



## **IGR Feedback**

World Rugby's proposed new Draft  
Transgender Policy

**International Gay Rugby**  
August 17th, 2020

## Foreword

*“To promote equality and diversity – in particular, the elimination of discrimination on the grounds of sexual orientation or identification, and to promote good health through the playing of rugby.”*

These words are the core of [International Gay Rugby](#) (“IGR”) and our 89 member clubs, which are founded on the principle of inclusion. World Rugby (“WR”) is well aware of this, as our two organisations have been working successfully together to promote the inclusive values of our sport since 2012.

The World Rugby Playing Charter states, *“The laws provide players of different physiques, skills, genders and ages with the opportunity to participate at their levels of ability in a controlled, competitive and enjoyable environment.”* This is central to the success of Rugby throughout the world and remains one of its strongest characteristics -- Rugby for all. Our sport is recognized and respected internationally for its achievements in this field, so much so that WR is currently a leader and model for other governing bodies to follow.

The actions of the WR Transgender Guidelines Working Group to release such divisive and ill-informed draft guideline, which has been subsequently leaked, has had a hugely damaging effect on some of the most vulnerable individuals in the rugby community. Individuals that World Rugby has previously actively encouraged to join our sport, as it is a safe place for them. Individuals who now depend on the support network that clubs provide them.

Our team mates, our friends, our family, no longer feel part of our clubs. They feel the sport they love is letting them down. In reality, the actions of a few, are letting us all down. For so many, a rugby club is a safe space: it accepts us all for who we are. WR is now charting a course that will alienate not just transgender athletes, but any of us who believe in the values that our sport is founded on.

As it stands, the proposed Transgender Guideline threatens to negate WR’s international standing for inclusion and progressive policy decisions. Implementation of the guidelines in one move will destroy the amazing progress our sport has achieved for LGBTQIA+ people. Its leak has already increased transphobic hate speech on-line and put the safety and well-being of current rugby players at risk.

IGR is fully committed to ensuring the highest safety standards possible for all players – which includes transgender rugby players. From our discussions, it is evident that player safety is a key priority for WR, as we agree it must be, both on and off the pitch.

In this document, IGR has tried to cover all the pertinent aspects of this subject matter to provide WR with a deeper understanding of the subject matter and the effects that

the implementation of a guideline will have. We believe that we have created a comprehensive document and hope that you find it informative. We would like to highlight that the timeframe given for feedback has been extremely short, which in itself raises concerns given the importance of the subject matter. It is a stark contrast to WR's previously cautious and measured approach. This has hampered our ability to provide feedback, as IGR is an organisation run entirely by volunteers. It has limited resources to complete the research. Even with those impediments, given our subject matter expertise and lived experience, we have been able to analyze and highlight for senior decision-makers of WR areas where we believe more consideration is necessary.

It is the considered opinion of IGR that the conclusions contained in the draft guideline have been developed using deficient modelling that uses a group-level aggregate of an extremely specific sub-set of players to allege an increased risk of injury to cis-gendered female players. They are based on research that has:

- a) not yet been peer-reviewed;
- b) rely on an extremely limited body of non-athlete and non-rugby specific research; and,
- c) do not involve any scientific research involving trans women rugby players themselves.

Compounding the issue, the draft guideline applies arguments related to safety exclusively to certain players only because they are transgender. Cis-gender women with the same alleged % safety risk to other athletes would continue to play. Cis-gender men playing with the same alleged % safety risk to their own bodies would continue to play with no additional barriers. It demonstrates, on its face, a fundamental lack of understanding of our core values and of how the game of rugby is played, by all athletes, of all ages, at all levels of the game, all across the world.

This is direct and active discrimination against transgender athletes.

It attempts to achieve legitimacy by cloaking itself in a false safety narrative that has been used time and again to devalue and discriminate against transgender persons. It is founded on and perpetuates long-abandoned myths regarding transgender athletes. It furthers the unacceptable institutionalized chauvinism of policing women's bodies in sport.

IGR appreciates that WR may consider consultation with grassroots rugby outside its mandate and with such a large number of member Unions, this may be correct. IGR has therefore sought to support WR's quest for wider engagement by talking to community rugby groups to understand how they feel. If you ask them, IGR is confident that grassroots rugby communities across the world will tell you that those across the gender spectrum are saying NO to this regressive and exclusionary guideline.

It should be noted that this debate is one which other global sporting organizations have grappled with and successfully resolved. We would encourage WR to look to the example of the World Tennis Association and the International Olympic Committee (among others) who have successfully established policies to support fair inclusion of transgender people in sport.

IGR has produced this document solely to assist WR in fully understanding all the individuals you serve, from elite mens' rugby to local womens' leagues, all the way to the young children who are running round pitches with dreams of being a Rugby World Cup winner.

WR has a choice to make - abandon the draft policy and continue the hard and uncomfortable work of being a leader on this issue, or adopt a regressive approach and exclude and deny those children the opportunity to represent their club and their country while playing the greatest sport in the world. This guideline will have effects throughout the whole of rugby - WR has to do the right thing and find a better solution.

We remain at your disposal for any questions of queries that you may have or assistance that we may be able to provide.

On behalf of the entire global inclusive rugby community, we remain, yours in rugby,

Karl Ainscough-Gates, IGR Chairperson

Megan Goettsches, IGR Representative to World Rugby Working Group

Verity Smith, IGR Representative to World Rugby Working Group

## Feedback Form

World Rugby provided IGR, national Union's and other selected organisations with the below feedback form to be completed and submitted by 17<sup>th</sup> August 2020. Kindly find IGR's feedback included.

IGR's full and detailed feedback to World Rugby is included on the subsequent pages. Further information is available upon request.

QUESTION		COMMENT
1	Does your Union/ Group currently have its own transgender policy?	<ul style="list-style-type: none"> <li>• As a charity registered in England and Wales (<a href="#">Registered Charity Number 1154241</a>) IGR's formal aims are:               <p style="margin-left: 20px;"><i>Providing opportunities for members of the <u>LGBT</u> community to compete in rugby through tolerant and accepting clubs and teams, through community outreach, <u>competitive play</u> and tournament events that stand for tolerance and acceptance in sports; and working with the rugby governing bodies and other partner organisations worldwide to improve tolerance and acceptance of <u>LGBT</u> athletes at all levels of the sport.</i></p> </li> <li>• The <a href="#">IGR Constitution</a> includes a formal membership requirement that all members must "Support IGR's <a href="#">Aims</a> and <a href="#">Objectives</a>"</li> <li>• IGR provides <a href="#">support and resources</a> for the rugby community and transgender players on issues surrounding transgender players in rugby.</li> </ul>
2	How many transgender rugby players are there within your Union?	<ul style="list-style-type: none"> <li>• IGR is not a rugby Union in the traditional sense. However, as the global membership organization for the world's LGBT/inclusive identifying clubs, IGR is a rugby union of 89 different clubs that are registered in 22 different national rugby Unions worldwide, five of which have less registered member clubs than IGR itself. There are active LGBT/inclusive clubs in a further five national unions that do not yet meet the membership criteria of IGR due to their early stage of development.</li> </ul>

		<ul style="list-style-type: none"> <li>• The most recent information available to IGR indicates that there are approximately 200 transgender players rugby players in IGR.</li> <li>• This is an approximate number as IGR is aware that there are transgender players who are not out within their local rugby community and therefore exact numbers are impossible to calculate.</li> <li>• The last formal survey of IGR members in 2018 indicated that 40% of clubs had active, out transgender players. IGR strongly believes that this % has increased significantly following the adoption of the current World Rugby Transgender Policy in 2019 and will be formally surveying members as soon as is feasible.</li> </ul>
	How many of these are Transgender men?	<ul style="list-style-type: none"> <li>• Approximately 90% of above referenced transgender players in IGR are transgender men.</li> </ul>
	How many of these are Transgender women?	<ul style="list-style-type: none"> <li>• Approximately 10% of above referenced transgender players in IGR are transgender women.</li> </ul>
2a	<p>How many non-binary players are there within your Union?*</p> <p><i>*Supplementary question added by IGR</i></p>	<ul style="list-style-type: none"> <li>• IGR highlights the lack of consideration of non-binary players both in the draft guideline, FAQs and this supporting feedback form and calls upon WR to consider and provide further clarification on the implications of any future policy on non-binary players in a more comprehensive manner.</li> <li>• IGR notes that the number of known players in IGR and our member’s wider local rugby community who identify as non-binary is higher than the number of known transgender players. There may be a variety of different factors as to why this is the case. IGR does not have exact figures to provide on the number of non-binary players in IGR at this time.</li> </ul>

3	Do you agree that the draft guideline should become World Rugby policy for all of its own tournaments?	<ul style="list-style-type: none"> <li>• IGR firmly rejects the draft guideline becoming WR policy at any level.</li> <li>• IGR firmly rejects that the draft guideline is reasonable, proportionate and justified by the scientific evidence presented for the reasons outlined in the below section entitled '<a href="#">A review of the science</a>'.</li> <li>• IGR underlines that the draft guideline represents direct and active discrimination against transgender athletes. Safety and welfare for all players is the utmost priority for IGR. This draft guideline however applies arguments related to safety exclusively to certain players only because they are transgender. Cis-gender players that exhibit the same alleged 'elevated safety risk' to others or expose themselves to the same alleged 'elevated safety risk' according to the modelling and metrics used in the draft guideline would still be permitted to play with no additional barriers.</li> <li>• IGR underlines that the draft guideline represents direct and active discrimination against individual national Unions. In excluding transgender women from playing contact rugby, IGR believes the draft guideline would also exclude various national Unions from legally hosting WR tournaments due to the local, national and international legal framework applicable in certain jurisdictions. For further information please see question 4 and the section entitled '<a href="#">Legal Considerations</a>' below.</li> <li>• IGR considers that the proposed draft guideline is in direct contravention of the commitments WR has publicly stated in its RugbyforAll pledges and would severely hamper growth of the sport amongst the LGBTIAQ+ community, an effect that has already been observed by IGR following the leak of the draft guideline.</li> </ul>
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		<ul style="list-style-type: none"> <li>• IGR does welcome the commitment within the draft guideline to prioritize funding for additional research in this area, which should immediately be used to, at a minimum, conduct peer-reviews of the non-peered reviewed research and modelling relied upon in the draft guideline.</li> <li>• IGR calls upon WR to retain the current policy, which is in line with IOC guidelines, until rugby-specific research has been conducted and the approach to reviewing the guideline reviewed. For full reasoning, see IGR Comprehensive Feedback below.</li> </ul>
4	<p>Are there any legal or other issues/ reasons why you cannot adopt this guideline within your jurisdiction?</p>	<p><u>Legal</u></p> <ul style="list-style-type: none"> <li>• IGR is deeply concerned that a thorough consideration of all of the relevant legal risks and liabilities the draft guideline may pose to World Rugby and Unions has not been properly considered by the Working Group.</li> <li>• IGR believes that the draft guideline would be illegal to implement in some of the world’s most prominent rugby Union’s and is in contravention of international law.</li> <li>• IGR expects that WR will undertake a full and complete review of the legal landscape and the risks of implementing the proposed draft guideline, at a minimum, within different the Unions jurisdictions. This review should address, at a minimum, the list of considerations noted below in the section entitled ‘<a href="#">Legal Considerations</a>’.</li> <li>• The draft guideline directly contravenes WR’s own <a href="#">Playing Charter</a> as well as <a href="#">Objectives and Functions of World Rugby, Bye-Law 3</a> as detailed below in the section entitled ‘<a href="#">Rugby for All</a>’.</li> </ul>

		<p><u>IGR</u></p> <ul style="list-style-type: none"><li>• IGR considers that the proposed draft guideline and its formal communication to regional associations and National Union's is in direct contravention of the Memorandum of Understanding that was signed with IGR in 2015.</li><li>• IGR is a charity registered in England and therefore subject to English and Welsh Law. We believe that the proposed guidelines would be unlawful under current legislation in the UK.</li><li>• As noted by WR during the IGR/WR meeting of 30/07/20 and has been evidenced since the 2019 adoption of the current policy, should WR adopt the draft guideline it is expected that national unions would follow suit.</li><li>• In this case LGBTIQ+ identified clubs and a large number of non-IGR affiliated women's rugby clubs in Unions that adopt the guideline, would be forced to either leave their national Union, 'go back into the closet' and covertly contravene the guidelines or expel all female trans players from their teams. None of these options are acceptable to IGR or our member clubs.</li><li>• These actions are also likely to open IGR and our member clubs to legal action which we would be unable either financially or morally to defend. The same risk exists for regional and local Unions and individual clubs.</li><li>• IGR hosts the largest amateur XV rugby tournament in the world, the Bingham Cup, as well as several other large international tournaments every year. All IGR tournaments are obliged to support IGR's objectives and aims. Therefore, the draft guideline would render the tournaments unlawful in any Unions that were to adopt them, creating a situation of unfair</li></ul>
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		<p>competition between unions for the rights to host IGR tournaments and the substantial financial and other benefits that these bring.</p> <ul style="list-style-type: none"> <li>• The draft guideline would exclude IGR member clubs from WR tournament as all members are obliged to support IGR's aims and objectives.</li> </ul> <p><u>Other issues</u></p> <p>Consultation – Rugby says no.</p> <ul style="list-style-type: none"> <li>• IGR has consulted with as wide a spectrum of the global rugby community as was possible in the short deadlines set by WR. This consultation included: players, officials, coaches and staff. From grassroots to the elite level. Within local, regional, national and international Unions.</li> <li>• A snapshot of the results of this consultation process are detailed in Annexes 1,2,3,&amp; 7 and the results of the consultation are clear and particularly marked in the women's game – rugby is resoundingly saying NO to this regressive and discriminatory draft guideline.</li> <li>• IGR draws the working group's attention to the hugely damaging impact that the proposed guideline has already had on the reputation and standing of both WR and the sport itself amongst its own players.</li> <li>• IGR understands that several Unions are also conducting consultation exercises with their constituent communities and calls upon WR to allow time for such consultation to take place. We firmly expect the results to be similar.</li> <li>• In the words of one Director of Sport at an elite level women's club –</li> </ul>
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		<p><i>“What World Rugby doesn’t realise is that women are done listening to men in high places telling us that we need protecting. If we listened to them all our lives, we would never have set foot on a rugby pitch in the first place. But more importantly, do they have no clue how many people in the women’s game identify as LGBT? Honestly? That acronym is a team more than they realise. And if there is one thing that rugby has taught us, it is to never give up fighting for your teammates.”</i></p>
5	<p>If the answer to Question 4 is Yes, what key differences will you use within your own policy?</p>	<ul style="list-style-type: none"> <li>Information on the key differences IGR considers must feature to both the draft guideline and approach taken to revising the current Transgender policy review are detailed in the below section entitled <a href="#">‘Recommendations’</a>.</li> </ul>
6	<p>Is there a Transgender advocacy group that your Union/ Group works specifically with?</p>	<ul style="list-style-type: none"> <li>A complete list of related advocacy groups that IGR and our members work with are listed below in Annex 4 ‘Partner Transgender Advocacy Organizations’.</li> </ul>
7	<p>What differences would your Union/ Group propose to the draft guideline?</p>	<ul style="list-style-type: none"> <li>Information on the key differences IGR considers must feature to both the draft guideline and approach taken to revising the current Transgender policy review are detailed in the below section entitled <a href="#">‘Recommendations’</a>.</li> </ul>
8	<p>Would your Union/ Group support the creation of an “open” category? i.e. a version of contact rugby for players regardless of sex and/ or gender</p>	<ul style="list-style-type: none"> <li>IGR is firmly against the proposal that an “open” category would be the only category in which Transgender athletes could play.</li> <li>IGR cautiously welcomes the proposal to begin exploring such a category but only on the basis that it will not be used to implement a ‘separate but equal’ principle which would exclude transgender athletes from playing rugby in the category consistent with their gender.</li> </ul>

		<ul style="list-style-type: none"> <li>WR has formally responded to IGR’s question in writing about how much work has been done on exploring this possibility to date. The response received was - <u>next to none</u>. IGR does not believe that such a huge undertaking can be reasonably referenced in the draft guideline as a realistic option for any players to be able to participate in until at least an initial assessment has been conducted.</li> </ul>
9	<p>Is there any other scientific evidence that you would like to bring to the World Rugby Transgender Working group’s attention?</p>	<ul style="list-style-type: none"> <li>Please see below in the Sections entitled <a href="#">‘Transgender Safety and Welfare’</a>, <a href="#">“A review of the science”</a>, Annex 5: Additional Academic Documents and Annex 6: Additional Legal Documents.</li> <li>IGR welcomes WR’s receptiveness towards gaining scientific evidence. We would, of course, assume WR shares with us a deep respect for the scientific method and rigour required to gain detailed empirical evidence that allows scientists to derive robustly supported and measured conclusions.</li> <li>IGR welcomes WR’s openness that its draft guidance (which seeks to ban trans women from women’s contact rugby - certainly not a measured conclusion) may not contain detailed empirical evidence (indeed it contains no evidence from scientific research involving trans women rugby players at all) and recommend instead a potentially much more fruitful partnership with the much more robust and measured work of Joanna Harper and her fellow scientists at Loughborough University, an institution certainly well known to WR as a world leader in sports science.</li> <li>As her submission to WR during this feedback process explains, their upcoming scientific paper challenges major assumptions underlying the Hilton &amp; Lundberg paper (2020), which forms a major part of the very limited scientific research in the area of trans people’s participation in</li> </ul>

		<p>rugby.</p> <ul style="list-style-type: none"><li>• We believe a positive engagement with leading scientists such as Joanna and a robust programme of research involving trans people in a sport they love without the threat of their permanent exclusion from it, is a much more constructive approach than the road currently being proposed.</li></ul>
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# IGR Comprehensive Feedback

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## **Past approach to Trans Athletes in rugby – a Holistic and Inclusive approach**

IGR and WR have been working together since 2012 in an effort to ensure the inclusive nature of rugby remains as one of its strongest characteristics. IGR and all of our member clubs were founded on the principles of inclusion; our main objective is to eliminate discrimination in the sport on the grounds of sexual orientation, gender and all other forms of intersectionality.

We do this primarily by promoting the growth of rugby at the grass-roots level by providing opportunities for the LGBTQIA+ community to compete in welcoming, inclusive rugby clubs that are primarily LGBTQIA+ or LGBTQIA+ friendly. We also work hand-in-hand with governing bodies to improve the acceptance of LGBTQIA+ athletes at all levels by eliminating homophobia, transphobia and other forms of discrimination within the rugby community through both outreach and competitive play. We also [provide support and education for both clubs and transgender players](#).

Our relationship and cooperative efforts with WR began in 2012 but were solidified in 2015 when [IGR and WR signed a Memorandum of Understanding \(“MoU”\)](#), formalizing their joint agreement to work together to eliminate discrimination against the LGBTQ community inside our sport. This MoU was signed by then World Rugby Chair Bernard Lapasset. The initiative was made by David Carrigy and Brett Gosper to then work with IGR on the RugbyForAll Campaign.

With respect to the rights of Transgender and Non-Binary (“NB”) athletes, #RugbyForAll had a clear significance through the negotiations of early 2016. IGR and WR recognized that there needed to be a separation between Elite and Grass-Roots Rugby from an Eligibility perspective.

The IOC Elite restrictions being applied to a social rugby game in the national unions was not effective, nor fair to the undue hardship that surgery required at that time.

Over the span of many years, IGR worked diligently with the IOC and WR Medical and Player Welfare officers. All the partners working on this issue agreed on a testosterone-based policy in early 2018, that we believed gave us two things to take to the grass-roots players in IGR: a) the stringent IOC policy could apply to transgender athletes, due to the other doping and blood testing requirements that those athletes endure to be part of the elite level of the sport; and ii) the policy, (while everyone agreed was not perfect) was conceptualized as a “living document” that, as more sound medical evidence and peer-reviewed research became available, could be amended accordingly.

The current guideline was formally adopted after years of work, as a WR Guideline in 2019, replacing the outdated guidelines which had been in place since 2003. The

current guideline was considered as a good starting point of honing in on places where we could maintain player welfare while promoting inclusivity.

Our organization was invited to attend the [World Rugby Transgender Workshop in late February of 2020](#). Participants were convened [to hear a series of presentations](#) and discuss what was alleged would be significant scientific evidence that demonstrated that the newly adopted and current guidelines of 2019 were in need of examination and revision. The outcome of that weekend is the newly proposed guidelines that have been at the center of discussion and subject of criticism in the past month. As the scientific sporting community continues to be made aware of the guidelines, we expect the criticism to continue grow.

IGR's position is simple and clear - WR leadership must NOT adopt the proposed policy changes that emerged from the Transgender Working Group. WR must keep the [current World Rugby Transgender Player Policy](#) that was approved on March 13<sup>th</sup>, 2019, and demand that any further proposed alterations to the current policy be considered only once exhaustive multi-disciplinary evidence and peer-reviewed research justifies a change. Such changes need to be proportional, address all risks to all types of players - which includes known risks to transgender rugby players at all levels of the game - across the globe.

Significant steps were taken in the production of the 2019 policy with a high level of collaborative work between IGR, WR and other partners and stakeholders. The measured and reasoned approach that led to the creation of the 2019 policy resulted international recognition and respect for our sport. The current policy reflects the spirit of inclusion in rugby, and also fits with the lived experience of transgender players. It has led to a small, but growing, number of transgender players returning to the game, where previously, following transition they have felt unable to play. The current policy has reflected their lived experience and has at its core an understanding that transition is as much a social as a medical process.

## **Current Committee – Marked Departure**

We at IGR have significant concerns about the process that has been followed. Our opposition is based on the following:

- Opaque transphobic groups with no stake in rugby such as “Fair Play for Women” were included and given a prominent voice in the working group meeting in February. IGR, as a registered charity and fellow members of the rugby community who has diligently worked with WR for years to improve our sport, were not given an opportunity to present the views of our 89 member clubs to the February meeting or the Working Group in the subsequent

months. This is “pinkwashing” – a form of tokenism and window-dressing that has historically been absent from the leaders in our sport.

- IGR has been mentioned by name within the draft guideline as a partner without any prior notice, consultation or legal basis for the inclusion of IGR’s name in a formal WR document, furthering this “pinkwashing”.
- The research and non-rugby “experts” were selected to promote a pre-determined outcome, not a genuine consultation process.
- There was little transparency in both the process for developing this change, and in sharing the feedback given, i.e., feedback would be cherry-picked to support a ban.
- IGR were kept in the dark about the ban and were blindsided by its revelation, simultaneously in *The Guardian* as tweeted by a transphobic activist and by its transmission to us on the same day by the working group. The timing raises some a serious appearance of about bias and undermines any claims of objectivity or legitimacy.
- In a conference call with leaders of the working group we were given an hour to raise concerns and obtain clarifications from the working group. IGR was advised that the call was a courtesy and that the working group did not have to justify its work or policy decisions. IGR was left with one clear message – any concerns raised that didn’t support the working group’s policy would be discounted.
- The leak of the policy has had an immediate and harmful effect to transgender rugby players across the globe. It has given ammunition to homophobic and transphobic individuals resulting in an increase in such abuse directed at IGR and its members.

We are also concerned that any transphobic narrative that is adopted by World Rugby will open trans players, as well as cisgender players who don’t appear to fit social norms of what a woman should look like, to malicious acts such as gender-verification challenges.

Such behavior will at best humiliate a player and at worst violate their human rights. It will lead to opposing teams choosing to play under protest and create a climate of violence and division in our sport. This is especially risky given that national unions, once they adopt WR’s ban, cannot retroactively protect transgender players from the harm they will suffer, especially if that player is outed against their will.

## Narrative reveals True Underlying Issue

IGR firmly believes that the underlying drive of this proposed ban is not safety, as purported by the working group, but rather the transphobia-fueled perception that trans women have natural physical advantages due to being assigned a gender marker at birth that is inconsistent with their true identity. We've heard it all before. It is not new to us but its reappearance in our sport is a new development - It should be recognized and treated as a most unwelcomed one.

The false premise that larger transgender women can harm or put at risk the safety of cisgender women ignores the reality that on any given Saturday, women, be they trans or cis, who vastly outsize each other step onto the rugby pitch and compete against each other. The risk posed to smaller cis women from larger cis women is the same as those posed by larger trans women. Seen from a racial justice lens, will the working group admit that the natural conclusion of their argument is that Pasifika women should be banned from playing non-Pasifika players? The policy in its true goal and effect demonstrates a fundamental lack of understanding of our core values and of how the game of rugby is played, by all athletes, of all ages, at all levels of the game, all across the world.

If it is true that cis women playing against trans women exposes the former to more risk of injury, why are the working group pushing an Open category of mixed rugby? Especially when they by their own admission have done no study on the topic? Moreover, mandating a transgender man to immediately play with a men's team upon beginning testosterone treatment actually puts that athlete at greater risk of harm. The working group aren't proposing better safety -- to the contrary they are promoting more harm.

The change in policy proposed further ignores the reality that transgender women are often *introduced* to rugby after years, not months, of testosterone suppression treatment. It was in part World Rugby's 2015 Memorandum of Understanding with IGR that encouraged more transgender women to pick up rugby - again, in their adulthood, where they play community, not elite, rugby. The claim that this ban will protect elite women rugby players ignores the harm it will cause transgender women at the amateur level where they are much more susceptible to transphobic stigmatization, shunning, and indeed, violence.

Lastly, regarding elite players, the working group made it very clear to IGR in our conference call with them that they do not wish to hear from the very athletes whose safety they claim to be so concerned about - this after elite women rugby players across the United States [released a video](#) condemning the proposed ban and stating unequivocally their desire to keep rugby inclusive for all women! True unbiased scientific-led policy never results in refusing to listen to the very people the policies are aimed to protect. There could be no other reason for this defensiveness and intransigence from the members of the working group other than transphobia.

## **Transgender Safety and Welfare**

The following is a brief academic appraisal of the social evidence surrounding the general experience of the transgender community. It was compiled by Megan Goettsches, M.A. of The College of Charleston.

The figures on the population of transgender individuals worldwide is a difficult number to ascertain. Recent reviews have suggested an estimated 9.2 out of every 100,000 people have received or requested gender affirmation surgery or transgender hormone therapy; 6.8 out of every 100,000 people have received a transgender-specific diagnosis; and 355 out of every 100,000 people self-identify as transgender (Collins et al 2016). Ultimately these numbers can vary widely based on the discipline (psychological definitions of gender incongruence to the medical field's definitions of gender affirmation procedures, to the social understanding of the fluidity of gender).

One of the few things that can be agreed upon from an intersectional standpoint is that the transgender community oftentimes experiences extreme marginalization at the hands of societies that are constructed in a binary fashion. The average person without intellectual scaffolding rarely can define the difference between sex and gender (and orientation for that matter) as evidenced in innocuous everyday productions such as "gender reveal parties" or basic requirements in online government forms that ask for gender, then present "male" or "female" as the only choices. For the cis identified population, these productions may seem irrelevant, but for the transgender population, it is a constant reminder of their erasure in society; an erasure that has distinctive consequences.

The transgender community tends to be the most marginalized of all social identities. They are more likely than most social identities to experience the loss of the familial social support system, leading to high instances of homelessness and exposure to substances or exploitation. In the US they are four times more likely to live in poverty (MAP & CAP 2015) and about half the population reports experiencing aggressive discrimination, harassment, and mistreatment openly in public on more than one occasion. About 90% report experiencing significant discrimination, harassment, and mistreatment on the job (Grant et al 2011). These are but a few statistics but perhaps the most important ones are in regard to survival.

The average life expectancy for transgender individuals in the Americas is 35 (IACHR 2014). They are exposed to substantial potential for violence and incredible stress

levels that accompany transphobia, discrimination, harassment, and the threat of violence; all of which contribute to long term physical deterioration due to prolonged stress exposure. The rates of attempted suicide completion among the transgender population is 41% compared to the national average for the cisgender population of 5% (Williams 2017).

The statistics and statements listed above mean nothing if the reason WHY these characteristics exist cannot be understood. One of the number one predictors of poor outcomes for transgender individuals is the lack of a support system (McCann & Brown 2017). Which, inversely makes the existence of a support system behave as a protective factors for this vulnerable population.

Positive Identification with one's social group, known as collective self-esteem, has been positively associated with enhanced emotional well-being and resilience (Riggs, Ansara, Treherne 2015). Having a support system, which often does not involve the family, is a protective factor that should not be underestimated; Trans people who express their gender identity from an early age are often rejected by their families, if not cast out from their homes, they are shunned within their households. Those who express their gender identities later in life often face rejection by mainstream society and social service institutions" (Divan et al 2016). Without a supportive social group, transgender lives are lost.

Rugby is *that* community for more than most realize.

## Works Referenced

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## **A Review of the Science**

The following academic appraisal of the scientific evidence presented by World Rugby has been produced in large part by Dr John Hayton of the University of South Wales.

A WR Working Group has drafted guidelines which would ban every single transgender woman from playing women's rugby.

For these draft guidelines to be reasonable, proportionate and justified by the scientific evidence presented, there must not exist a more reasonable, more proportionate response which would also follow from the scientific evidence presented.

Furthermore, given that scientific research on transgender women (especially in sport) is *incredibly* limited, even if the view of current science presented by the WR Working Group's guidance represents the best consensus view that could exist, the accuracy of this consensus view is far from guaranteed.

The proposed draft guidelines justify the ban on every single trans woman playing women's contact rugby on two grounds: firstly, that the risk of injury is too great; secondly, that there is a retention of meaningful performance advantages to trans women rugby players compared to cis women rugby players following what is

currently considered an acceptable period of appropriate testosterone suppression. Both an unfair competition argument and a safety one.

This response will deal with each in turn.

## **Risk of injury**

The draft guidelines discuss modelling of injury risk using anthropometric data. This data has apparently been used in 'standard biomechanical models' (guideline at p.8) to produce the data visualisations present in Figure 2 (guideline at p.9).

Without going into the details, it seems abundantly clear that disparity in body mass between the tackling player and the ball carrier is the parameter which drives these models, and this indeed is reflected by the draft guidance document itself which states: *'The magnitude of the known risk factors are thus predicted by the size of the disparity in mass between the players involved in the tackle'* (guideline at p.9).

Therefore, if there is *no* disparity in the body mass of the players involved in the tackle (or potentially where the cis woman ball carrier is physically larger than a trans woman tackling her), there is *no* obvious justification for believing that such a player would produce the basis of the "disproportionate" risk of injury (i.e. of the "at least 20%-30% smallest possible risk increase" modelled in regards to "typical" players in the guidance) towards their opponent.

Although such a hypothetical player may not be "typical" (as the guidance has it), in terms of biological variation this is irrelevant: it is far from impossible that *globally* such trans women are out there and currently do or would like to play rugby.

WR would be banning them from playing based on physical characteristics that they, themselves, demonstrably do not possess, nor - if this "advantage" was meant to have been "baked in" during a puberty they have already undergone - could they possibly possess.

Therefore: does a more reasonable, more proportionate response exist? Yes - such players could be allowed to play on an individual basis.

So: does the evidence provided by the WR Working Group in relation to the risk of injury being too great justify the banning of *every* trans woman from playing women's contact rugby? No. It does not.

## Retention of meaningful performance advantages

In short, the second pincer of the WR Working Group's argument underlying their proposed guideline which would entirely ban all transgender women from playing women's rugby is that following what is currently considered an acceptable period of testosterone suppression (1 year) to a level currently considered appropriate by the relevant international bodies (<5nmol/l), there is retention of meaningful performance advantages by trans women in comparison to cis women in relation to rugby. The language here is clear: this is a perceived unfairness issue rather than a safety issue.

This second pincer largely derives from a literature review by Hilton & Lundberg (2020). This literature review was used prior to peer review and formal academic publication. Does it require significant revision due to flaws close scientific peers would immediately recognise? We currently do not know.

What can be said is presently is that it does not make use of rigorous systematic meta-analysis tools used by a broadly similar (though clinical health-focused paper), looking into a more limited set of physical anatomical parameters which may be considered important drivers of performance advantages: Klaver *et. al.* (2018).

Both papers demonstrate modest decreases in the important parameter of lean body mass with 1 year of hormonal therapy. However, the clinical health orientated paper finds that the *'trend of continuing effects regarding all outcomes was seen in the second year of therapy'* (Klaver *et. al.* p.47, our italics).

This directly contradicts the 'plateau' (Hilton & Lundberg p.13) effect that Hilton & Lundberg assert occurs at 1 year, despite the fact the Hilton & Lundberg paper *also* discusses the cross-sectional study by Lapauw *et. al.* (2018) wherein 'mean treatment duration of 8 years substantially reduces muscle mass and strength in transgender women' (Hilton & Lundberg p11).

Therefore: could it be that there may be a longer period of testosterone suppression that may be a more reasonable solution to the retention of meaningful performance advantages than a complete ban of *every* trans woman from playing women's contact rugby? Potentially yes, and Hilton & Lundberg's paper does not provide strong evidence to the contrary.

This directly leads on to the question of what might be considered a "meaningful" reduction in performance advantage. The proposed draft guideline does not provide a metric by which this "meaningful" *-ness* could be assessed (though suggests that the '5% - 10%' (guideline at p.13) decreases in parameters described by Hilton & Lundberg are not enough).

Indeed, neither the draft guidelines, nor the Hilton & Lundberg paper give examples of how the relevant performance advantage might be decomposed into simpler components for the purpose of scientific testing in relation to rugby specifically.

Is the performance gap between men and women in rugby something like ‘rowing, swimming and running’ (“11-13%” performance gap according to Hilton & Lundberg), Olympic weightlifting (“31-37%” according to Hilton & Lundberg), or something very different? Would it be more appropriate to model it as akin to punch power with a “162%” performance difference between men and women, as Hilton & Lundberg also discuss? This is unclear, and without clarity of what the “meaningful” performance advantage is supposed to be in relation to rugby, how could any transgender woman demonstrate that their transition has reduced it by a meaningful amount?

Furthermore, it is made abundantly clear in the Hilton & Lundberg paper - but not from the draft guidelines - that *‘the extent of musculoskeletal changes in athletic transgender women... is unknown’* (Hilton & Lundberg p.12, our italics) and they are only able to speculate whether *‘transgender women with greater muscle mass at baseline may experience larger decreases in mass and strength than non-athletic transgender women’* (Hilton & Lundberg p.12, our italics) because such peer-reviewed scientific research does not yet exist.

Hilton & Lundberg do comment that trans women ‘often have low baseline (pre-intervention) bone mineral density, attributed to low levels of physical activity, especially weight-bearing exercise’ (Hilton & Lundberg p.8). Perhaps it is not surprising they don’t engage with sport in a world where they can be unexpectedly potentially banned from playing certain sports they might enjoy.

Finally, Hilton & Lundberg do concede that ‘changes in strength measurements are not always correlated in magnitude to changes in muscle mass’ (Hilton & Lundberg p.12), and that other parameters may be important. As it is not necessarily true that there is a straightforward correlation between muscle mass and strength measurements, and if we conceive of performance advantage in rugby as an emergent property of multiple different interacting parts, to demonstrate what the performance advantage men have over women in rugby really requires thoughtful decomposition of what this would entail, and then rigorous testing to ensure trans women do not have this advantage.

This scientific study has never taken place.

## **Conclusion**

Banning *every* transgender woman from playing women’s contact rugby on the basis of risk outcomes of a group level aggregate of physical characteristics that any given individual belonging to this group may demonstrably not possess individually cannot be considered reasonable, proportionate or justified.

In relation to performance advantage: there is evidence that increasing the acceptable period of testosterone suppression may further reduce parameters thought to be associated with “meaningful” performance advantage in trans women (which would clearly be more reasonable than banning all trans women), there is currently no

definitive threshold of what this “meaningful” reduction should be anyway, and finally there is no current scientific work demonstrating specifically what the performance advantages of men over women in rugby itself could be said to be composed of.

This means there is no current threshold of “meaningful” performance advantage reduction that any transgender woman rugby player could satisfy. Therefore, trans women are placed in an uncomfortable double-bind: accused of performance advantage they cannot prove they do not possess. This is before we consider the uncomfortable fact that none of the evidence presented by World Rugby involves empirical research of trans women rugby players actually playing rugby.

Despite all of this, transgender women are facing exclusion from playing contact rugby.

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## Legal considerations

IGR is a charity registered in England and is therefore subject to English and Welsh Law. We are concerned that the guidelines proposed by WR would be unlawful under the *Equality Act 2010*, 2010 c. 15 (the “Act”). We note particularly that both sex and gender reassignment status are protected characteristics for the purposes of the Act.

As a small charity representing rugby clubs around the world, it would be ourselves and our member clubs who would likely bear the brunt of legal discrimination suits brought by transgender individuals. Neither IGR nor many of our member clubs would have the funds to defend these claims. Our members would almost certainly be morally inclined to support the legal suits rather than defend them. It should be noted – this risk of legal action -- it exists to not only to IGR but more so to local clubs and unions.

IGR has a unique and global membership and we note that equivalent legislation to the Act is mirrored in legislation in jurisdictions across the world. After consultation with our member clubs - we are informed that most of the nations in which our clubs operate have mirror legislation or codified statutes (some bearing constitutional status), that enshrine the same legal protections and obligations .

IGR has overseen the world’s largest international amateur rugby union tournament, the Bingham Cup, in addition to a number of other large international rugby tournaments on different continents, for nearly 20 years. Consequently, IGR understands the challenges associated with the varied global legal landscape which dictates how national and local rugby organisations engage with their players, club leaders and the public at large.

IGR is deeply concerned that a thorough consideration of all the relevant legal risks and liabilities the draft guideline poses to national and local unions has not been undertaken by the WR Working Group. The practical realities of administering the sport directly have not been fulsomely addressed by the Working Group. IGR kindly requests that WR, in collaboration with the national Unions, gain a fulsome understanding of the legal risks of implementing the proposed draft guideline, including but not limited to formal legal guidance from qualified legal counsel in each jurisdiction, and address, at a minimum, the following considerations;

- Whether the current legal framework for transgender individuals is binding upon the national and local unions in their jurisdiction and the resulting duty and standard of care owed to its current and future members;
- The impact of the existing WR 2019 Guidelines, the resulting national and local policies and initiatives flowing therefrom, and the resulting duty and standard of care owed to its current and future members;
- Anti-discrimination legislation and binding decisions at both the national and local level and the resulting legal obligations owed by the Union to its current and future transgender members;
- The legality of the Union hosting a WR sanctioned tournament that implements the proposed draft guidelines;

- The legal liability and potential legal disputes that may result from adopting the proposed draft guideline with the Union's existing and/or future members, including the costs associated with the same;
- The legal liability and potential legal disputes that may result from adopting the proposed draft guideline with the Union's existing and/or future staff & employees, including the costs associated with the same;
- The legal liability, potential legal disputes and reputational damage that may result from adopting the proposed draft guideline with its existing and/or future contractual relationships with suppliers, sponsors, revenue streams and/or other partners;
- The potential legal risk and liability to the national and local Unions if they adopted the proposed draft guideline flowing from its universal exclusionary nature for all non cis-gendered women at all levels of the game, rather than adopting an approach that considers, balances and mitigates all known types of risks, to all players;
- Particularly whether this constitutes direct unlawful discrimination for the purposes of the Equality Act 2010 in the UK and equivalent legislation in other jurisdictions.
- Whether World Rugby is in a position to indemnify unions which adopt these guidelines for the legal costs incurred in defending actions specific to their implementation.
- If a Union does not possess a legal opinion or information necessary to address any or all of the considerations above, that the Union and World Rugby wait until such an opinion is obtained and shared prior to the adoption of the draft guideline.

Finally, IGR wishes to draw the working groups attention to the *Expert Declarations of Deanna Adkins, MD, and Joshua. D. Safer in Support of the Plaintiff's Motion for Preliminary Injunction, Lindsay Hecox. v Bradley Little, No. 1:20-cv-184-CWD.*

The ruling on which case was delivered on 17<sup>th</sup> August 2020 : [www.aclu.org/press-releases/judge-blocks-first-law-targeting-transgender-athletes-case-continues](http://www.aclu.org/press-releases/judge-blocks-first-law-targeting-transgender-athletes-case-continues)

The Judge accepted the evidence of Dr. Adkins and Dr. Safer and granted the injunction that had been requested by the female transgender athletes. The result : the first attempt to ban transgender female athletes from engaging in sports was effectively suspended while the underlying case proceeds to a final hearing. In granting the injunction, the Judge stated "the Constitution must always prevail.

Both referenced documents are available in Annex 6 – Additional Legal Documents.

## **Rugby for All**

The following page is an excerpt from the [World Rugby website](#):

As rugby has evolved and expanded into the modern global sport it is today, the core character-building values – discipline, integrity, passion, solidarity and respect - have remained consistent since the game’s inception in 1823.

These character-building values underpin World Rugby’s vision as a sport for all, true to its values. This vision reflects the principle that rugby is a game for all shapes and sizes and is echoed in our stated mission to grow the global rugby family.

Rugby as a sport for all is enshrined in the governance of the game and its administration, including the World Rugby Playing Charter, Bye Laws and Regulations:

*“The laws provide players of different physiques, skills, genders and ages with the opportunity to participate at their levels of ability in a controlled, competitive and enjoyable environment... It is through discipline, control and mutual respect that the spirit of the game flourishes ... these are the qualities which forge the fellowship and sense of fair play so essential to the game’s ongoing success and survival” –*

*Link:* [World Rugby Playing Charter](#)

*“To prevent discrimination of any kind against a country, private person or groups of people on account of ethnic origin, gender, language, religion, politics or any other reason”*

*Link:* [Objectives and Functions of World Rugby, Bye-Law 3](#)

*“ALL UNIONS, ASSOCIATIONS, RUGBY BODIES, CLUBS AND PERSONS SHALL NOT DO ANYTHING WHICH IS LIKELY TO INTIMIDATE, OFFEND, INSULT, HUMILIATE OR DISCRIMINATE AGAINST ANY OTHER PERSON ON THE GROUND OF THEIR RELIGION, RACE, SEX, SEXUAL ORIENTATION, COLOUR OR NATIONAL OR ETHNIC ORIGIN”*

*Link:* [World Rugby Regulation 20](#)

It is impossible to consider rugby a sport “for all” without focusing on the importance of diversity and inclusion. When barriers to entry or unconscious bias exist, even if

unintentional, then the sport is then no longer “for all” and runs the risk of becoming not only homogenized but viewed as exclusive and even discriminatory.

As such, World Rugby in partnership with its regions and unions have a vital role to play in ensuring that the sport remains open, safe from discrimination and attractive to all, be they players, coaches, officials, fans or others involved in the game from grass-roots to the elite level.

## **Recommendations**

IGR believes that the approach taken and the conclusions drawn by the working group in the draft guideline are incomplete, deficient, show explicit transphobic bias and do not justify the measures proposed.

In view of the reasoning provided above and the materials contained in the attached Annexes, IGR strongly recommends that WR:

- Retain the current guideline until rugby-specific research has been completed in this field.

In future policy formation, as a minimum, data collected from cisgender (i.e. non transgender) participants should not form the basis for regulations on transgender people in any sense. Secondly, data taken from non-athletic participants should not form the basis for regulations pertaining to sport. Funding for research in this field should be guaranteed and fast tracked to allow for informed policy-making to occur.

- Adopt a multi-dimensional approach when examining safety considerations related to transgender or non-binary players’ inclusion in rugby.

Any consideration of the safety and welfare aspects of transgender inclusion must take into account all relevant variants that may impact upon the performance of athletes in a rugby context. These include, but are not limited to, the longer-term effects of hormone suppression, variants in the transgender population, transgender welfare, societal factors, training and skill level, psychological realities, age of access to the sport and the consequences of negative side effects encountered during transitioning.

- Equitably apply policies aimed at improving player safety to all players regardless of their gender or gender identity, sexual orientation, colour, race, national or ethnic origin. In short – safety for all.

The application of the draft guideline's measures would only on transgender players while cis-gender players whose physical make-up means they exhibit the same alleged safety risk according to the guideline's methodology would not be affected by the measures. This targeted application of the measures proposed is direct and active transphobic discrimination and does not remove the alleged safety risks for players who would still permitted to play.

In addition, IGR questions whether this novel policy approach to senior category rugby that excludes individuals from playing based on physical attributes such as size or strength in order to reduce perceived safety risks is indeed an approach that WR wishes to embark upon.

- Include explicit guidance for both elite level and amateur level rugby in any future policy.

The draft guideline for all athletes would have a disproportionate impact on the transgender players in the social and grassroots game. A blanket policy that does not treat Social and Community players with a different set of eligibility criteria as the Elite athletes will be discriminatory in nature, by default preventing transgender women from playing the game, even though the values tout #rugbyforall. A separate policy for amateur social and community rugby must be considered to allow transgender women who are under protocol and legally women to be able to play the sport in the category consistent with their gender.

- Apply any policy that would exclude players from playing due to safety considerations on an individual, case by case basis.

IGR rejects the assertion within the draft guideline that there is no credible method of assessment for this process to take place for trans women. At the Working Group Meeting in February, England RFU presented a transparent and formalized process of evaluating case by case petitions to play which protects confidentiality and achieves the metrics set forth in the current World Rugby policy. In addition to retaining the current guidelines, IGR suggests World Rugby explore the formalized processes for trans inclusion utilized by England RFU; another possibility would be exploring the framework of the National Collegiate Athletic Association in the United States.

The draft guideline would require trans men to have an experienced medical practitioner provide confirmation that the athlete is physically capable of playing men's rugby. While IGR applauds this suggested measure as a means to ensure the welfare of trans men, it does not take into consideration the social constraints faced by trans men as they navigate the medical field or the potential social stress of not being fully out to a predominantly cis men's team. Nor would these measures be applied to cis-gender men who exhibit the same alleged risk to their own safety according to the draft guidelines methodology. Finally both medical practitioners

and qualified coaches are cited later in the document as individuals who can ascertain the capabilities of a trans man to play men's rugby; this would require clarification.

- Further engage with renowned experts in this field and other sporting bodies.

IGR suggests that a more thorough approach is taken and that further engagement with renowned experts in the field take place such as Joanna Harper of Loughborough University, Dr. Joshua Safer of Mount Sinai Center for Transgender Medicine and Surgery, or Dr. Sarah Teetzel of the University of Manitoba. IGR also notes the sparsity of representation from other sporting organizations who have successfully established policies that support the fair inclusion of transgender people in sport such as the World Tennis Association, the International Olympic Committee, the National Collegiate Athletic Association, and the Women's Flat Track Derby Association.

- Include provisions regarding individual privacy and confidentiality in line with the current policy in any future policy.

- Not adopt any policies that contravene WR's own statutes, policies and bye-laws or would be illegal to implement by its constituent Unions.

IGR believes that the draft guideline would be illegal to implement in many of the world's rugby Unions and formally signals its intention to bring legal action against all relevant parties should it be adopted and subsequently implemented. Furthermore, this would restrict the amount of Unions able to host WR tournaments and leave WR open to legal challenges in this regard.

# ANNEX 1

Impact Survey : In Their Own Words





Executive Summary:

### IN THEIR OWN WORDS

Impact statements on World Rugby's proposed new regulations for Trans players.

August 17<sup>th</sup>, 2020

In a coordinated effort to show World Rugby the impact of the proposed reversal of the currently approved 2019 Transgender Player Policy, IGR reached out to stakeholders all levels of the game to solicit their personal stories and provide a platform to voice concerns about the future of the game should the newly proposed guidelines be approved in November of 2020.

We called on trans and non-binary folks to share the impact the rugby community has had on their lives and we called on cis women and men in the game to use their power and privilege to celebrate the impact of the trans and non-binary communities on the sport.

Make no mistake that the approval of the proposed policy is going to have an undue negative impact on the youngest, newest and most vulnerable of our playing population. The unreasonable discrimination that will be experienced at the amateur level will have significant consequences. Elite players all began as amateurs and so to reason that this proposed change to the current guidelines will only affect elite players is ignorant of the impact of World Rugby's position as a world-wide governing body whose leadership and attitude is emulated by its member unions. The amateur level of this sport is the only reason why there is an elite level, thus its importance cannot be ignored or minimized in this conversation nor should its voices fall on deaf ears. Entertaining adoption of policy that restricts access to the game for ANY person or group of persons due to gender identity is in direct contradiction to the World Rugby Playing Charter, the objectives and functions of World Rugby as delineated in Bye-Law 3, as well as World Rugby's proposed alignment with United Nations Sustainable Development Goals 3, 5, and 10, respectively.

We urge you to read through and internalize the following commentary from all levels of the game as their purpose is to remind World Rugby that rugby cannot truly be "for all" if the focus remains on the elite level and access to the sport is impossible for some simply for living their truth.

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## Invitation

### IGR Call for Personal Stories from the Women's Game

The following pages detail the demographic information and open responses solicited during the months of July and August, 2020 in response to the proposed policy reversal of the currently approved 2019 Transgender Player Policy and its lack of voices from all levels of the women's game.

A total of 5 questions were asked in this exercise:

1. How would you describe your gender identity?
2. What level of rugby do you play?
3. In what country do you play or support rugby?
4. Tell us your story!
5. If World Rugby were to approve of a policy that severely restricts the access of the trans and non-binary communities to the sport, how would that impact you personally? How would it impact rugby? How would it impact your sense of community?

The call resulted in 120 responses. Demographic information from questions 1-3 are expressed in graph form below and the responses to questions 4 and 5 have been categorized by thematic elements that emerged in responses. Also, recurrent expressions and ideas were extrapolated from the open answer responses and codified into a visual representation of their frequencies and thematic content.

## Respect for Confidentiality

In consideration for the safety of those who responded, confidentiality is a primary priority. Providing identifying information was not a requirement of participation. Names and locations within the open answer responses have either been redacted or altered to protect confidentiality.

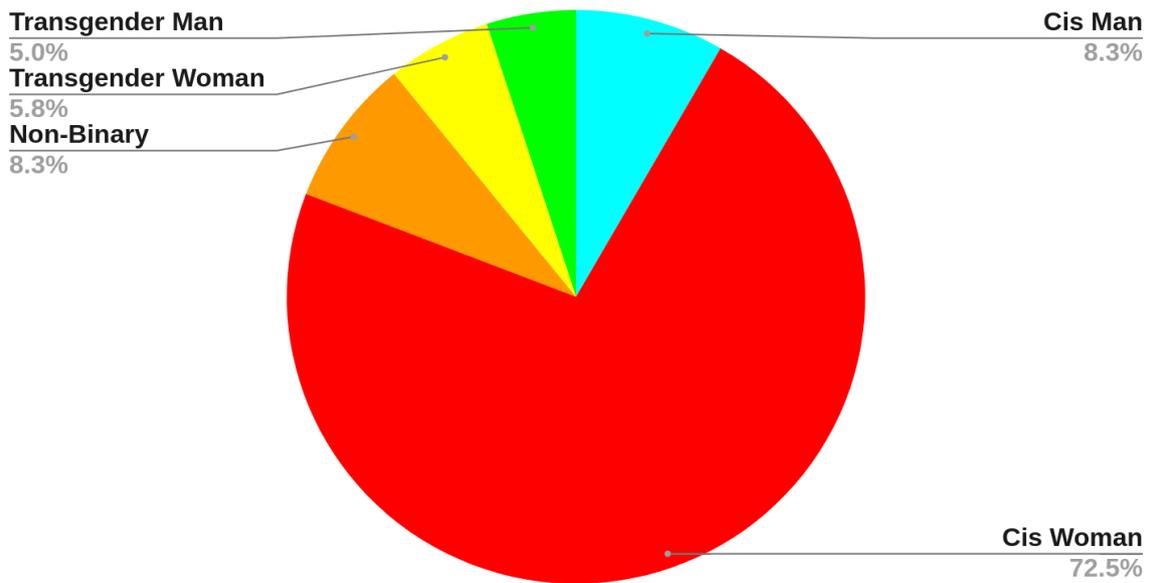
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## Participant breakdown

Below is a breakdown of the gender identity of the submissions we received, as well as a breakdown of their connection to rugby.

### How would you describe your gender identity?

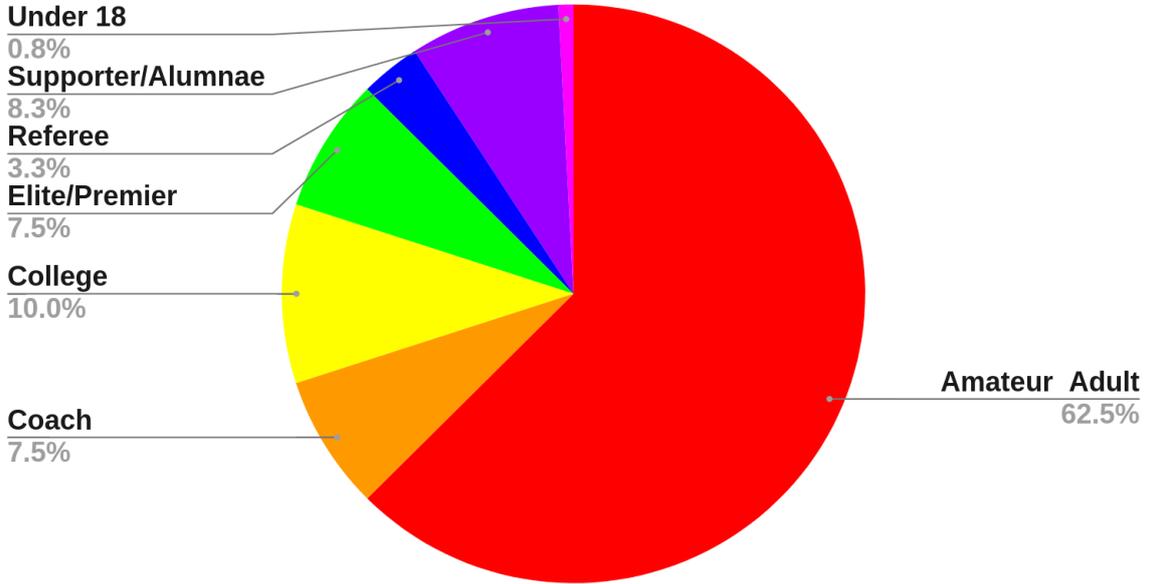
120 Responses



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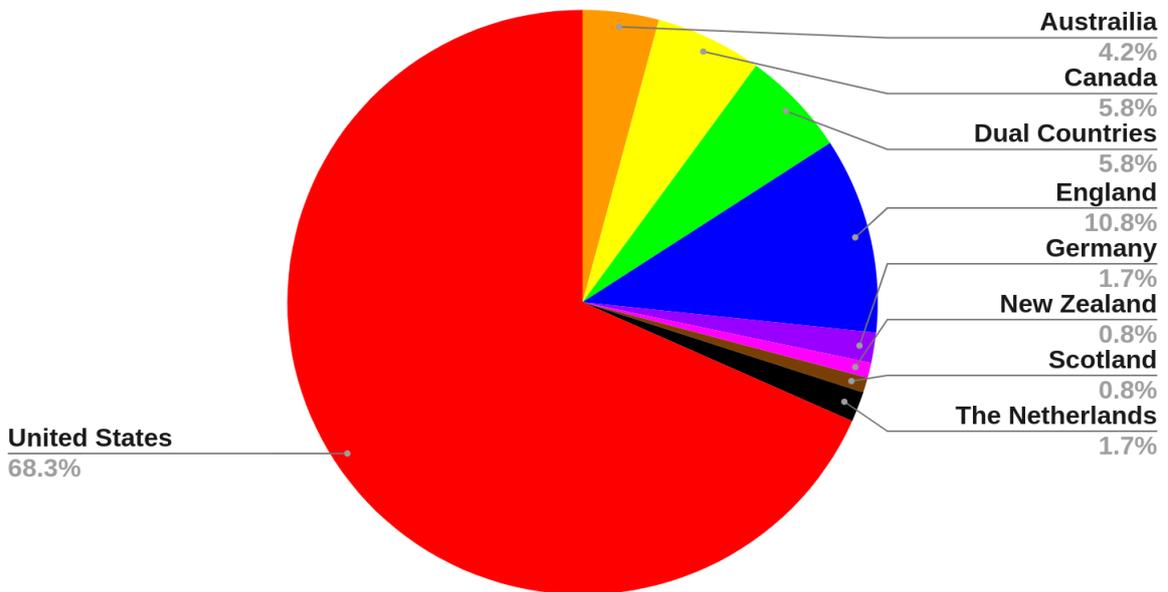
### What level rugby do you play?

120 Responses



### In what country do you play or support rugby?

120 Responses



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# Tell Us Your Stories

## Summary

Overall, participants shared stories centered on themes of respect, inclusion, and finding both physical and emotional safety within the rugby community. Specifically, participants discussed the connection between rugby exhibiting policies and behaviors that model respect and inclusion and rugby being able to remain a space that offers both physical and emotional safety for all of its community members. Multiple players expressed the sentiment that women's rugby offered the opportunity to connect with other people, manage substance addictions, body image issues and coping with incidents of sexual violence. These players also expressed a vested interest in ensuring that this opportunity was available to transwomen, not only because they need and deserve it, but because to ban any group of women from participating on women's teams would be a detriment to all of the other women who were playing. Finally, multiple players identified the theme of rugby being a space that, historically, has been a body-affirming space and sport. Affirming and supporting our trans teammates is a natural extension of this body-affirming space.

## Common themes

- Life Saving
- Psychological Support and Confidence
- Safe Space
- No Issues with Transgender and Non-Binary Players
- ALL Shapes and Sizes
- Tackle Safety
- Trans and Non-Binary Teammates
- Family, Community, and Acceptance
- Inclusivity
- World Rugby – “Rugby for All”

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## How does rugby make you feel as a transgender or non-binary person?



### Life Saving

*“When I found rugby I had no friends I was struggling with an addiction and literally had my entire world changed by rugby. Trans Women are just that they are women. This proposal is extremely wrong. If it weren’t for rugby and my inclusive team I don’t know how my life would be. Please reconsider this heinous act.”*

*“I came here to say to you that women’s rugby saves lives with its inclusiveness of young LGBTQ & non-binary players, and changing this policy is irresponsible and unnecessarily cruel. In fact, what I have witnessed is that rugby is often the supportive environment that people need in order to speak their identity truths, and align with their best lives. I have sat with many young folks that are reduced to tears when they speak of how rugby transformed their lives because of inclusion.”*

*“Rugby helped me find myself and my strength. It got me through depression and suicidal phases.” - (A trans woman player)*

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*“Returning to rugby after transitioning literally saved my life, when I began my transition I had to walk away from the sport I loved as I was led to believe I could no longer play if I transitioned I became withdrawn, depressed and unhealthy for years due to the loss connection felt in rugby. I reached the darkest emotional state I’ve ever experienced. Following the start-up of an IGR team in my local area and the accepting responses I have received I have found myself making connections, my confidence has grown and I no longer have the dark thoughts that so very nearly lead to me taking my life. Rugby & the IGR inclusivity literally saved my life. Since joining my club I have felt validated, supported and loved.”*

*“It’s not easy going through transition at any age but lucky as an adult I couldn’t be thrown out of a home I owned. As people started to notice my differences they left me. I lost almost my whole family all my friends from before the community. So even while becoming my true self I was left searching for a community. It wasn’t until at a gay pride event I half-jokingly asked a male friend if I played rugby which team would take me. He grabbed me by the arm and dragged me to the women’s club. I was scared out of my mind. I was shocked at how open and friendly they were to me and fought for me countless times. Eventually my searching for place was over. I found my community. I was accepted as my gender and playing sport which I love to do. Those ladies saved my life whether they realized it or not. So with all my hopes and prayers I pray for compassion and understanding in the community as we look at our ability to play this sport which I believe to many like me saved our lives.”*

*“The string of young folks that have found rugby during despair stretches across my entire career. Creating this problem where none exists will hurt young people and ultimately close another door for young adults that are high risk of suicide already.”*

*“The way I hold my head up with pride for all the things I’ve been able to accomplish, would not have happened without rugby in my life. I owe my life to this sport. And, I refuse to deny anyone else this opportunity.”*

*“I know the rugby community has saved the lives of trans women on my team when they needed people the most, and I am not ok with ever telling them they can’t play with us or be a part of our community.”*

*“I can say, as can so many others in the rugby community, that without rugby, without my teammates, I do not think I would be alive today. In women’s rugby, almost every person I tell my story to has a similar story of survival, whether it’s about abuse, violence, sexual assault, homophobia, transphobia, being kicked out of your family and home, poverty, racism, or xenophobia (and usually combinations of these).”*

*“Her story, like mine, is about how rugby saved her. I take that original pledge seriously: this is rugby, we take everybody. Everyone is not only welcome in rugby, everyone is important and valuable. Full stop. No qualifiers, no judgement, no exceptions.”*

*“I have always been too big...for everything I’ve ever done. and it was mentally damaging ... until I found rugby, a sport that embraced my size and celebrated my ability and saved my life. and its beauty and strength is that the sport absolutely requires 7 to 15 DIFFERENT sizes and strengths...the diversity and acceptance of the sport is what drew me to it in the first place.”*

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“I joined the rugby team and they quickly pulled me out of my shell and helped me to be comfortable with who I am. I have become more confident and proud of who I am instead of being shy and ashamed. *Rugby really has saved my life and limiting this experience for transgender and non-binary folks would be wrong.*”

“I came out as trans and co-workers at my job made my life pretty miserable. I joined my local women's rugby team and I felt like I had found a family. I was welcomed in and practice became a sanctuary where I could escape from the bad work environment. *Rugby helped me get through a difficult period and I would be heartbroken if the rugby organization wanted to take away the community that embraced me.*”

## Psychological Support and Confidence

“Rugby has been a great outlet for me to meet a group of amazing girls and to feel more myself and become more confident and open about who I am.”

“It helped me to deal with body issues of being too strong to be considered female, too massive to be considered female, too wide-shouldered, too big thighs, too short haired, ... “

“Rugby from the get-go gave me the confidence to be me, fully and completely. *This is community, this is family, this is the definition of ‘with you’.*”

## Safe Space

“Women's Rugby has always been a safe space for me and so many other women. *A space that accepts all women, regardless of size, shape, prior athletic experience, religion, political affiliation, etc.* A space that we come together to play a sport that we've all fallen in love with.”

“I think for a lot of women, the rugby community is a place where they can be uniquely themselves, whether that means living out their gender identity or sexuality to its fullest or finding a family in which you can be honest about the questions that you've been asking yourself. *Excluding trans women from the game would be a major violation to that feeling of safety that rugby has created for so many, as well as a violation of their rights as women. Trans women are women. Let them play.*”

“For my younger trans athletes, rugby is often the only place they feel safe, included, and not tokenized. There is such a benefit to allowing trans women athletes to participate in sport with cis women. *First, trans women are women and the fact that they are not treated as such is incredibly harmful. When all women play together, trans women have lower rates of self-harm including suicide.* Just like cis women, rugby is a confidence booster for trans women.”

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## No Issues with Transgender and Non-Binary Players

"I started playing open age female rugby at 45, within that I played against both trans men and trans women. Which *I totally have no problem with - but people don't understand that's the problem.*"

"I played for four years in college with multiple individuals on the spectrum of the transition process on my team. Their presence in no way detracted from my experience as a cis woman player, and *there were never any issues that arose from opposing teams before, during, or after matches.*"

*"I feel absolutely no sense of fear or danger for my safety and well being."*

"I have played rugby for 25 years and never encountered any issues playing against or with trans women. *Essentially we're all women as far as I'm concerned.*"

"My team have played against two transgender women in different matches. Not a single member of my team had any issues. *Every woman on that pitch was the same as far as we were concerned* and the only thought that's crossed our mind was going out for the win."

"I have played for and against trans players. I have no issue with it and support them being able to play. *There is also a double standard because the focus is only on women's play being impacted.*"

"I am now 44 and I coach. Both my son and daughter play. Safety is the overriding priority. *I can see no reason for a ban* as should an issue ever arise (which, honestly, I cannot see happening) it is a simple conversation between player and coach."

"I have played with trans women, have likely played with trans women that I was not aware were trans, *and have not only NO problems with trans women playing rugby in women's leagues, but INSIST on this outcome.* Trans women are women, period."

"I have played against trans women, and I do not feel it impacts the game in any obvious way. *We have a trans woman playing and there have never been any problems with my team and theirs.*"

"The injury argument is a non-starter. Take each trans woman on a case by case basis to make sure that a large male who has been playing semi-professional men's rugby doesn't start playing women's rugby 2 weeks after coming out as identifying as female, but that case would be one in a million anyway. *What it really does is just exclude people who will have nowhere to turn.* I have played in games where the physical difference between two females on the pitch has been so drastic that you may worry for a person's safety, this is no different."

## ALL shapes and sizes

*"I believe that if anybody feels threatened by playing along with other women bigger than you, or stronger than you, or faster than you, then you don't belong in this sport."*

"Rugby is the most inclusive and welcoming of women across all ranges of fitness, body type, skill/ability level, age, personality and more. *The teams I have played on have always been enhanced by the diversity that is embraced on the rugby field. I have been tackled to the ground safely by women twice my size and half my size.*"

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“I have played with and against women bigger, smaller, stronger, faster, etc. I am a small woman and play fullback and I have had to go head to head against women twice my weight, much faster and much stronger than me. *Rugby is the great equalizer.* I have taken hits from women large and small that have left me on the ground, briefly breathless and feeling humbled, sore and mostly a whole lot of respect for the woman who gave me that hit. *Please keep women's rugby inclusive.*”

“*Discriminating against trans women, or anyone outside a strict binary, is wrong. Period.* There is such a wide range of naturally occurring hormone levels, and to attempt to legislate exclusion based on a small subset of individuals goes against everything I knew rugby to be. *Rugby, right now, is a unique beacon of inclusivity. Do not let the sport I love go the way of most others. I've been in that world and it is toxic.*”

“*Many cis women have height, musculature, power advantages over trans women which makes any transphobic concerns about 'overpowering' players or 'being in another league' specious at best.* Rugby is a home for everyone; that is the core of the game. *Don't fuck it up with transphobic trash.*”

“I understand that there are fears about people assigned male at birth may have advantages against cis women but to do a straight forward ban against all trans players doesn't seem fair. *I am a 30 year old prop and weigh over 200lbs and no one bats an eye about me playing against tiny 140lb 18 year olds.*”

“As a match official it is my role to make accurate and fair calls to keep the players from thinking they have to enforce the laws themselves. I watch the temper of the game and keep it in check. I watch for dangerous players (and size doesn't always mean anything there) and work with the laws and the captain to keep that lid screwed on. When a transgender player is on the pitch there is no difference to all of the above. *I also wonder why transgender women are being called out. By the explanation I've read for the banning - the 10yr veteran, the 250lb prop, and the ex-National should all be banned as well.* They could be dangerous too.”

“Rugby was a good fit for me because it really is a game built for people of all shapes and sizes, and each individual brings with them something different to the team and it is those differences that make a team successful.”

“I think it's a good thing World Rugby set up committees to work actively to make the sport less dangerous, however, I don't think excluding anyone is the answer. *As a short hooker, I've scrummed against girls that were twice (if not thrice) my size,* I've had to tackle girls that were so fit I simply bounced back, but I've also had the joy of succeeding and overcoming these differences in a game. *I don't care why a girl is twice my size or why she is super fit, the only thing I care about is how I can be the best player I can on the pitch.*”

“We are fifteen as one, and I love and value my trans teammates on and off the pitch. To pretend that "regulating" (aka excluding) trans athletes is about keeping play "fair" on the pitch is just crap. *If fair play is ensured by having people of biologically similar metrics play against each other, then rugby would already have weight class divisions like boxing.*”

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“I’ve coached all levels of rugby, from age grade to the national team. I’ve coached my share of transwomen, and have found they reflect the full tapestry of athletic aptitude, shape, size, mental toughness, skill and off-field contributions to the team. *There were never any inherent safety issues associate with my trans athletes, no more than any similarly skilled cis gender athlete.*”

“The physical variation among the players on a team is large enough that one individual who is larger or stronger than the rest alone does not change the play. To suggest that they would is insulting to the entire sport. *Rugby has always been a place where all sorts of physical types are welcome - short and square, tall and fast, strong, heavy, light. And those of many different lived experiences.*”

“The range of size and shape represented on a women’s rugby team is huge - women under 5’ tall and 100 pounds routinely share the pitch with women over 6’ and in excess of 250 pounds. *Tales of massive, muscular trans women terrorizing CIS women are, much like stories of Mark Twain’s death, greatly exaggerated (fiction).*”

“Right now this proposed ban is focused on trans women, but no mention is made of trans men. If trans women are made to play with men, then trans men should be made to play with women. This makes all of the safety and hormone/ muscle density regiments go out the window. Aside from the fact that all trans women are not giants and all trans men are not small. Trans individuals come in all weights, heights, and athletic ability - just like cis persons. To say otherwise is stereotyping. *Rugby is inclusive of all and to base any policy off of a stereotype is phobia.*”

## Tackle safety

“As a player, I am always playing against people who are bigger than me, often by a lot. *The only time I have ever worried for my safety is playing against players who were not properly coached* and taught how to have safe contact, and/or held to a high standard of safety by referees; neither of which has anything to do with their physical attributes.”

“I am not the biggest not the strongest and have played against many trans women over the course of my 20 year career. At no time have I ever felt disadvantaged and honestly, they were never the strongest or most athletic on the field. *The idea that this is about safety seems to come from a predominantly CIS male viewpoint*, with few (if any) elite level players, down to social clubs driving this. I have never heard a player on my team or on an opposition team feel safety was an issue. This all seems very political and not at all in the spirit of this beautiful game we all love.”

“The safety of all the players on the field were not impacted by those trans players’ presence - the training of the entire squad is more important than a single player both for safety and for competition. It is insulting to claim otherwise. *World Rugby is doing a huge disservice to the entire rugby community to try to exclude our teammates, especially at this point when we as a global community are rally around those least advantaged.*”

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“As a referee I have seen junior grade rugby where essentially a full grown adult weighing 180+lb with over 10 years of experience faces down a barely-into-puberty first-year player in juniors. I've seen 250lb props charge at a 100lb hooker. I've seen ex-National players go head to head with a beer-leaguer. There is no surprise at the outcomes. *The 10yr veteran folded the newbie in half*, the prop wasn't taken down, the ex-National rucked the beer-leaguer clear. Nobody was hurt. Body positions were appropriate, only enough force was applied to make the play. Rugby is about strength, mettle, heart, teamwork, and finding out what your body can do. *Rugby isn't about violence, or at least not in women's rugby.*”

“*The only player who caused injuries and whose tackles hurt the most was a smaller, cis-gendered and inexperienced flanker.*”

“I learned how to tackle, so *I can tackle anyone greater than my size of 5' 6", and I have.* How can we be having this conversation at all given the number of youth rugby teams who have grown up playing and continue to play with all genders? *There is no, absolutely NO, reason to exclude trans women from participating in rugby.*”

“*Trans women are women, and good ruggers are good ruggers-- receiving high quality coaching and dedicating yourself to learning contact skills like tackling and rucking are the right approach to mitigating physical risks- NOT excluding valued and loved members of our communities.*”

“We all accept the risks associated with a contact sport. There are cis women on the field that are absolutely bigger, stronger, and faster than I am. I will go into contact regardless, if I have to. And I will do it as safely as I can. *In some cases, I am the bigger and stronger opponent, and I am tackled despite the potential risk. It is absolutely shameful to attempt to use this as an argument to ban trans athletes from the sport.* We play for the love of the game. Rugby is for all.”

## Trans and Non-Binary Teammates

“Rugby is a sport where there is a place for EVERYBODY, on the pitch, off the pitch, at the social, and in the community. *Excluding trans women is based on false assumptions that trans women are 'not truly women'.*”

“I have no hesitations about playing with them, or against them on an opposing team. *They earn the right to be on the pitch just like my other teammates.*”

“Trans women are women and aren't out to hurt or “lie” about who they are to gain some edge. *They are rugby players who want to play some damn rugby.*”

“*Trans women are women. No ifs ands or buts.*”

“I met my trans girlfriend through my city's rugby team. The arguments against the inclusion of trans women are founded in pseudoscience and bigotry. *She poses no greater threat or risk to any other player than does anyone else on our team,* nor does she have an “unfair advantage”.”

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“I disclose my transgender status selectively, because it is still not fully safe and accepted.”

*“The cis women of the team were never afraid of her but rather for her.”*

“I have coached several teams all over the country and *have seen the hatred and bigotry directed at the entire club because of rumours that one of the players might be trans*. This happens because transwomen are women. Aggressors misgender cis women as transwomen all the time, because there are so many preconceived notions about what a woman is supposed to look like.”

“My trans/non-binary teammates have become some of my best friends and my life would be incomplete without them.”

“I've played with and against trans women for years. Some were great athletes, some were terrible. But I never felt unsafe playing against them, and I've never been injured going into contact with one. *These women deserve a place in sports where they feel comfortable and welcome, just like any other athlete.*”

## Family, Community, and Acceptance

“It's the first sport I've tried that I feel TRULY capable and skilled at, and *the community of friends and found family I've gained has changed my life.*”

“I played for a nationally ranked women's college team, where I had trans and gender nonconforming teammates. The support I felt from them allowed me to be more comfortable discovering and expressing myself, and *I felt secure knowing that I would always be welcomed and supported by my teammates.*”

“I have played amateur club rugby in the USA for 2 years. In that time I've met trans teammate and opponents. *They are as deserving of a place on the pitch as I am*. I've only grown as a rugby player and as a person for having played beside them. *We all go into this sport respecting one another above all else*. We aren't professional athletes, we all play because we love this game enough to sacrifice our time and our energy for it.”

*“I don't want to imagine a world in were my trans sisters get denied such a wonderful found family because of archaic and transphobic policies. Rugby is a family and I have never felt more welcome in my life.”*

“I played rugby for the first time this year on a club team and it was the best experience of my life. *I believe everyone should be able to experience these things regardless of their gender identity.*”

“I joined rugby at the beginning of my freshman year at college. I instantly found a community that supported me both on and off the field from all those involved with the sport. *I want everyone to be able to experience the same.*”

“Rugby was the first community that made me feel like I had a home, and I hope it can stay that way.”

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“After I transitioned 4 years ago, I re-discovered sport. It has changed my life. I'm fitter, healthier, happier. Everyone should have that opportunity. *Everyone should be able to take the sport they love to the highest level, while being themselves.*”

“*Gender has made no difference to the dynamic of our team and to the hard work we put in.*”

“I'm a trans man who plays for a gay /inclusive team. I love the sport and the community, if WR are to change the rules and make it harder for trans people to access rugby / outright ban trans women from playing, it will have a negative effect on my relationship with the sport. *I will see no other way than quitting, seeing as I would not be welcome to play as a stealth trans man.*”

“Rugby has always been *the most accepting community of people* I've ever been part of.”

“I have played with trans women for years and have been honored to take the pitch with them. There is not a moment of hesitation in my mind about playing against or with trans women. *I am so disappointed in World Rugby for their assumption that people would intentionally manipulate their gender identity solely in order to excel in a sport.*”

## Inclusivity

“Rugby is inclusive and that's why so many people love it. It's one family and *segregating and portion of that is unthinkable.*”

“*Women's rugby = inclusivity. Always.*”

“I have always enjoyed playing rugby because of the inclusiveness and *I feel like that is in jeopardy.*”

“*I will speak up in support of my trans sisters and brothers because they matter* and I will stand beside or across from them on a pitch or on the track any day!”

“I'm a proud trans man and I stand by my brothers and sisters as the government and now many sports, try to strip away our rights to be who we are. *All we want to do is live and be “normal”. Is that honestly so hard to ask?*”

“I have played with and against trans women at my level, and they are no bigger or stronger than the majority of cis women who choose to play rugby. *Rugby is a sport of inclusivity, and trans women and non-binary people need a community to be a part of that will forever support and include them.*”

“I've been in this community for a long time and *have played rugby with many people that identify many ways and what is most important is creating an experience of inclusiveness that allows all to play rugby.*”

“I have played in the premiership, I have played against every type of female rugby player at every level. I now coach and play an amateur team where I drive a culture that has always been important to me.....inclusion. Women's rugby is known for it, we pride ourselves on it, there is no person, cis, trans or binary, thin, fat, BME, weird, popular, that doesn't get included in women's rugby, *there is*

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*always a place for a person who wants to join a team and it's vital to the mental health and well-being of all that take part, often where they don't feel that they could in other sports."*

*"These people just want to play rugby. And as long as they push themselves on the field like me I want them on my team."*

*"During the first year of my transition, prior to finding rugby, I struggled immensely with low self-esteem and confidence due to a lack of supportive community. Trans people generally face a significant amount of discrimination in daily life, and the experience of coming out and transitioning can be very othering, especially in the early days. The rugby community in the USA is extremely vibrant and diverse, and I consider myself so fortunate to have found it."*

*"If World Rugby were to outright ban trans and non binary rugby players from the women's game it would be against all that I know and love about rugby...it would be wrong."*

*"We are talking about an incredibly low percentage of the population of rugby players and therefore will unlikely have any effect on a day to day player or coach of the sport, yet it could ruin the life of the player it bans, for no good reason."*

*"I know what it is like to feel excluded from sports due to my gender, as I experienced this growing up and in addition to this recognize the challenges of accessibility due to participation levels. I have played with and against transgender athletes in other contact sports and I respect and welcome their presence in the same competition as me. All women have a place in women's sport, because all women deserve equal opportunity."*

*"Rugby is a sport built on inclusion, we need every size to a team. Let trans people play and be included. Stop the transphobia!"*

*"The 'research' world rugby is basing their policy on is incredibly narrow in scope, never actually looked at trans rugby players more than anecdotally (or trans athletes), and was wholly focused on individuals in Northern European countries. All women are not white women. This misguided policy of broad and unwavering exclusion will be devastating to trans athletes, but it's impact will not be felt only by them. Every athlete who does not present as 'feminine enough' will become a target for hate and bias. WOC will be hit especially hard."*

*"Do not exclude people from such an inclusive sport. The players, coaches and teams don't want it, take your exclusion and stick it where the sun doesn't shine."*

*"Rugby has always been a place that welcomes all kinds of people - women, men, trans or non-binary individuals in various stages of transition. The conversation from World Rugby seems to have entirely ignored the reality of rugby communities on the club level."*

*"I came to rugby from another sport; one that is so heteronormative there is zero room for individuality, self-expression of gender identity, or really for any expression outside the binary. Rugby has been an amazing, brand-new experience for me. Never have I felt so proud to be part of a group. And that is because of the inherent inclusive, respectful, and supportive qualities my teammates and others around the world embody."*

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“Over the years I have played with and coached and captained players of every size, shape, age, ability, and personality. Rugby is a sport of skill and experience, mental toughness and grit, heart, and most importantly, teamwork. No one player makes a team, *and focusing on and excluding individuals who are trans makes the rugby community poorer and benefits absolutely no one.*”

## World Rugby – “Rugby for all”

“We have always said, “With You...” regardless of background and technical skills and there's *absolutely no reason to not be with our sisters and non-binary players in this moment and beyond.*”

“In my 17 years of active playing, I played against/with many non binary and transgendered women. I have absolutely no problem with them continuing to play rugby at any level. *Please reconsider your policies to ensure they continue to be accepting of all genders of people.*”

“I love what the rugby community represents and *I want everyone to have the ability to play the sport I love.*”

“*I hope World Rugby will lead the way by keeping our sport open to all.*”

“*If World Rugby decides to reverse their ruling, then they will demonstrate that rugby is not the queer-friendly sport I thought it was when I joined.* Such a decision would force me to choose between supporting the woman I love and playing the sport I love, a choice no one should have to make.”

“I am encouraged to see the many people expressing outrage at the callous exclusion of our friends and teammates, and *I hope that World Rugby will hear our voices and not move forward with this bigoted and hateful policy.*”

“*The ‘research’ is championed by several well organized bad actors whose only agenda is to eliminate transwomen from women’s spaces. ‘Fair Play for Women’ declares themselves as a women’s rights group, but the only ‘rights’ they fight for us to exclude transwomen.* It’s a travesty that this group got a seat at the table and a chance to set the narrative. Whoever enabled this at World Rugby should be removed for allowing some of these presenters to have a voice. *Hate groups should have no voice in our sport.*”

“Trans people should 100% be allowed to play rugby, *especially trans women!* Rugby is for everyone and all body types, genders, sexualities, races, and ethnicities!”

“I started playing rugby in college and joined a women’s team after I graduated. I love the game itself, but one of the biggest draws for me to continue playing rugby is the community it provides. *I don’t think anyone should be excluded from that community.*”

“*Trans women ARE women, and I welcome and celebrate my trans teammates and fellow ruggers.* I step foot on the pitch with them at my side or with them on the opposing team. They are my fellow soldiers, my chosen family, my sisters in athletic tape and scrum caps. We bleed together, we ruck together, and we drink together. We win together and we lose together. *This is rugby. We take*

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*everybody. Rugby might not be the sport for everybody, but for everybody who wants to be a part of the sport, this sport is for you."*

*"If fair play is ensured by having people of biologically similar metrics play against each other, then rugby would already have weight class divisions like boxing."*

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If World Rugby were to approve of a policy that severely restricts the access of the trans and non-binary communities to the sport, how would that impact you personally? How would it impact rugby? How would it impact your sense of community?

### Summary

Participants indicated that the proposed ban would have widespread impact for individuals, interpersonal relationships between players, for clubs, unions and other rugby organizations, as well as the rugby community at large. Overall, participants described these impacts as being overwhelmingly negative. Cis and trans players alike describe that a ban like this would taint their view of the rugby community and would impact their decision to continue playing. Multiple responses discussed having individual pride in being a rugby player destroyed or put in jeopardy. Interestingly, it was cis participants that had the most to say on this topic. Responses explained that supporting a community that was unwelcoming to some would make it feel unwelcoming to all. Multiple responses cited worries around recruiting and player retention. Respondents pointed to the all too common reality that women's rugby teams often struggle to recruit and retain new players. They were concerned that banning any group of potential players would jeopardize the recruitment and retention efforts that exist and any in the future. While this would undoubtedly impact local area clubs, that impact would trickle upwards towards Geographic Unions, strangling any progress made to create and sustain women's teams, brackets, competitive play, and diversify geographic union executive boards. Most respondents, at some point, cited the ethical concerns of this ban and the impact it would have on the stated values and pillars of rugby. Many also referred to the less official idea of the "core values of rugby." Most commonly referred to, were the values of diversity, inclusion, body-affirmation, and solidarity. Respondents discussed concern that banning any group of individuals would be directly at odds with these stated values.

### Common Themes

- Impact of the ban
- Against the Core Values of "Rugby For All"
- I would feel...
- Retrogressive
- Discrimination
- Harmful

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## How do the proposed restrictions on transgender and non-binary people make you feel?



### Impact of the Ban

*"I personally wouldn't want to play anymore if I'm going to have to limit who can and cannot play on my team. The rugby community is nothing without all of its members, transgender, non-binary, cisgender, and all others included."*

*"I would never be able to play the sport that saved my life."*

*"It would change the way I think about rugby's governing body and make me consider whether I wanted to be part of an organisation which is willing to marginalise individuals within it."*

*"It would be devastating. Our strength is our diversity, and the real truth that we make a place on the pitch for everyone. I will fight this policy tooth and nail, and if World Rugby adopts this exclusionary policy I will leave the sport. I cannot stand and watch rugby be the very first to exclude my trans sisters. It will end my participation in rugby."*

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"I would do what I could to help reverse a total ban or severe restrictions. I'd never met a trans person (have always been for equal rights for all, though) until I started playing rugby, and I do not think anyone I've met or seen play takes very much if anything away from the sport. If rugby was to ban trans or nonbinary athletes, it would damage the sentiment that rugby is all inclusive and does not discriminate, which is something I have heard from this community since I started. This ban, I'm sure, would create tension amongst the players and the governing body/leaders of rugby."

*"I don't want to play rugby in a system that supports bigotry by excluding trans women and non-binary people."*

"The LGBTQIA+ community remains one of the few groups supporting women's rugby, and a policy change such as this one could be the death blow for women's rugby in this country. Our club is so special and valued because of our players, and if rugby is no longer accepting of us as human beings, we would be forced to leave it behind."

*"It would destroy my image and pride of this sport."*

"I would be absolutely disgusted and would no longer purchase any merchandise from World Rugby. I love rugby and will obviously continue playing, and I would wholeheartedly welcome any trans or nonbinary players on the team. I would certainly advocate with everything I have to make sure we keep rugby a sport open to all and eliminate any gender based discrimination."

*"I probably would not play rugby anymore.* Rugby would not be the welcoming and accepting place that it once was."

"I personally would not be able to play the sport I love if it wasn't inclusive for all. Rugby is about inclusion and celebrating differences not using them devalue, degrade and discriminate against a very small minority of players."

"Rugby is the one sport that allows people of all sizes, shapes, race, gender, sexual orientation, etc. etc. to play together. A policy that excludes trans or non-binary people from playing rugby would ruin the sport. I would not support USA rugby any further if this were to occur. These folx are not coming out to play on your team if they don't feel they belong there, so welcome them in and support them. I'm "with you" and I believe that trans folx and non-binary folx should be allowed to continue playing rugby."

"Rugby is a game of all shapes and sizes. The womens game is a welcoming, validating experience for all who find the sport. Because of how deeply my rugby teams and friends are in my blood, *should a ban exist that would deny my sisters the opportunity to play, I would boycott the game.*"

"I would quit playing, as I would not feel welcome."

"I would not associate myself with World Rugby anymore. I have many many LGBTQ friends who play rugby and I'm sure they would quit the game and their support if these "policies" get signed/passed."

"If you're not fit enough to play against a girl which might be stronger and physically fitter, then you shouldn't be on the pitch to start with. *I'd rather have a trans girl or non-binary person on the pitch,*

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*than someone who is not willing to give their everything. If World Rugby decides to follow through with the advice of the committee, I don't know if I would still support my sport."*

"I would lose amazing teammates and opponents. Rugby would no longer feel like an inclusive and welcoming sport. Rugby to me has been a place where everyone is welcome, every difference is embraced, and *respect for all people is paramount.*"

"it would be an absolute travesty. Absolutely disgusting to me that people are actually trying to use pseudoscience to try to further their prejudice agenda. What World Rugby is proposing is discrimination and is completely disrespectful to women, trans and cis, saying that they are inferior to men, which is just not true.

"You would quite directly attack the integrity of my team by disallowing trans people to play on teams of their gender. *Trans men are men. Trans women are women. To say otherwise is simply, full discrimination against people who want to play the sport.* I would personally probably stop playing rugby if you guys pass this."

"Taking inclusion and intersectionality away from rugby makes absolutely no sense, and lacks opportunity for growth within the sport."

"Banning transgender womxn from playing rugby is a huge mistake. It will affect my friends and other extremely talented rugby players around the country. It could also deter transgender allies from playing with us and joining our community. And personally, knowing that I'm participating in a game that isn't inclusive to my peers makes it less enjoyable and ultimately not the same sport."

"I hope that even if World Rugby went forward my local union would be willing to stand up and say, no we are not going to tell the women who have been playing on our teams for years that they are being shut out at the highest level. I hope that we would be willing to stand up for our players and friends and continue the safe and welcoming game we have been playing prior to this moment."

"I think I would be willing to fight this one all the way to the top."

"Rugby always has and always should be a place for all humans who want to play. The proposed World Rugby policy would rob everyone of this experience. I would lose teammates (past, present, and future), and I don't know if I could feel comfortable playing a sport where they are not allowed."

"I'm afraid that the openness of rugby and welcoming community has been a cornerstone of my love and participation in the game. *If trans women were excluded from the sport, I would not in good conscience be able to continue to participate.*"

"If these rules were invoked I can see cis women who previously felt safe in our team losing that desire to play a sport they believed to be inclusive, especially if the rules meant current players in our squad became ineligible. Personally, I'd agree with them."

"To ban trans and non-binary players from playing our game is the same as revoking a title from a woman who put in the work just because of her natural body. If trans and non-binary players are not allowed to play, I would likely stop playing myself."

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“I think it would be the most negative impact I’ve ever had in what I thought was the most inclusive amazing sport I’ve ever found.”

“This is a brand new team, and I will accept anyone who wants to play. World Rugby either doesn't know or care how hard it can be to foster an amateur team to life. World Rugby also must not care about the hardships women's rugby faces in terms of recruitment or popularity.”

*“Restricting the types of people who can play rugby will essentially choke out the lives of many new teams and crush rugby movements at the roots.* World Rugby may decide to exclude passionate ruggers but rest assured, my team will not. The thought to exclude trans and non-binary players is in a word - stupid.”

*“Rugby is a sport built on inclusion. Don't create exclusionary rules. It destroys the spirit of the sport.”*

“If this policy were to pass the effect on me doesn't matter because it isn't directly infringing on or impacting my ability to access the sport I love because I have the privilege of being a cis gendered female. It would however, impact my brothers and sisters who do not have that privilege which is extremely upsetting and unfair to those individuals. Rugby has always been a community that has a reputation for being made up of the wonderful weirdos, rebels and athletes who will give their everything on the pitch (blood sweat and tears) then come together to eat, drink, embrace the silly and at times, downright strange with their opponent at the drink up after.

It's a sport that says there's a home here for you regardless of body type or size and don't worry if you don't know how we'll teach you. Rugby is passion, sport, family, fun and usually, obsession. Denying anyone access to the rugby experience is just wrong. DO BETTER BE BETTER WORLD RUGBY!”

## Against the Core Values of “Rugby For All”

“I was drawn to rugby because of the community of acceptance, encouragement, and the ideals of fighting for your family on the field. To exclude a group of people due to their gender identity or lack thereof is to completely go against the nature of rugby and rugby players.”

“My sense of community in rugby would be impacted because the entire of the culture that is traditionally accepting and welcoming of everybody wouldn't be that for anybody anymore.

If the environment is hostile or unwelcoming to my trans family and fellow players, then the environment is hostile and unwelcoming for everybody.”

“To me, rugby represents something so much larger than just the sport. Rugby to me has been equivalent with acceptance, and I know it has been that for many people. If world rugby approves that policy, that would no longer be true.”

*"World Rugby Vision: Rugby - a sport for all, true to its values  
World Rugby Mission: Growing the global rugby family  
World Rugby Core Values: Inherent in everything we do are our values of integrity, respect, solidarity,  
passion and discipline.*

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*Excluding a group of people based on shoddy science shows a lack integrity, respect, and certainly doesn't show solidarity with an already marginalized group. Rugby is supposed to be an inclusive sport, with a place for EVERYONE "*

"It would reduce the richness of our community and severely tarnish our sport's "inclusive" reputation. Personally, it would mean that people I love would no longer be able to play the sport they love, and the game would be lesser for it."

"Rugby would lose its place as the most open and accepting sport in the world. We would go from setting the example for other sports, to being just another average sport making unnecessary divisions between athletes under the guise of "fairness" and "safety"."

"Fuck that. Rugby is the sport for everyone."

"This exclusionary policy would damage my sense of community and understanding that rugby is a place for everyone. Women's Rugby in particular has always been welcoming to those who might not otherwise fit in to the world. It is one of our greatest strengths, and being able to say, yes of course you are welcome, come and play with us, has always been one of our greatest selling points."

"It would make some of my teammates and supporters feel unwelcome and that pains me deeply. It would remove the spirit of inclusion from the pitch. It would fracture our sense of community and make some feel like they don't belong."

"I think it would be rugby becoming more exclusive which isn't what anyone wants."

"Rugby is the one sport where a lot of trans men and women feel they can play without being judged. The inclusive nature of the game is what makes it what it is. We can be leaders in human rights right now, instead the World Rugby board seems to be concerned with a very small sub-section of the game that has little impact for cis players. It's not like self-identified men are going to suddenly flood the women's game by identifying differently just for a competitive advantage."

*"World Rugby's vision is "a sport for all" and this the exact opposite of that. Unnecessary and unscientific restrictions would give rugby a reputation of hate, exclusion, and bigotry rather than the beacon of respect and inclusion it has always been."*

"Rugby, especially women's rugby, is a community that has always had to fight to respect and inclusion. Rugby is unique and precious to us because we get to not just accept, but welcome women of all body types and abilities. Among cis women there are no requirements and no "typical rugby body." We do not need to be protected from our fellow athletes. To ban trans women is to ban WOMEN from playing rugby. Socially, it hurts the inclusive nature of the sport."

"Rugby is the one place where I feel safe to be who I am, fully and completely. It is my outlet and my sanctuary, and the community I've found in my team and more broadly have been instrumental in developing my confidence throughout transition. At this point, I can't imagine what life would be like without rugby."

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“Though this would not affect my ability to play directly, it effects some of my teammates and my closest friends, and the community that I consider rugby to be. The sport of rugby would never be the same without its sense of inclusivity and community we provide now, where anyone and everyone is welcome.”

“As someone married to a non binary person with several trans friends that I met through rugby this ban would fundamentally challenge rugby’s spirit and community and inclusion. We can’t call ourselves inclusive if we are excluding any women.”

“Since being introduced to the rugby community 2 years ago there is always one thing that resonates with me. That is the acceptance of others and I want this continue. This policy could push away prospective new teammates that I may never meet if this were to be put in place. I want everyone that sets foot on my team or others to feel included and that they do matter to me. I have played with many people from the LBGQTQ+ community and I can’t imagine playing any other way.”

*“I would feel like we were treating people as second-class citizens, and would be ashamed of the game of rugby. It would devalue the game at its core in my eyes.”*

“Trans players haven't made us feel at risk, but the potential exclusion of trans players has - how can we be that team whose entire ethos is about inclusivity if we have to reject players on the grounds that have been proposed by the RFU (*sic*).”

“I would have absolutely no problem playing rugby with or against a trans woman. I play against women regularly who are much larger, stronger, and faster than me. People have forgotten that trans women come in all shapes and sizes, like every single other human being. Not every trans woman who desires to play rugby will have a huge frame.”

“The sense of community will obviously be affected by this as we will no longer be seen as a community that accepts and welcomes everyone.”

*“Rugby is sold on being a game for all and there is absolutely no need for a blanket ban on anyone. It is a disgrace that a total ban is ever being debated. After asking a lot of people their thoughts, the only people who seem to have an issue with trans women playing women’s rugby are men or women who don’t play ... how ironic!!!”*

“It would impact me by limiting the members that can participate on my team. We have several transgender and non-binary players and we would no longer be able to allow them to play. It would impact rugby drastically because it would not be the same sport I’ve come to know and love. Rugby has always been about accepting EVERYONE no matter what and without the inclusion of transgender and non-binary individuals we would go from being one of the best sports to a very transphobic sport.”

*“You will be liars. You say "Rugby for All"....but if you regress on this matter because of mis-contextualized science and media machine fear mongering, then you are liars and rugby is not "For All"....I don't want to participate in a sport that excludes people...and if you do this to the trans and nb communities, you will put them in danger...and that is unacceptable.”*

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## I would feel ....

*"I would be incredibly insulted. I did not sign up to play rugby because I needed to be kept safe. I signed up because I enjoy playing a contact sport. Something that was not open to me as a female in any other sport in my youth. So many other sports change the rules for females to "keep us safe" or because they don't think we can handle it. Rugby has always let us play by the same rules."*

*"It would tell me I don't really belong. My acceptance is conditional - upon hiding, upon never rocking the boat, upon being as quiet and small and unobtrusive as possible."*

"I would be personally upset; this would be a huge blow to the rugby community and would alienate not only trans and non-binary players, but all of their teammates as well. *You're not "protecting" women; you're destroying teams.* I would no longer support World Rugby if you decided to embrace a policy of exclusion and ignorance."

*"I would be devastated. Rugby is not rugby without FULL inclusion: for my tiny 100 pound self, for my trans sisters, for my non-binary siblings, for my 300lb lock, for everyone; full stop."*

"Rugby has been a sport for everyone and I'll certainly feel more disconnected to the sport. As stated before, I'm glad that World Rugby takes our health in consideration, but there are so much more options to guarantee it. Starting with: *why are there girls on the pitch that can't make a technically correct tackle? Why do I scrum against girls without technique? Why are refs not trained enough in applying the laws on high tackles, dangerous play, etc? Why do we focus on the one exception instead of on the general competition?"*

"It would be devastating. My teammates are amazingly supportive and accepting. These women are the first women since I came out that accepted me for me. Other people in my life have other forces on them to accept me. *My family supports me because they are family, my co-workers accept me because my employer values diversity and inclusion, but my teammates and competitors have a choice, they choose to accept me."*

*"Indirectly such a policy would still represent to me an attack and a hateful rejection of my personal worth and validity as a person and woman.* When will this ever end? Please do not take this away from the women and girls playing today and those for whom we dream of a better tomorrow. Please choose inclusivity."

*"I would personally feel the loss of my Trans and NB family in the sport that opened doors I didn't realize I had closed.* As a sport and community rugby would absolutely be lessened because of the exclusion and ostracism of willing and able participants, and the sense of family and connection that Ruggers are so proud of would be further tarnished by the exclusion."

"It would deeply anger me. I think it would impact rugby greatly by not allowing those who want to play to be able to. I think it would not show a sense of community at all because we would be excluding a large group of people from playing a fun sport that can change their lives."

"It triggers me. As a past player who's been bullied while playing women's rugby it makes me feel very sad. I feel everything I negatively went through matters not one iota to the powers that be and our

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lived experiences don't count. What saddens me even further is *Trans kids and adults will feel this discrimination even further in the future*. I also did experience many positive times playing women's rugby and I feel present and future trans rugby players should be able to play to experience the same joys I did while playing."

"The rugby community prides itself of being welcoming to all. This would throw that into question and it would make many players and supporters, including myself, rethink whether they are truly welcomed and appreciated by the community. I would feel a lot less connected to my rugby experience and the wider rugby community if my existence and belonging (and those of my friends, family, and teammates) was devalued."

"One of the greatest appeals for me about rugby has always been its inclusiveness. Restricting access to members of my community denies their right to play and is unnecessary and unfair. The argument that trans athletes have a 'dangerous' amount of muscle mass and present a safety risk is an unfounded generalization (rugby is designed to have players of all sizes within every team) and in my opinion presents more of a danger within our community to bully, exclude and discriminate against our teammates, friends and family who are transgender."

"In rugby, you can put the work in and find a place on the pitch where you belong. Most bodies have a position that they are built for in rugby. That includes trans and particularly trans feminine bodies. I don't want to exclude women from rugby. *I'm a 5 foot tall cis gendered woman. I'm the person people are talking about when they say safety is the concern. I don't feel unsafe playing with trans women. I feel disgusted by not letting them play. Let women play rugby, all women.*"

## Retrogressive

"It would be a backwards step and a let down. Rugby is at its heart an inclusive sport. It includes everyone and is open to all shapes and sizes. This is no different."

"It would devastate our community here because most of us are amateur players who just love to play. If you restrict those who are allowed to play, we won't have a team. And it would ruin the game for most of us who just want to play. I want to play with my friends."

"Women and women. Men are men. Trans or cis. *I suggest World Rugby listen to the significant support for trans players* which has been seen and will continue to be seen in social media and across platforms."

"As a trans person I think basic guidelines for play is fair. Making it so trans and non binary people have no room for play is unacceptable. No great titles are being challenged and we are more a community together than rival championship contenders. In all cases I think we need to have open pathways for people to play not rat traps they can never break free from."

"I think that this would be a mistake. One of the things that I love most about this sport is that it is inclusive of everyone. It doesn't matter what your race, religion, sexual identity or gender is, everyone is welcome. We should not restrict access to a sport that has such a positive impact on people's lives

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because they don't fit into traditional societal norms. I would not be concerned about safety if I was playing against a trans woman and they should not be penalized for something they can't control."

"I think it would destroy the heart of rugby if this policy were implemented."

"As a transgender man, I am deeply concerned with the potential that World Rugby will restrict access to the sport. I am aware that I will usually be one of the smallest men on the pitch, but I also know that it doesn't affect my ability to play the game. I firmly believe that the same rings true for any individual seeking to play this sport. To bar them from playing within their gender is morally corrupt and has no basis in true scientific data. The information thus far utilized is unfounded and based in fear."

"As members of the LGBT+ community it deeply concerns me that this type of exclusions was even considered and makes me reconsider my involvement in the IGR. Marginalized people do not have fair access to safe and inclusive spaces, the IGR should be one of the few safe spaces for people who already deal with being treated less than. When I joined, I was under the impression that this organization was one of these spaces. *I do not want my blood, sweat, tears, time and money to go to any organization that excludes and segregates anyone for living their truth.* Ability should be based on just that, ability and not gender."

"To a point I understand needing regulations are the elite international level but this should have no impact on club rugby. Now is the time to make a stand and the two should have different policies."

"It is important to keep in mind our values, the ones that I cherish so much in the sport and what keep me in the game. Rugby and its players are supposed to respect and have sportsmanship. By restricting trans and non-binary people we would be literally taking a very important part of our lovely sport and throwing it out the window. We would be denying what actually set us apart from other sports and fans, and who knows where that path would lead us into."

"I believe it will have a detrimental effect across the armature sport, leading to reduced numbers of an already small number of trans players."

*"It would kill what rugby means to every woman in this sport. We already get told as women that 'this sport is too rough for us' now we're getting told that we're too fragile to place against women who are trans because at one point were men? Let us decide."*

"But the argument itself is also dangerous because the basis of banning trans women is usually on the concept of safety. This assumes that all trans women are bigger and stronger than cis women - and that it's the women's rugby experience. We play against women of all sizes, strengths, and skill levels. *If you begin to disqualify trans women for 'safety' reasons then you have to begin doing the same for larger and stronger than average cis women. Women of all body types have advantages or disadvantages in the game.*"

"It would be a tragedy not only to the game but the community. We have to be inclusive, we have to support all our family, not just our cis-ters. There is no more advantage to a trans\* player than a cis player. *This sport has been designed to be inclusive for all walks of life. Should this go through, it would be a grave mistake.*"

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“I will not play for an organization that discriminates against people of color, or the lgbtq+ community. All of this nonsense is coming from people who are prejudice against what they don't understand and are not using actual science to even back their ludicrous claim. *Do not do this, or you will be directly attacking your players and teams, and basically saying a huge fuck you to every single woman who plays rugby, as well as every single IGR team around the world.* I honestly can't believe we are having this discussion in 2020. Absolutely abhorrent.”

## Discrimination

“I will lose teammates. I will lose the ability to better myself as a player. So many amazing women play rugby, and to discriminate against a group of women, all because of transphobia, will alienate so many people. *The community will be tainted with bigotry at an international level.* The rugby community makes claims on being inclusive and accepting, however, this ban will only show the true feelings of the rugby community as a whole, on an international level--that it is transphobic; that *rugby only accepts certain people.*”

“It would cause huge division across and inequality across all areas of life as it would set a dangerous precedent. Rugby has always and should always be an all inclusive sport with a role for everyone. Of course there are potential factors that could affect risk of injury etc but those need to be thoroughly researched and explored to ensure maximum inclusion for all people whether CIS or trans.”

“Banning trans women also assumes that trans women are superior athletes of superior size. This is not true and to say so, is stereotyping. *Basing policy off of stereotypes is unacceptable, especially in a sport that prides itself on inclusion.*”

“I couldn't support it and would be actively vocal against it. My partner is trans, and although a trans man, is subject to scrutiny and discrimination constantly. It makes me sick, frankly. And as a woman myself, although cis, *I have fucking HAD IT with people and groups trying to police women's bodies. Trans women are women. LEAVE WOMEN ALONE and let us play the sport we love with the people we love.*”

“I would be deeply upset to hear that even with all the scientific data around being transgender, and all the evidence pointing to the fact that trans women are women, trans men are men, and non-binary folk do not have a gender, a huge organisation like World Rugby is throwing that out. *Rugby, and all sport, is improved by diversity. If they were to restrict gender diverse people's opportunities to play, they are shooting themselves in the foot.*”

“My team and my community are the reason I play rugby, and I want to protect and uplift all rugby players.”

“I think it's ridiculous to assume that an individual who was assigned a gender at birth that they do not identify with, who may not even have higher levels of testosterone or increased bone mass blah blah blah is automatically going to have an advantage over a women like me who has abnormally high levels of testosterone and a very stocky frame (seriously I was tackling upwards of 6ft tall, 300+lb

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Samoan men when I weighed 150). If I lost a spot on the national team to someone who was better it would be because THEY WERE BETTER and I would work harder at perfecting my craft before I ever placed blame on an unfair physical advantage associated with gender identity.”

“Restricting trans people's rights to play is very harmful and not based on any factual science. It is a bigoted opinion that will be harmful for many trans players.”

“It would be a different community, period. Women's rugby should open to all women who are interested in playing, at all ages. I don't want to be part of an arbitrarily exclusionary system. I would never have met and become friends with some solid teammates.”

“If World Rugby restricts the access of trans and non-binary players it would make me lose a lot of the faith I have in the rugby community. When I played, it didn't matter what someone's gender or biological sex was, all that mattered was the power we felt through playing the sport and the community that was formed around that. *If trans and non binary players were restricted from playing rugby it would be a disenfranchisement for them in a world in which they are already so marginalized.*”

“Taking rugby away from trans and non-binary people is just one more thing making their life unfair and difficult. My rugby team has accepted trans women with open arms and we will continue to do so.”

“By taking away a persons right to play a sport because they may be from the trans or non-binary communities is wrong. I will gladly play against or with anyone who is in the trans and non-binary communities.”

*“The magic of rugby is that it allows people to come as they are. Big, small, fast, strong, tall, short, dealing with past trauma, just coming out of your shell - there's a role for every type of person on a team. Let's not ruin this magic by imposing unnecessary restrictions thought up by bigots.”*

“At community level, rugby is an emotional safe space. I've played across our country and no matter how awkward, weird or different you always have a home at a rugby club. *If you restrict non cis players in one blow you tell cis women they're not strong enough and the sport is no longer open for all. That would pretty much kill both the things I love about this sport.*”

“I have two teammates who are non-binary / gender queer (they're still trying to figure out what feel right for them) and I cannot imagine playing without them by my side. Rugby is such a safe space and inclusive sport. *Banning athletes from enjoying the sport they love goes against everything this sport stands for. It would break the huge sense of community that exists within it.*”

*“It would put me in a position where to be a referee - to be there enforcing the laws of the game, set by World Rugby, would make me feel as if I were complicit in keeping my trans siblings out of the sport. It would again force me to choose between who I am, and this game I've loved for more than 25 years.”*

“Barring trans women from the game is antithetical to rugby's reputation as an inclusive game for all. It is a short-sighted change rooted in transphobia and unfounded moral panic. *Proceeding with this policy will severely harm one of the core pillars that make this game so special.*”

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## Harmful

“It would negatively impact my community and friends of mine who have been ostracized from their blood family and found a family in rugby. Many women find love and family in rugby that they did not receive at home because of their LGBTQIA+ identity. *It is our duty to welcome and protect these women.*”

“It would negatively impact the inclusive nature of rugby and hurt my own community significantly.”

“It would take away from the loved aspect of diversity rugby as always had in my eyes. The rugby community accepts all, from what I’ve seen. Banning trans and non-binary people would be a major setback and I think it would be something that would hurt many people. *It could sever ties with several clubs and teams. It would create much disappointment and disapproval across the world.*”

“I would not be directly impacted but it would certainly hurt a large community of friends and rugby family that are just as deserving of playing this great sport.”

“Rugby wouldn’t be the same anymore, as it is a sport for everybody, every height, every shape and every gender. It would tear families apart and might lead to the idea that transphobia and discrimination against trans people might be acceptable.”

“Rugby is for everyone and these legislations shouldn’t change that. These new rules could have massively negative consequences for people’s lives and that needs to be properly considered.”

“It would hinder rugby from growing in the US. It would hurt my teammates, coaches and opposing teams.”

“Everyone involved in this sport is fully aware that those taking the pitch together will be facing off against opponents of various sizes and strengths and accepts that risk. *Forced disclosure is unsafe and unnecessary. So many of us have found our home within rugby, and it is often the strongest solace we have.*”

“The damage a blanket ban will do to the inclusivity of the game will last far longer than, I suspect, a ban will. It has to break equality legislation.”

“Banning trans women from participation in rugby would be harmful not only to the individuals who would be excluded from our community, but also to teams and clubs that thrive on inclusivity. I personally know players who currently participate safely in the women’s game, who would be unable to participate if such a rule were passed. In addition to having a severely detrimental psychological effect on those women, such an exclusionary practice would further damage the reputation of rugby in the USA.”

*“Severely restricting trans and non-binary players in the game of rugby would erode the entire culture of women’s rugby. The majority of the players I have played and worked with for 25 years, have and never will play at elite levels, they play for love of the game and because rugby is their family. These two things are bound inextricably.”*

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*When you close these doors, you will orphan young folks from crucial, life-saving ties. As a player and coach, I know that it will make rugby less rewarding to be involved in. If this is enacted I cannot and will not take a college player, or any player off the field for World Rugby and amplify the damage they are exposed to on a daily basis. I'm not going to be party to pushing a young adult towards despair because of some arbitrary rule they've decided to make. I'm not an accessory to crime thanks very much.*

Rugby isn't about the game on TV, it's about young people everywhere finding a place that feels like home. World Rugby just cannot ask this of coaches and teams, this asks me to hurt real, actual young athletes, real human beings whose hearts would break. *The day that I'm required to look into one of those bright hopeful faces and tell them that rugby is closed to them, is the day I walk away from rugby. This is cruelty and it's unacceptable."*

*To whom it may concern,*

My name is Isabella and I am a transgender female rugby player.

Growing up I never felt right in my body but I worked so very hard to hide that fact. Even after transition I was ashamed of who I was as a person. Then I found rugby. Rugby gave me the universal dream of belonging to something greater than myself ... and finally being a part of something where my body wasn't an issue.

Over time I learned from other's stories in rugby, that regardless of our gender, race, sexual orientation, etc. - many of us in the rugby community had always struggled with finding love for ourselves and a belief in ourselves. It's the solidarity in rugby that isn't like any other community in the world.

The rugby community laughs at society's ideas of body image and tells everyone you have a place with us on this field. Rugby to me has always been a place where diversity and inclusion are the corner-stones of this sport. We have tiny fast players in the backs and big strong players in the front. We protect each other on and off the field. We win gracefully and lose with our heads held high. We support each other because we know it can't be done alone and everyone is special for those same things that makes us different.

I knew about the working group World Rugby held in England and helped decide who would represent myself and International Gay Rugby (IGR) there. We picked great champions of diversity to represent us and I couldn't have been happier with them - but it would appear that their voices (and therefore MY voice) have been ignored. I always thought my place was in the back-ground supporting this effort but with the recent leak of this World Rugby proposal before any official announcement is made, I can't sit back and stay quiet. I have to stand up and make my voice heard. I am on board with having regulations - that's how society functions. However, the proposed restrictions on transgender and non-binary players is not acceptable.

World Rugby signed a Memorandum of Understanding with IGR that recognises the rights of LGBT individuals; is this now to be ignored and reneged on? There has been ZERO rugby-related research into trans players and their impact on the game, and if this proposed ban was genuinely about safety and the dangers of players of different sizes and strengths - they would have to implement categories for teams like they do in boxing; flyweight, welterweight and heavyweight etc.

As I paddle out this morning to watch the sunrise over the Atlantic from my kayak. I felt at peace and connected to the world. That is what sunrises do for us...they give us hope that the world will be a better place today, tomorrow and the future after. So I pray that as World Rugby looks to decide the future of our sport and transgender players in it, I hope World rugby will remember to keep an open mind, open heart and give us the wisdom that comes with time.

Remember we are a community that runs so deep that international lines, gender, sexual orientation, race don't divide us but bring us together as a family. I hope they will not betray their existing players and their much-publicised and inclusive slogan of "Rugby for All"!

Bella

## **Personal Statement from Verity Smith – IGR Diversity and Inclusion Lead and Representative to the World Rugby Transgender Working Group.**

World rugby's 2019 policy brought structured hope to the transgender community, and allowed people to have a home, an identity and a sport that accepted them. With its current proposals, World Rugby is about to break all their "Rugby for All" constitution.

World rugby states:

"These character-building values underpin World Rugby's vision as a sport for all, true to its values. This vision reflects the principle that rugby is a game for all shapes and sizes and is echoed in our stated mission to grow the global rugby family", and:

"The laws provide players of different physiques, skills, genders and ages with the opportunity to participate at their levels of ability in a controlled, competitive and enjoyable environment"

Transgender persons adhered to World Rugby policy, going through numerous tests, filling in forms, 'outing' themselves as transgender, all to put an application in for consideration. It is a gross invasion of personal privacy for an individual to be forced to out themselves as transgender to participate in a sport. Such practices have resulted in a backlash for transgender and ignorant criticism adversely affecting the transgender individuals concerned, leading to poor mental health and even suicidal ideations – all created from the perceived and real barriers of attempting to participate in a sport that claims to be inclusionary.

World Rugby states:

"All Unions, Associations, Rugby Bodies, Clubs and Persons shall not do anything which is likely to intimidate, offend, insult, humiliate or discriminate against any other Person on the ground of their religion, race, sex, sexual orientation, colour or national or ethnic origin" -

Previous World Rugby policy included a 2-year transitional period for transgender males, allowing them to start hormones, allowing their bodies to adapt to be physically and mentally prepared for play on a men's team. The transitional period gave people an opportunity to play out their time on the women's team – giving a personal choice to continue playing rugby, and making a decision to change to a men's team, without the change being forced immediately.

Policy now states that transgender men must leave a women's team as soon as they have as little as 1 injection of testosterone or 1 pump of gel. This means that they may not be physically or mentally prepared for this, and the testosterone levels will not match that of a cis male, or make a difference in that 2-year period, putting these players at risk of harm.

It is impossible to consider rugby a sport for all without focusing on the importance of diversity and inclusion. Where barriers to entry or unconscious bias exist, even if unintentional, then the sport is no longer for all and runs the risk of becoming not only homogenized but viewed as exclusive and even discriminatory

World Rugby are now creating these barriers to participation through assumptions and models that have been fed with mis information, 0 injuries recorded, no scientific data in a rugby setting with trans rugby players, no trans women where invited to or asked to speak on their own behalf in regards to their own future within the sport of Rugby.

How can a model work if you don't use trans players or know the actual number of trans players to use and also look at the effects that the hormones have on them or by speaking to them?  
Do you even know how many trans players are involved in rugby as trans women is very limited as we know from the ones who are brave enough to speak out without the fear of been outed and loosing their sport.

Do we out people for been straight? heterosexual? male? or female?

NO

World Rugby states

Discrimination is often an unconscious reflex but, intentionally or otherwise, it can also be built into policies, procedures, and attitudes. Understanding who may be exposed to discrimination, what forms it can take and the root causes can all be used to address and prevent any negative actions and ensure that as society and attitudes continue to evolve, rugby remains a sport for all

World Rugby is now creating fear and poor mental health within a protected characteristic and a minority due to their gender identity and how their bodies may look and comes down again to people who play rugby come in all sizes from Prop to 2nd row to scrum half.

People are selected in teams for size, speed, height, for different positions as they all have jobs to do. Will you also be policing your tallest and shortest or biggest and smallest players within a team as if you feed that into the working model you use then some of these players will also not make the cut and would be removed if you where to remove trans women from playing.

If you remove the word trans all you are left with is women.

Women that jump through hoops to prove they are female enough to play rugby on the women's team.

5nmol of T is the limit but if you actually speak to any trans woman they want to have their testosterone as low as they can possibly getting it and often below 1nmol if you look into the applications of the women that are already playing.

Ask they how the hormones make them feel sick, lethargic no energy and how it leads to other complications like osteoporosis.

You cant make a decision about a group of people without actually speaking to them.

England rugby has been using their own policy and has been working great apart for the transitional period for trans men. Why does this need to be re invented without evidence without reported injuries without inclusion of the very people you are looking to give a blanket ban to.

Why change something that has been in place and working since IOC 2004? no injuries no issues,

More trans people have been injured in games if you investigate it.

Yet we play the same as everyone else as we want acceptance, we want a home we want to play as a family and as a team.

World Rugby States

Implicit in our values and approach to player welfare to protect players of all shapes and sizes, inclusion is and must remain a natural part of what we do, not just to grow the game but to preserve the values of rugby.

World Rugby believes that everyone should have the opportunity to play the game or be a part of rugby regardless of their national, racial or ethnic origin, sex, gender identity, sexual orientation, disability, language, religion, politics or any other reason

Indeed, rugby's strength is in its behaviours, but we know that this respect has been earned thanks to the efforts of previous generations. It is now the role of those involved in the game today to preserve these behaviours and reinforce the values in a changing world with competing interests and newcomers to the sport who may not fully understand or appreciate what it means to be a part of the game..

You are breaking your own diversity and bye laws by your very behaviour in the present by excluding a minority and creating fear within a community that suffers already in this world.

World rugby states

Along with reinforcing inclusion and taking a firm-stand against discrimination of any type as referenced above in the Playing Charter, Bye Laws and Regulations, World Rugby works at a variety of levels to emphasise the importance of diversity

You are yourselves creating the discrimination by not speaking to the very people this involves and lives this will affect.

331 trans people were murdered last year due to fear and lack of understanding, these people find hope and support in many different ways but rugby is one of them.

I played women's rugby for 26 years in both codes to elite level for 26 years. I had to hide for half my life and lose part of who I was so I could play the sport I loved.

I was told many years ago if I came out I would lose everything, so I stayed quiet, I sunk to low places because I couldn't be me, I attempted suicide as how was I going to live if I couldn't be me and I couldn't play rugby.

I have been assaulted on the pitch for being myself, I have been outed in the News for being myself, I have been attacked in the news where rugby did not support me even though you had the policies in place.

Yet I still played rugby I had a home I had a family I had respect and I was me Verity a proud gay trans man.

Rugby gave me hope but also took part of my life due to lack of education and lack of understanding. Rugby gives people a purpose it gives people hope.

This will also filter down into under 18s and young people who may or not already be in the sport and looking for an outlet and support of their own.

I previously received an email from a young trans child after seeing all the comments from famous sporting figures stating that trans women shouldn't play sport, this was what I received "how am I supposed to live if the people I look up to hate me" this was from a 13 year old trans child who was trying to get in a rugby team.

I hope you start to look at all aspects of this as with no injuries with no actual data that is needed with assumptions you cannot wipe out a group of people that sees rugby as HOPE.

# ANNEX 2

## Grassroots Reaction



# Women Clubs Across the Globe Unite Against Transgender Policy Changes



## Berkley All Blues Women's Rugby Team

“The All Blues Women’s Rugby Team condemns the transphobic policies proposed by World Rugby. While the effort made by USA Rugby to amplify the voices of the athletes affected by potential trans-exclusionary policies is appreciated, trans and nonbinary athletes should not have to validate their existence to be considered important members of the rugby community. No dollar amount will erase the pain that World Rugby has caused, but we want to do a small part to compensate these athletes for their time, expertise, and emotional labor.”



## Boston Women's Rugby Club

“World Rugby is considering a policy change that would ban trans women from the game. These changes, purportedly enacted to increase “safety”, are a poor disguise for blatant transphobia that seeks to further marginalize trans women and do not align with longstanding guidelines from the International Olympic Committee (IOC). Currently, scientific consensus shows that trans women’s athletic performance overlaps with cis women’s once on testosterone-suppressing drugs for 12 months. However, this policy would ignore this evidence in favor of findings from an unpublished paper written by two notoriously transphobic researchers. Their paper, which is flawed both methodologically and statistically, is shameful science to include in such a discussion. We call on World Rugby to reconsider this policy immediately



### Brandywine Women's Rugby Football Club

“BWRFC stands with our trans friends in condemning this World Rugby policy change. We look forward to getting back on the pitch and playing With You.”



### Charleston Hurricanes Women's Rugby Football Club

We do not accept World Rugby’s poorly concealed transphobic rhetoric presented as “ensuring a safe and inclusive playing environment”. Rugby is recognized as a sport for everyone. Age, gender, race, orientation, ethnicity, socioeconomic status, ability, and religion do not determine whether or not a person plays rugby. We do not discriminate, and we will not tolerate the proposed discrimination against our transgender and non-binary folx. Each person decides for themselves where they fit best and feel most comfortable. You do not get to decide who falls into what category. You get to decide the scrum cadence. If you feel the need to focus on the women’s game, focus on increased funding, focus on developing the game in every country, focus on things that will benefit the sport. Learn from the organizations who have already made this mistake, and listen to the members of the affected population before instituting a change for “their benefit”. We do not want this change, nor will we accept it.



### Chicago Women's Rugby Club

“We don't play rugby because it's easy. We play to challenge our bodies and our minds. We play because it brings us together in great community. World Rugby's proposal to ban trans women is a transphobic insult to a sport grounded in inclusion and pushing one’s limits. We challenge World Rugby to listen to the players and push past their biases to welcome all women in the sport.”



## Colorado Springs Women Rugby (Pikes Peaks Women Rugby)

“Trans women are women. Trans women are our teammates. We stand behind the transgender community and oppose the transphobic rule proposed by World Rugby. Rugby is for everyone, and for so many of us, rugby is the support system we didn’t know we needed. We don’t support taking away this sport, this community from ANYONE.”



## DC Revolution Rugby

“Since founding our team a year ago, DC Revolution Rugby has opened our club to players who identify all across the gender spectrum, all of whom are equally welcome, valued, and loved. We are disheartened by and completely denounce World Rugby’s recent claim that transgender women should be banned from playing rugby. The idea that trans women are somehow different or are unwelcome in our sport is a transphobic notion rooted in fear and an ugly perception of gender that is simply outdated and untrue. The Revolution stands with our transgender sisters and all members of the transgender community. Rugby is a sport that should be enjoyed by ALL people, regardless of gender identity. In the coming months, we will work with teams in our bracket, the broader women’s rugby community, and the transgender community to ensure that all people can continue to participate in the sport we all love.”



### Hackney Ladies Rugby Club

"We oppose any blanket ban of trans women playing grassroots rugby. We pride ourselves on placing inclusivity at the heart of our game, team and club."



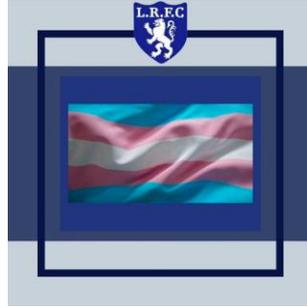
### James River Women's Rugby Football

"Considering all the feedback we have received from the team; we would like to assert that James River Women's Rugby absolutely does not support World Rugby in the ban of transgender players, or any kind of restrictions forced upon them. We believe that rugby is a sport that ANYONE can (and should) play! Our sport heavily relies on comradery, respect, and teamwork, and as a reminder, we do NOT exclude anyone on the basis of race, religion, sexual orientation, or gender identity. We will NOT tolerate racism, sexism, homophobia, or transphobia of any kind, from any level of our sport. James River supports everyone and their true authentic selves. Transgender people are people. Our people! They make us better players of rugby, and a better team in general. Transwomen and gender non-conforming individuals are alienated enough in their daily struggles, let's keep rugby a welcoming and safe space for them as it is to all of us. We will continue to fight for the rights of all players as this issue develops and look forward to learning and growing as a team."



### Knoxville Women's Rugby Club

"We stand with IGR and support their statement as our own: transgender and non-binary athletes will always be welcome to play rugby."



### Lewes Ladies RFC

“As some of you might have seen in recent articles, it appears that World Rugby is considering banning trans women from playing women’s rugby on the basis that it might be dangerous. As it stands, the data does not seem very conclusive and doesn’t involve actual numbers regarding injuries, their cause and how trans players have impacted grass roots women’s rugby.”



### Liverpool Collegiate Ladies RUFC

“Rugby is for everyone! We oppose the ban on transgender women in rugby.”



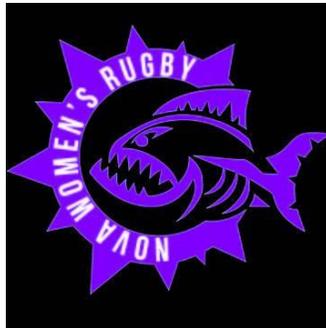
### New Bern Women's Rugby Football Club

“Look. We don't care where you come from, what you're called, or how you look. If you can get out on the field and play your little sweetheart out, we want you on our team. World Rugby, shame on you for trying to keep our trans-sisters out of this sport.”



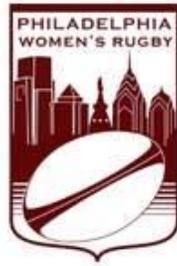
### Northeast Philadelphia Women's Rugby

“World Rugby’s consideration of banning women who are transgender is detrimental to the entire rugby community and is contradictory to their own prior statement. Contrary to this transphobic proposal, the Northeast Philadelphia Irish believes that rugby is an inclusive sport where all athletes are welcome.”



### Northern Virginia Women's Rugby Club

“World Rugby is considering a policy change that would ban trans women from the game. These changes, purportedly enacted to increase “safety,” are a poor disguise for blatant transphobia that seeks to further marginalize trans women and do not align with longstanding guidelines from the International Olympic Committee (IOC). Currently, scientific consensus shows that trans women’s athletic performance overlaps with cis women’s once on testosterone-suppressing drugs for 12 months. However, this policy would ignore this evidence in favor of findings from an unpublished paper written by two notoriously transphobic researchers. Their paper, which is flawed both methodologically and statistically, is shameful science to include in such a discussion. We call on World Rugby to reconsider this policy immediately and keep rugby open to all.”



### Philadelphia Women's Rugby Football Club

"World Rugby: THIS IS UNACCEPTABLE. Conducting biased research to push a transphobic agenda is NOT what the sport of rugby is about and PWRFC will NOT support any restriction or ban of trans women. Trans Women are women and belong on the pitch, playing beside and against, cis-women. You have no business policing our identities or our bodies and we advise you to stay in your lane and stick to the rules around actual play. We implore the rugby community to speak out against this hateful maneuver which would deprive us of amazing and talented athletes and destroy the inclusiveness of the game. Rugby is for everyone, without exception"



### Phoenixville White Horse Women's Rugby Club

"The best thing about rugby has always been its inclusivity; it's a safe space, a family, an intense sport and culture with open arms. Let's keep it that way!"



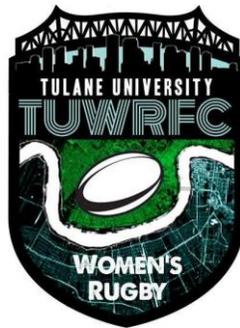
### RIT Women's Rugby Football Club

"The RIT Women's Rugby Club is outraged by the latest news leaked by the World Rugby Organization on a future transgender women's ban on contact play due to concerns of "safety". The transphobic attitudes expressed by the organization will not be tolerated by this team and we will tirelessly fight for and support all fellow players to allow for all to play the sport we are passionate about. Our club is built on individual differences and inclusivity; we are strengthened and unified, as a team, by these differences and will always welcome everyone."



### Stockholm Berserkers Rugby Football Club

“We were shocked and disappointed to read the leaked proposal from World Rugby detailing the consideration of a ban on trans female rugby players from the sport. Our team was built on the foundation of inclusivity and we stand with our trans sisters and all members of the trans community. Rugby should be a sport for all, regardless of gender identity”



### Tulane University Women's Rugby

“Tulane Women’s Rugby stands in full support of transgender athletes being able to pursue any sport they desire, specifically in the world rugby league. Link below to sign a petition against transphobia in women’s rugby.”

# Men Clubs Unite Against Transgender Policy Changes



## Aberdeen Taexali Rugby Club

“Last week it was revealed that World Rugby is considering banning trans women from women's rugby. In response to this, we're proud to stand alongside IGR International Gay Rugby who made the following statement: “International Gay Rugby (IGR) directly addresses the transgender and non-binary rugby-playing community with the message – ‘You will always be welcome to play rugby’”  
We want to share the message that Aberdeen Taexali is inclusive to all players and we welcome any trans players to our team.”



## ARC Amsterdam Lowlanders

“We are shocked by the reports that World Rugby is allegedly proposing a ban on trans women in women's rugby teams. This proposed exclusion goes against our values of integrity, solidarity, discipline, mutual respect and sportsmanship in our inclusive rugby culture. Rugby is a sport for everyone. We stand IGR statement against these developments and proudly support the trans and non-binary community strengthened by our Memorandum of Understanding with our union Rugby Nederland to promote the inclusion of lgbtqia+ athletes in our rugby community.”



### Atlanta Bucks RFC

“Since our inception, the Atlanta Bucks have stood steadfast in our mission to advocate for inclusive, safe, and fun rugby. World Rugby seeks to institute a ban that would prevent trans women from playing rugby. This is not right, and we ask for you to support all persons wanting to join the rugby family. “



### Baltimore Flamingos Rugby

“The Baltimore Flamingos stand firmly united with our trans sisters and brothers. We have and will always work toward creating an environment of inclusivity and respect for EVERYONE. An attack on one is an attack on all; there is no place for hate, disrespect, or injustice within our organization.”



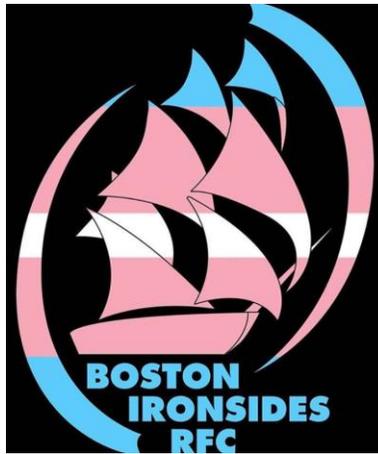
### Berkshire Unicorns RFC

“The proposed exclusion of trans women from contact rugby is something that the Berkshire Unicorns does not support. BURFC is, and always has been, an inclusive team. We stand with the IGR and our fellow IGR teams in the hope that inclusivity will remain a key aspect of the sport we all love so much.”



Berlin Bruisers RFC

"We do not support the proposal from world rugby that would ban Trans\* women from the game. Every gender will always be welcome in our team 💙 We stand in solidarity with our Trans\* siblings"



Boston Ironsides RFC

"World Rugby, the ban you are proposing against our trans sisters is despicable and unnecessarily exclusionary. Our sport is built on a foundation of togetherness and camaraderie for the betterment of the team. No matter who you are, or what you do. The Ironsides will fight with our family for the rights you are trying to deny them. This act will not pass."



### Brighton & Hove Sea Serpents RFC

“Brighton & Hove Sea Serpents RFC are an inclusive rugby club, and as such we welcome everyone to be able to play or support rugby to the best of their abilities. We support and welcome transgender players whether as part of our club or as members of other clubs. We support the efforts by @igrclubhouse to highlight this issue and stand against any move to exclude trans players from the sport we love.”



### Bristol Bisons RFC

“Bisons are very concerned regarding reports that World Rugby could prevent trans women from playing rugby. We stand side by side with IGR International Gay Rugby and other IGR clubs in the hope that they realize discrimination does not belong anywhere in our sport.”



## Caledonian Thebans RFC

“Rugby is for all. The Caledonian Thebans do not support the proposal from world rugby that would ban Trans women from the game. As always, we stand in solidarity with our Trans siblings”



## Cardiff Lions RFC

“CARDIFF LIONS STRONGLY DISAGREE WITH PROPOSAL TO BAN TRANS WOMEN FROM RUGBY.

After reading a leaked document from World Rugby which proposes the ban of trans women from rugby we stand with the trans community and strongly disagree with this proposal. We feel this is wholly unjust and abhorrent. Rugby excludes no one and is a sport for all. Segregating a community from the sport we love is not in keeping with the inclusive nature of rugby.”



## Charlotte Royals RFC

“The Charlotte Royals RFC will always be a home and safe place for Trans, Non-Binary, and Gender Non-Conforming rugby players and fans. We reject the attempts by World Rugby to develop guidelines that further discriminate or exclude qualified players simply because of the manner in which they identify. These actions go against everything we hold as sacred and honorable in the sport we love.”



### Chester Centurions RUFC

“The Chester Centurions RUFC do not support the proposal from world rugby that would ban Trans women and non-binary people from the game. As always, we stand in solidarity with our Trans family.”



### Chicago Dragons RFC

“The Chicago Dragons cannot accept these discriminatory practices from World Rugby. These practices go against the values of inclusion and respect both within our club and the sport of rugby itself. The culture of rugby is deeply rooted in a tradition of community and support, both on and off of the pitch. We always maintain that the only requirement to play rugby with the Chicago Dragons is: you want to play rugby with us. The Chicago Dragons stand with our trans family and the trans community. We are committed to an environment of inclusivity and respect for everyone. We will not tolerate hate, disrespect, and injustice within our community. Rugby is a sport for everyone, period, full stop. Everyone, regardless of history, gender status, or any other reason someone might be turned away out of ignorance or intolerance, has the right to call rugby “Our Sport.”



### Cologne Crushers RFC

“The Cologne Crushers are determined against any kind of plans that exclude a complete group of people per se from practicing our wonderful sport. Rugby is the sport that has always boasted that “ all shapes and sizes ” are welcome and that all people can find their place in a rugby team. Especially in this light, it is absolutely shameful when World Rugby - as the first international sports association ever - is now considering completely exempting trans women from play due to a potential advantage over cis women over their muscle mass and a possibly higher risk of injury for cis women resulting from this.”



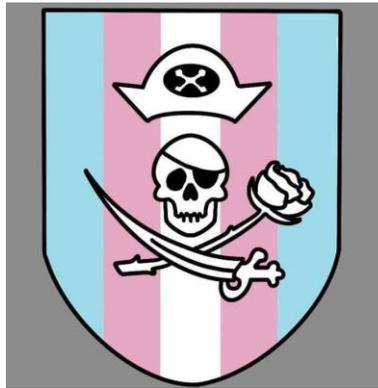
### Columbus Kodiaks RFC

“As an inclusive team, the Columbus Kodiaks believe that anyone who wants to play rugby should be allowed. We believe there should NOT be a ban on trans women athletes. Rugby is a sport for all regardless of gender identity.”



## Copenhagen Wolves RFC

“We are appalled to hear about the proposed guidelines from World Rugby that got leaked recently. The proposed guidelines would introduce significant barriers to entry for transgender women and we strongly encourage our national rugby union @rugbydk that has these guidelines currently under review to repudiate and disavow the proposed change in policy. We strongly believe that rugby needs to be a sport for everyone, and we invite the rest of the rugby community to stand together for our sport and inclusive rugby.”



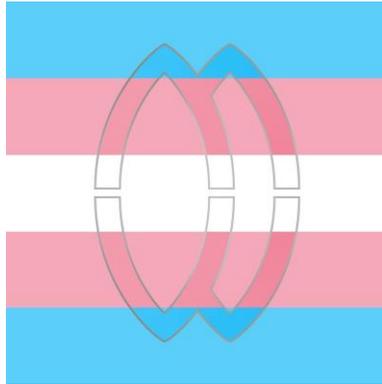
## Coventry Corsairs RFC

“Following an article in Sunday's press about a potential change that the World Rugby are poised to make which is both concerning and regressive, the IGR have released the following statement. As a club which welcomes and fully supports transgender players, we are firmly backing the IGR in their call to the World Rugby asking them to recommit to their 2018 agreements regarding transgender players.”



## Crescent City Rougaroux Rugby

“The Crescent City Rougaroux are dedicated to promoting a spirit of inclusivity and empowerment for all those that want to play. We will not stand by as ignorance and hate are paraded around as scientific fact to discriminate against those that make this sport a more diverse and beautiful space. We stand with our trans brothers and sisters in letting World Rugby know that an attack against one of us is an attack against all of us. Keep our sport open and welcoming to all.”



### Emerald Warriors Rugby

“All of the Emerald Warriors are shocked by the recent reports that World Rugby is proposing a ban on trans women in women's rugby teams. Discrimination, in any form, is unacceptable. This ban opposes the values of our inclusive rugby community, one of integrity, solidarity, mutual respect and sportsmanship. Rugby is a sport for everyone.”



### Glasgow Alphas

“The Guardian has reported there has been a leaked draft report by World Rugby’s transgender working group which seems to suggest there are health and safety concerns about trans women playing in female teams and claiming that they are facing a ban from women’s rugby. We are still awaiting world rugby’s statement on this. We, as an organization, would like to make it clear that we feel rugby is for all and that transgender people are welcome on our team and that we will scrutinize any research that attempts to reduce inclusion.”



## Gotham Knights RFC

“Gotham will always stand in solidarity with the transgender + gender-nonconforming community and condemn this disgusting and transphobic proposal”



## Hull Roundheads RUFC

“After reading the Guardian article referring to a leaked document by World Rugby, which outlines plans to change its policy when it comes to transgender women and men in our sport. We at the Roundheads would like to say we are very disappointed that World Rugby plans to take this stance going forward and shows they have a long way to go to truly bring inclusion to our game. The Roundheads from day one has and will continue to support all trans players, and we will do all in our power to continue to fight for their rights.”



## Kings Cross Steelers RFC

“All are welcome. We continue our call, started 25 years ago, for rugby to be for all and for World Rugby to ensure the game we love stays open in a safe and responsible manner. We will continue to work closely with our @igrclubhouse team mates to ensure that across the globe the values of rugby are followed for all. The Steelers are a safe space for all, you are welcome here.”



### Les Coqs Festifs Rugby Club - Paris

“Our inclusive Paris rugby club is shocked that such a decision could be under review today by the highest authorities of rugby: These practices are discriminatory and go against the values of a sport that we have proudly defended for years. Rugby and our clubs are places where all are welcome, places of sharing, listening, and respect for all players. More than ever in these times of setback and rejection, rugby must be inclusive and open to others, whatever their differences”



### Leeds Hunters RFC

“We are disturbed, this is not acceptable, We call for the RFU to apply pressure to World Rugby to find a solution.”



### Liverpool Tritons Inclusive Rugby Union

“We, along with IGR International Gay Rugby and our fellow inclusive teams around the world, are standing up for the rights of trans people to play the sport that we love. As an inclusive club, World Rugby’s leaked proposal for a blanket ban on trans women in the sport is against everything we stand for. We believe we need to be looking at ways to enable as many people as possible to enjoy rugby, not create barriers to a whole community.”



### Los Angeles Rebellion RFC

“World Rugby has made the disappointing decision to push forward a proposal that would ban Trans women and nonbinary individuals from playing the sport of rugby. The Rebellion stands in solidarity with all Trans and Nonbinary players and will continue to speak out against any policy which discriminates or excludes any individual based on their gender identity or expression.”



## Madison Minotaurs RFC

“The Madison Minotaurs oppose the proposal of World Rugby to effectively ban trans women from participating in competition. This disheartening and disenfranchised decision goes against the club's core values of inclusion. We call for the leadership of World Rugby to reassess this position and allow for open inclusion of trans people in the sport”



## Melbourne Chargers RUFC

“Earlier this year, the Melbourne Chargers became the first rugby union club in Australia to adopt a trans and gender diverse inclusion policy which outlines our club's commitment to ensure a safe and welcoming environment for trans and gender diverse people interested in getting involved in rugby union. Access to sport is a human right. Trans rights are human rights. Rugby is the game for everybody. And you are very welcome in the Chargers.”



## Munich Monks RFC

“We are shocked by World Rugby's plans to effectively ban Trans\* from playing competitive rugby. The Munich Monks do not support this and stand with the #igrclubhouse to take a stance against this proposal. We support all trans players and will continue to stand up & fight for their rights. Every gender is welcome to play with us!”



Nashville Grizzlies RFC

“The Nashville Grizzlies stand with our trans family. We believe rugby is for everyone; let trans women continue to play with cis women.”



Northampton Outlaws RFC

“Northampton Outlaws RFC are saddened by the proposal of World Rugby to ban our transgender sisters from playing a sport we all love. We are an inclusive team, and we mean it. We are proud to stand with IGR as they make a stand against World Rugby and their proposal to ban transgender women.”



## Nottinghamshire Hurricanes RFC

“Nottinghamshire Hurricanes RFC do not support the proposal from World Rugby that would ban Trans women and non-binary people from the game. We stand united in solidarity with All Trans and Non-binary players, coaching staff and supporters.”



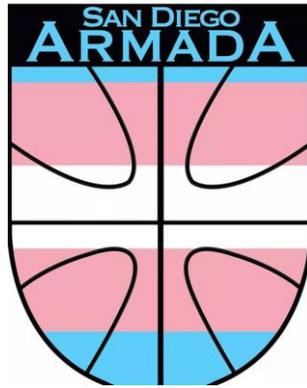
## Philadelphia Gryphons RFC

The Philadelphia Gryphons unequivocally and wholeheartedly condemn World Rugby’s proposed outright ban of Trans Women athletes as unacceptable, unjustifiable, and Transphobic. It is nothing more than a thinly veiled attack on the rights and dignity of all Trans Athletes and should be rejected as such.



## Reading Renegades RFC

“We stand with our Trans siblings, and support the IGR in their stance on Trans players.”



### San Diego Armada RFC

“The Armada does not support the proposal from World Rugby that would ban trans women from playing the sport we all love. World Rugby has based their decision off of info from an anti-trans PR group with no affiliation to rugby. This is unacceptable.”



### Sheffield Vulcans RUFC

“As a member club of the IGR community our number one priority is to provide a safe, warm and welcoming environment for everyone. This has not changed and that's why we stand firmly with IGR to highlight the issue and to oppose ALL discriminatory action against our trans siblings. The Sheffield Vulcans will forever be an inclusive club and we will continue to support trans players and stand with them in the fight for their rights.”



### South London Stags RFC

“The South London Stags RFC fully support trans women in rugby and are a champion for any trans women who want to be part of the rugby community. The proposal from World Rugby regarding the ban of

our transgender sisters from playing a game which we all love, profoundly saddens us. Rugby excludes no one and is a sport for all.”



### Straffe Ketten RFC Brussels

“We will not only continue to welcome everyone who wants to play rugby: we will take action to ensure the game we love stays true to its values, and the doors of our sport remain open for all. We will campaign with the IGR to protect the rights of all trans players”



### Swansea Vikings RFC

“We are incredibly disappointed in the news that the World Rugby organization is planning to ban trans women from playing in women's rugby teams. Rugby is a sport for all. No matter what gender identity, sexuality, race or ability a player has. That's why we are proud to say that our team includes everyone. And we are proud to be part of the IGR International Gay Rugby league that shares those exact same values”



### Typhoons RUFC

“The IGR, who we are proud to be a part of have released a statement of support for our trans and non-binary brothers and sisters within the rugby community. The Typhoons are thrilled to have several trans members and yet are saddened to hear that trans players could be targeted like this.”



### Washington Renegades Rugby

The Renegades are saddened to hear about reports that World Rugby is considering banning transgender and non-binary ruggers from the sport we love. We stand with IGR in their continued efforts to make Rugby a sport for all persons.



### Wessex Wyverns RFC

“Wessex Wyverns are shocked and disappointed by reports that World Rugby are proposing a ban on trans women playing in women’s rugby teams. Discrimination on any level is abhorrent and segregating a community in this way from a sport that holds its morals in high regards goes against the England Rugby Core Values of Teamwork, Respect, Enjoyment, Discipline, and Sportsmanship we hold so dear. Rugby is a sport for all.”



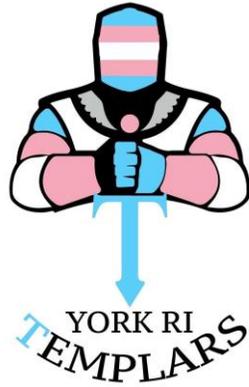
### Westcountry Wasps RFC

“The Westcountry Wasps RFC are saddened and appalled at the recent news from World Rugby outlining plans to ban trans women from women's rugby. Rugby is a sport for ALL and these ideals are totally against the values we are taught to embrace. No form of discrimination is welcome in our sport.”



### Worcester Saxons RUFC

“The Worcester Saxons RFC and Worcester Rugby Club, throughout, fully support trans women in rugby and champion this for any trans women who want to be in the inclusive sport that is rugby. Having an outright ban, is not the answer.”



## York RI Templars

The York RI Templars are utterly appalled at the leaked documents showing World Rugby desire to ban transgender women from the sport. As an Inclusive team, we provide a safe and comfortable space for EVERYONE to play and enjoy the sport of rugby - this will not change. We stand shoulder to shoulder with our trans friends & allies. We will fight in your corner and against this abhorrent proposal until it is overturned.

# ANNEX 3

**Grassroot Reaction Español**



# **REACCIÓN A LA PROPUESTA DE WORLD RUGBY DESDE ESPAÑA**

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## 1 Posicionamiento Madrid Titanes CR.



# La nueva propuesta de World Rugby discrimina a las mujeres trans deportistas

Entendemos por persona trans\* toda aquella que no se identifica con el sexo que asignado al nacer.

En el momento del nacimiento y mediante interpretación visual de las características físicas de la persona se predice y asigna un sexo -hombre o mujer- basándose en las mismas y en la norma establecida socialmente -binaria-. Esta mera interpretación visual supone el hecho de ser inscritas en el Registro Civil conforme al sexo asignado, sin tener en cuenta ni a las personas intersexuales, ni si la persona se identificará o no con el mismo durante su desarrollo vital.

La identidad sexual se refiere a la autopercepción identitaria que nos define y que puede corresponder con el sexo asignado en el momento del nacimiento o no.

Desde el Alto Comisionado de las Naciones Unidas por los Derechos Humanos se reconoce que toda persona tiene derecho a que se reconozca su personalidad jurídica<sup>1</sup>. Las Naciones Unidas respaldan el derecho de las personas trans al reconocimiento jurídico de su identidad de género y a la modificación registral de dicho género en los documentos oficiales, incluidas las actas de nacimiento, **sin necesidad de someterse al cumplimiento de requisitos onerosos y abusivos**.

En el ámbito deportivo, la postura que fija la última directiva del Comité Olímpico Internacional<sup>2</sup> relativa a personas trans e intersexuales que se aprobó en 2015, es que los hombres trans pueden competir en categoría masculina sin condiciones.

En cambio, las mujeres trans sólo pueden participar en categorías femeninas si cumplen una serie de restricciones:

- Deben haber declarado su identidad de género como mujer, y no pueden modificarla para fines deportivos durante un mínimo de 4 años.

<sup>1</sup> ONU <https://www.unfe.org/wp-content/uploads/2017/05/Transgender-Factsheet-Esp.pdf>

<sup>2</sup> IOC Consensus Meeting on Sex Reassignment and Hyperandrogenism November 2015 <https://stillmed.olympic.org/media/Document%20Library/OlympicOrg/IOC/Who-We-Are/Commissions/Medical-and-Scientific-Commission/EN-IOC-Consensus-Meeting-on-Sex-Reassignment-and-Hyperandrogenism.pdf>



- Deben demostrar que su nivel de testosterona se ha mantenido por debajo de 10 nanomoles por litro durante los 12 meses previos a la competición (pudiendo exigirse, si se considera necesario, un período mayor).
- Este nivel debe mantenerse por debajo de 10 nmol/L durante toda la competición.
- Se le pueden realizar tests para comprobar que cumple estas condiciones, y en caso de que no sea así, puede ser suspendida de participar en la categoría femenina durante 12 meses.

La normativa actual de World Rugby<sup>3</sup> está alineada con la del COI: un hombre deportista trans necesita firmar una declaración de su identidad de género para poder jugar en la categoría masculina; una mujer deportista trans debe, además de presentar una declaración similar, mantener desde 12 meses antes y durante la competición, un nivel de testosterona en sangre por debajo de los 5 nmol/L.

A pesar de ser una normativa más restrictiva que la del propio COI, World Rugby está estudiando **prohibir absolutamente la competición de mujeres trans en categoría femenina** basándose en un único estudio, sin el consenso de la comunidad científica.

Las distintas posiciones en el campo de juego se basan en las diferentes condiciones físicas y habilidades de cada integrante del equipo. Esta capacidad de incluir en un mismo equipo a personas tan diversas convierte al rugby en un deporte sumamente inclusivo. Alegar que la "diferencia física" es un factor de riesgo es atacar las bases de este deporte, no cumplir con los derechos humanos reconocidos por las Naciones Unidas, ni llevar a cabo las regulaciones del COI.

Excluir a todas las jugadoras trans por una posible diferencia física carece de sentido y de argumentos. Si una jugadora trans tiene una complexión pequeña y poca masa muscular, la discriminación a la que es sometida no está justificada. La preocupación por la seguridad y la diferencia física no se puede justificar diferenciando entre personas cis y trans.

El informe en el que se apoya World Rugby es contradictorio a otros estudios realizados sobre la realidad trans en el deporte: la doctora canadiense Joanna Harper<sup>4</sup>, única persona trans que asesora al COI como experta en cuestiones de género (y coautora de la directiva de 2015), estudió 200 marcas de carrera de 8 atletas trans antes y después de su transición. El resultado: todas ellas redujeron su velocidad en al menos un 10%.

Por su parte, el endocrinólogo holandés Louis Gooren demostró en su estudio de 2004 que después de un año en tratamiento hormonal, el nivel de testosterona en mujeres trans está por debajo de la media del que poseen las mujeres cis; sus

<sup>3</sup> World Rugby transgender policy  
[https://playerwelfare.worldrugby.org/content/getfile.php?h=0ba2a1df7481083968fe24ce50af0a5f&op=pdfs/Transoender\\_Policy\\_EN.pdf](https://playerwelfare.worldrugby.org/content/getfile.php?h=0ba2a1df7481083968fe24ce50af0a5f&op=pdfs/Transoender_Policy_EN.pdf)

<sup>4</sup> Analysis of the Performance of Transgender Athletes  
<http://www.sportsci.org/2016/WCPASAbstracts/ID-1699.pdf>



niveles de hemoglobina, decisivos para los deportes de resistencia, eran los mismos que los de las mujeres cis y habían perdido un 10% de su masa muscular.

Prohibir el acceso a la competición de las jugadoras trans es un acto claro de discriminación y transfobia interiorizada, algo que va en contra de los valores del rugby y los objetivos de la regulación de World Rugby<sup>5</sup>. No se puede prohibir jugar a un grupo de personas basándose sólo en un estudio, cuando ni siquiera la comunidad científica ha llegado a un consenso. Es necesario que haya evidencia científica para pretender pasar por encima de las regulaciones del COI. La asociación International Gay Rugby (IGR) ya ha mostrado su desacuerdo<sup>6</sup> con este borrador, y como participante del grupo de trabajo presentará un informe detallado en contra de esta propuesta.

A nivel jurídico, la nueva postura de World Rugby entra en conflicto con la legislación de varias comunidades autónomas y el enfoque que se plantea para la futura legislación nacional.

Por todo lo expuesto anteriormente, desde Madrid Titanes Club de Rugby, y contando con el apoyo de las entidades adheridas abajo firmantes, instamos a la Federación de Rugby de España que se posicione tanto a favor de la diversidad y la inclusión en el deporte, así como del rugby universal para todas las personas, solicitando de forma urgente a World Rugby que se abstenga de realizar el pretendido cambio en su normativa.



Fdo. Florencio Michelena Machado  
Presidente  
Madrid Titanes Club de Rugby

<sup>5</sup> World Rugby, Rugby for all <https://www.world.rugby/rugbyforall>

<sup>6</sup> <https://igrugby.org/transgender-non-binary-athletes-will-always-be-welcome-to-play-rugby>



### Entidades adheridas:

Clubs de rugby:



Vallecas Rugby Union



Jabatos Rugby Club



XV Hortaleza R.C.

Asociaciones por los derechos LGTBI+:



Agrupación Deportiva Ibérica LGTBI+



Deporte y Diversidad



Chrysalis. Asociación de Familias de Menores Trans\*



COGAM



Colectivo Alicante Entiende Lgtbi



EUFORIA. Familias Trans-Aliadas



PVLSE VIGO LGTBIQ+

Asociaciones deportivas inclusivas:



Asociación Deportiva Cierzo proLGTB+



Asociación Deportiva Elaios LGTB+



Club Deportivo Elemental GMadrid Sports



Club Deportivo Elemental HALEGATOS MADRID



Club Deportivo INDEA



Club Esportiu LGTB+ DRACS València



Club Esportiu LGTB+ Samarucs València



Diversport Torremolinos



Madminton



Madpoint

## 2 Nota de prensa Madrid Titanes CR.



### LA FEDERACIÓN ESPAÑOLA DE RUGBY NO DEFIENDE A LAS MUJERES TRANS

- World Rugby, el órgano regulador del rugby a nivel internacional, pretende prohibir que las mujeres trans puedan competir en la categoría femenina.
- La Federación Española de Rugby debe posicionarse a favor o en contra de esta medida antes del próximo 17 de agosto.

**Madrid, 10 de agosto** - A finales del pasado mes de julio, **World Rugby**, la institución que regula el rugby a nivel internacional, presentó una propuesta de nueva regulación que pretende **prohibir** tajantemente la participación de **mujeres trans** en la categoría femenina de esta disciplina. Esto supondría endurecer aún más la normativa actual, que toma como ejemplo a las directrices del **Comité Olímpico Internacional**, permitiendo la participación de mujeres trans siempre que sus niveles de testosterona en sangre permanezcan por debajo de los 5 nanomoles por litro.

World Rugby justifica este cambio de parecer alegando motivos de **seguridad** en el juego e integridad física de las deportistas. "Este argumento carece de todo fundamento cuando hablamos de un deporte como el rugby, en el que las **corporalidades diversas** de las personas en el campo son una realidad habitual, por lo que entendemos que se intenta camuflar un **ataque** ideológico hacia la comunidad trans", defiende **Florencio Michelena**, presidente de Madrid Titanes Club de Rugby.

La Federación Española de Rugby debe emitir su opinión en relación a esta propuesta antes del próximo lunes **17 de agosto**. Debido al proceso de elecciones internas y la reducción de la actividad laboral en el mes de agosto, la entidad aún no se ha posicionado.

Madrid Titanes, el primer club de rugby LGTBI inclusivo de España, ha remitido una [carta abierta](#) a la institución presidida por Alfonso Feijoo instándole a **posicionarse** del lado de las jugadoras trans, del rugby **inclusivo** y libre de discriminación. "Defendemos que las mujeres trans son mujeres, y deben jugar por tanto en la categoría femenina. No tiene sentido una propuesta que va en contra de las recomendaciones del Comité Olímpico y del **consenso científico**", argumenta Michelena.

El club madrileño ha lanzado también una [recogida de firmas](#) que en menos de una semana ha superado las **1.800** adhesiones. Además, numerosos clubes deportivos y asociaciones en defensa de los derechos LGTBI de toda España han mostrado su apoyo a Madrid Titanes en su petición a la Federación Española para mostrar su rechazo a la propuesta de World Rugby.

### **Acerca de Madrid Titanes...**

*Madrid Titanes Club de Rugby es el primer equipo LGTBI inclusivo de rugby en España. Formado en marzo de 2013, compiten en la liga de Madrid desde la temporada 2014/2015.*

*Con más de 60 socios de distinta edad, sexo, procedencia y orientación sexual, el club promueve el respeto y compañerismo en un entorno deportivo inclusivo, luchando abiertamente contra la lgtbifobia y contra los prejuicios basados en la orientación sexual y la identidad de género.*

### **Contacto**

Florencio Michelena, Presidente  
[presidente@madridtitanes.es](mailto:presidente@madridtitanes.es)  
663311598

### 3 Webinar para explicar los equipos de rugby españoles la posición de WR con las jugadoras trans\*.

## World Rugby y deportistas trans\*

<https://youtu.be/OPgR1fGIA6E>

Webinar sobre World Rugby y deportistas trans\* organizado por Madrid Titanes con la participación de International Gay Rugby y Deporte y Diversidad junto con la entrenadora y jugadora Oti Camacho y la jugadora de la liga femenina Alba Noa Castellano.

Enlaces relacionados con el webinar:

- Nota de prensa con el posicionamiento de World Rugby:

[https://www.espn.com.ar/rugby/nota/\\_/id/7190204/world-rugby-prohibiria-a-mujeres-transgenero-jugar-rugby-femenino?ex\\_cid=FB\\_Scrum](https://www.espn.com.ar/rugby/nota/_/id/7190204/world-rugby-prohibiria-a-mujeres-transgenero-jugar-rugby-femenino?ex_cid=FB_Scrum)

- Estudio de Joanna Harper sobre la disminución del rendimiento deportivo por el tratamiento hormonal: <https://www.sportsci.org/2016/WCPASabstracts/ID-1699.pdf>

- Estudio de Collin Fuller sobre las lesiones en rugby donde se establece que no hay mayor incidencia de lesiones entre jugadores de diferentes tamaños y del mismo:

<https://pubmed.ncbi.nlm.nih.gov/18723553/>

Webs de los participantes:

- Madrid Titanes: <http://madridtitanes.es>

- International Gay Rugby: <https://igrugby.org/>

- Deporte y Diversidad: <https://deporteydiversidad.org/>

Síguenos en:

- Instagram: <https://www.instagram.com/madridtitanes>

- Facebook: <https://www.facebook.com/madridtitanes>

- Twitter: <https://twitter.com/madridtitanes>

## 4 Artículos de prensa relacionados

### 4.1 Fermín de la Calle - El rugby, ante el gran debate deben las jugadoras trans jugar en categoría femenina.

WORLD RUGBY ESTÁ A FAVOR DEL VETO

## El rugby, ante el gran debate: ¿deben las jugadoras trans jugar en categoría femenina?

**Puede provocar un efecto cascada si la FER  
asume esa norma en España y colisionaría con  
legislaciones autonómicas vigentes**



Las Leonas, campeonas de Europa en 2018. (EFE)

AUTOR

[FERMÍN DE LA CALLE](#)

Contacta al autor

ferminde lacalle

TAGS

- TRANSEXUAL
  - LGTBI
  - RUGBY
- TIEMPO DE LECTURA6'

04/08/2020 05:00 - ACTUALIZADO: 04/08/2020 10:32

[https://www.elconfidencial.com/deportes/2020-08-04/trans-rugby-jugadoras-femenino-world-rugby\\_2704411/](https://www.elconfidencial.com/deportes/2020-08-04/trans-rugby-jugadoras-femenino-world-rugby_2704411/)

El próximo 17 de agosto, World Rugby, la institución que gobierna los designios del rugby mundial, cerrará el plazo de recogida del 'feedback' sobre una **nueva norma** que planea implementar en los próximos meses. Hace 60 días que la cúpula de la FIFA del rugby ha renovado cuatro años más el mandato del 'staff' que preside **Bill Beaumont**, legendario delantero de la Inglaterra de los 70 y 80 que **personifica la perpetuación del 'establishment' británico en las esferas del rugby mundial**. Los custodios de los tradicionales valores de los exclusivos 'public school' ingleses de mediados del siglo XIX en el rugby doscientos años después. La norma en cuestión propone **prohibir la participación a todas las mujeres trans en las competiciones** que regula, las internacionales. Algo que previsiblemente provocará un efecto cascada en las competiciones nacionales profesionales y también en las competiciones amateurs. **Bajo la premisa del “juego seguro y justo”**, World Rugby no establece excepciones, **prohibiendo la entrada a toda mujer que ha transicionado**, sin atender a tamaño, peso, experiencia anterior deportiva o en el rugby. Además, lo hace atendiendo a un criterio de seguridad **debido a la potencia y musculatura de mujeres**

**que han transicionado** a las que equipara a mujeres cis (no transexuales) que participan en el juego.



Bill Beaumont, presidente de World Rugby. (Reuters)

Con esto **cuestiona el principio de diversidad del rugby**, un deporte que **celebra la diferencia de tamaño, peso y altura** como una riqueza más de un juego en el que el colectivo está por encima del componente individual. Nadie de World Rugby se preocupó en la pasada final de Mundial porque los 125 kilos del inglés **Mako Vunipola** aplastasen a los 75 del sudafricano **Chelsin Kolbe**. Ni en su día vetaron a **Jonah Lomu** pensando que su descomunal superioridad física ponía en peligro la integridad de sus rivales.

En el rugby, **la fuerza se contrarresta con inteligencia**. A mayor diferencia de tamaño, más abajo se placa.

## Se percibe a las personas trans como "una forma de doping, una adulteración de la competición"

Víctor Granado, [secretario de la Asociación 'Deporte y Diversidad'](#), explica que "la identidad **es la vivencia que yo tengo de mi** y que no tiene por qué coincidir con mi genitalidad y con otros datos de mi corporalidad ni con el sexo de asignación". "Así", continúa Granado, "cis género sería aquella persona cuya identidad de género coincide con el sexo de asignación y trans sería la persona cuya identidad de género no coincide con la de su sexo de asignación. Normalmente se plantean dos argumentos básicos: uno, las mujeres trans en competiciones **lo que hacen es jugar con ventaja**, ocupar puestos de mayor éxito en la competición. Son una forma de doping y adulteración de la competición; y el segundo argumento es que las mujeres trans, además, ponen en riesgo la salud y la integridad física de las personas con las que juegan porque son más fuertes, más poderosas, **pueden causar lesiones de mayor gravedad a las mujeres** con las que están practicando el deporte. Esto no se sostiene cuando descendemos a la realidad de las personas concretas, individuales. Las mujeres trans no suponen una amenaza ni por talla ni por peso ni por capacidad explosiva para un montón de mujeres, mucho menos una práctica de un deporte de equipo como pudiera ser el rugby en el que la propia naturaleza del deporte hace que haya corporalidades muy diversas en posiciones muy distintas", apunta Granado. Y ocurre que World Rugby **ve a esas personas como una amenaza** para la seguridad del juego. Adivina en ellas unas ventajas competitivas endógenas que son falsas porque no existen ventajas absolutas al ser corporalidades diferentes en cada caso.

## ***Contra la decisión de World Rugby***

**Ben Owen** es expresidente del IGR, el [International Gay Rugby](#), asociación que engloba más de 72 equipos que acogen a una gran cantidad de LGTBI en sus filas y que vela por los derechos del colectivo en el deporte oval trabajando de forma conjunta con World Rugby. Owen fue presidente en ese momento y siguió de cerca, a través de miembros cualificados de la IGR, **Verity Smith** y **Meghan Götsches**, el grupo de trabajo que se reunió en febrero en Londres para hablar, entre otros temas, de la normativa trans. “La regularización de los deportistas trans **se abordó por primera vez en 2003** y se hizo siempre de la mano del COI. En 2016, antes de los Juegos de Río, se realizó una revisión en la que se incluyó el asunto de las cirugías y, sobre todo, el tema de los niveles de testosterona, especialmente en mujeres. **Se aprobó como una legislación provisional, pero sigue vigente aún**”, advierte Owen.

### **Varios colectivos son contrarios a vetar la participación de las trans en el rugby, pero la decisión se tomará en Inglaterra**

Este jugador, que vive en Madrid, revela que “el pasado noviembre se habló en World Rugby de revisar la norma, en febrero nos reunimos en Londres y expusieron algunos estudios a partir de los cuales argumentan la decisión que proponen ahora. **El covid impidió que se realizasen más reuniones** y World Rugby remitió la propuesta a los diferentes colectivos con los que trabaja. Ahora tenemos hasta el 17 de agosto para

reportar nuestro 'feedback', que, por supuesto, **es contrario a vetar la participación trans en el rugby**", apunta Ben.

El problema es que las decisiones de World Rugby tienen vigencia en sus competiciones, las de ámbito profesional internacional, pero en las nacionales y amateurs dependen de las federaciones nacionales. **En España decidiría la Federación Española de Rugby**, que asumiría la normativa de World Rugby, como ha hecho en otras ocasiones. Se trata de una propuesta más restrictiva que la normativa del COI y que además **colisiona con legislaciones autonómicas vigentes como la de Madrid**.

<https://youtu.be/0PgR1fGIA6E>

Owen, junto a **Florencio Michelena**, lidera los contactos con la Federación en España y participaron en un webinar sobre este asunto. Michelena es presidente de **Titanes**, el primer equipo de rugby gay de carácter inclusivo de España. Florencio pide que "la norma no salga adelante por varios motivos. Primero porque acusar a los trans de lesivos está fuera de lugar en un deporte en el que hay jugadores de diferente tamaño. **Somos 15 jugadores contra 15 y no gana el que tiene al jugador más fuerte**. Si hablamos de la seguridad, **en un campo de rugby hay gente de 120 kilos y de 60**. ¿Ese riesgo no les preocupa? En Nueva Zelanda en edades más tempranas se discrimina por tamaño, si aquí de verdad les preocupase ya lo habrían hecho así. Segundo, por un tema científico porque está demostrado que transicionar de un sexo a otro **te hace perder hasta un 30% del rendimiento** debido a la pérdida de masa y fuerza. No hay estudios que justifiquen la teórica ventaja de las mujeres trans de la que habla World Rugby. Y por último por un tema ideológico. **Una mujer trans es una mujer**. Esto es un problema

de transfobia, no hay que darle más vueltas”. Para hacer fuerza, [han abierto en change.org una recogida de firmas](https://change.org).

Advertía en 1902 **Pierre de Coubertin** que “**el deporte femenino es contrario a las leyes de la naturaleza**”. Una afirmación misógina de este entusiasta del rugby, deporte en el que fue árbitro y que promocionó como disciplina olímpica en los Juegos Olímpicos de París en 1900. Hoy, el transfóbico Beaumont planea impedir el acceso al rugby profesional a las mujeres trans mientras proclama orgulloso a los cuatro vientos el “rugby para todos”.

#### 4.2 Fermín de la Calle - Entrevista a Alba Noa.

**ALBA NOA JUEGA EN PRIMERA DESDE HACE 6 AÑOS**

**"Me da asco y rabia leer que porque soy trans puedo lesionar a una rival"**

El Confidencial entrevista a Alba Noa, la única jugadora trans de la máxima división del rugby femenino español: "En el campo soy una más y me hacen sentir así. Es lo único que quiero"



La jugadora de rugby Alba Noa (Foto: Carmen Castellón)

**AUTOR**

**FERMÍN DE LA CALLE**

*Contacta al autor*

*fermindecalalle*

**TAGS**

- RUGBY
- TRANSEXUAL

**TIEMPO DE LECTURA** 9'

**11/08/2020 05:00** - ACTUALIZADO: 11/08/2020 08:13

[https://www.elconfidencial.com/deportes/rugby/2020-08-11/rugby-trans-deporte-lgtbi-club-majadahonda\\_2710459/](https://www.elconfidencial.com/deportes/rugby/2020-08-11/rugby-trans-deporte-lgtbi-club-majadahonda_2710459/)

**A sus 26 años, Alba Noa Castellano** es apertura del **Rugby de Club Majadahonda** de la División de Honor femenina. Jugadora de 1,77 y 76 kilos, desvela en esta entrevista el problema al que se enfrenta como mujer trans después de conocerse la propuesta de **World Rugby** de vetar la participación de las **mujeres transexuales** en las competiciones internacionales. Norma que la Federación Española de Rugby puede implementar en sus competiciones, lo que **impediría** a Alba jugar la Liga y además le

acarrearía consecuencias que no solo afectarían a su futuro deportivo.

**PREGUNTA. Alba, ¿cómo llegas al rugby?**

**RESPUESTA.** Empecé en la Universidad Complutense porque jugaba al fútbol sala en el Paraninfo y veía a las chicas que hacían rugby en los campos al lado. Se lo pasaban bien, terminaban cantando y aquello me llamó la atención. Desde el principio me gustó la idea de hacer equipo, de hacer amigas. Era algo que me atrajo. Entonces decidí probar y comencé jugando con Filosofía y Letras. Enseguida Rodrigo Bernal, el entrenador de Torreldones, me invitó a jugar con ellas, justo cuando estaban empezando.

**P. Siempre habías hecho deporte.**

R. Había jugado al fútbol, baloncesto, tenis, natación... Siempre me gustó hacer deporte y el rugby me llamó la atención. Recuerdo la sensación de salir molida de los entrenamientos y de los partidos y aquello me encantó. Así que me federé y empecé a jugar. El primer día que bajé a entrenar, un miércoles, me llamó la atención lo de placar, como a todas las que empezamos en el rugby. Ese fin de semana había un amistoso y Rodrigo me convenció para bajar y jugar cinco minutos de ala. Al final jugué todo el partido y me lo pasé genial placando. Eso sí, con el cuello al revés...

**P. Llegaste rápido a División de Honor.**

R. El segundo año me llamaron para la madrileña Sub-23 y fui al *Emergin* de 7. Entonces me contactaron varios clubes. El cuerpo me pedía más nivel y Rodrigo habló con Majadahonda, porque allí tenía contactos. Les contó mi situación, así que me fui allí a jugar y me ahorré ir a otro club y tener que contar que era

trans. Empecé de ala y luego de *utility* en la línea, jugando de todo. Ahora llevo más tiempo jugando de 10 porque tengo buen pie.



La jugadora de rugby Alba Noa (Foto: Carmen Castellón)

**P. ¿Te han reprochado que seas trans en el campo alguna vez?**

R. Personalmente no me han dicho nunca nada. Lo he hablado sin problema con quien se ha acercado a preguntarme. Una vez una chica me dijo que unas rivales habían comentado que yo era buena por ser transexual, lo cual es falso porque la hormonación termina por atrofiar tu musculatura y pierdes mucho. Pero como te decía, a mi directamente no me han dicho nunca nada. Eso no quita para haber vivido momentos difíciles. El año que iba a irme a Majadahonda, con la decisión ya tomada, me fui a Valladolid a verlas jugar en la Copa del Rey de 7. Uno de los días el equipo se reunió en círculo y hablaron de varios temas, entre ellos el de

las chicas trans que jugaban al rugby. Y la verdad no fue agradable lo que escuché. No sabían nada de lo mío, y cuando meses después me convertí en compañera y supieron que era trans, me pidieron disculpas. Hay que conocer cada caso y a cada persona para opinar. El error es generalizar, como hace World Rugby.

**P. ¿Has lesionado a alguien por tu corpulencia y musculatura?**

R, ¿Lesionar? Sí, a mí misma. El año pasado me rompí el cruzado haciendo un contrapié porque se me quedó la rodilla clavada. Y este año me he roto el menisco por culpa de aquello. Pero yo no he lesionado a nadie nunca en un campo de rugby. Nada más que hay que verme jugar. Además, si hubiera habido episodios de lesiones provocadas por jugadoras trans, lo habríamos leído como se leyó el problema en Francia de las contusiones, donde hasta murieron jugadores. Esto no está pasando en los campos.

**P. ¿Qué sentiste al leer que World Rugby planea vetar a las trans porque sois un peligro para la integridad de vuestras compañeras?**

R. Una mezcla de asco, rabia y frustración. Quieren vetarnos en base a unos estudios que no son veraces y utilizan indicios e interpretaciones para generalizar, vetando a un colectivo en el que hay personas muy diferentes en peso, altura, potencia... Yo he cumplido ocho años hormonándome y no pueden comparar mi caso con alguien que empieza ahora a hacerlo. Aunque ojo, esa persona también tiene todo el derecho a hacerlo y a jugar. Deben estudiar cada caso, porque además no somos tantos. Es una cuestión de querer resolverlo o no. Pero se ha visto que prefieren generalizar y quitarse el problema de encima. Me duele leer que nosotras ponemos en peligro la integridad de nuestras compañeras y podemos ser lesivas para ellas. ¡Si hasta en mi

equipo me insisten para que sea más dura en el contacto! Por un tema de coordinación, musculatura y hormonas, una da lo que da.

**P. ¿Hay estudios hechos con jugadoras trans?**

R. No hay estudios hechos a jugadoras en pleno proceso de hormonación. Yo en la Liga conozco jugadoras con problemas de testosterona y no pasa nada. Creo que deben estudiar los casos porque cada uno es diferente a los demás.



Alba, en un partido (Imagen: RGLFotos)

**P. En División de Honor eres la primera y en España no sois muchas.**

R. A mi me van a prohibir jugar al rugby porque he decidido visibilizar que soy trans, si no seguiría jugando tan normal. Conozco a otra chica en Madrid, que juega en de División de Honor, pero la legislación de la Federación Madrileña nos ampara.

**P. ¿Cuándo te diste cuenta de que tu identidad de género no coincidía con tu sexo asignado?**

R. Yo tengo dos hermanos, uno mayor y otro menor. Y de pequeña, cuando jugábamos en el colegio, no me sentía una chica, pero sí me sentía diferente a los chicos. Me fui informando por mi cuenta, a los 15 años lo hablé con mi hermano mayor y a los 17 me senté ante mis padres y se lo conté. Tengo la suerte de tener una familia abierta e inmediatamente nos fuimos al médico para informarnos sobre las decisiones a tomar.

**P. ¿Cómo fue ese proceso?**

R. Comenzó un proceso que terminó en una entrevista con un psiquiatra al que tienes que convencer que quieres ser una niña. Le tuve que mentir y decir cosas como que me gustaba el rosa, que jugaba con muñecas y que me gustaban los niños. Porque esa es otra, estamos en una sociedad tan machista que decir que eras trans y lesbiana o trans y gay, está mal visto. Y después de decir eso dieron el visto bueno a mi hormonación. Por experiencia personal te puedo asegurar que se trata de un proceso patologizante y más cuanto más pequeña eres.

**P. ¿En quién te apoyabas cuando tenías que hablar de ello o preguntar algo?**

R. En internet.

**P. ¿Cómo...?**

R. Soy muy tímida e insegura y me daba pánico consultarlo con nadie. Así que miré en internet y fui aprendiendo cosas sobre mí y lo que me pasaba, pero me ahorré la vergüenza de contárselo a nadie. En esto tengo que decir que el rugby me ayudó mucho, porque siempre fue un refugio al haber tanta diversidad de tamaños, musculaturas o pesos. Entendí que tenía un sitio, nadie me cuestionó mi forma de ser y comencé a quererme más por cómo era.

**P. ¿Por qué das la cara ahora y visibilizas tu condición de trans?**

R. Te voy a confesar algo, cada vez que he pensado si contarlo o no, siempre he encontrado más argumentos para mantenerme callada. Pero hemos llegado a un punto en el que hay que decirlo, porque no hay nadie que lo haya hecho. No quiero notoriedad, de hecho no vas a ver en mis redes nada al respecto. Solo quiero que se sepa que estoy aquí, que existo y que quieren quitarme el derecho a hacer el deporte que me gusta. Nunca he publicitado mi transexualidad, pero tampoco la he ocultado. Muchas compañeras y rivales lo saben y en estos días, desde que sacaste el artículo de lo de World Rugby, gente de otros equipos me ha escrito y mandado ánimos. Mis compañeras me han apoyado mucho, incluso hablan de ir a la huelga para que yo juegue si la Federación Española asume la norma de World Rugby. Me he sentido muy arropada y quiero agradecerse a todo el mundo.

**P. ¿Qué pasará contigo si la FER da luz verde a la norma de World Rugby y vetan tu participación en la Liga?**

R. Si sale adelante lo de World Rugby, me despediré de mi sueño de jugar con las Leonas, que era algo que soñaba aunque sea muy difícil. Pero si además la FER secunda la norma, entonces no podré jugar en División de Honor y la verdad, después de las lesiones que he sufrido, volver a categoría regional me haría plantearme dejar el rugby. El problema es que esto va más allá, porque yo estudio en una Universidad privada con una beca de deportista que perdería. Si sale adelante esa norma, echaría abajo el 90% de mi vida actual.



Alba Noa (Foto: Carmen Castellón)

**P. ¿Crees que las jugadoras la pararán?**

R. Soy optimista. Las jugadoras se han movilizado. Hay vídeos de jugadoras estadounidenses en contra y espero más movilizaciones de jugadoras y jugadores si intentan sacarlo adelante. Se trata de un problema de transfobia. Si ves los partidos en los que juego, soy el último mono en el campo. No lesiono a nadie. En el campo soy una más y me hacen sentir así. Es lo único que quiero. Ser lo mismo que el resto, no exijo más ni pido menos.

## 5 Petición en Change.org

# Las mujeres trans son mujeres: no las excluyáis del rugby

<https://www.change.org/p/federaci%C3%B3n-espa%C3%B1ola-de-rugby-las-mujeres-trans-son-mujeres-no-las-excluy%C3%A1is-del-rugby-rugbyparatodes-ferugby?redirect=false>



World Rugby, la mayor institución que gobierna las federaciones de rugby a nivel internacional, **ha propuesto prohibir que las mujeres trans puedan jugar en la categoría femenina de este deporte.**

En la actualidad un hombre trans para practicar rugby y poder competir en la categoría masculina necesita firmar una declaración sobre su identidad de género en la que conste que es un varón; en la categoría femenina, además de una declaración similar, se exige que la jugadora trans mantenga desde 12 meses antes y durante la competición un nivel de testosterona en sangre por debajo de los 5nmol/l de sangre. Pero a World Rugby no le basta con esta normativa distinta y más restrictiva: **quiere prohibir absolutamente la participación de mujeres trans en la categoría femenina** basándose en estudios que no cuentan con el consenso de la comunidad científica. Esta prohibición es un **auténtico atropello a los derechos humanos, un acto de discriminación y de transfobia**, algo totalmente contrario a los valores del rugby.

Será en noviembre cuando se someterá a votación la propuesta de World Rugby que supone la expulsión y prohibición de las mujeres trans de la competición. Previamente, cada Federación debe enviar su postura, ayúdanos con tu firma a que la postura de la Federación Española de Rugby sea absolutamente clara: **no se puede prohibir o vetar de ninguna forma que las mujeres trans puedan practicar rugby en la categoría femenina.**

Por eso te pedimos que tu firma. **Tenemos poco tiempo: la Federación Española de Rugby tiene hasta el 17 de agosto** para trasladar su postura a World Rugby, y esta debe ser la de la no discriminación a nuestras compañeras trans.

## Las mujeres trans son mujeres: no las excluyáis del rugby



 Madrid Titans Club de Rugby ha iniciado esta petición dirigida a Federación Española de Rugby

World Rugby, la mayor institución que gobierna las federaciones de rugby a nivel internacional, **ha propuesto prohibir que las mujeres trans puedan jugar en la categoría femenina de este deporte.**

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25.263 personas han firmado. ¡Ayuda a conseguir 35.000!



-  Diana Ruiz ha firmado hace 15 minutos
-  Cesar arturo Santos López ha firmado hace 54 minutos

Alcorcón, 28922  
España



- Quiero saber si esta petición gana y cómo puedo ayudar a otras peticiones ciudadanas
- No quiero saber cómo avanza esta petición ni otras peticiones importantes

 Firma esta petición

- No mostrar públicamente mi firma y mi comentario en esta petición

Procesamos tus datos personales de acuerdo con nuestras [Política de privacidad](#) y [Normas de uso](#).

## Las mujeres trans son mujeres: no las excluyáis del rugby

[Detalles de la petición](#) [Comentarios](#) [Actualizaciones](#)

### Razones para firmar

Mira lo que otros están diciendo sobre esta petición y por qué ellos han firmado, por qué es importante para ellos y comparte tus razones para firmar (esto significará mucho para el creador de la petición).



**Marta Cazalla**

Hace 6 horas

No a la transfobia

♡ 0

[Denunciar](#)



**Miguel Pardo Montero**

Hace 1 día

Las mujeres son mujeres y los hombres, hombres.  
No veo donde hay mas discusión.

♡ 0

[Denunciar](#)



**Susana Frontaura vidal**

Hace 1 día

No permitir participar a una mujer trans en la categoría femenina sería igual de discriminatorio que no dejar participar a un hombre trans....e igual de discriminatorio que no dejar participar a una persona por se alta o baja o fuerte o menos rapida....son características que nos hacen a todos únicos

♡ 0

[Denunciar](#)



**Lucila Schajris**

Hace 2 días

No apoyo ningún tipo de discriminación, racial, religiosa o de sexo  
Y son mujeres

♡ 0

[Denunciar](#)



**mariangeles romerodelgado**

Hace 2 días

Ya esta bien de injusticia es tan buena jugadora como las demás y tiene los mismos derechos

♡ 0

[Denunciar](#)



**Bartomeu Segura i Duran**

Hace 2 días

Resolución 1+/19 del Consejo de Derechos Humanos de la ONU. \*Derechos humanos, orientación sexual e identidad de género\*.

♡ 0

[Denunciar](#)



**Lorena Frutos Delgado**

Hace 2 días

Me parece una vergüenza que a mujeres y hombres trans no se les permita jugar en el equipo que les corresponde. Más aún cuando el rugby siempre ha defendido la aceptación de todo tipo de cuerpo. Esta ley es un insulto para los valores que defiende este deporte.

♡ 0

[Denunciar](#)



**maitane alonso**

Hace 2 días

Es justo

♡ 0

[Denunciar](#)



**Jorge Velasco Iglesias**

Hace 2 días

Todo el mundo tiene derecho a jugar, da igual su identidad sexual.

♡ 0

[Denunciar](#)



**Sara Rodriguez Caballero**

Hace 2 días

Stop transfobia

♡ 0

[Denunciar](#)



**Virginia Barcelo Segui**

Hace 2 días

Porque merecen la misma igualdad

♡ 0

[Denunciar](#)



**MARIA JUANA DOMINGUEZ**

Hace 2 días

Porqué hasta en su DNI PONE QUÉ ES MUJER.  
VENGA YA, VASTA CON LAS DISCRIMINACIONES EN EL SIGLO XXI

♡ 0

[Denunciar](#)



**Leticia Santos Rey**

Hace 2 días

Las mujeres trans son MUJERES y deben ser tratadas como tal a todos los efectos. Basta ya de tanta transfobia hacia ellas!!!

♡ 0

[Denunciar](#)



**Grace McKenzie**

Hace 2 días

Trans woman rugby player here from California -- this ban is based on inconclusive science and driven by a transphobic agenda. Keep rugby open for all!

♡ 1

[Denunciar](#)



**Enric Arquimbau hervàs**

Hace 2 días

Crec que la divisió en l'esport s'ha de fer no per gènere sinó per nombre d'hormones masculines i femenines.

♡ 0

[Denunciar](#)



**Mary Carmen Delgado Morán**

Hace 2 días

Injusto

♡ 0

[Denunciar](#)



**Maria Celaya Barturen**

Hace 2 días

Las mujeres trans son mujeres.

♡ 0

[Denunciar](#)



**Montserrat Rodriguez Rodriguez**

Hace 2 días

LAS MUJERES TRANS SON MUJERES ¡NO LAS EXCLUYÁIS DEL RUGBY!

♡ 0

[Denunciar](#)



**Sara Sánchez Astilleros**

Hace 2 días

Estaría encantada de jugar con y contra ellas!

♡ 0

[Denunciar](#)



**Lourdes Arceiz salas**

Hace 2 días

Justicia

♡ 0

[Denunciar](#)



**Luis Manuel Merlo Ruiz**

Hace 3 días

Y porque NO!!

♡ 0

[Denunciar](#)



**Ariana Constanza Córdoba**

Hace 3 días

Por que todxs tenemos derecho a participar de cualquier deporte independientemente de nuestra sexualidad y género

♡ 0

[Denunciar](#)



**Paola Peña**

Hace 4 días

El rugby ha sido siempre un deporte inclusivo, y esta no debe ser la excepción.

♡ 0

[Denunciar](#)



**Gabriel fernando Rojas**

Hace 4 días

Gabriel rojas

♡ 0

[Denunciar](#)



**julieta brizuela**

Hace 4 días

El rugby es para todes!! Yo voto por un rugby realmente inclusive. Apoyemos a nuestras compañeras!!!  
Todes merecemos jugar

♡ 0

[Denunciar](#)



**Javier Ortega Heras**

Hace 1 semana

Me parece inaceptable y discriminatoria esta nueva norma. Me parece mal si fuera una norma antigua pero una modificación actual es totalmente inaceptable.

♡ 0

[Denunciar](#)



**Raquel Diaz Merino**

Hace 1 semana

Porque una mujer trans es sobre todas las cosas una mujer, y porque cualquiera que conozca el deporte, especialmente el de elite y la realidad de las mujeres trans sabran que la transición no da ninguna ventaja competitiva,. NINGUNA, y menos en un deporte como el rugby donde en... [Leer más](#)

♡ 0

[Denunciar](#)



**Ulises Romero Vergara**

Hace 2 semanas

Más feminismo y menos transfobia!

♡ 0

[Denunciar](#)



**Mª Angeles Pérez Ventosa**

Hace 2 semanas

Porque las mujeres y me da igual el apellido sin mujeres

♡ 0

[Denunciar](#)



**Mireia Carbonell Falguera**

Hace 2 semanas



♡ 0

[Denunciar](#)



**Irene Camacho Casanova**

Hace 2 semanas

Basta de estereotipos y de excluir a las mujeres trans.

♡ 0

[Denunciar](#)



**Marcos García Ortega**

Hace 2 semanas

El rugby es un deporte muy diverso y no está englobando toda la diversidad que hay.

♡ 0

[Denunciar](#)



**Rafael Kempfer Bogo**

Hace 2 semanas

No a la transfobia en el deporte!!

♡ 0

[Denunciar](#)



**José Martín Pardo Chacón**

Hace 2 semanas

Está clarísimo que el rugby es mucho más que fortaleza física frente a tu competidor. Una mujer trans es una mujer y en el supuesto de que su corpulencia sea mayor que la del resto del equipo no por ello debe ser discriminada.

♡ 0

[Denunciar](#)



**Adriana Delgado**

Hace 2 semanas

Soy jugadora de rugby, he sido compi de una mujer trans maravillosa y jugar al rugby es uno de los pilares mas importantes de su vida, no tiene sentido discriminar ( aun más) a un colectivo que lleva sufriendo toda la vida... Normalicemos al fin porfavor!

♡ 7

[Denunciar](#)



**Carla Antonelli**

Hace 2 semanas

Si, asi ha sido y será, habrá quien intente tapar con un dedo el Sol pero seguirá estando, los DDHH de las personas trans, su despatologización y autodeterminación no son ni pueden ser objeto de debate de mesa de camilla de nadie. Gracias Francisco ❤️

♡ 7

[Denunciar](#)

# ANNEX 4

## Partner Transgender Advocacy Organizations



Transgender advocacy organizations both IGR leadership and its Members work with on a regular basis (this list is not exhaustive):

<b>Name</b>	<b>Country</b>	<b>Website</b>
OMIN Mendoza	Argentina	<a href="http://www.ominmendoza.blogspot.com.ar/">www.ominmendoza.blogspot.com.ar/</a>
Red Inclusion	Argentina	<a href="https://facebook.com/inclusionmza">facebook.com/inclusionmza</a>
Gobierno de la provincia de Mendoza	Argentina	<a href="http://www.mendoza.gov.ar">www.mendoza.gov.ar</a>
Thorne Harbour Health	Australia	<a href="http://thorneharbour.org">thorneharbour.org</a>
Brisbane Pride	Australia	<a href="http://brisbanepride.org.au">brisbanepride.org.au</a>
ACON	Australia	<a href="http://acon.org.au">acon.org.au</a>
Pride in Sport	Australia	<a href="http://prideinsport.com.au">prideinsport.com.au</a>
Rainbow House	Belgium	<a href="http://www.rainbowhouse.be">www.rainbowhouse.be</a>
Belgium Gay Sports	Belgium	<a href="http://www.bgs.org">www.bgs.org</a>
European Parliament LGBTI+ Intergroup	Belgium	<a href="http://lgbti-ep.eu/">lgbti-ep.eu/</a>
Brussels Pride	Belgium	<a href="http://www.pride.be">www.pride.be</a>
Antwerp Pride	Belgium	<a href="http://antwerppride.tv/">antwerppride.tv/</a>
Fierte Capital Pride	Canada	<a href="http://capitalpride.ca">capitalpride.ca</a>
Max Ottawa	Canada	<a href="http://maxottawa.ca">maxottawa.ca</a>
Queer Mafia	Canada	<a href="http://thequeermafia.com">thequeermafia.com</a>
Camp Ten Oaks	Canada	<a href="http://tenoaksproject.org">tenoaksproject.org</a>
You Can Play	Canada	<a href="http://youcanplayproject.org">youcanplayproject.org</a>
AIDS Committee Ottawa	Canada	<a href="http://aco-cso.ca">aco-cso.ca</a>
Bruce House	Canada	<a href="http://brucehouse.ca">brucehouse.ca</a>
Fierte Montreal	Canada	<a href="http://fiertemtl.com">fiertemtl.com</a>
Fondation Emergence	Canada	<a href="http://fondationemergence.org">fondationemergence.org</a>
ACCM	Canada	<a href="http://accmontreal.org">accmontreal.org</a>
REZO	Canada	<a href="http://rezosante.org">rezosante.org</a>
Equipe Montreal	Canada	<a href="http://equipe-montreal.org">equipe-montreal.org</a>
GRIS Montreal	Canada	<a href="http://gris.ca">gris.ca</a>
Interligne	Canada	<a href="http://interligne.co">interligne.co</a>
Copenhagen Pride and Europride Copenhagen 2021	Denmark	<a href="http://copenhagenpride.dk">http://copenhagenpride.dk</a>

Trans Aid - Association for promoting and protecting the rights of trans, inter and gender variant persons	Croatia	<a href="https://transaid.hr/">https://transaid.hr/</a>
Pan Idræt (LGBTI sports)	Denmark	<a href="https://panidraet.dk">https://panidraet.dk</a>
Lambda - Bosser Or Lesbiske pa Fyn	Denmark	<a href="http://www.lambda.dk/">http://www.lambda.dk/</a>
BLUS	Denmark	<a href="https://blus.dk/">https://blus.dk/</a>
Trans Mreža Balkan	Croatia	<a href="http://www.transbalkan.org/">http://www.transbalkan.org/</a>
Chrysalide	France	<a href="http://Chrysalide-asso.fr">Chrysalide-asso.fr</a>
SOS Homophobie	France	<a href="http://Sos-homophobie.org">Sos-homophobie.org</a>
Acceptess-T	France	<a href="http://Acceptess-t.com">Acceptess-t.com</a>
Association Nationale Transgenre	France	<a href="http://Ant.france.eu">Ant.france.eu</a>
OUTransChrysalide-asso.fr	France	<a href="http://Outrans.org">Outrans.org</a>
Fédération Sportive Gaie et Lesbienne (LGBT)	France	<a href="http://fsgl.org">fsgl.org</a>
Lesben- und Schwulenverband in Deutschland	Germany	<a href="http://lsvd.de/de/home">lsvd.de/de/home</a>
Maneo - Mann-O-Meter	Germany	<a href="http://maneo.de/en/about-maneo/maneo-in-short.html">maneo.de/en/about-maneo/maneo-in-short.html</a>
ILGA	International	<a href="http://ilga.org">ilga.org</a>
BelongTo	Ireland	<a href="http://belongto.org">belongto.org</a>
Sporting Pride Ireland	Ireland	<a href="http://sportingpride.ie">sportingpride.ie</a>
LGBT Ireland	Ireland	<a href="http://lgbt.ie">lgbt.ie</a>
Pridehouse Japan	Japan	<a href="http://pridehouse.jp">pridehouse.jp</a>
Netherlands Pride and Sports	Netherlands	<a href="http://prideandsports.amsterdam">prideandsports.amsterdam</a>
COC Amsterdam	Netherlands	<a href="http://cocamsterdam.nl">cocamsterdam.nl</a>
LEAP Sports Scotland	Scotland	<a href="http://leapsports.org">leapsports.org</a>
Pride Edinburgh	Scotland	<a href="http://prideedinburgh.org.uk">prideedinburgh.org.uk</a>
European Gay And Lesbian Sports Federation	Scotland	<a href="http://eglfs.info">eglfs.info</a>
SX Scotland	Scotland	<a href="http://s-x.scot">s-x.scot</a>
Waverley Care	Scotland	<a href="http://waverleycare.org">waverleycare.org</a>
HIV Scotland	Scotland	<a href="http://hiv.scot">hiv.scot</a>
LGBT Youth Scotland	Scotland	<a href="http://lgbtyouth.org.uk">lgbtyouth.org.uk</a>

South African Human Rights Commission	South Africa	<a href="http://sahrc.org.za">sahrc.org.za</a>
OUT LGBT	South Africa	<a href="http://out.org.za">out.org.za</a>
Triangle Project	South Africa	<a href="http://www.triangle.org.za">www.triangle.org.za</a>
Iranti	South Africa	<a href="http://www.iranti.org.za">www.iranti.org.za</a>
Gender Dynamix	South Africa	<a href="http://www.genderdynamix.org.za">www.genderdynamix.org.za</a>
Agrupación Deportiva Ibérica LGBTI+	Spain	<a href="http://adilgtb.org/">http://adilgtb.org/</a>
Deporte y Diversidad	Spain	<a href="https://deporteydiversidad.org/">https://deporteydiversidad.org/</a>
It Gets Better España	Spain	<a href="http://www.itgetsbetter.es/">http://www.itgetsbetter.es/</a>
Fundación 26 de Diciembre	Spain	<a href="https://fundacion26d.org/">https://fundacion26d.org/</a>
Stonewall	United Kingdom	<a href="http://stonewall.org.uk">stonewall.org.uk</a>
Mermaids	United Kingdom	<a href="http://mermaidsuk.org.uk">mermaidsuk.org.uk</a>
Pride Sports UK	United Kingdom	<a href="http://pridesports.org.uk">pridesports.org.uk</a>
Gendered Intelligence	United Kingdom	<a href="http://genderedintelligence.co.uk">genderedintelligence.co.uk</a>
Sport England	United Kingdom	<a href="http://sportengland.org">sportengland.org</a>
Sport Human Rights	United Kingdom	<a href="http://sporthumanrights.org">sporthumanrights.org</a>
Midlands LGBT	United Kingdom	
Worcester LGBT	United Kingdom	<a href="http://worcesterpflag.org">worcesterpflag.org</a>
Out in the Bay	United Kingdom	<a href="http://oitb.co.uk">oitb.co.uk</a>
Lancashire LGBT	United Kingdom	<a href="http://lancslgbt.org.uk">lancslgbt.org.uk</a>
Chester Pride	United Kingdom	<a href="http://chesterpride.co.uk">chesterpride.co.uk</a>
LGBT Foundation	United Kingdom	<a href="http://lgbt.foundation">lgbt.foundation</a>
George House Trust	United Kingdom	<a href="http://ght.org.uk">ght.org.uk</a>
Albert Kennedy Trust	United Kingdom	<a href="http://akt.org.uk">akt.org.uk</a>
Manchester Pride	United Kingdom	<a href="http://manchesterpride.com">manchesterpride.com</a>
Salford Pride	United Kingdom	<a href="http://salfordpride.org.uk">salfordpride.org.uk</a>
Trafford Pride	United Kingdom	<a href="http://prideintrafford.org">prideintrafford.org</a>
Didsbury Pride	United Kingdom	
Gaydio	United Kingdom	<a href="http://gaydio.co.uk">gaydio.co.uk</a>

Pride in Hull	United Kingdom	<a href="http://prideinhull.co.uk">prideinhull.co.uk</a>
Yorkshire MESMAC	United Kingdom	<a href="http://mesmac.co.uk">mesmac.co.uk</a>
Brighton Pride	United Kingdom	<a href="http://brighton-pride.org">brighton-pride.org</a>
Allsorts	United Kingdom	<a href="http://allsortsyouth.co.uk">allsortsyouth.co.uk</a>
The Rainbow Fund	United Kingdom	<a href="http://rainbow-fund.org">rainbow-fund.org</a>
Birmingham LGBT	United Kingdom	<a href="http://blgbt.org">blgbt.org</a>
Umbrella Health	United Kingdom	<a href="http://umbrellahealth.co.uk">umbrellahealth.co.uk</a>
My Umbrella	United Kingdom	<a href="http://myumbrella.org.uk">myumbrella.org.uk</a>
Support U	United Kingdom	<a href="http://supportu.org.uk">supportu.org.uk</a>
Reading Pride	United Kingdom	<a href="http://readingpridecelebration.org">readingpridecelebration.org</a>
Oxford Pride	United Kingdom	<a href="http://oxford-pride.org.uk">oxford-pride.org.uk</a>
Northampton LGBTQ and Allied Forum	United Kingdom	<a href="http://northampton.gov.uk">northampton.gov.uk</a>
Northampton Pride	United Kingdom	<a href="http://nohopride.org">nohopride.org</a>
Athlete Ally	United States	<a href="http://athleteally.org">athleteally.org</a>
GLAAD	United States	<a href="http://glaad.org">glaad.org</a>
The Attic Youth Center	United States	<a href="http://atticyouthcenter.org">atticyouthcenter.org</a>
Philly Trans March	United States	
Delaware Valley Legacy Fund	United States	<a href="http://dvlf.org">dvlf.org</a>
Philly Pride	United States	<a href="http://phillygaypride.org">phillygaypride.org</a>
Equality Forum	United States	<a href="http://equalityforum.com">equalityforum.com</a>
TransAthlete	United States	<a href="http://transathlete.com">transathlete.com</a>
We Are Family	United States	<a href="http://wearefamilycharleston.org">wearefamilycharleston.org</a>
Palmetto Community Care	United States	<a href="http://palmettocommunitycare.org">palmettocommunitycare.org</a>
Charleston Pride	United States	<a href="http://charlestonpride.org">charlestonpride.org</a>
Seattle Out & Pride	United States	<a href="http://Seattlepride.org">Seattlepride.org</a>
Gay City Health Project	United States	<a href="http://Gaycity.org">Gaycity.org</a>
Lifelong AIDS Alliance	United States	<a href="http://Lifelong.org">Lifelong.org</a>
Lambert House	United States	<a href="http://Lamberthouse.org">Lamberthouse.org</a>

# ANNEX 5

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# ANNEX 6

## Additional Legal Documents



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*Attorneys for Plaintiffs*

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LINDSAY HECOX, et al.,

*Plaintiffs,*

v.

BRADLEY LITTLE, et al.,

*Defendants.*

No. 1:20-cv-184-CWD

**EXPERT DECLARATION OF  
DEANNA ADKINS, MD,  
IN SUPPORT OF PLAINTIFFS'  
MOTION  
FOR PRELIMINARY  
INJUNCTION**

I, Deanna Adkins, MD, have been retained by counsel for Plaintiffs Lindsay Hecox and Jane Doe, with her next friends, Jean Doe and John Doe, as an expert in connection with the above-captioned litigation.

1. The purpose of this declaration is to provide my expert opinion on: (1) the nature and impact of treatment protocols for transgender youth; and (2) the different biological characteristics of sex and the ways in which they may not align in the same direction within an individual.

2. I have knowledge of the matters stated in this declaration and have collected and cite to relevant literature concerning the issues that arise in this litigation in the body of this declaration.

3. In preparing this declaration, I reviewed the legislative findings for H.B. 500, as enacted, and the sources cited therein. I also relied on my scientific education and training, my research experience, and my knowledge of the scientific literature in the pertinent fields. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on these subjects. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

## **BACKGROUND AND QUALIFICATIONS**

4. I received my medical degree from the Medical College of Georgia in 1997. I served as the Fellowship Program Director of Pediatric Endocrinology at Duke University School of Medicine for fourteen years and am currently the Director of the Duke Center for Child and Adolescent Gender Care.

5. I have been licensed to practice medicine in the state of North Carolina since 2001.

6. I have extensive experience working with children with endocrine disorders and I am an expert in the treatment of children with differences or disorders of sex development and in the treatment of children with gender dysphoria.

7. I am a member of the American Academy of Pediatrics, the North Carolina Pediatric Society, the Pediatric Endocrine Society, and The Endocrine Society. I am also a member of the World Professional Association for Transgender Health (“WPATH”), the leading association of medical and mental health professionals in the treatment of transgender individuals.

8. I am the founder of the Duke Center for Child and Adolescent Gender Care (“Gender Care Clinic”), which opened in 2015. I currently serve as the director of the clinic. The Gender Care clinic treats children and adolescents age 7 through 22 with gender dysphoria and/or differences or disorders of sex development. I have been caring for these individuals in my routine practice for many years prior to opening the clinic.

9. I currently treat approximately 400 transgender and intersex young people from North Carolina and across the Southeast at the Gender Care clinic. I have treated approximately 500 transgender and intersex young people in my career.

10. As part of my practice, I stay familiar with the latest medical science and treatment protocols related to differences or disorders of sex development and gender dysphoria.

11. I am regularly called upon by colleagues to assist with the sex assignment of infants who cannot be classified as male or female at birth due to a range of variables in which sex-related characteristics are not completely aligned as male or female.

12. I have testified twice as an expert at trial or deposition in the past four years.

#### **TREATMENT PROTOCOLS FOR TRANSGENDER INDIVIDUALS**

13. A transgender individual is an individual who has a gender identity that differs from the person's sex designated at birth.

14. A person's gender identity refers to a person's inner sense of belonging to a particular gender, such as male or female.

15. Everyone has a gender identity.

16. Children usually become aware of their gender identity early in life.

17. Most people have a gender identity that aligns with the sex they are designated at birth. However, for some people, their gender identity does not align

with the sex they are given at birth. This lack of alignment can create significant distress for individuals with this experience and can be felt in children as young as 2 years old.

18. A person's gender identity (regardless of whether that identity matches other sex-related characteristics) is fixed, is not subject to voluntary control, cannot be voluntarily changed, and is not undermined or altered by the existence of other sex-related characteristics that do not align with it.

19. According to the American Psychiatric Association's Diagnostic & Statistical Manual of Mental Disorders ("DSM V"), "gender dysphoria" is the diagnostic term for the condition where clinically significant distress results from the lack of congruence between a person's gender identity and the sex they are designated at birth. In order to be diagnosed with gender dysphoria, the incongruence must have persisted for at least six months and be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

20. Gender dysphoria is a serious medical condition that, if left untreated, can result in severe anxiety and depression, self-harm, and suicidality. Spack NP, Edwards-Leeper L, Feldman HA, et al. Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*. 2012; 129(3):418-425. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics*. 2016; 137:1-8.

21. Before receiving treatment, many individuals with gender dysphoria have high rates of anxiety, depression and suicidal ideation. I have seen in my patients that without appropriate treatment this distress impacts every aspect of life.

22. Attempted suicide rates in the transgender community are over 40%. The only treatment to avoid this serious harm is to recognize the gender identity of patients with gender dysphoria and follow appropriate treatment protocols to affirm gender identity and alleviate distress.

23. When appropriately treated, gender dysphoria is easily managed. I currently treat hundreds of transgender patients. All of my patients have suffered from persistent gender dysphoria, which has been alleviated through clinically appropriate treatment.

24. The Endocrine Society and the World Professional Association for Transgender Health have published widely accepted standards of care for treating gender dysphoria. Hembree WC, et al. Endocrine treatment of gender-dysphoria/gender incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab* 2017; 102: 3869–3903; World Prof'l Ass'n for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (7th Version, 2011), [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351&pk\\_association\\_webpage=4655](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655).

25. The medical treatment for gender dysphoria is to eliminate the clinically significant distress by helping a transgender person live in alignment with their gender identity. This treatment is sometimes referred to as “gender transition,” “transition related care,” or “gender affirming care.” The American Academy of Pediatrics agrees that this care is safe, effective, and medically necessary treatment for the health and wellbeing of children and adolescents suffering from gender dysphoria. Rafferty J, Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence and Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness, *Pediatrics* October 2018; 142(4): 2018-2162.

26. The precise treatment for gender dysphoria depends on each person’s individualized need, and the medical standards of care differ depending on whether the treatment is for a pre-pubertal child, an adolescent, or an adult.

27. Before puberty, treatment does not include any drug or surgical intervention. For this group of patients, treatment is limited to “social transition,” which means allowing a transgender child to live and be socially recognized in accordance with their gender identity. This can include allowing children to wear clothing, to cut or grow their hair, to use names and pronouns, and to access restrooms and other sex-separated facilities and activities in line with their gender identity instead of the sex assigned to them at birth. Social transition is a critical part of treatment of patients with gender dysphoria of all ages and it is the only treatment for pre-pubertal children.

28. It undermines social transition – a critical part of gender dysphoria treatment – to force a person with gender dysphoria to live in a manner that does not align with the person’s gender identity. Requiring a girl who is transgender, for example, to use facilities or participate in single-sex activities for boys can be deeply harmful and disruptive to treatment. In the context of activities like athletics, which are typically separated by sex, I know from experience with my patients that it can be extremely harmful for a transgender young person to be excluded from the team consistent with their gender identity.

29. For many transgender adolescents, going through endogenous puberty can cause extreme distress. Puberty blocking treatment allows transgender youth to avoid going through their endogenous puberty thereby avoiding the heightened gender dysphoria and permanent physical changes that puberty would cause.

30. Puberty blocking treatment works by pausing endogenous puberty at whatever stage it is at when the treatment begins. This has the impact of limiting the influence of a person’s endogenous hormones on the body. For example, after the initiation of puberty blocking treatment, a girl who is transgender will experience none of the impacts of testosterone that would be typical if she underwent her full endogenous puberty.

31. When treating a transgender young person, when medically indicated, I prescribe puberty blocking treatment at the Tanner 2 stage of puberty. For girls who are transgender, this means that puberty is put on pause usually around the time that the patient has circulating testosterone at a level of 50 ng/dL or 1.735

nMol/L. A patient that undergoes puberty blocking treatment at this stage and then proceeds to gender-affirming hormone therapy will never have circulating testosterone above what is typical of non-transgender girls.

32. Under the Endocrine Society Clinical Guidelines, once a transgender adolescent establishes further maturity and competence to make decisions about additional treatment, it may then be medically necessary and appropriate to provide gender-affirming hormone therapy to initiate puberty consistent with gender identity. For girls who are transgender this means administering both testosterone suppressing treatment as well as estrogen to initiate hormonal puberty consistent with the patient's female gender identity. For boys who are transgender this means administering testosterone.

33. Hormone therapy and social transition significantly change a person's physical appearance. For example, boys who are transgender treated with puberty blockers and gender affirming hormones will receive the same amount of testosterone during puberty that non-transgender boys generate with their testes. They will grow darker and thicker facial and body hair, experience fat distribution away from the hips, have decreased breast growth, and develop lower vocal pitch. Likewise, girls who are transgender and treated with puberty blockers and gender affirming hormones will receive the same amount of estrogen during puberty that non-transgender girls generate endogenously. They will develop breast tissue, fat will be distributed to their hips, their skin will soften and their vocal pitch will not deepen further.

34. Adolescents who undergo hormone treatment before the end of puberty may experience some permanent physical changes that a person who transitions later in life would not.

35. Treatment for transgender youth and adolescents is safe, effective and essential for the well-being of transgender young people. My patients who receive medically appropriate hormone therapy and who are treated consistent with their gender identity in all aspects of life experience significant improvement in their health.

36. For many patients, social transition and hormone therapy are sufficient forms of treatment for gender dysphoria. Others also need one or more forms of surgical treatment to alleviate gender dysphoria. Transgender boys may receive chest reconstruction surgery as young as 16. Genital surgery for transgender women and men is not performed until the person has reached the age of at least 18. Genital surgery for transgender women can result in a vulva and vagina—external genitalia typical of women—as well as removal of the testes, which eliminates the need for medical testosterone suppression. Because surgery does not produce ovaries, transgender women who have had this form of surgery typically continue to need estrogen therapy. I do not perform surgery, but I refer my older patients for surgery when clinically appropriate. In my experience, some young adults who would benefit from one or more forms of surgical treatment for gender dysphoria face financial and insurance barriers that prevent them from accessing this care.

37. My clinical experience with my patients, which has also been documented extensively in research, has been that they suffer and experience worse health outcomes when they are ostracized from their peers through policies that exclude them from spaces and activities that other boys and girls are able to participate in consistent with gender identity.

### **SEX ASSIGNMENT AND BIOLOGICAL SEX CHARACTERISTICS**

38. When a child is born, a sex designation usually occurs at birth based on the infant's genitals. This designation is then recorded and usually becomes the sex designation listed on the infant's birth certificate.

39. Usually, though not always, a person's gender identity aligns with the sex designated based on the person's genitals at birth.

40. For transgender people and people with differences of sex development (DSDs), however, there is not complete alignment among sex-related characteristics.

41. Differences of sex development or DSDs refer to the range of variations in which a person's sex-related characteristics don't all align in one direction. Some describe people with these variations as "intersex."

42. Sex-related characteristics include external genitalia, internal reproductive organs, gender identity, chromosomes, and secondary sex characteristics. These biological sex-related characteristics do not always align as completely male or completely female in a single individual. And none of these characteristics exists in a binary.

43. Although we generally label infants as “male” or “female” based on observing their external genitalia at birth, external genitalia are not always clearly identifiable as typically male or typically female. External genitalia do not account for the full spectrum of sex-related characteristics nor are they alone a proxy for how we understand sex.

44. In one out of every 1,000 live births, the infant’s genitals are not typically male or female.

45. For individuals with DSDs, sex assignment at birth can involve the evaluation of the chromosomes, the external genitalia, the internal genitalia, hormonal levels, and sometimes, specific genes. There are also cases in which the appearance of the external genitalia can change at puberty as well as variations in the appearance of secondary sex characteristics that may signal a difference in sex development in a person.

46. When designation of sex of an infant with a DSD is made at birth, that assignment is temporary until the individual can express their gender identity. In cases where the initial designation was incorrect, appropriate medical protocols instruct that the sex should be updated to align with the individual’s gender identity. Similarly, if the sex designation of an infant without a DSD turns out to be inconsistent with the individual’s gender identity, as for transgender people, the sex should be updated to align with the individual’s gender identity.

47. Where surgery has been done on children with DSDs prior the child’s understanding and expression of their gender identity, significant distress can

result. Many of these children have had to endure further surgeries to reverse earlier surgical intervention because their gender identity did not match the initial sex designation.

48. Out of every 300 people in the world, at least one has an intersex variation meaning that the person's sex characteristics do not all align as typically male or typically female.

49. Some examples of these variations include:

- a. Individuals with Complete Androgen Insensitivity (CAIS) have 46,XY chromosomes and internal testes that produce testosterone, but do not have the tissue receptors that respond to testosterone or other androgens. The body, therefore, does not develop a penis, thicker facial hair and other secondary sex characteristics more commonly associated with men. At birth, based on the appearance of the external genitalia, individuals with CAIS are generally assigned female. If their testes are left in place, the body will convert the hormones into estrogen. Many do not find out they have XY chromosomes or testes until they do not start menstruating at the expected age.
- b. Androgen Insensitivity can also be partial (known as PAIS). Individuals with PAIS have XY chromosomes, testes, and some (but still lower than typical) response to testosterone. They may be born with genitals that appear like a typical penis, a typical vulva, or somewhere in between.

- c. Individuals with Swyer Syndrome have XY chromosomes and “streak” gonads (gonadal tissue that did not develop into testes or ovaries). Externally, a child with Swyer Syndrome usually develops a vulva. Because their gonads do not produce hormones, they will not develop most secondary sex characteristics without hormone treatment.
- d. Individuals with Klinefelter Syndrome have 47,XXY chromosomes and internal and external genitalia typically associated with males, however, their testicles may have reduced testosterone production. This may lead to breast development, low muscle mass and body hair, and infertility.
- e. Individuals with Turner Syndrome have 45,XO chromosomes, which means they have one fewer copy of the X chromosome than expected. In utero, these individuals form sex characteristics typically associated with females, including internal structures like a uterus and fallopian tubes, but the ovaries may degenerate before birth (or in some cases, not until young adulthood), leading to an inability to make estrogen. Many individuals with Turner Syndrome will not go through puberty without hormone therapy.
- f. Individuals with Mosaicism have different sets of chromosomes in different cells. Mosaic karyotypes happen as a result of atypical cell division early in embryonic development and could involve various combinations among XX, XY, XO, XXY, and other chromosome

patterns. Configuration of gonadal tissue, genitals, and hormone production and response can all vary.

- g. Individuals with ovotestes (sometimes known as Ovotesticular DSD) have gonads that contain both ovarian and testicular tissue. Their chromosomes may be XX, XY, or Mosaic. Genital appearance at birth can be male-typical, female-typical, or something else.
- h. Congenital Adrenal Hyperplasia (CAH) can occur in individuals with XX or XY chromosomes. Individuals with CAH and 46,XX chromosomes have ovaries, a uterus, and a higher-than-typical production of androgens in utero that can lead to the development of genital differences at birth – such as an enlarged clitoris that may look like a penis, or the lack of a vaginal opening. CAH can also cause the development of typically masculine features like increased muscle mass and body hair. Most individuals with CAH and XX chromosomes are assigned female at birth, but many eventually have a male or non-binary gender identity.
- i. Individuals with 5-alpha reductase deficiency (5-ARD) have XY chromosomes, but they have an enzyme deficiency that inhibits conversion of testosterone to dihydrotestosterone (the active form of testosterone) to varying degrees. This can impact genital development, and at birth, individuals with 5-ARD may have genitals that appear female-typical, neither male-typical nor female-typical, or mostly male-

typical with differences like hypospadias (where the urethra is located somewhere other than the tip of the penis). During puberty, hormonal changes allow them to make more dihydrotestosterone, causing the development of some secondary sex characteristics typically associated with males, as well as genital masculinization. Many of those who were assigned female based on the appearance of their genitals at birth have a male gender identity and live as males beginning in adolescence or early adulthood.

50. As the examples above underscore, from a medical perspective, chromosomes, reproductive anatomy and endogenous testosterone alone do not determine a person's sex, nor does a single sex-related characteristic.

51. Idaho's new law instructs physicians to "verify" an individual's sex based on chromosomes, reproductive anatomy or endogenous testosterone but none of these characteristics alone or in any combination can "verify" sex.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on April 27, 2020



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Deanna Adkins, MD

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 30th day of April, 2020, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

Dan Skinner

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*Attorneys for Bradley Little,*

*Sherri Ybarra,*

*Individual members of the State Board of Education,*

*Boise State University,*

*Marlene Tromp,*

*Individual members of the Idaho Code Commission*

DATED this 30th day of April, 2020.

/s/ Richard Eppink

# **EXHIBIT A**

## DUKE UNIVERSITY MEDICAL CENTER

## CURRICULUM VITAE

for  
Permanent Record  
and the  
Appointments and Promotions Committee

Date Prepared: April 27, 2020

Name:	Deanna W. Adkins, MD
Primary Academic Appointment:	Assistant Professor Track IV
Primary Academic Department :	Pediatrics
Secondary Appointment	<u>None</u>
Present Academic Rank and Title	Associate Professor of Pediatrics
Date and Rank of First Duke Faculty Appointment:	July 1, 2004 Clinical Associate
Medical Licensure:	North Carolina
License #:	200100207
Date :	March 15, 2001
Specialty Certification(s) and Dates:	10/16/2001-2018 General Pediatrics 8/18/2003 and current-Pediatric Endocrinology
Date of Birth:	██████ 1970
Place :	Albany, GA USA
Citizen of:	USA
Visa Status :	N/A

Deanna W. Adkins, MD

April 27, 2020

<b>Education</b>	<b>Institution</b>	<b>Date (Year)</b>	<b>Degree</b>
High School	Tift County High School	1988	Graduated with High Honors
College	Georgia Institute of Technology	1993	BS Applied Biology/Genetics High Honors
Graduate or Professional School	Medical College of Georgia	1997	MD

### Professional Training and Academic Career

<b>Institution</b>	<b>Position/Title</b>	<b>Dates</b>
University of North Carolina Hospitals, Chapel Hill, North Carolina	Pediatrics Resident	1997-2000
University of North Carolina Hospitals, Chapel Hill, North Carolina	Pediatric Endocrine Fellow	2000-2004
Duke University Medical Center, Durham, North Carolina	Clinical Associate/Medical Instructor	2004-2008
Duke University Medical Center, Durham, North Carolina	Assistant Professor	2008-2020
Duke University Medical Center, Durham, North Carolina	Fellowship Program Director Pediatric Endocrinology	2008-2010
Duke University Medical Center, Durham, North Carolina	Associate Fellowship Program Director Pediatric Endocrinology	2010-2014
Duke University Medical Center, Durham, North Carolina	Fellowship Program Director Pediatric Endocrinology	2014-12/2019
Duke University Medical Center, Durham, North Carolina	Director Duke Child and Adolescent Gender Care	3/2015-present
Duke University Medical Center, Durham, North Carolina	Medical Director-Duke Children's Specialty of Raleigh	3/2017-present
Duke University Medical Center, Durham, North Carolina	Associate Professor Pediatric	1/2020-present

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## Publications

### Refereed Journals

1. Zeger M, **Adkins D**, Fordham LA, White KE, Schoenau E, Rauch F, Loechner KJ. "Hypophosphatemic rickets in opsismodysplasia," J Pediatr Endocrinol Metab. 2007 Jan;20(1):79-86. PMID: 17315533
2. Worley G, Crissman BG, Cadogan E, Milleson C, **Adkins DW**, Kishnani PS "Down Syndrome Disintegrative Disorder: New-Onset Autistic Regression, Dementia, and Insomnia in Older Children and Adolescents With Down Syndrome". J Child Neurol. 2015 Aug;30(9):1147-52. doi: 10.1177/0883073814554654. Epub 2014 Nov 3. PMID:25367918
3. Tejawani R, Jiang R, Wolf S, **Adkins DW**, Young BJ, Alkazemi M, Wiener JS, Pomann GM, Purves JT, Routh JC," Contemporary Demographic, Treatment, and Geographic Distribution Patterns for Disorders of Sex Development". Clin Pediatr (Phila). 2017 Jul 1:9922817722013. doi: 10.1177/0009922817722013. PMID:28758411
4. Lapinski J1, Covas T2, Perkins JM3, Russell K4, **Adkins D** 5, Coffigny MC6, Hull S7. "Best Practices in Transgender Health: A Clinician's Guide Prim Care". 2018 Dec;45(4):687-703. doi: 10.1016/j.pop.2018.07.007. Epub 2018 Oct 5. PMID: 30401350 DOI: 10.1016/j.pop.2018.07.007
5. Paula Trief, Nicole Foster, Naomi Chaytor, Marisa Hilliard, Julie Kittelsrud, Sarah Jaser, Shideh Majidi, Sarah Corathers, Suzan Bzdick, **Adkins DW**, Ruth Weinstock; "Longitudinal Changes in Depression Symptoms and Glycemia in Adults with Type 1 Diabetes", Diabetes Care; 2019 Jul;42(7):1194-1201. doi: 10.2337/dc18-2441. Epub 2019 May; PMID: 31221694
6. M. Hassan Alkazemi, MD, MS, Leigh Nicholl, MS, Ashley W. Johnston, MD, Steven Wolf, MS, Gina-Maria Pomann, PhD, Diane Meglin, MSW, **Deanna Adkins, MD**, Jonathan C. Routh, MD, MPH; "Community Perspectives on Difference of Sex Development (DSD) Diagnoses: a Crowdsourced Survey", Journal of Pediatric Urology accepted April 2, 2020

Study Group publications

1. Turner DA, Curran ML, Myers A, Hsu DC, Kesselheim JC, Carraccio CL and the Steering Committee of the Subspecialty Pediatrics Investigator Network (SPIN). Validity of Level of Supervision Scales for Assessing Pediatric Fellows on the Common Pediatric Subspecialty Entrustable Professional Activities. *Acad Med*. 2017 Jul 11. doi: 10.1097/ACM.0000000000001820. PMID:28700462
2. Mink R, Carraccio C, High P, Dammann C, McGann K, Kesselheim J, Herman B. Creating the Subspecialty Pediatrics Investigator Network (SPIN). *Creating the Subspecialty Pediatrics Investigator Network* Richard Mink, MD, MACM1, Alan Schwartz, PhD2, Carol Carraccio, MD, MA3, Pamela High, MD4, Christiane Dammann, MD5, Kathleen A. McGann, MD6, Jennifer Kesselheim, MD, EdM7, *J Peds* 2018 Jan;192:3-4.e2. PMID: 29246355 DOI: 10.1016/j.jpeds.2017.09.079
3. Erratum 2018. PMID: 29246355 DOI: [10.1016/j.jpeds.2017.09.079](https://doi.org/10.1016/j.jpeds.2017.09.079)
4. Mink RB<sup>1</sup>, Myers AL, Turner DA, Carraccio CL. Competencies, Milestones, and a Level of Supervision Scale for Entrustable Professional Activities for Scholarship. *Acad Med*. 2018 Jul 10. doi: 10.1097/ACM.0000000000002353. [Epub ahead of print] PMID: 29995669 DOI:[10.1097/ACM.0000000000002353](https://doi.org/10.1097/ACM.0000000000002353) Mink RB, Schwartz A, Herman BE,

Editorials

- a. Editorial Charlotte News and Observer-“**NC pediatric specialists say HB2 ‘flawed’ and ‘harmful,’ call for repeal**”; April 18, 2016; authors: Deanna Adkins, Ali Calikoglu, Nina Jain, Michael Freemark, Nancie MacIver, Robert Benjamin, Beth Sandberg, etc.
- b. Editorial Raleigh News and Observer-“**Beverly Gray: Repeal HB2**” May 2016: authors Beverly Gray, Deanna Adkins, Judy Sidenstein, Jonathan Routh, Haywood Brown, Clayton Afonso, William Meyer, Kristen Russell, Caroline Duke, Nancy Zucker, Kevin Weinfurt, Jennifer St. Claire, Angela Annas, Katherine Keitcher

Chapters in Books

1. Endocrinology Chapter writer and editor in **Fetal and Neonatal Physiology for the Advanced Practice Nurse**; Editors: Amy Jnah DNP, NNP-BC, Andrea Nicole Trembath MD, MPH, FAAP. December 21, 2018 ISBN-10 0826157319

Selected Abstracts:

1. Redding-Lallinger RC, **Adkins DW**, Gray N: The use of diaries in the study of priapism in sickle cell disease. Poster Abstract in Blood November 2003
2. **Adkins, D.W.** and Calikoglu, A.S.: Delayed puberty due to isolated FSH deficiency in a male. Pediatric Research Suppl. 51: Abstract #690. page 118A, 2004
3. Zeger, M.P.D., **Adkins, D.W.**, White, K., Loechner, K.L.: Opsismodysplasia and Hypophosphatemic Rickets. Pediatric Research Suppl.-from PAS 2005
4. Kellee M. Miller<sup>1</sup>, David M. Maahs<sup>2</sup>, **Deanna W. Adkins**<sup>3</sup>, Sureka Bollepalli<sup>4</sup>, Larry A. Fox<sup>5</sup>, Joanne M. Hathway<sup>6</sup>, Andrea K. Steck<sup>2</sup>, Roy W. Beck<sup>1</sup> and Maria J. Redondo<sup>7</sup> for the T1D Exchange Clinic Network; Twins Concordant for Type 1 Diabetes in the T1D Exchange -poster at ADA scientific sessions 6/2014
5. Laura Page, MD; Benjamin Mouser, MD; Kelly Mason, MD; Richard L. Auten, MD; **Deanna Adkins, MD** CHOLESTEROL SUPPLEMENTATION IN SMITH-LEMLI-OPITZ: A Case of Treatment During Neonatal Critical Illness; - poster 06/2014
6. Lydia Snyder, **MD, Deanna Adkins, MD**, Ali Calikoglu, MD; Celiac Disease and Type 1 Diabetes: Evening of Scholarship UNC Chapel Hill 3/2015 poster
7. **Deanna W. Adkins, MD**, Kristen Russell, LCSW, Dane Whicker, PhD, Nancy Zucker, Ph. D: Departments of Pediatrics and Psychiatry, Duke University Medical Center; Evaluation of Eating Disturbance and Body Image Disturbance in the Trans Youth Population; WPATH International Scientific Meeting June 2016; Amsterdam, The Netherlands
8. Rohit Tejwani, **Deanna Adkins**, Brian J. Young, Muhammad H. Alkazemi, Steven Wolf<sup>3</sup>, John S. Wiener, J. Todd Purves, and Jonathan C. Routh; Contemporary Demographic and Treatment Patterns for Newborns Diagnosed with Disorders of Sex Development; Poster presentation at AUA meeting 2016
9. S.A. Johnson, **D.W. Adkins**, Case Report: The Co-diagnosis of Hypopituitarism with Klinefelter in a patient with short stature; Pediatric Academic Society Meeting 2018
10. Lapinski J, Dooley R, Russell K, Whicker D, Gray, B, **Adkins DW**; **Title:** Developing a Pediatric Gender Care Clinic at a Major Medical Setting in the South; Workshop Philadelphia Trans Wellness Conference 2018
11. Jessica Lapinski, DO, Deanna Adkins, MD, Tiffany Covas, MD, MPH, Kristen Russell, MSW, LCSW; An Interdisciplinary Approach to Full Spectrum Transgender Care; WPATH Conference Buenos Aires, Argentina, November 3, 2018
12. Leigh Spivey, MS, Nancy Zucker, PhD, Erik Severiede, B.S., Kristen Russell, LCSW, Deanna Adkins, MD; USPATH Washington, DC Sept. 2019. Platform presentation;

“Psychological Distress Among Clinically Referred Transgender Adolescents: A latent Profile Analysis”

Non-Refereed Publications

- i. Print
  - i. Editorial Charlotte News and Observer-“**NC pediatric specialists say HB2 ‘flawed’ and ‘harmful,’ call for repeal**”; April 18, 2016
  - ii. Editorial News and Observer-HB2 May 2016 -“**Beverly Gray: Repeal HB2**” May 2016
- ii. Digital
  - i. Supporting and Caring for Transgender Children-HRC guide 2017
  - ii. Initial endocrine workup and referral guidelines for primary care Providers- Pediatric Endocrine Society Education Committee Website Publication
  - iii. Only Human Podcast August 2, 2016; <https://www.wnystudios.org/podcasts/onlyhuman/episodes/id-rather-have-living-son-dead-daughter>
- iii. Media and Community Interviews
  - i. Greensboro News and Record Community Forum October 2017-*Transgender Panel Moderator*
  - ii. Playmakers Repertory Company-Chapel Hill: *Draw the Circle* Transgender Community Panel 2017
  - iii. Duke Alumni Magazine
  - iv. Duke Stories
  - v. DukeMed Alumni Magazine
  - vi. NPR Podcast Only Human piece on caring for transgender youth and follow up piece 1 year later
  - vii. ABC11, WRAL, WNCN News Coverage
  - viii. News and Observer: Charlotte and Raleigh
  - ix. Duke Chronicle and Daily Tarheel Article
  - x. Huffington Post Article

Published Scientific Reviews for Mass Distribution

- c. Lapinski J1, Covas T2, Perkins JM3, Russell K4, **Adkins D** 5, Coffigny MC6, Hull S7. Best Practices in Transgender Health: A Clinician's Guide Prim Care. 2018 Dec;45(4):687-703. doi: 10.1016/j.pop.2018.07.007. Epub 2018 Oct 5. PMID: 30401350 DOI: 10.1016/j.pop.2018.07.007

Position and Background Papers

Non-authored Publications

Other

Deanna W. Adkins, MD

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**Consultant Appointments:**

North Carolina Newborn Screening Committee,  
Human Rights Campaign Transgender Youth Advisory Board

**Scholarly Societies:** None**Professional Awards and Special Recognitions**

ESPE Fellows Summer School, 2001  
NIH Loan Repayment Program Recipient  
Lawson Wilkins AstraZeneca Research Fellow,  
2003-2004  
HEI 2017 Leaders in LGBTQ Healthcare  
Equality  
Inside Out Durham Appreciation Award  
Duke Health System Diversity and Inclusion  
Award January 2018

**Editorial Experience**

Editorial Boards

Ad Hoc scientific review journals:

Hormone Research, Lancet, NC Medical journal, Journal of Pediatrics, Pediatrics,  
Transgender Health, International Journal of Pediatric Endocrinology

**Organizations and Participation**

American Academy of Pediatrics  
Council on Information Technology  
Member  
Reviewer COCIT AAP Annual Meeting  
presentations  
Member Section on Endocrinology

NC Pediatric Society  
The Endocrine Society  
Member Education Committee  
Writer Web Publication for Pediatrician  
WPATH-International Transgender Society

**External Support**

<u>Approximate Duration</u>	<u>PI</u>	<u>% Effort</u>	<u>Purpose</u>	<u>Amount Duration</u>
<u>Past</u>	<u>JAEB Center- Deanna Adkins</u>	0.5%	<u>Type 1 diabetes research</u>	<u>\$ 5yr</u>

<u>Approximate Duration</u>	<u>PI</u>	<u>% Effort</u>	<u>Purpose</u>	<u>Amount Duration</u>
<u>Past</u>	<u>Josiah Trent Foundation Grant-Deanna Adkins</u>	0.5%	<u>Transgender and eating disorder research</u>	<u>\$5000 3 yr</u>
<u>Pending: Submitted</u>	<u>NIH-Kate Whetten</u>	0.1%	<u>Analysis of TransgenderHealth in Adolescents in Rural Africa, India, and Thailand</u>	<u>Consultant</u>
<u>submitted</u>	<u>NIH Deanna Adkins</u>	2%	<u>Development of New Gender Dysphoria Measures in Youth</u>	<u>Co PI</u>

### **Mentoring Activities**

<b>Faculty</b>	
<b>Fellows, Doctoral, Post docs</b>	<b>Nancie MacIver-fellow</b>
	<b>Dorothee Newbern-fellow</b>
	<b>Krystal Irizarry-fellow</b>
	<b>Kelly Mason-fellow</b>
	<b>Laura Page-fellow</b>
	<b>Elizabeth Sandberg fellow UNC</b>
	<b>Dane Whicker-psychology post doc</b>
<b>Residents</b>	<b>Yung-Ping Chin-mentor</b>
	<b>Kristen Moryan-mentor</b>
	<b>Jessica Lapinski-mentor</b>
	<b>Kathryn Blew-research mentor</b>
	<b>Matthew Pizzuto, Breana Scott-Coach</b>
<b>Medical students</b>	
<b>Undergraduates</b>	<b>Erik Severeide-Duke University</b> <b>Lindsay Carey-Dickinson College</b> <b>Jeremy Gottleib-Duke University</b> <b>Jay Zussman-Duke University</b>

Deanna W. Adkins, MD

April 27, 2020

High School Students	<b>Aeryn Colton-Intern Apex High School</b>
Graduate Student MBS program	<b>Nicholas Hastings</b>

**Educational Activities:****Didactic classes**Undergraduate

1. Duke School of Nursing Course on Sexual and Gender Health guest lecturer: fall 2017, spring 2018, fall 2018, spring 2019, fall 2019, spring 2020
2. Duke School of Nursing Lecture on Transgender Care-recorded for reuse
3. Duke Physician Assistant Program guest lecturer; fall 2017, spring 2018
4. Duke Global Health Course guest lecturer fall 2016
5. Duke Neuroscience course on Gender and Sex guest lecturer fall 2016
6. Duke Ethics Interest group guest lecturer fall 2018
7. Duke Med Pediatrics Interest Group lecture fall 2018
8. Duke EMS group lecture fall 2018

**UME:**

1. Cultural Determinants of Health and Health Disparities Course: Facilitator and developed one class; 2017-18 and 2018-19 and 2019-2020; Steering Committee member for course development
2. UNC School of Medicine Lecturer for LGBTQ Health series 2016-recorded for reuse

**Graduate School Courses:**

1. Master of Biomedical Science Program-guest lecturer on Transgender Medicine fall 2016
2. School of Nursing Graduate Intensive Course Lecturer on Sexual and Gender Health; fall 2017, spring 2018, fall 2018, spring 2019
3. Fuqua School of Business Med Pride Panel and presentation fall 2017
4. Master of Biomedical Science Program Mentor 2019-2020

**DUHS Employee Education**

1. Annual Duke Human Resources Lunch and Learn on Gender Diversity 2016, 2017, 2018
2. Over 40 lectures across the institution on gender including CHC front desk/nursing staff, hospital wide social work/case management, radiology, PDC clinic front desk/nursing staff
3. Steering Committee for Sexual and Gender Identity Epic Module development and Educational module development
4. DCRI Pride invited speaker

**GME:**

1. Adult Endocrinology Fellows every year on growth and/or gender
2. Pediatric Residency Noon conferences on Growth and Gender-yearly
3. Reproductive Endocrinology Noon Conferences every 2 to 3 years
4. Psychiatry Noon Conferences periodically
5. Family Practice Noon Conference periodically
6. Pediatric Endocrine Fellow lectures twice a year or more
7. Pediatrics grand rounds: Vitamin D, Type 2 diabetes, Pubertal Development, Gender Diverse Youth

**Development of Courses Educational programs**

1. Pituitary Day October 2019-full day multispecialty seminar for caregivers of patients with hypopituitarism-Organized and developed the curriculum
2. Development of Gender Diversity Education for Health System education
3. Steering Committee for Cultural Determinants and Health Disparities Course
4. Helping to Adapt Resident Coaching Program to Pediatric Fellowships
5. Developed half day course for Duke Student Health on Care of the Gender Diverse Student with multiple disciplines included
6. Course Director: American Diabetes Association Camp Carolina Trails rotation for fellows and residents: 2009, 2011 – 2019
7. Medical Education for Camp Morris 2019

**Development of Assessment Tools and Methods**

1. Currently under development with Population Health Sciences-method to assess gender dysphoria; received Brief High Intensity Production (BHIP) grant for this collaboration; NIH grant Submitted March 2020; I am writing the portion of grant giving background on the population and the need for better measures.
2. Collaborating with the Duke Chaplain group to develop a spiritual assessment tool for gender diverse children and their families. completed

**Educational leadership roles**

1. Fellowship Program Director Pediatric Endocrinology 2008-2019
2. Course Director: American Diabetes Association Camp Carolina Trails rotation for fellows and residents: 2009, 2011 to present

**Educational Research**

1. -Working with national group on SPIN to analyze new EPA's and Milestones Efficacy in Fellow Education
2. -Working with Boston Children's on a Journal Club Curriculum for Pediatric Endocrinology fellows with pre and post assessments
3. -Working with coaching program for residents modified and applied in pediatric fellows

**Invited Lectures and Presentations**

1. Trent Center for Ethics Lecture May 2017: Transgender Medicine: a Wealth of Ethical Issues
2. Visiting Professorship: ECU Brody School of Medicine Invited Professor October 2017
3. College of Diplomates-pediatric dentistry society-Webinar on transgender care 4/1/2020

#### **International Meetings**

1. WPATH Amsterdam 2016
2. WPATH Buenos Aires 2018

#### **National Scientific Meetings (invited)**

1. Transgender SIG Developing a Patient Registry
2. Patient Advocacy for Transgender Youth Philadelphia 2018

#### **Instructional Courses, Workshops, Symposiums (National)**

1. Time to Thrive Arkansas Children's Hospital April 2018
2. National Transgender Health Summit UCSF Jan 2018: Providers as Advocates Workshop
3. Magic Foundation-Chicago, IL Annual Speaker on Precocious Puberty at National Conference 2016, 2017, 2019
4. The Seminar-Fort Lauderdale, FL Invited Speaker on Care of Transgender Youth 2017

#### **Posters (National and International meetings)**

1. WPATH 2018 Meeting Buenos Aires: Building a Multidisciplinary Gender Care Team at an Academic Center; Lapinski, J, Adkins DW
2. Lapinski J, Dooley R, Russell K, Whicker D, Gray, B, Adkins DW; Title: Developing a Pediatric Gender Care Clinic at a Major Medical Setting in the South; Workshop Philadelphia Trans Wellness Conference 2018
3. S.A. Johnson, D.W. Adkins, Case Report: The Co-diagnosis of Hypopituitarism with Klinefelter in a patient with short stature; Pediatric Academic Society Meeting 2018
4. Rohit Tejwani, Deanna Adkins, Brian J. Young, Muhammad H. Alkazemi, Steven Wolf, John S. Wiener, J. Todd Purves, and Jonathan C. Routh; Contemporary Demographic and Treatment Patterns for Newborns Diagnosed with Disorders of Sex Development; Poster presentation at AUA meeting 2016
5. Deanna W. Adkins, MD, Kristen Russell, LCSW, Dane Whicker, PhD, Nancy Zucker, Ph. D: Departments of Pediatrics and Psychiatry, Duke University Medical Center; Evaluation of Eating Disturbance and Body Image Disturbance in the Trans Youth Population; WPATH International Scientific Meeting June 2016; Amsterdam, The Netherlands

#### **Regional Presentations and Posters**

- a. North Carolina Pediatric Society: Pubertal Development Presentation–Pinehurst, NC 2017

- b. North Carolina Psychiatric Association: Caring for Transgender Children Presentation and Workshop on key concepts in care of transgender child-Asheville, NC 2017
- c. ECU Campus Health Presentation Caring for Transgender Patients 2018
- d. Radiology Technology Symposium Presentation on Caring for Transgender Patients 2018
- e. Duke CME in Wake County-Update on Type 2 Diabetes Treatments Feb 2019
- f. Hilton Head Pediatric CME Course-Update on Type 2 Diabetes, Short Stature, and Caring for Transgender Patients June 2019 as well at 2020 discussion lipid disorders and type 2 diabetes

### **Local Presentations**

- 1. Grand Rounds: 2016 to present-Duke Pediatrics twice, Moses Cones Pediatrics, ECU Ob/Gyn, Duke Ob/Gyn, Duke Psychiatry, Duke Urology, Duke Adult Endocrinology
- 2. Prior to 2016-Rex Grand rounds: Salt and Water balance, New treatments in Pediatric Diabetes, Adrenal Insufficiency, Duke peds grand rounds Bone Health, Type 2 Diabetes Mellitus
- 3. Duke Women's Weekend 2018 hosted by Duke Alumni Association
- 4. NCCAN Social Work Training 2016
- 5. NAPNAP lecture 2016
- 6. Profiles in Sexuality Research Presentation at Duke Center for Sexual and Gender Diversity 2017
- 7. Duke LGBTQ Alumni Weekend Presentation 2017
- 8. UNC Chapel Hill Campus Health Presentation 2018
- 9. Duke Student Health Presentation 2017 and 2018

### **Clinical Activity**

- 1. Duke Consultative Services of Raleigh-2.5 days per week in endocrinology and diabetes
- 2. Duke Child and Adolescent Gender Care Clinic 1 day per week at the CHC
- 3. Inpatient Consult Service Pediatric Endocrinology 1 week per month

### **Clinical Projects:**

- 1. Epic module key stakeholder and steering committee on Sexual Orientation and Gender Identity Module 2018
- 2. Incorporation of Glooko system to Duke adult and pediatric diabetes clinics to download diabetes data from insulin pumps and continuous glucose sensors for analysis
- 3. Helped develop the pediatric endocrinology dashboard for Epic/Maestro
- 4. Helped develop a community advisory board for LGBTQ care at Duke and continue to help run this group which meets quarterly
- 5. Collaborating with the Duke Chaplain group to develop a spiritual assessment tool for gender diverse children and their families.

### **Participation in academic and administrative activities of the University and Medical Center**

Administrative and Leadership Positions

1. Medical Director Duke Children's and WakeMed Consultative Services of Raleigh
2. Director Duke Child and Adolescent Gender Care Clinic
3. Pediatric Endocrinology Fellowship Program Director 2008-2019

Committees

1. Graduate Medical Education Committee-2008-2019
2. School of Medicine Sexual and Gender Diversity Council
3. Pediatrics Clinical Practice Committee
4. Pediatric Diversity and Inclusion Committee
5. Pediatrics Advocacy Committee

Community

1. Test proctor local schools
2. Guest lecture GSA multiple years
3. Diabetes Camp
4. 100 Women who give a hoot
5. Collaborated to bring "Becoming Johanna" to Duke along with multiple screenings with the director and the lead actor
6. Teddy Bear Hospital volunteer

Signature of Chair

Date

Deanna W. Adkins, MD

April 27, 2020

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*Attorneys for Plaintiffs*

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LINDSAY HECOX, et al.,

*Plaintiffs,*

v.

BRADLEY LITTLE, et al.,

*Defendants.*

No. 1:20-cv-184-CWD

**EXPERT DECLARATION OF  
JOSHUA D. SAFER, MD,  
FACP, FACE, IN SUPPORT  
OF PLAINTIFFS' MOTION  
FOR PRELIMINARY  
INJUNCTION**

I, Joshua D. Safer, MD, FACP, FACE, have been retained by counsel for Plaintiffs Lindsay Hecox and Jane Doe, with her next friends, Jean Doe and John Doe, as an expert in connection with the above-captioned litigation.

1. The purpose of this declaration is to offer my expert opinion on: (1) medical and scientific concepts relevant to the attempted regulation of transgender and intersex girls and women playing sports; (2) policies of elite athletic organizations in limiting eligibility to compete in women's sports, including based on serum testosterone levels; (3) policies in non-elite contexts regarding eligibility to compete in women's sports; (4) the questions that have arisen when entities have attempted to define a person's sex for purposes of competing in women's sports; and (5) whether the available scientific evidence supports the assertion that transgender girls and women have an unfair "athletic advantage" if they compete in girls' and women's athletics in different contexts.

2. In preparing this declaration, I reviewed the legislative findings for H.B. 500, as enacted, and the sources cited therein.

3. I have knowledge of the matters stated in this declaration and have collected and cite to relevant literature concerning the issues that arise in this litigation in the body of this declaration and in the attached bibliography.

4. In preparing this declaration, I relied on my scientific education and training, my research experience, and my knowledge of the scientific literature in the pertinent fields. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon

when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

### **PROFESSIONAL BACKGROUND**

5. I am a Staff Physician in the Endocrinology Division of the Department of Medicine at the Mount Sinai Hospital and Mount Sinai Beth Israel Medical Center in New York, NY. I serve as Executive Director of the Center for Transgender Medicine and Surgery at Mount Sinai. I also hold an academic appointment as Professor of Medicine in Mount Sinai's Icahn School of Medicine. A true and correct copy of my CV is attached hereto as Exhibit A.

6. I have been Board Certified in Endocrinology, Diabetes and Metabolism by the American Board of Internal Medicine since 1997.

7. I graduated from the University of Wisconsin in Madison with a Bachelor of Science degree in 1986. I earned my Doctor of Medicine degree from the University of Wisconsin in 1990. I completed intern and resident training at Mount Sinai School of Medicine, Beth Israel Medical Center in New York, New York from 1990 to 1993. From 1993 to 1994, I was a Clinical Fellow in Endocrinology at Harvard Medical School and Beth Israel Deaconess Medical Center in Boston, Massachusetts. I stayed at the same institution, serving as a Clinical and Research Fellow in Endocrinology under Fredric Wondisford, from 1994 to 1996.

8. Since 1997, I have evaluated and treated patients along with conducting research in endocrinology. Since 2004, my patient care and research has

been focused on the medicine/science specific to transgender individuals. I have led several other programs either in transgender medicine or in general endocrinology. In particular, I served as the Medical Director of the Center for Transgender Medicine and Surgery, Boston Medical Center, Boston, MA (2016-2018); as the Director of Medical Education, Endocrinology Section, Boston University School of Medicine, Boston, MA (2007-2018); as the Program Director for Endocrinology Fellowship Training, Boston University Medical Center, Boston, MA (2007-2018); and as Director of the Thyroid Clinic, Boston Medical Center, Boston, MA (1999-2003).

9. I have authored or coauthored over 100 peer-reviewed papers including many critical reviews; textbook chapters; and case reports in endocrinology and transgender medicine.

10. Among my publications are the latest review of transgender medicine in the *New England Journal of Medicine* and the latest review of transgender medicine in the *Annals of Internal Medicine*. See Safer JD, Tangpricha V. Care of transgender persons. *N Engl J Med* 2019; 381:2451-2460; Safer JD, Tangpricha V. Care of the transgender patient. *Ann Intern Med* 2019; 171:ITC1-ITC16. I am also a co-author of the sections of UpToDate which relate to gender-affirming hormone treatment for transgender people. UpToDate is an evidence-based, physician authored on-line medical guide and is currently the most widely used such guide among medical providers.

11. I was the inaugural President of the United States Professional Association for Transgender Health (“USPATH”). I am also Secretary and Co-Chair of the Steering Committee of TransNet, the International Consortium for Transgender Medicine and Health Research. I have served in several other leadership roles in professional societies related to endocrinology and transgender health. These societies include the Alliance of Academic Internal Medicine, the American College of Physicians Council of Subspecialty Societies, the American Board of Internal Medicine, the Association of Program Directors in Endocrinology and Metabolism, and the American Thyroid Association.

12. Since 2014, I have held various roles as a member of the World Professional Association for Transgender Health (“WPATH”), the leading international organization focused on transgender health care. WPATH has approximately 2,000 members throughout the world and is comprised of physicians, psychiatrists, psychologists, social workers, surgeons, and other health professionals who specialize in health care for transgender individuals. From 2016 to the present I have served on the Writing Committee for Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

13. I have served in various roles as a member of the Endocrine Society since 2014. I served as a Task Force member to develop the Endocrine Treatment of Transgender Persons Clinical Practice Guideline from 2014 to 2017. As part of this task force of nine experts, a methodologist, and a medical writer, I co-authored the “Endocrine Treatment of Gender-Dysphoria/Gender Incongruent Persons: An

Endocrine Society Clinical Practice Guideline,” (“Endocrine Society Guidelines”), available at <https://academic.oup.com/jcem/article/102/11/3869/4157558>.

14. I have served as a Transgender Medicine Guidelines Drafting Group Member for the International Olympic Committee (“IOC”) since 2017.

15. I have also served since 2019 as a drafting group member of the transgender medical guidelines of World Athletics, formerly known as the International Amateur Athletic Federation (“IAAF”).

16. I have not previously testified as an expert witness in either deposition or at trial. I am being compensated at an hourly rate of \$250 per hour for preparation of expert declarations and reports, and \$400 per hour for time spent preparing for or giving deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

#### **RELEVANT MEDICAL AND SCIENTIFIC BACKGROUND**

17. “Gender identity” is the medical term for a person’s internal, innate sense of belonging to a particular sex/gender. *See* Endocrine Society Guidelines, Tbl.1 *and* Safer JD, Tangpricha V. Care of transgender persons. *N Engl J Med* 2019; 381:2451-2460, Tbl.1.

18. Although the detailed mechanisms are unknown, there is a medical consensus that there is a significant biologic component underlying gender identity. Safer JD, Tangpricha V. Care of transgender persons. *N Engl J Med* 2019; 381:2451-2460; Safer JD, Tangpricha V. Care of the transgender patient. *Ann*

*Intern Med* 2019; 171:ITC1-ITC16. An individual's gender identity is durable and cannot be changed by medical intervention.

19. "Gender" is an imprecise term that can cause confusion and should be avoided for the sake of clarity. The term "gender" is sometimes used interchangeably with the term "sex." In addition, the term "gender" is sometimes used as shorthand for "gender identity" and sometimes used as shorthand for "gender roles" and "gender expression." But "gender identity," "gender roles" and "gender expression" are different things.

20. Gender roles are behaviors, attitudes, and personality traits that a society (in a given culture and historical period) designates as masculine or feminine and/or that society associates with or considers typical of the social role of men or women. *See* Endocrine Society Guidelines Tbl.1. The convention that girls wear pink and have longer hair, or that boys wear blue and have shorter hair, are examples of socially constructed gender roles.

21. By contrast, "gender identity" does not refer to a set of socially contingent behaviors, attitudes or personality traits that a society designates as masculine or feminine. It is largely a biological phenomenon.

22. Gender expression is how a person communicates gender identity to others. *See* Safer JD, Tangpricha V. Care of transgender persons. *N Engl J Med* 2019; 381:2451-2460, Tbl.1. For example, a person with a female gender identity might express her identity through typically feminine outward expressions of gender like by wearing longer hair or more typically feminine clothing.

23. The phrase “biological sex” is an imprecise term that can cause confusion. A person’s sex encompasses the sum of several different biological attributes, including sex chromosomes, certain genes, gonads, sex hormone levels, internal and external genitalia, other secondary sex characteristics, and gender identity. Those attributes are not always aligned in the same direction. *See* Endocrine Society Guidelines; Safer JD, Tangpricha V. Care of transgender persons. *N Engl J Med* 2019; 381:2451-2460.

24. Before puberty, boys and girls have the same levels of circulating testosterone. After puberty, the typical range of circulating testosterone for non-transgender women is similar to before puberty (<1.7 nmol/L), and the typical range of circulating testosterone for non-transgender men is 9.4-35 nmol/L. *See* Endocrine Society Guidelines (p 3888) *and* Safer JD, Tangpricha V. Care of transgender persons. *N Engl J Med* 2019.

25. Based on research comparing non-transgender pubertal and post-pubertal boys and men with non-transgender pubertal and post-pubertal girls and women, there is a medical consensus that the difference in testosterone is generally the primary known driver of differences in athletic performance between elite male athletes and elite female athletes. *See* Handelsman DJ, et al. Circulating testosterone as the hormonal basis of sex differences in athletic performance. *Endocrine Reviews* 2018; 39:803-829, (p 803).

26. Even though there are ranges of testosterone that are considered typical for non-transgender men and women, many non-transgender women have testosterone outside the typical range.

a. Approximately 6% to 10% of women have a condition called polycystic ovary syndrome (PCOS), which can raise women's testosterone levels up to 4.8 nmol/L.

b. Some women have "46,XY DSDs," a group of conditions where individuals have XY chromosomes but are born with typically female external genitalia and assigned a female sex at birth. Among individuals with 46,XY DSD some may have inactive testosterone receptors (a syndrome called "complete androgen insensitivity syndrome, CAIS") which means they don't respond to testosterone despite very high levels. Typically, these individuals have female gender identity and have external genitalia that are typically female. They do not develop the physical characteristics associated with typical male puberty.

c. Other individuals with 46,XY DSD may have responsive testosterone receptors. These individuals may have female gender identity but at puberty they may start to develop higher levels of testosterone along with secondary sex characteristics that are typically masculine.

#### **WORLD ATHLETICS AND IOC POLICIES FOR WOMEN WITH HYPERANDROGENISM**

27. Beginning in 2011, World Athletics (then known as IAAF) began requiring that women with elevated levels of circulating testosterone lower their

levels of testosterone below a threshold amount in order to compete in women's sports. Under the 2011 regulations, women with hyperandrogenemia (defined as serum testosterone levels above the normal range) were allowed to compete only if they demonstrated that they had testosterone levels below 10 nmol/L or that they had CAIS, preventing their bodies from responding to testosterone.

28. In 2014, the Court of Arbitration for Sport (CAS) suspended the IAAF regulations. CAS accepted the IAAF position that testosterone is a key factor for competitive athletic advantage but asked the IAAF to provide additional evidence to demonstrate that differences were relevant at the levels of testosterone being considered for determination of eligibility in the women's category of competition.

29. The IAAF then issued revised regulations in 2018 after a study that showed a significant improvement in athletic performance among women with higher testosterone levels for some sports. *See* Bermon S, Garnier P-Y. Serum androgen levels and their relation to performance in track and field: mass-spectrometry results from 2127 observations in male and female elite athlete. *Br J Sports Med* 2017; 51:1309-1314.

30. The regulations also lowered the maximum testosterone threshold to 5 nmol/L.

31. The revised regulations were upheld by the Court of Arbitration for Sport in 2019.

## **WORLD ATHLETICS AND IOC POLICIES FOR TRANSGENDER WOMEN**

32. Formal eligibility rules for the participation of transgender women in the Olympics were published in 2003. The rules required that transgender women athletes could compete in women's events only if they had genital surgery, a gonadectomy, and legal documentation of sex.

33. However, many transgender women are treated with medicines alone and don't have gonadectomy. As well, many jurisdictions do not have systems to document the sex of transgender people. In some jurisdictions, being transgender is illegal, and revelation that someone is transgender can be unsafe.

34. Therefore, in 2015, the IOC adopted new guidance modeled after the IAAF's 2011 regulations for non-transgender women with hyperandrogenism. Under the new IOC guidance, transgender women must demonstrate that their total testosterone level in serum has been below 10 nmol/L for at least one year prior to competition. The 10 nmol/L threshold was the same threshold set by the IAAF's 2011 regulations.

35. In 2019, the IAAF adopted regulations based on the IOC guidance except that the testosterone threshold level was lowered to 5 nmol/L, which was the same threshold set by the IAAF's 2018 regulations for non-transgender women with hyperandrogenism that had been upheld by the CAS when contested.

36. The IOC and IAAF rules are consistent with the Endocrine Society Guidelines for the treatment of transgender women, which recommend that transgender women treated with hormone therapy target circulating testosterone

levels to a typical female range at or below 1.7 nmol/L (Endocrine Society Guidelines, p 3887) and with the study of testosterone levels achieved by medically treated transgender women in practice (Liang JJ, et al. Testosterone levels achieved by medically treated transgender women in a United States endocrinology clinic cohort. *Endocrine Practice* 2018; 24:135-142).

### **TRANSGENDER AND INTERSEX ATHLETES IN NON-ELITE CONTEXTS**

37. The policies developed by World Athletics and the IOC for transgender athletes were based on the particular context of elite international competition. Not all of the same considerations apply in other contexts.

38. Most of the athletes competing in elite international competitions have already completed puberty. But in high school, athletes' ages could typically range from 14-18, with different athletes in different stages of pubertal development. Increased testosterone begins to affect athletic performance at the beginning of puberty, but those effects continue to increase each year of puberty until about age 18, with the full impact of puberty resulting from the cumulative effect of each year. As a result, testosterone provides less of an impact for a 14, 15, or 16-year old than it does for a 17 or 18-year old. The concerns that animated the World Athletics and IOC policies are more attenuated at the high school or junior high school level.

39. The NCAA allows transgender women to participate on the same teams as other women after one year of testosterone suppression as part of gender transition. The NCAA policy does not require ongoing testosterone testing, which is required at the elite levels. Under the NCAA policy, which has been in effect since

2011, transgender student-athletes certify that they have been on hormone therapy for a period of one year.

40. Unlike in scholastic contexts in the United States, World Athletics and the IOC have to develop policies that cannot be manipulated by different governments that are not bound by the rule of law. For example, there have been many well-known examples of state-sponsored doping scandals. The Russian Olympic team is currently banned from international competition due to an organized doping effort.

#### **IDAHO'S EFFORTS TO BAR ATHLETIC COMPETITION BY TRANSGENDER WOMEN AND GIRLS**

41. Under the newly passed Idaho law, an individual whose sex is disputed for purposes of competing in athletic activities for women and girls is instructed to “verify the student’s biological sex” by providing a signed physician statement after an examination relying only on one or more of the following: the student’s reproductive anatomy, genetic makeup, or normal endogenously produced levels of testosterone. None of these physiological characteristics alone or in any combination can “verify” sex, nor are any of them alone or in any combination accurate proxies for athletic advantage.

42. As noted above, one does not verify sex by a examining these characteristics, alone or in combination. A person’s sex is made up of multiple biological characteristics and they may not all align as typically male or female in a given person.

43. A person's genetic make-up and internal and external reproductive anatomy are not useful indicators of athletic performance and have not been used in elite competition for decades.

44. A blood test is generally used to test circulating testosterone. The blood test does not distinguish between exogenous and endogenous testosterone. Exogenously administered testosterone can be identified with a urine test. However, the urine test will only determine that there is current use of exogenous testosterone. The urine test is not relevant when the person is not taking exogenous testosterone. The urine test will not measure what endogenous testosterone levels would be absent suppression. For a person suppressing testosterone as part of a medically prescribed treatment plan for gender dysphoria, neither blood testing nor urine testing would specify testosterone levels without suppression. There is no way to test for "normally produced" endogenous testosterone without taking people off of prescribed medication, which would be dangerous.

45. Though the IOC, World Athletics, and the NCAA require certain athletes with higher levels of endogenous testosterone to suppress their levels or at least undergo testosterone suppression treatment in order to compete in women's athletics, Idaho's new rule creates an outright bar based on endogenous testosterone without even specifying the endogenous serum testosterone level that one would need to demonstrate to "verify" sex. Under the Idaho rule, no amount of reduction of one's testosterone level could ever be adequate. Further, as noted above, people without active testosterone receptors experience none of the athletic

impact of the hormone despite having high levels of circulating testosterone. They too would appear to be disqualified under Idaho's rule.

46. The legislative findings for H.B. 500 contend that even after receiving gender-affirming hormone therapy, women and girls who are transgender have "an absolute advantage" over non-transgender girls. This assertion is based on speculation and inferences that have not been borne out by any evidence.

47. First, these arguments overlook the population of transgender girls and women who, as a result of puberty blockers at the start of puberty and gender affirming hormone therapy afterward, never go through a typical male puberty at all. These girls never experience the effects of high levels of testosterone and accompanying physiological changes. They go through puberty with the same levels of hormones as other girls and develop typically female physiological characteristics, including muscle and bone structure. Idaho's law would bar them from participation in female athletics with absolutely no medical or scientific basis even based on the standards set forth in the legislative findings.

48. A transgender woman who has not gone through a typical male puberty is similarly situated to a woman with XY chromosomes who has complete androgen insensitivity syndrome, and it has long-been recognized that women with CAIS have no athletic advantage simply by virtue of having XY chromosomes. *See also* Handelsman DJ, et al. Circulating testosterone as the hormonal basis of sex differences in athletic performance. *Endocrine Reviews* 2018; 39:803-29, (p 820,

summarizing evidence rejecting hypothesis that physiological characteristics are driven by Y chromosome).

49. The legislative findings also state that “benefits that natural testosterone provides to male athletes is not diminished through the use of puberty blockers and cross-sex hormones.” This is not true. As noted above, puberty blocking treatment completely blocks the production of testosterone and someone who has undergone both puberty blocking treatment and then gender affirming hormone therapy to initiate puberty consistent with gender identity would have none of the impacts of testosterone on the body that would be typical for a non-transgender male. It is also not true that gender-affirming therapy – even for those who have not undergone puberty blocking treatment – does nothing to minimize the impact of testosterone on the body. In fact, consistent use of testosterone blockers and estrogen has a significant impact on the body.

50. The legislative findings also note that “Men generally have ‘denser, stronger bones, tendons, and ligaments’ and ‘larger hearts, greater lung volume per body mass, a higher red blood cell count, and higher hemoglobin” and suggest that such characteristics lead to athletic advantage and cannot be altered by sustained gender-affirming hormone therapy. However, the noted higher red blood cell count and higher hemoglobin are both testosterone dependent. They are both reduced as part of sustained gender-affirming hormone therapy. And there is currently no evidence that the remaining noted physiological characteristics actually are

advantages when not accompanied by high levels of testosterone and corresponding skeletal muscle.

51. The only study examining the effects of gender-affirming hormone therapy on the athletic performance of transgender female athletes is a small study of eight long-distance runners. The study showed that after undergoing gender-affirming interventions, which included lowering their testosterone levels, the athletes' performance had reduced so that relative to non-transgender women their performance was now proportionally the same as it had been relative to non-transgender men prior to any medical treatment. In other words, a transgender woman who performed at about 80% as well as the best performer among men of that age before transition would also perform at about 80% as well as the best performer among women of that age after transition. See Harper J. Race times for transgender athletes. *Journal of Sporting Cultures and Identities* 2015; 6:1-9.

52. In fact, it may be that some of the body changes from endogenous puberty result in poorer net performance for transgender women relative to cisgender women.

53. For example, the fact that transgender women who go through typically male puberty will tend to have larger bones than non-transgender women may actually be a *disadvantage*. Having larger bones without corresponding levels of testosterone and muscle mass would mean that a runner has a bigger body to propel with less power to propel it.

54. Similarly, in a sport where athletes compete in different weight classes (e.g. weight lifting), the fact that a transgender woman has bigger bones may be a disadvantage because her ratio of muscle-to-bone will be much lower than the ratio for other women in her weight class who have smaller bones.

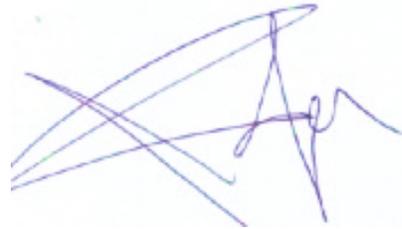
55. Even if it could be demonstrated that larger bones or lungs can slightly enhance the athletic performance of transgender women even after they lower their level of testosterone, that finding would have to be placed in context. Larger lungs and hearts generally correlate to a person's size, so there are significant intra-sex variations of heart and lung size even among women who are not transgender.

56. There are also myriad genetic variations among athletes that can enhance athletic performance. In the academic literature these are referred to as "performance enhancing polymorphisms" or "PEPs." A PEP is a variation in the DNA sequence that is associated with improved athletic performance. For example, variations in mitochondrial DNA have been associated with greater endurance capacity and greater mitochondrial density in muscles. Other PEPs are associated with blood flow or muscle structure. *See Ostrander EA, et al. Genetics of athletic performance. Annu Rev Genomics Hum Genet 2009; 10:407-429.* These variations have proven to have a significant impact on athletic ability, unlike bone or lung size in transgender women.

57. After a transgender woman lowers her level of testosterone, there is no inherent reason why her physiological characteristics related to athletic

performance should be treated differently from the physiological characteristics of a non-transgender woman.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

A handwritten signature in blue ink, appearing to read 'J. Safer', with a stylized flourish at the end.

Executed on April 24, 2020

Joshua D. Safer, MD, FACP, FACE

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## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 30th day of April, 2020, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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*Attorneys for Bradley Little,  
Sherri Ybarra,  
Individual members of the State Board of Education,  
Boise State University,  
Marlene Tromp,  
Individual members of the Idaho Code Commission*

DATED this 30th day of April, 2020.

/s/ Richard Eppink

# **EXHIBIT A**

## CURRICULUM VITAE

**Joshua D. Safer, MD, FACP, FACE**

**March 26, 2020**

Office Address: 17 East 102<sup>nd</sup> Street, Room D-240

New York, NY 10029

Tel: (212) 604-1790

E-mail: jsafer0115@gmail.com

### Academic Training

1990 MD University of Wisconsin School of Medicine, Madison, WI

1986 BS University of Wisconsin, Madison, WI, Economics

### Postdoctoral Training

1994 - 1996 Clinical and Research Fellow, Endocrinology, under Fredric Wondisford, Harvard Medical School - Beth Israel Deaconess Medical Center, Boston, MA

1993 - 1994 Clinical Fellow, Endocrinology, Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, MA

1990 - 1993 Intern and Resident, Department of Medicine, The Mount Sinai School of Medicine, Beth Israel Medical Center, New York City, NY

### Academic Appointments

2019 - present Professor of Medicine, Icahn School of Medicine at Mount Sinai, New York, NY

2006 - 2018 Associate Professor of Medicine and Molecular Medicine, Boston University School of Medicine

1999 - 2005 Assistant Professor of Medicine, Boston University School of Medicine

1996 - 1999 Instructor in Medicine, Harvard Medical School

1993 - 1996 Fellow in Medicine, Harvard Medical School

### Hospital Appointments

2018 - present Staff Physician, The Mount Sinai Hospital, New York City, NY

2018 - present Staff Physician, Mount Sinai Beth Israel Medical Center, New York City, NY

1999 - 2018 Staff Physician, Boston University Medical Center, Boston, MA

2001 - 2006 Staff Physician, Veterans Administration Boston Health Care, Boston, MA

1996 - 1999 Staff Physician, Beth Israel Deaconess Medical Center, Boston, MA

1990 - 1993 House Staff, Beth Israel Medical Center, New York City, NY

### Other Medical Staff Appointments

2004 - 2013 Staff Physician, Massachusetts Institute of Technology Medical, Cambridge, MA

1994 - 1999 Physician, Harvard Vanguard Medical Associates, Boston, MA

1987 - 1996 Captain, United States Army Reserve, Medical Corps

**Joshua D. Safer, MD, FACP, FACE****Honors:**

2019	Fellow, American College of Endocrinology
2019	Preaw Hanseree Memorial Lecture, University of Wisconsin-Madison
2017	Lesbian, Gay, Bisexual and Transgender Health Award, Massachusetts Medical Society
2012	Outstanding Service Award, Association of Program Directors in Endocrinology and Metabolism
2007	Fellow, American College of Physicians
2004	Boston University School of Medicine Outstanding Student Mentor Award
2001	Abbott Thyroid Research Advisory Council Award
1996	Knoll Thyroid Research Clinical Fellowship Award, Endocrine Society
1995	Trainee Investigator Award for Excellence in Scientific Research, American Federation for Clinical Research (AFCR)
1994	Trainee Investigator Award for Excellence in Scientific Research, AFCR
1990	The University of Wisconsin Medical Alumni Association Award
1988-1990	Senior Class President, University of Wisconsin, School of Medicine

**Licensure and Certification**

1997	Board Certification in Endocrinology, Diabetes and Metabolism, American Board of Internal Medicine, recertified 2007, 2017
1994	Board Certification in Internal Medicine, American Board of Internal Medicine, recertified 2007
1993	Massachusetts License Registration #77459, inactive
1990	New York License Registration #187263-1

**Departmental and University Committees*****Boston Medical Center***

2016-2018	Physician Satisfaction Task Force, Department of Medicine
2016-2018	Transgender Patient Task Force
2006-2017	Pharmacy and Therapeutics Committee, Health Net Plan

***Boston University School of Medicine***

2009-2018	Admissions Committee
2005	Review Committee, Department of Medicine Pilot Project Grants
2000	Residency and Fellowship Core Curriculum Committee,
2000-2018	Internship Selection Committee, Residency Program in Medicine

***Boston University Goldman School of Dental Medicine***

2003-2018	Course Directors Committee, Goldman School of Dental Medicine
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**Joshua D. Safer, MD, FACP, FACE**

**Teaching Experience and Responsibilities**

***Icahn School of Medicine at Mount Sinai***

2019-present Lecturer in Endocrinology, Second-year Pathophysiology Course

***Tufts University School of Medicine***

2016-2018 Lecturer in Endocrinology, Second-year Pathophysiology Course

***Boston University School of Medicine***

2003-2018 Course Director, Disease and Therapy - Endocrinology Section

1999-2018 Regular lectures to medical students, residents, and fellows on thyroid disease, diabetes insipidus, and transgender medicine

***Boston University Goldman School of Dental Medicine***

2002-2018 Course Director, General Medicine and Dental Correlations

2002-2018 Course Director, Medical Concerns in the Dental Patient

**Joshua D. Safer, MD, FACP, FACE****Major Administrative Responsibilities**

2018-present	Executive Director, Center for Transgender Medicine and Surgery, Mount Sinai Health System, New York City, NY
2016-2018	Medical Director, Center for Transgender Medicine and Surgery, Boston Medical Center, Boston, MA
2007-2018	Director, Medical Education, Endocrinology Section, Boston University School of Medicine, Boston, MA
2007-2018	Program Director, Endocrinology Fellowship Training, Boston University Medical Center, Boston, MA
1999-2003	Director, Thyroid Clinic, Boston Medical Center, Boston, MA

**Other Professional Activities****Professional Societies: Memberships**

2016-present	United States Professional Association for Transgender Health (USPATH)
2014-present	World Professional Association for Transgender Health (WPATH)
2007-present	Association of Program Directors in Endocrinology and Metabolism (APDEM)
2007-present	Association of Specialty Professors (ASP), Alliance of Academic Internal Medicine (AAIM)
1999-present	American Association of Clinical Endocrinologists
1998-2018	American Thyroid Association
1995-present	Endocrine Society
1994-present	American College of Physicians
1994-1996	American Federation for Medical Research
1993-2018	Massachusetts Medical Society

**Professional Societies: Offices Held and Committee Assignments****International*****International Olympic Committee (IOC)***

2017-present	Drafting Group Member, Medical Guidelines, International Olympic Committee
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***World Professional Association for Transgender Health (WPATH)***

2016-present	Writing Committee Member, Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People
2016-2018	Co-Chair, Scientific Committee, International Meeting, Buenos Aires - 2018
2015-2016	Chair, Scientific Committee, International Meeting, Amsterdam - 2016
2015-present	Task Force Member, Global Education Initiative
2015-present	Media Liaison

***TransNet – International Consortium for Transgender Medicine and Health Research***

2014-present	Secretary and Co-Chair, Steering Committee
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**Joshua D. Safer, MD, FACP, FACE**

**National**

***United States Professional Association for Transgender Health (USPATH)***

2018-2019 President

***Alliance of Academic Internal Medicine***

2016-2019 Chair, Compliance Committee

2016-2017 Committee member, Compensation

2015-2016 President, Association of Specialty Professors (ASP)

2014-2017 Council member

2014-2019 Task Force member, Program Planning

2014-2019 Work Group member, Survey Center

2013-2015 Chair, Program Planning Committee, ASP

2012-2017 Council member, ASP

2012-2013 Chair, Membership Services Committee, ASP

2010-2015 Chair, Program Directors Site Visit Training Seminar, ASP

2007-2013 Committee member, Membership Services, ASP

***American College of Physicians***

2016-2018 Council of Subspecialty Societies member

***Endocrine Society***

2017-present Advisory Board member, Transgender/Disorders of Sex Development

2017-present Committee member, Clinical Endocrine Education

2014-present Media Liaison for Transgender Medicine

2014-2017 Task Force member, Endocrine Treatment of Transgender Persons Clinical Practice Guideline

***American Board of Internal Medicine***

2013-2018 Task Force member, Endocrinology Procedures

2013 Task Force member, ASP/AAIM/ACGME/ABIM Joint Next Accreditation System Internal Medicine Subspecialty Milestones

***Association of Program Directors in Endocrinology and Metabolism***

2017-2018 Secretary-Treasurer

2012-2018 Task Force member, Next Accreditation System Endocrinology Milestones

2011-2012 Task Force member, Procedures Accreditation

2010-2012 Council member

2009-2016 Chair, Site Visit/Curriculum Web-Toolbox Committee

***American Thyroid Association***

2006-2009 Publications Committee member

2004 Program Committee member

**Editorships and Editorial Boards**

2018-present Associate Editor, *Transgender Health*

2017-present Editorial Advisory Board, *Endocrine News*

2016-present Transgender Section Co-Editor, *UpToDate*

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2015-present Editorial Board, *Transgender Health*  
 2015-present Editorial Board, *International Journal of Transgender Health*  
 2013-2018 Associate Editor, *Journal of Clinical & Translational Endocrinology*  
 2007-present Editorial Board, *Endocrine Practice*

**External Medical Advising and Consulting****International**

2016-present International transgender athlete guidelines, Medical and Scientific Commission, International Olympic Committee

**National**

2017 Transgender medical and surgical treatment, National Collegiate Athletic Association,  
 2017 Safety for transgender medical treatment, Food and Drug Administration, United States  
 2015-present Transgender workforce and military readiness, Department of Defense, United States  
 2014 Transgender prison population health, Federal Bureau of Prisons, United States

**Regional**

2011-2018 Transgender prison population health, Massachusetts Department of Correction

**Past Other Support**

2018-2020 Keith Haring Foundation, **PI: Joshua D. Safer**, Pilot Program to Develop Clinical Program in Transgender Medicine for Children and Adolescents  
 2015-2016 R13 HD084267, **Multi-PI: Joshua D. Safer**, TransNet: Developing a Research Agenda in Transgender Health and Medicine  
 2014-2015 Boston Foundation, Equality Fund, **PI: Joshua D. Safer**, Pilot Program to Educate Physicians in Transgender Medicine  
 2013-2014 Evans Foundation, **PI: Joshua D. Safer**, A Pilot Curriculum in Transgender Medicine  
 2001-2003 Thyroid Research Advisory Council, **PI: Joshua D. Safer**, Thyroid Hormone Action on Skin  
 2001-2002 Evans Foundation, **PI: Joshua D. Safer**, Thyroid Hormone Action on Skin  
 1996-2001 K08 DK02423, **PI: Joshua D. Safer**, Characterization of Central Resistance to Thyroid Hormone

**Joshua D. Safer, MD, FACP, FACE**

**Conferences Organized**

**International Conferences**

***World Professional Association for Transgender Health***

November, 2020 Bi-annual meeting, Planning Committee, Hong Kong (scheduled)

November, 2018 Bi-annual meeting, Scientific Co-Chair, Buenos Aires, Argentina

June, 2016 Bi-annual meeting, Scientific Co-Chair, Amsterdam, Netherlands

November, 2015 Global Education Initiative, inaugural conference, Chicago, IL

***TransNet – International Consortium for Transgender Health and Medicine Research***

May, 2016 International meeting to set transgender medicine research priorities, Amsterdam, Netherlands

May, 2015 NIH conference to set transgender medicine research priorities, Bethesda, MD

June, 2014 Inaugural meeting, Chicago, IL

**National Conferences**

May, 2020 Topics in Surgery Course for Gender Affirmation Procedures, Mount Sinai Hospital and WPATH, New York City, NY (scheduled)

February, 2019 Live Surgery Course for Gender Affirmation Procedures, Mount Sinai Hospital and WPATH, New York City, NY

April, 2018 Live Surgery Course for Gender Affirmation Procedures, Mount Sinai Hospital and WPATH, New York City, NY

January, 2017 United States Professional Association for Transgender Health (USPATH) bi-annual meeting, Los Angeles, CA

November, 2015 NIH/Alliance for Academic Internal Medicine - Physician Researcher Workforce Taskforce Meeting, Washington, DC

October, 2015 National Internal Medicine Subspecialty Summit, Atlanta, GA

June, 2013 Special Symposium: “Transgender Medicine – What Every Physician Should Know” Annual Meeting of the Endocrine Society, San Francisco, CA

April, 2011 2011 ASP Accreditation Seminar "Meeting the ACGME and RRC-IM Standards for Successful Fellowship Programs" Arlington, VA

***Alliance for Academic Internal Medicine***

April, 2015 2015 ASP Accreditation Seminar “Moving Your Fellowship Program Forward” Spring Meeting, Houston, TX

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**Joshua D. Safer, MD, FACP, FACE**

- April, 2014 2014 ASP Accreditation Seminar “NAS for Medical Subspecialties Is Almost Here” Spring Meeting, Nashville, TN
- May, 2013 2013 ASP Accreditation Seminar “A Changing Landscape in Subspecialty Fellowship Education” Spring Meeting, Lake Buena Vista, FL
- April, 2012 2012 ASP Accreditation Seminar “Meeting ACGME and RRC-IM Standards for Successful Fellowship Programs” Spring Meeting, Atlanta, GA

**Invited Lectures and Presentations**

**International**

- January, 2020 “Transgender Medicine”, World Professional Association for Transgender Health Global Education Initiative, Hanoi, Vietnam
- September, 2019 “Transgender Women” International Association of Athletics Federations (IAAF), Lausanne, Switzerland
- November, 2018 “Transgender Medicine”, World Professional Association for Transgender Health Annual Meeting, Buenos Aires, Argentina
- October, 2018 “Transgender Medicine”, Canadian Endocrine Diabetes Meeting, Halifax, NS, Canada
- June, 2018 “21<sup>s</sup>-Century Strategies: Transgender Hormone Care” CMIN Summit 2018, Porto, Portugal
- February, 2017 “A 21<sup>st</sup>-Century Framework to for Transgender Medical Care” Sheba Hospital, Tel Aviv, Israel
- October, 2016 “A 21<sup>st</sup>-Century Approach to Hormone Treatment of Transgender Individuals” EndoBridge, Antalya, Turkey
- May, 2016 “Transgender Women” International Olympic Committee Headquarters, Lausanne, Switzerland
- October, 2015 “Workshop on Guidelines for Transgender Health Care” Canadian Professional Association for Transgender Health, Halifax, NS
- March, 2015 “Endocrinology - Hormone Induced Changes” Transgender Health Care in Europe, European Professional Association for Transgender Health, Ghent, Belgium
- June, 2014 “What to Know to Feel Safe Providing Hormone Therapy for Transgender Patients” International Congress of Endocrinology, Chicago, IL
- September, 2011 “Transgender Therapy – The Endocrine Society Guidelines” World Professional Association for Transgender Health, Atlanta, GA

**Joshua D. Safer, MD, FACP, FACE**

- February, 2007 “Treating skin disease by manipulating thyroid hormone action” Grand Rounds, Meier Hospital, Kfar Saba, Israel
- March, 2004 “New Directions in Thyroid Hormone Action: Skin and Hair” Grand Rounds, Meier Hospital, Kfar Saba, Israel

**National**

- June, 2020 “Transgender Medicine”, Inova Fairfax Medicine Grand Rounds, Fairfax, VA (scheduled)
- June, 2020 “Transgender Medicine”, Mount Sinai Hospital Internal Medicine CME, New York, NY (scheduled)
- May, 2020 “Transgender Medicine”, Mount Sinai/World Professional Association for Transgender Health Special Topics in Surgical Care CME, New York, NY (scheduled)
- March, 2020 “Transgender Medicine”, Science Hub lecture, Endocrine Society Annual Meeting, San Francisco, CA (scheduled)
- December, 2019 “Transgender Medicine”, Vanderbilt University Surgery Grand Rounds, Nashville, TN
- November, 2019 “Transgender Medicine”, Medical College of Wisconsin CME, Milwaukee, WI
- September, 2019 “Transgender Medicine”, Beth Israel Deaconess Medicine Grand Rounds, Boston, MA
- September, 2019 “Transgender Medicine”, United States Professional Association for Transgender Health Annual Meeting, Washington, DC
- June, 2019 “Transgender Medicine”, Mount Sinai Hospital Internal Medicine CME, New York, NY
- April, 2019 “A 21<sup>st</sup>-Century Strategy for Hormone Treatment of Transgender Individuals” National Transgender Health Summit, Oakland, CA
- March, 2019 “Transgender Medicine” National Eating Disorders Meeting, New York, NY
- January, 2019 “Transgender Medicine” Yale School of Medicine Obstetrics and Gynecology Grand Rounds, New Haven, CT
- January, 2019 “Transgender Medicine” Yale School of Medicine Endocrinology Grand Rounds, New Haven, CT
- January, 2019 “Transgender Medicine” Drexel School of Medicine Medicine Grand Rounds, Philadelphia, PA
- September, 2018 “Current Guidelines and Strategy for Hormone Treatment of Transgender Individuals” Minnesota-Midwest Chapter - American Association of Clinical Endocrinologists Annual Meeting, Minneapolis, MN

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- July, 2018 “21<sup>st</sup>-Century Strategies for Transgender Hormone Care” Ohio River Valley Chapter - American Association of Clinical Endocrinologists Meeting, Indianapolis, IN
- June, 2018 “21<sup>s</sup>-Century Strategies: Transgender Hormone Care” University of Connecticut School of Medicine, Hartford, CT
- May, 2018 “A 21<sup>st</sup>-Century Strategy for Hormone Treatment of Transgender Individuals” American Association of Clinical Endocrinologists Annual Meeting, Boston, MA
- March, 2018 “21<sup>st</sup>-Century Strategies for Transgender Hormone Care” New Jersey Chapter - American Association of Clinical Endocrinologists Meeting, Morristown, NJ
- February, 2018 “A Strategy for the Medical Care of Transgender Individuals” Keynote Address for the International Society for Clinical Densitometry Annual Meeting, Boston, MA
- November, 2017 “A 21<sup>st</sup>-Century Strategy for Hormone Treatment of Transgender Individuals” National Transgender Health Summit, Oakland, CA
- September, 2017 “Transgender Therapy – The Endocrine Society Guidelines” Endocrine Society: Clinical Endocrinology Update, Chicago, IL
- May, 2017 “Transgender Medicine – a 21<sup>st</sup> Century Strategy for Patient Care” University of Arizona College of Medicine, Tucson, AR
- April, 2017 “Transgender Care Across the Age Continuum” Annual Meeting of the Endocrine Society, Orlando, FL
- March, 2017 “A 21<sup>st</sup>-Century Approach to Hormone Treatment of Transgender Individuals” Brown University School of Medicine, Providence, RI
- March, 2017 “What to Know: A 21<sup>st</sup>-Century Approach to Transgender Medical Care” United States Food and Drug Administration (FDA), Washington, DC
- February, 2017 “A 21<sup>st</sup>-Century Approach to Transgender Medical Care” United States Professional Association for Transgender Health, Los Angeles, CA
- February, 2017 “A 21<sup>st</sup>-Century Approach to Hormone Treatment of Transgender Individuals” Southern States American Association of Clinical Endocrinologists Annual Meeting, Memphis, TN
- December, 2016 “Transgender Medical Care in the United States Armed Forces” Global Education Initiative, World Professional Association for Transgender Health, Arlington, VA
- December, 2016 “Foundations in Hormone Treatment” Global Education Initiative, World Professional Association for Transgender Health, Arlington, VA
- November, 2016 “Developing a Transgender/Gender-Identity Curriculum for Medical Students” Association of American Medical Colleges National Meeting, Seattle, WA
- September, 2016 “A 21<sup>st</sup>-Century Approach to Hormone Treatment of Transgender Individuals” Endocrine Society: Clinical Endocrinology Update, Seattle, WA
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**Joshua D. Safer, MD, FACP, FACE**

- August, 2016 “A 21<sup>st</sup>-Century Approach to Hormone Treatment of Transgender Individuals” Oregon Health and Science University Ashland Endocrine Conference, Ashland, OR
- March, 2016 “State-of-the-Art: Use of Hormones in Transgender Individuals” Annual Meeting of the Endocrine Society, Boston, MA
- October, 2015 “What Every Endocrinologist Should Know to Feel Safe Providing Hormone Therapy for Transgender Patients” University of Utah School of Medicine, Salt Lake City, UT
- April, 2015 “What to Know –to Feel Safe Providing Hormone Therapy for Transgender Patients” Pritzker School of Medicine, University of Chicago, Chicago, IL
- March, 2015 “What to Know –to Feel Safe with Hormone Therapy for Transgender Patients” Annual Transgender Health Symposium, Medical College of Wisconsin, Milwaukee, WI
- May, 2014 “Transgynecrology” Annual Meeting of the American Association of Clinical Endocrinologists, Las Vegas, NV
- May, 2013 “Transgender Therapy – Hormone Action and Nuance” National Transgender Health Summit, Oakland, CA
- April, 2013 “Transgender Therapy – What Every Provider Needs to Know” Empire Conference: Transgender Health and Wellness, Albany, NY
- April, 2013 “Transgender Therapy – What Every Endocrinologist Needs to Know” University of Maryland School of Medicine, Baltimore, MD
- November, 2012 “Transgender Therapy – What Every Endocrinologist Should Know” New York University School of Medicine, New York, NY
- May, 2010 “Transgender Treatment: What Every Endocrinologist Needs to Know” Brown University School of Medicine, Providence, RI
- November, 2009 “New Directions in Thyroid Hormone Action: Skin and Hair” Emory University School of Medicine, Atlanta, GA
- November, 2009 “Primary Care Update in the Treatment of Thyroid Disorders” Emory University School of Medicine, Atlanta, GA
- October, 2008 “Topical Iopanoic Acid Stimulates Epidermal Proliferation through Inhibition of the Type 3 Thyroid Hormone Deiodinase” Annual Meeting of the American Thyroid Association, Chicago, IL
- February, 2005 “New Directions in Thyroid Hormone Action: Skin and Hair” Endocrinology Grand Rounds, University of Minnesota, Minneapolis, MN
- February, 2005 “Thyroid Hormone Action on Skin and Hair: What We Thought We Knew” Dermatology Grand Rounds, University of Minnesota, Minneapolis, MN

**Joshua D. Safer, MD, FACP, FACE**

- December, 2004 “Transgender Therapy: The Role of the Endocrinologist” Endocrinology Grand Rounds, Brown Medical Center, Providence, RI
- November, 2003 “New Directions in Thyroid Hormone Action: Skin and Hair” Endocrinology Grand Rounds, Dartmouth Medical Center, Hanover, NH

**Regional**

- April, 2020 “Transgender Medicine”, New York University Endocrinology CME, New York, NY (scheduled)
- February, 2020 “Transgender Medicine”, Englewood Hospital Medicine Grand Rounds, Englewood, NJ
- February, 2020 “Transgender Medicine”, Endocrinology Grand Rounds, Columbia College of Physicians and Surgeons, New York, NY
- January, 2020 “Transgender Medicine”, CEI, Lake Placid, NY
- November, 2019 “Transgender Medicine”, Weill Cornell Reproductive Endocrine Grand Rounds, New York, NY
- November, 2019 “Transgender Medicine”, Acacia Network Grand Rounds, New York, NY
- October, 2019 “Transgender Medicine”, American Association of Clinical Endocrinologists - New Jersey, annual meeting, Morristown, NJ
- October, 2019 “Transgender Medicine”, Community Health Network annual conference, New York, NY
- October, 2019 “Transgender Medicine”, Westchester Medical Center Medicine Grand Rounds, Valhalla, NY
- September, 2019 “Transgender Medicine”, Weill Cornell Reproductive Endocrine CME, New York, NY
- September, 2019 “Transgender Competency for Medical Providers”, Working Group on Gender, Columbia College of Physicians and Surgeons, New York, NY
- April, 2019 “Transgender Medicine”, Weill Cornell Urology Grand Rounds, New York, NY
- June, 2018 “21<sup>s</sup>-Century Strategies: Transgender Hormone Care” Medicine Grand Rounds, Staten Island University Hospital, Staten Island, NY
- February, 2018 “Transgender Medicine – 21<sup>st</sup> Century Strategies for Patient Care” Medicine Rounds, Newton-Wellesley Hospital, Newton, MA
- October, 2017 “Transgender Medicine – 21<sup>st</sup> Century Strategies for Patient Care” Medicine Rounds, Beth Israel-Milton Hospital, Milton, MA
- September, 2017 “Transgender Medicine – 21<sup>st</sup> Century Strategies for Patient Care” Obstetrics-Gynecology Grand Rounds, Brigham and Women’s Hospital, Boston, MA

**Joshua D. Safer, MD, FACP, FACE**

- June, 2017 “State-of-the-Art: Hormone Therapy for Transgender Patients” Reproductive Endocrinology Rounds, Massachusetts General Hospital, Boston, MA
- May, 2017 “A 21<sup>st</sup>-Century Strategy for Medical Treatment of Transgender Individuals” Boston Medical Center and Boston University School of Medicine, Boston, MA
- March, 2017 “A 21<sup>st</sup>-Century Strategy for Medical Treatment of Transgender Individuals” Tufts Medicine Grand Rounds, Boston, MA
- January, 2017 “What to Know: A 21<sup>st</sup>-Century Approach to Transgender Medical Care” Internal Medicine Rounds, Brigham and Women’s Hospital, Boston, MA
- March, 2016 “State-of-the-Art: Hormone Therapy for Transgender Patients” Obstetrics-Gynecology Rounds, Brigham and Women’s Hospital, Boston, MA
- November, 2015 “What Every Endocrinologist Should Know to Feel Safe Providing Hormone Therapy for Transgender Patients” Endocrinology Rounds, Tufts Medical Center, Boston, MA
- May, 2015 “What Every Endocrinologist Should Know to Feel Safe Providing Hormone Therapy for Transgender Patients” Endocrinology Rounds, Massachusetts General Hospital, Boston, MA
- December, 2014 “What to Know to Feel Safe Providing Hormone Therapy for Transgender Patients” Endocrinology Rounds, Beth Israel Deaconess Medical Center, Boston, MA
- November, 2013 “Transgender Therapy – What Every Physician Should Know” Medicine Grand Rounds, Boston Veterans Administration Hospital, Boston, MA
- May, 2005 “Transgender Therapy: The Role of the Endocrinologist”, Endocrinology Rounds, Tufts-New England Medical Center, Boston, MA
- January, 2004 “New Directions in Thyroid Hormone Action: Skin and Hair”, Endocrinology Rounds, Brigham and Women’s Hospital, Boston, MA
- October, 1999 “The Many Faces of Hypothyroidism”, Medicine Grand Rounds, Bedford Veterans Administration Hospital, Bedford, MA

**Institutional, Icahn School of Medicine at Mount Sinai, New York, NY**

- April, 2020 “21<sup>st</sup>-Century Strategies for Transgender Hormone Care”, Colorectal Medicine CME (scheduled)
- March, 2020 “Transgender Medicine”, Frontiers in Science (scheduled)
- October, 2019 “Transgender Medicine”, East Harlem HOP rounds, New York, NY
- October, 2019 “Transgender Medicine”, Mount Sinai HIV rounds, New York, NY
- August, 2019 “Transgender Medicine”, Mount Sinai Endocrinology Fellows Conference, New York, NY

**Joshua D. Safer, MD, FACP, FACE**

February, 2019 “Transgender Medicine”, Mount Sinai Endocrinology Grand Rounds, New York, NY

February, 2019 “Transgender Medicine”, Mount Sinai Ob-Gyn Grand Rounds, New York, NY

April, 2018 “21<sup>st</sup>-Century Strategies for Transgender Hormone Care”, HIV Grand Rounds

**Institutional, Boston University School of Medicine, Boston, MA**

March, 2017 “State of the Art Hormone Therapy for Transgender Patients”, Section of Infectious Disease

January, 2017 “What you need to know – to supervise care for our transgender patients at BMC”,  
Section of Endocrinology

February, 2016 “State of the Art Hormone Therapy for Transgender Patients”, Department of Medicine

November, 2015 “What the Family Medicine Physician Should Know to Feel Safe Providing Hormone  
Therapy for Transgender Patients”, Department of Family Medicine

November, 2014 “What the Anesthesiologist Should Know to Feel Safe Providing Hormone Therapy for  
Transgender Patients”, Department of Anesthesia

January, 2014 “Update on the Current Guidelines for Transgender Hormone Therapy”, Section of  
Endocrinology

October, 2011 “Transgender Therapy – What Every Physician Should Know”, Department of Medicine

February, 2011 “Current Guidelines for Transgender Hormone Therapy: What Every Endocrinologist Should  
Know”, Section of Endocrinology

November, 2005 “Thyroiditis and Other Insults to Thyroid Function” Core Curriculum in Adult Primary Care  
Medicine

November, 2005 “Interpretation of Thyroid Function Tests Made Easy” Core Curriculum in Adult Primary  
Care Medicine

January, 2005 “Transgender Therapy: The Role of the Endocrinologist” Endocrinology Grand Rounds

December, 2004 "Update in Endocrinology: Thyroid" Medicine Grand Rounds

January, 2004 “New Directions in Thyroid Hormone Action: Skin and Hair” Medicine Grand Rounds

March, 2003 “Thyroid Hormone Action on Hair and Skin” Endocrinology Grand Rounds

November, 1999 “Central Resistance to Thyroid Hormone – From Bedside to Bench” Endocrinology Grand  
Rounds

**Joshua D. Safer, MD, FACP, FACE**

**Curriculum development with external dissemination**

2014-present Web site for Association of Program Directors of Endocrinology and Metabolism (APDEM), which serves as *the primary resource for endocrinology fellowship program directors throughout the United States and Canada.*

- Sample curricula
- Streaming lectures to support specific curricular needs to fill programmatic gaps at certain programs
- New assessment forms that map skills to milestones that conform to Next Accreditation System (NAS) standards of the Accreditation Council for Graduate Medical Education (ACGME)

2013-present Dissemination of Transgender Medicine Curriculum with local modification to institutions in the United States and Canada

Curriculum adopted

**Johns Hopkins School of Nursing** (sample video:  
<http://vimeo.com/jhunursing/review/97477269/abbcf6d33a>)

**Ohio State University College of Medicine**  
**University of British Columbia, Faculty of Medicine**  
**University of Central Florida College of Medicine**  
**Tufts University School of Medicine**

Curriculum in development

**Dartmouth School of Medicine**  
**University of Vermont College of Medicine**

Work in progress in preparation for sharing transgender curriculum

Albany Medical College  
Emory School of Medicine  
George Washington University Medical School  
Hofstra School of Medicine  
University of California – San Diego School of Medicine  
University of Kentucky College of Medicine  
University of Louisville School of Medicine  
University of Michigan Medical School  
University of Minnesota Medical School  
University of Nebraska School of Medicine  
University of Pennsylvania School of Medicine  
Washington University School of Medicine

**Joshua D. Safer, MD, FACP, FACE**

2013-2015 Co-author of the *Medical Subspecialty Reporting Milestones used for evaluation of Internal Medicine subspecialty medicine fellowship programs throughout the United States* by the Accreditation Council for Graduate Medical Education (ACGME).

<https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf>

2011-2014 Web site content expert for APDEM, which served as *the primary resource for endocrinology fellowship Program directors throughout the United States and Canada*. Materials included sample curricula, streaming lectures to support specific curricular needs to fill programmatic gaps at certain programs, and guidance dealing with ACGME site-visits

**Other curriculum development**

2019-present Massive Open On-line Course (MOOC) curricular content. Transgender Medicine for General Medical Providers, Icahn School of Medicine at Mount Sinai  
(<https://www.coursera.org/courses?query=transgender%20medicine%20for%20general%20medical%20providers&>)

2016-2018 Curricular Content to teach transgender hormone therapy in the LGBT elective at Harvard Medical School

2016-2018 Curricular Content to teach transgender hormone therapy at Tufts University School of Medicine.

2011-2018 Fully revised curriculum for the Boston University Medical Center Fellowship Training Program in Endocrinology, Diabetes and Nutrition.

2010-2018 Curricula to teach transgender hormone therapy at Boston University School of Medicine.

2006-2014 Written examination in endocrinology to complement the multiple-choice examination for medical students — validation relative to success later in medical school is in progress.

**Joshua D. Safer, MD, FACP, FACE****Bibliography: (ORCID  # 0000 0003 2497 8401)**Names of mentees are underlined throughout the bibliography section

\*\* currently most influential papers are noted with double asterisks

**Original, Peer-Reviewed Articles**

1. **Safer JD**, Langlois MF, Cohen R, Monden T, John-Hope D, Madura J, Hollenberg AN, Wondisford FE. Isoform variable action among thyroid hormone receptor mutants provides insight into pituitary resistance to thyroid hormone. *Mol Endocrinol* 1997;11(1):16-26. PMID 8994184
2. Langlois MF, Zanger K, Monden T, **Safer JD**, Hollenberg AN, Wondisford FE. A unique role of the beta-2 thyroid hormone receptor isoform in negative regulation by thyroid hormone - mapping of a novel amino-terminal domain important for ligand-independent activation. *J Biol Chem* 1997;272(40):24927-24933. PMID 9312095
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**Dissemination Through Lay Press and Social Media**

**Mass Audience Programming:**

“Transgender Health AMA” Reddit. July 24, 2017. Expert responses to questions about transgender medicine. [https://www.reddit.com/r/science/comments/6p7uhb/transgender\\_health\\_ama\\_series\\_im\\_joshua\\_safer/](https://www.reddit.com/r/science/comments/6p7uhb/transgender_health_ama_series_im_joshua_safer/) over 150,000 views, over 4200 comments

“Gender Revolution with Katie Couric” National Geographic Channel. Couric, Katie. February 6, 2017. Extended interview with Katie Couric threaded into a 2-hour television special. Trailer: <https://www.youtube.com/watch?v=y93MsRaC6Zw> broadcast in 143 countries

“Is gender identity biologically hard-wired?” Judd, Jackie. PBS NewsHour. May 13, 2015. Extended interview for Jackie Judd <http://www.pbs.org/newshour/bb/biology-gender-identity-children/> estimated just over 1,000,000 viewers per Nielsen

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<b>Innovation</b>	<b>Significance/impact</b>
<i>Development and leadership of the Transgender Medicine Clinical Center, Mount Sinai Health System and Icahn School of Medicine at Mount Sinai</i>	<ul style="list-style-type: none"> <li>• The Center for Transgender Medicine and Surgery at Mount Sinai is the first comprehensive center for transgender medical care in New York and the most comprehensive program in the United States</li> <li>• The Center is one of only several such centers in North America that are housed in academic teaching hospitals where care can be integrated</li> <li>• The Center is a model for such care delivery in North America.</li> </ul>
<i>Development and leadership of the Transgender Medicine Clinical Center at Boston Medical Center</i>	<ul style="list-style-type: none"> <li>• The Center for Transgender Medicine and Surgery at BMC is the first comprehensive center for transgender medical care in New England</li> <li>• The Center is one of only several such centers in North America that are housed in academic teaching hospitals where care can be integrated</li> <li>• The Center is a model for such care delivery in North America.</li> </ul>
<i>Development and dissemination of the seminal reviews that are most widely cited in the lay press that explain the concept that gender identity is a biological phenomenon (see bibliography section above, e.g. PMID: 25667367).</i>	<ul style="list-style-type: none"> <li>• The concept that gender identity is a biological phenomenon has been a key component of the recent culture change in favor of mainstream medical care for transgender individuals (see media section above)</li> </ul>
<i>Development and dissemination of new and influential curricular content to teach the biology of gender identity in conventional medical education (see curriculum section above)</i>	<p>The teaching of evidence-based approaches to transgender medical care to:</p> <ul style="list-style-type: none"> <li>• Medical students (see bibliography section above, e.g. PMID 23425656 and PMID 27042742)</li> <li>• Physician trainees (see bibliography section above, e.g. PMID 26151424)</li> <li>• Practicing physicians (see invited lectures section above) serves as a crucial component to the gained credence given to care for transgender individuals in conventional medical settings.</li> </ul>
<i>Development and dissemination of seminal reviews supporting the safety of transgender hormone treatment regimens (see invited lectures section above)</i>	<ul style="list-style-type: none"> <li>• Once mainstream medical providers learn of the biology underlying gender identity, their biggest concern is the relative safety of the medical interventions relative to the benefit.</li> <li>• The development and dissemination of the seminal reviews and lectures supporting the safety of current treatment regimens serves as a further crucial component to the culture change among conventional medical providers in favor of routine medical care for transgender individuals</li> </ul>

# ANNEX 7

## Petitions



## 5 Petición en Change.org

# Las mujeres trans son mujeres: no las excluyáis del rugby

<https://www.change.org/p/federaci%C3%B3n-espa%C3%B1ola-de-rugby-las-mujeres-trans-son-mujeres-no-las-excluy%C3%A1is-del-rugby-rugbyparatodes-ferugby?redirect=false>



World Rugby, la mayor institución que gobierna las federaciones de rugby a nivel internacional, **ha propuesto prohibir que las mujeres trans puedan jugar en la categoría femenina de este deporte.**

En la actualidad un hombre trans para practicar rugby y poder competir en la categoría masculina necesita firmar una declaración sobre su identidad de género en la que conste que es un varón; en la categoría femenina, además de una declaración similar, se exige que la jugadora trans mantenga desde 12 meses antes y durante la competición un nivel de testosterona en sangre por debajo de los 5nmol/l de sangre. Pero a World Rugby no le basta con esta normativa distinta y más restrictiva: **quiere prohibir absolutamente la participación de mujeres trans en la categoría femenina** basándose en estudios que no cuentan con el consenso de la comunidad científica. Esta prohibición es un **auténtico atropello a los derechos humanos, un acto de discriminación y de transfobia**, algo totalmente contrario a los valores del rugby.

Será en noviembre cuando se someterá a votación la propuesta de World Rugby que supone la expulsión y prohibición de las mujeres trans de la competición. Previamente, cada Federación debe enviar su postura, ayúdanos con tu firma a que la postura de la Federación Española de Rugby sea absolutamente clara: **no se puede prohibir o vetar de ninguna forma que las mujeres trans puedan practicar rugby en la categoría femenina.**

Por eso te pedimos que tu firma. **Tenemos poco tiempo: la Federación Española de Rugby tiene hasta el 17 de agosto** para trasladar su postura a World Rugby, y esta debe ser la de la no discriminación a nuestras compañeras trans.

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 Madrid Titans Club de Rugby ha iniciado esta petición dirigida a Federación Española de Rugby

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25.263 personas han firmado. ¡Ayuda a conseguir 35.000!



Diana Ruiz ha firmado hace 15 minutos



Cesar arturo Santos López ha firmado hace 54 minutos

Alcorcón, 28922  
España



- Quiero saber si esta petición gana y cómo puedo ayudar a otras peticiones ciudadanas
- No quiero saber cómo avanza esta petición ni otras peticiones importantes

 Firma esta petición

- No mostrar públicamente mi firma y mi comentario en esta petición

Procesamos tus datos personales de acuerdo con nuestras [Política de privacidad](#) y [Normas de uso](#).

Recipient: World Rugby

Letter: Greetings,

On July 19th, 2020, The Guardian reported on the leaked draft document from World Rugby outlining recommended changes to their inclusion policy for transgender athletes. Citing "safety concerns", the 38-page document – produced by a working group that included anti-trans campaign organization Fair Play For Women – argues that trans women should be banned from playing organized rugby altogether. This recommendation is at odds with a longstanding World Rugby policy based on guidance from the International Olympic Committee (IOC), which has allowed trans women to compete without issue for nearly two decades if they undergo appropriate medical transition including testosterone-suppressing drugs.

World Rugby claims to have based their recommendations on the "latest science", however, two of three research scientists present during the working group meeting frequently express transphobic views online and in the media. The two are co-authors on a recent unpublished paper pending peer review which they say provides evidence that trans women retain physical advantages in sport following testosterone suppression. However, the main supporting study was conducted on an extremely small sample of 11 non-athlete trans women without a control group of cis women, and focused only on changes in an isolated muscle group as an indicator of performance, ignoring numerous other factors that greatly affect athletic performance such as hemoglobin levels and VO2 max. The medical and scientific community more broadly does not support these two researchers' conclusion that trans women have an "unfair advantage" in women's sports. In contrast, during a legal battle against a discriminatory anti-trans law in Idaho this year, Joshua Safer, MD and Executive Director of the Center for Transgender Medicine and Surgery at Mount Sinai in New York, offered his expert medical opinion on the inclusion of transgender women in sports by stating, "[T]here is currently no evidence that [...] stronger bones, tendons, and ligaments, larger hearts, and greater lung volume [...] actually are advantages when not accompanied by high levels of testosterone." Under legal oath he states, "After a transgender woman lowers her level of testosterone, there is no inherent reason why her physiological

characteristics related to athletic performance should be treated differently from the physiological characteristics of a non-transgender woman."

The weaponization of "science" to marginalize and exclude minority communities is not new; neither is the attitude of scrutiny toward transgender athletes. Trans women specifically face higher rates of discriminatory policies than almost any other minority community at this time. Trans women who experience systemic discrimination face statistically higher rates of psychological distress, anxiety, and depression. While participation in athletics and organized sports has been shown to contribute positively to the wellbeing of athletes, these discriminatory policies threaten to take that resource away from a population that stands to benefit most from inclusion.

World Rugby promotes itself as an inclusive sport. Its own governing document, the World Rugby Laws of the Game, lists "A Sport For All" as its first guiding principle in the foundation of those laws. Rugby is a game designed to be accessible to bodies of all shapes and sizes. On a typical squad, the physical difference between a scrumhalf and a prop can often be multiple feet of height and dozens of pounds, however, the rules of the sport and proper training ensure that all players can engage in contact safely. Moreover, women's rugby has historically been an inclusive and welcoming community for LGBTQ individuals, including players who exist along the diverse spectrum of gender identities. Denying transgender women the right to participate is a harmful and unsupported action rooted in transphobia and poor science.

We call on World Rugby to reconsider its recommendation and remain aligned with IOC guidelines on the inclusion of transgender athletes, support an evidence-based investigation into injury risk from trans women inclusion, open a meaningful dialogue with transgender rugby players around the world, and keep rugby open to all as it was intended to be, including trans women.