

Leon Schattenberg's letter to cyclists circa 1998

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Lausanne, 17 August 1998

Dear riders,

On 11 August, I attended a meeting between the UCI and a number of professional racing cyclists in Lausanne.

On that occasion, I noted with great regret that, to put it mildly, a great many professional racing cyclists are not sufficiently familiar with the rules for health checks, the way in which they are performed and their purpose. Unfortunately the communication by the UCI to the cyclists was poor. This is a great pity because it is your own interests that are at stake here: your health, your future and that of your sport.

The purpose of this letter is therefore to inform you of the blood test to determine the red blood cell volume and the health checks. I also wish to call your attention to the fact that - as you may well already know - the following additional provisions will take effect on 1 January 1999:

- rules defining the status and obligations of the "soigneur" (or minder);
- rules for sports doctors + rules of conduct
- rules for sports directors

The practitioners of sports must be entitled to pursue their particular sport without causing damage to their health, even after the end of their career. The UCI considers that it has a moral obligation to combat doping. The main reasons are as follows:

1. Protection of the health of cyclists
2. Protection of the right to equal opportunities
3. Protection of the health of cycle racing and its image

Re 1: As long as pharmaceutical products are available which can favourably influence performance in sport, there will always be riders and minders who want to use these products. Uncontrolled use can easily cause damage - sometimes serious - to health.

Re 2: If these performance-enhancing substances are not prohibited or limited, indirect pressure is put on racing cyclists to use them even if they do not really wish to do so. They take the view that the users gain so many advantages that they themselves are obliged to follow suit to achieve the same advantages.

Re 3: The health of sport and hence its image requires performance in sporting events to be achieved through the capability of the participating sportsperson. External influences must never determine the final result. The key must not reside in the most money or the most injections.

In the autumn of 1996, rumours and unease over the use of EPO assumed a vast scale. The theory was that the person who administered the most EPO injections could win the competition. An untenable situation.

The UCI invested a great deal of money in a laboratory project to enable EPO injections to be detected in the urine. This proved a failure. No distinction can be made between injected EPO and EPO that is produced naturally by the human organism.

A group of your colleagues is trying to persuade the UCI to establish EPO abuse through blood tests and in consequence to ban such abuse. But in the case of blood too, no distinction can be made between injected EPO and natural EPO.

The UCI then organized a meeting in Geneva on 24 January 1997, which was also attended by the sports directors, the team doctors and representatives of the cyclists, i.e. AICPRO.

Unanimous agreement was reached to the effect that:

1. Doping must be combated and the abuse of EPO halted by whatever means are necessary, and also
2. That monitoring of the health of racing cyclists must be ensured more effectively and structurally because in this area the world of sport, including cycle racing, is far behind the rest of society.

For some years now, legislation has existed in all the countries of the European Community stipulating that every business, however small or large, must have a health care system to prevent the potential risks of the working activity from having adverse consequences on the health of employees.

This system of health care which includes regular medical examinations is required by law in every European company. The UCI should therefore also see to it that the same provisions apply to professional cyclists who pursue their sport and work in the service of "Trade Teams".

These two objectives of combating doping and health monitoring must in future be taken in hand jointly. These two routes will enable the health of sportspersons and the sport itself to be protected. Doping checks are an effective means of limiting abuse and reducing the risk inherent in the products used. However, this can only hold good for products that are detectable in the urine.

Some other products such as EPO or growth hormone cannot be detected. They are bound to be followed repeatedly by other new and undetectable products.

Doping checks will always be a step behind reality.

The obvious consequence is increasing use of these non-detectable substances - indeed in quantities which are harmful to health and life precisely because they cannot be detected! The recent black market sales of the product PFC are a good example:

That is why the doping checks must be accompanied by health checks. Doping checks are a matter for the UCI alone. But we must jointly organize and regulate health checks: this is a task for the TT in its capacity of employer, the cyclist as an employee and the UCI as the authority in charge of cycle sport.

The Commission Sécurité et Conditions de Sport (CSCS - Sporting Safety and Conditions Commission) was therefore set up at the meeting of 24 January 1997.

The name chosen is appropriate as is the composition i.e. the TT, team doctors and cyclists together with the UCI. The cyclists themselves are represented by two members of AICPRO and two riders.

The CSCS prepares directives and procedures which are applicable to health checks.

There are two kinds of health check:

1. Blood tests prior to the competition in which the volume of red blood cells is determined. These tests are performed under the supervision of the UCI by an independent medical institute according to procedures laid down by the CSCS. Any cyclist who has a red blood cell volume of more than 50% is declared "unfit" to take part in the UCI competitive event.
2. The other health checks consist of medical monitoring. Each TT must make arrangements to ensure that from 1 January 1999 each cyclist who rides for the particular TT undergoes four medical examinations each year during which the risk factors are investigated. The purpose is to detect abnormalities in good time to permit early treatment.

These examinations take place under the responsibility of the team doctor himself. The CSCS sets minimum standards and arranges for a consultant doctor to make sure that these minimum requirements have in fact been respected. The cyclist remains the proprietor of the examination results, even if he leaves the TT!

What are the advantages of these health checks:

1. A guarantee that all riders belonging to all the TT can practice their sport without permanent damage to their own health.
2. A guarantee that if cyclists use products which are not detectable in doping checks, the abuse will remain limited to the stipulated health limits.
For instance, in the case of the red blood cell volume a limit of 50% has been set. Abuse of EPO which leads to a value in excess of 50% will result in the declaration that the person concerned is "unfit". This does not mean that we or the UCI are legalizing the use of EPO! There is quite simply no other solution.

3. A third benefit is an awareness that the health of the racing cyclist is the greatest asset for the cyclist himself and the TT. They bear joint responsibility in this regard.

As to the abuse of doping, the health checks do not mean that doping can be banned completely - either now or in the future. There will always be a certain margin for possible manipulation.

But it is worth remembering that other sports have not even got as far as this margin because they do not (yet) have any checks on abuse of non-detectable products.

However, we can all work together to ensure that these margins of manipulation remain as narrow as possible. With that end in mind we need rules and checks to see to it that the rules are applied.

The CSCS will do its best to enable each racing cyclist to rest assured that everyone has the same rights and obligations. That will put an end to the mistrust which we often still have of each other.

This must bring back confidence to all concerned.

With kind regards.

Léon B.J.A. Schattenberg
CSCS Chairman