



# Vision 2025 To Prosper, Horse Racing Needs Comprehensive Reform

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Produced by

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# Introduction

The Jockey Club is the breed registry for all Thoroughbreds in the United States, Canada, and Puerto Rico. Since its founding 125 years ago, The Jockey Club has been dedicated to the improvement of breeding and racing of Thoroughbreds, focusing on improvements to the integrity, health, and safety of the Thoroughbred breed and the sport of horse racing. The Jockey Club has long held that horses must only race when they are free from the effects of medication.

We believe that horse racing needs to aggressively pursue a series of changes to how it is regulated. Without these reforms, the future of the sport will continue to wane. A number of critical reforms to address the health of horses and the integrity of competition are included in this paper – each of which deserves public attention and immediate consideration, especially as they relate to the issue of drug use. Improper drug use can directly lead to horse injuries and deaths. Horses aren't human and the only way they can tell us if something is wrong is by reacting to a symptom. If that symptom is masked, the results can be devastating.

Following the deaths of 22 Thoroughbreds at Santa Anita Park over the past three months, the horse racing industry in the United States has been forced to reevaluate the measures we currently have in place to protect our horses and maintain high standards of integrity in the sport. The industry has rallied behind laudable reforms to protect our horses, including greater analysis of track surfaces, and The Stronach Group issued a series of new rules at Santa Anita and Golden Gate Fields pertaining to issues such as transparency in vet records, improved out-of-competition testing, crop use, and a landmark reduction in medications administered to horses.

Unfortunately, these proposals follow a pattern that has been familiar in horse racing for decades: as an industry, we are more often than not reactive to our problems, and changes are slow, sporadically implemented, and often ineffective. From past scandals involving steroids to dermorphin to cobalt to the most recent matter implicating the potential use of bisphosphonates in inappropriate methods, we lag behind cheaters and abusers and by the time we have caught up they have moved on to the next designer substance. In the United States there are 38 states that have authorized horse racing, each maintaining its own set of regulations. Relying upon a system of individual state-based regulations and rules denies the industry the ability to affect dynamic and effective change.

However, it would be a mistake to view the Santa Anita fatalities as an isolated situation — spikes in the deaths of horses have occurred at other tracks and they will continue to occur without significant reforms to the horse racing industry. The issue isn't about a single track — horse fatalities are a nationwide problem, one that has shocked the fans, the industry, the regulators, and the general public.

Will we ever know the exact cause of spikes in horse fatalities? Unless there is change in the industry that answer is, sadly, probably not. A key to this change is the requirement of full transparency into the medical treatment, injuries, and health of all racehorses. Today, we can't fully see what is going on with a horse because of differing state and track practices, antiquated practices, and purposeful deceit about what drugs are given to horses at what times.

To address these grave issues, The Jockey Club supports the Horseracing Integrity Act of 2019, or H.R. 1754. The bill would create a private, independent horse racing anti-doping authority (HADA) responsible for developing and administering a nationwide anti-doping and medication control program for horse racing. The authority would be under the oversight of the United States Anti-Doping Agency (USADA), the organization entrusted by the United States for drug testing of its Olympic athletes. Horse racing would operate under a single set of anti-doping and medication rules across the country, a system that the racing industry has never been able to replicate on its own.

H.R. 1754 is the *only* way for horse racing to have a national rule book, effectively police itself and stay ahead of cheaters. If the industry wants to remain sustainable for the future, it must take the appropriate actions to protect the horses and the integrity of the game. The appropriate action is to support the passage of the Horseracing Integrity Act.

# The Current System Does Not Work

Racing's current state-by-state structure for rule promulgation, passage, and enforcement makes it impossible for a level playing field to exist across the country and too easy for Thoroughbreds to be subject to the nefarious actions of cheaters who are trying to beat the systems in each state and stay a step ahead of regulators and laboratories. From every angle, racing is failing to adequately regulate itself.

## The rule-making process is slow

Subject to the rule-making procedures in each state, new rules often take several months (and in some jurisdictions, years) from initial proposal to implementation. For example, in West Virginia, the state's Senate passed a measure in 2011 that served as a complete overhaul of the state's rules of racing and included safety measures such as required pre-race exams. Due to their legislative process, it took more than a year to finally become law. Even more frustrating, it took nearly five years for California regulators to approve the requirements for third-party administration of Lasix.

Keeping 38 different racing jurisdictions in synch when each is subject to unique procedures has proved to be an impossible objective.

## Inadequate out-of-competition testing

Out-of-competition testing (OOCT) is the cornerstone of any anti-doping program, and less than 1% of testing in U.S. Thoroughbred racing is done out of competition. For comparison, in 2017 approximately 14% of British Horseracing Authority testing was out of competition, and OOCT accounts for 21% in Australia, 11% in France, and 10% in Hong Kong.

Further, more than two-thirds of USADA's tests for human athletes were conducted out of competition in 2017.

At a 2018 meeting of the California Horse Racing Board, Dr. Rick Arthur, California's equine medical director, expressed frustration with the board's failure to advance rules that would expand OOCT:

*"Here is the question for this board and the leaders in this sport: Do you want a real anti-doping program or not? Bluntly, without an OOCT program with teeth, you won't have one. I don't know about commissioners, but I doubt I have gone a week in the 11-plus years I have been the equine medical director when I haven't had an owner, trainer, or someone else inside the industry complain that we weren't doing enough to control doping. This is a major step forward for horse racing—if horse racing wants to have a real anti-doping program."*

## No current double-blind testing to ensure laboratories are operating at the same level

The Racing Medication and Testing Consortium (RMTC) strives to promote the adoption of uniform rules, policies, and testing standards by the various racing states. The RMTC is a well-intentioned organization but because it operates purely by consensus, its work results in the adoption of relatively low standards. The RMTC is working toward double-blind testing protocols; claims of laboratories' testing proficiency that do not include double-blind, third-party, quality assurance programs designed to test the laboratories themselves are doubtful at best. According to data compiled by the RMTC, 32 racing jurisdictions are reportedly served by laboratories that meet the standards of RMTC. Before a lab is eligible for RMTC accreditation, it must meet the minimum requirements of international standard ISO-17025. ISO accreditation is a minimum standard that offers little value to analytical laboratories serving the racing industry or even drug testing laboratories in general. RMTC accreditation was designed to hold ISO-accredited labs to a stricter standard of performance by periodically requiring them to participate in proficiency testing where the testers are themselves tested.

However, while the metrics of RMTC accreditation appear on the surface well intentioned, they do not reflect that one of the “accredited” labs failed to retain samples in the event secondary analysis was ordered, which is a common-sense due process concern. Or that another “accredited” lab consolidated samples for collective analysis as opposed to individually testing each horse separately for the presence of prohibited substances. Or that another “accredited” lab failed to meet even minimum standards of testing when subjected to internal quality assurance testing by the state regulatory authority, which led to cancellation of the contract in spite of its accredited status. Moreover, these metrics do not reflect the range of technologies that are employed by the various laboratories when testing samples, some of which date back to the 1970s.

These results are hardly surprising. In order to test the analytical proficiency of the labs, each receives samples containing a quantity of substance, unknown to the lab, for verification. Unfortunately, these spiked samples currently arrive in clearly marked vials. Spotlighting samples in such a manner runs completely contrary to the objective of testing the daily operational efficacy of the lab. When a sample is known to contain a material designed to test the lab, the lab will understandably give such samples additional attention, confounding the purpose of the test.

Of all the labs in the U.S., only one, the University of California Davis, met the difficult standards for international racing established by the International Federation of Horseracing Authorities.

#### Insufficient research

Research into drug-related matters is woefully underfunded, uncoordinated, and overlapping. It is estimated that less than \$1.0 million is expended annually toward equine drug research across various state, quasi-governmental, and private institutions in the U.S. Without a central clearing house to ensure research contributions are coordinated to target their best and highest use, state universities and private research institutions often compete for the same dollars for similar projects. When research agendas for the other breeds are included, which often includes very similar research agendas, progress is grossly inefficient and slow.

Meanwhile, the Partnership for Clean Competition, the U.S. coordinating body for research into performance-enhancing substances in human sports, spent approximately \$2.5 million in 2018, and human athletic drug testing is far more advanced than in the horse racing industry.

#### No national investigative arm


Within the industry, it is well-known that the systems in place are not conducive to catching cheaters. An investigation conducted on behalf of The Jockey Club in 2016 found, among other observations:

- *“Violators knowingly leverage the absence of national compliance and enforcement by orchestrating comprehensive illegal doping regimes that occur, while the horse is placed in strategic jurisdictional training areas and not subjected to out-of-competition testing.”*
- *“Violators are well-versed in doping methods, industry gaps in compliance and cognizant that there are minimal risks in being caught doping or abusing their horses.”*

Formed in 1946 to address issues of integrity and security in the Thoroughbred horse racing industry, the Thoroughbred Racing and Protective Bureau (TRPB) has been on a slow and gradual decline, the victim of cost-saving efficiency measures that have stripped away many of the assets and principles it was founded upon — experienced personnel from law enforcement at racetracks providing investigative, security, and analytic services. In some cases, it may be against state laws to share this information on an active investigation leaving the licensee free to move along to the next racing jurisdiction.

In 2003, the TRPB introduced a comprehensive software system to identify suspicious trends in wagering behavior that may signal further investigation is needed. The system is novel in its approach and the TRPB is to be congratulated in its efforts to monitor wagering pools for suspicious activity. Unfortunately, the investigative services providing personnel on the ground has become a shell of its former self.





Try as they might, the industry's current patchwork has fallen far short in providing adequate, cohesive investigative services for the nation's racetracks.

### Lack of uniformity

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In spite of claims that a majority of racing jurisdictions are now operating under the same rules, one need only look to the differences among the very largest states and conclude otherwise. Not only are there differences in regulations for drugs listed on the schedule of controlled medications — a list of the most commonly used therapeutic medications in horse racing — there are also differences in the regulation of medications that do not appear on that list but are still permitted in each state.

Just restricting the analysis to arguably two of the more prominent racing jurisdictions in the U.S., New York and Kentucky, withdrawal guidelines for a number of therapeutic medications not currently regulated on the list of controlled therapeutic medications materially differ between the two states. Some require longer withdrawal times in Kentucky; others require longer withdrawal times in New York. To be clear, these are not trivial rules. Rather, they are specific to performance, safety, and health. No other national sport must deal with changing rulebooks when crossing state lines be it for drug testing or any other rule of the sport.

Rules that are not in synchrony across state borders are confusing to trainers who must adjust treatment programs on sick or injured horses due to the simple fact they have crossed a state border. Inconsistent rules are also confusing to fans and advocates for the horse and reduce confidence that the sport is clean and the game is fair. These differing rules also cast further doubt upon the integrity of laboratory testing, especially when a state reports an alarmingly low number of positive drug tests compared to their neighboring states.

We applaud those racing jurisdictions that have taken it upon themselves to form voluntary cooperatives in an attempt to bring minimum standard medication rules into closer synchrony. However, with just a handful in compliance, we say that is too little and too late.


### International rules need to be adopted (and the real story on Lasix)

The International Federation of Horseracing Authorities traces its roots to 1961 when major racing nations convened in Paris to establish a structure that would eventually foster the harmonization of international rules of breeding and racing through mutually agreed principles and best practices. These principles and best practices are captured in articles comprising the International Agreement on Breeding, Racing and Wagering. Each of the 62 member countries then strive to incorporate these principles into the rules of their local jurisdictions to ultimately achieve harmony of rules among international jurisdictions and therefore foster international trade of Thoroughbreds for breeding and competition.

Chief among the principles are those guiding the development of an effective anti-doping program for competition to ensure horses compete under similar rules among international racing jurisdictions.

International racing jurisdictions have much stricter regulations for the use of medications and the prohibition of other substances than what is present in the U.S., and they carry harsher penalties for their use.

For example, phenylbutazone is one of the most common medications used for reducing inflammation and therefore suppressing pain and is strictly prohibited from administration in any international racing jurisdiction less than six days before the race. In the U.S., that same medication may be used up to the day before the race. Banamine is another pain suppressor that internationally cannot be administered within five days of racing whereas the U.S. permits it up to 32 hours before the race. And the list goes on. Naproxen is a medication for the management of pain that internationally must be discontinued 15 days before the race versus two days in a major U.S. racing jurisdiction.



Among the more controversial drugs is the regulation of furosemide, or Lasix, in the racehorse. Lasix is a performance-enhancing drug cloaked as a therapeutic medication. The drug has been demonstrated to attenuate the severity of exercise induced pulmonary hemorrhage (EIPH). EIPH is a condition where small capillaries in the airways may leak blood under the rigors of high intensity exercise. Given the small percentage of horses that are actually compromised by EIPH combined with the extraordinary proportion of racehorses that receive it, Lasix may create more problems than it solves.

First, scientific evidence indicates that a very small proportion of the population is actually adversely affected by EIPH, somewhat less than 10% whereas approximately 95% of all racehorses are treated with Lasix.

Second, Lasix is thought to work in those less than 10% of horses by causing extreme water loss via urination. Lasix is among the class of drugs referred to as diuretics. It reduces the amount of water in the body and with the loss of water comes an attenuation of bleeding, but that loss of water also causes an extreme loss of weight – in all 95% of the horses that receive the drug.

Third, lighter horses are faster horses. So, the majority of racehorses that are not affected by EIPH yet are receiving Lasix are enjoying a significant performance-enhancement boost. In fact, horses receiving Lasix have been shown to run three to five lengths faster.

Advocates for keeping Lasix, such as the various horsemen's associations, argue that all horses need Lasix because once they show EIPH, the condition worsens with age. Science has shown that horses with all but the most severe form of EIPH, which would normally be retired from racing anyway, enjoy just as long of careers and earn just as much money as their counterparts without any signs of EIPH.

Lasix advocates also argue that without Lasix, horses will not be able to race as frequently due to the physical stress of dealing with EIPH. Since Lasix was introduced in 1995 nationally, the number of starts per horse has steadily declined and continues to do so.

They also argue that the modern Thoroughbred is to the point that it must have Lasix in order to race at a competitive level. The U.S. is the only major racing jurisdiction that allows the use of Lasix on race day for the treatment of EIPH with all other countries prohibiting its use. Racing in those international jurisdictions are at a minimum on par, but more frequently superior, to U.S. racing with fuller and more competitive fields all racing without the benefit of a performance enhancer cloaked as therapeutic medication that less than 10% of the horses need. Additionally, U.S.-bred horses have successfully competed internationally without the aid of Lasix.

The science is clear, the trend in U.S. racing is clear, and the thriving international racing community is clear that Lasix has done more harm than good to U.S. racing. And while we certainly respect the professionals in the veterinary community, statements on the vital necessity of Lasix in the American Thoroughbred must be taken with a grain of salt and considered in light of the veterinary practice business model where more drugs dispensed equals more revenue since veterinarians can act as both doctor and pharmacy and at times on the pressure from trainer and/or owners.

# Key Reforms

Although racing faces significant challenges, many of which are rooted in our ineffective regulatory system, positive changes are possible. The following specific actions would further improve equine safety and welfare and thereby restore public confidence in the integrity of horse racing.

- **Independent Central Rule Making Authority.** All racing rule-making would be centralized through H.R. 1754, including industry participation on subcommittees for recommendation on rules, medications, penalties, QAP for labs, centralized investigations, education, out-of-competition testing, whereabouts program for horses, and research. The time for a single rule book for the sport is long overdue, as is the need to eliminate conflicts of interest from these decisions.
- **Transparency and Drug Testing.** All medical treatments and procedures must be disclosed for inclusion in a central database, and all horses may be subject to random drug testing at any time prior to or after a race for permitted and prohibited substances. We must establish a national whereabouts program for all parties to register their intent to race. Discrepancies between analytical results and reported treatments are subject to sanctions and suspension. Whenever horses are claimed or transferred, all veterinary records must accompany the transfer to new ownership interests.


Given all that is at stake, whether the safety of the equine competitors or the importance of integrity for a high-stakes sport, full transparency of all treatments and procedures should be provided for all horses. No longer should owners, trainers, or veterinarians shroud these records under the cloak of personal property and/or a competitive advantage.

- **Equine Injury Database (EID).** The EID is the horse racing industry's national database of racing injuries and seeks to identify the frequency, types, and outcomes of racing injuries. All racetracks should transparently report all incidents of fatality and injury on any horse during a race, as a result of a pre-race inspection or other pre-race incident, and in race training to the EID and make their statistics public.
- **Injury Reporting.** To further enhance the EID with complete details, all injuries sustained on the racing surface whether during racing or training and whether fatal or not must be fully reported into an electronic database. Horses that are injured are subject to immediate placement on the veterinarians' list with criteria for removal that may include diagnostic imaging, veterinary examination, and counsel with attending veterinarians. Fatally injured horses must be necropsied and drug tested with results recorded in the EID.
- **Approved Medications.** Only medications obtained from official racetrack pharmacies pursuant to a prescription and under a valid veterinarian-client relationship based on diagnosis may be administered to horses in race training. All administrations must be according to scientifically validated administrative procedures and withdrawal guidelines to ensure no horse shall compete under the influence of medications. Racetrack practitioners should radically alter current billing practices to emphasize diagnostics and follow-up rather than relying upon pharmaceutical sales to racing stables for income. Additionally, more open communication between owners, trainers, and veterinarians is needed.
- **Pre-race Veterinarian Examination.** All horses entered to race must be subjected to pre-race veterinary examination according to accepted flexion, palpation, and observation standards. Horses with soundness issues should be immediately scratched and placed on the veterinarians' list. Removal of such horses from the veterinarians' list may include diagnostic imaging, veterinary examination, and counsel with attending veterinarians.

- **Veterinarian Oversight.** Horses that become sick or injured during training must be placed on a veterinarians' list that prevents entry and/or training in any racing jurisdiction until cleared by official veterinarians according to defined standards. Veterinarians' lists must be nationally published and mutually enforced among racing jurisdictions without exception. Horses may only be removed when standards for removal are met by official veterinarians in direct observation of the horse and with consultation of the veterinarian who placed the horse on the list which may include timed workouts, imaging of sore limbs, drug tests, and other criteria as necessary.
- **Microchip Identification in the Breeding Shed.** Only after identification is verified through microchips and markings should coverings be allowed to proceed with information updated to the registry in real time. Breeders could access their information to determine appropriate workloads of stallions and scheduling of mares. All live covers should be videotaped and archived to resolve any questions that may arise in the future.
- **Sales Preparation.** Sales preparation should emphasize the horse's natural qualities and innate pedigree without reliance upon medications and substances to mask irregularities or artificially enhance appearance in addition to any limb or wind surgeries performed. All sales companies should coordinate the development of permitted and prohibited substances following examples set in racing and by the World Anti-Doping Agency.
- **Fitness and Ready to Train.** All horses must receive permission to enter the racing surface during training hours subject to conditions of fitness and readiness to train that may include veterinary examination and drug testing as necessary. All workouts should be observed by official veterinarians with horses placed on veterinarians' lists as necessary according to performance and/or soundness criteria. All workouts will be recorded via validated accurate electronic means such as GPS tracking and/or other data analytics devices. All horses permitted on the racing surface shall carry on board an approved data analytics device to record stride characteristics and force of impact for permanent storage in a centralized electronic database.
- **Equipment Practices Reform.** Only approved equipment is allowed on any horse or to be carried by any rider in race training. Subject to discretion of racing officials, riding crops can be carried and may be used only for safety purposes.
- **Rider Safety Protocols.** All riders including exercise riders should be subject to random drug testing. Any injury to a person on the track shall be recorded in a centralized electronic database and subject to concussion protocols and/or fitness criteria before being allowed to return to ride. All tracks shall employ sufficiently trained medical personnel competent in assessing baseline tests necessary for determining concussion and return-to-ride assessments.
- **Racing Surface Analysis.** Racetrack maintenance procedures, weather, and moisture characteristics must be recorded in a central electronic database each day including mandatory biennial surface materials analysis and assessment. All data collected shall be available for public display.
- **Aftercare.** The Thoroughbred industry has embraced the responsibility of care of Thoroughbreds after their racing and breeding careers through important yet largely voluntary contributions to organizations such as the Thoroughbred Aftercare Alliance. Unfortunately, not all segments of the industry contribute equally, especially the end users at the racetrack, which amounts to only about 5% of totals. All aspects of the industry should contribute to aftercare throughout the course of the horse's life.

Each of the points as listed above seeks to address safety, welfare, and integrity concerns before they become an issue, and many of these points are addressed in the Horseracing Integrity Act.





Opponents of reform dismiss USADA, arguably the world's premier anti-doping agency, on the grounds of its lack of equine-related experience. This seems to imply that the current regulators are experts without peer.

In fact, these regulators, or racing commissioners, govern with widely different standards: in our review of the regulations in 38 states, there are no qualifying expertise standards, and each position is politically appointed. In just a handful of states are there requirements that a member not have an active financial interest in the business they are regulating. For example, in one jurisdiction, an active jockey served as one of the racing commissioners, and in several others, breeders and owners are represented.

Under the Horseracing Integrity Act, HADA's board will be composed of experts in anti-doping and in horse racing, with strong conflict-of-interest standards.



# The Bottom Line

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The time has come for a new regulatory paradigm for horse racing in the United States. One that is based upon a renewed commitment to the horse and unyielding integrity in the system, from the breeding shed right through to retirement. The reforms outlined in this paper and those embodied in the Horse Racing Integrity Act are critical to ending unsafe practices and would bring the U.S. horse racing industry up to accredited international standards that have led to dramatically fewer breakdowns and horse fatalities in other countries.

Reforming the U.S. racing industry has been supported by some of the most prominent and powerful groups in the sport, including the New York Racing Association, Keeneland Association, The Stronach Group, Breeders' Cup, and the Thoroughbred Owners and Breeders Association. Associations and organizations that support the Horseracing Integrity Act represent 59% of all pari-mutuel handle generated and 63% of all graded races run for Thoroughbreds in North America in 2017.

In addition, according to a poll conducted by Paulick Report, one of the largest online news sources in horse racing, more than 70% of respondents support the bill.

Opponents may not want to admit it, but the majority of those involved in horse racing know that the current system is not working, and that it is time for meaningful change.

More than ever, horse racing is under the microscope by animal welfare groups, the media, and the public. The racing industry must show that the health of its equine athletes is a paramount concern. How can the industry make this pledge? A meaningful start would be to support the passage of the Horseracing Integrity Act of 2019 and to embrace the reforms highlighted here.

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