

The Transgender Athlete

Although the focus of the WSI-ACSM meeting was the transgender athlete, there was a brief discussion regarding the IOC's recent statement relative to hyperandrogenism. Not everyone was in agreement with the IOC Statement, citing the disparity in the treatment of men versus women with high levels of testosterone. The issue of women being excluded from competition as a result of a genetic abnormality or a medical condition was discussed. The IOC press release, April 5, 2011, which addresses that matter was distributed (Appendix A).

Several organizations have addressed the issue of a transgender woman competing in women's competition. The International Olympic Committee (IOC) published the Stockholm Consensus Statement in 2003 (Appendix B). The requirement for surgical anatomical change and hormone treatment for two years in that Statement is controversial and undergoing review. Other groups with statements regarding participation of transgender athletes in non-Olympic competition are the NCAA, the Women's Sport Foundation (WSF) cosponsor of the manual, "On the Team: Equal Opportunity for Transgender and Student Athletes", and Canadian groups. Whether these statements are appropriate - or even acceptable - in countries represented by WSI members was the focus of this meeting.

It has been difficult for organizations to base policies on evidence of a competitive advantage for the male to female transgendered athlete. No research studies are available to describe how long the male advantage in muscle mass persists or how other male characteristics such as heavier bones, larger lung volume, or higher hematocrit change over time. Complicating the issue is the lack of research describing the pace at which changes occur, although it does appear that most occur within the first year. It was suggested that the IOC follow their policy statement with funding for research aimed at answering these questions.

It is imperative that medical personnel be aware of the problems transgendered athletes face and the importance of sensitivity to their psychological as well as physical issues. These athletes may face discrimination in the health care system as well as lack of insurance and availability of knowledgeable personnel qualified to treat them. There is a sense that these issues may be increasing as more transgender women feel comfortable entering the sports world.

Recommendations:

- 1 Presentations should be developed for medical audiences and efforts made to have this topic included in local and national conferences.
2. Programs should also be included in non-medical conferences and should include information about gender identity, social and medical transitioning, non-discrimination policies, facility access for transgender students, legal issues, and best practice recommendations.
3. WSI should form a Task Force to address the issue of transgender athletes.

4. WSI members should be kept informed about research, policies and education materials on this topic.

5. WSI and ACSM should host a pre-conference session on the topic of the transgender athlete prior to the 2012 ACSM Annual meeting..

6. The following definitions should be used in discussing this issue:

- **Biological Sex** – The anatomical, physiological, hormonal, genetic characteristics that we are born with
- **Gender Assigned at Birth** – Assignment of boy or girl based on appearance of external genitals
- **Gender Identity** – A person’s internal sense of being a woman/girl, man/boy
- **Gender Expression** – The behavior and appearance characteristics used to express gender identity. Many characteristics are based on social expectations of what is appropriate for girls/women or for boys/men.
- **Intersex** – A person born with both male and female anatomical, physiological, genetic characteristics (Also called disorders/differences of sexual development).
- **Sexual Orientation** – A person’s sexual desires, behaviors, fantasies directed toward someone of another sex (heterosexual), the same sex (lesbian, gay), or any sex (bisexual).
- **Transgender** - A person whose gender identity does not match the gender assigned at birth.

A transgender woman (MTF) is born with a male body but identifies as a girl/woman

A transgender man (FTM) is born with a female body but identifies as a boy/man

Appendix A

IOC Press Release April 5, 2011 The Executive Board (EB) of the International Olympic Committee (IOC) today confirmed the need to set up clear rules to determine the eligibility of female athletes with hyperandrogenism in female competitions, starting with the Olympic Games in London next year.

On the first day of a two-day meeting in London, the EB also agreed to recommend that International Sports Federations adopt similar rules for their own competitions, duly adapted to meet the specificities of the sport concerned.

The IOC Medical Commission recommended that the new rules be based on the following principles, which have been defined by a group of experts:

- A female recognized in law should be eligible to compete in female competitions provided that she has androgen levels below the male range (as shown by the serum concentration of testosterone) or, if within the male range, she has an androgen resistance such that she derives no competitive advantage from such levels.
- An evaluation with respect to eligibility should be made on an anonymous basis by a panel of independent international experts in the field of hyperandrogenism that would in each case issue a recommendation on eligibility for the sport concerned. In each case, the sport would decide on an athlete's eligibility taking into consideration the panel's recommendation. Should an athlete be considered ineligible to compete, she would be notified of the reasons why, and informed of the conditions she would be required to meet should she wish to become eligible again.
- If an athlete fails or refuses to comply with any aspect of the eligibility determination process, while that is her right as an individual, she will not be eligible to participate as a competitor in the chosen sport.
- The investigation of a particular case should be conducted under strict confidentiality. Although rare, some women develop male-like body characteristics due to an overproduction of male sex hormones, so-called "androgens." The androgenic effects on the human body explain why men perform better than women in most sports and are, in fact, the very reason for the distinction between male and female competition in most sports. Consequently, women with hyperandrogenism generally perform better in sport than other women.

In order to address the issue of female hyperandrogenism, the IOC Medical Commission and the International Association of Athletics Federations (IAAF) jointly organized a scientific symposium in Miami in January 2010, at which the scientific aspects of hyperandrogenism in relation to female sports competition were explored. Two of the most important conclusions were that (i) in order to protect the health of the athlete, sports authorities should have the

responsibility to make sure that any case of female hyperandrogenism that arises under their jurisdiction receives adequate medical follow-up, and (ii) rules need to be put in place to regulate the participation of athletes with hyperandrogenism in competitions for women.

The rule aspects were discussed at a second conference organized by the IOC Medical Commission in October 2010, at which representatives of the relevant parties participated: namely scientists, sports administrators, sports lawyers (including from the IOC Legal Affairs Department), juridical experts in human rights, experts in medical and sports ethics, female athletes and a representative appointed by the intersex community (Organisation Intersex International).

The conference concluded that rules are needed and emphasized that these rules should respect the essence of the male/ female classification and also guarantee the fairness and integrity of female competitions for all female athletes.

Appendix B

Stockholm Consensus:

On 28 October 2003, an ad-hoc committee convened by the IOC Medical Commission met in Stockholm to discuss and issue recommendations on the participation of individuals who have undergone sex reassignment (male to female and converse) in sport.

The group confirms the previous recommendation that any “individuals undergoing sex reassignment of male to female before puberty should be regarded as girls and women” (female). This applies as well for female to male reassignment, who should be regarded as boys and men (male).

The group recommends that individuals undergoing sex reassignment from male to female after puberty (and the converse) be eligible for participation in female or male competitions, respectively, under the following conditions:

1. Surgical anatomical changes have been completed, including external genitalia changes and gonadectomy. Legal recognition of their assigned sex has been conferred by the appropriate official authorities
2. Hormonal therapy appropriate for the assigned sex has been administered in a verifiable manner and for a sufficient length of time to minimize gender-related advantages in sport competitions. In the opinion of the group, eligibility should begin no sooner than two years after gonadectomy.

It is understood that a confidential case-by-case evaluation will occur. In the event that the gender of a competing athlete is questioned, the medical delegate (or equivalent) of the relevant sporting body shall have the authority to take all appropriate measures for the determination of the gender of a competitor.

Appendix C

Excerpt from the NCAA manual: Inclusion of Transgender Student-Athletes

Guiding Principles

Policies governing the participation of transgender student-athletes should be informed by the following

principles, and be included in the institution's transgender student-athlete policy statement:

1. Participation in intercollegiate athletics is a valuable part of the education experience for all students.
2. Transgender student-athletes should have equal opportunity to participate in sports.
3. The integrity of women's sports should be preserved.
4. Policies governing sports should be based on sound medical knowledge and scientific validity.
5. Policies governing sports should be objective, workable, and practicable; they should also be written, available and equitably enforced.
6. Policies governing the participation of transgender students in sports should be fair in light of the tremendous variation among individuals in strength, size, musculature, and ability.
7. The legitimate privacy interests of all student-athletes should be protected.
8. The medical privacy of transgender students should be preserved.
9. Athletics administrators, staff, parents of athletes, and student-athletes should have access to sound and effective educational resources and training related to the participation of transgender and gender-variant students in athletics.
10. Policies governing the participation of transgender students in athletics should comply with state and federal laws protecting students from discrimination based on sex, disability, and gender identity and expression