

## Editorial

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### **Divorcing Drug Testing and Sex Testing in Sport**

The International Olympic Committee has a long history of merging and overlapping the discourses surrounding sex testing and drug testing in sport. By lumping together both issues under the umbrella of fairness, the IOC and its Medical Commission continue to conflate drug and sex testing issues today. Doing so is not only inaccurate, but also has the potential to lead to increased involvement of the World Anti-Doping Agency in the IOC's newly-revised sex testing protocols. The IOC Medical Commission needs to reframe sex testing and drug testing as separate issues. Several examples reveal the past and current connections between drug testing and sex testing, which are brought about and perpetuated by the IOC's historical involvement in both types of tests.

When the IOC Medical Commission formed in 1967, its first tasks included investigating doping and investigating methods of ensuring that competitors in the women's events were women. In 1967, at a meeting of the newly-formed IOC Medical Commission in Lausanne, the eight medical experts appointed to the committee agreed that all women participating at future Olympics would require a sex test.<sup>1</sup> At a subsequent meeting, committee member Dr. Thiébauld explained, 'The IOC Medical Commission's activities at the Grenoble Games were carried out in two spheres: controlling the sex of women and controlling doping.'<sup>2</sup> Like doping, being a woman was

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<sup>1</sup> International Olympic Committee, *Press Release* Lausanne September 27, 1967. Avery Brundage Collection, Reel 47, Box 86, Medical Committee Minutes and Reports January 25-26 1969, International Centre for Olympic Studies Archive.

<sup>2</sup> International Olympic Committee Medical Commission, *Medical Commission of the Olympic Games Reports: 1 Grenoble 2 Mexico*. James Worrall Collection, Box 25, Red Folder, International Centre for Olympic Studies Archives, p. 1.

considered a *problem* that the eight men sitting on the IOC Medical Commission could set standards for and control. Thiébauld justified the need for sex testing with the rationale, 'It is inevitable that sooner or later, the representatives of the weaker sex should feel persecuted and ask that the feminine records be awarded to them,'<sup>3</sup> which reflects the reasons given by many athletes who support anti-doping tests to show they are competing cleanly. What is important to note is the paternalistic and degrading language used to describe the justification of sex testing at the Olympics. The history of sex testing in sport is well established, and the injustices female competitors faced seem so appalling to many young scholars hearing about the past nude parades, gynecological exams, and chromosomal analyses, that it is hard for them to fathom that sports governing bodies ever endorsed these requirements.

Further linking of sex testing and drug testing was also inherent in some of the reasons given to eliminate mandatory chromosomal tests for women. In the *Lancet*, Myron Genel and Arne Ljungqvist clarified that the IOC's decision to abandon "gender verification" in 1999 was not intended to end the sex testing era of sport. Organizing committees remained responsible for arranging for a team of specialists to be available to conduct a sex test if an athlete's sex was questioned. Myron and Ljungqvist noted that while genetic screening was no longer routinely conducted on all women seeking to participate, the new policy was an improvement in term of 'saving a lot of embarrassment—and money.'<sup>4</sup> Their quote suggests that the motivation for eliminating mandatory sex testing of all women competing at the highest levels of sport was not based entirely on beneficent reasons to end sex discrimination; instead, financial considerations surrounding the costs of conducting sex tests formed part of the rationale. Moreover, Arne Ljungqvist and Joe Leigh Simpson had already argued that the fears of men masquerading as women had dissipated, thus reducing the need for sex testing. The evidence they offered in support of this claim suggested: 'One reason may be that routine drug testing now requires that voiding of urine be carefully watched by an official to make certain that urine from a given athlete actually comes from his or her urethra. Thus, athletes are already carefully watched in "doping stations."<sup>5</sup> Similar ideas that suggested anti-doping testing protocols would serve to police athletes' sex, which were expressed to several media sources, contributed to the conflation of sex testing and drug testing.

Other examples of the IOC Medical Commission's fusion of drug and sex testing issues are inherent in the IOC's *Stockholm Consensus* on the participation of transsexual athletes in the Olympic Games. Following a special working group meeting of the IOC Medical Commission in October 2003, the Executive Committee of the IOC ruled that transgender athletes can compete as their self-identified gender at the Olympic Games if they meet the qualification standards for their sports, obtain legal recognition of their

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<sup>3</sup> Ibid.

<sup>4</sup> Genel, M. & Ljungqvist, A. (2005). "Gender verification of female athletes." *Lancet* 366: S41.

<sup>5</sup> Ljungqvist, A. & Simpson, J. (1992). "Medical examination for health of all athletes replacing the need for gender verification in international sports: The International Amateur Athletic Federation Plan." *JAMA* 267(6): 852.

## International Network of Humanistic Doping Research

gender, complete genital reconstructive surgery, and undergo post-operative hormone therapy for a time period long enough to eliminate advantages.<sup>6</sup> The final condition outlined in the *Stockholm Consensus* functions to reinforce the stereotypes that the amount of testosterone in a body determines a person's likelihood of achieving success in sports, and that testosterone must be regulated to ensure a fair playing field.

Regulating testosterone levels in athletes plays a key role in the IOC and IAAF's new approach to categorizing athletes as women and men. In April 2011, following a long investigation of runner Caster Semenya's sex by the IAAF because on her appearance and speculation appearing on a blog that claimed she was not a woman, the IOC released new guidelines for assessing hyperandrogenism in female athletes. The IAAF endorsed the IOC's guidelines, which recommended prohibiting from competition women with 'functional testosterone levels' that fall within a set male range. The IOC Medical Commission explained that an investigation into a woman's functional testosterone level could be launched if a drug test or routine blood test found her testosterone level to be higher than the accepted range for women.<sup>7</sup>

The IOC Medical Commission's guidelines will allow women with certain disorders of sexual development (DSD) – women would have been banned by previous policies – to compete in the women's category at the Olympic Games. This step is surely a positive one, which will help create an inclusive sport environment that tolerates less discrimination based on natural variations in hormone levels. Testosterone most certainly offers performance-enhancing benefits, which is why anabolic steroids and their derivatives are banned in sport. However, it is not the idea of barring women whose bodies produce higher amounts of functional testosterone than other women that is troubling. Instead, it is the means suggested to identify women with high testosterone levels that is so problematic. In this context, the ends do not justify the means. When an athlete provides a blood or urine sample to a doping control officer, he or she is consenting to a doping-detection test, not the preliminary stage of a sex test. Without the past overlap between sex testing and drug testing, or the assumption that both tests serve to identify cheaters, it is questionable whether the use of a drug test to monitor an athlete's status as a man or woman would even be considered an acceptable approach.

What drug testing and sex testing have in common, according to the arguments offered by IOC Medical Commission members, is that both tests

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<sup>6</sup> International Olympic Committee. *Press Release: IOC approves consensus with regard to athletes who have changed sex*. 18 May 2004. Revised edition: [http://www.olympic.org/Documents/Reports/EN/en\\_report\\_905.pdf](http://www.olympic.org/Documents/Reports/EN/en_report_905.pdf)

<sup>7</sup> Rupert, J. L. (2011). "Genitals to genes: The history and biology of gender verification in the Olympics." *Canadian Bulletin of Medical History* 28(2): 339-365. See also Marchant, J. (2011). "Women with high male hormone levels face sport ban" *Nature* April 14, 2011. <http://www.nature.com/news/2011/110414/full/news.2011.237.html>

detect forms of cheating. However, fallacious reasoning is involved in arguing that because both sex testing and drug testing are concerned with cheating and testosterone levels in athletes' bodies, WADA should have any role whatsoever in verifying athletes' sex. The assumption that because *testosterone* is present the issue has a connection to anti-doping and fairness, and therefore falls within the purview of WADA, involves a false analogy. This inaccurate lumping of drug testing and sex testing fails to acknowledge the numerous relevant dissimilarities between the two tests. The most notable of these differences is the intention behind the administration of each test: one is to verify athletes' sex and classify them as women or men; the other is to enforce a ban on performance-enhancing drugs and methods. WADA should have no role in the IOC's updated recommendations for determining an athlete's sex, nor should it supply the IOC or its Medical Commission with information about a woman's testosterone level determined through anti-doping testing protocols.

### **Citation suggestion**

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