From its inauguration in 1967, the International Olympic Committee (IOC) Medical Commission’s has handled the problematic issue of doping in the Olympic Games. However, over time, the public and “clean” athletes became very mistrustful of the IOC Medical Commission’s ability to detect and punish “drug cheats” when the frequency of scandals involving drug-related incidents began to increase dramatically in elite sport in the late 1990s. Numerous scandals took place in the Olympic Movement, which left the IOC quite vulnerable to public scrutiny. The scandals include: the drug-induced death of Danish cyclist Knud E. Jensen during the 1960 Olympics; systematic doping by several countries in the 1970s and 1980s; widespread accusations of the IOC suppressing positive drug tests; the 1998 Tour de France doping scandal; and finally, Ben Johnson as a scapegoat to show the world that the IOC was effectively eradicating doping in sport. In 1999, public mistrust of the IOC, and its supposed fight against drugs in sport, escalated to the point where the IOC realized it must take action to restore their severely tarnished image and satisfy the pressing public outcry that demanded elite sport become more credible and accountable.

In response to the public’s dissatisfaction, the IOC, led by President Juan Antonio Samaranch, began planning an independent doping control agency thereby giving into the public’s demands for reform. Doing so demonstrated the IOC’s commitment to eradicating doping in sport, salvaged its reputation, and restored the public’s faith in both the IOC and the IOC Medical Commission. The prospect of an independent doping control agency brought a diverse assortment of individuals and organizations associated with sport, drug legislature, and human welfare to Lausanne to participate at The World Conference in Sport in 1999. At this conference, the groundwork to create an independent, transparent, and accountable anti-doping agency to govern elite sport emerged, known as the World Anti-Doping Agency (WADA). In this paper, I will describe the events that led to the creation of WADA and analyze the transfer of power from the IOC Medical Commission to WADA. In doing so, I will determine the IOC Medical Commission’s function post-1999 after WADA took over its role of doping control.
In the beginning: the creation of the IOC Medical Commission

With advances in technology and growing knowledge of the human body, doping practices gradually became more technical and complex. From the diet of dried figs used by ancient Olympic competitors to the stimulants used by Ancient Egyptians and Roman gladiators, doping in sport took place long before the IOC identified it as a worrisome issue in the 1960s. This changed following the death of 23-year-old Danish cyclist Knud E. Jensen at the 1960 Olympic Games in Rome, Italy midway through the course. Jensen was not the first athlete speculated to have expired from using performance-enhancing drugs, but his death, having occurred at the Olympic Games, was the first to cause the IOC distress. Seven years later, British cyclist Tommy Simpson met the same fate as Jensen when he died on July 13, 1967, during a stage of the Tour de France. Simpson's death, however, occurred during a live television broadcast of the race, and thus created much greater media attention. When reports from Simpson’s autopsy revealed amphetamines and cognac in his bloodstream, many attributed his death to doping and a very negative association began to form between elite sport and drugs.

Because of the negative public reaction to the drug-induced deaths of elite athletes, the IOC began discussing what it could do to prevent similar situations in the future. According to Olympic historian Wolf Lyberg’s summary of the Minutes of the IOC and IOC Executive Board meetings, the first mention of doping in sport by the IOC took place in 1960 at the 57th session of the IOC in San Francisco, USA not long after Jensen's death. At this meeting, IOC President Avery Brundage declared, "We need to look into doping." To do so, the IOC Executive Board appointed a Doping Committee, which consisted of almost the same group of people appointed to the Medical Commission one year prior. The consistent factor in the IOC Medical Commission and Doping Committee reports from 1967 until the transfer of power to WADA in 1999 was the presence of Prince Merode. In Merode’s first meeting as chair of the Medical Commission in 1968, at the Chateau de Vidy in Lausanne, the committee decided to perform dope tests on the top six competitors at the Olympic Games, two athletes drawn at random from the rest of the field, and two athletes from each team participating in a team sport. This set the stage for drug testing in the Olympic Games, which officially started at the 1968 Summer Games in Mexico City, following unofficial testing done at the 1964 Olympic Games in Tokyo, Japan.

Factors influencing the public’s displeasure with the IOC Medical Committee’s efforts

Since newly discovered drugs could be used for several years before a detection method was developed, keeping up with drug cheats was not an easy task. While amphetamines reigned as the top doping choice in the 1960s and 1970s, anabolic steroids replaced them in the 1980s, followed by the use of human growth hormones and erythropoietin. Yesalis and Burke speculate, "more than a dozen deaths of elite cyclists that took place in the late 1980s were the result of the use of EPO" even though Prince Merode felt "this practice is not thought to be very widespread or of much help to an athlete." Clearly, he was wrong.
Due to the rumoured widespread use of EPO among cross-country skiers, the International Ski Federation (ISF) decided to begin enforcing blood tests, in addition to the standard urine tests, in 1989 to attempt to curtail the use of EPO. However, instead of applauding the ISFs efforts, Prince Merode denounced them as having minimal impact and being impractical. Former IOC Medical Commission member Dr. Arnold Beckett disagreed, though, and stated:

We were 100% convinced that blood doping nearly killed a Russian skier who had to be flown out of Albertville at the 1992 Olympics. My concern is the total hypocrisy in the leadership of those charged with drug testing... [Some athletes] get bashed on the head for minor things that have nothing to do with doping while some elite athletes who are really cheating are getting away with it.

Beckett, a renowned expert on doping, demonstrates what must have been extreme frustration with the antics of the IOC Medical Commission in making such a critical statement to a newspaper reporter. Beckett made this comment a year and a half before the IOC Medical Commission began making decisions that were even more bizarre. Within weeks, Australian and American swimmers Samantha Riley and Jennifer Foschi went unpunished despite testing positive for banned substances; meanwhile American sailor Kevin Hall received a ban for using testosterone even though he had just battled testicular cancer.

**Systemic doping**

After the fall of the Berlin wall on November 9, 1989, files emerged that confirmed the suspicions of many in the sporting community that state-sponsored, systemic doping occurred in sport. Translations of State Plan 14:25 Stasi files by Professor Werner Franke and Brigitte Berendonk of Germany provide further evidence. Franke reports, "files show most, if not all, of E. Germany’s Olympic Medallists in strength and speed events [at the 1980 Moscow Olympics] had taken drugs... You name them. They all took drugs. You haven’t seen a single athlete in a blue GDR shirt who wasn’t on drugs." The Stasi files reveal that several hundred of East Germany’s finest physicians administered experimental drugs to thousands of athletes. Stasi files published in Swimming World magazine in December 1994 show every top East German athlete was doped. German historian Giselher Spitzer collaborates that over ten thousand East German athletes were given performance-enhancing drugs. In 1996, newspaper headlines across the globe reported that East Germany’s knowledge of how to avoid detection of drugs during doping tests was so great that they set up a medical facility on the fringe of the Olympic Village at the 1976 Olympics in Montreal to administer steroids and other performance-enhancing drugs throughout the Games. Following the closing ceremonies, the director of state security, Peter Busse, allegedly dumped ten suitcases filled with used syringes and drugs into the St. Lawrence River.
Though less evidence exists, Yesalis and Burke report that the former Soviet Union and other Soviet bloc countries also participated in systemic doping. Since several former East German coaches immigrated to China, Yesalis and Burke suspect the Chinese state-sponsored sport system is quite similar to the Research Institute for Physical Culture and Sports in Leipzig where the Stasi doping files were found. The eleven Chinese athletes stripped of their medals at the 1994 Asian Games attest to the fact that perhaps some of the former East German coaches did bring along their medicine chests and doping knowledge. It is generally accepted now that official policies of systemic doping did exist that the IOC Medical Commission failed to detect or prevent.

**Suppressed Positive Drug Tests**

Several years after the closing ceremonies at the 1984 Olympic Games in Los Angeles, reports began to surface that there were problems with the doping control program at the Games. Two chemists who worked in the drug-testing facility in Los Angeles reported in an interview on the BBC2 television program "On the Line" and in the London *Sunday Times* newspaper that positive drug test results were suppressed at the Games, substantiating the rumours. Assistant director of the Los Angeles testing centre, Dr. Craig Kammerer, and Professor Arnold Beckett of the IOC Medical Commission told reporters that they identified nine positive samples during the last few days of the Games but received orders to close the lab before the Games ended. IOC Medical Commission representatives told them the sheet that matched the identification number on the samples to the athletes who gave the samples had been shredded, and thus there was no way of knowing which sample belonged to which athlete, so further testing was futile.

In response to the media attention, Prince Merode claimed someone broke into his hotel room and stole the file containing the athletes' names and identification numbers. Prince Merode claimed that whoever took the documents also shredded them. However, eight days later, on August 29, 1994, Prince Merode told reporters that there were only five or six unidentified positive tests, not nine, and that the cleaning crew of the Los Angeles Olympic Organizing Committee, unaware of their importance, had removed and destroyed the documents at the end of the Games. He then described the incident as unfortunate, but not a scandal. He ended the discussion saying, "I am convinced that the shredding of documents, given their context, was accidental. I do not believe there was a conspiracy."

After the 1984 Olympic Games, Beckett and another IOC Medical Commission member and director of the drug-testing lab in Montreal in 1976, Robert Dugal, continued investigating the missing files from the hotel room. A similar situation had happened to Dugal at the end of the Olympics in Montréal. Beckett became more upset about the missing files and unfinished tests when, at the 1984 IOC Executive Committee meeting in Mexico City after the Olympic Games, there was no mention of the incident at all. Wolf Lyberg’s summaries confirm that the missing files from L.A.
The problems in Montreal and L.A. are not the only known problems with drugs at the Games. At the Atlanta Olympics in 1996, Prince Merode admits sixteen samples raised doping suspicions yet only two athletes were punished.\(^{35}\) Of the remaining 14 positives, the IOC Medical Commission dismissed 7 of them because the drug in question, Bromantan, had only recently been added to the banned substance list, 5 because of technical doubt, and 2 without giving a reason.\(^{36}\) In addition, at the 1980 Moscow Olympic Games the urine samples were re-tested after the Games by German drug-testing expert Dr. Manfred Donike, who determined 20% of the athletes tested positive for testosterone use.\(^{37}\) The mistrust these events created in the public of the IOC Medical Commission is immeasurable; yet the frequency that information of positive doping tests made the news in the 1990s would make it nearly impossible for anyone to believe that the IOC Medical Commission was successfully combating doping in sport.

The Tour de France doping scandals

One of the greatest embarrassments for the IOC Medical Commission had to be the events of the 1998 Tour de France cycling race. Despite the well-known prevalence of performance-enhancing substances used by participants, the IOC Medical Commission blatantly ignored the widespread doping in the sport. However, the French authorities did not. During raids of participants, coaches, and officials’ living quarters and vehicles, police found large quantities of EPO and other performance-enhancing drugs. Reporter Adrian Warner alleged at least eighteen cyclists died in Europe since 1987 from taking EPO.\(^{38}\) Even more frightening results were released in August 2000 for the 1999 Tour de France competition: 45% of doping tests taken during the race contained banned substances.\(^{39}\) President Samaranch formally declared, "We must condemn what has happened at the Tour de France and we support the decisions taken by the Tour organizers."\(^{40}\) However, since the International Cycling Federation had signed the IOC Medical Committee’s doping standards agreement, one might expect the IOC Medical Commission to have sought greater compliance from its constituents.

The scapegoat: Ben Johnson takes the blame for all guilty athletes in Seoul

Although the IOC Medical Commission is not accountable to anyone or any organization other than itself, the IOC, in order to maintain a certain degree of credibility, it must demonstrate that it can catch some drug cheats. The truth of the above statement is up for debate, but many people, including disgraced Canadian sprinter Ben Johnson, believe it is true.\(^{41}\) With increased evidence available to the public, including accounts of unreported positive drug tests and countries like East Germany possessing the knowledge to avoid their athletes testing positive for banned substance, it would not be surprising if more people were sympathetic to Johnson now compared to the time of his fall from grace. According to Johnson, "the whole world was pointing at me saying I was the big, bad guy, the only guy taking substances. Now
they can’t hide from the truth...And I was never alone. In 1988, I was not alone. The majority at Seoul were on some substance.” Johnson’s case resulted in an investigation into doping in sport, known simply as The Dubin Report. Many people thought the report would solve the problem of doping in sport, and following the investigation, detailed reports, and identification of some of the culprits, many people’s fears were calmed. However, after its release, reports of systemic doping and suppressed positive drug test results became known.

The Creation of WADA

The public began to demand that the IOC Medical Commission do a better job of fulfilling its mandate. The 1998 Tour de France doping scandal served for many as the last straw when the French Police took the initiative to try to free cycling from doping while the IOC Medical Commission merely observed their efforts. On July 27, 1998, amidst the peak of the Tour de France scandal, the IOC issued a Press Release informing the world of its plans to host an International Conference on Doping in January 1999. In response to this announcement, IOC Executive Board member Kevan Gospar of Australia voiced his strong support for the meeting and put forth the idea of a "full-time IOC watchdog" who would have direct supervision of athletes year round, not just during the two weeks of the Olympic Games every four years. From this, a basic plan emerged to create an agency to coordinate the worldwide fight against doping in sport, tentatively called the Olympic Movement Anti-Doping Agency (OMADA). This agency was to perform random, unannounced, year-round testing and receive funding from the IOC’s television revenue profits.

Once a general plan had been set out, the first problem encountered on the road to WADA came from British sports minister Tony Banks. In conjunction with the governments of Australia, Canada, New Zealand, Norway, Sweden, and Holland, Banks proposed an International Anti-Doping Agreement (IADA) governed by these countries rather than through the IOC. This plan had the advantage of being able to draft binding anti-doping legislation between the countries involved, but it would exclude the involvement of the rest of the world.

A second obstacle blocking the road to WADA was the United States federal government director of drug control policy "drug czar" Barry McCaffrey. He claimed the IOC’s proposed anti-doping agency would not be independent, accountable, or credible enough to make it of any value. Seemingly miffed about not receiving an invitation to the World Conference on Sport, McCaffrey opted to demonstrate his influence on the international anti-doping scene by inviting representatives from 26 nations to participate in a summit in Australia in November 1999 to develop a different plan. McCaffrey felt that if the anti-doping agency were to be ready to operate at the Sydney 2000 Olympic Games, then he would have to develop a strategic plan.

To get the agency off the ground, the IOC committed $25 million to set it up before the end of 1999. However, Richard Pound clarified, "we’ll be carrying the freight ourselves for the first couple of years. After that, you have to pay the same
price for a place at the same table.”

Every country that participates in the Olympic Games will have to pay dues to WADA; however, the amount each country owes fluctuates between $200 and over $1,000,000 and is likely based on how much each country can reasonably afford to pay. Governance of the agency would be split equally between Olympic leaders and government officials, said Pound, and the IOC was prepared to proceed “with or without the participation of the public authorities.” The agency was known as the World Anti-Doping Agency, or WADA, and operated under Swiss law in Lausanne temporarily until the governing board decided on a permanent residence. The governing board consisted of 12 members, four of whom were IOC members, and up to 23 more members could be added at a later date to ensure accountability.

**Transfer of power from the IOC Medical Commission to WADA**

The launch of WADA took place on November 10, 1999 with apparent success. While publicly, the creation of WADA appeared to be a joint and cooperative effort between the IOC and the delegates present at the World Conference on Sport, perhaps this is not how things actually transpired. It is possible that McCaffrey’s observations and reservations were valid and did not just stem from bitterness and jealousy over not having a major role in the process. McCaffrey argued that the United States deserved a say in WADA’s creation, and that the agency may not have emerged in as democratic or transparent matter as the IOC would have the public believe. The minutes of the IOC sessions also show that the alleged equality between the Olympic Movement and government officials might be an exaggeration geared toward improving public relations. At the 108th Session of the IOC on March 17-18, 1999, Prince Merode reported:

> [the] fundamental principle for the anti-doping agency was that the power of control had to belong to the Olympic Movement. They should not pass into the world of Politics under the pretext of independence, even if collaboration with public authorities was necessary. Ministers could not always be reliable because they did not always know much about sport. That ministers had been present at the conference should be seen as an act of courtesy.

This directly contradicts the message presented to the media and the public through IOC Press Releases and interviews by Pound, Prince Merode, and President Samaranch. Lyberg’s summary does not mention how the rest of the IOC reacted to Prince Merode’s statement. At the next IOC Session, three months later in Seoul, South Korea, there is surprisingly no mention of WADA in the minutes - not even an update on its progress or development - and it went unmentioned at the subsequent meeting as well.

At the Olympic Games, the IOC Executive Committee and the IOC Medical Commission continue to manage doping control because WADA’s jurisdiction is for out-of-competition and random-unannounced testing only. WADA does have an important role in the Olympic Games; when the chemists working in the doping
control laboratory send a positive result to the IOC Executive Committee, they must also send the same results to WADA so that a situation similar to the missing results in Los Angeles in 1984 will not happen again. This requirement makes it impossible for the IOC to lose or cover up a positive doping test.

In addition to running the doping control program at the Olympic Games, the IOC Medical Commission has evolved to include many other responsibilities, and taking away doping education and testing outside of the Games has barely diminished the Commission’s scope of duties. In the *Olympic Charter*, section 48 outlines the roles and responsibilities of the IOC Medical Commission, which now include implementing the Olympic Anti-Doping Code and establishing guidelines for the medical care and health of athletes.\(^6\) The Commission also studies how knowledge of medicine, biomechanics, sport physiology, nutrition, and other sport sciences can benefit athletes. To promote these activities, the IOC Medical Commission hosts the IOC World Congress on Sport Sciences every two years, sponsors the IOC Olympic Prize research awards in sport sciences, provides information on nutritional supplements, produces a yearly Encyclopedia of Sports Medicine and the *Handbook of Sports Medicine and Science*.

Prior to the creation of WADA, the *Olympic Charter* listed the responsibilities of the IOC Medical Commission much more vaguely; the description simply stated the role was to study all medical questions.\(^6\) WADA’s roles, on the other hand, are much more defined and clear-cut and described in detail in their charter.\(^6\) According to Dick Pound, the transfer of power from the IOC Medical Commission to WADA was smooth, efficient, and hassle-free, which Pound feels is due to the fact that there is a large overlap in personnel between the two organizations. Many of the same scientists, chemists, and educational staff work for both organizations.\(^6\)

The IOC is slowly regaining credibility with the public, and part of its success is attributable to refocusing the public’s attention on a positive creation instead of old scandals. WADA has developed into a successful, independent, accountable, and transparent agency that has successfully united members of the Olympic Movement with government officials. By removing the majority of the doping control responsibility from the IOC Medical Commission they have essentially "lightened their load," which enabled them to have more time and resources to develop other programs and find their own niche. Overall, the road to WADA was a very successful trip, and all involved should be proud of the results, even if their intentions in starting down the road were not the most noble.
The IOC, in a press release, released details of the proposed anti-doping agency.


Ibid., p. 3. Jensen and two of his teammates were rushed to the hospital during the 100km team time trial cycling event after falling ill. Jensen’s teammates recovered, but Jensen died. His autopsy revealed high levels of amphetamines and nicotinyl nitrate in his body.

Ibid., p. 2. Veroken reports that in 1896, British cyclist Arthur Linton possibly died as a result of his doping practices, but he could have succumbed to typhoid. His coach was subsequently banned from coaching. Veroken also refers to the near-death condition marathon runner Thomas Hicks caused himself at the St. Louis Olympic Games in 1904 from ingesting a combination of strychnine and alcohol.

Patrick Mignon, "The Tour de France and the Doping Issue," International Journal of the History of Sport, 20, 2 (2003), p. 231. Mignon also reports that the Tour de France is the most challenging sporting event in the world, and that doping was a standard practice for the majority of participants throughout its history (p. 227), despite drug testing in the Tour de France commencing in 1966 (p. 231).

Veroken, "Drug Use and Abuse," p. 2. The argument that Tommy Simpson died from doping became stronger when officials revealed that he had amphetamines in his luggage and in the pocket of his jersey at his time of death.


Ibid.

Ibid. The doping committee consisted of Sir Arthur Porritt of New Zealand, Dr. Josef Gruss of the former Czechoslovakia, Ryotaro Azuma of Japan, and Agustin Sosa of Panama.

Medical Committee Minutes and Reports, 25 January 1969, ABC, Box 86, Reel 47, ICOS.

Annex 11, no date, ABC, Box 86, Reel 47, ICOS.

Yesalis and Burke, "History of Doping," p. 52.


"Researcher: E. German doping Methods still Popular" Associated Press September 1997, IOC Press Review - Doping Volume III, ICOS. For more information on doping in East Germany, refer to Malcolm Folley "The
drugbusters nail a golden lie" The Daily Mail 18 January 1998, IOC Press Review - Doping Volume IV, ICOS. Folley reports that Dr. Mannfred Hoppner, in a 1977 Stasi report, wrote, "At present anabolic steroids are applied in all sports events, with the exception of sailing and female gymnastics." Hoppner, in the same article claims steroids can improve women’s performance: 4.5 -5 meters in the shot put; 11-20 meters in the discus throw; 8-15 meters in the javelin throw 8-15m; 4-5 seconds in the 400m; and 5-10 seconds in the 800m. According to Professor Franke, Dr Hoppner, who was the director of Sports Medical Services, frequently tampered with urine samples during the 1980s, and was still practicing as a medical doctor in Berlin in 1997.

19 Yesalis and Burke, "History of Doping," p. 58.
21 Duncan McKay, "New Findings Show 10,000 were doped," The Guardian 12 January 1998, IOC Press Review - Doping Volume IV, ICOS.
23 Ibid.
24 Ibid.
25 Ibid., p. 59.
28 Kammerer and Beckett later told reporters that of the nine positive unidentified drug tests, five of them were for steroids and came from athletes who had competed in the last two days of competition.
30 "Drugs in Sport: Test Document Destroyed," The Independent 30 August 1994, IOC Press Review - Doping Volume 1, ICOS. Prince Merode further described the situation: "On the Monday, the day after the closing ceremony, I was called by a technician from the testing laboratory to say that there were positive tests. I immediately went to the room that had been used by the medical commission throughout the Games to check on the names, but found the room was locked. When I got to the hotel to open the room, I discovered that all the effects of the medical commission, all the paperwork, had been destroyed and the room had been prepared for the next occupants." Cited in David Miller, "Positive drugs tests were shredded by mistake," The Times 30 August 1994, IOC Press Review - Doping Volume 1, ICOS.
31 David Miller, "Positive drugs tests were shredded by mistake," The Times 30 August 1994, IOC Press Review - Doping Volume 1, ICOS.
32 Ibid.
33 Ibid.

Ibid.

Yesalis and Burke, "History of Doping," p. 54.


"Ben Johnson says he was a scapegoat," Reuters 9 July 1997, IOC Press Review - Doping Volume VIII, ICOS.

Neil Wilson, "Now will you believe that I was not the only Cheat?," Daily Mail 4 August 1998, IOC Press Review - Doping Volume V, ICOS.


"US backs Australia summit on drugs," USA Today 17 September 1999, IOC Press Review - Doping Volume IX, ICOS.

Ibid.


Andrew Dent, "Pound says anti-doping agency operating soon," Reuters 14 September 1999, IOC Press Review - Doping Volume IX, ICOS.

www.wada-ama.org


Ibid. The original governing board of WADA included: IOC reps: Dick Pound, Arne Ljungqvist, Prince Alexandre de Merode, Jacques Rogge; ISF reps from the cycling and biathlon unions; Athlete's commission reps Robert Ctvrdlik (US volleyball), Manuela Di Centa (Italy Cross-country skiing), Johan Olav Koss (Norway speedskater), Peter Tallberg (Athlete's commission chairman); Public Authorities: Finland's cultural minister Suvi Linden, and the Secretary General of The Supreme Council for Sport in Africa, Awotve Eleyae. Representatives from national governments will be invited to join later.


"Minutes, 110th Session, Lausanne - 1999," in Wolf Lyberg, ed, *The IOC Sessions 1994-1999*, (Lausanne: IOC, 2000), p. 125. However, recommendations from the IOC 2000 Reform were discussed at this meeting and include: #34) Athletes should take an oath that includes drug-free sport; #35) Athlete Passports should be developed; #36) The IOC should conduct random, unannounced testing from time of accreditation; #37) B samples should be tested by a different lab than A samples; and #38) The IOC should not allow sports that don’t endorse WADA to compete at Olympics.


