

Saint or Sinner?: A Reconsideration of the Career of Prince Alexandre de Merode, Chair of the International Olympic Committee's Medical Commission, 1967-2002

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Abstract

This article explores the role of Prince Alexandre de Merode in heading the IOC's fight against drugs from the 1960s to 2002. History has not served de Merode very well. He has been presented in simplistic ways that emerge from context rather than evidence – as either a saint or a sinner. IOC-sanctioned accounts cast him in the mould of the saint: a moral and intelligent man who saved sports from doping. In contrast, sports academics have tended to portray him as a sinner: an ineffectual leader who did not develop either the testing systems or the punishments required to prevent doping and who deliberately concealed evidence of high-profile doping cases. This article assesses both representations before presenting information to support a richer and more complicated interpretation.

Introduction

Drawing from a range of primary sources, including the IOC Archives in Lausanne, Switzerland, this article concerns the role of human agency in the development of doping policies by the International Olympic Committee. The focus throughout will be Prince Alexandre de Merode and his contributions to the anti-doping policies, organization, and image management strategies of the IOC Medical Commission, which he chaired from the

late-1960s to 2002. Building on prior research concerning the evolution of doping and anti-doping beliefs in society,¹ this study fills several gaps in the existing historiography on performance-enhancement in international sport through a biographical analysis of de Merode. First, it seeks to redress a tendency among academic researchers to ignore the internal decision-making processes of the IOC, as Alison Wrynn has previously argued². Also, because the scholarly coverage of the subject tends to concentrate on the period after Ben Johnson's positive test in 1988 that proved such a catalyst to anti-doping reform, this study additionally offers a somewhat broader temporal coverage than most works in the existing literature.

It should be noted, however, that the incorporation of archival evidence in this work remains inherently problematic. The available IOC documents – which are open to researchers only under a twenty-year embargo – remain unavailable for interpretation on many subjects of interest. In those documents that are available, international sports officials often refrained from divulging information at the time or offered incomplete reports on specific moments. More worrying still, it is likely that controversial material related to particularly embarrassing episodes was removed from archival files altogether. While much of it proves useful, historians should thus read the material with a discerning eye, remembering at all times that the committee's historical records remain products of a carefully controlled environment for recording substantive issues.

As for the historical importance of de Merode to the development of Olympic doping policy, the IOC Medical Commission was set up in 1967 under his direction; as a consequence, he immediately became the most powerful figure in the international anti-doping movement. He appointed a group of scientific experts to provide the research-based technical information upon which decisions were made. As head of the commission, however, de Merode remained the individual responsible for organizing meetings, setting

agendas, proposing policy changes at IOC Executive Board meetings and during the General Sessions of the committee. During his time in office, de Merode reported directly to these groups, and therefore to the IOC Presidents as well. He also held the responsibility to ensure that testing systems before and during each Olympic Games event were planned and implemented properly, which by the late 1980s had also extended to out-of-competition testing. Perhaps most importantly, he was the public face of the IOC's fight against drugs, and in this role had to convince an increasingly skeptical public that the integrity of the Olympic Games remained intact.

A final point of introduction is that the Medical Commission expanded rapidly during the 1970s and 1980s in response to fast-paced advances in sports science and technology. Drug use was both a product of these changes and one of the most salient problems to emerge from the increasing nationalism and professionalism in the Olympic movement.³ Whereas de Merode had taken over at a time when amphetamines in a small number of sports was the dominant issue, for two decades he presided over a much more complex, sophisticated and almost unmanageable problem. His legacy is very much the product of these complications.

Fragments of Impressions: The Official and the Critical

The official IOC view of Prince Alexandre de Merode remains almost reverential; under this interpretive position, de Merode's personal ethics and dedication to the protection of athletes' rights constitute a significant record of achievement. In perhaps the most noteworthy expression of this view, IOC President Jacques Rogge asserted in his speech during the opening ceremony of the 113th IOC Session in 2002, "The IOC was a pioneer in the fight against doping, and has been so for almost 40 years through the tremendous work of Prince Alexandre de Merode and his Medical Commission".⁴ Public impressions of the chairman in

many ways mirror Rogge's rhetoric, as also shown in the obituary eulogies in international media after de Merode's death in 2002. If de Merode was seen to possess a weakness, it derived from his lack of scientific astuteness; few if any questioned the chairman's integrity. In his popular *The Official History of the Olympic Games and the IOC*, for instance, David Miller describes de Merode as a moral superintendent of the Olympic movement rather than as a scientific expert on performance-enhancement:

[De Merode] was too often ensnared by the scientific complexities that his Commission endlessly sought to penetrate. His approach to the problem was intellectually moral, believing among other things that competitors should be protected from themselves by regulations on over-training, just as there are forms of time-limitation in other work employment. There was none who was better informed in the area of academic, ethical argument.⁵

While the chairman's failure to keep abreast of pharmacological developments may have caused problems, his incapacity on these subjects was apparently more than offset by his honest approach to the ethical complexities of performance-enhancement and his explicit desire to protect both the athletes and the image of the Olympic movement.

Outside of these 'official' narratives, a few IOC insiders expressed dissatisfaction with de Merode's tenure. Dick Pound, who left the IOC in 1999 to administer the fledgling World Anti-Doping Agency (WADA), provides a less reverential depiction in his 2004 *Inside the Olympics*. In this memoir, Pound describes asking then-IOC President Juan Antonio Samaranch to explain why he selected Pound over de Merode to act as the first chairman of WADA, to which Samaranch said "[I] could not appoint Merode, since [his]

current credibility in the fight against doping in sport was non-existent”.⁶ Unfortunately for Olympic historians, Pound did not elaborate on this point. It is nevertheless revealing that the public relations machinery of the IOC persists in presenting de Merode as a success while behind-the-scenes conversations among some committee members show an entirely different set of opinions.

An even more critical view of de Merode is developed by prominent academic John Hoberman, who scathingly describes the chairman as insipid and possibly corrupt in his handling of the Medical Commission. Moments of untoward political maneuvering remain the focus throughout Hoberman’s analysis, which is precisely the subject that most IOC members and official historians ignore when presenting their own impressions of de Merode in public forums. De Merode, he argued, was a pragmatist whose career ‘was marked by controversy, occasional ridicule, and more rhetoric than progress on the anti-doping front’.⁷ In mounting his case, Hoberman implies that de Merode’s commission either knowingly or negligently failed to implement adequate testing procedures or impose appropriate sentences for positive screens.

Despite the academic and intellectual value of this more incisive and investigative approach—the evidence of which is on many points convincing—Hoberman still only presents us with an image of de Merode as the functionary of a system, not as an individual operating under contingent and difficult circumstances. This also judges him from what we now know of the extent of doping, an understanding that was not always evident as the issue unfolded over the years.

The Arrival of de Merode 1964-1968

De Merode took his seat on the IOC at a difficult moment in the history of performance-enhancement in sport. At the 1960 Rome Summer Games held just four years earlier, a Danish cyclist died of a suspected amphetamine overdose (a claim challenged by recent investigations).⁸ In the aftermath of the event, a combination of scientific, organizational, and political factors prevented effective governance on the issue.⁹ As a consequence, little progress was made prior to the 1964 Tokyo Games – de Merode’s first to witness as an IOC member. Although the details of his time at the competitions remain unclear, a number of rumors circulated within the Olympic community regarding steroid and amphetamine use at those Games. British coach Tom McNab, for example, reported seeing American athletes taking steroids, and later testimony from U.S. Olympian Harold Connolly confirmed the allegation.¹⁰

Nevertheless, the extent and nature of doping remained unknown, as an effective test did not yet exist for the detection of either amphetamines or anabolic steroids. Some sections of the media seemed to suspect a problem but had little hard evidence to work with other than a few brief utterances made by concerned officials. Nevertheless, three forms of discourse pertaining to performance-enhancement emerged from the Tokyo Games: pretence of innocence by athletes and their advisers; emotive scaremongering by anxious idealists; and a balanced but uncommitted response among organizing bodies such as the IOC. De Merode absorbed these paradigms, and remained largely wedded to them throughout his time on the Medical Commission.

A sympathetic interpretation of the IOC’s inertia is that its leaders lacked the resources and knowledge base to deal with the issue while they at the same time realized that any regulatory framework needed to be watertight both procedurally and technologically. What seems less excusable is their refusal to join in the first international conference on doping held by the Council of Europe in 1963. Worse still, the initial group of IOC members

charged with dealing with the subject took five years to issue a report while news of drug usage increased every year at international competitions. Against this tide of ponderous deliberation swam sports medicine experts Ludwig Prokop, Albert Dirix, Pierre Dumas and Max Novich, who formed a small medical group at the Tokyo Games to discuss the issue and conduct some experimental testing.¹¹

It would seem that de Merode was, if nothing else, aware of their efforts and willing to support them, although the historical evidence of the next few years remains somewhat opaque. While Brundage waited on IOC chief medical expert, Arthur Porritt, to come back with recommendations, it appears that he also asked de Merode (or vice versa) to look at doping. De Merode reported to the IOC Session in October 1965; however, according to letters sent by Brundage, he borrowed heavily from a report compiled by Albert Dirix. Despite the President's full awareness of the origins of the information, de Merode was allowed to take credit for telling the Executive Board that the 1964 Games made it 'clear that a dope control was necessary and that a generally accepted method was required'.¹² His subsequent delivery to the Session was, according to the minutes of that meeting, 'warmly applauded'.¹³

It is perhaps noteworthy on the episode that de Merode positioned himself as a pioneer on doping through a process that involved a certain amount of opportunism and perhaps even plagiarism. As would remain the case throughout his chairmanship, the Belgian aristocrat exhibited substantial skill in jockeying for position within the IOC administrative structure. As a consequence of the episode, scientific experts such as Ludwig Prokop and Albert Dirix found themselves outmaneuvered by an individual who possessed little knowledge on the requisites of an effective anti-doping protocol. De Merode instead could only offer general ethical ideas and a yet unproven ability to deal with the politics of international sport governance.¹⁴ Due in large part to such political skills, de Merode was

later appointed Chairman of the new Medical Commission in 1967. Still, the hierarchy of the IOC were less than enthralled by the prospect of de Merode's promotion. decision fell rather short of a ringing endorsement of the Belgian aristocrat, as highlighted by his General-Secretary J. W. Westerhoff in a letter to Brundage, 'after the retirement of Sir Arthur, deaths and resignations, nobody from the old commission was left'.¹⁵ Indeed, Brundage wrote to the Marquess of Exeter to ask him to speak with Arthur Porritt: 'Seriously we cannot afford to lose him. Can you not persuade him to reconsider?'¹⁶

Why the IOC President overlooked the three scientists who had led the experimental tests in 1964, or others like the British scientist Arnold Beckett, deserves consideration, for it sheds light on de Merode's legacy. It may well have been that Brundage wanted a less controversial figure who was aware of the necessity of public relations to 'manage' the information process of testing rather than a dyed-in-the-wool scientist who would likely see the problem in simple matter-of-fact terms. In a sense, scientific research brought uncomfortable truths to an IOC that needed at least one level of 'governmental' control. An alternative theory, however, might be that Brundage simply did not see the Medical Commission as especially important or powerful and that he was therefore happy to hand it over to someone he saw as a mediocre talent. In 1967, there was no testing, scant resources, and nothing but rumour upon which to base policy. Under this line of interpretation, de Merode's lack of expertise, comparatively diminutive stature, and demonstrated willingness to acquiesce to IOC politics combined to promote him to a job perceived as requiring just such a set of traits. Some evidence for this position exists in the historical record as Brundage made it crystal clear that he did not want the profile of the job to be raised any higher. In fact, he actively campaigned to make sure that everyone knew that the Medical Commission was to remain under his firm control:

It was never the intention that the IOC itself should take responsibility for testing seven or eight thousand competitors. The International Olympic Committee is not equipped for that sort of an operation, ignoring the expense involved ... tests were being made in Grenoble but that the question would be reviewed after the Winter Games.¹⁷

Having apparently been asked by de Merode to provide greater resources, Brundage pressed this point home in a personal reply to the Medical Commission chairman in August 1968. In that message, Brundage's determination to rein in the Medical Commission's activities is quite visible:

I regret that there is any misunderstanding on the subject of testing, but I have been dealing with this matter for twenty years and I am positive that the IOC has never had any intention whatsoever of undertaking such an enormous task. Moreover, many of the Federations seriously object and those that consider it necessary, as the IAAF and the UCI – and perhaps some others – are already doing their own testing. Our responsibility is to have intelligent regulations, to see that the adequate facilities are provided, and the correct methods are used, and that is all! I am sorry that you were not properly informed.¹⁸

At the same time, Brundage took the opportunity to circulate a letter to all members of the Executive Board as well as to de Merode on the distribution of administrative power in the international sports system. Sparked by several medical reports and a set of discussions held in January 1968 with a representative group from several International Federations, the President wanted especially to identify the governance bodies responsible for anti-doping policy. He directed that it 'was never, never, never intended that the IOC itself should take

responsibility for testing seven or eight thousand competitors' for the reason that 'we are not equipped for that sort of operation, ignoring the expense involved'.¹⁹ Just to make sure that there was no further confusion, Brundage also circulated the International Federation and wrote directly to the 1968 Games' Organising Committees on this point.

In the spirit of these pronouncements, the IOC Executive Board asked de Merode to restrict the activities of the Medical Commission to 'the period immediately preceding and following the Olympic Games'.²⁰ It seems that not everyone in the IOC wanted to see drug testing become an important part of the Olympic movement. It did not help that anti-doping was at the time discussed as an adjunct of two other controversial 'enhancements': gender ambiguity and altitude.²¹ Even when the Medical Commission did manage to publish a statement of intent in a booklet entitled *Doping* (1970), sex testing and drug misuse were dealt with together. Though bearing some personal responsibility for these shortcomings, de Merode's actions were part of a broad organizational environment aligned against the effective regulation of performance-enhancement.

Moreover, a strange ambiguity to anti-doping existed around this time. Work in this area was on the one hand given some impetus by both the formulation of a satisfactory test for amphetamines and by the tragic death of Tom Simpson during the 1967 Tour de France. Yet, when testing was introduced into cycling, a number of high-ranking riders argued for their right to take drugs on account of the fact that their professional careers needed protection. Much of the discourse in the Olympic community fixed on to this amateur/professional divide, with many people wishing the Games to be 'pure', defined as free from drugs and money. De Merode was a comfortable presence for that form of anti-doping critique. His aristocratic background lent weight to the premise that sport embodied noble aims that could be traced to the great generations of athletics in Antiquity and among the European middle classes during the 19th and early 20th centuries.

The anti-doping paradigm therefore became invested with the virtues of purity and idealism. And yet this conception was strikingly ineffective and difficult to manage. The first set of tests in the 1968 Winter and Summer Games were obviously incapable of ridding sport of drugs. They did not, for instance, test for steroids, the main substance used to enhance training and strength; in addition, the screens which were in place also could easily be manipulated by athletes willing to exchange samples or use a catheter. Meanwhile, what we now know about the doping practices among many groups of athletes, some of which had the explicit or implicit support of governing bodies, reveals significant hypocrisy behind the collective IOC policies on doping. It is upon this point that de Merode deserves criticism. Even if de Merode was genuinely opposed to drugs in sport, his substantive actions did not appear especially convincing of this sincerity. His public presentation of the 1968 Games as ‘clean’ marked the beginning of a procession of half-truths and, at times, outright lies. The IOC had entered an age whereby its leaders felt a need to ‘spin’ the truth, and de Merode continued to serve as a useful public face – although within and beyond the IOC many people knew that the extent of doping far outstripped the existing anti-doping efforts.

Establishing Testing in the Games: 1968-1972

Perhaps one reason the policy developments concerning anti-doping methods lagged behind performance-enhancing practices was the existence of a gulf between coaches and athletes working ‘on the ground’ and people like de Merode who worked in administrative settings and operated in high-level policy networks. The world of first-class travel and five-star hotels at IOC Executive Board and Session meetings drew intense scrutiny and required a certain level of political skill. Like others, de Merode may well have felt obliged to present a public

impression of sound management, ethics and determination despite a seemingly insurmountable set of problems and barriers.

De Merode's first significant job in office was to supervise the tests employed at the 1968 Mexico City Games. According to the Official Olympic Report of those competitions, 88 samples were tested from 1,293 athletes, and none found to be positive.²² At this stage, the technology only allowed testing for amphetamine and related substances, alcohol and caffeine. There was no test for anabolic steroids until 1976. At this early stage, however, few could have possessed a clear inkling that doping would soon develop into perhaps the central policy issue in modern athletics. To his credit, de Merode realized that the methods in place needed to be infallible in light of the complaints which inexorably would emerge after positive tests.²³ He was already developing a mindset focused on ensuring legally watertight procedures at Olympic competitions.

Reflecting this conception, a comment in a report concerning the testing in Mexico City alluded to the effect that random selection should be adopted by the IOC because 'undoubtedly, fear of the law frightens away the criminal'.²⁴ It is not clear who wrote this but de Merode's Medical Commission was sent a copy. Describing these early efforts years later, de Merode said, 'When we first introduced systematic testing at sports events, people used to say that we were going too far and exaggerating the scale of the problem. Today, the true scale of the problem is all too apparent. We now tend to be criticized for not doing enough'.²⁵ Given such uncertainty, de Merode deserves praise for his pursuit of testing protocols that were both effective and theoretically attentive to legal notions of due process.

There were, of course, additional difficulties that confused anti-doping authorities. A technical difficulty existed as to whether the use of alcohol and other sedatives should be considered illegal given their lack of performance-enhancement attributes. Perhaps more importantly, political questions outside de Merode's ability to control arose as to how to

create an organizational structure that brought together the various National Olympic Committees, International Federations and other organizations in the international sport system.²⁶ Nonetheless, de Merode possessed clear ideas that the fight against doping required definitional clarity, legal support, and international co-operation. He additionally led the modernization, professionalization, and globalization of an ethical and health campaign to eliminate performance-enhancing substances in elite athletics.

A viable test for steroids remained absent throughout the following Olympiad. Nevertheless, the equipment used at the 1972 Summer Games was considerably more advanced than those used previously, featuring eight gas chromatographs and 20 staff members on site rather than in an external facility. Again displaying concern for the rights of competitors, a doping information centre was set up for the athletes in the middle of the Olympic Village. Moreover, a brochure distributed prior to the competitions gave prospective competitors the full details of what was banned and how the control processes would operate.²⁷ These advances in technical expertise and regulatory procedure demonstrated that de Merode and his Medical Commission were fully committed to testing athletes in a way that remained ethical.

Less admirably, de Merode must have known the problems in this system—namely that steroids were becoming the athletes' drug of choice and that the testing procedures in place did not include pre-competition screens. As one journalist at the time put it, 'Anabolic steroids were used freely at Munich'.²⁸ And here we confront the limits of historical research. As much as he put a brave face on the problem and worked hard on the technical and bureaucratic aspects of the issue, de Merode must have felt serious doubts as to the efficacy of doping controls at this stage. Far from resolving the problem, the members of his Medical Commission were barely scratching the surface of an incredibly pervasive drug culture. At the same time, the members of the unit could hardly be blamed for developments outside

their power to influence. Indeed, de Merode's commission could only do so much to combat the growing spectre of drugs in sport.

Testing for Steroids, 1973-1980: Hope for Clean Sport

By 1973, pressure was mounting for significant progress as information flooded into the IOC's network about steroid use in sports. For instance, two highly detailed scaremongering articles were published in the *Olympic Review* of that year.²⁹ One of de Merode's key advisers and a leading international expert in the field, Professor Arnold Beckett, asserted that little hope existed for the development of an effective steroid screen in time for the 1976 Summer Games in Montreal.³⁰ Even so, Lord Michael Killanin, the new IOC President, and de Merode advocated a revised, stronger view on doping policy when the former expressed in August 1974, 'The Medical Commission of the International Olympic Committee will strive as far as it can against the creation of the artificial man or woman'.³¹ This symbolized an interesting departure from the IOC's previous representations of doping as stimulating performance: steroids presented the new problem of altering the human physiology. Doping was more than cheating, more than seeking extra advantage; it was seen as playing God. And this provoked much consternation among the anti-doping community.

The IOC was fortuitous enough that a steroid test was discovered and presented in 1975 by Professor Raymond Brooks.³² This allowed the IOC to take more formal steps. Rather than structured in terms of eligibility criteria, a separate rule was established known as the Medical Code, stating that 'doping is forbidden'.³³ De Merode updated the IOC Doping brochure to reflect this new innovation; however, none of the 390 urine tests carried out at the 1976 Winter Games at Innsbruck included a test for steroid use.³⁴ The 1976 Summer Games at Montreal did allow an opportunity to more fully implement the new steroid

screens. The details on testing were sent out to International Federations six months before the Games. The Medical Commission listed numerous banned substances which, it was argued, covered ‘the majority of anabolic steroids available on the market,’ and thus claimed that the controls offered ‘virtually 100 percent effectiveness’.³⁵ 2,001 tests were performed, of which 268 concentrated on detecting steroids. These led the Medical Commission to disqualify eight athletes, including three medalists. The Organizing Committee, no doubt in league with de Merode and the Medical Commission, wrote an optimistic summary:

In light of the results obtained at the Montreal Games, the use of psychomotor stimulants suffered a major setback, thanks largely to improved methods of detection and identification. With similar measures in force, it is expected that the use of anabolic steroids will soon be dramatically reduced. It is important, however, that there be no relaxation in the enforcement of doping control measures. In fact, they should be even more stringent and severe, for new stimulants are coming on the market almost daily and are readily available to athletes. Unfortunately – and only recently – a new phenomenon has arisen: manufacturers are now marketing new products faster than detection and identification methods are being developed! As a result, those who would flout established rules and regulations continue to gain ground on sports officials and the control methods available to them.³⁶

Despite his efforts to create a more stringent set of regulatory measures, it would be unfair to criticize de Merode for counteracting the pharmacology industry that produced performance-enhancing substances. The report also represented a fascinating blend of ideology and interpretation, as it contained both images of threat and self-empowerment. There appears to

be no thought given to the possibility that the production of new pharmacological agents might be inextricably linked to the emergence of a machinery of policing and detection. However, this time period represented a key moment in which the parameters of anti-doping were being established. The new policies reflected a number of these parameters: a reliance on scientific testing; a highly formalized set of procedures that de Merode had initially tried to restrict; and a desire to see greater resources directed towards the development of research-based knowledge. Underlying these principles was an implied fear of change, modernity and over-use of technological forms of enhancement. Yet, there was no explicit critique of any specific country, no evidence of widespread usage, and no challenge to the ongoing obsession with winning.

De Merode's own report regarding the 1976 tests offered a somewhat muddled blend of the above characterization, which provided only a surprisingly bland account given the scale of the problem. Reflecting on these Games three years later, he thought that the small number of positive tests was due to the widely publicized 'prohibition' of certain substances by the Medical Commission between 1974 and 1976. He presented a series of sub-problems that might undermine efforts toward a successful anti-doping framework. One concerned the need for better and faster equipment, as at that time it took two-to-four days to perform an analysis. The second related to the implementation of a testing that might actually 'encourage some people to think up new means, either by circumventing the tests or by using new doping techniques'.³⁷ In short, de Merode thus suggested the need for more scientific research and development. At the same time, he remained optimistic in declaring, 'It is very likely that the problem of doping with anabolic steroids will decline in the same way as that of psychomotor stimulants ... the methods of detection continue to evolve at a more rapid pace than the discovery and launching of new products'.³⁸

Loss of Control, 1980-1990

Demonstrating the problem caused by his lack of scientific knowledge, De Merode's suggestion that testing mechanisms could stay ahead of drug users was proven to be enormously naïve. We now know that scientists in North America, East Germany and the USSR, as well as entrepreneurs in the open market, developed new performance-enhancing substances faster than the anti-doping technologies could be implemented by sports officials. In both the 1980 Winter Games in Lake Placid and the Summer Games of the same year in Moscow there was not a single positive result.³⁹ In what seems like an either startling display of optimism or a cynically hopeful public relations 'spin', de Merode asserted that the absence of positive tests demonstrated that the 1980 Moscow Games had been the most 'pure' in the history of the movement.⁴⁰ Whichever was true, de Merode appeared increasingly ineffective.

By the early 1980s, the science of anti-doping had progressed such that results were available within five hours. However, no effect screen existed until 1982 for the banned substance testosterone, which was used by athletes – especially the East Germans – in the immediate run-up to competitions instead of anabolic steroids.⁴¹ The avoidance of positive steroid tests thus became simply a matter of timing. This was a point brought to the attention of the IOC by the Hungarian doctor, former fencing champion, and winner of the 1977 Fair Play Trophy, Jeno Kamuti:

In 1980, at Moscow, 2,488 tests were carried out, of which 800 were aimed at proving that competitors had taken anabolic steroids. The results in all cases were negative. Does this mean that none of the competitors had used doping products? Certainly not. If the analyses proved negative, it was because the

prospective athletes had stopped taking the drug two or three months before the Games. According to Professor Donike, 15 to 20% of the women who won medals had probably used testosterone.⁴²

There had actually been some resistance in IOC circles to the development of more advanced anti-doping procedures on account of the rising costs involved. Norman Hess, President of the Marketing Department for the Lake Placid Organizing Committee, said, for instance, that ‘it would cost Lake Placid far more to provide doping controls than to house and feed the athletes for the whole of the Winter Games’.⁴³ The IOC President Lord Killanin agreed that doping tests were becoming too expensive. Given that the Moscow team reportedly tested over 1,000 samples using 31 control stations manned by 29 medical teams, one can see how the resources required could be problematic given the perilous fiscal situation of the IOC around this time.⁴⁴

In 1981 the work of the Medical Commission was re-organised into 3 sub-commissions: Anti-doping and Biochemistry, Biomechanics and Sport Physiology, and Sport Medicine. De Merode did not seem overly-concerned at the diminishment of emphasis on anti-doping policy in the Commission. In contrast, the last of the sub-commissions received responsibility for the long-term health of the athlete, a ‘danger’ de Merode considered to be ‘even greater than that posed by doping’.⁴⁵ As exemplified by the evolving status of the Commission, this time period was one of broad changes in the Olympic movement. Upon taking over as President of the IOC in the early 1980s, Juan Antonio Samaranch sought to develop the commercial aspects of international sport.

It was at this point that de Merode began to lose almost any degree of control over doping regulations. In contrast to the stress placed on financial returns, little evidence exists

of a clear commitment from the IOC leadership to actually prevent athletes from using banned substances. Little funding existed for research, no out-of-competition testing took place, scant progress was made towards a harmonized set of regulations, and few public statements demanded drug-free sport. When the technology of drug testing began to catch up with doping techniques, a number of scandals transpired which caused significant disillusionment among spectators.

This reality was shown to the world in 1983 when the implementation of testosterone testing led to fifteen positives and numerous ‘voluntary’ withdrawals from the Pan-American Games. As evidenced by the episode, doping was becoming a phenomenon. Nonetheless, the Los Angeles 1984 Organizing Committee repeatedly expressed reluctance to include testosterone as a banned substance, supposedly out of concern over legal reprisals from athletes testing positive.⁴⁶ By contrast, the IOC’s internal collection of newspaper articles warnings about doping in the United States showed not only that the American media were beginning to realize the potential for scandal but that the Olympic Movement itself was under pressure. The 1984 Games would test the IOC’s commitment to drug-free sport and conclusively undermine de Merode’s reputation.

A letter from de Merode to a set of physicians ahead of the 1984 Games demonstrated the incredibly complex set of issues that confronted his commission. He announced bans on a number of substances, including corticosteroids, beta-blockers and diuretics (de Merode 1984a), though he seemed unaware that the latter were commonly used to mask the use of other drugs.⁴⁷ The IOC accredited a doping laboratory at the University of California at Los Angeles in 1983, and it remarkably became the first of its kind in the United States.⁴⁸ During the Games, 1,502 athletes were tested, resulting in 11 positive tests.⁴⁹ Despite these relatively low indications, athletes during these Games still used human growth hormone and beta-blockers; moreover, only a few months later a member of the U.S. cycling team’s medical

support system admitted that up to seven cyclists on the squad had employed 'blood-doping' as an enhancement technique at the competition.⁵⁰

For his part, de Merode continued to promote an image of anti-doping that was, to say the least, somewhat divorced from reality. His report to the IOC Session in October 1984 astonishingly failed to mention a 'lost' set of positive tests in Los Angeles – an episode that caused him considerable personal embarrassment. Quite to the contrary, he offered a banal and benign statement that called attention to the 'excellent equipment in the anti-doping laboratory and testing stations in Los Angeles'.⁵¹ He went on to thank to international federations who provided medical staff and seemed proud to announce that there were now fourteen accredited laboratories in the world.⁵²

In perhaps the best description of the early anti-doping movement, Barrie Houlihan points out that 'initially, sports bodies such as the IOC, International Amateur Athletic Federation (IAAF) and International Federation of Football Associations (FIFA) sought to develop a policy which would enable them to guarantee that their competitions were 'clean''.⁵³ As an embodiment of this standard, de Merode's early career as Chair of the Medical Commission should therefore be understood as an outcome of a broad desire to prove ethical integrity, develop mechanisms within competitions to deter potential cheaters and at least symbolically prove a commitment to anti-doping. At the same time, these elements were pursued within a context of restricted financial resources and international disharmony. During the latter half of the 1980s, however, a remarkable shift occurred in the debate over performance-enhancement in sport in terms of public awareness, media attention, and governmental involvement.

Consequently, by the late 1980s, de Merode was less and less central to the policy processes involved in anti-doping regulation. To be fair, he did help to facilitate the development of international cooperation on the issue, and in the process gained a reputation

for skilled diplomacy. In addition, he contributed to the development of the World Conference on Anti-Doping in Sport movement, viewed by some as the catalyst for the creation of the World Anti-Doping Agency (WADA) in 1999. The proceedings of the conference held in London in 1993, however, demonstrate his diminishing influence and status. Despite giving the closing address, de Merode served at the meeting as a peripheral figure, whose speech revolved around the need for education and clearer organizational strategy. Indeed, the first words of that address symbolized the dissipating prominence of the Medical Commission Chairman: “Mr. President, dear friends,” he began, “I am a little bit afraid of your compliments, because I don’t know if I have really many things to say”.⁵⁴

Conclusion

This article has focused on the historical aspects of de Merode’s contribution to the international anti-doping movement. It has been argued that he represented a laissez-faire diplomatic approach to doping that served to protect the image of the Olympics without antagonizing too many athletes or international sports leaders. He remained Chair of the IOC Medical Commission until his death in 2002. His obituaries spoke of a good man who valiantly fought against almost insurmountable enemies. What perhaps was overlooked in these retrospective accounts was that some enemies were internal to the IOC, and that de Merode himself was neither willful nor savvy enough to make anti-doping a success.

In short, he reflected an organizational culture of the IOC that aimed above all to protect its own image of integrity. Ironically, this goal created a contradiction in the anti-doping activities promulgated by de Merode’s Medical Commission. After publicly endorsing beliefs that performance-enhancement in sport was inherently immoral, the chairman found it necessary to enact policies demonstrative of this avowal. Simultaneously,

however, a systematic confrontation of the problem risked undermining elite sport as a commodity and social good, and by implication, the very organization for which he worked. In the final analysis therefore, it is almost impossible to agree with Ken Fitch's view that de Merode was "the person who more than any other single individual led the fight against sports doping", and that his Medical Commission was the 'pacesetter in the fight against the misuse of drugs in sport until the advent of WADA'.⁵⁵

Scholars should nevertheless refrain from placing too much blame on the Medical Commission chairman for the failures in Olympic doping policy. Although de Merode's administrative and personal shortcomings diminished the effectiveness of programs adopted to address performance-enhancement in sport, they were of lesser influence than several factors outside of his control. These included the rise of a doping culture in the broader society and the large-scale appropriation of sport by governmental authorities for national security considerations. The resources available for the development and distribution of performance-enhancing substances simply outstripped those of the private international sports system. Even the most skilled and dedicated policymaker would have failed under these constraints.

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- ¹ Dimeo, *A History of Drug Use in Sport*
- ² Wrynn, 'A Debt was Paid Off in Tears'
- ³ For further information on this topic see Hoberman, *Mortal Engines*; Hoberman, *Testosterone Dreams*, Houlihan, *Dying to Win*; Houlihan, 'Policy Harmonization'; Voy and Deeter, *Drugs, Sport and Politics*; Beamish and Ritchie, *Fastest, Highest, Strongest*; Waddington and Smith, *An Introduction to Drugs in Sport*; Hunt, *Drug Games*
- ⁴ Rogge, 'Prepared Text'
- ⁵ Miller, *Athens to Athens*, 356-7
- ⁶ Pound, *Inside the Olympics*, 74
- ⁷ Hoberman, *Testosterone Dreams*, 253
- ⁸ Møller, 'Knud Enemark Jensen's Death'
- ⁹ Hunt, *Drug Games*
- ¹⁰ US Senate, *Investigative Hearings*
- ¹¹ Dimeo, *A History of Drug Use in Sport*
- ¹² IOC Executive Board Minutes, Sept-Oct 1968
- ¹³ 63rd IOC Session Minutes, 7-9 October 1965
- ¹⁴ Strangely, Dick Pound (*Inside the Olympics*, 55-59) argues that the problem with early anti-doping efforts in the IOC was that too much responsibility was given to the scientists who approached the problem as an extension of their own research rather than as an ethical issue.
- ¹⁵ Westerhoff, Letter to A. Brundage, 23 June 1967
- ¹⁶ Brundage, Letter to the Marquess of Exeter, March 1967
- ¹⁷ Cited in Anon, 'Report on the Tests', 1
- ¹⁸ Brundage, 'Dope and Sex Tests'
- ¹⁹ Brundage, Letter to Prince Alexandre de Merode, 29 August 1968
- ²⁰ IOC Executive Board Minutes, March 1969
- ²¹ Crawford 'Olympics Games: 1896-1984'; Beamish and Ritchie, *Fastest, Highest, Strongest*; Wrynn, 'A Debt was Paid Off in Tears'
- ²² Organising Committee of the Games of the XIX Olympiad, Official Report, 278
- ²³ *ibid*
- ²⁴ Anon, 'Report on the Tests', 1
- ²⁵ Cited in Maier, 'Combating Drug Abuse in Sport', no page number
- ²⁶ Landry and Yerlès, *The International Olympic Committee*, 255
- ²⁷ Organising Committee of the Games of the XX Olympiad, Official Report, 116
- ²⁸ Bateman, 'The Freaky World', 262
- ²⁹ *Ibid*; Pellizza, 'Anabolic Substances'
- ³⁰ Bateman, 'The Freaky World'
- ³¹ Cited in Landry and Yerlès, *The International Olympic Committee*, 257
- ³² Dimeo, *A History of Drug Use in Sport*
- ³³ Landry and Yerlès, *The International Olympic Committee*, 257
- ³⁴ Organizing Committee for the XII Winter Olympic Games at Innsbruck, *Final Report*, 195
- ³⁵ Organising Committee of the Games of the XXI Olympiad, *Official Report*, 454
- ³⁶ *Ibid*, 455-6
- ³⁷ de Merode, 'Doping tests', 16
- ³⁸ *Ibid*, 16
- ³⁹ *Olympic Review*, 'No Positive Tests!'
- ⁴⁰ Rogozkin, 'Doping Control', 158
- ⁴¹ Hunt, *Drug Games*, 93
- ⁴² Kamuti, 'Medical Aspects', 41
- ⁴³ Landry and Yerlès, *The International Olympic Committee*, 258
- ⁴⁴ Rogozkin, 'Doping Control'
- ⁴⁵ *Olympic Review*, 'Olympic Wishes for 1981', 687
- ⁴⁶ Landry and Yerlès, *The International Olympic Committee*
- ⁴⁷ de Merode, 'Anti-doping control'
- ⁴⁸ Organising Committee of the Games of the XXII Olympiad, Los Angeles 1984, *The Official Report*, 354
- ⁴⁹ *Ibid*, 358

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- ⁵⁰ Todd and Todd, 'Significant Events', 82-3
⁵¹ de Merode, 'Medical Commission', 731
⁵² *ibid*
⁵³ Houlihan, *Dying to Win*, 312
⁵⁴ Sports Council, *The Social Context of Doping*, 156
⁵⁵ Fitch, 'Book Review. 76