Interview with Gijs Langevoort Founder and owner of LanCon

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In 2000 Gijs Langevoort founded LanCon, a company that provides sports educational seminars. tours and camps showcasing the European model of sport. Langevoort created LanCon as a second career after a successful practice as an orthopedic surgeon, which specialised in sports medicine and arthroscopic surgery, was interrupted by a macular degeneration. In addition to his ownership of LanCon, Langevoort has been extensively involved with numerous Dutch and international sports organisations, and worked in anti-doping at national and international levels for many years. Recently, he was instrumental in the case involving cyclist Michael Rasmussen's alleged doping violations in the 2008 Tour de France. The findings from the Rasmussen case are helping shape the legal parameters involving the use of scientific methodology to detect and investigate alleged doping violations.

AZ: You founded a company called LanCon. What exactly does LanCon do?

GL: Basically our mission is to facilitate the exchange of ideas between the American and European sports worlds. We do that in several ways. We have the educational component, which comprises seminars and study tours for students studying in sports

management and sports medicine. For example, every summer we run a tour through several European countries for American college students. On that tour, they get to hear lectures from top-level executives in European sport.

It is a great opportunity for the students because most would not have access to IOC [International Olympic Committee] and FIFA [International Federation of Association Football] officials in this way. In the LanCon programme the students sit face-to-face with these sports professionals and ask them questions. Some students even get interviews for internships and jobs. We take the students to play-off matches in football, handball and basketball. They get behind-the-scenes tours of some of the greatest sports facilities in the world, and see things that lifelong fans can only dream of. Last summer we helped several students earn internships at the UEFA [Union of European Football Associations] U21 championship for three weeks.

In addition, we host seminars for sports professionals in Europe and the US, and we also bring European sports executives to the US for a tour. Other aspects of the business include creating opportunities for student-athletes to compete overseas. We help send Dutch field hockey players to compete at the college level in the US by hosting a showcase and inviting coaches to come to recruit players. We also attempt to bring American athletes to the European leagues, particularly Dutch baseball. Finally, I work as a consultant in sports medicine. Through this work, I also help bring American students in sports medicine or athletic training to Europe for valuable educational experiences.

AZ: How long have you been doing all this work?

GL: LanCon was founded in 1998. Since 2000 we have hosted study tours and taken European executives to the States to lecture at colleges and tour the country. I gained these contacts through my many years in sports medicine. Once my career as a surgeon ended, the relationships I had developed as a doctor helped me to start a new career with LanCon. So although LanCon is young, the ability to offer such unique connections was built throughout my career in sports medicine. I served as a professional and national team doctor and spent decades in the Netherlands and Germany working in sports medicine. Now I continue to build contacts in the industry through my medical consulting at a national and international level.

SZ: What was your role in the Rasmussen case?

GL: Rabobank, the sponsor of the cycling team of which Rasmussen was a member, put together an independent commission to evaluate the course of events involving the team, before, during and right after the Tour de France in relation to Rasmussen. My role was to provide expertise in the fields of anti-doping and medical matters as one of the four members of the Vogelzang Commission.

SZ: The Rasmussen case is certainly not the first doping allegation involving the Tour de France. Stories of drug use by cyclists such as Lance Armstrong and Floyd Landis have made headlines recently, much like Barry Bonds in American baseball. In your opinion, what is the magnitude of unrecognised doping in the Tour de France? "The decrease in the number of positive cases certainly can be considered as a result of the improved anti-doping programmes of the UCI"

GL: That is hard to say. Being involved in the fight against doping for the past 23 years in several sports, we know that mostly we are one step behind. We try to reduce the possibilities for athletes to use doping by increasing the number of tests and improving the test procedures etcetera. But in the real world, when somebody wants to cheat, he will find a method without being caught. It is our task to make this possibility as small as possible.

AZ: The Vogelzang Report on the Michael Rasmussen Case [hereinafter referred to as VR] concluded: "It is difficult for enforcement and controllability to keep pace with the innovative developments in the field of performance-enhancing substances. There is also a risk that the continuous attention paid to doping and the administrative red tape will play a predominant role and will consequently not help the sport of cycling to move forward." In particular, what forward momentum is in danger of being limited by these efforts and, in your opinion, if cycling's popularity was waning, would WADA [World Anti-Doping Agency] consider less stringent control efforts?

GL: The decrease in the number of positive cases certainly can be considered as a result of the improved anti-doping programmes of the UCI [International Cycling Union] and WADA. So I think it is very unlikely that these organisations would reduce control methods. Also, in other sports the trend is not to reduce but to increase the numbers of tests.

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AZ: That said, does the attention on these doping cases hinder the growth in popularity of cycling?

GL: I don't think so. Although it is negative attention, it is still attention. While doping is a part of the sport, it is not all-consuming. The world of cycling has taken steps to be even more intolerant of doping. The 100% doping system that was adopted last year by the commission has been updated as a consequence of the Rasmussen case. After the report, it was clear that the regulations regarding whereabouts information needed further development. The UCI decided that all the pro teams had to adopt the Anti Doping Athletes Monitoring System [ADAMS]. The UCI president indicated that there is widespread agreement to use ADAMS, which will go a long way towards closing the loopholes that Mr. Rasmussen exploited. Additionally, the Electronic Passport has been adopted. It is different from the previous system because it sets individual limits for each rider based on his own normal profile, so it will be much easier to detect blood manipulation on a case-by-case basis.

AZ: The report also found: "The authority to issue regulations in the field of whereabouts information varies from country to country. The Danish antidoping authority is relatively strict; other doping authorities are less prominently active." [VR p.15] How common is it for a dishonest athlete from a country that is very strict on testing to seek alternate citizenship so that they may have better chances of competing unfairly? Given these differences in regulation, do you think that athletes from countries with weaker doping restrictions have an advantage in international competition?

GL: I could not produce a single athlete who has changed residency on the basis of a country's strictness in testing protocol. However, the likelihood that an athlete will encounter problems with antidoping controls is far less for athletes residing in countries with weaker policies, as opposed to those athletes competing in strictly regulated countries. For instance, in the case of Rasmussen, he was expelled from his national team not because he had violated UCI regulations, but because he had violated the ethical standards of the Danish federation. They don't want a cyclist with a licence from another country because they know that the doping policies may not be as strict. There are just too many variables. Rasmussen was on the national team and had a licence from Mexico, so they didn't allow him on the team in 2004-05. Then he changed his licence to a European country and was allowed back on the team.

SZ: As a follow-up to that question, which countries have the strongest and weakest doping policies and why? Which sports have the strongest and weakest doping policies and why?

GL: In the history of the fight against doping, six countries worked very closely together to develop a standard in anti-doping before WADA even existed. These countries are Australia, Canada, the Netherlands, South Africa, Norway and Denmark. Now we see that in most European countries the government has implemented legislation in the fight against doping. I think that the US has also taken some important steps lately. All international federations have to fulfil the requirements of WADA, and for Olympic sports, the standards are set by the IOC. In addition, most of these have also started adequate anti-doping programmes. In both cases money is a very important issue. The costs of one sample analysis are approximately US\$500.

SZ: As a medical official and sports educator, how do you think drug scandals involving elite athletes affect amateurs and young athletes?

GL: In certain doping scandals I think that the attention is far too focused on the substances used, which certainly may influence the behaviour of amateurs and young athletes. That influence is proven in the US. After Mark McGwire announced the name of the substance he used, sales of the product

increased more than 10%. The Senate Hearing Committee investigated the use of the substance following this trend. Therefore, it is very important that the anti-doping committees throughout the world have a very strong programme in preventing doping that effectively illustrates both the short- and long-term health risks. I think that the problem also points to the importance of more developed educational programmes. For example, I lecture students during the European Sport Study Tour on the specifics of doping threats. It appears to have a great effect, but it is something that would be difficult to truly measure.

SZ: In your estimation, are the consequences of doping conviction severe enough to act as a deterrent to athletes who may view the use of illegal substances as a way to gain a competitive advantage over their competition?

GL: Certainly. According to the new standards, it may entail a suspension for such a long period of time that the athlete's career is effectively over. There are particulars that vary from sport to sport. In gymnastics, the punishment is five years suspension, track and field is four years, and in most sports the punishment is two years for the first violation. This is quite different from the sanctions that are applied in many professional sports in the US. For instance, in baseball a player can use these substances and miss 50 games, which is a two-month or maybe a three-month suspension. In international sport, you would lose two years.

So far, American pro sports have not really put an effort into creating strict sanctions to reduce the use of forbidden substances. By the way, the substances are not illegal, but forbidden in sports. There are only a few substances which are actually illegal; most are legal, but forbidden in sports. Of course, it is also very important to consider each case as a distinct situation because the circumstances may differ greatly. Therefore FIFA strongly advocated changing the old code so that individual cases might be reviewed as such. For example, you cannot compare the use of an anti-cough medicine by a 17-year-old ignorant athlete

with several months of steroid use from an athlete who knows exactly what he or she is doing. In the first case, a mild sanction may be in order, while in the second, a severe sanction is appropriate.

I have a couple of stories that might help illustrate my point. A professional handball player complaining of swollen ankles was advised by his father. who had experienced a similar problem while playing professional soccer, to take a diuretic before a long flight. The athlete did so, tested positive, but was not participating in a sport with weight categories, or even for which weight loss was advantageous in any way. The consequences are totally different for his having taken the diuretic, thus illustrating why individual case management is necessary. Also, in cases of emergencies, some athletes have to be given substances that are on the doping list in order to survive an acute situation. If the athlete was not allowed to take the banned substance, the doping officials might find themselves testing a corpse. I feel in these cases the athlete should not be punished. An athlete with hypertension taking a diuretic, or taking beta blockers for heart arrhythmia, or Benadryl for an allergic reaction, should definitely not be sanctioned for doing so.

SZ: What actions do you think are most important in curbing forbidden drug use in sports?

GL: In my opinion, it is very important to educate young athletes about the risks of doping. But it is even more important to educate them that there are means that can be used in training that can also can enhance their performance, such as certain special diets, training methods, and also the use of advanced equipment.

AZ: According to the VR: "In 2007, the International Association of Professional Cycling Teams asked that cyclists sign a waiver which would require them to provide DNA samples for testing in the event that they were to become suspect for the use of performance enhancing drugs." [VR, p.14] How far from wide-scale use of this testing method is WADA

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in all professional sport? What changes would this generate concerning whereabouts issues?

GL: At this point, DNA testing has only limited value that is useful in certain circumstances, and is therefore not a reliable tool for exposing cheaters. For now, it is merely reliable in proving that the urine tested came from a particular athlete. In the past, some athletes have put old urine in their bladders, and for exposing this, DNA testing is crucial. Perhaps in future we will find DNA more useful in a broad-spectrum application.

AZ: The VR also noted: "Blood test may also serve to measure the riders' hormone levels, as this indicates whether a particular rider is over-trained." [VR, p.25] Is it possible that this same technology can be employed to implicate athletes for the use of human growth hormones [HGH]? If so, based on your experience, how long (if ever), is it before such a method of testing will be used in the World Baseball Classic?

GL: It will be possible to detect the use of HGH. Already now the laboratories have found an analytic method to discover Dynepo, which is an EPO [erythropoietin] substance with almost the exact same structure as the human EPO, erito, a hormone that is produced by the adrenal glands which stimulates the production of the red blood cells in bone marrow. Because the red blood cells transport oxygen, you will increase endurance by increasing the number of red blood cells. So therefore EPO has implications for all endurance sports. It is very hard to say anything about the World Baseball Classic. If baseball really wants to put effort into getting back into the Olympics, it should implement an anti-doping programme in the Classic that adheres entirely to the WADA and IOC standards and regulations.

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Biographies

Dr. Gijs Langevoort consults for numerous international and national sports federations. He is a member of the Medical Commission of the ISF. He currently serves as a board member of the Dutch Basketball Federation and is a former board member of the Dutch Centre for Doping Control. Langevoort is a former member of the commission Top Sport of the Dutch Olympic Committee. He is a former vice-president of the Royal Dutch Baseball and Softball Federation and served as the Medical Commission Chairman for the International Handball Federation at five Olympic Games.

Aaron R. Zipp is in his second year of teaching in the Department of Sport Management at the State University of New York [SUNY] College at Cortland. Previously he served as International Programmes Liaison for LanCon. Working in the US and abroad, he helped development sports management study tours in western Europe. These undergraduate and graduate level experiences are now offered with no majorrestrictions to all students in and out of the SUNY system (and state) with SUNY Cortland as an accrediting institution. He currently teaches a capstone course in strategic management and acts as an undergraduate international coordinator.

Sarah Schmidt Zipp is in her second year at the State University of New York College at Cortland. She serves as the undergraduate internship co-ordinator and is responsible for facilitating and supervising approximately 120 full-time internships per year. She currently teaches pre-internship courses and has taught classes in sports marketing, intercollegiate athletics administration and foundations of sport management. Her industry experience is primarily in college athletics. In addition, she has spent time as a marketing co-ordinator for the Landstede Hammers in the Netherlands, and consulted with LanCon as a programme coordinator for study abroad initiatives.