Why Are Triathletes Dying?

Recent fatalities point to crowded waters and unchecked heart conditions — and have racers taking precautions.

by DAVID BROWNE

At last August’s Ironman U.S. Championship in New York, a 43-year-old Hong Kong man was pulled from the water near the end of the 2.4-mile Hudson River swim and died a short time later.

“It’s terrible,” says John Korff, of New York Ironman. “As an event organizer, it changes your life. You just try to make it safer and warn people.”

Over the past nine years, 43 competitors have died in USA Triathlon-sanctioned events — six this year alone. While the situation is not epidemic (odds of death are one in every 76,000 participants), it caused enough alarm last year to prompt USA Triathlon to convene an investigative panel, whose findings were released in September.

One key factor is clear: The event’s growing popularity has increased the odds of tragedy. Triathlons now draw more than 450,000 racers a year, up from just over 64,000 two decades ago. “It’s a law of averages,” says USA Triathlon’s Chuck Menke. “The more people who participate, the more incidents like this could occur.”

The bulk of triathlon deaths, including one at a Vermont event just days after the New York Ironman, have taken place during the swim portion of the event. Below: A racer is pulled from the water in Vermont last August.

Triathlon deaths occur most often during the swim portion of the event. Below: A racer is pulled from the water in Vermont last August.

But doctors attribute most of the recent triathlon deaths to pre-existing — and often undiagnosed — heart conditions, such as hypertrophic cardiomyopathy (HCM), a thickening of the heart’s ventricles. “The most common finding is an unknown heart problem, which would predispose an athlete to having sudden arrhythmia on race day,” says Dr. Lawrence Creswell, a heart surgeon on USA Triathlon’s panel. “For many athletes, the swim is the most stressful part of the race for the heart.”

As a result, athletes are advised to undergo a rigorous physical before competition. The American Heart Association recommends a 12-point screening that checks for heart murmurs, chest pain from exertion, and Marfan syndrome, an affliction that weakens the body’s connective tissue and can affect the heart. Calder-Becker, now a leading SIPE-awareness advocate, suggests athletes warm up by jogging to the race site or doing jumping jacks or pushups at the start. “It gets blood flowing and prepares the heart for what’s coming,” she says.

Even these precautions aren’t 100 percent foolproof, however. “In a triathlon, you’re pushing the body to extremes,” says Dr. Bruce Lerman, chief cardiologist at New York-Presbyterian Hospital. “It’s an occupational risk you have to accept.”