

DOPED ATHLETES AS ENHANCEMENT MODELS FOR THE TWENTY-FIRST CENTURY

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By now even those of us who take little or no interest in sports are aware that many elite athletes have become dependent on doping drugs to perform at the world-class level. In the media, the doping scandals that have erupted in Major League Baseball, the Tour de France, and in various Olympic sports are routinely presented as resulting from transgressions committed by corrupt athletes who have betrayed their athletic communities. The incentives to dope that are built into the system by politicians, sports federations, and corporate sponsors are routinely ignored. Scapegoating athletes is much less disruptive to the sports entertainment industry than taking a hard look at the most powerful beneficiaries of Olympic medals and the international recognition that comes with sportive success at the top level.

A more realistic alternative to presenting doping scandals as the result of individual moral failures is to see them as the noisy and disturbing forerunners of current and future debates about enhancing the human organism in controversial ways. Today's disputes about whether an athlete's use of a drug like testosterone deserves a "therapeutic use exemption" can be seen as a public rehearsal of similar debates about the enhancing of ordinary citizens. We should, therefore, see the pharmacological enhancements that trigger today's sports doping scandals as analogous to the broad range of human enhancements not directly related to sport that are already accepted by many people and are only lightly regulated by governmental agencies like the FDA.

Various forms of the doping of everyday life have become routine outside the world of athletic doping. There are mood-brightening drugs, Adderall for the epidemic "brain-doping" among college students, sexual functioning drugs, "anti-aging" hormone therapies, including the explosion of "low testosterone" propaganda on television, the proliferation of cosmetic surgeries, Modafinil (Provigil) for shift-workers, super-caffeinated

"energy" drinks, and countless "supplements." Athletic performances constitute a very small fraction of the human performances that are required to build our careers, cultivate our hobbies, and sustain our relationships. Projecting our enhancement desires and doubts onto a tiny athletic elite thus makes a great deal of practical sense, in that it displaces the responsibility for potentially dubious "doping" behaviors onto a very small number of conspicuous people who have been cast as "role models" for the general population.

Athletes are well suited to be pharmacological role models, because their performances are public, carefully scrutinized, and are easy to judge in terms of their success or failure. Successes ascribed to doping drugs may well drive up the use of these drugs outside the ranks of elite athletes. (This imitative process is most obvious among hyper-muscular bodybuilders.) The assumption that elite athletes do promote the use of performance-enhancing drugs is widely accepted even though it is based on indirect evidence. In recent decades athletic drug use has spread both vertically and horizontally: down into the ranks of even the youngest adolescents and up into the ranks of senior citizens who engage in a competitive sport such as Masters track & field. The Masters category includes athletes who are over forty years of age and is divided into progressively older age groups. A few years ago USA Track & Field was actually weighing the idea of drug-testing senior athletes over the age of eighty. Athletic drug use has spread horizontally into the ranks of recreational athletes such as runners and cyclists who can benefit from pain-killing drugs and oxygen boosters such as erythropoietin (EPO). The ostensibly absurd idea of drug-testing aged people points to the charismatic role of the high-performance athlete as a cultural icon whose drug-free status continues to have wide currency as a sign of integrity. Interestingly, this iconic role has managed to survive the endless doping scandals that have involved many elite athletes who are supposed to exemplify drug-free competition.

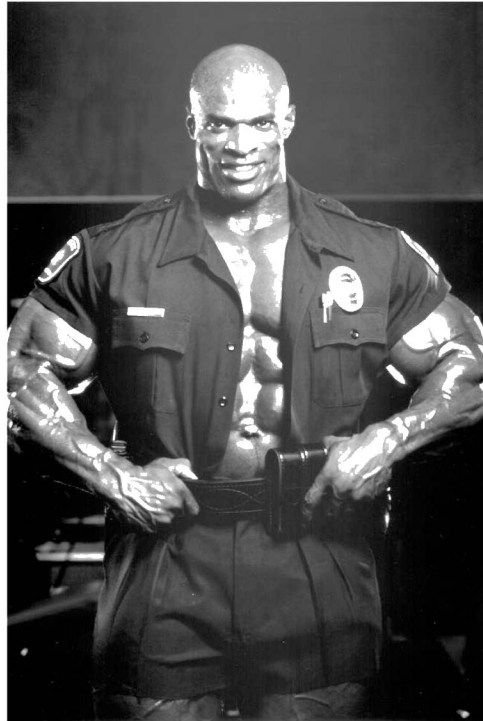
Doping in sport has also served as a symbolic

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precursor to other enhancement procedures. Peter D. Kramer's mega-bestseller *Listening to Prozac* (1993), a classic exploration of the ethical implications of human enhancement, regards the athlete as the forerunner of other enhanced human performers, and anabolic steroids as the prototype enhancer against which other enhancers are measured. He compares Prozac as a form of "cosmetic psychopharmacology" to "psychic steroids for mental gymnastics" and speculates darkly about the use of antidepressants as "steroids for the business Olympics." When he asks one patient whether she might want to resume her use of Prozac, she becomes concerned about the idea of "cheating" on life and replies: "Wouldn't that be like taking steroids?" It is a testimony to the power of today's enhancement ideal that this young woman's misgivings about using "psychic steroids" is less influential in our vernacular than the descriptive expression "on steroids," which refers in a non-judgmental or admiring way to anything that possesses a special energy or dynamism.

The conjoining of drugs with visible and often quantifiable athletic performances also promotes in other performance venues the twin fantasies of pharmacological efficacy and safety. For example, the many college students who engage in "brain doping" by taking Adderall or other stimulants assume that these drugs have predictable and reliable enhancing effects and that there are no physiological penalties to be paid for using them. Many elite athletes have used (or been injected with) performance-enhancing drugs in a comparable state of ignorance. And some students compare high-stress studying with the pressures of high-performance sport that drive elite athletes to dope themselves.

Today the fundamental issue for many people regarding performance-enhancers is how to use them without being stigmatized in the process. The doping epidemic that has spread throughout high-performance sport since the 1960s is the result of mankind's



Ronnie Coleman, the eight-time Mr. Olympia, served as a police officer in Arlington, Texas, from 1989 to 2000 and then as a "reserve officer" until 2003.

encounter with limits to athletic performance that are inherent in the human body. Performance-enhancing drugs have thus served as a kind of solution to the problem of human limits within this sphere of activity. The problem with this solution is that sports officials and much of the sporting public continue to regard doping as dishonest and illicit. We have seen that this norm can also be applied to a psychotropic drug like Prozac that was famously presented as a performance-enhancer. How, then, do prospective dopers in both athletic and non-athletic venues legitimize the use of performance-enhancing drugs while attempting to avoid the traditional stigma associated with taking them?

The solution is to demonstrate (or rationalize) that doping is actually a form of therapy. The blurring of the line that separates

therapy from enhancement has been happening for many years. The ambiguous status of cosmetic surgeries, which can be seen as either narcissistic or healing procedures, was evident almost a century ago. In recent years these operations have become commonplace, driven in part by the idea that they offer therapeutic benefits in the form of a greater sense of "well-being."

Sports officials try to manage the therapy/enhancement conundrum by granting Therapeutic Use Exemptions (TUE) to athletes who can demonstrate legitimate medical needs for banned substances. (Inevitably, many athletes have attempted to abuse the TUE system.) Masters athletes often have medical needs that justify TUEs and routinely ingest many substances on the banned list. Mixed Martial Arts (MMA) cage fighters try to get TUEs for Testosterone Replacement Therapy (TRT) that will supposedly repair the endocrine damage done by their previous abuse of anabolic steroids. But athletes are not the only performers who apply for TUEs. Of greater social significance are the many thousands of anabolic steroid-consuming police officers in the United States who break the law each time they buy or use steroids without a medical exemption.

The demand for testosterone and other anabolic steroids in this group is so intense that the many officers who have been caught using them have generated a long list of medical rationales and alibis to justify their behavior and thereby keep their jobs.

Police officers, their lawyers and their doctors have claimed that anabolic steroids have been prescribed to officers to restore flexibility in ligaments, to promote the healing of a knee, to counteract chronic fatigue syndrome, to delay the aging process, to restore sexual functioning, to treat back pain, to lose weight, and to treat hypogonadism (low testosterone), pituitary dwarfism, fatigue, and “adult onset testosterone deficiency.” The United States Anti-Doping Agency (USADA) that supervises drug use among athletes looks at testosterone therapy from a very different angle. “The use of testosterone as an anti-aging medication for men,” according to its TUE policy, “is not justification for a TUE. Similarly, generalized fatigue, slow recovery from exercise and a decreased libido are not, in isolation, justification for the granting of a TUE for testosterone.”

Managing demand for powerful drugs such as alcohol, nicotine, opiates, growth hormone, and the sex hormones testosterone and estrogen is a difficult regulatory task for any modern society. Over the past twenty-five years, the regulation of performance-enhancers has fallen most heavily on the elite athletes who have inherited a misplaced role as social exemplars. Their vulnerability to disgrace and punishment derives in part from their largely decorative role; unlike drug-consuming truck drivers, shift workers, police officers, college students and caffeine-dependent employees of all kinds, they are ultimately dispensable, because they are not essential to the functioning of a modern economy. That is why they are subjected to far more surveillance than police officers or college students, who are subjected to very little, if any, surveillance. Regulation also differs within the sports entertainment industry. The six-billion dollar professional baseball industry conducts far more effective drug-testing than the nine-billion dollar professional football industry, which has largely managed the doping issue by means of effective public relations. In short, the regulation of doping within various social venues differs in interesting ways at a time when both scientific and commercial interest in human enhancements is expanding. And there is also an important medical dimension within which sports doping has become a role

model for the doping of everyday life.

The performance-enhancing sports physicians who have flourished during the Age of Doping are the ambitious predecessors of the many entrepreneurial physicians who have gone into the business of prescribing hormone treatments for a rapidly aging population. What is more, doctors who practice “anti-aging” medicine sometimes serve athletes and non-athletes alike. Before his conviction for conspiracy to distribute anabolic steroids and human growth hormone, Dr. James Shortt, a practitioner of “longevity medicine” in South Carolina, was dispensing these drugs to professional football players at the same time he was engaging in flagrant and multifaceted medical malpractice by administering testosterone to non-athletic patients. The Board of Medical Examiners eventually declared in 2005 that Dr. Shortt was “unfit to practice medicine.”

Modern societies are fixated on the doping practices of elite athletes because their hormone doping models in important ways the prospect of a biomedical future that both fascinates and disturbs us. Public anxieties about violating human limits remain far more focused on athletes than on others who make more essential contributions to the functioning of a modern society. This curious discrepancy is due in part to the sensationalism that results from exposing concealed drug use. Performance-enhancing drug use by elite athletes has occurred inside secretive subcultures, employing medical drugs but cut off from the medical culture in which these substances originated and where they still have legitimate therapeutic uses.

Even as athletes continue to bear the primary burden of modern ambivalence about human enhancements, the integrity of other kinds of performances are being questioned without the fanfare of athletic doping scandals. There are many concerned commentaries about academic doping with stimulants, and there are hundreds of local reports about cops on steroids. But neither the “brain doping” reportedly practiced by students and scientists, nor the anabolic steroid doping of police officers and firefighters and security personnel, have ignited national debates, let alone national censure or Congressional hearings. This ambivalence toward confronting the implications of performance-enhancement outside the sports world tells us that the tension between the current enhancements boom and our instinct to preserve human limits will persist for a long time to come.