



Intended. Underrated. Disputed. The IOC Medical Commission's "Subcommission on Doping and Biochemistry in Sport" between 1980 and 1988



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ARTICLE INFO

Article history:

Received 29 October 2015

Accepted 22 March 2016

Available online 25 May 2016

ABSTRACT

Based on historical sources from the archive of the *International Olympic Committee Library and Archives* and the *Carl and Liselott Diem-Archive* of the *German Sport University Cologne*, this article explores the role of the International Olympic Committee Medical Subcommission on Doping. It therewith aims to address the relative omission on the role of scientists in the history of anti-doping. The paper argues that the IOC MSD is a much-underrated anti-doping body because the activities of its members, who were all heads of anti-doping laboratories with professional competencies in the field of doping analysis, shaped the International Olympic Committee's (IOC) anti-doping policy considerably in the 1980s.

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1. Introduction

The article provides evidence for the role of the IOC MSD through the citation of three main arguments. First, scientists played a key role in the formation of the IOC MSD and clearly intended the creation of a specific IOC anti-doping body, dealing solely with the issue of doping. Second, this paper shows that the members of the IOC MSD under the leadership of Prof. Dr. Manfred Donike, a biochemist of the German Sport University Cologne, prompted groundbreaking initiatives in various areas. These included such establishments as new testing techniques, the institutional anti-doping laboratory network and the development of general guidelines for doping testing. Third, whilst policy makers like International Association of Athletics Federations (IAAF) President Primo Nebiolo and the head of the Organizing Committee of the 1984 Los Angeles Olympic Games (LAOOC), Peter Ueberroth, praised such initiatives in public, the progressively increasing influence of the IOC MSD members, entailed high potential for conflicts. These are documented in numerous letters which demonstrate that the operations of the IOC MSD members did not remain undisputed.

The identified developments allow one to conclude that a complete account of the history of the IOC's fight against doping in the 1980s has to take into consideration the specific role of the IOC MSD. In fact, the initiatives of the IOC MSD members resulted in

an institutional and process-related legacy from which the World Anti-Doping Agency (WADA) still profits today.

2. Background

Research on doping and anti-doping has exponentially increased in the last few decades. This particularly accounts for the anti-doping policies of the International Olympic Committee (IOC), highlighting how IOC presidents and the Chairman of the IOC Medical Commission, Prince Alexandre de Mérode, have shaped the decision-making processes (Dimeo, Hunt, & Bowers, 2011). In accordance with Ritchie's (2012) convincing demonstration, sport administrators such as Mérode have continuously justified anti-doping prohibitions by referring to the protection of the "spirit of Olympic sport". Thereby, sports organizations have relied on scientific expertise to execute the doping analyses in their attempt to apply strict anti-doping regulations based on a rigorous testing regime.

However, when looking in detail at the existing research, a continuously mentioned – but never thoroughly examined – topic is the role of "science" and its influence on anti-doping policy within the Olympic Movement. Houlihan (1999) identifies a group of "scientists and doctors" that informed anti-doping policy; but he does not give a detail account of it and does not address how this influence developed over time. Dimeo (2007) goes even further in his investigation on drug usage and its prohibition, arguing that the "role of scientists is the great omission in the current historiography of doping and anti-doping". Whilst Dimeo himself explores

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the contribution of a few scientists until 1976, the research gap was not addressed completely. Therefore recent publications still list the international history of doping analysis and its protagonists as a research desideratum (Spitzer, Eggers, Schnell, & Wisniewska, 2013). Hence, in contrast to previous sport historic scholarship, this article centers its analysis on key agents and institutions from within the scientific world and shows how they have influenced the anti-doping initiatives of the IOC through the IOC MSD. It argues that the foundation of the IOC MSD caused a much underrated but far-reaching shift within the IOC's anti-doping fight.

3. Intended: the foundation of the IOC MSD

Before centralizing scientists' influence on the global anti-doping fight, some theoretical considerations have to be undertaken in order to define precisely what/who is meant by the terms "science and scientists". Considering the historical perspective, it becomes apparent that one has to distinguish between medical experts and experts from the natural sciences. In fact, comprehensive studies on the role of medical experts in doping and anti-doping matters already exist (Hoberman, 2002; Waddington, 1996). They argue that by terms of their profession, medical doctors should predominantly deal with the health of athletes. Therefore, they have direct contact with elite athletes. Moreover, numerous studies show that medical doctors strongly supported initial anti-doping activities in the 1950s and 1960s (Dimeo, 2007; Krieger and Wassong, 2012; Wrynn, 2004). However, they did not have the professional competencies to develop analytical procedures for drug detection. Experts from the natural sciences with professional expertise in the fields of pharmacology, biochemistry and chemistry undertook this task and hence occupied a different role in the anti-doping fight. These scientists are the investigated group in this paper.

After an initial condemnation of doping in 1938 (Krieger and Wassong, 2012), the IOC did not become proactive in the fight against performance enhancement until the beginning of the 1960s, following the tragic but controversial death of the Danish cyclist Knud Jensen during the 1960 Rome Olympic Games (Møller, 2005).¹ The initial efforts led to the foundation of an IOC doping subcommittee under the IOC member and surgeon Sir Arthur Porritt from New Zealand, but it was not very active (Hunt, 2011). Importantly, the entire subcommittee was comprised of IOC members with a medical background. However, in order to deal with doping issues more extensively, Porritt consulted external medical advisors, such as Professor Dr. Albert Dirix (Belgium), Professor Dr. Ludwig Prokop (Austria) and Dr. Pierre Dumas (France), without making them official members of the doping subcommittee. It was only when the IOC Medical Commission was founded in 1967, and the Belgian Prince Alexandre de Mérode was appointed Chairman, that *external* experts became more officially involved in the IOC's fight against doping. Much like the initial doping subcommittee, Mérode favored a stern testing policy but he had a more pragmatic approach. From written communication it becomes evident that he considered the inclusion of an expert in the analytical procedures of doping controls necessary (de Mérode, 1967). Thus he appointed to the commission the British pharmacologist Professor Dr. Arnold Beckett, who had organized and conducted the

doping analysis of samples collected during the Tour of Britain in 1965/1966 and the FIFA World Cup in 1966 (Dimeo, 2007). He was to act as the technical/analytical expert for all the first doping controls at the 1968 Winter Olympic Games in Grenoble and the 1968 Mexico City Olympic Games. Hence, with him being the first scientist, who was not a medical doctor, occupying a role within an IOC anti-doping body, it becomes inevitable to distinguish between different professions.

With the preparation of the doping controls for the 1972 Munich Olympic Games, a second scientist started to become heavily involved with anti-doping work. This was the German biochemist Professor Dr. Manfred Donike from Cologne. The Organizing Committee of the 1972 Munich Olympic Games had contracted him to install and operate the anti-doping laboratory at the event (Krüger, Nielsen, & Becker, 2012). He set himself the goal to define internationally approved standards with the doping controls and set up the first standardized laboratory at a sporting event, working in accordance with an official doping protocol. Therefore, this turning point in the Olympic doping control system has to be attributed to Donike and his team (Krieger and Wassong, 2012). However, whilst Donike did not instantly become involved in anti-doping policy making on the international level – he was appointed "Commissioner for Doping Analysis" of the German Institute for Sport Science though (Krüger, Becker, Nielsen, & Reinold, 2014) – Beckett remained the only technical consultant for the IOC and Mérode. This was despite the fact that other sport administrators began to increasingly realize the value of scientists' professional competencies for the maintenance and advancement of the global doping control system. For example, the Swiss Professor Dr. Gottfried Schönholzer, medical supervisor of the 1972 Munich Olympic Games, wrote in his final report that international anti-doping efforts should be coordinated by "capable and practicing *scientists* [emphasis added]" and not "*medical* doping administrators [emphasis added]" (Schönholzer, 1972). As examples, he noted the exemplary work by Beckett and Donike in Munich. In contrast to this, he considered medical doctors such as the German team doctor Dr. Armin Klümper and other members of the IOC Medical Commission as biased and unprofessional (Schönholzer, 1972).

However, scientists evidently lacked exchange forums and personal/institutional networks by the beginning of the 1970s. The only symposium on analytical anti-doping questions took place in 1969 in Rome on invitation of the IOC. Donike and Beckett participated at the meeting but there was no repetition of this event (n.a., 1969). In contrast to this, doping was an issue at numerous sport medicine conferences. Hence, one has to concede that medical experts remained the key advisors during this period, certainly also because the majority of IOC Medical Commission members were medical doctors. This did also not change following the introduction of a test for anabolic steroids from the 1976 Montréal Olympic Games onwards, in which scientists had played a crucial role.

Thus, one has to verify that the development of scientists into key agents, for the international sport political level, began with the IAAF Medical Committee, founded in 1972 (Krieger, 2012). In this regard, the summoning of a small working group to deal solely with technical and analytical aspects of doping controls was essential. The small group consisted of external experts in doping analysis such as Professor Dr. Raymond Brooks (Great Britain) and Professor Dr. Jacques van Rossum (The Netherlands). From as early as 1975, the group in conjunction with Beckett, as IAAF Medical Committee member, emphasized the need for worldwide-accredited laboratories and global analytical standards (IAAF, 1975). Furthermore, they stressed that all chemical aspects should be dealt with by experts within the scientific field and not by medical doctors. Clearly, they anticipated increased possibilities to generate income through a rising number of tests and research projects on doping analysis. The increasing need for more technical expertise through sport organi-

¹ The diagnosis of the attending doctor as well as the official report of the Danish Olympic Committee state that Knud Jensen's cause of death was a brain injury, caused by a fall from his bike. The fall was triggered by a heatstroke. In contrast to the Danish report, the IOC ascribes Knud Jensen's death the ingestion of amphetamines. Point of reference for this is an examination by IOC member Professor Dr. Ludwig Prokop. He claims that traces of amphetamines were found during Jensen's autopsy. However, his findings are disputable and his documentation is not accessible any more.

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