

A REVIEW OF EFFORTS TO PROTECT JOCKEYS AND HORSES IN HORSERACING

HEARING BEFORE THE SUBCOMMITTEE ON HEALTH OF THE COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES ONE HUNDRED TWELFTH CONGRESS

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MONDAY, APRIL 30, 2012

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC.

The Subcommittee met, pursuant to call, at 9:33 a.m., at Unionville High School, 750 Unionville Road, Kennett Square, Pennsylvania, Honorable Joe Pitts (chairman of the subcommittee) presiding.

Members present: Representatives Pitts, Burgess, and Whitfield.
Also present: Representatives Gerlach and Meehan.

Staff present: Brenda Destro, Professional Staff Member, Health; Cory Hicks, Policy Coordinator, Energy and Power; Debbie Keller, Press Secretary; Carly McWilliams, Legislative Clerk; Heidi Stirrup, Health Policy Coordinator; and Jean Woodrow, Director, Information Technology.

Mr. PITTS. This subcommittee will come to order.

Good morning, everyone. First, I would like to acknowledge Unionville High School for hosting this field hearing today. This is a wonderful venue, and we appreciate your hospitality.

Second, I would like to thank Superintendent Dr. John Sanville, Principal Paula Massanari and Mr. Rich Hug, the Director of Technology and Communications, along with their staff for everything they have done to make this hearing possible.

I would like to recognize Dr. John Sanville, Superintendent of Unionville-Chadds Ford School District for a few minutes at this time. Dr. Sanville.

Mr. SANVILLE. Thank you, Chairman Pitts and other members of the committee, and I apologize for my back here. I welcome everyone to Unionville High School and the Unionville-Chadds Ford School District. This is an honor, and also something we are quite thankful for. This provides an opportunity for our students who are in the back here from Mrs. Grilliot's AP government class to see democracy in action on a topic, an area that is near and dear to the hearts of the community of Unionville-Chadds Ford.

So with that, I thank you all very much, and I will turn it back over to you, Chairman Pitts.

OPENING STATEMENT OF HON. JOSEPH R. PITTS, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF PENNSYLVANIA

Mr. PITTS. Thank you, Dr. Sanville.

We have two non-committee members joining us today, Congressman Jim Gerlach and Congressman Pat Meehan. From the Health Subcommittee, we have Congressman Ed Whitfield, chairman of the Energy and Power Subcommittee and a very valuable leader on this and other issues in our committee, and we will also be joined by Congressman Mike Burgess, who is the vice chair of the Health Subcommittee, by videoconference from Texas. Now I recognize myself for 5 minutes for an opening statement.

Today's hearing will look at the effects of drug use in horseracing, how it impacts the health and wellbeing of jockeys, and whether adequate rules and uniform enforcement exist to prevent doping in horseracing.

In 2008, members of the Energy and Commerce Committee held a hearing on "Breeding, Drugs, and Breakdowns: the State of Thoroughbred Horseracing and the Welfare of the Thoroughbred Racehorse." At that time, we heard testimony and promises from industry groups and State racing commissions that reform was needed and would be forthcoming.

According to a March 25, 2012, New York Times investigative article, "Since 2009, records show trainers at United States' tracks have been caught illegally drugging horses 3,800 times, a figure that vastly understates the problem because only a small percentage of horses are actually tested." Further, the New York Times found "Illegal doping, racing officials say, often occurs on private farms before horses are shipped to the track. Few States can legally test horses there."

Questions arise now about whether or not such rampant drug use leads to more breakdowns and injuries in horses and jockeys, and if so, what should be done about it.

We are here today, in the heart of Thoroughbred horse country in Pennsylvania, I might say, in my district, the 16th Congressional District—welcome to my district—to hear firsthand from Thoroughbred owners, trainers, jockeys, veterinarians, and lab experts on whether the previously promised reforms by industry have had any desired effect.

I have heard from horse owners who make sure their animals are 100 percent drug-free when they race and are really bothered by what they see other people doing.

We will consider the need for a national set of uniform rules to prohibit the use of performance-enhancing drugs with a set of consequential penalties for violations. We can look at whether it is possible to create a uniform set of rules for drug use—perhaps zero tolerance—so that every State, every race, is conducted on a level playing field which is fair to all competitors, similar to what we have in other professional sports.

Horseracing, unlike all other professional sports, adheres to no national anti-doping policy. We have been racing horses in the United States for over 200 years, but the alarming number of breakdowns and increased drug use has been a fairly recent practice.

Racing is an inherently dangerous sport. However, the increased incidences and severity of breakdowns, which has resulted in many serious jockey injuries, demands a closer look at the issue of drugs

used in horseracing and how they contribute to unnecessary risk to the horse and rider.

Despite promises and assurances, State and industry groups have been unable to come together to develop uniform rules. The fact remains that there is no single entity which has the authority to impose uniform rules on racing commissions, tracks, trainers and owners. Congress may need to step in to offer a sound national framework to protect the horses, the riders and the public.

The Interstate Horse Racing Act of 1978 was enacted by Congress to allow simulcast rights for racetracks, so that they could expand their wagering clients. Today, that business makes up a majority of racetrack business.

My personal view is that casino gambling at racetracks is a dangerous and misguided way to increase the fan base and grow interest in the sport, but that is a subject for another day.

I just have been given an article. It is the top of the page, front page, New York Times, yesterday's article on "Big Purses, Lame Horses and Debt" talking about this issue of casino gambling impact on the racehorse industry, and it is, as you can see, quite a long article, and I look forward to reading that.

Since 1978, Congress has continued to address public concerns about the industry and its practices. Today's hearing is being held to look at the problems associated with drug use in horseracing. Horse doping, breakdowns and jockey crashes are most certainly a contributing factor to the waning public interest in this sport. On the first day of Derby Week, when public attention on this beautiful sport is at its peak, it is an opportune time to discuss how the industry can regain public confidence.

I look forward to hearing from our witnesses.

[The prepared statement of Mr. Pitts follows:]

PREPARED STATEMENT OF HON. JOSEPH R. PITTS

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Further, the New York Times found, "Illegal doping, racing officials say, often occurs on private farms before horses are shipped to the track. Few states can legally test horses there."

Questions arise now about whether or not such rampant drug use leads to more breakdowns and injuries in horses and jockeys. And if so, what should be done about it.

We are here today, in the heart of Thoroughbred horse country in Pennsylvania, to hear from Thoroughbred owners, trainers, jockeys, veterinarians and lab experts from their firsthand experience and knowledge, the extent to which the previously promised reforms by industry have had any desired effect.

I've heard from horse owners who make sure their animals are 100% drug free when they race, and are really bothered by what they see other people doing.

We will consider the need for a national set of uniform rules to prohibit the use of performance enhancing drugs with a set of consequential penalties for violations.

We can look at whether it is possible to create a uniform set of rules for drug use—perhaps zero tolerance—so that every state, every race, is conducted on a level playing field—which is fair to all competitors—similar to what we have in other professional sports.

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Despite promises and assurances, state and industry groups have been unable to come together to develop uniform rules. The fact remains that there is no single entity which has the authority to impose uniform rules on racing commissions, tracks, trainers, and owners. Congress may need to step in to offer a sound national framework to protect the horses, the riders and the public.

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Horse doping, breakdowns, jockey crashes are most certainly a contributing factor to the waning public interest in this sport. On the first day of Derby Week, when public attention in this beautiful sport is at its peak, this is an opportune time to discuss how the industry can regain public confidence.

I look forward to hearing from the witnesses and yield back.

Mr. PITTS. At this time I yield back and recognize our vice chairman of the Health Subcommittee, Dr. Burgess, for 5 minutes by video conference in Texas. Dr. Burgess, you are recognized.

OPENING STATEMENT OF HON. MICHAEL C. BURGESS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. BURGESS. Thank you, Mr. Chairman. I won't take the entire 5 minutes. I know time is a little bit tight this morning.

I just want to appreciate the fact that I was able to simulcast from Texas because Texas is also horse country, and I also want to acknowledge the work of Chairman Whitfield when he was our subcommittee chairman on Oversight and Investigations several years ago and had a number of hearings into the horseracing business, at that time primarily concerned about the insurance that jockeys were provided but a number of these issues came up as well.

So I certainly look forward to the testimony of our witnesses today. I want to thank the people in Pennsylvania for making this possible, and I acknowledge the presence of my colleagues who are not on the committee. I welcome their presence at today's hearing.

Mr. Chairman, I will yield back to you at this time.

Mr. PITTS. The Chair thanks the gentleman.

At this time we will recognize our first panel. We have four experts from the racing industry on our first panel: Mr. Gary Stevens, a retired jockey. Yes. Before we have the experts, let us give the other members a chance for opening statements. Mr. Whitfield, I am sorry. You are recognized for 5 minutes.

OPENING STATEMENT OF HON. ED WHITFIELD, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF KENTUCKY

Mr. WHITFIELD. Well, thank you, Chairman Pitts, and I would like to also say how glad we are to be in Chester County, Pennsylvania. I might say that if I had known it was this beautiful, we would have come up a long time ago. We are also delighted to have students with us today, and we know that they are all involved in political science, so they may have some advice for us as we go along as well.

And I know that we are very excited about our witnesses today because we have some people with great experience in the horseracing industry, we have vets, we have others that I believe will well represent the entire industry on the issues that we are interested in.

I might also say that the horseracing industry is a \$40 billion industry as an impact on our national economy. It employs over 460,000 people directly and indirectly provides jobs for about another 1.4 million people.

The recent New York Times article entitled "Mangled Horses and Maimed Jockeys" as well as the one you mentioned today, "Big Purses, Sore Horses and Death" has once again reminded us of what I call the dark side of racing in America. To quote from the first article, "On average, 24 horses die each week on racetracks across America. Many are inexpensive horses with little regulatory protection." Twenty-three horses broke down on a single day last year. That was the day of the Kentucky Derby. Now, all the breakdowns did not occur at Churchill Downs but around the country that day, 23 horses went down. I was told that Finger Lakes last year, there was testimony that at Finger Lakes, 63 horses died on the track last year alone, Finger Lakes, York.

Now, some people dismiss the issue by saying well, these are just animals, but while the horse is important, the jobs provided are certainly important, the economic impact is certainly important, but even more important than all of that in my view is the safety issue, and certainly nothing is more important than safety for those men and women who are jockeys out there riding these magnificent animals, and we really don't know that the injury count is. I can tell you one thing, Dr. Burgess and I did have a hearing a few years ago on the jockeys and more than one jockey came in who was a quadriplegic from an accident on the track.

This is a controversial issue because any time you talk about change, people and entities feel threatened, which is just a natural inclination, and there are groups very much opposed to the legislation that Tom Udall and some of us have introduced, H.R. 1773. The National Thoroughbred Racing Association doesn't really like that legislation. The Jockey Club is threatened by it. The Horsemen's Benevolent Protective Association and some of the horsemen's groups don't like it. We know that the American Association of Equine Practitioners, particularly Dr. Scott Palmer, don't like it. We know that some of the tracks are concerned about this legislation.

So it is an issue that is controversial and we are very much aware of that as we move forward because any time you talk about

change, people feel threatened by it. And many people say the federal government should not be involved in horseracing, it is a State issue. But the fact is, the federal government is already involved in horseracing with the passage of the Interstate Horseracing Act of 1978. The industry came to the U.S. Congress and asked for the authority for simulcasting, and the Congress gave that authority without any strings attached. And so the predicament that we find ourselves in today is that there is not one entity that has any authority over horseracing. There is not any uniform drug test rules. There is not any uniform lab. And unlike other countries around the world, the use of drugs is prevalent throughout the racing industry and America.

Now, we know that therapeutic drugs are necessary but performance-enhancing drugs are another issue, and when you have representatives of foreign countries come to America and say we are not really interested in buying horses in America as much as we used to be because we are concerned about the drugs being used and many people—Arthur Hancock and others—have said they are very much concerned about the weakening of the breed because the horses winning the races are the ones that are bred the most and they may not be the genetically strong horse, that they win because of performance-enhancing drugs.

So we are talking about the horse, yes, we are talking about jobs, we are talking about the economy, we are talking about weakening the breed, we are talking about the public perception of racing, we are talking about the danger for jockeys. And when I asked Jack van Berg, who is a Hall of Fame trainer, about this issue, I said will you describe the drug issue in horseracing today. This is about 3 years ago at a hearing. He said the best way I can describe it is that it is chemical warfare out there.

So I am looking forward to our testimony today, Chairman Pitts, and I genuinely appreciate your having this hearing.

[The prepared statement of Mr. Whitfield follows:]

PREPARED STATEMENT OF HON. ED WHITFIELD

Mr. Chairman, thank you very much for holding this hearing on the horseracing industry and for the role you have played in helping clean up this sport.

In 2008, the Commerce Trade, and Consumer Protection Subcommittee, under a Democratic controlled Congress, held a hearing on the abuse of performance enhancing drugs in horseracing.

During that hearing, which I attended, the National Thoroughbred Racing Association stated and I quote, “I can’t speak to the distant past, but I can tell you that recently this industry has been making great strides towards uniformity at the national level and the NTRA has been an important catalyst for that change.”

Unfortunately, 4 years later, the promise to clean up horseracing still has not come true and the most recent evidence of that fact was the New York Times article titled, “Mangled Horses, Maimed Jockeys.”

The problem with any promise to reform the horseracing industry from the NTRA, the Jockey Club, the RCI, and other horse groups is even if they had the desire to institute a true no drug policy, they have no way to adequately conduct drug tests or enforce the policies that are in place currently.

The reason one organization cannot reform horseracing is because each state has their own laws making it impossible for a trainer, owner, veterinarian, or jockey to know what is and is not acceptable in each of the 38 racing jurisdictions.

The viability of horseracing is important to our nation’s economy and if there are problems in the industry Congress cannot afford to ignore them. The horse industry has a \$40 billion-a-year effect on our economy, employing over 460,000 people and indirectly providing jobs for 1.4 million people.

Horseracing alone has a direct effect on GDP of \$10.6 billion and a total GDP effect of \$26.1 billion.

Additionally, spectators at the tracks are being defrauded when a horse is drugged because the odds are stacked against the good actors that are trying to play it fair. It's like playing blackjack and the dealer always gets the ace.

As I stated at the last horseracing hearing, "greed has trumped the health of the horse, the safety of the jockey, the strength of the breed, and the integrity of the sport."

This brings us to where we are today. In my view horseracing has three problems:

First, as we discussed horses are being drugged and are not running on their own natural abilities, which is literally killing the industry. The New York Times reported that "on average, 24 horses die each week at racetracks across America." Additionally, the jockeys riding the horses are thrown from the horse and either die or end up in a wheel chair for the remainder of their life.

Second is the lack of transparency on racetracks. What I mean by that is on many occasions racetracks do not report when a horse breaks down on the track and when it is reported the root cause of the breakdown is never determined. Take the example provided by the New York Times analysis where they concluded that 3,600 horses died racing or training at state-regulated tracks over the last three years. I'm sure their number is underestimated and the sad truth is no one really knows how many horses or jockeys are affected.

Last, the horseracing industry lacks a central authority. Right now, there is an unorganized conglomerate of horse groups trying to police an industry that has 38 different sets of rules to follow for each state where horseracing occurs. I realize people are reluctant to allow the federal government's involvement in horseracing, but the truth is the industry has had federal government involvement since 1978 when simulcasting was allowed.

H.R. 1733, the Interstate Horse Racing Improvement Act attempts to protect the horseracing industry with very little federal involvement.

Some may not like this bill because they say it bans all drugs, but I just don't see how a pro-drug policy is a winning argument.

Other people do not like this bill because they do not want to touch the Interstate Horseracing Act. My response to them is- please bring me changes to H.R. 1733 to accomplish the same goal and I would be happy to consider them. I've never said H.R. 1733 is perfect, but it is a proposed solution to a problem that must be addressed.

I might add that H.R. 1733 is designed to have as little federal involvement as possible. In fact, the bill still keeps the regulation of the industry at the state, but it sets a federal standard that must be met. Most industries have federal standards to ensure that interstate commerce is able to thrive under a level playing field. That is all this bill is designed to do- create a level playing field.

So, I want to thank the witnesses again today for being here. I look forward to your testimony and I hope we can move this industry forward. I also hope that we are not here again a few years from now discussing this same exact problem.

Thank you and I yield back the balance of my time.

Mr. PITTS. The Chair thanks the gentleman from Kentucky and notes that he is a national leader on this issue and we really value your expertise and advice on this matter.

At this time the Chair recognizes the gentleman, my colleague from Chester County, Mr. Gerlach, for 5 minutes for an opening statement.

OPENING STATEMENT OF HON. JIM GERLACH, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF PENNSYLVANIA

Mr. GERLACH. Thank you, Congressman Pitts, and thank you for the opportunity to be with you here today. I look forward to a very educational proceeding here.

When I had an opportunity to take a look at a few of the preliminary materials that your office staff gave us, my eyes were greatly opened by a lot of the information that is contained in there and certainly what is happening today in the horseracing industry. I

serve on the Ways and Means Committee in the House, and we do not have any jurisdictional responsibility over this issue, so I wanted to come and be part of this hearing simply to be educated by what is happening and to understand better the purpose of your legislation, and I think this testimony is going to be very eye opening, as I said, to me and I am sure to my colleague, Congressman Meehan, as well, and we appreciate very much the chance to be here to listen to the testimony and hopefully at some point see your legislation move forward to the House floor after your work in committee, and I really applaud your leadership in holding this hearing and to highlight these issues once again to the American people and to the public for what is really going on day to day in the horseracing industry.

So thanks so much for having me and I look forward to the testimony.

Mr. PITTS. The Chair thanks the gentleman and now recognizes another colleague from Delaware County, a gentleman who was a prosecutor, district attorney and then U.S. Attorney, Mr. Pat Meehan, for 5 minutes for an opening statement.

OPENING STATEMENT OF HON. PATRICK MEEHAN, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF PENNSYLVANIA

Mr. MEEHAN. Well, thank you, Mr. Chairman. I want to thank you, Mr. Whitfield, as well for taking the time to have paid attention to this issue so significantly, and I think it is important. It is timely by virtue of the fact that the Nation gears its eyes towards one of the great horseracing prizes towards the end of this week, but I think it is particularly timely because we once again open up the pages of the New York Times and see a front-page story talking about the very real issues that are focused around the drug use in the industry as my colleague, Mr. Whitfield, talked about, discussing it as a chemical warfare. I do serve on the Oversight Committee in Congress, but Mr. Chairman, you identified the issue as a background as a former prosecutor.

My eyes are wide open as I look at this but I have to tell that as I read the stories in the New York Times, so much of the focus appropriately is on the health and welfare of these horses, the extent to which in the eyes of many they may be being abused in some ways in terms of the over-utilization and inappropriate use of the drugs but I think first and foremost about the welfare of human beings that are getting on the backs of those horses, the jockeys themselves who are being put into a circumstance in which arguably one might suggest that there is an understanding prior to it on the part of somebody that inappropriately affects a horse that they are putting a human being into an untenable circumstance, and I am interested in learning more about it but the prosecutor in me begins to question at what point in time does somebody become criminally liable for injuries that occur to another human being by virtue of the circumstances related to the inappropriate doping of a horse.

These are very serious matters and obviously one of the concerns we have is not to over-regulate, to over-involve government in areas but we also have an obligation to protect, and I am interested

in hearing the testimony of this incredibly impressive panel of interested owners and participants in industry. Thank you, Mr. Chairman.

Mr. PITTS. The Chair thanks the gentleman.

We have two panels today, and now we will go to the first panel. We have four experts from the racing industry: Mr. Gary Stevens, a retired jockey; Mr. Arthur Hancock, the owner of Stone Farm; Mrs. Gretchen Jackson, the owner of Lael Stable; and Mr. George Strawbridge, the owner of Augustin Stable. We are happy to have all of you with us today.

We will not confine your opening remarks to 5 minutes. You may have the amount of time you need to present your testimony. Mr. Stevens, you are recognized first.

STATEMENTS OF GARY STEVENS, HALL OF FAME JOCKEY; ARTHUR B. HANCOCK, III, THOROUGHBRED OWNER; GRETCHEN JACKSON, THOROUGHBRED OWNER OF THE 2006 KENTUCKY DERBY WINNER, BARBARO; AND GEORGE W. STRAWBRIDGE, JR., THOROUGHBRED OWNER

STATEMENT OF GARY STEVENS

Mr. STEVENS. Good morning. Thank you, Chairman Pitts, for holding this hearing this morning.

I doubt that I will take the 5 minutes because I am going to get straight to the point. I would just like everyone to know, these are strictly my opinions based on my career and my experiences as a jockey for 27 years. I started out at a very small racetrack in Boise, Idaho, and was fortunate enough to graduate up to the so-called big leagues, and we all know that this is a dangerous sport for both horse and jockey. There is a danger factor as there is in all sports. But this danger factor does not need to have drugs involved. It just makes it that much more dangerous.

I rode a lot of different caliber of horses throughout my career, the good with the bad, and when I say the bad, I mean the lower class horses. That doesn't mean that they are bad horses, just a different class of horses, and horses, like humans, have injuries. I realize there is a place for therapeutic drugs in training but I do not believe there is a place for race-day medications. If a horse needs medication to run on, whether it is Lasix, Butazolidin, the list goes on and on, and I think Mr. McPeck is going to announce that there are 99 legal drugs out there in the United States right now, allowable. But any time drugs are involved, the danger factor goes up.

And where I am going with this is, I have rode a lot of horses over the years. Say they are 8 years old and they had raced 45 times, along with those races is going to come wear and tear is there is with any athlete, and I would know a lot of these horses. I would ride some horses in some cases for 2 years, and they were sort of like your old favorite car where you knew every nook and cranny about those horses. They didn't have the prettiest way of going but that is just the way they moved. I didn't mind riding those kind that could feel it. One of the scary things is when one of these horses would be claimed, they would go to a different stable, and the first time I would climb on their back, they would jog off like Secretariat, and that is when it was scary, and those were

the horses that nine times out of ten if one broke down, that was the one that broke down. And yes, a jockey does have the choice to ride these horses or ride for particular trainers. What a jockey does not have control of is if that particular horse is in the same race that you are in after you told them that you don't want to ride it. And we are not just talking about this specific horse that may break down and the jockey who is on its back. You are talking about multiple horses and multiple jockeys which may be affected by a horse breaking down and going down.

I know that the industry, a lot of horsemen complained a couple years back when we were in the process of phrasing out anabolic steroids. Well, we did it. The Jockey Club was key in getting that done, and I have full confidence that the Jockey Club will do what is right and sign on to this bill and we will have federally mandated rules throughout the United States instead of every State having different drug policies and different thresholds. It is black and white. My opinion, if there is no race-day medication, you are going to solve a lot of problems. Thank you.

[The prepared statement of Mr. Stevens follows:]

Testimony of Gary Stevens
Subcommittee on Health Field Hearing
“A Review of Efforts to Protect the Health of Jockeys and Horses in Horseracing”
April 30, 2012

Good morning.

I'd like to thank the Members of Congress for holding this hearing today. A hearing that I feel is invaluable to the survival of our sport.

For those of you who don't know me, I'm Gary Stevens. I am a retired Hall of Fame jockey with over 5,000 worldwide wins in my 27 year career. I've won the Kentucky Derby 3 times, the Preakness twice, and the Belmont three times. Too bad they don't count Triple Crowns that way or I'd have a few of those too. I've won 8 Breeders Cups, the Dubai World Cup and a record 9 Santa Anita Derbys. I have ridden all over the world for the top trainers in England, France, Hong Kong and Japan. I have won an Eclipse Award and was one of the youngest ever inducted into the Hall of Fame at age 34. I was the President of the Jockeys Guild for multiple terms. I've also been a trainer, assistant trainer, exercise rider, as well as racing consultant and I now work for HRTV and NBC Sports as a racing analyst. I have seen every aspect of this industry since I was a kid, as my dad is a horse trainer. So I feel that I am more equipped than most to speak on this topic. I'm not speaking with statistics, or scientific information that most of us can't understand. I'm speaking from my personal 40 some years of experience in this industry.

It is my strong belief that the use of race day medications in the sport of horse racing has to be banned or our sport will not survive another decade. Unfortunately if changes are not made my grandchildren will not know this sport.

When I was asked to testify here today I wondered what kinds of repercussions I would get from our industry for being here. I've worked my whole life to maintain a good reputation in this industry, as someone who is hard working, dedicated and a true horseman. I know that by testifying here today some people will blacklist me. What a sad state of an industry that is, to know you may be blacklisted for trying to outlaw drugs during competition. But I knew when I was asked to be here that I needed to give this committee my opinion. I know I need to be here because other jockeys couldn't be here. My statement set forth is my opinion on what needs to be done to save not only the integrity of our sport, but the sport as a whole. There are no national set standards for anything in our sport. There needs to be a national governing body to regulate these things and create a national standard with rules and consequences that are enforced.

Jockeys and horses risk their lives every day for this industry. It is something that we chose to do and we know the risks. The horses don't know these risks. They love to run, and they were born to run, but it is our responsibility to take care of these horses. A lot of people in this industry have everything that they have because of these animals. It's time we give back and do what is right for the horses as well. It is very disconcerting for me that some of the major forces in our industry publicly say they are in support of this while they are supporting the use of race day medication. I don't know their motives or sources of information but I know that race day

medication is not going to help the long term survival of our sport. It also does not help the image.

Whether we like it or not, everything about racing is perception, and right now we are perceived as a bloodthirsty sport where people die and horses die and we don't care. We are perceived as drugging our horses to do everything from train, to run, to win. We are not a bloodthirsty sport, and we do care very much. But time is running out. I see the writing on the wall, and it's not very encouraging. Until we do what every other racing jurisdiction in the world has done, which is zero tolerance when it comes to medication, we are in real trouble.

Is our product so flawed that we have to use race day medications to maintain thoroughbreds as active racing assets? That's pathetic. In Europe horses can run up gallops that are uphill and they are stronger for it. Their product isn't more flawed because of non medication, it is thriving and their horses are producing stronger horses than have more endurance. We have 2 days of racing every year called the Breeders Cup. It is some of the richest racing in the world. Do you know what everyone outside of America calls it? The Bleeders Cup. It is a joke to all of them that every horse that is a bad bleeder and can't run elsewhere in the world comes here and is given Lasix and runs. Isn't that great. The US horse racing industry is looked at as a joke by the world wide horse racing industry.

I always hear it said that if we go without race day medications we will only be able to race 2 days a week. But with the number of horses available right now and the quality of horses available right now that's how many days we should be racing with quality, non medicated horses. It will take a few years to build up the number of quality horses but a few years is well worth the sacrifice to build back up to strong, quality horses that can run unmedicated.

If you take any other sport and say "we have to use drugs on game day" you would be the laughing stock of this country. Baseball players are ruled off for life for drug positives. Not in racing. Not only are they not ruled off but they are encouraged. Are you kidding me? We encourage the use of race day medications. Does that sound right to anyone sitting in this room? Of course not. It sounds ludicrous. Which is exactly what we sound like to everyone outside of this sport. And that's just for legal race day meds. What about illegal ones? Well those offenders get a slap on the wrist and can appeal and appeal until it doesn't even matter anymore. And oh, by the way, they can keep racing while they appeal. Seriously, what has our sport come to?

Horses need down time. We are a year around sport, where horses are expected to perform and maintain a high standard year around. Horses need time off to heal naturally. As a jockey I would do whatever I had to do to show up, whether it was an injection or such. My career ended much earlier than it should have had I given myself the time to heal up every time I was hurt. I didn't know how badly I was hurting myself, and racehorses for damn sure don't know. I would still be riding today and a lot of good horses would still be running today, if medications weren't used in the way they are. Would you inject your son or daughter so they could run in a track meet? I don't think so. You would let them heal and miss a race or two until they could come back and not damage themselves more. So why would we do it to horses?

As it is for any living being, there is a time and a place for medicine . But I don't believe that place is on race day for horses that are not sound. There is nothing worse than a horse not being able to feel that it has an issue. A jockey I would work a horse on say a Wednesday. If that horse had something wrong with it, not only would I feel it, but so would the horse. They would be hesitant and not want to hurt themselves. Come race day Saturday I would get on the same horse and they would feel like a million bucks. That was the scariest feeling ever. 9 times out of 10 those horses broke a leg off. I knew immediately they had been medicated and could not feel their own pain. There is nothing worse than being on a horse with a snapped off leg who continued to try and run for you. Its one of the worst feelings I have experienced. Could you imagine breaking your leg and still trying to run because you could not feel it?

I was lucky enough to play the role of George Wolff in Seabiscuit. Most recently I played Ronnie Jenkins in Luck. I had a scene where a horse breaks it leg and has to be put down. In the scene the apprentice jock says to me "She was running so good Ronnie, I wouldn't have asked her if she wasn't". I respond by saying "I know she was, I saw." "You never get use to it." Everyone said it was such great acting. The thing is, I wasn't acting. I've been there TOO many times and you don't get use to it, you NEVER get use to it.

Anyone who wants to continue the use of race days meds, I say put yourself or your child on top of a medicated thoroughbred going 40 miles an hour, with 5 or 6 other horses that may have also been medicated, knowing full well that if there is something wrong that horse won't feel it. If you feel comfortable doing THAT, then go ahead and allow the use of race day meds to continue.

Do I think a lot of vets, owners and trainers are going to want to continue to use race day meds. Of course they are, because they feel there jobs depend on it. I was a trainer, and I know that in the current state of our industry trainers feel they need those drugs to be competitive. But I also know I got tons of emails, texts and calls from jockeys, owners and trainers thanking me for coming here today. Thanking me for doing the right thing. Thanking me for standing up since they can not speak out publicly about this issue. Thanking me for trying to save this sport from the grave they are digging for themselves. One prominent owner sent me the result of his horses that he has been running without drugs for quite some time now. The results are astoundingly positive. They have higher win percentages, fewer breakdowns, and less injuries. Now if everyone else would just get on board this industry can get back to the respected place it once was.

Thank you for letting me testify today in front of this committee. I know that there are many issues out there and I thank you for taking the time to be here and have me here. My friend Ron Turcott who won the Triple Crown on Secretariat couldn't be with us today to testify. He can't travel well because he is in a wheel chair from a racing accident. I'm grateful that I am ABLE to stand in front of you today. I stand here for the people like Ron Turcott that can not. Please do something before it is too late.

Hovdey: Stevens takes zero-tolerance stance on race-day medication

By Jay Hovdey
Daily Racing Form
April 27, 2012 4:23PM

Retired jockey Gary Stevens will testify about horse racing safety before the U.S. House of Representatives Committee on Energy and Commerce's Subcommittee on Health on Monday.

Among the many things a jockey might consider as an activity in retirement, testifying before a Congressional committee is well down the list. Golf, yes. Mountain climbing, maybe. Sitting at the witness table under oath, not hardly.

But that is exactly what Hall of Fame rider and NBC Sports broadcaster Gary Stevens will be doing Monday in Pennsylvania, where the U.S. House of Representatives Committee on Energy and Commerce's Subcommittee on Health will convene at Unionville High School in Kennett Square for a hearing on the subject of "A Review of Efforts to Protect the Health of Jockeys and Horses in Horseracing."

Stevens will be joined on the first of two witness panels by owners and breeders Arthur Hancock and Gretchen Jackson – who between them have won Kentucky Derbies with Gato del Sol, Sunday Silence, and Barbaro – as well as George Strawbridge, who has raced champions on the flat and over jumps. Hancock, Jackson, and Strawbridge all have been outspoken proponents of national standards that would include tougher enforcement of racing's drug rules and the elimination of race-day medications with federal supervision if that's what it takes. But while their voices have become familiar in the debate, Stevens will be relatively new to the role of trying to shape public opinion.

Stevens earned the right to speak on behalf of jockeys with a career that spanned 26 years, with time off only to deal with injuries. He won 4,888 races – three of them Kentucky Derbies and eight in a variety of Breeders' Cups – along with an Eclipse Award and induction into the Hall of Fame at the age of 34, in 1997. In addition to his work with NBC and its upcoming coverage of the Derby and Triple Crown, Stevens is an analyst with the Santa Anita-based HRTV racing network and a card-carrying member of the Screen Actors Guild who made his debut at George Woolf in the Academy Award nominated "Seabiscuit."

I had the pleasure of writing a few lines for the character played by Stevens in the HBO series "Luck," but he'll be on his own Monday in front of Health Committee Chairman Joe Pitts and his Congressional cohorts, politicians all, with agendas that may or may not be in tune with the message Stevens wants to deliver. If words fail him, Stevens can always roll up a pant leg to reveal one of his ravaged knees or flash a shoulder so the crowd can ooh and ahh at the scars.

"I did whatever I had to do to show up, whether it was injections in my knees or whatever," Stevens said. "My career ended much earlier than it should have had I given myself the proper amount of time to heal up every time I was hurt. I didn't know how bad I was hurting myself sometimes, and racehorses for damn sure don't know. I would still be riding today, and a lot of good horses would still be running today, if medications weren't used the way they are."

Stevens will be testifying in a climate heated on one side by the recent New York Times article headlined “Mangled Horses, Maimed Jockeys” and on the other by the beginning of Kentucky Derby week, when racing gets the high-beam treatment from the world’s sporting press.

“Whether we like it or not, everything about racing is perception, and we are perceived right now as a bloodthirsty sport where people die and horses die, and we don’t care,” Stevens said.

“We are not a bloodthirsty sport,” he continued. “And we do care very much. But time is running out. I see the writing on the wall, and it’s not very encouraging. Until we do what every other racing jurisdiction in the world has done, we’re in real trouble – and that’s zero tolerance when it comes to medication.”

By that, Stevens will testify, he means eliminating the use of medication as a means to maintain Thoroughbreds as active racing assets. He’s spent enough time in the trenches – including brief stints as a trainer and assistant trainer – to know that horses need modern veterinary attention to go along with down-time and tender loving care if they are going to be viable in competition. But the line, he notes, between husbandry and abuse has been tragically crossed.

“I’ll hear it said, especially in California, that if you go without race-day medication you’ll only be able to race two days a week,” Stevens said. “But with the number of horses available right now, that’s how many days you should be racing, with quality racing both days.”

As a former president of the Jockeys’ Guild, Stevens is dismayed that the current guild leadership has not stepped up in support of a hard-line on race-day medication.

“Nick Jemas and John Giovanni would roll over in their graves,” Stevens said, citing long-serving guild executive directors of bygone days. “When I was coming up as a rider and later served in the guild, it was consistently our position to oppose horses racing on anything that would hide their true physical condition.”

Terry Meyocks, current Jockeys’ Guild executive director, said his organization stands by its support of the guidelines proposed by the Racing Medication and Testing Consortium of industry stakeholders, including the guild.

“Those guidelines call for a nationwide policy of reduced Bute levels, elimination of adjunct medications, and official supervision of race-day Lasix administration, which I think are all in the best interests of riders and horses,” Meyocks said. “The guild was not asked, at least that I know of, to send a representative to the committee hearing.”

Which leaves Stevens the lone voice, at least on Monday, among the athletes whose well being is most directly affected by the health of the racehorse. Like most jockeys who spend their professional lives out on a limb, he is braced for blowback.

“I’m probably digging my own grave with a lot of people in the business,” Stevens said. “But I think it’s time for the federal government to protect racing from itself.”

Mr. PITTS. The Chair thanks the gentleman and now recognizes Mr. Hancock.

STATEMENT OF ARTHUR B. HANCOCK, III

Mr. HANCOCK. Mr. Chairman and distinguished members of the subcommittee, thank you for holding this hearing today and for your consideration of legislation to ban race-day medications in horseracing.

My name is Arthur Hancock and my family has been breeding racing horses since the 1870s. As a fourth-generation horseman, I am here to try to guarantee that horseracing will be a viable sport for my children and grandchildren from the next generations.

At one time, Thoroughbred racing was the number one spectator sport in America. It was held in high esteem by the general public, and there was excitement and anticipation all across America about who would win the Kentucky Derby or maybe even the Triple Crown. There was also a superstar to follow like Seabiscuit, Man O'War or Secretariat, who raised the level of enthusiasm for the sport.

Back then in the 1950s, horses averaged 45 lifetime starts in their careers. Now it is down to a lifetime average of 13. This is an astounding drop of 71 percent. And since genetics change every million years or so, according to Charles Darwin, what could be the cause of this drastic increase in the unsoundness of the Thoroughbred racehorse?

While the number of starts has drastically decreased, the rate of breakdowns and fatally injured horses has increased. Moreover, the rate of injured jockeys has increased along with the loss of public confidence for the sport. Given that the track surfaces are even safer today, we would naturally expect that our horses would have more lifetime starts and be sounder than their predecessors.

So what is the difference today in our industry that didn't exist in the past? What could be the culprit that is undermining the soundness of our horses? The answer is clear. The increase of breakdowns and unsoundness parallels the spread of Lasix as a race-day drug. Today, only 5 percent of all horses are bleeders and yet almost 100 percent receive Lasix on race day. There is only one reason for this. Lasix is a powerful diuretic that allows a racehorse to shed 20 to 30 pounds at race time, thus making it a performance-enhancing drug. We weigh jockeys meticulously to see if there is a pound difference, and here this drug allows them to lose 20 to 30 pounds, and we in the horse business say that a pound at a mile is a length. So, you are talking about several lengths.

In addition to Lasix, nearly 100 percent of all racehorses run with Butazolidin, Ketofen, or Banamine along with other "therapeutic drugs" in their systems. And by the way, the cost of Lasix on race day is around \$100 million, just Lasix alone for race-day Lasix for a year. And that doesn't count the jugs and all the after medications that they receive after the races to make them more comfortable, which is fine.

Sadly, the financial interests of those who administer drugs and the lure of enhancing performance have become the drivers of our industry. Recently, the Thoroughbred Owners and Breeders Association took a poll, and 75 percent of the owners and breeders voted

to stop race-day drugging. The fans have also said they don't want it. According to the McKinsey report, 75 percent of the population regards racing as a sport in which drug use runs rampant and we are also losing 4 percent of our fan base every single year. Without fans, we are all out of business.

So if the owners don't want drugs and the fans don't want drugs, who does? Well, the veterinarians and the big drug companies want them. Why? Drugs are money, big money. The needle goes in, the money comes out. They make the money and the industry and the breed are destroyed in the process. Fans leave, foreign buyers leave, owners leave. We become obsolete, a thing of the past, a once-great disgraced industry.

With precipitous declines in both attendance and wagering at our tracks, compounded by plummeting bloodstock sales, it is apparent that Thoroughbred racing is at a crossroads. The industry has suffered a loss of confidence and respect with its fan base and the general public. Countless reports of trainers being charged with doping their horses coupled with the destruction of horses due to horrific injuries on the track cast our sport as something other than beautiful and noble.

Today, fans and casual observers who have historically supported our industry don't want to be associated with the abuse of animals and the widespread cheating by the use of performance-enhancing drugs. We should also remember, abused horses equate to abused jockeys, injured jockeys and maimed jockeys.

Recently, the Kentucky Racing Commission tried to do away with race-day drugs but failed because of the fear that other States would not follow suit and that Kentucky would be driving a nail in its own coffin because horses would move to other States with more lenient drug rules. There is no uniformity in the 38 racing jurisdictions. People are at odds with one another. Recently, when some of us were critical of TOBA for not pushing ahead with drug reform, a very high ranking member of the Jockey Club called me and accused us of shooting our own troops. All we are really trying to do is rally the troops to protect our horses, to protect our jockeys and to protect the integrity of our sport.

However, we cannot do this alone. It is my hope that the Jockey Club and other various industry organizations will get behind the Interstate Horseracing Improvement Act. This is a strategy that will save our industry.

In conclusion, why has the horse industry been talking about stopping race-day medication for decades with few tangible remedies? The answer is because there were no remedies until now. That remedy is the amendment to the IHA called the IHIA, the Interstate Horseracing Improvement Act. If anyone has a better or more workable plan, please present it. All we want to do is stop this.

For years, all we have had is hot air and hope. Our industry in partnership with the federal government gave us simulcasting. Now let us guarantee that races being simulcast to the United States are run free of race-day medication.

Thank you for your consideration of this issue which is so vitally important to our industry, and we appreciate it.

[The prepared statement of Mr. Hancock follows:]



Mr. Chairman and Distinguished Members of the Subcommittee. Thank you for holding this hearing today and for your consideration of legislation to ban race day medications in horse racing.

At one time, Thoroughbred racing was the number one spectator sport in America. It was held in high esteem by the general public, and there was excitement and anticipation all across America about who would win the Kentucky Derby or maybe even the Triple Crown. There was always a superstar to follow, like Seabiscuit, Man O'War and Secretariat, that raised the level of enthusiasm for the sport. Back then, in the fifties, horses averaged 45 lifetime starts in their careers. Now it is down to a lifetime average of 13. This is an astounding drop of 71%. Since genetics change every million years or so according to Charles Darwin, what is the cause of this drastic increase in the unsoundness of the Thoroughbred racehorse?

Not only has the number of starts drastically decreased, but also the rate of breakdowns and fatally injured horses. Moreover, the rate of injured jockeys has increased along with a loss of public confidence for the sport which has caused owners to leave the game. Given that the track surfaces are even safer today, we would naturally expect that our horses would have more lifetime starts and be sounder than their predecessors. So, what is different today in our industry that did not exist in the past? What could be the culprit that is undermining the soundness of our horses? The answer is clear.

The increase of breakdowns and unsoundness parallels the spread of Lasix as a race day drug in the 1970's and the 1980's, the earliest report of its use being a dose administered to Northern Dancer the day he won the 1964 Kentucky Derby, long before it was legalized in any racing jurisdiction. Only five percent of all horses are bleeders and yet almost a hundred percent receive Lasix on race day. There is only one reason for this. Lasix is a powerful diuretic that allows a race horse to shed 20-30 pounds at race time, thus making it a performance enhancing drug. In addition to Lasix, nearly 100% of racehorses run with Butazolidin, Ketofen or Banamine in their systems along with other "therapeutic drugs".

Sadly, competing financial interests of those who administer drugs, and the lure of enhancing performance have become the drivers of our industry. Recently, TOBA (Thoroughbred Owners and Breeders Association) took a poll and 75% of the owners and breeders voted to stop race day drugging. The fans have also said they don't want it. According to The McKinsey Report, 75% of the population regards racing as a sport in which drug use runs rampant, and we are losing 4% of our fan base a year. So, if the owners don't want it and the fans don't want it, who does? Well, the veterinarians and the big drug companies want it. Why? Drugs are money. Big money. The needle goes in, the money comes out. They make the money and the industry and the breed are destroyed. The fans leave. Our foreign buyers leave. Owners leave. We become obsolete, a thing of the past, a once great, disgraced industry.

With precipitous declines in both attendance and wagering at our tracks, compounded by plummeting bloodstock sales, it is apparent that Thoroughbred racing is at a crossroads.

The industry has suffered a loss of confidence and respect with its fan base and the general public. Countless reports of trainers being charged with doping their horses, coupled with the destruction of horses due to horrific injuries on the track, cast our sport as something other than beautiful and noble. Today, fans and casual observers who have historically supported the industry are not interested in being associated with the abuse of animals and wide spread cheating by the use of performance-enhancing drugs. We should also remember, abused horses equate to abused jockeys.

Recently the Kentucky Racing Commission tried to do away with race-day drugs, but failed because of the fear that other states would not follow suit and that Kentucky would be driving a nail in its own coffin because horses would move to other states with more lenient drug rules. There is no uniformity in the 38 racing jurisdictions. People are at odds with one another. Recently, when some of us were critical of TOBA (Thoroughbred Owners and Breeders Association) for not pushing ahead with drug reform, a very high ranking member of the Jockey Club accused us of "shooting our own troops". All we are trying to do is rally the troops to protect our horses, to protect our jockeys and to protect the integrity of our sport. However, we cannot do this alone. It is my hope that the Jockey Club, TOBA, the NTRA (National Thoroughbred Racing Association), the Jockey's Guild and the RCJ (Racing Commissioners International) will get behind the Interstate Horseracing Improvement Act. This is a strategy that will save our industry. If you want our industry to survive, use it.

In concluding, why has the horse industry been talking about stopping race day medication for decades with few tangible remedies? The answer is because there were no remedies until now, and that remedy is the amendment to the IHA called the IHIA. If anyone

has a better or more workable plan, please present it. For years, all we have had is hope and hot air. Our industry's partnership with the Federal Government gave us simulcasting. Now let's guarantee that races being simulcast in the U.S. are run free of race day medication.

Thank you for your consideration of this issue which is vitally important to the racing industry.

Good morning

Mr. PITTS. The Chair thanks the gentleman for his opening statement and now recognizes Mrs. Jackson for an opening statement.

STATEMENT OF GRETCHEN JACKSON

Mrs. JACKSON. Mr. Chairman, Mr. Whitfield and members of the committee, thank you for the opportunity to testify today and for your interest in the important issue of medications, drugs in horse-racing. I am Gretchen Jackson. I am a horseperson. I have been on a horse as a small child, as a teenager and as an old lady. I am passionate about the horse. I am the wife of Roy Jackson, and together we own Lael Stable. Roy grew up around horses and his parents raced. We bought our first racehorse in 1975 and have been involved in the training, racing and breeding ever since. This is 37 years in racing.

When we got involved with the industry, it was absolutely, positively unheard of to have a 2-year-old on Lasix and not the norm for an older horse. Today, it is the exact opposite.

I also worked for various educational agencies and schools having been trained to teach coping skills to young children with emotional problems, and one of the sessions involved playing a video of a drug-dependent society. It used to get a lot of laughs every time because of the silly mistakes people would make while under the influence. Well, now it is not a laughing matters. Drugs have insidiously penetrated into the world of horseracing, endangering both horse and rider. By endangering, I mean threatening their very lives. Helmets and vests are great protection but not always. No leg wraps can save the racehorse who has been given performance-enhancing drugs instead of time off to heal.

Racing demands speed, speeds up to 40 miles an hour. This means only the fittest and soundest horses should be competing. Many horses use a vet to enable a less than sound horse to compete by giving the horse performance-enhancing drugs. Vets profit from this service and trainers can do this because there is less than a handful of certified testing labs that are able to test accurately out of the 19 in operation. I understand that there are more drugs being used in horses that are not known, not detectable than the ones that they can identify. Many tracks use less-accurate testing labs to save money. Both horse and jockey face unknown danger under these conditions.

Roy and I raced a wonderful homebred horse named Barbaro. He gave us goosebumps every time he raced. He ran his heart out in the Kentucky Derby to win by six lengths. What a thrill it was to be in the winner's circle with three of our four children and their families, then going on from there to the Kentucky Derby Museum where we received more accolades while the derby was played over and over again on the oval ceiling. Our euphoria only lasted 2 weeks as Barbaro broke down, broke his sesamoid joint right in front of us only 150 feet from the starting gate. We ran down onto the track to be with him. There is only one way to describe what it is like down there standing by a seriously injured horse. It is heavy. The air is just filled with grief. That scenario is all too easy recall as it has been printed on my mind's eye and in my heart.

These are not forgotten by the fans. Many never come back to the races.

Drugs present in the racehorse have created havoc with the betting fan too. Just go to a betting parlor and listen to the disgruntled fans. They are trading the latest secrets, whether true or false, that concern trainers and their appeal to the bettor. Many are wary and do not bet.

So many of these horses and jockeys could be safer if drugs were not a part of racing. It is one thing to use drugs therapeutically after the race. It is another thing to mask problems before the race. The way racing is going now, it is a no-win situation for everybody, for the horse, the jockey, the owner, the fan and the industry. We need to regain the honesty, beauty and the sport of racing, allow the horse to be a horse. Horses are vulnerable. They have no say in way their birth takes place or any of the how their life plays out. They only have us. It is time we are the best us we can be before we lose our dying sport.

I speak for a number of people who are either directly involved with horseracing or simply love watching the sport and believe that to preserve its future and to ensure the safety of the horse and jockeys, we must move forward to institute a ban on race-day meds. Roy and I stand ready to help you deliberate on this most important matter.

Thank you, Mr. Chairman, for allowing me to testify today.
[The prepared statement of Mrs. Jackson follows:]

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Mr. Chairman, Mr. Whitfield and members of the committee, thank you for the opportunity to testify today and for your interest in the important issue of medications/drugs in horse racing. I am Gretchen Jackson. I am a horse person. I have been on a horse as a small child, as a teenager and as an old lady. I am passionate about the horse! I am the wife of Roy Jackson and together we own Lael Stable. Roy grew up around horses and his parents raced. We bought our first race horse in 1975, and have been involved in their training, racing and breeding ever since. Thirty-seven years in racing. When we got involved with the industry it was unheard of to have a two year old on Lasix and not the norm for an older horse. It is the exact opposite today.

I also worked for various educational agencies and schools having been trained to teach coping skills to young children with emotional problems. One of the sessions involved playing a video of a drug dependent society. It used to get a lot of laughs every time because of all the silly mistakes people would make while under the influence.

Well, now it is no laughing matter. Drugs have insidiously penetrated into the world of horse racing, endangering both horse and rider. By endangering, I mean threatening their very lives. Helmets and vests are great protection but not always. No leg wraps can save the racehorse who has been given performance enhancing drugs instead of time off to heal. Racing demands speed, speeds up to forty miles per hour. This means only the fittest and soundest horses should be competing. Many trainers use a veterinarian to enable a less than sound horse to compete, by giving the horse performance enhancing drugs. Vets profit from this service and trainers can do

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this because there is less than a handful of certified testing laboratories that are able to test accurately out of the nineteen in operation. I understand that there are more drugs being used on horses that are unknown, not detectable, than ones they can identify. Many tracks use less accurate testing labs to save money. Both horse and jockey face unknown danger under these conditions.

Roy and I raced a wonderful homebred horse named Barbaro. He gave us goose bumps every time he raced. He ran his heart out in the Kentucky Derby to win by six lengths. What a thrill to be in that winners circle with three of our four children and their families. Then going on from there to the Kentucky Derby Museum where we received more accolades while the Derby was played over and over again on the oval ceiling.

Our euphoria only lasted two weeks as Barbaro broke his sesamoid joint right in front of us only 150 feet from the starting gate. We ran down onto the track to be with him.

There is only one way to describe what it is like down there, standing by a seriously injured horse. It is heavy. The air is filled with grief. That scenario is all too easy to recall as it has been printed on my mind's eye and my heart. These are not forgotten by the fans. Many never come back to the races.

Drugs presence in the racehorse have created havoc with the betting fan too. Just go to a race betting parlor and listen to the disgruntled fans. They are trading the latest stories, whether true or false, that concern trainers and their appeal to the bettor. Many are wary and do not bet.

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So many of these horses and jockeys could be safer if drugs were not a part of racing. It is one thing to use drugs therapeutically after a race, another thing to mask problems before the race. The way racing is going is a no win situation for everybody, horse jockey, owner, fan and industry.

We need to regain the honesty, beauty and sport of racing. Allow the horse to be a horse. Horses are vulnerable. They have no say in where their birth takes place, or any of the how their life plays out. They only have us. It is time we are the best us we can be before we lose our dying sport.

I speak for a number of people who are either directly involved with horse racing or simply love watching the sport and believe that to preserve its future and to insure the safety of the horse and jockeys we must move forward to institute a ban on race day medications. Roy and I stand ready to help you deliberate on this important matter. Thank you, Mr. Chairman, for allowing me to testify today.

Mr. PITTS. The Chair thanks the gentelady and now recognizes the gentleman, Mr. Strawbridge, for an opening statement.

STATEMENT OF GEORGE W. STRAWBRIDGE, JR.

Mr. STRAWBRIDGE. Thank you, Chairman Pitts and members of the subcommittee for holding this hearing and inviting me to testify today. I am George Strawbridge. I breed and race Thoroughbreds, and not only in America but in Europe as well.

It is quite extraordinary what has happened to Thoroughbred racing in this country where over 75 percent of the population regards racing as a sport in which drugs run rampant and have obviously a very negative perception of the sport. This year, in a front-page feature in the New York Times, it described the horrors of racing as a result of extensive drug use. The article was quickly followed by a lead editorial in the same paper which condemned "the casual and continual mistreatment of vulnerable overmedicated and ultimately disposable athletes." The editorial described how horses were forced to run with debilitating ailments, and concluded that horseracing was a disreputable sport. I honestly have never heard of another sport in the United States described as disreputable. These words such as "mistreatment" and "disreputable" are very powerful words, and as such, they will have a long life.

How did we get in this deplorable situation? I think the first reason is that in this country there are no significant consequences for doping horses. This unfortunate fact contrasts with the attitude of all other major racing countries. Just this past year, a very well known jumping trainer retired from training. Why? Because he received a 4-year suspension, not a week suspension, not a 2-week suspension, but a 4-year suspension, and so he retired as a trainer. Why such a harsh, severe penalty? The BHA, which is the British Horseracing Authority, a national organization that controls racing, wrote because they wanted to demonstrate to racing stakeholders that reckless disregard of equine welfare would not be tolerated. Why it is tolerated in this country, I will leave up to your imagination. This punishment is in contrast to the slap on the wrist that our trainers get.

Another consideration is that the use of drugs in the United States has absolutely no stigma or shame attached to them. In fact, people who use them are given racing's highest honors in the form of Eclipse awards. Michael Gill, a notorious owner, was given an Eclipse award for being the leading owner of the year or the owner of the year. During the same year, there were three trainer finalists for trainer of the year that were all under suspension. Extraordinary. I asked Cornelius Uboh, who by the way was going to contribute to this gathering but was talked out of it, at any rate, I asked him last year—he is the head chemist, by the way, from the University of Pennsylvania Laboratory, if we were winning the war on drugs as some were suggesting. His answer was an emphatic no. He pointed out that we were not only losing but losing badly. He said if they discovered a test for one drug, two new ones came on the scene. He also mentioned that trainers could easily order non-detectable drugs on the Internet. He told me about a non-detectable drug called dermorphin, which was not 10 times more powerful than morphine like the drug Dutrow was caught using two falls

ago but a thousand times. This is stronger than morphine, a thousand times stronger than morphine. In short, it was a very, very discouraging conversation.

So what is our hope for the future? In a word, our hope for the future is change. We must change, we can change, and the best news is that we have slightly started to change. Thank goodness for the Breeders Cup gradually changing to drug-free racing. But we must do more. Luckily, we have excellent role models in the rest of the world. These role models adhere to zero drug tolerance. These countries have rising attendance, rising handle and rising prices for secondhand horses brought to race in Asia. In Great Britain, racing is the second most popular sport after soccer and is a national institution. In Australia, the running of the Melbourne Cup is a national holiday. In the rest of the world, racing has full fields and national recognition.

Look at the horses these models have produced, see the stars, Frenicle, Black Caviar, just to name a few. Also, look at the turf races in the United States last year. They were all won by foreign horses. In fact, in the Canadian International, foreign horses were the first four finishers. And that is all with their second string, not even the Frenicles and things like that. This is their second string.

I know that emulating the successful model in the rest of the world will be a big start towards respecting the star of our sport. We need to stop treating the Thoroughbred as a commodity. We need to show the public and our fans, such that there are, that we care and that we are a clean and legitimate sport. The Thoroughbred never, and I repeat, never, lets you down. My hope is that we stop letting this noble animal down.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Strawbridge follows:]

Testimony of George Strawbridge, Jr.
Subcommittee on Health Field Hearing
A Review of Efforts to Protect the Health of Jockeys and Horses in Horseracing
April 30, 2012

What has changed since I wrote that address? We have seen the TOBA back off their objective to have drug free racing for Graded Two Year Old Stakes. We have also seen a devastating front page article in the NY Times which points out that 3,800 positives have occurred in a three year period and that 3,600 horses have died. This produced a lead editorial in the New York Times which said:

March 26, 2012
Horses to the Slaughter

“Thoroughbred racing trades on bucolic imagery and glossy beauty, but a report in The Times on Sunday documented the real pillars of its success: the casual and continual mistreatment of vulnerable, overmedicated and ultimately disposable athletes. Reports who analyzed tens of thousands of races and combed through reports of injuries and medical tests found a culture of rampant cheating and feeble regulation, where injured and fragile horses are forced to run while drugged, to the great peril of both animals and jockeys.

The main reason is drugs – the stimulants, steroids, pain medications, anti-inflammatories and other chemicals used to enhance performance and mask injuries. Veterinarians and racing officials acknowledge that abuses are rampant but grossly unpoliced because tracks and state racing commissions lack the will or money to crack down. Much illegal doping takes place on private farms where horses can't be tested. No single governing body or federal regulations control the industry's drug practices, and existing punishments are lax.

So horses break down at alarming rates: 3,600 horses died while racing or training at state-regulated tracks in the last three years, The Times found. In Sunland Park in New Mexico – a state that is home to five of the six tracks with the highest breakdown rates – nine horses died in one 13-day stretch in 2010. Two jockeys were hurt, one critically. Necropsy reports told of horses that had been running with debilitating ailments: stomach ulcers, degenerative joint diseases, pneumonia, metal screws from previous broken bones.

The details are painful reading, but we have heard this story before. The death of EIGHT BELLES, who snapped two ankles at the Kentucky Derby in 2008, brought Congressional scrutiny and promises of reform. But a powerful combination of money, secrecy and inattention has blocked progress and left the industry as compromised and dangerous as ever. This seems partly because of racetrack casinos, which have pumped new money into race stakes and added to the pressure to run unfit horses.

Not all owners and breeders are complicit; some are urging reform. Some support a federal bill to ban all racehorse doping. They note that the United States lags behind Asia, the Middle East and Europe in eliminating racetrack drugs. It's a worthy goal, but, as with previous reforms in this disreputable industry, it faces long odds.”

Words have meanings and words like mistreatment and disreputable are strong and have long lives.

What has been the reaction of the horse world to this article? It has either been ignored or denied. There has been intimidation to put pressure on vets, trainers and even scientists to not testify at this hearing. There is significant opposition to change and reform throughout the horse industry. The preference is to keep the status quo with its addiction to drugs that produce danger to jockey's and pain and death to horses.

We must try and change the status quo and I believe that the only way to do this is to have a natural governing body that has uniform rules and uniform significant penalties for disobeying these rules. Perhaps the federal government would mandate this. If the federal government doesn't affect change, change will not occur as our present organizations are either ineffective or unwilling to seek reform. Our alphabet organizations have only produced a Tower of Babel.

Mr. PITTS. The Chair thanks the gentleman.

That concludes the opening statements. We will now go to questioning and answers, and I ask the members to please comply with the 5-minute rule. I will begin questioning and recognize myself for 5 minutes for that purpose.

First of all, Mr. Stevens, do you think, does the public know that horses are drugged and therefore conclude no level playing field exists in the horseracing industry?

Mr. STEVENS. Yes, that is my belief. It used to be when I would get on an airplane, a redeye flight to fly to New York, the first question I was asked is, have you ever rode in the Kentucky Derby, and if it wasn't that, they would say is it fixed. So I would go through my spiel of why it is not fixed. Now the question asked, don't they drug all those racehorses?

Mr. PITTS. Are currently employed jockeys afraid to express their opinion on banning race-day meds for fear some trainers or owners opposed to a ban will no longer employ them?

Mr. STEVENS. I am just going to say that I believe that may be the case but I cannot speak for these riders, but that is the appearance it gives me, yes.

Mr. PITTS. One other question. Do racetrack vets regularly identify and scratch lame horses before the start of a race?

Mr. STEVENS. We hope so, but that is not always the case, sir.

Mr. PITTS. Mr. Hancock, we discussed many different conflicting and overlapping organizations and associations in the industry. In your view, are there particular groups that have been an impediment to reforming the sport?

Mr. HANCOCK. Yes, sir. I think—I would like to preface this by saying I have a lot of friends who are veterinarians and they are good people, but this culture has evolved over the years. I worked at the racetrack when I got out of college for a year in 1966, and for a top trainer in the country, and the only time the veterinarian would come around the barn was if we had a temperature or colic or to check the horse on race day, but yes, sir, I think that is the case.

Mr. PITTS. In your opinion, why have there been no Triple Crown winners in the last, what, 9 years?

Mr. HANCOCK. It is longer than that.

Mr. PITTS. Longer than that?

Mr. HANCOCK. Yes. I believe that the horse gets Lasix, say he runs in a prep race before the Derby and in a race before that he gets Lasix. He gets it on Derby day. Every horse in the Derby runs on Lasix as well as, you know, Banamine or Butazolidin and some of the others that Kenny McPeck will talk about, and they lose the 20 or 30 pounds and it dehydrates them, it takes them a few days to recover. Then 2 weeks later they go to the Preakness. They run in the Preakness with Lasix, and by the time the Belmont rolls around 3 weeks later, I just think it takes a lot out of them. I am sure of that. And I believe that is a big reason why we haven't had a Triple Crown winner. And if a sport doesn't have stars, you know, to follow like I was talking about, Secretariat and a lot of other horses, you lose your fans.

Mr. PITTS. Thank you.

Mrs. Jackson, are most owners not supporting the ban of race-day medication?

Mrs. JACKSON. I think so.

Mr. PITTS. Why? Would you respond to that?

Mrs. JACKSON. I believe so just because Arthur has come out with a list, and you have got many, many owners that have signed up requesting trainers not to use race-day meds, right?

Mr. HANCOCK. Right. There are 411, I think the last count, of top—there are owners, trainers, that have signed put to get rid of this.

Ms. JACKSON. I think there is a significant amount.

Mr. PITTS. Thank you.

Mr. Strawbridge, when you import horses from Europe, do you expect those horses to be put on Lasix because they are now racing in the United States?

Mr. STRAWBRIDGE. Yes, that is what happens, and that is—

Mr. PITTS. Why the switch?

Mr. STRAWBRIDGE. Because Lasix is a performance enhancer. It is not only a performance enhancer because of the loss of weight but it is more a performance enhancer because it is like blood doping as an animal gets dehydrated. There has been two studies in 1998 at the University of Pennsylvania that definitely conclude that there was performance enhancement as a result of using Lasix, and a more thorough one regarding 16,000 horses at the University of Chicago the next year in which it conclusively proved that it was a performance enhancer, and the main reason it was is because it would delay the onslaught of fatigue and increase the oxygen that would be going to the muscles. So it is a performance enhancer. As my friend John Gossen says, who comes over here and wins the Breeders Cup race with a great deal of regularity, when in Rome, do as the Romans do, and Aiden O'Brien after a year of trying to race without Lasix and not winning a Breeders Cup race—he has terrific horses, by the way, and said no, I am going to use Lasix on my horses, and they all seem to win as a result of using Lasix.

Mr. PITTS. Thank you. My time is expired, but I wanted to ask you, in your experience, what is America's current reputation in the European horseracing community?

Mr. STRAWBRIDGE. It is absolutely dismal. You look at the American horses. We sent a champion over to Dubai. The odds in this country were, you know, anywhere from 3:1, 5:1, and you look at that fair and the Europeans betting on American horses and the odds were 25:1 to 50:1. They say oh, they are coming over and running without drugs so therefore they are not as good and as effective and so that is a fact. I can't sell an older horse to race in Hong Kong from this country selling over seven horses to Hong Kong. It is because they are tainted if they run in this country.

Mr. PITTS. The Chair thanks the gentleman and now recognizes the Vice Chairman of the Health Subcommittee, the gentleman from Texas, Dr. Burgess, for 5 minutes for questioning.

Mr. BURGESS. Thank you, Mr. Chairman.

Mr. Strawbridge, if we can stay on that subject for just a moment, what happens when the converse of that situation occurs? You referenced a horse that has raced in the United States now

going over to Dubai, presumably performance enhancers are withdrawn and the horse is less capable. If an owner in Dubai or one of the European countries comes over here to race, are they then more likely to use performance-enhancing methods in order that their horses can compete?

Mr. STRAWBRIDGE. Well, they will only use what is permissible in this country, what is legal in this country, and since Lasix is legal, that is what they will give their horses, you know, to race on, and I think it has been proven that first-time Lasix use is an enormous advantage. At least that is what the bettors seem to think. And that is what happens when they come and race in this country.

Mr. BURGESS. So if there is a horse that has been of considerable renown and repute in a foreign country, that horse coming over here with the more permissive performance-enhancing compounds is actually going to have an advantage over the horse that regularly is given a performance-enhancing compound?

Mr. STRAWBRIDGE. Well, yes, I think he would. There was a very curious group one race in Chicago last year in which the Aga Khan came over and he is adamantly opposed to any medication and has fired trainers that have been caught with Bute or anything like that and was running against a Kumor horse, who was first time Lasix, and they had a terrific battle but the Kumor horse won because at least the bettors thought he was using Lasix for the first time. There was a matter of a head difference.

Mr. BURGESS. I will just have to admit to some naiveté. I am a physician by background. Of course, Lasix is a fairly common compound used in treatment but I was not aware that it was a performance-enhancing compound or the degree to which it is apparently used. For anyone on our panel, how it is administered? How is the Lasix actually given to the horse?

Mr. PITTS. Who would like to respond? Mr. Stevens?

Mr. STEVENS. IV or intramuscular, either one, with a needle.

Mr. BURGESS. So if it is given intravenously, is that something that a layperson can do or does that require a professional to administer it?

Mr. STEVENS. It is illegal for a trainer to administer any medication on the racetrack intravenously, so a vet would have to do it, and in the State of New York, when Lasix is administered, it is administered by a New York State vet.

Mr. BURGESS. And it is legal to administer it before the race starts. Is that correct?

Mr. STEVENS. Yes, that is the idea. I believe is 2 hours before, 3 hours—it is 4 hours, 4 hours before.

Mr. BURGESS. Now, Mr. Stevens, in your testimony you said that you can sometimes tell, or maybe I misunderstood, maybe you can always tell if a horse has been exposed to a performance-enhancing medication. Did I get that correct?

Mr. STEVENS. Yes, you did, sir, and the reason for that, as I said, you know, you've got a truck, and I know this might be a bad comparison, but if you have got a car that has got a wobbly tire but it is always wobbly and it gets to where you are going pretty good and all of a sudden you get in that same car the next day and it is smooth as silk, you know somebody has messed with it. I mean,

it didn't just change overnight when they are 7, 8 years old. So yes, you know that something has gone on.

Mr. BURGESS. A good and experienced rider can tell that something has changed. Is that correct?

Mr. STEVENS. Yes, that is correct, and there are times that a rider will feel something and the horse doesn't finish that well or he gallops back sore after the race and you may tell the trainer hey, he didn't feel just right today, and all of a sudden you see the horse back in 2 weeks later and it has got a different jockey on it, and it is very common for a rider to go up to another jockey who is now riding that horse and say hey, watch yourself, man, this horse didn't feel that good, and if it is a young rider, inexperienced, he doesn't know what he is supposed to feel anyway.

Mr. BURGESS. OK. And that is actually I guess where I was going with this. You have the ability to say I am not going to ride that horse but you don't have an ability to identify that horse to someone in authority and say this horse is behaving in a way that makes me uncomfortable riding, therefore I would like someone to investigate?

Mr. STEVENS. Yes, you can do that, and that is what I would advise to every jockey in the United States. If you ride a horse that you feel is unsound or he pulls up unsound, a lot of times I would tell the State veterinarian at whatever jurisdiction I was riding, hey, you guys need to take a look at this horse before he runs again, but that doesn't always happen. A lot of these jockeys, I believe because it is so competitive, they are afraid to say anything to anyone. They turn their cheek. It is not because they want to but it is because they are afraid of losing their job.

Mr. BURGESS. But then you as a jockey, you could be put at risk by having an unsound horse in the pack that is running on that track, even though you are not the rider. Is that correct?

Mr. STEVENS. That is correct. If you have a horse in front of you, the horses are very tightly bunched when they race. They race in packs. They are herd animals. If the lead horse goes down, more times than not, several horses fall.

Mr. PITTS. The gentleman's time is expired.

Mr. BURGESS. Thank you, Chairman.

Mr. PITTS. The Chair thanks the gentleman and now recognizes the gentleman from Kentucky, Mr. Whitfield, for 5 minutes for questions.

Mr. WHITFIELD. Thank you for your testimony this morning.

You know, Mr. Stevens, you are a Hall of Fame jockey, and Mr. Hancock, you and your family have been involved with many Derby winners and others, and Mrs. Jackson, you also, and Mr. Strawbridge is one of the leading steeplechase as well as Thoroughbred owners as well. What is wrong with just having a horse run on natural abilities without anything? What is the problem with that? I mean, it is my understanding that other jurisdictions around the world that on race day they are supposed to be free of medications. So what is wrong with horses running on natural ability? Mr. Stevens?

Mr. STEVENS. Nothing. I would prefer that. And I had the pleasure to enjoy that with my stays in Europe. I rode for what I consider two of the greatest trainers in the world, Sir Michael Stoute

and Andre Fabre in France, and I had to pleasure to ride for Mr. Strawbridge with some of his horses in Europe. I rode for him here and in Europe. And I can tell you this—and I rode extensively in Hong Kong, Ireland, England and France and Germany, but I never had a horse break down in one of these foreign countries with me. I had some pull up bad after the race or take a misstep with me but I never had a horse break down with me. Now, that is an amazing stat right there. And it was pure and it was a pleasure because when I galloped down to the start, you felt what there was. I mean, if a horse, if you knew he wasn't himself that day, if he felt different than he had in the morning workouts, you scratched him. You would get him withdrawn. But it is a great feeling of confidence to know you were going down there on a horse that was feeling everything 100 percent of what their physical abilities were.

Mr. WHITFIELD. Mr. Hancock, do you have any comment on that?

Mr. HANCOCK. Well, I think the rest of the world runs without it, and we are the rogue nation basically. We are the only country. They do use some Lasix in South America, which they are getting rid of right now, I understand.

Mr. WHITFIELD. And Mrs. Jackson, you said that at one time there was no Lasix or any other drugs in the United States. Is that right?

Mrs. JACKSON. Yes. I believe New York State was the last, I believe, to allow it. I think it is a matter of time. If people want their horse—it is money and if they have to give them natural time to heal, that they don't want to take that time. They want to get the money.

Mr. WHITFIELD. Mr. Strawbridge, do you have any comment?

Mr. STRAWBRIDGE. Well, absolutely it is possible because as Arthur says, they run, you know, without drugs in the rest of the world, and there is an enormous appreciation for the animal, the Thoroughbred horse in the rest of the world as there is in this country, and that is why it is such a shame. The Thoroughbred racehorse, God's noblest creature, is not running on their natural ability the way they are in the rest of the world, and that is why the negative perception is there.

Mr. WHITFIELD. Mr. Stevens, have you known any jockeys that suffered catastrophic injuries because of accidents on the track?

Mr. STEVENS. About every jockey I know. My brother was airlifted out of Canterbury Downs two summers ago. He was on a filly that he entered the stretch four lengths in front and she broke both front legs simultaneously and the horse landed on him. Four other horses ran over the top of him and he punctured both lungs, broke all of his ribs, broke his sternum and his pelvis in that fall, and I am hard pressed to think of any jockey that hasn't had a bad injury, and unfortunately, neck injuries and back injuries to be fairly common injuries. We had two jockeys in a short period of time. René Douglas is a quadriplegic. Eiber Coa, thank God, miraculously he is walking now. But the list of paralyzed jockeys goes on and on and on.

Mr. WHITFIELD. Just one other question, if I may, Mr. Chairman.

Are painkillers regularly administered to these horses on race day or is that illegal in most jurisdictions, or do you know?

Mr. HANCOCK. I know that every State has a different time frame but Bute or Banamine, there are 24 and 48 hours pre-race day. Lasix is the only legal drug that can be administered on race day.

Mr. WHITFIELD. Mr. Strawbridge, you were talking about something like a hundred times more powerful than morphine. Is that right?

Mr. STRAWBRIDGE. Yes, there was a drug a hundred times more powerful than morphine, and dermorphin is 1,000 times more powerful than morphine, and for those of us that have had morphine to kill pain, that will kill the pain.

Mr. WHITFIELD. Thank you.

Mr. PITTS. The Chair thanks the gentleman and now recognizes the gentleman from Chester Country, Mr. Gerlach, for 5 minutes for questions.

Mr. GERLACH. Thank you.

Following up on that, any of the panelists, I am trying to make sure I understand exactly in talking about the performance-enhancing aspect of the drugs, I am picking up that there are two aspects here. One is the diuretic that allows for reduction in weight of the horse at race time that I then assume is better so that the horse runs faster because the horse is of less weight and therefore can put in a faster time, but that Lasix is not used necessarily to mask an injury. Is that correct? So the Lasix is used to reduce weight to create a faster time going around the track. Is that basically the purpose of Lasix?

Mr. STRAWBRIDGE. No, the purpose of the use of Lasix is to—several purposes, but at any rate, to lessen the chances that a horse will bleed. They think that by dehydrating the animal, he will have a less chance of bleeding. But we know from statistics and past measurements that only 5 percent of the horses bleed. They all bleed to some extent, but when I talk about the 5 percent, that is serious bleeding. And the thing to remember, Mr. Gerlach, is that Lasix is not allowed for humans to run on. I mean, when human athletes compete in track and field, their whole objective is to hydrate themselves because of the dangers of dehydration.

Mr. GERLACH. And so the other drugs that you make mention of, those are to mask injury or to mask a condition of the horse that while it is still able to run it is in a weakened condition or it is in a pained condition and therefore that masks that horse in hopes that it gets around the track in a good time before some further injury occurs to it. Is that right?

Mr. STRAWBRIDGE. Correct.

Mr. GERLACH. And so there is a patchwork of laws and regulations around the various States that dictate what you can and can't use on race day?

Mr. STRAWBRIDGE. Yes, and there is also numerous drugs, as Dr. Uboh was saying, that are non-detectable. So if they are non-detectable, they can be given without any detection or any consequences, and they definitely are performance enhancing because they cover up pain such as dermorphin would and there are muscle relaxers, they have agents of blood doping, you know, to increase the oxygen supply to the muscles and, you know, they are performance enhancing.

Mr. GERLACH. Mr. Stevens, when you line up then in the gate on race day, you don't know the other seven, eight, nine horses if they have anything in their systems that are masking an injury that some trainer is taking a chance on won't reoccur or won't show up during the time of the race, you don't know as a jockey at that point in time so what is the situation in terms of your mindset? Why do jockeys, if they don't know the other horses may have certain enhancements given to them or something that is masking their injuries, what is the economic pressure that a jockey has to participate nonetheless in that race not knowing the condition of the other horses?

Mr. STEVENS. Well, believe it or not, I think a lot of it is peer pressure that, hey, if one pilot won't fly the plane, we will find a pilot that will fly the plane. As I said before, there is always a danger factor in horseracing, and when I was active and riding consistently in California, that was the circuit that was on, there were certain level races that I didn't ride because I knew that horses were changing hands a lot, in other words, they were claimed in claiming races, and there were certain trainers that I would not ride for, either because they either didn't know that they were running sore horses or they didn't care, and maybe a combination of both. But it tended to be the same trainers that I suspected of doing things, and I chose not to ride. I was fortunate enough that I didn't have to run against a lot of their horses because they were lower classes and I chose not to ride those races because of the risk factor.

Mr. GERLACH. Thank you. I yield back.

Mr. PITTS. The Chair thanks the gentleman and now recognizes the gentleman from Delaware County, Mr. Meehan, for 5 minutes for questions.

Mr. MEEHAN. Thank you, Mr. Chairman, and thank you to this very distinguished panel for your presentation here today. When I look at a very complex industry, I see 75 percent of the horse owners are looking at this and suggesting that we need to address the issues, and more than 75 percent of the fans, yet we have horse owners, casino owners, the horseracing commissions, we have trainers, we have veterinarians, we have drug companies that are producing these as testimony has been made today, we have the jockeys, we have fans who are feeling that they really can't trust an industry with such a tradition and history that goes back to the days of my Latin studies. Who is in charge? Mr. Strawbridge, who is really in charge?

Mr. STRAWBRIDGE. Well, that is the problem, Mr. Meehan. There is nobody in charge. We have a bunch of alphabet organizations, and the result of their input and discussions and ideas is to produce, as the Bible says, the Tower of Babel. That is all we have in this industry. There is no spokesman. And I think you hit the nail on the head. What everybody says, the only way things will change, things will reform is if we have a national governing body the way they have in England, the way they have in France, the way they have in Hong Kong.

Mr. MEEHAN. What is preventing that now?

Mr. STRAWBRIDGE. Oh, the Jockey Club. Arthur, you remember this. When was the Jockey Club told that they couldn't govern rac-

ing because they were a private organization? They don't have the authority. The authority has to come from the federal government to give a national organization the authority to make rules, enforce rules and direct racing. That is what has to happen because the States—there was an example, the RCI, another alphabet organization, Racehorse Commissioners International, they wanted to have a compact, which made sense. They were going to set the rules and require through this compact enforcement of the rules, but there was an opt-out provision and all of a sudden it would not only start but—

Mr. MEEHAN. So if one State won't abide by the rules, we have a race to the bottom, not a race to the finish line.

Mr. STRAWBRIDGE. And there is major difference as far as punishments are concerned or enforcement, and as Dr. Uboh said when I asked him, are you getting more and more positives, he said yes, and I said, well, where is the enforcement, and he said we can only identify the positives, the enforcement is up to the State racing commission.

Mr. MEEHAN. May I explore that for a moment? Mrs. Jackson, you discussed the idea of the various participants in this and your concern about drugs endangering jockeys, among others. It is counterintuitive to me. I think about a veterinarian as somebody almost a physician trained to take care of the welfare of a horse. How is it that we have veterinarians who are authorizing utilization of these drugs into horses where there has to be the recognition of the understanding that it cannot be in the best interest of a racing horse to be on these kinds of drugs prior a race? At least the testimony clearly supports that.

Mrs. JACKSON. In my opinion, I think the veterinarians have become twisted in their belief that they are helping the horse and they are helping the horse for 2 hours maybe and they are very nearsighted. They are also receiving money for the injection, and if they tell the owner or the trainer that this horse needs time off, they don't receive any income but they do receive an income from inoculation, and I think that they—I hope that in their minds they are thinking they are helping the horse. I hope that that is where they are coming from but it is so nearsighted.

Mr. MEEHAN. Mr. Stevens, it is an honor to have you here today along with this distinguished panel of owners as a Hall of Fame jockey, but when you talk about your colleagues who are not able to walk here today like you are, I mean, who do you hold responsible for putting the jockeys in the position that they are in where again I go back to the words that were used, reckless disregard for the welfare of not only the animal but by connection the human who is riding it?

Mr. STEVENS. Well, at the end of the day, what they have in most jurisdictions that is the same in about every State, it is called the trainer's responsibility rule. In other words, whenever there is a bad test, and kind of getting back to your question, there is very rarely ever a penalty for a vet who actually—if there a high Bute or a high Lasix, it is the trainer who gets the slap on the wrist, very rarely a vet. So I think at the end of the day, a lot of trainers need to take a look in the mirror, and when they are complaining about racetrack conditions, for instance, a horse breaks down and

immediately they blame the racetrack. They say, oh, the track was bad, and I am not at the track watching horses train every single day no matter which jurisdiction I am in, and surprisingly, I mean, someone who has been this game for as long as I have, you can visually see it. You don't always have to be on a horse's back to tell they are sore, and to see some horses trot by in the morning or gallop by that you can see aren't that good the way they are traveling and then to see them run in the afternoon, at the end of the day, it is the trainer that is calling the shots to send those horses out there on the racetrack.

Mr. MEEHAN. Thank you. Mr. Chairman, my time is expired. I yield back.

Mr. PITTS. The Chair thanks the gentleman. That concludes the first round of questioning. I would like to have at least one follow-up.

H.R. 1733 has been introduced in the House of Representatives by my colleague, Mr. Whitfield, and I hope in responding to the follow-up questioning by the gentleman from Kentucky, someone will speak as to your thoughts on that bill.

At this point the Chair recognizes the gentleman from Kentucky for 5 minutes for follow-up.

Mr. WHITFIELD. Well, thank you. I think Mr. Meehan certainly hit the point here, and that is that no one really has authority to do much of anything, and I know after the Interstate Horseracing Act was passed in 1978, Senator Mack Mathias in Maryland spoke to the Jockey Club because this issue had come up about the prevalence of drugs on race day, and he asked the Jockey Club for the industry to take charge of this issue and do something about it, and he said and if not, then we are going to try to do something at the federal level. And since then, about every 4 or 5 years this issue comes up and the Jockey Club, the National Thoroughbred Racing Association, all of them have the best intentions but they really don't have any authority to punish. Is that your understanding, Mr. Hancock?

Mr. HANCOCK. Yes, sir. Nobody is in charge, because there are 38 States with their own racing commissions and governors and they are in charge of their own districts.

Mr. WHITFIELD. And it is a complicated issue because this Interstate Horseracing Act was given to the racing industry at their request for simulcasting, and that is where about 80 percent of their revenues come. Now, we focused on the Thoroughbred today but this act also would apply to quarter horse racing as well as standard bred racing, and from the New York Times article, I know a lot of that first article focused on quarter horse racing. I almost get the impression that quarter horse racing may be even more dangerous and less regulated than Thoroughbred racing. Would you all agree with that, or not? Or do you have any idea?

Mr. HANCOCK. I really don't know much about the quarter horse.

Mr. WHITFIELD. But anyway, this legislation would apply to all of it across the board if they use simulcasting. So I might also add, Mr. Chairman, that Tom Udall, who is a Democratic Senator from New Mexico, introduced this legislation over on the Senate side. So they are trying to move over there with it as well, and with that, I yield back the balance of my time.

Mr. PITTS. Would one of you like to——

Mr. BURGESS. Mr. Chairman?

Mr. PITTS. Yes, the vice chairman is recognized.

Mr. BURGESS. I wonder if I might have just one follow-up question with Mrs. Jackson. As an owner, are you consulted before the use of any performance-enhancing medication? Do you have the power to veto the use of this medication or are you just simply left out of the decision-making process?

Mrs. JACKSON. I think we have stated it pretty clearly with the trainers that we use, and we have chosen the trainers because they have not a history of using those kind of drugs. We also receive monthly bills where we are allowed to see what has been injected in our horse, what the horse has received, so we have an opportunity to know what is going on. I understand that trainers will inoculate horses on their own and pay for it, but I don't think we are associated with those kind of trainers. I think ours is a direct and very honest, good relationship with our trainers.

Mr. BURGESS. And you are to be commended for that, but does a trainer have the ability to set that standard—or not a trainer, does an owner have the opportunity to set that standard with their crew prior to engaging in any of this activity?

Mrs. JACKSON. I think it is a possibility, yes.

Mr. BURGESS. I mean, you are the owner, after all, correct, and you——

Mrs. JACKSON. Correct. Can you repeat that last part again? Obviously, I missed it.

Mr. BURGESS. Well, you are the owner so does the owner have the ability to affirmatively support or decline any of the performance-enhancing activity that might take place in a race?

Mrs. JACKSON. I think so, definitely. They own the horse. They pay the bills. It comes down to them.

Mr. BURGESS. But that is always after the fact. You are able as the owner to say here are the rules that I want you to play by, and they are then respected by the trainer and the rest of the racing crew. Is that correct?

Mrs. JACKSON. That has been my experience.

Mr. BURGESS. Thank you, Mr. Chairman.

Mr. PITTS. Mr. Hancock would like to respond.

Mr. HANCOCK. Yes, sir. I said to a top veterinarian in Kentucky about 3 years ago, I said I don't want for my horses to have any kind of anything, and he said well, Arthur, you want to win races, don't you? And that is the crux of the matter. We do have the authority to say no medication but it is like getting in a fight with one hand tied behind your back, and we have got a lot at stake here.

Mr. PITTS. The Chair thanks the gentleman from Texas, who yields back, and I would like to thank our panelists for your testimony and for answering the questions. If we have follow-up questions that we send to you, could you please respond in writing? Thank you.

At this point then we will dismiss panel one and call panel two to the witness table. We will recess for 3 minutes.

[Recess.]

Mr. PITTS. Recess having expired, we will ask our guests today to please take their seats. I will ask panel two to please take their seats.

I would like to thank all of them for agreeing to testify before the subcommittee today. Our second panel will include four witnesses, one by video conference from the State of California. First of all, Mr. Kenny McPeek, a horse trainer; secondly, Dr. Kathryn Papp, a veterinarian with a private practice; thirdly, Mr. Glenn Thompson, a horse trainer; and finally, Dr. Gregory Ferraro, director of the Center for Equine Health at UC–Davis and an associate director of the Large Animal Clinic at UC–Davis. I see him on the screen, so thank you all for coming. We have your prepared statements.

Mr. McPeek, we will begin with you, and you are recognized for your summary of your opening testimony.

STATEMENTS OF KENNY MCPEEK, TRAINER; DR. KATHRYN PAPP, DVM, HILLCREST MEADOW EQUINE SERVICES, LLC, HARRISBURG, PENNSYLVANIA; GLENN THOMPSON, TRAINER AND AUTHOR: “THE TRADITION OF CHEATING AT THE SPORT OF KINGS”; AND DR. GREGORY FERRARO, DVM, PROFESSOR OF VETERINARY MEDICINE, AND DIRECTOR, CENTER FOR EQUINE HEALTH, SCHOOL OF VETERINARY MEDICINE, UNIVERSITY OF CALIFORNIA, DAVIS

STATEMENT OF KENNY MCPEEK

Mr. MCPEEK. Thank you. Mr. Chairman, distinguished members of the subcommittee, thank you for inviting me here today to testify on this important topic.

I am Kenny McPeek. As a Thoroughbred trainer, I have nearly 8,000 starts and have won over 1,200 races in my career. I began my career at the lower levels as a claiming trainer, and until today I have saddled over 120 stakes winners during a 27-year career. I have never at any point needed performance-enhancing drugs, have never had a problem with so-called doping my career. I have experience not only as a trainer but as an agent and a farm owner, and I am fully vested in the horse industry and its long-term prospects are my reasons for being here.

My hope is that this leads to a better version of this industry. Some refer to it as a sports, others, gambling, others as agriculture. It obviously is important in the number of jobs it offers this country and it is important that it thrives in the long term.

I do not believe that any major decisions about horseracing should be made without the involvement from professionals like myself. There are other trainers that need to be heard and they should eventually be given an opportunity to contribute to this conversation. We are actually inside the arena. We deal with these issues on a daily basis. They are very complicated. It is not black and white. We all work very hard. We get up very early in the morning. We have to deal with not only horses, we deal with clients, we deal with a list of issues, whether it is business, labor laws, immigration laws. It is a very, very multitasking profession, training racehorses.

My reasons for supporting the Horseracing Improvement Act would include standardized rules, licensing and medication. There are many issues that need to be addressed. I have concerns that the focus of the Interstate Horseracing Act is too narrow in its agenda. There are currently solid testing practices and penalties that are enforced by State racing commissions. However, they vary between States.

Doping seems to be the focus here, and it is important to address these acts, but they are very rare. The current testing systems measure medication overages in micrograms, nanograms and picograms and our current testing methods are the most controlled of any sport in the world. Most of the positives are minimal due to these extreme measurements and I believe in many cases are due to poor stable management, metabolism rates in individual horses, and possibly environmental factors, not necessarily or always cheating and doping.

The rules being different in each State and the States don't always clearly communicate the rules. Of course, enforcement of these medication rules is very, very important, and it would be wonderful to have uniform rules nationally, but how we can get 38 States to agree on one set of rules?

I brought with me a book called "World Rules on Equine Drug Testing and Therapeutic Medication Regulation." It was written by Dr. Tobin, Dr. Brewer and Ken Sterling with the support of the National HBPA. It attempts to clarify the complicated issue of medication in our sport. It shows that horsemen's groups are interested in clarity in medication policies in American racing. The book lists 99 different therapeutic drugs, not performance-enhancing drugs. If my colleagues or I make one mistake, then we are considered a cheater or a doper. The book addresses zero-tolerance policy, and I firmly believe that the involved parties aren't very far apart on these issues.

My personal opinion is that I think we should make stakes races completely medication free including no Lasix. These stakes races are important because these horses are a significant part of the breeding programs and their genetic influence is vital to strengthening the Thoroughbred over a course of time. It also legitimizes our stallions and pedigrees to international buyers, which is good for the economics of the industry here in the United States.

However, that being said, lower-level claiming horses need a certain amount of therapeutic medication and it would be a mistake to completely deny these horses a limit of medication. When I say that, I am saying there are horses that need Lasix. There are horses that do bleed. Now, for them to win a grade one, that is one thing, but for those horses to be given what up to now is considered a therapeutic medication in Lasix would probably be a positive. I think you may need to narrow the limits or at least how do you define a horse that actually needs it, and that is a very complicated topic and how can the racing jurisdiction or even national policy address what horse actually needs that as a therapeutic medication.

Now, I am not condoning race-day medication in an anti-inflammatory form. When I first started training, we used to be able to give Bute and Banamine the morning of the race. Now, in the

course of probably the last, I can't remember if it is 10 or 12 years ago, they actually removed those race-day drugs. I thought that was a positive and I do think it has had a positive effect. However, the nanograms, like, for example, those of that get up in the morning and take an Advil or a little Aleve to get through the day, that is one thing. The horse trainers have to decide if we give Bute, we need to know out times and so we don't miss the limits, like if it is 5 nanograms, then we have to know, and that is what this book tries to address. Unfortunately, there are a lot of States and a lot of different medications and for most horsemen, most trainers haven't read this book. Most of them don't have it. But even if you have it, it is very difficult to understand.

Concerning breakdowns, medication overuse is not the sole cause of breakdowns. There are so many factors including track surfaces. I am not sure you will completely eliminate the problem because injuries are unavoidable in all sports, not just horseracing.

In the case of jockey safety, in some cases jockeys are injured due to clipping heels where actually jockeys actually make a mistake in a race, cut them off, run them into the rail. So those types of issues are out of a trainer's control and obviously there are suspensions often given by stewards and that issue in itself is very complicated.

Mr. PITTS. Could you please summarize? Your entire written testimony will be entered into the record.

Mr. MCPEEK. To finish, in many parts of racing are in place. However, they need organized structure on a national level to bring them together, perhaps even an American horseracing authority where Congress mandates either the Jockey Club or the National Racing Compact to make licensing rules and medication decisions to bring the sport more structure and less confusion.

[The prepared statement of Mr. McPeek follows:]



Congressional Testimony of Kenneth McPeek – April 30, 2012
House Subcommittee on Health of Energy & Commerce Committee

“A Review of Efforts to Protect the Health of Jockeys and Horses”

Mr. Chairman, Distinguished Members of the Subcommittee. Thank you for inviting me to testify on the important topic being discussed today.

I am Kenny McPeek. I have been a horse trainer for 27 years and have run thousands of horses all over the country and have saddled many graded stakes winners. I understand that I am here on my own and there will be those that agree and disagree in my personal opinion. However, someone needs to represent a trainer’s point of view, or else these decisions are going to be made without our input. I am here to help in the decision making process of bringing our sport together in positive ways. My hope is that this leads to a better version of the industry. An industry that is hard to define sometimes as Sport, Gambling, Agriculture, or otherwise. Horse Racing needs structure in many areas, whether it is Licensing, Medication, or Standardized Rules. I am here to help find a balance between all of these issues.

I do not believe that any major decisions about horse racing should be without involvement from professionals like myself and I am here as long as you need me and

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will return as many times possible to help solve problems. There are other trainers that need to be heard and they should eventually be given an opportunity to contribute to this conversation.

My reasons for supporting a Horse Racing Improvement Act would include standardized rules, licensing, medications and most importantly the welfare of the horses. I am not here to simply remove Lasix from the sport, there are many issues that are larger that need to be addressed. I have concerns that the focus of the Interstate Horseracing Improvement Act is too narrow in its agenda. There are currently solid testing practices and penalties are enforced by state racing commissions, but they are inconsistent. Doping seems to be the focus here, and it is important to address these acts, but they are rare. The current testing system measures medication overages in nano-grams and pico-grams. Currently state jurisdictions testing are the most controlled of any sport in the world. Most of the so-called overages are minimal due to these extreme measurements and I believe in many cases are due to poor stable management, not necessarily cheating and doping.

As a trainer, it is sometimes confusing due to individual state medication policies. The rules are different in each state and are not always clearly communicated by each racing commission. Enforcement of medication rules is very important and it would be wonderful to have uniform rules nationally, but how can we get 38 different states to agree on one set of rules?

I realize we are here specifically to ban (performance enhancing drugs). Having spent twenty-seven years as a trainer I know firsthand of all the issues we deal with as horseman. I believe if changes are made in medication rules they should be gradual and should include trainers and veterinarians in the decision making process.

My personal opinion is that we should make Graded Races medication free, including Lasix. The Graded Stakes races are important because these horses are a significant part of breeding programs and their genetic influence is vital to strengthening the Thoroughbred. However, in many cases, the average allowance and claiming horses need a certain amount of therapeutic medications. We should be very careful to deny these horses a certain amount of medication whether it is Butazolidin or Lasix. These horses don't affect the gene pool, but they work hard and race hard. To completely deny them therapeutic medication would be a mistake. My position is one that could possibly find balance in this conversation. A middle of the road approach to this would be smart. The Graded Stakes committee should continue to move forward in this area as they have already done in the issue of steroids. Congress should look at the overall picture on the industry and hope it can help bring them together.

Concerning breakdowns, medication overuse is not the sole cause of breakdowns, there are so many factors including track surfaces and bad luck. You will never completely eliminate the problem as injuries are unavoidable in all sports, not just horse racing.

I also completely endorse the recent rule changes in California and New York that void claims if a horse doesn't finish the race, but of course there are still 36 other states that have yet to implement this.

The topic of Performance Enhancing Drugs is very complicated. The only current race-day drug allowed is Lasix. From my experience there are currently horses that need this therapeutically. This committee needs to move slowly in this area. Do NOT tear down the current system, but we need to start somewhere.

Once again, my personal opinion is that for the formal elimination of race day medication in graded stakes races in the short run. Long term, the goal should be a National Uniform Medication Policy that benefits the horses. Congress needs to look at more issues than Performance Enhancing Drugs, it needs to consider bringing 38 different state racing commissions together into one set of standardized rules.

Thank you for the opportunity to testify today and I am more than happy to answer any questions you might have

Sincerely,

Kenneth McPeek

Mr. PITTS. Thank you. The Chair thanks the gentleman. I am sorry to have interrupted you but we are pressing towards a 12 o'clock end time so we will ask everyone to maintain the 5-minute rule.

Dr. Papp, you are recognized for 5 minutes.

STATEMENT OF KATHRYN PAPP

Dr. PAPP. Good morning, and thank you to the committee for having me. My name is Kathryn Papp and I am a private veterinary practitioner with a practice currently based out of the Penn National Race Course in Grantville, Pa. I previously worked as a veterinarian at the Fair Hill Training Center and I am currently also doing regular work at the West Hampton Training Center in New Jersey and both Parks and Monmouth race tracks.

Let me first begin by stating that I love and adore horses so much. They tirelessly give to us even in spite of us and our treatment of them. That is why I am in this profession, to advocate for those who can't advocate for themselves.

Having said that, I am not for or against federal regulation of racing at this time. I am for the welfare of the horse and the wellbeing of those who are riding, and those people who are riding are not just the jockeys but the everyday exercise riders who are riding these horses during training hours. I am merely here today to state my observations as well as share my personal experiences and professional feelings on what is currently being conducted on the back side of many U.S. Thoroughbred racetracks and what else needs to be addressed in order to ensure the wellbeing of both horse and rider.

The overuse and abuse of medication is rampant at our Thoroughbred racetracks and training centers. That abuse is not limited to just performance-enhancing drugs. It encompasses all substances that our trainers may think may improve their horse's performance from valid treatments to hokey and possibly dangerous therapies. Medications that are currently being overused at our racetracks include but are not limited to antibiotics, corticosteroids, NSAIDs, hormones and their analogs, calmativ agents, hypersensitizing agents and respiratory aids, amongst many others. These substances are not just being used inappropriately around race time. More commonly, they are employed during training and the time leading up to races. I cannot tell you how many barns I know that train every one of their horses on phenylbutazone every day whether they need it or not. And Bute alone has many adverse effects to consider ranging from GI issues to renal issues.

The issue does not just include active racing, as I said before. It is extremely important to address the medication use and rider safety during training hours, and this worry is compounded with the increased amount of races available at year-round tracks and increased purse sizes. These horses are more easily fatigued and thus require more medication to keep them going. Forgotten horsemanship is at the crux of this problem.

Training centers notoriously harbor trainers who overuse and abuse medications. Some of these trainers may have medicine cabinets that rival the inventory in my vet truck and I know that I am not the one prescribing these drugs. So where are they coming

from? Internet pharmacies, other veterinarians, overseas? While the AAEP has done a fantastic job addressing the weaknesses inherent in the industry in designing recommendations for those practicing in the pari-mutuel environment, these are merely recommendations, and honestly, not every racetrack practitioner is even a member of the AAEP or respectfully regards any suggestions they may bring to the table.

The mighty dollar is a driving force for many veterinarians and trainers involved in horseracing. I know a trainer whose vet was going through a barn one day administering race-day medications. He had recently got a new expensive truck and the trainer said to him, how does it feel to be rich, and the vet said well, it sure doesn't suck. I also know racetrack veterinarians who own and market their own pharmacies for additional income, which is an inherent bias.

I was present the other day when a trainer had entered a horse in a lower claiming horse, and the horse had been winning high-level races for quite some time, and somebody went out and said why did you enter this horse in such a low claiming race. They said, well, this horse hasn't been going really well lately, we're just trying to get rid of him as soon as possible, and this is the case in many situations.

My focus as a racetrack veterinarian is on preventative and diagnostic medicine and surgery. I do not provide race-day medications and for the most part am not involved in the Lasix program unless filling in for a colleague. It is not uncommon for me to see on race day a practitioner enter a stall in one of the private barns or the detention barn with three to ten syringes full of medication to administer and not be questioned by anyone. In the meantime, there is hardly any surveillance of horses that are permanently stabled on the racetrack, and trainer administration of drugs is ubiquitous.

Despite new regulations, horses are still having their joints injected with dexamethasone and other substances up until the day before a race. Not a week passes where I am not asked by an individual on the track or at the training center about a new product or a new treatment that they have heard about to make their horses run better and if I can obtain it for them.

Of course, my regular clients already know better than to ask me how to cheat, and I am proud to say that one of my trainers I work has never incurred a positive test. Though many trainers who are using and penalized for positive tests if suspended continue to train either unabashed at training centers or via associates at the racetracks.

Pain is a protective mechanism in all animals, and it allows these athletes to protect and save themselves in certain circumstances. Horses, especially Thoroughbred, will under every circumstance do anything necessary to remain upright and not fall or injure their riders. However, this protective mechanism is nullified when doping occurs and thus our riders and jockeys incur a significantly greater risk of injury or even death.

A major encumbrance for the horseracing community is the lack of a central set of rules, published guidelines and serious punishments. The rules regarding the allowed use of medications including those on race day change from State to State, and many train-

ers will be racing a number of horses in a number of different States within any given week. It is hard even for me to keep track of the withdrawal times and ever-changing medication rules amongst the different jurisdictions.

In conclusion, we need central regulation of the sport, and I hope we can accomplish that amongst ourselves. However, action needs to be taken and completed quickly, deliberately and efficiently if we are to save our industry before it destroys itself. Our horses are suffering because of our non-action, our riders are suffering because of our non-action and it is all of our faults. We need a collaborative effort to right the wrongs in today's racing environment. Most of all, we need a concerted effort to deter the overuse and abuse of drugs and a foolproof manner of which to enforce the rules and penalties set forth.

I do believe we have come a long way since the last hearing in 2008 and strides have been made to improve the industry's image and the horses' welfare though many of these changes are still theoretical and academic. What we really need to do now is to take these accomplishments made in committee meetings and hearings and directly apply them to the back side of America's racetracks.

[The prepared statement of Dr. Papp follows:]

Testimony of Kathryn Papp, MVM
Subcommittee on Health Field Hearing : A Review of Efforts to Protect the Health of Jockeys
and Horses in Horseracing
Unionville High School, 750 Unionville Road, Kennett Square, PA
April 30, 2012

Good morning and thank you for having me. My name is Kathryn Papp and I am a private veterinary practitioner with a practice currently based out of Penn National racecourse in Grantville, PA. I have previously worked as a veterinarian at the Fair Hill Training Center and I currently also do regular work at the Westampton Training Center in NJ and both PARX and Monmouth racetracks.

Let me first begin by stating that I am not for or against federal regulation of racing at this time. I am for the welfare of the horse and the well-being of those who are riding. I am merely here today to state my observations as well as share my personal experiences and professional feelings on what is currently being conducted on the backside of many US Thoroughbred racetracks and what else needs to be addressed in order to ensure the well-being of both horse and rider.

The overuse and abuse of medication is rampant at our Thoroughbred racetracks and training centers. The abuse is not limited to just performance enhancing drugs, it encompasses all substances that our trainers *think* may improve their horse's performance, from valid treatments to hokey and possibly dangerous therapies. Medications that are currently being overused at our racetracks include but are not limited to antibiotics, corticosteroids, NSAIDs, hormones and their analogues, calmativ agents, hyper sensitizing agents, and respiratory aids amongst many others. These substances are not just being used inappropriately around race time, more commonly they are employed during training and the time leading up to races. I cannot tell you how many barns I know that train every one of their horses on phenylbutazone daily whether they need it or not.

Training centers notoriously harbor trainers who overuse and abuse medications. Some of these trainers may have medicine cabinets that rival the inventory in my vet truck. And I know I am not the one prescribing these drugs. So where are they coming from; internet pharmacies, other veterinarians, overseas? While the AAEP has done a fantastic job addressing the weaknesses inherent in the industry and designing recommendations for those practicing in the pari-mutuel environment, these are merely recommendations and honestly, not every racetrack practitioner is even a member of the AAEP or respectfully regards any suggestions they may bring to the table. The mighty dollar is a driving force for many veterinarians and trainers involved in horse racing. I know racetrack veterinarians who also own and market their own pharmacies for additional income. While Prerace.com is a popular website out of Canada that many trainers order products from that then arrive with the written promise that the substances will not test positive on race day.

My focus as a racetrack veterinarian is on preventative and diagnostic medicine and surgery. I do not provide race day medications and for the most part am not involved in the Lasix program unless filling in for a colleague. It is not uncommon for me to see, on race day, a practitioner enter a stall in one of the private barns or the detention barn with three to ten syringes full of medication to administer and not be questioned by anyone. In the meantime there is hardly any surveillance of horses that are permanently stabled on the racetrack and trainer administration of drugs is ubiquitous. Despite new regulations, horses are still having their joints injected with dexamethasone and other substances up until

the day before a race. Not a week passes where I am not asked by an individual on the track or at the training center about a new product or a new treatment they have heard about to make their horses run better and if I can obtain it for them. Of course, my regular clients already know better than to ask me how to cheat and I am proud to say that one of the main trainers I work for has never incurred a positive test.

A major encumbrance for the horseracing community is the lack of a central set of rules, published guidelines and serious punishments. The rules regarding the allowed use of medications, including those on race day, change from state to state and many trainers will be racing a number of horses in a number of different states within any given week. It is hard even for me to keep track of the withdrawal times and ever-changing medication rules among the different jurisdictions.

In conclusion, we need central regulation of this sport and I hope we can accomplish that amongst ourselves. However, action needs to be taken and completed quickly, deliberately and efficiently if we are to save our industry before it destroys itself. Our horses are suffering because of our non-action. Our riders are suffering because of our non-action and it is all of our faults. We need a collaborative effort to right the wrongs in today's racing environment. Most of all we need a concerted effort to deter the overuse and abuse of drugs and a fool-proof manner of which to enforce the rules and penalties set forth. I do believe we have come a long way since the last hearing in 2008 and strides have been made to improve the industry's image and the horses' welfare, though many of these changes are still theoretical and academic. What we really need to do now is to take these accomplishments made in committee meetings and hearings and directly apply them to the backside of America's racetrack.

Mr. PITTS. The Chair thanks the gentlelady and now recognizes Mr. Glenn Thompson for 5 minutes for an opening statement.

STATEMENT OF GLENN THOMPSON

Mr. THOMPSON. Chairman Pitts, Mr. Whitfield, Mr. Gerlach, Mr. Meehan and Heidi Stirrup, I know you did a lot of work and I want to thank you. My name is Glenn Thompson. I want you to know it is a privilege to stand alongside of you in this effort to clean up the great sport of racing. I have been a Thoroughbred trainer for over 30 years. I have never had a positive drug test and I have been blessed by the fact that I have never had to put a horse down on race day.

I recently wrote a book, "The Tradition of Cheating in the Sport of Kings," in an effort to return horsemanship and integrity back to the sport of racing. In the book, I claim that a vast majority of trainers and vets are giving illegal drugs on race day. Since my book came out in November, not one vet and not one trainer has stood up to challenge my claims.

There is a culture of drugs that has taken over racing. Anyone that has chosen to train horses in the last 35 years would have a very difficult time avoiding the trap that we, and include myself in this group, have fallen into.

I do want to be clear: I do not give illegal drugs on race day. When I hold a trophy in the winner's circle, it is mine. I won the race.

From the time you start your first hot walking job until you take out your trainer's license, you were taught, if a horse has a problem, you do whatever it takes to get them healthy for the race. If there is an ankle problem, you give the horse Bute. If a horse bleeds, you give them Lasix. If a filly is in season, you give her a shot to take her out of season.

Back before the use of drugs became so common, we had answers to these problems that did not require medication. Back in the day, we used horsemanship and patience and time to overcome our problems. But just like everything else in today's world we fell into the trap of the quick fix. Thus, our horses and every aspect of racing have suffered.

Lasix is the biggest hurdle we have to overcome in racing right now. This past winter, I went for surgery, and contrary to my friends' belief, it was not brain surgery. The doctor stressed that I was not to take any anti-inflammatories within a week of my surgery because it could cause bleeding. Thank God we banned anabolic steroids a couple of years ago but we still routinely give corticosteroids to the horses very close to the race. One of the side effects for corticosteroids is bleeding. If you took a perfectly healthy horse with a strong set of lungs and gave it to a doctor and asked him to come up with drugs and a plan to make that horse bleed during a race, I would be willing to bet that a couple of his top choices in the drug department would be anti-inflammatories and steroids.

The powers-that-be in racing, the people that we have trusted to make up the rules, have felt for the last 30 years that it is fine to give anti-inflammatories and steroids to horses 24 hours before

they race, and then in their wisdom they scratch their heads and wonder why we have a bleeding problem.

The plan that I think makes the most sense is to immediately ban Lasix and all other medications for 2-year-olds. If a 2-year-old needs drugs to race, they might be trying to tell us that they want to wait until they are 3 to race. The 2-year-olds that are not bleeding this year will hopefully be able to compete next year as 3-year-olds without bleeding. It would be a great accomplishment to have a Lasix-free Kentucky Derby in 2013 where none of the horses bleed.

In 2014, Lasix is finished for all horses. By this time I feel we have a better handle on bleeding and hopefully some research can be done to help the older horses deal with the problems they will face. I highly recommend that the people that love horses and the people that do research dedicate a lot of time and energy into finding a better solution for the bleeding problem. Are we going to have horses bleed with this plan? Yes, we are. Is it going to be difficult? Yes, it is. But we are never going to know if we can climb this mountain if we just stand at the bottom and look up at it.

I know some people are going to say, let us just ban it all now for all horses and that you are tired of waiting for change but I urge you to look out for the horses. To just suddenly stop Lasix, when a lot of the damage has already been done to their lungs, would be cruel and I feel we would see many horses possibly bleed to death on the track. The plan is a good one and it will work, and most importantly, it looks out for the horses.

Now we are going to make a little transition here to the poster boy of bad behavior in racing, Mr. Richard Dutrow. Mr. Dutrow has had a few violations over the years, OK, so he has had 60 violations over the years, and the racing community wants to ban him from racing for 10 years. I want it known that if all the trainers in America or the vast majority of trainers in America had their actual records of what they treated their horses with on file on race day, the vast majority of trainers would all receive 10-year bans. They have just been a little smarter than Mr. Dutrow and not gotten themselves caught. I also want it known that Mr. Dutrow's breakdown record over the last few years, he has only had to put one horse down on race day in front of the crowd from his last 900 starts. Many other very prominent trainers have had to put several horses down on race day, several. My question to you, who is worse, the guy that has several rule violations or the guy that routinely has horses break down? I am going to leave that with you guys to think about. It is a very, very complicated issue.

I am, however, going to tell you who should receive a lifetime suspension, and that would be the people that are in charge of the integrity of our great sport. The Jockey Club, the NRTA, the Grading Stakes Committee, the stewards and the track police are all complicit. They have all been ineffective in helping with the integrity and the drug issues we now face but the main culprits are the State racing commissions in the States across America. Their inability to come up with universal rules and their very lazy attempts at oversight I feel has led directly to the deaths of many horses and many horrific injuries to jockeys. I honestly feel that if the students in this school got together, they could do a better job.

In closing, I want it understood that I did not enjoy writing my book. I struggled with doing it for years. I do not enjoy looking into some of my friends' eyes and seeing what I now see. I felt uneasy about coming to this hearing and testifying before you, but someone had to do it. Someone had to stand up for the horses, and it is my honor and privilege to do so.

[The prepared statement of Mr. Thompson follows:]

Testimony of Glenn Thompson
Subcommittee on Health Field Hearing
“A Review of Efforts to Protect Jockeys and Hoses in Horseracing”
April 30, 2012
Unionville High School, 750 Unionville Road, Kennett Square, PA

My name is Glenn Thompson and I welcome the opportunity to testify at this hearing in an effort to help make the changes that are needed to the great sport of racing. I have been a thoroughbred trainer for over 30 years and I have never had a positive drug test and I have never had to put a horse down on the track on race day.

I recently wrote a book, *The Tradition of Cheating in the Sport of Kings*, in an effort to return horsemanship and sportsmanship to the sport of racing. You can find more information about my book at <http://sportofkingsnovel.com/>.

There is a culture of drugs that has taken over racing. Anyone that has chosen to train horses in the last 35 years would have had a very difficult time avoiding the trap that we have fallen into concerning drugs and racehorses, and I include myself in that group.

From the time you start your first hot walking job until you take out your trainer's license you were taught, if a horse has a problem, you do whatever it takes to get them healthy to race. If there is an ankle problem, you give the horse bute (phenylbutazone, which is an anti-inflammatory analgesic), if a horse has a bleeding problem, you give him Lasix (furosemide), if a filly is in season, you give her a drug to take her out of season.

Back before the use of drugs became so common we had answers to these problems that did not require medication. If a horse had an ankle, we used a whirlpool, ice, and hose. When the fillies came into season, we used to take 10 pennies and put them in the water bucket and wait for them to come out of season. Back in the day, we used horsemanship to overcome our problems, but just like everything else in today's world we fell into the trap of the quick fix. Thus, our horses and every aspect of racing have suffered.

Years ago we didn't need the Lasix as often because we didn't use bute and steroids right before a race. I find it interesting that if a person goes for surgery one of the most important things that the doctors stress is not to use any NSAIDS (Non-steroidal Anti-inflammatory Drugs) within a week of the surgery due to the risk of bleeding. We allow our horses to be given shots of NSAIDS 24 hours before they race and then wonder why they bleed.

I feel very strongly that the people that oversee racing should shoulder a large portion of the blame for the problems that we are now facing. Year after year they have made it very easy to cheat and have done nothing to correct the problem.

They say all the right things and talk a good game, but I would give them a very low grade on their effectiveness. As a result, some of the horses that are paying their salaries are losing their lives on the track. They all need to look in the mirror and take their job more seriously.

I have come up with a list of what I feel needs to be done to help deal with the drug culture, the cheating, and the ethics problems we are now facing. I want it understood, that I do not want the government to get involved in regulating racing unless of course, some of the things on this list and other good ideas from qualified horsemen are not followed. If the changes are not made in the next six months I then urge the government to step in and replace all these people that have been sitting on their hands for all these years and make the needed changes.

1. Lasix - Lasix is the biggest hurdle we have to overcome. Since the racing community has allowed anabolic steroids and bute, respiratory bleeding has become a huge problem. I feel that in the past 10 years, two out of every 10 horses in training will bleed through Lasix. This is the reason that drugs like Kentucky Red, Clotol, Amicar, Premarin, Magnesium Sulfate, and Vitamin B1 are so popular on race day. They are adjuncts to the Lasix and would never be used if horses were not bleeding through Lasix.

In most states they are illegal on race day but are routinely given without fear of repercussion. The plan that I think makes the most sense is to immediately ban Lasix and all other medications for two year olds. I feel that we should be fine with the two year olds this year since we have banned the anabolic steroids and if we can get away from the NSAIDS. The next year the ban of the same medications would move on with the three year olds.

The two year olds that are not bleeding this year will hopefully be able to compete next year as three year olds without bleeding. It would be a great accomplishment to have a Lasix free Kentucky Derby in 2013 where none of the horses bleed.

In 2014, Lasix is finished for all horses. By this time I feel we will have a better handle on bleeding and hopefully some research can be done to help the older horses deal with the problems that they will face.

I know some people are going to say, let's just ban it now for all horses and that you are tired of waiting for change but I urge you to look out for the horses. To just suddenly stop Lasix, when a lot of the damage has already been done to those current racehorses, would be cruel and I feel we would see many horses bleed to death on the track.

The plan is a good one and it will work, and most importantly, it looks out for the horses.

Administration of Lasix - The racing commission veterinarians should be giving the Lasix shots. For years this has been the main source of the cheating. The vet goes in with the Lasix shot and gives two or three other illegal shots along with the Lasix. Keep the practicing vets out of the stalls. I think in other countries, no vet is even allowed on the backside on race day without a security guard along side. I hope things don't come to that but we all need to come to the understanding that enough is enough. The safety of our horses and the integrity of our sport need to be of everyone's utmost concern.

2. Surveillance - Every horse that is racing should have a mark on their stall to indicate that they are racing within 24 hours and every track should hire some investigators that are talented with video surveillance. The mark on the stall and the trainers and vets knowing that a camera might be close should act as a deterrent to any illegal drug use.

3. Penalties - If a vet is caught giving an illegal shot or drug on race day the penalty should be severe enough to make them come to the understanding that it is not worth their careers to give a fifteen dollar illegal shot on race day. I feel that any fines that are collected from any infractions should be put in a fund to help the retired racehorses and not go to the racing commissions.

Fines and suspensions are going to be tricky. I feel that if a vet or trainer is caught giving a shot on race day the fine and suspension should be severe. However if a horse comes up positive with therapeutic drugs that a trainer might have given a little to close to race day or a groom accidentally mixed up a feed tub we need to be a little more forgiving. There should still be a fine and suspension but not the severe 180 day and \$20,000 dollar type.

4. Horse Retirement - Money should be taken out of every race to help with the retirement programs for the horses. We simply do not do enough to help with this huge problem.

5. Shockwave Machines - Shockwave machines have become a problem. The recommended rules concerning the number of days that they can be used before a race are being ignored. I am hearing a lot of horses are being treated one and two days before a race and the rule is 10 days before the race. I feel this is very dangerous for the horses and that the shockwave machines should all be kept in the detention barn and when a horse is to be treated, the tattoo is checked and the date is noted.

6. Jockey Use of the Whip - The number of times a horse is hit should be limited in a race. I think seven would be a good number. As a trainer, I even cringe when I see a horse get hit all the way down the stretch, and I am used to it. I can't imagine how a first time fan or a child feels when they see a horse hit over and over again. This should also make it more of a challenge and

a sport for the jockeys. They are going to have to come up with a strategy and a plan and to be honest. I think it throws a twist into the race that will make it more interesting.

7. Breakdowns - All trainers should have their breakdowns listed and available at the tracks where they train. Any new owner coming into the business and wanting to hire a trainer should have this available in order to make a sound decision about who to hire. Far too often we see horses that are dropped way down in class that are pulled up or break down during a race. The horses are normally dropped down because of a known problem by the trainer and vet and they choose to roll the dice and run anyway. This needs to stop! If a trainer breaks down a high percentage of horses year after year, they should have their license pulled.

Any horse that breaks down in a race should have their vet records examined by a state veterinarian, including X-rays and medications given leading up to the race, to determine if there was any neglect.

If any horse that is claimed must be put down on the track, then the claim is voided.

8. Universal Rules - The Racing Commissions in all states must come up with universal rules concerning medications and all other rules that apply to racing. A trainer is hard pressed to know the rules from state to state. For there not to be a governing body that makes up the rules is one of the biggest problems in racing. I recommend that a meeting be set up for every state racing commission to attend. They should have 2 days to set up universal rules and if after two days they can't agree to a solid set of universal rules then there are no Graded Stakes in their state until they are signed on.

Mr. PITTS. The Chair thanks the gentleman and now recognizes Dr. Ferraro by video conference. Welcome. You are recognized for 5 minutes, Dr. Ferraro.

STATEMENT OF GREGORY FERRARO

Dr. FERRARO. Mr. Chairman and members of the committee, thank you for inviting me to testify. I will paraphrase my statement—you have my written statement—and try to be brief.

My background is, I was a racetrack practitioner for 27 years on Southern California Thoroughbred Racetrack, and since 1998 I have been the director of the Center for Equine Health at UC-Davis. As part of that job, I am the liaison between all aspects of the horse industry and the School of Veterinary Medicine, which means I come in contact with the racing industry, with the sport horse industry, hunters, jumpers, dressage, cutters, reiners, pleasure horses, just about any type of horse there is. I also do a lot of work with humane groups, people that are concerned about the welfare of horses who may not necessarily understand horses.

I can tell you without a doubt that the general public whether we believe medication is good or bad for the horse, whether we can make the distinction between therapeutic medication and doping, the general public cannot, and they are overwhelmingly against any kind of use of drugs in horseracing. My general feeling about this is that if we continue to allow the use of drugs in horseracing of any kind on race day, any kind of positive testing, we will eventually lose our fan base and destroy the sport. So I think that this is a step that needs to be done.

Based on my previous experience on the racetrack, I understand the opposition to not banning drugs such as Lasix and Butazolidin. In fact, I was one of the original proponents of that when those drugs were originally allowed. It is only through the benefit of hindsight now that I can see that my argument in proposing the use of Lasix and nonsteroidals was incorrect. It has not served the industry well. It has not served the horses well.

I understand why many people are afraid of banning them, but if you think about it, there is almost no trainers or veterinarians engaged in racing these days who ever practiced without the use of those drugs so they firmly believe that they need them. I would argue that most of the rest of the modern racing world races without those permitted medications, and if they can do it, we can too.

Finally, understanding the myriad of State and local controls over racing and the various interests from owners to trainers to racing jurisdictions, there is virtually no way that you are going to be able to get any kind of consistent rule to control these drugs without some kind of federal legislation. I just don't see it happening. And so while many of us feel that federal rules and regulations are something we want to keep out of our sport, I think in this instance, there is just no way to manage this without it.

In conclusion, I would say that as a member of the veterinary profession, it saddens me greatly that we haven't served the horse industry better than we have. I think we made a mistake in the decision about 40 years ago to go down the path of permitting medication and I think it has taken us in the wrong direction.

Thank you very much.

[The prepared statement of Dr. Ferraro follows:]

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April 26, 2012

Chairman Joseph R. Pitts
Subcommittee on Health
Committee on Energy and Commerce
House of Representatives
Congress of the United States

Dear Chairman Pitt,

This statement is in response to your request that I testify before your subcommittee hearing on "A Review of Efforts to Protect the Health of Jockeys and Horses in Horse Racing". My remarks are brief and represent my own personal views. They do not necessarily reflect the opinions or policies of the UC Davis, School of Veterinary Medicine or the University of California.

I preface my remarks by saying that I was engaged in a Thoroughbred racetrack practice for 27 years prior to my returning to academia. Since 1998 I have been the Director of the UC Davis, Center for Equine Health. As an integral part of that job I am in daily contact with horse enthusiasts and industry executives and individuals from all walks of the equine sport and pleasure industry. I am also in continual contact with individuals and organizations concerned with animal welfare who may, or may not, be knowledgeable about horses. Consequently, I am exposed to much of the public's perception and opinions regarding horses and their use in sporting activities.

Based on those contacts and assessments I draw the following conclusions:

The public is overwhelmingly opposed to the use of any type of drugs in horseracing, whether they are judged to be performance enhancing or not or whether they are legally permitted or not. The perception is that drugs are associated with catastrophic injuries and malfeasance in gambling. They believe it puts the lives of horses and jockeys at risk and want it stopped.

Based upon that reality, my comment to your committee and to the horseracing industry in general is the same. It matters not whether you are personally for, or against, the use of drugs if you do not totally remove them from racing you will gradually lose your fan base and eventually kill your sport.

Additionally, based upon my personal experience with, and knowledge of, the horseracing industry, I would make the following remarks.

It is possible and safe to conduct racing in the United States without the use of performance enhancing drugs administered in close proximity to race time. That includes the use of furosemide and NSAID's. Other countries throughout the racing world conduct successful and humane racing programs without permitted medications. There is no valid reason, in my mind why we could not do the same in the United States. Those who fear the lack of drug availability do so largely because they always used them and have no experience in racing without them.

Secondly, given the maze of state and local controlling jurisdictions in charge of racing throughout the United States, and the divergent financial interests involved; I see no way of solving this issue short of a federal rule. Individual racing jurisdictions cannot ban the use of permitted medications in their local area without the fear of losing horses to another that permits their use. Only when a national rule is in place that has significant legally enforceable penalties will individual states, racing jurisdictions and horsemen comply. I believe that a national rule banning drugs will go a long way to bringing back fans to a wonderful and exciting sport.

This concludes my prepared remarks to the committee. I would be happy to answer any questions the members may have or provide the committee with any further information they may request in the future.

Respectfully Submitted,

Gregory L. Ferraro DVM
Director, UC Davis, Center for Equine Health
Associate Director, Large Animal Clinic, UC Davis, Veterinary Teaching Hospital

Mr. PITTS. The Chair thanks the gentleman from California for joining us, and we will now proceed with questioning and I will now begin the questioning and recognize myself for 5 minutes for that purpose.

Mr. McPeek, when horses go to the test barn, are test results accurate?

Mr. MCPEEK. Well, as far as I know, they are. In the State of Kentucky where I race, primarily in New York, Kentucky and Florida, I would assume that they would be. I honestly—they don't show me the results.

Mr. PITTS. Is it uniform from track to track or State to State?

Mr. MCPEEK. State to State, it is not uniform, no. That is one of the things I was addressing in this book is that it gives you—Bute in particular, there are at least 38 different States and several countries they address in here that have different types of testing, like some of them are plasma serum, others are urine, and the out times are different in nearly every State. It is a very difficult—it is a moving target for a horse trainer.

Mr. PITTS. Are all trainers treated equally by track officials?

Mr. MCPEEK. I have always been treated equally, yes.

Mr. PITTS. Who enforces racing rules?

Mr. MCPEEK. Well, the stewards, Kentucky Racing Commission in the case of Keeneland and Churchill where we run now. In New York, you have the New York State Racing and Wagering Board, and of course, Florida, you have got—I can't remember the name of the organization, but they do a good job for the most part.

Mr. PITTS. In your experience, are certain jurisdictions more lenient towards drugging?

Mr. MCPEEK. I don't believe so, no. I believe they are all very serious about their jobs.

Mr. PITTS. Dr. Papp, are racehorses being overmedicated?

Dr. PAPP. Yes.

Mr. PITTS. In your professional opinion, can therapeutic drugs mask other more dangerous drugs?

Dr. PAPP. Yes.

Mr. PITTS. Can steroids cause long-term damage to a horse?

Dr. PAPP. Absolutely.

Mr. PITTS. Explain.

Dr. PAPP. Corticosteroids I think is what we are talking about here, the ones that are administered both parenterally and intrarticularly.

Mr. PITTS. Differentiate between the legitimate use of steroids and—

Dr. PAPP. Sure, there is a lot of legitimate uses. For example, when a horse has hives, when they have an allergic reaction, we use steroids to calm the immune response. What it is used for, horses that have inflammation in joints and other parts of their body, we will administer corticosteroids at a reasonable dose, at a reasonable time with an appropriate diagnosis. So usually we are talking about injection into joints of corticosteroids. The downside of these, immune suppression is a huge one, decreased bone density—we are seeing a lot of breakdowns directly related to corticosteroid use; increased chance of bleeding, as was mentioned before, and these corticosteroids can be administered at 24 hours

out without being detected, at least in the State of Pennsylvania currently, and they are given in the vein and it can mask pain and inflammation, absolutely.

Mr. PITTS. Mr. Thompson, do some trainers use chemists to obtain compounded drugs that are particularly powerful and undetectable with current testing methods?

Mr. THOMPSON. I would imagine they do. I don't have any first-hand knowledge about that but I would imagine that they do.

Mr. PITTS. Will industry groups like the Jockey Club and the NTRA make changes to medication rules voluntarily, in your opinion?

Mr. THOMPSON. They don't have the power but, you know, I have no clue why these 36 States can't have a meeting and get together and sit down and get the job done. I mean, they should be able to have a meeting, call a meeting, get together, come up with universal rules. They have the power. The Jockey Club does not. The NTRA does not. The racing commissions do.

Mr. PITTS. We continue to hear that no industry group has the authority needed to institute changes and that every change is voluntary, that there is no uniformity among racing jurisdictions. In your opinion, is a federal regulatory framework the only realistic solution?

Mr. THOMPSON. I hope not. I mean, I hope the racing commissions get together and have their meeting, and if they don't, then I hope you do come in and straighten it out.

Mr. PITTS. Dr. Ferraro, the Racing Medication and Testing Consortium has existed in one form or another for approximately 25 years. Is it an effective group with a well-understood mandate and how effective is the group and the board that governs it?

Dr. FERRARO. I think the group is very effective in terms of improving the testing, monitoring, making recommendations on testing. Unfortunately, they really do not have any control over regulations.

Mr. PITTS. Do you believe, Dr. Ferraro, that there should be a zero-tolerance policy for steroids in horseracing?

Dr. FERRARO. I think that there should be no drugs, detectable drugs, in the horse's system at the time of racing.

Mr. PITTS. Many people talk about the exercise-induced nosebleeds that are not uncommon in these horses but state that they do not necessarily hurt the horse's performance. Does this condition damage the lungs, however? Is this bleeding the result of overworking the animal?

Dr. FERRARO. There is a difference in bleeders. There is what they call a physiological bleeder. You talk to people that are engaged in hundred-mile races, humans, they will tell you they frequently taste blood, just from the exercise induction of leakage across the capillaries. But there are pathological bleeders. It is the veterinarian's job to separate the two and treat the pathological ones and leave the physiological bleeders alone. I believe as have others have stated here that nonsteroidals and the other drugs we are giving are leading us down that path.

Secondly, I think by continuing to treat these bleeding animals and giving them the crutch that they need to continue to race, we

are sending animals to the breeding shed that we probably shouldn't.

Mr. PITTS. The Chair thanks the gentleman. My time is expired.

I will go now to the vice chairman, the gentleman from Texas, Dr. Burgess. Are you there?

Mr. BURGESS. I am here, Chairman. Thank you.

Mr. PITTS. All right. You are recognized for 5 minutes for questions.

Mr. BURGESS. Dr. Ferraro, let me ask you a question, if I could. You referenced the designation of permissible race-day medications some 40 years ago as perhaps the beginning of this problem. Did I understand that correctly?

Dr. FERRARO. That is correct. I testified on behalf of those drugs before racing commissions before they were ever permitted.

Mr. BURGESS. Chairman Whitfield delineated for us a list of stakeholders who might be opposed to a federal solution or federal legislation, and here is the difficulty I am having. If there is the ability either with the racing commissioners or within your professional organizations to deal with this, just in my experience, you are so much better doing that than asking the United States Congress to get involved. Because unfortunately, sometimes our involvement actually creates new and unforeseen problems. The law of unintended consequences is one that is alive and well in your United States Congress. So is there any possibility for putting the genie back in the bottle and rolling back the last 40 years and creating a structure within the industry itself where federal legislation would not be necessary?

Dr. FERRARO. I haven't seen it, and I can't see it coming. I agree with everything you said. That worries me considerably. But you had similar hearings to this 2 years ago where the industry promised you that they were going to do something about this and they have basically done nothing. You have to understand the individual racing jurisdictions' viewpoint on this. If, for example, California decided that they weren't going to allow medication on their own, there is a very good possibility that most of their race trainers and racehorses would move to another jurisdiction, thereby destroying the industry within their own State. So unless you have some kind of national rule that is instituted across the country at the same time, I don't see that any individual State or racing jurisdiction is going to do anything about it.

Mr. BURGESS. Except you referenced that the fan base wants this. They want the drugs out of the industry. So it seems to me if you had large jurisdictions like California, like Texas, maybe Kentucky joining in, that if they were together to say we are having no more of this, then the rest of the country would fall in line. Is that just wishful thinking?

Dr. FERRARO. Unfortunately, I am afraid it is. I mean, I wish it could be that way. If you look at our fan base in California, for example, it is eroding fairly rapidly, and I personally can go to other types of equine sporting events and see the fans and the owners that used to be in racing that have gone to other sports, and the simple reason is to get away from this drug culture.

Mr. BURGESS. Let me just ask you one last question. You talked about pathological and physiological bleeding. For those of us who

are not knowledgeable of your field, a horse that has pathological bleeding, how is that likely to present?

Dr. FERRARO. Usually there is some damage to the lung that is identifiable by either ultrasounds or radiographs. There is a consolidation lesion often. We have what we call a bleeder's lung. It is a pretty commonly accepted type of changes in the lung that we see. Those horses need rest and therapeutic medication but not during the period of their training.

Mr. BURGESS. And what are the symptoms that they present with?

Dr. FERRARO. These horses bleed profusely. They bleed in the morning. They bleed galloping. They tend to degenerate over time in their performance. It is much different than most of the horses.

Mr. BURGESS. And is there a way to restrict the horse designated as a pathological bleeder from racing?

Dr. FERRARO. Not that I am aware of.

Mr. BURGESS. So you simply medicate and put them back on the track?

Dr. FERRARO. Yes, it is a trainer and owner judgment on it, I believe.

Mr. BURGESS. Well, thank you.

Thank you, Mr. Chairman, for the indulgence. I will yield back my time.

Mr. PITTS. The Chair thanks the gentleman and now recognizes the gentleman from Kentucky, Mr. Whitfield, for 5 minutes for questions.

Mr. WHITFIELD. Thank you.

Dr. Ferraro, you had indicated that you gave testimony to State racing authorities in which you advocated the use of Lasix and other drugs, and now you have changed your mind. Could you in a very short period explain to us primarily why you changed your mind?

Dr. FERRARO. Well, I will give you the reason that I gave the commissioners when I argued for the medication, and in the case of the nonsteroidals, the argument was, well, if we can use the nonsteroidals in proximity to racing, we wouldn't have to inject as many joints with steroids and we would avoid that. That has proven not to be the case.

In the case of Lasix, we knew at the time when we argued for Lasix that it really wasn't a very good drug to control exercise-induced pulmonary hemorrhage. We knew that 40 years ago. What we argued was, give us this crutch, give us this drug that we can use now and we will find a better way to treat these animals. What in fact has happened is, because we have Lasix, we are not really moving down the line to find something better, to find a better solution. Bleeding in horses, exercise-induced pulmonary hemorrhage is a very complicated syndrome. There is a lot of things going on. It is not just the lung, it is also the heart, the buildup of pulmonary artery pressure. So it is a very complicated syndrome. I believe that the fact that we have had Lasix in racing has really slowed us down in trying to solve this problem.

What I have seen when I look back now compared to—the United States compared to Britain, France, some of the other racing jurisdictions around the world, is that their racing has done much bet-

ter than ours. If you look at their stallions, particularly the ones in Europe, they are much better than ours now. The offspring of these stallions are better racehorses and I believe we have done a detriment to the breed.

Mr. WHITFIELD. Thank you.

Mr. McPeek, you held up that book just a few minutes ago, and someone had mentioned earlier that there were like 99 acceptable drug withdrawals, and I know that when State racing commissions get involved in trying to adopt these rules, the withdrawal time always create confusion and yet I was looking at the rules in Great Britain and some in Europe, they have like the 20 most commonly used drugs and they set out very explicitly the withdrawal times, and anything else detected would not be allowed. It seems that it would be better for us to simply decrease the number of acceptable drugs that we have set the withdrawal times for. Would that make sense to you?

Mr. MCPEEK. Absolutely. These are therapeutic drugs for the most part, and I brought several copies with me. There is a box full of them over there. If anyone would like to take those home, feel free. But it is. It is very complicated, and we need to narrow the focus. Instead of having a whole book, it would be nice if it was on one page.

Mr. WHITFIELD. It is very complicated, and you look around jurisdictions, and we know that—Dr. Papp, her testimony was pretty dynamic. She was talking about rampant misuse and abuse, and very few trainers are ever suspended for any length of time because there is always legal suits, there is always withdrawal times. That becomes a big legal issue. It is a morass. And this term “layering”, for example, have you ever heard of the term “layering”? Have you, Dr. Papp?

Dr. PAPP. No.

Mr. WHITFIELD. Well, I have been told that some people use this drug, this drug, this drug up to the limit and alone they wouldn't have much impact but together they can mask other agents.

Dr. PAPP. Stacking.

Mr. WHITFIELD. Stacking? So I think that is pretty prevalent also would you say, Dr. Papp?

Mr. MCPEEK. I have never heard of such a thing. I have never—I trust the veterinarian to a limit. I also try to keep them within—you have to rein them in. You have to say OK, we are not going to let you do that because I don't think we need to do that, but it is a balance.

Mr. WHITFIELD. I wish more trainers were like you, Mr. McPeek, but I get the idea that there are not a lot of like you out there.

But Mr. Thompson, you mentioned that the ideal thing would be get these commissions together and come up with these rules. I mean, I don't want to see the federal government involved either. We are already involved in that we gave the ability to do simulcasting through the Interstate Horseracing Act, and I think we can amend it and set guidelines and still have authority vested locally. But the problem with letting the racing commissions try to do this, I have heard time after time after time where the racing commission would make a decision, tighten up the rules and then

the HBPA or some other horsemen's group would go to the legislature and they would simply reverse it.

Mr. THOMPSON. If these guys got together as a group and came up with rules, universal rules, nobody would be able to fight it. If they got together, 36 States, made a plan and did it, that would be it.

Mr. WHITFIELD. And we have been waiting for that for a while.

Mr. THOMPSON. A long time.

Mr. WHITFIELD. Thank you. My time is expired.

Mr. PITTS. The Chair thanks the gentleman and now recognizes the gentleman from Chester County, Mr. Gerlach, for 5 minutes for questions.

Mr. GERLACH. Thank you very much.

Dr. Papp, in your testimony, and I will quote here from just one line, "The overuse and abuse of medication is rampant at our Thoroughbred racetracks and training centers." In Pennsylvania, since primarily your testimony indicates you normally work out of Pennsylvania, maybe a little bit in New Jersey, what are the current racing commission obligations and responsibilities for a veterinarian to report abusive veterinarian practices with horses? What obligation professionally under the racing commission rules and regulations you have to report that conduct?

Dr. PAPP. As far as misconduct, there is no rule saying that one veterinarian has to report misconduct of another veterinarian or, you know, it is up to their discretion if they see a trainer abusing the medications. We have to produce day sheets for every medication and every treatment we do on each horse every day whether it is on the honor system, whether or not people put—the veterinarians put down what they actually give and so.

Mr. GERLACH. Has there been any discussion on that issue, do you know, in the racing commissions in Pennsylvania, New Jersey about whether there out to be mandatory requirements for reporting of abusive activities?

Dr. PAPP. I read that they had recently talked about it at the Oklahoma meeting. However, not in Pennsylvania, to my knowledge.

Mr. GERLACH. How about from the professional responsibility? I know, for example, those that are in law have some ethical responsibilities to report inappropriate conduct by fellow attorneys, same thing perhaps in the medical profession. How about in the veterinarian profession? Are there rules of professional responsibility that the veterinary board here in Pennsylvania—and I am pretty sure there is one in New Jersey as well—from a professional responsibility standpoint what obligations might there be to report conduct that is not in the appropriate—that is inappropriate conduct for the handling of a horse and at some point perhaps able to cause injury to both the horse and the rider at some point?

Dr. PAPP. You are able to report it to your State board. However, there will be an investigation and it basically comes down to proof, and that many times is difficult, and if you are unsuccessful with your proceeding forward with that, you can be basically shunned from the veterinary community.

Mr. GERLACH. Are you aware of any cases brought before the professional responsibility organization here in Pennsylvania or

New Jersey of a veterinarian who has inappropriately conducted his or her practice with horses?

Dr. PAPP. Actually, I just heard a few days ago that there is a young veterinarian in New Jersey that was treating standard bred horses. They had left an injectable vitamin with a trainer at the training center and that trainer gave the medication and the horse died, and the veterinarian was basically put on the chopping block because of this, and that is the first time I have heard of that actually happening.

Mr. GERLACH. Well, thank you for your testimony today. I yield back.

Mr. PITTS. The Chair thanks the gentleman and recognizes the gentleman from Delaware County, Mr. Meehan, for 5 minutes for questions.

Mr. MEEHAN. Thank you, Mr. Chairman, and once again, I want to thank this distinguished panel, particularly those of you who I know when you give this kind of testimony, you go back and talk to some of yours in the industry that may be looking and thinking, you know, how come you are here stepping up, but that is a question I have first. As trainers, if you weren't participating in the doping, aren't you at a competitive disadvantage? I mean, how do you put out there? You said you didn't have a horse that went down or you mentioned, I think, your testimony, how can you compete in an industry like this if you are not doing the doping?

Mr. THOMPSON. You got to have a good horse.

Mr. MCPEEK. I have spent an entire career finding good horses for people.

Mr. MEEHAN. And the key is—you get a good horse but you are still having somebody else on that horse's tail in an appropriate fashion. You still compete then without the enhancement?

Mr. MCPEEK. I don't believe that drugs make a horse that much better in some cases. I think in many cases, they have a negative response, even from the Lasix. So if you get a really good horse, a good horse—I always said the first good horse in my career, which was Tahana Run, second in the Derby, I could have fed him rocks and Budweiser and he was going to outrun most of them. He was that good. But he was that talented. And so I have spent my time going to horse auctions—Keeneland, Fasac, Tipton—and I have perfected my eye to find the best horses. I take those horses, I develop them slowly. We don't use any—we don't use hardly any medication. We don't treat young horses with Bute. A lot of times we will make several of our first starts without Lasix. I won stakes last year without Lasix at all.

Mr. MEEHAN. But you as a trainer, if you can find that, that is wonderful, but you are looking to try to win a race when we are looking at this industry in addition to trying to win a particular race, I go back to this concern for the health and welfare of not just the animals but the jockeys themselves. So how does your jockey know that the other eight or so horses out there aren't in a position to break a leg?

Mr. MCPEEK. The best way I can explain it is, is that I get a large group of young horses every year, and a lot of them get claimed off me. I have horses, and let us say I get 50 young horses. Out of the 50, 40 of them will be average, middle of the road, good,

solid horses that end up going to secondary circuits. Mr. Dutrow loves claiming off me, OK, but then the 10 horses are the ones that I am after, and my clients ultimately, we want stake horses, and if we get those top horses out of the group, and that is very typical percentages, about 20 percent of your horses in a young crop are going to be good. But the definition of where they are going and how much—how do they improve them when I lose them, and they are not getting improved.

Mr. MEEHAN. They are going out and they are racing at other tracks?

Mr. MCPEEK. They are racing at other tracks.

Mr. MEEHAN. Claims races and things of that nature.

Mr. MCPEEK. They claim off me like crazy. They take horses me in Florida, Kentucky, New York. We are not seeing a dramatic improvement. So I am not convinced that there is a huge issue with doping and all these issues that we are talking about here. The issue is that the rules are inconsistent and they vary State to State, and we need to get that straightened out. It will eliminate the confusion.

Mr. MEEHAN. You said there is not a huge issue with the doping, and I was struck by your testimony at the outset that you didn't think that there were—there were other factors that could also contribute. But the New York Times article lays out very clearly a pattern of increased injury associated with the advent of the use of the drugs and the significant growth in the drugs. Now, how do you describe the discrepancy then when presumably conditions are getting better?

Mr. MCPEEK. I have read the articles. I have read them closely, and I am trying to figure out which horses they are talking about, and it is the lower-level horses they are discussing. One thing that I do—you know, and this is a personal opinion again. I think winter racing is a very difficult time of year to be racing horses. You know, they are running over frozen racetracks. In some cases those tracks aren't maintained as well. And I am not blaming New York Racing Association for that. But that is a fact. It is more difficult to handle those surfaces during difficult weather. But, you know, the issues are complicated. I mean, can you blame the breakdowns that the New York Times is bringing up to strictly medication? It is hard to see how they could be clear on that or for sure.

Mr. MEEHAN. Well, I looked at the article this morning. I haven't had a chance to know all of the facts but I am taking it on its basis that it was not just the doping that was associated with it but it was putting a horse out there that had some injuries that they were aware of with regard to some injuries to the knee and otherwise. And this was the word of one of the trainers: "As you are undoubtedly aware, with an impaired ankle, this horse is a danger to himself, his ride and everyone on any track where he is allowed to work and race." So let me ask you, we use the word earlier about reckless disregard, and I used that word as a term of art as a former prosecutor. When somebody knows that a horse has a problem with a joint or an ankle, uses drugs and puts them out there, would you consider that to be reckless disregard for the welfare and concern of that jockey and any others who are racing on that track?

Mr. MCPEEK. Well, I know these issues well. OK. When you say an ankle, OK, has the horse had a P1 sagittal ridge removed? Does he have cartilage issues? Does he actually have a fracture that is in the base of the ankle? That is another deal. If a horse has a fracture in the base of the canon bone that is causing inflammation and they have injected that joint, that is absolutely the wrong move. But a veterinarian would have X-rayed that if he was a good veterinarian or a good trainer would have taken a picture, made sure that the ankle was—

Mr. MEEHAN. We are talking about Dr. Papp's testimony where you have people walking in with vials of—

Mr. MCPEEK. I have never seen that. Maybe I am naïve. But the issue—if you are talking about whether it is an ankle or a knee, you have got so many different versions. Horses have ankle surgery, they have knee surgery, they have OCD, osteochondrosis, which is a bone density issue. Those horses will have joint fluid and they will have—and the rules say that you are allowed to use certain medication at this point and so the trainers that—even if they injected that particular ankle, what depth of knowledge do they have about the horse's issue and if that depth of knowledge was solid and that the veterinarian that they are working with has done their due diligence, then they didn't do anything wrong. However, that is what the rule systems are set up. That is how they are set up. And, you know, talking about joint issues, cortisone in joints I think is something in the long run we need to start addressing. When you put strictly cortisone in a joint, it in the long term deteriorates that joint, and we have had over the course—and I am lucky. I have got clients that will pay for what we call aleuronic acid and it is poor word but it actually lubricates a joint. It increases the cartilage. It improves cartilage growth. And it is a positive. And then a very minimal amount of cortisone would follow that, or in some cases, none at all. So how we deal with those physical issues is very, very complicated. It is not black and white.

Mr. MEEHAN. Mr. Chairman, thank you. I know my time is expired. Dr. Papp, do you have a last observation? You are a veterinarian.

Dr. PAPP. Yes, just a quick observation is that I agree with you on the corticosteroid issue. However, I see trainers, lower-level claiming trainers that are just scraping to get by that will not pay for an X-ray. So you are talking about good trainers that will do their due diligence. However, I offer X-rays in almost all of these situations and the trainers very frequently respond, I will just put some poultice on it, see how it looks tomorrow, if it doesn't look as bad, I am going to keep going, and that is how it is.

Mr. THOMPSON. Mr. Pitts, could I have one second?

Mr. PITTS. Yes, Mr. Thompson, you have the last word.

Mr. THOMPSON. All right. I would like to ask our future fans, the students, or did they leave?

Mr. PITTS. They just walked out.

Mr. THOMPSON. I wanted to see if any of them were coming to the races next week.

With that, I will ask the witnesses, if we have follow-up questions, will you please respond in writing? Thank you very much for

your testimony, for the answers. It has been a very informative hearing.

Again, I want to thank Unionville High School for the use of your state-of-the-art facilities. I want to thank everyone for coming. I want to thank the members and the witnesses for your testimony.

At this time I would request unanimous consent to insert a statement from Senator Udall and a statement from Dr. Scott Palmer for the record. Hearing no objection, so ordered.

I remind the members that they have 10 business days to submit questions for the record, and I ask the witnesses to respond promptly to the questions. Members should submit their questions by the close of business on Monday, May 14th.

Without objection, the subcommittee is adjourned.

[Whereupon, at 12:05 p.m., the Subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

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COMMERCE, SCIENCE, AND TRANSPORTATION
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FOREIGN RELATIONS
INDIAN AFFAIRS
RULES AND ADMINISTRATION

April 27, 2012

The Honorable Joe Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

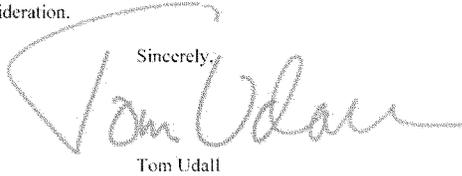
The Honorable Frank Pallone, Jr.
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Pallone:

I write to ask that my enclosed written statement be included in the hearing record for the April 30, 2012, hearing on "A Review of Efforts to Protect the Health of Jockeys and Horses in Horseracing."

Thank you for your consideration.

Sincerely,



Tom Udall

encl: statement for the record

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Statement of U.S. Senator Tom Udall

In my home state of New Mexico, horseracing is a \$400 million industry that sustains over 10,000 jobs, including many in rural areas. Yet doping abuses in the sport threaten the viability of horseracing in my state and elsewhere. I was appalled by many of the revelations in a recent *New York Times* investigation, reported in their March 25th article "Mangled Horses, Maimed Jockeys," that found that five of the seven race tracks with the highest rates of injury were in New Mexico. Regrettably, this is not the first time scandal has struck New Mexico horseracing. Moreover, the problems identified by the *Times* are not exclusive to my state.

In 2010, I joined with Congressman Ed Whitfield, who has long championed necessary reform of the Sport of Kings, to examine what progress has been made since 2008 when racing groups promised reforms. I am pleased to now be working in a bipartisan manner on this issue with Chairman Pitts, Congressman Whitfield, and other former colleagues in the House of Representatives. Our legislation, the Interstate Horseracing Improvement Act, would help curb doping problems plaguing the sport. This is essential for the health and safety of racing's human and equine participants. It is also important for the many jobs that are tied to an American horseracing tradition that stretches back centuries.

Although many recognize the horse as an iconic American animal, particularly for the West, there are probably few who know just how long horseracing has been a part of our nation's history. My colleagues from eastern states can boast of the Sport of Kings' long legacy in this part of the country. Yet the first recorded horserace in what is now the United States took place in the southwest. In 1541, the Spanish explorer Coronado challenged one of his officers to a match race while they were camped near present-day Bernalillo, New Mexico. The race ended in disaster when Coronado fell from his mount, was struck in the head by the trailing horse, and suffered a severe concussion. I offer this anecdote from history since it illustrates that racing will always involve some risk for horse and rider.

Yet it is appropriate that this Committee examine whether American horseracing today involves unnecessary risk of injury due to horse drugging, permissive medication rules, and lax enforcement by state racing commissions. Recent investigative reporting reveals that horse breakdown rates at American tracks are far higher than in other countries that prohibit drugs and impose strict penalties for doping. The March 25th *Times* article highlighted many problems with horse racing in my home state of New Mexico, including a lenient rule for the painkiller flunixin, poor drug testing practices, and weak penalties for doping. Although this report found that New Mexico tracks have higher rates of injury than the national average, serious racing problems exist across the country. In fact, U.S. racehorse fatality rates published by the Jockey Club are higher than for comparable flat racing in other countries such as the United Kingdom.

Doping abuses and the overuse of medications in American horseracing may be a significant factor in higher breakdown rates. Racing sore and lame horses under the influence of painkillers, in particular, creates unnecessary risk for jockeys and horses. Feeling no pain, an injured horse may continue to charge down the track, potentially endangering every horse and rider in a race. This is unacceptable in terms of risks to both human and equine health and safety.

Any horse doping that affects the outcome of a race also impacts payouts from parimutuel betting pools, which consist of many interstate, off track wagers. Last year, Americans legally placed over \$100 million in wagers involving the outcome of a single race, the Kentucky Derby. According to the Jockey Club website, the 2011 total parimutuel wagering handle for U.S. tracks was more than \$10.7 billion, with nearly 90 percent of that total coming from off track wagers. Illegally doping a horse to win a race potentially steals from all those who place parimutuel wagers on non-doped horses. Since winning bets are paid shortly after a race, those involved in a doping scheme can potentially profit from interstate wagers even if state racing authorities later find a medication violation that changes the official race result.

Given the large sums of money at stake, one should expect state racing commissions to do everything possible to protect the integrity of race outcomes from any type of race fixing or the taint of drugs. However, unlike other countries that ban race day medications, racing jurisdictions here actually allow injecting horses with a performance enhancing drug, furosemide, just hours before post time. Many other medications, including anabolic steroids, bronchodilators, corticosteroids, and nonsteroidal anti-inflammatory drugs are allowed in the days prior to competition. Some of these drugs, such as steroids and clenbuterol, can affect a horse's performance long after administration, especially if given with the intent to gain an illicit racing advantage. While racehorses may truly need such drugs as part of legitimate therapeutic treatment, no horse needing therapy should be raced. Sore and lame horses should be given rest. They should not be forced to race under the influence of drugs.

Doping penalties must also be strict enough to deter potential cheaters. Unfortunately, state racing commissions routinely impose small fines and short suspensions that do not seem to deter repeat offenses. According to a 2011 letter sent by Association Racing Commissioners International (RCI), an organization composed of state racing regulators, one leading trainer has been sanctioned at least 64 times for various rule violations in nine different states, including for medication violations involving the painkiller mepivacaine and the drug clenbuterol. As reported in a June 28, 2008 *New York Times* article, this trainer commented with regard to the use of clenbuterol, "The last time I got a clenbuterol positive on some filly, nobody cared, nobody asked me. It's not a big deal for a horse to come up with an overage for clenbuterol."

Unfortunately, this is not simply an isolated case of repeated medication violations and weak penalties when drug tests reveal so-called "therapeutic overages." The Racing Medication and Testing Consortium (RMTC) Recent Rulings webpage lists many rule violations involving controlled substances, prescription drugs, and other medications. Often, these published medication violations indicate that racing commissions imposed relatively weak penalties for violations of existing state regulations.

Incredibly, a September 1, 2011, report published by RCI argues that medication violations related to anabolic steroids, clenbuterol, and other performance enhancing drugs should not be considered horse doping since RCI's voluntary guidelines do not define those substances as class 1 or class 2 drugs. RCI also apparently dismisses numerous "milk shaking" violations when it claims that there were only 47 instances in 2010 that "could legitimately be construed as 'horse doping.'" Milk shaking a racehorse, according to a July 23, 2010 Dauphin County, Pennsylvania grand jury presentment, involves "orally injecting a concoction of various components often

including baking soda, sugar, electrolyte powder and Red Bull energy drink” in order to prevent the lactic acid buildup and improve racing performance. This practice would be strictly punished under the Interstate Horseracing Improvement Act.

Lax state enforcement of horseracing medication rules is a matter of concern to me as a Senator from a state where Quarter horse and Thoroughbred racing is an important industry. But it should be of concern to all members of this Committee.

Congress granted a special privilege to horseracing that no other U.S. gambling enterprise enjoys: interstate and online wagering. The Interstate Horseracing Act of 1978 (IHA) allows off-track, or “simulcast,” wagering across state lines. Internet wagering on races subject to the IHA was granted a special exemption from the Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA).

Given the unique benefits conferred by the IHA, the horse racing industry groups should also be expected to protect the safety and welfare of equine and human athletes. Unfortunately, a review of previous pledges from racing industry groups to address these issues shows that horseracing’s drug problem has festered for decades despite occasional scrutiny from Congress. The following examples from years past should help inform today’s discussion and further highlight the need to amend the IHA to protect against doping abuses.

In 1973, the House Select Committee on Crime issued a report on the “Organized Criminal Influence in Horseracing” recommending federal legislation to prohibit horse doping and tampering. The Committee even considered the need for a national commissioner for horse racing. Yet the Committee believed that “the States should have the opportunity to act individually and jointly to restore and retain public confidence in their ability to police the sport of racing.” They even noted a pilot program of the National Association of State Racing Commissioners (NASRC), now RCI, which responded to some of the regulatory shortcomings identified during the Committee’s investigation.

In 1978, the year the IHA was enacted, a jockey died at Pimlico racetrack, home of the Preakness Stakes, in a horrific spill that many believed was linked to use of the painkiller Butazolidin. That year New Mexico was also the scene of scandal after drug tests from horses in the All American Futurity, the richest horse race in the world at the time, tested positive for a potent synthetic narcotic. Yet no one ever learned if the million dollar winner of the race was among those that tested positive since the state racing commission apparently destroyed testing records. A newspaper investigation noted that “the New Mexico case and similar episodes in other states illustrate how lax enforcement of drugging rules hurts the integrity of the nation’s most popular sport.” That excerpt sounds like it could be from a current news story except for the comment about horseracing’s popularity, which has been in decline for decades. Without reforms to clean up the sport, how can tracks expect to attract new fans?

In the early 1980s, Congress considered legislation to prohibit the drugging of racehorses, the Corrupt Horse Racing Practices Act. The explanation given by Senator David Pryor of Arkansas upon introduction of this legislation on May 1, 1980, reads as if he were speaking to this Committee today:

No other major racing country in the world allows the pre-race medication of horses. In this country there has been a steady increase in the misuse of drugs in racing. Drugs are used not only to numb an injured horse in order to keep a lame horse racing, drugs are also administered to alter the performance of otherwise healthy horses. Other drugs are administered to mask the presence of illegal drugs. These practices have resulted in increased numbers and severity of injuries to horses and jockeys and unfair racing practices to racing fans.

In House and Senate hearings, however, racing industry groups insisted that no Congressional action was necessary. The president of the Thoroughbred Racing Associations testified in 1982 that NASRC had adopted “national guidelines to create a workable and uniform system of medication rules.” Harness Horseman International wrote that progress was being made and that “[t]he various racing jurisdictions, along with NASRC programs, can police the industry to protect everyone concerned” without federal intervention. The American Quarter Horse Association explained in its statement opposing federal legislation that “high dollar fines, long term suspensions, and stiff penalties imposed by [state racing commissions] that have jurisdiction can and will control the use of drugs and medications.” The record in the years that followed demonstrates otherwise.

Members of this Committee also remember promises made by racing industry groups in 2008 following the tragic breakdown of Eight Belles and the revelation that the Kentucky Derby winner was administered anabolic steroids, which was permitted by state racing rules at the time. On April 29, 2010, Congressman Whitfield and I wrote RCI, National Thoroughbred Racing Association (NTRA), and the Jockey Club to ask for an update on safety and integrity reforms promised in 2008. Jockey Club executive director James Gagliano wrote in his reply that “more progress has been made during the past two years in these areas of our sport than in any other comparable time period in history.”

The current *New York Times* investigation, equine injury data, and the long list of medication rules violations published online by RCI and RMTC indicate that the amount of racing industry “progress” on safety and integrity concerns is inadequate. Congress should not delay in enacting meaningful reform that sets strict, minimum anti-doping standards. Amending the IHA is the only viable way to ensure the safety and integrity of interstate horseracing.

Congress should not tolerate doping and cheating in interstate horseracing, especially when it puts jockeys and horses at risk of serious injury, even death. The Interstate Horseracing Improvement Act would prohibit racing horses under the influence of drugs. It would set stiff penalties for doping, including “three strikes, you’re out.” This strict anti-doping policy would not prohibit any horse from receiving legitimate therapeutic drugs. Horses in need of therapeutic treatment simply could not be raced until they are healthy to do so without drugs.

In conclusion, I wish to thank Chairman Pitts for holding this hearing and for his support for the Interstate Horseracing Improvement Act. I look forward to continuing to work with Congressman Whitfield and members of this Committee to enact this legislation. Doing so will help bring integrity to racing, benefitting everyone involved. Most importantly, it will reduce the health and safety risks faced by the jockeys and horses that make the sport possible.



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April 26, 2012

The Honorable Joe Pitts
Chairman, Subcommittee on Health
Committee on Energy and Commerce
420 Cannon House Office Building
Washington, DC 20515

Dear Congressman Pitts:

I submit the following comments for consideration for the April 30 hearing, "A Review of Efforts to Protect the Health of Jockeys and Horses in Horseracing." I am an equine veterinarian in private practice in New Jersey, but my comments are submitted in the context of my role as chairman of the American Association of Equine Practitioners' Racing Committee. The AAEP is the world's largest professional association for equine veterinarians with 10,000 members. Thirteen percent of our members focus their practice on the care of racehorses.

With the hearing's primary intent being a review of horseracing reforms since 2008, I would like to highlight reforms proposed by the AAEP. Because the AAEP is not a regulatory body, our efforts are focused on developing best practices for the racing industry and the veterinarians who practice in a pari-mutuel environment. The AAEP does not have the ability to mandate or legislate change. We do provide expertise and resources to influence change.

In 2009, the AAEP Racing Committee developed the white paper, "Putting the Horse First: Veterinary Recommendations for the Health and Safety of the Thoroughbred Racehorse." We encouraged the Thoroughbred racing industry to support the essential elements of an overall industry strategy that promotes horse safety, including but not limited to:

- Adopting uniform rules for medication usage, state-of-the-art testing by accredited laboratories, increased racetrack security and aggressive enforcement with uniform penalties in all racing jurisdictions.
- Instituting best practices that bring added safety to our athletes, including mandatory standardized pre-race and post-race veterinary exams and the sharing of medical information between racing jurisdictions.

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- Revising the structure of claiming races to protect the health and safety of the population of horses that are claiming-level competitors.
- Governance change within the horse racing industry to establish uniform regulatory authority to accomplish widespread and consistent compliance throughout the industry.
- Development of continuing education and accreditation programs for owners, trainers, stewards, jockeys, grooms, starters, farriers, veterinarians and security personnel.

In 2010, the AAEP Racing Committee developed recommendations for veterinarians via the white paper, "Clinical Guidelines for Veterinarians Practicing in a Pari-Mutuel Environment." From the beginning of our review process, the Committee understood the need for veterinarians to examine our role in medication usage at the racetrack. Key recommendations for veterinary care of the racehorse include:

- All therapeutic treatments for a horse involved in racing or race training should be based upon a specific diagnosis and administered in the context of a valid and transparent owner-trainer- veterinarian relationship.
- Caution should be used in the selection, timing and frequency of use of any intra-articular corticosteroids in high-motion joints.
- A timely, complete and readily accessible medical record should be presented to regulatory authorities as necessary to document significant examination findings and treatments administered to all horses in training at racetracks and training facilities.
- All communication with owners and trainers should be consistent with a transparent owner-trainer-veterinarian relationship.
- Practice vehicles should only contain medications that are legal for veterinary use under FDA guidelines or as approved by racing regulators.

Regarding the issue of race-day medication, the AAEP's current position states that no medication should be administered on the day of the race with the exception of furosemide (Salix) to treat exercise-induced pulmonary hemorrhage. The AAEP supports the administration of Salix by regulatory veterinarians in a controlled environment to ensure the integrity of racing and the safety of each individual horse.

The AAEP understands the concerns of those who feel the use of Salix on race day compromises the integrity of the sport, and we know the integrity of the game is vital to horse racing's success. At the same time, as doctors of veterinary medicine, the safety and health of the racehorse remains our primary focus. The racing industry must find a way to manage exercise-induced pulmonary hemorrhage and regulate the process in a manner that is both good for the horse and good for racing. I have attached both AAEP documents for your additional review.

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There is no higher priority for the racing community than the health and safety of its equine and human athletes. We have a fundamental obligation to provide the best of care and oversight for our horses, and I would like to conclude by acknowledging additional efforts to fulfill this mission. Examples of existing programs as well as those that have been recently developed for improved care of equine athletes include creation and refinement of the Jockey Club's Equine Injury Database, accreditation of racetracks by the NTRA Safety and Integrity Alliance, the establishment of numerous aftercare programs for retired racehorses, including the Thoroughbred Aftercare Alliance, and the dedication of millions of research dollars to equine health and safety through organizations such as the Grayson Jockey Club Research Foundation.

There is no doubt that much work remains to be done. Fundamentally, I believe that what is good for the horse is good for racing. The AAEP as an organization and I, as a private veterinarian, offer our support and expertise to continued efforts to protect the health and safety of our equine and human athletes.

Thank you for your consideration of my comments.

Respectfully,

Scott E. Palmer, V.M.D.

Scott E. Palmer, VMD
Owner, New Jersey Equine Clinic
Chair, AAEP Racing Committee



Clinical Guidelines for Veterinarians Practicing in a Pari-Mutuel Environment

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Introduction

The American Association of Equine Practitioners was founded in 1954 by 11 racetrack practitioners. The mission of the AAEP is to improve the health and welfare of the horse, to further the professional development of its members, and to provide resources and leadership for the benefit of the equine industry. This long history of commitment to the racing industry makes the AAEP uniquely qualified to speak to the issues of health and welfare of the racing horse and the professional conduct of veterinarians who care for them.

In August 2008, the AAEP convened a group of veterinarians from across the country to help address a number of important issues in pari-mutuel racing. The impetus for this meeting was a series of recent catastrophic injuries in high-profile Thoroughbred races. The AAEP Racing Committee has worked during the last two years to “put the horse first” in what has become an industry-wide effort to reform Thoroughbred racing in the United States. The AAEP Racing Committee issued white papers in 2009 with recommendations for protecting the safety and welfare of Thoroughbred and Quarter Horse racehorses. A white paper specific to Standardbred racing was developed in 2010.

From the beginning of our work, we have understood the need and the expectation for veterinarians to examine their role in medication usage in a pari-mutuel environment. The result of our efforts is this document, “Clinical Guidelines for Veterinarians Practicing in a Pari-Mutuel Racing Environment.”

What is a “clinical practice” document? First, this document is **not** intended to be a generic standard of practice. This document is intended to provide guidelines for practitioners who practice on racehorses and to recognize and promote practices that many veterinarians currently use to place the health, safety and welfare uppermost in their daily work. The AAEP recognizes that the practice of equine veterinary medicine can vary significantly from state to state, due in part to the variance that exists among applicable state laws (including a given state’s veterinary practice act or its racing laws) and the various diagnostic and therapeutic options available to veterinarians in any given location.

As a result, this document should not be interpreted as an attempt to establish a particular standard of care for veterinary practice in a particular racetrack or training center setting, nor should it be used in legal or regulatory proceedings. Instead, it should be viewed for what it is: a collection of practices that the AAEP believes places an appropriate emphasis on the health, safety and welfare of the racehorse and should serve as a model for the entire racing industry. We also expect this document to evolve with review over time.

Throughout the document you will find references to the Racing Medication and Testing Consortium (RMTC) guidelines. The AAEP strongly supports the efforts by the RMTC and the Association of Racing Commissioners International (ARCI) to promote responsible use of medication in racing and to establish uniform medication rules and meaningful penalty structures throughout all the racing jurisdictions in North America. You can view the RMTC medication guidelines on-line at www.rmtcnet.com.

Executive Summary

To a very large extent, the use of medication in the current business model of racing is driven by entry date. The entry date is the date when a horse is entered into a race, and this date varies between racing jurisdictions. The AAEP believes that making health care decisions based on the entry date is not fundamentally in the best interest of the horse. Repeated references throughout the document follow an underlying affirmation that all medical treatments of the racehorse should be based upon a veterinary diagnosis with appropriate time allowed following the treatment of an injury to assure that the horse is recovered prior to racing. This is an unqualified departure from the current status quo.

Additional core recommendations are as follows:

- All therapeutic treatments for a horse involved in racing or race training should be based upon a specific diagnosis and administered in the context of a valid and transparent owner-trainer-veterinarian relationship.
- No medication should be administered to a horse on the day of the race, except furosemide, the administration of which is outlined specifically in the guidelines created by the Racing Medication and Testing Consortium (RMTC).
- Furosemide should be administered in a controlled environment that meets the criteria for stringent security protocol to ensure the integrity of racing and the safety of each individual horse.
- Any medication administration prior to race day should be administered in accordance with RMTC guidelines with specific adherence to published withdrawal times, where provided (www.rmctcnet.com)
- The RMTC recommends a 10-day withdrawal period after shockwave treatment, but conflicting evidence indicates the need for more research to determine the time frame for safe use of shockwave therapy prior to racing.
- There is no evidence showing that the use of hyperbaric oxygen therapy prior to exercise affects the performance of the equine athlete. However, until appropriate withdrawal times can be established for the use of hyperbaric oxygen therapy in horses, it should not be performed after the entry date.
- Caution in the selection, timing and frequency of use of any intra-articular corticosteroids in high-motion joints is prudent practice.
- Scientific research has demonstrated that most of the commonly used intra-articular corticosteroids produce prolonged periods of therapeutic effect, measured in weeks.³ Nevertheless, it is known that these products are being used very close to race day in some cases. The lack of control of such practices is not in the best interest of the horse.
- Intra-articular use of local anesthetics is indicated for diagnostic procedures only.
- Under no circumstances should local anesthetics, anti-nociceptive agents nor neurotoxic agents be used intra-articularly, intrathecally or peri-articularly prior to competition.
- Under no circumstances should perineural treatments be used to desensitize a portion of the body prior to competition.
- The AAEP recommends that integrative therapies be based upon a valid medical diagnosis, be administered by or under the direct supervision of a licensed veterinarian and be documented in the horse's medical record.

- All medical treatments and diagnostic procedures performed on horses in a racetrack or training center setting should be documented in a medical record.
- A timely, complete and readily accessible medical record should be presented to regulatory authorities as necessary to document significant examination findings and treatments administered to all horses in training at race tracks and training facilities.
- The AAEP recommends that practitioners should not reuse needles, syringes or any equipment that might be contaminated with blood or other body fluids.
- In consideration of the limitations of rescue and rehabilitation resources, it is critical that the racetrack practitioner realistically triage individual horses in order to provide the best opportunity for horses that are most suitable for riding, driving or showing activities.
- All communication with owners and trainers should be consistent with a transparent owner-trainer-veterinarian relationship.
- Practice vehicles should only contain medications that are legal for veterinary use under FDA guidelines, with appropriate compliance to labeling, refrigeration instructions, and expiration dates. Additionally, certain other products approved by racing regulatory authorities, such as homeopathic remedies may be included.
- The veterinarian should limit the use of compounded drugs to unique needs in specific patients and limit the use of compounded drugs to those uses for which a physiological response to therapy or systemic drug concentrations can be monitored, or those for which no other method or route of drug delivery is practical.

Clinical Guidelines: Medication Philosophies and Recommendations

All therapeutic treatments for a horse involved in racing or race training should be based upon a specific diagnosis and administered in the context of a valid and transparent owner-trainer-veterinarian relationship. These treatments should be scheduled and administered with an underlying recognition that the health and safety of the horse is the ultimate objective. All therapeutic procedures should be performed with a sufficient interval provided to evaluate the response to treatment prior to racing. Medical treatment of a horse that is entered to race is subject to regulation by racing authorities and should be conducted as below:

- I. **Race-Day Medication Administration:** No medication should be administered to a horse on the day of the race, except furosemide, the administration of which is outlined specifically in the guidelines created by the Racing Medication and Testing Consortium (RMTC). Furosemide should be administered in a controlled environment that meets the criteria for stringent security protocol to ensure the integrity of racing and the safety of each individual horse.
- II. **Medication Administration Prior to Race Day:** Any medication administration prior to race day should be administered in accordance with RMTC guidelines with specific adherence to published withdrawal times, where provided (www.rmtcnet.com), subject to state medication rules to the contrary, in which case the state's medication rules for the administration of the particular medication apply.
- III. **Intra-articular and Intrathecal Medications:** Treatment of joints and other synovial structures for inflammation is a medically sound practice. In general, treatment programs for joint inflammation in the horse should strive to include both symptom modifying and disease-modifying medications. In the past, intra-articular (IA) corticosteroids were the principal product available to the practitioner for treatment of inflamed joints, but this has changed in recent years with the introduction of medications such as sodium hyaluronate (HA), polysulfated glycosaminoglycans (PSGAG), and biologic treatments such as IRAP.^{1,2} Even with new therapies on the horizon, corticosteroids still play a valuable and necessary role in the management of equine joint inflammation.

Controversy exists surrounding the potential for damage to equine joints by IA corticosteroids. More recently, research has refuted many of the perceived harmful effects.^{3,4} While methylprednisolone has been shown to have degradative effects on articular cartilage, other corticosteroids such as betamethasone and triamcinolone acetonide have been proven to have no adverse effects on cartilage.^{5,6} In fact, triamcinolone acetonide has been shown to be protective for cartilage in the inflamed joint.⁵ Caution in the selection, timing and frequency of use of any of these products in high-motion joints is prudent practice.

Scientific research has demonstrated that most of the commonly used IA corticosteroids produce prolonged periods of therapeutic effect, measured in weeks.³ Nevertheless, it is known that these products are being used very close to race day in some cases. The lack of control of such practices is not in the best interest of the horse. Research in the form of

administration studies must be completed on the various IA corticosteroids to create effective and reliable regulation of these products with post-race testing.

The AAEP recognizes that the practice of veterinary medicine, particularly in a pari-mutuel environment, does not take place in a vacuum devoid of economic considerations. However, from a medical standpoint, the AAEP believes that entry-driven procedures are generally not in the best interest of the horse. It is with this goal in mind, that clinicians in a pari-mutuel environment are encouraged to make sound treatment decisions particularly with reference to the use of IA corticosteroids that allow for adequate time to properly diagnose, treat, and evaluate the horse's response to intra-articular therapy prior to racing. Additionally, until such time as security and testing technology can insure proper adherence to scientifically validated withdrawal times, practitioners in a pari-mutuel environment should make these treatment decisions with the health and welfare of the horse as the uppermost concern.

Intra-articular use of local anesthetics is indicated for diagnostic procedures only. Under no circumstances should local anesthetics, anti-nociceptive agents nor neurotoxic agents be used intra-articularly, intrathecally or peri-articularly prior to competition.

- IV. **Perineural Injections:** Perineural injections involve the placement of local anesthetics, anti-nociceptive or neurotoxic agents adjacent to nerves in order to desensitize a portion of the body and should be limited to diagnostic use or to enable standing surgical or medical procedures. Under no circumstances should perineural treatments be used to desensitize a portion of the body prior to competition.
- V. **Subcutaneous & Intramuscular Therapies:** These treatments include subcutaneous or intra-muscular injection of corticosteroids, pitcher plant extract or internal blisters to treat painful conditions. They should be used in conjunction with a specific diagnosis, and the timing of these therapies should provide an adequate opportunity to evaluate treatment results prior to racing.

The AAEP strongly supports current efforts to increase uniformity among the state rules on the use of medication in racehorses. The AAEP recognizes, however, that the efforts to achieve this uniformity are still ongoing, and there may be situations where the recommendations contained in this document conflict with existing medication rules in a given jurisdiction. When this conflict occurs, veterinarians are urged to follow the regulations that exist in their states.

Adjunctive Therapeutic Treatments

- I. **Extracorporeal Shockwave Therapy:** The extent and duration of the analgesic effect of ESWT is a matter of great interest and some controversy. One scientific investigation of the analgesic effect of non-focused ESWT found no cutaneous analgesia.⁷ Two studies investigating the analgesic effect of focused extracorporeal shock wave therapy similarly found no significant analgesic effect.^{8,9} Other studies have demonstrated an analgesic effect

with focused ESWT and radial pressure wave therapy that persisted for 2 or 3 days.¹⁰⁻¹² This analgesic effect is likely related to decreased sensory nerve conduction velocity.¹³

The RMTC currently recommends that ESWT not be administered within 10 days of racing. Unless there are compelling reasons to the contrary, in circumstances where medication/treatment regulations require additional withdrawal time than that supported by scientific data, the AAEP encourages regulatory agencies to re-examine their position in light of current information. In the meantime, veterinarians must practice in accordance with existing regulations.

II. Hyperbaric Oxygen Therapy: The primary benefit of hyperbaric oxygen therapy is in the enhancement of healing of difficult medical conditions. A recent position statement issued by the Veterinary Hyperbaric Medicine Society (August 2009) on the use of hyperbaric oxygen therapy in performance horses included the following points:

- The use of hyperbaric oxygen therapy has the potential to accelerate the normal healing process and thus the potential to enhance the health and welfare of the horse.
- There is no evidence that the use of hyperbaric oxygen therapy prior to exercise affects the performance of the equine athlete. Furthermore, research in human hyperbaric medicine indicates that there is no performance enhancement, even when hyperbaric therapy is administered immediately prior to exercise.
- Oxygen administered by hyperbaric means or by nasal cannula is not any different from oxygen obtained from breathing air at normal atmospheric pressure, other than there is just more of it. The increase in blood and tissue oxygen concentration following hyperbaric therapy is extremely short lived and may be as short as sixty minutes in most tissues and even as short as five minutes in the blood.

In a double-blind randomized controlled study performed at the University of California, investigators found that hyperbaric oxygen therapy administered to human athletes before exercise did not enhance performance or alter post-exercise blood lactate concentrations, peak heart rate or perceived exertion when compared with control subjects.¹⁴ In another study performed at the University of Tokyo, investigators similarly found that hyperbaric oxygen therapy prior to exercise did not enhance high-intensity exercise performance of human athletes and there was no difference in muscle fatigue index, serum lactate concentration, heart rate or systemic blood pressure when compared with untreated control subjects.¹⁵ Similar studies should be conducted in the horse in order to provide a scientific basis for appropriate withdrawal times for hyperbaric therapy. Until such scientific information is available, hyperbaric oxygen therapy should not be performed after the entry date.

III. Acupuncture & Chiropractic Therapy: Various forms of integrative therapies are being utilized at racetracks in North America, including but not limited to, acupuncture and chiropractic therapy. Further, it is recognized that these practices are being performed by lay people as well as licensed veterinarians. Efficacy of such treatments is generally a subject of

some debate. The AAEP recommends that integrative therapies be based upon a valid medical diagnosis, be administered by or under the direct supervision of a licensed veterinarian and be documented in the horse's medical record. The AAEP is not expressing any opinion on the efficacy of these treatments, or the lack thereof. Any administration of medications associated with the use of these therapies must be conducted within guidelines recommended by RMTC.

Documentation of Veterinary Procedures

All medical treatments and procedures performed on horses in a racetrack or training center setting should be documented. A medical records-based billing software which includes, at a minimum, the standards imposed by state veterinary practice acts for individual animals should be used by veterinarians to create and maintain a timely, complete and readily accessible medical record that can be presented to regulatory authorities as necessary to document treatments administered to all horses in training at race tracks and training facilities. Documentation of the use of all prescription drugs should conform to the requirements of the applicable state's veterinary practice act.

The significant findings of diagnostic examinations performed on horses in a racetrack or training center environment should be documented in the horse's medical record. Health certificates must be signed by the USDA:APHIS:VS accredited veterinarian who performed the examination in order to satisfy the animal health requirements inherent in such veterinary procedures.

Infectious Disease Control

Management of infectious disease at the racetrack and training center is a high priority for the general health of the horses stabled there. Practicing veterinarians and regulatory veterinarians should work together with track management to identify index cases of infectious disease and have a plan in place for containing an outbreak and treating affected horses in order to protect the population at large. The AAEP guidelines for management of infectious disease may serve as a model for this program (http://www.aaep.org/infectious_control.htm).

In consideration of the potential for transmission of infectious disease (e.g. Piroplasmosis or Equine Infectious Anemia) by contaminated needles and syringes, the AAEP recommends that practitioners should not reuse needles, syringes or any equipment that might be contaminated with blood or other body fluids.

Alternative Careers for Racehorses

Veterinarians working at the racetrack on a daily basis have a good understanding of the physical condition and musculoskeletal status of racehorses in their care. When the racing careers of these horses are finished, veterinarians play an important role in guiding their transition to an alternative career. One of the most critical roles a veterinarian can play in this process is to properly assess the potential for use as a riding horse. In consideration of the limitations of rescue and rehabilitation resources, it is critical

that the racetrack practitioner realistically triage individual horses in order to provide the best opportunity for horses that are most suitable for riding, driving or showing activities. Horses with fractures or chronic conditions that require extensive rehabilitation may be suitable for breeding, pasture turnout potentially as an equine companion or limited work in correctional facility rehabilitation program, but are generally unsuitable for adoption and deplete the resources of rehabilitation/rescue agencies.

Business Model Recommendations

Veterinary fee structures should place emphasis upon the value of professional services in addition to the administration and dispensing of medication. In addition, practitioners are encouraged to make themselves readily accessible to owners and trainers for consultation regarding diagnostic and therapeutic strategies or questions regarding the invoice. Invoices should accurately indicate all examinations, treatments and procedures performed on individual horses. Both the invoice and the medical history should avoid colloquial terminology and be in common medical terminology. It is recommended that the invoice with payment history be delivered directly to the owner or owner's agent with a copy to the trainer at least monthly. All communication with owners and trainers should be consistent with a transparent owner-trainer-veterinarian relationship.

Practice Vehicle Inventory

Practice vehicles should only contain medications that are legal for veterinary use under FDA guidelines, with appropriate compliance to labeling, refrigeration instructions, and expiration dates. Additionally, certain other products approved by racing regulatory authorities, such as homeopathic remedies may be included. Controlled substances are to be stored and administered in accordance with state and Federal DEA requirements. All drugs, supplies and equipment should be maintained in a clean and useable condition in accordance with individual states' veterinary practice acts.

Drug Compounding

Legal drug compounding requires a valid veterinarian-client-patient relationship. The veterinarian should limit the use of compounded drugs to unique needs in specific patients and limit the use of compounded drugs to those uses for which a physiological response to therapy or systemic drug concentrations can be monitored, or those for which no other method or route of drug delivery is practical.

Further, medication withdrawal times are calculated only for FDA-labeled medication. For this reason, use of compounded medications in a racing environment is accompanied by an increased risk for a drug overage.

Developed by the AAEP Racing Committee:

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Approved August 2010 by the AAEP Board of Directors.

Glossary

For the purposes of this document, the following definitions apply:

clinical or practice guidelines: Clinical or practice guidelines are defined by the [National Library of Medicine](#) as works consisting of a set of directions or principles to assist the health care practitioner with patient care decisions about appropriate diagnostic, therapeutic, or other clinical procedures for specific clinical circumstances. Practice guidelines may be developed by government agencies at any level, institutions, organizations such as professional societies or governing boards, or by the convening of expert panels. They can provide a foundation for assessing and evaluating the quality and effectiveness of health care in terms of measuring improved health, reduction of variation in services or procedures performed, and reduction of variation in outcomes of health care delivered. Clinical practice guidelines are guides only and may not apply to all clinical situations. Thus they are not intended to arbitrarily override clinicians' judgment.

extracorporeal shockwave therapy (ESWT): The application of acoustical shocks to bone or soft tissue to reduce inflammation, reduce pain and promote healing.

high-motion joints: Distal interphalangeal, metacarpophalangeal and metatarsophalangeal, radiocarpal and intercarpal, scapulohumeral, cubital, coxofemoral, femoropatellar, femorotibial and tarsocrural joints.

hyperbaric oxygen therapy: Administration of oxygen under pressure to provide increased oxygen levels to diseased tissues of the body in order to reduce inflammation and promote healing.

integrative therapies: Acupuncture and Chiropractic therapy which may be used alone or in conjunction with other medical therapies deemed in general to be more traditional or conventional.

Interleukin-1 Receptor Antagonist Protein (IRAP) therapy: Intra-articular injection of autologous plasma containing increased levels of an antagonist protein that prevents Interleukin-1 from binding to receptors on tissues within the joint, diminishing the inflammatory process.

intra-articular (IA) injection: An injection intended to deposit medication into a joint space, such as the carpus, tarsus or fetlock.

intramuscular (IM) injection: An injection intended to deposit medication in the horse's muscle, such as the muscles of the neck or hindquarters.

intrahecal (IT) injection: An injection intended to deposit medication into a synovial structure other than a joint, such as a tendon sheath.

intravenous (IV) injection: An injection intended to deposit medication in the horse's blood by way of a vein.

medication: Substances administered to horses for the purpose of preventing, treating or alleviating the clinical signs of disease or injury.

perineural therapy: The placement of a local anesthetic or other chemical agent adjacent to a nerve for the purpose of desensitizing a portion of the body, such as a joint, muscle or limb.

subcutaneous (SQ) injection: An injection intended to deposit medication just under the horse's skin.

therapeutic procedure: A veterinary activity intended to treat disease or injury of a horse.

References

1. Frisbie DD, Kawcak CE, Werpy NM, Park RD, McIlwraith CW. Clinical, biochemical and histologic effects of intra-articular administration of autologous conditioned serum in horses with experimentally induced osteoarthritis. *Am J Vet Res* 2007;462:221-228.
2. Frisbie DD, Kawcak CE, Werpy NM, McIlwraith CW. Evaluation of polystyulfated glycosaminoglycan or sodium hyaluronan administered intra-articularly for treatment of horses with experimentally induced osteoarthritis. *Am J Vet Res* 2009;70:203-209.
3. McIlwraith CW. Use of intra-articular corticosteroids in the horse – What do we know on a scientific basis? *Eq Vet J* 2010 (in press).
4. McIlwraith CW. Intra-articular and systemic medications for the treatment of equine joint disease. *Proc 42nd Annu Mtg American Assoc Equine Pract*, 1996;42:101-125.
5. Frisbie DD, Kawcak C, Trotter GW, Powers BE, Walton RM, McIlwraith CW. Effects of triamcinolone acetonide on an *in vivo* equine osteochondral fragment exercise model. *Equine Vet J* 1997;29:349-359.
6. Foland JW, McIlwraith CW, Trotter GW, Powers BE, Lamar CH. Effect of betamethasone and exercise on equine carpal joints with osteochondral fragments. *Vet Surg* 1994;23:369-376.
7. Bolt DM, Burba DJ, Hubert JD, Pettifer GR, Hosgood GL. Evaluation of cutaneous analgesia after non-focused extracorporeal shock wave application over the third metacarpal bone in horses. *The Canadian Journal of Vet Research* 2004;68:288-292.
8. Imoden I, Waldern NM, Wiestner T, Lischer CJ, Ueltschi G, Weishaupt MA. Short term analgesic effect of extracorporeal shock wave therapy in horses with proximal palmar metacarpal/plantar metatarsal pain. *The Veterinary Journal* 2009; 179: 50-59.
9. Brown KE, Nickels FA, Caron JP, Mulleneaux DR, Clayton HM. Investigation of the immediate analgesic effects of extracorporeal shock wave therapy for treatment of navicular disease in horses. *Vet Surgery* 2005; 34:554-558.
10. Dahlberg JA, McClure SR, Evans RB, Reinertson EL. Force platform evaluation of lameness severity following extracorporeal shock wave therapy in horses with unilateral forelimb lameness. *J Am Vet Med Assoc* 2006;229:100-103.
11. Lischer CJ, Ringer S, Schnewlin M, Ueltschi G. Extracorporeal Shock Wave Therapy (ESWT) in the management of chronic musculoskeletal disorders. *European Col Vet Surg Proc* 2002, 137-141.
12. McClure SR, Sonea IM, Evans RB, Yaeger MJ. Evaluation of analgesia resulting from extracorporeal shock wave therapy and radial pressure wave therapy in the limbs of horses and sheep. *Am J Vet Res* 2005;66(10):1702-1708.

13. Bolt DM, Burba DJ, Hubert JD, Strain GM, Hosgood GL, Henk WG, Cho DY. Determination of functional and morphologic changes in palmar digital nerves after nonfocussed extracorporeal shock wave treatment in horses. *Am J Vet Res* 2004; 65(2): 1714-1718.
14. Rozenk R, Fobel BF, Banks JC, Russo AC, Lacourse MG, Strauss MB. Does hyperbaric oxygen exposure affect high-intensity short-duration exercise performance? *J Strength Cond Res* 2007;21(4):1037-41.
15. Kawada S, Fukaya K, Ohtani M, Kobayashi K, Fukusaki C. Effects of pre-exposure to hyperbaric hyperoxia on high-intensity exercise performance. *J Strength Cond Res* 2008;22(1):66-74.

Putting the Horse First:

**Veterinary Recommendations for the Safety and
Welfare of the Thoroughbred Racehorse**



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The American Association of Equine Practitioners was founded in 1954 by 11 racetrack veterinarians. While the association has grown to serve nearly 10,000 members worldwide who work with all equine breeds and disciplines, the AAEP's horse racing origin brings a unique understanding of the health and welfare needs of the racehorse.

It is with this perspective and commitment to equine safety and welfare that the AAEP formed its Racing Task Force in July 2008 to evaluate the safety and welfare issues affecting Thoroughbred horse racing. Catastrophic injuries, medication usage and a changing societal view of the appropriate use of horses in competition present formidable challenges to those entrusted with the care of the racehorse and the structure of the industry.

The AAEP Racing Task Force developed this white paper with the intent of recommending practices that place the welfare and safety of the horse first while supporting those who seek to make meaningful change. As equine veterinarians, we are committed to working with the Thoroughbred racing industry to implement procedures that protect the horse. In addition, the AAEP expects its veterinary members to abide by the rules of all jurisdictions where they practice.

General Principles

The AAEP has long held position statements that address many aspects of racehorse health and safety. We encourage the Thoroughbred racing industry to support the following essential elements of an overall industry structure that promotes horse safety:

- The adoption of uniform rules of medication usage, testing, security and enforcement by all industry participants.
- Increased funding for regulatory functions, including state-of-the-art testing and racetrack security.
- Continued identification and implementation of procedures and strategies that will significantly reduce the injury rate of horses, such as the recent recommendations to eliminate the use of toe grabs other than wear plates with a height no greater than 2 millimeters.

The AAEP makes the following recommendations for the Thoroughbred racing industry in four key areas: societal change and the public perception of horse racing, the racing business model, the veterinarian-owner-trainer relationship, and medication.

Societal Change and the Public Perception of Racing

Since the turn of the century, American society has drifted far from its agrarian roots to the point that only 15 percent of Americans today are involved with agriculture of any form. The horse, which was once a staple of American agriculture and general transportation, has become less of a beast of burden and is now viewed by many in the

public to be a companion animal, much the same as a dog or cat. In this societal context, welfare issues affecting the horse resonate with the public like never before.

In order to address the impact of societal change upon the Thoroughbred racing industry, the AAEP recommends:

- Racing industry support for a strategic plan that places the safety and welfare of the horse among its highest priorities. It is imperative that the industry urgently demonstrate an ability to affect sweeping change without government intervention. The AAEP recognizes and supports efforts by the National Thoroughbred Racing Association (NTRA) to accomplish this goal.
- The continued collaboration of multiple racing organizations (NTRA, TOBA, HBPA, ARCI, The Jockey Club, AAEP, racetracks and sales companies and others) to address the challenges affecting racing. An excellent opportunity for a cooperative industry-wide effort is the NTRA Safety and Integrity Alliance, and the AAEP enthusiastically supports this effort.
- When the substantive issues of race horse welfare have been addressed by the industry, an aggressive public relations effort must be mounted to educate the public about what is being done to protect the welfare and safety of the horse (e.g.: racetrack injury reporting program, racetrack surface testing and medication studies).

The Business Model of Racing

Thoroughbred racing is a \$15 billion industry in the United States, and the business model has evolved over the years to favor training and racing of two-year-old horses that compete for championship purses late in their two-year-old year. Their peak earning potential is in the three-year-old year, with a gradually diminishing emphasis on continued racing into the four-year-old year and later.

Thoroughbred racing operates on a year-round schedule in 38 separate racing jurisdictions. Because a larger field of horses promotes more wagering, which in turn increases purse size, small field sizes have caused racing secretaries in some instances to apply pressure to trainers to enter horses who might not otherwise be suitable for racing. This practice must be eliminated, as it encourages entry of horses at shorter intervals that may place them at increased risk of injury due to increased frequency of high-speed cyclic loading. Another concerning trend is an increasing number of racino executives that do not have experience in horse racing or horse care. We believe it is imperative that senior racetrack management become knowledgeable about the issues and business practices that directly affect the welfare and safety of the horses that race at their tracks.

As noted, two-year-old racing is an important aspect of the industry business model. Some degree of training and racing of two year olds is not harmful to the welfare and safety of the horse. In fact, a review of Jockey Club information indicates that horses that race as two year olds are more successful and race longer than horses that do not race at

the age of two. However, not all horses are able to sustain the same level of training without significant stress or injury. There is a need for continued investigation of the welfare and safety implications of current policies and procedures employed to sell, condition and race two-year-olds.

Other practices that will improve the safety of the racehorse include the development of a consistent protocol for pre-race examinations by regulatory veterinarians as well as uniform criteria for scratching horses. Currently there is variation in these procedures among the 38 racing jurisdictions. There also is lack of uniformity in reporting racehorse injuries, particularly those that occur during morning workouts. Judicious application of a standardized reporting system will increase the racing industry's ability to monitor and address racing and training injuries.

In most racing jurisdictions there is no institutional program to care for horses that can no longer race. The view of most racing facilities is that the responsibility for the care of horses rests entirely with the owner. This view is entirely appropriate. However, if a horse owner does not provide responsible care for retired racehorses, the industry becomes vulnerable to attack for apparent lack of concern for equine welfare. The resulting negative impact on horse racing's image can contribute to disenfranchisement of racing fans.

The AAEP acknowledges that the following recommendations for modification of the business model of racing will have significant economic implications (some positive, some negative) for racing managers. We do not make these recommendations lightly. Further, we emphasize that one of our highest priorities as an industry must be to reduce equine injuries. The greatest potential for decreasing injury exists in making procedural and policy changes within the business model of racing, particularly in the claiming arena.

In order to put the safety and welfare of the horse first in the business model of racing, the AAEP recommends:

- A critical analysis by the racing industry of the safety and welfare implications of the current schedules, procedures and policies surrounding the conditioning, sale and racing of two-year-old horses.
- A period of rest for all horses to provide an opportunity to refresh and diminish the volume of persistent cyclic loading that occurs in the absence of rest.
- No horse shall be permitted to race within 10 days of its last start.
- Every horse entered to race shall be on association grounds in sufficient time to have a pre-race veterinary inspection for racing soundness by the regulatory veterinarian.
- Standardization and enhancement of pre-race and post-race veterinary examinations with mandatory cross-jurisdictional sharing of information.
- In those jurisdictions that practice it, racetrack management must discontinue the coercion of trainers to enter horses according to stall allotment.

- Uniform participation by all jurisdictions in injury reporting for both racing and training injuries.
- Investment by all racing venues in capital improvements of the racing oval that will enhance horse, rider and personnel safety, such as safety rails, padded starting gates, and helmets and vests for starting gate personnel.
- Immediate adoption of ARCI riding crop and shoeing standards in all racing jurisdictions and at in-training sales.
- The development in all racing jurisdictions of a program for rehabilitation, retraining and adoption for horses whose racing careers have ended. These programs should reinforce owner responsibility and support a secondary market for racehorses. The Finger Lakes Thoroughbred Adoption Program in Farmington, N.Y., is an example of successful collaboration between racetrack management and horsemen. Any new programs can be linked nationally with the Unwanted Horse Coalition, currently operated by the American Horse Council.
- The generation of funds by the industry to assist in the transition of horses from racing into second careers.
- Governance change within the horse racing industry to establish uniform regulatory authority to accomplish widespread and consistent compliance throughout the industry.
- Development of continuing education and accreditation programs for owners, trainers, stewards, jockeys, grooms, starters, farriers, veterinarians and security personnel.

Claiming Races

There are essentially two groups of horses that compete at the racetrack. The sport's top level competitors, representing approximately 30 percent of the total racing population, compete in stakes and allowance races, while the majority of horses compete in condition or claiming races. Because the schedules and physical demands on these two groups of horses are unique and quite disparate, the AAEP recommends the following changes to the structure of claiming races in order to protect the welfare and safety of claiming-level horses:

- Claimed horses must be tested post-race, as is currently the rule in New York. Horses that test positive shall have the claim rescinded at the discretion of the buyer.
- No claiming race should have a purse that exceeds the claiming price by more than 50 percent.
- If a horse is claimed, it shall not start in a claiming race for a period of 30 days since the date of claim for less than 25% more than the amount for which it was claimed.
- When appropriate, horses must demonstrate a work between races that displays fitness and soundness.
- Horses that do not finish the race or those that sustain a catastrophic injury during the race remain the property of the original owner.

Veterinarian-Owner-Trainer Relationship

Open and consistent communication between the owner, the trainer and the veterinarian will develop a relationship built on trust and shared philosophies. The result will be decisions that are made in the best interest of the horse. The current reality of racetrack operations is that the owner is often excluded from the communication chain, and we as veterinarians would like to change that. Veterinarians also are sensitive to the costs of services that are provided. It is important for owners to know that veterinary care is not given to any racehorse without the trainer's direct or implicit approval and that their trainer is acting as their legal agent when requesting veterinary services for their horses. Without open communication, differing management philosophies often result in confusion and dissatisfaction.

In order to provide complete transparency for the veterinary-owner-trainer relationship, the AAEP recommends the following:

- Trainers should include horse owners in all aspects of health care decisions.
- Owners should have a thorough understanding of the medication and training philosophy of their trainer with particular emphasis upon the level of medical care provided to their horses.
- Veterinarians should provide unfettered access to owners and trainers for consultation and discussion of medical treatments.

Medication

While much progress toward uniformity has been made by industry stakeholders such as the Racing Medication and Testing Consortium in recent years, medication remains the flash point for much of the public's scrutiny of horse racing today. U.S. racing jurisdictions impose medication regulations that vary from one jurisdiction to the next. This disparity in medication rules presents significant challenges to owners and trainers who race horses in more than one jurisdiction, and often leads to confusion about how to best implement appropriate therapeutic regimens. In addition, many racing jurisdictions have their own testing laboratory, which currently do not operate by a uniform accreditation standard.

Horse racing in most other jurisdictions throughout the world operates under the medication rules of the International Federation of Horseracing Associations (IFHA). The principle difference in the medication regulations of the United States and the IFHA is the permitted use of anti-bleeder medication furosemide (Salix® and adjunctive anti-bleeder medications in some racing jurisdictions) and permitted levels of non-steroidal anti-inflammatory drugs (NSAIDS). With anabolic steroid regulation now in place in the United States, most other differences are largely semantic and are primarily a function of the state regulatory structure of U.S. racing.

All medication treatment programs should be based upon the safety and welfare of the horse. While the veterinarian is ultimately the provider of medical care for the horse, treatment philosophies should be determined in conjunction with input from the owner and trainer.

With regard to medication policy in the United States, the AAEP recommends the following:

- Universal adoption in all racing jurisdictions of the Association of Racing Commissioners International (ARCI) model rules, as proposed by the Racing Medication and Testing Consortium (RMTC), including no race-day medication except furosemide (Salix®). The industry should work with the RMTC, where advisable, to make progress toward uniform medication rules that are in the best interest of the horse.
- Continued research, with industry support, to determine the causes and appropriate treatment of exercise-induced pulmonary hemorrhage (EIPH) in the race horse.
- Collaboration between the RMTC and the IFHA to create an international model rule of racing that can be uniformly administered worldwide.
- Establishment of a limited number of regional confirmation/reference laboratories that are adequately funded to meet the current challenges of drug testing.
- Establishment of minimal requirements, accreditation and monitoring of all testing laboratories.
- Development of uniform testing protocols for accredited laboratories.
- Adoption of uniform out-of-competition testing protocols by all racing jurisdictions.
- Adoption of uniform TCO₂ testing protocols by all racing jurisdictions.
- Universal adoption of the penalty structures recommended in ARCI model rules and proposed by the RMTC.
- Adoption of uniform reporting practices for medication violations by all racing jurisdictions.
- Management of medication violations by racing jurisdictions with three objectives in mind: (1) to discover how the medication entered the system of the horse in order to prevent future positive tests; (2) to manage and report sub-therapeutic levels of therapeutic medication overages in a way that does not further degrade the public image of racing; and (3) to sufficiently penalize the violators and discourage further attempts to violate the rules
- The key to successful implementation of these medication recommendations is **increased racetrack security** to promote enforcement and achieve uniform compliance.

Horses Intended for Sale at Public Auction

The treatment of horses intended for sale at public auction should be regulated in a similar way as for horses that are racing. The adoption of similar regulations will protect the horse and ensure the integrity of the sales process, recognizing that the sales process is a unique experience for immature horses.

The AAEP recommends the following actions in regards to medication usage in race horses intended for sale:

- Yearling and 2-year-old in training sales should institute stringent medication rules that are similar to RMTC guidelines.
- Yearling and 2-year-old in training sales should institute random testing of horses consistent with RMTC testing protocol recommendations.
- Any health problems that require medical treatment on the sales grounds must be announced in a timely manner, giving the buyer time to consult with a veterinarian prior to purchase.
- A list of all medications administered to a horse while the horse is on the sales grounds and being displayed to potential purchasers should be submitted to the sales company. If testing results vary from this list, the sale may be voided at the buyer's discretion.
- Penalties for medication violations at auctions must be significant to deter consignors from medication practices that may place the horse at increased risk of injury and/or compromise the integrity of the sales process.

The AAEP's mission is to promote the health and welfare of the horse. Although the focus of the AAEP Racing Task Force has primarily been the Thoroughbred racing industry, nearly all of the recommendations put forth are relevant to other racing breeds in the United States. To this end the AAEP is eager to assist the racing industry in reforming policies and practices in order to enhance the safety and welfare of the horse by putting the horse first. We believe that this effort, based upon what's best for the horse, will also be the key to restoring public confidence in the racing industry. Simply put, what is good for the horse is good for racing.

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