Leading Anti-Doping in the IOC: The Ambiguous Role of Prince Alexandre de Merode

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From the sixties, the Olympic Games became one of the visible and international battlegrounds on drugs in sport. This is not to say that other areas were not important. Elite level events in cycling, athletics, weightlifting and other sports provided key moments, scandals and a catalyst for policy changes. However, the historical and cultural symbolism of the Olympics charged the doping question with more significance than any other event or sport ever did. While a number of critical histories have detailed the failings and struggles in the IOC’s fight against doping, none has directly addressed the question: What was the contribution of the man who held the most important position in global anti-doping for over 30 years? Prince Alexandre de Merode was Chairman of the IOC Medical Commission from 1967 until his death in 2002.

His presence in this history is full of ambiguity from the outset. De Merode was a young, up-and-coming IOC member when he realized in 1964 that doping was becoming a major problem for the Olympic movement. In that year, a small group of medical doctors had conducted experiments on cyclists and had a scientific meeting on the subject during the Tokyo Games. De Merode used some of the information, developed by one of these, Albert Drijkoningen, to present as his successor.

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of Brundage's stance would highlight that there were other major issues facing the IOC in the late 1960s and through the 1970s, and that he did not have the financial resources of later Presidents. De Merode took on a public position which he retained throughout his career: doping was wrong, the IOC were determined to fight it, yes there were challenges ahead, but with research, good policies and determination they would succeed. Yet, de Merode was never fully committed to a hard line, and failed to create watertight rules on consistent penalties for offenders. Perhaps most troubling was his tendency to maintain an optimistic position despite growing evidence that drug use was becoming more widespread in the Games.

An early example of this ambiguity comes from 1968 when he announced that the small number of positive tests meant that the Games were clean while using the threat of doping to justify increasing the scope of testing procedures. By 1972, the costs involved in anti-doping measures were troubling IOC Members and the new President, Lord Killanin. De Merode must have felt threatened by their criticisms, but never flinched from the policy of keeping the Games clean. We now know that by the early 1970s, the use of steroids was widespread, yet there was no test to detect them in an athlete's blood or urine sample. So, people in sport at that time knew the anti-doping measures were an expensive farce whose only achievement was to present the rhetoric of intention rather than a real deterrent. Sadly, for de Merode, he was the public face of this superficial strategy. Even w a test for steroids was introduced in 1976 it caught very few athletes. It was easy to cheat the testers by stopping taking the drugs around three weeks before the event. Yet after the Montreal, De Merode declared after the that the Medical Commission were winning the war against drugs and doing everything in their power to face up to present and future problems. He was also aware that the unintended consequence was to create what the athletics coach and historian Tom McNab would later call a 'clandestine industry' of doping innovation. He was not prepared at this stage to publicly address the apparent flaws in the approach to doping taken by the IOC.

When the Games were held in Moscow, de Merode had reassurance from the hosts and from one of his own advisors, Professor Arnold Beckett, that the most up-to-date equipment was available and the procedures were correct. There were no positive tests and he once again declared the Olympics 'pure' and 'clean'. Knowing what we do now about the doping practices at the time, this does not show Merode in a good light. Subsequent tests showed that at least sixteen gold medallists had used testosterone.

The best we can say, then, about de Merode's approach is that it was well-intentioned. Therefore we might have some sympathy for his struggles both within the IOC and outside. However, a more plausible interpretation is that de Merode found himself in a position where he had to give 'lip service' to a policy that he knew was a failure. He could not abandon it but neither could he make it a success. He might have done more to secure the co-operation of International Federations and National Olympic Committees, or to have funded more research and education, or indeed to have reflected more seriously on the strategic reasons why anti-doping was failing. However, the policy was now in place and the failings of the 1960s and 1970s would lay the foundations for later problems.

It is an irony of history that pieces of evidence concerning recent events are often more difficult to identify than those pertaining to earlier periods. National governments and many private organizations, including the IOC, restrict access to documents produced in recent decades. This makes it difficult to evaluate de Merode's later career. We do know, however, that de Merode, perhaps having been embarrassed by his statements in Moscow, began to aggressively lobby for pre-competition drug screening soon after leaving the city. Having realized that his Medical Commission remained organizationally weak within the structure of international sport governance, he also urged the IOC leadership to give the body additional powers.

At the 1984 Summer Games in Los Angeles, however,
de Merode was confronted with two men who had other priorities. Both IOC

President Juan Antonio Samaranch and Organizing Committee Chairman Peter Ueberroth were both concerned with the financial cost of drug testing. A number of test results were apparently shredded after the safe in which they were contained was emptied. As a result, only 12 athlete failed doping tests in Los Angeles. None were American. While de Merode was accused by some as bearing primary responsibility for the episode, perhaps a more reasonable interpretation is that the financial pressures on the organizing committee meant that insufficient funds were made available for the samples to be stored in an appropriately secure environment. The IOC and LAOOC were delighted by the economic returns from the Games, but the attitude to the medical commission left De Merode exposed and lacking the resources to implement an effective anti-doping strategy in Los Angeles.

The public criticism which followed the loss of test results in Los Angeles produced a more receptive political environment for anti-doping regulation. Although de Merode’s Medical Commission gathered momentum over the next few years, it took a dramatic scandal at the 1988 Seoul Games to truly produce a major shift in the IOC’s perception of the problem. Canadian sprinter Ben Johnson’s positive test for anabolic steroids after winning the 100m Final in World Record time. This served as a wake-up call to the IOC leadership. More specifically, fear of governmental intervention caused the IOC to more carefully consider the strategies put forward by the Medical Commission chairman. Indeed, with the Johnson scandal having shown that sports officials had mismanaged the problem of doping for years, de Merode seemed to gain confidence, and he sometimes even expressed public disapproval of Samaranch’s actions on doping subjects. From that point forward, the Medical Commission chairman took a stronger managerial role in urging Samaranch and the rest of the IOC to agree to a universal set of drug policies. In fact, de Merode’s endorsement of an anti-doping charter to be signed by all national and international sports organizations affiliated with the IOC would become perhaps his greatest legacy.

In calling also for the creation of a new anti-doping commission, de Merode moreover understood the necessity for healthier coordination among the various bodies of the Olympic governance structure if the battle against doping was to succeed. Initially he thought this body would remain under IOC control, but the idea would eventually give rise to the establishment of the fully independent World Anti-Doping Agency (WADA). In the decade prior to that meeting, de Merode continued to steer the IOC through controversy, although he sometimes reverted back to the IOC’s old habit of addressing doping questions in terms of image management. Still, his support for independent oversight of Olympic drug controls was crucial to the founding of WADA in November 1999. With his health failing in the aftermath of this landmark event, his role as Medical Commission chairman authority was taken over by Dick Pound, the incoming president of the new agency. Having led the effort in the battle against doping for more than three decades, de Merode died in November 2002.

De Merode’s handling of IOC doping control therefore leaves an ambiguous legacy. On the one hand, he oversaw a number of advancements, including the establishment of a prohibited substances list in the 1960s, the incorporation of anabolic steroid tests during the next decade, and the drive toward a universal set of doping policies in later years. Yet, the historical record suggests that de Merode was a fairly weak administrator, and that his support for independent oversight of IOC members to effective protocols. Moreover, de Merode’s lack of scientific training left him unable to anticipate future developments. While these traits alone did not doom the fight against drugs in sport, together they were difficult to overcome. Nevertheless, historians should remember that de Merode’s failures in the battle against doping were not of his own design. Instead, he probably wished for a better system. In the end, though, de Merode was incapable of creating an effective anti-doping framework.

Notes

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