



# **Public Hearing of the New York State Senate Committee on Racing, Gaming & Wagering**

**October 5, 2011 – 12:00 PM – 2:30 PM**

**October 5, 2011: Nassau County Office Building, Legislative Chamber, 1550 Franklin  
Ave., Mineola, NY 11501**

## **WITNESS LIST**

1. Christian Goode, Resorts World New York
2. Panel:
  - a. Joseph G. Cairo, Jr., President, Nassau Regional Off-Track Betting Corporation
  - b. Jeff Casale, President, Suffolk Regional Off-Track Betting Corporation
  - c. John Signor, President & CEO, Capital Off-Track Betting Corporation (questions only for Mr. Signor).
3. Lenny Allen, President Local 2021, DC 37 and Barry Yomtov, President, Local 858, International Brotherhood of Teamsters
4. Rick Violette, President, New York Thoroughbred Horsemen's Association, Inc.
5. Charles Hayward, President & CEO, New York Racing Association

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**Remarks by Christian Goode, Chief Financial Officer -  
Resorts World Casino New York City  
Joint Hearing of the Senate Judiciary and Racing and  
Wagering Committees  
October 5, 2011**

Good morning. I'm Christian Goode, and I am the Chief Financial Officer for Resorts World Casino New York City.

I would like to thank the committee for commencing these hearings. Last month, in Albany and Canandaigua we heard from a number of entities with a range of opinions on the future of gaming in our state. Regardless of where New Yorkers come down on the issue, that issue has been discussed in the public eye - a significant, serious and positive change from the way business was done not so long ago.

With that, I would like open my testimony by saying the as a founding member of the New York Gaming Association, Resorts World fully supports a constitutional amendment allowing table games at the state's nine racetrack casinos.

That belief is founded in three premises that I would imagine are rather non-controversial.

New York needs jobs.

New York needs revenue.

New York needs private investment to help make those other two necessities a reality.

As my colleague, NYGA Chairman James Featherstonhaugh,

noted a few weeks back, enhanced gaming is not the total or complete answer, but it is clearly a part of the answer.

While not a panacea for our ailing racing industry, enhanced gaming would help there, as well; 10 cents of every dollar Resorts World takes in will go to the funding of breeders and the enhancement of purses.

For evidence of the benefits that will come from enhanced gaming look no further than the current project that Resorts World is developing adjacent to Aqueduct raceway just a few miles from here.

Later this month, we will open Resorts World Casino New York City, a \$830 million facility. This facility has already created more than 1,400 construction jobs and will eventually result in more than 1,350 New Yorkers being hired for permanent positions.

Resorts World will additionally generate in excess of \$500 million in annual tax revenue for the state, a majority of which will go directly to support the education of New York State children.”

Additionally, in year one alone, we expect to provide breeders with over \$10 million in year one and bolster purses by \$55 million.

All of these benefits are derived solely from private investment and don't require a dime of government money.

However, our \$830 million investment could be just the starting point. I have been invited here today to speak about Resorts World's perspective, but I would be remiss if I didn't

briefly speak about the statewide benefits of the soon-to-be proposed constitutional amendment allowing full commercial gaming at the state's nine racetrack casinos.

NYGA's nine members have committed to having more than a billion -- that's billion with a b -- dollars in "shovel ready" projects to enhance their existing facilities if table games come on board.

The results would be the return to New York of much of the \$3.1 billion to \$5 billion that is estimated to leave New York State and go to gaming facilities in other states each and every year.

Other results would include the creation of thousands of jobs and an exponential increases in purses and funding to breeders that dwarfs the racetrack casinos' current allocation.

Just one example of the economic investments in store is Resorts World's plan to build the largest contiguous exhibition hall in the United States, with construction beginning in 2014. Featuring one million square feet plus another half a million square feet of convention space including the country's largest column free ballroom, this convention center would allow New York to attract worldwide and national conventions.

By drawing an additional million national and international convention delegates, each of whom spends on average about \$2,000 dollars, this convention center will create a multi-billion dollar economic boost for New York City and the State."

"With another two stages of future expansion, Resorts World New York City will be transformed into a Destination Resort with more than 3 million square feet of exhibition and

convention space, making it the single largest convention center in the United States.

Yes, this state-of-the-art, convention center, when completely built out, would be the biggest facility in the United States. Why not? I invite you to ask people from around the world where would be an ideal location to hold a convention? We have done it and the response we hear is always the same. New York. New York. New York. New York. ”

“With your help, Resorts World and its NYGA partners will greatly expand jobs and revenue in our state by simply enhancing – not expanding – gaming at our current racetrack casinos so we can compete with neighboring states that are currently reaping these benefits at New York’s expense.”

“If the legislative process were to move forward starting in January, thousands of construction workers who have bore a significant brunt of the economic downturn, particularly in the real estate industry, could have their hard hats on and be working – all across the state from Batavia to Queens – by early 2014.”

I will close by telling the members of the committee something you already know better than most. Our state is in desperate need of jobs and economic revenue to fund the programs that so many New Yorkers rely on. To give an idea of how badly the people of our state need and want jobs, Resorts World has already received 35,000 applicants for the 1,350 jobs that we are offering. We expect that number to rise to 40,000 by the time we open. That means that fewer than one in every 30 people who apply for a job will actually get one.

“By allowing existing racetrack casinos to enhance their gaming options, operators will be able to invest in these facilities in a way that will help get New Yorkers back to work and allow the state to recoup much of the money it is handing over to other states.”

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**Nassau County Office Building  
Legislative Chamber  
1550 Franklin Avenue  
Mineola, New York 11501**



Thank you, Senator Bonacic and Members of the Senate Racing, Gaming, and Wagering Committee.

I am the President and General Manager of the Nassau Regional Off-Track Betting Corporation, and I am very pleased to appear before you today to discuss the challenges our Corporation faces and how we have addressed them, as well as share our thoughts on developing potential legislation to enhance the racing industry in New York State.

**BACKGROUND:**

As we all are aware, the economic downturn has had a drastic effect on the business climate in New York State. Nowhere is this more evident than in the racing and pari-mutuel industry.

While all of the OTBs are facing the challenges posed by the severe recession, a general nationwide decline in the racing industry, and New York State's outdated and unbalanced statutory distributions imposed on the OTBs, Nassau OTB has attempted to streamline our operations and has increased its efficiency by taking necessary steps to avert a crisis similar to that which was faced by the State's New York City OTB and Suffolk OTB.

Under the current Nassau OTB Administration that commenced operations in May 2010, management has been streamlined and reduced costs reduced considerably.

Our workforce has been reduced and salary reductions of over \$3,000,000.00 have been realized. There were 14 brick and mortar branch parlors in 2007. The under performing locations were closed, leaving the eight (8) most productive branch parlors in operation.

At the same time, Nassau continues to expand its Fast Track automated wagering system locations. Fast Track allows patrons of local pubs and restaurants to participate in wagering on races without the need to actually visit an OTB site. With limited overhead, the program not only generates revenue for Nassau OTB but also provides income to the local establishments that partner with us on the program. Today, we have 12 Fast Track locations and intend on expanding to additional sites throughout our County. Given the statutory restrictions contained in Racing Law Section 1008, Nassau OTB can not open additional Fast Tracks without the consent of our regional track (Belmont Park) as our entire County is within thirty miles of the track. In essence, NYRA can arbitrarily veto any expansion of this innovative wagering platform which unfairly restricts Nassau OTB from profitable expansion, to the detriment of the Nassau County taxpayers.

On a further positive side, Nassau OTB Internet wager sales have increased. Nassau OTB has realized a 17% increase in Internet wager sales since 2010, resulting in nearly \$3,000,000.00 in additional handle. In addition, new technology, such as e-signature and e-wallet programs, will generate a more user friendly platform to generate a larger customer base. The industry-wide agreement of December 2010 advanced by Racing and Wagering Board Chairman John Sabini for live video streaming of all New York races has also enhanced the attractiveness of internet wagering.

This area will continue to provide an avenue for growth as long as regulations are imposed on out-of-state ADWs.

**1. Should the Legislature allow one or more OTBs to re-open in New York City?**

Speaking solely in regards to the benefit Nassau County has received from New York City OTB, over the past five years NYC OTB has contributed \$4,981,150 to Nassau County in the form of a surcharge (\$679,549.71 in 2010, \$818,901.54 in 2009, \$1,095,624.08 in 2008, \$1,169,930.23 in 2007, and \$1,217,144.86 in 2006). We believe the demand in NYC still exists and therefore Nassau County has been disadvantaged by the closing of the New York City OTB.

In 2010, New York City OTB generated \$720 Million in handle until its closure, which encompassed 50% of the statewide OTB handle of \$1.475 Billion. This business opportunity is being lost to out-of-state unregulated ADWs. In the event statutory amendments are made to the burdensome payment scheme presently imposed upon OTB in the form of maintenance of effort payments, dark day payments, indirect and additional commissions and the remittance of uncashed winning tickets, the existing OTBs could run the New York City OTB operation profitably for the good of the State and our local governments.

**2. Should the Legislature allow NYRA to open up OTB parlors in New York City?**

Under the current legislative structure, such opening would have a negative impact on the OTBs given the competitive disadvantage NYRA receives from the wagering stream of revenue. Over the past five years, Nassau OTB has given NYRA \$32.2 Million in indirect track commissions and \$4.4 Million in simulcasting.

The “Indirect Commissions” are essentially “Additional Commissions” paid to New York State racetracks on wagers placed at other tracks. The

findings of both the New York State Task Force Commission on the Future of OTB as well as the New York State Office of the Comptroller concluded the inordinate financial stress and urgent need for relief from “Indirect Commissions”.

Unlike “direct commissions” which are contractual in nature, these “statutory payments” or “indirect commissions” or “additional commissions” have been alternatively referred to as subsidy payments to private entities from taxpayer owned off-track betting corporations. As reflected in the decision of Bankruptcy Judge Martin Glenn in the New York City OTB case, no product or services are being provided for such entities to receive payment in a matter that will jeopardize the financial viability of the regional OTBs. Unless the current statutory indirect commissions are adjusted or eliminated coupled with the elimination of NYRA’s ability to veto the opening of additional simulcast locations, Nassau OTB would not be in favor of NYRA opening up locations in NYC.

Moreover, the Governor's Task Force Report on the Future of Off-Track Betting in New York State recommended against a NYRA takeover of any of the off-track betting outlets because of its own precarious financial condition. In 2010, NYRA emerged from its own Chapter 11 bankruptcy and received a \$25 mil loan from NYS. In 2011, NYRA predicts an \$11.6 mil loss.

With the closure of New York City OTB as of December 7, 2010, Nassau OTB initially experienced an increase in handle at our Western Nassau parlor and Fast Track location. However, once NYRA was permitted to open the Belmont Café, Nassau OTB did not experience any significant increase in the neighboring simulcast facilities, while our other locations appreciated some gain in wagering handle. NYRA’s Belmont Café, at Belmont Park, is expected to handle \$100M of wagering this year, making it the State’s largest off-track betting facility and as such the residents of Nassau County should be entitled to

participate in this revenue stream in the same fashion as it receives revenue from Nassau OTB's wagering handle.

**3. Should the Legislature force the consolidation of all OTBs?**

With respect to consolidation, while the OTB's and the tracks are competing for the same racing dollar, we have partnered together for certain operational functions without the drastic remedy of delocalizing our businesses.

Suffolk OTB and Nassau OTB share telephone account wagering operations at a single call center hosted in Hauppauge, New York. Nassau OTB also has a number of operating functions which are performed in collaboration with other regional OTBs. For example, the printing of profiles and programs are shared with Suffolk OTB.

Since the New York City OTB closure, the negotiations of simulcast contracts are undertaken jointly with the other Regional OTBs. We have weekly conferences and unite in interest to obtain the best rates and terms available to host tracks throughout the Nation and worldwide.

That being said, New York State Racing and Wagering Law dictates that OTBs provide this revenue to local governments. Since 2004, Nassau OTB has distributed over \$50 million in surcharge revenues and net revenues to local governments.

Consolidation of OTBs into a single entity would contradict this mission, to serve our local counties, and further penalize local taxpayers.

Statewide consolidation of OTBs would surely eliminate both the oversight and revenue that state law assigns to host counties.

Moreover, a common tote system would not be feasible.

We have already realized the economies of scale that would arise from a common tote. Our tote service is provided from one of the two North American Data Centers operated by its vendor, Sportech. Nassau OTB onsite tote support is provided by personnel that are shared by both Nassau and Suffolk.

The capability of having all OTB locations in New York State serviced by a single vendor would require either a significant capital outlay for new wagering terminals or a significant programming effort to interface to the many existing types of wagering terminals. Given the current economic realities and uncertainties of the racing industry, the tote companies may not be willing to make that investment and in any event the cost would ultimately have to be assumed by the user.

**4. What will the impact of casino gaming be (if it is expanded in New York) on the horse breeding and racing industry?**

It will hurt the OTBs financially, unless they are allowed to also offer casino gambling to their customers.

Nassau OTB is entitled to benefit from the additional revenue platform and receive comparable treatment as others in our industry.

The time has come for Nassau OTB, for the benefit of taxpayers of Nassau County, to be awarded VLT gaming.

We have the need for revenue and we have the right to be treated equally, as the racinos have been, for the benefit of our local taxpayers. We need the benefit now. Our residents deserve nothing less.

**5. Should any Constitutional amendment (relating to casino gaming) include a component as to where the net funds generated should go?**

No position.

**6. Where is horse racing a growing sport and why?**

No position.

**7. Should OTBs be authorized to accumulate millions of dollars in cash on hand when that is not allocated for operating expenses?**

OTBs should be able to accumulate a reasonable fund balance in order to save for their future. Given that annual net profits must be distributed to their local government, OTBs are precluded from putting funds away for future renovations, expansions and technological enhancements. There is no successful business plan that does not have the ability to build fund reserves for future advancements to remain competitive.

In the current formula used to calculate net profit and thereby distributions to the local governments, OTBs are not allowed to offset any annual current net profits due to their local governments by their accumulated deficits. OTBs are already at a disadvantage that each year is looked at in isolation. These accumulations should also be allowed to offset future losses.

**8. Is additional taxation of racing purses warranted?**

No.

**9. Should State Racing and Wagering Board Members be paid on a per diem basis as opposed to an annual salary?**

No position.

**10. The anticipated economic impact on the sport of racing with the opening of the Aqueduct VLT project.**

When Tioga Downs opened its racino in 2006, there was an immediate 30 percent drop in Catskills handle (\$150 Million to just over \$100 Million in 2009). By comparison, people wagered about \$581 million -- or nearly six times as much as they did at Catskills OTB -- solely on the video gaming machines at Tioga Downs in fiscal 2008-09. Nassau OTB anticipates a similar decline in handle and, as a matter of equity, would like to be afforded the same opportunity in hosting VLTs.

According to statute, NYRA will receive a total of seven percent (7%) of revenues from these VLTs, four percent (4%) which will be allocated for capital improvements - or an estimated \$27.6 million annually - based on figures provided by the VLT operator, Genting New York LLC. Nassau OTB should be entitled to some form of indirect or additional commission from this operation for the benefit of the Nassau County taxpayers.

**11. Should New York State require out of State Advanced Deposit Wagering (ADW) systems to pay the same statutory Commissions as in-state ADWs?**

One of our greatest challenges is that Internet wagering offered by any New York OTB or track is automatically at a competitive disadvantage due to New York's flawed racing laws. Out-of-state Internet gambling sites are not subject to the same licensing and regulation by New York State and therefore they are not subject to the same revenue distribution requirements as in-state sites. In addition, New York taxpayers and racing interests lose tens of millions of dollars in handle as a result of New York residents placing bets through unregulated out-of-state Internet sites.

The out of state ADWs are able to offer rebates because the rate which tracks sell their signal out of state is well below what the signal is sold to others.

The typical internet sites, though technically "licensed" by the host country, face none of the regulatory scrutiny that is typically associated with regulated local entities. Indeed, it is our view that many of the operators of offshore sites seek out jurisdictions with minimum regulatory scrutiny, moving their operations to places where they are not subject to strict Government oversight.

The risks of unregulated internet gaming, or minimally regulated internet gaming, should be clear to every member of this subcommittee: no meaningful limitation on participation by underage gamblers or problem gamblers, no assurance as to the integrity of the operators or the game, no certitude that payouts will actually be received. Additional concerns include money-laundering, protection against security breaches, hacking, and information or identity theft.

From an economic standpoint, unregulated internet wagering as it exists today fails to provide any positive benefit to New York State in the form of taxes or jobs.

### **CONCLUSION:**

In closing, Nassau OTB submits that by law the OTBs in New York were designed to stem the tide of illegal gambling in State; raise a reasonable amount of revenue for the support of local government and ensure that off-track betting is conducted in a manner compatible with the well-being of the State's horse racing and breeding industry.

With long awaited legislative reform and the opportunity to avail itself new opportunities, Nassau OTB believes that these statutory requirements will continue to be met.

Again, thank you for this opportunity to address the committee.

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**Testimony  
of  
Leonard Allen**

**President, Local 2021  
District Council 37, AFSCME**

**Before**

**The Senate Committee on Racing, Wagering  
and Gaming on the Status of Racing in**

**New York State**

**Nassau County Office Building**

**Legislative Chamber**

**1550 Franklin Avenue**

**Wednesday, October 5, 2011**

**Mineola, New York**

Good Afternoon, Chairman Bonacic and members of the Senate Racing, Wagering and Gaming Committee.

My Name is Lenny Allen – President of Local 2021 – representing the former employees of New York City Off-Track Betting Corporation (NYC OTB).

As you know, the NYC OTB Corporation was shutdown on December 7, 2010 as a result of legislative inaction by the New York State Senate. On December 20, 2010 the corporation ceased its operations entirely. This in spite of the fact that the corporation had \$14 million which could have kept its doors open until March 2011.

As a result of this closure close to 1000 members of Local 2021 lost their jobs, 100 were forced to retire and all employees and retirees lost their health insurance and supplemental benefits – which includes optical, podiatry, dental and prescription drugs to individuals who upon retirement were entitled to and were receiving these benefits at the time of closure.

The closure/shutdown of NYC OTB continues to adversely impact Local 2021 members and its parent union District Council 37 (DC37). Local 2021 gave up some very significant concession through agreements with the turnaround specialist Greg Rayburn including a significant downsizing of its workforce. The closure of OTB has meant our members have faced:

- Foreclosures
- Had to discontinue paying school tuition
- Had to make payments of Health Insurance Coverage that they previously did not have to pay - Taking up to 50% to 60% of their pension money to pay for Health Insurance
- Have faced unemployment – the filing of unemployment benefits which for many is about to cease
- Homelessness – resulting from income insecurity

Not to mention the even greater loss to the state such as:

- The loss of revenue to the state - \$750 million loss in handle to the state
- Increase in illegal bookies operating throughout New York City – the purpose of the creation of NYC OTB was to prevent the operation of bookies we are now aiding & abetting their proliferation
- The decline in revenue and spending in local communities as a result of the neighborhood parlors closing
- The increase rate of unemployment to the communities of upstate New York supported by the racing industry

This loss is enormous and must be reversed if we are to revive the racing industry in New York State. This was done, in spite of the fact, that the corporation had funds equivalent to \$14 million which would have allowed it to continue operating until March 2011, we would like to know what happened to this \$14million – this money was promised to our members – thru an agreement with the New York City OTB Corporation – which would have paid for the severance of our members.

Adding insult to injury, this past September 23<sup>rd</sup> Governor Andrew Cuomo vetoed the bill (S4489/A5785 which passed in the Assembly by 77 to 47 and the Senate by 51 to 11) that would have restored health coverage for about 900 retirees from the city's Off-Track Betting Corporation under the premises that "the legislature had failed to make any appropriation to accompany the legislation".

Sadly, the closure of NYC OTB did not have to happen. At the time when NYC OTB was exploring alternative to the closure, DC 37 Local 2021 stepped up and offered significant labor concessions during negotiations with NYC OTB's turnaround Specialist Greg Rayburn who was paid a monthly salary of \$125,000 to reorganize NYC OTB through a bankruptcy restructuring. These givebacks included a major downsizing of the workforce, reduced pay and the closure of dozens of unprofitable branches. Before its closure NYC OTB accounted for 51% of the revenue generated by the OTB's in New York State.

It's absence will only mean that other OTB's will shortly follow suit (Nassau & Suffolk) and the NYS racing industry will not be able to withstand the collapse of the industry – we are facing an emergency situation.

If the revitalization of the NYS Racing Industry is not a priority this year or in the

next legislative session – then racing as we have known it will not only cease to exist but “retooling” will not be possible.

One of the ways we believe that the industry can begin its “restructuring or revitalization” is to bring back the operational presence of betting in New York City.

This session a bill was introduced in the Assembly & Senate which would very easily bring back the operations of a NYC OTB – this would be possible if Assembly bill A.7301 Pretlow and Senate bill S.5054 Lanza was passed by the legislature and signed by the Governor.

This legislation would expand the operations of the Catskill Region into New York City. This legislation would cost the state absolutely nothing, it would bring workers back to work immediately and it will generate revenue that our state so desperately needs and has not been realized since NYC OTB closure.

Put simply this legislation is a jobs bill. An initiative to jump start our local economy. Many of our legislators and our Governor have talked about jobs being their #1 priority this bill is the quickest, most viable and most sustainable jobs program which would benefit our Regional Economic Council. Not to mention that the creation of these jobs will mean Health Insurance coverage for these employees.

Given the latest economic forecast for the last quarter where no jobs were generated – this legislation which would hire those who lost their jobs – many of whom served for the life of the corporation – who have the know-how and ability to hit the ground running – this not only makes sense but is the right thing to do.

The operations of these parlors should be given to an operator with a proven track record – of managerial prowess, transparency in its accounting practices and devoid of criminal/legal scrutiny, and most of all one who invest in this endeavor without any state assistance or bail out to be successful in its sustainability.

Donald Groth the CEO of the Catskill Region OTB was one of the first employees of NYC OTB at its creation. Mr. Groth’s knowledge of the racing industry is unmatched. The Catskill Region OTB is the only profitable OTB in the state and the most successful OTB in the country.

It is my belief that NYRA should not be allowed to open up parlors in New York City. The operation or revitalization of a NYC OTB presence must at its centerpiece of existence include the employees and retirees of New York City being made whole. The injustice unnecessarily placed upon these individuals must be rectified as they were victimized repeatedly. The priority must be bringing back those employees who lost their jobs in addition to their health benefits December of 2010. The loss of Health Insurance Benefits for people already retired and those ineligible to retiree – being the unforeseen consequences of the legislature's inaction.

Finally, on the issue of consolidation, if consolidation means privatization we oppose it. I believe the uniqueness of New York City dictates a different approach for New York City – and as such we oppose the consolidation of all OTB's. I believe it's premature and unnecessary. The real need is a change in the racing revenue distribution formula. I have worked over 3 decades for and around NYC OTB and my experience has shown me that the current formula does not even the playing field for all those involved in the industry and needs to be revised if we are going to address the structural challenges facing all OTB's in the State.

In conclusion, I would like to read an excerpt from Senator Addabbo – a co-sponsor of S4489 and a member of this committee who wrote in his reaction to Governor Cuomo's veto message and I quote "I would be prepared to make additional appropriate budget cuts in spending or seek to further eliminate wasteful allocations in order to absorb the cost of S4489/A5785. I stand with the union members of DC 37 Local 2021 and Teamsters Local 858, who speak for the NYC OTB retirees now in crisis, who cannot continue monthly (COBRA) premiums, which exceed their monthly pension income. Many of the 900 retirees, unwell and aging but who do not satisfy Medicare age requirements, are in the hospital and under unmanageable stress over how to pay their medical bills. Ineligible to enroll in Medicare, retirees have considered enrolling in Medicaid, only to be told that the average OTB retiree monthly income is slightly higher than the 2011 Medicaid monthly income guideline of \$1,410.83 for a family of two. Once again, those retirees were ineligible for Medicaid. So today, these NYC OTB retirees are lying in hospital beds uninsured, through no fault of their own".

Addabbo concludes, "I'll fight along with the unions as we next propose a budget amendment, as soon as possible, to dispel the governor's concern that a lack of funding by the legislature to pay for the OTB health benefit was the reason he vetoed the bill. Expect to see the return of this OTB health bill in some form when the Senate convenes early next year. Until we get it right the next time, all OTB retirees under age 65 are between a rock and a hard place. No one should have to endure financial hardships and choose which benefits to leave behind."

I would like to thank Chairman Bonacic and the members of the Racing, Wagering & Gaming Committee for holding this hearing today.

It is my sincere hope that the crisis facing the racing industry in New York State and the dire consequences of its potential collapse will be given the urgency that the current situation dictates.

Again thank you and I will answer any question you may have.

# TEAMSTERS LOCAL 858

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## TESTIMONY OF BARRY YOMTOV

### SENATE RACING, GAMING & WAGERING COMMITTEE PUBLIC HEARING SEPTEMBER 9, 2011

Chairman Bonacic, members of the Senate Racing, Gaming & Wagering Committee. I am Barry Yomtov, President of Teamsters Local 858, and I thank you for the opportunity to testify at this most important hearing. Local 858 represents Branch Managers and Restaurant Supervisors formerly employed by New York City OTB, as well as all collective bargaining employees employed by Nassau Regional OTB.

I will confine my testimony to an issue that has, to date, received little attention: the loss of revenue to state and local governments and the racing industry; as well as the costs associated with the closure of NYCOTB,

All statutory payments ceased on December 7, 2010 when OTB closed, resulting in the loss of tens of millions of dollars to the stakeholders who relied on those payments. As an example, Nassau County will not be receiving approximately \$900,000 this year in surcharge payments it would have received on bets placed at NYCOTB branches on races at Belmont Park. The loss of surcharge payments is not confined to Nassau County. In every county in the state where there are racetracks OTB accepted bets at, fifty percent of the surcharge was payable to those counties.

Pari-mutuel taxes payable to the state also ceased. The "2011-2012 Executive Budget Economic & Revenue Outlook" report addressed this issue (page 326), as follows:

"All Funds receipts from Pari-Mutuel taxes are projected to decline to \$14 million in 2010-2011, a decrease of \$3 million, or 17.6%. This decline is largely due to the loss of pari-mutuel tax that was generated through the operation of the NYC Off-Track Betting Corporation. While a small portion of that business is

expected to move to NYRA and the other regional OTBs, it is estimated that the closure will result in a \$3.2 million decline in pari-mutuel tax receipts from OTBs in 2011-2012.”

In addition, regulatory fees payable to the Racing & Wagering Board ceased, as did statutory payments to the industry. Included in the Governor’s budget proposal, but not enacted, was a 2.75% surcharge on purses payable to the Board. This was necessitated by the loss of regulatory fees formerly paid by NYCOTB. Payments to the state Breeding & Development Fund, one component of statutory payments, also ceased upon the closure of NYCOTB.

The losses cited above are compounded by the *monetary costs* associated with the closure: almost 1,000 laid-off employees receiving unemployment benefits, many of whom are also receiving publicly financed healthcare for themselves and their families; the loss of state and local income taxes from those who were laid-off; the decline in economic activity attributed to those laid-off; and the decline in business activity in the communities our branches were located in, are but some of the monetary costs associated with the closure.

It would be worthwhile for the State Comptroller or Budget Director to determine the exact costs and losses associated with the closure of NYCOTB.

By enacting legislation reestablishing an OTB presence in the five boroughs, the losses and costs cited above will be largely eliminated. The restoration of jobs will remove those laid-off from the unemployment rolls, and place them back on the tax rolls; their health insurance will be restored, taking them off public healthcare assistance. It will restore lost jobs and reestablish the economic activity associated with job creation. The state and racing industry will benefit from the restoration of lost statutory payments, making the legislation not only a jobs bill, but a revenue bill, as well. This can be accomplished at no cost to the state. Moreover, the revenues generated by re-opening OTB will provide a source of funding for retiree health benefits.

I ask the committee to give serious thought to the adverse financial impact NYCOTB’s closure has had on the employees, the state’s economy and the racing industry, in its deliberations. Re-opening OTB is a win-win for the employees, the state, and the racing industry. I understand the committee will be considering the possibility of consolidation of OTBs statewide; however, exploring options regarding the long term solution to the financial challenges facing the OTB system will be a time-consuming process. Re-opening OTB can begin immediately following enabling legislation, which I urge be done without delay.

I will answer any questions the committee may have.

Thank you.

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**Description of Bleeder – under the stress of training or racing blood vessels erupt in the recesses of the lungs and cause what is called EIPH (exercised induced pulmonary hemorrhage). Science over the past 40 years has shown that 80% of thoroughbreds under racing conditions bleed without Lasix. The extent of the seriousness of the bleeding episode is determined by the amount of blood in the trachea. On a scale of 1 to 4 with 1 being the lower amount and might not affect performance; to 4 which is when blood covers the entire trachea and is severely performance limiting. When the condition is literally off of the charts it is called “Epistaxis”. This is when there is blood visible from one or both nostrils. At this stage the horse can be in critical condition. Studies both old and new have determined that bleeding at a grade 2 level can affect a horse by 2.5 to 6 lengths. Science has also shown that there is a cumulative effect from what would seem to be insignificant episodes of bleeding. This would be like minor stress fractures in jet planes that eventually lead to significant and much more serious failures. The South African Study, which was a triple blind, placebo included, done under real race conditions, confirmed that 80% of horses without Lasix bleed. It also concluded that Lasix was an effective agent in minimizing the episode of bleeding if not stopping it all together. In fact 67.5% of the horses that bled without Lasix had a minimum of a 1 grade improvement when they were treated with Lasix only one week after they had bled. In essence the goal is to try and prevent even the small bleeds because they lead to bigger, more significant events that lead to crisis.**

**There are a few misconceptions that I would like to address.**

**The first is that Lasix is a performance enhancer. There is zero science or other objective evidence that this is true. As the South African study revealed Lasix works. When a horse does not bleed or the episode is reduced, this allows the horse to run to his natural ability, not faster.**

**Lasix obscures testing and can hide other drugs.**

**This might have been true 25 years ago but with the incredible advances in today's testing capabilities it is no longer an issue. With the post race testing of both plasma (blood) and urine and today's technology, chemists across the country are confident that they can literally find a grain of sand in an Olympic size swimming pool.**

**Lasix shortens the length of a horse's racing career.**

**There is simply no objective proof that this is true. Racing has changed so much over the last 30 to 40 years, from ownership, year round racing, track surfaces, etc. it's too simplistic to blame Lasix. The fact is that racehorses in America average 6.4 starts per year, almost exactly what the rest of the world averages. Australia (known for its hardy horses) average 6.2, England and France 5.4 and 5.6 Ireland only 3.7 starts per year.**

**Europeans don't run on Lasix, why don't they have bleeding problems.**

**The confusion here is the definition and diagnostics of a bleeder. Unfortunately in Europe, they are still quite primitive when it comes to diagnosing a bleeder. A horse must visibly bleed from the nostrils after a race or exercise to be deemed a bleeder. When a horse bleeds from the nostrils he is in "crisis." Waiting for a horse to be in crisis before it can be declared a bleeder is barbaric. In this day and age of nuclear scintigraphy, digital scans, digital ultrasounds, and other state of the art methods of testing to identify the very infancy of illness or injury, how does it pass anybody's smell test to identify a bleeder by waiting until the horse is in crisis and bleeds out of the nostrils.**

**Some compare horse racing to other professional sports.**

**The fact is that there is very little comparison. While baseball might trumpet that they have gotten rid of the performance enhancing drug (anabolic steroid), so has horse racing. Yet professional sports including baseball could never stand up to the medical standards that are the hallmark of thoroughbred racing. Do you realize that the low dose of aspirin that millions of Americans take every day would result in a drug positive in racing? That goes for Ibuprofen, Aleve, Alka Seltzer, Dristan, Tylenol, Sudafed and on and on. Certainly the injections that Tony Romo got around his broken ribs before a game and again at half time aren't allowed in racing. That medication would have to be out of a horse's system for at least ten (10) days or it wouldn't pass a drug test. That includes the pain killer Novak Djokovic got between games in the U.S. Open Final.**

**Virtually no member of a baseball, basketball or football team in America could pass the post race drug testing that race horses pass every single day. In New York we average 4 horses tested per race, those horses are screened for almost 1,000 different drugs. With field size averaging around 8 per race that is almost half the competition is tested on a daily basis, using both blood and urine. Do you think half of the players both winners and losers in any of the pro sports are tested after every event? Hardly. By the way, they don't use blood for testing in pro sports. The player unions, contract to contract, go to the mat on this issue and blood testing is always a deal breaker. That is why today there is still no way to identify Human Growth Hormone use in athletes because it can only be identified in blood. So please when people are comparing thoroughbred racing to pro sports, understand that the pristine standard is set by the thoroughbred industry, a standard that the pro sports could never live up to. The only medication allowed on race day in New York is Lasix. It has one singular scientifically proven purpose. It is administered by veterinarians that work for the racing association. Those who receive the medication are listed on the program and almost half of the participants will be tested after the race (game).**

**Now for the most important reason to continue the use of Lasix.**

**It is the humane thing to do. There is no good reason to knowingly allow a horse to bleed when we have the wherewithal to control it. It is simply pre-meditated animal abuse. In New York, the incidence of horses in crisis that bled through the nostril was reduced by 76% when Lasix was permitted.**

**We have an obligation to the horse to use every means available to ensure their safety and well being. That is for every horse, every age group, every event. The toothpaste is out of the tube. Horses bleed, Lasix works. To ignore these two facts would be our industry's don't ask, don't tell". I thought we were all beyond that.**

**Prepared by Richard A. Violette, Jr.  
President  
NYTHA, Inc.**



## Efficacy of furosemide for prevention of exercise-induced pulmonary hemorrhage in Thoroughbred racehorses

Kenneth W. Hinchcliff, BVSc, PhD, DACVIM; Paul S. Morley, DVM, PhD, DACVIM; Alan J. Guthrie, BVSc, PhD

EQUINE

**Objective**—To evaluate the efficacy of furosemide for prevention of exercise-induced pulmonary hemorrhage (EIPH) in Thoroughbred racehorses under typical racing conditions.

**Design**—Randomized, placebo-controlled, blinded, crossover field trial.

**Animals**—167 Thoroughbred racehorses.

**Procedures**—Horses were allocated to race fields of 9 to 16 horses each and raced twice, 1 week apart, with each of the 2 races consisting of the same race field and distance. Each horse received furosemide (500 mg, IV) before one race and a placebo (saline solution) before the other, with the order of treatments randomly determined. Severity of EIPH was scored on a scale from 0 to 4 after each race by means of tracheobronchoscopy. Data were analyzed by means of various methods of multivariable logistic regression.

**Results**—Horses were substantially more likely to develop EIPH (severity score  $\geq 1$ ; odds ratio, 3.3 to 4.4) or moderate to severe EIPH (severity score  $\geq 2$ ; odds ratio, 6.9 to 11.0) following administration of saline solution than following administration of furosemide. In addition, 81 of the 120 (67.5%) horses that had EIPH after administration of saline solution had a reduction in EIPH severity score of at least 1 when treated with furosemide.

**Conclusions and Clinical Relevance**—Results indicated that prerace administration of furosemide decreased the incidence and severity of EIPH in Thoroughbreds racing under typical conditions in South Africa. (*J Am Vet Med Assoc* 2009;235:76–82)

Horse racing is a popular, multimillion-dollar industry worldwide, but reports of injuries and other physical disorders in racehorses have harmed public perceptions of the sport and challenged the economic viability of the racing industry. In addition, controversy has been generated by use of medications that are perceived to affect the performance or well-being of racehorses. One of the foremost concerns in this regard is the occurrence of EIPH and the use of medications in an attempt to prevent it. Factors that make this an important issue include the frequency of EIPH, the importance of the disease in terms of the performance and well-being of horses, and the common use of prophylactic treatments. At least 80% of racehorses can be expected to develop the condition at some time during their career,<sup>1,2</sup> approximately 60% of sudden deaths during racing have been attributed to pulmonary hemorrhage,<sup>2</sup> severe EIPH has been shown to adversely affect race performance,<sup>3</sup> and EIPH is believed to adversely affect the overall health of racehorses.<sup>4</sup> Beyond this,

### ABBREVIATIONS

EIPH	Exercise-induced pulmonary hemorrhage
IQR	Interquartile range
NHRA	National Horse Racing Authority of South Africa
OR	Odds ratio
R	South African Rand

management and treatment of EIPH have a substantial economic impact, with the cost of treating EIPH estimated to exceed \$100 million annually in the United States alone.<sup>4</sup>

Furosemide is the drug most widely used to prevent EIPH in racehorses and is administered on the day of racing to > 92% of Thoroughbred racehorses in North America (approx 400,000 doses/y).<sup>4,5</sup> However, few studies have examined whether furosemide is effective in preventing the development of EIPH, and the studies that have been performed were not conducted

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under actual racing conditions. Given this lack of evidence and the finding that furosemide can improve the performance of Thoroughbred racehorses,<sup>6</sup> the use of furosemide to prevent EIPH remains controversial. The purpose of the study reported here, therefore, was to evaluate the efficacy of furosemide for the prevention of EIPH in Thoroughbred racehorses racing under typical conditions.

### **Materials and Methods**

**Study design**—The study was conducted as a randomized, placebo-controlled, crossover field trial. All study participants, including data analysts, were blinded to treatment assignments until statistical analyses related to the primary outcome were completed. The study was conducted at the Vaal Racing and Training facility in Free State Province, Republic of South Africa, between November 20 and 28, 2007, and the study protocol was approved by the institutional animal care and use committees of the University of Pretoria and Colorado State University. For all horses participating in the study, the owner or his or her designee (ie, the trainer) provided informed consent.

**Experimental protocol**—In an attempt to include horses broadly representative of all horses racing in South Africa, the study was announced at public meetings of trainers, during television programs devoted to horse racing, via racing Web sites, in text messages to trainers, and in advertisements in the local print media inviting owners and trainers to nominate horses for inclusion in the study. Horses considered eligible for participation were Thoroughbred racehorses registered with the NHRA and trained by licensed trainers. Horses were enrolled without knowledge of whether they had previously had EIPH, with the exception that horses with a history of epistaxis during racing or training that had been documented by a veterinarian or steward employed by the NHRA were excluded. At the time horses were nominated for inclusion in the study, the owner or trainer was asked to indicate the specific race or races (eg, 1,300-m race with colts and geldings that had merit ratings  $\leq$  76) designated for the study during which the horse would be allowed to race.

Horses accepted for inclusion in the study were assigned to race fields on the basis of age, sex, and race record by a professional handicapper who also assigned handicap weights, with each race field consisting of 9 to 16 horses. Enrolled horses raced twice, 7 days apart, with each of the 2 races consisting of the same race field (with the exception of horses withdrawn from the study prior to the second race) and same race distance. Horses carried the same weight, were ridden by the same jockey, started from the same barrier stall, and wore identical tack during the 2 races. Races were run over turf according to the rules of racing of the NHRA, with the exception that administration of furosemide or a placebo prior to each race was permitted for purposes of the present study. In accordance with NHRA rules, blood and urine samples were obtained from selected horses after each race and tested for prohibited medications, including NSAIDs. Owners of horses included in the study were paid a participation fee of

R2,000 on completion of the second race. In addition, prize money was paid to the owners of horses that finished first (R28,750), second (R9,200), third (R4,600), fourth (R2,300), or fifth (R1,150) in each race. Prior to each race, trainers were allowed to withdraw (scratch) horses from the race in accordance with the standard rules of racing. Horses that were withdrawn prior to the first race were not allowed to participate in the second race.

Trainers were required to bring participating horses to the racetrack 4.5 hours before the scheduled start time of the race in which they were to compete. As each horse arrived at the track, study personnel confirmed the identity of the horse by checking for a microchip and applied an adhesive tag with a unique identifying number to the mane. Horses were then weighed, placed in stalls, and attended by their grooms. Access to food and water was denied from 4 hours prior to racing until after a tracheobronchoscopic examination was performed following completion of the race. Thirty minutes before the scheduled start of the race, horses were again weighed and moved to the saddling enclosure.

Four hours ( $\pm$  5 minutes) before the scheduled start of the race, horses were treated with furosemide or a placebo. Each horse received furosemide before one race and a placebo before the other. Treatment order (furosemide prior to the first race and placebo prior to the second race vs placebo prior to the first race and furosemide prior to the second race) was randomly determined by assigning a computer-generated random number to every horse prior to the first race. The first half of each field, as determined by these random numbers, was assigned to receive furosemide prior to the first race and a placebo prior to the second race. The second half of each field was assigned to the opposite treatment order.

Randomization and treatment assignment were performed by an investigator who was not involved in administering any treatments on race days. Individual doses of furosemide<sup>a</sup> (500 mg) and a placebo solution were prepared for all horses prior to the initiation of the study. Each syringe contained 10 mL of solution, and syringes were labeled with horse identification number, race number, and race day. The furosemide solution that was used for the present study had a slight yellow color. Therefore, the placebo solution consisted of saline (0.9% NaCl) solution to which a vitamin B complex solution<sup>b</sup> (0.1 mL/1,000 mL of saline solution) had been added as a coloring agent. Because each 10-mL dose of the placebo solution contained only 0.0001 mL of the vitamin B complex solution, it was considered unlikely to have had any clinically important biological effect, and vitamin B complex solution was not added to the furosemide solution. Furosemide and placebo solutions were administered by IV injection into a jugular vein. Blood samples were collected 15 minutes after treatments were administered and tested for furosemide concentration to verify that the correct treatment had been given.

All races started within 4 minutes of the scheduled start times. At the end of each race, horses were returned to the parade ring, where they were examined by veterinary officials from the NHRA and their tack

was removed. A tracheobronchoscopic examination was then performed. All tracheobronchoscopic examinations were performed by one or the other of 2 teams consisting of 2 veterinarians and 2 lay assistants each. Individuals performing the tracheobronchoscopic examinations were experienced in the procedure, were provided information on the general study protocol, and were specifically asked to thoroughly examine the pharynx, larynx, and trachea to the level of its bifurcation. However, they were blinded to treatment group assignment. All examinations were directly overseen by one of the authors (KWH) and were digitally recorded. After completion of the tracheobronchoscopic examination, horses were released to the care of their trainers.

Maximum environmental temperature on race days ranged from 21.1° to 27.6°C (70.0° to 81.7°F), and minimum environmental temperature ranged from 18.9° to 25.6°C (66.0° to 78.1°F). Maximum humidity ranged from 18% to 73%, and minimum humidity ranged from 14% to 55%. Wind speed during the times that horses raced ranged from 3.4 to 9.2 m/s. A total of 2 mm of rain fell during the time that horses raced on the first race day; 4.2 mm of rain fell on the last of the 4 race days, although this fell after completion of the last race that day.

**Assessment of EIPH severity**—Digital recordings of each of the tracheobronchoscopic examinations were reviewed by 3 individuals experienced in endoscopic examination of the airway in horses. Individuals scoring the recordings were blinded to identity of the horses and treatment group assignments.

Scoring of EIPH severity was performed by all 3 individuals concurrently, with the digital recording displayed on a large-screen television. Each individual was asked to assign a score from 0 to 4 for severity of EIPH on the basis of a previously reported validated scoring system.<sup>7</sup> Individual scores were then discussed, and if necessary, the examination was reviewed to obtain a consensus score, with consensus scores used in all data analyses.

**Data analysis**—During design of the study, sample size calculations were performed with standard commercial software.<sup>6</sup> For these calculations, it was assumed that if furosemide were efficacious, the proportion of horses with an EIPH score  $\geq 2$  would be  $\leq 10\%$  following treatment with furosemide, compared with an assumed baseline prevalence of 20% when horses were not treated with furosemide,<sup>3</sup> and that the mean  $p$  value for repeated observations among subjects would be 0.4. When the  $\alpha$  error rate was set at 0.05, sample size calculations indicated that approximately 150 horses would need to complete both arms of the study to achieve a  $\beta$  error rate of 0.2. Assuming that a maximum of 20% of the study subjects would be withdrawn between the first and second arms of the study and that race fields would achieve a minimum of 90% subscription through the use of typical race enrollment methods, we calculated that 12 races with a maximum of 16 horses starting in each race would be required for each arm of the study. No rules for stopping the study or interim analysis of results were put in place.

The primary study outcome was the score for severity of EIPH as determined by means of tracheobronchos-

copy. Continuous data were summarized as median and IQR because data were generally not normally distributed, with the exception that differences between pre- and posttreatment body weights of horses were normally distributed and were summarized as mean and SE and elapsed times between the start of racing and tracheobronchoscopy were normally distributed and were summarized as mean and SD. For horses that completed both arms of the study, the EIPH severity score after treatment with furosemide was compared with severity score after treatment with placebo, and the difference between scores was summarized as mean and SD; the Wilcoxon signed rank test was used to determine whether the median difference between scores was significantly different from 0. The Wilcoxon rank sum test was used to compare ordinal and continuous data between groups, and the  $\chi^2$  test of homogeneity was used to compare categorical data between groups. The Bowker symmetry test was used to compare paired EIPH severity scores for horses that completed both arms of the study.

Scores for endoscopic severity of EIPH could not be analyzed in their native form (ie, scores of 0 to 4) by means of proportional odds, multinomial logistic regression because assumptions of proportionality were not met. Therefore, scores were dichotomized (0 vs 1 to 4 and 0 or 1 vs 2 to 4) to allow analysis by means of logistic regression. Because various methods have been proposed for analysis of data from crossover studies with binomial outcomes,<sup>8-10</sup> mixed-effects, repeated-measures fixed-effects, and conditional logistic regression models were all used to analyze dichotomized scores. Horse identity was nested within treatment sequence in these analyses to account for random and repeated effects. The primary exposure of interest was treatment (furosemide vs placebo); however, sex, race distance, age, and treatment sequence (furosemide prior to the first race and placebo prior to the second race vs placebo prior to the first race and furosemide prior to the second race) were also evaluated as fixed effects in mixed-effects and repeated-measures modeling. It was not possible to analyze sex, race distance, or age in conditional logistic regression models, as there were no differences in these exposures for paired observations. Age ( $\leq 3$  years old vs  $\geq 4$  years old) and race distance (1,000, 1,300, or 1,600 m) were analyzed as categorical fixed effects. Exposure variables were analyzed for simple associations with outcome and were included in models with the primary exposure of interest (treatment). Confounding was investigated in multivariable models by evaluating the change in parameter estimates that occurred when variables were included or excluded from the model. Confounding was considered to be present when estimates changed by  $\geq 20\%$ . Effect modification was investigated by inclusion of first-order interaction terms. Treatment sequence was included as a random or repeated effect in each model, regardless of whether a significant association could be identified, when treatment sequence was analyzed as a fixed effect. This was considered a conservative method of accounting for incomplete washout,<sup>8-10</sup> even though incomplete washout was not expected.

It was not possible to analyze data on an intent-to-treat basis because tracheobronchoscopy is not routinely

performed after racing and occurrence of EIPH was not known for horses that did not participate. Therefore, data were analyzed on a per-protocol basis. However, use of repeated-measures and mixed-effects logistic regression allowed inclusion of data for horses that only completed the first race (as opposed to requiring that horses complete both arms of the study to be included in analyses), which provided some assurance that missing data for horses that were withdrawn (scratched) did not strongly bias the conclusions of the study.

Analyses were performed with commercial software.<sup>d</sup> A priori, values of  $P \leq 0.05$  were determined to be significant.

## Results

A total of 328 horses were nominated for inclusion in the study. Of these, 193 (77 females and 116

stallions and geldings) were enrolled in the study by the professional handicapper. Of the 193 horses enrolled in the study, 155 competed in both races, 12 competed only in the first race, and 26 did not compete in either race (Table 1). Horses that participated in the study were from 40 stables (median, 3.5 horses/stable; range, 1 to 14 horses/stable). Twenty-three trainers withdrew at least 1 horse from a study race. Demographic characteristics of horses that did not compete in either race did not differ significantly from characteristics of horses that competed in at least 1 race (Table 2).

Two horses that competed in both races would not allow tracheobronchoscopy to be performed after either race because of their fractious nature, and 1 horse would not allow tracheobronchoscopy to be performed after the second race. Mean  $\pm$  SD time between the start of racing and tracheobronchoscopy was  $41.6 \pm 5.9$

Table 1—Details of racing conditions for Thoroughbred racehorses enrolled in a study of the efficacy of furosemide for prevention of EIPH.

Race day	Race No.	Distance (m)	Class	Horses nominated	Horses enrolled*	Raced in first race	Raced in second race
A	1	1,300	Maiden fillies	38	18	15	12
A	2	1,300	Maiden colts and geldings	32	17	14	14
A	3	1,300	Maiden colts and geldings	31	18	15	14
A	4	1,600	Maiden colts and geldings	27	14	14	13
A	5	1,600	Maiden colts and geldings	26	14	13	11
A	6	1,600	Maiden fillies	43	18	15	13
B	1	1,000	Fillies and mares (merit ratings $\leq 68$ )	22	13	9	9
B	2	1,000	Colts and geldings (merit ratings $\leq 72$ )	37	18	16	16
B	3	1,300	Colts and geldings (merit ratings $\leq 76$ )	56	18	15	13
B	4	1,300	Fillies and mares (merit ratings $\leq 72$ )	39	16	15	14
B	5	1,600	Fillies and mares (merit ratings $\leq 68$ )	35	12	12	12
B	6	1,600	Colts and geldings (merit ratings $\leq 68$ )	38	17	14	14
			Total	328	193	167	155

Of the 328 horses nominated for inclusion in the study, 235 were nominated for 1 race, 90 were nominated for 2 races, and 3 were nominated for 3 races. Horses enrolled in the study raced twice, 7 days apart, with each of the 2 races consisting of the same race field (with the exception of horses withdrawn from the study prior to the second race) and same race distance. Each horse received furosemide (500 mg, IV) before one race and a placebo (saline solution) before the other, and severity of EIPH was scored immediately after the race by means of tracheobronchoscopy.

\*Included starters and reserves; the maximum number of horses in each race was 16 starters and 2 reserves.

Table 2—Demographic characteristics of Thoroughbred racehorses enrolled in a study of the efficacy of furosemide for prevention of EIPH.

Variable	Nominated but not enrolled	Raced at least once	Enrolled but did not race	P value
No. of horses	135	167	26	NA, NA
Age	4 (3–5)	4 (3–4)	4 (4–5)	0.39, 0.12*
Sex				0.86, 0.34†
Stallion	9	13	0	
Gelding	69	88	15	
Female	57	66	11	
Assigned weight (kg)	NA	57 (56–58)	58 (55–58)	NA, 0.45*
Merit rating‡	65 (55–72)	65 (59–69)	58 (54–65)	0.28, 0.02*
Lifetime No.				
Starts	12 (5–21)	10 (3–22)	12 (8–21)	0.35, 0.19*
First-place finishes	1 (0–2)	0 (0–1)	1 (0–1)	0.06, 0.79*
Second- and third-place finishes	2 (0–5)	2 (0–4)	2 (1–5)	0.50, 0.15*
Finishes earning money	4 (2–9)	4 (0–9)	4.5 (3–8)	0.56, 0.35*
Lifetime earnings (R)	536,250 (220,000–1,018,700)	60,850 (23,000–111,745)	48,750 (23,550–94,490)	0.21, 0.42*

Data are given as median (IQR) or number of horses. P values are given as the P value for comparisons between horses that were nominated but not enrolled and horses that were enrolled, followed by the P value for comparisons between horses that raced at least once and horses that were enrolled but did not race.

\*P value from Wilcoxon rank sum test. †P value from  $\chi^2$  test of homogeneity. ‡Excludes maidens.

NA = Not applicable.

minutes when horses were treated with furosemide and  $42.1 \pm 6.0$  minutes when horses were treated with saline solution. These values were not significantly ( $P = 0.63$ ) different.

Scores for endoscopic severity of EIPH ranged from 1 to 4 in 89 of 161 (55.3%) horses after administration of furosemide and in 125 of 156 (80.1%) horses after administration of saline solution (Figure 1); these proportions were significantly ( $P < 0.001$ ) different. For the 152 horses examined after both races, 87 (57.2%) had EIPH (ie, severity score  $\geq 1$ ) after administration of furosemide, whereas 120 (78.9%) had EIPH after administration of saline solution (Table 3). None of the horses had severe EIPH (ie, a score of 3 or 4) after administration of furosemide. Overall, 81 of the 120 (67.5%) horses that had EIPH after administration of saline solution had a reduction in EIPH severity score of at least 1 when treated with furosemide. Mean  $\pm$  SD reduction in EIPH severity score after furosemide administration in the 120 horses that had EIPH after administration of placebo was  $0.63 \pm 0.08$ ; median reduction in EIPH severity score was significantly ( $P < 0.001$ ) different from 0.

Results of mixed-effects, repeated-measures fixed-effects, and conditional logistic regression analyses all indicated that horses had significantly lower odds of developing EIPH (ie, severity score  $\geq 1$ ) or moderate to severe EIPH (ie, severity score  $\geq 2$ ) following administration of furosemide, compared with odds following administration of saline solution (Table 4). Horses were 3.3 to 4.4 times as likely to have an EIPH score  $\geq 1$  following administration of saline solution than they were following administration of furosemide and were 6.9 to 11.0 times as likely to have an EIPH score  $\geq 2$  following administration of saline solution than they were following administration of furosemide.

Although results of mixed-effects and repeated-measures fixed-effects logistic regression suggested that horses that were  $\geq 4$  years old were more likely to develop EIPH (ORs, 1.8 and 1.9, respectively;  $P = 0.04$  and 0.07, respectively), no effect modification (ie, an interaction between age and treatment) was detected, and age did not appear to be a confounding variable in these analyses. Development of EIPH was also not associated with sex ( $P = 0.30$  and 0.38, respectively), distance raced ( $P = 0.38$  and 0.99, respectively), or treatment sequence ( $P = 0.69$  and 0.99, respectively) in these analyses.

Mean  $\pm$  SE weight loss during the 4 hours prior to the start of the race was  $12.7 \pm 0.33$  kg (27.9  $\pm$  0.73 lb) when horses were given furosemide ( $n = 160$ ) and  $5.4 \pm 0.28$  kg (11.9  $\pm$  0.62 lb) when horses were given saline solution (155). These values were significantly ( $P < 0.001$ ) different. There was no association between weight loss and development of EIPH, even when controlling for treatment ( $P \geq 0.50$ ).

Analysis of blood samples collected 15 minutes after administration of furosemide or placebo confirmed the presence of furosemide in all horses after administration of furosemide and in none of the horses after administration of the placebo.

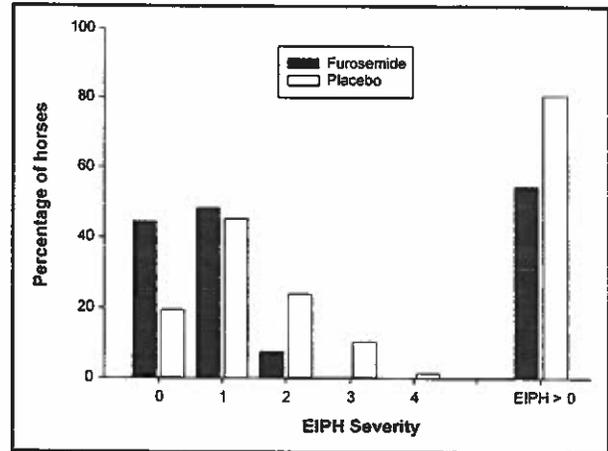


Figure 1—Distribution of scores for endoscopic severity of EIPH in Thoroughbred horses that raced following administration of furosemide (500 mg, IV;  $n = 161$ ) or a placebo (saline solution; 156).

Table 3—Cross-classification of scores for endoscopic severity of EIPH following racing in 152 Thoroughbred racehorses competing twice under similar conditions each time, except that furosemide (500 mg, IV) was administered prior to one race and a placebo (saline solution) was administered prior to the other.

EIPH score when administered furosemide	EIPH score when administered placebo					Total
	0	1	2	3	4	
0	21	32	10	2	0	65
1	10	32	21	11	1	75
2	1	3	4	3	1	12
3	0	0	0	0	0	0
4	0	0	0	0	0	0
Total	32	67	35	16	2	152

Potential EIPH scores ranged from 0 to 4. Distribution of scores differed significantly (Bowker symmetry test;  $P < 0.001$ ) between treatments.

Table 4—Results of logistic regression analysis of EIPH severity scores for Thoroughbred racehorses enrolled in a study of the efficacy of furosemide for prevention of EIPH.

Logistic regression analysis method	OR	95% CI	P value
<b>Development of EIPH (ie, severity score <math>\geq 1</math>)</b>			
Mixed-effects	3.4*	2.0–5.7	< 0.001
Repeated-measures fixed-effects	3.3*	2.1–5.2	< 0.001
Conditional	4.4†	2.2–8.8	< 0.001
<b>Development of moderate to severe EIPH (ie, severity score <math>\geq 2</math>)</b>			
Mixed-effects	7.1*	3.6–14.1	< 0.001
Repeated-measures fixed-effects	6.9*	3.7–13.0	< 0.001
Conditional	11.0†	4.0–30.3	< 0.001

\*Odds ratio was adjusted for age. †Odds ratio was not adjusted for age, because this variable did not differ between paired observations.  
CI = Confidence interval.  
Odds ratios represent the odds that horses would develop EIPH following administration of a placebo (saline solution), compared with the odds that they would develop EIPH following prerace administration of furosemide (500 mg, IV).

## Discussion

Results of the present study indicated that prerace administration of furosemide decreased the incidence and severity of EIPH in Thoroughbreds racing under

typical conditions in South Africa. Specifically, horses were substantially more likely to develop EIPH (severity score  $\geq 1$ ; OR, 3.3 to 4.4) or moderate to severe EIPH (severity score  $\geq 2$ ; OR, 6.9 to 11.0) following administration of saline solution than following administration of furosemide, and the estimated proportion (unadjusted for repeated measures or confounding) of horses that developed EIPH (ie, severity score  $\geq 1$ ) following administration of furosemide (89/161 [55.3%]) was significantly lower than the estimated proportion that did following administration of saline solution (125/156 [80.1%]). In addition, 81 of the 120 (67.5%) horses that had EIPH after administration of saline solution had a reduction in EIPH severity score of at least 1 when treated with furosemide.

Important strengths of the present study include the large number of horses examined, the evaluation of horses after standard race conditions, and the use of horses from a population expected to be at risk for developing EIPH (ie, Thoroughbred racehorses in active training and racing). Because various methods have been recommended for analysis of data from crossover studies, we elected to use mixed-effects, repeated-measures fixed-effects, and conditional logistic regression to analyze our data, and results of all 3 analyses were consistent. The strong association between furosemide administration and protection against development of EIPH made it unlikely that unidentified confounding factors or other biases were solely responsible for this effect. The use of a crossover study design enhanced the statistical power of the study over that associated with a parallel-group study design.<sup>11</sup>

Examination of drug effects under actual conditions of use has long been recognized as the best measure of efficacy in human medicine, with randomized, controlled, clinical trials considered to provide the highest degree of evidence for efficacy.<sup>12</sup> However, such trials can be difficult to perform in veterinary medicine, and we are not aware of any previous such studies that have addressed the effects of various preventive measures on the development of EIPH in racehorses.

Results of the present study provide strong evidence that furosemide can help prevent the development of EIPH in Thoroughbred racehorses. As such, its use in racehorses might be justifiable, assuming that other regulatory and policy issues important to the integrity of the sport are adequately addressed.

The mechanism by which furosemide prevents EIPH is unclear, and the present study was not designed to address this issue. It has been speculated that furosemide-induced reductions in body weight are indicative of reductions in body water and intravascular fluid volume and that these reductions in body water and intravascular fluid volume attenuate the exercise-induced increase in pulmonary arterial blood pressure typically associated with exercise, with a consequent reduction in the incidence of alveolar capillary rupture and decreased hemorrhage.<sup>13-15</sup> The amount of weight lost by horses in the present study after furosemide administration was consistent with the amount of weight loss in horses administered furosemide under experimental conditions.<sup>16-18</sup> However, weight loss does not appear to be directly related to the mechanism by which

furosemide prevents EIPH, in that we did not identify an association between amount of weight lost and prevention of EIPH in the present study. We have previously shown that EIPH adversely affects the performance of racehorses and that treatment with furosemide improves race performance,<sup>3,6</sup> and results of the present study would seem to suggest that the improved performance associated with furosemide could potentially be attributed to prevention or mitigation of EIPH.

For the present study, we believed that evaluating a large number of horses under actual racing conditions was important because previous studies<sup>13,19</sup> have used experimental models (eg, horses running on a treadmill) that might not reflect racing conditions, had low statistical power because of low numbers of horses, or had limitations in study design or statistical analysis that may have affected their results. Two previous studies<sup>1,20</sup> have examined the effect of furosemide in racehorses under field conditions, although with differing conclusions regarding efficacy. However, neither study was conducted as a randomized, controlled trial, and the data analysis in one of these studies<sup>21</sup> has been criticized.

An important concern with crossover studies is that the time between arms of the study (ie, the washout period) must be sufficiently long to preclude any residual effects associated with the previous treatment. In the present study, we elected to use a washout period of 7 days on the basis of the reported short elimination half-life of furosemide in horses ( $\beta$  half-life, 24 minutes;  $\gamma$  half-life, 177 minutes) and the brief (1-hour) diuretic effect of the drug.<sup>22</sup> The fact that we did not detect furosemide in any of the blood samples collected 15 minutes after administration of saline solution suggested that the washout period was adequate. In addition, there was no evidence that treatment order had an effect on the results of our statistical analyses. Finally, even if there had been a carryover effect in horses that had been treated with furosemide first, this would have acted to make it more difficult to identify a difference between the 2 treatments.

Furosemide reduces mucociliary clearance in humans and causes bronchodilation in ponies with recurrent airway obstruction.<sup>23,24</sup> It is possible, therefore, that furosemide did not actually decrease alveolar bleeding in the present study but simply decreased the rostral progression of blood from the alveoli, diminishing the amount of blood in the trachea at the time of endoscopic examination and resulting in an artifactually low EIPH severity score. Alternatively, bronchodilation secondary to furosemide administration might have favored rostral movement of blood and made the endoscopic score appear worse than it would have been had furosemide not been administered. We believe that the magnitude of either of these potentially conflicting effects is likely to be small in horses without recurrent airway obstruction and bronchoconstriction and would have been unlikely to have materially affected the overall conclusions of the present study.

The present study was performed in South Africa for logistic reasons. However, South Africa has a well-regulated racing industry with horses comparable to those racing in other parts of the world. We believe, therefore, that our results can be generalized to other

racing jurisdictions, particularly given the relative genetic homogeneity of Thoroughbred racehorses,<sup>25</sup> the similarity in training techniques and racing conditions throughout the world,<sup>26</sup> and the characteristics of horses included in our study. Although racing and training conditions in other parts of the world do differ from those in South Africa in minor respects, we do not have any evidence that any of these differences have been demonstrated to have an impact on the frequency or severity of EIPH. Therefore, we believe that results of the present study are relevant to horses racing worldwide.

- a. Salix, Intervet SA (Pty) Ltd, Isando, South Africa.
- b. Kryovite B Co Super, Kyron Laboratories (Pty) Ltd, Benrose, South Africa.
- c. PASS 2007, Number Cruncher Statistical Systems, Kayesville, Utah.
- d. SAS, version 9.2, SAS Institute Inc, Cary, NC.

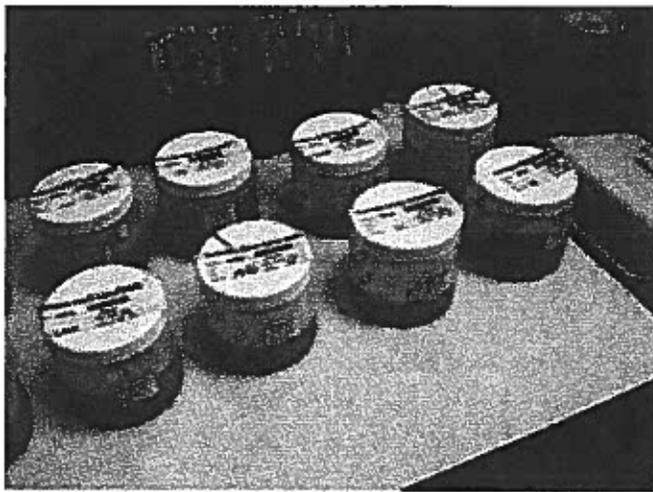
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# DRUGS IN U.S. RACING - 2010

## THE FACTS



With more rigorous standards than the Olympics, professional horse racing has the most aggressive drug testing program in professional sports, testing for more substances with greater sensitivity than anyone else.

September 1, 2011

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## Summary:

- Horse racing is subjected to the most aggressive drug testing program of any professional sport, testing for more substances with greater sensitivity;
- 324,215 biological samples taken from racing horses were submitted to testing labs in 2010;
- Less than one half of one percent (.493%) of those tested samples were found to contain a substance not allowed by racing's medication rules;
- Of those, 94% were overages of legal therapeutic medications at concentrations in excess of permitted levels. These medications are used routinely in equine care by licensed veterinarians and cannot be equated with "horse doping";
- Only 47 of the over 320,000 samples tested in 2010 contained a Class 1 or Class 2<sup>1</sup> substance that could qualify for the term "horse doping".
- Possible "Horse doping" accounted for 0.015% of total samples tested. Such instances have remained rare for the past ten years despite dramatic increases in testing sensitivity.
- Overall violations of the medication rules in 2010 were 20% less than 2001.
- The \$35 million collective investment by the US state racing commissions on drug testing dwarfs the entire \$26 million budget for the World Anti-Doping Agency.
- Claims that illegal drugs are "rampant", "endemic", "widespread" in horse racing are not consistent with the facts, although illegal drug use does exist and there is an ongoing need to support efforts to detect and punish those responsible.

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<sup>1</sup> See Classification definitions later in this document.

## Narrative:

On May 5, 2011, the front page of USA Today was headlined "Chemical Warfare in Horse Racing Targeted". The article was prompted by the comments of a prominent public official who declared that "Chemical warfare is rampant on American racetracks". Such salacious comments create an undeserved negative perception of a sport that is responsible for the employment of over 380,000 people across the country.

There has been much written or claimed about the extent to which professional horse racing has a drug problem. Surely there is a challenge as equine care has evolved to be more medication reliant in the same way human care has. Today, legal medications are often prescribed by physicians and veterinarians to improve the health and quality of life for people and animals.

This conventional reliance on legal medication presents a challenge for racing regulators who must ensure compliance with the rules protecting the public and the horse. Many who have been widely quoted on this issue have not had access to the data contained in this report. This data, obtained from state regulatory bodies, represents an unbiased view of the extent to which drug violations actually occur in the sport.

It has long been acknowledged that professional horse racing - thoroughbred, standard-bred, and quarter horse contests - are aggressively regulated by the states because pari-mutuel wagering on the outcome of these contests has been an authorized and limited form of gambling originally intended to support rural and agricultural economies.

The "anti-doping" standards in horse racing are more aggressive than those deployed in the Olympics. In fact, the worldwide annual drug testing budget of the World Anti-Doping Agency (WADA) is dwarfed considerably by the collective investment made by the state racing commissions in just one country, the United States. U.S. state racing commissions commit over \$35 million annually to directly test for medication violations. By comparison, the World Anti-Doping Agency's world-wide effort relies on \$26 million in funding. The financial statements published on their website reveal that of that amount, \$1.6 million is specifically earmarked for testing fees.

Horse racing's anti-doping program tests for more substances at deeper levels than any other professional sport. These facts are inexplicably ignored by many who wish to opine on this matter and have been successful in drawing attention to their assertions by spinning negative headlines about the sport.

The perception created is not consistent with the facts.

In 2010, 324,215 biological samples were taken and tested.<sup>2</sup> Lab results show that 99.51% of those samples were found to contain no foreign or prohibited substance. In other words only less than one half of one percent of all samples tested was found to have contained a substance in violation of the rules<sup>3</sup>.

An examination of racing commission data also reveals that in those relatively rare instances when a violation of a medication rule does occur, most were associated with a legal substance administered in the normal course of equine care by a licensed veterinarian and cannot be characterized as "horse doping" or as indicative of a "drugging".

Those substances that could legitimately be construed as a "horse doping"<sup>4</sup> (RCI Classification Categories I and II) represent just 47 instances out of 324,215 samples tested in 2010. That is less than two one hundredths of one percent (0.015%). The use of terms like "rampant", "endemic", "widespread", "chemical warfare", or "racing's drug addiction" do the sport and the tens of thousands of families who rely on it a great disservice.

For testing, racing commissions retain professional laboratories who are subject to commission oversight as well as quality assurance programs. In addition, laboratory findings are subject to review by an independent reference laboratory as well as adjudicatory appeal. In 2010, as in previous years, we are not aware of any laboratory finding that was determined to be invalid.

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<sup>2</sup> Thirty-two US racing regulatory jurisdictions responded to the association's survey.

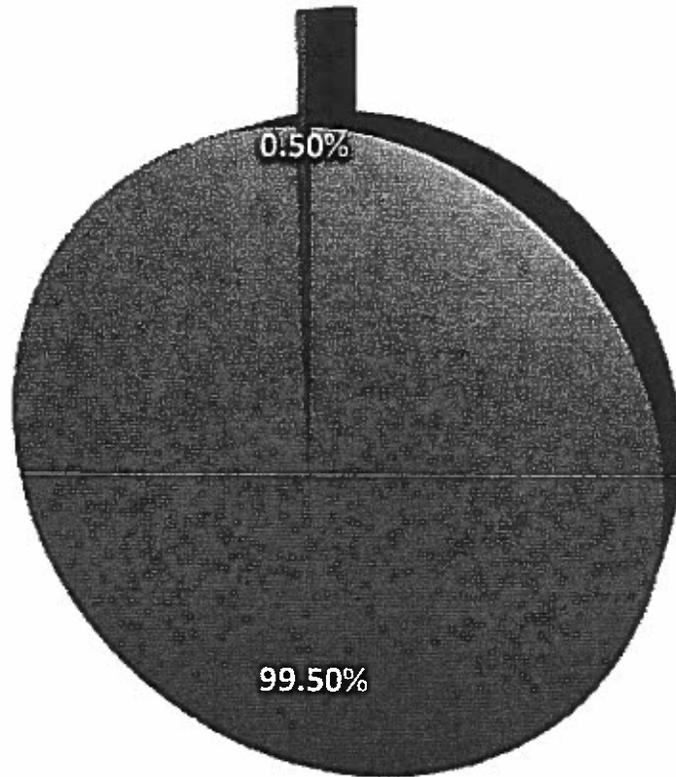
<sup>3</sup> In many cases actual violations are determined based on the testing result of a plasma and urine sample. Violations noted in this report are equine related.

<sup>4</sup> Some Class 2 positives can be for therapeutic drugs that could be a medication error and not qualify as a "doping"; Some Class 1 positives are unintentional secondary contaminations; some positives are associated with human drug abuse and due to the sensitivity of the testing substances are detected in horses these individuals have come in contact with.

## 2010 Samples Tested and Results:

<b>Jurisdiction</b>	<b>Samples Tested</b>	<b>Substance Detected</b>	<b>%</b>
Arizona	1,457	37	2.54%
Arkansas	1,146	7	0.61%
California	40,470	101	0.25%
Colorado	491	9	1.83%
Delaware Harness	7,504	9	0.12%
Delaware Thoroughbred	2,544	12	0.47%
Florida	16,155	135	0.84%
Illinois	14,071	60	0.43%
Indiana	8,719	20	0.23%
Iowa	3,540	9	0.25%
Kentucky	10,851	81	0.75%
Louisiana	12,880	80	0.62%
Maine	3,313	5	0.15%
Maryland	5,098	29	0.57%
Massachusetts	3,420	13	0.38%
Michigan	2,738	51	1.86%
Minnesota	3,989	130	3.26%
Montana	224	5	2.23%
Nebraska	3,094	47	1.52%
New Jersey	39,196	31	0.08%
New Mexico	8,986	56	0.62%
New York	52,748	60	0.11%
North Dakota	71	5	7.04%
Ohio	16,445	170	1.03%
Oklahoma	9,623	51	0.53%
Oregon	1,965	18	0.92%
Pennsylvania	37,114	217	0.58%
South Dakota	100	0	0.00%
Texas	8,769	66	0.75%
Virginia	1,432	8	0.56%
Washington	608	3	0.49%
West Virginia	5,454	75	1.38%
<b>All US Jurisdictions:</b>	<b>324,215</b>	<b>1600</b>	<b>0.4935%</b>

## 2010 Nationwide in the United States:



● Clean Sample

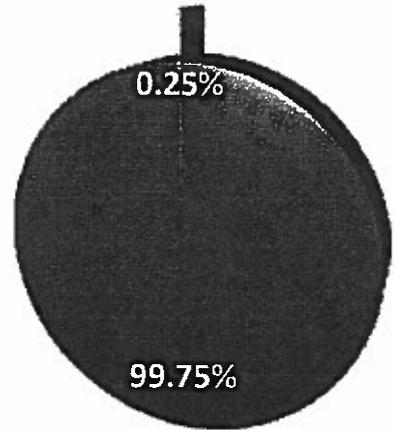
● Substance Detected

## 2010 Top Four Racing States:

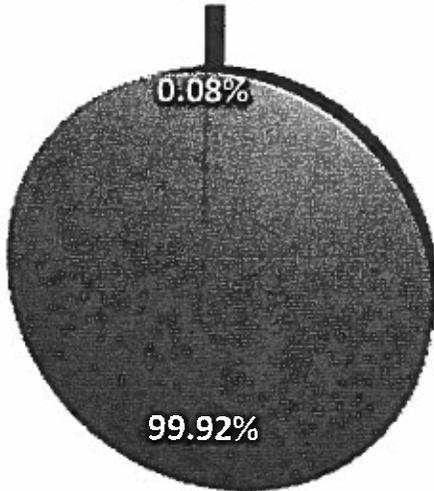
**New York: 52,748 tests**



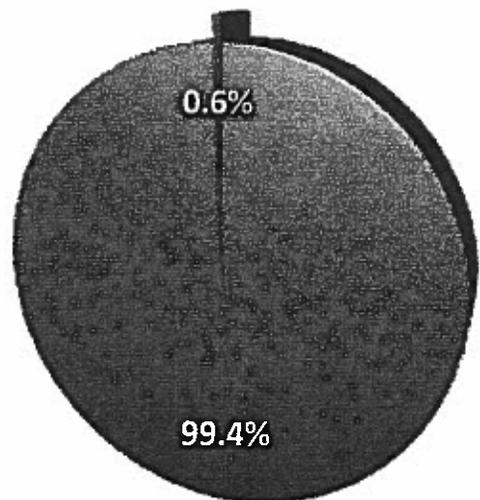
**California: 40,470 tests**



**New Jersey: 39,196 tests**



**Pennsylvania: 37,114 tests**

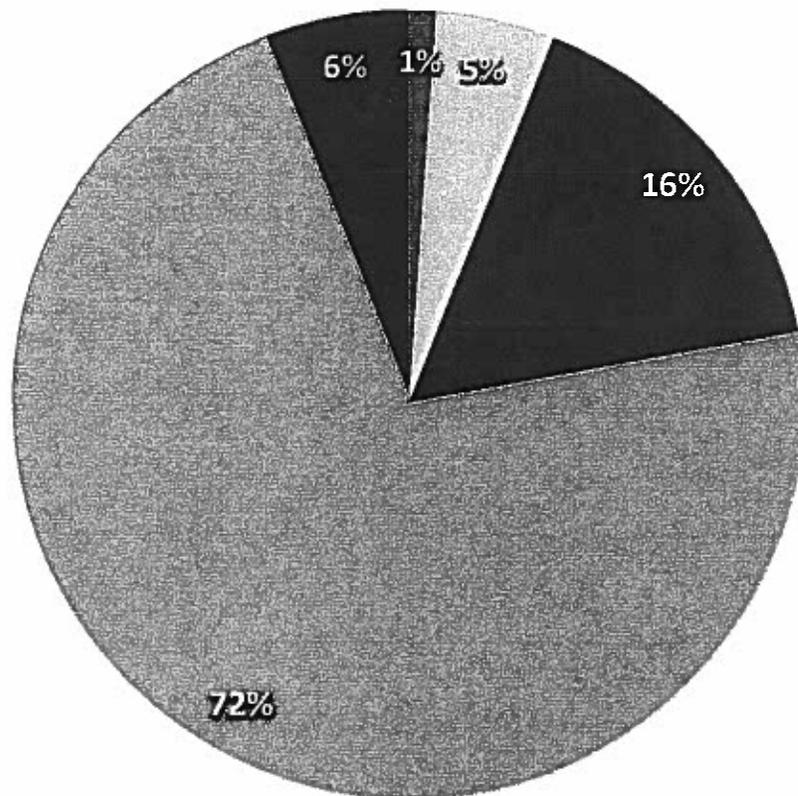


## 2010 Substance Violations:

In 2010, according to the records submitted to the RCI database by the individual state racing commissions, there were 795 violations of the medication rules found from 324,215 samples tested. The distribution of the severity of the violations are noted below with some variations year to year but nothing to justify a claim of a trend upwards or downwards.

Class 1	Class 2	Class 3	Class 4	Class 5
8	39	128	572	48

**2010 Positives by Classification**

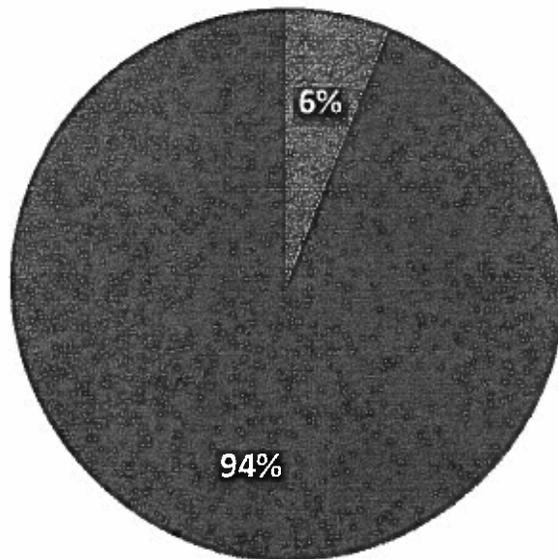


● Class 1   ● Class 2   ● Class 3   ● Class 4   ● Class 5

## Doping vs. Overage:

Considering that Class I and Class II violations can best be described as “doping”<sup>5</sup> and others characterized as therapeutic overages of legal substances the following chart should put the results of the drug testing program in proper context. Again, it is important to note that the doping rate is 0.015% of all samples tested, an extremely rare occurrence. Ninety-four percent of the horses found to be in violation of the medication rules in 2010 were cited for a substance with less capacity to affect performance than those that would qualify as doping agents. Of those, 72% are for violations of Class IV substances with even less potential to affect performance, if at all.

### Doping vs Therapeutic Medication Overage



● Doping

● Therapeutic Overage

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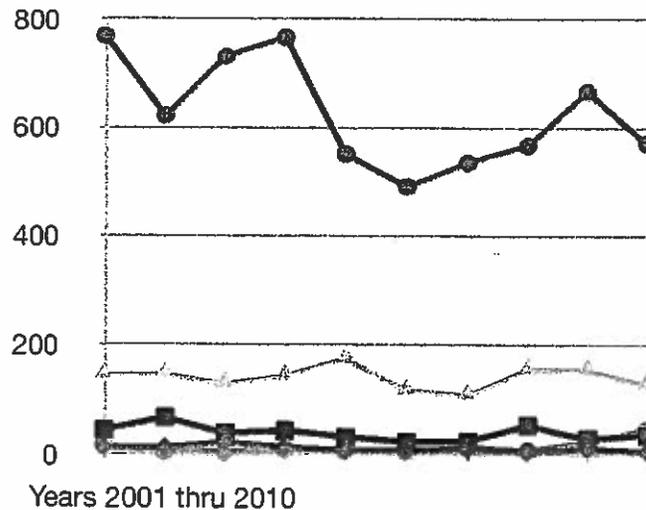
<sup>5</sup> The applicability of this term to a specific case depends totally on the facts presented in that case. This term is used as a general characterization and may not be applicable to all violations found in this category as noted in Footnote 4.

## Trends:

An analysis of the data from 2001 through 2010 reveals no prevailing pattern concerning the number or severity of violations of racing medication and doping rules. Violations remain relatively rare and this has remained constant over the past decade. It is important to note that total medication rule violations in 2010 were 20% less than the 2001 violations.

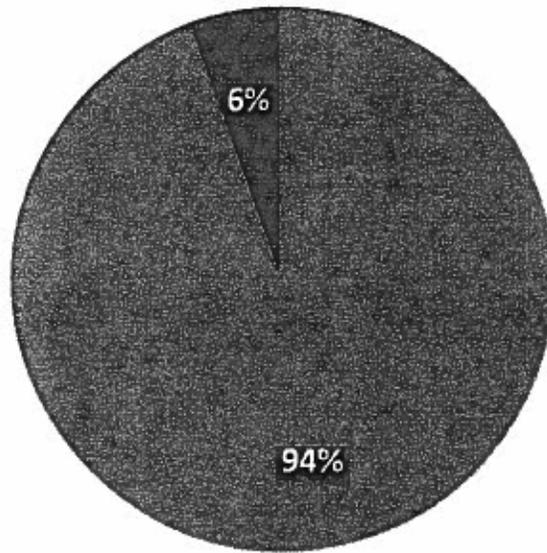
	Class 1	Class 2	Class 3	Class 4	Class 5
<b>2001</b>	14	46	144	770	18
<b>2002</b>	15	69	145	622	6
<b>2003</b>	24	41	129	732	6
<b>2004</b>	16	46	143	768	12
<b>2005</b>	10	34	175	552	10
<b>2006</b>	11	26	117	492	8
<b>2007</b>	12	27	109	536	16
<b>2008</b>	9	56	156	568	10
<b>2009</b>	13	31	154	668	25
<b>2010</b>	8	39	128	572	48

**Ten Year Violation Trends by Classification**



◆ Class 1    ■ Class 2    ▲ Class 3    ● Class 4    ◻ Class 5

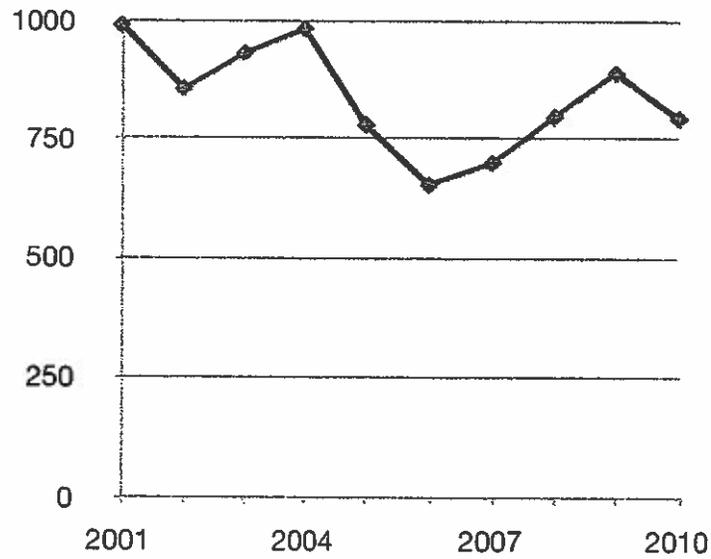
## 10 Year Doping vs. Therapeutic Medication Overage



● Overage

● Doping

### 10 Year Total Violations



## Furosemide:

The United States is one of several nations where the raceday use of the diuretic furosemide is permitted. This medication, used to reduce instances of exercise induced pulmonary hemorrhage (EIPH), is allowed under strict conditions requiring administration no less than four hours prior to the race. For the purpose of this report we handled violations of the furosemide rule separately as a trainer can be cited for not having the medication in his horse as well as for an overage. Furosemide violations should not be considered "horse doping".

Use of furosemide is disclosed to the public in the racing program and while there is an ability to affect performance in some - but not all - horses, the public policy is not restrictive in allowing veterinarians to qualify a horse to receive this treatment based on the detection of minor levels of EIPH.

Since most horses race with furosemide it is a disservice to the sport to contend that one horse has an unfair advantage over another in a particular contest.

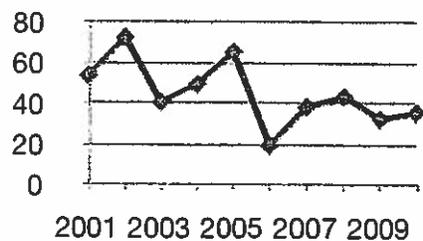
EIPH is the only equine condition that has warranted an exception to permit a prophylactic treatment on race day with medication. It is wrong to equate the use of this medication to paint a picture that racing is "drug ridden".

In 2010 there were 36 violations of the furosemide rules out of 324,215 samples tested.

The 2010 instances of furosemide violations are 33% less than in 2001. The trend has been generally downward. It is important to remember, as with all statistics in this report, that the instances of a violation of racing medication rules are not a frequent occurrence, representing one half of one percent of all samples tested.

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
54	73	41	50	66	20	39	44	33	36

**10 Year Furosemide Violations**



## Drug Testing Challenges:

The statistics in this report should not be interpreted to say that there are not challenges facing horse racing's drug testing program. New substances are developed each year and there are individuals willing to use them on a horse in an attempt to enhance performance or cheat. Those who administer substances that would never be condoned by a licensed veterinarian must be caught and properly sanctioned. To do this investments in research and investigations are essential if racing's drug testing program is to remain as strong as it is today.

State budget constraints are putting pressure on commission resources and can limit the amount of research and intelligence gathering activities that are possible. This challenge has been met, in part, by the racing industry through its investment in the Racing Medication and Testing Consortium and the tracks specifically through their continued investment in the Thoroughbred Racing Protective Bureau (TRPB). The U.S. Jockey Club has made considerable investment in projects to enhance integrity, support commissions, and better protect the welfare of the sport's equine athletes. The National Thoroughbred Racing Association's Safety and Integrity Alliance also makes a positive commitment to racing integrity through its investment in race track accreditation.

These efforts do not mitigate the need to ensure that racing commissions have adequate resources available to maintain an expansive and effective drug testing program that can evolve as scientific advances are made in both testing technology and equine care.

### Disclaimer:

*The statistics contained in this report were provided to the Association of Racing Commissioners International (RCI) directly by individual state racing commissions through their management and submission of violation data contained in the RCI database or in response to specific requests from RCI staff. In some cases, information has been obtained indirectly through published annual reports. Questions concerning specific jurisdictions should be directed to that jurisdiction. No statement in this report is intended to be indicative of a specific motive or lack thereof of any individual who is alleged to have violated a racing medication rule. Statements made in this report are designed to make a general assessment as to the extent of drug violations in professional horse racing. Information requests on specific violations or individuals should be directed to the appropriate regulatory entity. RCI is a not-for-profit 501(c)(6) providing services and information to government racing regulators. RCI is not liable for any errors contained in this report which has relied on information obtained from third party state racing commissions.*

## Classification Definitions

- **Class 1:** Stimulant and depressant drugs that have the highest potential to affect performance and that have no generally accepted medical use in the racing horse. Many of these agents are Drug Enforcement Agency (DEA) schedule II substances. These include the following drugs and their metabolites: Opiates, opium derivatives, synthetic opioids and psychoactive drugs, amphetamines and amphetamine-like drugs as well as related drugs, including but not limited to apomorphine, nikethamide, mazindol, pemoline, and pentylentetrazol. Though not used as therapeutic agents, all DEA Schedule 1 agents are included in Class 1 because they are potent stimulant or depressant substances with psychotropic and often habituating actions.
- **Class 2:** Drugs that have a high potential to affect performance, but less of a potential than drugs in Class 1. These drugs are 1) not generally accepted as therapeutic agents in racing horses, or 2) they are therapeutic agents that have a high potential for abuse. Drugs in this class include: psychotropic drugs, certain nervous system and cardiovascular system stimulants, depressants, and neuromuscular blocking agents. Injectable local anesthetics are included in this class because of their high potential for abuse as nerve blocking agents.
- **Class 3:** Drugs that may or may not have generally accepted medical use in the racing horse, but the pharmacology of which suggests less potential to affect performance than drugs in Class 2. Drugs in this class include bronchodilators, anabolic steroids and other drugs with primary effects on the autonomic nervous system, procaine, antihistamines with sedative properties and the high-ceiling diuretics.
- **Class 4:** This class includes therapeutic medications that would be expected to have less potential to affect performance than those in Class 3. Drugs in this class includes less potent diuretics; corticosteroids; antihistamines and skeletal muscle relaxants without prominent central nervous system (CNS) effects; expectorants and mucolytics; hemostatics; cardiac glycosides and anti-arrhythmics; topical anesthetics; antidiarrheals and mild analgesics. This class also includes the non-steroidal anti-inflammatory drugs (NSAIDs), at concentrations greater than established limits.
- **Class 5:** This class includes those therapeutic medications for which concentration limits have been established by the racing jurisdictions as well as certain miscellaneous agents and other medications as determined by the regulatory bodies. Included specifically are agents that have very localized actions only, such as anti-ulcer drugs, and certain anti-allergic drugs. The anticoagulant drugs are also included.

## Facts and Fiction

**Fiction--** Horses don't bleed.

**Fact** -- 70/80/90% of horses do. Pick your study.....horses bleed.

- Of the 30% that might not bleed on a given occasion, there is a 50% to 70% chance of bleeding the next time they run without Lasix.
- Horses do not necessarily bleed every time, but most horses will bleed during their career.
- *South African Study*

**Fiction** – Lasix doesn't work.

**Fact** -- Lasix does work with incredible efficacy – decreasing the incidence and severity of the bleeding episode.

- *South African Study*

**Fiction** – Lasix masks other medications.

**Fact** --- While this might have been an issue 25 years ago, advances in drug testing technology have made this point moot. The best chemists in the United States agree that Lasix does not compromise drug testing.

**Fiction** – Lasix “purges” the system of medications.

**Fact** -- Once again the chemists across the country categorically agree this is not the case. In fact, the significant fluid loss actually concentrates medications in test samples making it easier for detection.

**Fiction** --- Lasix is responsible for the decrease in the number of starts per year by horses racing in America.

**Fact – We live on a different planet than we did 30 years ago.**

- To blame Lasix is too simplistic.
- Stallion syndications exploded.
- The era of improving the breed was ending and breeding for the sales market was starting.
- The great families of racing - Mellon, Galbreath, Perry, Bancroft, Lunger and Dupont - disappeared and were replaced by a totally different owner base.
- Racing became much more bottom line oriented.
- Racing became much more instant gratification oriented.
- Once farms bred stallions to a maximum of 40 mares, with the majority belonging to the farm or to major clients, significantly cornering the market on the best stallions available. Now we have stallions covering 200 mares available to anyone willing to pay for premium bloodstock.
- Thousands of corrective surgeries are now routinely done, often times camouflaging significant conformation flaws to the buyers of weanlings, yearlings and 2 year-olds. There is little if any known science available if these surgeries have led to shorter racing careers.
- The way horses are now “hot house” raised, there is a heightened reluctance on the part of breeders to let them run freely or be turned out with other horses for fear of injury, which could prove costly in the sales ring. Are we now raising a softer horse?

The number of starts over the last few years in the United States 6.2:

Australia	5.9
France	5.4
England	5.7
Ireland	5.2
Italy	5.9
Japan	7.7
Hong Kong	7.5

- We average almost exactly what the same number of starts per horse as the world does.
- There is increased competition for horses with purses comparable at both the highest level and in overnight races at racetracks across the country.
- Significant changes in horse management. We expect more supreme efforts from our horses. When horses give a supreme effort, they need more time to recover between races. Run them back too quickly (the bounce effect is a real phenomenon) and they are unable to perform at their “A” level and they get beat.
- In the past it was typical for an older horse to win a “4 other than” race before it ventured into stakes company. Now we often run in a stakes coming out of a NW1 with a big number. This eliminates entry level allowance races for horses with stake potential that might win with less than an “A” effort thereby being able to recover more quickly and race back sooner.
- Whether we run 2 year-olds in stakes after a maiden win (NWI rarely goes) or an older horse in a stakes after an entry level allowance race, the pattern of “A” races continues. Owners today often see the horses as “diminishing assets” and welcome the opportunity to run in stakes races with larger purses and an opportunity to increase their value. This becomes a vicious cycle where the pool of horses available for allowance races is cannibalized by horses running in stakes races. So even when owners/trainers try to be

conservative, the allowance races often don't go and they are forced to run in stakes races where that "A" race is necessary.

- Data Information Age – Years ago, trainers gave horses some races to get them fit. Getting beat wasn't the end of the world. Now with win percentages, per start earnings and every detail of a trainer's history is available to anyone with a computer, trainers are far less likely to run when they can't win.
- Owners just don't hire 10% trainers.

**Fiction** – Lasix is a performance enhancer

**Fact**

- It is a performance enabler
- Horses run faster on Lasix because they shed 20/25 pounds of water
- They don't bleed/or their bleeding episode is significantly lessened by Lasix allowing the horse to run without the pain or obstruction of blood in their lungs.
- Bleeding is like sticking a hot poker in your chest – it is painful.

## Apples and Oranges

1. Suggesting that Lasix has led to higher frequency of breakdowns.
  - a. There is no connection to Lasix and breakdowns. None. No study, no science, no anecdotal information. The fact is the breakdown rate has remained the same in New York. It is the same now after Lasix was approved for use in 1995 as it was before 1995 when the use of Lasix was illegal.
2. Suggesting that Lasix and illegal medications are basically the same and are ruining racing.
  - a. Every reasonable horseman wants illegal medication out of the industry. Because Lasix does not compromise the testing, Lasix and a level playing field are not mutually exclusive.
3. Lasix is like anabolic steroids, we got rid of them in one year we should be able to rid the industry of lasix as well.
  - a. There was **NO** singular reason to continue the use of anabolic steroids. There were many lesser justifications such as remedies for poor appetite, weight loss, quicker recovery from racing, etc. The downside of steroid use was potentially more significant and not appealing. Much to the credit of the entire industry, steroids are gone.
  - b. There **IS** a singular scientifically confirmed reason to administer Lasix. An overwhelming percentage of our horses bleed. There is an incredibly safe, police-able scientifically proven effective medication that either prevents a horse from bleeding or significantly reduces the bleeding episode.  
**Horses bleed, Lasix works.**

## EUROPE

Lots of the pressure to discontinue the use of Lasix has come from the European community. The United States is constantly held up to Europe as a comparison. The Questions, how come the Europeans can run without Lasix and their horses don't bleed is often asked. We have long heard that European horses do not bleed "trust us" or we run on hay, oats and water "scouts honor". The Europeans year after year refuse to release to the scientific and regulatory community in the U. S.

1) The levels at which they are testing, which medications they are testing for and which methods they are using. While the chemists in the U. S. are looking for grains of sand in an Olympic swimming pool, we have no proof that our European counterparts can or are even testing for something the magnitude of a basketball in that same pool. The European standard for testing has never been objectively established.

The fact is that their horses do bleed and they are running on medication. It might not be Lasix, but they are using adjunct bleeder medication –Tranexamic Acid, Amicar, Premarin and Clotall. Their horses are being treated with medications at 72, 48, 24 hours before races and on race day. They train on Lasix and they all run on Lasix when they compete in the U. S.

Last year, Nick Henderson, Queen Elizabeth's trainer had a Tranexamic Acid positive (an adjunct bleeder medication). His response to the investigating authorities was two-fold – "I didn't know that they were testing for it" and "I thought everybody was using it." This in the land of our horses don't bleed and we run medication free. One would think that sticking a needle in a horse's neck on race day in England would be as unthinkable as using the word "ain't" in the presence of the Queen. Think again.

Ten years ago a task force did supertesting across the United States at tracks big and small. No names, no sanctions, just information gathering. The results were interesting. What was revealed was that there was no drug epidemic, no discovery that medication was randomly getting past normal scrutiny that was present in some jurisdictions.

The challenge here is to let the Racing, Medication and Testing Consortium establish a Task Force to be sent to Europe for a dual purpose. Have the European authorities allow this Task Force to randomly sample participants at their race meets and send a split sample of those collected to the labs currently doing testing in the U. S. No names, no sanctions, just for information purposes. An independent study to establish standards. The second task would be to perform endoscopic examinations of those same horses sampled to establish what criteria and standards are being used to determine that a horse is a bleeder.

### **What are we to do on the other side?**

What is the plan? How will we handle horses that bleed? Will they miraculously stop bleeding because we stop using Lasix? Do we just put our head in the sand and pretend that they do not bleed? Do we let them bleed and race them at levels where they can bleed and be competitive? Do we really think that horses that bleed will race more often? Will we force good, honest horsemen to cheat so their horses won't bleed? Will we go back to the day when water was taken away from a horse for up to 48 hours prior to a race to lower his blood pressure so he wouldn't bleed?

How is that humane treatment of our animals? Will the cheater disappear because we stopped using Lasix? Will the horses be sounder because we stopped using Lasix? Will horses be banned from racing, short or long term, when they bleed? What criteria will be used to determine if a horse has bled? What evidence do we have that a horse, after time off comes back a non bleeder? With the science we have available today, the facts are horses bleed. Lasix is safe, detectible, doesn't compromise the testing and it works. Our plan has to improve on that!

## **Waiting for breeders to announce steps to ensure buyers start out with drug-free horses**

Posted on August 11, 2011 by Jennie Rees

*(Note: I especially want to hear from horse players how they feel about the Lasix issue, because I believe their voice has not been well-represented. Email me your thoughts to [jrees@courier-journal.com](mailto:jrees@courier-journal.com), including your name and where you live. A phone number would also be helpful. JR)*

TOBA announced Wednesday that, as what it called a one-year experiment, its graded-stakes committee plans to forbid the use of race-day Lasix in 2-year-old stakes next year that carry graded status. The Thoroughbred Owners and Breeders Association can do that because it is the organization that oversees the assignment of graded stakes, originally created for use in sales catalogs by showing the relative importance of races in a horses' pedigrees but which have come into common usage for racing, including determining fields for the Kentucky Derby and Breeders' Cup.

I appreciate TOBA wanting to start with the young horses and in graded races, because presumably those are the horses most likely to down the road show up in the breeding production pipeline.

But here's what I'm still waiting to hear from breeders who are so against the use of Lasix on race day: What they plan to do to ensure the buyers of their horses are getting animals who are not benefiting from therapeutic medications when they are being shown at the sales, in breeze shows or in the auction ring. The breeders must do their part. But there has been precious little dialog – none that I've seen, but maybe I missed something - on that side of the equation.

The breeders can't expect buyers to be the only ones to carry the financial burden if the horses they purchase turn out to be bleeders and can't have Lasix and therefore can't race, or can't race as often because they have to be turned out for several months or must race at a much cheaper level. The breeders must show the racing industry – and this will very much be an issue for racing offices across the country - what they indeed plan to carry their share of the burden.

If breeders believe bleeding is genetically passed on to offspring – and they must, or otherwise this wouldn't be an issue – then they should vow not to stand stallions who have bled, nor turn fillies that bleed into broodmares. (And what if it isn't so much genetic but just a condition of the species, of all breeds of horses?)

The breeders, TOBA board members who voted for the one-year experiment and the Breeders' Cup board members who voted to prohibit the use of Lasix in next year's juvenile events should stand up and pledge: "We are going to show those crybaby trainers, the few loud-mouthed owners who dare speak out against us and no-nothing turf writers that horses can race in

America without Lasix, and we are going to prove that by effective immediately not running any of our own horses on bleeder medication.”

I’ll have utmost respect for those who take that step.

But it seems to me that too many of the breeders leading the charge on this issue want the owners and trainers to do the dirty work for them: Take the horses we’ve sold you and you prove they aren’t bleeders, then we’ll breed them. But don’t expect us to weed them out before we sell them to you.

The breeders making these decisions should also stand up and do the right thing and insist that all surgical procedures done on weanlings and yearlings to correct crooked legs, etc, be made public – not just upon request by a potential buyer, but right up front.

Why isn’t there the same rush to action on that front, if you’re throwing around the word integrity? With Lasix, every horse player in the country knows which horses are on it and which are not. There’s nothing kept secret.

Trainer Rick Violette, president of the New York Thoroughbred Horsemen’s Association, has been among the most outspoken voices of the Lasix issue. He’s also one of the most thoughtful, intelligent and courageous participants I know in racing – someone who has stood by his convictions, spoken out against what he thinks is wrong and paid the price for it.

He hasn’t let it stop him from speaking out.

“It’s basically premeditated animal abuse,” Violette said. “They’ve chosen to ignore science that they funded because they didn’t agree with the outcome... It’s fairly black and white that 80 percent of horses bleed without Lasix and that Lasix is an effective agent in combating a workplace malady. We have so many physical issues with horses for which we have no remedy. To arbitrarily get rid of a remedy for something that basically affects all horses doesn’t pass anybody’s smell test. It’s not good for the industry. It’s certainly not good for the horse.

“- I believe the pushback will be significant across the country. It’s very hard to talk a legitimate businessman into buying a yearling that will have an 80-percent chance of bleeding his first start and tell them the medication previously available will no longer be available.

“... All the issues they blame on Lasix, none of them get addressed by getting rid of Lasix. It’s really incredible. Getting rid of Lasix isn’t going to make it harder to cheat. In fact, it might make otherwise legitimate horsemen to try to bend the rules a little bit. It’s not make horses sounder. It’s not going to make them run more often, in fact it will have the opposite effect, because they’re going to bleed and need more time between races to recover.”

It will be interesting if some tracks say, 'hey, take your graded status. We know the value of winning a race like (and I'm just picking out a name) the Hopeful. We don't need a GI by its name for proof.'

A guy like Charles Cella, owner of Oaklawn, for years refused to use any mention of stakes grading after the Arkansas Derby was downgraded from a Grade I to Grade II (finally restored a couple of years ago). Not that Oaklawn has any 2-year-old stakes, but we all can see where this could be headed for 2013.

And if some tracks do risk TOBA stripping its graded status in order to let its participants run on Lasix, it will be real interesting to see if Churchill Downs might adjust its simple rule for horses getting preference into an overflow Kentucky Derby field, which is the most earnings in graded stakes.

## **Trainers disagree with newly-approved ban on Lasix, which is used to control horse bleeding**

BY JERRY BOSSERT

AUGUST 12, 2011

DAILY NEWS SPORTS WRITER

SARATOGA SPRINGS - The Breeders' Cup did it first. Now, the American Graded Stakes Committee has approved a ban on Lasix, which many trainers view as a therapeutic drug, for all graded stakes for 2-year-olds beginning next year.

The committee's approval, announced Wednesday, has jump-started a serious debate on the pros and cons of the drug.

"I think it's the start of premeditated animal abuse," said trainer Rick Violette, Jr., who is also the President of the New York Thoroughbred Horsemen's Association. "They're in a total 'don't confuse me with the facts' mode. 'Don't let us get influenced by the science,' which is black and white. There is very good science that the Jockey Club and Grayson Foundation help pay for that said that 80% of horses bleed and that Lasix was significantly effective in controlling it, if not stopping it altogether in some horses."

Lasix is used to prevent bleeding in a horse's lungs, which sometimes is so heavy it pours out of the animal's nostrils.

"It's basically a scarring of the veins in the lungs, and it's a cumulative effect," Violette said. "It's like stress fractures in airplanes. It builds and builds and builds. When you start bleeding, it's a slippery slope, even if it's just a small amount. It's never good. There is no good reason to do this."

The AGSC will review its policy at the end of 2012 to determine whether to continue or expand it for the future. The committee's decision is seemingly a reaction to the perception outside the country that drugs are too prevalent in American-bred horses.

"There have been questions in many quarters about the integrity of the breed when so many of our horses race on medication," said Dr. J. David Richardson, chairman of the committee. "We view this as a positive step for the elite-level horses that will race in graded stakes, the ones most likely to perpetuate the breed. We are reaching out to the regulators and tracks in each of

the six states that currently conduct 2-year-old graded stakes races and look forward to working with them to implement this policy."

New York, New Jersey, California, Kentucky, Illinois, and Louisiana the six states the ban affects. The New York Racing Association, which has not addressed the issue, had no comment on it.

The Breeders' Cup calls for banning Lasix in all 2-year-old races beginning next year, followed by a ban in every race beginning in 2013.

Trainer Todd Pletcher supports the use of the medication.

"I'm pro-Lasix," he said. "Nothing has changed for me. Research has proven that horses bleed. We see it all the time. It is well-proven that Lasix is a very effective treatment, a very humane treatment, a very safe treatment and it's not an expensive treatment for the owners. Also, it's information that is available to the betting public. In my eyes it's helping everyone. It's helping the horse, it's helping the owner and it's the most fair thing to the betting public."

Critics say Lasix causes horses here to race less often than in Europe, Hong Kong, and Japan, countries where horses don't run on the drug. Yet studies show the average American horse starts 6.3 races a year, similar to the average around the world.

"Everyone knows about it," said Hall of Fame trainer Bill Mott. "It's monitored. They are taking away something that is available to horsemen and horses for their benefit."

Ignoring scientific research on Salix could prove costly

Thoroughbred Daily News/August 24, 2011

By Kent Stirling

The million-dollar South African study on the efficacy of Salix, commonly referred to as Lasix, in controlling Exercise Induced Pulmonary Hemorrhaging (EIPH) in racehorses was published in 2009.

The Europeans, Asians, Australians, and others waited for science to prove what they already knew, and that was that the Yankees had been using Salix or furosemide for about 40 years, thinking that it really worked at controlling EIPH, when all it did was what one would expect a diuretic to do, and that was to make the horse urinate away 20 pounds or so of body weight. But, lo and behold, the study said those Yankees were right all these years and Salix was efficacious in controlling EIPH by an average of one grade on a 1-to-4 scale. The authors of the study went on to state:

*"The challenge will now be before countries such as Australia, England, Hong Kong, and South Africa that do not currently permit race-day use of furosemide, to balance the animal-welfare aspect of being able to prevent or reduce the condition against imperatives for drug-free racing."*

There was no "balancing" required as the tail was most certainly going to wag the dog that now had science on its side and over 40% of the world's total starts legally racing on Salix. The Australians, Asians, and Europeans and others seemingly ignored this research and left their heads firmly buried in the sand. Meanwhile, the Racing Medication and Testing Consortium (RMTC) breathed a sigh of relief as they had previously proposed a model rule that *all* horses should be able to be treated with Salix on race day. They had, in fact, done the right thing for the racehorse that almost universally suffers from this progressive exercise-induced disease known as EIPH. Sen. Tom Udall (D-New Mexico) and Rep. Ed Whitfield (R-Kentucky) on May 4 introduced the Interstate Horseracing Improvement Act of 2011, a bill crafted to eliminate all race-day medication, including furosemide. This started a lot of silly zero tolerance talk and more calls for a ban on race-day medication, but was this the whole industry that wanted to do away with Salix? Or was this a carefully planned movement by a powerful, old-school breeders' organization who felt those Europeans and their friends weren't buying enough of their horses to race abroad?

An International Summit on EIPH at Belmont Park in June was organized by the American Association of Equine Practitioners, the NTRA, and the RMTC. The summit was to gather as much information on Salix and EIPH as possible and to find a solution for how to deal with Salix. The suggestions from the summit were then passed on to the RMTC, which formed committees to examine what should best be done about the use of Salix. These committees met for two months and examined tougher penalties, much-improved security, phasing Salix out with the

next two crops of two-year-olds, and permitting Salix if given by regulatory veterinarians on race day while banning adjunct bleeder medications, which had no science to prove they worked at all. The work of these committees would be reported to the RMTC and then it would determine and suggest to the industry their recommended course of action.

I was on both the committee to phase out Salix with the next two crops of two-year-olds and the committee to have Salix administered by regulatory veterinarians while banning adjunct bleeder medications. The phasing out of Salix with the next two two-year-old crops seemed to be logistically impossible, while the use of regulatory-type veterinarians to administer Salix seemed to work smoothly in New York and at Woodbine. When the work of all four committees was presented to the RMTC, they voted overwhelmingly for Salix to be administered by regulatory vets with the banning of adjunct bleeder medications. The RMTC was just following the science, which now clearly showed that Salix was efficacious in preventing EIPH, while the adjunct bleeder medication research showed they did little, if anything, to assist in the prevention of EIPH.

While the industry clearly agreed at the summit that the RMTC would make the final recommendation on Salix to the industry, the Breeders' Cup came out in advance of the RMTC's August 4 meeting as did the Stronach Group, demanding the immediate phasing out of Salix. These actions prompted Dr. Paul Morely, one of the three authors of the South African furosemide study to state: "After showing efficacy [of furosemide], we didn't think we would be talking about banning it. From a scientist's perspective, it doesn't follow."

Also, from an RMTC perspective, it doesn't follow as the RMTC stated early on that it would be guided in the direction the preponderance of scientific research led them. Shortly after the RMTC endorsed the administration of Salix by regulatory veterinarians, the Thoroughbred Owners and Breeders Association's American Graded Stakes Committee announced it would ban Salix in two-year-old graded stakes in 2012.

So let's get back to that powerful breeder's organizations.

At the Jockey Club's Round Table Conference on Matters Pertaining to Racing on August 14, Stuart Janney III said: "We respect the pro-Lasix opinion, but ..." and then went on to say essentially that the Jockey Club knows what is best for us and it's not any kind of race-day medication.

The Jockey Club is bound and determined to get their way and to hell with science, and to hell with the health and safety of horse and rider. Are not the leaders of Breeders' Cup Ltd. and the Thoroughbred Owners and Breeders Association all members of the Jockey Club? I can't explain Frank Stronach as he sometimes marches to the beat of a different drum.

The Jockey Club frequently contacted the authors of the South African furosemide study, basically calling for a do over or asking them to look at their results in different ways that might change the results. They also contacted horse racing fan clubs asking them to conduct surveys on race-day medications and Salix. They worked hard behind the scenes and when they couldn't get their way, they relied on their usual strong-arm ways. No Salix in the Breeders' Cup; no Salix in graded stakes. Maybe they will end up reaping what they sow, but at what cost to the rest of the industry?



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## RCI Drug Report: Doping Not Out of Control

by Blood-Horse Staff

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"With very few exceptions, almost all race horses tested for drugs are found to be clean, a fact that undermines the credibility of those who peddle the perception that racing has an out of control drug problem," RCI president Ed Martin said Sept. 8 in releasing an RCI report entitled "Drugs in Racing 2010—The Facts."

According to the report, in 2010 U.S. racing regulators sent 324,215 biological samples to a network of professional testing labs that utilized standards more stringent than those used for the Olympics. More than 99.5% of those samples were found to be clean.

"Despite the fact that racing regulators test for more substances with greater sensitivity than any other sport, less than one-half of one percent of all tests detected a substance not allowed to be in the horse on race day," Martin said.

The RCI report also shows that instances of "horse doping" are rare, representing 0.015% of all samples tested. The 10-year trend for findings that might be characterized as doping has remained flat, while there has been a decline during the past decade in the number of therapeutic overages that have resulted in regulatory action. Total medication actions in 2010 were 20% less than 2001, although RCI noted it was not prepared to describe it as a trend.

"Racing, like other sports, has a drug challenge," Martin said. "We cannot lessen our efforts because there are a relative few who will attempt to circumvent the rules for their own purposes. Our commissions, labs, and research centers need adequate resources if we are to remain current and prepared as new substances emerge and find their way to the backstretch."

Martin contends that the reality of the drug testing program is often misunderstood and mischaracterized.

The RCI report notes that equine care has evolved to be more medication-reliant in the same way human care has. Racing commission data shows that in those rare instances when a violation of a medication rule does occur, most were associated with a legal substance administered in the normal course of equine care by a licensed veterinarian and cannot be characterized as "horse doping" or as indicative of a "drugging".

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## **WOULD MEDICATION BAN BE FORM OF CLASS WARFARE?**

by [Steve Montemarano](#) | 08.01.2011 | 7:32am

**twinspires.com**  
Where Players Win.

*(Editor's Note: The following commentary is from Steve Montemarano, a board member of the Ohio Thoroughbred Fund and an equine sales executive for Merck.)*

Eliminating race day medication has little to do with protecting horse health, improving the breed, or making Thoroughbred racing a better sport. In reality it is a veiled attempt by elitists to push the little guy out.

The abolishment of veterinary administered anti-bleeder medication will cripple the small stable. Experts say that 75% of Thoroughbred racehorses experience exercise-induced pulmonary hemorrhaging (EIPH). Veterinarians say if race horses aren't treated with furosemide that these athletes will suffer. And who wants that? As equine athletes fall by the wayside legions of owners will go, too. Purses will be redistributed across a condensed spectrum; namely the wealthy. It's a reverse Robin Hood plot where racing's backbone is being bullied by affluent stakeholders. It's time to speak up.

### Class Warfare

Proponents of eliminating EIPH treatment assert that European horses do not race on medication, are tougher and bleed less. If number of starts is a metric for toughness, then according to the Irish Jockey Club their Thoroughbreds average 3.8 starts per year on the flat. American based Thoroughbreds achieve an average of 6.1 starts annually.

As for medication European horses need help just like any other region. Even one of Queen Elizabeth's horses recently tested positive for an illegal drug given to prevent hemorrhaging. "The substance concerned was administered by my vet entirely in the interests of the horse's welfare, which is always paramount," said the Queen's trainer.

An argument exists that foreign horses experience less EIPH. However, the counting mechanism differs between continents. Some foreign jurisdictions tally epistaxis (nose bleeds originating from lungs) whereas American veterinarians use endoscopic exams to detect trace blood internally. Epistaxis rates are low (less than 2%) and arguably consistent between continents. Yet, those opposed to race day medication harp that foreign Thoroughbreds bleed less. That logic is akin to comparing apples to hubcaps.

An Irish Turf Club representative mentions that USA bloodstock appears tainted by medication. Yet, top Irish stallions are by American sires. Sadler's Wells was born in the United States and sired by Northern Dancer. Urban Sea, the dam of Irish super-stud Galileo, was herself sired by Miswaki – a U.S.-based stallion. Coolmore has a substantial business

selling Americanized bloodlines in two hemispheres. So the bashing of American bloodstock doesn't make sense.

A landmark study was performed in South Africa regarding EIPH treatment. It employs methods heralded as the gold standard. The study concludes after analysis of 322 Thoroughbred performances that "pre-race administration of furosemide decreased the incidence and severity of EIPH."

Furthermore, the American Association of Equine Practitioners (AAEP) "supports the use of furosemide as a day-of-the-race medication to control EIPH."

Yet, despite sophisticated studies and expert veterinary opinion leading executives within racing want to ban furosemide. The logic is mortifying. The issue is shaping up as a trial without jury, with The Jockey Club, RCI and Breeders' Cup leading the lynch mob out to kill the legal use of race day medication.

This rhetoric is stimulated because swanky American breeders aren't selling many million-dollar yearlings. This is due to a weak global economy. Moreover, demand for American bloodstock is dull because foreign buyers scarfed-up the best American horses over several decades. The result is a self-sustaining breeding colony based internationally. American breeders "sold-out" and now some want to pout about it.

There are Breeders' Cup (BC) implications, too. It's reported that only 2% of international horses are eligible for BC events. To date the total number of BC starters from Europe is 414 (16%). While these horses add a dynamic to the event, a question is: Should medication rules change to accommodate the minority? If you participate in BC events, then decide yourself upon using approved race day medication. Much like the connections of champion Goldikova have.

But our racing executives see Europe as the mother lode. Increased stallion nominations and entries from Europe and Asia may revitalize BC revenue. Also racing execs want to tap overseas gambling pools. Ostensibly more international BC entries will stimulate global gaming income. It's a case of salesmanship and follow the money.

The issue is complex but plain answers are found by talking to folks in the trenches – like trainers at Belmont Park. One says he receives regular calls from Europe to train horses because they bleed. Another dreads that without race day furosemide the backstretch will become the Wild West where unproven drugs and weird herbs will be explored. Trainers wonder that since furosemide is legal, safe, and testable why take it away?

What happens in societies where raceday medication for EIPH is banned? Look in the back section of your favorite racing magazine and see. Billionaires garner the limelight. Is this a consequence of so-called medication-free racing?

An endearing aspect of American racing is that a cowboy can win the Kentucky Derby with a gelding. Also, an \$11,000 filly may earn another Eclipse Award – perhaps that is just Blind Luck. American racing is about dreaming and equal opportunity.

In summary, the primary question regarding race day medication should be what is best for

the health and welfare of racehorses. Thus far, medical evidence and common sense supports the continued legal use of race day anti-bleeder medication.

Perhaps The Jockey Club, Breeders' Cup, and RCI will attempt to ban medication in the workplace, too. All this gives me a headache. I am going to take an aspirin.

Tags: [Breeders' Cup](#), [The Jockey Club](#), [RCI](#), [furosemide](#), [Steve Montemarano](#), [lasix](#), [EIPH](#), [exercise induced pulmonary hemorrhage](#)

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## **Horsemen favor harsh penalties for some drug violations**

Posted: Tuesday, July 26, 2011 11:33 AM

**by Frank Angst**

When Association of Racing Commissioners International committees meet in Saratoga Springs on Tuesday, the nation's largest horsemen's group will call for harsh penalties for the most severe violations.

At the conclusion of its summer convention last weekend in Seattle, the National Horsemen's Benevolent and Protective Association's board of directors advocated the "strictest penalties," for drug violations involving pharmacologically significant concentrations of RCI Class I or Class II substances.

RCI creates model rules that regulators in racing states are encouraged to adopt. In its classification of illegal substances, Class I and Class II substances generally carry the harshest penalties. Class I substances have the highest potential to affect a horse's performance—boost or suppress, and have no medical use in the horse; while Class II substances have a high potential to affect performance and are not generally accepted as therapeutic.

The HBPA Board will support this initiative on Tuesday at meetings of the RCI Drug Testing and Standards Committee and the Model Rules Committee. Ohio HBPA Executive Director Dave Basler will represent the National HBPA at the meetings. Florida HBPA Executive Director and NHBPA Medication Committee Chairman Kent Stirling advocate the same position at the Racing Medication and Testing Consortium (RMTC) meeting on August 4.

The horsemen generally favor the harsher punishments, but said suspected violators must receive full due process rights, testing facilities must be accredited to uniform standards, and that scientific evidence must back the addition of any substances to the list of Class I and Class II substances.

"I believe that the public positions taken by our Board send the message out that while we and industry regulators may still have work to do on how we regulate and penalize horsemen with regard to the use of legitimate therapeutic medications, we are very much united with regulators on passing even tougher penalties for those found guilty of using substances that we all agree don't belong anywhere near a horse—the performance enhancing, non-therapeutic RCI Class I and II listed substances," National HBPA President Joe Santanna said on July 24.

Horsemen said it was important to remember that the vast majority of trainers have never used such performance-enhancing drugs. Based on RCI data, the National HBPA said 99.5% of horses tested are in compliance with existing scientific standards and 98% of 6,000 licensed trainers never have had a Class I or Class II violation.

Federal legislation was proposed earlier this year targeted at drugs and medications in racing. RCI President Ed Martin agreed with the horsemen that the sport often is treated unfairly on such issues. The RCI Board will meet on Wednesday in Saratoga Springs.

“The story being told in the non-racing media, that racing has a drug epidemic, is not accurate to the sport and does everyone who works in it a disservice,” Martin said. “We do have the most aggressive drug testing program of any sport testing for more substances at deeper levels.”

Also at the convention, the National HBPA presented its Industry Service Award to Arkansas HBPA President and National HBPA Secretary-Treasurer and past president Bill Walmsley. Walmsley’s selfless dedication, efforts, and wise counsel to the National HBPA over the last two decades have been instrumental.

*Frank Angst is senior writer of Thoroughbred Times.*

## Horsemen call for more research before Salix policy decisions

Posted: Friday, July 22, 2011 7:02 PM

by Frank Angst

Presenters during a morning session at the National Horsemen's Benevolent and Protective Association summer convention Friday in Seattle called for more research before industry leaders make any dramatic changes to race-day Salix rules.

Industry leaders applauded regulators earlier this year when they set a goal of eliminating race-day medications, specifically Salix (furosemide, often referred to as Lasix), within the next five years. Breeders' Cup World Championships will not allow race-day Salix at its 2013 event after prohibiting it in juvenile races next year.

Going against that tide, horsemen called for a more methodical approach, suggesting scientific studies show race-day Salix is the most effective method in preventing bleeding in horses, Exercise-Induced Pulmonary Hemorrhage (EIPH). They said Salix opponents have not offered compelling reasons, backed by scientific study, to end its use in U.S. racing.

Thomas Tobin, D.V.M. and Ph.D. in pharmacology, said racing could see the number of EIPH-related sudden deaths on the track skyrocket if race-day Salix is banned in the U.S.

He presented numbers from Bill Heller's 2002 book *Run Baby Run* that suggest the most severe cases of EIPH, where blood is visible from the nostrils, declined from about 60 a year when the New York Racing Association did not allow Salix to 11.6 a year when it was allowed, beginning in the mid-1990s.

He added that New York horsemen typically shipped horses they considered bleeders to other racing jurisdictions. Without such options, he believes the increased severe instances of EIPH numbers could have been even more dramatic. He fears racing will see similar spikes of severe cases on the track if Salix is banned in the U.S.

"We respectfully submit that it is unethical and improper to withhold medication that protects the lives of horses and riders," Tobin said. "Salix has no significant adverse effects."

Don Shields, D.V.M., a veterinarian based in Southern California, recapped ideas presented at the International Summit on Race-day Medication, EIPH, and the Racehorse conducted in June at Belmont Park. He said horsemen are not receiving fair consideration in the current Salix debate.

"I got involved in this because of the groundswell of what's happening in our industry. When our industry is down, it seems like different groups foist their opinions on us rather than have us all work together," Shields said. "It's just heartbreaking to see."

Paul Morley, D.V.M., Ph.D., provided added insight into a study conducted in South Africa on the efficacy of Salix at preventing EIPH. Its 2009 published results determined Salix is effective at reducing instances and severity of EIPH. Morley was one of three doctors who oversaw the study.

"I'm not a policy maker, I'm a scientist," Morley said. "Things I talk about that are needed for the racing industry are from the perspective of a scientist."

Morley has been troubled by some arguments against Salix that he said do not have any scientific foundation. He said suggestions that the diuretic weakens bones are not true.

He said after 40 years of using Salix, the study's results, for the first time, conclusively showed it is an effective EIPH treatment. Morley has been surprised by the recent push to end its use in the U.S.

"After showing efficacy, we didn't think we'd be talking about banning it. My question, as a scientist, is that I don't think it follows," Morley said. "From a scientist's perspective, it doesn't follow."

*Frank Angst is senior writer of Thoroughbred Times*



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06/24/2011 4:24 PM

## Outlawing Lasix won't stop the bleeding

### Top left position photo:

Photo

Reasonable people can disagree about whether the raceday administration of Lasix should be continued, modified or phased out in American racing, but two aspects of the current debate about it simply don't pass the smell test.

The first is the proposition that Lasix is a major issue in the declining popularity of the sport and a significant factor in the industry's current business woes. The oft-repeated narrative is that lifelong horseplayers are suddenly so troubled by Lasix, decades after its introduction, that they are deserting the game, and that newcomers who would otherwise be filling the grandstands are staying home because they are so repelled by it.

No sale. Of course if you poll civilians about whether racing (or water polo, or your local crafts fair) would be better off without "performance-enhancing" drugs, they will answer in the affirmative. From personal experience, however, I see no evidence that this translates to Lasix keeping anyone away from racing. Over the last decade, I have conducted over 100 question-and-answer seminars with tens of thousands of fans and players at tracks and betting parlors across the country. The next one I meet who thinks Lasix is a major issue, or a reason not to play the races, will be the first. Customers are not shy about voicing numerous complaints about the game, but in my experience Lasix is not even on their radar.

They care about illegal drugs and whether the game is on the level, but this has no connection whatsoever to raceday Lasix shots, at least until the general news media swoops in and muddles these entirely separate matters. The dispensation of Lasix is one of the very few things in racing that seems to work pretty well and without controversy or suggestions of impropriety. The public is reliably informed which horses (i.e., just about all of them) are getting it, and which ones are getting it for the first time. There are plenty of things that horseplayers are justifiably disgruntled about – high takeout, unappealing races, poor technology, subpar facilities – but raceday Lasix never turns up on the long list of customer complaints.

The whole issue of whether Lasix can mask other drugs was a valid concern a generation ago – perhaps the best reason to oppose its use – but from all veterinary accounts this is

now a non-issue. The vastly increased precision of testing, and a greater reliance on plasma rather than urine tests, has made this a moot point.

There are other reasons to be skeptical about whether it has been a beneficial addition to the sport, such as its possible long-term effect on breeding stock and whether the United States should be so out of sync with other major racing jurisdictions. Customer acquisition and retention, however, are not among them.

The other part of the debate that rings hollow is the disconnect between the words and deeds of some of the most forceful opponents of Lasix – a group of high-minded owners and breeders who say it is detrimental to racing and horses and that the feds must be called in to stop it. The problem is that every one of them continues to give Lasix to their own horses, saying it is unreasonable for them to fight the battles of the turf with one hand tied behind their backs. They say they will continue to give all of their own horses Lasix until the day it is banned because they don't want to give up a competitive advantage.

If this issue ever makes it to the level of Congressional inquiry, racing will be laughed out of the hearing rooms. Those who race their horses on Lasix while decrying its use will unfairly but understandably be perceived as hypocrites whose sense of morality and animal welfare ends the moment it interferes with their personal pursuit of trophies and purses. Those who opine that Lasix is terrible for racing and its horses would have a lot more credibility if they stopped using it tomorrow instead of advocating positions they refuse to adopt for their own horses.

It also would be a lot easier to accept the supposed scorn of the international racing community if a single one of the powerful international stables that sends horses to the Triple Crown and the Breeders' Cup declined to use Lasix as a matter of principle once they get here. Instead, virtually all of them use it while continuing to criticize American racing for allowing them to do so.

If you think racing has an image problem now, just wait until these advocates go to Capitol Hill and tell legislators that Lasix must be banned to save racing and that there are better ways to treat pulmonary bleeding – but that they refuse to ban it within their own stables or even try to embrace any of these supposedly superior treatments.

Columnists

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## Nicky Henderson tells vets' inquiry 'plenty' used banned drug

- Trainer says he was unaware substance was illegal
- Horse was injected before Huntingdon race in 2009

Greg Wood  
guardian.co.uk, Tuesday 15 February 2011 14:42 EST

A horse | smalls



Nicky Henderson gave evidence today at a hearing into the conduct of a vet in his yard. Photograph: Alan Crowhurst/Getty Images

Nicky Henderson, who was banned from making entries for three months in 2009 after one of his horses tested positive for tranexamic acid, has told a hearing at the Royal College of Veterinary Surgeons that "plenty of trainers" were using the banned blood-clotting agent at the time.

Henderson, one of the most senior and successful trainers in the Lambourn area, was giving evidence at a disciplinary hearing of James Main, the vet who injected Moonlit Path, a six-year-old mare owned by the Queen, with tranexamic acid a few hours before she was due to contest a race at Huntingdon in February 2009. Main has admitted injecting Moonlit Path, but denies that he knew, or ought to have known, that this was against the Rules of Racing.

Henderson told the hearing that at the time of the Huntingdon race he was unaware that tranexamic acid, which can aid the recovery of horses who have suffered from bleeding in the lungs, was a banned substance. Asked by Kieran Coonan QC, representing Main, whether he knew of other trainers using the same substance, Henderson said: "I do now." He added: "I didn't before that, but I do now because of the amount of trainers who came up to me after the case and said 'I'm not using it any more'." Coonan continued: "The inference being?" Henderson replied: "That there were plenty of trainers who were using it."

Henderson also told the hearing that while he was unaware that it was against the Rules of Racing to give a horse anything but normal feed and water on the day of a race, "someone was aware of the fact that it shouldn't have been done on the day" because the injection was not listed in the yard's records.

He suggested that this might have been Tom Symonds, his assistant trainer, who did not give evidence to the BHA hearing into the case, but is expected to appear before the RCVS panel later this week.

Henderson said in evidence yesterday that he first realised that TA was a banned substance when he received a letter from the BHA informing him of the positive test. "I was very surprised," he said. "I didn't think we had administered anything terribly illegal and the horse [which finished sixth] had not exactly won the race. I was a bit disappointed with the whole scenario. I couldn't believe it was going to lead to what it has led to. The horse hadn't won, so it couldn't be disqualified."

The hearing heard extracts from transcripts of both the British Horseracing Authority's hearing into the case, which Main refused to attend, and an interview between Henderson and BHA investigators shortly after the positive test had been confirmed.

The RCVS's disciplinary committee heard that Henderson had told the BHA in the summer of 2009 "all I wanted [Moonlit Path] to do [at Huntingdon] was to have a nice time". He also told the Authority's investigators that he was "not aware that it [TA] was detectable", and that "no one ever said to me, Christ, you mustn't use this."

He added that he had "absolutely no motive" to try to improve Moonlit Path's performance at Huntingdon.

"It was the first run of her life at the age of six," Henderson said. "She had shown no natural ability at home and I would have been delighted if she had just completed.

"We start nearly all of our horses in bumpers, which are two-mile flat races for horses that have not run before, and the one simple reason that she hadn't run in a bumper was that she was too slow. So we found her a nice mares-only race over two-and-a-half miles at Huntingdon, and we had another in the race ridden by our first jockey. There was simply not a great deal of incentive for me to want her to go faster."

Henderson told the hearing that in his opinion, Main "is a very good vet", and agreed with Coonan that Main had never suggested that he should do anything to "get around the rules wrongly".

The one issue about the affair that still upsets him, he said, is the use of the word "doping" in connection with the events.

"That really upsets me," Henderson said. "The horse was not doped. She was given a drug for her own benefit."

Henderson was discharged as a witness at the close of Tuesday's proceedings. The hearing is due to continue on Wednesday.

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