Twitter Thread by Kirsti Miller



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I have a passion to help & educate other trans athletes about their own bodies. I suffer many adverse health conditions from not understanding my own post surgery endocrine system early enough before it had damaged my health.
1-

This article shows the consequences to health when trans girls experience low T. This is important to educate everyone because in this conversation those against us compare men's performance versus women.
2-
https://t.co/EOH5dSHrxI

This article also shows trans girls have very different endocrine systems to a healthy male and as such they should not be compared to men when talking about sports performance.
3-
https://t.co/EOH5dSHrxI

The only comparison you can make between a trans female athlete and a male would be to compare the trans girl to a male that has either been surgically or chemically sterilized.
4-

You won't even find men competing in elite sports in this health state without being prescribed T replacement therapy which is not available to a trans woman like me in sports.
5-

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wada-ama.org

regimen. A buccal testosterone tablet and nasal spray administered twice daily are also available

3. Testosterone may be administered by oral preparation testosterone undecanoate in 40 mg capsules, usually twice or thrice daily with meals. 17α-methyl testosterone is hepatotoxic and should not be used due to potential liver toxicity

4. Human Chorionic Gonadotropin (hCG) may be used in doses of 1000-2000 IU IM 2-3 times per week for those individuals requesting fertility. Higher doses may be needed in some men in order to maintain physiological testosterone levels and induction of spermatogenesis and fertility. FSH, if required, is not a prohibited substance.

C. Monitoring dosage

The dosage and frequency are to be determined by the prescribing endocrinologist utilizing standard replacement dosage regimens. The dosage should be monitored with mid-interval (midway between two successive injections) or trough (at the time of next scheduled injection) serum testosterone levels for injectable testosterone. The testosterone product, dosage and timing of the previous treatment with injectable testosterone products must be recorded and submitted for annual review or for dosage changes. Transdermal testosterone patches, gels, creams or solutions can be monitored by serum testosterone levels at any time. HCG should be monitored with trough serum testosterone levels. The dosage and timing of treatments with hCG must be recorded and submitted for annual review or for dosage changes. Any change in product, dosage or treatment schedule of testosterone or hCG should be approved by ADO.

D. Duration of treatment

The duration of treatment may be lifelong but annual review of evidence of well-controlled therapy must be submitted. The evidence submitted must include medication logs, injection logs and pharmacy records, dosage and timing of treatments as well as regular testing of serum testosterone levels.

4. Other Non-Prohibited Alternative Treatments

If the diagnosis is confirmed, there is not a non-prohibited substance alternative treatment.

5. Consequences to Health if Treatment is Withheld

Underdeveloped genitals (if before puberty), muscle weakness, osteoporosis, diminished libido, sexual dysfunction (impotence or erectile dysfunction), infertility.

WORLD ANTI-DOPING AGENCY

OPEN IN...

Finally there is a paucity of research on trans athletes out there but there is an abundance of research and knowledge on the endocrine systems much has been known for decades.
6-

Sports need to be looking at how testosterone affects athletes health first way before they look at performance. Sadly they are not doing that & that is why my health has suffered and this is why Kristen Worleys also health suffered and many more.
7-7
https://t.co/EOH5dSHrxI

Athletes caught up in the IAAF/IOC policy on hyperandrogenism were required in order to partake in sport to undergo surgical and/or hormonal interventions unrelated to their health status.

These procedures have been called into question as invasively counterproductive to the wellbeing of those women.
https://t.co/2PaxipfIte

Many incorrectly presumed that, by comparison, transgendered female athletes have no similar health concerns. Their overarching requirement is to keep serum testosterone levels below 5 or 10 nmol/L, and they must submit to hormone tests as evidence of that.

A ten-year struggle by cyclist Worley showed this is not be a simple journey. The intricacies of her story have been deftly summarised by Pierre-Jean Vazel.
https://t.co/GXplQ4lKUz

In essence, Worley underwent gender reassignment via surgery in 2001 and attempted to re-enter the world of sport.

But when she applied for a (TUE) for testosterone (which is a vital hormone for women, as well as men), approval took ten months instead of days or weeks. (Exactly what I am experiencing now myself or has taken months whilst I become unwell.)
https://t.co/GXplQ4lKUz

This put Worley into a “severe post-menopausal state”. It not only impacted on her health, but it prevented her from training as an elite cyclist.

Ultimately, when Worley was permitted a TUE under the World Anti-Doping Agency (WADA) code, the allowable: levels of synthetic testosterone … were not enough to support her basic health.

We keep seeing Recycling failed policy.

Remarkably, Worley was able to have her case heard outside of CAS and, in a fillip for athlete self-determination, via a tribunal independent of sport.

Worley engaged Cycling Canada, the Ontario Cycling Association & the (UCI) in a formal mediation session at the Human Rights Tribunal of Ontario. Worley argued for reforms to: … the policies, guidelines, rules and processes surrounding XY female athletes, ...

gender verification and therapeutic use of required hormones that are captured by anti-doping regulations.
In a resounding victory for evidence-based policy, the UCI accepted Worley's critique and announced it would now support an advocacy initiative to encourage sport's....

governing bodies, at the highest level, to adopt policies and guidelines that are based in objective scientific research and responsive to the individualised needs of XY female athletes.

The mediation parties agreed to promote this message to the IOC and WADA – the overarching global organisations in the Worley case.

This is why the IOC will never ban us the science exists.....Kristen held global sports to account in the dock.
End:

https://t.co/hsLalSz3hd

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