularly in the area of anabolic steroids.” “The majority of the I.O.C. members,” he claimed, “are looking at the trees, not the whole picture.” The committee was, for example, developing expensive testing equipment while concurrently legalizing known stimulants such as the asthma medication terbutaline. The overly-legalistic nature of the IOC’s approach ignored the potential of an educational campaign to redirect athletes’ moral orientations concerning the use of performance-enhancing substances. Unless rectified, these deficiencies, Anderson argued, were likely to cause a doping catastrophe in Moscow on such a scale as to threaten the future of the movement. “I think in 1980,” he concluded, “it will become evident to the world in general and the athlete in particular that man has gone a bit too far

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<sup>5</sup> The interaction of private sports organizations and national governments on doping issues during the 1980s is briefly discussed in Barrie Houlihan, *Dying to Win: Doping in Sport and the Development of Anti-Doping Policy*, 2nd ed. (Strasbourg, Germany: Council of Europe Publishing, 2002), 160.

<sup>6</sup> Shorter quoted in “Effect of Drugs to Aid Athletes Studied by U.S,” *New York Times*, August 22, 1976.

in manipulating individuals, and it would seem to this observer that 1984 indeed will come [and go] without the Olympic Games.”<sup>7</sup>

Despite such cynicisms, several sport administrators continued to claim that a slight retooling of the medical controls would successfully curtail the use of ergogenic aids. Victor Rogozhin, chairman of the Moscow Games Organizing Committee’s anti-doping panel, asserted prior to the event’s opening that “we have conducted important research on improving methods of detecting steroid hormones and reducing the time necessary for the test. This will make it possible not only to increase the number of tests for this group of drugs, but also to carry them out according to the regulations established . . . by the Medical Commission of the [IOC].”<sup>8</sup> Even American officials seemed to agree; USOC physician Daniel Hanley admitted that “the capacity of the labs in Moscow seems to be perfectly adequate, and the testing will be carefully overseen by the Medical Commission.”<sup>9</sup>

Nevertheless, athletes and unscrupulous administrators on both sides of the Iron Curtain busied themselves with identifying loopholes in the testing procedures, which allowed them to develop precise estimates as to the last doses they could take before their competitions. In order for their athletes to avoid detection, East German scientists implemented a protocol whereby administrations of detectable synthetic anabolic steroids were replaced with injections of Testosterone-Depot and other similar compounds in the final weeks before competitions. As “natural” substances, these testosterone doses could not be differentiated through ordinary urinalysis from hormones normally found in the

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<sup>7</sup> Anderson quoted in Neil Amdur, “Wider Olympic Drug Abuse is Seen,” *New York Times*, January 30, 1977.

<sup>8</sup> Rogozhin quoted in Barry Lorge, “IOC Gears Up to Detect Drugs, Ingenious Cheating in Moscow,” *Washington Post*, June 1, 1979.

<sup>9</sup> Hanley quoted in *Ibid.*

human body.<sup>10</sup> Describing this new “testosterone loophole,” an anonymous USOC medical staff member remarked that the “athletes seem to have the timing down to the minute as to how soon they have to ‘get off’ a drug to avoid detection.” A larger infrastructure was, of course, a component of this “cat-and-mouse-game.” “You’d also swear,” the staff member thus continued, “they had Ph.D. pharmacologists working for them to figure out how to beat tests almost faster than the antidoping [*sic*] scientists can make them more sensitive.”<sup>11</sup>

Fuel to these suspicions was provided by the defection of an East Germany sprinter, Renate Neufeld, who brought along the pills and powders that her coaches had required her to use; chemical analyses later determined they were anabolic steroids. “The trainer told me the pills would make me stronger and faster and that there were no side effects,” she explained. Describing the extent of the state-sponsored program, Neufeld declared, “We all lived the same way, the general approach is the same.”<sup>12</sup> “You don’t know what is being tried out,” corroborated elite East German swimmer—and fellow defector—Renate Vogel, as to “what ingredients there are in the food, what is being injected. You cannot take a stand against it.”<sup>13</sup>

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<sup>10</sup> See Steven Ungerleider, *Faust’s Gold: Inside the East German Doping Machine* (New York: Thomas Dunne Books/St. Martin’s Press, 2001), 37-38. For a contemporaneous journalistic depiction, see Pete Axthelm and Frederick Kempe, “The East German Machine,” *Newsweek* (July 14, 1980), 50.

<sup>11</sup> Quoted in Lorge, “IOC Gears Up to Detect Drugs, Ingenious Cheating in Moscow.”

<sup>12</sup> Neufeld quoted in John Vinocur, “East German Tale of Tyranny,” *New York Times*, January 11, 1979. Several other defectors from the GDR provided similar information. These included shot-putter Ilona Slupianek and Dr. Alois Marder, a former East German sports physician. See Michael Getler, “E. Germans, Drugs: Hard Facts Missing,” *Washington Post*, May 27, 1979.

<sup>13</sup> Vogel quoted in “Sporting Scene,” *National Review* 31, no. 41 (October 12, 1979): 1280. This article also cites a claim by Vogel that she had experienced medical difficulties due to the fact that she had been subjected to compulsory doping since age fourteen.



Despite their 1976 proposal to merely study the potential of performance-enhancing drugs in an expanded medical program, American officials took a more progressive stance in the run-up to the Moscow Games.<sup>14</sup> In November of 1978, a new USOC medical taskforce recommended the implementation of comprehensive drug tests at all national championships. Describing the proposal as “a positive step,” USOC Executive Director Don Miller asserted that “we have to identify where drugs are being used to centralize our effort. The only way you can do this is through an effective drug testing program.”<sup>15</sup> Other Western nations also enacted more rigorous protocols. However, the diffuse international sport system, in which its individual components were free to enact their own preferences, reduced the likelihood that a global Olympic doping strategy could be created. IOC Medical Commission member Dr. Arnold Becket thus complained that “one of the troubles is that there are no totally universal controls. For instance, the United Kingdom and Denmark are quite strict [with doping]. . . . But the Soviets will pull their teams out of a competition with testing. And some Americans won’t show up, either.”<sup>16</sup>

#### **1980 WINTER GAMES IN LAKE PLACID, NEW YORK**

The 1980 Winter Games in Lake Placid, New York, benefited, according to some officials, from a greatly enhanced drug testing protocol. Dr. Robert Dugal, co-director of the competition’s doping control effort asserted that “the system we’re using is more sophisticated now. It can separate drugs more precisely and isolate the compounds.” His

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<sup>14</sup> The 1976 program is outlined in “Effect of Drugs to Aid Athletes Studied by U.S.”

<sup>15</sup> Neil Amdur, “Mounting Drug Use Afflicts World Sports,” *New York Times*, November 20, 1978.

<sup>16</sup> Ken Denlinger, “Warfare on Drugs Increases,” *Washington Post*, February 12, 1980.

colleague, Dr. Michel Bertrand, went further; “The equipment acts with the precision of radar,” he claimed. “We are confident it will be a deterrent, because athletes who think they can risk trying us will be making a mistake.”<sup>17</sup> The head physician for the American team, Anthony Daley, likewise stated that “the old saying was the lab could tell you what kind of lettuce you ate for lunch two days before. Now, I think they could tell you how old the lettuce was. The tests are that sensitive.”<sup>18</sup>

Other members of the Olympic medical establishment were less hopeful. Dr. Beckett of the IOC Medical Commission described the struggle between drug-dependent athletes and doping authorities as “a warfare” in which actions were “ruthless.” Asked whether his commission was prevailing, he replied, “No. We can only prevent the more serious aspects of the problem. We win some; we lose some. The war goes on.” He perceived a particular danger from the involvement of unscrupulous physicians and sport administrators that either explicitly or implicitly supported the use of ergogenic aids; “Not all the blame should be put on the athletes,” Beckett explained. “It goes much further up. The people behind them should be kicked out.” As for the integrity of the Games, he asserted that “the competition should be between individual athletes, not doctors and pharmacologists. We don’t want sports people used as guinea pigs to boost the doctors behind them.”<sup>19</sup> In the end, Beckett’s pessimism was proved valid, as the protocol employed at the 1980 Winter Olympic Games in Lake Placid produced not a single positive indication of drug use among the 790 doping tests administered.<sup>20</sup>

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<sup>17</sup> Dugal and Bertrand quoted in Steve Cady, “Drug Testers Stiffen Olympic Procedures,” *New York Times*, December 7, 1979.

<sup>18</sup> Daley quoted in Denlinger, “Warfare on Drugs Increases.”

<sup>19</sup> Beckett quoted in Ibid.

<sup>20</sup> There were 440 tests for stimulants and 350 tests for anabolic steroids. See “Olympic Athletes Cleared,” *Washington Post*, February 25, 1980.

The dangerous combination of new doping techniques and political machinations at the Games alarmed several other IOC officials. Having been asked about her perceptions regarding the movement's greatest challenges in the period between the Lake Placid Games and the Moscow Summer Olympics, IOC secretary Monique Berlioux answered that it was "the growing influence of politics in sport and the manipulation of athletes with drugs and the fabrication of an artificial human being."<sup>21</sup> Despite such apparent attention to the dilemma, problems related to drugs in the Olympics would not be clarified in Russia.

## **1980 MOSCOW OLYMPIC GAMES**

In terms of Olympic medical policy, Moscow was a peculiar choice for the Summer Games of the XXII Olympiad. Although less notorious than the East German doping regime, it was widely believed that the Soviets sponsored a similar program. Confirmation of systematic doping by the Soviet Union came in 2003 when Dr. Michael Kalinski, former chair of the sport biochemistry department at the State University of Physical Education and Sport in Kiev, Ukraine, released a 1972 document detailing a clandestine Soviet project that concerned the administration of anabolic steroids to elite athletes.<sup>22</sup> As the 1980 Games neared, however, Soviet sport officials assured the IOC leadership that their regulations would be strictly applied. Indeed, Soviet efforts

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<sup>21</sup> Berlioux quoted in Bill Starr, "Steroid Madness: Drugs and the Olympics," August 1980, p. 65, magazine clipping in International Olympic Committee Medical Commission Records, Folder: Los Angeles '84 Medical Matters, 1978-1983, IOCL.

<sup>22</sup> Andrew Nynka, "Ukrainian Scientist Details Secret Soviet Research Project on Steroids," *Ukrainian Weekly*, November 9, 2003. The article was accessed online at <http://www.ukrweekly.com/Archive/2003/450319.shtml> on December 22, 2006.

impressed Medical Commission chairman Alexandre de Merode during an October 1979 tour of the laboratory facilities in Moscow, which he described as “well-equipped.”<sup>23</sup> The accuracy of the chairman’s observations was later called into question, however. Dr. Robert Voy, who became chief medical officer of the USOC in 1984, for example, argued that “after seeing their testing facilities in Moscow firsthand and after realizing the Soviets’ willingness to play these types of games, I simply cannot believe that [de Merode’s] claim.”<sup>24</sup>

Whatever the progressiveness regarding the level of equipment, something was deeply flawed in Moscow’s doping preparations. Observers of the competitions, for example, became suspicious of drug usage after seeing the well-developed physiques of the athletes.<sup>25</sup> However, of the 6,868 gas chromatography tests, 2,493 radioimmunoassays, 220 mass spectrometry analyses, and forty-three alcohol tests, no positive results were reported.<sup>26</sup> While the IOC leadership basked in the glow of what they called the “purest” Games in the history of the movement, one of their number was not quite ready to be persuaded.<sup>27</sup> Manfred Donike, a West German physician on the

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<sup>23</sup> Medical Commission Report, Minutes of the 82nd General Session of the International Olympic Committee, February 10-13, 1980, Lake Placid, p. 24, IOCL.

<sup>24</sup> See Robert O. Voy and Kirk D. Deeter, *Drugs, Sport, and Politics: The Inside Story about Drug Use in Sport and its Political Cover-up, with a Prescription for Reform* (Champaign, Ill.: Leisure Press, 1991), 112.

<sup>25</sup> IOC Medical Commission member Dr. Arnold Beckett, observing the events in Moscow, said, “You see some of the shapes . . . and suspicions are probably justified.” Beckett quoted in “I.O.C. Issues Doping Report,” *New York Times*, August 4, 1980. A Russian sports journalist later laughingly told British journalist Andrew Jennings about the media’s knowledge of the drug tests in Moscow: “‘Doping control in Moscow? . . . There was no doping control!’” See Andrew Jennings, *The New Lords of the Rings* (London: Simon & Schuster, 1996), 236.

<sup>26</sup> The number of drug tests in Moscow are provided in the Organising Committee for the 1980 Olympic Games in Moscow, “Doping Control at the Games of the XXIInd Olympiad,” February 1981, p. 28, International Olympic Committee Medical Commission Records, Folder: Affairs Medicales aux Jeux Olympiques de Moscou 1980: controles du dopage et de feminale 1980, 1980-1987, IOCL.

<sup>27</sup> De Merode quote from Ibid.

Medical Commission, privately ran a series of additional tests. Having developed a new technique for identifying abnormal levels of testosterone, involving measuring its ratio to epitestosterone in urine (positive tests were set at a 6:1 ratio of the former to the latter), he determined that the rumors of extensive doping were likely founded in fact. A full twenty percent of the specimens that underwent his testing protocol, including those from an alarming sixteen gold medalists, had testosterone-epitestosterone ratios that would have resulted in disciplinary proceedings if the screens had been official.<sup>28</sup>

Consequently, these were not the “purest” Games in history; they were one of the dirtiest. Athletes had not cleaned up—they had simply switched to testosterone and other drugs for which the IOC did not yet have tests. The hypocrisy of the competitions was perhaps best described in a 1989 study by the Australian government: “there is hardly a medal winner at the Moscow Games, certainly not a gold medal winner,” it reported, “who is not on one sort of drug or another: usually several kinds. The Moscow Games might as well have been called the Chemists’ Games.”<sup>29</sup> An IOC gadfly, Andrew Jennings, even cited an anonymous KGB colonel as stating that Soviet security officers, posing as IOC anti-doping authorities, had sabotaged the drug tests. Soviets athletes, the colonel professed, “were rescued with [these] tremendous efforts.”<sup>30</sup> Whether these

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<sup>28</sup> Donike interview by Terry Todd, February 6, 1982, referenced in Todd and Todd, “Significant Events in the History of Drug Testing and the Olympic Movement,” 77. See also Terry Todd, “A History of the Use of Anabolic Steroids in Sport,” in *Sport and Exercise Science: Essays in the History of Sports Medicine*, ed. Jack W. Berryman and Roberta J. Park (Urbana; Chicago: University of Illinois Press, 1992), 333.

<sup>29</sup> Government of Australia, “Drugs in Sport,” *Interim Report of the Senate Standing Committee on the Environment, Recreation and the Arts* (Canberra: Australian Government Publishing Service, 1989), p. 10, quoted in Houlihan, *Dying to Win*, 47.

<sup>30</sup> In addition to those of Soviet athletes, the colonel also claimed that positives tests were suppressed for several Swedish and East German Olympians. See Jennings, *The New Lords of the Rings*, 235-236. According to a fellow English journalist, three Soviet security agents were appointed to the Soviet Olympic Committee prior to the 1980 Games by KGB director Yuri Andropov. The KGB agents were Anatoly Gresko (who in 1971 had been thrown out of England for espionage), Semyon Nitkin (the controller for the notorious British double-agent Kim Philby), and V.I. Popov. See “Sporting Scene,” 1280.

claims were true or false, the question, then, was not how the doping policies had succeeded, but why they had failed so miserably. Were the tests deliberately tampered with? Were results suppressed? Could there be a conspiracy? While answers were not forthcoming at the time, future events provided greater clarity.

## INTERIM

In the immediate aftermath of the Moscow Games, the IOC Medical Commission continued to push for more robust doping regulations. Chairman de Merode was particularly concerned that the commission's jurisdictional limitation to the Olympic competitions was restraining its success in the field. He therefore pointed out to other IOC members that "it had been hoped to set up some kind of control between the Olympic Games. . . . It was essential to continue the work of approving neutral laboratories for doping testing in order that these could be used to test between Games."<sup>31</sup> Dr. Eduardo Hay replied that the politics of the international sport system might make such policy reform difficult. Preaching caution, he stated that "the Medical Commission of the IOC only had [*sic*] jurisdiction within the Olympic Games at present. It would be necessary to modify its role and work with the IFs and NOCs if this authority were to spread to regional Games or international competitions in general." Explaining the nuances of an additional proposal that more athletes should be tested, he continued that "rule changes would create major technical problems," so it was "better to retain the present procedure."<sup>32</sup> For a time, the IOC leadership supported Hay's position.

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<sup>31</sup> Minutes of the 84th IOC General Session, Baden-Baden, Germany, September 29-October 2, 1981, p. 28-29, IOCL.

<sup>32</sup> Minutes of the 84th IOC General Session, Baden-Baden, Germany, September 29-October 2, 1981, p. 29, IOCL.

De Merode made some progress by May 1982, however, in advocating inter-Games testing. Through negotiations with the international federations, for example, he strengthened an agreement with the International Amateur Athletics Federation for procedures through which laboratories could be recognized, and also established a universal set of sanctions for those IAAF track-and-field athletes caught doping between Olympic competitions.<sup>33</sup> In addition, the results of Donike's unofficial testosterone screens in Moscow convinced de Merode that the hormone must be added to the IOC's list of banned substances. In a 1982 interview, he explained that "the increase in testosterone [use] is a direct consequence of the doping control for anabolic steroids. In former times, athletes . . . have to stop the use of anabolic steroids at least three weeks before the event. So they have to substitute. And the agent of choice is testosterone—testosterone injections."<sup>34</sup> Due to his efforts, the IOC quickly announced that it was banning the hormone along with caffeine.<sup>35</sup>

Such medical advances also led to rumors of a major doping cover-up at the 1983 World Track-and-Field Championships in Helsinki, Finland. Given that a number of world records were broken at the event, insiders were convinced of a connection with doping practices. Because the IAAF was in charge of the drug screens rather than the IOC, the "insiders" believed that the diffuse regulatory system of international sport played a major role in the controversy. USOC physician Robert Voy specifically blamed Primo Nebiolo, then president of the IAAF, for suppressing the positive tests. "There is no doubt in my mind," he later wrote, "that, at least in 1983, Nebiolo would not have

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<sup>33</sup> Prince Alexandre de Merode, "Report from the IOC Medical Commission," Annex 13 of Minutes of the 85th IOC General Session, Rome, May 27-29, 1982, p. 56-57, IOCL.

<sup>34</sup> Todd, "A History of the Use of Anabolic Steroids in Sport," 332.

<sup>35</sup> See Hage, "Caffeine, Testosterone Banned for Olympians," 15, 17.

pressed for honest, accurate testing in Helsinki.”<sup>36</sup> Within the IOC leadership, Canadian delegate Dick Pound likewise stated that “something was very, very wrong with the testing procedures [in Helsinki].” He continued that “my feeling was that . . . there either were positives that were not acted upon by the IAAF or that there were directions not to test for certain compounds or substances.” Indeed, according to Pound, “all over the world, people shook their heads and said (the testing) is not credible. . . . [The IAAF] was in serious jeopardy of becoming a laughingstock because of the results.”<sup>37</sup>

Although test failures were not announced in Helsinki, testimony at a later Canadian investigation revealed that some athletes did, in fact, test positive for performance-enhancing drugs at the competition. As an indirect consequence of the episode, elite athletes began to understand the accuracy of the new gas chromatography and mass spectrometry testosterone tests.<sup>38</sup> A larger controversy ensued at the 1983 Pan-American Games held in Caracas, Venezuela, when twelve members of the U.S. track-and-field squad left before their events to avoid the screens. Several of those who remained were caught and punished.<sup>39</sup> Still more damning was the USOC’s involvement in warning its athletes of the more rigorous doping protocols. After learning of the new testing procedures upon her arrival in Caracas, the American team’s chief of mission, Evie Dennis, asked U.S. coaches and managers to alert their athletes of the screens.<sup>40</sup>

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<sup>36</sup> Voy and Deeter, *Drugs, Sport, and Politics*, 104.

<sup>37</sup> Pound quoted in Randy Harvey, “IOC Official Questions Drug Testing in Track,” *Los Angeles Times*, May 9, 1989. See also Voy and Deeter, *Drugs, Sport, and Politics*, 104.

<sup>38</sup> See Voy and Deeter, *Drugs, Sport, and Politics*, 102-105.

<sup>39</sup> These included one cyclist, one sprinter, one fencer, one shot-putter, and eleven weightlifters. Their most prominent member was U.S. weightlifter Jeff Michaels. See Todd and Todd, “Significant Events in the History of Drug Testing and the Olympic Movement,” 79.

<sup>40</sup> See Frank Litsky, “Some U.S. Athletes Leave Games at Caracas Amid Stiff Drug Tests,” *New York Times*, August 24, 1983.



Before the events, a few USOC officials also advocated pre-competition tests to prevent unexpected results. Speaking at a July 1983 meeting, USOC member Jack Kelly stated that “one of the things that concerns me a great deal . . . is what would be tremendously embarrassing to the [USOC], and hurt us greatly in future fund-raising, and things of that nature, if several of our athletes were tested for steroids . . . and barred from the Olympic Games.” He continued, “I would hope that the Medical Committee would be doing some preliminary testing with the likely athletes . . . to make sure that, when they go to the Games, that [*sic*] they are going to pass whatever tests may be used.”<sup>41</sup> USOC President William Simon later admitted that a number of American athletes prior to the 1984 Games failed pre-competition steroid screens sponsored by his organization, but were allowed to compete because participation in the testing program was not required.<sup>42</sup> In addition, as only medalists were tested at the Pan-American Games in Venezuela, U.S. weightlifters who failed these preliminary screens, according to Dr. Voy, circumvented the official tests by deliberately performing poorly.<sup>43</sup>

## **1984 LOS ANGELES GAMES**

The USOC continued its policy of testing American athletes in the period before the opening of the Los Angeles Olympic Games in the summer of 1984.<sup>44</sup> Although drug

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<sup>41</sup> Kelly comments in Proceedings of the Meetings of the Administrative Committee and Executive Board of the United States Olympic Committee, July 15-16, 1983, New York, p. 190, USOCLA.

<sup>42</sup> See “Some on U.S. Squad at Caracas Failed Drug Tests Before Games,” *New York Times*, August 27, 1983.

<sup>43</sup> Voy and Deeter, *Drugs, Sport, and Politics*, 102-103.

<sup>44</sup> See “The Daily Dope Dialogue,” *Track and Field News* (February, 1985), 52; Todd and Todd, “Significant Events in the History of Drug Testing and the Olympic Movement,” 83-84.

screens were considered “formal” at the 1984 American Olympic Trials in the sense that sanctions were required for positive results, Dr. Voy later learned that many athletes were allowed to compete despite affirmative indications of doping.<sup>45</sup> In a self-incriminating report that was withheld until after the conclusion of the 1984 Games, USOC President F. Don Miller admitted that eighty-six athletes, including ten at the Olympic trials, tested positive for banned substances before the competitions in Los Angeles. The timing of this disclosure was, of course, likely motivated by the wish to avert pre-Games criticism of the American team.<sup>46</sup>

The other components of the Olympic governance system, including the IOC and the Los Angeles Organizing Committee, were motivated less by sincere moralistic concerns over doping than by economic issues.<sup>47</sup> Never overly-profitable to begin with, the financially troubled 1976 Montreal Games served as a warning for officials in California that what mattered most was the bottom line.<sup>48</sup> The U.S.-led boycott of the 1980 Games in Moscow only made the situation worse. Within the IOC, a more commercially astute leader than Lord Killanin was elected to the IOC presidency in 1980

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<sup>45</sup> Voy and Deeter, *Drugs, Sport, and Politics*, 89-90.

<sup>46</sup> See “86 Athletes Tested Positive,” *New York Times*, January 11, 1985. See also Todd, “A History of the Use of Anabolic Steroids in Sport,” 334; “U.S. Olympic Group to Weight Drug Test Plan; 86 American Athletes Failed 1984 Screening,” *Chronicle of Higher Education* (January 23, 1985). Prior to the 1984 Games, the public was told that all members of the U.S. track-and-field team had passed their drug tests at the Olympic trials. See “U.S. Track Olympians Pass Drug Tests,” *New York Times*, July 18, 1984.

<sup>47</sup> An award-winning study of the IOC’s ascent as an economic power is provided in Robert Knight Barney, Stephen R. Wenn, and Scott G. Martyn, *Selling the Five Rings: The International Olympic Committee and the Rise of Olympic Commercialism*, Revised ed. (Salt Lake City: University of Utah Press, 2004).

<sup>48</sup> For the economic failures in Montreal, see Nick Auf der Maur, *The Billion-Dollar Game: Jean Drapeau and the 1976 Olympics* (Toronto: J. Lorimer, 1976); Jack Barry Ludwig, *Five Ring Circus: The Montreal Olympics* (Toronto: Doubleday, 1976).

in the person of Spaniard Juan Antonio Samaranch.<sup>49</sup> Despite his intimate knowledge of financial considerations, the choice was not ideal for those wishing for robust drug regulations. According to Pound, the new president “always thought the IOC Medical Commission was dangerous” in that its activities might threaten the public image of the movement. Indeed, Samaranch used to tell him that “all they [members of the commission] live for is to find a positive sample.”<sup>50</sup>

In Peter Ueberroth, the Los Angeles Organizing Committee was led by an individual with a similar commitment to economic success. As the former owner of North America’s second largest travel business, the First Travel Corporation, he spearheaded an effort that would eventually yield an unprecedented \$250 million in profits, which was the largest surplus in Olympic history.<sup>51</sup> Achieving this, however, required Ueberroth to neglect such non-moneymaking ventures as drug testing; indeed, the USOC’s refusal to disclose positive drug tests by American athletes prior to the Games was likely linked to Ueberroth’s fundraising campaign. Due to its concern over expenses, the Los Angeles Organizing Committee additionally announced in April 1983 that it would not test for caffeine or testosterone unless the IOC provided convincing proof that the screens were scientifically justifiable.<sup>52</sup> In June, Dr. Anthony Daly, Medical Director of Olympic

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<sup>49</sup> The best biography of Samaranch is David Miller, *Olympic Revolution: The Biography of Juan Antonio Samaranch*, Revised ed. (London: Pavilion, 1996). See also Juan Antonio Samaranch and Robert Parienté, *The Samaranch Years: 1980-1994, Towards Olympic Unity, Entrevues* (Lausanne: International Olympic Committee, 1995).

<sup>50</sup> Pound and Samaranch quoted from Pound, *Inside the Olympics*, 67.

<sup>51</sup> For Ueberroth’s leadership in Los Angeles, see Kenneth Reich, *Making It Happen: Peter Ueberroth and the 1984 Olympics* (Santa Barbara, Calif.: Capra Press, 1986).

<sup>52</sup> See “Drug Testing at Issue,” *New York Times*, April 29, 1983. An anonymous member of the Los Angeles Organizing Committee admitted that the cost of the tests had a relationship to his organization’s reluctance to use them in Elliott Almond, Julie Cart, and Randy Harvey, “[Analysis] The Olympic Dope Sheet is Redefined,” *Los Angeles Times*, November 13, 1983. A clipping of this article was found in International Olympic Committee Medical Commission Records, Folder: IOC, Commission médicale: Dopage – correspondance et articles de presse, 1965-1977, IOCL.

Health Services in Los Angeles, outlined the reasons for this position in a letter to de Merode. “We are certain,” he wrote, “that the goals of the IOC Medical Commission are precisely the same as those of the LAOOC – namely, not to permit dope testing which has not been scientifically validated to be performed on athletes during the 1984 Olympic Games.”<sup>53</sup>

By November of 1983, Ueberroth had come to believe that the expensive doping regulations constituted a direct threat to the economic integrity of the competitions. He thus wrote to Samaranch that the “drugs and doctors are not only controlling the Games of the XXIIIrd Olympiad, they are beginning to gain control of the whole Olympic movement.” In addition, Ueberroth worried regarding the harmful effects that might derive from public disclosures of positive test results. While admitting that “the use of drugs must be curtailed in every way,” he also asserted that such an orientation had a limit. Implying that economic necessities might trump rigorous adherence to doping regulations in some instances, Ueberroth stipulated that “equally important the dignity of the Olympic movement must be preserved.”<sup>54</sup> To undercut anticipated media stories that “all athletes were doped,” Ueberroth moreover asked the IOC leadership to emphasize the fact that not all competitors were “drug addicts.”<sup>55</sup> Integrity, then, was more a product of financial success than effective doping policy.

Balancing these competing interests, the Los Angeles Organizing Committee acquiesced to testosterone and caffeine screens in late-November 1983 after IOC medical

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<sup>53</sup> Daly to de Merode, June 8, 1983, International Olympic Committee Medical Commission Records, Folder: IOC, Méd. Comm., Los Angeles ‘84 medical matters, 1985-1986-1994, IOCL.

<sup>54</sup> Ueberroth to Samaranch, November 14, 1983, International Olympic Committee Medical Commission Records, Folder: Médicale: Dopage – correspondance et articles de presse, 1965-1977, IOCL.

<sup>55</sup> Ueberroth quoted in Jennings, *The New Lords of the Rings*, 238.

authorities asserted that “these controls were scientifically perfect and not assailable as incorrect.”<sup>56</sup> Despite the accuracy of the tests, a more ominous situation arose when it became known that some athletes were using a lesser-known substance called Human Growth Hormone (hGH) at the 1983 World Track-and-Field Championships.<sup>57</sup> Both scientific and economic hurdles prevented its inclusion on the IOC’s list of prohibited substances for the Los Angeles Games. The November 1983 Medical Commission report stated that “a method of detection [for hGH] has been almost perfected . . . but there are very serious doubts as to the real effectiveness of this very costly treatment.” The document therefore declared that “it would be premature to draw definitive conclusions and in any case it is out of the question that it be controlled in Los Angeles.”<sup>58</sup>

Several Olympic leaders also worried that American officials in Los Angeles would treat athletes from the communist-bloc unfairly. Manfred Ewald, a member of the East German sport establishment, thus informed de Merode of the positive attributes of a suggestion by Marat Gramov, the chairman of the Soviet national Olympic committee, “to carry out doping controls according to politically and geographically balanced viewpoints.”<sup>59</sup> Conducting “doping controls in 2 laboratories each in socialist and non-

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<sup>56</sup> Drs. Hans Howald and Donike provided this scientific testimony according to “Report on the seminar of the Medical Commission of the IOC,” September 25-October 2, 1983, International Olympic Committee Medical Commission Records, Folder: IOC, SD1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL. The final decision to test for caffeine and testosterone in Los Angeles is provided in “Report of the IOC Medical Commission,” November 24-25, 1983, International Olympic Committee Medical Commission Records, Folder: IOC, SD1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL. See also Annex 22, “Report of the Medical Commission Presented by Prince Alexandre De Merode, Chairman,” in Minutes of the 87th IOC General Session, Sarajevo, February 5-6, 1984, p. 90-91, IOCL.

<sup>57</sup> See Almond, Cart, and Harvey, “[Analysis] The Olympic Dope Sheet is Redefined.” For an early analysis of the future effect of hGH on sport, see Terry Todd, “Sports RX: The Use of Human Growth Hormone Poses a Grave Dilemma for Sport,” *Sports Illustrated* (October 15, 1984), 8.

<sup>58</sup> “Report of the IOC Medical Commission,” November 24-25, 1983, International Olympic Committee Medical Commission Records, Folder: IOC, SD1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL.

<sup>59</sup> At a broader level, Soviet officials listed the likelihood of unfair treatment in Los Angeles as one of the reasons for the Soviet boycott of the 1984 summer Olympics. See “Statement of the Soviet National

socialist countries,” as Gramov proposed, would help “bring about a rather correct and objective doping control.”<sup>60</sup> A number of IOC members were, in addition, anxious that U.S. judges might interfere if and when American athletes were detected using performance-enhancing substances. At a July 1984 meeting, Italian delegate Franco Carraro accordingly asked Chairman de Merode to provide “assurance that the doping tests in Los Angeles would be held under strict conditions.” Although de Merode recognized that “if an American athlete had a test that was positive, the IOC might be taken to Court,” he told Carraro that “. . . this consideration should not prevent the IOC from doing its work.”<sup>61</sup> In his pre-Games official report, the chairman downplayed the issue by emphasizing the positive steps that had been taken in Los Angeles. “The laboratory is perfectly equipped,” de Merode declared. With respected physician Don Catlin as its director, he continued, “it [the medical facility] has acquired remarkable experience and is perfectly satisfactory.” As for the earlier tension between the IOC and the Los Angeles Organizing Committee regarding the testosterone and caffeine screens, de Merode stated happily that all difficulties had been resolved.<sup>62</sup> The drugs tests, including testosterone and caffeine screens, would therefore be “objective, firm and

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Olympic Committee,” May 8, 1984, reprinted in Edward H. Judge and John W. Langdon, eds., *The Cold War: A History through Documents* (Upper Saddle River, NJ: Prentice Hall, 1999), 220-221.

<sup>60</sup> Ewald to de Merode, November 9, 1983, International Olympic Committee Medical Commission Records, Folder: Los Angeles ‘84 medical matters, 1978-1983, IOCL.

<sup>61</sup> Carraro and de Merode statements from Minutes of the 88th IOC General Session, Los Angeles, July 25-26, 1984, p. 23, IOCL.

<sup>62</sup> “Report of the Medical Commission Presented by Alexandre De Merode, Chairman,” Annex 19 of Minutes of the 88th IOC General Session, Los Angeles, July 25-26, 1984, p. 74, IOCL.

comprehensive, and any positive cases would be dealt with in accordance with IOC Rules [*sic*].”<sup>63</sup>

De Merode’s initial hopes for a set of rigorously enforced doping protocols in Los Angeles were largely unfulfilled, however. Although U.S. athletes won a spectacular eighty-three gold, sixty-one silver, and thirty bronze medals, not a single American was included on the list of those found to have been doping.<sup>64</sup> Indeed, the fact that only twelve Olympians tested positive for performance-enhancing drugs showed that the IOC’s doping control efforts had made little progress since the 1960s. Unfortunately, the absence of positive drug screens was perhaps due less to Olympic doping policies than with the destruction of test results before they could be disclosed to the public. Before the opening of the Games, the Los Angeles Organizing Committee had refused to provide IOC doping authorities with a safe. This resulted in the theft of a number of medical records at the competitions. With few exceptions, the consequent lack of evidence made sanctions impossible.<sup>65</sup>

While some suspected that de Merode played a role in the scheme, others who remembered Ueberroth’s hostility towards rigorous tests placed the blame squarely on the shoulders of local authorities.<sup>66</sup> In a 1994 letter, de Merode claimed that the organizing committee’s Dr. Tony Daly at first explained that the documents had been shipped to

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<sup>63</sup> De Merode comment from Minutes of the 88th IOC General Session, Los Angeles, July 25-26, 1984, p. 23, IOCL.

<sup>64</sup> The medal totals for the Los Angeles Games is provided on the International Olympic Committee internet website: [www.olympic.org](http://www.olympic.org) (accessed January 28, 2007).

<sup>65</sup> See Pound, *Inside the Olympics*, 67-68.

<sup>66</sup> John Hoberman depicts IOC President Samaranch and de Merode, whom he describes as a “sometimes cynical and occasionally clumsy pragmatist,” as the central figures of the cover-up. John Hoberman, “How Drug Testing Fails: The Politics of Doping Control,” in *Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 244.

IOC headquarters in Switzerland, but then, after further questioning, admitted that the papers had in fact been destroyed.<sup>67</sup> Describing his frustration over the episode, IOC member Dick Pound later wrote that the elimination of documents “led to the perception that the IOC was soft on drugs and that it did not want to find positive cases at the Games, but it was the L.A. organizing committee that had removed the evidence before it could be acted on by the IOC.”<sup>68</sup>

Local officials, of course, denied any complicity. Dr. Craig Kammerer, the associate director of the laboratory that handled the tests, claimed that “we were totally puzzled initially and figured that something must be going on, politically or a cover up.”<sup>69</sup> As a self-described “cynical idealist,” Pound also did not absolve the IOC leadership from all responsibility.<sup>70</sup> According to Pound, IOC President Samaranch conspired with his IAAF counterpart, Primo Nebiolo, to delay the announcement of a positive test result to make sure that the competitions in Los Angeles ended without significant controversy.<sup>71</sup> Elaborating on their motivations, Medical Commission member Dr. Arnold Beckett likewise asserted that “it would have done quite a lot of damage if five or six . . . of the positives . . . had led to the medal winners. . . . Some of the federations and IOC are happy to show that they’re doing something in getting some positives, but they don’t want too many because that would damage the image of the

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<sup>67</sup> The best account of the destruction of the doping documents in Los Angeles is provided in Jim Ferstle, “Evolution and Politics of Drug Testing,” in *Anabolic Steroids in Sport and Exercise*, ed. Charles E. Yesalis, 2nd edition (Champaign, IL: Human Kinetics, 2000), 386-387.

<sup>68</sup> Pound, *Inside the Olympics*, 68.

<sup>69</sup> Kammerer quoted in Hoberman, “How Drug Testing Fails,” 244.

<sup>70</sup> Pound’s description of himself quoted from Frank Deford, Kostya Kennedy, and Richard Deitsch, “Just Say No,” *Sports Illustrated* (December 16, 2002), 48.

<sup>71</sup> Pound, *Inside the Olympics*, 67.



Games.” As a result, Beckett elaborated, “We [the IOC Medical Commission] took the responsibility of not revealing [the destruction of the documents] publicly.”<sup>72</sup> Image and commercial viability were de facto primary in importance to the Samaranch presidency, even if at the expense of regulatory responsibility and integrity.<sup>73</sup>

## LEGACY OF THE LOS ANGELES GAMES

Several new forms of doping in Los Angeles highlighted the dynamic nature of the drug problem. Anticipatory athletes switched to alternative performance-enhancing techniques by the time a new drug screen was developed. At the 1984 Games, five U.S. cyclists who had medaled at the competitions received blood transfusions prior to their races from prominent cardiologist Herman Falsetti.<sup>74</sup> The idea of autologous blood transfusion was to preserve an athlete’s red blood cells and then introduce them into his or her body immediately prior to a competition. Because red blood cells carry oxygen, the reintroduction of a half-liter of blood provides the human organism with a roughly equivalent amount of oxygen per minute.<sup>75</sup> Although the practice is now known as “blood doping,” the procedure did not violate IOC regulations in place at the time. As

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<sup>72</sup> Beckett quoted in Hoberman, “How Drug Testing Fails,” 244.

<sup>73</sup> This stance extended, of course, to future scholarship on the issue. Dr. Catlin wished to co-publish his recollections of the episode (with Craig Kammerer, the assistant director of the laboratory at the Games) in a medical journal. He was prohibited from doing this by de Merode. Catlin asserted, “I would not still be a member of the IOC medical commission if I had published a report without the co-operation of the prince.” Catlin quoted in Jennings, *The New Lords of the Rings*, 242. This work includes a useful discussion of the cover-up (p. 237-243).

<sup>74</sup> See Robert McG. Thomas, Jr., “U.S.O.C. Checking Use of Transfusions,” *New York Times*, January 10, 1985.

<sup>75</sup> This description of “blood doping” can be found in Houlihan, *Dying to Win*, 87-88.

Thomas Dickson, the team physician who witnessed the transfusions, put it, “They were certainly unethical, [but] whether they were illegal is something I still don’t know.”<sup>76</sup>

Whatever the moral dimensions of the episode, the United States Cycling Federation (USCF), as the national governing body for the sport, split the difference between apathy and responsiveness. While an apology to the American public was issued and the officials involved in administering the transfusions were punished, federation president David Prouty announced that “no athletes will be held or considered responsible.” Describing the cyclists as unsuspecting victims, he went on to assert that “nothing should be considered to have tainted any medal” won by them.<sup>77</sup> Seeking a more active position, USOC Executive Director Don Miller wished to supplement the IOC’s antiquated rules with policies promulgated by his own organization. Speaking at a February 1985 USOC meeting, he argued that “it has not been declared illegal in the past by the IOC medical commission, simply because . . . there was no medical tests [*sic*] for blood doping, and that almost invalidates our whole system of laws.” Miller recommended, therefore, “to make the proposal to the [USOC] Executive Board that blood doping is, in fact, a form of doping, and is illegal.” After all, he concluded, “there are other methods of proving that people have broken the law.”<sup>78</sup> Members of the American government also took notice. Citing public health concerns derived from the

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<sup>76</sup> Thomas, “U.S.O.C. Checking Use of Transfusions.” For a contemporaneous legal analysis concerning the possible prohibition of blood doping, see G. Legwold, “Blood Doping and the Letter of the Law,” *Physician and Sportsmedicine* 13 (March, 1985): 37-38.

<sup>77</sup> “Cycle Group Bans Use of Blood Doping,” *New York Times*, January 19, 1985. This article also describes the sanctions handed out to the officials involved in the scandal: Eddy Borysewicz, a team coach, and Ed Burke, director of the federation’s Elite Athlete Program, were both suspended without pay for 30 days and received letters of reprimand. Former USCF President Mike Fraysse was also demoted from 1<sup>st</sup> Vice-President to 3<sup>rd</sup> Vice-President of the organization.

<sup>78</sup> Miller comments in Proceedings of the Meetings of the United States Olympic Committee, Minutes of the Administrative Committee Meeting, May 4, 1985, Chicago, p. 140, USOCLA.

fact that several of the cyclists who received transfusions in Los Angeles became ill, National Institutes of Health official Dr. Harvey Klein urged Olympic administrators to prohibit blood doping at their competitions.<sup>79</sup>

By this time, the IOC also realized that the doping crisis was quickly spinning out of control. Swedish delegate Matts Carlgren told his counterparts at a December 1984 IOC session that he “believed that the main problem concerning the future of the Olympic Games was not participation but doping.” Proposing more funds for medical research, he argued that “the IOC ought to lead in this domain and analyse the threats drugs impose of sport.”<sup>80</sup> Several months after Miller’s criticism of the IOC’s position towards performance-enhancing blood transfusions, de Merode announced that his commission had decided to ban the practice. “Although no feasible detection test is av[a]ilable at the present time,” he argued, “the Commission feels that it is a question of ethics.”<sup>81</sup> Describing the difficult negotiation process through which the policy was promulgated, he stated that “with this aim in mind, the Commission had met with representatives from the IAAF, the AIBA, the FINA and the IWF.” Enforcement of the rule, according to de Merode, would be no less complicated: “Steps should be taken, in

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<sup>79</sup> H[arvey] G. Klein, “Blood Transfusions and Athletics: Games People Play,” *New England Journal of Medicine* 312, no. 13 (March, 1985): 854-856. See also Richard D. Lyons, “Expert Urges Ban on Blood Doping,” *New York Times*, March 28, 1985. In January 1985, the Food and Drug Administration also requested that the Justice Department begin an investigation of the illegal “black market” distribution of anabolic steroids. See Todd, “A History of the Use of Anabolic Steroids in Sport,” 338.

<sup>80</sup> Carlgren’s argument over the importance of doping to the direction of the Olympic movement is provided in Minutes of the 89th IOC General Session, December 1-2, 1984, Lausanne, Switzerland, p. 13, IOCL.

<sup>81</sup> “Report of the IOC Medical Commission to the 90th Session of the IOC,” appended as Annex 11 to Minutes of the 90th IOC General Session, June 4-6, 1985, Berlin, p. 85, IOCL. In addition, on page 22 of the minutes of this meeting, Dr. Eduardo Hay supported de Merode’s position despite the fact “it was not possible for the time being to provide that blood doping had been practiced” in Los Angeles.

collaboration with the IFs,” he concluded, “for the standardisation of methods and procedures of the laboratories.”<sup>82</sup>

Unofficial tests in Los Angeles also indicated that a majority of the athletes competing in the pentathlon used beta-blockers during the event.<sup>83</sup> Indeed, before the Games, the IOC Medical Commission had expressly permitted their dispensation for “therapeutic” purposes upon presentation of certificates issued by athletes’ personal physicians.<sup>84</sup> By reducing blood pressure, heart rate, and blood vessel constriction, these drugs, normally used to treat hypertension and heart disease, steadied the hands of pentathletes during the shooting components of their competitions.<sup>85</sup> While nothing could be done about the situation in California, de Merode declared the following year that the administration of beta-blockers for the purpose of enhancing performance would be considered, like blood doping, an illegitimate practice.<sup>86</sup>

As demonstrated by its aggressive reactions to the blood doping scandal in Los Angeles, the 1984 Games served as a focusing event for the USOC. In March 1985, the organization announced a comprehensive plan calling for rigorous drug screens at all major events in the period before the 1988 Olympics opened in Seoul. In terms of punitive measures, the proposal included an escalating set of punishments; first offences would result in one year suspensions while a four-year suspension, which would preclude

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<sup>82</sup> De Merode statements, Minutes of the 90th IOC General Session, June 4-6, 1985, Berlin, p. 21, IOCL.

<sup>83</sup> See “Drugs Used,” *New York Times*, August 6, 1984.

<sup>84</sup> See de Merode circular to International Sports Federations, National Olympic Committees, and IOC Accredited Dope Control Laboratories, May 31, 1985, attached to Annex 11, Minutes of the 90th IOC General Session, June 4-6, 1985, Berlin, p. 21, IOCL.

<sup>85</sup> A description of beta-blockers is provided in Houlihan, *Dying to Win*, 91-92.

<sup>86</sup> Minutes of the 90th IOC General Session, June 4-6, 1985, Berlin, p. 21, IOCL. See also de Merode circular to International Sports Federations, National Olympic Committees, and IOC Accredited Dope Control Laboratories, May 31, 1985, cited above.

participation in Seoul, would follow a second finding of guilt. “Wherever the athletes compete,” said USOC Director of Sports Medicine Kenneth Clark, “they’ll be tapped on the shoulder and told it’s time for the urine sample.” While the USOC leadership was eager to accept the plan, the support of the national federations that governed individual sports was less certain. To his credit, USCF President David Prouty announced that the suggestion was “terrific” and that “philosophically, it meshes perfectly with what we want to accomplish.”<sup>87</sup> By June 1985, however, the plan, which would go into effect at that month’s National Sports Festival in Baton Rouge, Louisiana, had been changed to meet the approval of the national federations.<sup>88</sup> Although the USOC committed \$800,000 to a comprehensive testing regime, the enforcement mechanisms were significantly weakened. Rather than an escalating set of punishments controlled by the USOC, athletes would be sanctioned only at the behest of the national governing bodies of their respective sports.<sup>89</sup>

These modest steps, though, did little to improve the situation in the four years before the next Olympic Games. Nationalist forces again played a part in weakening doping regulations in international sport at the 1986 Goodwill Games in Moscow. The U.S. team traveling to Russia was told that all competitors would be subjected to rigorous drug inspections after their events. As a result, the Americans reportedly ceased their anabolic steroid cycles well before the competitions. “What they found in Moscow, however,” according to Dr. Voy, “was something quite unexpected. There wasn’t any drug testing.” Apparently, the U.S. squad was deliberately “burned” in order to foster the

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<sup>87</sup> Clark and Prouty quoted in Michael Goodwin, “U.S.O.C. to Seek More Tests for Drugs,” *New York Times*, March 24, 1985.

<sup>88</sup> Even then, only twenty of the thirty-eight national governing bodies supported the plan. See “U.S.O.C. to Begin Tests,” *New York Times*, June 25, 1985.

<sup>89</sup> See *Ibid.*

notion that the communist-bloc, despite its absence in Los Angeles, still reined supreme in elite international athletics.<sup>90</sup> While such machinations may have had perceived short-term political benefits, many Soviet athletes, like those in East Germany, were afflicted with subsequent medical problems. Prior to the 1984 Games, an unofficial study cited the wide-spread administration of performance-enhancing drugs to Soviet athletes as the primary reason for their enormously high mortality rate, which had accelerated since the mid-1970s.<sup>91</sup> The actions by Soviet administrators at the 1986 Goodwill Games demonstrated that the report had little effect in moderating their policies.

Many of the national governing bodies and international federations that governed individual sports were equally reluctant to toughen their enforcement of doping regulations. In 1987, both the IAAF and its American counterpart at the national level, The Athletics Congress (TAC), managed to circumvent positive test results. At that year's National Outdoor Championships in San Jose, California, TAC officials avoided a finding of guilt for American discus champion John Powell by citing minor procedural errors in labeling his "A" and "B" specimens by Dr. Harmon Brown, head of the organization's medical committee.<sup>92</sup> Later that year, the IAAF weakened their testing system at the World Track-and-Field Championships in Rome by replacing IOC doping authorities Dr. Manfred Donike and Dr. Arnold Beckett with several less qualified individuals.<sup>93</sup> Demonstrating how far unscrupulous members of the elite sports

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<sup>90</sup> See Voy and Deeter, *Drugs, Sport, and Politics*, 111-112.

<sup>91</sup> Vera Rich, "[Drugs in Athletics] Mortality of Soviet Athletes," *Nature* 311 (October 4, 1984): 402-403. See also John Hoberman, *Mortal Engines: The Science of Performance and the Dehumanization of Sport* (New York: Free Press, 1992), 3; "Early Deaths of Soviet Athletes Due to Steroids? Magazine Cites 59 Cases in Which Banned Drugs Proved Fatal at Young Age," *Los Angeles Times*, September 6, 1984.

<sup>92</sup> See Voy and Deeter, *Drugs, Sport, and Politics*, 106-108.

<sup>93</sup> The replacements were Dr. Birginia Mikhaylova and Dr. Arne Ljungquist. See *Ibid.*, 108.

establishment would go to avoid detection, Charlie Francis, then coach of Canadian sprinter Ben Johnson, told a colleague at the event that his protégé had gonorrhea to rationalize the presence of the steroid masking agent probenecid (which could be justifiably used as an adjunct in treating the disease) in his system.<sup>94</sup>

Still, Samaranch was confident enough to claim in January 1987, “You may rest assured that we shall be very firm where doping is concerned. . . . It is a form of cheating which we cannot tolerate.”<sup>95</sup> At the 1988 winter Olympics in Calgary, he continued this theme. “Above all,” he exclaimed, “such behavior makes a mockery of the very essence of sport, the soul of what we, like our predecessors, consider sacrosanct ideals.” Samaranch thus resolved, “Doping is alien to our philosophy, to our rules of conduct. We shall never tolerate it”<sup>96</sup> Of course, the IOC’s actions in the run-up to the 1988 Games often did not live up to Samaranch’s lofty words. In an episode eerily similar to the theft of medical records at the Los Angeles Games, de Merode later admitted that he destroyed a list of names of fifty-five athletes who had been detected doping in the six months prior to the opening of the 1988 Games in Seoul.<sup>97</sup>

## **CRISIS: THE 1988 SEOUL OLYMPIC GAMES**

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<sup>94</sup> See Vyv Simson and Andrew Jennings, *Dishonored Games: Corruption, Money and Greed at the Olympics* (New York: S.P.I. Books, 1992), 169.

<sup>95</sup> Samaranch quoted in “Executive Board Meeting of December,” *[IOC] Olympic Review* (January, 1988), 21.

<sup>96</sup> “Speech by H.E. Juan Antonio Samaranch, president of the IOC (93rd Session),” *[IOC] Olympic Review* (March, 1988), 82, 83.

<sup>97</sup> See Michael Janofsky, “I.O.C. Criticizes Federation Steroids Rule,” *New York Times*, September 8, 1989.

Despite President Samaranch's assuredness, Francis's explanation in Rome following Johnson's positive test for probenecid foreshadowed deeper troubles for the Canadian sprinter and, as a consequence, the Olympic movement. On September 24, 1988, Johnson defeated American track star Carl Lewis in the one-hundred meter sprint, lowering his previous world record to 9.79 seconds. Two days later, Francis, "about 42 hours after my life's greatest moment," was awakened by a knock on his door from Dave Lyon, manager of Canada's track-and-field squad. "We've got to get over to the Medical Commission," Lyon said. "Ben's tested positive." If the race had been the climactic event of Francis's career, it was equally important for the future of Olympic doping policy. This was something that Francis himself realized: "The track federations had staged drug tests for 20 years," he later wrote, "and in all that time no major star had failed one—not officially, at any rate."<sup>98</sup> Upon being told that there was "terrible" news, Dick Pound asked IOC President Samaranch, "Has someone died?" Samaranch replied, "Is worse [*sic*]. . . . Ben Johnson. . . . He has tested positive."<sup>99</sup> Although the sprinter initially claimed that someone might have spiked his urine after the race, the IOC quickly found Johnson guilty and stripped him of his medal.

Observers of the event immediately realized the effect of Johnson's positive screen for the future of elite international sport. In the aftermath of the race, American sprinter Edwin Moses predicted that "this will change the history of the Olympics. . . . This will change a lot of people's lives."<sup>100</sup> Johnson's financial losses were personally

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<sup>98</sup> Francis and Lyon quoted in Charlie Francis and Jeff [with] Coplon, *Speed Trap: Inside the Biggest Scandal in Olympic History* (New York: St. Martin's Press, 1990), 1.

<sup>99</sup> Pound, *Inside the Olympics*, 49. Pound's recollections of the 1988 Games are also recounted in Richard W. Pound, *Five Rings Over Korea: The Secret Negotiations behind the 1988 Olympic Games in Seoul* (Boston: Little, Brown, 1994). In it, Pound makes little reference to drugs, though.

<sup>100</sup> Moses quoted in "Johnson Home in Disgrace; Canada Bans Him for Life Can't Run for Country or Get Funds," *Los Angeles Times*, September 27, 1988.



catastrophic. In the immediate aftermath of his record-setting performance, the sprinter's manager, Larry Heidebrecht, said, "The total endorsement power that he has following the world record and gold medal would certainly put him into seven figures. . . . How many millions, I wouldn't want to speculate."<sup>101</sup> The economic windfall came to a sudden end, however, after the test results were made public. The Italian sportswear company Diadora, mirroring the actions of several other enterprises, immediately canceled its five-year, \$2.4 million contract with the runner and the Japan-based Kyodo Oil Company terminated a marketing campaign featuring Johnson.<sup>102</sup> Estimating the financial loss for the sprinter, Heidebrecht later stated that the scandal cost Johnson a staggering \$25 million in endorsement deals.<sup>103</sup> Johnson, as put by Canadian IOC member James Worrall, had thus "just been killed as an athlete, and probably his complete life has been ruined."<sup>104</sup>

Though Johnson's was the most explosive, there were, of course, several other drug scandals in Seoul. A 1989 issue of the Soviet's official publication *Zmena* stated that a \$2.5 million laboratory aboard a vessel sailing off the Korean coast provided pre-competition screens to Soviet Olympians to make sure they were not caught through official tests. Due to fears that instances of doping would be revealed, several athletes, according to the report, were not allowed to compete.<sup>105</sup> Without similar facilities, Bulgaria and Hungary both pulled their weightlifting teams from the Games after several

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<sup>101</sup> Heidebrecht quoted in "The Seoul Games/ Day 12 Notes Johnson Advertisements Canceled," *Los Angeles Times*, September 28, 1988.

<sup>102</sup> See Ibid.

<sup>103</sup> See Francis and [with] Coplon, *Speed Trap*, 7.

<sup>104</sup> Worrall quoted in Michael Janofsky, "Johnson Loses Gold to Lewis after Drug Test," *New York Times*, September 27, 1988.

<sup>105</sup> The ship was the *Michail Shalokhov*. See Voy and Deeter, *Drugs, Sport, and Politics*, 89.

of their athletes tested positive for performance-enhancing substances.<sup>106</sup> Not willing to allow a communist-bloc advantage at the Olympics, American sport officials were equally concerned with preventing drug scandals. At that time, U.S. rules had a loophole through which athletes were provided a one-time “inadvertent use” defense in the case of a positive test at a national competition; at the 1988 U.S. Olympic trials, eight track-and-field athletes found to be using the prohibited substance ephedrine escaped punishment through the clause. After a member of a prominent American team competing in Seoul was found with an abnormally high testosterone level, which should have resulted in the disqualification of the entire squad, U.S. officials convinced the IOC that the athlete’s normal production of the hormone was elevated.<sup>107</sup>

Despite the previous failures to eliminate drugs at their competitions, IOC officials optimistically portrayed these incidents as successes for their doping policies.<sup>108</sup> Taking a positive view that Johnson’s test would catalyze future efforts with regard to the issue, Dick Pound proclaimed that “this is a disaster for Ben, a disaster for the Games, and a disaster for track and field. But let’s turn this around to make the slate clean and show the world that we do mean business. We are prepared to act.” More sensitive to the public perception of the Olympic movement, President Samaranch was downright cheerful in an interview: “We are showing that the system works,” he proclaimed. “We are showing that my words are not only words, they are facts. We are winning the battle

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<sup>106</sup> “Team Lifted after 2d Drug Test is Failed,” *New York Times*, September 24, 1988; “Weight Lifter Used Drug,” *New York Times*, September 29, 1988.

<sup>107</sup> Voy and Deeter, *Drugs, Sport, and Politics*, 109-110, 112.

<sup>108</sup> President Samaranch asserted at a summer 1989 IOC General Session, for example, that “in Seoul, the Medical Commission had proved how seriously it took its work; the Olympic Movement was thus showing an example to [other] sports organizations.” Minutes of the 95th IOC General Session, August 30 – September 1, 1989, Puerto Rico, p. 12, copy on file at the Todd-McLean Physical Culture Collection, University of Texas at Austin. The author wishes to thank Jan and Terry Todd for allowing me access to their collection.

against doping.”<sup>109</sup> Experts in the field, however, demonstrated that the president was mistaken. After the Games, USOC chief medical officer Dr. Robert Voy estimated, for instance, that over fifty percent of those competing in Seoul used some form of performance-enhancing substance.<sup>110</sup>

## **THE INTERNATIONAL POLITICS OF DOPING AT DECADE’S END**

In addition to embarrassing Olympic administrators, the events in Seoul infuriated government officials in the home countries of banned athletes. The Canadian national government appointed Charles W. Dubin, Associate Chief Justice of the Supreme Court of Ontario, as chair of a special commission charged with investigating drugs in athletics.<sup>111</sup> After nearly ten months of public hearings, which resulted in 14,817 pages of testimony from one-hundred and nineteen witnesses, Dubin issued his report. Arguing that Olympic doping policies were overly-narrow, he wrote that while “the athletes who cheat must, of course, bear their full share of responsibility. . . . the responsibility cannot be solely theirs.”<sup>112</sup> “Until now,” Dubin continued, “the focus has been only on the athletes. It is obvious that a broader net of responsibility will need to be cast. Coaches, physicians, therapists, and others involved in the care and training of athletes cannot

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<sup>109</sup> Pound and Samaranch quoted in Janofsky, “Johnson Loses Gold to Lewis after Drug Test.” See also Todd and Todd, “Significant Events in the History of Drug Testing and the Olympic Movement,” 90.

<sup>110</sup> Michael Janofsky and Peter Alfano, “Drug Use by Athletes Runs Free Despite Tests,” *New York Times*, November 17, 1988.

<sup>111</sup> “[Sports People] Canadian Inquiry,” *New York Times*, October 6, 1988.

<sup>112</sup> Charles Dubin, *Commission of Inquiry into the Use of Drugs and Banned Practices Intended to Increase Athletic Performance* (Ottawa: Canadian Government Publishing Centre, 1990), xx.

escape responsibility for the sorry state of sport today.”<sup>113</sup> In the wake of Johnson’s test, several IOC officials expressed similar beliefs. Canadian IOC member James Worrall declared, for instance, that “obviously, people behind . . . [Johnson] are responsible. . . . Ben is a lad who will follow instructions. If he is told that something is good, he will believe it.”<sup>114</sup>

Exacerbating the problems caused by such unscrupulous individuals were the organizational conflicts within the Olympic governance structure that prevented the promulgation and enforcement of a universal set of doping regulations. Describing the diffuse nature of this system, Dubin explained that the collective “failure of many sport-governing bodies to treat the drug problem more seriously and to take more effective means to detect and deter the use of such drugs has . . . contributed in large measure to the extensive use of drugs by athletes.”<sup>115</sup> Using similar logic, Pound believed that Johnson was simply “a pawn in this, the host organization for the substance.” The sprinter’s use of steroids, Worrall concluded, “points up the tragedy of the whole system endemic in international sport.”<sup>116</sup> The problems with the Olympic movement that Johnson’s test exemplified therefore required a wider range of enforcement mechanisms than had been previously provided.

While setting the agenda in terms of this policy development was relatively simple, actually accomplishing a coordinated approach to doping was far more complicated. The first step in this process occurred before the Seoul Games when de Merode chaired the first World Conference on Doping in Sport in late-June 1988.

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<sup>113</sup> Ibid., 518.

<sup>114</sup> Janofsky, “Johnson Loses Gold to Lewis after Drug Test.”

<sup>115</sup> Dubin, *Commission of Inquiry*, 519.

<sup>116</sup> Pound and Worrall quoted in Janofsky, “Johnson Loses Gold to Lewis after Drug Test.”

Attended by delegates from twenty-six countries, the meeting put forth the idea of an anti-doping charter to be signed by both private sports authorities and national governments.<sup>117</sup> Describing the conference during the Seoul Games, de Merode continued to push for this approach. According to a report of that meeting, he explained that a new working group composed of an international list of sports authorities would be “responsible for working out this strategy so that it is adhered to by all sporting nationals at a governmental level, and by all international authorities.”<sup>118</sup> This was a point hammered home by Samaranch in a November 1988 speech in Moscow. “In order to overcome the scourge of doping,” the IOC President asserted, “all our forces must be united and a concerted effort made by sports and civil authorities working together in perfect harmony.”<sup>119</sup>

Realizing that their scientists could not keep pace with the western pharmaceutical industry in terms of the development of new performance-enhancing substances, Soviet sports authorities took a surprising position of leadership in pushing for the implementation of de Merode’s universal system of doping control. At a UNESCO meeting held in Moscow in November 1988, sports leaders from one-hundred countries signed a statement of support for the IOC’s proposed Anti-Doping Charter. Although there was no enforcement device under the statement, IOC official Alain Coupat claimed that “this is a big day for the I.O.C. . . . It means UNESCO recognizes that the fight against doping must be constructed on a global basis, not by state, and that

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<sup>117</sup> “Towards an Anti-Doping Charter,” *[IOC] Olympic Review* (August, 1988), 350. A draft of the charter is provided in “International Olympic Charter Against Doping in Sport,” *[IOC] Olympic Review* (November, 1988), 628-631.

<sup>118</sup> “Report from the Commissions,” *[IOC] Olympic Review* (November, 1988), 618.

<sup>119</sup> “Speech by H.E. Juan Antonio Samaranch, President of the International Olympic Committee, Moscow, 21st November 1988,” *[IOC] Olympic Review* (December, 1988), 670.

the I.O.C. is the best organization to direct the fight.”<sup>120</sup> Because the United States did not belong to UNESCO, Soviet officials came to a separate, preliminary agreement with American leaders that would allow their respective doping experts to test each other’s athletes.<sup>121</sup> This cooperative arrangement was later expanded to include Great Britain, Australia, West Germany, Sweden, South Korea, Italy, Norway, Bulgaria, and Czechoslovakia.<sup>122</sup>

At the summer 1989 General Session of the International Olympic Committee, de Merode additionally began to advocate the creation of a new doping commission within the IOC that would take control over the issue. Composed of IOC Medical Commission members as well as representatives from national Olympic committees and international federations, the body, he elaborated, would meet every year to consider how positive tests should be addressed. The commission would be supplemented with an IOC-run “mobile laboratory” that would enable a program of out-of-competition testing to begin.<sup>123</sup> Although de Merode preferred that the IOC remain in command of the body, his concept eventually resulted in the founding of an independent anti-doping organization in November 1999.

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<sup>120</sup> Coupat quoted in Michael Janofsky, “Drug Plan Gains Approval,” *New York Times*, November 25, 1988.

<sup>121</sup> See Ibid. The details of the agreement are provided in Maria Tai Wolff, “Playing by the Rules?: A Legal Analysis of the United States Olympic Committee-Soviet Olympic Committee Doping Control Agreement,” *Stanford Journal of International Law* 25, no. 2 (spring, 1989): 611-646. The official minutes of the IOC Session only briefly mention the new doping subcommittee. See Minutes of the 95th IOC Session, August 30 – September 1, 1989, Puerto Rico, p. 11, copy on file at the Todd-McLean Physical Culture Collection, University of Texas at Austin.

<sup>122</sup> See “11 Nations in Drug Test Accord,” *New York Times*, December 14, 1989.

<sup>123</sup> “Commission Reports,” *[IOC] Olympic Review* (September-October, 1989), 443.

Observers of international sport during the 1980s witnessed a series of crises that collectively led to a paradigm shift in Olympic doping policy. In the early years of the decade, most policymakers believed that the issue was of secondary importance to the 1980 and 1984 boycotts. This conception led to a belief that the problem could be best addressed by either obscuring its true extent or by actively suppressing instances of doping. As in the 1960s and 1970s, the effect of these strategies was exacerbated by the loose system of Olympic governance through which a variety of organizations could set their own degrees of compliance with doping regulations.<sup>124</sup> The respective cover-ups at the 1983 World Track-and-Field Championships and Pan-American Games by the IAAF and the USOC were direct results of this regulatory framework. Although it was more progressive than national committees and international federations in terms of doping, the IOC also engaged in questionable behavior; uncertainties remain, for instance, as to the degree of Samaranch and de Merode's complicity in destroying test results at the 1984 Los Angeles Games.

In the end, these activities set the stage for the single most important event in the history of Olympic doping policy: the disqualification of Ben Johnson at the 1988 Games in Seoul. The concentrating effect of the episode was best put by Dick Pound, who wrote in 1989 that "there have been positive tests and disqualifications on other occasions, but never one which has attracted such scrutiny and created such concern."<sup>125</sup> At last convinced as to the necessity of state intervention, the deeply embarrassed Canadian

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<sup>124</sup> After the 1988 Seoul Olympics, de Merode described the Medical Commission's tenuous links with the international federations. He said that "the Medical Commission did have contacts with the IFs, but that these were *not always simple*." Emphasis added. Minutes of the 95th IOC General Session, August 30 – September 1, 1989, Puerto Rico, p. 12, copy on file at the Todd-McLean Physical Culture Collection, University of Texas at Austin.

<sup>125</sup> Richard W. Pound, "Reflections on Cheating in Sport," *[IOC] Olympic Review* (August, 1989), 390.

government called attention to the inadequacies of the existing system. Having also determined that it could not keep pace with western pharmacological advances, the weakening Soviet government also insisted on comprehensive reform. Although a universal doping authority would not come into existence for almost another decade, the consequent pressure on Olympic officials created a political climate conducive to its creation.



## **Ch. 4: Towards a Unified Approach, 1990-1999**

As with new opportunities for cooperation in the larger international political environment, the conclusion of the Cold War inspired fresh hopes for a unified regulatory approach to doping in the Olympics. In Central Europe, the dismantling of the Berlin Wall that began in November 1989 signaled the end of the GDR sport machine and unlocked the secrets of its extensive doping system. The subsequent collapse of the Soviet empire likewise resulted in broadened prospects for a less quarrelsome political process regarding the doping issue. In Asia, a rise in indications of doping among athletes from the People's Republic of China gave way to official, if questionably-enforced prohibitions of performance-enhancing substances in that country. Although organizational conflicts remained, selected leaders in both governmental and non-governmental bodies engaged in efforts to merge the powers of the existing set of doping authorities.<sup>1</sup> Over the course of the decade, this process included a series of international conferences that collectively led to the creation of the World Anti-Doping Agency (WADA) in November 1999. Through the involvement of the United Nations, multiple national governments, and leading private sports organizations, the agency was given a more aggressive mandate to both promulgate and enforce doping regulations within the Olympic movement.

Because the IOC “embargoes” its internal publications and memoranda for a period of twenty years, it is difficult to discern the actual deliberations of IOC leaders during the 1990s. However, the available evidence suggests that the IOC's avoidance of moral leadership remained relatively unchanged during the decade. Thus, while there was

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<sup>1</sup> In a 1992 book, Olympic specialist John A. Lucas predicted several alternatives for how Olympic doping policy might evolve in the 1990s. See John A. Lucas, *Future of the Olympic Games* (Champaign, IL: Human Kinetics Books, 1992), 110-111.

progress during the 1990s towards the development of a universal regulatory system, principally due to the threat of governmental involvement, the decade was also characterized by the same unscrupulous practices and questionable regulatory judgments that weakened previous initiatives. As the turn of the decade approached, IOC Vice President Dick Pound acknowledged in July 1989 that the movement's understanding of the doping problem had developed little since the 1960s, asserting, "We still have no clearly stated definition of what doping is."<sup>2</sup> This lack of guidance regarding the issue served as a significant obstacle to be overcome only through the impetus of public and governmental sentiments emanating from the Ben Johnson affair.

More concerning, President Juan Antonio Samaranch failed to provide a requisite degree of clarity over the saliency of the subject for his IOC leadership throughout most of the decade. Samaranch was primarily concerned with the economic vitality of the Olympic movement. As de Merode described, "Samaranch knew he needed money to develop the IOC, that without it we were beaten, but the problem with money is that you are under the influence of it."<sup>3</sup> Worried that his movement was beginning to suffer financially from adverse publicity regarding its increasing number of drug scandals, Samaranch attempted to undermine the established belief that doping constituted an ethical crisis. In July 1998, for example, he asserted that policies based on philosophical notions of "fair play" were excessive in that "for me, everything that does not injure the health of the athlete is not doping."<sup>4</sup>

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<sup>2</sup> Pound quoted in *Ibid.*, 106.

<sup>3</sup> De Merode quoted in David Miller, *Olympic Revolution: The Biography of Juan Antonio Samaranch*, Revised ed. (London: Pavilion, 1996), 151.

<sup>4</sup> Samaranch quoted in John Hoberman, "How Drug Testing Fails: The Politics of Doping Control," in *Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 266.

At the same time, newly-established bodies such as the Court of Arbitration for Sport, created in the 1980s to prevent public judicial interference, often undermined doping decisions by the IOC leadership. Although fostering significant short-term obstacles to a coordinated approach, the consequences of these influences were, on the other hand, not altogether negative; indeed, by calling attention to the need for reform, they played important roles in constructing the broad political support for WADA that was necessary for its long-term success.

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In the January 1990 issue of the IOC's *Olympic Review*, President Samaranch outlined several anticipated developments in a post-Cold War international sports environment. Averring that the end of the superpower conflict was in part due to the internationalist ideology of the Olympics, he declared that "the unity of our Movement is triumphant. This unity has opened up perspectives, freed an undreamt-of development potential that would have been unthinkable only ten years ago. Our task is now to turn these promises into action." The events of the previous few years, Samaranch continued, also held important implications for the battle against performance-enhancing drugs. Envisioning a peace dividend of transnational cooperation, he sought to reverse skepticism regarding the IOC's previous inaction by stating, "The fight is now being waged daily, and all, whether athletes or those around them who look after them, must be aware of their own involvement, and seek to combat all cheating and misconduct."<sup>5</sup> In this regard, Samaranch's administration presented several new ideas as means to go

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<sup>5</sup> Samaranch quoted in Juan Antonio Samaranch, "Maintaining Our Impetus," [*IOC*] *Olympic Review* (January, 1990), 5.

beyond the limited on-site drug screens that were at the traditional center of Olympic doping policy.

For future out-of-competition examinations, which most knowledgeable observers felt was a prerequisite to effective regulation, Olympic officials proposed a mobile, flying laboratory to extend the temporal and geographic reach of their tests.<sup>6</sup> Believing that the facility would be completed by late-1990, de Merode explained after an IOC Executive Board meeting that “these anti-doping measures, and those taken by other sports organizations and government bodies, could have an impact on the results of the [1992 Olympic] competitions in Barcelona.”<sup>7</sup> Such a step was in fact long overdue. Speaking at a 1991 international conference on sport law, Robert Armstrong, an attorney who had worked on the Canadian investigation of the Ben Johnson scandal, sharply asserted that “the IOC and its Medical Commission have known for years that testing for anabolic steroids at the competition was a virtual waste of time in terms of providing effective deterrent for their use during training periods.”<sup>8</sup> Although himself encouraged by the potential of the mobile laboratory to dampen public scrutiny, Samaranch nevertheless realized that to usurp future criticism, “much still remains to be done towards standardizing the application of sanctions in the event of a positive test.” Again commenting on the possibilities afforded by larger global developments, he emphasized “how vitally important it is for us to define and implement, without haste yet also without

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<sup>6</sup> De Merode suggested the possibility of “a flying medical analysis laboratory” at a 1989 IOC General Session. The Medical Commission chairman elaborated that “the mobile laboratory would be a complementary laboratory and would be used where no laboratory existed. This system would be of use to the IFs since they could thus avoid unnecessary investments. It would be used for out-of-competition controls.” See Minutes of the 95th IOC Session, Puerto Rico, August 30 and September 1, 1989, p. 11, copy on file at the Todd-McLean Physical Culture Collection, University of Texas at Austin.

<sup>7</sup> De Merode quoted in “Flying Laboratory Operational Soon,” [*IOC*] *Olympic Review* (January, 1990), 6.

<sup>8</sup> Armstrong quoted in Jim Ferstle, “Evolution and Politics of Drug Testing,” in *Anabolic Steroids in Sport and Exercise*, ed. Charles E. Yesalis, 2nd edition (Champaign, IL: Human Kinetics, 2000), 393.

false modesty, a sports policy which is adapted to the new political, social and economic circumstances of our planet.”<sup>9</sup>

Despite such statements, the Olympic doping-control system remained organizationally and politically fragmented; it was, as a consequence, largely ineffectual at the beginning of the decade. The creation of a new body charged with resolving disputes in international athletics, the Court of Arbitration for Sport (CAS), provided an additional factor in the already diffuse regulatory framework.<sup>10</sup> While the body allowed IOC leaders to more easily keep doping controversies from the public eye, its decisions sometimes diluted the enforcement of the IOC’s own regulations. In a 1986 advisory opinion concerning the possibility of a lifetime ban for individuals caught using performance-enhancing substances, the CAS pronounced, for instance, that every action by an international sport body—including the IOC—must conform to basic principles of fairness; only *deliberate* offenses against legitimately promulgated and enforced rules and procedures would therefore warrant such a far-reaching punishment.<sup>11</sup> While useful—and perhaps even necessary—for the protection of athletes’ rights, such decrees provided significant obstacles to the type of tough countermeasures that many believed were needed by the IOC. In the longer-run, though, these activities obliged Olympic

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<sup>9</sup> Juan Antonio Samaranch, “Speech by H.E. Mr Juan Antonio Samaranch, IOC President,” *[IOC] Olympic Review* (May-June, 1990), 243.

<sup>10</sup> The early history of the court is addressed in Richard McLaren, “A New Order: Athletes Rights and the Court of Arbitration at the Olympic Games,” *Olympika: The International Journal of Olympic Studies* VII (1998): 1-24; Matthieu Reeb, “The Court of Arbitration for Sport (CAS),” in *Digest of CAS Awards, 1986-1998*, ed. Matthieu Reeb (Berne: Staempfli SA, 1998). A larger overview is provided in Ian S. Blackshaw, Robert C.R. Siekmann, and Janwillem Soek, eds., *The Court of Arbitration for Sport, 1984-2004* (The Hague: TMC Asser Press, 2006).

<sup>11</sup> Emphasis is my own. Court of Arbitration for Sport, Advisory Opinion No. 86/02 (CAS 1986), cited in Frank Oschütz, “Harmonization of Anti-Doping Code through Arbitration: The Case Law of the Court of Arbitration for Sport,” *Marquette Sports Law Review* 12 (Spring, 2002): 680-681.

policymakers to promulgate more rigorous standards for their own conduct; only a threat to its power could induce the IOC to take such substantive action.<sup>12</sup>

Because a more rigorous approach had not yet been developed, though, national sport bodies continued to dampen transnational anti-doping activities. In contesting charges of anabolic-steroid use at an August 1990 track-and-field meet in Sweden, 1988 U.S. silver-medalist Randy Barnes—the reigning world-record holder in the shot-put—filed an appeal alleging “erroneous doping procedures.” Because the positive test occurred at an overseas competition, the International Association of Athletics Federations, which served as the international federation for track-and-field, recommended a two-year suspension. Rather than confronting the IAAF, however, Barnes used his status as an American competitor to petition The Athletics Congress (TAC), the sport’s governing body in the United States, to overturn his punishment.<sup>13</sup> A similar TAC appeal by U.S. sprinter Butch Reynolds, who had also received a silver-medal at the Seoul Games, likewise highlighted the problem of overlapping jurisdictions on doping questions.<sup>14</sup> Notably, the episodes also demonstrated the fact that American sport bodies were falling behind their international counterparts in terms of their reputations for fairness on drug issues.

While a three-member TAC panel eventually—and quite surprisingly—supported Barnes’s punishment, another ruled that Reynolds was innocent of the IAAF’s charges. Dr. David Black, testifying as an expert witness, first called into question the validity of

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<sup>12</sup> The need for the CAS was best put by one of its arbitrators in Tricia Kavanagh, “The Doping Cases and the Need for the International Court of Arbitration for Sport (CAS),” *University of New South Wales Law Journal* 22 (Summer, 1999): 721-745.

<sup>13</sup> Michael Janofsky, “Barnes Claims Testing for Steroids was Flawed,” *New York Times*, November 7, 1990.

<sup>14</sup> Mark Asher and Christine Brennan, “TAC Clears Reynolds of Steroid Use Charge; International Hearing His Next Hurdle,” *Washington Post*, October 5, 1991.

the data derived from the drug screen that was employed. In a complementary step, Reynolds's legal team demonstrated that the seal on the container in which the sprinter's urine was stored could be "picked," thus successfully challenging the "chain of custody" of the sample.<sup>15</sup> The sprinter's two-year suspension by the federation was accordingly lifted within the context of domestic competitions, although the IAAF's punishment could not be challenged at the international level. Elaborating on the contradictory effects of this outcome, Greg LaShutka, who served as Reynolds's attorney, commented that "now we're on a collision course between TAC's executive Director [Ollan Cassell] and the IAAF."<sup>16</sup> The lack of clarity regarding organizational authority again undermined effective regulation.

This situation allowed Reynolds to remain optimistic that he would be allowed to compete in the forthcoming Barcelona Games scheduled for the summer of 1992. In October 1991, Reynolds stated that "right now, I'm in the Olympic trials, and I hope that once I earn the right to represent the United States at the Olympics, I will be able to go to the Olympics."<sup>17</sup> The TAC's reputation for duplicity concerning the issue did little, however, to persuade Reynolds's fellow competitors of its integrity.<sup>18</sup> After its decision to restore the sprinter's domestic eligibility was announced, British track star Linford Christie lamented that "the state of the sport at the moment is disgraceful." "Sometimes,"

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<sup>15</sup> See Ferstle, "Evolution and Politics of Drug Testing," 396.

<sup>16</sup> LaShutka quoted in Asher and Brennan, "TAC Clears Reynolds of Steroid Use Charge; International Hearing His Next Hurdle."

<sup>17</sup> Reynolds quoted in *Ibid.*

<sup>18</sup> In terms of TAC's reputation, Edwin Moses, chairman of the USOC Substance Abuse Committee, alleged that officials affiliated with the body deliberately provided insufficient information at doping hearings held in 1989 in order to clear six American athletes of drug charges. See Robert O. Voy and Kirk D. Deeter, *Drugs, Sport, and Politics: The Inside Story about Drug Use in Sport and its Political Cover-up, with a Prescription for Reform* (Champaign, Ill.: Leisure Press, 1991), 106.

he continued, “I’m just embarrassed to be among these people and I’m glad I’m near the end of my career and not starting it. He [Reynolds] is going to retire a very rich man while the rest of us are still running our legs off.”<sup>19</sup> The episode also demonstrated that political conflicts would continue to allow utilization of performance-enhancing drugs to often go unpunished.

Because his suspension remained in force at international competitions, Reynolds, who stood to lose millions of dollars if the ban continued, eventually sought and won an injunction against the IAAF.<sup>20</sup> Although made in a slightly different context, Christie’s prediction of a financial windfall for the American sprinter proved quite prescient, as a U.S. district judge awarded Reynolds \$27.3 million in damages.<sup>21</sup> Upset by the prospect of significant economic losses in the future, IOC leaders vowed to re-work their strategies. In what had become a predictable pattern, a circumstance that threatened the profitability of the movement once again catalyzed action by Olympic leaders who would otherwise have preferred more restraint. De Merode, as head of the IOC Medical Commission, stated in this regard that “we are making a review of all our procedures and

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<sup>19</sup> Christie quoted in “Christie Slams US Decision on Reynolds: Briefly,” Melbourne [Australia] *Herald Sun*, June 18, 1991. Ironically, Christie was later convicted of doping. See John M. Hoberman, *Testosterone Dreams: Rejuvenation, Aphrodisia, Doping* (Berkeley: University of California Press, 2005), 226.

<sup>20</sup> Reynolds first won an injunction requiring the IAAF to rescind his suspension in *Reynolds v. International Amateur Athletic Federation*, 841 F. Supp. 1444 (S.D. Ohio 1992). A stay on the injunction was subsequently ordered by the U.S. Sixth Circuit Court of Appeals in *Reynolds v. International Amateur Athletic Federation*, 1992 U.S. App. LEXIS 14058 (U.S. 6th Cir. 1992).. The Sixth Circuit was itself reversed by the United States Supreme Court in *Reynolds v. International Amateur Athletic Federation*, 505 U.S. 1301 (U.S. Supreme Court 1992). See also Glenn M. Wong, *Essentials of Sports Law*, 3rd ed. (Westport, Conn.: Praeger, 2002), 305.

<sup>21</sup> For the award, see Wong, *Essentials of Sports Law*, 305.



regulations. . . . We are sure we will be in a position where it will be impossible to find any failure in these rules.”<sup>22</sup>

For its part, the IAAF deemed the award “worthless” due to a belief that the U.S. court lacked jurisdiction over its measures.<sup>23</sup> Although the award was eventually reversed, the case did much to convince Olympic leaders of the need for a central mechanism through which a more coordinated regulatory strategy could be promulgated; after all, judicial proceedings involving the Olympics entailed costly attorney’s fees, judicial awards, and damage to the movement’s already tarnished image.<sup>24</sup> Obscuring the underlying motivations for this position, de Merode shrewdly claimed that public courts—as opposed to IOC officials like himself—“are not interested in knowing if somebody has taken some banned drug but only in finding any kind of mistake in the procedure.”<sup>25</sup>

## THE IOC DEALS WITH EAST GERMAN DOPING

Information concerning East Germany’s doping regime began to surface after the disintegration of the country in November 1989. Late the following year, Germany’s *Stern* magazine published a report on the activities of a former GDR doping center near the Bavarian town of Kreischa. The facility, according to the article, provided pre-

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<sup>22</sup> De Merode quoted in “IOC to Review Procedures to Stem Drug Test Suits,” *Washington Post*, December 8, 1992.

<sup>23</sup> See *Ibid.*

<sup>24</sup> The award was reversed in *Reynolds v. International Amateur Athletic Federation*, 23 F.3d 1110 (6th Cir. 1994).

<sup>25</sup> De Merode quoted in “IOC to Review Procedures to Stem Drug Test Suits.”

competition tests to ensure that no East German athlete would be caught using performance-enhancing substances outside the country's borders. Moreover, six individuals, including three gold medalists, were specifically named as participants in the program.<sup>26</sup> A pair of German researchers, Dr. Werner Franke and Brigitte Berendonk, later added substance to these allegations by appropriating a documentary collection of East German *Stasi* reports and doctoral theses written by scientists participating in the program.<sup>27</sup> In 1991, the preliminary findings of this husband-and-wife team were published in the ground-breaking book *Doping Dokumente*.<sup>28</sup> Though reluctant to deal with such a controversial topic, IOC leaders were consequently compelled to address the matter.

Rather than viewing the East German scandal as a legitimate ethical concern, however, Olympic officials once again approached the issue as one requiring image management; actual punishments for those involved in the GDR doping system were therefore not initially considered. In elaborating the official IOC position, de Merode declared that "what we are dealing with here is a certain kind of public relations issue. The public must be persuaded that something is being done." For him, this required little

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<sup>26</sup> The athletes included six-time Olympic gold medalist swimmer Kristin Otto, 1988 silver and gold medalist swimmer Heike Friedrich, 1988 Olympic shot-put champion Ulf Timmermann, 1988 Olympic discus champion Juergen Schult, 1988 gold medal decathlete Christian Schenck, Torsten Voss, who finished second to Schenck in Seoul, 1988 silver and bronze medalist jumper Heike Dreschler, and Dagmar Hase, who would go on to win seven Olympic medals in the 1990s. Michael Janofsky, "Drug Use by Prominent Athletes Reported," *New York Times*, November 29, 1990. See also Jan Todd and Terry Todd, "Significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999," in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 97.

<sup>27</sup> Werner W. Franke and Brigitte Berendonk, "Hormonal Doping and Androgenization of Athletes: A Secret Program of the German Democratic Republic Government," *Clinical Chemistry* 43, no. 7 (July, 1997): 1263.

<sup>28</sup> Brigitte Berendonk, *Doping Dokumente: Von der Forschung zum Betrug* (Berlin: Springer-Verlag, 1991).

substantive response in that the IOC need only provide “moral credit” to the work of others.<sup>29</sup>

Also realizing that a stable German presence was essential to the financial future of the Olympic movement, Samaranch focused instead on the steps required for a unified German team and expressed enthusiasm for a possible bid by the city of Berlin to host the 2000 or 2004 Olympic Games.<sup>30</sup> Upon visiting former East German sports leaders shortly before the publication of *Doping Dokumente*, he downplayed their culpability, even stating that “damage to the high performance sports of the G.D.R. would be not only a damage for Germany but also for [the] whole Olympic movement.”<sup>31</sup> As for the possibility of punitive steps, the IOC President opposed the administration of *ex post facto* penalties because of a belief expressed in January 1998 that “there are time limits, one cannot go back that far.”<sup>32</sup> The basis for Samaranch’s position was economic in nature: “We now have a more critical situation than ever,” he said, “with revelations of systematic drug-taking by competitors in Germany over the years. . . . This could be seriously damaging financially, with the loss of sponsorship.”<sup>33</sup>

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<sup>29</sup> De Merode quoted in Hoberman, “How Drug Testing Fails,” 244.

<sup>30</sup> See “Germanys Closer to Olympic Merger,” *Washington Post*, August 13, 1990; “Sports People: Olympics; Backing for Germans,” *New York Times*, August 17, 1990; Marc Fischer, “IOC Supports Idea of Berlin Games,” *Washington Post*, January 23, 1990.

<sup>31</sup> Samaranch quoted in Peter Herrmann, “[View of Sport] Germany’s ‘Miracle Machine’ is Left in the Blocks,” *New York Times*, November 4, 1990.

<sup>32</sup> Samaranch quoted in Hoberman, *Testosterone Dreams*, 247. See also John Hoberman, *Mortal Engines: The Science of Performance and the Dehumanization of Sport* (New York: Free Press, 1992), 267.

<sup>33</sup> Samaranch quoted in Miller, *Olympic Revolution*, 150.

## TENTATIVE STEPS TOWARDS A GLOBAL STRATEGY

Despite the IOC's indifference, the growing number of drug allegations persuaded Olympic officials that the public must be convinced that effective policies were being developed to prevent future problems. In a July 1991 speech at the opening of the Ninety-Seventh IOC General Session, Samaranch pronounced that "doping is cheating, and is in absolute contradiction to the Olympic ideals of fair play and loyalty." Expressing a profound—if historically dubious—dedication to the eradication of prohibited performance-enhancing activities, the IOC President assured his audience that "the IOC has fought against this scourge not only with words but also, and especially, with effective measures." Nevertheless, more should be done, according to the President. "For this," Samaranch explained, "we would like all International Sports Federations to adopt the same measures against drug abuse."<sup>34</sup> Efforts for the harmonization of Olympic doping policies were thus given a new rhetorical emphasis.

The Third Permanent World Conference on Anti-Doping in Sport, held in the fall of 1991, provided the next venue through which the process of unifying drug policies was discussed; topics addressed included long-term plans for "international-cooperation and co-ordination" of doping regulations.<sup>35</sup> Athletes concerned with the direction of elite sport expressed a surprising level of commitment to rigorous sanctions for those caught using prohibited ergogenic aids. In a presentation to the conference, Peter Radford of the British Sports Council outlined survey findings that twenty-four percent of the athletes in his country supported five year suspensions for those who failed drug tests; even more

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<sup>34</sup> Juan Antonio Samaranch, "The IOC President's Speech at the Opening of the 97th Session," *[IOC] Olympic Review* (July, 1991), 309-310.

<sup>35</sup> "Important Medical Meetings this Autumn," *[IOC] Olympic Review* (September, 1991), 433.

astonishing, fifty-one percent agreed with the imposition of lifetime bans in certain instances. Radford, perhaps conscious of the IOC leaders in attendance, therefore remarked, "Elite athletes . . . would not be as squeamish as officials in dealing out harsh punishment to their drug-taking colleagues."<sup>36</sup> In addition to ideas for tougher penalties, several delegates suggested that a broad-based educational campaign would provide a nice complement to this more punitive anti-doping system. "The emphasis will have to be placed on educating the athletes about the health hazards of anabolic steroids," said Paul Dupre, president of Athletics Canada, "and I believe it's only then we will be able to overcome this problem."<sup>37</sup> First, though, Samaranch had to be convinced that his more progressive rhetoric needed to be matched with substantive reform.

In terms of scientific difficulties, inadequacies in the urine tests then in use by Olympic authorities led the IOC Medical Commission to consider more sensitive blood screens for identifying prohibited substances.<sup>38</sup> The growing use of "blood doping" with the hormone erythropoietin (EPO) was a particularly important catalyst for such tests in that EPO could not ordinarily be detected in an athlete's urine. De Merode's refusal to consult the other bodies in the Olympic governance structure before bringing the proposal before the IOC Executive Board provoked significant inter-organizational conflict, however. As a result, the suggestion failed to receive the political support necessary for its immediate implementation.<sup>39</sup> Individual miscalculation in this instance combined with

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<sup>36</sup> Radford quoted in "Athletes Want Drug Bans," Brisbane [Australia] *Courier-Mail*, September 26, 1991.

<sup>37</sup> Dupre quoted in Norman Da Costa, "Illegal Drug Use by Athletes Reported on Rise in Canada," *Toronto Star*, September 25, 1991. In a similar argument, Sergio Fantini, then president of Chile's national Olympic committee, wrote in February 1990, "Doping can destroy athletes and therefore the movement. Massive education first, and along with it strict enforcement [are] the only way out of this nightmare." Quoted in Lucas, *Future of the Olympic Games*, 105.

<sup>38</sup> "The Executive Board and the Summer IFs in Barcelona," [IOC] *Olympic Review* (May, 1991), 187.

<sup>39</sup> See Allan R. Gold, "Albertville '92; I.O.C. Looks at Use of Blood Tests," *New York Times*, February 7, 1992. An alternative to erythropoietin introduces an athlete's own recycled blood cells (or those of another)

political fragmentation to undermine a potentially useful new policy. De Merode nevertheless suggested that his organization's anti-doping efforts were beginning to succeed. He emphasized that sixty-one thousand drug screens were conducted in 1991, representing a thirty-six percent increase from the previous year; more importantly, out-of-competition tests increased by ninety-two percent. These activities, according to the Medical Commission chairman, collectively resulted in a net one percent drop in positive drug tests for the year in Olympic sports.<sup>40</sup> De Merode failed to show any link, though, between the higher number of drug screens and the lower percentage of positive tests; athletes may have simply discovered other loopholes in the IOC's drug protocols. In any event, due to these perceived successes, screens performed outside actual competitions formed the basis of de Merode's future testing prescriptions. In September 1991, a temporary IOC commission for such testing was created with de Merode stating the obvious provision that "this is an area where there really is work to be done."<sup>41</sup>

Despite de Merode's public display of optimism, other doping experts remained unconvinced that a significant turn had been reached in the struggle against performance-enhancing drugs. Dr. Donald Catlin, a member of the IOC Medical Commission and head of doping control at the 1984 Los Angeles Games, believed that while the use of illicit ergogenic substances may have been decreasing in the advanced western nations, it was proliferating in several areas of Eastern Europe that were still coping with the end of the Cold War. "Worldwide," he declared in July 1992, "I feel we're making real progress. . .

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into the body in order to boost the amount of oxygen in the competitor's body. Both techniques are discussed in Barrie Houlihan, *Dying to Win: Doping in Sport and the Development of Anti-Doping Policy*, 2nd ed. (Strasbourg, Germany: Council of Europe Publishing, 2002), 87-88.

<sup>40</sup> "Commission Reports," [*IOC*] *Olympic Review* (July, 1991), 322.

<sup>41</sup> De Merode quoted in "The Executive Board in Berlin," [*IOC*] *Olympic Review* (October-November, 1991), 489.

. But we can't pretend the problem is over." "Clearly, in some countries," Catlin concluded, "there is still a lot of work to do. In some areas, we have no doping controls at all."<sup>42</sup>

The newly unified Germany was by then experiencing intra-state tensions due to the fallout from the public exposure of the GDR doping system. In the winter of 1992, a media frenzy ensued after three former East German athletes, including one-hundred meter world champion Katrin Krabbe, were found substituting another person's "untainted" urine for their own while training in South Africa.<sup>43</sup> The trio's controversial coach, Thomas Springstein, complained about the polarizing effects of such allegations, stating, "I have no good relations with any western coaches. . . . They do their work, I'll do mine. There's lots of talk about east-west togetherness on the team, but there's been very little success." As for disparities within the squad as a result of the matter, he continued that "our athletes are sent to doping tests at every turn, while the western athletes hardly ever get checked." Springstein was not alone in his criticisms. "What impertinence!" German Olympian Sigrun Grau lamented. "Our western colleagues accuse east athletes of doping with no proof. I can only hope we will be a real team in Barcelona."<sup>44</sup>

In addition to elucidating the challenges caused by the formation of a new global environment, the episode demonstrated the problems still inherent in international sport's

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<sup>42</sup> Catlin quoted in Michael Janofsky, "Olympics; Sophisticated Doping Begets More Testing," *New York Times*, July 19, 1992.

<sup>43</sup> The other two athletes were Grit Breuer, a 1991 World Track-and-Field Championships silver-medalist, and former 100-meter and 200-meter world champion Silke Moller. See Todd and Todd, "Significant Events in the History of Drug Testing and the Olympic Movement," 98-99; William Oscar Johnson and Anita Verschoth, "Testy Times in Germany. (Banning of Track Stars for Drug Use)," *Sports Illustrated* (March 9, 1992), 51-52.

<sup>44</sup> Springstein and Grau quoted in Marc Fischer, "Germany Has Everything - Except for Harmony," *Washington Post*, July 22, 1992.

doping regulatory system. Although Springstein's employment was terminated and the three runners received four-year suspensions by the German national track-and-field federation, they cited flaws in the testing procedures in their appeals of the decision.<sup>45</sup> Because the German federation had requested its South African counterpart to conduct the actual urine collections, questions arose as to the propriety of the arrangement. Dutch attorney Emil Vrijman, acting on behalf of the athletes, asserted that the "[IOC] charter for doping in sports says very clearly that in order to have your athletes tested abroad, you should have an agreement [on testing procedures] between federations." In this case, he continued, "the Germans didn't know how the South Africans tested. . . . No procedural guidelines were drawn up."<sup>46</sup> Such concerns were later given credence when Sam Ramsay, South Africa's leading Olympic official, specifically criticized the anti-doping programs on his continent as "a relatively lackadaisical one."<sup>47</sup>

While Ramsay's statement was made several months after its decision, such discrepancies eventually convinced the German federation to reduce Krabbe's ban from four years to one; this, in turn, angered IAAF officials. Calling the decision "absolutely ridiculous," IAAF staff member Enrico Jacomini argued that "there is no such thing as a one-year ban. If she's innocent, there's no ban. If she's guilty, she serves four years."<sup>48</sup> Taking control of the case, the IAAF circumvented the problems caused by the procedural inconsistencies in South Africa by invoking a regulation allowing two-year

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<sup>45</sup> Johnson and Verschoth, "Testy Times in Germany," 51-52.

<sup>46</sup> Vrijman quoted in *Ibid.*

<sup>47</sup> Ramsay quoted in "Sports People: Track and Field; African Official Seeks Help on Drug Detection," *New York Times*, September 7, 1993.

<sup>48</sup> Jacomini quoted in Dick Patrick and Gary Mihoces, "Krabbe Cleared to Run by German Federation," *USA Today*, March 31, 1993.



suspensions for those who bring “disrepute” to the sport of track-and-field.<sup>49</sup> Although her running career was effectively terminated, Krabbe sought recourse in the German judicial system. In 1995, a Munich-based regional court ordered the German track-and-field federation and the IAAF to pay the runner \$2.7 million in lost wages due to the fact that they were “not competent” to impose such a sanction.<sup>50</sup> As in the past, the divided policy environment through which such issues were addressed undermined the effective enforcement of anti-doping regulations.

At the 1992 Summer Games in Barcelona, cracks in the Olympic regulatory structure remained apparent. Although medalists were automatically tested in most events, only two of the top four finishers in swimming were screened for drugs. As a result, Chinese swimmer Zhuang Yong did not undergo examination after winning the women’s one-hundred meter freestyle competition. “I think that all gold medalists should be drug-tested,” complained U.S. swimmer Jenny Thompson, who was tested after finishing behind Yong. “They do it random here,” she explained, “and I wouldn’t mind, if I got a gold medal, getting drug-tested.”<sup>51</sup> British sports officials were also frustrated by the existing framework when several of their athletes, whom they initially cleared after hearing testimony by Olympic doping expert Arnold Beckett, were asked to leave Barcelona after drug screens revealed the pharmacological agent clenbuterol in their systems. The need for greater clarity turned on the fact that while Beckett was of the opinion that the substance was permitted, other IOC members believed that although the

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<sup>49</sup> See Mark Hayes and Michael Hiestand, “Krabbe Case,” *USA Today [International Edition]*, August 24, 1993.

<sup>50</sup> See “Furthermore,” *Washington Post*, May 18, 1995. After initially appealing the decision by the regional court, the IAAF later dropped its appeal. See “Sports People: Track and Field; I.A.A.F. Drops Appeal on Krabbe,” *New York Times*, January 29, 1997.

<sup>51</sup> Thompson quoted in “Notebook; Swimmers’ Drug Tests in Spotlight,” *Washington Post*, July 28, 1992.

substance was not specifically listed, it fell within the IOC's prohibited class of substances related to anabolic steroids.<sup>52</sup>

By convincing sports leaders that public courts should be avoided at all costs, these and other events collectively led to an agreement in the summer of 1993 for a universal set of doping principles to be enforced by a new, private arbitration system with a more robust CAS as its nucleus. In addition to suggesting that they adopt the IOC's list of banned substances, international and national federations were asked under the agreement to join a multi-lateral enforcement system under which sanctions by one would be enforced by all others. To avoid troublesome public judicial proceedings, athletes, under the agreement, would be required to submit their disputes to a "Supreme Council of International Sport Arbitration" before being allowed to compete. "The decisions of the arbitration tribunal will be equivalent to the final decision of an ordinary civil appeals court," described IOC Director General Francois Carrard in reference to its membership of twenty international jurists and a set of expert arbitrators. As for the combined effects of this arrangement, de Merode optimistically declared that "I would say this is a historic step. . . . We have followed up words with real action."<sup>53</sup>

## **A NEW "RED" THREAT**

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<sup>52</sup> Andrew Davies and Andrew Saxton were the two British weightlifters who tested positive for Clenbuterol. See Beth Tuschak, "British want IOC Heads to Clarify Doping Rules," *USA Today*, November 6, 1992. A third British sportsman, Jason Livingston, the sixty-meter European indoor champion, was also suspended after failing a pre-competition test for anabolic steroids. See "3 U.K. Athletes Sent Home in Doping Scandal," *Toronto Star*, July 30, 1992.

<sup>53</sup> Carrard and de Merode quoted in "Olympic Sports Set to Unify Doping Rules, Penalties," *Washington Post*, June 22, 1993.

Like Thompson, many of the athletes competing in Barcelona also came to believe that the People's Republic of China (PRC) was operating a state-sponsored doping regime similar to the one conducted by East Germany prior to the end of the Cold War. Some even claimed that there were suspicious links between Chinese sports officials and former GDR coaches. Seeking to dispel these rumors after Chinese swimmer Lin Li set a new world record in the 200-meter individual medley, coach Zhang Xiong asserted that while "an East German coach came to China in 1986. . . . [s]he [Lin Li] has never trained with East German coaches."<sup>54</sup> After three runners from the PRC swept the women's 3,000 meter race at the 1983 World Track-and-Field Championships in Stuttgart, Germany, a frustrated Canadian competitor, Angela Chalmers, remarked that Chinese doping "[is] pretty obvious, in my opinion." Believing that PRC scientists were taking advantage of loopholes in IAAF drug regulations, she despondently asked, "What can we do? They don't fail the tests." For Chalmers's coach, Doug Clement, the discrepancy between Chinese male and female performances was telling; "When you see that pattern," he asserted, "where the women suddenly go ahead and the men don't make such a huge impact, there is a concern that the response to anabolic agents would be much bigger in women than men."<sup>55</sup>

At the conclusion of the competitions in Stuttgart, a grassroots campaign for a crackdown on Chinese doping developed among western journalists, athletes and sports officials.<sup>56</sup> "Something has to be done. . . ." argued Chalmers, because "we've witnessed

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<sup>54</sup> Xiong quoted in Filip Bondy, "Barcelona: Swimming; Too Good? Too Fast? Drug Rumors Stalk Chinese," *New York Times*, July 31, 1992.

<sup>55</sup> Chalmers and Clement quoted in Randy Starkman, "Chinese Track Success Sparks Doping Questions," *Toronto Star*, August 17, 1993.

<sup>56</sup> For the reaction to the events in Stuttgart, consult Darcy C. Plymire, "Too Much, Too Fast, Too Soon: Chinese Women Runners, Accusations of Steroid Use, and the Politics of American Track and Field," *Sociology of Sport Journal* 16, no. 2 (June, 1999): 155-173.

some things that are pretty scary.” Fellow Canadian runner Leah Pells likewise alleged that “it’s very strange that a couple of years ago they were nowhere to be seen in any middle distance events for women—heats, finals, anywhere. . . . And now they’re winning literally everything.” Perhaps remembering the complicity of East German public officials, Chalmers continued that their Chinese equivalents should be the prime targets of any future investigation. Stating that “I feel really sad for the athletes more than anything,” she emphasized her belief—which corresponded with that of many others—that “it’s a [doping] system.”<sup>57</sup>

Despite increasingly vociferous calls for a response, Olympic leaders were reluctant to take aggressive measures. Having been informed that seven Chinese swimmers failed drug tests between 1991 and 1993, for example, the IOC refused to take action.<sup>58</sup> Following positive indications of drug use by eleven Chinese swimmers at the 1994 Asian Games in Hiroshima, Japan, de Merode personally discounted the possibility of officially sanctioned Chinese doping, stating instead that the results were nothing more than “accidents that could happen anywhere.”<sup>59</sup> Diverting responsibility from his organization over the issue, IOC Director General Francois Carrard additionally argued that “Chinese sports authorities are doing their utmost to control the doping problem.”<sup>60</sup> Why the IOC chose not to respond was predictably left unstated.

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<sup>57</sup> Chalmers and Pells quoted in Randy Starkman, “Athletes Call for Doping Crackdown on Chinese Runners,” *Toronto Star*, August 23, 1993.

<sup>58</sup> In an interesting twist to the episode, the International Swimming Federation (FINA) was not given information on the tests by Chinese authorities. FINA officials became aware of the information during a 1995 visit to the PRC. See David Galluzzi, “The Doping Crisis in International Athletic Competition: Lessons from the Chinese Doping Scandal in Women’s Swimming,” *Seton Hall Journal of Sport Law* 10 (Winter, 2000): 77-78.

<sup>59</sup> De Merode quoted in Hoberman, “How Drug Testing Fails,” 244. Eleven Chinese competitors failed drug tests at the competition. See “China to Investigate Doping,” *New York Times*, December 1, 1994.

<sup>60</sup> Carrard quoted in Andrew Jennings, *The New Lords of the Rings* (London: Simon & Schuster, 1996), 234.

Leaders in the PRC initially blamed racist sport officials in Japan for manufacturing the test results; only slowly did they acknowledge Chinese culpability. Even then, governmental officials refused to acknowledge any sort of state-sponsored program, preferring instead to blame individual coaches and athletes.<sup>61</sup> Nevertheless, the PRC's announcement—however reluctant—that it would initiate an investigation of the events in Hiroshima again demonstrated the degree of interest by national governments in the aftermath of the Ben Johnson affair. The lukewarm response of the International Swimming Federation (FINA), however, mirrored the anemic interest of the IOC in the matter. At the conclusion of a 1995 joint visit by FINA and Olympic Council of Asia officials to Beijing, the organizations together announced that the controversy was “purely individual cases which cannot be generalized for other athletes who have performed and shown their talents and abilities in all fairness.”<sup>62</sup> Indeed, according to the announcement, there was “no evidence that the Chinese are systematically doping athletes.”<sup>63</sup>

Attuned to the fact that Chinese medals meant fewer for their own athletes, national sport organizations of other countries were far more aggressive in their reactions. The German swimming federation, for example, bypassed IOC officials, whom it believed were inadequately addressing the situation, by declaring that it would boycott the forthcoming World Cup in Beijing. “We do not want to be a part of an event that is a

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<sup>61</sup> See Bruce Kidd, Robert Edelman, and Susan Brownell, “Comparative Analysis of Doping Scandals: Canada, Russia, and China,” in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001), 174. The notion of “racist” interpretations of Chinese success was also articulated during the 1994 Asian Games by the Olympic Council of Asia. The council blamed “racism and the western media for untrue doping slurs against Chinese athletes.” Quoted in Jennings, *The New Lords of the Rings*, 232.

<sup>62</sup> Quoted in Kidd, Edelman, and Brownell, “Comparative Analysis of Doping Scandals,” 174.

<sup>63</sup> Quoted in Galluzzi, “The Doping Crisis in International Athletic Competition,” 80-81.

doping nest,” explained German federation official Ralf Beckman.<sup>64</sup> Australian swimming officials were even more assertive, insisting that the PRC doping regime dictated a four year ban of Chinese swimmers from international meets.<sup>65</sup> As a charter member of the Pan Pacific Swimming Association, Australia also voted with American, Canadian, and Japanese officials against Chinese participation in their organization’s 1995 championship meet.<sup>66</sup> Elaborating on the reasons for the decision, Carol Zaleski, president of the U.S. swimming federation, referred to the specter of the GDR doping regime in arguing that the strategy “means the Chinese know the world is looking at them, and we’re not going to let the history of East Germany repeat itself.”<sup>67</sup>

Somewhat surprisingly, these activities eventually had an effect on Chinese officials, if not Samaranch and the IOC. As a media voice of the PRC’s Communist Party, the *People’s Daily* published a new anti-doping policy in March 1995. In addition to proclaiming an official prohibition on performance-enhancing substances, the text declared that coaches and athletes would thenceforth be subjected to lengthy suspensions for breaches of anti-doping rules; sports administrators and physicians involved with doping would also face significant penalties. Soon thereafter, the Standing Committee of the National People’s Congress promulgated a National Sports Law to add substance to this approach.<sup>68</sup> For a time, the policy seemed to work. At the 1996 Olympic Games in Atlanta, not a single athlete from the PRC failed a drug test; in an interesting

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<sup>64</sup> The investigation is addressed in “China to Investigate Doping.” Beckman’s quote also comes from this article.

<sup>65</sup> See Galluzzi, “The Doping Crisis in International Athletic Competition,” 80.

<sup>66</sup> See “Furthermore [Swimming],” *Washington Post*, February 13, 1995.

<sup>67</sup> Zaleski quoted in Karen Allen, “Group’s Anti-Drug Action ‘Thrill’ U.S. Swimming,” *USA Today*, February 14, 1995.

<sup>68</sup> Kidd, Edelman, and Brownell, “Comparative Analysis of Doping Scandals,” 176-177.

counterpoint, Chinese swimmers received only one gold medal.<sup>69</sup> The irony of these positive developments, though, was that IOC authorities had virtually no hand in their creation.

## **1996 ATLANTA GAMES**

The 1996 Atlanta Games also sparked an increase in the level of commitment by American officials to the fight against doping. Because the United States would host the competitions, even the highest levels of the American government expressed interest in the matter, perhaps in the hopes of preventing embarrassing circumstances. Attending an IOC Executive Board meeting approximately a year prior to the competitions, U.S. Vice President Al Gore remarked that the founding philosophy of the Olympic movement includes respect for “a healthy body and a healthy mind. It means athletes who are drug free.” Praising the IOC’s efforts to combat drugs, he nevertheless provided that “there is more we can do” in terms of providing educational and psychological support to athletes. As for refining the code of penalties for those caught cheating, Gore announced that “it may also be time to apply the same strict penalties – if not more serious ones – to coaches, trainers, and administrators who know of, and therefore condone, drug use.”<sup>70</sup> While falling short of proclaiming official federal involvement, Gore’s enthusiasm nonetheless set the agenda for a greater commitment to anti-doping by private U.S. sports bodies.

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<sup>69</sup> See Galluzzi, “The Doping Crisis in International Athletic Competition,” 81.

<sup>70</sup> Al Gore, “Al Gore: Promoting Preventive Education,” *[IOC] Olympic Review* (February-March, 1995), 44.

In April 1996, the USOC passed a code of conduct for its athletes and revised its outdated out-of-competition testing protocol that had previously provided forty-eight hours prior notice to athletes before drug screens could be conducted. Remarking on the organization's prior focus on irrelevant matters, USOC President LeRoy Walker stated, "We have to do what is required. We used to worry about an athlete smoking a cigarette or drinking a 3.2 beer. We've gone beyond that."<sup>71</sup> Although USOC Executive Director Dick Schultz claimed that "we want to set the standard for the world," the program nevertheless had several defects—it would cost \$2.8 million a year and would not be fully implemented until after the Atlanta Games were concluded.<sup>72</sup>

The latter point was made somewhat less disappointing when the testing program for the competitions in Atlanta was announced. Indeed, the facilities and personnel to be used were more considerable than for previous Games; at a total cost of \$2 million, six-hundred medical staff members would conduct an anticipated 1,800 drug screens using several new, highly-sensitive mass spectrometers. The chief medical officer in Atlanta, Dr. John Cantwell, who described the anti-doping task as "the equivalent of eight Super Bowls a day for 17 days," accordingly predicted a four-fold increase in the number of athletes found using anabolic steroids compared to those caught at the 1992 Games.<sup>73</sup> USOC Vice President Dr. Ralph Hale was far less optimistic. "Our anti-doping

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<sup>71</sup> Walker quoted in "USOC Passes Stiff Antidrug Program," *USA Today*, April 15, 1996.

<sup>72</sup> Schultz quoted in Debbie Becker and Dick Patrick, "USOC Control of Testing Might Come after Atlanta," *USA Today*, October 6, 1995. These policies had been at least a year in the making. In addition to the articles cited above, the policy's progression can be followed in Christine Brennan, "USOC Eyes Tougher Tests; Wants No-Notice Drug Tests in All Sports," *Washington Post*, September 9, 1995; Athelia Knight, "USOC: Atlanta Too Soon for Stronger Drug Testing," *Washington Post*, October 6, 1995; Mike Dodd, "USOC Ready to Approve No-Notice Drug Testing," *USA Today*, April 12, 1996.

<sup>73</sup> Cantwell quoted in "Inside the Olympic Medical Tent," *Physician and Sportsmedicine* 24, no. 6 (June, 1996): 28. For the numbers relating to the undertaking, see Thomas Heath, "Drug Testing Performance Enhanced; High-Tech Equipment, Better Methods, But Will Abusers Slip Through?," *Washington Post*, April 23, 1996.



campaign,” he lamented, “. . . has been a failure to this point. Many countries have lost confidence in our anti-doping effort. I’m not sure we’re doing the right job.”<sup>74</sup> In scientific matters, Olympic officials were disappointed when several potential methods of detecting human growth hormone could not be finalized in time for their implementation in Atlanta.<sup>75</sup>

The prospects of a heightened number of drug disqualifications due to the IOC’s enhanced testing instruments nevertheless worried several U.S. sports leaders. As head of the U.S. track-and-field federation, Ollan Cassell warned that “to introduce something that’s questionable, which hasn’t been proven and there’s so few of these in the world, the IOC is taking a big chance.”<sup>76</sup> After the new machines detected small amounts of several performance-enhancing substances, Cassell’s statement proved remarkably prescient. Believing that legal issues constrained the committee’s ability to impose penalties, de Merode declared that the screens would be allowed only for “further study.” Consequently, the IOC failed to provide substance to the outcomes of this component of the Atlanta Games testing program. The integrity of the Olympic movement was again subject to public question after facts concerning the episode were released.<sup>77</sup>

Despite this setback, USOC leaders began in the aftermath of the competitions to collaborate with American government officials in an effort to fill in the seams of its newly-ambitious anti-doping program. In late-1997, committee president Bill Hybl sent a

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<sup>74</sup> Hale quoted in Ferstle, “Evolution and Politics of Drug Testing,” 375.

<sup>75</sup> See “The Olympian Battle Over hGH (IOC Develops a Test for Human Growth Hormones),” *Sports Illustrated* (October 30, 1995). In the end, the IOC did not use a test for human growth hormone until the 2004 Games in Athens. See M. Saugy et al., “Human Growth Hormone Doping in Sport,” *British Journal of Sports Medicine* 40, no. 1, Supplement I (July, 2006): i37.

<sup>76</sup> Cassell quoted in Mike Fish, “Your Daily Update on Olympic Sports; Atlanta Games; 111 Days; Drug Test,” *Atlanta Journal and Constitution*, March 30, 1996.

<sup>77</sup> See Ferstle, “Evolution and Politics of Drug Testing,” 390.

letter to FBI Director Louis Freeh asking that federal officers initiate an investigation of a suspicious internet website claiming to offer illicit performance-enhancing substances. Requesting the bureau to “pursue all avenues to determine if this kind of Internet advertising can, by any legal means” be obstructed, Hybl stated that “the [USOC] is committed to ensuring a level playing field for all athletes, and this kind of advertising has the potential to destroy the careers and health of existing and aspiring Olympians alike.”<sup>78</sup> For their part, USOC officials subsequently proclaimed that random, out-of-competition drug screens would begin at each of their training centers.<sup>79</sup>

### THE FINAL PUSH FOR UNIFICATION

At the same time, however, a convoluted set of judicial proceedings again demonstrated problems caused by the lack of a unified regulatory system by bringing into question the legitimacy of both national and international doping decisions. When fifteen-year-old American swimmer Jessica Foschi was put on probation and then given a two-year suspension by the U.S. swimming federation after she failed a 1995 steroid screen, her family filed suit in a New York state court, alleging that the organization had misconstrued its own regulations.<sup>80</sup> Arguing that the suspension was mandatory under the rules of its international counterpart, U.S. swimming federation president Carol Zaleski

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<sup>78</sup> Hybl quoted in Robbi Pickeral and Rodney Page, “USOC asks FBI to Investigate Web Site,” *St. Petersburg Times [Florida]*, December 9, 1997.

<sup>79</sup> See “USOC Imposing Tougher Drug Tests,” *St. Petersburg Times [Florida]*, December 13, 1997.

<sup>80</sup> See Karen Rosen, “Foschi Files Lawsuit in Steroid Case,” *Atlanta Journal and Constitution*, February 6, 1996.

stated, “We are bound by the rules of our international federation. . . . [I]t’s clear that a two-year sanction is what is required under the FINA rules.”<sup>81</sup>

Further complicating matters, the U.S. swimming federation, under threat of Foschi’s lawsuit, later rescinded its decision, leaving the question of a possible suspension to FINA officials.<sup>82</sup> Still unsatisfied, Foschi then successfully convinced an American Arbitration Association panel, operating under the charter of the USOC, to additionally remove her probationary status.<sup>83</sup> Angry at the interference of American judicial bodies, FINA eventually reinstituted the two-year suspension at the international level.<sup>84</sup> Although a controversy at the 1996 Olympic Games was averted after Foschi failed to qualify for the U.S. team, the continuing diffusion of anti-doping policy was confirmed when the Court of Arbitration for Sport reduced FINA’s suspension to six months, which was itself back-dated to the day of the failed test.<sup>85</sup>

In a controversial decision at the Atlanta Games, organizational factionalism was again exacerbated when the CAS declared that a stimulant manufactured in Russia named bromantan was inappropriately included on the IOC’s list of prohibited substances.<sup>86</sup> The

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<sup>81</sup> Zaleski quoted in Steve Berkowitz, “Muddied Waters Cloud Swimmer’s Case; Neither Foschi Nor U.S. Swimming Happy with Penalty for Positive Drug Test,” *Washington Post*, February 11, 1996.

<sup>82</sup> See Christine Brennan, “Suspension on Foschi is Lifted; U.S. Officials Reverse Ban on Swimmer,” *Washington Post*, February 24, 1996.

<sup>83</sup> See Athelia Knight, “Arbitration Panel Rules for Foschi,” *Washington Post*, April 9, 1996.

<sup>84</sup> See “Sports People: Swimming; Foschi is Banned by International Group,” *New York Times*, June 25, 1996.

<sup>85</sup> See “Foschi Cleared to Compete,” *New York Times*, June 19, 1997.

<sup>86</sup> The CAS decision regarding bromantan was not published. The case was Korneev & Gouliev v. International Olympic Committee (Unreported, CAS Appeal Panel, August 4, 1996). It is referenced in note 90 of Kavanagh, “The Doping Cases and the Need for the International Court of Arbitration for Sport (CAS),” 742. See also Hoberman, “How Drug Testing Fails,” 247. The Atlanta Games were the first to feature a mandatory arbitration agreement for competitors. On their entry forms, athletes signed a provision stating, “The decisions of the CAS [would] be final, nonappealable [*sic*] and enforceable.” Quoted in Mary

IOC-imposed disqualifications of five athletes from the former Soviet-bloc who tested positive for the substance were according reversed. Explaining the decisions, CAS General Secretary Jean-Phillippe Rochat stated, “The experts were not totally sure that bromantan was simply used for the sole purpose of enhancing performance.”<sup>87</sup> The IOC leadership, however, saw the episode as an alarming usurpation of its authority. IOC Vice President Pound, for instance, later asserted that by adding to the public disaffection begun by the Ben Johnson scandal, the CAS pronouncement “simply reinforced the idea that the IOC talked a lot but did nothing to ensure that its own Games were clean.”<sup>88</sup> It was an historical irony that the most outspoken figure in the Olympic regulatory structure with regard to the issue was forced to make this admission.

Similar disputes in other countries also led several international athletic federations to rewrite the punitive clauses of their own regulations. Confronted by a growing number of challenges in Asia and Europe that its longstanding policy of four-year bans for certain doping violations infringed upon athletes’ rights to work, the IAAF accordingly announced that the rule “cannot be enforced in a number of countries due to conflicting national legislation.” Because national federations could choose to keep the suspensions under their own codes, an inequitable regulatory system developed under which athletes from some countries faced much harsher penalties than those in others.<sup>89</sup>

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K. FitzGerald, “The Court of Arbitration for Sport: Dealing with Doping and Due Process During the Olympics,” *Sports Law Journal* 7 (Spring, 2000): 238.

<sup>87</sup> Rochat quoted in Andy Miller and M.A.J. McKenna, “Atlanta Games; Farewell; Sports; Drugs; Court Returns Medals, Changes Doping Scoreboard,” *Atlanta Journal and Constitution*, August 5, 1996. See also “Briefly; IOC Says it will Ignore 5 Positive Steroid Tests,” *Atlanta Journal and Constitution*, November 28, 1996.

<sup>88</sup> Richard W. Pound, *Inside the Olympics: A Behind-the-Scenes Look at the Politics, the Scandals, and the Glory of the Games* (Etobicoke, Ont. [Canada]: J. Wiley & Sons Canada, 2004), 68.

<sup>89</sup> See Jere Longman, “Track and Field; I.A.A.F. Reduces Doping Bans,” *New York Times*, August 1, 1997.

On a broader level, the IOC effectively conceded that its plans for a universal anti-doping approach had failed. “There is not yet a satisfactory definition of doping,” lamented IOC Director General Francois Carrard. For him, the agenda for the forthcoming September 1997 IOC General Session was therefore clear: “simplify, unify and become more effective.”<sup>90</sup>

Believing likewise that the existing IOC medical code was, as demonstrated by the CAS decisions, “impossible for anyone to enforce properly,” Pound worried that “once the final decisions moved from the IOC Medical Commission to an independent arbiter, the IOC might well find itself without a legal basis for its actions, such as disqualification of its athletes.”<sup>91</sup> President Samaranch only made matters worse by proclaiming that the IOC’s list of banned substances should be reduced by making legal everything not detrimental to the health of an athlete.<sup>92</sup> The inflammatory effects of this apparent attempt to abdicate moral authority over doping issues were, as Pound later recounted, “like pouring gasoline on a fire that was already burning.”<sup>93</sup>

Within the fracturing IOC leadership, de Merode implicitly criticized Samaranch by commenting that “the people who want to reduce the list are the people who want to let doping function.”<sup>94</sup> After Samaranch rescinded his controversial statement, IOC authorities initially addressed the problem by focusing upon the creation of a new anti-doping code. As it became apparent that this was another half-measure, Pound suggested

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<sup>90</sup> Carrard quoted in “Furthermore,” *Washington Post*, September 1, 1997.

<sup>91</sup> Pound, *Inside the Olympics*, 69.

<sup>92</sup> See Ibid. Samaranch’s comments are also addressed in Hoberman, “How Drug Testing Fails,” 266.

<sup>93</sup> Richard W. Pound and John Hoberman, “Olympic Roundtable,” *Olympika: The International Journal of Olympic Studies* X (2001): 76.

<sup>94</sup> De Merode quoted in Christopher P. Winner, “Sports Doping Crisis Faces a Crossroads,” *USA Today [International Edition]*, September 28, 1998.

at an emergency 1998 meeting of the IOC Executive Board that there was a need for an independent authority to spearhead the battle against performance-enhancing substances.<sup>95</sup> “This agency will make us stronger than before,” de Merode argued in the aftermath of the meeting. “To be united is a key success of the anti-doping fight. We all have to be unified in this battle.”<sup>96</sup> Even then, the chances for the implementation of a different approach would have been negligible without the public cynicism regarding the IOC that developed out of two additional scandals: the 1998 Tour de France doping debacle and allegations of bribery of IOC leaders concerning the right to host the 2002 Salt Lake City Olympic Games. The possibility of U.S. governmental intervention after the latter event led to more openness within the IOC leadership with regard to needed reforms.<sup>97</sup>

The World Conference on Doping in Sport was therefore scheduled for February 1999 to address the idea of an independent anti-doping authority. In a marked departure from his earlier proposal to minimize the list of prohibited substances, Samaranch, by now attuned to the possibility of a final, cataclysmic scandal, declared that the event was conceived “so that all the parties concerned can reflect and make a firmer commitment to

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<sup>95</sup> See Pound, *Inside the Olympics*, 69-70.

<sup>96</sup> De Merode quoted in “IOC Anti-Drug Agency on the Drawing Board,” *Chicago Sun-Times*, August 20, 1998.

<sup>97</sup> On the effect of these episodes, see Hoberman, *Testosterone Dreams*, 260-262. In April 1999, U.S. Congressman Henry Waxman introduced legislation aimed at forcing the IOC to reform its policies. See Remarks by Congressman Henry A. Waxman, The International Olympic Committee Reform Act, *Congressional Record (Extension of Remarks)*, 106th Congress, 1st Session, Vol. 145, April 12, 1999 (U.S. Government Printing Office, 1999), E 607. In terms of the rising public scrutiny of the IOC around this time, it is notable that IOC President Samaranch felt it necessary to testify before the U.S. Congress in December 1999 regarding the Salt Lake City Bid Scandal. See Robert K. Barney, “Mr. Samaranch Goes to Washington: Protecting IOC Stakes in the American Corporate World,” in *Bridging Three Centuries: Intellectual Crossroads and the Modern Olympic Movement: Fifth International Symposium for Olympic Research*, ed. Kevin B. Wamsley, et al. (London, Ont.: International Centre for Olympic Studies, 2000), 29-36.

the fight against doping, which is poisoning the world of sport. We have won several battles, but we have not yet won the war.”<sup>98</sup> In a reversal from his previous enthusiasm, however, de Merode, hoping to lessen the prospects of expensive legal proceedings, proposed that punitive measures should be reduced for those caught using banned substances. Catalyzing widespread condemnation, this suggestion again sparked the interest of national governments. U.S. deputy drug czar Donald Vereen, for instance, responded to the Medical Commission chairman that “we are troubled that such a compromise could be seen as undermining the strength of purpose with which the IOC is determined to tackle the drug use and doping problem.” “It may create,” he continued, “a widespread perception that [the] conference lacks the ability and wherewithal to adopt the types of strong changes needed to address the problem.”<sup>99</sup>

In light of the considerable legal, political, ethical, and financial difficulties that would attend the consummation of a coordinated approach, the IOC made a point of extending invitations to the United Nations and a number of national governments to the conference.<sup>100</sup> As a result of the meeting, the “Lausanne Declaration” was adopted by the delegates, which called for a number of interconnected measures to be instituted. The most important of these was the notion of a new anti-doping authority, which the IOC promised to support with an initial allocation of \$25 million.<sup>101</sup> Samaranch initially envisioned this agency operating under the IOC umbrella.<sup>102</sup> However, this orientation

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<sup>98</sup> Juan Antonio Samaranch, “[Editorial] The Fight Against Doping,” *[IOC] Olympic Review* (October-November, 1998), 3.

<sup>99</sup> Vereen quoted in Dick Patrick, “IOC Drug Chief’s Proposal Blasted,” *USA Today*, February 1, 1999.

<sup>100</sup> See “The World Conference on Doping in Sport,” *[IOC] Olympic Review* (October-November, 1998), 9.

<sup>101</sup> “Lausanne Declaration,” *[IOC] Olympic Review* (February-March, 1999), 17-18.

<sup>102</sup> An excellent analysis of the IOC’s early conception of an “independent” anti-doping authority is provided in John Hoberman, “Offering the Illusion of Reform on Drugs,” *New York Times*, January 10,

was unacceptable to governmental authorities. Barry McCaffrey, then director of the U.S. Office of National Drug Control Policy, for example, asserted at an October 1999 Congressional hearing that “the I.O.C. is rushing forward to build an institution that we cannot support—one that is more public relations ploy than policy solution.”<sup>103</sup>

Understanding the resulting opportunity for a much more ambitious organization, Pound pointed out to Samaranch that “we already know that the Olympic movement is incapable of controlling the use of drugs in sport on its own. We do not have the legal or the financial means to do so and, frankly, there is little enthusiasm for the struggle itself among many of the IFs. He argued on the other hand, “If we bring the governments to the table as full partners we will have all the necessary means at our disposal, and we can lay off half the costs of the initiative on them”<sup>104</sup> Although reluctant to share control over doping matters, Samaranch eventually agreed to Pound’s advocacy of an entirely different organizational model that gave national governments fifty-percent control in the new entity in return for their assuming an equal level of the financial obligation for its operation.<sup>105</sup>

This new organizational approach to doping regulation was effected by the creation of the World Anti-Doping Agency on November 10, 1999, with the ambitious aim of the agency becoming fully operational by the 2000 Sydney Olympic Games.<sup>106</sup>

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1999. See also Kate Noble, Robert Kroon, and Tandy Nigel, “No Medals for the IOC,” *Time South Pacific* (February 15, 1999), 62.

<sup>103</sup> McCaffrey quoted in Richard Sandomir, “I.O.C.’s Drug Plan Criticized at Hearing,” *New York Times*, October 21, 1999. See also Todd and Todd, “Significant Events in the History of Drug Testing and the Olympic Movement,” 108-109.

<sup>104</sup> Pound, *Inside the Olympics*, 72-73.

<sup>105</sup> See *Ibid.*, 73.

<sup>106</sup> A brief history of WADA is provided on the organization’s internet website: <http://www.wada-ama.org/en/index.ch2> (accessed March 21, 2007).



With Pound as its inaugural president, the agency held its first board meeting on January 13, 2000, during which an agenda was established for the intermediate future.<sup>107</sup> Speaking at that meeting, Pound expressed his hopes for a revolutionary system that could challenge the ongoing proliferation of performance-enhancing activities in elite-level athletics. Providing perhaps the best elucidation of the principles under which WADA should function, he extolled the possibilities afforded by this unique alliance of public and private authorities:

Neither the public nor the sports authorities could bring about a complete solution to the problem of doping in sport alone; they had to work together with a common objective to achieve what no one had achieved to date. WADA was an independent agency which had to demonstrate by its actions and commitment that it was worthy of public confidence and of the athletes whose integrity it was charged with protecting.

With these notions in mind, Pound optimistically predicted that “13th January 2000 would be looked backed [*sic*] upon as an important date in sport history.”<sup>108</sup> Developments in the next century of Olympic competition would determine whether these remarks were valid.

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Building on the catalyzing effects of the 1988 Ben Johnson scandal and the subsequent breakdown of the Cold War order, Olympic organizations worked

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<sup>107</sup> “[Doping] World Anti-Doping Agency,” *[IOC] Olympic Review* (February-March, 2000).

<sup>108</sup> Minutes of the Inaugural Meeting of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, p. 1, available online through the WADA internet website: <http://www.wada-ama.org/en/index.ch2> (accessed March 21, 2007).

sporadically with governmental bodies throughout the 1990s to institute a new approach towards doping. Nevertheless, Olympic officials were reluctant to impose substantive reforms. In the end, however, a continuing set of public scandals, ranging from the exposure of the GDR doping system to the Salt Lake City bribery episode, required their attention. While their actions were slow to bear demonstrable results, this process eventually led to a collaborative framework for addressing the subject. The series of international conferences through which leaders in both the public and private sectors conferred was particularly important in refashioning political perspectives away from the longstanding ambivalence to drugs in elite athletics. In producing the type of policy environment necessary for the creation of WADA in late 1999, this framework demonstrated a newfound commitment to multilateral activities that were absent in previous undertakings.

Although the formerly disjointed system for dealing with the doping problem underwent a process of unification during the decade, one wonders why Olympic policymakers took so long to reach this point of transition. Even after its creation, a number of challenges remained for WADA to confront. Chief among these was the consolidation of control required for the type of robust activities envisioned by its founders. Given the natural propensity of individual organizations to maintain power whenever possible, several of the units in the Olympic governance structure were reluctant to surrender their influence over doping policy. At the same time, WADA scientists were faced with a multitude of new performance-enhancing substances and techniques that required investigation. Indeed, the specter of such possibilities as gene

manipulation threatened to undermine existing beliefs that the battle against doping could actually be won.<sup>109</sup>

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<sup>109</sup> A 2004 assessment of WADA addresses the challenges that it faced during the first decade of the twenty-first century. See Barrie Houlihan, "Harmonising Anti-Doping Policy: The Role of the World Anti-Doping Agency," in *Doping and Public Policy*, ed. John Hoberman and Verner Møller (Odense: University Press of Denmark, 2004), 19-30. The position that genetic modification is a natural—and perhaps even welcome—step in elite sport is best argued in Andy Miah, *Genetically Modified Athletes: Biomedical Ethics, Gene Doping and Sport* (New York: Routledge, 2005). An alternative, though brief elucidation of the future of doping in elite sport is provided in Hoberman, *Testosterone Dreams*, 274-275.

## Ch. 5: A New Century, 2000-2007

By the summer of 2001, President Samaranch, never overly-aggressive in advancing performance-enhancing drug regulation, concluded that the battle against doping in the Olympics was lost. With his retirement from the IOC leadership looming, he felt free to express the cynical belief that “in doping, you can only get partial victories.” All was not in vain, in Samaranch’s analysis, however, as his higher goal of maintaining the financial viability of the movement was intact: “It was said many times,” he explained, “that [the 1988 Ben Johnson affair] would be the end of the Olympic movement. . . . In fact the opposite has happened.”<sup>1</sup> There was, of course, good reason for Samaranch’s pessimism regarding doping control. Although the Olympics were reaching record levels of financial success, exemplified by the IOC’s successful negotiation of a set of contracts collectively worth \$1.3 billion for the broadcast rights of the 2000 Sydney Games, a variety of new performance-enhancing techniques were coming into use.<sup>2</sup> Providing new challenges to Olympic officials, several of these practices, including the revolutionary possibilities of gene manipulation, could not yet be detected. “As if all the ‘regular’ doping were not bad enough,” lamented Dick Pound in 2006, “we are about to see genetically modified athletes. I have no doubt that genetic manipulation experiments are already underway to improve sport performance.”<sup>3</sup> Fortunately for policymakers in the movement, the decades-long process of power

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<sup>1</sup> Samaranch quoted in “Samaranch: Doping is a Fact,” *New York Times*, July 2, 2001.

<sup>2</sup> The television contracts for the 2000 Sydney Games are outlined in Robert Knight Barney, Stephen R. Wenn, and Scott G. Martyn, *Selling the Five Rings: The International Olympic Committee and the Rise of Olympic Commercialism*, Revised ed. (Salt Lake City: University of Utah Press, 2004), 4-5.

<sup>3</sup> Dick [Richard W.] Pound, *Inside Dope: How Drugs are the Biggest Threat to Sports, Why You Should Care, and What Can be Done About Them* (Mississauga, Ontario [Canada]: John Wiley & Sons Canada, Ltd., 2006), 179.

consolidation over doping regulation that culminated in the creation of WADA allowed resources to be redirected towards scientific matters.

The new agency itself benefited from the continuing commitment of public authorities to the eradication of prohibited ergogenic aids in elite international athletics. This support was best demonstrated by a 2000 study partially funded by the U.S. Office of National Drug Control Policy. The report began by elucidating the policy connections between governmental involvement and doping in the Olympics. “Because of the mutually reinforcing relationships among sports, the family, education, the economy, politics and religion, the impact and reach of sports in our society cannot be overstated,” it asserted.<sup>4</sup> Addressing the negative influence of the still fragmented Olympic governance system, the study continued that “the crazy quilt of jurisdictions responsible for anti-doping policies and practices . . . assure[s] inconsistency in applying any rules.”<sup>5</sup> While promising, the creation of WADA in November 1999 had not yet changed the status quo in that it could only make “recommendations” to the IOC. The challenge deriving from this evaluation, according to the report, was therefore to “ensure that an independent international organization [WADA] exists with authority over the methods of measurement and sanctions for doping in Olympic sports.”<sup>6</sup> Policies formulated to address the issue within the context of the movement during the first decade of the twenty-first century were the products of this focus.

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<sup>4</sup> National Center on Addiction and Substance Abuse at Columbia University, *Winning at any Cost: Doping in Olympic Sports* (New York: 2000), 13.

<sup>5</sup> Ibid., ii.

<sup>6</sup> Ibid., 3.

The inaugural meeting of the WADA Foundation Board, held on January 13, 2000, in Lausanne, Switzerland, highlighted the degree of both public and private dedication to the endowment of WADA with the requisite degree of autonomy to eliminate doping in high-performance sport. The effort was crucial, as stated by Canadian Secretary of State for Amateur Sport Denis Coderre, in that failure “could be the end of the Olympics.”<sup>7</sup> The meeting’s impressive list of participants included four physicians, several attorneys, a university professor, and nine individuals with prior governmental experience. In welcoming them, Pound, the body’s founding president, noted that “this was the first time that all the elements required to achieve a solution to the problem of doping in sport had come together, [including] the IOC, IFs, NOCs, athletes as well as intergovernmental organizations and national governments.”<sup>8</sup>

Such a multi-lateral approach, in Pound’s view, was the only path to a successful strategy in that by operating separately, the participating organizations could do little to alter the status-quo; together, they could prove pessimists such as Samaranch wrong. “One thing is clear, at least to me,” he later said, “and that is that the fight against doping can not be won by the sports world alone. There are many issues, such as the harmonization of legal penalties against doping, the trafficking of drugs and so forth that can only be resolved by the cooperative intervention of the governments of the world. That is why the World Anti-Doping Agency was created.” Paraphrasing Winston Churchill’s famous turn of words, Pound ordained that in the struggle against

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<sup>7</sup> Coderre quoted in James Christie, “‘Do It Right’ Anti-Drug Watchdog Warned; Future of Olympics On Line, Coderre Says,” *Globe and Mail [Canada]*, January 13, 2000.

<sup>8</sup> Minutes of the Inaugural Meeting of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, Lausanne, Switzerland, p. 1. Document available online through the WADA internet website: <http://www.wada-ama.org/en/> (accessed March 21, 2007).

pharmacological cheating one must “never give in, never give in, never[,] never, never. Never give in except to convictions of honour and good sense.”<sup>9</sup>

With both a law degree and certification as an accountant, Pound was considered by many to be among the IOC’s most effective administrators. Having played central roles in the formation of the IOC’s successful marketing strategy and in the investigation of the Salt Lake City bribery scandal, he was a respected figure in both the Olympic and governmental communities.<sup>10</sup> A former elite swimmer, Pound moreover believed deeply in the ideals espoused by the Olympic movement. Describing this philosophy, he wrote:

I am convinced that the Olympic Games and the ethical practice of sport are wonderful contributors to the fulfilment [*sic*] of the youth of all countries. They assist in the development of social skills and abilities, and in the creation of a healthier society that does not draw on the social net as much as an unhealthy one and that can make genuine contributions to peace in the world. I am, in that respect, a self-confessed and unrepentant idealist.<sup>11</sup>

If the Canadian IOC member had a weakness, though, it was due to an uncompromising personal style similar to Brundage’s autocratic manner. Pound’s ethical and intellectual orientations, however, were more flexible than those of Brundage; having been

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<sup>9</sup> Richard W. Pound and John Hoberman, “Olympic Roundtable,” *Olympika: The International Journal of Olympic Studies* X (2001): 75-76, 78. Churchill’s speech was made on October 29, 1941, to the students at Harrow School.

<sup>10</sup> Pound played a key role in negotiating the set of contracts with the National Broadcasting Company for the rights to broadcast the 2004, 2006, and 2008 Olympics. They were collectively worth \$2.3 billion. See Stephen R. Wenn, “Riding into the Sunset: Richard Pound, Dick Ebersol, and Long-Term Olympic Television Contracts,” in *Bridging Three Centuries: Intellectual Crossroads and the Modern Olympic Movement: Fifth International Symposium for Olympic Research*, ed. Kevin B. Wamsley, et al. (London, Ont.: International Centre for Olympic Studies, September 2000), 37-50. For Pound’s role in the Salt Lake City bid scandal, consult Stephen R. Wenn and Scott G. Martyn, “‘Tough Love’: Richard Pound, David D’Alessandro, and the Salt Lake City Olympics Bid Scandal,” *Sport in History* 26, no. 1 (April, 2006): 69-90.

<sup>11</sup> Richard W. Pound, *Inside the Olympics: A Behind-the-Scenes Look at the Politics, the Scandals, and the Glory of the Games* (Etobicoke, Ont. [Canada]: J. Wiley & Sons Canada, 2004), x-xi.

personally involved in the Ben Johnson crisis, he viewed drugs in athletics as a “disease” that must be eliminated.<sup>12</sup> He was thus a near perfect match for WADA’s need of an aggressive, experienced leader.

Although the WADA Foundation Board members agreed with the overarching notion of a universal approach, they struggled to collectively identify a common set of short-term priorities. “The first thing that became clear to me when we started out,” Pound later recalled, “was that when all is said and done[,] far more is said than done.”<sup>13</sup> Some delegates accordingly focused on the “pharmacological arms race” between those who pursued new doping techniques and those seeking to catch them. Barry McCaffrey, a representative from the U.S. Office of National Drug Control Policy, argued, for example, that the agency’s focal point should concern the elucidation of a “gold standard” for the science of anti-doping. Optimistically asserting that the creation of WADA had effectively resolved the political fragmentation that impaired previous efforts to control the proliferation of drugs in elite international athletics, he explained that the agency would be most effective through a rational “organization of science to deal with this complex problem.” Having enormous confidence in the outcomes that could be produced in the type of private-public partnership that WADA exemplified, McCaffrey cheerfully envisioned a quick resolution of the matter. “Doping,” he rationalized, “was an easily resolvable issue in the coming decade if the science issue was focused upon.”<sup>14</sup>

Those with more experience in the nuances of Olympic governance, however, realized that McCaffrey’s indifference to the deep-seated political, organizational, and

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<sup>12</sup> Pound, *Inside Dope*, 2.

<sup>13</sup> Pound quoted in Michael McCarthy, “Profile: Richard W. Pound, QC-Chairman of WADA,” *Lancet* 366 (December, 2005): S20.

<sup>14</sup> Minutes of the Inaugural Meeting of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, Lausanne, Switzerland, p. 5.



more recently legal problems that plagued the movement was imprudent. “Once the agency was established,” Pound later explained, “it became apparent quite early on that one of the greatest difficulties in the fight against doping in sport was the huge variations between the rules in different sports and different countries—and the level of their enforcement.”<sup>15</sup> “The rules were all over the ballpark,” he stated. “One sports organisation had a life ban for the first positive test and another had a 2-week ban that you could serve between Christmas and New Years.”<sup>16</sup> Calling for a separation of elite sport from public judicial oversight, Paul Henderson, the International Sailing Federation’s delegate to the Foundation Board meeting, presented a similar concern that “the biggest problem in the fight [against doping] was, upon finding a positive test, getting it upheld in the various levels of courts.” “There would,” according to him, consequently “have to be a major legal aspect to the body [WADA] to ensure that what was done was defended properly in the courts.”<sup>17</sup> Also perceiving the prospects for active participation by WADA at the quickly approaching 2000 Sydney Games as doubtful, Henderson stated that “one hundred per cent of the responsibility for making sure that its athletes were clean lay with the country sending the athlete”; only at the conclusion of the competitions would WADA be in a position to assert itself.<sup>18</sup>

In the end, the Board chose multiple points of emphasis for its first year. Eschewing Henderson’s warning against an overly-demanding timeline, the delegates concluded that they would begin developing drug protocols in coordination with the

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<sup>15</sup> Pound, *Inside Dope*, 94-95.

<sup>16</sup> Pound quoted in McCarthy, “Profile: Richard W. Pound, QC-Chairman of WADA,” S20.

<sup>17</sup> Minutes of the Inaugural Meeting of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, Lausanne, Switzerland, p. 10.

<sup>18</sup> Minutes of the Inaugural Meeting of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, Lausanne, Switzerland, p. 13.

various international federations for pre-competition drug screens. Governments also played important roles in their plans in that they would be asked to increase their efforts to interdict the trafficking of illicit drugs in the time period preceding the opening of the Games. Most important, though, was the Board's realization of how crucial it was to implement a universal set of anti-doping policies. In this regard, a number of issues, ranging from the list of prohibited substances and the accreditation of testing laboratories to a doping results management system and the creation of a new Anti-Doping Code, required synchronization. Accordingly, the delegates declared that they would immediately "initiate the process of harmonizing anti-doping rules in sport and national legislation."<sup>19</sup> Two working groups were established as a result of the meeting; the first would begin review of a doping results management system for the competitions in Sydney while the second would concentrate on drafting WADA's policies regarding conflicts of interests and public disclosure of the organization's activities.<sup>20</sup>

With an eye towards precluding disillusionment should the agency not achieve immediate success, Pound began the next meeting of the WADA Foundation Board by noting the considerable obstacles faced in the nascent stages of such a large undertaking. Remarking that while efficiency was crucial, the delegates should make sure to "bear in mind that not all of WADA's objectives would be achieved at the current meeting and that it would take time for what were ambitious goals to be realized." Jestering regarding the enormity of their challenge, he concluded that "the only way to eat an elephant was

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<sup>19</sup> Fourteen decisions were made at the meeting. The most important of these for historians was the agency's determination to make the minutes of its meetings publicly available on the WADA website. The decisions of the initial meeting are provided in the Minutes of the Inaugural Meeting of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, Lausanne, Switzerland, p. 18.

<sup>20</sup> See the IOC's description of the meeting in "[Doping] World Anti-Doping Agency," *[IOC] Olympic Review* (February-March, 2000), 6.

one bite at a time.”<sup>21</sup> For issues that required immediate attention, the group, insisting that participation in Sydney was still realistic, concentrated on putting in place a pre-competition protocol to begin in April 2000. The absence of a detailed budget constrained future planning, however, although members expressed hope that the creation of an eleven member Executive Board would streamline the agency’s day-to-day operations. In order to amplify the commitment of athletes to the agency’s future anti-doping framework, an additional working group was empowered to consider the novel suggestion of a “doping passport” for Olympic competitors.<sup>22</sup>

While the agency hoped to provide some 10,000 drug screens before the opening of the events in Sydney, the various international federations, which, after all, remained in control of the Olympic sports, still needed to be convinced of WADA’s merits. Although optimistic regarding the plans for pre-competition tests, WADA official Harri Syväsalmi feared, for example, that “we have very little time. We still have some job to do to persuade 15 federations to act on this issue.”<sup>23</sup> As the opening of the Games neared, the detrimental effects of the remaining divisions in the Olympic regulatory structure became increasingly apparent. Indeed, the obstacles to a harmonious system were so high that by the June 2000 WADA Executive Committee meeting, the sizable number of tests previously proposed had been reduced to a quarter of their original total.<sup>24</sup> The desired degree of autonomy for the agency was also proving evasive as the drug tests at the actual

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<sup>21</sup> Minutes of the Meeting of the Foundation Board of the World Anti-Doping Agency, March 22, 2000, Lausanne, p. 1.

<sup>22</sup> Minutes of the Meeting of the Foundation Board of the World Anti-Doping Agency, March 22, 2000, Lausanne, pp. 30, 34-35, 32, 24.

<sup>23</sup> Syväsalmi quoted in Natasha Bitá, “10,000 To Be Tested Ahead of Games,” *The Australian*, March 23, 2000.

<sup>24</sup> Minutes of the Meeting of the Executive Committee of the World Anti-Doping Agency, June 20, 2000, Lausanne, p. 4.

Olympic competitions would be conducted not by WADA, but through the other organizations in the international sport system.<sup>25</sup>

Criticizing the notion that WADA remained subservient to the other bodies in the Olympic organizational structure, Executive Board member Norman Moyer lamented that “the reason WADA had been created was precisely because the system in place had not delivered the level of credibility required.”<sup>26</sup> Although himself irritated by the difficulties caused by the convoluted anti-doping system, Pound maintained his position that while still crucial, the process of consolidating authority in the new agency would not be quick or painless. He therefore suggested that the Board members maintain their course by continuing to bear in mind that “WADA was a new organization dealing with IFs, which had their own autonomy.” For him, it was therefore far better to focus on what was realistically attainable in the few months before the competitions in Sydney commenced; afterwards, the members “could look at what had happened, and what could be done to improve things.”<sup>27</sup>

## **2000 SYDNEY OLYMPIC GAMES**

Despite the growing pains experienced by the agency, many policymakers believed that the Sydney Olympics would be the “cleanest” in the history of the movement. Rob Housman, the assistant director of strategic planning for the White

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<sup>25</sup> Minutes of the Meeting of the Executive Committee of the World Anti-Doping Agency, June 20, 2000, Lausanne, p. 5.

<sup>26</sup> Minutes of the Meeting of the Executive Committee of the World Anti-Doping Agency, June 20, 2000, Lausanne, p. 7.

<sup>27</sup> Minutes of the Meeting of the Executive Committee of the World Anti-Doping Agency, June 20, 2000, Lausanne, p. 8.

House drug policy office, stated, for instance, that “there will be a new reality in Sydney. “Any athlete who is thinking about cheating,” he elaborated, “has to think that if he does, he might get caught. Managing the tests and the results will be aboveboard and above reproach.”<sup>28</sup> A new procedure for detecting instances of “blood doping” also gave hope to those who feared that novel performance-enhancing techniques might undermine the Games. Announcing a combined urine and blood screen for erythropoietin, Samaranch stated, “The scientists have decided that the tests may be implemented. . . . I’m very optimistic because the panel [of experts recommending it] was unanimous.”<sup>29</sup> IOC Vice President Kevan Gosper was even more pleased: “I think,” he declared, “[that] it will be a very good impact [*sic*] on the many athletes who do not cheat. . . . For those who do cheat, I hope it scares the heck out of them.”<sup>30</sup>

More concerned with the precedent that might be set should the IOC succeed in framing itself as the catalyst for the implementation of the tests, several members of the WADA Executive Committee worried, however, that their future control over doping issues might be undermined. During an early August 2000 conference call, Canadian committee member Denis Coderre argued that “this kind of announcement on doping should be made by WADA itself,” and not by the IOC Medical Commission. After all, “it was WADA,” he reasoned, “which should have the last word on whether tests such as these were performed or not. WADA’s credibility was based on the word *world* in its

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<sup>28</sup> Housman quoted in Jere Longman, “Olympics; New Olympic Doping Accusations Cast Shadow,” *New York Times*, June 22, 2000.

<sup>29</sup> Samaranch quoted in Amy Shipley, “IOC Moves to Close Drug-Testing Gap; Medical Panel Approves New Procedure for Detecting Endurance-Enhancing Drug Erythropoietin,” *Washington Post*, August 2, 2000. The methods for detecting erythropoietin are outlined in Evanthia Diamanti-Kandarakis et al., “Erythropoietin Abuse and Erythropoietin Gene Doping: Detection Strategies in the Genomic Era,” *Sports Medicine* 35, no. 10(2005): 832-834.

<sup>30</sup> Gosper quoted in Amy Shipley, “IOC Adds New Drug Test; Field for 2008 Games Narrowed to Five Cities,” *Washington Post*, August 29, 2000.

title, which indicated that it [and not the IOC] enjoyed the trust of the people.”<sup>31</sup> Advocating a less confrontational approach, Pound responded that the new screens should be welcomed with a strong endorsement by the agency. WADA, after all, did not yet have the political strength to openly contest the Medical Commission’s authority. Successfully pointing out the benefits of his alternative position, Pound reassured his counterparts that the agency should bide its time and gradually establish a broad base of support for its supremacy in regards to the subject.<sup>32</sup>

To maintain a presence at the Games, WADA instituted an Independent Observers Program, whose fifteen anti-doping experts would monitor the various doping control procedures at the competitions. Although prepared to state at the conclusion of the events that these were “the best Games ever,” the body cited several problems in its post-competition report. The ongoing diffusion that characterized the anti-doping framework of the movement was still troubling in that, as the report stated, “issues were raised at times with respect to the I.O. [Independent Observer] role and its relation to the role of the IOC, its Medical Commission, and the Games Organising Committee.” Describing the protectionist inclinations of a few members of the international sport community, the report continued that “it was not surprising that some considered the proposal one which could lead to interference with the work of the IOC’s Medical Commission.”<sup>33</sup> Athletes in Sydney were also bewildered by the increased number of anti-doping authorities there. Describing the pre-competition screens sponsored by

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<sup>31</sup> Emphasis in original. Minutes of the Conference Call of the Executive Committee of the World Anti-Doping Agency, August 2, 2000, Lausanne, p. 7.

<sup>32</sup> Minutes of the Conference Call of the Executive Committee of the World Anti-Doping Agency, August 2, 2000, Lausanne, p. 7.

<sup>33</sup> “The best Games ever,” quoted from Harri Syväsalmi, “Preface,” WADA Independent Observer Report, Olympic Games 2000, Sydney, Australia, available online through the WADA website: <http://www.wada-ama.org/en/> (accessed March 21, 2007). The subsequent quoted are from pages 1 and 2 of the report.

WADA, Foundation Board member Bob Ctvrtlik stated that while the competitors “were supportive of the programme in general . . . there had been some confusion between the different number of agencies that could test the athletes.”<sup>34</sup>

Even with WADA’s relegation to “observer” status, the conviction of sports officials to implement an effective anti-doping program in Sydney was demonstrated when the International Weightlifting Federation suspended the entire Romanian weightlifting team after three of its members failed drug screens prior to the Games.<sup>35</sup> During the actual competitions, a similar episode occurred when the Bulgarian weightlifting team was told to leave after several of its lifters were disqualified for using prohibited diuretics.<sup>36</sup> As for its own efforts, the first year of WADA’s out-of-competition testing program resulted in twenty-three positive indications of prohibited drug use, out of which ten were likely to produce penalties.<sup>37</sup>

## CONFLICT IN THE UNITED STATES

Fissures in the domestic U.S. sports framework contributed to the volatile environment that characterized the evolving Olympic anti-doping system. In the summer prior to the Sydney Games, Wade Exum, the director of the USOC’s drug-control

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<sup>34</sup> Ctvrtlik quoted from Minutes of the World Anti-Doping Agency Foundation Board Informal Meeting, September 15, 2000, Sydney, p. 4.

<sup>35</sup> Rajiv Chandrasekaran, “Two Flunk IOC Drug Tests; Silver Medalist Among Ejected,” *Washington Post*, September 20, 2000.

<sup>36</sup> The Bulgarian lifters who tested positive were women’s gold-medalist Izabela Dragneva, men’s bronze-medalist Sevdalin Minchev, and men’s silver-medalist Ivan Ivanov. See “Olympic Notebook; Entire Bulgarian Team Suspended,” *Washington Post*, September 22, 2000. Ivanov’s suspension is noted in Chandrasekaran, “Two Flunk IOC Drug Tests; Silver Medalist Among Ejected.”

<sup>37</sup> See Minutes of the Foundation Board of the World Anti-Doping Agency, November 14, 2000, Oslo, Norway, p. 7.

activities, resigned his position in part because he believed the committee was “deliberately encouraging” doping by U.S. competitors.”<sup>38</sup> Combining this assertion with claims of racial discrimination on the part of the committee, Exum filed a lawsuit in a U.S. federal district court, alleging that approximately half of the instances in which athletes tested positive for performance-enhancing activities had not been addressed by the organization.<sup>39</sup> He further claimed that because the USOC implemented “absolutely no sanction” in many doping cases, such performance-enhancing substances as testosterone “continued to be routinely abused.” As a result of this neglect, he continued, “The USOC actually encourages fringe performance enhancing and/or potential doping practices . . . on USOC premises” and asserted that the “USOC’s Drug Control program lacks a credible international and national reputation.”<sup>40</sup> Responding to the accusations, USOC official Mike Moran asserted that any previous lapses in U.S. anti-doping efforts were, on the contrary, due to Exum’s own incompetence. After all, Moran stated, Exum was the one in charge of the committee’s anti-doping activities.<sup>41</sup>

A longstanding tension between international sports authorities and American officials also became apparent in Sydney as the former accused the latter of hypocrisy in their conduct concerning instances of doping by U.S athletes. Shortly before the opening of the Games, several members of the American swimming team blamed WADA for an

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<sup>38</sup> Exum also alleged that he was the subject of racial discrimination at the USOC. See Amy Shipley, “Drug Chief Resigns, Blasts USOC,” *Washington Post*, June 15, 2000.

<sup>39</sup> See “Former Drug Testing Chief Sues USOC,” *Physician and Sports Medicine* 28, no. 9 (September, 2000): 15.

<sup>40</sup> Quoted in John M. Hoberman, *Testosterone Dreams: Rejuvenation, Aphrodisia, Doping* (Berkeley: University of California Press, 2005), 256-257. “Lacks a credible international and national reputation” from Exum complaint, p. 11, John Hoberman personal research archive, University of Texas at Austin. Hoberman served as an expert witness for Exum.

<sup>41</sup> See Kim Clark and Robert Milliken, “Positive on Testing,” *U.S. News & World Report* (August 14, 2000), 40.



unexplained drop in the number of drug screens at international events.<sup>42</sup> Matters were made worse when Barry McCaffrey, the U.S. national director of drug policy and a member of the WADA Foundation Board, refused to endorse a plan to underwrite WADA. “Since we already pay huge amounts of money to the IOC,” he asked, “to what extent, if any, is additional funding required?” In response, Pound threatened to rescind the promise of governmental inclusion in the Agency’s decisions with the comment that “the deal is, if you want 50 percent of the seats on the board, you pay 50 percent of the pot.”<sup>43</sup>

The accusations regarding the conduct of American officials arose from a perception that USA Track and Field (which governed the sport in America) was deliberately concealing positive drug screens by its athletes. When a report was published that shot-putter C.J. Hunter—husband of the famous American sprinter Marion Jones—tested positive for the anabolic steroid nandrolone in July 2000, IOC officials made a point of criticizing their American counterparts. Having listened to U.S. denigration of his own organization, Norwegian IOC delegate Gerhard Heiberg blatantly accused American sports leaders of hypocrisy. “Yes, it’s O.K. to criticize,” he said, “[but] [a]t the same time we feel your house is not in order. We feel you do not tell us the truth [about] what is happening in the United States.” “You want us to be open,” Heiberg continued, “instead of sweeping everything under the carpet. That has to go for the U.S. as well. We’re a little irritated.”<sup>44</sup> More specifically, Dr. Arne Ljungqvist, serving as the chief medical officer of the International Amateur Athletic Federation, condemned USA Track

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<sup>42</sup> See Catriona Dixon, “Drop in Testing Alleged,” *Sydney Daily Telegraph*, September 6, 2000.

<sup>43</sup> McCaffrey and Pound quoted in Amy Shipley, “U.S. Won’t Underwrite Anti-Doping Agency; America Already Gives Enough, McCaffrey Says,” *Washington Post*, September 13, 2000.

<sup>44</sup> Heiberg quoted in Jere Longman, “Sydney 2000: Drug Testing; U.S. Goes On Offensive Over Tests for Drugs,” *New York Times*, September 27, 2000.

and Field for failing to report in a timely on a number of failed tests by athletes under its jurisdiction.<sup>45</sup> “We have no reason why,” he said. “The Americans have taken the privilege on themselves to exonerate without informing us who [the athletes] are, and saying this is confidential.”<sup>46</sup>

The disagreements between these rival national and international authorities quickly evolved into open discord among domestic U.S. sports bodies. Although initially claiming that criticisms of his federation were “gratuitous shots from people who have no idea what the facts are,” USA Track and Field leader Craig Masback eventually asked WADA to assume command of his body’s anti-doping efforts.<sup>47</sup> Because the U.S. Anti-Doping Agency (USADA) held the contract for these activities, the proposal caused USADA Chairman Frank Shorter to sarcastically comment, “Oh, so he wants USADA not to exist.” “The ability to oversee testing is with the United States Olympic Committee,” Shorter asserted. “We have an agreement with the USOC to do their testing. . . . You can only contract away rights that you have. USATF doesn’t have the right to contract out the testing, because they’ve already given it away through the USOC to USADA.”<sup>48</sup>

Perceiving an opportunity to consolidate WADA’s authority over both national and international doping activities, Pound initially sided with Masback. “Ultimately,” he

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<sup>45</sup> See Ibid.

<sup>46</sup> Ljungqvist quoted in “IAAF: U.S. Not Coming Clean,” *Washington Post*, October 2, 2000.

<sup>47</sup> Masback quoted in Amy Shipley, “U.S. Track Official Defends Handling of Drug Tests,” *Washington Post*, September 29, 2000. The proposal that WADA assume control of USA Track and Field’s anti-doping efforts is outlined in Amy Shipley, “Overseer of Track Drug Plan Sought,” *Washington Post*, September 30, 2000; Richard Sandomir, “Sydney 2000: Roundup; Track Group Proposes Compromise on Testing,” *New York Times*, September 29, 2000.

<sup>48</sup> Shorter quoted in John Meyer, “U.S. Drug Issue Grows Agencies Disagree Over Testing Control,” *Denver Post*, September 29, 2000.

explained, “that’s probably the best way for all this to be played out—that all testing, for all national and international federations and national Olympic committees, be handled by an independent third party [WADA].”<sup>49</sup> When the WADA Foundation Board deliberated on the problem, however, Pound backpedaled, explaining that while he had a positive view of the idea, WADA was not yet in a position to assume the financial costs of the additional tests. Although they endorsed a supervisory role for WADA regarding the matter, the Board eventually acquiesced to this position by deciding that—at least for the time being—the USA Track and Field protocols were best left in the hands of the USADA.<sup>50</sup> Two years later, though, Pound resumed his critique of American officials and even called for the expulsion of the U.S. track-and-field federation from the IAAF; “kick them out,” he said. “It’s [anti-doping policy] not rocket science. You can’t have them flouting the rules.”<sup>51</sup>

The USOC was also quick to realize in the aftermath of the Sydney Games that it must resolve the public controversy over its anti-doping policies that was sparked by Exum’s accusations that the committee had permitted drug usage among its athletes. Still perceiving the matter as a public relations issue rather than an ethical or organizational crisis, the USOC, though, responded by instituting an expansive marketing campaign to reverse the damage to its image. “Our image needs to be more clearly defined and brought to life in a compelling way for consumers,” Chief USOC Marketing Officer Matthew Mannelly explained. Elaborating on the effort, interim USOC Chief Executive

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<sup>49</sup> Pound quoted in Shipley, “Overseer of Track Drug Plan Sought.”

<sup>50</sup> Minutes of the Meeting of the Foundation Board of the World Anti-Doping Agency, November 14, 2000, Oslo, pp. 23-24. A short description of the decision is also provided in “USA Track and Field Criticized,” *Washington Post*, November 15, 2000.

<sup>51</sup> Pound quoted in Duncan Mackay, “Athletics: Doping Chief Calls for US to be Expelled,” *London Guardian*, February 5, 2002.

Officer Scott Blackmun added that “if we don’t overcome the doping issue, the very basis that we distinguish ourselves from other sports properties disappears. . . . All of a sudden, Olympic athletes are perceived as cheaters, which clearly,” he deliberately exaggerated, “they are not.”<sup>52</sup>

## **POST-SYDNEY DEVELOPMENTS**

In the aftermath of the 2000 Summer Olympic Games, policymakers dealing with issues concerning performance-enhancing drugs focused on how best to address several organizational and scientific developments that were coming into play. Within WADA, a decision was made to increase the number of staff employees to keep pace with the goal of becoming the paramount international authority on the subject; the related need to maintain relations with public administrators, for instance, led to the establishment of a new position for a government liaison officer.<sup>53</sup> While pleased with the surprising level of success that the agency had achieved in its first year of operation, Executive Committee members remained worried by what they perceived to be an unwarranted focus on short-term matters. Looking over the program for the November 2000 committee meeting, for instance, Australian delegate Amanda Vanstone posited that “she did not see any discussion [scheduled] regarding where the Executive Committee wanted WADA to go, nor did the agenda indicate any strategy discussion. These were important issues.” Despite the fact that the committee was entitled to “be almost euphoric with the

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<sup>52</sup> Mannelly and Blackmun quoted in Thomas Heath, “USOC Plans to Polish Its Image,” *Washington Post*, December 2, 2000.

<sup>53</sup> See “Decisions” and comments by Denis Coderre in Minutes of the World Anti-Doping Agency Foundation Board Informal Meeting, September 15, 2000, Sydney, p. 4.

achievements that WADA had made over the past 12 months, they now needed,” she continued, “a strategy to take them up to [the 2002 Games in] Salt Lake City, in addition to a long-term strategy.”<sup>54</sup>

WADA’s still developing relationships with the international federations also required careful cultivation if the agency’s out-of-competition testing program was to continue. In addition to outlining the need for a renewal of the agency’s contract with the federations, Legal Committee spokesperson David Howman sketched out a significant flaw in the new erythropoietin screens. “At present,” he said, “very few IFs had the power within their constitution[s] to conduct EPO blood testing, and for WADA to continue any out-of-competition testing with any emphasis on EPO testing, it would need to make sure that the IFs had their rules in place first.” At a higher level, Howman continued, “They [Legal Committee members] were also looking at making approaches to governments so that they could have in place protocols and ways of proceeding to allow out-of-competition testing to take place without complication.” As such, his committee “aimed to increase formal relationships with individual governments.”<sup>55</sup>

Several scientific developments also required thought. The anticipated completion of the mapping of the structure of human DNA through the Human Genome Project had the potential to eradicate a host of medical disorders that had plagued mankind since its beginnings, to facilitate criminal investigations, and to increase food sources for a growing world population.<sup>56</sup> Along with such benefits, however, came problems related

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<sup>54</sup> Vanstone remarks in Minutes of the WADA Executive Committee Meeting, November 13, 2000, Oslo, Norway, p. 1.

<sup>55</sup> Howman’s comments are in Minutes of the WADA Executive Committee Meeting, November 13, 2000, Oslo, Norway, p. 4-5.

<sup>56</sup> See “Genomics and its Impact on Science and Society: The Human Genome Project and Beyond (2003), available online: [http://www.ornl.gov/sci/techresources/Human\\_Genome/publicat/primer2001/index.shtml](http://www.ornl.gov/sci/techresources/Human_Genome/publicat/primer2001/index.shtml) (accessed October 29, 2005).

to the possible application of genomics to elite athletics.<sup>57</sup> The IOC had long been aware of such prospects; describing the debates at the Centennial Olympic Congress held in 1994, IOC member Robert Parienté, for example, wrote that one question considered at the conference involved “how to prevent genetic manipulation . . . and thwart the maneuvers of those scientists who work for doping in greater numbers than those fighting against the scourge.”<sup>58</sup> By now worried that new frontiers in performance-enhancement were imminent, Olympic authorities planned a conference dedicated to a frank discussion of the matter. As put by IOC Medical Director Dr. Patrick Schamasch in May 2001, “For once we want to be ahead, not behind.”<sup>59</sup> Lauding this cooperative approach, IAAF official Dr. Arne Ljunqvist likewise stated, “For the first time, a substantial group of people involved in sports administration, sports science and genetic science will sit around the same table and discuss a common potential problem.”<sup>60</sup> “The issue of gene therapy,” he explained to the WADA Executive Committee, “was a very important one, and it was necessary to be prepared for when it arose.”<sup>61</sup>

While some in the sports community undoubtedly perceived the ethical principles involved with genetic manipulation as easily resolvable, others worried that the subject was far less clear. U.S. Olympic champion Maurice Greene wondered, for instance, about the propriety of penalties in cases of pre-birth or childhood applications of genetic

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<sup>57</sup> See Andy Miah, *Genetically Modified Athletes: Biomedical Ethics, Gene Doping and Sport* (New York: Routledge, 2005). The perceptions of WADA Chairman Dick Pound regarding gene doping are articulated in Pound, *Inside Dope*, 179-188.

<sup>58</sup> Robert Parienté, “After the Olympic Congress, On for Another Hundred Years,” *[IOC] Olympic Review* (October, 1994), 402.

<sup>59</sup> Schamasch quoted in Jere Longman, “Pushing the Limits - A Special Report; Someday Soon, Athletic Edge May Be From Altered Genes,” *New York Times*, May 11, 2001.

<sup>60</sup> Ljunqvist quoted in *Ibid.*

<sup>61</sup> Minutes of the WADA Executive Committee Meeting, March 6, 2001, Lausanne, p. 2.

enhancement; after all, he stated, “You [as an athlete] didn’t have anything to do with it.”<sup>62</sup> At a meeting held to discuss the subject in March 2002, Pound avoided such intellectual challenges by maintaining that a firm stand should be taken regardless of these arguments because, under his conception, “sports are designed by people for people—people are not designed for a particular sport.” In terms of substantive policies toward the subject, Pound asserted that new scientific techniques must be acquired in that “the best way to deal with it is to prevent it and move quickly to the forefront of the technology.”<sup>63</sup> Adding a degree of urgency to this prescription, the increasing use of human growth hormone among elite athletes had not yet led to the development of an effective screen for the substance. Even when a test was implemented at the 2004 Athens Games, limitations regarding its “detection window” demonstrated the need for scientific innovation.<sup>64</sup>

With the Olympics having instituted a new schedule during the 1990s, in which the Summer and Winter Games alternated every two years, WADA stayed focused on bolstering its relative influence over doping issues in the short time before the next competitions.<sup>65</sup> By the November 2000 WADA Executive Board meeting in Oslo, Norway, seven of the international federations controlling winter sports had already

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<sup>62</sup> Greene quoted in Longman, “Pushing the Limits - A Special Report; Someday Soon, Athletic Edge May Be From Altered Genes.”

<sup>63</sup> Pound quoted in Richard Sandomir, “Olympics; Athletes May Next Seek Genetic Enhancement,” *New York Times*, March 21, 2002. Although relatively non-specific, Pound’s recollections of the meeting are provided in Pound, *Inside Dope*, 181-183.

<sup>64</sup> See M. Saugy et al., “Human Growth Hormone Doping in Sport,” *British Journal of Sports Medicine* 40, no. 1, Supplement I (July, 2006): i35-i39.

<sup>65</sup> Beginning in 1924, the summer and winter Olympic Games were held during the same year; the 1992 Lillehammer Games signaled a new scheduling format, in which summer and winter Games alternated every two years.

agreed to participate in the agency's out-of-competition testing program.<sup>66</sup> Still, much work needed to be done. Returning to the theme of coordinated action, Board member Hein Verbruggen provided a damning critique of the previous anti-doping framework that spread authority to several levels of the Olympic governance system:

The problem was far too complex for the IFs to handle alone, and most IFs did not have the resources to perform tests or create education programmes. Also, the work done by the IFs was approximately 90% volunteer work. Previous research had been too scattered. The jurisdiction of the IFs was also far too limited for any decisive action where doping was concerned. [Verbruggen] therefore recommended that WADA have a role of coordination, harmonization, organization and supervision. . . .<sup>67</sup>

Also realizing that WADA needed a permanent home if it was to become a credible organization, the agency initiated the process of identifying an acceptable location for its headquarters.<sup>68</sup> Because Lausanne, Switzerland, remained the IOC's host-city, several Executive Committee members believed that it should be removed from consideration. Speaking at the November 2000 meeting of that body, Canadian representative Norman Moyer thus stated, "WADA had made an important point regarding the visible and real separation of WADA from the IOC, and it seemed . . . that the decision to locate the WADA headquarters in Lausanne was incompatible with the

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<sup>66</sup> Four of the seven had already signed contracts with WADA. These were the International Ski Federation, the International Bobsleigh and Skeleton Federation, International Luge Federation, and International Biathlon Federation. See Minutes of the Foundation Board of the World Anti-Doping Agency, November 14, 2000, Oslo, Norway, p. 7.

<sup>67</sup> Minutes of the Foundation Board of the World Anti-Doping Agency, November 14, 2000, Oslo, Norway, p. 20.

<sup>68</sup> Discussions regarding a permanent headquarters were first made at the inaugural meeting of the WADA Foundation Board: Minutes of the Board of the World Anti-Doping Agency (WADA), January 13, 2000, Lausanne, pp. 22-23.



discussions that they had had around the table.”<sup>69</sup> Supporting this conclusion, Coderre later explained that “if we really want to be efficient, neutral, independent and transparent, we cannot have in the same city the headquarters of the International Olympic Committee and the headquarters of the World Anti-Doping Agency.”<sup>70</sup> Eventually, this point of departure led to a continental aversion, as Montreal was chosen over five European-based competitors.<sup>71</sup>

Within the IOC leadership, Juan Antonio Samaranch retired from the movement’s presidency in July 2001 with a decidedly mixed legacy. He had, on the one hand, steered the Olympics through the last years of the Cold War, during which the IOC’s coffers were supplemented with an unprecedented \$12 billion in television revenues. Samaranch’s leadership failed, however, to enact and enforce responsible, comprehensive doping reforms. Remarking on Samaranch’s neglect of the former GDR doping system, Australian IOC member Phil Coles remarked, for instance, that “that episode in sport was a black one.”<sup>72</sup>

In seeking a replacement for Samaranch, the IOC had an opportunity to elect a more committed leader with regard to the doping issue. If this was indeed a priority, the

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<sup>69</sup> Minutes of the WADA Executive Committee Meeting, November 13, 2000, Oslo, p. 14.

<sup>70</sup> Coderre quoted in James Christie, “Montreal Ideal for Drug Watchdog, Experts Say; World Anti-Doping Agency has Chance to Break European Mould in HQ Selection,” *Globe and Mail [Canada]*, August 21, 2001.

<sup>71</sup> The six finalists for the WADA headquarters were Vienna, Austria, Bonn, Germany, Lille, France, Lausanne, Switzerland, Stockholm, Sweden, and Montreal. Reference to them is made in Minutes of the Foundation Board of the World Anti-Doping Agency, November 14, 2000, Oslo, Norway, p. 9. The final vote for Montreal is provided in Minutes of the WADA Foundation Board Meeting, August 21, 2001, Tallinn, Estonia, p. 7.

<sup>72</sup> Coles quoted in Jere Longman, “On the Olympics; Samaranch’s Complex Legacy,” *New York Times*, July 10, 2001. As its title suggests, this article also provides a succinct analysis of Samaranch’s legacy. See also Harry Gordon, “Samaranch and History . . . An Inheritance Very Different From the One He Received,” *Journal of Olympic History* 9, no. 3 (September, 2001): 5-6.

obvious choice was Dick Pound; as an IOC vice president, he had been a strong voice for the creation of WADA, and had even chaired the new agency since its inception. While he may have been the logical choice given the widespread public concern over doping, Pound, as put by an anonymous IOC member, was nevertheless “seen perhaps as too strong. He makes decisions without asking others.”<sup>73</sup> A strong anti-American bias also worked against Pound, who, as a Canadian, was unfairly perceived as a mouthpiece for the meddlesome U.S. media and government.<sup>74</sup> While Pound did become a finalist, the more subtle Belgian IOC member Jacques Rogge eventually won in part because he advocated a less quarrelsome position toward such critical subjects as doping. “I think Jacques represents the right way to interpret the value of Olympism,” said Italian IOC member Mario Pescante. “We need to stop a moment to reflect. Things have been running too fast in the past year.”<sup>75</sup>

Fortunately, though, Rogge’s victory was not altogether negative for the struggle against doping in the Olympic movement: first, the new president did have a more progressive outlook than Samaranch toward the need to resolve the issue; more importantly, it also allowed Pound to remain in office at WADA. Once elected, Rogge, who was an orthopedic surgeon, certainly seemed enthusiastic about the medical reforms that were needed; in an editorial for the IOC’s *Olympic Review*, he thus wrote, “Of the major problems that we must deal with, I must cite first of all the fight against doping and

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<sup>73</sup> Quoted in Jere Longman, “Olympics; 3 Who Head Field in Competition to Lead the Olympic Movement,” *New York Times*, April 5, 2001.

<sup>74</sup> See *Ibid.*

<sup>75</sup> Pescante quoted in Amy Shipley, “IOC Leaning Toward Rogge; Belgian has Broad Support,” *Washington Post*, July 15, 2001. A post-election sketch of the new IOC president is provided in Miguel Tasso, “Jacques Rogge: In the Name of Sport and Ethics (Portrait),” [*IOC*] *Olympic Review* (August-September, 2001), 35-38.

against corruption in sport.”<sup>76</sup> Nevertheless, such rhetorical attestations of commitment had often been heard from previous IOC presidential administrations, including that of Samaranch. Rogge’s sincerity was affirmed when he urged Pound to remain at WADA; “Dick has done an outstanding job as chairman of [the World Anti-Doping Agency],” he said, “and I think the continuation of his chairmanship is of a vital importance for the momentum that WADA has achieved now.”<sup>77</sup>

Later remarking on such a surprising level of support by his former political opponent, Pound enthused, “One of the reasons I agreed to stay on in this position, I had a talk with Jacques and said this thing has to be driven by the IOC and WADA together, and if you are not 100 percent in favor it is not going to work. . . . He said, ‘I am 110 percent in favor’ and he has been consistent and supportive.” As for the sharp contrast between Rogge and Samaranch, Pound expressed that “it was the difference between the old school and the new school.” “Samaranch thought a positive test was a failure in some way, a failure of the Olympics to be pure. The newer generation says, ‘You don’t understand, it is exactly the opposite. We have found someone cheating and taken that person out of the Games.’ That is a successful program.”<sup>78</sup>

## **2002 SALT LAKE CITY GAMES**

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<sup>76</sup> Jacques Rogge, “[Editorial] Towards Greater Universality,” *[IOC] Olympic Review* (August-September, 2001), 3.

<sup>77</sup> Rogge quoted in James Stevenson, “Pound Returns to Anti-Doping Agency: IOC President Jacques Rogge Also Asking His Former Rival to Come Back as Marketing Chief,” *Montreal Gazette*, August 4, 2001.

<sup>78</sup> Pound quoted in Christopher Smith, “Pound Praises Rogge on Doping Position,” *Salt Lake [City] Tribune*, February 15, 2002.

In January of 2002, WADA also received news that several governmental bodies had finally agreed to fulfill their funding obligations to the new agency. With an additional \$8.5 million from these sources, of which the U.S. and Canadian governments each contributed \$800,000, WADA expected that its yearly budget would grow to \$25 million by 2006. Because the new erythropoietin screens cost between \$1,000 and \$1,200 for each test, these funds allowed for an even more aggressive pre-competition anti-doping program. As athletes grappled with the decision as to whether they should risk the tests by competing, Pound lauded the effort; “All of a sudden,” he described, “a number of very important athletes around the world remembered they had left their iron on at home, and decided to stay there so there was no fire.” “To me, that was a sign that it is a deterrent.”<sup>79</sup> Echoing similar statements by sports officials, these prospects led WADA to proclaim that the Salt Lake City Olympics would be “the cleanest competition ever.”<sup>80</sup>

By the end of the month, 2,600 of the anticipated 3,500 pre-Games drug screens (including over two-hundred erythropoietin tests) had been carried out, which collectively resulted in twenty-four positive indications of drug use.<sup>81</sup> The IOC nevertheless remained in control of the tests conducted during the Winter Olympics, although WADA, serving as an independent oversight body, was given equal access to the results of its program.<sup>82</sup> At the competitions, several skiers were suspended after an

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<sup>79</sup> In addition to information concerning governmental funds, Pound’s quote is from Amy Shipley, “Like Athletes, Anti-Doping Agency Gears Up for Games,” *Washington Post*, January 18, 2002.

<sup>80</sup> Quoted in William Booth, “Officials Promise ‘Cleanest’ Games Ever,” *Washington Post*, February 10, 2002.

<sup>81</sup> See Shipley, “Like Athletes, Anti-Doping Agency Gears Up for Games.”

<sup>82</sup> See Richard Sandomir, “Olympics; Tests Have Been Started For Banned Substances,” *New York Times*, January 18, 2002; Janet Rae Brooks, “Doping Rears Its Ugly Head at Winter Games,” *Canadian Medical Association Journal* 166, no. 6 (March, 2002): 794.

erythropoietin analogue named darbepoietin was found in their systems.<sup>83</sup> Weaknesses remained in the protocols, however, at least in the opinion of participating athletes. After Pavle Jovanovic, a member of the U.S. bobsled team, failed a doping screen and was suspended, for instance, American sled driver Todd Hays blamed anti-doping authorities for failing to provide enough information on nutritional supplements. “[The] USADA and the IOC is [*sic*] very knowledgeable about what’s in these supplements,” he argued. “The problem is, the IOC and USADA fail to educate us on this. Apparently, they test several hundred supplements and find 25 percent of them contain banned supplements. The problem is, they won’t release the names of these companies.”<sup>84</sup> When the case was heard on appeal, however, the Court of Arbitration for Sport found that Jovanovic was himself to blame for failing to consult anti-doping authorities on issues related to nutritional supplements.<sup>85</sup>

Although they were less extensive than at many previous competitions, such episodes continued to affect Olympic anti-doping authorities in Salt Lake City. In

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<sup>83</sup> See “[Field Notes] New Doping Agent Made Olympic Debut,” *Physician and Sports Medicine* 30, no. 4 (April, 2002).

<sup>84</sup> Jovanovic was suspended after testing positive for an anabolic steroid at the U.S Olympic trials in December 2001. See Skip Knowles, “Bobsledder Suspended for Games,” *Salt Lake [City] Tribune*, January 28, 2002. Hays quoted in John Henderson, “Sliders Livid at Federations Claim that Information Not Specific,” *Denver Post*, February 10, 2002. Although it does not address the use of supplements by athletes competing in the Salt Lake City Games, supplement use by Canadian athletes at the 1996 Atlanta and 2000 Sydney Olympics is examined in Shih-Han Huang, Karin Johnson, and Andrew L. Pipe, “The Use of Dietary Supplements and Medications by Canadian Athletes at the Atlanta and Sydney Olympic Games,” *Clinical Journal of Sport Medicine* 16, no. 1 (January, 2006): 27-33. In Atlanta, sixty-nine percent of the those who participated in interviews used some form of dietary supplements; this figure had grown to seventy-four percent by the Sydney Games (see p. 27).

<sup>85</sup> The arbitration ruling stated, “We were unimpressed by, and do not accept, (Jovanovic’s) evidence as to the care he took about the taking of supplements. He did not approach the (U.S. federation), or any other body, for guidance. He did not take medical advice. He relied only upon his own research, which, as we have found, was considerably less thorough than he would have had us believe. He ignored warnings about the dangers of contamination given by a number of bodies. He expressed no contrition, and accepted no blame, but sought to blame the IOC, WADA (World Anti-Doping Agency) and USADA but not himself for the predicament in which he now finds himself.” Quoted in John Henderson and John Meyer, “February 8,” *Denver Post*, February 8, 2002.

contrast to the firm stance taken against Jovanovic, Latvian bobsledder Sandis Prusis was permitted to participate in the Games despite the fact that he tested positive for an anabolic steroid a year earlier; once again, the fragmented Olympic governance system was to blame. When WADA found traces of the prohibited substance nandrolone in his system during a November 2001 pre-competition drug screen, Prusis received a three month suspension from the International Bobsleigh and Skeleton Federation, which would expire only six days before the first bobsled event in Utah. Alarmed that this would erode public confidence in its more aggressive policies, the IOC Executive Board withdrew Prusis's eligibility to compete. After hearing the case on appeal, the Court of Arbitration for Sport overturned the IOC ruling due to the fact that international federations retained command of punitive measures for the athletes competing under their jurisdictions; in other words, the IOC could regulate federations, but could not directly control their decisions regarding individual athletes.<sup>86</sup> Angry at the result, Pound commented that "It's not fair, it's not right and it taints the performance of that athlete in the Games."<sup>87</sup>

Likewise, after Estonian cross country skier Kristina Smigun's "A" specimen signaled the presence of the prohibited substance norandrosteron in a December 2001 drug screen, a test of her "B" sample was automatically conducted at a different laboratory. When it failed to produce a similar positive result, rumors swirled that her

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<sup>86</sup> See Arbitration CAS ad hoc Division (OWG Salt Lake City 2002) 001, Prusis & the Latvian Olympic Committee (LOC) / International Olympic Committee (IOC), award of February 5, 2002, in Matthieu Reeb, ed., *Digest of CAS awards / Court of Arbitration for Sport (CAS)*, vol. 3 (The Hague: Kluwer Law International, 2004), 573-580. The most pertinent text of the CAS opinion stated: "In the Panel's opinion, if autonomy is to have any real meaning that meaning must be that it is a matter for the relevant International Federation to decide how it deals with doping offences which come within its jurisdiction and what sanctions to impose. If it were otherwise, the International Federation's autonomy would be illusory." The IOC, on the other hand, "can withdraw a sport, a discipline or an event . . . , or it can even withdraw recognition from that International Federation" (p.577).

<sup>87</sup> Dale Brazao, "Pound Upset After Bobsledder Reinstated," *Toronto Star*, February 8, 2002.

screens had been illegally manipulated. Canadian national team coach David Wood subsequently sent an email to the International Ski Federation that questioned the integrity of the protocols. “Is the testing process accurate or relevant?” he demanded. If such was the case, he continued, “Is the lab that conducted these tests incompetent, corrupt or both?”<sup>88</sup> Because the International Ski Federation rather than WADA had authority over the initial test, others continued to express disappointment in the still fragmented doping control system. Writing to Pound, Canadian skier Beckie Scott asked, “Does it not seem just a little bit suspect . . . that the same organization we have been taking aim at for illegal behavior has now just conducted a test of their own that clears Kristina Smigun in time for the Olympics?”<sup>89</sup>

Unfortunately, WADA itself was affected by internal discord regarding its growing anti-doping initiatives. Beginning at the December 2001 Executive Committee meeting, difficulties arose as to the necessary components of the new erythropoietin screens. Committee member Hein Verbruggen, who was also a member of the IOC and president of the International Cycling Union, asserted that an effective protocol was produced through sole reliance on urine samples; WADA scientists Arne Ljungqvist and Bengt Saltin argued, on the other hand, that blood specimens must also be analyzed.<sup>90</sup> “It’s beyond me,” Verbruggen asserted, “why Bengt Saltin and Arne Ljungqvist didn’t speak out earlier if UCI’s urine test couldn’t stand alone. . . . To assert that the urine test is obsolete is a load of bullshit.” Verbruggen, however, saved his most scathing remarks for Saltin: “He just sat on his fat arse for several months without saying a word until

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<sup>88</sup> Wood quoted in Brian Maffly, “Anti-Doping Agency Accused After Clearing Estonian Athlete,” *Salt Lake [City] Tribune*, February 3, 2002.

<sup>89</sup> Scott quoted in *Ibid.*

<sup>90</sup> See Minutes of the WADA Executive Committee Meeting, December 2, 2001, Lausanne, p. 7-11. See also Minutes of the WADA Foundation Board Meeting, December 3, 2001, Lausanne, p. 6-9.

Nov[ember] 6 [2001] when WADA's medical commission, solely on the basis of Bengt Saltin's recommendation, submitted its proposal to the board for an Olympic EPO test consisting of a combination of urine samples and blood screens. I was speechless."<sup>91</sup>

Unwilling to sit still after hearing such criticism, Ljungqvist responded with an equal degree of contempt. "The argument against me and Bengt Saltin of having blocked urine-based EPO tests is idiotic," he said. "Verbruggen's theory of a conspiracy . . . against urine testing is absolutely ridiculous. He's very rude and has written threatening letters to both of us. I would only laugh at this if it were not a personal attack on my scientific integrity. It's irresponsible for an influential sports leader like Hein Verbruggen to do this, especially since his career is rising within the IOC."<sup>92</sup> After the competitions in Salt Lake City had concluded, a new form of erythropoietin, which was difficult to distinguish from substances normally found in the human body, only made the situation worse. Disappointed at the corrosive effects of the argument, Pound remarked that the controversy was analogous to a situation in which "we sit in the car arguing while thieves are stealing the wheels."<sup>93</sup>

Adding to the anxiety caused by the dispute, government funding for the new agency remained below the levels that had been originally promised. Specifically addressing the tardiness of European payments at an international sport conference in Brussels, IOC Director General Francois Carrard said, "There are some differences of opinion as to whether the European part of the budget should be financed by the

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<sup>91</sup> Verbruggen quoted in Mihir Bose, "Cycling Leader's Scathing Attack on Top Scientists for 'Blocking' Tests on EPO," London *Daily Telegraph*, February 15, 2002.

<sup>92</sup> Ljungqvist quoted in Ibid.

<sup>93</sup> Pound quoted in Mihir Bose, "Unseemly Squabbles Threaten the Fight to Ride World Sport of Drug Menace," London *Daily Telegraph*, March 22, 2002.



[European Union] or by the individual [countries]. They failed to resolve this matter at the meeting and it will be discussed at a further meeting.”<sup>94</sup>

Despite these problems, the 2002 Olympic competitions were perceived as an important step in the effort to create a universal regulatory system. “I think Salt Lake City was a sign of how far we’ve come,” said Pound. Here the Russian cross-country skiers were using a new drug they thought no one could detect and they were laughing at us. Well, they’re not laughing any more.”<sup>95</sup> At the same time, however, the continuing diffusion of anti-doping powers remained a significant obstacle for policymakers. According to the WADA Independent Observers report for the competition, for instance, the IOC’s Anti-Doping Code conflicted with several passages of the Salt Lake City Doping Control Guide. Because the different bodies in the Olympic governance framework still retained their own regulations, the report recommended that “the protocols for blood collection and analysis must be harmonised and scientifically secure.” Elaborating on the problems caused by the current regime, it described that “for example, at Salt Lake City competitors were still allowed to compete in skating events after a high blood count whereas, according to the protocols, similar counts would have rendered them ineligible to compete in skiing events.”<sup>96</sup>

## **THE PROCESS OF POLITICAL UNIFICATION**

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<sup>94</sup> Carrard quoted in Ibid.

<sup>95</sup> Pound quoted in Jack Todd, “Working to Clean Up Olympics: Rogge Makes Symbolic Peace with Pound at Anti-Dope Agency Opening,” *Montreal Gazette*, June 2, 2002.

<sup>96</sup> World Anti-Doping Agency, “Independent Observers Report: 2002 Olympic Games, Salt Lake City,” p. 88, 89.

In pursuit of the long-suggested harmonized regulatory system, WADA advocated the creation of a new anti-doping code that, in contrast to the existing set of often contradictory rules, was to be universally applicable. For his part, Rogge contributed the weight of his power as the new IOC President to the undertaking. Seeking to mend the longstanding rift between the committee and serious anti-doping officials, he attended the opening of the permanent WADA headquarters in Montreal with promises of support. “Jacques will come, which is good,” Pound asserted. “He has been very supportive of WADA all along, far more unequivocal about his support than Samaranch ever would have been.”<sup>97</sup> By then, the WADA chairman had also convinced a substantial number of sports leaders, including two hundred national Olympic committees, an equal number of national governments, and fifty international federations, to endorse the agency’s plan for a more robust anti-doping code.<sup>98</sup> Describing the anticipated effect of the agreement, Pound optimistically declared, “This is a tough code. If, by the [2004 Olympic] Games in Athens, you’re not signed on, your country won’t be there, or your sport won’t be there. It’s got teeth.”<sup>99</sup>

The process of acquiring this degree of commitment from both private and public policymakers nevertheless remained complicated. Having first been substantially discussed at a December 2001 WADA Executive Committee meeting, outlines of the code were distributed at a series of international doping conferences over the next year, including the Harmonisation Congress in the Netherlands and, in Kuala Lumpur, the

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<sup>97</sup> Pound quoted in Todd, “Working to Clean Up Olympics: Rogge Makes Symbolic Peace with Pound at Anti-Dope Agency Opening.”

<sup>98</sup> See Ibid.

<sup>99</sup> Pound quoted in James Christie, “Tough Drug Code Faces Sport Bodies,” *Globe and Mail (Canada)*, June 5, 2002.

International Intergovernmental Consultative Group Against Doping in Sport.<sup>100</sup> A complete version of the legislation was subsequently presented to the WADA Foundation Board in June 2002, and was then subjected to an international process of review. Over the next several months, two more drafts were written, circulated, and revised. After much work, the code was finally scheduled for presentation at the World Conference on Doping in Sport, which was to be held in March 2003 in Copenhagen.<sup>101</sup>

The Copenhagen Declaration on Anti-Doping in Sport was subsequently adopted at the conference, which asserted in part that because the participants were “aware that public authorities and sports organizations have complementary responsibilities to combat doping in sport. . . . [they] [d]etermined to take further and stronger cooperative action aimed at the reduction and eventual elimination of doping in sport.”<sup>102</sup> WADA, under the declaration, would thereafter be recognized as the central anti-doping regulatory mechanism; in addition, the World Anti-Doping Code was to be adopted by the signatories “as the foundation in the world wide fight against doping in sport.”<sup>103</sup>

While these were promising developments, Pound, as he later wrote, understood that much work still needed to be done in terms of the implementation of this agreement. “It was little short of a miracle that the process had brought us this far this quickly,” he remarked. “But WADA’s adoption of the code was only the beginning. The code meant nothing until the sports movement and governments acted to incorporate it into their own

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<sup>100</sup> See Minutes of the WADA Executive Committee Meeting, December 2, 2001, Lausanne, p. 4-7. It should be noted, however, that the idea of a WADA Code had been in existence since the creation of the new agency. For the Harmonisation Congress, see The Meeting in Kuala Lumpur is discussed in S. Selvam, “Anti-Doping Gets Good Response,” *New Straits Times (Malaysia)*, April 24, 2002.

<sup>101</sup> This process is discussed in World Anti-Doping Agency 2002 Annual Report, p. 6-8.

<sup>102</sup> Copenhagen Declaration on Anti-Doping in Sport, adopted at World Conference on Doping in Sport in Copenhagen, March 2003, available on WADA website.

<sup>103</sup> Copenhagen Declaration, sections 2, 3, & 4.

rules.”<sup>104</sup> To his credit, IOC President Rogge promised that adoption of the Code was not to be considered optional. “There should be no place in the Olympic Games for international federations or national Olympic committees who refuse to implement the code,” he said at the start of the Copenhagen conference. “Likewise,” he continued, “no organization of the Olympic Games should be awarded to a country whose government has neglected or refused to implement the code.”<sup>105</sup> The Copenhagen Declaration therefore called for the creation of an additional international convention that would bind national governments to its points; this document, under the declaration’s timeline, was to be adopted by the 2006 Winter Olympics.<sup>106</sup> Although the “binding” convention remained for future discussion, the World Conference on Doping in Sport in Copenhagen took the single most important step in the history of Olympic doping policy in terms of the creation of a universal regulatory system.

The IOC replaced its own medical code with the World Anti-Doping Code in July 2003, and pressure was subsequently placed on the various international federations to do the same by the opening of the 2004 Athens Olympic Games.<sup>107</sup> After threatening to prohibit WADA’s involvement at its 2003 world championships after a document was “leaked” during that year’s Tour de France, the International Cycling Union was given a deadline by Pound to adopt the Code. “There’s a provision in the Olympic charter,” he stated, “which by and large is hot off the press that says the world anti-doping code is

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<sup>104</sup> Pound, *Inside Dope*, 98-99.

<sup>105</sup> Rogge quoted in “Rogge Puts Weight of IOC Behind Anti-Doping Code,” *Ottawa Citizen*, March 4, 2003.

<sup>106</sup> Copenhagen Declaration, section 2.4. Athletic organizations were given an even more aggressive schedule. They were to adopt the World Anti-Doping Code by the 2004 Summer Olympics in Athens. See Susanna Loof, “IOC Approves Global Anti-Doping Code: Decision Means World’s Countries Face Uniform Rules,” *Ottawa Citizen*, July 5, 2003.

<sup>107</sup> See *Ibid.*

obligatory for the whole Olympic movement.” Therefore, Pound explained, “they [International Cycling Union officials] have to adopt the code in the next 10 months.”<sup>108</sup>

With these steps completed, all that remained for the political unification of Olympic doping policy was an international convention that would formally bind national governments to the World Anti-Doping Code. The lack of interest in the matter shown by the American government was particularly irksome for WADA officials. Specifically pointing out that the United States—along with Italy and the Ukraine—was still late in fulfilling its funding obligations, Pound asserted that the American team might face sanctions at the 2004 Summer Olympics; it might even cost New York the chance of hosting the 2012 Games. Angry at the George W. Bush U.S. presidential administration, he thus said, “There’s just a complete vacuum and void there as far as we’re concerned.”<sup>109</sup>

Nevertheless, the idea was presented to the United Nations Educational, Scientific and Cultural Organization (UNESCO), where it was unanimously approved by all 191 member countries.<sup>110</sup> Proud that his government had been a leader in pushing for the international agreement, Stephen Owen, the Canadian Minister of State with authority over athletics, stated, “The adoption of the convention will ensure that governments worldwide continue to work together to create an environment that enables athletes to compete on a fair and equal playing field.”<sup>111</sup> The UNESCO International Convention

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<sup>108</sup> Pound quoted in Steve Keating, “Anti-Doping Brawl Puts Cycling Body at Risk of Missing Athens Olympics,” Queensland [Australia] *Courier Mail*, October 8, 2003.

<sup>109</sup> Pound quoted in “Drug Chief Rails at U.S. ‘Disinterest’,” *St. Petersburg [Florida] Times*, November 19, 2003.

<sup>110</sup> The text of the convention is provided at “International Convention Against Doping in Sport,” October 19, 2005, available online through the WADA internet website (accessed April 28, 2006).

<sup>111</sup> Owen quoted in James Christie, “Anti-Doping Accord Okayed,” *Globe and Mail [Canada]*, October 20, 2005.

against Doping in Sport, as the agreement was formally termed, would not come into effect, however, until at least thirty governments ratified it.<sup>112</sup> On November 25, 2005, Sweden became the first country to ratify the document; Pound hoped that twenty-nine more would do the same by the opening of the 2006 Winter Olympics in Turin, Italy.<sup>113</sup>

By February 2006, though, only seven national governments had ratified the convention, sparking IOC President Rogge to say, “We express the hope that the governments who have promised to adopt the code by the first day of the Olympic Games will accelerate their efforts.”<sup>114</sup> Unfortunately, the goal was not met, and anti-doping authorities were consequently forced to deal with the issue in the absence of an enforceable treaty. The convention finally came into effect in February 2007.<sup>115</sup> With the process of formally uniting political authority over the subject completed, Pound cheerfully elucidated the agency’s astonishing success:

[If] I was to say to you [when WADA was created in 1989 that] within 5 years we’re going to have an international code that will apply to all countries, all sports, in place, adopted by 202 national Olympic committees, 75 international sports federations, the IOC, and we’d have an international convention under the umbrella of UNESCO unanimously approved, you’d look at me and say, ‘you’re out of your mind’.<sup>116</sup>

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<sup>112</sup> See *Ibid.*

<sup>113</sup> See “Doping: Sweden Ratifies Convention,” *Ottawa Citizen*, November 27, 2005.

<sup>114</sup> The seven to ratify were Australia, New Zealand, Canada, Denmark, Sweden, Norway and Monaco. This information, as well as Rogge’s quote from “IOC’s Rogge Presses for Approval of Doping Code; Olympics,” *Seattle Times*, February 8, 2006.

<sup>115</sup> The date for the convention to become effective was rescheduled for February 1, 2007. See “Govt[.] to Ratify Treaty Against Sports Doping; Signing Seen as Key to 2016 Olympic Bid,” *Tokyo Daily Yomiuri*, December 24, 2006.

<sup>116</sup> Pound quoted in McCarthy, “Profile: Richard W. Pound, QC-Chairman of WADA,” S20.

## A NEW GOVERNMENTAL INTEREST IN DOPING

While their deliberate pace in ratifying the UNESCO convention may have led to perceptions that national governments were disinterested in WADA, many, in fact, demonstrated surprising levels of commitment to the eradication of drugs in sport. Indeed, several governmental efforts were too aggressive for Olympic officials, who worried that they might destabilize the traditional autonomy of their movement. There was thus a fine line, in the analysis of Olympic officials, between helpful public involvement and destructive political intrusion. Because Italy maintained legislation under which doping in athletics was criminal, the IOC sent a letter to the Italian government asking that the law be suspended for the Torino Games.<sup>117</sup> Although IOC member—and Italian Under Secretary for Sport—Mario Pescante sought a moratorium on the law, the country's legislature refused to comply with the IOC's request. Describing his failure, Pescante thus said, "Members of Parliament consider this moratorium a sign of weakness. . . . I was very isolated."<sup>118</sup> Nevertheless, Italian authorities did concede that they would allow IOC and WADA officials to conduct the in-competition drug screens and that police forces would not be permitted to carry out random searches of athletes' quarters.<sup>119</sup>

In the United States, the national Congress, recognizing the broader public policy implications across all of athletics, has called for additional reforms along the WADA

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<sup>117</sup> See Vicki Michaelis, "IOC Asks Italy for Criminal Doping Waiver During Games," *USA Today*, February 11, 2005.

<sup>118</sup> Pescante quoted in Nathaniel Vinton, "I.O.C. Ends Opposition to Italy's Doping Laws," *New York Times*, October 29, 2005.

<sup>119</sup> See Amy Shipley and Liz Clarke, "Italian Authorities Still Plan to Prosecute Substance Abuse Cases," *Washington Post*, February 7, 2006.

model.<sup>120</sup> President Bush, perhaps wishing to draw attention away from other controversial issues in his administration, addressed doping in his 2004 State-of-the-Union Address.<sup>121</sup> The recognition of this issue on the national policy agenda represents a potential paradigm shift away from the Olympic organizational inertia that hampered anti-doping regulation for five decades. Additional public and scholarly attention is requisite to inculcating a new ethical culture across the global spectrum of sport regarding the use of performance-enhancing drugs.

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<sup>120</sup> For the U.S. Congress's interest in anti-doping, see U.S. Senate, Subcommittee on Consumer Affairs, Foreign Commerce and Tourism of the Committee on Commerce, Science, and Transportation, *Steroid Use in Professional Baseball and Anti-Doping Issues in Amateur Sports*, One Hundred Seventh Congress, Second Session, June 18, 2002 (Washington D.C.: U.S. Government Printing Office, 2005); U.S. House, Hearings before the Subcommittee on Commerce, Trade, and Consumer Protection of the Committee on Energy and Commerce, *The Drug Free Sports Act of 2005*, One Hundred Ninth Congress, First Session, May 18 & 19, 2005 (Washington D.C.: U.S. Government Printing Office, 2005); U.S. Senate, Committee on Commerce, Science, and Transportation, *S. 529, To Authorize Appropriations for the U.S. Anti-Doping Agency*, One Hundred Ninth Congress, First Session, May 24, 2005 (Washington D.C.: U.S. Government Printing Office, 2005); U.S. House, Hearing before the Committee on Government Reform, *Restoring Faith in America's Pastime: Evaluating Major League Baseball's Efforts to Eradicate Steroid Use*, One Hundred Ninth Congress, First Session, March 17, 2005 (Washington D.C.), available online: <http://gpoaccess.gov/congress/index.html> (accessed July 25, 2006); U.S. Senate, Hearing before the Committee on Commerce, Science, and Transportation, *S. 1114, The Clean Sports Act of 2005, and S. 1334, The Professional Sports Integrity and Accountability Act*, One Hundred Ninth Congress, First Session, September 28, 2005 (Washington, D.C.: U.S. Government Printing Office, 2006).

<sup>121</sup> President Bush remarked, "To help children make right choices, they need good examples. Athletics play such an important role in our society, but, unfortunately, some in professional sports are not setting much of an example. The use of performance-enhancing drugs like steroids in baseball, football, and other sports is dangerous, and it sends the wrong message – that there are shortcuts to accomplishment, and that performance is more important than character. So I tonight I call on team owners, union representatives, coaches, and players to take the lead, to send the right signal, to get tough, and to get rid of steroids now." George W. Bush, Address before a Joint Session of the Congress on the State of the Union, January 20, 2004, available online through the University of California at Santa Barbara American Presidency Project Website: <http://presidency.ucsb.edu/ws/print.php?pid=29646> (accessed April 26, 2006).



## Conclusion

If, as was mentioned in the introduction to this work, elite sport has developed as a “vast, loosely coordinated experiment upon the human organism,” then the efforts to regulate doping within that experimentation have been decidedly dysfunctional.<sup>1</sup> Since the subject first became an issue of public concern in the 1960s, Olympic policymakers, whichever the individual organization to which they belonged, confronted doping issues on ad-hoc bases with little long-term planning; substantive measures were, as a consequence, rarely undertaken outside times of crisis. This was in part due to the diffuse governance system under which the Olympic movement operated; regulatory power over doping was divided among several levels of international and national federations, national Olympic committees, and organizing bodies for individual competitions. At the same time, failures among public and private policymakers to recognize the saliency of the doping issue and to fulfill responsibilities for its effective regulation ensured that this structure remained intact for multiple decades.

To be fair, there were successes in the struggle to curtail performance-enhancing drugs in the Olympics; at the same time, not every individual in the Olympic community was personally culpable for the movement’s failures. Few would argue, as an example, that Dick Pound was willing to overlook controversial subjects for individual or organizational gain. Nevertheless, the fact remains that Olympic leaders with Pound’s integrity remained far too few for much too long. During his presidency of the IOC, for instance, Avery Brundage was too enmeshed in notions of amateurism to spend much time on “insignificant” matters like doping; his successor, Lord Killanin, bumbled his

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<sup>1</sup> John Hoberman, *Mortal Engines: The Science of Performance and the Dehumanization of Sport* (New York: Free Press, 1992), ix.

way through eight years of leadership, accomplishing little; perhaps worst of all, Juan Antonio Samaranch chose to largely ignore the issue in pursuit of ever more lucrative economic rewards. Even during the last several years, those willing to take a stand against the status quo were often punished; it was no accident that Dick Pound finished third in the 2001 IOC presidential election. If one wished to dampen the prospects for success in the battle against doping, organizational decentralization, venality, and individual indifference therefore provided a potent mixture.

Even when progress was made, plans for reform were usually prepared only after the occurrence of some “focusing event” that frightened policymakers into action. This shortcoming was perhaps best articulated at a November 2000 meeting of the WADA Foundation Board by member Paul Henderson, who observed, “No good lesson was ever learnt except through the eyes of disaster.”<sup>2</sup> Although the use of performance-enhancing drugs in the Olympics was known to occur prior to 1960, serious dialogue regarding the subject did not begin until the death of Knud Jensen in that year’s Rome Olympic Games. While regulations against doping were gradually instituted over the next decade, the powers to enforce them remained dispersed among the various components of the movement’s governance system. Despite periodic efforts at reform, this framework was maintained until public authorities threatened to intervene after Canadian sprinter Ben Johnson tested positive for an anabolic steroid at the 1988 Summer Olympics in Seoul, South Korea. Even then, it took policymakers over a decade to implement a more integrated regime through the creation of the World Anti-Doping Agency in November 1999.

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<sup>2</sup> Minutes of the Foundation Board of the World Anti-Doping Agency, November 14, 2000, Oslo, Norway, p. 13.

To their credit, anti-doping authorities, freed from the problems created by the previously fragmented regulatory system with the creation of WADA and the ratification of the World Anti-Doping Code, began to plan in advance for the scientific advances that will collectively constitute the future of doping. During the first decade of the twenty-first century, for example, several conferences were held regarding the possible applications of genomics to athletic enhancement. Speaking to the anticipated benefits of this early start, WADA member Theodore Friedmann thus asserted, “There is a much greater level of awareness, and that’s the starting point.”<sup>3</sup> The World Anti-Doping Code even included a provision that “the use of genetic transfer technology to dramatically enhance sport performance should be prohibited as contrary to the spirit of sport even if it is not harmful.”<sup>4</sup>

The tragedy is that however admirable, these developments are too late to definitively “win” the war against doping in the Olympics. The fact is that we live in a performance-enhanced society. Examples of this abound: the stimulant dexedrine was used by military pilots in the Gulf War of 1990, college students regularly take amphetamine-based psychiatric drugs in pursuit of higher grade-point averages and an increasing number of non-elderly individuals are prescribed testosterone and human growth hormone to counteract the effects of aging.<sup>5</sup> In the Olympics, this “medicalized” environment has led to acceptable forms and levels of “soft doping.” Under current WADA guidelines, for example, a competitor’s testosterone to epitestosterone ratio must

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<sup>3</sup> Friedmann quoted in “Sports and Drugs: Are Stronger Anti-Doping Policies Needed?,” *Congressional Quarterly Researcher* 14, no. 26 (July 23, 2004): 624.

<sup>4</sup> World Anti-Doping Code, 2003, subsection 4.3.2 comment, available online through the WADA internet website: [http://www.wada-ama.org/rtecontent/document/code\\_v3.pdf](http://www.wada-ama.org/rtecontent/document/code_v3.pdf) (accessed April 11, 2007).

<sup>5</sup> A useful summary of these points is provided in John Hoberman, “The Doping of Everyday Life,” *Boston Globe*, August 21, 2006. Clipping from John Hoberman personal papers, University of Texas at Austin. My thanks to Dr. Hoberman for providing me with a copy of this article.

exceed 4.0 before a urine sample is submitted to isotopic ratio mass spectrometry. Because this ratio far exceeds that which is ordinarily found in the human body, athletes are consequently allowed to “cheat” within arbitrarily-constructed limits.<sup>6</sup> The genetic revolution will only make matters worse; alluding to novelist Aldous Huxley’s gloomy vision of the human future, Pound thus stated, “The drug problem is the devil we know . . . and here we are at the beginning of a brave new world.”<sup>7</sup>

The dilemmas presented by these prospects were perhaps best put in March 2002 by Joseph Glorioso, director of the Pittsburgh Human Gene Therapy Center, in a question that cut to the heart of the future of doping. “How do we distinguish enhancement from treatment?” he wondered.<sup>8</sup> Elucidating the answer will be the central challenge for future Olympic policymakers.

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<sup>6</sup> The accepted ratio of testosterone to epitestosterone is described in C. Saudan et al., “Testosterone and Doping Control,” *British Journal of Sports Medicine* 40, no. 1, Supplement I (July, 2006): i23.

<sup>7</sup> “Sports and Drugs: Are Stronger Anti-Doping Policies Needed?,” 624.

<sup>8</sup> Glorioso quoted in Sandomir, “Olympics; Athletes May Next Seek Genetic Enhancement.”

## **Appendix A**

### **DOPING CONTROL FOR 1968 OLYMPIC GAMES IN GRENOBLE, FRANCE**

- a) Sympathomimetic Amines (e.g. amphetamine), ephedrine and similar substances,
- b) Stimulants of the central nervous system (strychnine) and analeptics,
- c) Narcotics and analgesics (e.g. morphine), similar substances,
- d) Anti-depressants (e.g. IMAO), imipramine and similar substances,
- e) Major tranquillisers (e.g. Phenothiazine).<sup>1</sup>

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<sup>1</sup> Adapted from "Medical Commission," *[IOC] Newsletter* (February 1968), 71.

## Appendix B

### WORLD ANTI-DOPING AGENCY 2007 SUBSTANCES PROHIBITED LIST

#### SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION):

##### *SI. ANABOLIC AGENTS*

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS) a. Exogenous\* AAS, including: 1-androstendiol (5 $\alpha$ -androst-1-ene-3 $\beta$ ,17 $\beta$ -diol ); 1-androstendione (5 $\alpha$ -androst-1-ene-3,17-dione); bolandiol (19-norandrostenediol); bolasterone; boldenone; boldione (androsta-1,4-diene-3,17-dione); calusterone; clostebol; danazol (17 $\alpha$ -ethynyl-17 $\beta$ -hydroxyandrost-4-eno[2,3-d]isoxazole); dehydrochlormethyltestosterone (4-chloro-17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien-3-one); desoxymethyltestosterone (17 $\alpha$ -methyl-5 $\alpha$ -androst-2-en-17 $\beta$ -ol); drostanolone; ethylestrenol (19-nor-17 $\alpha$ -pregn-4-en-17-ol); fluoxymesterone; formebolone; furazabol (17 $\beta$ -hydroxy-17 $\alpha$ -methyl-5 $\alpha$ -androstando[2,3-c]-furazan); gestrinone; 4-hydroxytestosterone (4,17 $\beta$ -dihydroxyandrost-4-en-3-one); mestanolone; mesterolone; metenolone; methandienone (17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien-3-one); methandriol; methasterone (2 $\alpha$ , 17 $\alpha$ -dimethyl-5 $\alpha$ -androstane-3-one-17 $\beta$ -ol); methyldienolone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9-dien-3-one); methyl-1-testosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methyl-5 $\alpha$ -androst-1-en-3-one); methylnortestosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestr-4-en-3-one); methyltrienolone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9,11-trien-3-one); methyltestosterone; mibolerone; nandrolone; 19-norandrostenedione (estr-4-ene-3,17-dione); norboletone; norclotebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanazol ([3,2-c]pyrazole-5 $\alpha$ -etioallocholane-17 $\beta$ -

tetrahydropyranol); quinbolone; stanozolol; stenbolone; 1-testosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androst-1-en-3-one); tetrahydrogestrinone (18 $\alpha$ -homo-pregna-4,9,11-trien-17 $\beta$ -ol-3-one); trenbolone and other substances with a similar chemical structure or similar biological effect(s).b. Endogenous\*\* AAS: androstenediol (androst-5-ene-3 $\beta$ ,17 $\beta$ -diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androstan-3-one); prasterone (dehydroepiandrosterone, DHEA); testosterone and the following metabolites and isomers: 5 $\alpha$ -androstane-3 $\alpha$ ,17 $\alpha$ -diol; 5 $\alpha$ -androstane-3 $\alpha$ ,17 $\beta$ -diol; 5 $\alpha$ -androstane-3 $\beta$ ,17 $\alpha$ -diol; 5 $\alpha$ -androstane-3 $\beta$ ,17 $\beta$ -diol; androst-4-ene-3 $\alpha$ ,17 $\alpha$ -diol; androst-4-ene-3 $\alpha$ ,17 $\beta$ -diol; androst-4-ene-3 $\beta$ ,17 $\alpha$ -diol; androst-5-ene-3 $\alpha$ ,17 $\alpha$ -diol; androst-5-ene-3 $\alpha$ ,17 $\beta$ -diol; androst-5-ene-3 $\beta$ ,17 $\alpha$ -diol; 4-androstenediol (androst-4-ene-3 $\beta$ ,17 $\beta$ -diol); 5-androstenedione (androst-5-ene-3,17-dione); epi-dihydrotestosterone; 3 $\alpha$ -hydroxy-5 $\alpha$ -androstan-17-one; 3 $\beta$ -hydroxy-5 $\alpha$ -androstan-17-one; 19-norandrosterone; 19-noretiocholanolone. Where an anabolic androgenic steroid is capable of being produced endogenously, a Sample will be deemed to contain such Prohibited Substance where the concentration of such Prohibited Substance or its metabolites or markers and/or any other relevant ratio(s) in the Athlete's Sample so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A Sample shall not be deemed to contain a Prohibited Substance in any such case where an Athlete proves that the concentration of the Prohibited Substance or its metabolites or markers and/or the relevant ratio(s) in the Athlete's Sample is attributable to a physiological or pathological condition. In all cases, and at any concentration, the Athlete's sample will be deemed to contain a Prohibited Substance and the laboratory will report an Adverse Analytical Finding if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the Prohibited Substance is of exogenous origin. In such case, no further investigation is necessary. If a value in the range of levels normally

found in humans is reported and the reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are indications, such as a comparison to endogenous reference steroid profiles, of a possible Use of a Prohibited Substance, further investigation shall be conducted by the relevant Anti-Doping Organization by reviewing the results of any previous test(s) or by conducting subsequent test(s), in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a Prohibited Substance. When a laboratory has reported a T/E ratio greater than four (4) to one (1) and any reliable analytical method (e.g. IRMS) applied has not determined the exogenous origin of the substance, further investigation may be conducted by a review of previous tests or by conducting subsequent test(s), in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a Prohibited Substance. If a laboratory reports, using an additional reliable analytical method (e.g. IRMS), that the Prohibited Substance is of exogenous origin, no further investigation is necessary and the Sample will be deemed to contain such Prohibited Substance. When an additional reliable analytical method (e.g. IRMS) has not been applied and a minimum of three previous test results are not available, a longitudinal profile of the Athlete shall be established by performing a minimum of three no advance notice tests in a period of three months by the relevant Anti-Doping Organization. If the longitudinal profile of the Athlete established by the subsequent tests is not physiologically normal, the result shall be reported as an Adverse Analytical Finding. In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and the application of any reliable analytical method (e.g. IRMS) has not determined the



exogenous origin of the substance, further investigation may be conducted by subsequent tests. When an additional reliable analytical method (e.g. IRMS) has not been applied, a longitudinal profile of the athlete shall be established by performing a minimum of three no advance notice tests in a period of three months by the relevant Anti-Doping Organization. If the longitudinal profile of the Athlete established by the subsequent tests is not physiologically normal, the result shall be reported as an Adverse Analytical Finding. For 19-norandrosterone, an Adverse Analytical Finding reported by a laboratory is considered to be scientific and valid proof of exogenous origin of the Prohibited Substance. In such case, no further investigation is necessary. Should an Athlete fail to cooperate in the investigations, the Athlete's Sample shall be deemed to contain a Prohibited Substance.

2. Other Anabolic Agents, including but not limited to: Clenbuterol, tibolone, zeranol, zilpaterol. For purposes of this section: \* "exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally. \*\* "endogenous" refers to a substance which is capable of being produced by the body naturally.

## ***S2. HORMONES AND RELATED SUBSTANCES***

The following substances, including other substances with a similar chemical structure or similar biological effect(s), and their releasing factors, are prohibited:

1. Erythropoietin (EPO);
2. Growth Hormone (hGH), Insulin-like Growth Factors (e.g. IGF-1), Mechano Growth Factors (MGFs);
3. Gonadotrophins (LH, hCG), prohibited in males only;
4. Insulin;
5. Corticotrophins.

Unless the Athlete can demonstrate that the concentration was due to a physiological or pathological condition, a Sample will be deemed to contain a Prohibited Substance (as listed above) where the concentration of the Prohibited Substance or its metabolites and/or relevant ratios or markers in the Athlete's Sample so exceeds the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. If a laboratory reports, using a reliable analytical method, that the Prohibited Substance is of exogenous origin, the Sample will be deemed to contain a Prohibited Substance and shall be reported as an Adverse Analytical Finding. The presence of other substances with a similar chemical structure or similar biological effect(s), diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is of exogenous origin, will be deemed to reflect the use of a Prohibited Substance and shall be reported as an Adverse Analytical Finding.

### ***S3. BETA-2 AGONISTS***

All beta-2 agonists including their D- and L-isomers are prohibited. As an exception, formoterol, salbutamol, salmeterol and terbutaline when administered by inhalation, require an abbreviated Therapeutic Use Exemption. Despite the granting of any form of Therapeutic Use Exemption, a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL will be considered an *Adverse Analytical Finding* unless the *Athlete* proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

### ***S4. AGENTS WITH ANTI-ESTROGENIC ACTIVITY***

The following classes of anti-estrogenic substances are prohibited:

1. Aromatase inhibitors including, but not limited to, anastrozole, letrozole, aminoglutethimide, exemestane, formestane, testolactone.
2. Selective Estrogen Receptor Modulators (SERMs) including, but not limited to, raloxifene, tamoxifen, toremifene.
3. Other anti-estrogenic substances including, but not limited to, clomiphene, cyclofenil, fulvestrant.

#### ***S5. DIURETICS AND OTHER MASKING AGENTS***

Masking agents are prohibited. They include: Diuretics\*, epitestosterone, probenecid, alpha-reductase inhibitors (e.g. finasteride, dutasteride), plasma expanders (e.g. albumin, dextran, hydroxyethyl starch) and other substances with similar biological effect(s). Diuretics include: acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene, and other substances with a similar chemical structure or similar biological effect(s) (except for drospirinone, which is not prohibited). \* A Therapeutic Use Exemption is not valid if an Athlete's urine contains a diuretic in association with threshold or sub-threshold levels of a Prohibited Substance(s).

### **PROHIBITED METHODS**

#### ***M1. ENHANCEMENT OF OXYGEN TRANSFER***

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin.

2. Artificially enhancing the uptake, transport or delivery of oxygen, including but not limited to perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products).

## ***M2. CHEMICAL AND PHYSICAL MANIPULATION***

1. *Tampering*, or attempting to tamper, in order to alter the integrity and validity of *Samples* collected during *Doping Controls* is prohibited. These include but are not limited to catheterisation, urine substitution and/or alteration.

2. Intravenous infusions are prohibited, except as a legitimate medical treatment.

## ***M3. GENE DOPING***

The non-therapeutic use of cells, genes, genetic elements, or of the modulation of gene expression, having the capacity to enhance athletic performance, is prohibited.

## **SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION**

In addition to the categories S1 to S5 and M1 to M3 defined above, the following categories are prohibited in competition:

### **PROHIBITED SUBSTANCES**

#### ***S6. STIMULANTS***

All stimulants (including both their (D- & L-) optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2007 Monitoring Program\*. Stimulants include: Adrafinil, adrenaline\*\*, amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, benzylpiperazine, bromantan, cathine\*\*\*, clobenzorex, cocaine, cropropamide,

crotetamide, cyclazodone, dimethylamphetamine, ephedrine\*\*\*\*, etamivan, etilamphetamine, etilefrine, famprofazone, fenbutrazate, fencamfamin, fencamine, fenetylline, fenfluramine, fenproporex, furfenorex, heptaminol, isometheptene, levmethamphetamine, meclofenoxate, mefenorex, mephentermine, mesocarb, methamphetamine (D-), methylenedioxyamphetamine, methylenedioxymethamphetamine, pmethylamphetamine, methylephedrine\*\*\*\*, methylphenidate, modafinil, nikethamide, norfenefrine, norfenfluramine, octopamine, ortetamine, oxilofrine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phenmetrazine, phenpromethamine, phentermine, 4-phenylpiracetam (carphedon), prolintane, propylhexedrine, selegiline, sibutramine, strychnine, tuaminoheptane and other substances with a similar chemical structure or similar biological effect(s). \* The following substances included in the 2007 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, pseudoephedrine, synephrine) are not considered as Prohibited Substances. \*\* Adrenaline associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited. \*\*\* Cathine is prohibited when its concentration in urine is greater than 5 micrograms per milliliter. \*\*\*\* Each of ephedrine and methylephedrine is prohibited when its concentration in urine is greater than 10 micrograms per milliliter. A stimulant not expressly mentioned as an example under this section should be considered as a Specified Substance only if the Athlete can establish that the substance is particularly susceptible to unintentional anti-doping rule violations because of its general availability in medicinal products or is less likely to be successfully abused as a doping agent.

## ***S7. NARCOTICS***

The following narcotics are prohibited: buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

## ***S8. CANNABINOIDS***

Cannabinoids (e.g. hashish, marijuana) are prohibited.

## ***S9. GLUCOCORTICOSTEROIDS***

All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. Their use requires a Therapeutic Use Exemption approval. Other routes of administration (intraarticular /periarticular/ peritendinous/ epidural/ intradermal injections and inhalation) require an Abbreviated Therapeutic Use Exemption except as noted below. Topical preparations when used for dermatological (including iontophoresis/phonophoresis), auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of Therapeutic Use Exemption.

## **SUBSTANCES PROHIBITED IN PARTICULAR SPORTS**

### ***P1. ALCOHOL***

Alcohol (ethanol) is prohibited *in-competition* only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold (haematological values) for each Federation is reported in parenthesis. • Aeronautic (FAI) (0.20 g/L) • Archery (FITA, IPC) (0.10 g/L) • Automobile (FIA) (0.10 g/L) • Boules (CMSB, (0.10 g/L) IPC bowls) • Karate (WKF) (0.10 g/L) • Modern

Pentathlon (UIPM) (0.10 g/L) for disciplines involving shooting • Motorcycling (FIM) (0.10 g/L) • Powerboating (UIM) (0.30 g/L).

## **P2. BETA-BLOCKERS**

Unless otherwise specified, beta-blockers are prohibited *in-competition* only, in the following sports. • Aeronautic (FAI) • Archery (FITA, IPC) (also prohibited *out-of-competition*) • Automobile (FIA) • Billiards (WCBS) • Bobsleigh (FIBT) • Boules (CMSB, IPC bowls) • Bridge (FMB) • Curling (WCF) • Gymnastics (FIG) • Motorcycling (FIM) • Modern Pentathlon (UIPM) for disciplines involving shooting • Nine-pin bowling (FIQ) • Sailing (ISAF) for match race helms only • Shooting (ISSF, IPC) (also prohibited *out-of-competition*) • Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air • Wrestling (FILA) Beta-blockers include, but are not limited to, the following: acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.

## **SPECIFIED SUBSTANCES\***

“Specified Substances”\* are listed below:

• All inhaled Beta-2 Agonists, except salbutamol (free plus glucuronide) greater than 1000 ng/mL and clenbuterol; • Probenecid; • Cathine, cropropamide, crotetamide, ephedrine, etamivan, famprofazone, heptaminol, isometheptene, levmethamphetamine, meclofenoxate, p-methylamphetamine, methylephedrine, nikethamide, norfenefrine, octopamine, ortetamine, oxilofrine, phenpromethamine, propylhexedrine, selegiline, sibutramine, tuaminoheptane, and any other stimulant not expressly listed under section

S6 for which the Athlete establishes that it fulfils the conditions described in section S6; • Cannabinoids; • All Glucocorticosteroids; • Alcohol; • All Beta Blockers.

\* “The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents.” A doping violation involving such substances may result in a reduced sanction provided that the “...Athlete can establish that the Use of such a specified substance was not intended to enhance sport performance...”<sup>2</sup>

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<sup>2</sup> Adapted from World Anti-Doping Agency, “The World Anti-Doping Code: The 2007 Prohibited List International Standard” (September 16, 2006): 1-11. Available online through the World Anti-Doping Agency Internet Website: <http://www.wada-ama.org/en/index.ch2> (accessed June 1, 2007).



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### **Unpublished Material**

- Domer, Thomas Michael. "Sport in Cold War America, 1953-1963: The Diplomatic and Political Use of Sport in the Eisenhower and Kennedy Administrations." Ph.D. Dissertation, Marquette University, 1976.

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