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

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13 October 2019

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”
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’

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 male.
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

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.


Stéphane Bermon, Director
IAAF Health and Science Department
#2 – IAAF used flawed empirical science to establish the restricted categories (distances from 400m to one mile)

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.

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

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

Pielke, Tucker, Boye 2019
#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 Semenya 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
IAAF and IOC are aligned with the Ethical Guidelines of the World Medical Association’s Helsinki Declaration.

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 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://www.iaaf.org/about-iaaf/documents/health-science
The World Medical Association has asked doctors not to implement the IAAF regulations!

Bermon explains, ethics are optional . . .

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!

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!

Stéphane Bermon, Director
IAAF Health and Science Department

The case of Negesa
Annet Negesa - suffering in the name of justice
By Olga Svirdenko, 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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