

ANTI-DOPING REALITIES FOR the 2010 GAY GAMES

by Roger Brigham

“Many of the earlier policies, especially in professional sports, were intended primarily to curb the public relations issue – not really aimed to prevent the abuses themselves – but now the entire sports world is moving toward effective deterrents to address cheating. Less well developed are the methods for including competitors whose health depends on otherwise banned medications. This is where the Gay Games can help stimulate mainstream attention to the issue.”

“It is incumbent on sports organizations to determine the implementation of sensitive policies that address the needs of all athletes, including those facing serious health challenges. To make HIV-related medication TUEs a priority for them, we need to document the need for and importance of such TUEs. Our mission is meaningless if we do not engage with mainstream organizations to push them to offer more inclusive, fair and safe opportunities for all LGBT athletes to engage in competitive events. To do otherwise is to “ghettoize” any change we create.”

– From FAQ Answer sheet for the 2006 Gay Games

I have been involved in sports for most of my life, working, coaching or competing in them almost nonstop since 1968. I have been involved in recent years in particular with LGBT sports as a journalist and through my work with Team San Francisco, the Federation of Gay Games, Wrestlers WithOut Borders and Golden Gate Wrestling Club. I have researched the importance of sports for HIV-infected athletes and was an active participant in the development of drug testing philosophy and policies for the 2006 Gay Games. It is from that background and out of my affection for and belief in the Gay Games that I offer these thoughts as Games Cologne and the Federation of Gay Games move forward with discussions to develop their testing policies for 2010 and beyond.

The sentiments expressed herein I present solely as my own as an interested member of the LGBT sports community. They are not presented as the official stand of any of the organizations with which I am affiliated. I believe, however, that they do express common opinions and issues within the LGBT sports world.

I believe drug testing in 2010 will be one of the singular issues on which the Gay Games are judged by potential participants and will go far in establishing why the Games are and should be relevant in today’s changing world.

- There is no other sports agency aggressively pushing development of adequate, comprehensive Therapeutic Use Exemptions (TUE).
- The POZ community has not focused on TUEs as a necessary or even high priority. Therefore the issue has not yet received much publicity and currently is not large in public awareness.
- Historically, the POZ community and its advocacy agencies have coalesced in high profile protests against any events seen as tending to exclude HIV-infected individuals. Hence, the Gay Games in 1994 and 2006 initially suffered because of U.S. travel restrictions against HIV positive individuals, but ultimately both were hailed as champions for their successful efforts to have those restriction waived for participants and visitors.
- The health benefits of athletic participation, inclusion, competition and the resulting improved self esteem for POZ athletes are documented and invaluable.
- Ensuring the inclusion of POZ athletes will enable the Gay Games to directly improve the mental and medical well being of one the most marginalized and endangered segments of the LGBT community.
- Copenhagen 2009 has accepted an inclusive drug testing policy and can be expected to market itself as being inclusive of HIV-effected athletes. It would be unprofessional and highly unlikely if the LGBT media did NOT compare and contrast the policies for both Copenhagen and Cologne. Any indication that Cologne is less inclusive would undoubtedly bring public condemnation from the media, from activist organizations, and the general LGBT public, with a corresponding lack of participants and sponsors.
- Copenhagen is currently trying to appeal to teams that have been loyal to the Gay Games for years. They have a tremendous burden to overcome: the legacy of Montreal 2006. Being able to claim superiority of athletic inclusion for POZ athletes would be a tremendous aid to their efforts and a tremendous obstacle for Cologne.
- The Gay Games, through the FGG and Games Cologne, should take the lead in the "next step" toward TUEs that accommodate the needs of the HIV community.
- The goal of the 2010 Games should be to have in place by the start of 2009 a mechanism for a generic TUE suitable for people undergoing HIV therapy. Eventually, these TUEs would have to be fine tuned for each individual sport (as WADA does with different Olympic sports) for them to gain widespread acceptance. For this first step toward that day, an across-the-board waiver not targeted to specific sports in Gay Games VIII should suffice.
- The procedure for obtaining a TUE should not be so onerous or expensive as to discourage participation or be impractical.
- The procedure must clearly guarantee confidentiality.

- A threshold level of the "bona fides" of a TUE must be determined that will prevent abuse of the system and offer assurance to athletes not using medications that TUEs are not being given to people not in medical need. E.g., an athlete cannot show up at the registration note simply with a doctor's note excusing the athlete from testing. Games Cologne and the FGG, in dialogue with other stakeholders, should determine the best practical way to ensure waivers are granted only for legitimate medical use.
- There are many resources that can help with this effort. A dialogue should be engaged with them as soon as possible, and strategic partnerships for achievement of the goals should be sought.
- Other sports organizations should be welcome to participate in this program, even events seen as in direct competition with the Gay Games.
- Practical TUEs in fact do not exist in most of our sports; what TUEs do exist (as in powerlifting) are enormously complex and daunting to go through, especially if applied to recreational athletes who have less time to devote to their athletic activities. Such TUEs are particularly hard on HIV patients. Bad enough if someone has to see a doctor once a month to load up on tests and several times a day take medications while holding down a job, having a personal life and trying to train in a sport: existing TUEs would add extra medical visits (at the athlete's expense) and extra paperwork and extra testing and monitoring. To simply adopt a policy that everyone must either undergo drug testing or have a WADA approved TUE is ludicrous.
- These efforts to create 'inclusive' testing policies should be a major marketing focus of the Gay Games.
- The FGG and Games Cologne should not surrender to pressure to eliminate any sport, or to make that sport an exhibition, or to create parallel untested and tested competitions because of the difficulties or public relations issues associated with trying to accommodate athletes who need medication to maintain their proper health. First off, that would be wrong and it would contradict the very thing the Games should strive to do as a 'vehicle of change': to show that numerous competitive recreational athletes exist, and that more restrictive drug policies eliminate them from sports and thereby diminish their quality of life. Second off, it would be a public relations disaster, not with the populace most Gay Games hosts are accustomed to dealing with (LGBT sports organizations) but with those more keenly attuned to the impact of HIV and AIDS: activists, social workers, politicians, medical community, etc. "Ghettoizing" athletes through exhibitions, elimination or "separate but equal" competitions would probably force normally loyal organizations and teams to withdraw from the Games en masse. Imagine trying to raise funds for an LGBT city team if the Games were seen as keeping HIV-infected athletes out or told them they could only participate in exhibitions, not competitive events.
- Magic Johnson has been cited by some as an example of how positive athletes can compete in the Olympics. That is an incorrect assumption. Magic Johnson competed in

1992, less than a year after he became positive, when his viral activity was very low, when he was not dealing with the long-term consequences that come from years of being infected and years of being on aggressive medical therapy, and when many current medical regimes (such as testosterone for chronic, acute loss of body mass caused by HIV medications) had not yet been adopted. Because currently there are no discrete, confidential and practical TUE methodologies in place, many HIV athletes either must risk failing tests or avoid competing in drug-tested events altogether.

- The number of HIV athletes in the Gay Games is unknown, but it certainly is not insignificant. The issue of athletes with legitimate need of medical accommodation will grow, not decrease, as average human longevity increases, and treatments are developed that enabling people to live longer and healthier lives but with increased complications.