



WORLD ANTI-DOPING AGENCY

INDEPENDENT OBSERVER'S REPORT

FIS NORDIC WORLD SKI CHAMPIONSHIPS
VAL DI FIEMME, 18.02-01.03.03
ITALY

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1. INTRODUCTION

WADA has a mandate to promote ethical, doping-free sport worldwide to protect athletes' fundamental rights to compete in sport, free from banned drugs and other doping practices. WADA is comprised of sport, athlete and government partners committed to these objectives. One of the Agency's mandates is the Independent Observer Programme for Major Sports events and World Championships.

The main role of WADA IO Teams is to observe and report on all aspects of the doping control operations during the events/Championships in a neutral and unbiased manner. The independent aspect of WADA's observation role is designed to both protect the integrity of athlete testing and to enhance athlete, sport and public confidence in the doping control operations by creating a more open and transparent process.

Key functions of a WADA IO Team are to observe the doping control process and to prepare an independent, publicly-available report on the doping control activities conducted during (and sometimes prior to) an event/Championships. In order to provide effective observation and reporting, IO Teams include a variety of independent expertise, covering sample collection, results management, legal, analytical and medical expertise as well as experience in the design and implementation of anti-doping programmes. A list of the FIS Nordic World Championships IO Team members is attached as Annex 1.

The FIS 2003 Nordic World Championships involved three disciplines: Cross-Country Skiing, Ski Jumping and Nordic Combined. The IO Team observed:

- Pre-competition full-field blood sampling and analysis for medical checks (for Cross-Country Skiing and Nordic Combined)
- Medical notification documentation
- Post-competition doping control, including
 - athlete selection
 - athlete notification
 - sample collection
 - sample processing for transportation
- Laboratory analysis and reporting

Because there were no adverse analytical results leading to a determination of a doping offence at the FIS Nordic World Championships, the IO Team did not have the opportunity to observe FIS results management, including its internal disciplinary procedures or any subsequent appeals.¹ Nor did the IO Team observe FIS or WADA out-of-competition testing done on site in conjunction with the competitions.²

The FIS has been a leading International Federation in anti-doping work for many years. The FIS commitment to doping-free sport continues to be significant.³

Doping control, like all human endeavours, can never be perfect. But it must be conducted with a high degree of care to enjoy the confidence of the athletes, coaches, officials, doctors and the public. The IO Team concluded that the FIS doping control programme at its Nordic World Championships was sufficient. We believe that those who participated in the competitions can have confidence that its programme results are reliable. That said, there is clearly room for improvement in the organisation of FIS doping control and by those who conducted the post-competition doping controls. There were also one or two areas for improvement in the conduct of the pre-competition blood screening. This report contains the IO Team's observations of strengths and of areas for improvement in doping control at the FIS Nordic World Championship. It contains constructive recommendations for all involved in doping control at the competition.

¹ Except for one analytical result indicating an elevated T/E ratio for which prior medical approval had been given due to the athlete's well-established high normal levels. The IO Team was provided with all relevant documentation concerning the athlete in question, including information indicating prior laboratory results confirming the high natural levels.

² The IO team was initially provided with the doping control documentation relating to WADA out-of-competition tests conducted in conjunction with the championships. Because it would not be appropriate for a WADA IO Team to "observe" WADA testing, this documentation was returned to FIS unexamined. The issue also arose in the pre-championship news conference attended by the chair of the IO Team. The IO Team is of the view, as are members of previous WADA IO Teams that WADA out-of-competition testing should not occur at a major games or world championship while a WADA IO Team is at work. The potential for confusion as to WADA's role, and of appearance of conflict of interest, is too great. It is also worth noting that a Finnish cross-country skier did test positive as a result of an out-of-competition doping control conducted at Val di Fiemme just prior to the competition. FIS invited WADA and the IO Team to observe the results management, including the B sample opening and analysis and any hearings, of this case. Because the doping control in question did not take part as part of the Championships proper, WADA declined to have observation these results management procedures as being beyond the mandate of the IO Team. However, the efficacy of that test highlights the importance of out-of-competition doping controls being conducted right up to the start of a major competition.

³ The IO Team was struck by the observation of Bengt Erik Bengtsson in the "Cross-Country News" of the *FIS Official Bulletin* (No. 147 3/2002): "After the two major doping scandals in Lahti 2001 and Salt Lake City 2002 the Cross-Country sport must fight for its existence." This suggests the importance that FIS must place on doping-free Nordic skiing.

The IO Team would like to thank the FIS for making its work possible.⁴

2. BACKGROUND

The Introduction to the FIS Medical Guide and Anti-Doping Regulations includes, in the description of FIS anti-doping activities, that WADA is invited to send Independent Observers to any FIS competition. In December, 2002, WADA and FIS finalised an agreement authorising the presence of a WADA IO Team at the Nordic World Championships to observe “all the stages of doping control procedures and all other aspects of doping control.” The IO Team was to have complete access to all doping control official records pertaining to the analyses and receive these documents on the same day as relevant FIS commissions. A copy of the Agreement is attached as Annex 2. If any analysis indicated the presence of a prohibited substance, the IO Team would be informed immediately and be able to observe all relevant results management activities (including B sample opening and analysis as well as any hearings or other FIS decision-making procedures).

A previous WADA IO Team (for the 2002 Salt Lake City Olympic Winter Games) had the opportunity to observe blood sample collection of skiers conducted by FIS (both pre-competition blood sampling and analysis for medical checks and post-competition blood sampling as part of for doping control). The Independent Observers Report for those Games (Salt Lake City Olympics IO Report) contains a number of recommendations and observations directed at the FIS that are commented on below.

3. OBSERVATIONS AND RECOMMENDATIONS

a. FIS RULES AND NORDIC WORLD SKI CHAMPIONSHIPS PROGRAMME

The FIS Medical Guide and Anti-Doping Rules 2002/2003 (FIS Anti-Doping Rules) set out the requirements for both pre-competition medical controls involving blood screening (Rule 4 and Procedural Guideline A) and anti-doping controls during competitions (Rule 5 and Procedural Guideline B).

⁴ There were transportation and accreditation issues that had to be ironed out with FIS in the early days of this IO Mission. For example, whereas the FIS Medical Code and Anti-Doping Rules, Procedural Guideline B, Section 2.5 indicates that WADA observers may attend and supervise *all* stages of FIS doping control, and the FIS directive of December 18, 2002, on doping control at these championships indicated that the IO team would be issued with “all access” accreditation, the IO Team was initially issued only with partial access accreditation.

These were augmented by a FIS directive issued December 18, 2002 entitled "Details of Anti-Doping Controls at the 2003 FIS Nordic World Ski Championships in Val di Fiemme (ITA)" (Details of Doping Controls). A subsequent directive entitled "Information About the Procedure in the Event of a Positive Doping Case" described the results management and sanctions applicable.

Unlike some other International Federations, the FIS does not have in-house doping control personnel. According to the FIS Anti-Doping Rules, Rule 3, for major events such as the FIS Nordic World Championships, arrangements are made with independent anti-doping organisations approved by WADA and who conduct doping control in accordance with the International IADA Standard for Doping Control (ISDC) ⁵

In this case, International Doping Tests & Management (IDTM) was retained to conduct all full-field and post-competition blood sampling and screening. The Italian Anti-Doping Agency (Italian ADA) conducted all post-competition urine controls. The Val di Fiemme Organising Committee provided the chaperones, the transportation and the drivers. A FIS Medical Supervisor (as described in an introductory portion of the FIS Anti-Doping Rules) was appointed with the nominally limited roles of providing information (FIS Anti-Doping Rules, Rule 5) and supervision and liaison with the Organising Committee as well as IDTM and the Italian ADA (FIS Anti-Doping Rules, Procedural Guideline, section 2). The variety of players involved in this provision of doping control required more FIS control than its rules anticipate. The IO team observed that Melinda Roalstad, the FIS Medical Supervisor, was at times required to take a much more active role in coordinating and managing the doping control at this event than the FIS Anti-Doping Rules contemplate.

Pre-competition full-field blood sampling and screening were conducted at the cross-country ski venue at Lago di Tesero. Competitors were to report on days prior to the start of competition and were not to compete unless and until they had been screened. Elevated haemoglobin levels for two consecutive measurements (each above 16.0 g/dl for women and above 17.5 g/dl for men) would lead to a five day start prohibition (FIS Anti-Doping Rules, Procedural Guideline A, section 3). After a start prohibition, a competitor would only be allowed to start after a new blood screen and normal haemoglobin levels.

Competitors with elevated reticulocyte levels were identified for target testing and EPO analysis through the post-competition controls.

⁵ The IO Team observes that the FIS Anti-Doping Rules make a number of references to WADA that require reflection in view of the advent of the World Anti-Doping Code. For example, FIS Anti-Doping Rules, Procedural Guideline B, section 4.1 indicates that a WADA representative, if present, will play a role in the selection of athletes for doping control in-competition. This may not now be an appropriate role for WADA to play and will certainly require reconsideration as the FIS implements the World Anti-Doping Code.

Although it did not observe the process of these determinations, the IO Team was advised that the Chair of the FIS Medical Committee interpreted all full-field blood screening results to determine those competitors to be subject to post-competition target testing because of abnormal levels. Section 2.6 of Procedural Guideline A of the FIS Anti-Doping Rules mentions this possible consequence of abnormal levels (without clearly defining “abnormal levels”) but does not set out the process for determining when abnormal levels will result in further doping controls.

Post-competition controls (with blood and urine sampling from the Cross-Country and Nordic Combined competitors and urine sampling for the ski jumpers) were conducted at the doping control station in Cavalese. Competitors were to be chaperoned from the time of notification at the competition venues and transported to Cavalese from Lago di Tesero and from Predazzo (the ski jumping venue) to the doping control station. In the typical case, the top four finishers of a race and two others chosen at random were selected for post-competition doping control. After selection in the finish area, and after any post-race media interviews, the fourth place finisher and the random selections were escorted to the foreseen vehicles and transported to doping control as quickly as possible.

The medalists attended a flower ceremony in the finish area, had more media interviews to do on site, and were then transported to Cavalese to the media centre for the post-race press conference. Only then, and usually after the earlier group had finished, were they transported to the doping control station.

Blood samples taken as part of post-competition controls were carried at the end of each collection session to the Lago di Tesero facility for immediate analysis there. Urine samples were collected and stored at the doping control station for transportation to the IOC-accredited laboratory in Lausanne, Switzerland.

The IO team recommends that the FIS review and amend the provisions of the FIS Anti-Doping Rules to clarify the responsibility and authority of the FIS Medical Supervisor to coordinate and manage doping control at an event of this magnitude.

The IO Team recommends that the FIS amend Procedural Guideline A of the FIS Anti-Doing Rules to make transparent the process by which pre-competition blood screening results are determined by the Chair of the FIS Medical Committee to require post-competition or out-of-competition doping controls.

b. FULL-FIELD BLOOD SCREENING

The IO Team observed the blood screening on a number of occasions. The IDTM staff, who administered the procedures, including the blood sample analysis, and the Italian nurses who worked with them to actually collect the samples, were efficient and completely professional. Their facilities (a reception area, a waiting room, a sample collection room with two stations, and a room housing the analysis machines, refrigerator and other equipment), were appropriate. It was observed on several occasions that little explanation was given to the competitors by IDTM staff or by the nurses, but it seemed as if all competitors were familiar with the procedures by past experience. In some cases, competitors were not offered a choice of blood sample collection kits (although there was a generous supply).

The IO Team remarked that the Italian nurses did not wear protective latex gloves. The IO Team received copies of all the Blood Screening Forms for the full-field screening. It observed that although competitors were asked whether they had received a blood transfusion in the previous six months, there was no provision on the forms to record this information (it was added by hand by the nurses). The IO Team observed a few mistakes on the blood screening forms (such as failure in a few cases to note whether the competitor had received a blood transfusion in the last six months).

Perhaps the greatest challenge for the full-field screening was ensuring that all competitors were screened prior to competition. The Details of Doping Control anticipated that all 230 anticipated cross-country and Nordic combined competitors would be screened between February 17th and 21st. However, late additions to teams and late arrivals to the competition resulted in a trickle of competitors seeking screening after those dates. Team captains were not always proactive in ensuring that these late-comers attended the full-field screening in a timely manner. Since the same staff were by then responsible for blood sampling being done as part of post-competition controls at another site (the doping control station in Cavalese), this caused some difficulties. On occasion, competitors had to be sought out by IDTM from team huts or even the warm-up track on the day of their first competition, and screened just before the start. The IO Team observed one case of an athlete who was not screened before she started her first competition but sought out and screened immediately after she finished that race. She had finished well-down in the results and her haemoglobin levels were normal.

The IO Team observes that because IDTM staff themselves took on the responsibility of ensuring that all competitors were screened prior to competition, the FIS did not follow one recommendation of the Salt Lake City Olympic IO Report: that blood analysis be performed anonymously.⁶

⁶ Salt Lake City Olympics IO Report, p. 36.

However, by relying on the independent expertise of IDTM, the FIS did largely follow the Salt Lake City Olympics IO Report recommendation that blood sampling, analysis and responsibility for results be administered independently.⁷

Two screenings produced elevated haemoglobin levels that resulted in five day start prohibitions. In one case, it appears to the IO Team that the start prohibition was not warranted. The female competitor Nageikina (Belarus) had a first reading of 16.1 g/dl, above the threshold. The second reading was 16.0 g/dl, just on the threshold. At its second meeting on Monday, February 17th, the FIS issued the start prohibition. This decision was accepted; neither the competitor nor the Belarus national association “commented” (as permitted by FIS Anti-Doping Rules, Procedural Guideline A, section 3.2) or otherwise protested. The IO Team believes that the clear wording of section 3 of Procedural Guideline A is that *each* of the two readings must be *above* the 16.0g/dl threshold. The IO team concludes that this start prohibition should not have been issued.

The other elevated level resulting in a start prohibition was of the same skier who was subsequently found to have tested positive from an out-of-competition control taken just before the Championships (see footnote 2 above).

The IO Team recommends that the FIS Blood Screening Forms be adjusted to provide an appropriate place to record whether the competitor had received a blood transfusion in the last six months.

The IO Team recommends that the FIS make a greater effort to ensure that Team Captains and competitors understand and act on their responsibilities to ensure that full-field pre-competition screenings are completed in a timely manner.

c. MEDICAL NOTIFICATION DOCUMENTATION

The IO Team was provided with copies of FIS medical notification and substance approval documentation.

A sampling indicated that appropriate documentation was in hand for substances declared by competitors on their doping control forms and, in the case mentioned in footnote 1 above, for a naturally high T/E ratio.

⁷ Salt Lake City Olympics IO Report, p. 37.

d. ORGANISATION OF POST-COMPETITION DOPING CONTROL

The bulk of the IO Team's observations were of post-competition doping control and related documentation.⁸ The facilities, the transportation and other logistics as well as the conduct of athletes, coaches, team doctors, chaperones, drivers, doping control officers, other doping control staff and the laboratory were observed.

The facilities were adequate. The doping control station at Cavalese was located in a large medical clinic. The station itself used only a small portion of the clinic and included a waiting area (including storage refrigerator), a blood sampling room, a toilet for taking urine samples, a room for processing the urine samples and a room for other administrative work. There was a generous supply of sealed beverages available in the waiting area. However, the IO team questions the wisdom of having muesli bars and "unsealed" fresh fruit available (which adds to the possible sources of a prohibited substance that a competitor might suggest in response to a positive test result).

The waiting area was located immediately inside the entrance. It was not large enough when more than two competitors (and their accompanying coach or doctor, plus chaperone, plus the three doping control officers and the head of doping control, and the two administrative doping control staff, plus IO Team members) were present. Other portions of the clinic could have been used to good advantage to avoid overcrowding in the waiting area and to permit operation of more than one toilet and one processing room at the same time.

The decision to have one doping control station for two venues was explained in the Details of Anti-Doping Controls: to avoid delaying the post-race press conferences (held in the near-by media centre in Cavalese); to make use of a well-equipped facility; and so that only one doping control team would be required. However, the success of this arrangement also hinged on successful transport between the venues and the doping control station. The IO Team observed a number of problems in transporting competitors selected for doping control (and accompanying coaches or doctors, plus chaperones plus IO Team members) that took well into the Championships to solve. Initially, the number of vehicles and drivers assigned were inadequate. The pick-up point at Lago di Tesero was not convenient. Some drivers did not know where the doping control station in Cavalese was. On occasion, the IO Team observed chaperones acting as drivers thereby being unable to keep the competitor under appropriate supervision.

⁸ Which, initially, was not provided to the IO team by the FIS the same day as the controls, which is the desirable practice.

The first night of ski jumping at Predazzo presented a particular challenge due to its distance from the doping control station (30 minutes in minimum traffic) and the tremendous crowd (all of whom were trying to leave the venue after the competition on the same small highway as the doping control vehicles). The delay in getting the athletes to the doping control station was compounded by some difficulty in moving all the selected athletes to the vehicles in a timely way (thereby holding up the start of the police escort which was to facilitate transporting the athletes). The IO Team believes that these difficulties could have been better anticipated by the Organising Committee and the Italian ADA.

The IO Team recommends that FIS give its Medical Supervisor the opportunity and the authority to inspect and require adjustment of the doping control facilities and any necessary transportation prior to the start of a World Championship.

e. SELECTION, NOTIFICATION AND ESCORTING OF ATHLETES

The selection of the athletes was the responsibility of the FIS. The notification and escorting of competitors was the responsibility of the Italian ADA and the volunteer chaperones provided by the Organising Committee. The IO Team feels that there are a number of areas for improvement here.

The IO team observed the random selection of competitors on a number of occasions. For the most part, finish places were drawn from a deck of numbered cards. The FIS Medical Supervisor would conduct the draws with the Race Technical Director or another senior FIS official. Relay selections were made from the third or fourth place racers of teams drawn at random, with some judgment being exercised to adjust the random selections to reduce repeat testing of individuals who had already medalled (and had therefore been tested). Based on the direction of the Chair of the FIS Medical Committee, some random selections were replaced by targeted selections to follow up on abnormal blood readings from the full-field pre-competition screening.

The notification of athletes generally went well. There were some instances where chaperones did not or could not immediately identify the competitor assigned to them (because, for example, in non-mass start races where the placings could change with each new finisher). Other factors that played a role were the difficulty in understanding the public address system and the distance from the scoreboard. Not all of the chaperones could speak English or other foreign languages needed to communicate effectively with competitors selected for doping control and their coaches or doctors.

This sometimes made notification, the explanation of competitor responsibilities, description of transportation to the doping control station, and discussions about the whereabouts of athlete accreditation (sometimes required for identification⁹), warm clothes and coaches and doctors to accompany competitors quite difficult.

With respect to the escorting more generally, the organisation and briefing of the chaperones by the Italian ADA did not appear to begin until the first morning of competition and it was not detailed enough. Some chaperones seemed to have a natural ability to do the job correctly from the start; but not all. The resulting "on the job learning" did not make for the most efficient notification of athletes and escorting them to the waiting transportation during the first few days of the Championships. It also seemed as if there were too many chaperones; a smaller group acting every day would have learned their responsibilities and avoided mistakes more quickly. Moreover, drivers often tended to wait in the finish area with the chaperones, thereby causing unnecessary congestion when the chaperones were trying to escort a selected athlete to the doping control transportation.

The IO Team also observed that, unlike other major events, the chaperones did not carry sealed beverages to offer to athletes. Although the Details of Doping Controls indicated it would be done, there was no information at the time of notification (including on the notification form) that the athletes selected for post-competition doping control had to undergo a blood test, as is required by FIS Anti-Doping Rules, Procedural Guideline B, section 5.1.

At the doping control station, the chaperones seemed unsure of their role. Some would remain in the waiting area with their selected athletes; some would wait outside the station or not at all. Because chaperones did not always stay with their athletes in the waiting area, if the doping control reception staff stepped out of the waiting area, the IO team sometimes observed athletes were unsupervised there (or in one instance just outside the doping control station) for periods of time. While most of the chaperones maintained the correct professional relationship with the competitors they were escorting, a few did not. They asked for autographs or to pose for pictures with the competitors. In one case, where athletes had to be escorted to an evening medal presentation ceremony before being able to complete doping control, several chaperones seemed more interested in the food and beverages available in the hospitality suite than keeping their athletes under constant supervision there. The IO team observed that the athletes also partook of the food and beverages without any apparent concern for their source and the (however remote) possibility of them causing an inadvertent positive test.

⁹ There was some inconsistency about whether the athlete's credentials were required when selected for doping control. The IO team observed that sometimes they were not. But on one occasion, an athlete was required to go some distance to his hotel to retrieve his credentials before the chaperone would permit him to be taken to the doping control station.

The IO Team recommends that the FIS require all chaperones to be used at a FIS event to be able to speak sufficient English to function in that language in addition to their first language.

The IO Team recommends that the Italian ADA take a more rigorous approach to the preparation and conduct of chaperones who work with their doping control officers for in-competition doping control.

The IO Team recommends that the Italian ADA provide chaperones with sealed beverages to offer competitors selected for doping control.

f. URINE SAMPLE COLLECTION

The Italian ADA team included a supervising doping control officer and four doping control officers (three at any one time), all medical doctors. They were entirely open to the IO Team and transparent in their procedures. The IO team felt that the doping control they conducted was adequate but had room for improvement.

While the basic procedures they followed were sound, they could have been conducted in a more consistent and systematic manner. For example, the IO Team observed two or sometimes all three of the doping control officers, as well as the supervisor, involved at the same time with one athlete in the processing room. This was not necessary and not efficient and sometimes confusing to the athlete and coach or doctor. At other times, perhaps as a result of language barriers, there seemed to be insufficient explanation of the doping control procedures being offered to the athletes. The recording of medications and supplements on the doping control forms was not consistent among the doping control officers, sometimes due to language barriers. And this information was not part of the laboratory portion of the doping control form, which members of the IO Team felt was important information for the laboratory.

The IO Team also observes that while the FIS requirement is for a "minimum" of 75 ml of urine (FIS Anti-Doping Rules, Procedural Guideline B, section 6.2), the doping control officers sought to collect no more than that minimum, even when the athlete's sample was larger. It would seem prudent to provide the laboratory with more than the minimum whenever possible, especially as the analysis for EPO requires a more urine than the standard in-competition screen.

There were minor doping control equipment issues. The doping control team used VersaPak collection equipment. It proved awkward at times because the green and yellow sealed containers are difficult to seal by hand and must often be stepped on to seal tightly.

The plastic bags "sealing" the sample collection vessels were not always airtight (a state of affairs that the members of one team repeatedly noted on their doping control forms). Urine leakage from a sealed partial sample container was observed on one occasion. Also the plastic collection vessels used in this case, when sealed in the case of a partial sample, are difficult to open. Also with respect to partial samples, the doping control officers were observed to not allow the competitor to keep possession of his or her sealed partial sample. Rather, contrary to the competitor's or accompanying coach's desire, they insisted it be stored on an open shelf in the processing room while other competitors and their samples were dealt with in the meantime. The doping control forms did not permit documentation of partial sample collection.

Two matters were noted in particular by the IO Team. Firstly, sealed A and B samples, as well as sealed partial samples, were collected on an open shelf in the processing room after each doping control session. Blood samples were likewise stored on shelving in the blood sample collection room which was often unattended between sample collection sessions. Sometimes an athlete or a coach would be left waiting and unattended by the doping control officer(s) in that room with the sealed urine samples of other competitors. On at least one occasion, the IO Team observed an athlete being left unattended with their own unsealed sample. On another, a urine sample was left unattended and not even on the open shelf in the processing room. Because the samples were sealed and observed by the IO Team, there was probably little if any real chance of some form of manipulation. But the procedures of the doping control team should have not even created the slightest possibility; at all times storage should have been in a completely secure place.

Secondly, on at least two occasions the IO Team observed coaches or doctors who wanted to make comments about the doping control procedures on the doping control forms. The doping control team resisted, apparently taking the position that the comment portion of the forms was for their own use. The IO Team does not agree and feels it important to emphasise that those subject to doping control must be allowed to use those forms to record remarks and comments about the doping control as they experience it.

The IO Team recommends that the Italian ADA review its doping control procedures, especially the training and supervision of its doping control officers, in light of the observations set out in this report. In particular, its procedures ought to provide for the secure storage of samples at all times prior to transportation to the laboratory. Competitors should be permitted if not required to keep possession of their sealed partial samples while waiting to be able to complete the sample. Doping control officers should always permit competitors and their accompanying coaches or doctors to comment on the doping control on the doping control forms.

Finally, translation must be available in cases where the athlete does not speak English or another language understood by one of the doping control officers.

The IO Team recommends that the FIS review its doping control forms to ensure that all possible information (that does not compromise the anonymity of the documentation) be provided to the accredited laboratory.

4. TRANSPORTATION AND LAB ANALYSIS

The FIS contracted with the IOC-accredited laboratory in Lausanne to do the analysis of the urine samples. A member of the IO Team, himself the director of an IOC-accredited laboratory, observed the work of the laboratory. The Lausanne Laboratory was to analyse approximately 108 samples, about including approximately 40 to be tested for EPO. Contrary to the observation of the Salt Lake Olympics IO Report,¹⁰ this IO Team observed that many if not most medalists in the cross-country skiing and Nordic combined events were tested for EPO. It was reported to the IO Team (but not observed) that samples marked "EPO" by the supervising doping control officer on the laboratory portion of the doping control form were those analysed for that substance. It was reported to the IO Team (but not observed) that the samples were selected for EPO analysis because they were of medalists or of athletes with abnormal blood values (from either the pre-competition full-field blood analysis as directed by the Chair of the FIS Medical Commission or the post-competition blood analysis as interpreted by the supervising doping control officer).

The samples were transported from Val di Fiemme to Lausanne by an international courier company. But due to delays in Cavalese, the first few days' samples were not sent to the laboratory immediately.

The laboratory work observed was straightforward and the FIS was well-served by the Lausanne laboratory. However, the IO Team did observe that not only was it well into the first week of the championships that the first samples arrived at the Lausanne laboratory, but also it was not until early the second week that the analysis of the first samples was finally completed. One explanation for this was that the analysis for EPO would take longer than a normal menu screening. But the laboratory did no analyses the weekend in the middle of the Championships and this contributed to the slowness in producing the first final results.

¹⁰ Salt Lake City Olympics IO Report, p. 38.

Moreover, there was some reluctance by the laboratory to share results with the IO Team simultaneously with the FIS, as required by the WADA-FIS agreement for the IO Team. This is another matter that might be addressed through the detailed checklist discussed in footnote 4 above.

The IO Team recommends that FIS require its doping control agency to ensure that samples are shipped to the laboratory on a daily basis starting the first day of competition.

The IO Team recommends that arrangements for analysis of samples from an FIS World Championship require a 36-48 hour turn around by the laboratory based on a seven day work week.

5. FIS RESEARCH PROJECTS

The IO Team observed that part way through the FIS Nordic World Championships, the Chair of the FIS Medical Committee requested that blood from a small number of blood samples taken in post-competition controls be used for research. FIS reported to the IO Team that 12 samples collected after the long-distance races on February 28th and March 1st would be frozen and sent to the Chair of the Medical Commission and "the Australian group carrying out further investigations into blood profiles and testing, to check for blood transfusions and any forms of possible blood manipulation." Competitors were asked to sign a special consent form for "anonymous and confidential use" of their samples "for research purposes only" without the further description provided to the IO team.

The IO Team does not dispute the need for continuing research to support more effective doping control. There must not, of course, be any use of samples for research by the FIS without athlete consent. But the IO Team does observe that with little or no prior notice, asking for athlete consent in the course of a doping control session may be taking advantage of the good will of competitors in a situation where they are likely to feel they have little choice but to consent.

The IO Team recommends to FIS that competitors not be asked to consent to research on their samples in the course of the doping control at which the samples are given unless a proper description of the research is provided prior to the competition. Any request for consent to use doping control samples for research should include a fuller description than "for research purposes only."

APPENDIX 1

MEMBERS OF THE IO TEAM

- Mr. Joseph de Pencier (CAN)
Chair of the Independent Observers
Director Sport Services/General Counsel, Canadian Centre for Ethics in Sport (CCES)
- Ms. Lindbjørg Stølan (NOR)
Independent Observer
Doping Control Manager, Norwegian Olympic Committee and Confederation of Sports (NIF)
- Prof. Dr. Klaus Müller (GER)
Independent Observer
Director of the Institute of Doping Analysis and Sports Biochemistry
- Mr. Philippe Verbiest (BEL)
Independent Observer
Legal Counsel to the International Cycling Union (UCI)
- Prof. Dr. Thomas Anton Graf-Baumann (GER)
Independent Observer
Chairman of the FIFA Doping Control Sub-Committee
- Ms. Jennifer Ebermann (GER)
Office Manager/Independent Observer
Manager Special Projects, WADA

APPENDIX 2

AGREEMENT

Between the

FIS
and the

World Anti-Doping Agency

within the framework of the independent observation scheme set up by the WADA for the FIS Nordic World Ski Championships, Val di Fiemme 2003.

- 1) The FIS hereby authorises and approves the presence of the WADA observers group to observe during all the stages of the doping control procedures and all other aspects of doping control including in particular. These include:
 - Selection of competitors
 - Notification of doping control
 - Procedure of therapeutic justification
 - Sample taking procedures
 - Transport of sample
 - Sample analysis at the laboratory
 - Result management process including all hearings
- 2) Regarding the management of the doping control results, the Independent Observers shall have access and at all time to all the Doping Control Official Records pertaining to the analyses, as soon as the relevant commissions have received them, and shall receive systematically a copy thereof on the same day.
- 3) Should the received Doping Control Official Records pertaining to the analyses indicate the presence of a banned substance, the chairman or designate of the Independent Observers shall immediately be informed of the time and duration of the entire procedure applied to managing the positive case, in particular the hearing of the athlete, the analysis of the B sample and other decision-taking procedures undertaken by the competent commission.

18.12.2002

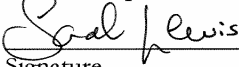
Date

INTERNATIONAL SKI FEDERATION (FIS)

Name of Organisation

SARAH LEWIS, SECRETARY GENERAL

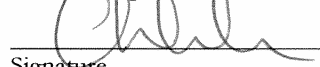
Name of representative



Signature

World Anti-Doping Agency

CASEY WADE, Director
Name of representative



Signature

Special Projects

Internationaler Skiverband

FIS

Blochstrasse 2

CH-3653 Oberhofen

Thunersee