



40 East 52nd Street
New York, NY 10022
Telephone (212) 371-5970
Fax (212) 371-6123
Internet: www.jockeyclub.com

The Honorable John D. Rockefeller IV
Chairman
United States Senate
Committee on Commerce, Science, and Transportation
428 Hart Office Building
Washington, D.C. 20510

July 11, 2012

Dear Senator Rockefeller:

Please find attached the written submission prepared in connection with my appearance on behalf of The Jockey Club during the July 12, 2012 hearing on "Medication and Performance-Enhancing Drugs in Horse Racing."

Sincerely yours,

James L. Gagliano
President & Chief Operating Officer

cc: The Honorable Senator Kay Bailey Hutchinson

**Written Testimony of James Gagliano, President and Chief Operating Officer, The Jockey Club
United States Senate Committee on Commerce, Science, and Transportation
Submitted July 11, 2012**

As the President and Chief Operating Officer of The Jockey Club, I welcome the opportunity to participate in today's hearing on "Medication and Performance-Enhancing Drugs in Horse Racing." We appreciate the Committee's attention to issues that we view as critically important to our industry.

The Jockey Club has voiced its concern that the improper use and overuse of medication in racing endangers our human and equine athletes, threatens the integrity of our sport and erodes consumer confidence in our game. We strongly believe that our sport needs uniform rules, tough new penalties, and effective enforcement to ensure clean competition and improvements in racing safety. This is consistent with our core belief that *horses should compete only when they are free from the influence of medication*.

In this testimony, we will briefly describe the role of The Jockey Club in the Thoroughbred industry and the major initiatives spearheaded by The Jockey Club to improve the health and safety of jockeys and Thoroughbreds, as well as to comment on efforts to bring forward improved medication rules, standards and penalties.

The Jockey Club is the breed registry for Thoroughbreds in North America. The organization was formed in 1894 to maintain the integrity of *The American Stud Book* and ensure that all foals are the descendants of a sire (father) and dam (mother) that were registered Thoroughbreds. To register a Thoroughbred in North America, breeders must comply with the rules of registration as set forth in the *Principal Rules and Requirements of The American Stud Book*. You can learn more about The Jockey Club here: jockeyclub.com.

Over many years, The Jockey Club has devoted significant resources — financial, technological and human — to equine medication and drug testing issues. Our efforts have included:

- The Jockey Club funded "Building a World-Class Drug Detection System for the Racing Industry," a benchmark study conducted by McKinsey & Company in 1991 that is still used as a primary planning document for North American drug labs.
- Since its formation in 2008, The Jockey Club's Thoroughbred Safety Committee has issued numerous recommendations to state racing commissions regarding the adoption of rules related to medication and drug testing (jockeyclub.com/tsc.asp), several of which have been adopted and incorporated into regulation, racetrack "house rules" or national standards.
- The Jockey Club engaged McKinsey & Company in 2011 to study the Thoroughbred racing and breeding industry ("Driving Sustainable Growth for Thoroughbred Racing and Breeding"), which led The Jockey Club to undertake several medication- and safety-related initiatives. Those initiatives include the creation of the Reformed Racing Medication Rules (jockeyclub.com/pdfs/reformed_rules.pdf) and the launch of two websites: an advocacy website for medication reform, (cleanhorseracing.org), which includes a series of essays and statements from The Jockey Club, several of which are attached to this letter, and a searchable online database of rulings on Thoroughbred trainers from racing regulatory authorities, (thoroughbredrulings.com).
- The Jockey Club has also funded the Racing Medication and Testing Consortium's Drug Testing Initiative, an industry-led effort to set laboratory standards and accreditation criteria (jockeyclub.com/mediacenter.asp?story=349).

The Jockey Club has also developed and promoted many initiatives that improve the safety and welfare of Thoroughbred horses and jockeys during racing as well as the proper treatment and care of Thoroughbreds following the conclusion of their racing or breeding careers. Specifically:

- The Jockey Club has developed and maintained the Equine Injury Database, the Jockey Health Information System (jockeyclub.com/safetyinitiatives.asp) and the pre-race examination software module (jockeyclub.com/mediaCenter.asp?story=428).
- The Jockey Club has developed the Jockey Injury Database, maintained by the Jockeys' Guild (jockeyguild.com/pressreleases.html).
- The Jockey Club has conducted biannual Welfare and Safety of the Racehorse Summits (grayson-jockeyclub.org/summitDisplay.asp).
- The Jockey Club has established the Thoroughbred Incentive Program, Thoroughbred Connect, the Retirement Checkoff Program and Tattoo Identification Services (tjctip.com, thoroughbredconnect.com, registry.jockeyclub.com).
- The Jockey Club has contributed to the work of the Thoroughbred Aftercare Alliance Foundation Inc. (thoroughbredaftercare.com).

These significant activities demonstrate progress in improving the safety and integrity of the sport of Thoroughbred racing. In addition to the much-needed ban on anabolic steroids a few years ago, we also have seen evidence of state regulatory authorities' efforts toward reform, in particular Kentucky's movement to eliminate Lasix in some races and New Mexico and California regulators' tightening rules on the use of Clenbuterol.

But the changes have not been fast or comprehensive enough in The Jockey Club's view.

For that reason, The Jockey Club drafted last year, and revised earlier this year, a document called, "Reformed Racing Medication Rules," with the goal of having it serve as the basis for new regulations and laws. This effort was undertaken with the input and guidance of a broad range of industry stakeholders, including regulators, trainers, breeders, owners, veterinarians, track operators and bettors.

Since that time, The Jockey Club has actively advocated for the adoption of the Reformed Racing Medication Rules by the state racing commissions in the states that conduct pari-mutuel racing and has promoted it through the media and our advocacy website, cleanhorseracing.org.

In addition, it is the position of The Jockey Club that we will support the adoption of the Reformed Racing Medication Rules as a federal law if an inter-state compact or action by states continues to prove unattainable.

On the matter of the Interstate Horseracing Improvement Act, The Jockey Club has carefully studied this proposed legislation. The Jockey Club applauds the goals and effort to coalesce very complex subjects into a unified law. We wish to point out, however, areas of concern to The Jockey Club.

First, the bill's definition of "performance-enhancing drug" is extremely vague and is overly broad, encompassing almost anything, and seeking the technically impossible "zero tolerance."

By contrast, the Reformed Racing Medication Rules strictly prohibit all medications except for just 25 appropriate therapeutic drugs allowed for use but withdrawn well before a race.

Second, the bill contains prohibitions only against "knowingly" providing horses with performance-enhancing drugs. This would introduce a new and extremely high prosecutorial hurdle that currently does not exist in racing. The Reformed Racing Medication Rules adopt the current standard of the strict liability of the trainer, the responsible party. We believe this will be far more effective.

Third, the bill includes a right of private action. We believe the medication issue is a regulatory one and that private litigation will serve only as a significant distraction from achieving the aims of this law.

Fourth, the bill seeks to achieve its ends by amending the Interstate Horseracing Act. We believe this will engender significant resistance by many industry stakeholders. We urge that if uniform medication reform is enacted at the federal level, it is undertaken on a stand-alone basis, and with a comprehensive funding solution and a coordinated prosecution structure.

Lastly, we are concerned that the penalties of the bill do not go far enough in some cases. In fact, there is a timely example that concisely illustrates this point:

Under the Reformed Racing Medication Rules, the recent outbreak of Dermorphin positives (a drug 40 times more powerful than morphine) would have triggered a minimum fine for the trainer seven and one-half times larger than the bill's and a minimum suspension twice greater than the bill's.

The Jockey Club's determination to enhance the welfare and safety of horses and riders is longstanding and well documented. We will continue to devote our human, financial and technological resources toward improving the safety and welfare of Thoroughbreds and their riders. We look forward to working with this Committee and other state or federal agencies or lawmakers interested in reform.

Thank you again for the opportunity to share The Jockey Club's perspective on important issues that have direct impact on the future of Thoroughbred racing.



James L. Gagliano
President & Chief Operating Officer

Attachments



THE JOCKEY CLUB

- Home
- Companies
- About the Registry
- Safety Initiatives
- Publications & Resources
- Round Table Conference
- Silks/Stable Registry
- Contact Us
- Site Map
- Site Search

Media Center

Media Relations || News Releases || News Release Archives || Online Fact Book

Friday, June 29, 2012

Contact: Shannon Luce (859) 224-2716

Reformed Racing Medication Rules Would Enhance Integrity of Sport (Updated July 2)

By James L. Gagliano

"There's no legitimate use for dermorphin in racing. This drug in horses is an abuse of the horse. This puts the horse's life in danger. It puts the jockey's life in danger. This is an attempt to cheat. This is bad stuff. This is doping."

That is how Charles Gardiner, the executive director of the Louisiana State Racing Commission, reacted in the *New Orleans Times-Picayune* when news broke recently that 10 horses that had raced at Louisiana tracks has tested positive for the powerful, pain-killing drug dermorphin.

Only a few trainers in Louisiana have been named at this time, but we understand that there are dozens of dermorphin positives from multiple states on the horizon. The trainers in Louisiana whose horses have tested positive for dermorphin were issued six-month suspensions.

Three months ago, The Jockey Club published an updated version of its Reformed Racing Medication Rules. Those new rules feature a cumulative penalty system featuring stronger penalties for repeat violations. Fines, disqualifications and even lifetime suspensions would be possible for those persistently operating outside regulatory limits.

(They are available at: jockeyclub.com/pdfs/reformed_rules.pdf.)

If those rules were in effect in Louisiana, or any of the other states in which the same drug has been found recently, any trainer found to have treated a horse with dermorphin would have received, at a minimum, 150 points on his record, a 10-year suspension and a \$37,000 fine.

It is abundantly clear that the current enforcement system is not working properly. The regulatory penalty structure has failed.

We see evidence of this with these blatant attempts by a few unscrupulous parties to beat our drug-testing system. We see more evidence of this in the high proportion of drug violations that only result in fines — fines that are trivial in amount when compared to the purses at stake.

Penalties for repeat offenders have been particularly and excruciatingly deficient.

In fact, there is no better example of the failure of our penalty system than dermorphin. According to published reports, one of the recent "positives" for dermorphin in Louisiana is associated with a horse whose trainer is alleged to have two prior Class 1 violations on his record. Drugs in this class, according to Racing Commissioners International guidelines, have no generally accepted medical use in the racing horse and their pharmacologic potential for altering the performance of a racing horse is very high.

Sadly, inconsequential penalties have become just another cost of doing business. Fines for medication violations are often no more than a small percentage of monthly drug and veterinary expenses in a stable.

The harm these incidents do to our sport is immeasurable and irreparable. The dermorphin ("frog juice") stories ended up on the front page of *The New York Times* and on the *TIME* magazine website, among many other mainstream outlets.

We are not the only sport that plays constant catch-up on new performance-enhancing drugs. Look no further than the use of anabolic steroids in baseball or EPO in cycling.

But the general public does not, and should not be expected to, differentiate between therapeutic and performance-enhancing drugs in racing. That is why all race-day medications should be prohibited.

The Jockey Club has committed substantial resources to reinvigorate the sport of Thoroughbred racing with a host of fan and owner development initiatives, ranging from television programming and social games and to the creation and launch of a new brand (America's Best Racing).

But we cannot address sustainability issues for our sport until image, integrity, and animal welfare issues, triggered most of all by lax and inconsistent drug policies, are managed and contained.

Otherwise, we will suffer death by a thousand cuts.

Our hats go off to Petra Hartmann of Industrial Laboratories Co. Inc. in the Denver area for conducting research that led to the development of a post-race test that found and identified dermorphin. Clearly, we need to improve the standards of all of our drug-testing labs, accredit them and then ensure that they share their common procedures and findings in a unified effort to improve the integrity of the sport.

Back in January, the Racing Medication and Testing Consortium (RMTC) board of directors voted to shift the group's main research focus from therapeutic medications to drugs that pose an immediate threat to the integrity of racing.

That was a good decision.

Regulators know we have to reform our rules, and so do most horsemen. "Problems like we're having now with dermorphin, quite simply, can be traced to three issues," said Dr. Rick Arthur, the equine medical director for the California Horse Racing Board. "Our laboratories are underfunded, our research is underfunded, and our penalties are inadequate."

A longtime owner, breeder and trainer named Christine Janks recently took our industry to task for its lackadaisical approach to drugs and penalties in a commentary that appeared in the *Paulick Report*.

She said, "I wonder about all the people defrauded out of winnings while this has been going on, and I wonder if racing will ever get serious about getting rid of the criminals.... Maybe we ought to try a novel approach: Give the honest guy a chance."

If someone within our industry feels that way, we can only imagine how fans or prospective fans feel as they digest reports about frog juice and other illegal elements.

It was heartening to see the Thoroughbred Racing Associations board of directors call for the implementation of uniform regulations regarding more restrictive use of a limited number of therapeutic drugs, a strong penalty structure for violators, and the elimination of treatment practices that could imperil the welfare of the horse when racing.

It is encouraging to see industry organizations such as Breeders' Cup Limited and the Thoroughbred Owners and Breeders Association taking steps to reform drug policies, and it is comforting to see racing commissions moving in the same direction.

The decision by the Kentucky Horse Racing Commission on June 13 to begin a phase out of furosemide in graded or listed stakes races was one example.

New rules in New Mexico take effect July 31 and include lowering the legal level of non-steroidal anti-inflammatory drugs that horses can receive before racing, which was recommended by the RMTC and The Jockey Club's Thoroughbred Safety Committee.

Charles Gardiner is exactly right when he talks about dermorphin.

This is bad stuff. This is doping.

We need to make reforms and we need to do so now. The racing commissions of this country should redesign their rules. And the adoption of Reformed Racing Medication Rules is a good place to start.

James L. Gagliano is the president and chief operating officer of The Jockey Club.

Note: Charles Gardiner, the executive director of the Louisiana State Racing Commission, contacted The Jockey Club following the release of this essay and said that the penalty handed out by the stewards in this case was limited by regulation. He asked that the following language from the ruling be added to the essay, noting the Louisiana stewards' desire for additional actions: "In the opinion of the stewards, the penalty imposed is insufficient and is referred to the LSRC for further review and action."

[Home](#) [Companies](#) [About the Registry](#) [Safety Initiatives](#)

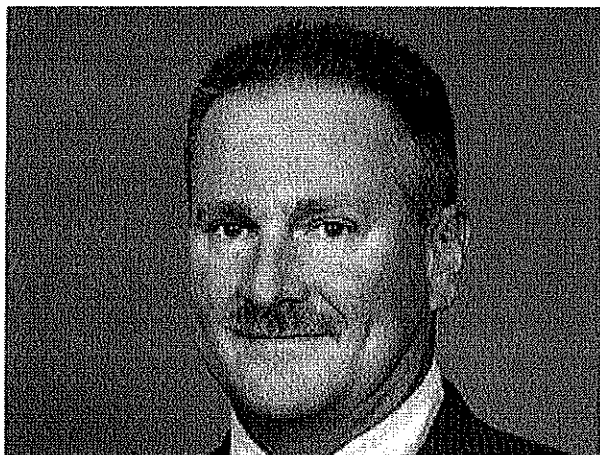
[Publications & Resources](#) [Round Table Conference](#) [Silks/Stable Registry](#) [Contact Us](#) [Site Map](#) [Site Search](#)

Copyright © 2012 The Jockey Club. All rights reserved.

Kentucky.com

Race-day drugs: Integrity of industry at stake

Published: June 12, 2012



Matt F. Juliano is the executive director and executive vice president of The Jockey Club.

By Matt F. Juliano

It is hard to think of an issue in the Thoroughbred racing industry that has been more contentious or long lasting than the use of drugs. Most recently, the battle has centered on the use of race-day drugs; and two of racing's most important states, Kentucky and New York, are considering changes to their rules.

The New York State Racing and Wagering Board recently invited public comment on the race day drug furosemide (Lasix/Salix) and the Kentucky Horse Racing Commission has proposed a phase-out of the use of furosemide on race day in graded or listed stakes races beginning in 2013 (representing only 4.7 percent of all Thoroughbred races in the commonwealth).

Over many years, The Jockey Club, located in Lexington and New York, has devoted countless resources to this dilemma, commissioning studies and supporting national organizations such as the Racing Medication & Testing Consortium.

We have created and made public a database of Thoroughbred regulatory rulings and proposed a set of racing medication rules that feature, among other things, a gradual phase-out of race-day drugs and a penalty system with sanctions that go as far as a lifetime ban from the sport.

Our stance on the use of drugs in horse racing has not wavered one bit, and for that we offer no apology: we believe that the overuse of drugs endangers our human and equine athletes, threatens the integrity of our sport and erodes consumer confidence in our game.

Regarding the drug furosemide, The Jockey Club has continually advocated for a gradual phase-out to properly gauge the impact it will have on horses, the horsemen and racetracks.

We genuinely appreciate and respect the views of those who object to any change in the current rules pertaining to furosemide. Clearly, they are doing what they believe to be in the best interests of the horses. But their perspective may be limited.

In the atmosphere of today's sports world, where the acronym performance-enhancing drugs regularly litters reports on baseball, track and field, football, cycling, etc., no sport should expect its public, or its participants, to embrace a philosophy of performance enhancement.

The biggest difference between the U.S. and a growing list of our international colleagues is that our rules permit the administration of drugs on race day.

In Hong Kong, for example, the philosophical resistance to Lasix lies in the belief that they should not "pharmacologically adapt the horse to the demands of the industry." Hong Kong has just 4.6 bleeding incidents for every 1,000 runners, with only 35 horses retired each year due to bleeding issues.

The proper treatment of animals is a high priority to the public, now more than ever. The recent multi-part investigative series by The New York Times, which focuses largely on drugs in horse racing, and the reaction to those articles, is a prime example. The public can hardly be expected to distinguish between a syringe that provides the proper therapy and one that introduces chicanery.

Last summer, The Jockey Club engaged the management consulting firm McKinsey & Company to review the status of our sport and make recommendations for remedial action. Its analysis concluded that the sport is losing fans at a rate of 4 percent a year, and that concerns over animal safety/welfare and medication were constantly among the most significant themes.

Of current racing fans, 78 percent said they would stop betting if they knew horses were not treated well; 38 percent said they would bet more if they knew horses were not given drugs, and 36 percent said drugs is one of the top three issues facing racing.

The Jockey Club, in response to a request from New York State Racing and Wagering Board, recently provided a letter from chairman Ogden Mills Phipps, strongly urging new rules that would ban the use of furosemide. (www.thejockeyclub.com/pdfs/nys_letter.pdf).

We now urge the Kentucky Horse Racing Commission to move forward with its proposed phase-out of the use of furosemide on race day in graded or listed stakes races beginning in 2013. Kentucky should not be an island on the subject of drug policy reform. It now has before it the opportunity to be a leader in the growing movement for clean competition.

[Back to Top](#)



- [Home](#)
- [Companies](#)
- [About the Registry](#)
- [Safety Initiatives](#)
- [Publications & Resources](#)
- [Round Table Conference](#)
- [Silks/Stable Registry](#)
- [Contact Us](#)
- [Site Map](#)
- [Site Search](#)

Media Center

[Media Relations](#) [News Releases](#) [News Release Archives](#) [Online Fact Book](#)

Tuesday, May 15, 2012

Contact: Bob Curran Jr. (212) 521-5326

The Jockey Club Releases Letter to New York State Racing and Wagering Board

The Jockey Club today released a copy of an eight-page letter it submitted to the New York State Racing and Wagering board on Monday, May 14, 2012.

The letter, signed by Ogden Mills Phipps, the chairman of The Jockey Club, describes the services The Jockey Club provides to the Thoroughbred industry and reiterates the organization's longstanding belief that horses should compete only when free from the influence of medication.

The New York State Racing & Wagering Board had solicited "comments concerning the use and regulation of Lasix for racehorses and equine drug policy in general." Included with the request were seven questions.

A copy of The Jockey Club's letter, including responses to the state's seven questions, is attached and is also available from The Jockey Club website (jockeyclub.com).

The Jockey Club, founded in 1894 and dedicated to the improvement of Thoroughbred breeding and racing, is the breed registry for North American Thoroughbreds. In fulfillment of its mission, The Jockey Club provides support and leadership on a wide range of important industry initiatives and it serves the information and technology needs of owners, breeders, media, fans and farms.

Letter to the New York State Racing and Wagering Board

[Home](#) [Companies](#) [About the Registry](#) [Safety Initiatives](#)

[Publications & Resources](#) [Round Table Conference](#) [Silks/Stable Registry](#) [Contact Us](#) [Site Map](#) [Site Search](#)

Copyright © 2012 The Jockey Club. All rights reserved.



40 East 52nd Street
New York, NY 10022
Telephone (212) 371-5970
Fax (212) 371-6123
Internet: www.jockeyclub.com

May 14, 2012

Via fax and email

Mr. John D. Sabini
Chairman
New York State Racing and Wagering Board
One Broadway Center (Suite 600)
Schenectady, NY 12305

Dear Chairman Sabini:

On behalf of the Stewards of the The Jockey Club, I appreciate the opportunity to provide comments concerning the use and regulation of Lasix® for racehorses and equine drug policy in general.

Before responding specifically to the seven questions you provided, I would like to share some information about The Jockey Club and our longstanding commitment and resolve with regard to the medication issue in Thoroughbred racing.

By way of background, The Jockey Club is the breed registry for Thoroughbreds in North America. The organization was formed in 1894 to maintain the integrity of *The American Stud Book* and ensure that all foals are the descendants of a sire (father) and dam (mother) that were registered Thoroughbreds.

In addition to our Registry, The Jockey Club operates several commercial companies that serve the technology, data and pedigree information needs of the Thoroughbred industry. Our customers include racetracks, owners, trainers, sales companies, racing fans and other Thoroughbred organizations. We reinvest the profits from those affiliated companies into the industry.

Among the numerous projects we have funded are the Racing Medication & Testing Consortium, the Racing Officials Accreditation Program, the Thoroughbred Aftercare Alliance, the National Thoroughbred Racing Association/NTRA Communications and the University of Arizona Race Track Industry Program.

The Jockey Club also oversees two charitable foundations: The Grayson-Jockey Club Research Foundation (traditionally the nation's leading private, non-corporate source of equine research funding); and The Jockey Club Safety Net Foundation (a charitable trust created to provide financial relief to needy members of the Thoroughbred industry and their families).

Additionally, The Jockey Club, through its active participation in the International Federation of Horseracing Authorities (IFHA), represents the interests of Thoroughbred breeding and racing in North America. The IFHA seeks to coordinate and harmonize the rules of the member-countries regarding breeding, racing and wagering and to ensure the quality and fairness of racing and the welfare of horses and jockeys.

In 2008, The Jockey Club formed the Thoroughbred Safety Committee to develop a process to study issues and propose recommendations on matters affecting the health and safety of the racehorse including medication reform. The committee comprises a broad cross section of industry leaders with diverse backgrounds including veterinary medicine, owners, breeders and riders. The committee meets at least quarterly to consider input from invited guests and commissions research into a variety of subjects.

Over many years, The Jockey Club has devoted countless resources, financial, technical and human, to the medication dilemma that has challenged our industry. Among the initiatives The Jockey Club has supported over the years include:

- McKinsey Study concerning drug testing in North America - 1991
- Racing & Medication Testing Consortium - 2002
- Drug Testing Initiative of the RMTC - 2009
- Revisions to *The Principal Rules and Requirements of The American Stud Book*, including the 2011 addition to deny privileges to individuals determined to have significant medication violations in Thoroughbred racing
- Thoroughbred Regulatory Rulings - 2011
- Reformed Racing Medication Rules - 2012
- *cleanhorseracing.org* - 2012

Our stance has not wavered one bit: We believe that the overuse of medication endangers our human and equine athletes, threatens the integrity of our sport and erodes consumer confidence in our game. Horses should compete only when they are free from the influence of medication.

In the atmosphere of today's sports world, where the acronym PED (Performance Enhancing Drugs) regularly litters reports on baseball, track and field, football, cycling, etc., no sport should expect its public, or its honest participants, to embrace a philosophy of performance enhancement. The public is our customer, and the customer should not be asked to embrace a knowingly sullied product.

Many observers today believe that the Thoroughbred is not as sound and hardy as it once was, and the generations of horses racing on medication and then dominating the gene pool are suspected of causing or contributing to that decline. Thus, the welfare of the breed merges with the welfare of the business. If the rest of the world increasingly looks on the American Thoroughbred as a tainted product, the impact on the international market is easily predictable.

The proper treatment of animals is a high priority to the public, now more than ever. Reaction to the recent multi-part investigative series by *The New York Times* proves that.

Even the horseman who sincerely believes he or she is doing right by the horse by racing on medications should grasp that the public can hardly be expected to distinguish between a syringe that provides the proper therapy and one that introduces chicanery. Survey after survey has said that medication adversely affects the public's acceptance of sports.

Last summer, The Jockey Club engaged the international management consulting firm McKinsey & Company to review the status of Thoroughbred Breeding and Racing and make recommendations for remedial action.

Their analysis concluded that the sport is losing fans at a rate of 4% a year, and that concerns over animal safety/welfare and medication were constantly among the most significant themes. From the category of current racing fans, 78% said they would stop betting if they knew horses were not treated well; 38% said they would bet more if they knew horses were not given drugs; and 36% said medication is one of the top three issues facing racing.

In closing, The Jockey Club strongly urges the New York State Racing and Wagering Board to promulgate new rules that would ban the use of Lasix. Doing so will dramatically enhance the safety of our athletes, the integrity of our sport and consumer confidence in our game. It is the right thing to do.

Thank you again for the opportunity to share The Jockey Club's perspective and please let me know if you have additional questions or need more information.

The following pages have been provided by staff of The Jockey Club to answer the seven questions posed in your April 30 communication on this matter.

Sincerely,

Ogden Mills Phipps (by MI)

Ogden Mills Phipps
Chairman

QUESTIONS

1. What is the cost/benefit analysis of Lasix overall? For example, does the annual cost of Lasix shots plus the impact on the breed exceed the aggregate benefit for horses that are kept in racing, the prophylactic value, and the avoidance of costly alternatives (e.g., prolonged rest)? What alternatives are available?

Response:

To place costs in proper perspective, the proportion of horses compromised by exercise-induced pulmonary hemorrhage (EIPH), the prevalence and annual cost of furosemide treatment and the effect of furosemide on performance must be understood.

The direct costs of furosemide administration to Thoroughbreds is estimated at \$28 million annually to effectively treat just 2% to 6% of race horses with clinical symptoms of EIPH materially sufficient to affect racing performance. When the administrative costs associated with monitoring, determining eligibility for treatment as well as maintenance of regulatory and racing records for reporting is included, the cost may approach \$35 million annually. Arguably, 90% of the remaining starters without clinically significant symptoms of EIPH receiving furosemide each time they start: (i) ran 25 pounds lighter, (ii) finished up to 5.5 lengths faster and, (iii) extended their performance beyond natural limits.

The variability among horses attributable to differences in EIPH diagnoses, differences in response to treatment with furosemide, and differences in individual choices to receive treatment in the first place, understandably introduces layers of complexity and confuses domestic and international customers when they attempt to analyze North American race records.

- ***Proportion of EIPH in the population***
 - In 2005, Hinchcliff, et.al (J Am Vet Med Assoc 2005; 227:768–774) reported only 5.1% (38 of 744) of Australian horses had severe EIPH (category 3 or 4).
 - In 2009, Hinchcliff, et.al (J Am Vet Med Assoc 2009; 235:76–82) reported only 11.8% (18 of 152) of South African horses had severe EIPH (category 3 or 4).
 - In 2011, regulatory veterinarians in Hong Kong reported only 2.4% of race-horses in Hong Kong were retired due to EIPH-related issues confirmed by endoscopic examination or direct observation supported by analysis of racing performances.
 - After studying more than 900,000 starts over a decade of racing, only 0.23% to 0.32% of starts were accompanied by visible bleeding from the nostrils in Great Britain.
- ***Prevalence and annual cost of treatment with furosemide***
 - Of the more than 64,000 Thoroughbreds making a start in North America in 2011, 95% received furosemide (Equibase® data).
 - The annual cost of managing EIPH in U.S. pari-mutuel racing has been estimated to exceed \$100 million annually, \$28 million in direct costs for furosemide-related administration to Thoroughbreds alone (Hinchcliff, AAEP Proc. 2005; 51:342-347).
- ***Effect of furosemide on performance***
 - Horses administered furosemide run 3 to 5.5 lengths faster (Gross, et.al, J Am Vet Med Assoc 1999; 215:670-675).
 - Horses administered furosemide lose 2% to 4% of body weight within 4 hours of administration (in Gross, et.al, J Am Vet Med Assoc 1999; 215:670-675).

- Horses administered furosemide have greater blood levels of total carbon dioxide (alkalinization) that is strongly associated with enhancing racing performance beyond natural limits (Cohen, et.al, Equine Vet. J 2006; 38(6):543-548).

Options for managing EIPH without the use of furosemide were discussed at the international summit on race-day medication held at Belmont Park in June 2011. Among the alternatives raised by representatives from the Hong Kong Jockey Club in addition to participants in Australian racing included changes to training schedules that included brief furloughs from racing.

2. How can a Lasix ban be introduced without causing major disruption and hardship? For example, proponents favor banning race day Lasix starting with two-year-old horses. Some suggest banning race day Lasix for major stakes races because of the impact on fan perception. Others suggest that dosage levels be gradually reduced each year. Should a racing circuit be available for horses that need Lasix to treat significant EIPH and keep racing?

Response:

Since 1995 (when New York became the last major state to permit the use of furosemide on race day), furosemide has been a part of the fabric of North American racing and breeding. Whether affecting a bettor's short-term decision based upon first time treatment, or potentially masking characteristics that may otherwise affect a breeder's long-term mating decision, furosemide touches the entire chain of production and should be gradually withdrawn in measured steps.

A progressive phased program beginning with all 2-year-old races in 2013 gives the New York State Racing and Wagering Board several advantages.

- First, with sufficient advance notice of the rule change, training and racing schedules can be adjusted starting with horses that have the least prior exposure to furosemide treatment, the 2-year-old population.
- Second, with race schedules characterized by fewer starts and longer intervals between starts, 2-year-olds are an ideal population for close monitoring and veterinary inspection over the course of the year.
- Third, older horses with longer histories of furosemide treatment are permitted its continued use during their 3- and 4-year-old and older race careers.
- Fourth, under this measured and closely monitored approach, the ban may be easily expanded to 3-year-olds the following year - horses already accustomed to furosemide-free competition as 2-year-olds. Narrow exceptions are possible for horses competing in races without age restrictions as local conditions require.
- Fifth, a progressive ban based upon foal crop starting with 2-year-olds minimizes disruption to racing form and provides the bettor time to transition handicapping strategies (further substantiating claims that furosemide provides performance enhancing effects to horses, including those without symptoms of EIPH).

3. What are the costs if Lasix use is curtailed? Who should bear the costs if Lasix is banned or curtailed? I.e., will individual owners and trainers bear the entire cost? Is there affordable insurance against the risk that a horse might be unable to race because of EIPH? Should breeders contribute? Will racetracks be able to attract enough horses to fill fields and how will that affect handle, revenue, and tax receipts?

Response:

The cumulative effects of the low incidence of severe EIPH in the population of race horses, a measured plan to phase out furosemide starting with horses having no prior exposure to its use in competition and, the time provided to adjust training and racing schedules and otherwise adapt to furosemide-free racing provides an optimal setting to mitigate risks associated with individual horses in the short-term.

As racing adapts to new regulations prohibiting race-day medications, redirecting the cumulative savings generated by reduced costs attributable to the furosemide treatment itself can only reduce the long-term economic risk of Thoroughbred ownership.

With a measured transition to furosemide-free racing starting with 2-year-olds, the estimated \$28 million annual cost burden currently associated with short-term efforts aimed at masking the symptoms of EIPH with furosemide become available to stakeholders for redeployment or cost avoidance.

Although more difficult to estimate, additional savings from costs currently associated with monitoring and reporting furosemide also become available for redeployment by the regulatory authority for existing and new initiatives to further the health, safety and welfare of our equine and human athletes.

In the final analysis, a measured approach starting with 2-year-olds provides all members in the chain of production from owners, breeders, trainers and bettors to buyers, both domestically and internationally, adequate time to rationally adjust their business models to balance any risks introduced by the change and better position themselves for long-term sustainable growth.

4. Is giving Lasix to all horses before any exertion actually a prophylactic? I.e., is there any scientific data that treating all horses before any exertion improves the prognosis of horses that experience a significant (grade 3 or 4) EIPH?

Response:

There is ample scientific evidence demonstrating that furosemide does not cure EIPH nor does it improve the long-term prognosis of horses with severe EIPH. In 2009, Hinchcliff et.al (J Am Vet Med Assoc 2009; 235:76–82) reported that furosemide reduced symptoms of EIPH an average of 0.63 on a 5-point scale ranging from zero to four that is based upon visual inspection of airways with the aid of a flexible endoscope.

An improvement of 0.63 over a five-point scale equates to a 12.6% average improvement in symptoms after administration of furosemide to horses in South Africa.

Prophylactically treating 95% of all starters in pursuit of a 12.6% improvement in clinical symptoms that materially affect fewer than 10% of race horses invites critics to challenge the integrity of horse racing; especially in light of the performance enhancing effects seen in the majority of horses without any symptoms of EIPH.

5. What is the impact on fan support of allowing Lasix on race day?

Response:

Surveys commissioned by the NTRA in 2005 and again in 2008 as well as research funded by The Jockey Club in 2011 and 2012 have consistently demonstrated that current rules regulating the use of drugs and/or medications in the racehorse are among the top three concerns expressed by customers. Rules permitting the administration of medications on race day pose a significant barrier to attracting new customers essential for growing the sport. Explaining the therapeutic value or necessity of treatment did little to persuade

respondents otherwise. It is difficult to attract new fans when they are told 95% of the athletes must receive a powerful, performance enhancing diuretic on the day of the competition, purportedly in the best interest of our equine athletes.

New customers are understandably confused by these statements and question their involvement in any sport where the athletes must be treated in order to compete.

These attitudes reflect the growing trend among fans and customers of organized sports of an increasing intolerance of drugs in competition. Survey after survey has demonstrated that horse racing is no different.

6. How will trainers react to a Lasix ban? What substitutes will be used and what impact will they have on race integrity and horse safety? Can they be readily detected like Lasix?

Response:

This matter has been carefully considered by The Jockey Club's Thoroughbred Safety Committee, and the committee has posed similar questions to several well-known domestic and international trainers and veterinarians. Consistently the response has been that trainers will adapt and they point to the success of international jurisdictions without this race-day medication as evidence.

History has demonstrated that horses bred and raced in the U.S. can successfully adapt and compete at the highest level in international racing without the use of furosemide. Horses bred and raced in other countries have similarly demonstrated their ability to return to furosemide-free racing overseas after adapting and competing at the highest level in U.S. racing where furosemide is permitted.

Responses from those groups advocating for the continued use of furosemide suggesting that its elimination will foster an increase in cloak-and-dagger behavior and treatments is irresponsible and frankly, appears to hold hostage the health and safety of the horse.

7. More generally, what are the most effective and practical steps for regulators to take to improve the safety and integrity issues caused by drug administrations to race horses? What other equine drug policy changes could reduce injuries and enhance the integrity of horse racing? Should regulators take a stricter approach, e.g., owner responsibility for drug positives, breeder liability for fatalities resulting from bone defects caused by overfeeding young horses, mandatory recuperation periods for horses that have sustained a soft tissue injury? Are the therapeutic drugs and treatments that mask the sensation of pain in a horse in the long run contributing to more breakdowns and less productive racing lives of race horses?

Response:

Our response to your multi-part questions begins and builds upon the processes created in 2008 through the formation of The Jockey Club Thoroughbred Safety Committee and its charge to improve the health and safety of our equine and human athletes. As discussed previously, its membership comprising leaders and experts from a broad cross section of the industry, produces practical recommendations to produce tangible improvements in safety.

We encourage the New York State Racing and Wagering Board to consider the expertise and depth of the committee among the resources available to them when analyzing and formulating new safety and medication initiatives for New York racing.

A recent product of the safety committee is the 2012 Reformed Racing Medication Rules, published by The Jockey Club (http://jockeyclub.com/pdfs/reformed_rules.pdf).

The reformed medication rules feature a new categorization of medications, more clearly defined regulatory limits, and dramatically remodeled penalties. We encourage all Thoroughbred racing jurisdictions to uniformly implement them in order to improve the integrity of the sport and enhance the safety of its athletes.

Summary of the Reformed Racing Medication Rules 2012:

- Horses should be allowed to compete only when free from the influences of medication
- Medications permitted in the race horse are subjected to stricter regulatory thresholds with increased recommended withdrawal times
- Furosemide is currently prohibited although this may be effected through a transitional process
- Only RMTC-accredited laboratories are permitted to test samples, with results available to the public
- Medication violations result in points that accumulate to trigger stronger sanctions for repeat violations, up to lifetime suspensions
- Medication histories for all horses available for review
- Contact with a horse within 24 hours of post time of the race shall be subject to surveillance; certain regulations and track ship-in policies may be subject to adjustment
- Reciprocal enforcement of uniform mandatory rest periods among racing regulatory authorities for horses with symptoms of exercise induced pulmonary hemorrhage
- Expansion of regulatory authority to include all jurisdictions where official “workouts” are conducted
- Administration and withdrawal guidelines are published for all approved therapeutic medication subject to regulatory control
- Best practices for improved security and monitoring of “in today” horses are provided for guidance to racing associations



THE JOCKEY CLUB

■ Home
■ Companies
■ About the Registry
■ Safety Initiatives
■ Publications & Resources
■ Round Table Conference
■ Silks/Stable Registry
■ Contact Us
■ Site Map
■ Site Search

Media Center

[Media Relations](#) || [News Releases](#) || [News Release Archives](#) || [Online Fact Book](#)

Friday, March 30, 2012

Contact: Bob Curran Jr. (212) 521-5326

The Jockey Club Unveils Updated Version of Reformed Racing Medication Rules

The Jockey Club today released an updated version of the Reformed Racing Medication Rules that features a new categorization of medications, more clearly defined regulatory limits and dramatically remodeled penalties. The organization is encouraging all Thoroughbred racing jurisdictions to implement them in order to improve the integrity of the sport and enhance the safety of its athletes.

The Reformed Racing Medication Rules were introduced at The Jockey Club's Round Table Conference on Matters Pertaining to Racing in August 2011 after consultation and collaboration with representatives of the Racing Medication & Testing Consortium, the Association of Racing Commissioners International and the International Federations of Horseracing Authorities.

"We have been refining this document since then and the result is a dramatically streamlined set of regulations that is on par with international standards," said James L. Gagliano, president and chief operating officer of The Jockey Club. "It creates a new enforcement scheme with far stiffer penalties and deterrents for repeat offenders. We look forward to continuing our collaboration with industry organizations and national, state and local regulatory agencies to see these rules adopted."

The new rules feature a cumulative penalty system featuring stronger penalties for repeat violations. Fines, disqualifications and even lifetime suspensions would be possible for those persistently operating outside regulatory limits.

Among the main tenets of the Reformed Racing Medication Rules:

- Horses should be allowed to compete only when free from the influences of medication
- Medications permitted in the race horse are subjected to stricter regulatory thresholds with increased recommended withdrawal times.
- Furosemide is currently prohibited although this may be effected through a transitional process
- Only RMTCC-accredited laboratories are permitted to test samples, with results available to the public
- Medication violations result in points that accumulate to trigger stronger sanctions for repeat violations; up to lifetime suspensions
- Medication histories for all horses available for review
- Contact with a horse within 24 hours of post time of the race shall be subject to surveillance; certain regulations and track ship-in policies may be subject to adjustment
- Reciprocal enforcement of uniform mandatory rest periods among racing regulatory authorities for horses with symptoms of exercise induced pulmonary hemorrhage
- Expansion of regulatory authority to include all jurisdictions where official "workouts" are conducted
- Administration and withdrawal guidelines are published for all approved therapeutic medication subject to regulatory control
- Best practices for improved security and monitoring of "in today" horses are provided for guidance to racing associations

"As we have said many times before, The Jockey Club believes that the overuse of medication endangers our human and equine athletes, threatens the integrity of our sport and erodes consumer confidence in our game," Gagliano said. "Horses should compete only when they are free from the influence of medication, and these reformed rules represent a giant step toward achieving that goal."

Craig Fravel, president and chief executive officer of Breeders' Cup Limited, said, "Safety and integrity are values that are paramount to the viability of Thoroughbred racing. We must dedicate our efforts to adopting uniform national rules that ensure a level playing field and that ensure those who do not wish to abide by those rules can no longer compete against those who do."

Dan Metzger, the president of the Thoroughbred Owners and Breeders Association, said, "The Reformed Racing Medication Rules provide a reasonable and common sense approach to achieve uniformity and impose severe penalties on those who repeatedly violate rules. Adoption of these revised rules will provide our industry with necessary, responsible and positive reform."

The Jockey Club, founded in 1894 and dedicated to the improvement of Thoroughbred breeding and racing, is the breed registry for North American Thoroughbreds. In fulfillment of its mission, The Jockey Club provides support and leadership on a wide range of important industry initiatives and it serves the information and technology needs of owners, breeders, media, fans and farms, among others. Additional information is available at jockeyclub.com.



REFORMED RACING MEDICATION RULES

MARCH 30, 2012

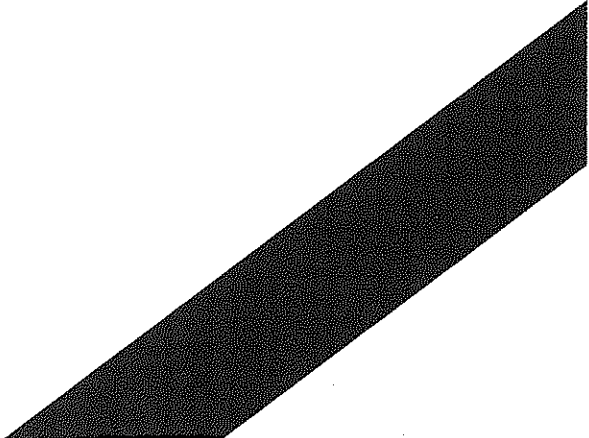
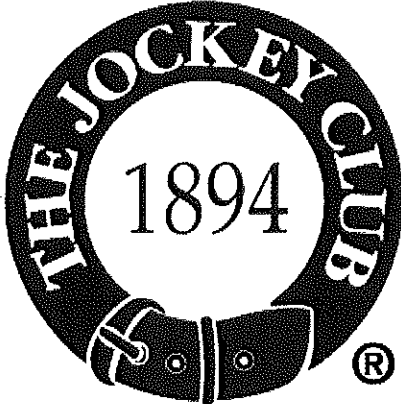


Table of Contents

Foreword	3
Executive Summary	4
REFORMED RACING MEDICATION RULES	5
1. Definitions	5
2. Trainer Responsibility	6
3. General Veterinary Rules and Duties	7
4. Prohibited Substances and/or Acts	8
5. Controlled Therapeutic Medications and Restrictions	9
6. Determination of Violations and Penalties	10
7. Penalties	13

Foreword

To bring forward much-needed uniformity to the medication rules and penalties in Thoroughbred racing, The Jockey Club in May 2011 methodically reviewed and synthesized rules from the 38 pari-mutuel racing jurisdictions in the United States, as well as rules from foreign countries.

The goal was to provide to the industry a national medication rule book that provides the safest environment for equine and human athletes.

The Reformed Racing Medication Rules were first introduced at The Jockey Club's Round Table Conference on Matters Pertaining to Racing in August, 2011 after consultation and collaboration with representatives of the Racing Medication & Testing Consortium (RMTC), the Association of Racing Commissioners International (RCI) and the International Federations of Horseracing Authorities (IFHA).

Since that time, The Jockey Club has continued its work with those groups and other Thoroughbred industry organizations. The result is a dramatically streamlined set of regulations that is on par with international standards, and creates a new enforcement scheme with stronger penalties and deterrents.

It should be noted that within this document furosemide is considered a prohibited substance. The Jockey Club continues to encourage alignment with other racing nations that prohibit the use of furosemide on race day, and recognizes that a phased plan may be necessary to achieve that goal.

Executive Summary

- Horses should be allowed to compete only when free from the influences of medication
- Medications permitted in the race horse are subjected to stricter regulatory thresholds with increased recommended withdrawal times.
- Furosemide is currently prohibited although this may be effected through a transitional process
- Only RMTC-accredited laboratories are permitted to test samples, with results available to the public
- Medication violations result in points that accumulate to trigger stronger sanctions for repeat violations; up to lifetime suspensions
- Medication histories for all horses available for review
- Contact with a horse within 24 hours of post time of the race shall be subject to surveillance; certain regulations and track ship-in policies may be subject to adjustment
- Reciprocal enforcement of uniform mandatory rest periods among racing regulatory authorities for horses with symptoms of exercise induced pulmonary hemorrhage
- Expansion of regulatory authority to include all jurisdictions where official "workouts" are conducted
- Administration and withdrawal guidelines are published for all approved therapeutic medication subject to regulatory control
- Best practices for improved security and monitoring of "in today" horses are provided for guidance to racing associations

REFORMED RACING MEDICATION RULES

March 2012

1. Definitions

- a. The terms used herein shall mean:
 - i. Medication. Any drug including medications or other substances or relevant metabolite or analogue thereof which can exert a pharmacological effect on any physiological system of a horse. For purposes of these rules, a Medication may be further classified and subsequently defined as either a Controlled Therapeutic Medication or a Prohibited Substance.
 - ii. Legend Medication. Any Medication requiring the following legend on its label: "Caution: Federal Law prohibits dispensing without a prescription."
 - iii. Administer or Administration. Any action which causes a Medication to enter into the body of a horse.
 - iv. Laboratory. The official chemical detection laboratory designated by the relevant racing regulatory authority and meeting the accreditation requirements of the Racing Medication and Testing Consortium (RMTc) and shall make the results of testing available to the public.
 - v. Sample. Any body substance or fluid, including, but not limited to, tissue, hair, blood or urine obtained from a horse at the direction of the relevant racing regulatory authority, including its designees, for the purposes of determining the presence and/or concentration of Medication(s) through analysis using procedures in accordance with the accreditation standards of the RMTc.
 - vi. Positive Test. A finding by the Laboratory that a Prohibited Substance is present in the sample or that the presence and, concentration of a Controlled Therapeutic Medication(s) or relevant metabolites thereof in the Sample exceed the limits:
 1. Published and/or allowed by the relevant racing regulatory authority or
 2. Expected from compliance with published administration and withdrawal guidelines
 3. Substances foreign to a horse at concentrations that cause interference with testing procedures
 - vii. Practicing Veterinarian. A veterinarian meeting all licensing requirements of the relevant state and racing regulatory authority to practice at a location under the jurisdiction of the relevant racing authority.
 - viii. Official Veterinarian. A veterinarian meeting all licensing requirements of the relevant state and racing regulatory authority to perform the responsibilities assigned at a location under the jurisdiction of the relevant racing regulatory authority and employed by the racetrack, racing association or the racing regulatory authority to act in an official capacity.
 - ix. Licensed Trainer. A person licensed and duly authorized by the relevant racing regulatory authority as a trainer to conduct business as a trainer at a location under the jurisdiction of the relevant racing regulatory authority.
 - x. Licensed Owner. A person licensed and duly authorized by the relevant racing regulatory authority as an owner to conduct business as an owner at a location under the jurisdiction of the relevant racing regulatory authority.
 - xi. Stewards. Officials responsible for the regulation of racing within the jurisdiction of the relevant racing regulatory authority.
 - xii. Licensee. A person licensed and duly authorized by the relevant racing regulatory authority to conduct business at a location under the jurisdiction of the relevant racing regulatory authority.
 - xiii. Controlled Therapeutic Medication(s). A Medication approved by the Association of Racing Commissioners International (RCI) and the RMTc the concentration of which may not exceed specified regulatory limits, published

herein or complying with administration and withdrawal guidelines published herein, in Samples collected from a horse following a race in which it was a competitor.

- xiv. Prohibited Substance. A Drug or other substance that affects one or more systems of the horse that has not been classified as a:
 - 1. Therapeutic Medication and,
 - 2. Shall not be present at a concentration greater than the lower limit of detection in Samples collected from a horse following a race in which it was a competitor

2. Trainer Responsibility

- a. Only Licensed Trainers, Licensed Owners, or their designees shall be permitted to authorize veterinary medical treatment of horses under their care, custody, and control at locations under the jurisdiction of the relevant racing regulatory authority.
- b. The Licensed Trainer shall be responsible for:
 - i. Knowing the rules of the relevant racing regulatory authority
 - ii. The accurate and timely Administration of Controlled Therapeutic Medication(s) to a horse sufficiently accounting for such withdrawal time(s) necessary to avoid Positive Test(s).
 - iii. Consulting with Practicing Veterinarians and other qualified professionals on veterinary medical issues affecting horses under their care, custody, and control.
 - iv. As determined by Laboratory analysis of Sample(s) from horses under their care, custody or control, any Positive Test for either:
 - 1. The presence of any Prohibited Substance, or
 - 2. Exceeding the regulatory limits of any Controlled Therapeutic Medication(s).
 - v. Maintaining a record for at least one year of all Medication(s) Administered to horses under their care, custody, and control to include the following:
 - 1. Name of horse, and
 - 2. Date of each Administration, and
 - 3. Name, dosage and route of Medication Administered, and
 - 4. Name of Practicing Veterinarian, Licensed Trainer or their designee responsible for Administering the Medication.
 - 5. Name of Practicing Veterinarian prescribing the medication
 - vi. Preventing the Administration by any means of any Controlled Therapeutic Medication(s), Prohibited Substance(s) or any other Medication that could result in a Positive Test in Samples collected after a race in which a horse was a competitor.
 - vii. Using only the veterinary medical services of Practicing Veterinarians, to treat horses at locations under the jurisdiction of the relevant racing regulatory authority.
 - viii. Assuring the adequate security, custody, care, health, condition, fitness for competition and safety of horses under their care, custody, and control.
 - ix. Maintaining appropriate records and knowledge of the medication history, requirements and status of horses under their care, custody, and control.
 - x. Immediately reporting to officials of the relevant racing regulatory authority and/or Official Veterinarian any knowledge or suspicion that unauthorized contact with or Administration of a Medication(s) to a horse has occurred.
 - xi. Attending or delegating the attendance of an authorized and duly licensed agent for the collection of Sample(s) from horses under their care, custody and control.
 - xii. Assuring any horse under their care, custody, and control that has been entered to race is present at the designated location on the racing association property not less than four (4) hours prior to the scheduled post time of the first race on the day for which the horse is entered to compete.
 - xiii. Maintaining absolute control, custody, and security of all Medications within their premises authorized to be in their possession.

3. General Veterinary Rules and Duties
- a. Upon authorization from the Licensed Trainer, Licensed Owner, Practicing Veterinarian or their respective designees shall be responsible for the Administration of any Medication(s) to a horse.
 - b. All hypodermic needles and syringes shall be used once and safely disposed at designated areas as provided by the relevant racing regulatory authority.
 - c. The Official Veterinarian shall recommend to the Stewards or the relevant racing regulatory authority officials and/or relevant licensure authority any disciplinary actions upon Practicing Veterinarian(s).
 - d. All Medications must be secured and labeled pursuant to all applicable federal, state, and local regulations or guidelines.
 - e. Only properly labeled Medication(s) are permitted at locations under the jurisdiction of the relevant racing regulatory authority that have been:
 - i. Generally accepted in equine veterinary practice, or
 - ii. Expressly approved for use by the Official Veterinarian.
 - f. Medications or veterinary procedures are not permitted at locations under the jurisdiction of the relevant racing regulatory authority that:
 - i. Pose an unacceptable risk to the health and welfare of the horse, or
 - ii. Endanger the safety of the rider, or
 - iii. Adversely affect the integrity or public perception of racing.
 - g. Only veterinarians licensed by the relevant state veterinary medical authority and the relevant racing regulatory authority in addition to other such licenses or permits as the Official Veterinarian may reasonably require shall be permitted on locations under the jurisdiction of the relevant racing regulatory authority to:
 - i. Prescribe any Medication, or
 - ii. Administer or authorize to Administer any Legend Medication or other substance commonly regarded and accepted as a veterinary practice, or
 - iii. Perform veterinary medical procedures as described in the relevant veterinary practices act, or
 - iv. Possess hypodermic needle(s) or syringe(s), or
 - v. Possess Legend Medication(s) and/or similar substances provided all labeling requirements as established by the relevant regulatory authority for such substances have been met.
 - h. The Official Veterinarian shall be responsible for:
 - i. Enforcing a mandatory rest period from racing or timed workouts for all horses observed to have bled from the nostril(s) with the day bleeding was first observed counted as the first day, as follows:
 1. First incident – 30 days rest
 2. Second incident within 365-day period – 60 days rest
 3. Third incident within 365-day period – 180 days rest
 4. Fourth incident within 365-day period – permanent ban from racing
 - ii. Ordering the physical examination, including, but not limited to, endoscopic, medical imaging or other such diagnostic examinations of any horse under the jurisdiction of the relevant racing regulatory authority as deemed necessary upon consideration of factors including racing performance.
 - i. Racing regulatory authorities shall mutually and reciprocally enforce periods of rest mandated from racing or workouts for all horses observed to have bled from the nostril(s).
 - j. Horses completing periods of mandatory rest shall become eligible for return to racing and/or workouts only upon the written authorization of the Official Veterinarian after completion of observed workout(s) without visible bleeding from the nostrils.
 - k. The Official Veterinarian shall be responsible for maintenance of veterinarian's list(s) containing horses under periods of mandatory rest and/or ineligibility for racing for reasons including, but not limited to, Positive Tests, bleeding, soundness or other medical issues.
 - l. The Official Veterinarian may order the retention and frozen storage of Samples for subsequent testing with Positive Tests subject to penalties in effect on the date of the race.

4. Prohibited Substances and/or Acts
- a. The presence of any Prohibited Substance including Furosemide resulting in a Positive Test in Samples collected after a race in which a horse was entered to compete.
 - b. The possession of Medication(s) at locations under jurisdiction of the relevant racing regulatory authority without permission of the Official Veterinarian that:
 - i. Are not approved by the Federal Drug Administration for use in horses, animals, or humans, or
 - ii. Are not properly labeled, or
 - iii. Do not have generally recognized legitimate therapeutic use in the horse.
 - c. At any location that conducts, records and/or submits official timed workout information under jurisdiction of the relevant racing regulatory authority, the possession and/or use of Medications that:
 - i. Enhance the oxygenation of body tissues, or
 - ii. Affect physiological systems through prolonged influences upon genetic, metabolic, oxygenation of blood or tissues, or cellular regulation and function.
 - d. The Medications described in paragraphs (i) through (ii) above are classified as Prohibited Substances, must never appear in any Sample taken at any time by the relevant racing regulatory authority, and include but are not limited to:
 - i. Erythropoietin and analogues
 - ii. Darbepoetin and analogues
 - iii. Oxyglobin®
 - iv. Hemopure®.
 - v. AICAR (Aminoimidazole carboxamide ribonucleotide)
 - vi. ITPP (myo-inositol trispyrophosphate)
 - vii. Thymosin beta
 - viii. Cobra Venom or derivatives thereof
 - ix. Snail Venom (ziconotide) or derivatives thereof
 - x. Equine Growth hormone and analogues
 - xi. Medication(s) or substances that have no generally recognized legitimate therapeutic use in the horse
 - xii. Medication(s) or substances that have not been approved by the Federal Drug Administration for use in horses, animals or humans.
 - e. Samples may be obtained from any horse for Laboratory analysis for the presence of Prohibited Substances described under 4(c)(i) through (ii) above or appearing in 4(d)(i) through (xii) above. The presence of Prohibited Substances described under 4(c)(i) through (ii) above or appearing in 4(d)(i) through (xii) above shall result in a Positive Test.
 - f. The administration of Controlled Therapeutic Medications to a horse within 24 hours of the post time of the race in which a horse is entered to compete shall result in a scratch.
 - g. Contact with a horse by a veterinarian, other than the Official Veterinarian, their designee or unless authorized by the Official Veterinarian or their designee, any time within 24 hours before the scheduled post time of the race for which a horse is entered to compete shall result in a scratch.
 - i. Associations must provide security procedures and processes reasonably sufficient to deter and detect inappropriate contact with a horse that is entered to compete.
 - ii. Exhibit 2 are security best practices for information purposes to assist racing associations in the preparation of security plans to deter and detect inappropriate contact with horses.
 - h. The use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy or other similar procedures that are capable of producing periods of anesthesia, analgesia, anti-inflammatory or general suppression to normal response to pain are not permitted within seven (7) days of the of post time of the race in which a horse is entered to compete.
 - i. The use of hydrotherapy, ice packs and topical freezes are prohibited within two (2) hours of post time of the race or prior to any pre-race inspection on the day of the race for which a horse is entered to compete.

5. Controlled Therapeutic Medications and Restrictions
 - a. No horse participating in a race shall carry in its body any Medications, analogues or metabolites thereof except as provided herein.
 - b. The following Controlled Therapeutic Medications, analogues or metabolites thereof shall not be present in Samples, collected after a race in which a horse was a competitor or in a work out for the regulatory veterinarian, submitted to Laboratory for analysis in excess of the following regulatory limits:
 - i. One (1) microgram of phenylbutazone per milliliter of serum or plasma.
 - ii. Five (5) nanograms of flunixin per milliliter of serum or plasma.
 - iii. One (1) nanogram of Ketoprofen per milliliter of serum or plasma.
 - iv. Ten (10) micrograms of DMSO per milliliter of serum or plasma
 - v. One (1) nanogram of methocarbamol (Robaxin-V) per milliliter of serum or plasma (subject to research).
 - c. Provided an approved controlled therapeutic medication exemption form is on file with the relevant racing regulatory authority or its designee prior to initiation of treatment:
 - i. The following Controlled Therapeutic Medications, analogues or metabolites thereof may be present in Samples, collected after a race in which a horse was a competitor or in a work out for the official veterinarian:
 1. Butorphanol
 2. Firocoxib
 3. Lidocaine
 4. Tripelennamine
 5. Xylazine
 - ii. The following Controlled Therapeutic Medications, analogues or metabolites thereof shall not be present in Samples, collected after a race in which a horse was a competitor or in a work out for the official veterinarian, in excess of the following regulatory limits:
 1. Twenty-five (25) picograms of clenbuterol per milliliter of serum or plasma.
 2. Three and five-tenths (3.5) picograms of glycopyrrolate per milliliter of serum or plasma.
 3. Ten (10) nanograms of 2-(1-hydroxy) promazine sulfoxide, the primary urinary metabolite of acepromazine, per milliliter of urine.
 4. Ten (10) nanograms of total 4-hydroxymepivacaine, the primary urinary metabolite of mepivacaine, per milliliter of urine.
 5. Fifty (50) nanograms of procaine per milliliter of urine.
 6. Ten (10) nanograms of atropine per milliliter of urine.
 7. Twenty (20) picograms of detomidine per milliliter of serum or plasma.
 - d. One hundred (100) nanograms or less of caffeine per milliliter of serum or plasma shall not result in a Positive Test.
 - e. Thirty-six (36) millimoles of Carbon Dioxide per liter of blood.
 - f. Only one of the following Controlled Therapeutic Medications may be present in Samples:
 - i. Diclofenac
 - ii. Firocoxib
 - iii. Flunixin
 - iv. Ketoprofen
 - v. Phenylbutazone
 - g. The following Controlled Therapeutic Medications shall not be Administered less than 24 hours before the scheduled post time for which a horse is entered to compete:
 - i. Omeprazole
 - h. The following Controlled Therapeutic Medications shall not be Administered less than 48 hours before the scheduled post time for which a horse is entered to compete:
 - i. Diclofenac
 - ii. DMSO
 - iii. Flunixin

- iv. Glycopyrrolate
 - v. Ketoprofen
 - vi. Phenylbutazone
 - i. The following Controlled Therapeutic Medications shall not be Administered less than 4 days before the scheduled post time for which a horse is entered to compete:
 - i. Acepromazine
 - ii. Atropine
 - iii. Butorphanol
 - iv. Dantrolene
 - v. Detomidine
 - vi. Lidocaine
 - vii. Mepivacaine
 - viii. Methocarbamol
 - ix. Tripelennamine
 - x. Xylazine
 - j. The following Controlled Therapeutic Medications shall not be Administered less than 7 days before the scheduled post time for which a horse is entered to compete:
 - i. Betamethasone
 - ii. Dexamethasone
 - iii. Clenbuterol
 - iv. Firocoxib
 - v. Methylprednisolone
 - vi. Prednisolone
 - vii. Procaine Penicillin
 - viii. Triamcinolone acetonide
 - k. Contact with a horse 24 hours prior to the post time of the race for which a horse is entered to compete shall only be by licensed personnel notwithstanding veterinarians approved under Section 4(g) above and shall only be permitted for general husbandry purposes including, but not limited to, feeding, watering, bandaging, applying tack, applying topical dressings such as antiseptics, ointments, salves, leg rubs, leg paints, hoof care products, and liniments, provided that such activities do not result in the Administration of Controlled Therapeutic Medication(s) or Prohibited Substance(s).
 - l. Upon the request of the Official Veterinarian and/or other designee of the relevant racing regulatory authority, Samples for Laboratory analysis may be obtained from any horse at any time at locations under jurisdiction of the relevant racing regulatory authority.
6. Determination of Violations and Penalties
- a. Points for violations of these rules attached as Exhibit 1 and incorporated herein by reference.
 - b. All violations and penalties will be assessed the point value in Exhibit 1; and
 - i. Each point assessed will include a \$250 fine to the licensee; and
 - ii. Any single violation that results in an assessment of ten (10) or more points will include a disqualification and redistribution of purse with an automatic seven (7) day suspension; and
 - iii. Any penalty which includes suspension of 30 days or more shall require the transfer of all horses in training to unassociated persons subject to approval of the relevant regulatory authority.
 - iv. A disqualification and redistribution of the purse will occur if the Sample produces a Positive Test for the following Controlled Therapeutic Medication(s)
 - 1. Dantrolene
 - 2. Diclofenac
 - 3. Flunixin
 - 4. Ketoprofen
 - 5. Methocarbamol
 - 6. Phenylbutazone; and

- v. The presence and/or concentration of a single controlled therapeutic medication or relevant metabolites thereof present in Samples determined through analysis by Laboratory may result in up to a 20 point penalty; and
 - vi. The presence and/or concentration of multiple controlled therapeutic medications or relevant metabolites thereof present in Samples determined through analysis by Laboratory may result in up to a 50 point penalty; and
 - vii. Previous controlled therapeutic medications violations will be combined for determining points assigned in 1st, 2nd and 3rd offenses during a three year period.
 - viii. Previous prohibited substances will be combined for 1st, 2nd and 3rd offenses during a three year period.
 - ix. Positive Tests involving Prohibited Substances described in Sections 4(c) and 4(d) shall result in not less than a 150 point penalty.
 - x. All relevant facts, evidence and testimony, including aggravating and mitigating circumstances.
- c. Beginning January 1, 2013 all points assessed to the licensee record shall accumulate for a three year period; and
- i. Licensees will be subject to the following penalties based on points accumulated during the three year period
 1. Ten (10) total points in a three (3) year period with shall result in a minimum seven (7) day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a 30-day suspension.
 2. Thirty (30) total points in a three (3) year period shall result in a minimum 15-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a 60-day suspension.
 3. Fifty (50) total points in a three (3) in a three year period shall result in a minimum 30-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a one (1) year suspension.
 4. Seventy Five (75) total points in a three (3) year period shall result in a minimum 60-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of three (3) year suspension.
 5. One Hundred (100) total points in a three (3) year period shall result in a minimum 180-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of five (5) year suspension.
 6. One Hundred and fifty (150) total points in a three (3) year period shall result in a minimum one (1) year suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of ten (10) year suspension.
 7. Two Hundred (200) total points in a three (3) year period shall result in a minimum three (3) year suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a lifetime ban.
- d. All racing regulatory authorities shall:
- i. Mutually and reciprocally enforce all points and penalties assessed against trainers, owners, horses and/or veterinarians in any other racing jurisdiction; and
 - ii. In the determination of penalties, consider all violations previously determined by all racing regulatory authorities when assessing penalties against trainers, owners, horses and/or veterinarians.
- e. Non-classified substances are substances that are not classified as either a Controlled Therapeutic Medication or a Prohibited Substance and shall be forwarded to the relevant racing regulatory authority or its designee for classification in consultation with the RCI and RMTC.

- f. Positive Tests may be subjected to additional analysis at the request of the Licensed Trainer.
- g. Associated parties, including, but not limited to, trainers, owners, veterinarians and horses may be subject to penalties.
- h. Practicing Veterinarians subject to penalties will also be referred back the Veterinarian state licensing board for possible discipline
- i. Should the analysis of a post-race blood or urine sample taken from a claimed horse result in a post-race positive test, or if the test results of a previous race have not been cleared by the date of the claim and result in a post-race positive test, the claimant's trainer shall be promptly notified by the stewards and the claimant shall have the option to void said claim within five (5) days of such notice by his trainer. An election to void a claim shall be submitted in writing to the stewards by the claimant or his trainer. In the event the claim is voided, the horse shall be returned to the owner of the horse who subjected the horse to claiming in the race from which the positive test resulted. The relevant racing regulatory authority may retain custody of a portion of each Sample obtained for Laboratory analysis for subsequent use, including, but not limited to, future quality assurance efforts, additional testing or for satisfaction of requests for independent confirmatory testing.

7. Penalties

Exhibit 1. Schedule of points for violations due to Positive Test for the presence of a Controlled Therapeutic Medication and/or a Prohibited Substance.

Drug	1st violation in category	2nd violation in category	3rd plus violation in category
Omeprazole	1	2	10
Betamethasone	2	4	10
Dantrolene	2	4	10
Dexamethasone	2	4	10
Diclofenac	2	4	10
DMSO	2	4	10
Flunixin	2	4	10
Ketoprofen	2	4	10
Methocarbamol	2	4	10
Methylprednisolone	2	4	10
Phenylbutazone	2	4	10
Prednisolone	2	4	10
Triamcinolone Acetonide	2	4	10
Acepromazine	10	15	20
Atropine	10	15	20
Butorphanol	10	15	20
Clenbuterol	10	15	20
Detomidine	10	15	20
Firocoxib	10	15	20
Glycopyrrolate	10	15	20
Lidocaine	10	15	20
Mepivacaine	10	15	20
Procaine Penicillin	10	15	20
Tripelennamine	10	15	20
Xylazine	10	15	20
TCO2	10	15	20
Multiple NSAID	20	30	50
All other Medications including Furosemide or Prohibited Acts not including Out of Competition Substances	50	100	200

Exhibit 2: Recommended best practices ("Guidelines") for securing horses entered to compete (Guidelines are not a warranty, guarantee or assurance and do not relieve or lessen the duties of the relevant racing regulatory authority or of the racetrack or racing association to assure the safety and security of horses on the day for which they are entered to compete.):

1. The administration of any Controlled Therapeutic Medication to a horse within 24 hours of the scheduled post time for which a horse is entered to compete shall result in a scratch.
2. Contact with a horse by a veterinarian other than an Official Veterinarian or designee any time 24 hours prior to the post time of the race for which a horse is entered to compete shall result in a scratch.
3. Contact with a horse on the day the horse is entered to compete shall only be by licensed personnel notwithstanding veterinarians approved under Section 4(g) above and shall only be permitted for general husbandry purposes, including, but not limited to, feeding, watering, bandaging, applying tack, applying topical dressings such as antiseptics, ointments, salves, leg rubs, leg paints, hoof care products, and liniments, provided that such activities do not result in the Administration of Controlled Therapeutic Medication(s) or Prohibited Substance(s).
4. Horse(s) arriving on racing association property less than four (4) hours prior to the scheduled post time of the first race on the day for which the horse is entered to compete are subject to scratch.
5. All horses entered to compete that do not reside on racing association property are required to go directly to the receiving barn upon arriving on association grounds and are subject to heightened surveillance, which may include electronic or video monitoring, at the owner's expense, including, but not limited to, Laboratory analysis of Samples obtained at any time while on association property prior to the post time for the race in which the horse is entered to compete and may be requested at any time prior to exiting the racing surface(s).
6. All horses entered to compete should be clearly identified by signs plainly stating "IN TODAY" displayed clearly next to or on the stall doors not less than twenty-four (24) hours prior to the scheduled post time of the race in which the horse is entered to compete, or be subject to scratch. "IN TODAY" signs should contain the tattoo number, color and sex of the entered horse, along with a local 800 number for track security in order to facilitate reporting violations. Copies of a horse identifier's list of entered horses with their tattoo numbers should be made available to security personnel who patrol the general barn area to be used for checks of "IN TODAY" horses.
7. All horses on the association grounds may be required to report to a receiving barn forty-five (45) minutes prior to the scheduled post time for the race in which the horse is entered to compete.
8. All barns, associated storage rooms, tack rooms, dormitory rooms and vehicles authorized to be present on racing association property are subject to search by security personnel employed or contracted by the racing association and/or the relevant racing regulatory authority.
9. Earned Surveillance:
 - a. All horses racing from a stable that is the subject of repeated violations involving Controlled Therapeutic Medications and/or the subject of medication violations involving Prohibited Substances shall report to the receiving barn eight (8) hours prior to the scheduled post time for the race in which the horse is entered to compete for a period of not less than 30 days.
 - b. Such stables meeting these criteria shall also be subject to increased scrutiny by security personnel, including, but not limited to, "ride-along" programs involving the use of security personnel assigned to directly monitor the Licensee for a period of time, use of video surveillance, increased random visits to the barn,
 - c. The Licensed Trainer whose horse(s) are subject to Earned Surveillance shall be responsible for additional costs thereof.
10. Vet "ride-along" program: Investigators or security personnel shall accompany Practicing Veterinarians during their rounds for the day. Wherever feasible and practical, different Practicing Veterinarians should be selected for a "ride-along" program. Consideration should also be given to doing this with vendors on a periodic basis as well.
11. Training of Security Personnel: Racing associations should develop comprehensive training programs that enable backstretch security personnel to expand their knowledge and abilities in policing and securing the stable area. Associations should support and participate in available security training opportunities, such as those provided by the Thoroughbred Racing Protective Bureau (TRPB) and the Organization of Racing Investigators. These programs should promote use of "best practices" to secure horses on race day.

12. Reporting and Communication: All racing associations and commissions shall display and support a toll-free, anonymous tip line. Association investigators should, through appropriate dissemination mechanisms such as TRPB, ensure information regarding alleged untoward activity on the part of licensees, improper race-day substances, or other useful or actionable intelligence gleaned during their race meeting is shared among their peers and to racing commission investigators.
13. Failure by a licensee to cooperate with searches may result in fines and suspensions.



THE JOCKEY CLUB

- [Home](#)
- [Companies](#)
- [About the Registry](#)
- [Safety Initiatives](#)
- [Publications & Resources](#)
- [Round Table Conference](#)
- [Silks/Stable Registry](#)
- [Contact Us](#)
- [Site Map](#)
- [Site Search](#)

Media Center

[Media Relations](#) [News Releases](#) [News Release Archives](#) [Online Fact Book](#)

Monday, April 11, 2011

Contact: Bob Curran Jr. (212) 621-5326

The Jockey Club Applauds RCI Initiative on Medication

Ogden Mills Phipps, the chairman of The Jockey Club, today applauded the recent Association of Racing Commissioners International (RCI) initiative to formulate a plan that would eliminate the use of medication in horses competing in races.

"We have often voiced concern and we sincerely believe that the overuse of medication endangers our human and equine athletes, threatens the integrity of our sport and erodes consumer confidence in our game," Phipps said. "There is a growing and correct perception that horses in this country are over-medicated.

"The percentage of total starts with furosemide injections on race day in this country has increased from just over 45% in 1991 to nearly 95% in 2010," he said. "And nearly 90% of all 2-year-old starters receive furosemide on race day.

"Horses should compete only when they are free from the influence of medication."

Phipps noted that medication policies in the U.S. stand in increasingly stark contrast with the rest of the world as international racing authorities continue to phase medication out of their racing programs.

He also said that The Jockey Club is not advocating a so-called "zero tolerance" policy where results may be influenced by the precision of the laboratory equipment used to test the samples.

"The Jockey Club and the Thoroughbred Safety Committee encourage the member organizations of the RCI to work with the National Thoroughbred Racing Association, the Racing Medication and Testing Consortium, the American Association of Equine Practitioners and other industry stakeholders to immediately develop a strategic plan and set a timeline for the development of rules and penalties to transition the U.S. to medication-free racing. The Jockey Club stands ready to assist in those activities.

"The ban on anabolic steroids proved that when this industry works collaboratively, game-changing progress can be made in a short period of time," Phipps said. "We need more of that spirit of cooperation and a greater sense of urgency."

[Home](#) [Companies](#) [About the Registry](#) [Safety Initiatives](#)

[Publications & Resources](#) [Round Table Conference](#) [Silks/Stable Registry](#) [Contact Us](#) [Site Map](#) [Site Search](#)

Copyright © 2012 The Jockey Club. All rights reserved.