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THE ONUS OF INCLUSIVITY: SPORT POLICIES AND THE ENFORCEMENT OF THE WOMEN'S CATEGORY IN SPORT

Sarah Teetzel

With recent controversies surrounding the eligibility of athletes with disorders of sex development (DSD) and hyperandrogenism, as well as continued discussion of the conditions transgender athletes must meet to compete in high-performance sport, a wide array of scholars representing a diverse range of disciplines have weighed in on both the appropriateness of classifying athletes into the female and male categories and the best practices of doing so. In response to cases of high-profile athletes' sex (and gender) being called into question, the International Olympic Committee, the International Association of Athletics Federations, and the National Collegiate Athletics Association, among others, published or updated policies addressing who is eligible to compete in the women's sport category and under what conditions. This paper addresses the areas in which philosophical reasoning and ethical analysis can contribute to reopened debates about the surveillance of the women's category in sport. Emphasis is placed on determining where the onus of responsibility should fall for ensuring the new policies are followed.

KEYWORDS gender; inclusion; fairness; sport policy; transgender; intersex

1. Introduction

Few discussions attempting to address recent gender policies in sport do so without referring to Caster Semenya's story. The aftermath of her gold medal run in the 800-meter race at the 2009 World Athletics Championship in Berlin, when she was 18 years old, has been documented and analyzed thoroughly (Staurowsky 2011). Semenya was thrust into the court of public opinion

when most major media outlets published articles and commentaries analyzing her physical appearance, speculating about her genitalia and testosterone level, and discussing her suitability to continue competing in the women's category of athletics. Academics quickly contributed critical evaluation of the battery of tests and examinations Semenya was required to undergo to continue competing in women's track events, and, for the most part, strongly condemned the treatment she received. In running an 800-metre race faster than all but four women before, Semenya reopened both academic and public interest in the policing of the women's category in sport.

The history of sex testing in sport has been well documented and analyzed (see Jönsson 2007; Martínez-Patiño 2005; Ritchie 2003; Schneider 2000; Skirstad 2000). Following years of criticism from athletes, women's rights advocates, and geneticists questioning the accuracy of the tests, in 1999 the International Olympic Committee (IOC) quietly abandoned the chromosomal tests used to ensure only women with XX chromosomes competed in the women's events. The next chapter of sex verification started in 2003 when the IOC Medical Commission assembled a group of gender experts in Sweden to draft the *Statement of the Stockholm Consensus on Sex Reassignment in Sports*, also known as the Stockholm policy, which came into force in May 2004. The policy, which outlined the conditions transsexual athletes would need to meet to compete at the Olympics,¹ received a generally positive response; however, concerns were expressed regarding a lack of inclusivity (Cavanagh and Sykes 2006). Without any openly transgender athletes qualifying to compete at the 2004 Olympics, the policy was implemented without much controversy, and a lull in public interest followed.

Semenya's now infamous race in August 2009 forced her muscular body into the spotlight. The media attention focusing on whether she would be permitted to run in future women's races lasted several months while the International Association of Athletics Federations (IAAF) conducted an investigation. During this time, many sport historians, sociologists, and researchers trained in medicine – particularly genetics, endocrinology, and bioethics – weighed in, resulting in social and ethical analyses of gender in sport issues appearing in journals geared toward readers with little previous exposure to sport ethics analysis.² With the exception of Coggon, Hammond and Holm's (2008) research on transgender sport policy in the United Kingdom, the philosophy of sport literature addressing the women's category has been sparse.³ Philosophers' voices, particularly those with an understanding of sport,⁴ are needed in the public debates moving forward. With ideas about fairness, cheating, gender justice, inclusion and exclusion at the forefront of the reopened debates on the surveillance of the women's category of sport, philosophical reasoning and ethical analysis is necessary.

This paper builds on past interdisciplinary studies examining recent changes to who can compete in the women's category, with emphasis on assessing where the onus of responsibility should rest in enforcing the new policies. I argue that despite serious concerns about fairness, privacy, confidentiality, and consent associated with these policies, high-performance athletes have an obligation to inform the medical commission of their sport if they knowingly fall within the category of people the new policies target. The sports organizations, in turn, have an obligation to treat all athletes who voluntarily disclose their medical results and records with the utmost of respect and dignity, and to ensure their privacy and confidentiality is not compromised.

2. Sport Policies and the Women's Category

High-performance sport remains a sex-segregated space that can condone gender injustice (Travers 2008). Despite advances in gender equity and respect for women athletes over the past few decades:

sexual prejudice and heterosexism have been and still are pervasive in many areas of sport. Trans athletes, coaches and administrators, sexual minorities of color, female athletes, and women's teams represent just some of the persons or groups facing negative treatment and limited opportunities in sport. (Cunningham 2012, 70)

However, as Jönsson (2007) argues, 'the problem of gender discrimination comes with the gender categories in themselves, and not with the individual athletes who may challenge and transcend certain gender boundaries with their bodies and identities' (241). Policies that set precise parameters for who can compete in the women's category can contribute to maintaining gender inequity in sport, but are necessary if sport is to continue offering separate women's and men's competitions.

Several sports organizations have crafted policies to regulate and categorize bodies that do not fit easily into conventional understandings of the category 'woman'. Schneider's (2000) questions, 'What makes a woman a woman? Is it chromosomes, genitalia, a way of life or set of roles, or a medical record?' (131) are even more relevant since the IOC's creation of the Stockholm policy and the IAAF's policy on hyperandrogenism and disorders of sex development (DSD).⁵ The only way to avoid defining essential characteristics of women for the purpose of eligibility is to eradicate sex categories entirely, or to trust participants to self-select the category in which they will compete.⁶ Bodies that challenge sport's dualistic division of athletes into male and female categories are problematic for a system only beginning to recognize the continuum of bodies that fall between conventional understandings of male and female.

Many claims of unfair advantages possessed by intersex and transgender athletes are predicated upon not only confusion about in which gender category specific athletes should compete, but also stem from gender normativity biases and a lack of understanding (Wahlert and Fiester 2012). Assumptions about strength and endurance advantages directly attributed to testosterone levels that are not supported by the scientific literature (Karkazis et al. 2012) are also prevalent and problematic. As American athlete and genetic counselor Summer Pierson (2011) notes, 'the general population's understanding of intersex conditions is so profusely lacking that quite possibly the only thing that can outsell sex is intersex' (323). The extreme media attention Semenya's case garnered illustrates Pierson's point precisely.

Many transitioned women (i.e. male-to-female) and intersex women face speculation that they receive unfair advantages in sport stemming from their bodies' production of testosterone. However, a comprehensive literature review of the scientific evidence addressing athletic advantages or disadvantages transitioned athletes face in competing in high-performance sport concluded that 'there is a paucity of data regarding the effect of transitioning on athletic performance' (Devries 2008, 15). The report confirmed that much more research is necessary to draw conclusions and cautions, 'we may never truly know whether transitioned athletes compete at an advantage or disadvantage' (16). Despite this uncertainty, policies are in place that set parameters for inclusion and exclusion, which are based on recommendations from teams of interdisciplinary medical experts. Different organizations have adopted different conditions of eligibility, and multiple sets of parameters of inclusion are applied at different levels of sport.

In requiring sex reassignment surgery, a two-year wait period after beginning hormone therapy, and legal recognition of a person's gender, the IOC's transgender policy takes a cautious approach that is much more stringent than policies that have followed. For example, the National Collegiate Athletic Association (NCAA)'s policy for transgender inclusion on varsity sports teams allows trans athletes to participate with fewer eligibility conditions. Drawing on guidelines previously adopted by the National Center on Lesbian Rights and the Women's Sports Foundation (rather than the IOC) the NCAA policy permits trans athletes to participate in their transitioned, self-identified sex category without undergoing sex reassignment surgery after one year of hormone therapy (Moltz 2010).⁷ Student-athletes must provide a letter to their athletic directors from their physicians outlining the transition process undertaken and their testosterone levels if testosterone has been administered or blocked. The college's athletic director must review the eligibility requirements with the student-athlete and, if applicable, notify the NCAA of testosterone use to obtain a therapeutic use exemption (NCAA 2011). The emphasis of the NCAA's policy is

on testosterone levels exclusively, not on the student-athlete's genitalia or legally recognized sex.

A similar emphasis on testosterone levels underpins the IAAF's 'Regulations Governing Eligibility of Females with Hyperandrogenism to Compete in Women's Competitions'.⁸ Released in 2011, and adopted by the IOC prior to the London 2012 Olympics, the guidelines specify that women whose functional testosterone levels exceed a specific level, which was determined by scientists consulted by the IAAF, must lower their testosterone, presumably using testosterone-blocking drugs, to be eligible to compete in the women's events. The level of 100 ng/dL now serves as the threshold for distinguishing men and women (Bostick and Joyner 2012). This policy change clarified the eligibility rules for women with partial or full androgen insensitivity and other DSDs, but the timing of the clarification raised flags. For example, Dreger (2011) commented: 'although sports officials contend that this reworking is not a specific response to the fiasco surrounding the South African runner Caster Semenya, what happened to Semenya constitutes reason enough to seek reform'. After the policy was made public, it was confirmed in many media sources that Semenya had been cleared to resume competing in women's events. Speculation about whether she would be allowed to run again was thus replaced with speculation about whether she was required to take drugs to lower her naturally occurring testosterone level.

3. Fairness and the Onus of Inclusion

Questions about Semenya's need to take testosterone-blocking drugs raise the question of whether policies that require healthy woman to take drugs in order to be eligible to compete are morally acceptable. There has been very little moral evaluation of the new policies policing the women's category in sport, and the debate is hindered by the lack of a clear consensus on what fairness in sport involves. Fairness can be understood in several ways, and one predominant conception is not universally adopted in sport – by participants or by philosophers. The importance of adhering to the rules in order to play the game is often taken for granted as a necessary component of sport. But from a social justice perspective, we have an obligation to break or challenge rules that are based on reasoning that excludes individuals or groups of people unjustifiably (Holley 1997), for example, based on racist or transphobic reasons. Not all sports rules are automatically fair and justifiable just because they are agreed upon by organizers and participants.

The mere inclusion of a rule limiting sport participation in a policy or rulebook does not make the rule fair, even if the rule can be legally enforced (Schneider 1992). Critical evaluation of the rules contained within policies in

sport is necessary; however, this is not always done by sports organizations or by the athletes directly impacted by the rules. For example, Pierson (2011) argues against an 'intrinsic or explicit right to compete'(323) maintaining:

once one has achieved an elite level of performance, it is explicitly stated that it is a privilege to compete, and in order to enjoy such a privilege, the sacrifice of certain rights is required. One of these sacrifices is to submit to various verifications and tests as determined by any number of governing bodies. This includes the invasion of privacy in the form of randomized drug testing (US-ADA requires that they know my location at all times, so I can provide either a blood or supervised urine specimen without advance notice), age-verification processes, and in certain instances gender-verification procedures. (Pierson 2011, 323)

Accordingly, athletes seeking to retain their right to privacy must opt out of participating (323). Acceptance like this, from competent athletes like Pierson, is highly problematic as it relies on a 'might is right' mentality that fails to recognize athletes' autonomy and abilities collectively to challenge rules that are unfair or threaten their rights.

There are several methods for evaluating the moral acceptability of rules. In setting eligibility rules for participation, sport governing bodies have to weigh the desire for fairness with other considerations, including practical considerations and economic implications. To help see what the right solution would entail, rather than what the most convenient solution would be, John Rawls' (1999) classic investigation of fairness suggests placing one's self in the 'original position' to help identify morally acceptable and impartial decisions. In the original position one is unaware of his or her 'specific contingencies which put men [*sic*] at odds and tempt them to exploit social and natural circumstances to their own advantage' (136). Thus one is unaware of 'how the various alternatives will affect their own particular cases' (136) and therefore knows nothing about his or her social status, abilities, intelligence, or other demarcating features. Under these circumstances, Rawls proposed people would select two principles of justice: one that guarantees liberty and one that restricts inequalities to those who are most in need and would benefit the most from unequal treatment.

Noting that Rawls' conception of fairness focuses on equality of conditions rather than equality of results, Morgan (2006) points out that 'benefits and responsibilities that accrue from participation in sport do not have to be apportioned in the same (identical) amount to each participant in order to be considered fair' (180). Loland's (2002) Aristotelian-based theory of distributive justice helps demonstrate why the unequal treatment of people can be acceptable, as long as that treatment is justifiable based on the conditions at hand. As Loland explains, drawing on Aristotle's *Nichomachean Ethics*, 'Relevantly

equal cases ought to be treated equally, cases that are relevantly unequal can be treated unequally, and unequal treatment ought to stand in reasonable accordance to the actual inequality between cases' (43). In this vein, Coggon, Hammon, and Holm (2008) apply Loland's analysis adding, 'it can be fair to treat participants differently, so long as it has been agreed to by all the players: their agreement inferred by their willingness to participate according to the rules' (7). However, to address fears of appeals to popularity functioning to maintain the status quo, they recognize that individual athletes, particularly members of minority groups, can struggle to gain support to protest against rules felt to be unfair. Moreover, athletes can feel powerless to enact change, as noted by Pierson above.

Questions about the fairness of women's category policies can be divided into two separate issues: (1) whether the policies are fair, and (2) how the policies can be applied and enforced fairly. Many authors have pointed out the innate unfairness in requiring women to 'prove' their sex, while not holding male athletes to the same standard. This is part of the reason why the 'femininity certificates' awarded by the IOC Medical Commission to women who 'passed' the chromosomal tests were discontinued. However, if functional testosterone provides the great performance benefits that the scientists consulted by the IAAF and IOC believe it does, it does not seem unreasonable to exclude women with very high levels of testosterone from competing in high-performance sport. This is because despite huge advances in women's athletic performance throughout the twenty-first century, the division of most sports into men's and women's competitions persists in light of recognition that men's world records, on average, exceed women's world records by 10% (Bermón et al. 2013). Assuming that the IOC, IAAF, and NCAA's women's category policies are, at least to some degree, acceptable, the practical question becomes how to implement these policies in respectful, justifiable, and non-discriminatory ways.

Policies that restrict eligibility to women whose testosterone levels fall within a certain range are impossible to enforce without access to women's testosterone levels. It is unclear which women, or groups of women, will be required take part in such a process for the purpose of sex categorization. If not all women are required to participate in this process, selecting women at random is problematic, despite the World Anti-Doping Agency (WADA)'s precedent in conducting random doping detection tests. In reality, these tests are not always random; athletes can be targeted for doping control based on requests from International Sports Federations and other members of the sports community. For example, Lance Armstrong was not just extremely unlucky to be 'randomly' selected to provide a urine or blood sample several hundred times.⁹ Nonetheless, the possibility of requiring athletes to be available for random sex tests is an undesirable option if it remains women

exclusively who are subject to this surveillance and infringement of privacy. Procedures that could be used to identify women with testosterone levels high enough to warrant such exclusion are troubling. For example, members of the IOC Medical Commission have been quoted explaining that an investigation into a woman's functional testosterone level could be launched if a drug test or routine blood test finds her testosterone level to be higher than the accepted range for women (Marchant 2011). Why should sports organizations have access to athletes' routine blood test results? The consent an athlete provides to have his/her blood tested for doping control should not extend to allow the test results to be used for other purposes. There is a substantial difference in an athlete opting to provide this information and a sports organization obtaining it by other means.

Conducting testosterone tests, or a complete sex verification process only when deemed necessary on a case-by-case basis as per the IOC and IAAF's new policy, is preferable to requiring all women, or women selected at random, to participate in the testing. However, it is not at all clear how sports organizations will identify which women to select for testing. The thought of subjecting women athletes who look more muscular, androgynous, or masculine than their competitors to sex verification procedures, and requiring them to plead their cases to a panel of experts to continue competing in the women's category, is not a direction many people want to see sport go (Sailors, Teetzel, and Weaving 2012). It is also reminiscent of witch hunts, and has the potential to be applied in racist and classist ways. The targeting of Semenya for sex testing because of her so-called masculine appearance was widely condemned by feminist scholars for conflating issues of appearance, heteronormative understandings of femininity, and gender performativity with questions about biological sex and sex-related athletic advantages.

With policies in place stipulating the conditions women need to meet to compete in women's events, is there an obligation for athletes to disclose their current and past medical histories to sports officials? Even the NCAA's transgender policy, which is considered quite inclusive compared to the IOC's Stockholm policy (Buzuvis 2012), requires a trans athlete to notify his or her athletic director that he or she is transgender. The recent example of mixed martial arts (MMA) fighter Fallon Fox's decision in 2013 to disclose that she was born male and transitioned to female only when a reporter threatened to leak her story highlights this uncertainty. In an interview on the Canadian radio program *Q with Jiam Gomeishi*, Fox, the first openly transgender MMA fighter, acknowledged she did not reveal her transition from man to woman to the MMA community before she began fighting (in 2011) with the rationale: 'it was my personal business to keep my transgender history a secret. Not to mention it was my medical history. I just didn't want to reveal to the public'. In response to critics, such as UFC women's bantamweight champion, Ronda Rousey, who

told reporters she would agree to fight Fox only if the UFC required her to do so, but 'doesn't feel good about Fox fighting women to begin with' (Samano 2013) Fox echoed Devries' (2008) findings that the medical and scientific communities have not found transgender women to have advantages over opponents who have lived their whole lives as women.

It is not hard to understand why athletes might believe that they cannot compete fairly against competitors with elevated levels of testosterone, regardless of whether that testosterone is produced naturally in the body or supplemented by doping. One need only look at the great advantages gained by athletes in the past, especially East German and Soviet women, who were given exogenous androgens, to understand the hesitation sportspeople might feel in competing against people with much higher functional testosterone levels. The Stazi files analyzed by Franke and Berendonk (1997) describe the near impossibility of women with average testosterone levels outperforming women with much higher testosterone levels in strength-based events. Women athletes harboring concerns of this nature may feel silenced out of fear of appearing intolerant or politically incorrect.

Returning to the case of Fox's decision not to disclose her trans history to MMA organizers when she started competing, it is relevant to note that the MMA did not have a transgender policy in effect, and that her Illinois identification listed her sex as female. Thus Fox did not lie or break a rule in opting not to disclose her history when she entered the sport. Is it the athlete's obligation to disclose what would otherwise be confidential medical information, or the sport organizations' responsibility to target and test individuals suspected of not meeting the criteria for competing in the women's category? Fox's decision seems reasonable given a transgender policy was not in place when she began her MMA career. However, if a policy had been in place that required transgender and intersex athletes to confirm they met the criteria to participate at the elite level in the women's category, it does not seem overly burdensome to expect athletes to adhere to it, as long as certain assurances are in place. These include a guarantee that, unlike Semenya's case, the athlete's dignity, privacy, and confidentiality will be respected. Correspondingly, sports organizations have an obligation to treat athletes who voluntarily disclose their genetic information with the utmost of dignity and respect.

Due to concerns about infringing privacy and confidentiality, as well as concerns about requiring unnecessary medical treatments to compete in sport, several groups, including the Organisation Intersex International and a working group in Canada, led by Bruce Kidd and affiliated with the Canadian Centre for Ethics in Sport, have advocated for athletes to be able to compete in the sex category of their choice without facing testing or mandatory treatment. Kidd (2011) calls for self-identification to be the sole criterion for participation in the men's and women's categories at all levels of sport. His rationale is that the

greatest good comes from respecting athletes' rights and abilities to determine the sex category in which they should compete, particularly when one considers the sheer magnitude of factors that contribute to unequal playing fields, including access to funding, coaching, and advanced training techniques. The history of eligibility rules in sport demonstrates that 'there is nothing in the nature of sport itself that determines who can and cannot play. In the purest form of sport only self-exclusion should apply' (Vamplew 2007, 851). Kidd's argument for athlete self-identification follows similar logic. While his solution promotes maximum inclusion and recognizes everyone should be permitted to attempt to qualify to compete at the highest level of sport, it ignores the possibility that women with very high functional testosterone levels may be relevantly dissimilar enough to warrant dissimilar treatment. Without more empirical evidence, including the perspectives of elite female athletes, it seems premature to advocate for self-identification as the sole criterion for entry into the women's and men's events. However, if increased understanding of the role of functional testosterone in athletic performance indicates higher endogenous levels do not amount to a competitive advantage, as some critics already claim (e.g. Karkazis et al. 2012) then Kidd's idea should be implemented immediately.

In the meantime, undisclosed target testing of athletes seems neither fair nor transparent, calling into question the usefulness of this aspect of the new policies. For example, women with congenital adrenal hyperplasia (CAH) produce much more testosterone than the average woman, which might provide a competitive advantage for some women in some sports; yet women with CAH tend to be shorter than average and 'are genetically and phenotypically female, with the capacity for normal puberty and fertility' (Wonkham, Fieggen, and Ramesar 2010, 547). These women are unlikely to raise suspicion or be flagged for case-by-case analysis by a team of gender experts. Identifying this potential advantage would require testing *all* women athletes, taking us right back to the policies in effect from the 1960s until 1999.

4. Conclusion

In the last decade, new policies for the inclusion of trans athletes and athletes with high functional testosterone levels have been implemented to help ensure competitors in the women's category do not benefit from hormone-based advantages compared to their competitors. Conceptually, the new policies make more sense than the old ones, and exclude fewer people from competing at the highest levels of sport, but in reality the utility of these policies remains questionable. Concerns about fairness, respecting human rights, privacy, confidentiality, and obtaining consent to the sex verification

process continue to plague the new policies, and attempts to design new criteria for inclusion, based on science and in line with the highest standards of ethical research, are needed. According to members of the IAAF Medical and Anti Doping Commission, since the unacceptable privacy and confidentiality breeches Semenya faced, '18 cases have been considered. Five cases have been concluded, nine cases are still pending, and four cases have been identified as doping offenses. Other than the four doping offenses, which are required to be officially and publicly announced, none of the 14 remaining cases have been made public to the best of our knowledge' (Bermon et al. 2013, 65). Thankfully Semenya's treatment has not been repeated. Progress has been made in keeping these athletes' names and medical information out of the media, but much more work remains to be done. In calling for athletes with functional testosterone levels significantly higher than their peers (i.e. who scientists consider to be competing with athletic advantages) to disclose their condition to the medical commission of their sport to determine their eligibility, it is an absolute requirement that medical commissions place the athletes' dignity, privacy, and confidentiality as their top priority, and treat breeches in confidentiality by their employees as serious offenses. This system is not perfect and still includes inequities, but attempts to work to the benefit of all concerned.

Wahlert and Fiester (2012) point out attention given to sex determination in recent years, 'reminds us of the unresolved questions that have yet to be asked about how the needs of intersex athletes, transgender athletes, and *all* female athletes are intrinsically and woefully intertwined', and warn us that 'until we can learn to integrate all the gendered parties involved in this ethical discourse, gender testing in sports will endure and the finish line will remain out of reach' (20). Easy solutions are impossible due to the complexity of the issue. As debate continues, we must ensure that women athletes' voices are heard on this issue, even if the perspectives expressed may be viewed as politically incorrect. As Dreger (2011) notes, 'there is no perfect solution, one that is reasonably objective, universally applicable and universally satisfying', which is precisely why sport ethicists' perspectives are needed in upcoming and ongoing policy revisions and debates. We must ensure the right questions are being debated, ensure athletes' privacy and dignity are respected, and ensure that the breeches of confidentiality Semenya experienced will not happen again.

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Notes

1. To be eligible to compete in the opposite sex category from which he/she was assigned at birth, a transsexual athlete must complete sex reassignment surgery including external genital reconstruction (including gonadectomy for men transitioning to women), receive hormone therapy, have his/her sex legally recognized by his/her government, and participate in an evaluation of these criteria by a panel of experts to ensure the criteria have been met for at least two years. Athletes who transition before puberty are not held to the same requirements (IOC 2004).
2. See, for example, Bostick and Joyner 2012; Heggie 2010; Hercher 2010; Ritchie, Reynard, and Lewis 2008; and volume 20 of the *Journal of Genetic Counseling* (2011).
3. An exception is Nathaniel Champlin's (1977) question in *Journal of the Philosophy of Sport*, 'Does being a transexual alter one's status in athletics?' (107); however, he did not articulate a response to that question before moving on to addressing other issues.
4. Several ethicists have addressed the issue in bioethics journals. See Camporesi and Maugeri 2010; Caplan 2010; Karkazis et al. 2012; Wonkham, Fieggen, and Ramesar 2010.
5. The term DSD is opposed by many people as it implies that a person is *disordered* and in need of correction by medical intervention.
6. See Torbjörn Tännsjö's radical call for the abolition of sex divisions in elite sport (Tännsjö 2000).
7. The *NCAA Policy on Transgender Student-Athlete Participation* (2011) clarifies that trans males (female-to-male) can participate on men's teams but not women's teams if they are taking testosterone; if they are not using prescription hormones, they can participate on men's or women's teams. Trans females (male to female) must take testosterone suppression medication for a minimum of one year before being eligible to compete on women's teams, but can compete on men's teams in this time. Only one year of hormone therapy is required before male-to-female transgender athletes can compete on women's teams, and there is no obligation to undergo sex reassignment surgery.
8. Hyperandrogenism refers to conditions where androgen production supersedes the typical range for women.
9. Discrepancies exist in the number of blood and urine samples Armstrong claims to have provided to anti-doping authorities, and the numbers acknowledged by the USA and international cycling federations and WADA. See (Hood 2012).

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