



COMITÉ
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OLYMPIQUE

Olympic Studies Centre

Medical Commission

Fonds list

Overview of the content of the archives concerning the history, missions and activities of the IOC Medical Commission from 1936 to 1995

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Medical Commission

Reference: CIO-AH B-ID04-MEDIC

Dates: 1936-1995

Level of description: sub-series

Scope and medium: 3.75 l.m. Text documents.

Name of creator

International Olympic Committee (IOC)

Administrative/biographical history

In a circular letter¹ dated 14 November 1960, IOC President Avery Brundage revealed that he believed that the IOC should attach more importance to the problem of doping. He wondered about the need for possible sanctions for athletes using doping substances. The IOC Executive Board therefore decided, at its meeting in March 1962 in Lausanne (Switzerland), to create a commission to fight against doping, under the chairmanship of New Zealand Member Arthur Porritt. It appears that this anti-doping commission did not meet between 1963 and 1966², but it made regular reports to the IOC Session during this period.

At its 66th Session in Tehran (Iran) in May 1967, the IOC decided that Belgian Member Alexandre de Merode "will take over the chairmanship of this medical commission". A new Medical Commission was thus created³, and the IOC thus became, along with the International Cycling Union (UCI), the first sports organisation in the world to create such a commission. Its first mission was to set up a medical testing service for the 1968 Olympic Games and to study the questions of anti-doping controls and help that could be provided to athletes in developing countries.

This Commission was chaired by Merode until 2002. The Commission members are recognised and appreciated experts in the area of sports medicine.

The Medical Commission studies all proposals from its sub-commissions and working groups, and recommends their adoption to the IOC Executive Board. It works in close cooperation with the International Federations (IFs) to organise doping controls and establish the related procedures. It also prepares the medical and doping control procedures that the Organising Committees for the Olympic Games (OCOGs) must implement under its control.

The Medical Commission has published a medical code which specifies that doping is prohibited. It has established lists of prohibited classes of substances and methods in a brochure entitled "IOC Medical Controls". This publication mentions the different groups of doping substances (stimulants, beta-agonists, analgesic narcotics, anabolic steroids, beta-blockers and diuretics); doping methods (blood doping); and the classes of substances subject to certain restrictions.

The Commission imposes the obligation on the competitors to accept medical controls and examinations. It stipulates the sanctions applicable in the event of breaches of the rules and also fixes the provisions related to the medical care provided to the athletes. In the event of doping, it proposes sanctions to the IOC Executive Board, which has the final authority over their adoption and implementation.

During the Olympic Games, it is responsible for all medical activities, and takes on the role of liaison agent between the National Olympic Committees (NOCs) and the OCOG. It also provides back-up to the OCOG with respect to its preparation plan, and supervises the preparation of the various facets of

¹ Circular letter no. 167, 14 November 1960

² We have no minutes of meetings of this Commission from between 1962 and 1966.

³ According to a letter from J.W. Westerhoff (IOC Secretary General) dated 6 July 1967. Source: IOC Archives / B-ID04-MEDIC/001



medical services at the Games. It also ensures, in cooperation with the OCOG, that doping controls are carried out correctly. It meets every day for the duration of the Games in order to handle ongoing medical cases and questions.

The Medical Commission also handles gender verification tests for female athletes at the Olympic Games. A certificate is given to every female athlete in order to certify that they have already undergone this type of analysis. This certificate, signed by the Chair of the Medical Commission and one of its members, is valid for all competitions recognised by the IOC. The Commission also defines the most appropriate techniques for such tests.

Straight after the 1980 Olympic Games, the IOC Medical Commission, at the initiative of its Chair, was reorganised and expanded. Three sub-commissions were thus created:

- Doping and biochemistry of sport
- Biomechanics and physiology of sport
- Sports medicine and orthopaedics

Indeed, sports medicine was expanding fast, and the NOCs and IFs also offered medical services. The IOC Medical Commission was aware that the fight against doping had to be more efficient, and that its activities should no longer be restricted to the Olympic Games, as scientific research was in constant and permanent evolution.⁴

After the 1984 Olympic Games, the Medical Commission created a fourth sub-commission, called "Coordination with the NOCs". In doing so, it wanted to improve relations between the IOC and the NOCs with respect to all medical issues.

The Commission is also responsible for protecting the athletes' health. It thus develops, through its sub-commissions, programmes whose aim is the prevention of injuries and improvement in performance, backed up by sports science (biomechanics, physiology and sports medicine, in particular).

The Medical Commission supervises the publication of the Encyclopaedia of Sports Medicine⁵ and a series of handbooks on sports sciences and medicine. These works are produced in cooperation with the International Federation of Sports Medicine (FIMS) and a vast number of authors, in order to disseminate the most recent scientific knowledge of clinical and scientific importance for international-level competition sport.

The Medical Commission works closely with the International Olympic Association for Research in Sports Medicine Research (AOIRMS) with the aim of developing scientific research in the sports medicine field and promoting the implementation of its projects, as well as international cooperation in sports medicine.⁶ This Association acts as a collector of funds for the IOC Medical Commission.⁷ The Association met for the first time in Lausanne on 8 December 1982, chaired by IOC President Juan Antonio Samaranch.

As at 1 May 2014, the Medical Commission was still active.

⁴ According to Arnold Beckett's text entitled "The functions and activities of the medical commission of the International Olympic Committee" [1974?]. Source: Archives IOC / B-ID04-MEDIC/017 (SD 3)

⁵ This encyclopaedia is currently composed of 19 themed volumes. The first volume was published in 1988. The series of sports sciences and medicine handbooks is composed of 17 themed volumes. These publications are available at the IOC Library.

⁶ The AOIRMS was created at the initiative of the Prince de Merode, Chair of the Medical Commission.

⁷ Source: Minutes of the meeting of the AOIRMS, Lausanne, 8 December 1982



“Doping and biochemistry of sport” Sub-Commission

This Sub-Commission set up an accreditation system for doping-control laboratories with a view to ensuring that these laboratories have appropriate equipment, reference substances and specialised staff, to perform these analyses correctly.⁸ It standardised the procedure for quality laboratory testing and analyses. It also created a re-accreditation system with the aim of guaranteeing compliance with the standards defined in terms of staff qualifications and quality of material used. Aptitude checks are performed. The Sub-Commission also ensures coordination in the area of scientific research between accredited laboratories.

Similarly, it developed a group of guidelines concerning doping control procedures at the Olympic Games. It keeps a close eye on scientific research into substances that can be considered as “doping” ones and which can be dangerous for the health of the athletes. It makes recommendations concerning the lists of classes of prohibited substances and methods. It works in liaison with the IFs’ and NOCs’ medical commissions for all issues linked to doping.⁹

The first meeting of the Sub-Commission was held in Cologne (Germany) on 28 and 29 November 1980. The Sub-Commission is composed of several doping and biochemistry specialists.

“Biomechanics and physiology of sport” Sub-Commission

This Sub-Commission performs scientific analyses in different sports (weightlifting, gymnastics or athletics, for example) in order to improve the athletes’ techniques and movements. It thus highlights, thanks to a precise analysis of competition sporting performance, the importance of biomechanics and physiology as bases for training and for competition.¹⁰ It has produced scientific archive films on certain sports events for several editions of the Olympic Games, in order to study the techniques and movements of the athletes. Through studying the types of movements, muscle activity and the strength created by various techniques, biomechanics specialists can produce intervention programmes with a view to alleviating or minimising accidents, improving training methods, creating safer equipment, implementing more efficient techniques for performing an activity, improving diagnostic procedures for evaluating injuries, refining surgical techniques, and improving re-education programmes. This also allows recommendations to be produced concerning the practice of competition sports.¹¹

The first meeting of the Sub-Commission was held in Rome (Italy) on 23 and 24 May 1982. The Sub-Commission is composed of several sports medicine and biomechanics specialists.

“Sports medicine and orthopaedics” Sub-Commission

This Sub-Commission is responsible for studying medical problems in boxing, particularly the short- and medium-term physiological, biological and mental consequences of this practice, both in training and in competition. It also works in close cooperation with the “Doping and biochemistry of sport” Sub-Commission. Finally, it is responsible for ensuring that gender verification tests for female athletes at the Olympic Games are held correctly.

The first meeting of the Sub-Commission was held in Los Angeles (USA) on 6 and 7 February 1982. This was a joint meeting with the “Doping and biochemistry of sport” Sub-Commission. The “Sports medicine and orthopaedics” Sub-Commission is composed of several sports medicine specialists.

“Coordination with the NOCs” Sub-Commission

This Sub-Commission was created to establish better cooperation between the IOC Medical Commission and the NOCs. With financial support from Olympic Solidarity, it is responsible for

⁸ The IOC Medical Commission works in close cooperation with the International Association of Athletics Federations (IAAF) for the approval of doping control laboratories. Source: annexes 5 and 6 of the minutes of the meeting of the “Sports medicine and orthopaedics” and “Doping and biochemistry of sport” sub-commissions, held in Los Angeles on 6 and 7 February 1982.

⁹ According to a letter from the Prince de Merode to J.J. Puella, dated 11 June 1986. Source: IOC Archives / B-ID04-MEDIC/007

¹⁰ Biomechanics is an interdisciplinary field aimed at understanding how the human body moves and how it accomplishes a series of functions, from simple activities to the most complex sporting techniques. Source: [IOC Medical Commission]. [Lausanne]: [International Olympic Committee], [1998]

¹¹ Source: *ibid.*



coordinating the organisation of sports medicine courses¹² for NOCs, and for checking the reports and justification of their expenses.

The first meeting of the Sub-Commission took place in Moscow (USSR) on 10 and 11 April 1985. This was a joint meeting with the "Doping and biochemistry of sport" and "Sports medicine and orthopaedics" sub-commissions. The "Coordination with the NOCs" Sub-Commission is composed of the chairs of the medical commissions of the five NOC continental associations, as well as the Director of Olympic Solidarity.

Immediate source of acquisition or transfer

The sub-series was received by the IOC Historical Archives in 1993, following the construction of the new Olympic Museum in Ouchy.

Scope and content

The sub-series provides information on the main activities of the Medical Commission, essentially linked to doping, sports medicine and athletes' health. It also addresses the relations between the Commission and the IOC, as well as other bodies, on these subjects.

It includes correspondence linked to the composition and work of the Commission, as well as the organisation of its meetings. The correspondence files contain documents on medical issues linked to doping, doping controls and substances that can be considered as "doping". This correspondence also reflects the IOC's cooperation with the various members of the Olympic Movement and other body specialised in doping, and addresses doping controls during the Olympic Games, in cooperation with the IFs. The sub-series also contains press articles, specialised articles, studies and reports.

The sub-series also includes a file of correspondence linked to setting up medical structures and doping controls during editions of some regional games. It addresses the theme of gender verification testing of female athletes, in the form of correspondence, press articles and some studies.

The sub-series also addresses the relations between the Medical Commission and other bodies.

It contains correspondence with the Council of Europe Extracurricular Education Committee (between 1960 and 1980) on athlete doping. There are also information documents and a report on the subject.

The Medical Commission worked with the United Nations (UN) Economic and Social Council on the subject of narcotics in 1967 and 1968. The sub-series thus contains several notes linked to this issue.

The Medical Commission maintains relations with the International Association of Olympic Medical Officers (IAOMO)¹³, mainly in the form of correspondence. The file includes different versions of the statutes¹⁴ of this association, as well as the proceedings of the second IAOMO world congress held in August 1974.

Concerning cooperation between the IOC Medical Commission and the International Olympic Association for Research in Sports Medicine, the sub-series contains correspondence, statutes and some publications. There are also two contracts, one with the Kistler Instrumente AG¹⁵ company, dated 8 June 1983, and a second with ISL Marketing, dated 20 July 1984. Roll calls, minutes and working documents of the AOIRMS meetings are also included.

¹² The aim of these courses is to provide doctors, physiotherapists, instructors, coaches and leaders with scientific and sporting training in practical and clinical sports medicine. Source: annex 2 of the minutes of the meeting of the "Coordination with the NOCs" Sub-Commission, held in Lausanne from 28 to 30 October 1985

¹³ The Association was founded in 1968 following the Mexico City Olympic Games, with the aim of exchanging ideas and knowledge on the medical care given to the participants; ensuring the medical wellbeing of the Olympic teams; and establishing cooperation between the team doctors. Source: "Constitution, membership, by law of IAOMO", March 1983 edition. In: Archives CIO / B-ID04-MEDIC/013. The IOC officially recognised the IAOMO at a meeting of its Executive Board held in Lausanne from 22 to 24 June 1973.

¹⁴ The documents have the name of constitution

¹⁵ The Kistler group is specialised in making captors and measuring equipment.



The sub-series also features documents linked to meetings of the IOC Medical Commission and its four sub-commissions, i.e. minutes, roll calls, working documents and correspondence linked to the organisation of these meetings.

For the "Doping and biochemistry of sport" Sub-Commission, the archive files include correspondence linked to the composition of the Sub-Commission, as well as the organisation of its meetings. The Sub-Series also contains correspondence and analysis reports for the various doping control laboratories recognised and accredited by the IOC.

For the "Biomechanics and physiology of sport" Sub-Commission, the archive files include correspondence linked to the composition of the Sub-Commission, as well as the organisation of its meetings. It also contains correspondence and some studies on biomechanics. One file presents a biomechanical analysis of weightlifting at the 1985 World Championships.

For the "Sports medicine and orthopaedics" Sub-Commission, the archive files include correspondence linked to the composition of the Sub-Commission, as well as the organisation of its meetings. The correspondence also addresses the study into the dangers of practising boxing for the health of the athletes. The Sub-Series also contains press articles, several studies, various rules and reports on the subject.

For the "Coordination with the NOCs" Sub-Commission, the archive files include correspondence linked to the composition of the Sub-Commission, as well as the organisation of its meetings. The Sub-Series also contains correspondence and reports for each sports medicine course held.

The sub-commissions have sometimes met together. The "Doping and biochemistry of sport" Sub-Commission met with the "Sports medicine and orthopaedics" Sub-Commission in Los Angeles (USA) on 6 and 7 February 1982, and also in Cologne (Germany) on 29 September 1983. Similarly, these two sub-commissions met with the "Coordination with the NOCs" Sub-Commission in Moscow (USSR) on 10 and 11 April 1985.

Finally, the Sub-Series contains conservation copies of minutes of meetings of the Medical Commission and its four sub-commissions (incomplete collection).

The meetings of the minutes of the Medical Commission and its sub-commissions have been digitised and are available on site in electronic format.

Accruals

Yes

System of arrangement

The files are classified by subject, by document type or by activities in alphabetical order. The documents in the files are classified chronologically, from latest to earliest.

Conditions governing access

The documents are freely accessible subject to the IOC's access rules.

Language/scripts of material

The documents are in English and French. Some documents are in German and Dutch.

Additional sources

Internal sources

- IOC Sessions: B-ID01
- IOC Executive Board meetings: B-ID02
- Olympic Games – "medical" and "medicine" files: C-J01 and C-J02
- IOC Members – Commission members' files: B-ID05
- International organisations – United Nations (UN): E-RE02-ONU
- International organisations – Council of Europe: E-RE02-CE
- International organisations – International Federation of Sports Medicine (FIMS): E-RE02-FIMS



- International Federations (IFs) – International Association of Athletics Federations (IAAF): D-RM02-ATHLE
- International Federations (IFs) – International Boxing Association (AIBA): D-RM02-BOXE
- International Federations (IFs) – IFs that have participated in the organisation of doping controls during the Games and worked on projects of the Commission or its sub-commissions: D-RM02
- National Olympic Committees (NOCs): D-RM01
- Association of NOCs – ANOCA: D-RM01-AAACNOA
- Association of NOCs – EOC: D-RM01-AACOE
- Association of NOCs – OCA: D-RM01-AAOCA
- Association of NOCs – PASO: D-RM01-AAODEPA
- Association of NOCs – ONOC : D-RM01-AAONOC
- Olympic marketing – ISL Marketing: J-ISL
- Regional Games: H-FC
- Olympic Solidarity (department): F-A02-SO

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DIRIX, Albert, STURBOIS, Xavier. *Trente ans de Commission médicale au Comité International Olympique: 1967-1997*. Lausanne: International Olympic Committee, 1998

International Olympic Committee. *Olympic Movement Medical Code: in force as from 1 October 2009*. Lausanne: International Olympic Committee, 2009

Notes

The content of this sub-series, including the Olympic identifications, is the property of the IOC.

Rules or conventions

Description complies with ISAD(G).

Date(s) of descriptions

May 2014