Report of the Independent Observers

Sochi 2014 Paralympic Games

WORLD ANTI-DOPING AGENCY

Executive Summary

The anti-doping program implemented by the International Paralympic Committee (IPC) at the Sochi 2014 Paralympic Winter Games represented an entirely compelling demonstration by an organisation deeply committed to protecting clean athletes and providing a level playing field for all. Composed of longstanding experts in all aspects of anti-doping from test distribution planning to laboratory analysis who involve themselves actively in the operations on the ground, the IPC Anti-Doping Committee (ADC)'s approach was characterised by a clear rationale and anticipative planning, application of best methodological standards and considerate use of new technologies. The ADC was supported by highly professional staff in the IPC Anti-Doping and Medical Department and a well-trained and efficiently organised workforce of the *Sochi 2014 Local Organising Committee for the Paralympic Winter Games* (*Sochi2014*). Their collaboration founded on maximal flexibility and receptiveness to recommendations deriving from a desire for continuous learning and improvement to deliver the best outcome for athletes.

The anti-doping program complied with the *IPC Anti-Doping Code* and the *Doping Control Guide for the Sochi 2014 Paralympic Winter Games.* The WADA Independent Observer Mission had the opportunity to observe best-practice processes particularly in the following areas:

- Risk assessment and test distribution planning: The IPC's detailed risk assessment based on the lessons learnt from previous Games' test plans, the physical demands of the sport, world rankings, National Anti-Doping Programs and intelligence gathered from different sources. The assigned risk level determined the application of specific test methods and relative increases of out-of-competition testing for different sports and disciplines. Out-of-competition testing played a major role in the pre-competition period and was extended throughout the Games.
- Selection of competitors: The basic pattern of medallist selection was continuously reviewed and adapted to avoid repetitive testing of the same athlete, including random or targeted selection of lower ranks and additional tests. Smart solutions were found to accommodate athletes bound to tight schedules for award ceremonies.
- Sample collection: Efficient control of the process was combined with competent step-by-step instructions and explanations taking athletes systematically through the process with a high level of consistency among different doping control officers / stations.
- Communication and implementation: Alternative selection schemes were personally communicated by an ADC member to the doping control station manager and consistently monitored. Standard operating procedures guaranteed the systematic application of rules and regulations, e.g. in result management.

The IPC and *Sochi2014* are commended for their collaborative achievements in implementing an efficient anti-doping program at the 2014 Paralympic Winter Games, anticipating the focus on and requirements for intelligent testing in the *2015 World Anti-Doping Code* and the *International Standard for Testing and Investigation (ISTI)* while demonstrating respect for athletes' rights and competition's needs. The greatest challenge for the Paralympic movement lies in inducing corresponding efforts on national level to prepare athletes adequately.

1. Introduction

This report summarises the observations made by the *World Anti-Doping Agency* (WADA) Independent Observer (IO) team when following the implementation of the *International Paralympic Committee* (IPC)'s anti-doping program on site at the 2014 Paralympic Winter Games. It reflects the feedback provided by the team to the IPC Anti-Doping Committee (ADC) and the *Sochi 2014 Local Organising Committee for the Paralympic Winter Games (Sochi2014)* at their daily meetings, and the more detailed discussions on particular topics that ensued.

1.1 IPC-WADA Agreement on the Independent Observer Mission

The IPC has a longstanding history of hosting WADA IO Missions and contributed to the concept of an interactive audit. The IO Mission for the Paralympic Winter Games 2014 started on 7th March, the day of the opening ceremony, and ended on 16th March 2014, the day of the closing ceremony. Based on the agreement signed by WADA and the IPC, the IO team mandated by WADA was entitled to observe all aspects of doping control including, in particular:

- Test distribution planning,
- Selection of competitors,
- Notification of doping control,
- Therapeutic Use Exemption procedure,
- Sample collection procedure,
- Transport and chain of custody of samples,
- Results management process including hearings.

1.2 Aims and Objective

The aim of the WADA IO Mission was to contribute to effective doping control services during the 2014 Paralympic Winter Games. The observation / audit assessed whether or not procedures conformed to the existing documented standards and rules. The Mission provides an independent third-party perspective on the implementation of anti-doping measures to, on the one hand, enhance athletes' and public confidence in the integrity of processes, and, on the other hand, assist the event organiser with observations that might less easily reveal themselves when one is directly involved in the planning and implementation of a program. It is up to the discretion of the event organiser to consider the recommendations provided.

1.3 Approach

The IO team (see Annexe 1) arrived prior to the opening of the G ames to meet with the IPC ADC and the IPC Medical Committee (MC) and received all relevant information on the planned anti-doping program and the Therapeutic Use Exemption (TUE) processes in place. They inspected all doping control stations to gain an understanding of the facilities before being fully operational. The IO Chair and Manager attended the Team Physician Meeting for all participating *National Paralympic Committees* (NPCs; see below).

Based on the test distribution plan, IO team members were assigned to observe the notification and sample collection procedures in all venues and sports. The transport of samples from the doping control stations to the central collection sites and to the laboratory at the Olympic Park in the Coastal Village was observed to assess the chain of custody. Finally, one hearing taking place during the Games was attended by the IO team's legal expert.

The IO Chair reported all previous day's observations at the daily meeting with the ADC and the *Sochi2014* Doping Control Manager who consecutively addressed with his workforce all matters that were agreed upon by the IPC. Major findings were summarised in daily audit reports.

2. Rules and Procedures

The anti-doping program at the 2014 Paralympic Winter Games was conducted under the *IPC Anti-Doping Code,* which is compliant with the *World Anti-Doping Code* (WADC), and the *Doping Control Guide for the Sochi 204 Paralympic Winter Games*. Based on these documents and the *International Standard for Testing* (IST), *Sochi2014* developed a Doping Control Manual for its personnel.

All testing at the Paralympic Games is carried out under the authority of the IPC as the only anti-doping authority during the event. While the IPC is concomitantly the International Federation for Alpine Skiing, Nordic Skiing and Ice Sledge Hockey, a transfer of governance of anti-doping jurisdiction was signed by the *World Curling Federation* (WCF), the International Federation for Wheelchair Curling. Implementation of the anti-doping program was delegated to *Sochi2014*.

On 13 February 2014, the IPC sent information on TUE management and rooming list requirements to all participating NPCs. On 5 March, an NPC Team Physician Meeting was held on site where the IPC ADC Chair reminded the NPCs of their responsibility in delivering effective anti-doping and education programs at their national level. Referring to the respective IPC and WADA regulations, attendees received information on the anti-doping program; the period for out-of-competition (OOC) and in-competition (IC) testing lasting from 1 March, the day of the opening of the Paralympic Villages, to 16 March, the day of the closing ceremony; the collection of blood and urine samples; the sample collection procedure including athletes' rights and responsibilities and the TUE management process during the Games.

3. Test Distribution Planning and Whereabouts

The Paralympic Winter Games Sochi 2014 extended over nine competition days at four venues. The initial agreement with *Sochi2014* was for 456 doping control tests, with the distribution plan foreseeing about 60% OOC and 40% IC tests (for details of conducted tests see Annexe 2).

The IPC definitions of OOC and IC testing follow the *WADC*. Due to the majority of individual athletes competing in more than one discipline of their sport (e.g., Cross Country and Biathlon in Nordic Skiing, different disciplines in Alpine Skiing), OOC testing periods after the opening ceremony are rare and short, and athletes might be subject to repeated IC testing based on medallist and random selection. The ADC aimed for flexibility during both OOC and IC testing, considering the overall number of athletes per sport and number of events and making optimal use of the specific analyses available at the on-site laboratory (Athlete Blood Passport (ABP), human Growth Hormone, erythropoietic agents).

Compared to the *Vancouver Paralympic Winter Games* in 2010, the IPC's test distribution rationale favoured high quality over quantity, with the increase of about 6% in total tests exclusively allocated to blood testing, and further performing more OOC and EPO, but less IC

testing. The implementation of these changes discriminated between different sports based on the ADC's risk assessment. Further, target testing was introduced and effectively incorporated into the IC testing throughout the Games.

3.1 Risk Assessment

The IPC's risk assessment considered the physiological demands of the sport, previous anti-doping rule violations (ADRVs), intelligence gathered from different sources and the results of previous testing. This assessment led to categorisation of the four sports into different risk levels. The higher the risk, the higher the proportion of tests allocated, the more OOC and the less IC testing was performed. For athlete selection within a sport, there was consideration of world rankings, National Anti-Doping Programs, the degree of impairment and, for Ice Sledge Hockey, playing position in OOC testing. IC testing was based on medallist and random selection, plus target testing as indicated by new intelligence. Testing for specific doping methods was timed to cover the respective period of highest risk.

3.2 Whereabouts

During the Games, all participating athletes made up the IPC testing pool. In the letter sent on 13 February 2014, the IPC requested arrival and departure dates and a detailed rooming list from every NPC upon arrival.

The IPC considered national RTP athletes as a primary target group of their testing, but did not require them to submit daily whereabouts in ADAMS for the Paralympic Games. The IO team acknowledges the rare and short OOC periods due to individual athletes participating in several disciplines, meaning that whereabouts reporting for high-risk athletes would be rather limited. It further has to be acknowledged that OOC testing in Sochi did not appear to be affected by an inability to locate athletes but was in fact considerably increased. Considering the experience at previous *Paralympic Games*, the approach of the IPC reflected respect of the rights of athletes and embraced the principle of proportionality.

Recommendation: The IPC's approach to whereabouts for OOC testing in Sochi proved to be workable and practical. For future Games, the IPC may want to consider the suggestion of a "pyramid of different tiers of athletes" in Article 4.8 "Collecting whereabouts information" of the 2015 ISTI. With this approach, athletes in different tiers are subject to different whereabouts requirements according to the risk assessment. This will further enhance the effectiveness of OOC testing in high risk sports and allow for testing of athletes prior to their arrival at the Paralympic Village.

4. Sample Collection and Documentation

During IC testing, the IPC tried to avoid multiple tests of medallists within a short time which would occur commonly due to an individual athlete's dominance in several disciplines. Based on the daily updated list of previously tested athletes, those medallists were to be made exempt. Together with frequent non-finishing of athletes because of falls, this required further alternative selections and monitoring of the process, a responsibility generally assumed by the ADC member on site. This was considered as a strength of the program, decreasing the predictability

of IC testing and avoiding repetitive testing within short intervals. The IPC also tested the guides of the visually impaired athletes.

The London 2012 IO report had recommended to extend OOC testing throughout the Games. Based on recommendations by the IPC Athlete Passport Management Unit, six urine and six ABP OOC samples were collected after the opening ceremony, accounting for 6% of all OOC tests. These numbers have to be interpreted in the light of limited OOC periods and potential exposure of high risk athletes to repetitive IC testing as described above.

4.1 Doping Control Stations

Doping control stations were located in close vicinity to the competition sites. All these facilities were appropriately designed and offered sufficient space for sample processing, with the waiting areas being large enough unless exceptionally high numbers of athletes gathered at a time. More spacious doping control stations were located at the three Villages, all a few minutes' drive from the venue doping control stations. They were mainly dedicated to OOC testing and served as a backup in case of an overflow at the venue stations. All stations were wheelchair-accessible and offered enough space for manoeuvring including in the toilets. All doping control stations were well equipped in accordance with the requirements for sample collection equipment as defined in the IST.

While most of the stations displayed anti-doping education material in the waiting areas, either in form of WADA posters on the walls or of WADA leaflets on corner racks, this material was displayed with limited visibility and therefore likely also limited impact. Neither Doping Control Station Managers (DCSM) nor Doping Control Officers (DCO) alerted athletes to and / or encouraged athletes to read and / or take the leaflets from the racks. The posters were usually hung on eye height of a standing person and printed in small font size, which rendered them illegible for wheelchair and visually impaired athletes.

Recommendation: The IPC should consider exploiting the time athletes spend waiting in the doping control stations for education purposes, particularly as observation revealed highly variable knowledge of anti-doping matters among athletes. Displaying information material more visibly for disabled athletes, and instructing DCSMs and DCOs to actively alert athletes to the information and hand out leaflets upon arrival to the station for use during waiting times, might increase impact of these efforts.

4.2 Doping Control Personnel

The doping control workforce comprised 74 DCOs, 19 phlebotomists and 168 chaperones, supervised and coordinated by two Doping Control Venue Managers, 11 DCSMs and further Chaperone Coordinators. The team comprised 22 international DCOs, many with decade-long experience at Olympic and / or Paralympic Games and 14 DCOs from the *Russian Anti-Doping Agency (RUSADA)* who received event-specific training in workshops prior to the Games. A further 38 volunteer DCOs mostly with a medical background had received comprehensive training over two years under the supervision of *Sochi2014*. This composition of the DCO workforce excellently reflected the spirit of an international competition.

All *Sochi2014* DCOs were well trained and professional in their handling of the procedure. They were polite and respectful, keeping control while guiding athletes through the process in a step-by-step, but highly efficient manner. English language skills were adequate, with limits in mastery only becoming apparent in more complex matters, e.g. explaining the rights and responsibilities of athletes, the procedure in case of a partial sample etc. DCSMs were present and competent, instructing and supervising chaperone coordinators effectively and proficiently attending to questions of DCOs and minor irregularities in the process.

4.3 Notification of Athletes and Chaperoning

The IPC rules, in line with the IST, require athletes to report to the doping control station as soon as possible following notification. All chaperones acted politely and with respect for athletes at all times and were very careful not to interfere with other important competition procedures such as media commitments and awarding ceremonies.

On the first day of the competition, some hesitance was observed among chaperones with regard to proceeding with the notification once athletes had finished the competition. There was also lack of a waiting area for chaperones in the Nordic Skiing venue due to space limitations and conflicting media needs. This led to ensuing discussions with the media officials and delays in notification and reporting of athletes to the doping control station. Athletes were mostly kept under observation except in two cases where athletes hurried away before the chaperone could follow. After this matter was raised at the daily meeting, chaperones were assigned a defined waiting area and behaved more assertive when approaching the athletes.

Doping control access passes were used to grant athletes and their representatives access to the doping control stations. The pass was of similar size as the accreditation but without a strap. In several instances, it proved difficult particularly for athletes in sitting categories to hold the pass in their hand while having to push their wheelchairs.

Explanation of the rights and responsibilities of athletes by chaperones was rather limited, presumably mainly due to language issues and a desire to be minimally intrusive. The difficulties of implementing this aspect of doping control in practice are generally well known, and an attempt in 2010 to use cards with the translated rights had not been successful.

Recommendations:

- *To improve coordination and collaboration with certain LOC venue functions in order to ensure that notification and chaperoning during IC testing is not unduly affected by other demands on athletes selected for doping control such as media obligations and award ceremonies.*
- *To make chaperones clearly identifiable. This would help chaperones in their approach to athletes and other staff, and also make the anti-doping activities visible to the public.*
- *To word a succinct, standardised summary of the athlete's right and responsibilities, particularly stressing the right of the athlete to have a representative present at the procedure. This summary could be learnt by heart and used by chaperones during notification.*

- *To give specific consideration to athletes' impairments when designing the doping control access pass to ensure ease of use for those who do not have their hands free.*

4.4 Sample Collection Process

All urine and blood sample collections observed by the IO team were processed in an efficient and professional manner. In no instance was there any observation made that would have compromised the integrity of the process, but several best-practice examples were witnessed.

To best accommodate athletes' attendance at the flower ceremonies that followed the final runs in Nordic and Alpine Skiing, they were offered the possibility to undergo an "expedited sampling procedure" allowing the provision and sealing of a full sample in a partial sample kit after finishing, with the collection process and paperwork to be completed after the ceremony. This was an intelligent and safe approach demonstrating the ADC's and *Sochi2014's* respect for the athletes' and competition's needs.

In case of diluted samples, the IPC favoured a policy of not collecting more than two samples per athlete in one session, but performing consecutive target testing promptly on the following day if indicated by conspicuous behaviour of an athlete during the collection or by the laboratory results. Again, this was considered an intelligent approach minimising inconvenience and logistical problems without compromising the effectiveness of the test.

In general, the explanation of the rights and responsibilities of the athlete was limited by all DCOs regardless of language skills. Further, most DCOs usually took the same approach to guiding the procedure regardless of whether the athlete had undergone testing before.

Documenting the details of an existing TUE often took considerable time, sometimes involving the DCSM and consulting *ADAMS* or team physicians not currently present. Finally, the way in which DCOs asked athletes for consent to use their samples for research mostly lacked an explanation of the purpose and objectives of such research.

Recommendations:

- *To advise DCOs to initiate the dialogue with the athlete by asking for his / her experience with the process to determine the depth of explanations required. This could be combined with a list of key learning points for inexperienced athletes provided to DCOs to exploit the education opportunities given during the procedure;*
- *To word a succinct, standardized summary of the rights and responsibilities of the athletes to assist DCOs with their communication in practice;*
- *To simply mention an existing TUE in the comment field on the doping control form. While this information is not relevant for the laboratory, the IPC will usually either have it already or be able to establish the same easily if needed for results management purposes in case of an AAF;*
- *To explain the purpose of research on samples in more detail to DCOs during their training so that they have the necessary understanding to explain the same to athletes, enabling them to make a better informed decision. A brief standardized explanation as for the athletes' rights could be worded for the research use of samples, too.*

4.5 Documentation

The doping control forms were specifically designed for use at the Paralympic Games and allowed for documentation of modifications for athletes with a disability. It was noted that some terms differed from the common use in *ADAMS*. Supplementary reports were used generously to explain or correct errors on the doping control form or minor incidents that were considered important to mention, but did not compromise the integrity of the procedure.

All documentation was consistently double-checked by the DCSM and by the venue manager at the village doping control station prior to being sent to the central command centre for further distribution and the laboratory. The process was considered highly effective in identifying errors.

Copies of doping control forms were further checked daily by the IPC ADC and the MC who scrutinised the declared substances for any prohibited substances and for TUEs which had not been brought to the attention of the IPC.

Recommendation: The IPC should consider adapting the terms used on the doping control form to those used in ADAMS (for example, "Type of Sample", "Urine Sample Witness") to facilitate data entry and ensure consistency of use and understanding.

4.6 Transport of Samples

Samples were sealed for transport at the doping control station and sent to the village station to check the sample numbers on the chain-of-custody forms. From here, samples were sent twice a day to the laboratory in the Olympic Park accompanied by a chaperone. Remarkably, the chaperone was exempted from the usual security procedure requiring any car passenger to proceed to a separate building at check points, and allowed to stay with the samples during the security check of the car. Transport of samples was followed until final handover to the laboratory and considered efficient and safe.

5. Therapeutic Use Exemptions

The IPC ADC and MC adhere to the principle of mutual recognition of TUEs as laid out in the current WADC Article 15.4. On 13 February 2013, all 45 participating NPCs were asked to submit TUE certificates held by their athletes to the IPC at the latest by 6 March 2014. To improve the IPC's overview and in compliance with recommendations of a recent IO report, NPCs whose athletes did not hold any TUEs also had to submit this information to the IPC via email by 26 February 2014. This request was once more raised at the NPC Team Physician meeting.

By the time of the opening of the Games, five NPCs had informed the IPC that their athletes did not have any TUEs, and nine NPCs had informed the IPC of 17 TUE certificates granted to their athletes by a NADO and provided either the certificates or access to their clearinghouse. For reasons of time and resources, the IPC did not follow up with the remaining 31 NPCs on the situation regarding TUEs among their athletes.

The information on TUE applications received during the Games was entered into *ADAMS* by the IPC anti-doping staff. The IO team was granted access to the TUE module in *ADAMS*. The

Chair further received electronic copies of TUE certificates and medical files where they had been provided in this form by NPCs.

Despite the stipulation in the *IPC Anti-Doping Code* Art. 4.4.3 and the *Doping Control Guide for the Sochi 2014 Paralympic Winter Games* that the IPC reserves the right to review a national level TUE, the medical information to support the granted TUEs in *ADAMS* and medical files considerably varied in quantity and quality.

During the Games, Emergency TUE applications could be handed over to the IPC MC or deposited in a post box at the village polyclinics. The IPC MC would grant TUEs only for the period of the Games. Five athletes applied for an Emergency TUE. The applications were reviewed by three members of the IPC MC on site based on the criteria outlined in the *International Standard for TUEs* in Article 4.1 a-d. It was noted that the written documentation of the medical information used to grant some of these TUEs was incomplete, mostly apparently due to the fact that the IPC MC had direct information from the polyclinics and team physicians.

Recommendations:

All information provided to the IPC MC in the application process for a TUE during the Games should be documented in writing and this complete documentation entered into ADAMS. All information should be in English as stipulated on the IPC TUE application form. This would also increase credibility with regard to enforcing complete medical files in case of TUEs granted by other ADOs.

By integrating the TUE review process performed by the IPC MC into ADAMS, the IPC would avoid sending confidential medical information by email to members. The application and approval process would gain further in efficiency if athletes entered their TUE application directly into ADAMS. Acknowledging the current underuse of ADAMS by NPCs and athletes, a requirement to submit TUEs in ADAMS might however not necessarily be conducive to optimising the process.

The changes in the 2015 WADC with regard to mutual recognition and the definition of international level athletes offer an opportunity for the IPC to review their TUE process and tailor it to their requirements and resources. Acknowledging that these were probably the last Games following the current approach, more extensive use of the right to review the granting of TUEs issued at national level would still have been warranted.

6. Results Management

Six Adverse Analytical Findings (AAFs) and two atypical findings (ATFs) were reported for IC testing and three AAFs for OOC testing. The two ATFs originated from the same athlete and were adequately dealt with collaboratively by the IPC ADC and MC.

The IPC has developed a detailed document outlining the standard operating procedures in case of an AAF and possible ADRV at the Games. It describes the procedures to be followed in different scenarios in a step-by-step manner, providing clear and detailed instructions to staff

and officials. The IPC is commended on this excellent tool translating the procedures outlined in the IPC Anti-Doping Code into practice during the Games.

For eight of the AAFs, the initial review revealed existing TUEs. One AAF did not relate to a TUE, and no deviation from standards was identified. The notification of the AAF together with a "Letter of decision" was hand-delivered by the IPC Medical and Scientific Director and a member of the IPC ADC to the NPC. The athlete had eight hours to decide whether or not to accept having committed an ADRV. In repetition of a similar incident at the Vancouver Games 2010, the NPC consequently released an official statement despite clear instructions in the written notification, reinforced during delivery of the same, not to publicly disclose information before the final decision being published by the IPC.

With the invitation to the hearing, the athlete and the NPC were provided with further documents including the *"I tested positive"* flyer, a comprehensive athlete information pamphlet explaining what to expect in the process, and, particularly, how to prepare for the hearing. The subsequent hearing was performed by a panel constituted by members of the IPC ADC as defined in the IPC regulations. The ADC member present at notification was not part of the panel which therefore included only ADC members so far not directly involved in the case.

The IO was impressed with the highly professional and circumspect manner in which the notification and the hearing were performed, duly taking the obvious inexperience and lack of knowledge of the athlete as much into consideration as language barriers. Extensive explanations with careful reiteration and repeated enquiries as to the depth of the athlete's understanding of each step of the process were consistently practiced throughout.

Since neither the athlete nor the NPC representatives were sufficiently prepared for the proceedings of the hearing, and the athlete unable to argue on elimination or reduction of the sanction as per Article 10.5 of the *IPC Anti-Doping Code*, he was granted permission to submit a written declaration. The athlete however did not get an opportunity to cross-examine the arguments of the IPC legal adviser's response to his submission. The hearing panel then made a recommendation to the Governing Board of the IPC as the final decision making body defined in the *IPC Anti-Doping Code*.

After handover of the final decision, it appeared that neither the athlete nor the NPC fully understood the consequences of the dis-accreditation with regard to the athlete's access and participation in Games-related locations and events.

Recommendations:

Considering that no deviation from the IPC Anti-Doping Code was observed, the most important recommendation concerns the fact that the athlete is currently not given the opportunity to present his case directly to the decision making body. The hearing panel should be the body authorised to make the decision in case of an ARDV as a matter of fairness to the athlete.

Of the different scenarios possible in this regard, the IPC might want to consider establishing a separate disciplinary body authorised to undertake hearings and rendering sanctions to whom the IPC ADC could report or send a representative to guarantee technical competence.

If the hearing panel is to remain being constituted by members of the IPC ADC, further measures might serve to enhance athlete's and the public's confidence in the process:

- *Impartiality of the hearing panel: Strict separation of any executive tasks performed during testing from the function as a hearing panel member (as correctly applied by the IPC in the present case) could be established in the IPC Anti-Doping Code through clear definitions and rules for such separation.*

- *Independence of the ADC from the Governing Body with regard to their anti-doping program planning and the implementation thereof could be defined in the bylaws of the ADC (e.g., no instructions given by the Governing Body on these matters).*

The IPC might want to consider establishing the right of the athlete to have the last word during the hearing procedure in the IPC Anti-Doping Code in order to ensure that any new arguments are duly cross-examined.

With regard to Article 8.1.3 of the IPC Anti-Doping Code (right to have an interpreter at the hearing "approved by the IPC and at the Athlete's own expense"), the provision set forth in the WADC Article 8.1: "… with the hearing panel to determine the identity, and the responsibility of the cost, of the interpreter" could be included to ensure adequate qualification of this interpreter, the IPC's right to intervene and an allocation of costs based on individual case assessment.

Regarding the similar experiences in Vancouver and Sochi, the IPC might want to consider to:

- *at the end of the notification of an AAF, explicitly stress that, at this point, the recipient organizations shall not disclose information concerning the AAF as per Article 14.1.6 of the IPC Anti-Doping Code;*
- *in the IPC's invitation to the hearing, explicitly alert athletes that they will be expected to argue with regard to the sanction considered adequate at this hearing. While this is in detail explained in the "I tested positive" flyer, this information is still rather voluminous and requires a decent command of the English language to be comprehended fully.*
- *at the end of the hearing, elaborate on the consequences of the sanction, particularly that athletes will lose their accreditation, be required to leave the Paralympic Village and not be allowed access to any related locations and events.*

7. ADAMS Use

The IPC created a dedicated account entitling the IO team full access to the Games' testing program, including lab results and TUE information, The IPC ADC used *ADAMS* for their test distribution planning and for all OOC and IC mission orders to *Sochi2014*. At the doping control stations, the respective mission order number was printed to instruct the personnel on the daily operations. Before sending samples to the laboratory, the DCSM recorded all data of the daily sample collections in *ADAMS*. The laboratory in Sochi entered all analysis data directly into *ADAMS*. Despite this complete documentation, daily reports submitted by *Sochi2014* to the IPC ADC were still created separately in Excel format.

Recommendation: The IPC might want to explore the ADAMS reporting module for ease of creating the daily reports on previous day testing and overview of all tests to date, and to avoid duplication of efforts.

8. Acknowledgements

The IO mission team would like to sincerely thank the IPC and *Sochi2014* for their unconditional support of every aspect of the Mission, their attention to all requests and their kind hospitality. We would also like to thank for the open-mindedness and the frank discussions, always undertaken in a spirit of aspiring for the best outcome for the athletes. The IO mission team is particularly grateful to Dr Toni Pascual-Esteban, Chair of the IPC Anti-Doping Committee, and its members Joseph de Pencier, George Tsamis and Nicky Vance; Dr Oriol Martinez, Chair of the Medical Committee, and all members; Peter Van de Vliet, IPC Medical and Scientific Director, Vanessa Webb, IPC Senior Anti-Doping Manager, Bernadette O'Callaghan, IPC Anti-Doping Coordinator, Aleksej Slautin, *Sochi2014* Doping Control Manager, all DCSMs, DCOs and Chaperones for the excellent collaboration. Finally, we extend our warm thanks to the countless volunteers whose helpfulness and kindness made the Games a demonstration of both efficiency and hospitality welcoming the world.

Annexe 1 Independent Observer Mission Team

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Annexe 2 Testing figures from ADAMS for the IPC's Anti-Doping Program at the *Sochi 2014 Paralympic Winter Games*

A total of 287 athletes from 45 different countries were tested during the period from the opening of the *Paralympic Village* on 1 March to the day of the closing ceremony on 16 March.

	In-Competition	Out-of-Competition	TOTAL
Urine	192	211	**403**
Blood	21	43	**64**
ABP	1	43	**44**
TOTAL	**214**	**297**	**511***
AAF	6	3	**9**
ADRQ	0	1	**1**
ATF	2		**2**

*(incl. 36 diluted samples)