

Preface

As many of you may well know by now, the World Anti-Doping Agency (WADA) was established in November 1999 as a response to the decision by both the Olympic Movement and Public Authorities to promote doping-free sport, in all its aspects at the international level.

One of its main priorities was the introduction of the Independent Observers Program to the 2000 Summer Olympic Games, in Sydney, Australia. Its aim was to promote open and transparent doping control operations with the fundamental purpose of strengthening athlete and public confidence.

During these Olympic Games, fifteen anti-doping experts nominated by the WADA randomly examined all facets of the doping control process, from the collection of the samples and the analysis in the laboratory to the results management system. These persons were chosen for their competence and experience in the scientific, administrative, and legal aspects of anti-doping.

As Chairman of the Independent Observers team, I would like to thank all the organizations and persons who helped us accomplish our mission successfully. In particular, I would like to thank the International Olympic Committee (IOC) and Sydney Organising Committee for the Olympic Games (SOCOG) for their support and cooperation.

Doping control in Sydney was perhaps the best run at an Olympic Games. SOCOG and the IOC are to be applauded for this accomplishment and WADA is most proud to have been a part of and contributed to this success.

We do hope that this report will be helpful, particularly among those involved in overseeing, managing and implementing doping control at major sporting events. We also hope it is of interest to the sport community and general public.

WADA looks forward to the continuation of the Independent Observer Program as a key and essential initiative in protecting athlete rights to doping-free sport.

Harri Syväsalmi
Chairman of the team of the Independent Observers
Secretary General of the World Anti-Doping Agency

WADA Independent Observer Report

Olympic Games 2000 Sydney, Australia

INTRODUCTION

The World Anti-Doping Agency (WADA), with the support of the International Olympic Committee (IOC), created, for the first time, the Office of the Independent Observer.

The creation of the Office of the Independent Observer was a crucial step in demonstrating doping control transparency and accountability at Olympic Games. The Office of the Independent Observer essentially acted as the eyes and ears of the world on all aspects of the doping control process, both prior to and during the Games.

One fundamental objective of the Independent Observer was to help ensure that the doping control process was both fair and seen to be fair, through its independent observations and reporting.

Achieving such an objective would help to strengthen athlete, sport and the public's confidence in the doping control process.

The main role of the Independent Observer was to review, observe and report on all aspects of the doping control operations in a neutral and unbiased manner. In order to provide effective observation and reporting, independent expertise throughout the world was recruited to the I.O. Team with sample collection, result management, legal and analytical laboratory experience.

The Office of the Independent Observer was a new initiative and therefore, with anything new, involving change, it was not surprising that set up of the office had some challenges, and issues were raised at times with respect to the I.O. role and its relation to the role of the IOC, its Medical Commission, and the Games Organising Committee. Some observations and related recommendations therefore reflect some of the issues raised.

Regardless, the I.O. Team concurs with the general sentiment that these were the "best Games ever", and feel that the I.O. Teams presence had an important role to play in contributing to the quality of doping control in Sydney.

**“International independent observers will be involved
at all levels of the doping control process”.**

This short line at paragraph 6.3 of the Sydney 2000 *Doping Control Guide* was included as the result of discussions within the Board of the World Anti-Doping Agency (WADA) on 22 March in Lausanne and agreed by the International Olympic Committee’s Executive Board (IOC/EB) in the second half of April 2000.

The notion of an independent observation of the doping control processes at the Sydney Olympics derived from discussion at the first WADA Board meeting on 20 January 2000. The Chair and Secretary were then instructed “to establish a working group to look at developing a doping test results management process that could be considered for the Games in Sydney”. By the time of the second Board meeting in March, the proposals stemming from the January decision concluded that the best way of ensuring effective test results management would be by setting up an Independent Observer. The IOC Medical Commission had for its part by that stage produced new guidelines for test results management at Sydney: these guidelines included a watchdog element, which the IOC hoped that WADA would fulfil. The final compromise solution covered the 5% discrepancy noted by the IOC on 22 March between the scope of the two proposals: on 25 April the IOC wrote to the Australian government and to WADA announcing that the IOCEB had:

“agreed with the involvement of independent international observers as follows:

In order to be complete and efficient, and at the same time reassure public opinion, athletes and NOCs, the system should include international independent observers:

- 1) at all levels of the doping control: this includes the sampling phase and the laboratory analysis, and not just at the IOC Medical Commission and IOC Executive Board phase as proposed originally;
- 2) at the IOC and ASDA level as well, in an equivalent manner”.

The need for such an Independent Observation of the doping control processes was inspired by the feeling of WADA Board members – and, as shown in the quotation above, to some extent by the IOC itself - that the public and many competitors themselves did not have full confidence in the procedures and the follow-up to them (“test results management”). Rumours of outstanding doping issues at previous Olympics were still current. The doping control processes at the Olympics have been described as a closed system: therein lay a vulnerability to charges of wrongdoing or covering up, and hence to potential lack of confidence. An open and transparent system would help rebuild confidence in one of the vital aspects of modern major sports events. On the other hand, it was not surprising that some considered the proposal one which could lead to interference with the work of the IOC’s Medical Commission, responsible, with the Organising Committee for the Games, for all aspects of the anti-doping processes. However, once these questions had been resolved and the broad lines of agreement reached, the WADA Executive Committee on 20 June was able to put the final seal of approval on the setting up an Office of the Independent Observer for the Sydney Olympics. In operational terms, it was a completely new concept, and there were no precedents to guide WADA in accomplishing this task. In addition, the IOC from its side had requested the Office to conduct an audit of the Australian Sports Drugs Agency (ASDA), which would be testing athletes as they arrived in Australia before the opening of the Games. The Australian government and the Sydney Organising Committee for the Olympic Games (SOCOG) fully supported these proposals and helped to ease the creation and functioning of the Office of the Independent Observer.

Following this agreement amongst those parties principally involved, the *mandate for the Office* was described in a WADA Press Release as follows:

“The newly created World Anti-Doping Agency has a mandate to promote ethical, drug-free sport worldwide, and to protect athletes’ fundamental rights to compete in sport, free from banned drugs and other doping practices.

WADA is comprised of sport, athletes and government partners who are united in their commitment to this objective.

One of the Agency’s immediate priorities was the introduction of the “Office of the Independent Observer” for the 2000 Sydney Olympic Summer Games.

The main roles [will be] to observe and report on all aspects of the doping control operations, prior to and during the Games, in a neutral and unbiased manner. The independent aspect of the WADA role is designed both to protect the integrity of athlete testing and to enhance athlete, sport and public confidence in the doping control process.

Key functions of the Office ... will be to observe the doping control process and to prepare an independent, public report on the doping control activities conducted prior to and during the Games...”

More precisely, the *Terms of Reference for the Office* (Appendix A) stated that the main responsibilities of the Independent Observer were:

“1. With respect to overseeing the doping control process, the Independent Observer shall observe:

- a) procedures relating to the selection and notification of a competitor for doping control;
- b) procedures where a competitor uses a substance for therapeutic use or uses beta-2 agonists;
- c) sample collection procedures at the Doping Control Stations;
- d) sample collection procedures where a competitor fails to comply or reports to the Doping Control Station later than required;
- e) analysis of A samples (including blood and urine); and
- f) process and procedures at the Laboratory.

2. With respect to the subsequent Test Result Management process, the Independent Observer shall:

- a) receive copies of all athlete doping control forms (including those of control samples);
- b) receive notification of all laboratory test results;
- c) receive notifications of all failures to comply;
- d) receive notification of all new substances, unusual results and other irregularities;
- e) attend the analysis of all B samples;
- f) attend the deliberations of the International Olympic Committee Medical Commission (IOCMC) when determining whether a potential doping offence has occurred and to provide relevant information upon request;
- g) receive a copy of the notification given to the competitor of the IOCMC hearing;
- h) attend the IOCMC hearing and receive copies of relevant documents including recommendations;
- i) receive a copy of the notification given to the competitor of the International Olympic Committee Executive Board (IOCEB) hearing;
- j) attend the IOCEB hearing and receive copies of relevant documents including notification of sanctions imposed;

k) attend any dispute hearing before CAS, and be available to parties in a dispute in a tribunal if required.”

The WADA Board’s Executive Committee nominated the WADA Secretary General Mr Harri Syväsalmi as Chair of the Office of the Independent Observer on 20 June. As Chair, he asked for suggestions from WADA Board members and composed the staff of the Office to cover the various fields of work involved (such as laboratory, legal, operational) as well as the different interest groups (such as athletes, National Olympic Committees, public authorities) (see Appendix D). This process took place over the months of June and July. A first meeting of the proposed IO Office members took place in Lausanne on 29 July, when a draft Operational Manual and ethical instruments governing the behaviour of the Office and its members were agreed.

The work of the new Office of the Independent Observer was predicated on a number of basic principles:

- *Absolute confidentiality* with regard to all information gathered as a result of the work of the Office. Hence, no comments on its work or information gathered would be given to any media representative. (All visitors to the Office of the Independent Observer at Sydney were also requested to sign a Confidentiality agreement with respect to what they might see or hear in connection with its work.)
- *Non-interference* with any stage or operation in the doping control processes. Those charged with the various responsibilities would continue to be the ones in charge at the respective phases. The principle of the IO meant that s/he could not react to questions or requests for help, however well intentioned such requests might be. Nevertheless a form on which to record competitor’s possible comments was prepared so that feedback could be obtained without the IO having to intervene.
- *Total transparency*: WADA instructed the Independent Observer Office to prepare its own report, which would be made public, for mid-November.
- *Total independence*, including financial, from any of the parties involved. This precluded members of the Office from being involved with any of the doping control processes at Sydney, either from the side of the IOC or the IOCMC or from the organising and host country.
- Assurance that any potential *conflict of interest* amongst the members of the Office could be addressed through a pre-established procedure.
- The work of the Office and its members would be based on a *Code of Conduct*.

The relevant documents showing how these principles were carried out are reproduced in Appendices B and C to this report.

Pre-Games ASDA “audit”

In accordance with the IOC’s request, the Office conducted an audit of the Australian Sports Drugs Agency (ASDA) in two stages over July and August. MM. Syväsalmi and Howman and Mrs Nolan conducted the audit. The principal conclusions from this audit were contained in the report’s Executive Summary:

- “1. The observation was conducted by way of “spot checks” and analysis of information (written and verbal) received from ASDA, the Australian Sports Drug Testing Laboratory (ASDTL), and the Australian Olympic Committee (AOC).
2. Full cooperation, in all respects, was accorded to the IO Group by all bodies and all documentation requested was provided.
3. The ASDA testing process is governed by Federal Legislation. The Statute and regulations have been amended to keep ahead of changers in testing processes and protocols. ASDA has had a recent probity report for its operations.
4. ASDA has ISO accreditation for its procedures and has recently completed the examination required for acceptance.
5. The I.O. Group was satisfied that standards, proper reporting lines, independence, transparency and quality are all achieved by ASDA and its contracted laboratory ASDTL.
6. The “Reiterer” book allegations are the subject of review by ASDA, and a doping infraction notice by AOC. The group is satisfied proper inquiry and action have been taken to date.
7. The out-of-competition testing by ASDA has proper checks and review. The group was satisfied, on the basis of its review, that no manipulation, no tampering with the process or result management occurred.
8. The I.O. Group recommends that the ISO process, the IADA developed protocols and the probity/standards testing adopted by ASDA are pursued by WADA as proper processes and policies to adopt in due course.
9. The I.O. Group recommends careful hiring of doping control officers to ensure proper security/criminal checks of all those involved in doping control processes to ensure integrity, reliance and responsibility of the highest level.
10. ASDA has commenced hiring full time doping control officers, in addition to casual or part-time employees. It is recommended that WADA look to employ full time drug control officers with proper education and training.
11. The I.O. Group recommends that this observation of the national anti-doping agency responsible for Games testing should be mandatory before each Olympic Games.
12. The I.O. Group recommends that there be appropriate consideration of the development of a “Doping Ombudsman” so that enquiry and investigation of anecdotal claims of doping can proceed to discover whether there is any substance to such claims, and what if any action could be taken. This should be referred to the Legal Working Group of WADA.”

Starting up

The negotiation and the establishment of the necessary cooperation protocols with the IOCMC was relatively prolonged. Several meetings were necessary to achieve the basic level of cooperation needed, and negotiations for improvements and additions shown from experience to be necessary continued well after the Games had started. The complete list of processes and stages involved in IOCMC procedures was never in fact fully divulged by the Medical Commission: the Office had actively to search out the information required for it to accomplish its task. The initial protocols were therefore not always adequate and made the work of the Office more difficult. For example, the blue envelopes containing the copies of the notifications and the doping control forms were not made available to the Office until after the Games had started, and then under conditions which in effect made it impossible to use them. Testing under the pre-competition programme started on 2 September, but it was not until 15 September that the laboratory results of these tests were copied to the Office. These

decisions meant that the Office was not able to follow the test results management fully on a daily basis, and with exact information.

Accreditation questions. The Office of the IO had been assured that it would be given accreditation similar to that of the members of the Medical Commission of the IOC, in order to enable the Office to fulfil its mission in conditions similar to those charged with the responsibility for the anti-doping processes at Sydney. However, on arrival in Sydney, the proposed accreditation would not have permitted the Office to carry out its work correctly; this was remedied and the accreditation gave full access to the venues and zones, with adequate transport status. *In order to avoid possible future difficulties, we recommend that henceforth WADA and the Office of Independent Observer should have the same status as the CAS (another independent body operating during the Games), ie “B” and “T2”.*

Accommodation, etc. It was agreed by all parties – the Office, the IOC and SOCOG – that the Office should be located in a distinct building from those used by the others, and that the Independent Observers should be lodged in a separate hotel. On the other hand, the Office needed to be close to the IOC and IOCMC buildings. The first suggestions made included an office in a building north of the Harbour Bridge, and accommodation in extra buildings behind the Olympic Village: both these would have been unsatisfactory from all perspectives. The IOC Secretary General quickly rectified this situation (as indeed she had helped to the best of her ability to resolve our accreditation issues) and the location of the Office at the Quay West Hotel in Gloucester Street met all the operational requirements (as did our accommodation at the Merchant Court Hotel in Market Street).

We acknowledge with gratitude the full support for the work of the Office of the Independent Observer given by Mr Samaranch, the President of the International Olympic Committee, by Madame Zweifel, Secretary General and by Mr Pound, the Chair of the WADA Board, throughout the Games. Their support and on occasion interventions made our task easier. Several members of the IOC Secretariat also helped the Office with filing and other tasks. And we are very grateful to Ian Forbes and John Day, volunteer drivers of the Office’s two designated cars, whose cheerful chauffeuring got us there on time. At operational level, for example at the doping control stations and in the laboratory, the Office met with a full welcome and constructive cooperation. We here express our thanks to them all.

It might be helpful to describe briefly the various stages of the doping control process at a major event such as the Olympics. The IOC, through its Medical Commission, is responsible for the doping control processes and policies at Olympic Games, with the involvement in each Olympic sport of the respective International Sports Federation. The staff to implement the processes, and in particular the doping control officers, and the laboratory and its specialists, are provided by the Organising Committee. For each event a number of competitors (if a final, usually including the medal winners in individual events) will be selected for testing while the event is still on. At the end of it, they will be notified of their selection and have to report to the doping control station at the venue within an hour, during which time they will be escorted by an official (some extension may be granted for medal ceremonies or press conferences). At the station, the competitor is required to provide an urine sample of 75 millilitres; this is transferred by the competitor into two bottles (the “A” bottle containing 2/3rds, the “B” containing the rest). The “A” sample is analysed at a suitable, i.e. IOC

accredited, laboratory for chemical compounds showing the use or ingestion of “prohibited substances or methods”. If the analysis at the laboratory shows traces of such compounds, the sample is declared “positive” and the competitor involved is invited to a meeting of the IOC Medical Commission to explain (in person, or through a representative) why the test result may have occurred. If the IOCMC considers that a doping infraction has occurred, it makes a recommendation to the IOC Executive Board as to an appropriate sanction (disqualify, remove a medal, and/or expel from the Village by removing the competitor’s accreditation). The competitor may ask for the bottle containing the “B” sample to be analysed: this ensures that their rights are preserved. If the competitor is dissatisfied with the Executive Board’s decision, there is a right of appeal during the Olympics to the Court of Arbitration for Sport (CAS), whose findings are binding on both parties. This latter provision is accepted by all competitors as a condition for their competing in the Games.

Because the integrity of the process and the security of the samples (similar procedures everywhere, non-interference, chain of custody) are of prime importance for competitors’ confidence in the process – i.e., the knowledge all competitors are treated equally, that nobody can tamper with the sample, that the sample is indeed the urine of the competitor, and that all positive results from the laboratory will be followed up in an impartial manner - the Office devoted particular attention to the sample collection and the test results management processes.

The principles and operational methods for these different stages were laid out in:

- The Olympic Movement’s *Anti-Doping Code*
- SOCOG’s *Doping Control Guide for Sydney 2000*.

The latter is more detailed on operational matters.

The two texts did contain some differences, and in a few instances, such as when determining procedures to be followed within the IOC Medical Commission itself, some contradictions. This led to a certain degree of confusion as to which text was the valid one. The Office recognises that a general text such as the OMADC has a longer life than the more detailed “Guide” prepared for one specific event.

We recommend that for future events the Guide (or its equivalent) be adopted by the IOC and IOCMC as the valid text for that event, on the understanding that while the Guide may contain more detailed procedures than those set out in the OMADC, it will not be in contradiction or conflict with the latter.

One lesson is clear: the need for a single, comprehensive and universal text covering all situations. *We consider that the World Anti-Doping Agency is ideally placed to prepare such a single text or Code, thereby increasing harmonisation amongst different bodies and event organisers through the adoption of commonly agreed procedures.*

The Office of the Independent Observer was present at all the stages of the anti-doping process during the Sydney Olympics. The Office was established in Sydney on 1st September, and dismantled on 5 October. Out-of-competition testing of Olympic athletes was being conducted by WADA (on behalf of the international federations); those arriving in Australia were tested by ASDA from 2 September. The IOC/SOCOG’s programme of 400 pre-competition tests and 300 blood/urine samples for epo testing started in the Olympic Village’s

Polyclinic doping control station on 5 September. The Office observed these operations on a random basis, with daily visits to the Polyclinic in particular. Possibly as a result of the number of organisations carrying out these tests, there was (as we heard from the athletes themselves) some confusion as to the testing agency at work and also some lack of liaison and coordination. For example, the amount of notice given varied, in some cases being 24 hours, which we regard as far too long. For the blood sampling part of the blood/urine tests for epo, the doping control station was too small, which resulted in over-crowding on many occasions before the Games started. That might have been one of the reasons for the long notice of sampling sometimes given. *We recommend that before the next Olympic Games more time is given to the planning and coordination of the pre-competition testing programmes and to setting up the facilities necessary to carry them out.*

The Office also observed several pre-Games briefings held for those involved either from the IOCMC side or from the SOCOG side, and various training sessions.

With a staff of 11 operational observers during the Games, it was not possible, nor necessary, to observe every doping control, but most venues in Sydney were visited at least on two separate occasions (as well as Brisbane once). Most of the 28 sports were observed also at least twice. However, the doping control and sample collections at Canoe-Kayak, Judo, Modern Pentathlon, Softball, Table-Tennis, Taekwondo, Triathlon and Wrestling as well as the equine doping control process, were observed once. Athletics were observed on 13, Basketball and Aquatics on 8, Volleyball and Gymnastics on 6 and Weightlifting on 5 occasions. Of the 600 different competitions listed in the "Sport Competition Schedule" in the official "Olympic Family Guide for Sydney 2000", 100 were visited. This is statistically more than enough for a representative sampling. At the beginning, the observers went to events in pairs, but well before the end of the first week, they went individually, which enabled more events to be covered. The Polyclinic at the Olympic Village was also visited on most days. The courier system (responsible for taking the samples from the doping control station to the laboratory) was followed. The laboratory was visited every day (bar one) and sometimes twice a day, and at various shifts. Visits were also made to the laboratory after the Games, when B samples were analysed after the Closing Ceremony. All 16 IOCMC meetings (and the additional meeting post-Games on 16th October) were observed, as were the 5 IOC Executive Board meetings at Sydney at which doping questions were deliberated. The Independent Observer was not invited to "observe" the IOCEB teleconference on 23 October following the IOCMC meeting on the 16th October. The IOCEB did not in fact keep the Office regularly informed of the dates or timings of its deliberations on possible doping infractions, and the Office more than once attended its meetings in the (correct) anticipation that a doping case would be discussed. The one "doping" hearing from the Sydney Olympics before the Court of Arbitration for Sport was also observed with the agreement of both parties.

A diary of the various assignments carried out by the Office is included at Appendix E.

Media

The Office, and in particular the Chair, received a large number of media enquiries (27 requests were logged, and many more acted upon directly) regarding anti-doping questions during the period it was in Sydney. Some of these enquiries referred to the WADA programme of out-of-competition tests carried out before the Sydney Olympics on behalf of 28 International Federations and the ensuing test results management by the IFs concerned.

Others referred to the work of the Independent Observers, to which only factual answers were given, in accordance with the Confidentiality Agreement of the Office (see Appendix B). Most questions came from the written press, but there were also several from broadcasters.

Some overall conclusions

Our main observation concerns the apparent absence of clearly written down and followed procedures for dealing with positive cases as reported by the laboratory, while ensuring due respect for the rights of the suspected competitors. The system which is in place at the moment, particularly at the level of the IOC's Medical Commission, but also to some extent at the level of the IOC's Executive Board, has developed pragmatically over several Games. It is not "unfair", but there are variations in the way this "fairness" is translated into action. The timing and contents of the notification of the hearing to the competitor and delegation, and the manner in which the hearing itself is prepared and conducted (late at night, with varying procedures, usually with active participation by a minority of the IOCMC members present) are matters which could be improved with relatively simple procedural changes (cf our recommendations below). The impartiality of the disciplinary tribunal could also be set down more clearly. It is appreciated that the nature of the Olympic Games is such that prompt and expeditious action is required to take whatever disciplinary measure(s) is (are) deemed appropriate. That imperative does not preclude the possibility of giving the competitor and delegation reasonable conditions for making their presentation. *We therefore recommend that the management of doping cases inside the Medical Commission is entrusted to a small(er) sub-committee of members with specialist knowledge, chaired by the Chair of IOCMC.*

The Office fully supports the introduction of the pre-Games testing by IOC/ASDA/SOCOG. This clearly had a big impact, and should, in our opinion, be repeated in future Games. Any Olympic competitor staying in the country of the Games should be liable to testing by the IOC/national anti-doping agency from the date/moment the Olympic Village opens (even if the competitor is not staying in the Village).

There were approximately 2,700 controls on c10,000 athletes before and during the Games. Some competitors were tested on more than one occasion. The proportion of competitors tested is therefore about 25%. This is probably the maximum capacity under the present arrangements and agreements between the IOC and the local Organising Committee. Though it is beyond our strict terms of reference, we believe *consideration should be given to increasing the number/percentage of competitors in team sports or team events (particularly medal winning teams) likely to be tested during the Games (see below, under International Federations).*

With regard to the various bodies and elements that go to make up the anti-doping processes at the Olympics, we have the following remarks to make following our Observation of them:

Court of Arbitration for Sport

The role of CAS is to ensure that the appropriate regulations (in this case, those of the IOC and the IFs), notably those in the Olympic Movement Anti-Doping Code, have been observed and that the principles of due process and natural justice have been followed pursuant to the rules established for CAS. On the basis of the one hearing we attended, we are content that the processes followed in and by CAS are proper and satisfactory and thank them for allowing us to be involved appropriately, with agreed protocols in place.

International Olympic Committee Executive Board

We believe that the IOCEB carried out its functions at the Sydney Games correctly. There was full and sufficient discussion (difficult on occasions) of cases. Great weight, naturally, is given to the IOCMC's opinions and recommendations, as the expert commission.

We believe that the IOCEB would benefit from being seen as an absolutely impartial tribunal. Its composition (at any rate as far as its discussions of doping questions are concerned) should therefore be clearly separate from any possible link(s) with the IOCMC in order to avoid potential conflicts of interest and to ensure that the "prosecuting" (ie, the IOCMC) and the disciplinary (ie the IOCEB) arms of the International Olympic Committee are clearly distinct and distinguishable. We noted that the only "cross-member" of these two bodies did indeed declare a conflict of interest, and did not participate in these IOCEB deliberations. There was thus no conflict.

The same principle should apply by extension to persons with connections to the International Federation concerned.

Of the five sessions concerning doping cases at Sydney, only one competitor's delegation chose to be present.

We were not given a copy of the notice to the delegations, nor informed of all of the holding of the relevant deliberations, but were able to attend all the IOCEB hearings.

We recommend that the IOCEB:

- *establishes clear "conflict of interest" rules for its discussions of doping cases;*
- *as a general rule, continues to give the competitor an opportunity to be present or to be represented;*
- *gives notice to the Office of the Independent Observer of the timing of its deliberations of doping cases, and a copy of the notification to the competitor to the Office.*

International Olympic Committee Medical Commission

Conflicts of Interest

As with the IOCEB, there are some *potential* conflict of interest issues in the way the IOCMC is presently composed and conducts its business. One example was given above. The legal counsel for the Medical Commission is an IOC member and an IF President,

yet participated in the case involving a member of that IF Professionally there is perhaps no conflict but from a perception viewpoint it would be wise to avoid the potential criticism. In one case before the Medical Commission, the representative of the International Federation of the competitor involved was an IOCEB member (but did not attend the subsequent IOCEB meeting on that case). We can state that we did not observe any conflicts of interest in practice in the sessions we observed. However, in anti-doping cases, where the repercussions of being found guilty are so heavy from the sporting side, it is necessary to demonstrate visible transparency and independence.

Management of Doping Cases

Some of the potential conflicts of interest and disadvantages of the present system may stem from the fact that the IOCMC as presently constituted is too broad a body for dealing effectively with doping cases. We have suggested earlier that a smaller sub-group of the Commission could be charged with the investigation and management of doping cases. The expertise needed for this sub-committee already exists within the Commission, which, we believe, should be chaired by the Chair of the IOCMC. Such a mechanism would also have the advantage of enabling the Medical Commission in general to discharge its other tasks, which are substantial, in due proportion. In the present situation, we observed that the conduct of doping cases is very time-consuming and so limits the time the Medical Commission can give to its other responsibilities.

Legal advice

The IOCMC has, we understand relatively recently, incorporated a legal advice and the assistance of a lawyer into its procedures. This is a welcome advance and a lawyer was present at most (but not all) of the IOCMC hearings we attended. Perhaps the role of advisers to the Panel could be expanded and more than one appointment made to the Panel.

Hearings

We have noted above the existence of a number of issues where the Olympic Movement Anti-Doping Code and the Sydney Olympics Doping Control Guide differed and we have already made a general recommendation on this subject (cf *Rec N° 2*). As far as the present topic is concerned, we note with approval that the Guide contained quite specific procedures for the conduct of the hearings before the IOCMC; we also note that when there was a difference noticed or pointed out, the IOCMC fell back on the procedures contained in the Code, which, notably on the matter of hearings, are general and not specific. The process by which the competitor's Chef de Mission is notified of a potential doping infraction, following a positive report from the laboratory, is also unclear to us. It appears to be faxed (which is sufficient in itself) but we were provided with a copy of some of these notifications only on the subsequent day. We note that no delegation concerned at Sydney objected to the present system, but we consider that better guarantees of fairness and objectivity could be relatively easily introduced into it.

We recommend that the IOCMC:

- *establishes clear "conflict of interest" rules for its discussions of doping cases and their later "prosecution";*

- *gives consideration to setting up a sub-committee to investigate and to prepare recommendations on its behalf on potential doping infractions. The Chair of the IOCMC would chair the sub-committee in order to ensure that the chain of responsibility is secure;*
- *calls upon the services of its own legal advisor to advise on the conduct of the appropriate parts of the investigation and “prosecution”;*
- *develops clear procedures for the conduct of its hearings, which could be similar to those set out in the Sydney Olympics Doping Control Guide. These procedures should be in place for the Salt Lake Games of 2002. A copy of them should be sent to each NOC before the Games.*

Medical aspects.

Written Notifications and Therapeutic Authorisations, etc

618 instances of previous notification of competitors using Beta 2 agonists were copied to us, all of which had been notified before the start of the Games. Most used the standard form. There is no medical section, so the justification for their use is not evaluated. There were 561 instances of salbutamol; 38 of terbutaline; 19 of salmeterol; and 75 using combinations of these substances. 14 competitors using salbutamol were controlled and the substance was detected by the laboratory. These were checked with the notifications provided to the Office. In two cases, the laboratory report and the relevant documentation did not correspond 100%. These two cases did not present a need for possible disciplinary consequences. North American, European and Oceanic competitors provided 96.2% of these notifications. 60% concerned 4 sports. The total of 618 is nearly twice the amount of notifications received for Atlanta (383 cases) and a higher increase than for the population in general during the same period. *We recommend that in future a medical file be submitted with the notification in order to evaluate its necessity. Such a file would contain respiratory data from tests which a normal subject needing these substances would undergo in any case.*

With regard to therapeutical authorisations, the special committee set up by the IOCMC examined 8 applications, (5 for insulin, 3 for glucocorticoids) all of which were approved. We examined the documentation and can confirm that the medication corresponded to the pathologies in question.

21 cases of the use of banned substances were notified to the IOCMC. 20 of these came from the Olympic Village Polyclinic itself, following the need for surgical operations. The other case involved the use of injected hydrocortisone, declared by the NOC of the field and track athlete concerned.

Medications

The list of Medications declared by competitors undergoing controls was extremely long and varied. We noticed this during our observations at the doping control stations, and our impression was confirmed when we studied the blue copies of the doping control forms (see above). Most medications and supplements declared concerned either topical alleviations on the one hand, or, on the other, vitamins and other linked substances thought to give advantage, such as creatin and creatinin, melatonin, ginseng, etc.. Many competitors were not

sure what they were taking, nor even the quantities they consumed. The section on the doping control form was often not large enough to accommodate all the medications declared. These observations lead us to conclude that there is widespread use (possibly abuse) of a large range of medicines, pseudo-medicines and supplements in modern sport. This illustrates a psychological approach to performance enhancing aids not so far removed from doping in the classical sense. As the data collected at Sydney is uniquely comprehensive and representative of modern sports at the elite level, *we recommend that the IOCMC makes an urgent study of the medications and supplements declared by competitors during the Sydney Olympics with a view to making proposals if necessary for revising the list of prohibited substances and to developing more appropriate and adapted educational strategies.*

Blood sampling.

The blood sampling observed by the Office took place very correctly from both the technical and the safety viewpoints. The process of obtaining informed consent was also conducted impeccably. The one question we have concerns the use by the competitor (and/or doctor) of the data obtained. The results of the normal blood tests (made at the same time as those for the detection of epo) are not communicated to the subject afterwards. These results are for normal medical use, and it would seem appropriate that they should be communicated in future. One competitor at least underwent a second blood sampling for tests requested by his doctor, when one would have been sufficient. *We recommend that the competitor (or designated doctor) be given a copy for medical use of the ordinary blood analysis report.*

Copies of the Doping Control Forms.

As set out in the Terms of Reference for the Office (2. a), we were supposed to have received copies of the doping control notification and report forms in the “blue envelopes” each day. This is a key step in observing the Test Results Management process. We have described in the section on *Starting Up*” on pages 4 & 5 the difficulties we encountered in this respect in order to follow the TRM process on a daily basis. After the Games had finished, and in the presence of the IOC Medical Director, we conducted an a posteriori random check on nearly 600 (out of 2,400) of these forms before shredding them. No irregularities were shown in this survey by sampling. However, it would have eased our task if we had been able to do this on a systematic basis day by day. We would then have been able to correlate the forms with the laboratory results (which after 15 September were communicated to us on a day-by-day basis), to have made more considered observations on the list of declared medications addressed in the previous section, and to have made a more thorough analysis of possible comments by competitors (see the section on Doping Control Procedures, below). The fears expressed as to the possible dangers of giving the Office these forms were not realised and *we recommend that in future copies of the forms are provided to the Office of the Independent Observer for use on a daily basis.*

International Federations

The IOC depends on the International Olympic Sports Federations to “obtain” the competitors to be tested, and negotiates with them on the numbers to be tested and the competitions at which controls will take place. The selection of the competitors to be tested is done in accordance with the Federations’ respective regulations. In other words, there is no single pattern of testing and selection at the Olympics. The timing of medal ceremonies is also a matter for each IF, though most appear to organise quite rapidly after the conclusion of the

various finals. The authority of the IOC over the Olympic Games does however offer possibilities for the IOC to decide, including in matters connected with anti-doping. For instance, all Olympic sports have to agree to have controls in their sport. In cases of doping infractions, the competitor is expelled from the Games, and, if appropriate disqualified, and medals and /or places overturned. The later sanction of suspension from the sport is a question for the Federation.

The process by which the competitors are selected for doping control varies considerably from one IF to another. Most IFs select randomly (using small plastic numbered cards, drawn out of a box, which are then correlated with the competition sheet) but even then the numbers involved can differ widely. An event with eight competitors might have four controls; a team event with eleven players per side will most usually only have one player per team selected. Some IFs appear to use a more targeted selection (eg, IWF); some choose only amongst the “losers” at preliminary rounds (eg, IAAF); some selections are made quite early in the event, (eg, UCI, FIG), some very late (eg, FIBA, in the last five minutes). Also, at some early events there were there no controls at all, and at others, controls which had been planned were cancelled by the time the Observer arrived. We were not able to discover whether that was a SOCOG or an IF decision.

We recommend that, at the Olympic Games, all sports use the random selection method with plastic numbered cards, to take place between 20/30 minutes before the end of the event. Approximately 25 to 30% of the competitors in each sport should expect to be controlled before the end of the Games. Additional random numbers should be drawn in preliminary rounds so that not all those who go on to a later stage will be tested. The present practice whereby in the final event all individual medal winners are automatically tested (plus one or two more randomly chosen) should be maintained. We also recommend that all members of gold medal winning teams should be tested and the usual random selection made for members of other teams, possibly on a declining basis (eg half the silver medal team and a quarter for bronze and fourth placed teams). If this recommendation is followed, it will result in a substantially higher number of doping controls. We believe that establishing a greater equity between individual and team sports, (which at the moment is missing) is worth the extra costs involved.

We noticed that in many of the more popular sports the demands of the media create a number of practical problems for the escorts issuing the doping control notifications at the end of the event. The mixed zones where the media and competitors come together for instant post-competition interviews can be fairly chaotic, with large numbers of competitors, volunteers returning their gear, a throng of media representatives and a number of escorts trying to issue their notifications, together with some of the competition’s officials, all in a relatively restricted area. This problem seemed worse in adapted buildings and for sports such as weightlifting, taekwondo, etc. There is probably little that can be done about it apart from preparing and training the escort coordinators and escorts for these circumstances. They soon learned to cope with difficult and indeed sometimes stressful circumstances.

The legitimate interest of the media and the needs of doping control were on the whole well conciliated, with mutual understanding between the international federations, the competitors, the media and the doping control officers. One press conference (after a gymnastics competition) lasted 2 hours, which was far too long.

With regard to the timing of medal ceremonies, we observed that those which took place almost immediately after the conclusion of the event seemed to be best placed and cause the fewest number of problems to athletes, media and doping control officials.

LABORATORY

The main work of the Office at the Laboratory was to observe:

- the maintenance of forensic integrity, the chain of custody of the samples and of any testing aliquots;
- compliance by staff with validated procedures and policies;
- with regard to the EPO samples and methods, the establishment of their outcomes;
- the analysis of the "B" samples (13 in all).

The Laboratory was visited on 20 different occasions and all shifts were observed at least once.

The staff of the laboratory was increased for the period of the Games from its normal 13 to 80; the space available to it was increased threefold, and a considerable amount of additional analytical equipment was procured.

Special security arrangements were implemented to ensure the security of the samples, and to restrict access to sensitive areas only by duly accredited personnel for that area. Communication systems were likewise subject to specific secure fax lines to the IOCMC and to the Office (where only the Chair of the Office had access to the machine).

The chain of custody, from the moment the samples arrived at the laboratory (the peak period usually being between 2300 and 0300), within the laboratory during the several analytical phases, the confirmation and reporting of results, and the storing (freezing) of the B samples were closely observed. All checks with transport and laboratory advice forms, and the initial analytical procedures were followed correctly. There are no international standards as yet for the intra-laboratory phases, so it is difficult to evaluate rigorously. We consider that some of the accompanying documentation could be improved. The final stages of collating, reporting and confirming, were also performed and cross-checked by multiple layers of senior staff. Expected reporting time was 24 hours after receipt of the sample.

The analytical protocols and screenings were carried out correctly. In the case of "B" samples, different analysts and quality managers were employed to those who had worked on the corresponding "A" sample. Most of the routine procedures and teams for them worked smoothly and effectively. There were some constraints with the anabolic steroid procedures because of the pressure of work in this class of prohibited substances (the pre-competition testing produced 717 samples in addition to the in-competition 2052 samples; 8 of the positive "A" samples were of the anabolic class; there was additional work with the salbutamol and terbutaline compounds which are also anabolic agents).

All the blind control samples were correctly identified.

313 pre-competition blood/urine samples were taken for analysis of erythropoietin (epo). French and Australian scientists worked together at the Laboratory on this programme. The deadline for transferring and setting up the necessary technology was extremely short (less than two months from the date of IOCEB approval) and there were some teething problems

with the reliability and sensitivity of the test. In addition, the comparatively short life span of the samples (8 hours) was complicated by practical problems of transport and identification. The urine part of the analysis (which takes two and a half days) also encountered some difficulties in establishing consistency and reliability. The Laboratory will make a separate report to the IOC on this part of the anti-doping programme.

Summary of Observations at the Laboratory:

- Although some minor non-compliances were observed, the overall performance of the laboratory was excellent and very professional at all levels. The staff is congratulated on their adjustments to changing demands and unpredictable workloads.
- We are not able to comment on the criteria for determining a positive test for erythropoietin. There was, however, some friction between the two groups responsible for this testing, possibly due to the short time leads available.
- Documentation supporting both the “A” and “B” sample results seemed appropriate.

Recommendations:

- *To prepare for future Games a review of intra-laboratory chain of custody possibly with “Z-form” transfers;*
- *To ensure sufficient anabolic steroid analysts and equipment to cover pre-competition testing, “A” sample in-competition testing and possible “B” sample confirmations;*
- *Ensure coordination of laboratory resources, time and staff to cover the demands of analysing pre-competition testing after the opening of the Games and the start of in-competition testing;*
- *Salbutamol, terbutaline, etc, only to be confirmed positive in the absence of a written notification. This will require coordination between the IOCMC and its Medical Advisory Committee and the laboratory.*

The full Laboratory Report is at Annex 2.

DOPING CONTROL COMMAND CENTRE

The Office visited the Doping Control Command Centre in the Organising Committee’s headquarters on 22 September and had a long meeting with Ms Nicki Vance, the Doping Control Director. We were impressed by what we saw and heard. A great deal of thought and careful planning had gone into the preparation and execution of this side of the Games. The high degree of operational efficiency is a tribute to SOCOG and to ASDA’s experience in this field. The DCCC’s place in the organisational hierarchy and organigramme was on a par with the general medical services, and not just part of it, which is usually the case, and we believe that are good reasons to *recommend this structure to the Organising Committees of future Games*. The Doping Control processes are now so important to the integrity of Olympic Games that they merit a place on a par with the other general services that are put in place for such Games.

The operational side of DCCC’s work was not particularly sophisticated: there were no banks of computers or other high-tech gadgets. There were not indeed so many people in the DCCC. Nearly all of the 200+ plus staff were deployed in the operational stations. The work was based upon good intelligence, experience and common sense: these elements were then applied very intelligently.

Daily feedback from the doping control stations provided the raw information for DCCC to issue regular updates and, if necessary, modifications to operational

procedures. For example, DCCC issued an update to DCOs on the need to give extra attention to the way in which the questions on Medications were asked (cf below page 18).

As it would be a pity to not benefit from this experience, *we recommend that the IOC consider how experience on doping control matters can be optimised between the organisers of successive Olympic Games.*

DOPING CONTROL STATIONS

These were mainly good or very good, especially in the purpose built facilities. The one exception was the Sydney football ground, which was totally inadequate. The Baseball Stadium's was also less than 100% satisfactory: it was situated in an isolated part of the building, far away from the mixed zone and rather cramped. The Aquatics Centre might on the other hand be taken as a model of what a doping control station should be: it was particularly spacious, light, and afforded more than adequate privacy to the competitors and doping control officers for the sample collection.

In the National Stadium, where on some occasions, up to 35 athletes were being tested at the end of a session, in addition to others being tested for the purpose of ratifying national or other records, the facilities and staff coped very well with the large numbers of controls. So did Penrith on the final days of the rowing events.

Most of the temporary Olympic facilities (such as archery) were adequate. Many of these were in tents and on hot days, there was a problem to keep the station relatively cool, even with the use of temporary fans.

The doping control facilities were less good in existing buildings which had been adapted to stage sports, especially those buildings on Darling Harbour, where the Convention Centre and the Exhibition Halls had been converted to stage fencing, judo, volleyball and wrestling. The modifications resulted in long temporary partitions and inadequately signposted corridors, often far from the mixed zone, and, in the doping control stations, temporary partitioning (either solid or blankets) which left much to be desired from the privacy and noise viewpoints, and often complicated the tasks of the escorts keeping "their" competitors under continuous observation.

Polyclinic

As described on page 7, we observed that the doping control station at the Polyclinic was at times unable in terms of staff and space to cope with the unexpectedly high demand for doping controls in the week before the Olympics opened and during the first week of the Games. This was due to two reasons: many of the out-of-competition and pre-competition tests took place there; and secondly, during the first week there were several cases of competitors not being able to deliver the required 75 ml of urine at the competition site, and being sent to the Polyclinic to complete the process (and this was often after 5 or 6 pm). These demands were new and those involved had probably not anticipated the extent of them. Organisers of future Games will be able to make better provision for this aspect of doping control. It was doubtless at any rate in part due to this pressure that some athletes were given 24 hours' notice of an out-of-competition control for the next day, a notice which we believe is far too long, negating much of the purpose of an "unannounced" control. Some athletes also had to present themselves on several occasions, in one case at least on 3 occasions, before

being able to be controlled. Such delays could make the planning and execution of their training routines extremely hazardous. We believe that the difficulties arose because of the teething problems in the new situation with the out-of-competition controls, and our criticisms should be read in that light.

In those stations with small toilets, the installation of mirrors can help the DCO witness to observe the clean passing of the urine.

The representatives of the IOC Medical Commission and of the International Federations present at the Doping Control Stations carried out their functions correctly and conscientiously.

We recommend that the IOC (?WADA) set out specific requirements for doping control stations at all Olympic (?major) sports venues, including, where relevant, provision for the pre-competition testing programme.

DOPING CONTROL OFFICERS

The DCOs, and there were some 200 of them, were extremely well-trained, professional, and patient. There were sufficient numbers of both genders, and enough of each for the witnessing officer and the DCO to be on occasions different. All witnesses were of the same gender as the competitor, even if the DCO was quite likely to be of either gender. There were a number of non-Australian DCOs: we believe that this was appreciated by competitors.

The Escort Coordinators were very effective: they established good relationships with the escorts in their team, whose task in some situations or circumstances at the end of some events, as described above, was not at all easy.

The Escorts also accomplished their task in a highly professional way. We noticed only one case of inattention: in a taekwondo competition, after the compulsory uniform control, one athlete went for a few minutes into a nearby changing room, and the escort remained outside. The competitor was therefore not under observation during this time.

The Language Services provided were on the whole excellent, both in the range of languages offered (a consequence of Australia's rich cultural composition) and in their quality. Their participation in the process undoubtedly did much to make the doping control process for non-anglophones easier and increased mutual confidence in the proceedings. Only in one case did we observe an over-active participation by the language specialist in the process.

DOPING CONTROL PROCEDURES

We observe, with pleasure, that there were no refusals or failures to comply with doping control notifications or procedures. In an operation with something over 2700 requests for controls, this is no small achievement.

A number of relatively minor questions came to our attention as Observers of the doping control procedures. These we address below. Any measures implemented as a consequence would produce improvements to a well-proven system.

The installation of padlocks for the refrigerators in the stations was a novelty at Sydney. We believe that this was a good and wise innovation. If locks are fitted, they should be used. *We recommend that DCOs and the IOCMC representatives at stations verify that refrigerators fitted with locks are effectively locked when not being used.*

The Bereg Kits were used for the first time at an Olympics. They appeared to be very satisfactory. We observed on two occasions, and heard at an IOCMC meeting of a third, when the sets of numbers provided in a kit did not agree with each other. This is a question for the manufacturer to deal with. One athlete considered that the security of the completed sample kit containing the two bottles was insufficient. We agree with the view that the security lies in the secured screwed down tops or lids. An additional tamper-evident tape could be applied to the polystyrene box, though this would involve another check for the laboratory. *We recommend that Berlinger verify their numbering techniques and consider what additional security, if any, could be given to the filled sample kits.*

We were struck by the contrast between those competitors at the Olympics who were thoroughly familiar with doping control procedures and those who appeared or who said that they had never been controlled before. At such a high level of competition, this is, to say the least, surprising. *We recommend that NOCs ensure that all their registered competitors are familiar with doping control procedures. Unless there are very strong reasons to the contrary, this familiarisation should be through a process of real doping control.*

Competitor's Comments: the Doping Control Official Record forms include a box for comments. We record above an echo from one of them. There were in fact not many occasions when competitors chose to record a comment, and many of them were positive. Those of a more critical nature referred to requests for repeated controls (on one occasion, three in one day) or difficulties with handling the equipment (especially the collecting beakers). One request to be able to cross the zeros in the accreditation number or in the kit number written onto the form (to prevent the alteration of the numbers) was turned down. The form prepared by the Office for feedback to the Independent Observers was never used. The comparative lack of feedback is a further tribute to the professional organisation of the doping control procedures at these Games.

One part where we did observe variations in the way the controls were carried out was in the question on the Doping Control Record where competitors are asked: "What medications have you taken in the past three days?" Some DCOs specifically asked competitors to include the supplements that they had taken, some did not. Some competitors limited their replies to strict medicinal products, some volunteered also information on supplements. There was scope for very different answers and *we recommend that the training of DCOs includes provision for adopting a more standardised approach to this question. The section for declared Medications on the Official Record form could usefully be bigger.* We addressed the question of medications in a more general way on page 11.

The question of whether or not competitors could be allowed to take a shower before the doping control phase was addressed in §6.12 of the SOCOG Doping Control Operations Manual. We observed that several competitors asked to take a shower, and that permission was refused, as the Manual says. It is certainly not such an easy question to resolve as it might appear because of the risk of manipulation, and *we recommend that clearer*

guidelines on the use or non-use of showers by competitors between the end of an event and the doping control be established by the competent authorities.

The same applies to the use of mobile phones in doping control stations, and especially in the processing rooms. The doping control processes were often interrupted and on occasions unnecessarily prolonged by the social use of these devices by competitors or their NOC representatives. They could on the other hand also play a useful role (for example, in checking on a competitor's medications with the team doctor). *We recommend that clear guidelines on the use of mobile phones in doping control stations are set down by the competent authorities.*

The yellow copy of the doping control record form which goes to the laboratory does not (cannot) include any data permitting the identification of the competitor. For that reason, *we recommend that the box containing the competitor's comments is also blanked out from the yellow copy.*

Equine controls

The Office witnessed on one occasion the doping controls with horses following an equestrian event. The principles are very similar, though the processes and procedures naturally vary quite considerably (for example, blood samples are taken systematically as well as urine and the quantities required from both are very much larger). The samples are divided into A & B samples (plus a "C" sample for the urine, containing the acetic acid wash of the bottles, in order to be able to deal with possible claims of interference). There are similar safeguards, checks and forms to complete, and the security of the samples and of the sample transport bag and its chain of custody forms are identical in their principles to those for controls on human competitors. There is an evidently relaxed and trusting atmosphere in the way that these checks are carried through. We approve of the additional security required to gain access to the stables and veterinary areas: special passes are required to enter these vulnerable zones, and they were checked for. Some allowances for differences have to be made: horses are not humans ("you can lead them to water, but you cannot make them drink"), so there is a need for more flexibility, for example, being able to undertake the controls in the stable area rather than in the veterinary station. The procedures for equestrian controls therefore complement very well those for human controls. However, the question arises as to whether the way in which these principles are put into effect would withstand a prolonged legal assault in case of dispute. This is reflection on the way of the world, not upon FEI nor its competitors and doping control officials. *We recommend that FEI review its procedures to ensure that they are not vulnerable to overturning in court because of variations or "vices de forme".*

COURIER

We observed the courier system at work. The vehicles used were standard SOCOG cars. The drivers were provided by the Australian armed forces and there was also a SOCOG volunteer escort on board. This struck us as a good system, giving additional security in what can be a potentially weak part of the chain of custody. An Observer was the object of a driver's vigilance, when the courier car suddenly stopped in the middle of a tunnel and the Observer asked why his car was being followed. We also observed that the system did not have a good record for punctuality (we witnessed delays on many occasions (and long ones

occasionally), meaning staff waiting at stations for the transport bags containing the samples to be collected). Venue organisers were not always informed of the existence (or did not always act on information received) of the courier system and its special needs, for example, use of its reserved parking slots). These were problems inherent in any process as complicated as this one, and they did not have any substantial impact on operations.

Recommendations

1. We believe that henceforth the Office of Independent Observer have the same accreditation status as the CAS, in order to effectively carry out its responsibilities from the outset.
2. We recommend that for future events the Doping Control Guide (or its equivalent) be adopted as the valid text for that event, on the understanding that while the Guide may contain more detailed procedures than those set out in the Olympic Movement Anti-Doping Code, it will not be in contradiction or conflict with the latter.
3. We further recommend that a single worldwide and universal Anti-Doping Code should be prepared in order to increase harmonisation amongst different bodies and event organisers with commonly agreed procedures at all steps, including the specific responsibilities of Independent Observers.
4. We recommend that before the next Olympic Games, more time is given to the planning and coordination of the pre-competition testing programmes, in setting up the facilities necessary to carry them out, and in reviewing and improving general program capacity to handle sample analysis, management of test results and consequences of doping infractions.
5. We recommend that the management of doping cases inside the Medical Commission be entrusted to a smaller sub-committee of members with appropriate specialist knowledge, to be chaired by the Chair of the IOCMC.
6. We recommend that consideration be given to increasing the number or percentage of competitors in team sports or team events (particularly medal winning teams) likely to be tested during the Games.
7. We recommend that the IOCEB:
 - establishes clear “conflict of interest” rules for its discussions of doping cases;
 - as a general rule, gives the competitor the opportunity to be present or to be represented;
 - gives notice to the Office of the Independent Observer of the timing of its deliberations of doping cases, and a copy of the notification of them.

8. We recommend that the IOCMC:
 - establishes clear “conflict of interest” rules for its discussions of doping cases and their later “recommendation”;
 - calls upon the services of its own legal advisor(s) to advise on the conduct of the appropriate parts of its investigation and recommendation.
 - develops clear procedures for the conduct of its hearings, which could be similar to those set out in the Sydney Olympics Doping Control Guide. These procedures should be in place for the Salt Lake Games of 2002. A copy of them should be sent to each NOC before the Games.
 - see also Recommendation N° 5.
9. We recommend that in future a medical file be submitted with the written notification on the use of Beta-2 agonists in order to evaluate its necessity.
10. We recommend that the IOCMC makes an urgent study of the medications and supplements declared by competitors during the Sydney Olympics with a view to making proposals if necessary for revising the list of prohibited substances and to developing more appropriate and adapted educational strategies.
11. We recommend that following a blood sample control, the competitor (or designated doctor) be given a copy for medical use of the ordinary blood analysis report.
12. We recommend that in future copies of the doping control notification and official record forms are provided to the Office of the Independent Observer for use on a daily basis.
13. We recommend that at the Olympic Games, all sports use the random selection method with plastic numbered cards, to take place between 20/30 minutes before the end of the event. Approximately 25 to 30% of the competitors in each sport should expect to be controlled before the end of the Games. Additional random numbers should be drawn in preliminary rounds so that not all those who go on to a later stage will be tested. The present practice whereby in the final event all individual medal winners are automatically tested (plus one or two more randomly chosen) should be maintained. In accordance with Recommendation N° 5, we also recommend that all members of gold medal winning teams should be tested and the usual random selection made for members of other teams, possibly on a declining basis (e.g. half the silver medal team and a quarter for bronze and fourth placed teams).
14. With regard to Laboratory issues, we recommend to the IOCMC:
 - to review the intra-laboratory chain of custody documentation, possibly using “Z-form” transfers;
 - to ensure that the accredited laboratory has sufficient anabolic steroid analysts and equipment to cover both pre-competition and in-competition requirements;
 - generally to ensure coordination of the necessary laboratory resources for analysing the pre- and in-competition samples;
 - to consider ways of easing the process of confirming positive salbutamol and other cases where written notification exists.
15. We recommend an appropriate place for the doping control organisation in the operational structures of the Organising Committees of future Games

16. We recommend that the IOC consider how experience on doping control matters can be optimised between the organisers of successive Olympic Games to maintain high quality continuity between one event and the next.
17. We recommend that specific requirements be set out for doping control stations at all Olympic (or other major) sports venues, including, where relevant, provision for the pre-competition testing programme.
18. We recommend that DCOs and the IOCMC representatives at stations verify that refrigerators fitted with locks are effectively locked when not being used.
19. We recommend that Berlinger verify their numbering techniques and consider what additional security, if any, could be given to the filled sample kits.
20. We recommend that NOCs ensure that all their registered competitors are familiar with doping control procedures. Unless there are very strong reasons to the contrary, this familiarisation should be through a process of real doping control.
21. We recommend that the training of DCOs includes provision for adopting a more standardised approach to the questions concerning declared medications. The section for declared medications on the Official Record form could usefully be bigger
22. We recommend that clearer guidelines on the use or non-use of showers by competitors between the end of an event and the doping control be established by the competent authorities.
23. We recommend that clear guidelines on the use of mobile phones in doping control stations are set down by the competent authorities.
24. We recommend that the box containing the competitor's comments is also blanked out from the yellow copy of the doping control record form which goes to the laboratory.

- Annex 1. Medical Report
Annex 2. Laboratory report
Annex 3. Result Management

Appendices:

- a) IO Terms of Reference
- b) Confidentiality document
- c) Conflict of Interest doc
- d) IO team
- e) Observation Summary

World Anti-Doping Agency

Office of Independent Observer

Terms of Reference

Purpose

The office of the Independent Observer (I.O.) is a vital aspect of the newly developed Doping Control Guide for the Sydney Olympic Games. Its primary function is to independently observe all aspects of the doping control operations prior to and during the Olympic Games to both protect the integrity of the doping control process and to enhance athlete, sport and public confidence in the doping control process.

In accordance with Section 6.3 of the Sydney 2000 Doping Control Guide, key functions of the Independent Observer will be to oversee the doping control process, and to prepare reports to the WADA and to prepare an independent, public report on the doping control activities conducted prior to and during the Games.

Key Responsibilities

The Independent Observer will have the following responsibilities, as referred to in the Sydney Olympic Guide to Doping Control.

1. With respect to overseeing the doping control process, the Independent Observer shall observe:
 - a) procedures relating to the selection and notification of a competitor for doping control;
 - b) procedures where a competitor uses a substance for therapeutic use or uses beta 2 agonists;
 - c) sample collection procedures at the Doping Control Station;
 - d) sample collection procedures where a competitor fails to comply or reports to the Doping Control Station later than required;
 - e) analysis of A Samples (including blood and urine); and
 - f) process and procedures at the Laboratory.

2. With respect to the subsequent Test Result Management process, the Independent Observer shall:
 - a) receive copies of all athlete doping control forms (including those of control samples);
 - b) receive notification of all laboratory test results;
 - c) receive notifications of all failures to comply;
 - d) receive notifications of all new substances, unusual results and other irregularities;
 - e) attend the analysis of all B samples;
 - f) attend the deliberations of the International Olympic Committee Medical Commission (IOCMC) when determining whether a potential doping offence has occurred and to provide relevant information upon request;
 - g) receive a copy of the notification given to the competitor of the IOCMC hearing;
 - h) attend the IOCMC hearing and receive copies of relevant documents including recommendations;
 - i) receive a copy of the notification given to the competitor of the International Olympic Committee Executive Board (IOCEB) hearing;
 - j) attend the IOCEB hearing and receive copies of relevant documents including notification of sanctions imposed.
 - k) Attend any dispute hearing before CAS, and be available to parties in a dispute in a tribunal if required.

Membership

The Chairperson of the Office of the Independent Observer may recruit, select and appoint members as deemed appropriate to fulfil the Independent Observer mandate. All members will be volunteers. No member shall have been involved in any way in a doping offence. The Office of the Independent Observer will comprise of not more than fifteen individuals, and shall possess competence and expertise in: doping control process in general, and/or specific areas such as sample collection; result management; doping control law; laboratory analysis; and Olympic and international sport.

1. Individuals shall be required with sample collection expertise.
2. Individuals will be required with result management expertise.
3. Individuals will be required with doping control legal expertise.
4. Individuals will be required with laboratory analytical expertise.
5. Individuals will be required for office administration.

Chairperson

The Chair of the Office of the Independent Observer shall be appointed by the WADA. The Chair shall not be a member of the International Olympic Committee or the IOC Medical Commission. The Chair will have overall responsibility for the operations of the Office of the Independent Observer and will be its public spokesperson. The Chair may delegate Deputy Chairs and others to carry out duties as necessary.

Reporting

The Office of the Independent Observer is responsible to the WADA Board through its Chairperson, and shall provide such information as requested, or as deems appropriate. The WADA Board shall appoint a Board Member to receive the reports on doping control activities. The Chairperson will report any issue or matter to the appointed WADA representative on the day the issue or matter becomes known.

At the conclusion of the Games, the Independent Observer Chairperson shall produce an Independent Observer's Final Report.

The Independent Observer's Report will include the following information:

1. certification of compliance with procedures in the Doping Control Guide and the OMADC;
2. non-conformities (if any) and steps taken to remedy non-conformities; and
3. other relevant matters.

The Independent Observer's Report will be submitted to WADA no later than one month after the completion of all doping control testing relating to the Sydney 2000 Olympic Games.

The Independent Observer's Final Report will be made public by WADA.

Conflict of Interest

All members of the Office of the Independent Observer are subject to the Independent Observer Code of Professional Conduct, included in which shall be a Conflict of Interest Agreement. Any member of the Office of the Independent Observer who has a conflict of interest in any function or matter being dealt with, or is perceived to have a conflict of interest in any manner, shall declare this conflict immediately to the Chairperson and shall not participate in any activity related to the matter in question.

Confidentiality

Also included as part of the Independent Observer Code of Conduct, shall be a Declaration of Confidentiality, a copy of which all members are required to sign. Except as provided in the Confidentiality Agreement, all information relating to the work of the Office of the Independent Observer shall remain strictly confidential. Unless authorized by the Chairperson, no member of the Independent Observer Office shall speak publicly about the work and observations of the Office.

On-site Operations

This will be developed as a separate operation/protocol document and will include regular meeting schedules, methods of assignment, on-site office capacity (transportation, secure fax/email, computer capacity, mobile phones, office set-up, etc.), full venue accreditation access and official clothing. It should be noted that due to the approximate five-week period of independent observer activity prior to, during and after the Games, some individuals may be rotated through the Office of the Independent Observer.

Funding

WADA shall be responsible for funding the office of the Independent Observer member's transportation, accommodation and meal expenses. A daily allowance will be provided to each member in the amount of 150 Swiss francs.

WADA
Office of the Independent Observer
Sydney 2000 Summer Olympic Games

Declaration of Confidentiality

As a member of the WADA Office of the Independent Observer, I _____
_____, declare that, by executing this Declaration, I hereby agree to
abide by the Office of the Independent Observer's commitment to Confidentiality and am
bound by the terms of this Declaration.

It is understood that the nature of my involvement as an Independent Observer is such that I
will have knowledge of or become aware of sensitive and confidential information from time to
time, specifically, but not limited to the following:

Selection of athletes for unannounced doping control.
Problematic and/or positive test results information on an athlete or group of athletes.
Follow up testing.
Investigation activities.
Appeals or arbitrations related to doping infractions.

I do swear or solemnly affirm that as a representative of the Office of the Independent
Observer, I will observe and comply with all the requirements of the Office of the Independent
Observer pertaining to the confidentiality of doping control information during and after the
term of my involvement.

Except as required by law or as authorized in the course of my duties, I will not disclose or give
to any person whatsoever any confidential information or document that comes to my
knowledge or possession either directly or indirectly through my involvement as an Independent
Observer.

Furthermore, I understand that breach of my obligation of confidentiality may result in possible
legal action against me and in immediate termination of my involvement with the Office of the
Independent Observer.

Dated this _____ day of _____, 2000.

Sworn or affirmed by _____
(signature)

Witness _____
(signature)

WADA

**OFFICE OF THE INDEPENDENT OBSERVER
SYDNEY 2000 SUMMER OLYMPIC GAMES**

VISITOR'S DECLARATION OF CONFIDENTIALITY

I, _____, invited into the WADA office by a member of the Independent Observer Team, agree to abide by the terms of the WADA Independent Observers' *Declaration of Confidentiality*, and that anything I may hear, overhear, or see shall not be communicated by any means to any third party.

Date:

Signed:

Countersignature by the member of the IO team issuing the invitation:

WADA
Office of the Independent Observer
Sydney 2000 Summer Olympic Games

Conflict of Interest Agreement

DEFINITION OF CONFLICT OF INTEREST

Conflict of interest refers to situations where the personal interests of an individual in a leadership or special position in an organization conflict with the duty that individual owes, by virtue of that position, to the broader membership or constituency of the organization.

Independent Observers, working within the WADA Office of the Independent Observer, oversee a program based on public interest and public trust and thus have important responsibilities, which may conflict with personal or other professional interests. For the purposes of an Independent Observer and this Agreement, the term “conflict of interest” refers to situations where the personal or other professional interests of an Independent Observer conflict with the duties and responsibilities of that individual to uphold the values, principles, provisions and duties of the Office of the Independent Observer and WADA.

Actual vs. perceived conflict of interest

There is a distinction between *actual* conflict of interest and *perceived* conflict of interest. In the first case, the individual in question has an actual personal or professional interest at odds with the values, principles, provisions and duties of the Office of the Independent Observer and WADA. In the second case, there exists a reasonable belief, apprehension or perception on the part of a third party that the individual has a conflict. The relationship giving rise to the alleged conflict must be direct, consequential and influential. The test for perceived conflict is an objective test: that is, it is not what the person raising the allegations perceives but rather what a reasonable person would perceive, given all the circumstances.

RESPONSIBILITIES OF INDIVIDUAL INDEPENDENT OBSERVERS

Independent Observers have a duty at all times to:

- Uphold the values, principles policies and duties of the Office of the Independent Observer;
- Fulfill their obligations under the Agreement with the Office of the Independent Observer;
- To place these obligations at all times before personal or other professional or organizational interests;
- To fulfill these duties in the absence of any conflict of interest.

Any Independent Observer who is of the view, at any time, that he or she cannot fulfill these duties for reasons of conflict of interest in a particular matter shall immediately disclose such conflict of interest to the Chairperson of the Office of the Independent Observer, in writing. In the event the Chairperson is of the view that he or she cannot fulfill these duties, he or she shall immediately disclose such conflict to the Board of Directors of WADA and refrain from participation from further involvement in that matter. In any event, the Chairperson shall not be a member of the International Olympic Committee or the IOC Medical Commission.

The Chairperson shall ensure that an alternate Independent Observer is appointed to the vacancy created by the removal, so that the matter under review may proceed.

PROCEDURE TO DEAL WITH ALLEGATIONS FROM THIRD PARTIES

Where a party raises an allegation of a conflict of interest against an Independent Observer, such allegation shall be placed in writing and shall be directed to the Chairperson.

The Chairperson shall then issue a written decision as to whether to uphold or reject the allegation. Where the Chairperson's decision is to uphold the allegation, the Independent Observer in question shall be removed from the matter under review and shall be replaced with an alternate Independent Observer.

Where the allegation of conflict of interest is raised against the Chairperson of the Office of the Independent Observers, such allegation shall be placed in writing and shall be directed to the Board of Directors of WADA, who shall then dispose of the allegation as the Chairperson would have, in the manner described above.

DECLARATION OF CONFLICT OF INTEREST

Having read and understood the PRECEEDING PARAGRAPHS ON Conflict of interest, I hereby declare the following conflict(s) of interest respecting my position as an Independent Observer:

I agree to immediately declare any further conflict of interest and to abide by the terms of this Agreement.

DATED THIS _____ DAY OF _____, 2000.

Signature _____ (print name)

Witness: _____ (print name)

INDEPENDENT OBSERVER TEAM

CHAIRMAN

Mr. Harri SYVÄSALMI
WADA Secretary General, Finland

INDEPENDENT OBSERVERS

Mr. Rune ANDERSEN
Head of Department for Ethics, Sports Medicine,
Anti-Doping, Norwegian Olympic Committee
and Confederation of Sports, Norway

Mrs. Josée AUDET
Auditor Price Waterhouse Coopers, Switzerland

Dr. Larry BOWERS
Laboratory Expert, USA

Dr. Alain GARNIER
Medical Expert, Chair of the Monitoring Group of
the Anti-Doping Convention, Council of Europe
France

Mr. Robert F. HOUSMAN
Legal Expert, Executive Office of the President,
Office of National Drug Control Policy, USA

Mr. David HOWMAN
Legal Expert, Barrister, New Zealand

Dr. Ismail JAKOET
Medical Expert, Sports Physician, Chairman of
S.A. Institute for Drug-Free Sport, South Africa

Mr. Jian ZHAO
Representative for Mr. Kang Cheng SHI, Director
Of Sport Science and Education Department, State
Sport General Administration, China

Mrs. Susan NOLAN
Laboratory Expert, New Zealand

Mrs. Linda OLOFSSON
Athlete Representative, Sweden

Mr. Casey WADE
Director Policy and Programs, Canadian Center
For Ethics in Sport, Canada

Mr. George WALKER
Head of the Sport Department, Council of Europe
Great Britain

ADMINISTRATION

Mrs. Christine GUEISSAZ
WADA Executive Assistant, Switzerland

Mrs. Chloé CHRISTOPOULOS
WADA Administrative Assistant, Switzerland

World Anti-Doping Agency

Sydney 2000

Observation Summary

Sports & Venues	Dates															Total	
	16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	21-Sep	22-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	29-Sep	30-Sep		1-Oct
Aquatics																	
Diving Aquatic Centre									1								
Swimming Aquatic Centre		1			1		1	1									
Swim.Synchronised Aquatic Centre											1						
Water Polo Ryde Aquatic Centre	1							0	1								
Archery Archery Park			1				1										
Athletics Olympic Stadium								2	1	1	2		2	3	2	0	0
Badminton Pavillon 3 ; 4			2														
Baseball Baseball Centre Blacktown					0												
Baseball Baseball Stadium											1	1					
Basketball The Dome			1	1						1		1	1	1	2	0	
Boxing Exhibition Hall 3 & 4						1						1		1		0	
Canoe/Kayak Sprint Regatta Centre															0	0	0
Canoe/Kayak Slalom Penrith Whitewater Stadium			1														
Cycling Mt.Bike Fairfield City Farm									1								
Cycling Road Cycling Road Course												1				1	
Cycling Track Dunc Gray Velodrome					1		1										
Equestrian Equestrian Centre													1			2	
Fencing Exhibition Hall 4			1														
Fencing Exhibition Hall 5							1										
Football Olympic Stadium															0		
Football SFS										1				1	1		
Football Melbourne																	
Football Adelaide																	
Football Canberra																	
Football Brisbane						1											
Gymnastics Artistic SuperDome	1									1	1						
Gymnastics Rhythmic Pavillon 3															1	1	
Gymnastics Trampoline SuperDome									1								
Handball Pavillon 2			1									1			0		0
Handball The Dome																1	
Hockey Hockey Centre		1					1										
Judo Exhibition Hall 1 ; 4 ; 5		1															
Modern Pentathlon all sites															0		
Modern Pentathlon Baseball Stadium															1		
Rowing Regatta Centre				1					1	0							
Sailing Sydney Harbour			1					1							1		
Shooting Shooting Centre		1							1								
Softball Softball Centre											1						
Table Tennis State Sports Centre						1											
Taekwondo State Sport Centre															1		
Tennis Tennis Centre						1		1					1	1			
Triathlon Triathlon Course	1																
Volleyball Pavillon 4																	
Volleyball Entertainment Centre							1					0			1		
Volleyball Beach Beach Volley Centre							1			1	1	1					
Weightlifting Convention Centre						1			1	1	1	1					
Wrestling Exhibition Hall 1 & 2																1	0
Polyclinic			1	1		1							1	1			
Athletes village												1					
	3	4	9	4	7	5	6	7	7	7	7	7	7	9	8	9	1
Laboratory																	
A Sample (sample's observation day)	1	1	1		1	1	1	0	1				1	1		1	
B Sample (sample's collection day)	1	1		1		1				1	1	1					

Sports & Venues	Out of competition	Dates															Total	
		16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	21-Sep	22-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	29-Sep	30-Sep		1-Oct
Meetings		2	2	1	1	1	2	1	0	1	1	1	2	1	0	1	0	17
IOC Medical Commission Meeting		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
IOC Executive Board Meeting										1	1	1					1	4
SOCOG Meeting									1									1
Other IOC Meeting					1	1												2
CAS Meeting													1					1
Total		6	7	11	7	10	8	10	8	10	10	9	11	11	9	11	2	140
Media and Public disclosures	2	0	4	1	6	1	0	0	0	1	7	1	0	4	0	0	0	25

INDEPENDENT OBSERVERS' MEDICAL REPORT ON THE SYDNEY GAMES

October 2000

As part of the general observation covering all aspects of the doping control process at Sydney, two medical doctors on the team paid special attention to the medical aspects, and in particular:

- blood sampling methods;
- therapeutic justification for prohibited substances;
- medical notification for substances requiring prior authorization;
- declaration of administration of prohibited substances;
- medications declared by the athletes.

1) Collection of blood samples:

The blood sampling procedures observed were carried out in strict accordance with good medical practice (particularly in terms of technical and hygiene standards) and in conformity with the recommendations of the Monitoring Group of the Europe's Anti-Doping Convention regarding blood sampling in doping controls. The sampling itself was carried out by a nurse or a sampling technician under the supervision of a doctor. The premises and equipment used were entirely acceptable, although we would have liked to have seen a proper sampling chair with a cradle, which would have made the procedure more comfortable for athletes and staff alike. On an ethical level, the attitude of the staff towards the athletes was irreproachable, and the information given (both in writing and orally) to obtain informed consent was very satisfactory.

The only regrettable aspect was that it was not possible to inform the team doctors concerned of the haematological results of the tests carried out. In one case we observed this led the athlete's doctor to have to request a further diagnostic test, thereby forcing the patient to undergo two consecutive blood tests, which is not very ethical. The observers' team also asked the IOC Medical Director for access to the haematological results obtained, but up until now (mid-October) there has been no response to this request. Similarly, at the meeting on 15 September in Sydney, the IOC Medical Commission was asked what was to be done about subjects with abnormal blood results, but whose urine tests did not provide confirmation that EPO had been taken. This question also remains unanswered at the time of writing.

2) Therapeutic justification:

A special commission was set up by the IOC Medical Commission to deal with this issue. The commission was chaired by Professor Kenneth Fitch. Eight cases were passed on to this commission, all of which were approved. Five cases concerned the use of insulin by insulin-dependent diabetics, and three were for general administration of glucocorticoids for chronic infections. The necessary medical documents were passed on to us by Prof. Fitch; they confirmed the existence of the pathologies in question.

3) Prior medical notification:

Our observations suggested that these prior declarations were used solely for beta 2 agonists, and there were 618 notifications of use of these substances. We were given access to all the files, and verification of the dates proved that they were all given to the Medical Commission before the beginning of the Games. The great majority of declarations were made by means of the declaration sheet requiring the signature of the doctor of the federation or Olympic Committee concerned. This form is not a medical document, which means it is impossible to evaluate whether the prescription was medically justified. The products declared were as follows:

- 561 cases of salbutamol
- 38 cases of terbutaline
- 19 cases of salmeterol
- 75 cases involving two of the above substances

The geographical distribution was as follows: 96.2% of notifications were from North America, Europe and Oceania, while Africa, Asia and South and Central America represented only 3.8% of the total. Although all the Summer Olympic Sports Federations were involved, four of them provided over 60% of cases: FINA, IAAF, UCI and FISA. No cross-referencing was done on the competition results of the athletes in question.

In comparison, 383 cases with the same geographical distribution were recorded in Atlanta. This considerable increase in use (almost double) is not correlated with an increase in the prevalence of the pathologies treated by these means over the same period within the general population.

It might therefore be desirable, rather than continuing with the simple notification currently required, to consider verifying the therapeutic need as well. If this is not done, there is a great risk of wholesale abuse, with generalized use of these medications in the absence of any medical justification. The current increase in notifications strongly suggests that this is already happening.

Fourteen samples from competitors with these declarations resulted in a positive analytical result by the laboratory. Only salbutamol was recorded in these results, no cases of salmeterol being detected. These 14 cases were correlated with the documents provided:

- the doping control record with medications declared by the athlete,
- the laboratory analysis report,
- the medical notification signed beforehand by the doctor.

In two cases there was a discrepancy between the competitor's declaration, the doctor's notification and the laboratory analysis. This had no disciplinary consequences as in practice only salbutamol was detected by the laboratory, and this substance had been declared. It does nevertheless draw attention to the need to provide athletes with better information. Athletes evidently do not always abide strictly by their medical prescription, and they might be tempted to believe that medical notification of one particular substance implies a right to use any substance in that class, which is clearly not the case.

The following case further illustrates the need for better information: a medical notification form for clenbuterol, an anabolic substance that is strictly forbidden, was submitted by one

delegation (the IOC Medical Commission did not inform us which). A warning letter was sent to the doctor concerned by the Medical Commission.

As far as prior medical notification is concerned, there were 108 unnecessary notifications (for medications not subject to this rule), compared with 187 in Atlanta. This shows either poor knowledge of the rules, or excessive caution. The decrease compared with Atlanta probably owes a great deal to the fact that prior notification is no longer required for locally administered corticoids. Indeed, according to the new IOC list for the year 2000, it is no longer necessary to declare corticoid treatment administered cutaneously, rectally, by inhalation, or by peri- or intra-articular injection. The observers deplore this change of policy, which clearly opens the way to improper use of such treatments, which are far from innocuous and can have many undesirable effects on the health. On an educational level, such removal of restrictions is interpreted by the athletes, and no doubt also by some doctors, as an open invitation to use the substance. Moreover, as it is not possible with current analytical methods to distinguish between local and systematic application, we quite possibly risk seeing a much wider use of corticoids in general.

4) Use of prohibited substances:

21 cases of such use were declared by the IOC Medical Commission. Twenty originated from the Olympic polyclinic and were justified by the need to carry out operations requiring the use of major anaesthetics or analgesics (narcotics or opiates). One athletics case declared by a National Olympic Committee concerned treatment of anaphylactic shock by hydrocortisone injection.

5) Medications declared by the athletes:

Without claiming to be the results of a rigorous study, our observations enable us to make the following statements:

- many competitors use a lot of medications: the box provided is sometimes too small;
- knowledge of the products and the doses taken is often very sketchy;
- the combinations were not always medically advisable;
- declarations can turn out to be inconsistent with medical notifications;
- the use of many borderline products that are not formally banned was noted.

The medications declared by the athletes can be split into two categories:

- treatments for common intercurrent infections (antipyretics, analgesics, anti-inflammatories, ENT medications)
- “pseudo-doping agents” or “authorized doping agents”: creatin, melatonin, HMB, inosine, bicarbonates, vitamin B15, multivitamins, ginseng, NSAIDs, etc. were frequently noted.

These observations should not be ignored, as on the one hand the dosages or combinations in which the products are used are not always innocuous, and on the other hand such use attests to a search for “magic potions” that has much in common with doping behaviour. This should be taken into consideration from an educational point of view, as such behaviour is not so much a search for alternatives to doping as a substitute for doping. This state of mind will

never produce the hoped-for results in terms of sports ethics and clean sport. On the contrary, because of the psychological link it creates between sporting performance and the taking of an ergogenic substance, regardless of whether or not the substance is prohibited, it is more a precursor to doping. This is also why dropping the requirement for prior notification of locally administered corticoids seems to us to be a step in the wrong direction.

Dr Alain Garnier

Dr Ismail Jakoet

Report on WADA Independent Observations at ASDTL during the Sydney 2000 Olympic Games

Sue Nolan & Larry Bowers

1. Introduction

The laboratory-related aspects of the Independent Observer (IO) commenced on September 16 and continued until October 4. Three main areas were focused on:

- Maintenance of forensic integrity and chain of custody of the samples and any testing aliquots.
- Compliance of all staff with validated procedures and policies.
- Establishment of and outcomes from the blood and urine EPO methods.

The IO strategy was to schedule daily visits in a manner which allowed both the observation of the entire procedure and all three staff shifts rotating over the 24hour period. In addition, particular emphasis was placed on the “B” sample confirmations.

2. Laboratory Operational Overview

- ASDTL was managed by Dr Ray Kaslauskas (Director), Dr Graham Trout (Deputy Director) and Dr Allen Stenhouse (Operations manager). It has full IOC and ISO Guide 25 accreditation. The laboratory is part of Australian Government Analytical Laboratories (AGAL) at Pymble. During the Olympics the following adjustments were made to accommodate the sample throughput:
 - staffing was increased from 13 to 80
 - laboratory accommodation was trebled
 - additional equipment was purchased, rented or lent by suppliers
- ASDTL was secured from the other laboratory services on the site and only staff involved in the Sports Drug Testing operation had access to the reception, sample storage, analytical, instrumental and reporting areas using special security cards. Two security guards were on duty 24 hours/ day. A special reception area was established within the secure area and couriers were escorted there for sample delivery. Once Doping Control Transport Forms and Doping Control Laboratory Advice Forms had been checked they were securely faxed both to IOC MC and to WADA.
- Samples were logged into the computer and each assigned a laboratory number. The bottles were appropriately labelled. The A sample was opened had an aliquot for analysis poured into a large tube. The remainder of the A sample was stored in secure refrigeration until analysis had been completed and then transferred to a secure freezer. The B sample was immediately stored in a secure freezer. Access to this sample receipt and processing area was restricted to only a few staff.

- Analytical aliquots for each test were prepared from the initial aliquot using programmed robotic autopipettors. Worksheets were prepared for each analytical procedure with laboratory number, gender, sport and category of testing (“in” or “out-of” competition testing).
- All extraction and analytical methods used were those approved by the IOC for accreditation purposes. A range of instruments were programmed for conducting analysis for a specific class of drugs including:
 - ⇒ Stimulants: screen (GC/NPD, Immunoassay, GC/MSD); confirmation (GC/MSD full scan)
 - ⇒ Narcotics and cannabis: screen (Immunoassay, GC/MSD); confirmation (GC/MSD full scan)
 - ⇒ Diuretics: screen (HPLC/ Diode array, GC/MSD); confirmation (GC/MSD full scan)
 - ⇒ Beta blockers: screen (GC/MSD); confirmation (GC/MSD full scan)
 - ⇒ Anabolic Steroids and Anabolic Agents: screen (GC/MSD; HRMS); confirmation (GC/MSD; HRMS full scan)
 - ⇒ Testosterone: T/E ratio (GC/MSD); Carbon Isotope Ratio (IR/MS)
 - ⇒ HCG: Immunoassay
- Specialist laboratories had been set up for analysis of erythropoietin (EPO) in both urine and blood for approximately 300 Out of Competition samples. The screening blood laboratory had two immunoassay analysers for detecting EPO and soluble transferrin receptor (sTfr) in serum. Whole blood erythrocyte and reticulocyte parameters were measured using a Bayer Advia Haematology Analyser. The confirmatory urine laboratory was established to mimic the electrophoretic and double immunoblotting method recently developed by the French IOC-accredited Laboratory. This method distinguishes between natural EPO and recombinant human EPO (r-HuEPO) on the basis of the microheterogeneity of the glycosylation. Representatives from the French team worked alongside Australian technicians to establish the complex electrophoretic methodology. The rapid transfer of technology to meet the short time scale available for the Olympic Games deadline caused problems which compromised the reliability and sensitivity of the test.
- The reading/interpreting/collating of results and auditing functions were performed by multiple layers of senior staff. Senior analysts were responsible for collating the results from the suite of tests for each batch of samples. These were documented on work sheets and summarised on summary sheets. These files were finally audited and checked by an Operational Manager. In addition, if a positive result occurred, the report were further checked and signed by a Quality Manager. Reports were faxed by secure fax to the IOC MC and WADA.
- If a “B” confirmation was required it was necessary to use an analyst who had not been involved with any part of the “A” screen or confirmation. Similarly a different Quality Manager was required to audit the analysis and sign the report.

3. Laboratory Operations Observed

Throughout the observation period the following laboratory operations were closely observed:

- Laboratory security
- Receipt of Transport Bags
- Checking and logging of Transport Bag seal number & Doping Control Laboratory Advice Form
- Registration of Samples
- Labelling & storage of “A” and “B” Samples
- Aliquoting of samples
- Measurement of pH and specific gravity
- Transfer to analytical laboratory
- Screening analysis: both observing analysts and reviewing documentation (including completed files)
- Confirmation analysis of “A” samples: both observing analysts and reviewing documentation
- Reporting of results

In addition all “B” sample confirmations were attended from the commencement of the meeting at the laboratory between the athlete’s team delegation, IOC MC and laboratory management until the analysis had reached an advanced stage.

4. Schedule of Visits Summarised

Date	Purpose
16 Sept 11am	Laboratory inspection and overview
17 Sept 6pm	Laboratory receipt process & chain of custody
18 Sept 9am + 5pm	2x“B” confirmations: nandrolone procedures (out of competition)
19 Sept 9am	“B” confirmation: nandrolone (out of competition)
20 Sept 9am	“B” confirmation: furosemide procedure
21 Sept 10:30 pm	Observation of evening shift
22 Sept 9am	“B” confirmation: 2xfurosemide
23 Sept 1:35am	Observation of morning shift
24 Sept 1am	Observation of midnight shift: Sample receipt/processing
25 Sept 9am	“B” confirmation : nandrolone, EPO method
26 Sept 9am	“B” confirmation: pseudoephedrine
27 Sept 2pm	EPO methods and progress
28 Sept 3pm	EPO, CIR methods. Laboratory overview
30 Sept 7am	General observation
1 Oct 9am	“B” confirmation: stanozolol (out of competition)
2 Oct 9am	“B” confirmation: nandrolone

3 Oct 9am	“B” confirmation: stanozolol
4 Oct 9am	“B” confirmation: furosemide
4 Oct 11am	“B” confirmation: nandrolone

5. Laboratory Workload & Procedures

Prior to and during the Olympics, ASDTL was contracted to conduct tests from two IOC programmes:

A. Pre Competition Testing: (PC)

From 1 October, 717 urine drug screens and 313 EPO blood/ urine tests were conducted on randomly selected athletes once they arrived in Australia. This programme continued throughout the Games.

B. In Competition Testing: (IC)

2052 tests were conducted throughout the Games.

“B” Confirmations

13 “B” sample confirmations were also performed throughout the Games arising from both programmes.

Expected reporting time was 24 hours from receipt at the laboratory (provided samples arrived before a nominated time).

Sample Receipt & Processing Teams

These teams were appropriately staffed and rostered to meet the peak courier delivery periods. Hence the busiest time was normally from 11pm-3am. Staff operated efficiently, following procedures throughout.

Anabolic Steroid Procedure

At times, the anabolic steroid teams were under significant pressure and people and equipment resources were stretched. There were a number of factors influencing this:

- Both the PC and IC programmes required testing for Anabolic Steroids and Diuretics (not stimulant or narcotics)
- 8 out of the 13 positive results requiring “B” confirmations were anabolic steroids (nandrolone metabolites or stanozolol metabolites). This meant that a senior analyst who had not been involved with the “A” sample was taken out of normal work flow for up to 24 hours. Such confirmations also tied up GC/MS access.
- The anabolic steroid procedure also tests for the anabolic agents (eg salbutamol, terbutaline). Each day, screens indicated the presence of these substances that had to go through confirmation prior to reporting. In all cases medical certificates indicated legitimate use for asthmatic treatment. The question arises as to whether

the confirmation should be conducted prior to relating the finding to a medical certificate.

Other Routine Procedures

The stimulant, narcotics and diuretic teams managed the workload effectively throughout the period. There was flexibility between teams and shifts which allowed for the “B” confirmations of furosemide and pseudoephedrine to be readily accommodated.

CIR Method

There were initial problems with the CIR testosterone method. It appeared some “dirty” urines (from nutritional supplements) rapidly destroyed the GC columns. However this was resolved within a few days and approximately 250 samples with appropriate T/E ratios and anabolic profile characteristics were processed during the Games period. These results will be summarised and report as a batch after the games. None of the results were used in determining a doping violation.

EPO

The EPO blood/ serum screening method was effectively performed on all 313 PC samples. There was an ongoing problem getting samples to ASDTL from the collecting centres within the required timeframe of 7 hours after collections. The whole blood samples should be analysed within 8 hours of collection for the results to be accurate. Laboratory receipt and processing times must also be accommodated. An additional problem was that there was no marker on the transportation bags indicating the contents included blood samples. Hence the reception team had problems with prioritising their processing with many bags frequently arriving at the same time. In spite of this all samples were tested and the “On Model” and “Off Model” results will be summarised and reported to the IOC as a batch after the Games.

The EPO urine method had difficulties with providing results that were consistent or reliable. Attempts were made by the French team to pinpoint the steps in the complex method (takes 2.5days) that were problematical. This was unable to be achieved within the timeframe. Approximately 70 urine samples were selected for the electrophoretic test based on their immunoassay EPO result. Only four of these had also given a positive result from the blood tests consistent with recent EPO use. All the control samples (positive and negative) which assure the reliability of the system and which were introduced alongside the athlete’s samples, were successfully identified.

6. Chain of Custody

The chain of custody is to reflect all transfers of specimen and aliquots during operation of the laboratory. There is no international standard for chain of custody, and thus this is a difficult area to evaluate rigorously. However, whilst the processes were adequate the IOs felt that some of the documentation could have been improved on.

7. Summary of General Observation

- Although minor non-compliances were observed, the overall performance of the laboratory was excellent and a very professional operation at all levels.
- In the anabolic steroid teams, there were insufficient senior analysts at times to cover A confirmations, result management and B confirmations. This should be remedied for future Games.
- The laboratory is complemented on their ability to adjust to changing demands and unpredictable workloads.
- The independent observer team is unable to comment on the selection of criteria for determination of a positive result for erythropoietin (EPO). It was apparent, however, that there was some friction between the two groups assigned responsibility for testing. This may have been attributable to the relatively short time available for scaling up the two independent tests. It is also noteworthy that despite the fact that the expected positive rate for screening was 1 in 50, no positives were detected in the first 275 samples. This would seem to require follow-up before the next application of the technique.
- Documentation supporting both “A” and “B” sample results seemed appropriate. It would probably have been advisable to insulate the laboratory director from routine work so that he could deal with these issues.
- Given the fact that the juridical committees could be composed of individuals from countries with more rigorous chain of custody rules, the approach used by the laboratory at the Olympics must be most rigorous. In general, this would require “Z-form” transfers within the laboratory. A thorough review of chain of custody is a recommended development of the testing program for future Olympic Games.
- Final reports should have been more thoroughly checked to ensure that spelling mistakes (eg names of team delegates and drugs/metabolites) did not occur.

8. Recommendations

- Pre-competition testing was continued throughout the Games causing difficult workload management at times. It is imperative that the laboratory be consulted prior to any changes in sample load within two weeks of the Games. No pre-competition samples should be sent to the laboratory performing the tests for the Games within 4 days of Opening Ceremony. Out of Competition tests and “Non Olympic” tests should not be sent to the laboratory within 14 days of the initiation of competition.
- Salbutamol, terbutaline etc should be reported after a positive screen with confirmation being dependent on the absence of an acceptable exemption for therapeutic use. . This will require detailed and efficient communication between the laboratory and the medical committee or commission in possession of medical waivers or exemptions. This will be even more of an issue during the Winter Olympics

RESULT MANAGEMENT

The observation of the result management process for positive test results fell into a number of categories:

1. The analysis report indicating a violation of the IOC doping control regulations from the Head of the Laboratory, sent to the Chairman of the IOC Medical Commission.
2. The checking process should the analysis show a banned substance for which the competitor had provided a medical application or notification which had been accepted or received by the Medical Commission.
3. The written notification to the Chef de Mission of the Delegation of the competitor and the relevant International Federation of the sample analysis, and the subsequent hearing to be conducted by the Medical Commission.
4. The hearing conducted by the Medical Commission.
5. The process in respect of the B sample should there be a request by the competitor or his/her representative for analysis of the B sample, including notification of the time and place for analysis and subsequent report of the result to all concerned.
6. The Medical Commission findings following its hearing, and its recommendation made to the President of the IOC for submission to the IOC Executive Board.
7. The notification to the Chef de Mission of the Delegation of the competitor and the relevant International Federation of the hearing before the IOC Executive Board.

8. The hearing conducted by the Executive Board and its subsequent action, including notification to the Chef de Mission of the Delegation of the competitor and the International Federation concerned.
9. The appeal process to the ad hoc Division of the Court of Arbitration for Sport, including hearing and findings.

There are two documents which state the anti-doping principles and the result management process of the IOC and one other relevant document:

1. The Olympic Charter.
2. The Olympic Movement Anti-Doping Code (“the Code”) including its Annexes as to Prohibited Classes of Substances and Prohibited Methods and the Explanatory Memorandum dated 9 December 1999.
3. The Doping Control Guides issued by the Sydney Organising Committee for the Olympic Games (“SOCOG”) called here “the Guide”.

The Olympic Charter relevantly states:

“Rule 48.1 the IOC adopts a Medical Code which states, among other things, provide for prohibition of doping ... provide for obligation of competitors to submit themselves to medical controls ... and make provision for sanctions to be applied in the event of a violation of such Medical Code.”

The Code, revised 1 January 2000 and Appendix A revised 1 April 2000, includes definition of doping (Chapter 11 Article 3.3); Appendix C which governs Sampling Procedures in Doping Controls and specifically partially provides for result management process in section 5.

The Code can only be modified by the IOC Executive Board “upon recommendation of the Council of the International Independent Anti-Doping Agency after consultation of the parties concerned” (Chapter VII, Article 2) – the reference to International Independent Anti-Doping Agency (IADA) should be read as reference to WADA (Explanatory Memorandum p3).

The Guide, which was written as an “explanatory” document, has introductory messages from the President of the IOC, and the Chairman of the IOC Medical Commission who states:

“This explanatory guide will enable all athletes, doctors and coaches to learn about and understand the procedures that will be in place during the Olympic Games in Sydney.”

Set out in Appendix A to the Code and specified within the Guide there is a particular section (clause 5.4) which provides for applications to be made by competitors “wishing to use a prohibited substance for therapeutic use”; and for written notifications to be made by competitors “wishing to use a permitted inhaled beta 2 agonist for therapeutic use”.

In pertinent part, the Guide specifically provides that:

1. The IOC Medical Commission [the IOCMC] “will hold a hearing to assist in considering the action to be taken” where an athlete is determined to have committed a “potential Doping Offence” (see *Guide at ss 7.1; see also Code, appendix C, ss 5.8*).
2. The Chairman of the IOCMC “must give the [suspected athlete’s] Chef de Mission a written notice of the determination [of a potential Doping Offence] and the impending IOCMC hearing” (see *Guide at ss 7.3*). The Code similarly requires invitation of the athlete and representatives to the hearing (see *Code at annex C, ss5.8*). The Chef, in turn, is required to inform the athlete in question and report to the IOCMC that such notification has occurred (see *Guide at ss 6.2*).
3. In addition to the details of the potential Doping Offence and of the hearing, such written notice of the hearing:

“7.4 The hearing notice must specify the following:

- a. the name of the competitor and their sport;
- b. that there has been an alleged Doping Offence; and
- c. the competitor (or their representative) may:
 - i. attend a hearing at the next IOCMC meeting to present submissions as to any reasonable cause for the Positive Test Result, the failure to comply with the Olympic Movement Anti-Doping Code or other alleged Doping Offence;or

- ii. admit the offence by notifying the IOC in writing and attend the hearing to present relevant information; or
 - iii. waive the competitor's right to attend the hearing by notifying the IOCMC in writing;
- d. the time, date and place of the next IOCMC meeting;
- e. that the relevant International Federation will be notified;
- f. that if the competitor elects to attend the hearing:
 - i. prior to the hearing, the competitor must notify the IOCMC in writing of his/her intention to attend the hearing;
 - ii. the competitor may be accompanied by no more than 3 people;
 - iii. the IOC Executive Board will determine the sanctions (if any) in relation to the competitor's participation in the Olympic Games, to be imposed on the competitor following the hearing."

It is possible that any failure to provide an athlete with proper notification under the Guide could render any subsequent adjudication as "not substantially in accordance with the Olympic

Movement Anti-Doping Code”, as applied under the Guide (see *Guide at ss 7.15a*).

4. Further the Guide provides:

“7.5 If the potential Doping Offence is in respect of a Positive Test Result for a urine sample, the notice must include the following details about the B sample analysis:

- a. the competitor has a right to have the B sample tested and to exercise this right, the competitor (or their representative) must submit within 12 hours of receipt of the notice a written request to the IOCMC that the B sample is tested;
- b. the date and time set for the B sample testing;
- c. if the competitor exercises this right to have the B sample tested:
 - i. the B sample will be tested on the scheduled testing day; and
 - ii. the competitor is entitled to be present or represented at the testing of the B sample;
- d. if the competitor, or their representative, does not submit the written request to the IOCMC for the B sample to be tested within 12 hours of receiving the notice, the competitor is taken to have waived their right to have the B sample tested;

- e. the hearing may take place irrespective of whether the competitor makes a request for a B sample test.”

“7.11 The competitor is taken to have waived his/her right to attend the hearing and make submissions in his/her defence if:

- a. the competitor (or their representative) submits a written notice to the IOCMC waiving the competitor’s right to attend the IOCMC meeting; or
- b. the competitor (or their representative) does not appear before the next IOCMC meeting specified in the hearing notice.

7.12 If the competitor (or their representative) waives this right, the IOCMC will meet to discuss the matter and make recommendation as to the appropriate sanctions which will be forwarded to the President of the IOC Executive Board for a final decision as to the sanctions by the IOC Executive Board.”

5. Conduct of the hearing was set out in the Guide:

“7.13 The hearing conducted by the IOCMC will occur at the time, date and place specified in the hearing notice. If the hearing is conducted after the conclusion of the Olympic Games, the IOCMC will ensure that it provides the competitor’s Chef de Mission with reasonable notice of the hearing to ensure that the competitor (or their representative) has an opportunity to attend the hearing.

7.14 At the hearing, the IOCMC will:

- a. give the competitor or their legal or other representative (if present) an opportunity to present his or her case in oral or written submissions;
- b. take into account all relevant considerations and disregard any irrelevant considerations in their deliberations.

7.15 If the alleged Doping Offence arises out of a Positive Test Result, the IOCMC may only determine that a Doping Offence has not occurred if any of the exceptions in paragraph 7.2(a) apply or the competitor establishes on the balance of probabilities that:

- a. the sampling or testing procedure was not conducted substantially in accordance with the Olympic Movement Anti-Doping Code;
- b. the samples which led to the Positive Test Result were not those of the competitor;
- c. the samples which led to the Positive Test Result were so contaminated as to affect the result of the test; or

7.17 At the conclusion of the hearing, the IOCMC will inform all present at the hearing of its determination and provide that determination as a recommendation to the President of the IOC for submission to the IOC Executive Board. The recommendation will also include any extenuating

circumstances which the IOCMC believes the IOC Executive Board may wish to take into consideration in making its determination.

7.18 The Chairman of the IOCMC will also provide the President of the IOC and the Chairman of WADA with relevant documentation provided to the IOCMC, including laboratory records and materials from further investigations.”

These details are not set out in the Code where there is more general provision without the mandatory nature of the language nor the specific detail of the process. This distinction leads to some potential issues.

OBSERVATIONS

- A. Protocols were appropriately established with the Head of the Laboratory. Dr Ray Kazlauskis, and approved by the Chairman of the IOC Medical Commission, to ensure that the IO Group was given all the documentation from the Laboratory including the daily analysis reports. These protocols were put into practice and properly proceeded throughout the Games. [They did not commence until competition started].
- B. The applications for “medical waiver” were made available to the IO Group to check and observe at the conclusion of the Games, and the process was deemed to be satisfactory and is reported on in the Medical Section to this report.

The notifications for beta 2 agonists were checked in total as the end of the Games. During the Games there were 20 cases of positive analysis of beta 2 agonists, and each was checked as

against the notification. There was an appropriate procedure in place, and the cases were properly determined in accordance with the process.

- C. The written notifications to competitors were made available to the IO Group following the Medical Commission meetings. The form of notice to the competitor followed the Guide but:
- (a) provided no information as to the banned substance;
 - (b) did not explicitly cover all the aspects set out in 7.4c and 7.4f of the Guide, in particular the opportunity to present submissions, the option to “admit the offence in writing”, the election to attend the hearing to be made in writing, and information relating to sanctions.

The Code however makes no explicit requirements and legally is the prime jurisdictional document. The Guide was widely circulated and seen to be a document to be followed, as it was provided to athletes and all accompanying medical personnel. It was not followed as described, but nor was its status or its procedures challenged either at the Medical Commission hearing, the Executive Board nor the ad hoc Court of Arbitration for Sport.

The notification form sent to the International Federation advising of the Medical Commission hearing improperly included an invitation to the IF to request the analysis of the B sample, but in all other respects was a proper form and the notice was properly delivered on all occasions.

- D. The hearings before the Medical Commission were all conducted at the date and time indicated on the notices. They were proper

hearings in that the athlete or his/her representative had ample opportunity to be heard. There was some small complaint from some that full knowledge of the allegation was not in fact known until shortly before the hearing (in that the banned substance had not been included in the notice, nor had a copy of the laboratory analysis been received). No challenge to this omission was made at any level.

The hearings were conducted before the entire Medical Commission (or at least all of those present that particular evening). All conformed to the basic principles of natural justice aside from the comments made above. There was an experienced lawyer available to guide the Medical Commission on legal issues and that task was undertaken professionally. One case however involved the International Federation in which the lawyer held an official position and from a perspective conflict position it may have been better for the Medical Commission to have a “back up” lawyer for those cases.

- E. The “B” sample process was conducted properly and due notification given. Further report is contained in the Laboratory Section.

- F. The process of providing recommendations to the IOC Executive Board was followed properly in that the recommendations were clearly presented to the IOC EB meetings by the Chairman of the Medical Commission. Notice of the IOC EB meetings was not always given to the IO Group and one hearing had to be delayed because of the lack of notice.

The IOC EB met regularly at 9.00am and the IO Group was able to anticipate hearings accordingly. On one occasion however the

meeting took place earlier and no notice of the changed time was given. The hearing was held over to the following day. No copies of any notices were given to the IO Group.

- G. The IOC EB meetings were properly conducted. There was appropriate debate and discussion of issues and process was in order.

- H. The one case which went to CAS was conducted according to CAS rules. Following the consent from both parties and permission from the Arbitration Panel, the IO Group was able to observe the hearing. The IO Group was also copied the decision and observation was total and complete. The process was proper and complete.

David Howman

Robert Housman

ADDENDUM TO INDEPENDENT OBSERVER REPORT – SYDNEY 2000

1. The Doping Control Guide (“the Guide”) produced by SOCOG for the Sydney Olympics states:

“Clause 6.3 Finally the IOC will issue for public circulation a report after the Olympic Games which summarises the results of the doping control program implemented for the Olympic Games”.

and in Attachment 2 section II provides:

POST GAMES REPORT

11.1 At the conclusion of the Olympic Games, the IOC Medical Commission (IOC MC) will produce, in consultation with SOCOG, a Post Games Report regarding the doping control process of the Olympic Games. The IOC MC may also consult with the Head of Laboratory and others involved in the Olympic Games doping control process to obtain the information required to produce the report.

11.2 The Post Games Report will state:

- a. The number of tests conducted in each sport in and out of competition in relation to the Olympic Games.
- b. The results of all tests conducted.
- c. The number of A and B samples reported as Positive Test Results by the Laboratory to the Chairperson of the IOC MC.
- d. The number of voided samples and the reasons for voiding any samples.
- e. The number and results of blind control samples identified.
- f. The number of Doping offences arising from the Positive Test Results and the reasons for any decision that a Reported Positive Test Result did not constitute a Doping Offence, and
- g. the status of any test results that are still under investigation.

11.3 This Post Games Report will be issued publicly no later than one month after the completion of the Olympic Games.

2. The Independent Observer report (“IO report”) was completed and tabled at the WADA Board meeting held on 14 November 2000. The Post Games Report (“the Report”) as described in the Guide was not published at that time, so the IO report contained a qualification that it was not complete until and unless it included

observation of the Report. That document was published by the IOC Medical Commission and distributed on 14 December 2000.

3. The Independent Observer Office has studied the Report and observes:
 1. The IOC MC in writing the Report impliedly accepts the authority of the Guide with its introductory statement “In accordance with the Sydney 2000 Doping Control Guide, the IOC Medical Commission, in cooperation with the SOCOG medical services, is presenting this summary report.” and its subsequent adherence to the points to be contained in the Report (11.2 above).

The IO repeats its comments as to the status of the Guide and its conflict with the Olympic Movement Anti-Doping Code, with possible consequent difficulties. This again indicates the IOC MC acceptance of the Guide as a source document and the need to remove the conflicts and inconsistencies in the future.
 2. The Report was issued two and half months after the completion of the Games, some six weeks later than promised within clause 11.3 of the Guide.
 3. The Report clearly covers items expressed in 11.2 (a)(b)(c)(e) and (f). No information is given in respect of 11.2 (g).
 4. The IO Office was apprised of the process followed in respect of the blind tests. The laboratory analysis of the six samples was noted (see p. 15 IO report).
 5. The blind test segment (section 4) refers to five samples, the positive results (section 5) show six positives responding to the blind tests, and the Table 5 shows six samples. The IO Office was aware of the six, and confirms the reporting. There is obviously a mistake in the Report.
 6. The IO Office was verbally informed on 22 September of the selection process undertaken for athlete selection for pre-Games out of competition testing.
 7. The IO Office was verbally informed on 22 September of the selection process for athletes who were tested blood/urine for EPO.
 8. The section on EPO testing states the test results (blood and urine) did not show any positive test. There is no statement whether the blood tests revealed any irregular results, and if so, what follow-up was given to these results. The IO Office is concerned to ensure that if there were any such results that the fact and numbers should be published. If unusual findings from the blood tests were communicated to others then it is important for transparency that these be published.
 9. The IO Office confirms the prior notification number for beta 2 agonists (p. 12 IO report).

WADA Independent Observer Report

Olympic Summer Games Sydney, Australia

Executive Summary

INTRODUCTION

The World Anti-Doping Agency (WADA), with the support of the International Olympic Committee (IOC), created, for the first time, the Office of the Independent Observer.

The creation of the Office of the Independent Observer was a crucial step in demonstrating doping control transparency and accountability at Olympic Games. The Office of the Independent Observer essentially acted as the eyes and ears of the world on all aspects of the doping control process, both prior to and during the Games.

One fundamental objective of the Independent Observer was to help ensure that the doping control process was both fair and seen to be fair, through its independent observations and reporting.

Achieving such an objective would help to strengthen athlete, sport and the public's confidence in the doping control process.

The main role of the Independent Observer was to review, observe and report on all aspects of the doping control operations in a neutral and unbiased manner. In order to provide effective observation and reporting, independent expertise throughout the world was recruited to the I.O. Team with sample collection, result management, legal and analytical laboratory experience.

GENERAL COMMENTS

While the full Independent Observer report contains more detailed information on the background, role and observations of the Independent Observer Team, these Games, without question, were implemented in a very professional, well organised manner.

The Office of the Independent Observer was a new initiative and therefore, with anything new, involving change, it was not surprising that set up of the office had some challenges, and issues were raised at times with respect to the I.O. role and its relation to the role of the IOC, its Medical Commission, and the Games Organising Committee. Some observations and related recommendations therefore reflect some of the issues raised.

Regardless, the I.O. Team concurs with the general sentiment that these were the "best Games ever", and feel that the I.O. Teams presence had an important role to play in contributing to the quality of doping control in Sydney.

This Executive Summary provides an overview of key observations made at the Games, and provides recommendations for improvement in the future.

KEY OBSERVATIONS

1. These were the first Olympic Games with an Independent Observer presence. It is therefore impossible to evaluate the impact of this presence. But we know from comments made to the Office that there were changes and improvements in transparency and process. Of note, these were the first Games for some time in which there were no rumours of hidden or otherwise mishandled doping cases.
2. The Olympic Games have such a high profile and excite such universal interest nowadays that openness and transparency, notably in the anti-doping processes, has become essential. The need to ensure competitors' confidence and the public's credibility in the system is vital. The principle of the Independent Observer and its involvement in all stages of these processes is a key way of ensuring this confidence and credibility. We believe we made a contribution to achieving these objectives at Sydney.
3. We are confident from our many observations that the anti-doping procedures and processes put in place for and operated at the Sydney Olympics were correct. But we cannot be 100% certain of this, partly because of some constraints on the flow of information that we received from the International Olympic Committee's Medical Commission; partly because it was not possible for the Office to be physically present everywhere all the time.

The constraints on the information received by the Office covered three areas:

- a) We were only able to follow subsequently the way in which the Medical Commission notified the respective Chefs de Mission of potential doping infractions.
 - b) We were not put in a position where we were able to follow the processes concerning the use of the blind control samples: their number, the methods employed to put them into the process, the timing of them, nor the results. It would have been helpful to have known when to expect an appropriate laboratory report.
 - c) Because of the limitations placed upon our use of the envelopes containing the duplicates of the doping control report forms, we were not in a position to check the daily reports from the laboratory with the corresponding control forms. This task could only be accomplished post-Games, retrospectively, and on a random selection basis. Despite this handicap, we are confident that all the positive laboratory reports were copied to the Office. Certainly all those that were received were followed up by the IOCMC.
4. Our overall impression is that the anti-doping processes established for these Olympic Games were very good:
 - The doping control part was very professional and efficient.

- The quality of the systems put in place for the Sydney Olympics derived in large part from the wide experience and thoroughness of the national anti-doping policies and practices of the host country.
 - No competitor, nor any competitor's lawyer, complained of any phase, and, indeed, many competitors volunteered constructive remarks and suggestions.
 - The sites and venues were nearly all more than adequate for the task, with few exceptions.
 - The Polyclinic station at the Olympic Village, where out-of-competition testing samples (for both blood and urine) were collected, was not really adequate for the tasks given to it, especially in the last pre-competition and first competition weeks.
5. The pre-competition testing put in place by WADA, IOC/SOCOG and ASDA was an innovation, and was shown to be an effective and necessary testing deterrent. However, such testing has a larger impact on current doping control program infrastructure (e.g. sample collection capacity, laboratory analysis capacity, result management, consequences of reported doping infractions).
 6. With respect to laboratory analysis, the pre-competition testing, as noted above, put strains on the analytical capacity of the laboratory during the first week of the Games which perhaps had not been taken into consideration. The laboratory phase of the doping control processes was otherwise first-class. However, there were some teething problems with the EPO urine confirmation test.
 7. The "Tests Results Management" of positive laboratory reports was on the whole good. The procedures permitted rapid reaction and we do not believe that incorrect decisions were made. However, there was some confusion because of differences between the Olympic Movement Anti-Doping Code and the Sydney Olympics Doping Control Guide. In this context, we believe that there are some shortcomings in the IOC Medical Commission's and to a lesser extent the Executive Board's hearing processes. These shortcomings can be relatively simply overcome, for example by adopting rules and procedures similar to those set out in the Guide. We also believe that the Medical Commission could usefully set up smaller group or sub-committee to manage doping cases inside and on behalf of the Medical Commission.
 8. Consideration should be given to the possible uses of modern technology, in particular computerised databases, in order to help both doping control officers and the Medical Commission members. A systematic preparation of lists of medications, prior notifications and authorisations, a quicker and more certain correlation of laboratory reports and doping control forms are examples of applications that would speed and ease the information processing phases.
 9. The work of the Office in observing test results management was limited by not having regular access to information as the IOC Medical Commission. It would have eased the task of the Office had it been able to check the envelopes on a day by day basis. In future Games, clearer and more cooperative protocols for using the envelopes containing the duplicate doping control report forms should be agreed. The IOC Medical Commission had quite legitimate concerns about security and confidentiality. The Office provided all the necessary guarantees in this respect. The original requirement that the envelopes would be kept in the Office sealed and in a

secure safe until the end of the Games and then returned to the Medical Director unopened served no useful purpose. The random verification made on envelopes containing approximately 600 control forms after the Games revealed no irregularities.

10. The Independent Observers are struck by the variety, number and amount of medications consumed regularly by a large proportion of competitors. The IOC Medical Commission might wish to make a study of this phenomenon and make recommendations, particularly with regard to the educational and preventative aspects of anti-doping programmes.

RECOMMENDATIONS

1. We believe that henceforth the Office of Independent Observer have the same accreditation status as the CAS, in order to effectively carry out its responsibilities from the outset.
2. We recommend that for future events the Doping Control Guide (or its equivalent) be adopted as the valid text for that event, on the understanding that while the Guide may contain more detailed procedures than those set out in the Olympic Movement Anti-Doping Code, it will not be in contradiction or conflict with the latter.
3. We further recommend that a single worldwide and universal Anti-Doping Code should be prepared in order to increase harmonisation amongst different bodies and event organisers with commonly agreed procedures at all steps, including the specific responsibilities of Independent Observers.
4. We recommend that before the next Olympic Games, more time is given to the planning and coordination of the pre-competition testing programmes, in setting up the facilities necessary to carry them out, and in reviewing and improving general program capacity to handle sample analysis, management of test results and consequences of doping infractions.
5. We recommend that the management of doping cases inside the Medical Commission be entrusted to a smaller sub-committee of members with appropriate specialist knowledge, to be chaired by the Chair of the IOCMC.
6. We recommend that consideration be given to increasing the number or percentage of competitors in team sports or team events (particularly medal winning teams) likely to be tested during the Games.
7. We recommend that the IOCEB:
 - establishes clear “conflict of interest” rules for its discussions of doping cases;
 - as a general rule, gives the competitor the opportunity to be present or to be represented;
 - gives notice to the Office of the Independent Observer of the timing of its deliberations of doping cases, and a copy of the notification of them.

8. We recommend that the IOCMC:
 - establishes clear “conflict of interest” rules for its discussions of doping cases and their later “recommendation”;
 - calls upon the services of its own legal advisor(s) to advise on the conduct of the appropriate parts of its investigation and recommendation.
 - develops clear procedures for the conduct of its hearings, which could be similar to those set out in the Sydney Olympics Doping Control Guide. These procedures should be in place for the Salt Lake Games of 2002. A copy of them should be sent to each NOC before the Games.
 - see also Recommendation N° 5.
9. We recommend that in future a medical file be submitted with the written notification on the use of Beta-2 agonists in order to evaluate its necessity.
10. We recommend that the IOCMC makes an urgent study of the medications and supplements declared by competitors during the Sydney Olympics with a view to making proposals if necessary for revising the list of prohibited substances and to developing more appropriate and adapted educational strategies.
11. We recommend that following a blood sample control, the competitor (or designated doctor) be given a copy for medical use of the ordinary blood analysis report.
12. We recommend that in future copies of the doping control notification and official record forms are provided to the Office of the Independent Observer for use on a daily basis.
13. We recommend that at the Olympic Games, all sports use the random selection method with plastic numbered cards, to take place between 20/30 minutes before the end of the event. Approximately 25 to 30% of the competitors in each sport should expect to be controlled before the end of the Games. Additional random numbers should be drawn in preliminary rounds so that not all those who go on to a later stage will be tested. The present practice whereby in the final event all individual medal winners are automatically tested (plus one or two more randomly chosen) should be maintained. In accordance with Recommendation N° 5, we also recommend that all members of gold medal winning teams should be tested and the usual random selection made for members of other teams, possibly on a declining basis (e.g. half the silver medal team and a quarter for bronze and fourth placed teams).
14. With regard to Laboratory issues, we recommend to the IOCMC:
 - to review the intra-laboratory chain of custody documentation, possibly using “Z-form” transfers;
 - to ensure that the accredited laboratory has sufficient anabolic steroid analysts and equipment to cover both pre-competition and in-competition requirements;
 - generally to ensure coordination of the necessary laboratory resources for analysing the pre- and in-competition samples;
 - to consider ways of easing the process of confirming positive salbutamol and other cases where written notification exists.
15. We recommend an appropriate place for the doping control organisation in the operational structures of the Organising Committees of future Games

16. We recommend that the IOC consider how experience on doping control matters can be optimised between the organisers of successive Olympic Games to maintain high quality continuity between one event and the next.
17. We recommend that specific requirements be set out for doping control stations at all Olympic (or other major) sports venues, including, where relevant, provision for the pre-competition testing programme.
18. We recommend that DCOs and the IOCMC representatives at stations verify that refrigerators fitted with locks are effectively locked when not being used.
19. We recommend that Berlinger verify their numbering techniques and consider what additional security, if any, could be given to the filled sample kits.
20. We recommend that NOCs ensure that all their registered competitors are familiar with doping control procedures. Unless there are very strong reasons to the contrary, this familiarisation should be through a process of real doping control.
21. We recommend that the training of DCOs includes provision for adopting a more standardised approach to the questions concerning declared medications. The section for declared medications on the Official Record form could usefully be bigger
22. We recommend that clearer guidelines on the use or non-use of showers by competitors between the end of an event and the doping control be established by the competent authorities.
23. We recommend that clear guidelines on the use of mobile phones in doping control stations are set down by the competent authorities.
24. We recommend that the box containing the competitor's comments is also blanked out from the yellow copy of the doping control record form which goes to the laboratory.