The Efforts of the IAAF Medical Committee from 1968-1981: Supporting the Olympic Anti-Doping Fight?

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Several scholars have compiled extensive and very coherent studies on the history of doping and anti-doping in recent years. However, the main focus of past research has been on the usage of performance-enhancing substances by athletes and anti-doping research focused on the Medical Commission of the International Olympic Committee (IOC). In contrast to this, the anti-doping efforts of the International Federations have been largely neglected. Thus, the focus of attention in this paper will be on the role of the Medical Committee of the International Association of Athletics Federations (IAAF) and its contribution to the global anti-doping fight from the first decision to form such a body at the IAAF Congress in Mexico City in 1968 onwards. By means of a historical analysis of documents compiled from the archives of the IOC in Lausanne, the IAAF in Monaco, and the German Sport University Cologne, this study will examine the close cooperation between the IOC’s Medical Commission and the IAAF’s Medical Committee. This study will show how, through the involvement of only a small group of scientists and medical doctors, scientific knowledge was exchanged and how this led the IAAF’s Medical Committee to become the driving force behind the installation of an official accreditation system for doping laboratories in 1979. This system was officially overtaken by the IOC in 1981 after the establishment of the IOC Medical Commission’s Subcommittee on Biochemistry and Doping. Consequently, this paper adopts a unique approach in order to give a more coherent understanding of the institutional history of the IOC’s anti-doping fight.

Introduction

Several scholars have compiled extensive and very coherent studies on the history of doping and anti-doping in recent years.1 Therein, anti-doping research primarily dealt with the politics of the International Olympic Committee (IOC) and specifically the IOC Medical Commission.2 Undoubtedly, the IOC occupies a leading role in the global anti-doping fight due to its educational-oriented vision and its claim to govern the world of sport. When confronted with the doping difficulty in the 1960s and 1970s, it also made and attempt to attempting to impose strict doping regulations for all Olympic sports. However, despite the rich research output on the anti-doping strategies of the IOC, the history of other international sports organisations’ anti-doping efforts has not been subject to intensive research by academics. For example, the important role of the Medical Committee of the International Association of Athletics Federations (IAAF) in the development of an efficient and testing-based
anti-doping system has been largely ignored by scholars. Hence, this paper attempts to outline this very decisive role of the IAAF Medical Committee from its establishment in 1967 until 1981 and address its contribution to the Olympic anti-doping fight within this period.

The Establishment of the IAAF Medical Committee

The IAAF was the first international sport organisation to address the issue of doping and prohibit the use of performance-enhancing drugs at its 9th Congress in Amsterdam in August 1928. It was the first official definition and condemnation of doping in organised international sport. More than ten years later, the IOC came up with its first definition of doping, which was adopted by the 38th IOC Session in Cairo in 1938, after a commission, under the leadership of British IOC member Lord David George Burghley, had compiled a report on doping in sport. Burghley was probably alarmed by the increase of scientific interest in sport, but also aware of the IAAF definition. Despite these early definitions, it is important to note that both sport organisations did not pursue their anti-doping efforts any further until the 1960s. Ultimately, it was the death of Danish cyclist Knud Jensen at the 1960 Rome Olympic Games that forced the IOC to become more active in its fight against doping. It founded a doping subcommittee at the 58th IOC Session in Athens in July 1961. However, progress within the subcommittee was slow and experts within the IOC could not provide feasible solutions to the problem. Consequently, the IOC established a IOC Medical Commission in 1967 to address the issue in a more coordinated and organised manner, and began to implement doping controls from the 1968 Winter Olympic Games in Grenoble onwards.

On the back of this decision, the IAAF also became active in the anti-doping fight. The Polish IAAF member Jerzy Bogobowicz proposed the formation of an IAAF Medical Committee at the IAAF Congress in October 1968. It was recommended that the Committee consist of experts from outside the IAAF and that the new members did not necessarily have to be doctors, but could come from other scientific areas. However, it is noteworthy that the IAAF eventually refrained from constituting an official Committee, but rather established a Medical Advisory Panel. This decision was based on the argument that it would be easier for the IAAF Council to call together a meeting of particular members of the Panel instead of a full Committee meeting when urgent matters arose. The Panel was set up by the time of the IAAF Congress in Stockholm in 1970, with its first task being to constitute a new set of rules for doping control. As in the IOC Medical Commission, and in contrast to the initial intention, all external experts on the Committee were medical experts with the exception of the British chemical and pharmaceutical expert, Professor Dr. Arnold Beckett, who was also the only chemical and pharmaceutical expert on the IOC Medical Commission. It appears that from the very beginning, the IAAF Medical Advisory Panel had a more wide-ranging approach to anti-doping. This can be seen from the fact that it already emphasized the need for accredited laboratories in its first informative booklet on doping controls. Consequently, the IAAF was much quicker to realise the need for standardised analytical procedures than the IOC. As a result, it installed a working group to deal with the sole issue of doping. The working group members were all experts with first-hand experience in doping control. It appears that IAAF officials did not want to have long discussions with the panel members, who were predominantly medical doctors. It was made very clear that all chemical aspects should be dealt with by experts within the scientific field. Hence, the installation of the working group is evidence of an early realization of the significance of technical aspects by the IAAF Medical Committee in contrast to the IOC Medical Commission. The medical dimension was only regarded as secondary. Consequently, the working group can be considered the first international
working group to discuss solely methods and techniques for doping analysis within the framework of an international sport organisation or event.

Despite the success of the working group to come up with the initial guidelines for doping controls in athletics, the entire panel did not come together as often as anticipated. Thus, the IAAF eventually decided to transform its Medical Advisory Panel into a Medical Committee in 1972. In contrast to the other IAAF committees, however, the members were not voted onto the Committee by an open vote during the Congress, but rather through recommendations submitted to the IAAF Council, which would then confirm or reject potential members. It was also decided to restrict the maximum members of the Committee to thirteen. Max Danz, head of the new IAAF Medical Committee, explained the increase with the need to have a specialist from different branches of medicine on the Committee. Interestingly, there was already a distinction made between doping problems, which was mainly dealing with the medical aspects of doping, and “chemistry and biochemistry.” Such a distinction was not yet made in the IOC Medical Commission.

Hence, one can summarize the period from 1968 to 1972 as the identification stage of the IAAF’s anti-doping fight. It was characterized by an attempt to find a suitable approach to the doping problem, and the members of the IAAF’s anti-doping bodies steered it in a technical and pragmatic direction from the very beginning. As such, the IAAF was dealing less with medical matters and more with technical issues. It is also important to note that, at the Munich Congress in 1972, the possibility of creating another “Doping Committee” was discussed; it would deal solely with the legal aspects of positive doping tests, as recommended by Danish IAAF member Emanuel Rose. His anticipation that legal questions would arise when doping tests were made has to be considered unique at that time. Nevertheless, it was decided not to establish the “Doping Committee” and, instead, legal responsibility was handed to the IAAF Council.

The Process to Introduce a Doping Laboratory Accreditation System

Following the 1972 Munich Olympic Games, where the first standardized doping controls according to an official doping protocol took place, the IOC focused on the introduction of a test for anabolic steroids. The members of the IAAF Medical Committee also discussed this topic during its first official meeting in Frankfurt in June 1974, to which they also invited two biochemists, Professor Dr. Raymond Brooks (Great Britain) and Dr. Manfred Donike (FRG). Significantly, however, Brooks and Donike pushed for the establishment of doping centres that would conduct the doping analysis for all sport events in athletics. In fact, Brooks had already compiled a list of centres in various countries, which he thought would be able to conduct radioimmunoassay tests. In agreement with the IAAF Medical Committee, these centres were approached and those laboratories interested in carrying out tests for sporting events were provided with testing kits of control samples. In addition to Brooks’ laboratory at the King’s College in London, the institutions that responded were laboratories in Rome (Italy), Ghent (Belgium), Cologne (FRG), and Nijmegen (Netherlands). In retrospect, one has to consider these five laboratories the first officially “IAAF-recognised” laboratories, although there was no procedure in place. The focus on the laboratories is evidence of the continuing emphasis on technical aspects. This can also be seen by the fact that, in subsequent meetings, the IAAF Medical Committee was constantly supported by Manfred Donike, as it focused much of its work on the extension of the laboratory network. This also has to be considered contrary to the IOC, where Arnold Beckett was still the only chemical expert. In a meeting of a working party of the IAAF Medical Committee in Amsterdam in March 1976, several recommendations were made for presentation to the IAAF Coun-
council in the following year. It was mentioned once more that the tests should only be conducted in “convenient designated laboratories” for area and group games. Furthermore, it was strongly recommended that in case of a positive test, the recheck of the reserve sample should take place in the same accredited laboratory, but with a laboratory team of a recognised laboratory conducting the tests. Certainly, this meant more responsibility and power for the official doping testing centres at which some of the IAAF Medical Committee members were in leading positions.

Moreover, the principal position the IAAF had taken regarding the issue also becomes apparent in its quest to inform the IOC about the IAAF Medical Committee’s initiatives and its desire to establish within the IOC Medical Commission an approved list of worldwide laboratories that would serve all IFs. However, the different laboratories would have to fulfil specific standards. These were to be defined by a permanent working group of the IAAF Medical Commission, founded in 1977. It was decided that it should only deal with the sample taking and the analysis of the doping sample. Donike became an official co-opted member of this working group that also included Arnold Beckett, Dr. Manfred Höppner (GDR), Dr. Arne Ljungqvist (Sweden), and Dr. Grigory Vorobiev (USSR). These developments show that the IAAF Medical Committee played a central role in the development of an understanding that laboratory standards were important in order to guarantee reliability of the doping tests and to increase the number of doping tests significantly, and took the lead over the IOC in this regard.

In April 1978, Ljungqvist, who eventually succeeded Danz as head of the IAAF Medical Committee, stated that from the Committee’s point of view the scarcity of laboratories was the real problem of doping controls. He even suggested that any Organising Committee that could not provide doping control, or at least arrange satisfactorily for it to be conducted in an acceptable laboratory, should not stage the Games or Championships. However, the IAAF Council regarded this proposal too far-reaching because it would have excluded a large number of countries from hosting athletics events. Nevertheless, only a few months later, the desire to establish more laboratories on a global scale was reiterated in recommendations made by the IAAF Medical Committee to the IAAF Congress. It is very interesting that four of the nine recommendations were closely linked to working practices at the laboratories and by laboratory staff. In light of these developments, it is not surprising that the IAAF Medical Committee officially established an accreditation procedure for doping laboratories in March 1979. It was decided to adopt strict rules for procedures and quality testing for laboratories performing drug tests. One would require these to become accredited as part of a continuous accreditation programme. The official accreditation procedure was accepted by the IAAF Council at its meeting in Dakar in April 1979.

Despite these early expressions of interest, the IAAF approved only six laboratories in the first years of the newly introduced accreditation guidelines until 1981. These were the testing centres in London, Cologne, Magglingen (Switzerland), Kreischa (GDR), Leningrad (USSR), and Montreal (Canada). In light of the rapidly increasing number of doping controls and first discussions on training controls at the IAAF Council and the IAAF Congress, one has to consider this very slow progress. Furthermore, although laboratories from continents other than Europe had shown interest in obtaining official accreditation, they did not apply for it officially or fulfil the standards set by the IAAF. Continuously approached by the IAAF Medical Committee, the IOC Medical Commission also began to discuss the need for accredited laboratories and made it the main task of a new IOC Subcommission on Doping and Biochemistry. Following the IAAF’s example of creating of a working group to deal exclusively with scientific aspects of the doping controls, the Subcommission was solely composed of heads of doping laboratories. Significantly, Manfred Donike and Arnold Beckett were
made members of the Subcommission. Hence, the close relationship between the IAAF and IOC enabled the two sports organisations to sign a joint agreement. This was done by the medical bodies and the two presidents of the sports organisations in 1981, and it was agreed to accredit laboratories jointly in order to accelerate the process.35

**Conclusion**

It is evident that the IAAF and its Medical Committee played a significant role for the scientific aspects of the anti-doping fight in general, and the accreditation of laboratories in particular. This technical and pragmatic approach enabled the IAAF Medical Committee to occupy a significant role in the global anti-doping fight. The urgency of the IAAF Medical Committee can be tracked back to the continuous involvement of scientists such as Donike and Brooks, who recognized the need for standardized analytical procedures. It is original for research to state that the IAAF accredited laboratories before the IOC. However, it is also evident that due to limited resources and effort, the IAAF was unable to extend its laboratory network beyond six laboratories until 1981. This process was eventually led by the IOC Medical Commission and its Subcommission on Biochemistry and Doping. Without doubt, developments in the subsequent years demonstrate that the IAAF-IOC partnership was successful in terms of the numbers of accredited laboratories. By the end of 1985, fifteen laboratories had obtained official accreditation. By 1988, the number had risen to twenty-two. Certainly, one has to be aware that the scope of this paper did not allow me to address issues at the individual level; therefore, the historical developments have to be carefully considered and more research on the matter needs to be done.36 However, taking the establishment of only the official doping laboratories into account, this study has clearly shown that the IAAF Medical Committee was paving the way in this regard.

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**Endnotes**


4. Lord David Burghley was a successful track and field athlete, who won the Gold medal at the 1928 Amsterdam Olympic Games and was involved with track and field organisations. In 1936, he became President of the *Amateur Athletics Association* (AAA, today: *Amateur Athletic Association of England*) and he was elected President of the IAAF in 1946. “The Biographies of all IOC members: No. 162 David George Lord Burghley,” *Journal of Olympic History* 19, no. 2 (2011), 51.

5. The other members of the working group were future IOC presidents Avery Brundage (USA) and Sigfrid Edström (Sweden), as well as Karl Ritter von Halt (Germany) and Alberto Bonacossa (Italy). Minutes of the 38th Session of the IOC in Cairo, March 13-18, 1938, Records of the IOC Sessions 1894-1985, Archive of the OCP, Lausanne, 20.

6. The diagnosis of the attending doctor, as well as the official report of the *Danish Olympic Committee*, state that Jensen’s cause of death was a brain injury caused by a fall from his bike. The fall was triggered by heatstroke. Dissident from this report, the IOC ascribes Jensen’s death to the ingestion of amphetamines. However, although the Danish team doctor admitted that he gave his athletes Ronicol to expand their blood vessels, amphetamine abuse could not be proven. Ver-
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The members of the IAAF Medical Advisory Panel, the first official anti-doping body within the IAAF, were Dr. Max Danz (Chairman, Federal Republic of Germany), Dr. Waldemar Areno (Brazil), Dr. Robert Andrivet (France), Professor Dr. Arnold Beckett (Great Britain), Dr. Bilic (Poland), Dr. Manfred Höppner (German Democratic Republic), Professor Dr. Ludwig Prokop (Austria), Herbert Reindell (FRG), Professor Dr. Jacques Van Rossum (Netherlands), and Dr. Grigory Vorobiev (USSR). Minutes of the 27th Congress of the IAAF in Stockholm, August 30-31, 1970, Records of the IAAF Congresses, Archive of the IAAF, Monaco, 36.

Frederick Holder, letter to members of the IAAF Medical Advisory Panel, August 25, 1971.

This group consisted of Arnold Beckett, Ludwig Prokop, and Jacques van Rossum. Max Danz, as Chairman of the IAAF Medical Committee, also attended the meetings.


Frederick Holder, letter to members of the Medical Advisory Panel, May 11, 1972, Records of the IAAF Medical Committee, Archive of the IAAF, Monaco.

Minutes of the 28th Congress of the IAAF in Munich, August 30 and September 10-11, 1972, Appendix M, 71ff.

Emanuel Rose, letter to members of the IAAF Council, April 25, 1971, Records of the IAAF Medical Committee, Archive of the IAAF, Monaco.

Minutes of the 28th Congress of the IAAF in Munich, August 30 and September 10-11, 1972, 28.


It had become clear that despite some success in catching doping offenders, athletes had made widespread use of steroids in Munich. Commonly discussed has been the informal study of the American discus thrower Jay Silvester. In it, 68% of the questioned athletes admitted that they had taken anabolic steroids, 61% even replied that this had been in the six months leading up to the Olympic Games. Terry Todd, “A History of the Use of Anabolic Steroids in Sport,” in: Sport and Exercise Science: Essays in the History of Sports Medicine, eds. Jack Berryman and Roberta J. Park (Urbana: University of Illinois Press, 1992), 328.

Brooks had published the first paper on the detection of anabolic steroids with the radioimmunoassay method (RI). Donike, who had been in charge of the doping laboratory at the Munich Games, was an expert in the application of gas chromatography and mass spectrometry (GC-MS), which was needed to identify potentially positive samples. Raymond V. Brooks, Richard G. Firth, and Nigel T. Sumner, “Detection of Anabolic Steroids by Radioimmunoassay,” British Journal of Sports Medicine 9, no. 2 (1975), 89-92. Manfred Donike, “Zum Problem des Nachweises der anabolen Steroide: Gaschromatographische und massenspektrometrische Möglichkeiten,” Sportarzt und Sportmedizin 5 (1975), 1-6.

Minutes of the IAAF Medical Committee Meeting in Frankfurt, June 24, 1974, Records of the IAAF Medical Committee, Archive of the IAAF, Monaco.
29 Minutes of the 31st Congress of the IAAF in Puerto Rico, October 5-6, 1978, Records of the IAAF Congresses, Archive of the IAAF, Monaco, 80.

30 The accreditation procedure was divided into four main areas: (1) Essential Equipment; (2) Analytical Procedures; (3) Accreditation of Analytical Laboratories; and (4) Cost of Accreditation. IAAF Medical Committee, circular note to all IAAF members, n.d., Records of the IAAF Medical Committee, Archive of the IAAF, Monaco.

31 Minutes of the IAAF Council Meeting in Dakar, April 26-28, 1979, Records of the IAAF Council, Archive of the IAAF, Monaco, 26.

32 Minutes of the IAAF Medical Committee Meeting in Moscow, July 17, 1979, Records of the IAAF Medical Committee, Archive of the IAAF, Monaco.


34 It included Manfred Donike, Arnold Beckett, Robert Dugal (Canada, head of the doping laboratory in Montreal), and Claus Clausnitzer (German Democratic Republic, head of the doping laboratory in Kreischa).


36 The author is currently undertaking a PhD research project on this topic, investigating the establishing of a scientific network to support the Olympic anti-doping fight.