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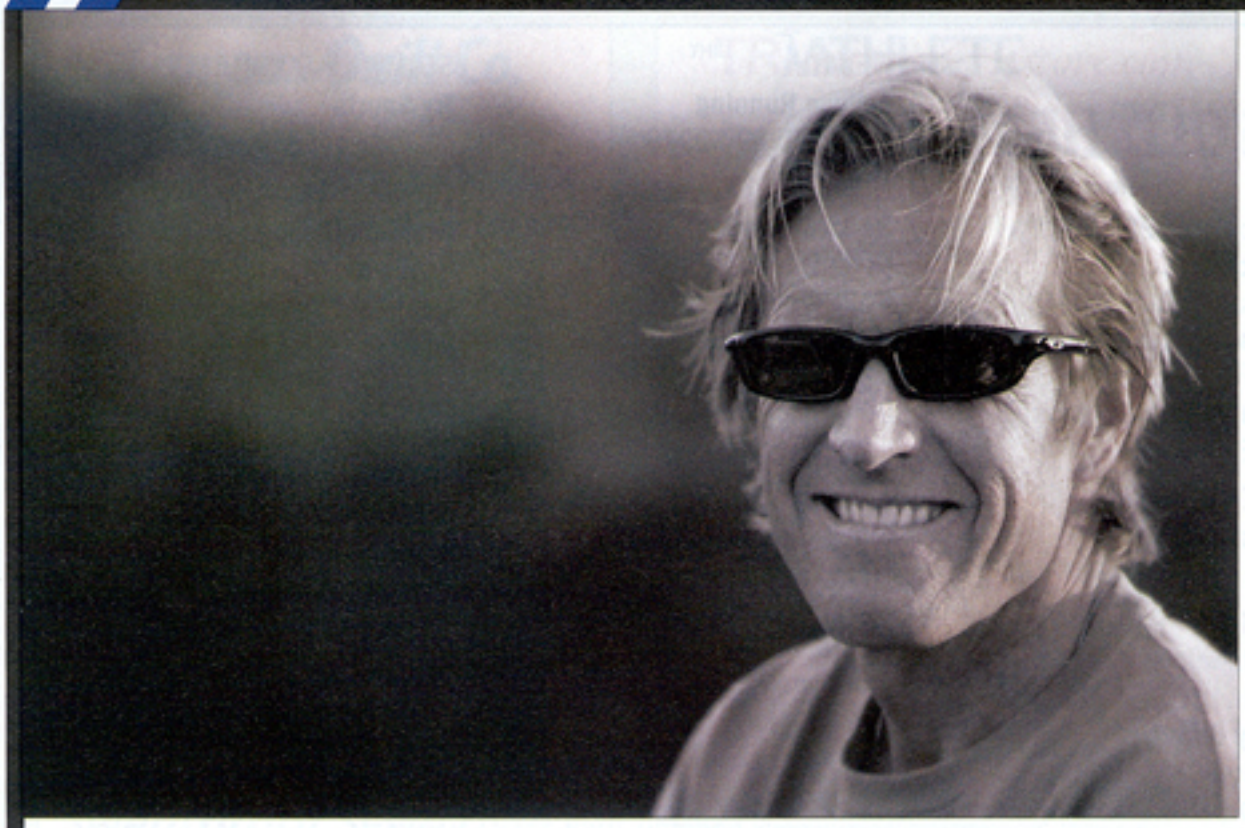

John Segesta/johnsegesta.com

To Die Trying

Something mysterious is happening in triathlon. The sport's recent growth has born a multi-headed beast whose name is yet unknown.

While triathlon's popularity has competitors scrambling for race entries, the rising number of sport-related deaths during 2008 has followers searching for answers. USA Triathlon cites eight fatalities this season alone, or one-third of the 24 documented deaths since 2004. Eighteen of them have occurred during the swim. But where research in other endurance sports has indicated significant patterns, medical experts are scratching their heads over specific reasons for the triathlon deaths.

The overly-simplified notion that there are simply more of us out there racing could hold some water. It's basically a game of numbers—the more fish tossing in the sea, the more caught.

A more scientific explanation notes something called swimming induced pulmonary edema (SIPE), a condition that occurs when proteins and red cells in the blood leak from the capillaries of the lungs into airspaces and other non-vascular lung structures. While there is some disagreement whether this is a carcinogenic or heart-related event, most experts agree that the external pressure of immersion in water is a key factor. Other suspected contributors are exertion, anxiety, over-hydration, hyponatremia and cold water.

What strikes me as interesting in this tragedy-catalyzed investigation is that it now stands as one of triathlon's first sport-specific medical maladies. Or at least one of the first medical conditions to stem from mass participation in multisport. And while there are countless advantages to multi-sport training and racing, those eight fatalities may signal something greater, some icy tip of an underlying pattern that requires further consideration.

Most endurance athletes who compete feel a degree of anxiety during the swim. Logistically, if well-guarded, it may be the safest part of the course. But with thousands of beginner athletes in their 30s, 40 and 50s, many are subjecting themselves to a physical challenge that they are not prepared for. The stress of race-day conditions is impossible to simulate in an amateur's training program. Asking 50 of your closest friends to paw and poke at you while you try to swim across the pool eliminates the fun. Even seasoned veterans tend to focus mainly on the feel-good benefits of cardiovascular training: increased cardiac output, lower blood pressure and resting pulse rates, not to mention that intangible stress reduction that 20-plus minutes of cardio exercise can bring.

There is a great unknown that lurks invisibly, though, and even the most thorough medical exam may not expose the risks of something like SIPE.

Perhaps it took the 30 years of triathlon history to bring the possible risks to the mainstream medicine discourse. Perhaps athletes' increased performance levels have simply unearthed the first of many medical landmines to come. Or maybe the documented cases of SIPE are just physiological perfect storms. We certainly know more about how to train than when we did in 1975. But knowledge doesn't exist in a vacuum and demographics are hard to deny.

There are between 1 million and 5 million people participating in triathlons worldwide. Only a small percent has access to proper training and education. That's hard to believe with this magazine on your lap but in some ways the global participants are lab rats, testing the limits of human endurance. As Coeur d'Alene Ironman Medical Director Dr. P.Z. Pearce suggests, "I don't really think it's an aberration, more like time has finally caught up with our sport. When you get enough crazy folks running around, a few of them are bound to keel over."

There is the question of responsibility that comes with experimentation and growth. Some of that duty may be to ourselves, as Joe Bator, 37, of Boston told the *New York Times*. "We want to push the limit of our comfort zone and experience life," he said. But we might also consider our families and those who have less access to what we have collectively learned.

If approximately 50 people have died while competing in triathlons since a handful survived the Mission Bay Experiment of 1972, 50 gazillion have been positively affected by the simple yet complex combination of swim, bike and run. And a great portion has succeeded due to the passing of knowledge and experience.

Still, there are bound to be more endurance-related syndromes exposed in the coming years. Our population is aging up, societal stress is meteoric and everything is bigger, faster and more intense. An Ironman finish is the entry, not the exit, to that exclusive endurance sport club. The good news is that the human body will evolve and adapt to the forces we are subjecting it to. The bad news is that it may take a few thousand years. ▲

—Scott Tinley

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