

## FISA DOPING HEARING PANEL

### IN THE MATTER OF :

**Vladimir Varfolomeev**

**and**

**Denis Moiseev**

### Preliminary Matters

On 27 August 2007, the Executive Director of FISA established a Doping Hearing Panel to hear the cases of two rowers who the Executive Director considered may have committed an anti-doping rule violation. The Executive Director had conducted an investigation under Article 7.1.9 of the FISA Anti-Doping Rules, and had notified the athletes in terms of that Article. He imposed a provisional suspension on them under Article 7.4 on the 27 August 2007.

The Panel convened on 27 August, and the athletes, Vladimir Varfolomeev (RUS) and Denis Moiseev (RUS) attended with Ludmila Saraeva, the Secretary General of the Russian Rowing Federation, Mr. Saraev, the Russian Head Coach, and Mr Davydenko, the coach of the Russian lightweight double scull.

The Chairman of the Panel advised them:

1. that the hearing involved an alleged use of a prohibited method – namely, intravenous infusion, other than as a legitimate medical treatment.
2. that the provisional suspension would continue until the hearing concluded and that they were suspended from the World Championships which were currently taking place.
3. that they could choose to have the hearing that night (27<sup>th</sup>) or the next night (28<sup>th</sup>) or at a later date if they chose.
4. they were provided with the written evidence of the Executive Director which would be the evidence relied on at the hearing.
5. that they had the right to be represented by counsel.
6. that they had the right to adduce any evidence and call any witnesses that they might choose.
7. that they could provide an interpreter, or that FISA would provide one if they wished.
8. that if found to have committed an anti-doping rule violation, they could be liable to a period of 2 years ineligibility, which could only be reduced in certain circumstances outlined in the Rules.

The athletes chose to have the hearing on the night of 28 August, in order to have time to prepare their evidence, and taking into account that they were due to compete at the World Championships on 29 August. They requested FISA to provide an interpreter.

The panel re-convened on 28 August with an independent interpreter. The athletes were accompanied on this occasion by Mrs. Saraeva only.

The Chairman of the panel advised the two athletes:

1. that they could have separate hearings, or a joint hearing – each chose a joint hearing.
2. that they could have a person accompanying them – they asked for Mrs Saraeva to be with them.
3. that Dr Kokas would be present at the hearing as a medical expert to provide advice to the panel on medical issues as required.
4. the process to be followed.

#### Evidence from FISA

Matt Smith, the Executive Director of FISA provided his written statement (Exhibit 1) which explained:

- a. On 16 July 2007 he had been told of medical materials found in a rubbish bin behind the hotel used by the Russian team in Lucerne during the World Cup Regatta from 13-15 July. The materials were provided to him.
- b. The materials were taken to the Anti-Doping Laboratory in Lausanne, and analysed. They comprised intravenous infusion equipment, along with legal substances such as creatine and fructose. The writing on the boxes was in Cyrillic and Latin alphabets (Italian and English). Cyrillic handwriting was on the boxes and, in particular, there was written “LM2x” in Cyrillic letters. Blood was found on the intravenous infusion needles and DNA analysis was performed on the blood remains. A number of different identifiable DNA chains were found in the blood.
- c. Surprise testing of some members of the Russian team was then ordered by FISA and was undertaken on 13 August 2007 in Trakai, Lithuania. Blood and urine samples were taken and sent to the Lausanne laboratory for analysis.
- d. On 24 August the laboratory advised FISA that they had matched two of the DNA samples and confirmed that these were for the athletes here concerned, being members of the Russian lightweight double scull which competed at Lucerne.
- e. On 26 and 27 August, Mr Smith, and on one occasion Denis Oswald, the FISA President, met with representatives of the Russian Rowing Federation, including the Secretary General and the Team Doctor, Dr Fillipp Shvetsky and later the athletes here concerned and their coach Vladislav Davydenko. The athletes first told Mrs Saraeva that they had not injected themselves, but later confirmed that they understood that intravenous infusions were not allowed except for medical

reasons, and that they had injected themselves with creatine phosphate in Lucerne in their hotel room. They said that they both had heart conditions and a doctor at a medical institute in Moscow had prescribed creatine phosphate for their condition.

- f. Mr Smith requested a medical certificate showing the prescription of creatine phosphate injected intravenously as a medication. A document was provided which alleged that they had some kind of heart condition but did not prescribe intravenous injection.
- g. Mr Smith convened a Doping Hearing Panel for 27 August at 8 p.m. in Munich.

At the hearing Mr. Smith provided new letters given to him by the Russian Federation.

The athletes were given the opportunity to ask questions of Mr. Smith but they had no questions. Mr. Varfolomeev stated that they had lied at first, because they feared the consequences, but now realised that it was wrong.

### The Athletes' Evidence

The athletes were asked to produce any evidence on their behalf. They said that they relied on the papers handed to Mr. Smith that day.

The first was a faxed letter (in Russian) dated 18 August 2007 [this date may be mistaken as Mrs Saraeva said it was written that day, the 28 August] from Dr Abromova and Dr Woycva (?) who were Chief Scientist and Doctor of Biological Sciences at the Institute of Sports Science. (Exhibit A).

As translated, it explained that both athletes had symptoms of over-training – they had lost weight and body fat at a training camp, had a high level of enzymes in their blood, and syndromes of overworking of the heart. They recommended 3 grams of i.v. neotone.

The second document was a faxed letter (in Russian) dated 28 August 2007 from Dr Schvetsky, the Russian Team Doctor. (Exhibit B).

As translated, this document indicated a condition of an unbalanced vegetative system of the athletes, a metabolic disturbance of miocardia, ischemia and disturbance of the heart rhythm, and disturbance of the water-mineral balance, as a result of maladaptation to training requirements with a background of overtraining. He had recommended at that stage, anti-hypoxic treatment and anti-oxidant vitamin therapy (actovegin) to recover the appropriate oxygenation. There was no mention of intravenous injections.

The athletes produced no further evidence.

### Questions from the Panel

In answer to various questions from the Panel, the athletes:

- a. agreed that they admitted they had used intravenous infusion injections
- b. agreed that they knew intravenous injections were forbidden
- c. said that they had injected themselves without instructions from anyone
- d. said that Dr Abramova had told them they needed certain medicine, but did not tell them to inject themselves
- e. said that they had purchased the medicine and equipment privately from a pharmacy and did not require a doctor's prescription to do so.
- f. said that they understood they had broken the rules and would never do it again.

#### Advice from the Medical Expert

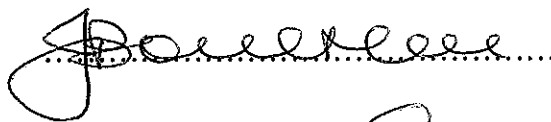
Dr. Kokas advised that neotone (a creatine phosphate substance) can be an appropriate drug to restore over-trained muscles, including the heart muscle, but that there was no evidence in the literature that creatine phosphate has a real, prompt and good effect. It could have been taken orally, and have the same effect. Intravenous injections should only be used in circumstances such as these (e.g. self administration in a hotel room) in life-threatening situations. Even if the medication could be justified as treatment, the method of intravenous infusion could not.

#### Decision

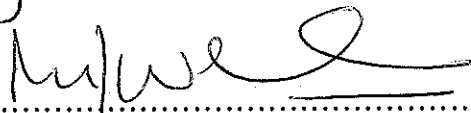
1. On the basis of their admissions, the Panel finds that the rowers had used a prohibited method, namely, intravenous infusion.
2. On the basis of the medical reports provided by the Russian Federation and the advice of the medical expert, the Panel finds that there was no legitimate medical treatment involved. This is on two bases: first that the evidence is that the practice was being undertaken for sports recovery purposes, rather than medical treatment; and secondly that (if the athletes are to be believed) the intravenous infusion was not done on medical advice or under medical supervision, and therefore was not legitimate medical treatment.
3. Therefore, the Panel finds that there has been an anti-doping rule violation under Article 2.2 of the FISA Anti-Doping Rules.
4. There is no evidence to suggest that Article 10.5 should apply to reduce the period of ineligibility based on exceptional circumstances.
5. Therefore the provisions of Article 10.2 apply, and both athletes are declared to be ineligible within the meaning of the Rules, for a period of two years from 27 August 2007, in accordance with Article 10.8.
6. This award is given without costs.

Signed in Munich, Germany, 30 August 2007, by the FISA Doping Hearing Panel

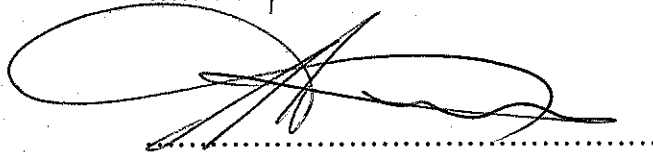
John Boulton (Chairman)

Handwritten signature of John Boulton in cursive script, written over a dotted line.

Michael Williams

Handwritten signature of Michael Williams in cursive script, written over a dotted line.

Michael Tanner

Handwritten signature of Michael Tanner in cursive script, written over a dotted line.

A

## ВЫПИСКА

Из заключения по текущему обследованию от 18.08.07.

На заключительном этапе подготовки к ЧМ у спортсмена легкого веса В.Варфоломеева при резком снижении и очень низком содержании жировой массы тела на ЭКГ определялись АВ блокада 1 ст, НБПВПГ; нарушение процессов реполяризации миокарда боковой ст. ЛЖ (Tv4-, Tv5-). У спортсмена легкого веса Д.Моисеева при резком снижении и низком содержании жировой массы тела определились на ЭКГ нарушение процессов реполяризации миокарда задней стенки ЛЖ (T2 – сниж, T3-; Tavl сгл.); симптом ранней реполяризации. У обоих эти изменения сопровождалось повышенным содержанием трансаминазы АСТ в крови (отношение АСТ к АЛТ более 1.3: 1,44- 1,38, соотв.). Это свидетельствует о появлении нарушения (напряжения) сократительной способности миокарда, синдроме перенапряжения сердца 1-2 ст.

Рекомендовано:

Rp: Sol.Neotoni 1.0-50.0

DTD №4

S. по 3г i.v. капельно, однократно.

Руководитель КНГ  
 Доктор биологических наук

Абрамова Т.Ф.

Подпись заверяю  
 Нач. ОК ВНИИФК

Гусева Г.А.



B

Выписка из журнала «контрольных осмотров» врача сборной России по академической гребле.

7  
За время проведения сбора в городе Тракай Литва в сроки с 14.06.07 по 3.04.07 у спортсменов Варфоломеева и Моисеева было проведено пять контрольных осмотров с использованием клинических (сбор жалоб, проведение ортопрбы), инструментальных (электрокардиография, оценка состояния вегетативного гомеостаза методом исследования variability сердечного ритма, измерения АД, ЧСС, Пульса до и после нагрузки), лабораторных (биохимический анализ крови) методов исследования.

Комплексный анализ данных проведенных исследований в данные сроки показал, что у спортсменов с начала учебно- тренировочного сбора при подготовке к третьему этапу кубка мира имелась тенденция к переутомлению с элементами перетренированности первой степени.

Они предъявляли жалобы на головную боль после тренировки, сердцебиение, чувство удушья во время тренировки в анаэробном режиме, ощущение «потемнения» в глазах, слабость на утро следующего дня. По данным ортопрбы отмечалось увеличение ЧСС в среднем на 40% и снижение АД в среднем на 25-30%. Оценка вегетативного гомеостаза показала преобладание симпатического звена нервной системы. По данным ЭКГ у Варфоломеева отмечалось появление зубца U, элиминация сегмента ST, реполяризация миокарда передней стенки. У спортсмена Моисеева отмечалось нарушение процессов реполяризации миокарда задне-боковой стенки, синдром ранней реполяризации желудочков, умеренная депрессия сегмента ST в грудных отведениях, единичная экстрасистолия. По данным исследования периферической гемодинамики у обоих спортсменов отмечалась тенденция к гипертензии и тахикардии. Анализ динамики биохимических данных указывал на дезадаптацию к тренировочным нагрузкам, что выражалось в активности ферментов, нарушении гормонального статуса.

Заключение: Состояние спортсменов было обусловлено астеновегетативным синдромом, метаболическими нарушениями миокарда с элементами ишемии и нарушением ритма, водно-электролитными нарушениями вследствие дезадаптации к тренировочным нагрузкам на фоне перетренированности первой степени.

Результаты контрольных осмотров были переданы в ВНИИФК г.Москва и дополнены прохождением спортсменами углубленного медицинского обследования 10.07.07 в клиниках г.Москвы.

По данным проведенных обследований спортсменам была доведена до сведения информация об их функциональном состоянии и рекомендовано проведение в ближайшие сроки антигипоксантами, антиоксидантами, кардиальной, витаминотерапии (актовегин, милдронат, карнитина хлорид, предуктал, мексидол, комплекс витаминов и минералов), коррекция тренировочных нагрузок, контроль ЭКГ, функционального состояния спортсменов.

Проведение этих мероприятий планировалось врачом сборной команды на ближайшем УТС в г.Тракай Литва после участия этих спортсменов на третьем этапе кубка мира в г.Люцерн Швейцария.

28 августа 2007г.

Врач сборной команды России по академической гребле

Шветский Ф.М.

*Ф.М. Шветский*