

Four (Should Be) Fatal Flaws in the IAAF Semenya Regulations

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Play the Game 2019
Colorado Springs, CO



Four Fatal Flaws

- Disclosure: I was a pro-bono expert witness for Caster Semenya before CAS in February
- Fatal Flaws
 - #1 – IAAF rewrote the regulations on the eve of the CAS hearing
 - #2 – IAAF used flawed empirical science to establish the restricted categories
 - #3 – IAAF uses flawed theoretical science to **reclassify certain females as “biological males”**
 - #4 – IAAF regulations require that medical professionals violate widely held guidelines for medical and research ethics

#1 – IAAF rewrote the regulations on the eve of the Court of Arbitration for Sport hearing, February 2019

~~IAAF Regulations
2018:~~

~~Females with
high testosterone~~

IAAF Regulations
2019:

Females who
are really
“biological males”

IAAF Untruths



Caster Semenya

Caster Semenya: IAAF denies it wants to classify athlete as biological male

- Case to be heard at the court of arbitration for sport next week
- 'IAAF has not said DSD athletes should be classified as male'

Sean Ingle

@seaningle
Wed 13 Feb 2019 15.27 EST



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▲ Caster Semenya celebrates winning gold in the 800m final at the 2016 Olympics in Rio de Janeiro. Photograph: Ezra Shaw/Getty Images

The IAAF has emphatically rejected a report that it wants the women's Olympic 800m champion, Caster Semenya, to be classified as a biological

Tell us what you really think



The regulations exist solely to ensure fair and meaningful competition within the female classification, for the benefit of the broad class of female athletes. In no way are they intended as any kind of judgment on or questioning of the sex or the gender identity of any athlete. To the contrary, the IAAF regards it as essential to respect and preserve the dignity and privacy of



SPORTS DOCTOR STÉPHANE BERMON, WHO INSPIRED THE INTERNATIONAL ASSOCIATION OF ATHLETICS FEDERATIONS NEW RULES.

DR

Stéphane Bermon, Director
IAAF Health and Science Department

If you have a high testosterone level and you are socially accepted as a woman and want to "look like" a woman and compete with women, the treatments (e.g. oral contraception) that affirm your female gender are the standard of care for you. We do nothing to "fit people into the norm". If a person claims to be a woman and wants to compete IN THIS PROTECTED FEMALE CATEGORY, then she should be happy to lower her testosterone level. If this is not the case then one must ask questions (a) about her true sexual identity.

https://www.sciencesetavenir.fr/sante/athetism-if-you-want-to-compete-in-the-feminine-category-then-you-must-not-oppose-a-treatment_134846

#2 – IAAF used flawed empirical science to establish the restricted categories (distances from 400m to one mile)

Original article

Serum androgen levels and their relation to performance in track and field: mass spectrometry results from 2127 observations in male and female elite athletes

Stéphane Bermon,¹ Pierre-Yves Garnier²

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bjsports-2017-097792>).

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ABSTRACT

Objective To describe and characterise serum androgen levels and to study their possible influence on athletic performance in male and female elite athletes.

Methods 2127 observations of competition best performances and mass spectrometry-measured serum androgen concentrations, obtained during the 2011 and 2013 International Association of Athletics Federations World Championships, were analysed in male and female elite track and field athletes. To test the influence of serum androgen levels on performance, male and female athletes were classified in tertiles according to their free testosterone (fT) concentration and the best competition results achieved in the highest and lowest fT tertiles were then compared.

Results The type of athletic event did not influence fT concentration among elite women, whereas male sprinters showed higher values for fT than male athletes in other events. Men involved in all throwing events showed significantly ($p < 0.05$) lower testosterone and sex hormone binding globulin than men in other events.

effects of these androgens, as well as the magnitude of their effects, have not been properly addressed. However, the high incidence of such androgens in adverse analytical findings from analysis of athletes' samples suggests that the athletes at least perceive they have a material impact on athletic performance. For instance, among the 296 elite athletes serving a doping ban under the rules of the International Association of Athletics Federations (IAAF) as of 19 December 2016, 116 are females, of which 64 tested positive for androgens.² These findings confirm that these doping substances are the most prevalent ones among female athletes, in spite of continually improving analytical techniques and strategies to detect their abuse.³ Additionally, the highly increased endogenous productions of androgens demonstrated by some female athletes, as well as their virilised phenotype, have been highlighted in sports and represent a subject of controversy among the scientific community.⁴⁻⁹

Bermon and Garnier 2017 (BG17) in *British Journal of Sports Medicine*

BG17, the sole scientific basis for the restricted events, is plagued by systemic data errors. Not denied by IAAF.

The New York Times

Did Flawed Data Lead Track Astray on Testosterone in Women?



EVENT	Original data points	Duplicated athletes	Athletes included who were DQ'ed for doping	Duplicated times	Phantom times	Total problematic data points	Percent of total
400m	67	6	0	5	11	22	32.8%
400mH	67	6	0	12	1	19	28.4%
800m	64	8	3	0	0	11	17.2%
1500m	66	10	2	0	3	15	22.7%

The I.A.A.F. has argued that rules governing testosterone levels are needed to level the playing field and to reduce an unfair advantage. Ben Hoskins/Getty Images

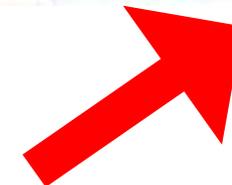
By Jeré Longman

July 12, 2018



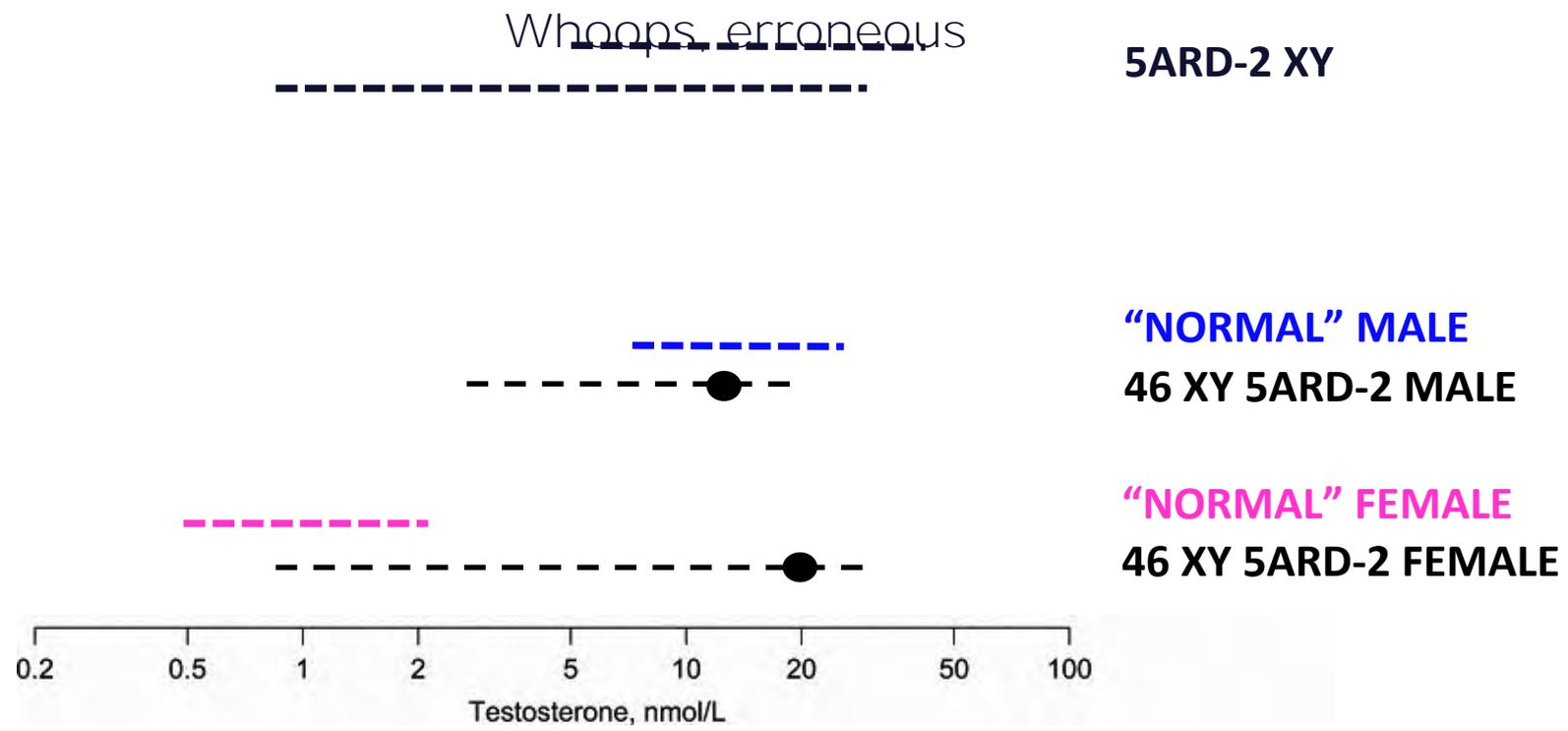
Researchers have found flaws in some of the data that track and field officials used to formulate regulations for the complicated cases of

er Semoyne of South Africa, the two-time Olympic champion at



- This proportion of erroneous data is fatal to BG17.
- We requested that IAAF and BJSJ retract the paper.
- Both refused.
- BJSJ refused to publish our critique.
- IAAF has never shared the full data, even at CAS.

#3 – IAAF uses flawed theoretical science to reclassify certain females as “biological males”



Adapted from Clark et al. 2018
and the correction, Clark et al. 2019
as discussed in Pielke and Pape 2019

#4 – IAAF regulations require that medical professionals violate widely held guidelines for medical and research ethics



“Athletes are in effect being asked to act as guinea pigs in medical research.”

Caster Semanya ruling: sports federation is flouting ethics rules
New eligibility requirements for elite female athletes violate principles designed to protect people from risky medical research, argues Roger ...
[nature.com](https://www.nature.com)

IAAF and IOC are aligned with the Ethical Guidelines of the World Medical Association's Helsinki Declaration



Olympic Movement Medical Code
In force as from 31 March 2016

All signatories to the Code must recognise their responsibility to stimulate and support research in sports medicine and sports science. Such research must be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Fortaleza, Brazil 2013), and the applicable law. All signatories to the Code and the health professionals working for them have a responsibility to collect and analyse injury and illness data for the assessment of risk and measurement of the effectiveness of any mitigating initiatives.



Research in sports medicine and sports sciences is encouraged and should be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World

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COMPETITION MEDICAL GUIDELINES

Medical Association (last revised in Seoul, 2008), and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardise his or her performance. The voluntary and informed consent of athletes to participate in such research is essential.

<https://stillmed.olympic.org/media/Document%20Library/OlympicOrg/IOC/Who-We-Are/Commissions/Medical-and-Scientific-Commission/Olympic-Movement-Medical-Code-31-03-2016.pdf>

<https://www.iaaf.org/about-iaaf/documents/health-science>

The World Medical Association has asked doctors not to implement the IAAF regulations!

The screenshot shows the World Medical Association (WMA) website. At the top left is the WMA logo, which consists of a blue globe with a white caduceus symbol and the letters 'WMA' below it. To the right of the logo, the text 'WORLD MEDICAL ASSOCIATION' is displayed in blue. In the top right corner, there is a search icon and three language selection buttons labeled 'EN', 'ES', and 'FR'. Below the header is a dark blue navigation bar with white text for 'WHAT WE DO', 'POLICY', 'PUBLICATIONS', 'NEWS & PRESS', 'WHO WE ARE', 'JUNIOR DOCTORS', and 'MEMBERS'. The main content area has a breadcrumb trail: 'News & Press / Press Releases / WMA Reiterates Advice to Physicians Not to Implement IAAF Rules on Classifying Women Athletes'. To the right of the breadcrumb are social media icons for Facebook, Twitter, YouTube, and Email. The main headline reads 'WMA REITERATES ADVICE TO PHYSICIANS NOT TO IMPLEMENT IAAF RULES ON CLASSIFYING WOMEN ATHLETES'. Below the headline is a paragraph of text: 'The World Medical Association has reiterated its advice to physicians around the world to take no part in implementing new eligibility regulations for classifying female athletes. It follows today's decision by the Court of Arbitration for Sport supporting IAAF (International Association of Athletics Federations) regulations requiring women athletes with specific differences in sex development to medically reduce their natural blood testosterone. WMA President Dr. Leonid Eidelman said: 'We have strong reservations about the ethical validity of these regulations. They are based on weak evidence from a single study, which is currently being widely debated by the scientific community. They are also contrary to a number of key WMA ethical statements and declarations, and as such we are calling for their immediate withdrawal'.' To the right of the main text is a section titled 'Other Posts' with a preview for 'World Medical Association decision on...' and another line 'The World Medical Association has given a warm v...'. The entire screenshot is enclosed in a thin black border.

<https://www.wma.net/news-post/wma-reiterates-advice-to-physicians-not-to-implement-iaaf-rules-on-classifying-women-athletes/>

Bermon explains, ethics are optional . . .



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I hate to be disappointing, but for me the approach is quite simple: you want to compete in the PROTECTED feminine category, then you must not oppose a treatment that affirms your feminine gender (and lowers your T level to female norms) and all the more if you shout from the rooftops that you are a woman! You have every right to refuse and in that case, you have alternatives: competing with men, the intersex categories, national competitions or in track and field events outside the 400m to the mile (just over 1600m). But in the end maybe you don't want to do it because you won't have the money and glory. To be able to participate in a competition is a right. The right to win is not!

https://www.sciencesetavenir.fr/sante/athetism-if-you-want-to-compete-in-the-feminine-category-then-you-must-not-oppose-a-treatment_134846

Medical ethics and scientific integrity continue to present challenges for IAAF

. Finally, **gonadectomy** (removal of gonads, ovaries or testicles) is a treatment that can also be considered in certain circumstances. This treatment has been demonized by bioethics brokers who cogitate in their beautiful Stanford offices (in the States), but who have never brought their US-centric vision to bear on the very real situations of these African DSD athletes that I have encountered over the past 12 years!



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The case of Negesa

Annet Negesa - suffering in the name of justice

By Olga Sviridenko, Edmund Willison, Hajo Seppelt and Jörg Mebus



The former Ugandan world-class runner Annet Negesa underwent surgery in 2012 with dramatic consequences - exclusively due to the controversial hormone rule of the World Athletics Federation IAAF. Now she makes serious allegations against the senior IAAF doctor.

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Thank you

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<http://rogerpielkejr.com>

