Twitter Thread by Ross Tucker





The <u>@dailymaverick</u> asked me to do a piece on the trans woman in sport issue. It's necessarily short and high level, but here it is. Writing it made me realize there are some key questions everyone who wades into the debate upfront should answer. Wanted to share them here (1/_)

Gender games: The complex issue of sport categories and why they matter

Global sporting bodies are wrestling with legal, moral and ethical questions over transgender athletes and where they fit in. It's an emotive issue with no easy answers across a wide range of sporting codes. By Ross Tucker

dling of biological sex and women's sport.

Trans and DSD
To be clear, Semesya is not trans. Rather, she has a DSD, a Difference of Sex Development, which means she does not use testosterone in the typical way. Women with DSDs differ from trans women in importantly that have some physiological implications, and perhaps more importantly the medical ethics of how a policy is actually implemented for that population. If anything, the DSD case is more complex.

What the trans and DSD issues do share, however, is a principle or physiological premise that demands thought and consideration of why women's sport exists, and whether inclusion into that category should be considered, and how. World Athletics won the Semenya case because of this principle, and World Ragby's policy arrived at an evidence-based recommendation that reinforces if.
Simply, it argues that a women's category.







Stacey Waaka of New Zealand and Ellia Green of Australia during day 3 of the 2019 HSBs Cape Town Sevens women's final. Photo: Ashley Vlotman/Gallo Images/Getty Is

This sets up a 'colliding rights' This sets up a issue, where the

rights of females to

Storey Wooks of New Zeoland and Ellis Green of Cape Town Sevens tromen's final. Phot terone, but identify as female. What is their place in sport?

A decent and progressive society accepts them. But can sport accept them into the protected, closed category for women? Given the biological realities, if self-identification or gender identify were the sole criteria, women's sport would become "open", and its purpose negated.

This then sets up what is basically a "colliding rights" issue, where the rights of females to have a sporting space of their own collides with the rights of other individuals to identify as they wish. Sport finds itself in the middle of that collision. It becomes, effectively, a question of how various priorities are balanced. Those priorities are inclusion, fairness and, in some sports, safety.

Historically, the approach to this issue has been relatively simple — It tried to "fix" the problem by relying on medication or surgical intervention to lower the testosterone levels in trans women.

Given what we described above regarding testosterone's crucial role in creating the male-female sporting divide, the premise is that if testosterone is lowered or removed, so is the sporting advantage.

The lowering of testosterone can be achieved either through surgical removal of the testes that produce it, or, as per the most recent Olympic transgender policy, medication that lowers the testosterone of the testes that produce it, or, as a requirement to participate, which may have serious side effects, is straddling an uncomfortable ethical line.

Even if the athlete accepts this approach, the acid test, then, is whether the contourner is true. Does the suppression of testosterone take away those differences that women's sport excludes?

If the answer is "yes", then sport is in the happy position of achieving inclusion, faji-

a group of players by virtue or, in this case, failing to protect a see class in sport cannot be justified.

Many countries have gender recognition acts that stipulate that sports can restrict participation, and effectively discriminate on the basis of sex if the sport is 'gender affected', which rugby most vertainly is.

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That is the situation World Rugby found tiself in darrings an expert consultation process early in 2020. The scientific evidence, while limited, is consistent and relative clear. There are no studies that have shown that suppressing testosterone for 12 months makes a meaningful dent in male physiological advantages relevant to rugby.

All the studies that do exist strongly suggest a retained advantage that makes the testosterone suppression policy ineffective at achieving its objective of fairness.

A dozen such studies have found that strength, muscle mass, and muscle volume decrease by between 5% and 10% when testosterone is lowered. Given that the original and vantage remains when trans women are compared to a matched group of biological females.

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There is no evidence and priorities, suggest a retained advantage that make the testostrone is provided to show that opening it can be done without safety and fairness implications for women. Regardless, this is not a problem that will the further of the original advantage remains when the original advantage remains when the suggest or training and expert consultation.

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The first question, before any other "shots are fired", should be:

"If there is ZERO evidence for what happens to performance and/or biology in trans women undergoing treatment, what should happen for sport? Would you allow inclusion, or would you exclude until it exists?" (2/)

This is so important because it reveals a "value system" and understanding of women's sport. If you believe in inclusion in the absence of evidence, you're saying that women's sport should be OPEN to self-ID, and then evidence must be provided to prove unfairness or risk. (3/)

On the other hand, if you say exclusion until evidence exists, you're stating that women's sport should remain CLOSED unless evidence can be provided to assure its participants that it is fair and safe to open it to athletes who have benefited from T during development (4/)

Once you've answered this first question, then you move to number 2, which is:

"The current policies for inclusion require suppression of T for 12 months, in order to allow participation without unfairness or harm. How strong is the evidence that this is actually achieved?" (5/)

Here's where it gets as tricky as you want it to be, and you can act in bad faith to say "Ah, we are so helpless, there is no good research in athletes to answer this, we simply can't say". Which is why your answer to Q1 is important. However, such self-despairing pity is also...

...not even true, because there are some studies. In runners, there are 2 studies, neither particularly good. One finds that in 8 runners, with self reported times, spanning two decades, with no controls, no report of training, or even T levels, performance advantages are removed

The other showed that in DSD athletes who can use T, the suppression of T slowed performance by 5.7%, which is half the typical male advantage. So you could call it 1-1, but really neither study is very good. So then you find some good studies. (7/)

Those good studies are unfortunately not directly in athletes, but they are the ones that should really make sports organizations sit up and take notice. They show, without exception, that trans women who have suppressed T lose only small amounts of mass, muscle mass & strength

The result is a retained advantage over the correct reference group of females. The problem, of course, is that these comparisons are in non athletes, so both baseline and subsequent training induced changes are not directly assessed. But go back to Q1 now. Remember we said ZERO

...evidence, right? Well there's NOT zero evidence. There's actually a lot to suggest retained advantages, and when you look at published literature you find that training may make these even larger. How sport & scientists can ignore these is astonishing. It's 12-0 on evidence

However, you may still hold that line, that there's zero (or maybe you think insufficient) evidence, and so this inclusion should be the default. Which is fine, but that's what should be stated upfront. Basically, you have to declare whether women's sport is Closed or Open (11/)

Then you have to evaluate the "fix" - testosterone suppression. If you think it works to create fairness, safety AND inclusion, you're ignoring a dozen studies that point in exactly the opposite direction. Now you have to treat women's sport as open AND ignore evidence (12/)

All of which would make me wonder what the agenda is? Inclusion at the expense of all else? Ok cool, but then own it, and say "I think women's sport should be open, despite available contradictory evidence with limitations, and I don't care about fairness and safety of females".

At least if you did that, it would frame subsequent disagreements, would be honest, and your position could earn some respect. But to pretend you're holding up "scientific evidence" as a basis for inaction & then ignoring that which strongly suggests the fix doesn't work? Come on

So if you believe in "open women's sport to biological males until evidence shows we shouldn't", say so at the start, save us debate time. If you believe it should be closed, but also in inclusion, let me know which evidence you think supports this, I'd like to see it (13/13)