

The uproar over Team Sky (especially Wiggins) and "legal cheating" via drug exemptions



According to many, Wiggins is being dragged to the finish in a race he eventually won, but was in some ways overshadowed by Chris Froome.

In a Facebook group devoted to doping in professional cycling, the latest hot topic is the release of data showing Bradley Wiggins, winner of the 2012 Tour de France, took a very powerful drug (Kenacort) prior to the race, to treat asthma. Kenacort is generally a drug of last resort due to various side effects, some of which, interestingly, are very beneficial to a cyclist (such as causing weight loss in a fairly short period of time, while preserving muscle mass). Did Wiggins actually need Kenacort, given no visible evidence that he suffered from Asthma? By the way, a "TUE" is a medical exemption that allows an athlete to use an otherwise-banned medication. Below is my response, based on personal experience with lungs that don't work as they should. --Mike

There are some of us who wonder if it wouldn't be so bad if our breathing issues could be made better by something requiring a TUE. Singulair is permitted, but brings me up to only 29% normal lung function (25/75% exhale test). Adding Albuterol gets me to 50%. Both are allowed without a TUE. If something was available that could get my lungs to function closer to norm, say 75% (100% would seem unreachable, but I can always dream), you're saying if I was racing at a high level, I shouldn't be allowed a TUE?

For perspective, I have never, ever had a debilitating "attack." Never had to use a "rescue" inhaler to function. I just sound like a steam engine when climbing. I can go all day at 80% but when the road tilts upward I am so friggin' hosed. People like me don't fit into any classic view of an asthma sufferer. I "hide" it because my overall level of conditioning is so much higher than a "normal" person. But I only have 18 seconds of max power to deal with before going everything catches up to me, and it takes a longer time than it should to recover.

So what's my point? Just that Wiggins, and others, might suffer from Asthma which is **not** exercise-induced, **not** controllable by normal meds, and **not** obvious to the casual observer. The belief that TUEs should be outright banned is a position I might have supported a few years ago, but as I've learned more about my own condition, I've become more sympathetic to the need for exemptions in some cases.

TUEs shouldn't be handed out like candy. There should be independent testing before and after of relevant criteria, and when you have something like Kenacort, with powerful and likely performance-enhancing side effects, perhaps an outright ban might be appropriate. But there may be more room for empathy and allowed practical use, in some cases, than evidenced by the present uprising.