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I.O.C. Panel Calls for Treatment in Sex Ambiguity Cases

By GINA KOLATA

A panel of medical experts convened by the International Olympic Committee recommended Wednesday that the issue of athletes whose sex seems ambiguous be treated as a medical concern and not one of fairness in competition.

Athletes who identify themselves as female but have medical disorders that give them masculine characteristics should have their disorders diagnosed and treated, the group concluded after two days of meetings in Miami Beach. The experts also said that rules should be put in place for determining an athlete's eligibility to compete on a case-by-case basis — but they did not indicate what those rules should be.

“We did not address fairness,” said Dr. Joe Leigh Simpson of Florida International University. He is an expert on such disorders and participated in the meeting. “The entire concept was that these individuals should be allowed to compete.”

The group, sponsored by the I.O.C. and the governing body for track and field, met on Sunday and Monday in the wake of an international controversy over Caster Semenya, the South African runner who won the 800 meters at the world championships in Berlin in August. Other athletes complained that her masculine features suggested that she should not be allowed to compete as a woman, and track and field’s governing body ordered sex testing. The results of those tests have not been released.

The panel’s recommendations were criticized by some athletes, who said that athletes with masculinizing disorders are so different from other women that their presence in competition is unfair.

“If you start to do this you are making a joke of the fact that there are two classifications — male and female,” said Doriane Coleman, a law professor at Duke University and a former elite 800-meter runner. “They might as well open it up and have women competing with men.”

Masculinizing disorders are rare but significantly more common among elite athletes than in the rest of the population, said Dr. Eric Vilain, a medical geneticist at U.C.L.A. and a participant in the meetings. They can be caused by an overactive adrenal gland, which would result in high testosterone levels from fetal life onward. Or someone might have the male Y chromosome but be relatively insensitive to testosterone. As a result, the person develops as a woman but has high testosterone levels that are only partly effective.

Exercise physiologists say one reason men have huge advantages in nearly every sport is their testosterone levels, which not only affect muscle and skeletal development but also are thought to affect things like the size of the heart and the amount of oxygen-carrying red blood cells in the body.

Members of the panel said that their concern was with sports federations’ responsibility for athletes with medical disorders. Athletes' health might be endangered if their disorders are not diagnosed and treated, they said.
“Those who agree to be treated will be permitted to participate,” said Dr. Maria New, a panel participant and an expert on sexual development disorders. “Those who do not agree to be treated on a case-by-case basis will not be permitted.”

But, for critics like Coleman, this stance avoids the issue of fairness. It is not enough to simply lower testosterone levels after diagnosing an athlete’s disorder, she said. By that point, the athlete has already reaped the benefits of a lifetime of heightened testosterone.

But panel members said it was impossible to wipe away every advantage an athlete might have.

Forget about level playing fields, said Dr. Myron Genel of Yale. “For a lot of us here, there is no such thing,” he said. “We were told at the meeting about a Finnish family that was extraordinarily successful in cross-country skiing. They were found to have a genetic disorder that provided them higher levels of hemoglobin, and therefore they had superior oxygen-carrying capability. Specific genetic defects provide advantages.”

The guidelines so far are merely recommendations, the participants emphasized. Some of the group’s suggestions were deliberately vague. For example, it advised that medical “centers of excellence” be created to diagnose sex-development disorders.

How that would work was not spelled out publicly, although New said a more specific plan had been discussed. Sports authorities would send photographs of athletes to experts like her. If the expert thinks the athlete might have a sexual-development disorder, the expert would order further testing and suggest treatment.

“This is a sea change from what they are doing now,” New said.

Also left unresolved was how to enforce the policy about treating athletes whose sex seems ambiguous.

Consider, Vilain said, an athlete with a disorder that gives her a high testosterone level. Must she be treated to bring her testosterone level down to the average range for women? Or can it be in the high range? And how often must she be tested to be sure she is complying with her treatment?

Simpson, of Florida International University, said he recognized that some female athletes would find the guidelines unfair. But, he said, “we have to balance fairness to female athletes to fairness to other competitors.”

“My opinion remains unchanged,” Simpson said. “If you have a disorder of sexual development, you should be allowed to compete.”

Andrew Keh contributed reporting.