Sport, Drugs, and the Cold War

The Conundrum of Olympic Doping Policy, 1970-1979

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This article addresses the development of anti-doping policies by Olympic officials during the 1970s. Although some progress was made during the decade, organizational and political inertia prevented the creation of an effective regulatory framework. In seeking to avoid expenses associated with drug testing and legal appeals of positive screens, International Olympic Committee leaders consistently claimed that other organizations in the Olympic Movement – International Sports Federations that governed each sport and organizing committees for individual competitions – held primary authority over the issue. As a result of this situation, unscrupulous athletes, coaches, and sports officials were able to take advantage of several loopholes within the Olympic Movement's doping control system. National sporting bodies on both sides of the Iron Curtain, motivated by political pressure to win medals at international competitions, either disregarded the problem or explicitly supported the use of drugs by their athletes.

International history scholars have in recent years begun to study transnational cultural connections alongside the high-level state-to-state interactions that were once their exclusive subject of concern.[1] During the cold war a variety of cultural issues ranging from religious ideologies to literature, cinema, and sports, were subsumed within the superpower rivalry between the United States and the Soviet Union. As part of this framework, the Olympic Movement became an important site through which America and its allies waged proxy battles against the communist-bloc for global prestige. The resulting quest for dominance in the Olympic medals race led to the creation of highly sophisticated sport systems that utilized the latest scientific advances in athletic training and exercise physiology. When combined with individual chemical experimentation among elite athletes, these activities triggered an explosion of performance-enhancing drugs at Olympic competitions. After the death of Danish cyclist Knud Jensen at the 1960 Rome Olympic Games, which was reportedly caused by amphetamines, a unique international politics of doping developed through which the various national and transnational components of the Olympic governance structure addressed the issue.[2]

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While several works concerning the politics of doping exist (several of which are admittedly excellent), they have been limited either temporally or by a lack of access to archival sources of information.[3] Using primary documentation from a variety of locations, this article addresses Olympic doping policy during the crucial decade of the 1970s. During these years, the German Democratic Republic (GDR) implemented a vast, state-sponsored doping program that eventually forced some 10,000 athletes – many against their will – to ingest dangerous levels of performance-enhancing substances.[4] Not willing to sit still, as a country the size of Tennessee passed it in the Olympic medal counts, the United States attempted to circumvent the International Olympic Committee's doping regulations by pointing out loopholes in its protocols. At the end of the decade, American sport officials were led to initiate an initiative of their own that studied the potential of drugs to boost the competitiveness of their athletes.

Although many members of the International Olympic Committee realized by the 1970s that the accelerating use of performance-enhancing drugs at their competitions was becoming increasingly worrisome, their regulatory efforts were hampered by several political and organizational conflicts related to the subject.[5] For their part, IOC leaders were particularly eager to avoid the expense and potential legal ramifications of drug protocols by claiming that the other components of the international athletics system – including the international federations that governed each sport and the organizing committees for the individual competitions – held primary jurisdiction over the issue. In 1969 the Executive Board of the IOC, although applauding the efforts of the IOC Medical Commission at the 1968 Mexico City Games, thus "considered that it [and its jurisdiction] should be limited to the period immediately preceeding [sic] and following the Olympic Games."[6] Providing substance to this perception, the board declared that the Medical Commission would thereafter be limited to a supervisory role while the "IFs [would be] responsible for carrying out their own dope, alcohol and sex tests."[7]

IOC President Avery Brundage, who was ambivalent toward testing by the committee in the 1960s, continued to express hostility towards a robust regulatory response.[8] Writing to Medical Commission Chairman Alexandre de Merode in early May 1971, he suggested that "it would be wise for your Commission to make a contact [sic] with the Federations which have had the most experience with the necessity for [drug] control." Referring to the set of doping regulations to be implemented at the upcoming 1972 Munich Games, Brundage continued, "If they approve the regulations that you finally adopt, it will add strength and power to them."[9] Brundage's concern for the Olympic movement's economic stability also dampened his enthusiasm for the commission's work. Having been informed by IOC Information Director Monique Berlioux of two Medical Commission conferences for which the expenses would be "tremen-

dous," Brundage responded that "there is no use wasting a lot of money on these superfluous meetings if we can avoid it."[10]

At the 29 July 1971 Medical Commission meeting, discussions focused on a new doping control brochure, 4,000 copies of which were to be distributed to the various members of the Olympic establishment. De Merode was optimistic about the benefits of the document in terms of a conviction held by the Commission "that the application of these presented methods of control, and their publication, will have a positive effect in the immediate decrease and future elimination of the danger of doping in modern sport."[11] As for the distribution of authority over drug controls, the international federations were given the actual "technical responsibility for sports matters (number of checks, persons to be examined, times)" while the Medical Commission was relegated to "moral responsibility for the different kinds of controls and will supervise their organization." In terms of the enforcement mechanism, guilty athletes could only be "eliminated from the Olympic Games by the International Federation concerned following the proposal of the IOC Medical Commission."[12] The International Federations, wary of the issue's potential for embarrassment, later tried to avoid Brundage's position, according to a 1972 report, by asserting that it was "generally agreed that it should be the Medical Commission who carried out the control."[13]

Although this was seen as a useful first step, President Brundage, believing that tests for anabolic steroids had been developed, expressed interest in whether the Commission "had found any method of detecting hormones," which were quickly replacing amphetamines as elite athletes' drugs of choice.[14] Such tests, he was told, were problematic in that they were untraceable if the athlete ceased their administration several weeks prior to their competitions.[15] This made the IOC Executive Board's limitation of the Medical Commission's authority to the "period immediately preceeding [sic] and following the Olympic Games" all the more curious.[16] In any event, the world's leading expert on the subject, Dr. Arnold Beckett of Great Britain, "had not gone far enough in his research," de Merode explained, "for the Medical Commission to use any control in this field."[17]

The national Olympic committees, however, were dissatisfied with the status quo, and the Belgian national committee submitted a proposal, which was subsequently rejected by the IOC, "to entrust a [new] Commission to study the drafting of some simple rules, which could be applied in all cases, for every sportsman and every sportswoman and of which they can avail themselves in every country, for every sport."[18] The United State Olympic Committee, likewise, advocated additional steps. In October 1971, Dr. Daniel Hanley, chief medical officer of the USOC, thus declared, "Dope control is becoming a very strong issue, and I think we should formulate some policy … I think we can ignore it, if you want to … but, more and more, many individuals and some important segments of our society, like the press, are looking to you for direction."[19] The

problem was particularly acute, as described by U.S. Olympian Harold Connoly, in that "the overwhelming majority of the international track and field athletes I have known would take anything and do anything short of killing themselves to improve their athletic performance."[20]

The USOC's progressive rhetoric did not live up to its policies toward performance-enhancing drugs, however. After the 1971 Pan-American Games, during which he won a gold medal in the super-heavyweight weightlifting contest, U.S. lifter Ken Patera asserted his eagerness for a rematch with the Soviet Union's Vasily Alexeyev, who had defeated him in the previous year's World Championships in Columbus, Ohio. In relating his optimism for the 1972 Munich Games, he claimed, "Last year, the only difference between me and him was that I couldn't afford his drug bill. Now I can. When I hit Munich next year, I'll weigh in at about 340, maybe 350 [pounds]. Then we'll see which are better – his steroids or mine."[21] As for any response by American sport officials, Patera later recalled that he "didn't hear a peep out of anyone from the U.S. Olympic Committee."[22] Although Patera was not reprimanded by the USOC, he was a topic of discussion in its deliberations. Dr. Hanley, speaking before the USOC Board of Directors, apologized "for that mental pigmy we had aboard, who sounded off and shot his mouth off, afterward, about subjects he knew absolutely nothing about."[23] In hindsight, however, one wonders who could have known more about Patera's use of drugs than himself.

At the 1972 Winter Olympic Games in Sapporo, 211 athletes were tested, out of which only one instance of doping was found (a West German hockey player named Alois Schloder), an astonishingly low number given such public testimonials as that made by Patera.[24] Despite the dearth of positive tests, several new issues resulted from the competition that would have significant effects for the IOC's medical policies. Schloder's position in a team sport sparked significant controversy in terms of how to address instances in which doping affected more than an individual. The relevant IOC regulation in effect at the time stated that "if the athlete belongs to a team, the game or competition in question shall be forfeited by that team," and, it continued, "a team in which one or more members have been found guilty of doping may be disqualified from the Olympic Games."[25] In a post-Games IOC meeting, however, de Merode explained "that this rule had not been applied in Sapporo because of technical reasons and the Commission had decided that the rule should not be applied in the future."[26] The West German squad was thus allowed to continue at the Games, where it eventually finished seventh.

In addition, a scientific argument ensued in the aftermath of the competitions in Sapporo when Danish researchers publicly questioned the efficacy of the Olympic gender verification regime based on the identification of one's chromosomal – rather than somatic and/or psychosocial – sex.[27] Prior to the Games, Dr. Ingeborg Bausenwein, a physician affiliated with the West German Olympic team,

argued that prior to the test's implementation in 1968, "five out of 11 women's world records were held by hermaphrodites."[28] The Danish scientists countered that "the decision of the international olympic committee [sic] to demand that all female competitors at the Olympic games should be 'sex-tested' with the aim of excluding sex chromatin negative individuals from competing with females is open to criticism for scientific as well as for medical and ethical reasons."[29]

Several months later, Brundage sought the opinion of the IOC Medical Commission, writing to de Merode that "I am happy I didn't realise [sic] all the complications when I was 25, but seriously this is very disquieting and must have the attention of your committee." In a notable display of humor from the usually stern and acerbic IOC president, Brundage concluded, "Maybe the eye of a 25 year old would be better."[30] The problem concerning these early chromatin tests centered on the fact that they threatened to shatter the lives of numerous women, most of whom held no significant physiological advantage over their fellow competitors.[31] In the end, the chromatin tests were retained and an alternative system was not put in effect until the 1992 Albertville Olympic Winter Games.[32] Explaining this decision, de Merode pointed out that the IOC's "practical" concerns outweighed the researchers' "scientific side." Brundage agreed, stating that "the problem of the Danish doctors being purely theoretical was very different from that of the IOC's which was practical."[33]

As for the Summer Olympics, the Organizing Committee for the Munich Games was confident about the steps, estimated to cost $669,195, that it was taking with regard to the curtailment of doping at their competitions. In a report to the IOC in early 1972, the Organizing Committee asserted that "there was good co-operation with the International Federations" in developing a rigorous control system through "uniform guidelines … drawn up on a sound scientific basis." Furthermore, the committee (quite mistakenly in light of future events) claimed that "the entire question of doping control in Munich has been very well thought out so that mistakes and protest are virtually impossible."[34] The complex regulatory system of the Olympics, in which the IOC, organizing committees, and international federations each played important roles, led to confusion as to possible situations in which drug treatments might be allowable. A 1968 report from the medical board of the International Cycling Union circulated to IOC members prior to the 1972 Games, for instance, concluded that "a certain tolerance may be admitted … concerning the tune of administration, the used dosis [sic], and the therapeutic goals" of selected classes of tranquillizers, sedatives, ephedrine, ether, caffeine, and hormones.[35]

Such ambiguity led eventually to an environment in which, according to an unofficial survey of track and field competitors in Munich by U.S. team member Jay Sylvester, sixty-eight percent of the men used some type of anabolic steroid prior to the competitions.[36] Pat O'Rea, the American weightlifting team physiologist, likewise claimed that every member of the squad was using some sort

of performance-enhancing drug.[37] The issue had even become acute enough to cause Dr. John Zeigler, a U.S. team physician during the 1960s, to quit. "I found some of the athletes were taking 20 times the recommended dosage [of various ergogenic drugs]," he asserted. "I lost interest in fooling with IQ's of that caliber. Now it's about as widespread among these idiots as marijuana."[38]

While these claims should have been cause for alarm among American sport officials, little reform occurred. Rather, a response in the shape of a vehement, nationalistic protest by the USOC ensued after sixteen-year-old American swimmer Rich DeMont tested positive for a prohibited stimulant after winning the 400-meter freestyle competition.[39] Although DeMont cleared his use of an asthma medication containing the banned substance ephedrine with team physicians, they made no effort to inform authorities in Munich. After the swimmer was stripped of his medal, U.S. Team Physician Dr. Winston Rhiel wrote to the IOC that DeMont "has a history of bronchial asthma and allergy… [and] Mr. DeMont has taken this medicine [called Marax] on his own at infrequent intervals to control the symptoms." As such, Dr. Rhiel argued that "considering all of the above we do not feel that this young athlete has used any medication for the pruposes [sic] of enhancing his performance."[40]

As for himself, DeMont explained that he had awakened early in the morning of 1 September 1972 "wheezing," after which he took three tablets of Marax over approximately the next several hours.[41] Although initially recommending that DeMont be allowed to keep his medal, de Merode later reversed direction, urging the IOC Executive Board to consider stripping him of the award. De Merode also declared that DeMont would not be permitted to participate in additional competitions in Munich, including the 1,500-meter freestyle swim in which he held the world record. Furthermore, he argued that "the persons accompanying the athlete [U.S. team officials] should be punished according to the recommendation of the IOC Medical Commission, since they were clearly co-responsible for the incident."[42] After the suspension was confirmed, Brundage asked USOC President Clifford Buck to coordinate the return of DeMont's medal and informed him of the IOC's conclusion that "much of the responsibility for this disqualification rests on your team medical authorities, who are severely reprimanded."[43] This did little to stimulate future American compliance with doping regulations.

In addition, a doping scandal involving the Union Internationale de Moderne Pentathlon et Biathlon (UIPMB) likewise eroded the enthusiasm of both the international federations and national Olympic committees. On 22 August 1972, UIPMB Secretary General Wille Grut was directed by representatives of twenty national Olympic committees to seek the addition of tranquilizers on the IOC's list of prohibited substances.[44] The following day, Grut met with de Merode, officials from the Munich Games Organizing Committee, and the chief lab technician for doping tests, to officially submit this proposal.[45] As the inter-

national federations held jurisdiction over such matters at the time, the Medical Commission agreed, but only after the laboratory was found to have enough capacity and the Organizing Committee promised to pay for the additional tests.[46] Grut accordingly wrote to Dieter Krickow, the Organizing Committee member responsible for the Modern Pentathlon, to confirm the tests, after which Krickow informed the individual teams.[47]

UIPMB officials began to regret their actions, however, when fourteen specimens tested positive for tranquilizers.[48] Grut accordingly denied the request for the tests and UIPMB President Sven Thofelt declared that the proposal was done without authorization and that the federation had never been informed of any such decision.[49] After they were presented with evidence of the events, Grut pleaded negligence, explaining that "UIPMB did not ever officially ask the IOC Medical Commission to add 'tranquilizers' … I should not have allowed a non-competent meeting of team captains to charge me to forward their opinion." He concluded, "I now feel that this task has not been one for which I am properly trained … I very much regret the loss of time and money I seem to have caused your commission."[50] After receiving a query from Brundage asking for the rationale concerning the lack of sanctions, de Merode released a statement declaring that "the Medical Commission of the IOC must not interfere in the internal affairs of an International Federation and has therefore suspended all further action for the time being."[51]

American sports officials were infuriated, perceiving the excuse as an intolerable slap in the face after they were publicly castigated by the IOC for their misconduct concerning DeMont's medication. USOC President Buck wrote to IOC member Lord Killanin, who would soon succeed Brundage as IOC president, that "it seems most inconsistent that prompt severe action was taken on Mr. DeMont in swimming as well as others and then not take disqualifying action against fourteen found guilty of doping in Modern Pentathlon." He continued, "DeMont is a sixteen year old boy who was taking his normal prescribed medication for a chronic problem and not to enhance his performance, whereas the guilty pentathletes are mature individuals who knowingly and deliberately took a banned drug to improve their performance in competition in violation of a rule of which they were aware." Buck concluded, "In the interest of justice, fair play, the honor and integrity of the Olympic Games, and for all athletes who did not indulge in taking forbidden drugs during the shooting even of Modern Pentathlon, it is respectfully requested that the IOC Executive Board reconsider the decision."[52] Even Brundage noted that the incident was leading to "tremendous opposition" and that in the future "some distinction would have to be made between medicine and doping."[53]

Two additional occurrences highlighted the problems caused by the inconsistent penalties that derived from ambiguous standards. Although the IOC had decided at the Sapporo Games not to suspend national teams after doping was

found among individual squad members, the ruling was contradictorily applied in Munich. Tests confirmed drug use by a Puerto Rican basketball player, although the analyses had taken so long as to allow the team to continue play throughout the course of the tournament. While the player was disqualified, the team was not, and its victories were consequently upheld. The Dutch cycling team's bronze medal, on the other hand, was rescinded after one of its riders tested positive for Coramine, a substance prohibited by the IOC, but not by the International Cycling Union. During the IOC Executive Board's deliberations, William Jones, Secretary General of the Federation Internationale de Basketball Amateur, pointed out that while one set of rules "stated that teams were disqualified [only] if the team had benefited from an athlete taking dope … the doping brochure … said that the team would be disqualified [automatically] if one of the players was found guilty."[54]

The inconsistent application of doping rules caused significant introspection among Olympic policymakers. In February of 1973, de Merode argued that "there should be some changes in the IOC rules … The experience in Munich," he explained, "had shown the need of having strict regulations and many IFs [International Federations] had expressed the wish that the IOC should take a stand." As for the longstanding directive that only competition medalists should be investigated, de Merode argued that "the control of the first three in any event was insufficient." The discrepancy between the treatment of the Puerto Rican basketball team and the Dutch cycling squad moreover suggested the need for a uniform policy that "if any member of a team was found guilty of doping, the whole team had to be disqualified."[55] Within the USOC, deliberations likewise concentrated on the problems caused by the decentralized doping control system in which each sport operated under a different set of guidelines. At an early 1973 meeting, one official explained that "you've got five conflicting sports … [and] [t]here has been no attempt to effect doping control, [sic] for riding, for fencing, for shooting, [and] for swimming."[56]

In addition, reports began to circulate that athletes were taking advantage of loopholes within the IOC's list of banned substances by finding new compounds to ingest. At a 1973 U.S. Senate hearing, former Olympian Phillip Shinnick asserted: "like in many areas in our society new ways to beat the system are devised once new precautions are taken."[57] Rumors swirled that communist-bloc nations had developed a performance-enhancing formula that combined several unlisted chemicals. Researching the formulation on volunteers, Swiss chemist David James concluded that the subjects of his study benefited in several ways: "actions were more rapid, it seemed to delay fatigue, their reaction was diminished, their motor activity was better." Although not covered under current IOC rules, a tablespoon of the drug, he concluded, could potentially have as much impact as a standard dose of amphetamine sulfate.[58]

A link between nationalism and doping was obvious in these developments. Shinnick, for instance, described an episode during his time as a manager for the U.S. team at a previous World University Games. American government officials traveling with the squad constantly reminded the athletes of the need "to win so that we could beat the 'Commies.'" "Implicit in this value," Shinnick recalled, "[was] the assumption that the world has one winner and all the rest losers in each event. This type of pressure leads toward drug abuse as clearly as the need for the coach to win to retain his job."[59] Within the Olympics, these pressures resulted in conflicts-of-interest among IOC medical officers. The experience with American officials over DeMont's treatment (Dr. Daniel Hanley was a member of both the USOC and the IOC Medical Commission) led to a regulation that "no member of the [medical] commission could be a team doctor."[60]

Nationalism's greatest effect, though, came in the form of a clandestine state-sponsored doping program in the German Democratic Republic run by that country's Ministry of State Security (popularly called the *Stasi*). Although its constitution expressly incorporated a right to athletic opportunities for all East Germans, government officials in the GDR discovered that successes in international sport competitions offered opportunities to gain global prestige.[61] With a total population of only seventeen million, the country became an athletic superpower with the aid of many of its top scientists. A 1973 report that surfaced in the 1990s documented an "on-off" analysis of Oral-Turinabol (a type of anabolic steroid) in terms of its performance-enhancing effects on forty track-and-field athletes.[62] At the 1968 Games, the head of the GDR's doping system, Dr. Manfred Höppner, utilized a protocol that allowed shot-putter Margitta Gummel to set a new world record.[63] In Munich, the East Germans built on this initial success, winning a total of sixty-six medals, third best among the competing nations.[64]

East German athletes under the age of eighteen were told that the "little blue pills" they were being given were "vitamins"; those who were older were required to take an oath of silence concerning what were termed "performance-enhancing supplements."[65] The effects of the drugs were stunning; in March 1977, Höppner informed Stasi officials that "at present anabolic steroids are applied in all Olympic sporting events … and by all national teams. The application takes place according to approved basic plans, in which special situations of individual athletes are also considered. The positive value of anabolic steroids for the development of a top performance is undoubted."[66] For the athletes, however, anabolic steroids had dangerous side-effects. Nevertheless, Dr. Ulrich Sunder, Chief of the Sports Medical Service, "was told by [his] medical superiors that the deep voice and the hair and the virilization would reverse after the women stopped taking them, so we did not worry about long-term consequences."[67]

Unaware of the extent of the GDR's doping regime, the IOC leadership focused on modest steps to improve its doping control system. Dissatisfied with a

procedure under which medals were handed out before the results of the drug tests were known, IOC member Comte de Beaumont asked in February 1973 whether the order could be reversed. De Merode explained that implementation of the proposal was impossible "unless there was a lapse of two or three days before the awarding of medals." As a compromise, he agreed that both the initial and confirmation samples could be analyzed at the same time instead of sequentially. De Merode continued that the IOC's list of banned substances should be reconciled with those of the international federations. "It was unfortunate what had happened in the cycling cases," he explained with regard to the suspension of the Dutch cycling team in Munich, "but the Federation should have adhered to the IOC list."[68]

By May 1975, many of these ideas had been put into effect. More importantly, the IOC's list of banned substances was finally updated to include anabolic steroids. This was made possible through the development of several tests that could detect such chemicals in the human body. As articulated by de Merode, "The reason for this is that the progress of the scientific work proposed gives a complete guarantee as to the accuracy of the results that can be obtained."[69] In July of that year, several articles appeared in a special issue of the *British Journal of Sports Medicine* outlining alternative analytical techniques.[70] Seeking the broadest possible solution, the IOC adopted both; curiously, though, no such tests were implemented for synthetic anabolic steroids' natural counterpart: testosterone.[71] Dr. Beckett explained that "some people and some countries are at present overcoming this disadvantage of having to stop [anabolic steroid treatments] before an event by injecting the male hormone testosterone; although this drug can be detected, the fact that this is also an endogenous material means at present we cannot act."[72]

Although IOC President Lord Killanin lauded the steroid screens as "good news indeed," the tests failed to solve several problems.[73] Many performance-enhancing drugs, including anabolic steroids, could be used by athletes during training, and then stopped shortly before competition to avoid their detection.[74] In announcing one of the steroid tests, Dr. Roger Bannister, the world's first sub-four minute miler, suggested that a successful policy would feature "snap checks" in which specimens would be collected without prior notice at variable intervals.[75] Nevertheless, de Merode remained rooted to the notion that doping analyses should only take place during the Olympic competitions. This was partially understandable given the fact that few facilities were equipped to run the tests.[76] Referring to the 1976 Montreal Games, de Merode avoided the problem by explaining that "the steroids could be detected, provided the last dosage was taken within three weeks before the test. If dosages had been administered more than three weeks before the test, then this could not be detected." De Merode did not address, however, the absence of consideration for a more effective "out-of-competition" testing regime.[77]

At its 14 July 1976 meeting, held only a few days before the official opening of the Montreal Games, the issues concerning anabolic steroids led the IOC Medical Commission to appointment a sub-committee to investigate implementation of the new tests. Several days later, the group issued a report with a description of the problem, alternative courses of action, and a comprehensive set of recommendations.[78] Chief among their concerns was the IOC's preference that the analyses should be conducted – and their results announced – prior to the events so that athletes who tested positive would not be allowed to compete.[79] The sub-committee first demonstrated that "no sample received after the 18th of July 1976 can be analyzed (and rechecked) before the end of the Games"; this was particularly problematic in that although "many samples have already been submitted for analyses. . . [,] it is probable that some … designated athletes will not be sampled before the above deadline."

An ideal pre-competition testing system was therefore impossible given the time constraints involved. However, the sub-committee circumvented this dilemma by pointing out that "no mention is made in the Medical Commission regulations that results have to be made available during the Games … It is important to realize that taking action on definitive results from analysis done after the end of the Games is already accepted for regular doping control [involving tests for drugs other than anabolic steroids]." The sub-committee thus suggested that the IOC implement the procedures with the understanding that post-competition sanctions could be applied. This was the "only action which constitutes a deterrent to competitors against their own foolishness and doctors or coaches against irresponsible actions not in the best interest of competitors."[80] In terms of the accuracy of the new procedures, de Merode explained to his counterparts in the IOC that "the Medical Commission would only propose sanctions on athletes if it was absolutely certain … If any doubt existed at all, no decision would be taken."[81]

Difficulties related to the lack of pre-Games tests at the national level also became apparent as reports began to surface that many athletes were using performance-enhancing substances to qualify for the Games. Twenty-three American competitors failed the drug control tests at the U.S. Olympic track and field trials in Eugene, Oregon; none were punished.[82] After qualifying in the discus, Jay Silvester, who had competed in three previous Olympic Games, stated, "I can't ethically accept the use of steroids. But I would have to say that 98 to 99 per cent, no, 100 per cent of the international caliber throwers are taking them." Although claiming that "I don't like to talk about it," Silvester went on to assert that "it would have been a disadvantage to have the control at this meet. None of the European athletes have such a control, so we would have been at a disadvantage."[83]

The tests served several purposes for the United States Olympic Committee, however. A few officials believed that they could help dampen the use of performance-enhancing substances by their competitors. For others, the analy-

ses allowed American athletes to learn the ins and outs of the Olympic testing protocol. As put by USOC member Bob Giegenbach, "It has been widely advertised and agreed upon that, in the final Olympic trials for men and women in Track and Field, that we will duplicate the doping procedure to be used at Montreal."[84] A letter to USOC physician Dr. Daniel Hanley regarding American swimmers informed him of an extraordinarily high number of positives in pre-competition testing. It was therefore suggested that "all competitors in future competition be similarly advised on … detection procedures."[85]

During the 1976 Games, a total of 1,800 urine specimens were collected in "conventional" testing procedures for prohibited drugs; three positive drug indications were obtained. In the new steroid screens, eight violations were identified; this ratio was thirty times greater than the combined positive results of all other prohibited drugs.[86] Among those suspended for anabolic steroids were two American weightlifters, Mark Cameron and Phil Grippaldi.[87] Remembering their experience relative to the DeMont case, USOC officials protested that they were "shocked and appalled in having to learn of penalties enforced by the [IOC] Medical Commission."[88] They were, in addition, infuriated by what they perceived to be mistakes in the protocols. USOC President Philip Krumm argued that "we seriously question the validity of the procedures … which resulted in inequities in the pre-competition testing." Taking issue with the inability of his athletes to recognize the loopholes within the regulations, he complained that the controls "were not clearly enunciated prior to the Games, or prior to the arrival of the various squads."[89]

American sport officials were not alone in such criticisms. Boleslaw Kapitan, President of the Polish Olympic Committee, wrote to Killanin that "we deplore the fact that the medical tests were so prolonged." His body was notified of the positive test result for one of its weightlifters seven days after the closing ceremonies. Kapitan moreover asserted that "the publication of the results of the medical tests in the international press before the IOC had announced its decision . . , is prejudicial to the essential interests of sport." As for the validity of the procedures, Kapitan's medical consultants informed him that the seals used in the specimen containers were defective in that they could easily be opened and their contents changed. "Under these circumstances, since our athlete categorically denies having used Dianabol and as the identification of the contents of the bottles is extremely dubious," he declared that "we feel obliged to deny the regularity of the way in which the medical tests were carried out."[90]

Warned by IOC doping expert Arnold Beckett that "some countries may endeavour [sic] to make a political issue of this and challenge the efficacy of the tests," Killanin sought to dispel questions regarding the validity of the protocols.[91] Concerned also by the premature release of information concerning the tests, he wrote that "[I] am most interested to know the first 'leak' … I am interested to know whether at any time an 'IOC Spokesman' was referred to in

the [press] cuttings."[92] The Medical Commission tried to limit the damage from the incidents by stating that it "deplores the publication of names of competitors before analysis of the second samples of urines had confirmed the presence of a steroid. The information concerning names and countries involved was not released by the commission."[93] After the Games, de Merode blamed other members of the international sport community by speculating that the "leakage might have come from the then Secretary General of the [International Weightlifting Federation]."[94] Further outlining the validity of the suspensions, the IOC Medical Commission firmly announced that "while points of protest were heard about the procedure … [a]fter due consideration, we reject these protests on the ground that the agreed procedure had been followed and there was not evidence of violation of security."[95]

The Americans, in addition, were angered by the fact that not a single athlete from the GDR competing at the Games was included on the list of disqualified individuals. Watching the women's swimming events, Rod Strachan, the gold medalist in the 400-meter individual medley, described the incredible physical discrepancy between the American and East German female competitors. "If you look at the East Germans," he asserted, "they don't look exactly like they're girls. They're quite a bit bigger than most of the men on the American team. They could go out for football at U.S.C. They've got some big guys there."[96] Five-time U.S. long-jumper Willye White continued that "if they [are] around, the only way you can tell it's a woman is by their bust." Future American success, according to White, therefore required East German methods: "If we're going to compete against synthetic athletes, we must become syntheti[c] athletes."[97]

Ironically, given their condemnation of the GDR doping regime, this is exactly the strategy that USOC leaders chose to adopt. Shortly after the conclusion of the Montreal Games, USOC officials approved the formation of a panel, headed by cardiovascular surgeon Dr. Irving Dardik, to study the application of scientific and medical advances to athletics. "We want to develop methods and modalities for working with athletes that would enhance their performances," Dardik explained. As part of this effort, the panel would even "look into areas considered taboo" among members of the public; these would include the possible uses of performance-enhancing drugs.[98] Privately, Dardik tried to mollify concerns by asserting that while the "ultimate function … of the Olympic Sports medicine Committee is to provide … scientific and technological assistance for maintenance and improvement in athletic performance," the panel would "draw the line where sports medical aid stops and physical manipulation begins."[99] As a long-jumper who had to compete with the East Germans, Willye White exclaimed that "this is the kind of program we've needed for a long time. If the U.S.O.C. lets Dardik operate, there's no telling how far we could go."[100] While American officials never adopted such a broad interpretation, this was the sort of attitude that characterized the connections within the Olympic movement

between nationalist forces and the increasing popularity of performance-enhancing drugs.

Within the emerging international politics of doping, a variety of problems thus plagued efforts to control the proliferation of performance-enhancing during the 1970s. A diffuse system of Olympic governance dampened the ability of sport administrators to formulate a universal set of policies. Nationalistic forces, through which national sporting bodies either openly promoted or ignored drug use among their athletes, were especially influential factors in undermining efforts to control the proliferation of drugs. The consequences of this situation were perhaps best depicted by U.S. runner Frank Shorter in the aftermath of his silver medal performance in the 1976 Olympic marathon. Asked whether he planned to compete again in the 1980 Moscow Games, he replied, "Yeah, if I find some good doctors."[101] Although such remarks largely escaped the public's attention during the 1970s, the inability on the part of Olympic policymakers to enact a comprehensive doping strategy resulted in a series of crises in the next decade that threatened the future of the Olympic Movement. In the end, a real commitment to curtail doping practices emerged only after Canadian sprinter Ben Johnson failed a drug test in the wake of his world record-setting 100-meter sprint at the 1988 Seoul Olympic Games.

Endnotes

1 The author wishes to express his appreciaton to Professors John Hoberman, H. W. Brands, Carla Costa, and, above all, Jan and Terry Todd for insightful critques of an earlier version of this article.

2 On Jensen's death and the effect it had on Olympic doping policy, consult Verner Møller, "Knud Enemark Jensen's Death During the 1960 Rome Olympics: A Search for Truth?" *Sport in History* 25 (2005), 452-471.

3 See, for example, John M. Hoberman, *Mortal Engines: The Science of Performance and the Dehumanization of Sport* (New York: Harper, 1992); Idem., *Testosterone Dreams: Rejuvenation, Aphrodisia, Doping* (Berkeley, CA, University of California Press, 2005); and the collection of essays in *Doping in Elite Sport: The Politics of Drugs in the Olympic Movement*, ed. Wayne Wilson and Edward Derse (Champaign, IL: Human Kinetics, 2001). An especially helpful recent analysis of Olympic medical and doping policies up to 1970 is provided in Alison Wrynn, "The Human Factor: Science, Medicine and the International Olympic Committee, 1900-70," *Sport in Society* 7 (2004), 211-31.

4 On the GDR doping system, see Steven Ungerleider, *Faust's Gold: Inside the East German Doping Machine* (New York: Thomas Dunne Books/St. Martin's Press, 2001).

5 The perception of a moral crisis was expressed in the minutes of an IOC meeting in May 1970. It was stated that "the question of doping raises the need for energetic and more organized [*sic*] steps in this sensitive sphere of sport and humanism." Minutes of the 69th General Session of the IOC, 12-16 May 1970, Amsterdam, 112, International Olympic Committee Library, Lausanne, Switzerland [hereafter IOCL].

6 Minutes of the IOC Executive Board, 22-23 March 1969, Lausanne, Switzerland, IOCL, 6.

7 Minutes of the IOC Executive Board, 5-9 June 1969, Warsaw, Poland, IOCL, 5.

8 See Wrynn, "The Human Factor," 218-25.

9 Avery Brundage to Alexandre de Merode, 2 May 1971, Avery Brundage Collection, University Archives of the University of Illinois [hereafter Avery Brundage Collection], Box 99, Folder: Medical Commission, 1970-73 (microfilm edition).

10 Monique Berlioux to Avery Brundage, 24 March 1971, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73; Avery Brundage to Monique Berlioux, 20 April 1971, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

11 Minutes of the Meeting of the Working Group of the IOC Medical Commission, 29 July 1971, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73; De Merode remarks in 71st General Session of the International Olympic Committee, Luxemburg, 11-18 September 1971, Annex 17, 33, IOCL.

12 International Olympic Committee brochure, "Doping" (Lausanne, 1972), 4. Located in International Olympic Committee Medical Commission Records, Folder: Commission médicale: correspondence et cas de dopage, 1972 à 1973, IOCL.

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

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

15 Report of the Medical Commission, 71st General Session of the International Olympic Committee, Luxemburg, 11-18 September 1971, 23, IOCL. De Merode later explained that ""there had been considerable progress in the field of hormones and steroids but it was not possible at this point to control these substances. As the Commission had to be certain before car-

rying out tests, these products were not on the list of prohibited products." 72nd General Session of the International Olympic Committee, January-February 1972, Sapporo, Japan, 28, IOCL.

16 Minutes of the IOC Executive Board, 22-23 March 1969, Lausanne, Switzerland, IOCL, 6.

17 Report of the Medical Commission, 71st General Session of the International Olympic Committee, Luxemburg, 11-18 September 1971, 23, IOCL.

18 Proposal of the Belgian Olympic Committee, Minutes of the International Olympic Committee Executive Board, 27-30 May 1972, Lausanne, Switzerland, 13, IOCL.

19 Minutes of the Meeting of the Board of Directors of the United States Olympic Committee,11-12 October 1971, New York, 92, United States Olympic Committee Library and Archives, Colorado Springs, Colorado [hereafter USOCLA].

20 United States Senate, Commmittee on the Judiciary, Subcommittee to Investigate Juvenile Delinquency Committee on the Judiciary, *Investigative Hearings on the Proper and Improper Use of Drugs by Athletes before the Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary Pursuant to S. Res. 56, Section 12.* 93rd Cong., 1st Sess., June 18, July 12, 13 1973, 274.

21 Patera quoted in Jack Scott, "It's Not How You Play the Game, But What Pill You Take," *New York Times*, October, 17, 1971.

22 Terry Todd telephone interview with Ken Patera, 16 May 1986, quoted in Terry Todd, "Anabolic Steroids: The Gremlins of Sport," *Journal of Sport History* 14 (1987), 95.

23 Minutes of the Meeting of the Board of Directors of the United States Olympic Committee, 11-12 October 1971, New York, 89, USOCLA.

24 Jan and Terry Todd, 'significant Events in the History of Drug Testing and the Olympic Movement: 1960-1999," in Wilson and Derse (eds.), *Doping in Elite Sport*, 70. Schloder was identified in *International Olympic Committee Press Release,* 11 February 1972, Sapporo, International Olympic Committee Medical Commission Records, Folder: Dopage aux Jeux Olympiques d"Hiver de Sapporo 1972: rapports d"analyse, résultets et correspondence, 1972, IOCL.

25 International Olympic Committee brochure, "Doping" (Lausanne, 1972), 45, International Olympic Committee, Medical Commission Records, Folder: Commission médicale: correspondence et cas de dopage, 1972 à 1973, IOCL.

26 Minutes of the 73rd General Session of the International Olympic Committee, 21-24 August, 5 September 1972, Munich, 32, IOCL.

27 Erik Strömgren, Johannes Nielsen, Mogens Ingerslov, Gert Brunn Petersen, and A.J. Therkelsen, "A Memorandum on the Use of Sex Chromatin Investigation of Competitors in Women's Divisions of the Olympic Games," 3

February 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

28 "Those Exempted Have "Passes," *Los Angeles Times*, January 17, 1972.

29 Strömgren, et al., "A Memorandum on the Use of Sex Chromatin Investigation of Competitors in Women's Divisions of the Olympic Games."

30 Avery Brundage to Alexandre de Merode, 24 April 1972, Avery Brundage Collection, Box 99, Folder: Medical Commission, 1970-73.

31 A[lbert] de la Chapelle, "The Use and Misuse of Sex Chromatin Screening for "Gender Identification" of Female Athletes," *Journal of the American Medical Association* 256 (1986), 1920-1923.

32 At the Albertville Games, the IOC replaced chromatin tests with testing for "Y-specific loci using polymerase chain reaction (PCR) amplification of DNA extracted from nucleated buccal cells," Louis J. Elasas et al., "[Review] Gender Verification of Female Athletes," *Genetics in Medicine* 2, no. 4 (2000), 251.

33 Alexandre Merode and Avery Brundage statements in Report of the Medical Commission, Minutes of the International Olympic Committee Executive Board, 27-30 May 1972, Lausanne, 28, IOCL.

34 Report of the Munich Organizing Committee, 72nd General Session of the International Olympic Committee, January-February 1972, Sapporo, Japan, Annex 5, 56-57, IOCL.

35 R. Marlier, "Report of the Medical Commission of the "International Cycling Union,"" 13 January 1968, attached to Artur Takac to Suat Erler, 24 September 1971, International Olympic Committee, Medical Commission Records, Box SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL.

36 Terry Todd, "A History of the Use of Anabolic Steroids in Sport," in *Sport and Exercise Science: Essays in the History of Sports Medicine*, ed. Jack W. Berryman and Roberta J. Park (Champaign, IL: University of Illinois Press, 1992), 330.

37 "Team Physiologist Claims Nearly All U.S. Weightlifters on Steroids," *Los Angeles Times*, July 16, 1972.

38 Ibid.

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

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

41 Rick DeMont to Alexandre de Merode, 4 September 1972, Avery Brundage Collection, Box 185, Folder: XXth Olympiad, Status of Rick DeMont's Gold Medal.

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

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

44 Memorandum, "Subject: Modern Pentathlon Doping Procedures at XX Olympiad," International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

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

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

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

48 The Munich newspaper *BILD* had a story on 3 September 1972 indicating sixteen positive results. The next day, *BILD* designated sixteen Olympians from Finland, Sweden, Holland, and Austria. A clipping of the former story, and translations of both can be found in Tab F of Memorandum, 'subject: Modern Pentathlon Doping Procedures at XX Olympiad," International Olympic Committee Medical Commission Records, Folder: Cas de dopage: PV organization du contrôle de dopage athlétisme, basketball, boxe, cyclisme, etc., 1972 à 1972, IOCL.

49 Minutes of the Executive Board of the International Olympic Committee, 18-22 August & 1, 6-8, 10-11 September 1972, 40, IOCL.

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

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

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

53 Minutes of the Executive Board of the International Olympic Committee, 18-22 August & 1, 6-8, 10-11 September 1972, 46, IOCL

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

55 Minutes of the Executive Board of the International Olympic Committee, 2-5 February 1973, Lausanne, 12, IOCL.

56 General Hains quoted in Proceedings of the Meeting of the Board of Directors of the United States Olympic Committee, 3-4 January 1973, 232, USOCLA.

57 Senate, *Investigative Hearings on the Proper and Improper Use of Drugs by* Athletes, 150.

58 Neil Amdur, "Use of Caffeine Cited: Drugs Played an Olympic Role," *International Herald Tribune*, November 15, 1972.

59 Senate, *Investigative Hearings on the Proper and Improper Use of Drugs by* Athletes, 151.

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

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

62 See Werner W. Franke and Brigitte Berendonk, "Hormonal Doping and Androgenization of Athletes: A Secret Program of the German Democratic Republic Government," *Clinical Chemistry* 43 (1997), 1264.

63 Quoted in Ungerleider, *Faust's Gold*, 146.

64 The medal count for the Games is provided on the website of the International Olympic Committee: www.olympics.org.

65 Ungerleider, *Faust's Gold*, 88.

66 Quoted in Franke and Berendonk, "Hormonal Doping and Androgenization of Athletes," 1264.

67 Ungerleider, *Faust's Gold*, 107.

68 Minutes of the International Olympic Committee Executive Board, 2-5 February 1973, 12-3, IOCL.

69 "Prince de Merode's Report to the Session – May 1975," International Olympic Committee Medical Commission Documents, Folder: SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, IOCL.

70 R.V. Brooks, R.G. Firth, and N.A. Sumner, "Detection of Anabolic Steroids by Radioimmunoassay," *British Journal of Sports Medicine* 9, no. 2 (1975), 89-92; R.J. Ward, C.H. Shackleton, and A.M. Lawson, "Gas Chromatographic-Mass Spectrometric Methods for the Detection and Identification of Anabolic Steroid Drugs," *British Journal of Sports Medicine* 9, no. 2 (1975), 93-7. See also Todd, "A History of the Use of Anabolic Steroids in Sport," 330.

71 The IOC announced steroid tests for the 1976 Montreal Games in Minutes of the 75th General Session of the International Olympic Committee, 21-24 October 1974, Vienna, Austria, 19, IOCL. For the way by which the two

procedures were used, see A[rnold] H. Beckett, "Misuse of Drugs in Sport," *British Journal of Sports Medicine* 12 (1979), 189.

72 See Beckett, "Misuse of Drugs in Sport," 191.

73 Killanin quoted in "British Find Method to Detect Steroids," *Los Angeles Times*, November 1, 1973.

74 See Beckett, "Misuse of Drugs in Sport," 191.

75 Bannister quoted in "British Find Method to Detect Steroids."

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

77 Minutes of the 75th General Session of the International Olympic Committee, 21-24 October 1974, Vienna, Austria, 19, IOCL.

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

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

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

81 Minutes of the 78th General Session of the International Olympic Committee,13-17, 19 July 1976, Montreal, 41, IOCL.

82 "Effect of Drugs to Aid Athletes Studied by U.S.," *New York Times*, August 22, 1976.

83 "Olympian Says Drug Use Heavy," *Chicago Tribune*, June, 23, 1976.

84 These points can be found in Proceedings of the Meeting of the Board of Directors of the United States Olympic Committee, 5 June 1976, New York, 99-114, USOCLA. Giegenback quote from page 100.

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

86 Beckett, "Misuse of Drugs in Sport," 190. For the ratio of anabolic steroid indications, see "Medical Report of the 1976 Montreal Olympic Games," International Olympic Committee Medical Commission Records, Folder: SD 1: Comm. Méd.: Rapp. Sessions, CE 1968-1984, 10-11, IOCL.

87 See "Cameron, Two Others Banned for Steroid Use," *Los Angeles Times*, July 31, 1976; Jerry Kirshenbaum, 'steroids: The Growing Menace," *Sports Illustrated*, November 12, 1979, 33.

88 United States Olympic Committee, "Games of the XXI Olympiad, Montreal, Canada, Bulletin," n.d., F. Don Miller Papers, Series IV, Box 41, Folder 442, USOCLA.

89 United States Olympic Committee, "Games of the XXI Olympiad, Montreal, Canada, Bulletin," n.d., F. Don Miller Papers, Series IV, Box 41, Folder 442, USOCLA.

90 Kapitan to "the President of the IOC [Killanin]," 3 September 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophtilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

91 Killanin to "Technical Director," 31 August 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

92 Killanin to "Technical Director," 1 September 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

93 [London] *Times*, "Weightlifting: New Tests Confirm Steroid Use by Five," August 27, 1976. Clipping found in International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

94 Untitled Medical Report, 15 October 1976, 39, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

95 Document 3 attached to "Report from Prof. Arnold H. Beckett, Member of the IOC Medical Commission on the positive Cases of Anabolic Steroids, Announced after the Close of the 1976 Olympic Games at Montreal," signed by Medical Commission members Arnold H. Beckett, Daniel Hanley, and Carroll A. Laurin, 23 August 1976, International Olympic Committee Medical Commission Records, Folder: Dopage en haltérophilie aux Jeux Olympiques de Montréal 1976, 1976 à 1977, IOCL.

96 Strachan quoted in "German Women's Success Stirs U.S. Anger," *New York Times*, August 1, 1976.

97 White quoted in Ibid.

98 Dardik quoted in "Effect of Drugs to Aid Athletes Studied by U.S."

99 "Dr. Dardik's Sports Medicine Presentation, Athletes Advisory Council Meeting, Squaw Valley, California," 2 April 1977, appended as Exhibit "A" to Proceedings of the Quadrennial Meeting of the United States Olympic Committee, General Business Session, 29 April 1977, Colorado Springs, Colorado, vol. 1, USOCLA.

100 White quoted in "Effect of Drugs to Aid Athletes Studied by U.S."

101 Shorter quoted in Ibid.