

# Performance enhancing drugs and the commodification of elite athletes

Erika Zimmer  
28 September 2000

Announcements by International Olympic Committee (IOC) officials linking US athletes and officials with performance enhancing drugs have received widespread publicity over the last few days. On Tuesday the IOC revealed that US shot put champion, C.J. Hunter, husband of US super sprinter Marion Jones, had tested positive for the steroid nandralone. According to Games officials Hunter, who had withdrawn from the Olympic competition claiming injury prior to the Sydney events, had tested positive four times this year.

US officials called a special press conference to deny the accusations, with Hunter claiming innocence. The revelations, which have placed a cloud over the US track and field team, were followed by accusations that US sporting bodies had suppressed the names of 15 other American athletes who had tested positive to drugs over the last year and a half.

While IOC officials have declared the Hunter disclosure and the disciplining of 35 athletes at the Sydney Games are part of its efforts to make the Sydney Olympics "100 percent drug free," numerous experts and commentators have dismissed the IOC's actions and claims as nothing but a familiar Olympic ritual.

Prior to the event, Sydney Organising Committee for the Olympic Games' team doctor, Peter Larkins, told the Australian Broadcasting Commission's (ABC) current affairs television program, *Four Corners*, that the "ultimate aim of drug testing at the Sydney Games" was "a terrific public relations exercise."

Most of those disciplined or stripped of medals have come from Eastern European and underdeveloped countries. A likely reason is that they lack knowledge about how to avoid detection or cannot afford to shell out the thousands of dollars required to buy more sophisticated drugs.

Kazakhstan swimmer, Evgueni Yermakova tested positive to a diuretic; Chinese-Taipei weightlifter, Chen Po-Ou and the Czech weightlifter, Zeynek Vacura were both found with steroids and sent home. Iranian boxer, Anoushirvan Nourian, and Bulgarian triple-jumper Iva Prandjeva both tested positive to the steroid nandralone.

Ukrainian shot-putter, Alexander Bagach, returned a positive test for steroids and has been banned from the Games, even though he was cleared by the Ukrainian track and field authorities because the drug level in his sample "would kill a

horse." The authorities suspected problems with the testing methods. Kenyan 4 x 400-metre relay team member, Simon Kemboi, is out of the Games after testing positive for nandralone in pre-Games training on August 21. Another, Belarus hammer thrower, Vadim Devyatovsky, has also been banned after allegedly failing tests for nandralone. Calls have been made for weightlifting to be banned altogether after a number of lifters tested positive in both the Bulgarian and Hungarian teams. The entire Bulgarian team has been expelled.

The latest athlete to test positive is 16-year-old Romanian gymnast, Andrea Raducan. She was stripped of a gold medal after pseudoephedrine was discovered, a drug commonly found in cold and flu tablets. Raducan was given two over-the-counter cold tablets, declared beforehand to the medical commission, by her team doctor. The IOC rejected appeals for leniency, declaring it was taking a tough stance on all athletes testing positive for drugs, despite conceding the tablets did not enhance Raducan's performance.

Commenting this morning on the Raducan case, Penn State University's Dr Chuck Yusalis, who has been researching the use of drugs in sport for 20 years, told the ABC's *AM* program that IOC testing had become a "fiasco".

"Probably the biggest thing that's changed since the Atlanta Games," Yusalis said, "is the increased aggression and cynicism on the part of journalists covering the Games regarding the drug testing.

"And the fiasco part comes in where here there's probably hundreds of athletes using growth hormone, insulin-like growth factor, EPO, testosterone gels and creams, and then what do these people [the IOC] do, they take a gold medal away from a 17-year-old kid who took a cold medication given to her by her team physician... If it wasn't so sad, it would be laughable.... In this country we have the old silent movies called *Keystone Cops*, and that's what the whole drug testing system seems to have evolved into".

Citing an 18-month investigation after the Atlanta Games by *Sports Illustrated* Yusalis said drug use had reached epidemic levels. The inquiry had revealed that: "There's a small percent of athletes who did not use drugs. There's a small percent of athletes who use drugs and get caught and there is a very large percent who use drugs, who don't get caught."

According to Andrew Jennings' latest book, *The Rings*, the IOC has a vested interest in covering up the scale of illegal drug use for fear of scaring away sponsors. Jennings, a long time IOC critic, asserts that drug-taking, which has dogged the Olympics for over 30 years, is rampant, with the "open-cheque books of multi-national corporations enabling the IOC to hold clean athletes in contempt."

Mark Spitz, one of America's greatest Olympic swimmers, has also spoken out against the IOC declaring that it was "totally aware of all the drugs that are being taken". "It's all about (television) ratings and the commercial selling of time and about money," Spitz said.

The widespread use of illegal drugs by athletes is not a question of "individual choice" as it is constantly presented, but a direct product of the extraordinary commercialisation of the Games and the pressure exerted on competitors to win. As Jim Millman, chief executive of a US-based sport marketing group admitted, "Winning the gold medal is mandatory from a marketing perspective. There is little commercial value in winning silver or bronze."

A hundredth of a second or a few centimetres can determine whether decades of training and sacrifice will amount to a lifetime of success, and large financial rewards, or oblivion. For athletes in underdeveloped countries, winning may provide the only means of escape from grinding poverty.

The money on offer to elite athletes who succeed in winning a gold medal is mindboggling. Cathy Freeman, a 400-metre runner, received \$400,000 in a one-off payment for her gold medal win at the Sydney Games. It is estimated she will earn \$10 million over the next three years. Another "hot property," is multi-gold medal winner Australian swimmer Ian Thorpe. His earning power is expected to catapult from \$1.5 million a year to more than \$8 million.

Werner Reiterer, a two-time Olympic and Commonwealth gold medallist, recently admitted in his book *Positive*, that he decided to begin taking drugs after winning the gold medal at the 1994 Commonwealth Games in Canada. The realisation dawned that it was the only way to be competitive at Olympic level. The athlete revealed that "high-ranking Australian officials turned a blind eye" to his drug taking and tipped him off about up-coming drug testing, even giving him advice about the best substances to use.

Atlanta Olympics 400-metre runner, Australian Paul Greene, told the *Sydney Morning Herald* newspaper that the official practice of tying sports funding to the number of medals was a "direct reward and encouragement for dopers." "Stay clean and come fourth, and you're back waiting on tables. Take the pill and come third—and we'll pay your way," he said.

Greene said that his funding was withdrawn after he had failed to win a medal at Atlanta in 1996.

The concern of the IOC and other sporting bodies is to protect the Olympic brand name and maximise corporate returns. For decades they have turned a blind eye, not only to the thousands

of athletes driven onto the drugs treadmill, but, more importantly, to the harmful and even fatal impact that it can have on athletes' long-term health.

Erythropoietin (EPO), one of the new wave drugs, is also one of the most dangerous. EPO produces a hormone stimulating bone marrow to create new red blood cells. Claimed to improve performance by up to 15 percent, one injection costs around \$1,000. It also has deadly side effects. At night, the new red blood cells turn viscous and the heart needs to work harder to move the blood around the body. It is estimated that over the past 25 years, 20 to 25 young athletes have died in their sleep from the side effects of EPO.

Human growth hormones (hGh) are reputed to be the drugs of choice at the Sydney Games. These stimulate protein manufacture, thereby accelerating the growth of muscles, bones and cells, while at the same time creating less body fat. It appears that most athletes use synthetic versions of hGh, but in their natural form they are suspected to be linked to Creutzfeldt-Jakob disease (CJD), a usually fatal brain disorder; pituitary gland tumours and a degenerative disease known as Acromegaly, in which the bones of the head become enlarged, the organs overgrow and the heart eventually gives out.

Hemopure is another popular drug, a blood substitute designed to remove the need for transfusions in surgery. An article in this month's *Time* magazine cites Canadian track coach Dan Pfaff, "Athletes are going to Hemopure, and they're crazy. This new stuff—artificial bloods, tissue enhancers to increase oxygen profusion in the tissue—some of it can short out your system drastically. You OD on some of this stuff, you're dead."

In a complete inversion of reality, billions of advertising dollars are invested in the milking of sport and its elite athletes for all their supposed positive qualities, while drug use is increasingly permeating and ultimately threatening these same athletes' lives.

While selected athletes are publicly vilified and humiliated, the root cause of drug use in sport lies not with them, but with the commodification of athletes and the corporatisation of the Olympic Games themselves.



To contact the WSWs and the  
Socialist Equality Party visit:

**[wsws.org/contact](http://wsws.org/contact)**