

LEGISLATION TO PROMOTE THE HEALTH AND SAFETY OF RACEHORSES

HEARING BEFORE THE SUBCOMMITTEE ON CONSUMER PROTECTION AND COMMERCE OF THE COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES ONE HUNDRED SIXTEENTH CONGRESS

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¹ The information has been retained in committee files and also is available at <https://docs.house.gov/meetings/IF/IF17/20200128/110418/HHRG-116-IF17-Wstate-IrbyM-20200128.pdf>.

² The information has been retained in committee files and also is available at <https://docs.house.gov/meetings/IF/IF17/20200128/110418/HHRG-116-IF17-Wstate-MartinE-20200128.pdf>.

³ The information has been retained in committee files and also is available at <https://docs.house.gov/meetings/IF/IF17/20200128/110418/BILLS-1161754ih.pdf>.

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⁴The information has been retained in committee files and also is available at <https://docs.house.gov/meetings/IF/IF17/20200128/110418/HHRG-116-IF17-20200128-SD004.pdf>.

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LEGISLATION TO PROMOTE THE HEALTH AND SAFETY OF RACEHORSES

TUESDAY, JANUARY 28, 2020

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

The subcommittee met, pursuant to call, at 10:31 a.m., in room 2322, Rayburn House Office Building, Hon. Jan Schakowsky (chairwoman of the subcommittee) presiding.

Present: Representatives Schakowsky, Castor, Veasey, Kelly, O'Halleran, Cardenas, Blunt Rochester, Soto, McNerney, Dingell, Pallone (ex officio), Rodgers (subcommittee ranking member), Burgess, Latta, Guthrie, Hudson, Carter, Gianforte, and Walden (ex officio).

Also present: Representative Tonko.

Staff Present: Evan Gilbert, Deputy Press Secretary; Lisa Goldman, Senior Counsel; Waverly Gordon, Deputy Chief Counsel; Daniel Greene, Professional Staff Member; Tiffany Guarascio, Deputy Staff Director; Alex Hoehn-Saric, Chief Counsel, Communications and Consumer Protection; Zach Kahan, Outreach and Member Service Coordinator; Joe Orlando, Staff Assistant; Alivia Roberts, Press Assistant; Tim Robinson, Chief Counsel, Chloe Rodriguez, Policy Analyst; Rebecca Tomilchik, Staff Assistant; Mike Bloomquist, Minority Staff Director; Jordan Davis, Minority Senior Advisor; Tyler Greenberg, Minority Staff Assistant; Bijan Koohmaraie, Minority Deputy Chief Counsel, Consumer Protection and Commerce; Tim Kurth, Minority Chief Counsel, Consumer Protection and Commerce; and Brannon Rains, Minority Legislative Clerk.

Ms. SCHAKOWSKY. The Subcommittee on Consumer Protection and Commerce will now come to order.

The Chair will now recognize herself for 5 minutes for opening statements.

OPENING STATEMENT OF HON. JAN SCHAKOWSKY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

So today's hearing is to discuss H.R. 1754, the Horseracing Integrity Act. This bill is vital for the health of equine animals, jockeys, and horseracing itself. The protection of animals overall and horseracing and horses in particular is very important in my district. I hear—my office has received literally thousands of letters in support of horse welfare in recent years.

I was the proud owner of a Thoroughbred who actually never won at the track but was always very good to me. There is an urgent and desperate need for this legislation. Last year, 38 horses died at Santa Anita, at Santa Anita Park alone. In the final race of the season, the horse Mongo—Mongo Groom died just 200 yards from the finish line. Earlier this month, two racehorses were euthanized on the same day at Harrah's Louisiana Downs. Frankly, one death is too many, but the inexcusable fact is that we can do more to prevent these deaths.

Patchwork oversight, and spotty regulation means horses are often treated with drugs designed to enhance their performance without concern for their health. Jockeys face real danger as well. And we are so happy to have Hall of Fame jockey Chris McCarron who is here today. Because doped horses are more likely to fall and injure themselves, riders risk serious injury as well.

The lack of uniform regulation and supervision means State commissions allow parties to play by their own rules. Too often, they are at the expense of the horse.

Horseracing is a historical sport, but it faces rapid decline if these problems persist. The continuation of avoidable racehorse deaths will erode confidence in every facet of the sport.

[The prepared statement of Ms. Schakowsky follows:]

PREPARED STATEMENT OF HON. JAN SCHAKOWSKY

Good morning, thank you all for being here with us.

Today's hearing is to discuss H.R. 1754, the Horseracing Integrity Act. This bill is vital for the health of equine athletes, jockeys, and horseracing itself.

The protection of animals over all, and horses, in particular, is very important in my district; my office has received thousands of letters in support of horse welfare in recent years.

I was the owner of a thoroughbred who never won on the track, but was always good to me.

There is an urgent and desperate need for this legislation. Last year 38 horses died at Santa Anita Park alone. In the final race of the season, the horse Mongolian Groom died just 200 yards from the finish line.

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Frankly, one death is too many. But the inexcusable fact is that we can do more to prevent these deaths.

Patchwork oversight and spotty regulation mean horses are often treated with drugs designed to enhance their performance without concerns for the health risks. Jockeys face a real danger as well and we're so happy to have Hall of Fame jockey, Chris McCarron with us today. Because doped horses are more likely to fall and injure themselves, riders risk serious injury.

The lack of uniform regulation and supervision means state commissions allow parties to play by their own rules-too, often at the expense of the horse.

Horseracing is a historical sport, but it faces a rapid decline if this persists. The continuation of avoidable racehorse deaths will erode confidence in every facet of this sport.

Thank you, and I yield the balance of my time to Congressman Tonko.

So I want to yield the balance of my time to the sponsor of the legislation, and that is Congressman Paul Tonko.

Mr. TONKO. Well, thank you, Madam Chair.

And thank you and Chairman Pallone and our friends across the aisle for hosting today's hearing which is incredibly important to the future of this industry. I am pleased that we are holding this hearing today to learn about the Horseracing Integrity Act and

how we can ensure that the sport of kings continues to thrive well into the future.

This is an issue near and dear to my heart as I represent the Nation's oldest track in operation, the Saratoga Race Course, which has long been steeped in the storied tradition of this sport. Today, we find ourselves at an inflection point with regard to the future of horseracing. High-profile horse deaths at Santa Anita and around the country have tainted the sport in the eyes of the public and have called into question the future viability of horseracing in the United States.

Those who love the sport are forced to choose between two paths as we move forward. The path of least resistance would be to do nothing. By ignoring the criticism and continuing with business as usual, we would be accepting a steady decline as the new normal, tragedies would mount, and the sport would continue to lose credibility with the American public. Some States would likely take the drastic step of eliminating horseracing altogether.

Alternatively, the horseracing industry could choose the more difficult path of action. This path of reform would require introspection and some disruption of the status quo for those in the industry, but at the end of the day, the sport would emerge stronger and poised for continued success in the decades to come.

Today, we will take that first step on the path of action, and I thank our witnesses for adding their voices to this important conversation. By advancing the Horseracing Integrity Act and placing the majestic equine athletes front and center, we can truly capture the imagination of the Nation and the sport of horseracing can thrive and grow with time. Let's make 2020 a year of action and get the Horseracing Integrity Act across the finish line.

With that, I yield back, Madam Chair, the balance of my time.

Ms. SCHAKOWSKY. And I yield back my time.

And the Chair now recognizes Mrs. Rodgers, the ranking member, for the subcommittee for her 5-minute opening statement.

**OPENING STATEMENT OF HON. CATHY McMORRIS RODGERS,
A REPRESENTATIVE IN CONGRESS FROM THE STATE OF
WASHINGTON**

Mrs. RODGERS. Thank you, Madam Chair.

Good morning, and welcome everyone to the Consumer Protection and Commerce Subcommittee legislative hearing. Today we will focus on H.R. 1754, the Horseracing Integrity Act of 2019.

Horses hold an important place in our shared culture and history, and the industry contributes immensely to local communities across the country. This is a tough issue and one that your industry is very passionate about. I appreciate the panel being here today to help us better understand H.R. 1754 and how it will impact the industry.

I would like to raise the majority's decision to prevent Representative Andy Barr from providing an opening statement. Last Congress, when the Republicans were in the majority, we held a hearing on this legislation. We extended both Mr. Barr and Mr. Tonko the courtesy of providing opening statements on their own member panel because of their leadership on the issue. During other legislative hearings this Congress, off-committee members have been af-

forded the opportunity to testify on the bills they are leading on. Unfortunately, that courtesy was not extended today.

I would like to use the remainder of my time to read the following statement prepared by Mr. Barr.

Nothing is more synonymous with the commonwealth of Kentucky than Thoroughbred breeding and horseracing, which includes the horse capital of the world. Lexington, Kentucky, is surrounded by more than 400 horse farms, and Keeneland hosts many notable races, including the Toyota Bluegrass Stakes and the Breeders Cup, which will be held again at the racetrack this fall.

With the privilege of representing this unique industry comes to the responsibility of fighting for its future. However, this sport is not solely relevant to those States that are home to the Triple Crown races, like Kentucky, Maryland, and New York. Horseracing is very much a national sport.

The horse industry contributes approximately \$50 billion in direct economic impact to the United States economy and has the direct employment impact of nearly a million jobs; 988,394. Therefore, advocating for this industry requires more than celebrating its proud heritage.

Currently regulated by 38 separate jurisdictions, the horseracing industry labors under a patchwork of conflicting and inconsistent State-based rules governing prohibited substances, lab accreditation, testing, and penalties for violations. This lack of uniformity has impeded interstate commerce, compromised the international competitiveness of the industry, and undermined public confidence in the integrity of the sport.

The Horseracing Integrity Act would remedy these problems by authorizing the creation of a nongovernmental, anti-doping authority, governed by representatives of all major constituencies of the industry and responsible for implementing a national uniform medication program for the entire horseracing industry. A national uniform medication program is not about creating more bureaucracy or regulation. Rather, it is about streamlining the current regulatory structure to ensure the safety of our athletes.

The most recent draft of the Horseracing Integrity Act was developed through a highly deliberative and bipartisan process and took into consideration a diversity of perspectives from all parts of the industry. The result is support from a majority of members of the House. We must build on the momentum in Congress and the industry as a whole to ensure the safety of our athletes and increase the popularity, public confidence, and international competitiveness of the sport.

I would like to offer Mr. Barr's full written statement for the record.

Thank you and I yield back.

[The prepared statement of Mrs. Rodgers follows:]

PREPARED STATEMENT OF HON. CATHY McMORRIS RODGERS

Good morning and welcome to the Consumer Protection and Commerce Subcommittee legislative hearing. Today we will focus on H.R. 1754, the "Horseracing Integrity Act of 2019."

Horses hold an important place in our shared culture and history, and the industry contributes immensely to local communities across the country.

This is a tough issue and one that your industry is very passionate about.

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During other legislative hearings this Congress, off-committee Members have been afforded the opportunity to testify on bills they are leading on.

Unfortunately, the Majority has decided not to extend that same courtesy today. I'd like to use the remainder of my time to read the following statement prepared by Mr. Barr.

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I'd like to offer Mr. Barr's full written statement for the record.

Thank you and I yield back.

Ms. SCHAKOWSKY. The gentlewoman yields back.

And now I recognize the chairman of the full committee, Mr. Pallone, for 5 minutes.

OPENING STATEMENT OF HON. FRANK PALLONE, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. PALLONE. Thank you, Madam Chairwoman.

New Jersey has always had a special relationship with horses. Our State symbol includes the head of a horse, representing speed and strength, and our official State animal is the horse. It is a small State geographically, but surprisingly to some, the home of tens of thousands of horses. About a decade ago, the Rutgers Equine Science Center found that the horse industry in New Jersey

was responsible for \$1.1 billion in economic impact and generated about 13,000 jobs.

And horseracing is also a popular sport across the United States. In 2016, there were more than 46,000 Thoroughbred and Quarter Horse races and more than 38,000 harness races held throughout the Nation. Wagers on thoroughbred races is a good indicator of the public interest in the sport, near \$12 billion in 2018, marking the fourth consecutive year of steady increases. More than 30 percent of U.S. households claim a horse enthusiast who watches or participates in horse events.

And the success of the sport rides on the health of its star athletes, the horses and the jockeys. A recent wave of deaths at California's Santa Anita Park has put renewed focus on the dangers of the sport. Tragically, 56 horses suffered fatal injuries at the track between July of 2018 and November of last year, and five horses have already died at Santa Anita this year.

And when a horse suffers a catastrophic injury, the jockey's health and welfare are also at stake. According to a study published in the Orthopedic Journal of Sports Medicine, the most common cause of jockey falls is a catastrophic injury or sudden death of the horse. And over half of all falls result in jockey injuries.

Today we will be exploring ways to protect horses from injury and improve the general health of horses, from examining the effect of track conditions, reducing the risk of injury, and the best use of medications.

We should also be able to agree that the welfare of the racehorses is of the utmost importance and that the sport should be safe. I am committed to working with all stakeholders to promote the health and safety of horses and jockeys, and I know that the horseracing industry is continuing to actively work on proposals to further that aim.

Now, thanks to the diverse panel of witnesses—we have a diverse panel today, and I want to thank all of you for being here—I am optimistic we can work together to build the consensus approach that protects horses, preserves the integrity of the sport, and maintains a level playing field.

And I have to particularly welcome my friend, Dennis Drazin, who is the chairman and CEO of Darby Development, which operates Monmouth Park Racetrack in my district. It is not just in my district; it is literally walking distance from my congressional office and from the home where I grew up.

Monmouth Park dates back to 1870 and hosts Thoroughbred racing, including the prestigious Haskell Invitational. I am very proud to have the track in my district, and I have to say that I have known Dennis and I knew his parents since I was a child. So thank you, Dennis, for being here and for all you do at Monmouth Park.

And I yield back, Madam Chair.

[The prepared statement of Chairman Pallone follows:]

PREPARED STATEMENT OF HON. FRANK PALLONE, JR.

New Jersey has always had a special relationship with horses. Our state symbol includes a head of a horse, representing speed and strength. And our official state animal is the horse. It's a small state geographically but, surprisingly to some, the home of tens of thousands of horses. About a decade ago, the Rutgers Equine

Science Center found that the horse industry in New Jersey was responsible for \$1.1 billion in economic impact and generated about 13,000 jobs.

Horseracing is also a popular sport here in the United States. In 2016, there were more than 46,000 thoroughbred and quarter horse races and more than 38,000 harness races held throughout the nation. Wagers on thoroughbred races—a good indicator of the public interest in the sport—neared \$12 billion in 2018, marking the fourth consecutive year of steady increases. More than 30 percent of U.S. households claim a horse enthusiast who watches or participates in horse events.

That popularity has a positive impact on the U.S. economy. According to the American Horse Council, the horseracing sector generates \$15.6 billion of economic activity nationally every year, helping support almost 250,000 jobs. And with 38 racing jurisdictions in the United States, that's an economic impact that reverberates across the country.

The success of the sport rides on the health of its star athletes—horses and jockeys. A recent wave of deaths at California's Santa Anita Park has put renewed focus on the dangers of the sport. Tragically, 56 horses suffered fatal injuries at the track between July of 2018 and November of 2019. Five horses have already died at Santa Anita this year.

When a horse suffers a catastrophic injury, the jockey's health and welfare is also at stake. According to a study published in the *Orthopedic Journal of Sports Medicine*, the most common cause of jockey falls is a catastrophic injury or sudden death of the horse. And over half of all falls result in a jockey injury.

Today, we will be exploring ways to protect horses from injury and improve the general health of horses—from examining the effect of track conditions, reducing the risk of injury, and the best use of medications.

We should all be able to agree that the welfare of the racehorses is of the utmost importance and that the sport should be safe. I am committed to working with all stakeholders to promote the health and safety of horses and jockeys. I am pleased to hear that the horseracing industry is continuing to actively work on proposals to further that aim.

Thanks to the diverse panel of witnesses for testifying. I am optimistic we can all work together to build a consensus approach that protects horses, preserves the integrity of the sport, and maintains a level playing field.

I would particularly like to welcome Dennis Drazin, the Chairman and CEO of Darby Development, which operates Monmouth Park Racetrack in my district. Monmouth Park dates back to 1870 and hosts thoroughbred racing, including the prestigious Haskell Invitational. I'm proud to have the track in the district.

Thank you, I look forward to the discussion and I yield back.

Ms. SCHAKOWSKY. The gentleman yields back.

And I would like to remind all Members that pursuant to committee rules, all Members' written opening statements shall be made part of the record.

And now it is my pleasure to introduce and first thank all of the witnesses who are here. And, first, let me introduce Mr. Marty Irby, who is executive director of Animal Welfare Action. Next is Mr. Edward Martin, who is the president and CEO of the Association of Racing Commissioners International, Inc. Next, we have Mr. William Lear, Jr., vice chair of The Jockey Club. Next we have Dr. Kathleen Anderson, who is an equine veterinarian. Next, is Mr. Joseph De Francis, chairman of the national—what is it? Does that say horseracing? Yes, OK. Sorry—Dr. Joseph De Francis, chairman of the National Horseracing Advisory Council of the Humane Society of the United States. We welcome you. And, finally, Mr. Christopher McCarron—is that the—no, it is not the last—Mr. McCarron, Hall of Fame jockey.

And—where is the last? There you are. Mr. Dennis Drazin. Am I saying that right?

Mr. DRAZIN. Yes.

Ms. SCHAKOWSKY. OK. Mr. Dennis Drazin, who is chair and CEO of Darby Development, which is the operator of Monmouth Park Racetrack.

So I want to call your attention to the lights that are in front of you. Each of you will get 5 minutes. In front of you is a series of lights. The lights will initially be green at the start of your opening statement. Then there will be a yellow when you have 1-minute remaining, and finally, it will turn red, and at that point, we hope that you will be finishing. So I would recommend when it turns yellow, you start summarizing and ending your testimony.

So we are going to begin with Mr. Irby, and you are recognized for 5 minutes.

STATEMENTS OF MARTY IRBY, EXECUTIVE DIRECTOR, ANIMAL WELLNESS ACTION; EDWARD J. MARTIN, PRESIDENT AND CEO, ASSOCIATION OF RACING COMMISSIONERS INTERNATIONAL, INC.; WILLIAM M. LEAR, JR., VICE CHAIRMAN, THE JOCKEY CLUB; DR. KATHLEEN M. ANDERSON, EQUINE VETERINARIAN; JOSEPH A. DE FRANCIS, CHAIRMAN NATIONAL HORSERACING ADVISORY COUNCIL OF THE HUMANE SOCIETY OF THE UNITED STATES; CHRISTOPHER J. MCCARRON, HALL OF FAME JOCKEY, RETIRED; AND DENNIS A. DRAZIN, CHAIRMAN AND CEO, DARBY DEVELOPMENT, OPERATOR, MONMOUTH PARK RACETRACK

STATEMENT OF MARTY IRBY

Mr. IRBY. Good morning, ladies and gentlemen and members of the committee. I want to thank Chair Schakowsky and Ranking Member McMorris Rodgers and Chair Pallone for conducting this hearing, and thank Representatives Tonko and Barr for their leadership on the Horseracing Integrity Act. My name is Marty Irby, and I am the executive director of Animal Wellness Action in Washington, DC.

First, I want to underscore that we do not oppose horseracing. We join with many horse owners, breeders, and trainers in speaking out on the broader topic of horse protection within the equine industry. We are deeply concerned about on- and off-track risks for horses, including catastrophic injuries, sustained during racing.

America was built on the backs of horses, and they have always played a central role in the economy and culture of the United States. We owe them a debt of gratitude, and the very least we must do is ensure their safety and protection.

Horses are dying at alarming rates on racetracks across the U.S., posing a serious welfare problem. 2019 was a tragic year in U.S. horseracing, and 2020 has begun in quite the same vein. This epidemic has gained nationwide attention and concern, and 42 horses have died at Santa Anita Park in California since December of 2018.

The rampant doping, along with the absence of a national regulatory body, pose unacceptable health risks to horses. Horses that need to be trained to race under the influence of any performance-enhancing or pain-masking drug should not be doing so and should be resting instead.

As a lifelong horseman, I have spent the vast majority of my life in the presence of horses and most of the past decade working to protect them. I understand their biology, their social characteris-

tics, behaviors, and instincts, and I believe that horses are born to run.

Equine behavior is best understood from the view that they as prey animals, horses are uniquely sensitive, and their first reaction to a threat is often to flee. But humans domesticated horses thousands of years ago, and more athletic breeds were selected for traits such as speed, agility, alertness, and endurance, building on natural qualities from their wild ancestors. These are the same traits carried today by the horses we see in racing competition, traits that predispose them to inherent vulnerabilities when overworked, resulting in painful and often permanent injuries. Simply masking pain or injury for benefit for human exploitation and capital gain has created an equine welfare crisis within the racing community and public domain alike.

For the past five years, I have worked in concert with the Coalition for Horseracing Integrity to advance the Horseracing Integrity Act in order to bring a higher standard of care and safety for the horses and save equine lives.

Today, horseracing operates under a vulcanized patchwork of rules that creates confusion and risk and contains gaps in enforcement. H.R. 1754 would greatly improve regulatory standards, ban the use of all medications on race day, and level the playing field for everyone invested in horseracing.

The bill designates the U.S. Anti-Doping Agency as the independent organization that would oversee and administer drug testing in U.S. horseracing. Delegating that authority for testing, oversight, and rulemaking to USADA is the cornerstone of this landmark legislation and a provision that is the most critical component for the protection of racehorses, along with the legislation's specific ban on race-day medication.

H.R. 1754 would provide USADA with the ability to impose penalties for cheating that apply nationwide, a lifetime ban for the most severe types of doping, and range of penalties for other serious medication violations.

Imagine if all 32 professional football stadiums in the U.S. had its own set of rules with variations from stadium to stadium. Well, that is the scenario that U.S. horseracing currently operates within. And if NFL players choose to dope themselves and take drugs, they are the ones who have made that decision. Unlike human athletes, horses have no voice and they have no choice. And that is why we are here today and why we must ensure they are properly protected.

That is—the public sentiment is rapidly shifting from a desire to end doping concerns about the very existence of the sport itself. Even Ferdinand, the winner of the 1986 Kentucky Derby, fell victim to the predatory industry of horse slaughter. If one of the Nation's most popular horses is prodded into a kill chute, then no horse is safe.

And it is vitally important for the protection of American racehorses that the full committee also advance H.R. 961, the Safeguard American Food Exports Act, led by Chair Schakowsky, that is set to be heard tomorrow before the Health Subcommittee.

The inability of the horse industry to better protect its equine and human athletes underscores the need for the Horseracing In-

tegrity Act to pass this year. If Congress fails to pass the Act and the obstructionists within the industry continue to hinder this legislation, then we may very well see those who demand horseracing be brought to an end prevail.

Our modern-day society will no longer tolerate abuse and horse deaths for the purposes of entertainment. This is not ancient Rome. This is 2020. There is no aspect of horseracing that should be more important than the protection, safety, and care of the horse.

I ask that the Horseracing Integrity Act be advanced to the House floor for a vote, and thank the Chair and members for their support on this issue. The way in which we treat the most vulnerable among us is a reflection of our character as a Nation and a society.

Thank you.

Ms. SCHAKOWSKY. Thank you. And thank you for keeping to the time.

Mr. Martin, you are now recognized for 5 minutes.

STATEMENT OF EDWARD J. MARTIN

Mr. MARTIN. Chairwoman Schakowsky, Ranking Member Rodgers, and esteemed members of the subcommittee, for 85 years, the Association of Racing Commissioners International has put forth policies to ensure the safety of horses and an honest, fair race. We wear the white hats and we are on the front line. Sometimes people listen, sometimes not. Thank you for listening.

The bill before you is focused on integrity and uniformity. We cannot support it for a variety of reasons, mostly because it does not address the real problem.

The biggest problem in horseracing is dead horses. And while State regulatory changes have helped, more needs to be done by everybody. At-risk horses must be kept off the track, and this cannot be done without identifying and monitoring them throughout their racing career. Efforts underway in the mid-Atlantic States are helping, but statutory limitations stand in the way of what should be happening everywhere.

The regulatory framework has a gaping hole: Horses that are not under the jurisdiction of a State commission. That must be closed, either by the government or by an NGO.

The existing breed registries, like The Jockey Club, are uniquely positioned as every State requires racehorses be registered with them. They can be the NGO authorities regulating the care, breeding, and management of horses before being entered in a race or brought to the track. That is the point at which they come under the jurisdiction of the States. As guardians of their breeds, it is not inconsistent for them to impose requirements to protect the health of these horses so that they are suitable to race.

Last summer, the ARCI board appealed to The Jockey Club to require the submission of all vet records, including medical diagnosis, treatments, and procedures, so their technology can identify horses in need of increased monitoring. We also proposed out-of-competition equine suitability testing and exams to red-flag horses so a track or regulatory vet would have the entire picture to determine whether the horse should be allowed to race.

Somebody needs to do this who has extensive equine welfare expertise, not the entity proposed in the bill. Congress can designate an agency or NGO to be empowered and require registration to do this, if the breed registries opt not to do this under the existing position—special position—they currently have uniformly in every racing State. Every day this is not done, another horse is potentially at risk.

The deaths in California underscore the crisis. Immediate and sweeping action is needed. It is not about the drugs; it is about what is going on with that horse and why they are being treated. You are not going to get to that by changing a drug rule here or who gets to make the doping rules there. That is why we believe this bill is inadequate.

An independent system to make rules, enforce them, and hear cases is already in place. You don't need to create a new one. You can achieve uniformity without creating a new bureaucracy by putting one sentence in statute to incorporate the ARCI model rules of racing by reference.

As to integrity, doping, and cheating, this is a concern of all sports. Some say our labs are not good. Others say they are too good because we detect minute levels of things in the environment. Well, you can't have it both ways. Our lab results are comparable with those of the WADA and USADA labs in human sports. Does that mean the labs catch everything? No. Lance Armstrong got past the WADA/USADA labs over 300 times before an informant pointed the way.

Cheaters exist. This bill is not going to change that. Please know that we are never satisfied and continually strive to do better, as the New York lab again proved last week when it was the first in equine or human sport worldwide to identify and confirm the use of an exotic blood and gene doping agent, IOX-2.

Finally, on Lasix. We do not believe equine medication policy should be politicized. The current policy was an industry welfare initiative over 30 years ago to safeguard horses from a condition known as EIPH. It helps the horses that need it; it doesn't hurt the horses that don't. This issue is again under review.

Last spring, our science advisers were unanimous in reporting that there is nothing linking Lasix to the breakdowns that are killing horses. Time spent on this is time that we are not spending on solving the real problem in developing a bill to close the regulatory gap I have mentioned. You can fix this, and we are here to help you.

Thank you for listening.

Ms. SCHAKOWSKY. Thank you, Mr. Martin.

Now I recognize Mr. Lear for his 5 minutes of testimony.

STATEMENT OF WILLIAM M. LEAR, JR.

Mr. LEAR. Thank you, Chair Schakowsky, Chairman Pallone, Congresswoman McMorris Rodgers, members of the committee, Mr. Tonko, Mr. Barr, my own Congressman whom I have known for many, many years. My name is Bill Lear. I am vice chairman of The Jockey Club and I am a trustee of Keeneland Racetrack.

The goals of the Horseracing Integrity Act are simple and straightforward. We want the cleanest possible sport, we want the safest possible sport, and we want an even playing field. To do that, we have to fix our medication regulation system, and we know that and we have known that for some time, and we have tried to do that within our own industry. Federal legislation was not our choice of first resort. We tried with a compact. It failed. My own State, Kentucky, did pass it. Nobody else passed it. They are trying again with another compact, and it is flawed with some provisions that ultimately, in my view, will prevent it from being effective.

So where are we with our current system? Four years ago, in response to a statement made by Mr. Martin, who is an eloquent custodian of the status quo—I take—I take a lot of pride in sitting next to him, but he does represent the status quo. I asked these questions about our current system. I said, do we have the same medication rules in place in every jurisdiction in the United States or even in all the major racing States? The answer to that then, as it is now, is no, and you have received a lot of information from researchers about that fact.

Do we have the same testing rules and procedures in place everywhere, including best out of practices—out-of-competition testing practices? And, frankly, that is the way you catch cheaters. And the answer to that is no.

Do we have the same procedures and standards in place for labs, and almost as important, the same contractual terms with labs so that you are paying the same price everywhere? Because, frankly, some of them do it on the cheap. And the answer is no and no. And they are also not, except for one lab in the United States, certified, and accredited to the same levels as the best labs around the world.

Do we have the same processes for investigation, the same number of investigators around the country and the same adjudication processes? No, we don't.

Do we have the same system of penalties and is there consistency in the application of those penalties, meaning, does the same offense in California result in the same penalty there as in Kentucky, as in Florida, as in New York? No.

And do we have a system in place that can react quickly and uniformly around the Nation to address the latest drug problem that arises?

Passage of this bill would address all those deficiencies by combining the world's best, the gold standard for anti-doping in the world, USADA, with State regulators, trainers, tracks, vets, jockeys, owners and breeders, both on the board of this private, self-regulatory organization, and in the committees, the standing committees that support its work.

The legislation provides due-process guarantees to everybody in rules promulgation and adjudications, the ability to react quickly, forcefully, and nationwide, an avenue for partnering with State regulators to plug into their system by contract but all with the same processes, protocols, and rules. And most importantly, it is founded on the proposition that the regulatory authority should be controlled by independent persons with no conflicts of interest.

No case better illustrates that point than what happened with the Triple Crown winner Justify, who had a positive drug test in the race in which he qualified for the Kentucky Derby that was later dismissed behind closed doors by the California Horse Racing Board. Thus, even one of the greatest achievements in modern racing was given a black eye by our current system.

This bill represents true reform. That is why it is supported by key industry organizations, by jockeys, by many, many trainers and others, and animal welfare organizations. Many people in our industry believe that they are staring at the abyss, that we have to do something and have to do something now, and this bill represents the best path forward.

Thank you.

[The prepared statement of Mr. Lear follows:]

Statement by
William M. Lear, Jr.
Vice Chairman, The Jockey Club
House Energy & Commerce Subcommittee on Consumer Protection & Commerce
HR 1754 Horseracing Integrity Act
Tuesday, January 28, 2020

Good Morning. Thank you Chair Schakowsky, Congresswoman McMorris Rogers, and Members of the Committee for inviting me to testify today. My name is Bill Lear, and I am Vice Chairman of The Jockey Club and a Trustee of Keeneland Association.

The goals of the Horseracing Integrity Act are simple and straightforward. We want the cleanest possible sport, we want the safest possible sport, and we want an even playing field.

Members of the Committee, everyone in horseracing has to recognize that we are no longer debating solely within the confines of our industry. Our audience now, our jury of our peers, is the public at large and the news outlets that determine what they will see and hear.

It is the universal public sentiment and the universally accepted public policy in the United States that performance-enhancing drugs have no place in sport. We have to fix our medication regulation system. And when I say that in this context, I always put "system" in quotes because what we have is no system at all. We have a patchwork, and a poor patchwork, within all of the different states. We have understood this problem for some time, and we have tried to address this problem internally — believe me, federal legislation is not the choice of first resort for us.

We tried with an interstate compact and the leaders of the industry, including most of the organizations you would love to see around the table working together, The Jockey Club, the American Quarter Horse Association, the United States Trotting Association, RCI, the New York State Racing and Wagering Board, the NTRA, Keeneland, the Kentucky Horse Racing Commission, the National, believe it or not, HBPA, worked together in 2009 and 2010 to create the Interstate Racing and Wagering Compact. Kentucky passed it. New York passed it in one house of the legislature. Virginia tried to pass it, but couldn't. So that compact died for lack of a second. Now they're trying again in the Mid-Atlantic Region and I commend them for the effort, but I don't hold out much hope.

The Achilles heel of interstate compacts is the set of conditions typically included to get them passed in the first place, such as (i) allowing member states to opt out of rules they don't like, or (ii) allowing states to pull out of the compact at any time for any reason, or (iii) unrealistic super majority voting requirements. The Mid-Atlantic compact has an 80 percent rule. That means one or two states have an effective veto.

Members of the Committee, we tried the interstate compact. We tried within the industry under National Uniform Medication Program, or NUMP. Six years ago, NUMP was introduced

with four components and then added a fifth one for out-of-competition testing. Adoption throughout the states has been slow, erratic, and even now, is incomplete. And that's just the initial elements. Every time there's a significant change to NUMP, that change has to run the gauntlet of 30-some racing states. Each one with its own set of protocols, processes, administrative rules and regulations. It took six years in California to get third-party Lasix. And there are lots of other examples of that sort of thing.

So where are we with our current system? The unfortunate reality is that we are pretty much in the same place that we were four years ago.

Do we have the same medication rules in place in every racing jurisdiction in the United States or even in all of the major racing states? No.

Do we have the same testing rules and procedures in place in every one of those racing jurisdictions, including best practices out-of-competition testing? No.

Do we have the same procedures and standards in place for laboratories and the same contractual arrangements? And that's really important because the price people are paying for tests varies across the board. And are all the labs accredited to the same standards as the best labs in other countries? No, no, and no.

Do we have the same processes for investigation, prosecution, and adjudication of rules violations in all of the racing jurisdictions? Again, no.

Do we have the same system of penalties in place in every racing jurisdiction and is there consistency in the application of those penalties? Meaning does the same offense draw the same penalty in California as it does in New York as it does in Kentucky and Florida? No.

Do we have a system in place that can react quickly and uniformly throughout the nation to address the latest new drug that comes along and is used by those who would cheat to try to beat the system? No.

Do we have a medication regulatory authority in place that can speak with one voice to the authorities of other nations when the need to do so arises? Again, no.

It's not enough to say that, well, the majority of racing starts occur in states that have the same list of permitted and prohibited medications or the same multiple violation rules. That's not national uniformity. If they don't test the same, if they don't have the same lab contracts, if they don't investigate as thoroughly, if they don't do all those other things, it's not uniformity and it's not sufficient rigor in all probability.

Members of the Committee, we could be uniform and weak and that would be no better than we are today.

Passage of the Horseracing Integrity Act would address all of these deficiencies by combining the world's best anti-doping expertise with deep expertise and experience from within our industry, both on the governing board and in advisory committees. In a private, I want to underline that, a private, nonprofit entity under the umbrella of the Federal Trade Commission. The FTC has among its jurisdictional mandates, free, open and fair competition and consumer protection, which is a perfect fit for what we're trying to accomplish.

The legislation also has a mandate to provide due process guarantees to everybody, both in rules promulgation and in adjudications, the ability to react quickly, forcefully, and on a nationwide scale to address the next bad thing that comes up in medication. And we all know that more of those are coming.

It also provides an avenue for partnering with state regulators through contract to delegate the implementation of key parts of this legislative program, but all with the same processes, protocols, and rules.

And perhaps most importantly, the legislation is founded upon the unremarkable proposition that the regulatory authority should be controlled by independent persons with deep knowledge of the subject matter, both anti-doping and horse racing, but with no conflicts of interest and nothing to gain or lose personally as a result of the regulations adopted.

Members of the Committee, no case better illustrates the need for an independent body than the unreported positive drug test by the super horse, Justify. In 2018, the California Horse Racing Commission, one of the best racing commissions in the country, decided behind closed doors not to disclose and to dismiss a positive drug test for Justify. I am not going to argue whether the overage in question would have made a difference in the race, or how the horse got this drug in its system. What I can say is that this board, with some members with financial ties to the industry, and the then-Chairman of the board having had a horse with the same trainer as Justify, decided to suspend their own processes. I ask, how is that going to instill faith in the system?

We are facing an existential threat. If our response to that threat is or even appears to be business as usual, we're going to lose. We're going to go the way of the circus and dog racing in Florida.

We all know that we need to change what we're doing. And the battle we're waging for the hearts and minds of the public, passage of meaningful reforms, will be critical. The HIA represents true reform and because of that, as you've seen, it's supported not just by industry key players like the Breeders' Cup, TOBA, KTA, Keeneland, WHOA, The Jockey Club, but also, by the top animal welfare organizations.

Many people in our industry believe that we are staring at the abyss. The future of Thoroughbred racing and breeding is at stake. We have to do more to protect our athletes. We have to do more to protect our horses and to get the cheaters and the abusers out of our sport.

There is a path forward and the Horseracing Integrity Act represents that path. It can put us on the road to not just recovery, but prosperity, if we will all join in. Thank you.

Ms. SCHAKOWSKY. Thank you.

And now, Dr. Anderson, you are welcome to take your 5 minutes of testimony.

STATEMENT OF DR. KATHLEEN M. ANDERSON

Dr. ANDERSON. Thank you, Chairman Schakowsky, Ranking Member McMorris Rodgers, and distinguished members of the subcommittee. Thank you for the opportunity to appear before you today on behalf of the horse.

My name is Dr. Kathleen Anderson, and I am an equine veterinarian who has practiced with Thoroughbred racehorses for 34 years. For the past 27 years, I have owned and operated an equine veterinary practice based at the Fair Hill Training Center in Cecil County, Maryland, approximately two hours north of where we sit today. I am licensed in nine States and hold racing commission licenses in three states.

I share this information with you today to make the point that I am engaged daily in the care of the Thoroughbred racehorse in training and competition and often throughout their second careers in other equestrian endeavors.

How is this relevant to the legislation we are here to discuss today? As a volunteer who has served thousands of hours with equine industry groups beyond my daily practice, I am committed to being a voice for the horses I care for, the Thoroughbred racehorse. The health, welfare, and safety of the racehorse are my primary guiding mission as a veterinarian, as a citizen of the equine community, and as a leader within the racing community.

Specific to this legislation, I served as the 2016 president of the American Association of Equine Practitioners. I continue to serve on the AAEP Racing committee, which has been actively monitoring and evaluating this legislation. I am a co-author of the Mid-Atlantic Strategic Plan to reduce racing fatalities, and recently I endorsed the Thoroughbred Safety Coalition reforms at their inaugural announcement last fall.

I tell you this to demonstrate that I am familiar with the intricacies and impacts of this legislation. I strongly support seeking and implanting solutions to racing industry challenges. The Jockey Club is to be commended on their commitment to the welfare of the Thoroughbreds during and after their racing careers, as evidenced by the many initiatives they have supported. The equine veterinarian's role is to bring expertise, knowledge, and commitment to racing industry initiatives directly impacting the horse.

Uniformity, we can all agree, should be the holy grail of our efforts, for it is the glue that will bind all racing jurisdictions together, with cohesive policies, not just on medication such as this bill seeks to achieve, but on all matters impacting risk management of the racehorse. Uniform medication rules, enforcement and penalties, uniform laboratory testing, accreditation and interpretation, uniform regulatory veterinary duties, uniform track surface requirements, racing office policy and crop rules, uniform injury response, records and investigations.

Many of these are included in the Mid-Atlantic Strategic Plan, which is an example of the work being done by collaborative racing stakeholders to fulfill the mandate of safety and welfare of the

racehorse, while simultaneously ensuring the integrity and level playing field within our American racing environment.

As a practicing veterinarian, I do have concerns that eliminating furosemide, the only allowed race-day medication, will not improve the safety and welfare of the racehorse. There is substantial documented science behind the safe and efficacious use of furosemide to prevent exercise-induced pulmonary hemorrhage, a respiratory condition common in elite athletes, including human athletes.

EIPH can adversely impact racehorses not only in their current careers but also in their second careers. Studies done in the 1980s in Hong Kong by an international team of veterinarians examined the lungs on deceased racehorses to document the damage of the lung tissue of horses with EIPH. This provided strong physical evidence supporting the decision made 40 years ago to allow the administration of furosemide on race day based on what was best for the health of the racehorse.

In my opinion, this bill could be improved with significant changes in the governance structure to include expanded veterinary expertise in several areas such as veterinary pharmacology and extensive experience in veterinary racetrack practice. The real need for uniformity expands beyond doping and medication. I believe the solutions lie in a unified racing stakeholder effort such as we have implemented in the mid-Atlantic with strong, multifaceted reforms.

Thank you, and I look forward to answering your questions.

[The prepared statement of Dr. Anderson follows:]

Testimony

**Kathleen M. Anderson, D.V.M.
Equine Veterinarian**

**Before the
House Energy and Commerce Committee
Subcommittee on Consumer Protection and Commerce
United State House of Representatives**

**For A Hearing Entitled
“Legislation to Promote the Health and Safety of Racehorses”**

**Presented
January 28, 2020**

Chairwoman Schakowsky, Ranking Member McMorris Rodgers, distinguished members of the Subcommittee, thank you for the opportunity to appear before you today on behalf of “the Horse.” My name is Dr. Kathleen Anderson and I am an equine veterinarian who has practiced with Thoroughbred racehorses for 34 years. For the past 27 years I have owned and operated an equine veterinary practice based at Fair Hill Training Center, in Cecil County, Maryland, approximately two hours north of where we sit today. We have two training surfaces: dirt and synthetic with access to the newly renovated Fair Hill Turf Course.

I share this information with you today to make the point that I am engaged daily in the care of the Thoroughbred racehorse in training and competition and often during their second careers in other equestrian endeavors.

My days start when the first horse puts foot on the track at daybreak and ends when evening feed is put in. My patients race routinely in all 7 mid-Atlantic states and beyond; and, include all classes of racehorses from unraced two-year olds to graded stakes winners of Breeders Cup and Triple Crown races. I am licensed in 9 states and hold racing commission licenses in 3 states.

How is this relevant to the legislation we are here to discuss today? As a volunteer who has served thousands of hours with equine industry groups beyond my daily practice, I am committed to be a voice for the horses I care for – the Thoroughbred racehorse. The health, welfare and safety of the racehorse is my primary guiding mission as a veterinarian, as a citizen of the equine community and as a leader within the racing community. Specific to this legislation, I served as the 2016 President of the American Association Equine Practitioners President, a professional association, which represents over 9,000 equine veterinarians worldwide and whose mission is dedicated to the health and welfare of the horse. I continue to serve on the AAEP Racing Subcommittee tasked with monitoring and evaluating this legislation; I am a co-author of the Mid Atlantic Strategic Plan to Reduce Racing Fatalities and recently I endorsed the Thoroughbred Safety Coalition reforms at their inaugural announcement last fall. I tell you this to demonstrate that I am familiar with the intricacies and impacts of this legislation.

I strongly support seeking and implementing solutions to racing industry challenges. The Jockey Club is to be commended on their commitment to the welfare of Thoroughbreds during and after their racing careers as evidenced by the many

initiatives they have supported. While the Jockey Club brings technology and funding to the table, equine veterinarians bring expertise, knowledge and commitment to virtually all initiatives directly impacting the horse.

UNIFORMITY, we can all agree, should be the Holy Grail of our efforts, for it is the glue that will bind the 32 racing jurisdictions together with cohesive policies not just on medication such as this bill attempts to achieve, but on all matters impacting risk management of the racehorse. Uniform medication rules, enforcement and penalties, uniform laboratory testing, accreditation and interpretation, uniform regulatory veterinary duties, uniform track surface requirements, racing office policy and crop rules, uniform injury response, records and investigations – the Mid-Atlantic Strategic Plan is an example of the work being done by collaborative racing stakeholders to fulfill the mandate of “safety and welfare of the racehorse” while simultaneously ensuring the integrity and level playing field within our American racing environment.

As a practicing veterinarian, I have concerns that eliminating furosemide, the only allowed race-day medication, will not improve the safety and welfare of the racehorse. There is substantial documented science behind the safe and efficacious use of furosemide to prevent Exercise Induced Pulmonary Hemorrhage, a respiratory condition common in elite athletes, including human athletes. EIPH can adversely impact racehorses not only in their current careers, but also in their second careers. Studies done in the early 1980's in Hong Kong by an international team of veterinarians examined the lungs of deceased racehorses to explore the extent of change in the lung tissue with EIPH which provided strong physical evidence for the decision, made 40

years ago, to allow the administration of furosemide on race day based on what was best for the health of the racehorse. If it ain't broke don't fix it!

In my opinion, HR1754 as written does not address and will not solve racing's primary need to reduce equine fatalities. The exhaustive investigative report on the death of Mongolian Groom in the 2019 Breeders' Cup Classic, with a detailed and knowledgeable discussion of the inter-related conditions that resulted in the loss of this lovely horse, provides context to the challenges of making policies that impact safety. I believe the solutions lie in a unified racing stakeholder effort such as we have implemented in the Mid-Atlantic with strong multi-faceted reforms not in the federal legislation of a medication bill.

RACING SAFETY

As an equine veterinarian who provides daily care for the racehorse and has extensive experience with other racing industry stakeholders there are existing targeted initiatives that have tackled the subject of racehorse fatalities with specific strategies that have demonstrated significant improvements in a relatively short time; for example the Mid Atlantic Strategic Plan to Reduce Equine Fatalities has reduced equine fatalities by 35% in the last five years in our region. This initiative continues to evolve with continuous collaboration and communication amongst all stakeholders: horsemen, veterinarians, racing management and regulatory bodies. Attached below please find the Mid Atlantic 2019 Strategic Plan and the "Best Practice" documents that have been approved to date. It is important to note that newly formed Thoroughbred Safety Coalition reforms (<https://thoroughbredsafetycoalition.com/reforms/>) promises to also contribute to

improved safety in a meaningful way by broadening the reach of the Mid Atlantic “Best Practice” templates through the commitment of racetrack ownership.

USADA

With equine fatalities comes the speculation of illicit doping – this is the strength of USADA and yet their capacity with regard to laboratory testing for the horse racing industry should be subject to careful scrutiny – Mr. Martin, President of RCI will provide the statistics on recent medication testing in the US; however, the overarching fact is that US racing currently tests 26X the total number of tests that USADA runs for all the sports disciplines they have been engaged by. Illicit doping continues to be addressed through the current accredited veterinary labs in place with the hard-earned success of researchers such as Dr. Maylin, a member of the ARCI Scientific Advisory Group, who recently identified IOX-2 that is both a blood and gene doping agent. The New York horse racing lab is believed to be the first laboratory, in either horse racing or the worldwide WADA network of human testing labs, to screen for and confirm the presence of IOX-2. <https://www.paulickreport.com/news/the-biz/arci-new-york-lab-finds-major-doping-threat-in-pair-of-standardbred-horses/>. *It is important to note that adverse findings (positive tests for banned substances) in 2017 was 169 of 354,000 tests thus this is truly the proverbial search for the needle in the haystack.

As an aside, in my role as a Federation Equestre Internationale Veterinary Delegate charged with oversight of internationally recognized equestrian competitions, I am confounded why the Olympics do not employ USADA to handle the Equestrian Sports testing on horses.

The current ARCI regulations allow for therapeutic medications that may be necessary for use in the horse for various conditions. Perhaps the most widely discussed category are the non-steroidal anti-inflammatories (NSAIDs) which have been used in the treatment of mild inflammatory conditions such as arthritis and is commonly compared to the use of acetaminophen or aspirin in humans. An example of a recommendation developed by the AAEP Prescription for Racing Reform: A 10-Point Plan for Action, is the extension of the withdrawal period for this medication to 48 hours prior to racing.

Additionally, I think it is important to make the distinction between the philosophy of medication regulation between human sport and horse sport. Human athletics do not contemplate any control on therapeutic medications--unless they meet criteria for Performance Enhancement (e.g. bronchodilators--which can be used with a Therapeutic Use Exemption. The World Anti -Doping Code (WADA) is applicable to substances administered during training and in competition. A Therapeutic Use Exemption (TUE) allows an athlete to compete in competition under the influence of an otherwise banned performance enhancing substance.) This means if you are a javelin thrower and your shoulder is painful you can have it injected with corticosteroids, or even have it blocked with mepivacaine. USADA does not contemplate the welfare of its athletes – this is not their role, which is a concern for me as a veterinarian serving as a steward for the horse. Performance enhancing drugs that are allowed in human sports competition under the Therapeutic Use Exemption include: anabolic agents, stimulants, narcotics, cannabinoids, glucocorticoids and others – this challenges the perception of integrity currently in place in human sports; and, by comparison, should serve to reinforce the

confidence that current medication policies in racing do provide a “level playing field” with integrity of sport as a core principle.

Regarding USADA governance, AAEP representatives have discussed this on several occasions with the authors of HR1754, as we believe that the therapeutic medication arm of this governance structure is equally important as the anti-doping arm. We have offered suggestions that we believe would strengthen the governance and improve the likelihood that it could provide the expertise necessary to safeguard the safety and welfare of the racehorse. Additionally, I question the value of populating the Board with individuals no longer engaged in the sport. While I understand the concerns about conflict of interest, particularly with respect to drug testing, anti-doping, and medication control, it is very easy for someone to be light years behind after merely months of being removed from the racing environment. We need individuals who are actively engaged in their area of expertise to provide forward-thinking direction.

Other significant concerns for the racing industry focus are on an administrative level regarding the legislation as written. These involve fiscal responsibility; while beyond the purview of equine veterinarians, who and how will this USADA testing program be paid for – based on current medication testing expenditures, the costs will likely be in excess of \$20 million for the testing alone, not including the added administrative costs of USADA for enforcement strategies. If USADA exits after their five-year commitment will the existing testing structure be set in turmoil?

Finally, this legislation mandates enforcement across all racing breeds; and this has created consternation amongst the other breeds that the policies will not be tailored to their racing industries.

CONCLUSION

Thank you again for the opportunity to testify here today on behalf of the horse. I hope that you will continue to include horsemen and the veterinary community in your considerations and decision making in order to properly ensure the health, safety and welfare of our equine athletes. I submit to you that this legislation, as currently written, will not live up the title *Legislation to Promote the Health and Safety of Racehorses* for reasons primarily related to governance, lab capacity, lack of transparent budget plan, breed differences and actual impact on the critical issues related to safety, of which illicit doping ranks low on the list. Racing industry stakeholder collaboration in US Racing with bodies such as the Mid Atlantic group and Thoroughbred Safety Coalition continues to work towards effective and sustainable policies that **will** protect the safety and welfare of racehorses in America.

Attachments:

AAEP 10 Point Plan
Mid Atlantic SP
Mid Atlantic Best Practices
Mongolian Groom report

Ms. SCHAKOWSKY. Thank you, Dr. Anderson.
And now, Mr. De Francis, you are recognized for 5 minutes.

STATEMENT OF JOSEPH A. DE FRANCIS

Mr. DE FRANCIS. Thank you, Chair Schakowsky. Good morning. Good morning, Ranking Member Rodgers, Chairman Pallone, and members of the committee. My name is Joe De Francis, and it is a distinct privilege and a genuine pleasure to be with you this morning to discuss a matter of the utmost importance, not just to me personally, but to the industry that I love very, very dearly. And I want to thank you sincerely for the opportunity to be here today.

I am here wearing multiple hats. As Chair Schakowsky mentioned in her introduction, I am very proud to be the national chairman of the Horseracing Advisory Council of the Humane Society of the United States and in that capacity, to speak on behalf of the animal welfare community.

I was also the controlling shareholder and majority owner and chief executive officer of the Maryland Jockey Club for about two decades. The Maryland Jockey Club is the corporate parent entity of Pimlico Race Course, the home of the Preakness, the middle jewel of horseracing's Triple Crown, as well as Laurel Park, which is the closest major thoroughbred track to where we are sitting this morning in our Nation's capital. And so I also bring a businessman's perspective to this issue.

Focusing on the animal welfare perspective, I think the moral and ethical imperatives are so self-evident that I don't need to take the subcommittee's time this morning to belabor them. I would just like to simply observe and echo the comments of my colleague, Mr. Irby, that while human athletes have a choice, human athletes have free will and can choose to endanger their health and welfare and safety to take performance-enhancing or pain-killing drugs, horses have no choice, they have no free will. They are completely dependent for their health, safety, and welfare on the ethics and the morals of the people who care for them.

From a business perspective, it may seem rather strange to some of you that we, as business people, are here asking you, taking your time, to impose a new framework of Federal regulation on our business. I would imagine that doesn't happen very often, and it might appear kind of crazy to some of you, but I can assure you there is a method to our madness.

Horseracing is unique in that it has no commissioner. We have no national office. Unlike football, baseball, basketball, and hockey, there is no Roger Goodell or Pete Rozelle. There is no Gary Bettman, Adam Silver, or David Stern.

It is not that we don't want one. We have been trying for decades to have one. My colleague, Mr. Drazin, writes passionately in his prepared testimony how he has been working for 20 years to support a national office who is empowered—and those are the key words—who is empowered to regulate the business on a national basis?

The problem is, because horseracing involves wagering, it has been pervasively regulated. Every aspect has been pervasively regulated on a State basis since horseracing's inception. This perva-

sive State regulation prevents us, as private business people, from voluntarily entering into any type of national coalition or national compact to empower one national office to set national rules that all the participants in the sport must abide by.

We can't solve this problem by ourselves. We have been trying for decades. Every initiative has failed miserably. The pervasive State regulation works well in many aspects of the sport, but I don't think anyone can disagree that it has failed miserably when it comes to the critical issue of drugs and medications.

Why is this so important to the business? Horseracing faces greater competition than ever before for the entertainment dollar. The proliferation of technology and forms of entertainment and wagering is exploding before our very eyes. Our greatest asset, our greatest weapon in this competition, is the athleticism and nobility, and majesty of the Thoroughbred racehorse.

Survey after survey after survey has shown that not only the general public but our core fans are losing confidence to an increasing degree in our stewardship of the integrity of the sport and the fundamental integrity of our product, that we are doing our jobs properly and looking after the health and welfare and safety of these magnificent equine athletes that are the very foundation of our sport.

You don't need a Ph.D. From a top ten business school to, know that if you lose the confidence not only of the general public but of your core customers in the basic product that you are offering, the invisible hand of the marketplace is going to drive your business into oblivion. You won't need to worry about remedies. The marketplace will take care of it, and you will be out of business, just as many businesses like Ringling Brothers Circus that failed to follow this principle of business 101 have suffered.

So it is not an overdramatization and it is not an oversensationalizing to say that the very future of the industry, the survival of the business is at stake. As someone who has been a passionate fan of this sport since I was five years old, a time span now, Chair Schakowsky, I am sorry to say, extends over six decades, I really, really would respectfully request—in fact, I would implore you—to report favorably on H.R. 1754 at the earliest possible time.

I thank you very much for your time and attention this morning, and I really welcome the opportunity to answer any questions that you might have. Thank you.

[The prepared statement of Mr. De Francis follows:]

Testimony of Joe De Francis

Energy & Commerce Subcommittee on Consumer Protection and Commerce
Re: H.R.1754 – The Horseracing Integrity Act of 2019
January 28, 2020

Chair Schakowsky, Congresswoman McMorris, Members of the Committee, thank you for giving me this opportunity to testify before you today.

My name is Joe De Francis, I was the former Chief Executive Officer and controlling shareholder of the Maryland Jockey Club (MJC), the corporate parent entity of Pimlico Race Course (home of the Preakness Stakes, the middle jewel of thoroughbred racing's famed Triple Crown) and Laurel Park. I am also the Chairman of the Humane Society of the United States National Horseracing Advisory Council. I am proud to lead that council because the Humane Society represents countless Americans who believe as I do that we as a nation have an immeasurable debt to the horse. Ensuring the best care and the proper protection for horses should be our highest priority.

While I'm honored to represent HSUS, I also wear a second hat regarding this issue. Having for decades been a significant equity owner in, and responsible for the operation of, the MJC--America's oldest, and one of our most prestigious and significant racing operations--I'm very familiar with the economic demands of the marketplace that must be met in order to run a successful business. Setting aside the critically important ethical and moral issues that are essential to this debate (unlike human athletes, who at least can exercise their free will in making a choice to cheat with drugs, horses are totally dependent for their health and well-being on both the ethics and the competence of the humans who care for them), and focusing solely on the harsh, business bottom line, it is absolutely essential to the survival--let alone the success--of the business that the equine athletes are treated ethically and humanely, and are perceived by the public as being properly cared for.

The days when horse racing enjoyed a virtual monopoly on gambling in America--and could get away with reckless monopolistic behavior--have been gone for decades and are gone forever. We are besieged on all sides by competition for the gambling dollar--from State-run lotteries to the seemingly endless proliferation of casinos to the nascent introduction of sports betting nationwide. By far, our strongest and most effective asset in this heated competition is the athleticism, nobility and majesty of the thoroughbred race horse. If the general public loses confidence that the people responsible for the health and safety of these equine athletes are mistreating them--as survey after survey unequivocally proves is happening to an increasing extent--then the "invisible hand" of the marketplace will drive horse racing into extinction as surely as it has Ringling Brothers Circus.

The bar for effectively detecting and punishing cheaters in American racing is so low

that it is difficult to fail. Frankly, it is more of an IQ test, than a drug test, because trainers in the US would have to be more daft than unlucky to fail – each trainer knows what they’re being tested for, when they’re being tested, and if that isn’t bad enough, the lab testing may miss it anyway. There is little, if any, out-of-competition testing, the kind of testing that has proven so effective in catching athletes who dope in Olympic sports. In addition, few labs are up to international standards, and the procedures and chain of custody vary too much from state to state to instill any confidence in the system. Finally, and probably most importantly, racing officials who are given the responsibility of promoting racing cannot, and should not, be given responsibility of policing those who they also promote.

Congress now has an opportunity to do something constructive about it. H.R. 1754, the Horseracing Integrity Act, will transfer the responsibility of the sport’s anti-doping program to an independent organization, run by both the US Anti-Doping Agency and conflict-of-interest free representatives from the racing industry. This bill will charge a new rulemaking and enforcement organization, the Horseracing Anti-Doping Authority (HADA), with establishing a list of acceptable and illegal therapeutic drugs, laying out the basis for when drugs can be used. This independent organization will take this new structure and apply it uniformly across all 38 jurisdictions, with meaningful reciprocal penalties, and a process that will ensure fairness and most importantly, deterrence.

It is only a win, win, win for racehorses and the sport. This new system will ensure that our equine athletes are treated with fewer drugs, run only when they are healthy enough to do so, and compete with their given talents. Trainers will be less dependent on “treating” horses with chemicals, and more reliant on their horsemanship to win races. In addition, trainers who ship horses across state lines will no longer have to worry about running afoul of another state’s arcane doping requirements, because every racing jurisdiction will have the same, uniform medication regulations. In the end, risks to racehorse welfare will be reduced, and the sport of racing will benefit as bettors and fans will have greater confidence that what they’re watching is the result of ability, not chemistry.

Both animal welfare groups and organizations from the industry see American racing’s drug habit as a practice that must end — for the horses’ health and safety and the integrity of the sport.

I also want to debunk the myth that it’s somehow inhumane not to treat horses with medications when they race. Almost every drug or medication has certain positive therapeutic qualities or effects, and other negative effects that are performance-enhancing and/or harmful to health. The key to an enlightened, effective, humane policy on drugs and medications in racing is to have the most knowledgeable, competent and unbiased people as possible balancing these positive and negative effects, and deciding which way the scales tip with respect to any particular drug or medication. The core of the problem is that this critically important balancing is being done today on a state-by-state basis by state regulators--many of whom are

well-intentioned--but the overwhelming majority of whom lack the necessary expertise (and some of whom are influenced by factors other than what's in the best interests of the health and safety of the horses) to make the best possible decisions. And different states have and continue to come to different conclusions on these watershed issues.

The most important aspect of H.R. 1754 is that it places USADA (with input from the horse racing experts on the board of HADA) in charge of conducting this balancing, not only with respect to the myriad of drugs and medications that exist today, but importantly with respect to the countless new drugs and medications that are being developed and created at this moment and into the future. USADA has by far the greatest repository of scientific knowledge and expertise of any organization in the world regarding the impact of drugs and medications on athletic performance and health. USADA is literally light years ahead of any individual state regulatory body in this regard. Most importantly, USADA is completely unbiased, independent and free from any conflicting motivations other than what's best for the health and safety of the equine athletes that are the foundation of our sport and our business.

The controversy over Lasix is a classic example of this problem. The words of experienced equine veterinarian Dr. Kraig Kulikowski accurately and succinctly describe Lasix far better than I ever could:

"Exercise Induced Pulmonary Hemorrhage (EIPH) is a disease affecting many race horses. The cardiovascular and respiratory tract are under incredible stress during racing. The exchange of oxygen in the lung is paramount during the extreme effort of racing. There are strong forces from the diaphragm to breath and there are even stronger forces on the blood pressure of the capillaries of the lungs. As the heart pumps stronger blood pressure to the vessels of the lung, the capillaries of the lung burst and begin to bleed. This blood leaks into the air sacs of the lung. At this point, the horse starts to drown on its own blood. Sometimes there is enough blood that it begins to pour from the horses nostrils. Typically, the first symptom a jockey or trainer will notice on a horse suffering from EIPH is a decrease in speed or performance.

Lasix (furosemide) is a diuretic. It has been used in treating horses with EIPH. It is not fully understood why furosemide helps with bleeding from the lungs. It could be that by dehydrating the horse, we decrease blood volume thereby lowering the blood pressure at the level of the lung capillaries. It could be that a drop in water weight on race day means that the horse is stressed less while weighing less. There may be other factors or it may be a combination of factors that result in a decrease in lung bleeding during exercise."

While I'm neither a medical doctor nor a vet, mountaineering is my hobby, and I know humans suffer a very similar problem when they go to high altitudes. When a

human's circulatory system is under stress because of the reduced oxygen in the air at altitude--similar to the stress a horse's circulatory system is under when running at full speed--a small percentage of humans suffer a genetic defect that prevents their red blood cells from being able to transport enough oxygen to allow their bodies to function normally. People with minor defects suffer minor effects generally known as "mountain sickness" and characterized by headaches at altitude. People with more serious defects are prone also to suffer High Altitude Pulmonary Adema (HAPE), where their lungs begin to fill with fluid. Similar to horses bleeding through their nostrils from EIPH, humans with severe cases of HAPE begin to cough up blood.

The treatment for humans is the same as for horses--a powerful diuretic called "Diamox" which I have personally used many times when climbing at high altitudes. But only roughly 6% of the population of race horses is genetically prone to suffer from EIPH to the point where they would be unable to race unless administered Lasix on race day. Yet virtually 100% of the horses who race in the US are treated with Lasix when they run. Why is this? Because the weight that a horse carries when he/she runs is critical to the speed that the horse can run. The overwhelming majority of races run in America vary the amount of weight that each horse carries in order to create as competitive a race as possible. The standard rule of thumb is that one extra pound of weight will slow a horse down by one length in a race of one mile. Depending on the size and weight of the horse, Lasix will typically flush 20 pounds or more of water weight out of that horse's system, and thus allow that horse to run that much faster.

So while 6% of the horses being treated with race-day Lasix are actually receiving a therapeutic benefit, the other 94% are using it solely as a performance-enhancer, and are suffering the detriment of racing at full physical capacity while dehydrated. Why is this bad? The answer should be self-evident for anyone who has ever tried to perform extreme physical exertion in a dehydrated state, but for people who haven't then Dr. Kulikowski again explains it far better than I ever could:

"Why argue against the use of Lasix if it helps EIPH?

First, a horse that bleeds from its lung and is drowning on its own blood is unfit to be a racehorse. If a juvenile human athlete coughed up blood every time he or she took to the little league field, they would not be considered safe or fit to have on that playing field.

Second, the concept of dehydrating an athlete prior to its athletic performance is medically inappropriate. Human athletes use the expression "stay hydrated" for a reason. A dehydrated athlete runs the risk of affecting muscle metabolism, kidney function and cardiovascular function along with many other metabolic functions. Just to make a horse artificially run faster, we potentially put the rest of its body functions at risk.

Third, bleeding into the lung has the impact of decreasing performance and

speed. By removing the effects of EIPH, we have removed the horse's ability to modify its efforts in a racing scenario. We artificially remove that governor on a horse's cardiovascular and respiratory system. We artificially allow that horse to run faster and further than it naturally would ever run. When we artificially allow that horse to run faster and further than it should, then on top of that we mask any possible orthopedic pain with steroids and anti-inflammatories, then horse's bodies fail."

The cost/benefit balancing on Lasix is so obvious that literally every major racing jurisdiction in the world--other than the United States--bans the administration of Lasix on race day. But for other drugs and medications--including importantly those drugs and medications still being created in labs right now and in the future--it may be a closer call or a more difficult balance. It is imperative--both from a moral and ethical perspective as well as from a business perspective--that we have the very best and most qualified, unbiased decision-maker—USADA (with the input of conflict-of-interest-free racing experts on the HADA board)--making one judgment for the best interests of all American racing rather than 38 different State regulatory bodies making 38 different decisions based on each state's parochial interests.

Chair Schakowsky, this very committee saved the sport of racing over 40 years ago when it passed the Interstate Horseracing Act, which allowed racetracks to transmit their racing signals over state lines. Today 90% of all wagers are interstate, and IHA is the life blood of the industry. In the U.S. in 2018, 493 Thoroughbred racehorses died, according to the Jockey Club's Equine Injury Database. This is absolutely unacceptable. Altogether, you have another opportunity to save our industry from itself and afford our equine athletes the protection they deserve by passing the Horseracing Integrity Act, and I strongly urge you to do so at the soonest occasion.

Thank you, Members of the Committee.

Ms. SCHAKOWSKY. Thank you very much, Mr. De Francis.
And now, Mr. McCarron, we welcome your testimony for 5 minutes.

STATEMENT OF CHRISTOPHER J. MCCARRON

Mr. MCCARRON. Good morning, and thank you, Chair—

Ms. SCHAKOWSKY. Put your mike on. There we go.

Mr. MCCARRON. I am sorry about that.

Good morning, and thank you, Chair Schakowsky and Ranking Member Rodgers, and members of the committee, for inviting me here today. My name is Chris McCarron. I was a professional thoroughbred jockey for 28 years, from 1974 through 2002. I won 7,141 races from over 34,000 mounts. And when I retired, I was the leading money earner in the sport's history. I won six Triple Crown races, including two Kentucky Derbies, and nine Breeders Cup races, and five coming in the Classic. I was inducted into the Hall of Fame in 1989 during my first year of eligibility.

I am also a founding member of the Humane Society of the United States National Horseracing Advisory Council. I joined that council because I believe in the organization's animal welfare mission. The humane movement in American history was built around the protection of horses, and we have a deep responsibility to them. That is why I am here today.

I support H.R. 1754 because horseracing as a sport has been in serious decline for years, and something must be done to curb this trend. I believe one of the reasons for this decline is the lack of public confidence in our product. Over the past few decades, medication violations—by this, I mean horses testing positive for banned substances and nonbanned substances in excess of permitted amounts—have escalated to the point of being unacceptable to our patrons and participants alike.

When I began my career right here in Maryland in 1974, the average number of annual starts for a horse was 14. Today, the average number of career starts is 11. This stat alone has caused many of our horse owners to leave the sport and countless others to lose interest in becoming an owner. Racing simply cannot withstand this serious decline. Why would anyone, knowing these stats, want to become involved in racehorse ownership?

Further, there are far too many horses suffering an injury to the point where their career has come to an early end. To borrow and adapt an old adage, medications don't kill horses; improper use of medications kill horses. Instead of giving the horse the rest it needs, the trainer relies on his or her veterinarian to administer medication to mask pain by reducing inflammation caused by an injury. I can tell you this for sure, horses' careers would last much longer if this practice were less prevalent.

I should also say that I have a personal interest in seeing this bill passed. Far too many of my brethren, the active jockeys and exercise riders plying their trade on a daily basis, are being injured due to horses breaking down during racing or training. Seven years ago, the Journal of American Medical Association conducted a study that revealed 31—jockeys experienced 31 accidents per week.

To be clear, this is a very dangerous occupation. More to the point, it has been reported to me by the Jockeys' Guild that on av-

erage, two jockeys die each year and two more are left paralyzed. Furthermore, there are currently over 60 permanently disabled jockeys in the United States. The majority of these tragedies occur due to horses breaking down. Very often, these horses are racing with preexisting conditions that have been masked by medication.

I can also tell you this: While riding, it is a truly helpless feeling, Madam Chair, that when a horse breaks down, it is a tragedy. If a jockey is lucky enough to survive the fall, the sorrow felt for the fate of the horse is the next weight to bear. When jockeys get on the horses, they aren't told the medical history. They aren't told whether the horses are completely sound. They aren't told whether a particular horse should be resting rather than racing. That is why I strongly support the Horseracing Integrity Act. This bill directly addresses one of the leading causes of breakdown.

Right now, there are almost no controls on what therapeutic horses are—therapeutics horses are given while training. A substantial number of breakdowns happen on the training track in the mornings. This bill would significantly expand out-of-competition testing, which is below five percent of all tests for horses right now. By comparison, 60 percent of all tests of Olympic athletes are out of competition.

There is something really wrong here, and I will tell you what it is. The status quo, with 38 different States governing one industry, with 38 different sets of rules and penalties, and numerous different laboratories doing the testing using different standards is just not working. It simply cannot go on if Thoroughbred racing is to continue to be a viable industry.

Our racing industry provides over \$15 billion annually to the American economy, while supporting nearly a quarter million jobs. That concerns me. Something must be done to stem the tide and stabilize an industry that is so vital to communities across the country. I sincerely hope that you give H.R. 1754 the thumbs-up and give—and help the thoroughbred industry right this ship. It is sinking and we truly need your help.

Thank you for inviting me to testify today.

[The prepared statement of Mr. McCarron follows:]

Statement by Chris McCarron

Energy & Commerce Subcommittee on Consumer Protection and Commerce
 Re: H.R.1754 – The Horseracing Integrity Act of 2019
 January 28, 2020

Chair Schakowsky, Ranking Member McMorris Rogers, and Members of the Committee, my name is Chris McCarron. I was a professional Thoroughbred jockey for 28 years, from 1974 through 2002. I won 7,141 races, and when I retired, I was the leading money earner in the sport's history. I won six Triple Crown races and nine Breeders' Cup races, five in the Classic. I was inducted into the National Racing Hall of Fame in 1989 during my first year of eligibility. I am also a founding member of the Humane Society of the United States National Horseracing Advisory Council. I joined that council because I believe in the organization's animal welfare mission. The humane movement in American history was built around the protection of horses, and we have a deep responsibility to them. That's why I'm here today.

I support H.R. 1754 because horseracing, as a sport, has been in a serious decline for years and something must be done to curb this trend. I believe one of the reasons for this decline is the lack of public confidence in our product. Over the past few decades, medication violations (I mean by this, horses testing positive for banned substances and for non-banned substances in excess of permitted amounts) have escalated to the point of being unacceptable to our patrons and participants alike.

When I began my career in Maryland in 1974, the average number of *annual* starts was approximately 14. Today the average number of *career* starts is 11. This statistic alone has caused many of our horse owners to leave the sport and countless others to lose interest in becoming an owner. Racing simply cannot withstand this serious decline. Why would anyone, knowing these stats, want to become involved in racehorse ownership?

Further, there are far too many horses becoming injured to the point where their careers come to an early end. To borrow and adapt an old adage, "medications don't kill horses, improper use of medications kill horses," i.e., racing horses that would be better served by much-needed rest. Instead of giving the animal the rest it needs, a trainer relies on his/her veterinarian to administer a medication to mask pain by reducing inflammation caused by an injury. I can tell you this for sure. Horses' careers would last much longer if this practice was less prevalent.

I should also say this, that I have a personal interest in seeing this bill passed. Far too many of my brethren, the active jockeys and exercise riders plying their trade on a daily basis, are being injured due to horses breaking down during racing or training. Several years ago, the *Journal of American Medical Association* conducted a study that revealed

that jockeys experience 35 accidents per week. To be clear, this is a very dangerous occupation. More to the point, on average, two jockeys die each year due to training or racing accidents and two more are left paralyzed. The vast majority of these tragedies occur due to a horse's breaking down. Very often these horses are racing with pre-existing conditions that have been masked by medication.

I can also tell you this. While riding, there is no more of a helpless feeling, Madam Chair, than when a horse breaks down. If a jockey is lucky enough to survive the fall, the sorrow felt for the fate of the horse is the next weight to bear. When jockeys get on the horses, they aren't told the medical history, they aren't told whether the horses are completely sound, they aren't told whether particular horses should be resting rather than racing.

That is why I strongly support the Horseracing Integrity Act. This bill directly addresses one of the leading causes of breakdowns. Right now, there are almost no controls on what therapeutics horses are given while in training. A majority of breakdowns happen on the training track in the mornings. This bill will significantly expand out-of-competition testing, which is below 5% of all tests for horses right now. By comparison, 60% of all tests for Olympic athletes are out of competition.

There's something really wrong here and I'll tell you what it is. The status quo with 38 different states governing one industry with 38 different sets of rules and penalties and numerous different laboratories doing the testing using different standards is just not working. It simply cannot go on if Thoroughbred racing is to continue to be a viable industry.

I'm sure you are aware of the hundreds of thousands of jobs and the billions of dollars of revenue our industry provides. That concerns me too. Something must be done to stem the tide and stabilize an industry that is so vital to communities all over our country.

I sincerely hope you give H.R. 1754 the thumbs-up and help the Thoroughbred racing industry right this ship. It's sinking and we truly need your help.

Ms. SCHAKOWSKY. Thank you very much.

Now, Mr. Drazin, you are welcome to give your 5 minute opening statement.

STATEMENT OF DENNIS A. DRAZIN

Mr. DRAZIN. Thank you.

Chairwoman Schakowsky, Congresswoman Rodgers, Chairman Pallone, members of the committee, Congressman Tonko, thank you for your work on this.

Unfortunately, I am opposed to H.R. 1754, and I want to explain why. I come from a background in horseracing, in addition to the other hats that I wear. I have owned horses, raised horses, bred horses, worked for the horsemen's associations, been their counsel, been their legislative counsel, been their president, ended up as chairman of the racing commission, served on a number of blue ribbon panels trying to help horseracing.

I love horses. It is my passion. I want to protect horses. I want to do everything I can to get it right the first time, not pass a bill that I think goes a long way to help but doesn't go far enough.

So what I am trying to do is come before you and explain to you the things that I think that need to be added in order to help preserve the health, safety, and welfare of our horses and our jockeys. So let me talk about a few things that are missing from this bill.

The National Thoroughbred Horsemen's Association has worked very hard for the past six months trying to move forward with amendments to this bill that would be acceptable to the industry. And I have been in front of legislatures in our State a number of times. I think there is widespread support for this bill, and therefore, it makes more sense to me to try and amend this bill to get it right, instead of crafting a totally new bill and starting over again.

The things that are missing from this bill that I think we need to add to make our horses safe and our jockeys protected would be to come together, which we are doing—we have met a number of times with a special committee of our representatives—to talk about racing environments that are as safe as any other surface in the world.

Equine injury reporting and prevention protocols that bring the United States of America racing injuries and fatalities in line with international injury statistics.

Safe and consistent racing surfaces through scientific monitoring and maintenance.

Uniform equine medication and testing standards, including a significant increase in out-of-competition testing, because that is where you are going to catch the cheaters. We do a lot of tests post race, but you will catch more people with out-of-competition testing.

Regulatory transparency and nationwide portability of veterinary records. Everybody should know what preexisting problems these horses have.

You know, H.R. 1754 is not going to accomplish everything we need. We need crop rules that demonstrate the industry's commitment to humane treatment of horses, and it has got to be the same

from jurisdiction to jurisdiction. You can't have different jurisdictions all having different rules.

And for these horses that we love, we need after-care policies that ensure homes and second careers for all Thoroughbreds.

And I think in order to come up with a comprehensive bill, the industry has been working very hard. And I am opposed to Federal legislation. I don't think Federal legislation should be in our business. And Mr. De Francis is right; for 20 years, I have said we need to be like a real sports league. We need to be like the NFL, the NBA, Major League Baseball. We need a commissioner who is empowered, and he is right, that is the key word: empowered. But we haven't been able to accomplish that.

And although I have been opposed to Federal legislation, I want to be part of the solution, not part of the problem in preventing this. So I have worked hard with my colleagues on the NTRA special committee to come up with comprehensive solutions for you, and these are complicated. We have addressed issues such as potential constitutional challenges to the bill. I am sure all of you are familiar with the 6-year process I just lived through on sports betting in this country, where the Supreme Court finally overturned PASPA and held it unconstitutional. There will be a challenge to this bill. The funding is misguided.

There are racetracks that pay a lot of money to make horses safe, to make the track safe, to do drug testing, and at the end of the day, I think that what you need to understand is there are many segments of our industry that pay nothing to contribute to this. You have ADWs; you have OTWs.

And I know my time is up. I am just going to mention one thing. It starts when these horses are born. You need to look at the medications they are getting as young horses. We had a problem with biophosphates, which finally we understood that these make the horses weak and their bones are frail. So we addressed those.

Yes, I am finished. Thank you very much.

[The prepared statement of Mr. Drazin follows:]

STATEMENT OF DENNIS A. DRAZIN

Good morning. Thank you Chair Schakowsky, Congresswoman McMorris Rogers, and Members of the Committee for inviting me to testify today. I am honored to be here this morning to address H.R. 1754. I am a practicing attorney in the State of New Jersey and also serve as Chairman and CEO of Monmouth Park Racetrack, located in Oceanport, New Jersey. I am here in opposition to H.R. 1754. I respectfully submit that the current version of this Bill is not in the best interests of the racing industry and more importantly, is not in the best interests of the health, safety and welfare of our horses and jockeys. In my opinion, H.R. 1754 would have an adverse impact upon the industry.

I want to begin by telling you I am opposed and have been opposed for many years to the attempt to regulate the horse racing industry through Federal Legislation. I have advocated for about 20 years that the horse racing industry needs to conduct its business the same as a major sports league, with a commissioner who is empowered to regulate the industry. In my opinion, there is no need to have the Federal Government take over what is currently a state-by-state regulatory format. I would also note that I believe that from a legal perspective, this legislation is flawed from a Constitutional standpoint and will undoubtedly be challenged by segments of our industry

that are opposed to this Legislation. As I am sure Congress is aware, the case of Murphy v. The NCAA, et al. has recently addressed some of the issues that will undoubtedly be raised in challenging the constitutionality of H.R. 1754, inasmuch as it violates the 10th Amendment of the United States Constitution and, in effect, is a commandeering of states' rights. While not providing you at this time with a state-by-state analysis, a Federal law cannot impose a Federal regulatory scheme and compel or commandeer the states to pay for the funding mechanism. H.R. 1754 would impose the drug testing costs and enforcement (collection) on the states, since even if the Bill attempts to assess the costs against the industry through a per start assessment, in New Jersey there are contractual agreements in place which require that the State of New Jersey (The New Jersey Sports & Exposition Authority) pay the costs of regulation and drug testing.

Although I raise the Constitutional issue to call it to your attention, I want to share with you that the industry, through a special committee formed by the National Thoroughbred Racing Association (NTRA), has been working hard for the past six months to advance an all-inclusive piece of legislation which would encompass not only a uniform anti-doping and medication control program and standardized medication protocol, but also would encompass significant areas of concern to the industry regarding race

track safety, horse safety, uniformity in regulations throughout the country and many other areas of concern that the NTRA and its various committees have carefully evaluated as necessary elements of an all-comprehensive bill which we would support.

In other words, putting aside the fact that I have always been opposed to Federal Legislation and feel that the industry should self-regulate, I have been participating in an industry effort to unify and support a Bill that all interested parties feel would be a compromise as an all comprehensive piece of Legislation that is intended for horse racing in order to protect the health, safety, and welfare of its participants. While I still believe that Federal Legislation is unnecessary, if it is inevitable, I want to be part of the solution and H.R. 1754 is not a solution, but only a small part of all the needed reforms for our industry.

I would be remiss if I did not address the Lasix issue. The majority of horses racing in America bleed. The AAEP, the national veterinarian organization, supports the use of Lasix (Furosemide) as a day of the race medication to control EIPH. It is the only medication which is permitted on race day. Without the use of Lasix, horses will bleed while either training or racing. It is inconceivable and just not true for anyone to try to claim that Lasix had anything to do with the numerous breakdowns which occurred at

Santa Anita Racetrack last year. I would go so far as to say that if anyone tries to convince you that Lasix was the cause of all of the breakdowns last year in Santa Anita, they are intentionally misleading you. Breakdowns at racetracks and fatalities can be caused by many factors and I recognize that we must all do our best to minimize fatalities in our horses, particularly during racing and training. The racetrack industry members who are working on a more comprehensive proposal have spent considerable time not only to address all of the important issues needed for racetrack safety and horse safety, but we have also spent considerable time trying to analyze the potential Constitutional infirmities and practical difficulties trying to craft Federal Legislation that would be a more comprehensive Bill to address these issues. Because we recognize that there is considerable support in the House for H.R. 1754 and it would be a setback to start from scratch by introducing a new Bill, and notwithstanding that others feel that a new Bill is more appropriate, the consensus which I support is that we should make significant amendments to H.R. 1754, instead of just introducing a stand-alone competing Bill. Therefore, I have committed myself to working on these amendments with the rest of the NTRA representatives. We have authorized counsel to move forward in that regard. To some extent, it seems that while H.R. 1754 remains a possibility, there are some proponents of

H.R. 1754 who prefer their version, which could impact the progress of enacting a more comprehensive Bill for our industry. The better approach would be for our NTRA Special Committees to work together on significant amendments to H.R. 1754 to have it address all the comprehensive needs of our industry.

Lastly, I thank you for your time today and by way of sharing some of my background, I have been involved in the Thoroughbred industry not only in New Jersey, but in a number of states for over 40 years. My father was involved in horse racing before me. I am the president of a law firm, Drazin and Warshaw, in New Jersey and I am also currently the Chairman and CEO of Monmouth Park Racetrack, a Thoroughbred racetrack in New Jersey. I have owned horses, raised horses, bred horses, and have participated in almost every aspect of the business at one time or another in the last 40 years. I have represented the Thoroughbred horsemen in New Jersey for many years and have also served as their Legislative counsel, General Counsel, and President. I have served on Blue Ribbon Panels in New Jersey on horse racing, and I was appointed Chairman of the New Jersey Racing Commission where I served until I resigned to lead the horsemen in operating Monmouth Park Racetrack. I was also instrumental in the litigation to have PASPA declared unconstitutional, leading the path for sports betting

to be permitted in the United States and was one of the leaders in moving forward the challenge to the prohibition of sports betting. The New Jersey Thoroughbred Horsemen's Association (NJTHA) was a party to the case of Murphy v. NCAA, et al. and under my leadership, opened sports betting in New Jersey in June, 2018. I am available to answer any questions.

Ms. SCHAKOWSKY. Thank you very much.

So we have concluded witness opening statements. At this time, we will move to member questions. Each member will have 5 minutes to question our witnesses. That is a total, question and response. And I will start by recognizing myself for 5 minutes. I do have a number of questions, so I hope that the responses can be concise.

Racehorses in the United States are injured at a much higher rate than the rest of the horseracing world, resulting in nearly 500 horse deaths in the United States every year. One of the keys in stopping injuries and deaths is establishing standards for drug policy.

So, Mr. Irby, many say the use of medication on race-day contributes to the injuries that we are seeing. Would you see fewer—would we see fewer horse injuries if race day use of medicine were banned?

Mr. IRBY. Yes, Chair Schakowsky, I do believe that we would. The death rate in the U.S. is 2-1/2 times greater than that of the rest of the world. And they do not allow the use of medication on race day. So we are at the bottom of the barrel, along with Canada, in that aspect.

Ms. SCHAKOWSKY. So why does a 24-hour period in a race really matter?

Mr. IRBY. Well, I think that is more of a scientific question. I am not sure that I could fully answer that, but I would say that there are horses that are trained on some drugs and raced on some other drugs. I think that leaves time for those drugs to leave their system, for the most part.

Ms. SCHAKOWSKY. Mr. Lear, horseracing is governed by 38 different racing jurisdictions which can each adopt their own drug policy. Is this current approach working?

Mr. LEAR. Not at all. Not at all. And it is not just an issue of different rules, different investigations, the whole thing that I went through. That is how they adopt the changes they make. Some of them do it by statute, as in Florida. Some of them do it by lengthy State regulatory processes, as is the norm in California. Others do it in different ways. So it ends up being a complete patchwork that is never going to be this—even if the uniformity were achieved, it would be ephemeral, because the next change would have to go through the same gauntlet of different processes.

Ms. SCHAKOWSKY. And for you again, the bill also establishes third-party enforcement for creating and implementing an industrywide anti-doping program. Why is a new organization needed?

Mr. LEAR. It is needed because the existing system is so fragmented that it can't speak with one voice and act uniformly. In the areas that this bill addresses, it would replace the existing multiplicity of systems with one system, and that system would be able to act in the way that I suggested.

Ms. SCHAKOWSKY. Thank you.

And, Mr. Irby, the bill aims to set a uniform list of substances and treatments that are allowed and those that are prohibited on race day. How will this help to protect our horses?

Mr. IRBY. Well, I think that will help the—the bill would provide flexibility in the regulations that would come forward that would

enable issues related to horses that actually do require certain medications under certain circumstances.

Ms. SCHAKOWSKY. And, Mr. Irby, why is uniformity across the United States necessary?

Mr. IRBY. Well, it is necessary because there are 38 or so racing jurisdictions now with a different set of rules, and a multitude of different regulations, and it is a patchwork. So trainers that might have an infraction in one State may go on suspension and, particularly in the Northeast, where there are so many States that are close together, they can just pack up and go to another State and race horses at a different track in another State and don't really serve that much of a consequence for their actions.

Ms. SCHAKOWSKY. Got it. Mr. Irby, the Horseracing Integrity Act would apply protections to the major breeds of racehorses in the United States. That would include Thoroughbreds and Standardbreds and Quarter Horses. Why is it so important to ensure all of these major breeds are protected?

Mr. IRBY. Well, I think all horses are, first and foremost, equally important no matter what breed they are and where they are racing and what type of racing, but there are also a multitude of different types of racing that occur at the same track or several tracks at the same location. There may be Thoroughbred or Quarter Horse racing, where there is also harness racing. So you want uniformity across those tracks across the U.S.

Ms. SCHAKOWSKY. I thank you, and I yield back.

And the Chair recognizes Mrs. Rodgers, subcommittee ranking member, for 5 minutes to ask questions.

Mrs. RODGERS. Thank you, Madam Chair. And thank you everyone, for being here today.

Mr. Martin, would you explain the current regulatory framework that governs horseracing and how H.R. 1754 will impact it?

Mr. MARTIN. I thank you for the question. Let me—in addressing this; I am sitting here in shock as to the lack of depth of knowledge as to what is currently going on. There have been a statement here about a trainer who can get a violation and pack up and just go to the next State. That is not true. The regulatory jurisdictions that are members of the ARCI have agreed to reciprocity. So if they are suspended and sanctioned in one State, it carries over to the next State. If you are excluded in New York, you are not allowed to participate in New Jersey, Pennsylvania, State of Washington; it doesn't matter.

There has also been statements with regard to the extent to which horses are running with pain-masking medications. We conduct an extensive drug-testing program. The numbers are in my written statement. If that statement were true, we would be seeing it. Our clear rate—because we test for that—our clear rate is comparable to the clear rate in the WADA labs worldwide, as well as the USADA lab.

Do people do that? Yes, they do. And we do detect them. But our clear rate, of all the labs worldwide, in any sport, is about 99.4 or -5 percent, depending on the sport. And while we do see a lot of overages of therapeutic medications, it is a small percentage of all of the horses that are tested.[11:30 a.m.]

Mr. MARTIN. But to create that as the image of what is going on is inaccurate to the facts that are there.

Mrs. RODGERS. I have a couple more questions.

Mr. MARTIN. I am sorry.

Mrs. RODGERS. If we can—yep. Yep. OK? So do you want to just talk about how you believe 1754 will impact the current regulatory framework?

Mr. MARTIN. I think it duplicates a framework that is already in existence. I think the goal of trying to get to uniformity is a very good goal. We believe there is substantial uniformity but not total uniformity with regard to—

Mrs. RODGERS. All right.

Mr. MARTIN [continuing]. The testing in the labs.

Mrs. RODGERS. OK.

Mr. MARTIN. The labs are accredited.

Mrs. RODGERS. OK.

Mr. MARTIN. And we think you can achieve uniformity by adopting the ARCI model rules, which is the—

Mrs. RODGERS. OK.

Mr. MARTIN [continuing]. Basis for everybody.

Mrs. RODGERS. Thank you. I am going to wrap it up there.

Mr. Lear, would you explain why you believe the Federal Government needs to create an independent entity to develop and administer an anti-doping and medication program for your sport?

Mr. LEAR. Yes. We start with the fact that the current system is not working and is not protecting our horses. We agree that the rate of deaths and injuries is unacceptable. And having tried the other ways, once collaboratively within the industry in this program called NUMP, and having tried with an interstate compact, which is the other way we can lawfully work together, and those having failed, at the end of the day, this is our choice. There are—

Mrs. RODGERS. Thank you.

Mr. LEAR [continuing]. Other examples of this type thing.

Mrs. RODGERS. OK. Thank you.

Dr. Anderson, if enacted, H.R. 1754 would ban all medications from being administered 24 hours before a race, which includes Lasix.

Can you explain why Lasix is administered on race day? And, if banned, what alternative methods would be used to treat EIPH in horseraces?

Dr. ANDERSON. Well, currently, as you said, Lasix is given at approximately four hours prior to racing. It is a very controlled amount, meaning the same dose. It is transparent in the programs; everybody knows it is going on.

But why would it—the question was?

Mrs. RODGERS. Why is it administered on race day, and what would the alternative methods be?

Dr. ANDERSON. Well, as far as I can tell, there are no alternative methods other than managing the horse metabolically, which would be pulling the water in advance, this type of thing.

I think my best answer is to tell you how we have a number of horses come to the United States from Europe and other places

where they are not able to manage EIPH using management techniques.

Mrs. RODGERS. OK. Thank you.

A final question would just be: Are there any concerns about having the Federal Trade Commission oversee this type of program? Would anybody want to address that? Is there anyone on the panel that has concerns about the FTC overseeing—OK?

Mr. Martin?

Mr. MARTIN. We have a problem with a Federal agency that really doesn't have any veterinary expertise being in the position of being the ultimate rule-maker.

And one of the—I don't want to sound like a broken record—one of the reasons why we are pressing for the incorporation of the ARCI model rules by reference is because they are the cumulative effect of a prolonged process involving veterinarians, researchers, scientists, affected constituencies in the industry, as well as independent regulators.

Mrs. RODGERS. OK. Thank you very much.

My time has expired. I yield back. Thank you.

Ms. SCHAKOWSKY. The gentle lady yields back.

And I recognize Congresswoman Castor for 5 minutes.

Ms. CASTOR. Thank you, Madam Chair.

Thank you to all the witnesses for being here today.

Looking into this issue, I was surprised at how many of the fatal horse injuries are tied to a preexisting minor injury. I saw information from the California Horse Racing Board that 90 percent of fatal horse injuries are tied to minor preexisting injuries like microfractures in the bone. And then you think about the stress of this over-1,000-pound horse sprinting at 40 miles per hour. That would turn a minor injury into something that is catastrophic and ultimately leads to that horse's death.

That is why I think focusing on the pre-race detection and appropriate treatment for these injuries will be so important. I know that medications are administered to ease discomfort and reduce inflammation and that these medications probably mask the injuries, and that makes that pre-race detection much more difficult.

I wonder, Mr. McCarron and Mr. De Francis, how prevalent is the use of pain medication in horseracing? And is that contributing to the high rate of deaths?

Mr. DE FRANCIS. The short answer to your question, Congresswoman, is, yes, it is very prevalent, and it is the major factor that contributes to the high rate of deaths.

The challenge that we face is that virtually every medication, by its very definition, has therapeutic qualities and has negative, health-endangering or performance-enhancing qualities.

Lasix is a great example. Lasix is very therapeutic for that small percentage of the horses that have a propensity, a genetic propensity, to suffer from exercise-induced pulmonary hemorrhaging, EIPH. And it is administered on those horses. It has the therapeutic effect of allowing them to race where they otherwise would not be able to do so.

The problem is that the number of horses that suffer from that malady is a small percentage of the overall racing population, yet virtually 100 percent of the horses' race on it. Why? The other 94

percent that doesn't need it to solve EIPH are using it as a performance enhancer because it flushes 20 pounds of water weight out of their system and allows them to race with less weight and, thus, run faster.

The problem is you have a 90-plus percentage of horses racing in a dehydrated state. You don't need to be a medical doctor to understand the negative impacts of that.

All of these issues—the reason why USADA is so critical to this bill is not because of the medications and drugs that exist today but because of the medications and drugs that are being developed right now, mostly in human labs for human applications that are then transmitted to equine applications, that mask pain, that have a whole variety of potentially therapeutic impacts but could also be used in a way that is very damaging and dangerous to the horse's health and safety.

It is a balancing test, a balancing act that needs to be done on a regular basis, on an ongoing basis into the future. There is no organization that is better qualified in the world to conduct that balancing than USADA. They have the greatest—they are acknowledged worldwide as having the greatest repository of having scientific knowledge and expertise anywhere in the world.

Most importantly, despite the best intentions of racing commissions around the country in various States, the many racing commissioners are subject to the tug and pull of different kinds of conflicts. They are responsible for all other aspects of the sport. USADA is completely independent. They would have no conflicts whatsoever, and no other motivations other than what is in the best interests of the health, welfare, and safety of the equine athlete.

Ms. CASTOR. OK.

Mr. McCarron, do you agree with that?

Mr. MCCARRON. Yes, I certainly do.

And I have personal experience with Lasix. As a jockey, I had to work hard to watch my weight throughout my career, and there was a period of time when I resorted to taking Lasix on a daily basis. And I have to tell you how horrible it feels, trying to be an athlete and perform in a dehydrated fashion.

If I walk into the jockeys room and I get on the scale and I weigh 115 pounds stripped, I have to go get in the hot box and pull three or four pounds in order to be able to get my weight down to the weight that has been assigned for that horse to carry. And the other measures are—taking Lasix is another very—laxatives are very—they used to be prominent but not so much anymore. But it is very easy to pop a Lasix pill and go ahead and shed three or four pounds of water weight. And I will tell you what: It takes its toll on the rider towards the end of the day. You feel exhausted.

Ms. CASTOR. Thank you.

Ms. SCHAKOWSKY. And now I recognize the ranking member on the subcommittee, Mr. Walden, for 5 minutes.

Mr. WALDEN. Thank you very much, Madam Chair. And my apologies for not being here—

Ms. SCHAKOWSKY. Not on the subcommittee—

Mr. WALDEN. The full.

Ms. SCHAKOWSKY. On the full committee.

Mr. WALDEN. That is all right. We will take it. Thank you.

We had another hearing going on about wildfires and safety of the power lines and everything going on downstairs, so I have been at that one.

But I did want to come up here, because I wanted to extend a warm welcome to all of you for being here. Protecting the health of horses is important to all of us in this room, and we know it evokes pretty strong passions and that we all want to do what is right. We may have some disagreements on what that is, and that is what brings us here today.

And, you know, in my district, I have all of eastern Oregon. We have 50,000 people come to the great Pendleton Round-Up, one of the great rodeos of all time. You are all welcome, by the way. It is in September. We will see you there. But we also have small rodeos as well. And so the life and health of horses and all animals are part of our culture in eastern Oregon.

Last Congress, we had a similar hearing on similar legislation. Then, it was H.R. 2651, the Horseracing Integrity Act of 2017, and discussed many of the issues that you all have been discussing today.

Since that time, of course, tragically, we have lost 13 horses at Santa Anita. I understand that probably didn't have anything to do with Lasix necessarily but, again, it is about the welfare of the horses. So we appreciate your input.

Mr. Lear, I have a couple of questions——

Mr. LEAR. Yes.

Mr. WALDEN [continuing]. That I would like to address to you.

Please address Mr. Drazin's concern—and I heard it when I came in—that the Horseracing Integrity Act, if passed, might face constitutional challenges. Do you believe this bill is constitutional? If so, why?

Mr. LEAR. Yes, I do. And we worked—I am a lawyer, but we——

Mr. WALDEN. I won't hold that against you.

Mr. LEAR. That is perfectly fine. I am still recovering.

We involved some really sophisticated constitutional lawyers. We were aware of the PASPA litigation before it was decided. We took a hard look at this to make sure we didn't run afoul of anti-commandeering. We have tailored the bill not to run afoul of issues relating to delegation. We have continued to follow the Supreme Court's positions on various of the issues, and we are confident that it would withstand a constitutional challenge.

Mr. WALDEN. All right. And, of course, none of us would know until it goes to court and the judges rule, but we appreciate—I wanted to make sure you had a chance to respond.

And I would also like you to respond to Mr. Martin's argument that the bill does not address the gaping hole that he cited, namely horses not under the jurisdiction of a government agency. Would H.R. 1754 solve that, in your opinion?

Mr. LEAR. In some ways, it would, because it would have the ability to look back at horses coming into racing.

Bisphosphonates is an example of a medication that has recently come to light and gotten a lot of attention. I will say that there are entities within the industry that reacted very quickly to that. The Thoroughbred sales companies—one of my other hats is as a trust-

ee of Keeneland, and we moved very quickly to adopt standards that would allow the testing for bisphosphonates at the sale. And we sell as early as yearlings—I mean, as weanlings, which is even before their first year, which it takes it very far back. You can reject it if it is a positive test.

And, by the way, one thing I want to say about that: If the rest of the industry cooperated like the sales companies do in having the same rules of the game, we probably wouldn't be sitting here today.

Mr. WALDEN. Right.

And I have been told the cost of implementing H.R. 1754 would require the Standardbred horseracing industry and the Thoroughbred horseracing industry to pay unequal amounts. And I wondered if you could speak to that.

Mr. LEAR. I am not sure about the source of that information. The way in which all of our estimates of cost have been put together is to look at the total number of starts, the total number of horses, and what is currently being spent today. So, in our estimates, we have blended it together—

Mr. WALDEN. All right.

Mr. LEAR [continuing]. And I have not heard that particular criticism.

Mr. WALDEN. That takes care of that one.

Dr. Anderson, thank you for being here.

In your testimony, you mentioned the therapeutic-use exemption allows an athlete in the Olympics to compete in competition under the influence of an otherwise banned performance-enhancing substance. So my question is: If this bill were enacted, all medications, including therapeutic drugs, would be banned. So as a veterinarian, is that concerning? Is that something we should be concerned about?

Dr. ANDERSON. That is concerning, although my understanding is that the bill would accommodate for appropriate withdrawal periods. However, I think that—I would like to just address some of the statements here, which are regarding Lasix, for example.

Mr. WALDEN. Yes.

Dr. ANDERSON. That has no scientific evidence as being detrimental to a horse's welfare, and I think that we confuse sometimes that medication with illicit doping.

Mr. WALDEN. All right. Thank you for that.

Madam Chair, thanks for your courtesy. My time is expired. I yield back.

Ms. SCHAKOWSKY. Thank you.

And I now yield to Congresswoman Kelly for 5 minutes for questions.

Ms. KELLY. Thank you, Madam Chair. And thank you to all of the witnesses.

Mr. Martin, I want to go back to the Los Angeles County District Office's recently concluded investigation. What do you think those investigations tell us about medication overall in the horseracing industry—horseracing industry?

Mr. MARTIN. One of the things that—the reason why we are proposing that the horses be tracked from the minute they are registered and the veterinary records be deposited with either a gov-

ernment agency or an NGO on a national basis is because we need to understand what is going on with those horses. And I think what—the district attorney’s investigation pretty much reaffirmed the concern that we have as an organization.

Drugs in society play a necessary role. They keep us healthy. They make us healthy when we are sick, but they can be abused just as they are in humans. We feel—and with all due respect to my friend, Mr. Lear, who talked about what is in the bill, we feel we need to have that information. When those horses show up under the jurisdiction of the regulatory agency, the regulatory vet can pull up their entire medical record, and that those horses have been flagged if they have had any kind of condition throughout their career.

Just as if any one of us were diagnosed with cancer—my wife is a cancer survivor. When she was diagnosed 20 years ago, they followed her very closely, and that is what we need to do to these horses.

Ms. KELLY. And they made several recommendations to improve safety and reduce fatalities. I am assuming you agree with these safety concerns. And are there more recommendations that you would recommend? And have these concerns been adopted across the—or these suggestions been adopted across the country?

Mr. MARTIN. I would need to review that and answer that for the record.

Ms. KELLY. OK. And in addition to the issues around the use of medication, do you think improving protocols for identifying pre-existing conditions and track maintenance would improve overall safety for horses and jockeys?

Mr. MARTIN. Absolutely, Congresswoman.

Ms. KELLY. And to our retired jockey, do you feel there is more that we can do to make the industry safer for jockeys?

Mr. MCCARRON. Oh, yes, I certainly do. I think that, if I had my way, it would be just hay, oats, and water. Simply put, I think an athlete that does not have a say-so in what medications are administered cannot protect itself. I think that—I think horses’ careers would last longer if they were trained and raised on nothing but hay, oats, and water.

I joined WHOA as a member on May 19 of 2014, and I firmly believe that a trainer, if he has got enough knowledge, enough talent to train horses, should have the ability to get the job done without any medication, other than when a horse—obviously other than when a horse becomes ill. You certainly need to take the measures to protect the horse’s health that way.

But as far as their legs are concerned, they are going across the ground at 40 miles an hour carrying anywhere from 900 to 1,200 pounds, and if something is amiss—it was stated earlier that pre-existing conditions include microfractures. Well, those microfractures become real fractures when a beast of that size is getting across the ground so quickly, carrying 120 pounds on its back. They are very susceptible to injury already, and if they have anything that is preexisting whatsoever, it will come out; that is for sure.

Ms. KELLY. Mr. Irby, did you want to comment on that?

Mr. IRBY. I think that no athlete, as Mr. McCarron said, that does not have a choice in the matter should be given drugs, like

our human athletes do. It is about the health and, the safety and the welfare of the horse, and if they are in pain, they can't tell you they are in pain necessarily. They don't have the ability to speak to us, so, really and truly, there is no way to actually know, when you are giving a horse certain medications, if it is actually causing pain or alleviating the pain.

Ms. KELLY. And, Mr. McCarron, I was asking about—I note the horse is healthy and safe, then that leads to the jockey. But anything we should be doing for the jockeys, any regulations that should be different for your health and safety besides the horse?

Mr. MCCARRON. Well, as Mr. Drazin had mentioned earlier, I am interested in how the regulations and rules are going to apply to the use of the crop. That has nothing to do with the horse's health, but as far as measures to further protect the jockeys, the key is running sound horses and riding sound horses. That is the key.

Ms. KELLY. Thank you so much. And thanks to all the witnesses. And I yield back.

Ms. SCHAKOWSKY. Mr. Carter, you are recognized for 5 minutes for questions.

Mr. CARTER. Thank you, Madam Chair, and thank all of you for being here. It is certainly an important subject.

Dr. ANDERSON, I want to start with you, and I want to ask you: Is furosemide—I know it is used to treat exercise-induced pulmonary hemorrhaging? Is it used for any other reasons?

Let me ask you this: Is it administered for any other reason aside from that?

Dr. ANDERSON. No, it is not.

Mr. CARTER. So that is the only reason it is administered?

Dr. ANDERSON. Yes, only reason.

Mr. CARTER. It does have other effects.

Dr. ANDERSON. It has a diuretic effect, and that would be the only effect.

Mr. CARTER. OK. And what kind—does that give a horse an advantage of any type, a diuretic effect? I mean, if a horse loses 20 to 30 pounds after the administration of—I am a pharmacist, so I am familiar with furosemide, and I know what it does, and I know that it is used to treat edema, used to treat hypertension, and that you remove fluid from the body, which makes it—

Dr. ANDERSON. That would typically—

Mr. CARTER [continuing]. Easier for the blood to flow.

Dr. ANDERSON. That would typically be given for a scenario where you actually had pathology in place. So these are horses that are—they are only treated with Lasix on race day. Those pathologies are not in place because they have had their pre-race exam, et cetera.

But I do think that the important thing to know is there is no science that is reliable that relates EIPH—or the treatment of furosemide to performance enhancing. It allows them to perform to their ability because it removes the—well, it doesn't remove; it ameliorates the EIPH syndrome.

Mr. CARTER. If you take 20 to 30 pounds of fluid off of a horse, can they run faster?

Dr. ANDERSON. I don't know the answer to that, and I'm not sure that anybody does. In humans, that is correct, but, for example,

where I practice, we ship to seven different States on any given day, and those horses are all going to be losing weight just shipping.

Mr. CARTER. Doctor, I am——

Dr. ANDERSON. Now, that's not——

Mr. CARTER [continuing]. Not a veterinarian——

Dr. ANDERSON. Right.

Mr. CARTER [continuing]. But common sense would tell me that, if you take 20 to 30 pounds off of an animal, they are going to perform——

Dr. ANDERSON. That is common sense, but that is not science, and that is all I am trying to speak from.

Mr. CARTER. OK. OK. So when is furosemide administered typically?

Dr. ANDERSON. Four hours pre-race.

Mr. CARTER. Is that allowed under the current system?

Dr. ANDERSON. Yes, it is. Yes, it is.

Mr. CARTER. Is it allowed anywhere else outside of North America?

Dr. ANDERSON. Canada.

Mr. CARTER. Which is North America.

Dr. ANDERSON. Sorry. Yes. I am Canadian too.

Mr. CARTER. That is scientific, but, nevertheless—I am sorry. Is the use of furosemide allowed anywhere outside of North America?

Dr. ANDERSON. Not on race day. It is used during training extensively overseas, and in any of those——

Mr. CARTER. Why is that?

Dr. ANDERSON. You know, I think the thing to back up to is why do we use it. We use it to assist with protecting our horses from exercise-induced pulmonary hemorrhage, and I think one of the things that everybody recognizes is that Lasix, furosemide, has the ability to decrease the incidence of that during horses at high speed.

Mr. CARTER. OK. Mr. McCarron, thank you for being here. We are just delighted that you are here, and I am excited to have a Hall of Fame jockey here. But I want to ask you——

Mr. MCCARRON. Thank you, sir.

Mr. CARTER [continuing]. Could this legislation that we are considering today, could it—what would it mean for the safety of jockeys if we were to implement this?

Mr. MCCARRON. Nothing but purely sound horses would be competing.

And if I may just briefly address the can a horse run faster with 20 to 30 pounds less? Very often, or quite occasionally, a horse will drop the rider leaving the starting gate and get loose, and more often than not, that horse will run around the track and be in front because he is not carrying 120 pounds. So a diminished amount of weight in the horse will allow them to run faster, without question.

Mr. CARTER. Hence, that is why we don't see any jockeys over 200 pounds, right?

Mr. MCCARRON. Right. Yes.

Mr. CARTER. OK. OK. All right. I have got one last question, and this one is to you, Mr. Martin. I have sat here during this hearing, and I hear you say that, you know, the current system is fine and

we don't—and we may need to tweak it some. Why are we having all these horses dying if we don't need to implement something like this? I mean, it would be irresponsible for us to sit up here as Members of Congress and ignore the fact that we have had all these horses dying. Why are they dying?

Mr. MARTIN. Congressman, I am not here to say that the existing system is fine. In my opening statement and in my written statement, I basically called for a major expansion of the regulatory authority over horses that does not actually exist today, and I think that that is necessary to basically be able to track those horses, to keep the at-risk horses off the racetrack.

It is the preexisting conditions. It is the things that we don't know about that are causing these horses to die. And the more information you put in the hand of that regulatory veterinarian—I was brought into the State of New Mexico for the attorney general who did an investigation about a jockey that had died crossing the finish line as the horse broke down at one of the Quarter Horse tracks.

And when I went through all the vet records, when I went through every piece of paper at the racing commission, at the racetrack, at the vet records, the thing that hit me is that this horse had conditions that nobody knew about. So if those vet records were centrally warehoused—and I tell you, if that were my brother that died, I would have—I am not even going to go there. But that is the hole in the regulatory scheme, and we need to talk about that.

Mr. CARTER. Well, my time is up, and I am sorry it is up, because this is—I will be quite honest with you. I was really not looking forward to this, but as I sat through this hearing, this has been fascinating. We need to address this. This needs to be addressed.

Thank you, Madam Chair, and I yield back.

Ms. SCHAKOWSKY. The gentleman yields back.

Mr. CÁRDENAS is recognized for 5 minutes.

Mr. CÁRDENAS. Thank you, Chairwoman Schakowsky, and thank you for hosting this very important hearing.

Some of the folks in this whole process have a voice, and some of the participants in this process have no voice, and we need to do our best to be a voice for everyone to make some commonsense legislation.

I just want to point out so I don't forget, I just have a little side note. Apparently, 2-1/2 times—there is a 2-1/2 times higher rate of racehorse deaths in the United States versus other parts of the country—excuse me, the world. So, obviously, there are things that we can do better here in the United States than perhaps human beings, whether you call them regulators, legislators, kings, or whoever runs those countries, they seem to be focused a little bit better, more accurately on at least the livelihood of the horses and their safety more than we are here. So we have a lot of work to do in America.

The American Horse Council published a study in 2017 on the economic impact of horseracing, and in California, the horseracing industry reports over 10,000 direct jobs and adds over \$870 million in direct value to the State's economy. I am proud to have some

of these equine-serving businesses in my district, but in recent decades, horseracing has struggled.

In 2002, apparently there was \$15 billion that was bet on Thoroughbred races in the United States, and in 2018, that fell down to about \$11 billion. In 2002, nearly 33,000 young horse—racehorses were registered, and last year, that number fell to about 19,900.

This year alone, five horses have died at Santa Anita Racetrack, which is near my district in California. And according to an investigation by a task force created last year by the Los Angeles County District Attorney's Office, 56 horses have died from July 1, 2018, through November 30, 2019. And as a Member of Congress, I think I have a responsibility to represent all of my constituents, including those that do not have a voice, and make sure that we are making good, sound decisions and making sure that our society is working in the right vein for everyone involved.

Speaking as a former business owner myself, if you want the horseracing industry to survive and succeed, then we need to win back the trust of the people, and the industry must put the health of horses at the top of our priority list.

And I have a quick question for Mr. McCarron. What languages are likely spoken in the back stretch? They call it the backstretch, the people who work with the horses all day and the people behind the scenes.

Mr. MCCARRON. Yes, sir, we call it the back stretch—back side, back stretch.

Mr. CÁRDENAS. Is there more than one language spoken there often?

Mr. MCCARRON. It is predominantly Hispanic.

Mr. CÁRDENAS. Yes. So what languages do they tend to speak? Spanish?

Mr. MCCARRON. Yes.

Mr. CÁRDENAS. Yes. The reason why I ask that question is because I just want to show my respect to the invisible people in this industry, people who work really, really long hours, people who are true, true professionals, and I believe that every single one of them love, love these horses very much. I know that when my father—when I saw him get on the horse later on in his life, he became a different person. It took him back to the days when he grew up on a horse.

So much respect to the people who dedicate their time and energy to the well-being of these horses. They are not scientists, they don't have degrees, they don't speak from a point of science, but they sure as heck know what the heck they are doing, and I just want to throw my respect to them.

Mr. Drazin, to what extent have concerns about the safety of horseracing affected the sport's popularity? And do you agree—I am sorry. Go ahead, Mr. Drazin.

Mr. DRAZIN. Certainly. This past year has been difficult for our industry. There were 35-plus breakdowns at Santa Anita Race-track, in your backyard.

Mr. CÁRDENAS. Yes.

Mr. DRAZIN. And I am hear to tell you today that those breakdowns had nothing to do with Lasix, had nothing to do with medi-

cation. They had to do with the safety issues relative to Santa Anita Racetrack, and that is where they need to address this. PETA has had a big voice. And the problem in the past has been we in the industry knew that horses break down, hopefully less and less, but they do break down. But it has become a public relations nightmare with what has happened.

Mr. CÁRDENAS. When you say breakdown, you mean they die?

Mr. DRAZIN. They die.

Mr. CÁRDENAS. OK.

Mr. DRAZIN. Some broke down——

Mr. CÁRDENAS. I hope that when I break down, people don't refer to me as I broke down. I think, with all due respect, I think that plays down the fact of the matter is that we lost a life.

And my time is up, sir, so I yield back.

Mr. DRAZIN. Well, if I could summarize an answer.

Mr. CÁRDENAS. It is up to the Chair. I am sorry. It is up to the Chair.

Mr. DRAZIN. May I answer the question?

Ms. SCHAKOWSKY. No. His time is up. That is how it works.

I am going to—I am going to call on Mr. Soto and then Mr. Tonko, and then I am going to ask—I will do it now—unanimous consent to break the rules.

[Discussion off the record.]

Ms. SCHAKOWSKY. So I guess how we will do it, so that I am not totally delinquent but allowing you to speak, we will immediately reconvene a second panel, at which time the cosponsor of this legislation can speak. I ask unanimous consent to do that.

Hearing no objection, that is what we are going to do.

OK. And so now, Mr. Soto.

Mr. SOTO. Thank you, Madam Chair.

In preparation for this hearing, I was looking at the history of horseracing, and it is really amazing. Six thousand years of domestication, 4,500 years where we have had horseracing. I mean, that is a long time, and it shows the special relationship between humans and horses.

In Florida, it is really popular. Tampa Bay Downs, Hialeah, Gulf Stream, Pensacola, and there is even a horseracing culture in Ocala and Palm Beach in the State of Florida. In my own area, in central Florida, we have the Florida Cracker Horse, not known for its speed, but it does carry a lot of ranchers around and has its origin among the Spanish many years ago.

But we see advancing technology and advancing pharmaceuticals and different techniques that are a threat to the sport. We saw it before in baseball and in the Olympics, and now in horseracing. And I can't imagine how much the temptation is when it is such an expensive sport, when there is so much invested in these horses and so much money at stake, but at the end of the day, people enjoy the sport because it is hard-fought, and it has to be fair, so that when we see someone cross the finish line, it means something; it is not just because they found some way to get around the rules.

I applaud both Representative Tonko and Representative Barr for putting forward a bipartisan bill to ensure the integrity of this popular sport that is really important to Floridians.

And I wanted to just ask the whole panel, each of you one by one: Do you think this bill will help restore integrity to the sport? If so, why? If not, then name one recommendation that would be—should be considered.

And let's start with Mr. Irby.

Mr. IRBY. Yes, I do think it would greatly improve the integrity of the sport, save equine lives. And if I could add one thing, it would be requirements about the reporting of the medical history of the horses.

Mr. SOTO. OK. Thank you.

Mr. Martin.

Mr. MARTIN. I don't think the bill as it is presently written is going to improve the integrity of the sport. What I think would improve the integrity of the sport was to take that nongovernmental organization, turn it into a multijurisdictional investigative situation to do out-of-competition testing as well as out-of-competition suitability exams, to do the reviews of horses that are red-flagged because of their vet records and procedures, that maybe we need to know more about them.

Mr. SOTO. Thank you.

Mr. Lear.

Mr. LEAR. I think this will do a world to improve the integrity of the sport and the interest of people, and that the two things that most drive people away from our sport are concerns about whether it is really fair and breakdowns. Nothing runs fans away from horseracing like the death of a horse.

Having been involved with the development of this bill with the two cosponsors, and primary cosponsor from the start, it would be hard for me to say there is anything I particularly have left out at this point, but we have worked—I will say this: We have worked with a lot of other people, including AAEP, the vets, and some others that are in opposition to the bill, trying to find common ground so that we can all pull in the same direction.

Mr. SOTO. Thank you, Mr. Lear.

Dr. Anderson.

Dr. ANDERSON. I believe that it would improve the integrity from an anti-doping perspective. I do not think it would change very much on the therapeutic medication. And I think, if I was to add to this, it would be significant reforms in the area of safety, and I think it is totally lacking in safety oversight.

Mr. SOTO. Thank you, Dr. Anderson.

Mr. De Francis.

Mr. DE FRANCIS. An unquestionable yes to your question, Congressman. It would undoubtedly improve the integrity of the sport, most importantly in the perception of our customers and in the perception of the general public, whose support we need in order to have a viable business.

Mr. SOTO. Thanks.

And, Mr. McCarron, thanks for appearing today, by the way, and for your opinion—

Mr. MCCARRON. Thank you. You are very welcome.

Yes, I certainly do feel it would definitely improve the integrity. Back in 2003, I was hired as general manager at Santa Anita Park. I did that. I was in that position for about a year and a half.

The number one complaint I had from patrons, I had them coming into my office on a daily basis saying that the integrity of the sport is just abysmal, that they are sick and tired of betting on races, not knowing who the cheaters are, not knowing which horses are going to be coming out of barns that are not playing by the rules, and something drastic has to be done. And I believe—I have a lot of faith in this bill, that it would accomplish just that.

Mr. SOTO. Thank you.

And, Mr. Drazin.

Mr. DRAZIN. Thank you. This bill will not save racehorses. There will still be injuries. There will still be deaths. What it will do, I agree, is it will accomplish something in changing the public's perception of being able to promote that all horses are medication-free on race day. And I think that may restore some public confidence.

But I think, in order to save horses, what I would like to see changed is that we incorporate amendments that deal with race-track safety accreditation of your horses, preexisting injuries, and detection of horses that have problems on race day. In Monmouth Park, New Jersey, a State vet examines every horse every day that they are going to race. We need uniformity throughout the country, you know, in order to protect these horses.

Mr. SOTO. Thank you. And my time has expired.

Ms. SCHAKOWSKY. Thank you.

Mr. Veasey, welcome, and you are recognized for 5 minutes.

Mr. VEASEY. Thank you. Thank you, Madam Chair.

I wanted to talk with you about some of the safety concerns about—with the jockeys and the horses. Is there any sort of correlation with certain tracks and lower purses as it relates to these safety concerns? Are we seeing more incidents of some of the things that you all have been talking about today at tracks that don't have those higher purses versus tracks that may be more well organized that bring in more people where we see the purse is higher? Anybody?

Mr. DRAZIN. I think that is correct.

Mr. DE FRANCIS. Yes. The short answer to your question is yes.

Mr. VEASEY. Yes, it is.

Mr. DRAZIN. And I think there are tracks who don't go through the NTRA track safety accreditation. You know, if everybody did it, we would have a safer product. There are tracks that need to examine the horses, State vets looking at these horses before they get out there, and sharing medical records. If you claim a horse and that horse has been treated—you can have a horse that you claim that had a fracture, and had a plate and screws put in there; next guy doesn't know until he gets the horse. So we need to share these records from day one all the way through racing.

Mr. MCCARRON. And if I may, sir, there certainly is a correlation between lower purses and less opportunity for jockeys and for trainers. For instance, Sam Houston Race Park, the purses there are nowhere near what they are in New York or Florida or California, and the horses are of a much lower class. And I don't have any cold, hard facts in front of me to prove it, but I do believe that there is a correlation between lower purses, smaller tracks, and probably a higher rate of breakdown, which very often ends up in injury to the jockey.

Mr. VEASEY. All right. Well, yes, that is very concerning. I have a track in my district, in Grand Prairie, that since before I was in Congress, they have complained about, you know, the low purses at that track and how they have been, you know, bleeding clients for, you know, quite a long time. And, of course, you know, the jockeys and the horse people, they don't want to bring their—the better horses there to those tracks, and if that is causing a safety concern too as it relates to the jockeys and the horses, I think that is really bad.

Do you think that States that don't have gaming—because a lot of lower purses have been tied to no gaming at these tracks? The people that I have talked to in the past have said that they would have higher purses if they had gaming also in conjunction with horseracing. Do you think that that makes a difference? Have you all seen the tracks that do actually have gaming? Are there better safety records at those tracks?

Mr. DE FRANCIS. Again, the short answer to your question—

Mr. VEASEY. Yes.

Mr. DE FRANCIS [continuing]. Congressman, is yes. Ironically, I was actually part of the group back in the mid-1990s that was awarded a license to construct the racetrack that you now refer to in your home district in Grand Prairie, so I am very familiar with your district.

Mr. VEASEY. OK.

Mr. DE FRANCIS. Unfortunately, safety costs money. That is the hard reality. And the more money that is available, then the higher safety standards and better testing protocols and more effective enforcement you can have. It is really not too much more complicated than that.

Mr. VEASEY. Right. Yes.

Thank you very much, Madam Chair. I yield back.

Ms. SCHAKOWSKY. Yes.

And now I recognize Mr. Tonko, who has waived onto the committee and is a chief sponsor of this legislation.

Mr. TONKO. Thank you, Madam Chair.

Mr. Martin, in your testimony, you state that ARCI is in favor of uniformity but prefer a voluntary approach.

And, similarly, Mr. Drazin, you support uniformity and a commissioner-like approach to the sport, and yet oppose the only piece of legislation that would make that happen.

And then, Dr. Anderson, you strongly support uniformity in your testimony as well.

So we are all, in theory, talking about the same goals, and yet each of you opposes just the very piece of legislation that would make this a reality instead of a tired talking point. So my question to any of you, and it is mostly a rhetorical one, is: When can we actually expect results from this scheme? We have received countless promises from the industry for decades, and yet here we are in 2020 with more than 40 deaths on the tracks in Santa Anita, further tarnishing the sport in the eyes of the American public.

When is enough enough? We have always had an open door, and I continue to be patient and open to working with you, as I believe my colleague, Representative Barr, has been, to incorporate feedback into the legislation, but the time for talk is done.

We have a plan before us that is an action plan that respects the equine athlete from a medications perspective. Other ripple effects will come from this to the good, and I say let's not stop at doing the good here. We need action, not more promises, which is why I am proud that this legislation is moving forward.

Dr. De Francis, I wanted to come back to address the Lasix question directly. I think your testimony provides the best perspective when it comes to how regulators should be evaluating the drug by using a cost-benefit analysis. Can you explain to the committee why the cost of continuing to allow race-day administration of Lasix vastly outweighs the benefits?

Mr. DE FRANCIS. I think the simple answer is, again, trying to conduct this balance. The benefit is that we are allowing a small percentage—and the numbers vary, but it is in the neighborhood of six percent—of the horses that have a genetic predisposition to EIPH to be able to be therapeutically treated by Lasix, and, thus, race where they otherwise would not be able to. That is the benefit.

The cost is that the 94 percent of the horses that are not genetically prone to suffering from EIPH are using it purely as a performance enhancer to eliminate water weight and allow them to run faster because they are carrying less weight. Anyone that has ever engaged in any kind of athletic endeavor knows that, if you are dehydrated and you are running as fast as you can, it is going to have a whole host of negative health impacts on your body.

And that is the reason why every other jurisdiction in the world, outside of the United States and Canada—the U.K., continental Europe, South Africa, the Middle East, Japan, Hong Kong, take your pick—all prohibit the use of race-day Lasix, because in conducting that cost-benefit analysis, they have concluded that the scales tip very heavily in favor of not allowing it.

Mr. TONKO. Thank you, Mr. De Francis.

I have done a lot of work on the opioid crisis, and let me make an analogy to another drug as it relates to humans, that being the opioids. We all know that opioids are highly effective in addressing pain, but the cost-benefit analysis requires their judicious use because the cost to the individual and society is so high when opioids are inappropriately prescribed to people who simply don't need them.

Mr. De Francis, it seems that every other major racing jurisdiction in the world has done this same cost-benefit analysis with regard to race-day Lasix and decided to ban the drug on race day. How have these racing jurisdictions managed to thrive despite the use of race-day Lasix?

Mr. DE FRANCIS. I think probably the biggest single distinction between their thriving without it and the way we race in America is we have a much higher percentage of races that are run on dirt in America than there are overseas, particularly in Europe and other parts of the world, and we race more often. There is a lot more—there is just more racing in the United States than there is in foreign countries. And so that is the one reason why they have been able to succeed without using race-day medication.

I think the far more important issue, however, is—and you referenced it earlier, Congressman. The problem generally of drugs and medications and their impact on horses' health and well-being

has been brewing for years, almost like a growing tsunami. Now, the tsunami is about to crest and destroy us all. We have been fiddling while Rome has been smoldering. Now, Rome is engulfed in flames in an absolute inferno.

As I mentioned in my direct testimony, we are losing, at an increasing rate, the confidence of our basic customers. No business can survive long when that happens. You know, I have run a business for 20 years and had to make payroll. I know what—you know, what you need to do. And when your customers—Chris mentioned his time as general manager of Santa Anita. This crisis has now reached—well, this problem has now reached crisis proportions. And we can't let—I agree with many of the things that Mr. Martin and Mr. Drazin have said in terms of things that we can do to improve the horse health and safety, but let's not make the perfect the enemy of the good. We need to take action right away. Every day that we delay, we are losing more and more public support, more and more fans, more and more customers, and it is going to be that much more difficult to get them back.

Mr. TONKO. Well, let me thank all of the perspectives in this sport, in this industry, for your participation on the legislation. And I appreciate my colleague and friend, Representative Barr, for all the work that we have been able to do together with that input. So let's move forward with progress.

And, with that, Madam Chair, I yield back. And, again, thank you for the opportunity for the hearing.

Ms. SCHAKOWSKY. Thank you.

Well, we have the chairman of the full committee who is here, Mr. Pallone, who is now recognized for questions for 5 minutes.

The CHAIRMAN. Thank you, Madam Chair.

I said in my opening remarks that we can all agree that the safety of the sport and the health of the animals is most important, and to make the sport safer, we need to identify the factors contributing to horses breaking down. So my questions are of my friend, Mr. Drazin. Dennis, thanks for being here again.

In your written testimony, you state that there are areas of concern not addressed in this legislation that could improve the health and welfare of racehorses. I know you said a little bit about it, but what are those—if you want to elaborate a little more on those areas of concern and to what extent they are contributing to racehorse injuries and fatalities specifically?

Mr. DRAZIN. Sure. So it starts—I guess a good reference for me as I was chairman of the New Jersey Racing Commission. Racing was about to close down in New Jersey. Governor Christie at the time said either someone is going to take over the track, State is not going to run it, and I stepped off the Commission to do that.

So the first thing that I did when I came into Monmouth Park was I addressed track safety. I spent the money that was necessary to make sure that we had a professional crew that came in there, added dirt, added base, did whatever was necessary to ensure that these horses would race over a safe surface, and that worked. Monmouth has had a lower breakdown rate than Santa Anita, a lower breakdown rate than the national average.

But, frankly, I am not here to tell you it is OK with me if one horse breaks down. It is not. So you start with making your tracks

safe. Then you have to make sure that medical records of these horses are shared, because a lot of these horses have preexisting conditions that the vets know about, the owners know about, but the next person down the line doesn't know about them. And when those horses are already compromised, you know, it creates a safety problem.

In my own life, you know, when my horses have a problem, I give them time. I get them healthy again. No horse runs better than a healthy horse that is sound. So that is the way I handle it. But the industry, you know, has people that have money, people that are struggling, so not everybody can do that.

Then you need to make sure that you address certifications of racetrack safety. So the NTRA, which is our national Thoroughbred Horsemen's Organization, has a committee that certifies racetracks for safety. Every track should be certified for safety. And I think when we talk about medications, we do things, you know, to react to issues that are going on, so we have third-party administration of Lasix.

The CHAIRMAN. Well, let me ask you about the medication, because we are going to run out of time, so I have kind of two questions—

Mr. DRAZIN. Sure.

The CHAIRMAN [continuing]. So if I could put them into one.

You suggested that modifications to the current medication protocols and regulatory structure may not actually protect the health and welfare of the racehorses; it could actually harm them. So I wanted you to explain that.

But then, also, you stated that a uniform anti-doping and medication control program and standardized medication protocols are needed, and so I wanted to say how we can best go about creating such a program and protocol.

If you would try to answer both of those, because otherwise, we are going to run out of time.

Mr. DRAZIN. Yes. I think Federal legislation is the wrong way to go, but in response to what Congressman Tonko said before, we all want to accomplish the same thing, so we have been working very hard with the NTRA. There are about 30 of us that sit around the room, and we are compromising. We are going to come up with a more comprehensive bill that addresses all of these issues. I am frustrated too with it—

The CHAIRMAN. But specifically with regard to the ban on medication like Lasix, you used—

Mr. DRAZIN. Yes, sir. So Lasix is something that is therapeutic for horses. The AAEP says it is the only therapeutic treatment of horses that will help these horses. And I was around in days when New York did not permit Lasix. Lasix has slowly gained acceptance if you go back a number of decades. And in New York, when you couldn't use Lasix and other jurisdictions used them, we had problems in New York, so they withdrew them from water a day before. They would muzzle them, so they wouldn't feed these horses, trying to accomplish the same weight loss.

They would cheat. They would give these horses medications, not race day, but the day before, things like Kentucky Red, things that

they were experimenting with to see if they could hold the bleeding. And they are going to continue to do that.

If you ban Lasix, number one, my track, Monmouth Park, we probably won't survive. I don't think we will be able to get enough horses to participate, because probably 80 to 90 percent of our horses run on Lasix now.

We are not a jurisdiction that has a casino. I think New York gets \$250 million a year for their racing industry. Pennsylvania gets a similar number. New Jersey doesn't get that kind of money. So we rely upon the horses that come to us, and they compete. And if you have a 5-horse field, because horses can't compete anymore because they can't compete unless they get Lasix, instead of a 10- or 12-horse field, you are going to lose revenues.

You are not going to be able to make ends meet, and then you are going to start rolling back on your other commitments that you have to your horses to make it safe there. You are not going to have money for dirt. You are not going to have money to work on the base.

I want to do what is right for horseracing, and I would pledge to all of you to continue to work with the NTRA and this special committee that we have to develop a more comprehensive plan.

I am frustrated by the delay. I agree with Congressman Tonko, it has taken too long. But we are at a crisis now. Because of what happened at Santa Anita, the whole focus of the industry is on saving horseracing, because we recognize we are heading in the wrong direction. And I think that if you give us—I am going to go out on a limb and, say, another six months—we will be able to come together with a consensus bill that would be better for the industry.

The CHAIRMAN. Thank you.

Thank you, Madam Chair.

Ms. SCHAKOWSKY. All right. Well, so that concludes our first panel. I want to thank all the witnesses who are here today. I think this was really an excellent conversation that we have had, and hopefully, we will be able to move forward together.

And, at this time, I ask that staff prepare the witness table so that we may begin our second panel shortly.

And, once again, we are all appreciative of your thoughtful contributions to this conversation. Thank you.

Mr. LEAR. Thank you.

Mr. DE FRANCIS. Thank you.

[Recess.] [12:31 p.m.]

Ms. SCHAKOWSKY. Thank you.

I will now introduce the witness, the one witness, for our second panel, Congressman Andy Barr, who represents Kentucky's Sixth District—Sixth Congressional District.

You are recognized for an opening statement for 5 minutes. As is our tradition, we will not be asking questions of a Member, but you are now recognized.

STATEMENT OF THE HON. ANDY BARR, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH STATE OF KENTUCKY

Mr. BARR. Thank you, Chairwoman Schakowsky. Thank you for your leadership and for holding this hearing. Thank you, Ranking

Member Cathy McMorris Rodgers, for your leadership and for holding this important hearing. And I want to thank my cosponsor and the author of this legislation, Paul Tonko, for his leadership in striving towards reform of the horse industry in a way that will advance the safety, the integrity, and the international competitiveness of the sport.

And as was indicated by the ranking member, I do have the privilege of representing the—what is known as the horse capital of the world. My friend, Mr. Tonko, sometimes quibbles with that, because New York is such a great racing State, but this is a beautiful sport. It has a rich heritage and history, and it has, in addition to being part of the fabric of our culture in New York and Florida and Maryland and California and Kentucky and other great States, it is a massive economic impact to our country and obviously to our States.

And we need to preserve the safety of the equine athletes, the human athletes involved, and the integrity of the sport, and the international competitiveness, both of our racing stock and our breeding stock, in order to continue to earn the public's confidence so that we can continue to have the jobs and economic activity that this rich sport and industry provides to so many of our constituents.

Let me just take the opportunity to—I think the problem has been well laid out, the 38 different conflicting jurisdictions. Let me take the balance of my time to address some of the issues.

I think that some of the recommendations by some of our witnesses who oppose the legislation make sense. I think we should listen to those recommendations, including Mr. Martin's view that we need to bring more of these horses under government supervision. That is what our bill would do.

Mr. Drazin's point is that we do have a public perception problem. He doesn't think that that this will prevent breakdowns because he is focused on track maintenance. Track maintenance is an issue, but it is not the only issue, and uneven medication rules are a part of it, and covering up and masking the pain of the horse is a true issue. This will reduce breakdowns.

I think sharing medical records, uniformity of track conditions, and maintenance standards makes sense. Certification of racetrack safety makes sense. The NTRA's special committees make a lot of sense and they are doing good work. But this idea that Federal legislation is the wrong way to go, if you go back to The Jockey Club minutes, from the 1970s and the 1980s when they were discussing medication reform, they were saying back then that we don't need Federal legislation. The efforts to reform the industry by the industry itself, and the efforts through interstate compacts have failed. Mr. Lear pointed that out.

With respect to FTC oversight, I want to point out to the members considering this legislation that the architecture of this bill fully makes sure that we have industry representation, and expertise that would go into the formulation and enforcement of the rules, especially and including veterinarians to inform the process. I would point out that the opponents of the legislation, Mr. Martin, Dr. Anderson, and Mr. Drazin, all indicated that they support uni-

formity, uniformity that has not been achieved in 40 to 50 years of trying without Congress.

I want to also point out something that has not been mentioned, and that is that handle drives the sport. We have seen a decline in handle, meaning that horseplayers and participants, wagerers are losing interest in this sport. That is the lifeblood of this industry. It means bigger purses. We need to attract a new generation of fans that do have competition, in terms of the entertainment dollar out there. The decline in handle is an indication that we need reform, and if we can attract a new generation of fans, that will drive purses, and that will be the solution for Monmouth Park, not just putting our head in the sand on this.

International competitiveness. If you talk to participants in this sport in France and in the United Kingdom and in Dubai and in Japan and Australia, where they have no race-day medication, there is a reputation problem with our product. And coming from the breeding capital of the world where we sell yearlings, this reputational problem is a big deal. And international competitiveness can be repaired and the sales can be repaired internationally if we have additional integrity.

Finally, on the issue of Lasix, which admittedly is a controversial topic, you know, Dr. Anderson indicated that there was only one therapeutic indication for Lasix or Salix, and that is EIPH. If you go to any major track in America today, if you were just a casual fan, and you open up the daily racing form, it is pretty apparent that 90 percent or more of those entrants are on Lasix. I can tell you that 90 percent of those horses are not suffering from EIPH. So if the only therapeutic indication is EIPH, why are all the other competitors on Lasix? Four-hour administration is not necessarily required, but there is a scientific debate about that.

But the fact of the matter is, we heard the testimony from the rider expert here, that obviously, a lower-weight horse has a performance-enhancement advantage. And so why do trainers authorize third-party administration of Lasix to horses that don't have the problem? It is because it is performance-enhancing.

Thank you for the opportunity to participate, and I yield back.
[The prepared statement of Mr. Barr follows:]

PREPARED STATEMENT OF HON. ANDY BARR

Thank you, Chairwoman Schakowsky for holding this hearing on the Horseracing Integrity Act, legislation I have introduced with my colleague, Rep. Paul Tonko, to enhance uniformity, safety, and integrity in horseracing.

Nothing is more synonymous with the Commonwealth of Kentucky than thoroughbred breeding and horseracing. My District in particular, holds the title Horse Capital of the World. My home, Lexington, Kentucky, is surrounded by more than 400 horse farms and Keeneland hosts many notable races, including the Toyota Bluegrass Stakes and the Breeders Cup-which will be held again at the racetrack this fall. With the privilege of representing this unique industry comes the responsibility of fighting for its future.

I want to emphasize today, however, that this sport is not solely relevant to those in states that are home to Triple Crown Races. Horseracing is very much a national sport. The horse industry contributes approximately \$50 billion in direct economic impact to the U.S. economy and has a direct employment impact of 988,394 jobs. Therefore, advocating for this industry requires more than celebrating its proud heritage.

Currently regulated by 38 separate jurisdictions, the horseracing industry labors under a patchwork of conflicting and inconsistent, state-based rules governing pro-

hibited substances, lab accreditation, testing, and penalties for violations. This lack of uniformity has impeded interstate commerce, compromised the international competitiveness of the industry, and undermined public confidence in the integrity of the sport.

The Horseracing Integrity Act would remedy these problems by authorizing the creation of a nongovernmental anti-doping authority governed by representatives of all major constituencies of the industry and responsible for implementing a national, uniform medication program for the entire horseracing industry.

I am a conservative who believes in federalism and states' rights, but I also understand that the Constitution gives Congress the power to regulate interstate commerce precisely for the purpose of eliminating these kinds of impediments to interstate exchange. A national uniform medication program is not about creating more bureaucracy or regulation; rather it is about streamlining the current regulatory structure to ensure the safety of our athletes.

The most recent draft of the Horseracing Integrity Act was developed through a highly deliberative and bipartisan process and takes into consideration a diversity of perspectives from all parts of the industry. The result is support from a majority of Members of the House. We must build on the momentum in Congress and the industry as a whole to ensure the safety of our athletes and increase the popularity, public confidence, and international competitiveness of the sport.

Ms. SCHAKOWSKY. The gentleman yields back. Thank you very much.

And now without—I request unanimous consent to enter the following testimony into the record.

Mrs. RODGERS. Oh, yes.

Ms. SCHAKOWSKY. Without objection, so ordered.

A letter of support from Tom V. David, DVM. A letter from Samantha Smith, The Jockey Club. A letter from the New York Racing Association. A letter from Arthur Gray. A letter from—what is it? —Keeneland Association, Inc. A letter from the Humane Society Veterinary Medicine Association. A letter from the U.S. Harness Racing Alumni Association. A letter from 50 horse trainers. A letter from the Homes for Horses Coalition. A statement by Representative Andy Barr. A letter from Arthur Hancock, Stone Farm president. A letter from the former chairman of the Association of Racing Commissioners International. A letter from the former president of the American Association of Equine Practitioners. A letter from Nancy L. McLean, University of Edinburgh Equine Association. A letter from R. Anthony Chamblin, supporting—sporting member—no—supporting member of the Water Hay Oats Alliance—Water Hay Oats Alliance. A letter from the governor and Mrs. Steven B. Besh—Beshear of Kentucky. A letter from Sid Gustaf—Gustafson, doctor of veterinary medicine. A letter from Barry Irwin, Team Valor International. A lot of interest in this.

A letter from Staci Hancock of the Water Hay Oats Alliance, managing member. A letter from Matt F. Uliano, right, or Iuliano, executive vice president and executive director of The Jockey Club. A letter from Stewart Janney, chairman of The Jockey Club. A list of the current 38 pari-mutuel racing jurisdictions. A letter from the West Point—from the West Point Thoroughbreds. A letter from Travis T. Tygart, CEO of the U.S. Anti-Doping Agency. A letter from Vinnie Viola of St. Elias Stables, LLC. A letter from Dr. A. Gary Lavin. A letter from Dr. Douglas Daniels. A letter from Keith Crouper. A letter from the Equine Health and Welfare Alliance. A letter from the National Horsemen's Benevolent and Protective Association. A letter from the Iowa Horsemen's Benevolent and Protection Association, David McShane. A letter from the Iowa Horse-

men's Benevolent and Protection Association, John Moss. A letter from the Horsemen's of West Virginia. Letter and documents from Dr. Thomas Tobin. A letter from the North American Association of Racetrack Veterinarians. A letter from the Washington National Horsemen's Benevolent and Protection Association. A letter from the American Quarter Horse Association. A letter from the Kentucky Horsemen's Benevolent and Protection Association. And finally, a letter from the Animal Welfare Institute.

Ms. SCHAKOWSKY. And now I would like to thank our witness and the previous witnesses for their participation in today's hearing.

I remind Members that pursuant to committee rules, they have ten business days to submit additional questions for the record to be answered by the witnesses who have appeared. I ask each witness to respond as promptly as possible to any question that you may receive.

And at this time, the subcommittee is adjourned.

[Whereupon, at 12:43 p.m., the subcommittee was adjourned.]

[The information appears at the conclusion of the hearing.]

PREPARED STATEMENT OF HON. GREG WALDEN

Good Morning and welcome to the Consumer Protection and Commerce Subcommittee legislative hearing on H.R. 1754, the Horseracing Integrity Act of 2019.

I want to first extend a warm welcome to our distinguished panel for joining us today. Protecting the health of horses is important to all of us in this room and evokes strong passions. We all want to do what is best; we just disagree on what that is.

From the Pacific Northwest to the renowned racetracks in Kentucky, New York, and New Jersey, horses hold a special place in our lives, our culture, and our local economies. In my district alone, roughly 50,000 people travel to Pendleton, Oregon to participate in the world-famous Pendleton Round-Up rodeo. Prineville, Oregon is home to local horse races at the Crooked River Round-Up. Many communities across rural Oregon hold rodeos and races throughout the year. So, I am no stranger to the important role horses and horseracing play in our lives.

Last Congress, we held a similar legislative hearing on then-H.R. 2651, the Horse Racing Integrity Act of 2017, and discussed many of the same issues we will explore today. This hearing is also very timely. Within the past 13 months, a number of horses have tragically died at the Santa Anita racetrack in Los Angeles, California. Now, I understand those deaths are not likely tied to Lasix or necessarily captured by this legislation, but the welfare of horses certainly is top of mind.

Today, we will hear from a diverse panel that covers all facets of the industry and I hope we will hear from you how your industry is currently regulated, what can be done to better protect horses, how this legislation will impact your industry, and if there have been any industry-led efforts to try to resolve some of the issues we discussed last Congress.

You all are experts in your field, and your insights are very valuable to us. Thank you for being here today and I am looking forward to your perspectives on this.

January 22, 2020

Chair Jan Schakowsky
Ranking Member Cathy McMorris Rodgers
Energy & Commerce Subcommittee on Consumer Protection and
Commerce
2125 Rayburn HOB
US House of Representatives
Washington, DC 20515

I would like express my support for the Horseracing Integrity Act of 2019, HR 1754 to the Subcommittee on Consumer Affairs and Commerce.

As a veterinarian who practiced on race tracks for over thirty years followed by ten years participating in racing regulatory work, I feel qualified to speak to what I see as major problems in racing today. I have served on the Racing Committee, Ethics Committee, Racing Task Force, and the Medication Task Force for the AAEP. In my last 5 years of regulatory work, I served as Equine Medical Director for the Louisiana Racing Commission. I worked with the ARCI and RMTC in an attempt to initiate uniform medication in all racing jurisdictions. That has yet to be accomplished. Thus the need for passage of the Horseracing Integrity Act.

My work in racing began in 1968 and continued through 2011. I practiced prior to permitted therapeutic medication and for over twenty years of varying permitted medications. During the many years of permitted medications, we have not improved the health/welfare of the racing animal. Horses are currently seeing less starts per year and shorter careers than any time in history. Catastrophic injuries are plaguing our industry and the public view is that we are not doing enough to protect the horse and rider from injury.

In my opinion, there are three major issues facing our industry. Breeding, track surfaces and medication are on everyone's short list. Medication must first be addressed so that the breeder and track superintendant have a truer model to study. NSAID's, corticosteroids and bleeder medications are the main groups of permitted therapeutic drugs.

NSAID's are not being used for their intended therapeutic purpose but for the relief of pain. Using these medications close to race time makes it difficult for the prerace examining veterinarian, trainer and jockey to determine the soundness of the horse prior to the start of the race. Thus horse and rider are at risk.

Corticosteroids are also being used close to post time in an effort to mask joint problems and in combination with NSAID's, compound the risk for the horse and rider.

The bleeder medication, furosemide (Lasix) is the most controversial medication today. The US and Canada are the only primary jurisdictions that permit its use on race day while it is prohibited in all of Europe. Lasix is a PED (Performance Enhancing Drug) and is not a cure to EIPH. EIPH is evident in nearly every horse if followed throughout their career, but only appears to be a problem in a small percentage of those racing, although some 95+% of racing participants are receiving it on race day because of it's performance enhancing property. Lasix is a crutch that many trainers and veterinarians have used rather than manage the EIPH horse by altering training, racing and environment. One of the initial arguments for lasix's approval was that horses would be able to race more often, that has not proven to be so. Also there appears to be a genetic component to EIPH and if so should we continue to encourage breeding horses that are problem bleeders?

In my opinion the racing animal should not be asked to give its maximum effort under the pharmacological effects of any medication. The majority of the racing world is racing without these so called permitted therapeutic medications while at the same time providing excellent health care and ensuring the integrity of the sport. The racing public does not want current medication policies to continue nor do many prominent individuals in the industry. Racing historically was designed to measure the natural ability of the horse and the trainer's ability to bring it out.

Regards,

Tom V. David, DVM



DAVID T. O'ROURKE
Chief Executive Officer and President

January 23, 2020

Rep. Jan Schakowsky, Chair
 Rep. Cathy McMorris Rodgers, Ranking Member
 Energy and Commerce Committee
 Subcommittee on Consumer Protection and Commerce
 2125 Rayburn HOB
 United States House of Representatives
 Washington, D.C. 20515

Representatives Schakowsky and McMorris Rodgers,

Thank you for giving The New York Racing Association (NYRA) the opportunity to submit this letter of support for H.S. 1754, The Horseracing Integrity Act of 2019 (HIA), which was introduced by Congressmen Paul Tonko (D-NY) and Andy Barr (R-KY).

NYRA holds the exclusive franchise to conduct thoroughbred racing at Aqueduct Racetrack, Belmont Park and Saratoga Race Course. Our three tracks are the cornerstone of New York's thoroughbred industry, which is responsible for 19,000 jobs and more than \$3 billion in annual economic impact statewide.

Nothing is more important to NYRA than the health and safety of our equine and human athletes, which we believe is critical to ensuring the long-term integrity and fairness of our sport. For that reason, we strongly support passage of H.R. 1754, which will greatly enhance the safety of thoroughbred racing by setting the national standards for drug testing and enforcement that our sport desperately needs.

Unlike other professional sports, horse racing is not governed by a national body. Instead, 38 state and regional organizations across the country oversee a patchwork quilt of regulations that vary by jurisdiction. Different standards for drug testing and enforcement create a fragmented system of regulations that are not in the best interests of health and safety for equine and human athletes alike. Horses that are subjected to inconsistent medication rules while in competition face the risk of injury when medical plans change each time they race in a different state.

NYRA also believes a strong anti-doping system is a significant component of ensuring the integrity of the sport and better protecting our athletes. In New York, we have adopted the National Uniform Medication Program (NUMP), which was developed by the Racing Medication and Testing Consortium. However, not all racing jurisdictions have adopted every part of the NUMP.

The Horseracing Integrity Act will create a private, national and independent horse racing anti-doping authority - the Horseracing Anti-Doping and Medication Control Authority (HADA). The authority would be under the governance of the United States Anti-Doping Agency, which is responsible for

The New York Racing Association, Inc. | 110-00 Rockaway Blvd. Jamaica, NY 11417 | (718) 659-2328 | dorourke@nyrainc.com | www.nyra.com

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drug regulation of America's Olympic and Paralympic athletes. The HADA will create a set of uniform anti-doping rules, including lists of permitted and prohibited substances and methods, and also take into consideration international anti-doping standards and veterinarian ethical standards.

H.R. 1754 has garnered widespread bipartisan support with 228 co-sponsors and 27 original co-sponsors, all of whom recognize that it is critical to helping protect racehorses and jockeys. The legislation would bolster safety efforts already underway in our industry.

NYRA, for instance, is accredited by the National Thoroughbred Racing Association's Safety and Integrity Alliance. We are also a founding member of the Thoroughbred Safety Coalition (TSC) - a collective of the nation's leading racing organizations working collaboratively to advance safety measures across the sport while increasing accountability and transparency.

In short, we believe that the passage of H.R. 1754 is vital to equine health and the integrity of our sport, as well as the many industries it supports. We urge that all racing jurisdictions join NYRA and other major tracks in supporting this legislation.

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "D. O'Rourke", with a stylized flourish at the end.

Dave O'Rourke

January 28, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

The Honorable Janice Schakowsky
Chairwoman
Subcommittee on Consumer Protection
& Commerce
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Subcommittee on Consumer Protection
& Commerce
Committee on Energy & Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris:

I have 45 years of experience in horse racing, 30 years as a racing official during which time I worked diligently to ensure integrity and safety. The limitations and flaws in our business and regulatory model have been deficient for decades while all efforts to address our issues have failed. *The Horseracing Integrity Act* is absolutely the only avenue to saving our business and the economic impact it contributes to our economy.

I wish to submit the attached article, that I recently wrote, to the record. It furthers explains the need for reform and passage of the *Horseracing Integrity Act*.

Respectfully,

Arthur Gray
Standardbred Horsemen,
Presiding Judge and Integrity Consultant

Statement by
William W. Thomason, Jr.
President and Chief Executive Officer, Keeneland Association, Inc.
House Energy & Commerce Subcommittee on Digital Commerce and Consumer Protection
HR 1754 Horseracing Integrity Act
Tuesday, January 28, 2020

Keeneland was established in 1935 in the heart of America's most significant Thoroughbred breeding region, and today owns and operates one of the country's iconic racetracks and the world's largest Thoroughbred auction house.

From the beginning, Keeneland's mission was "to create a model race track to perpetuate and improve the sport and to provide a course that is intended to serve as a symbol of the fine traditions in Thoroughbred racing." Inextricably bound to that mission throughout our history have been unwavering commitments to the health and safety of our equine and human athletes and to the protection and enhancement of the American Thoroughbred such that it remains respected and in demand around the world.

True to that mission and those commitments, Keeneland has always presented outstanding Thoroughbred racing. Horses that have run at Keeneland include household names like Bull Lea, Tim Tam, Riva Ridge, John Henry, Holy Bull, Northern Dancer, Forward Pass, Forego, Unbridled, Round Table, Arts and Letters, Honest Pleasure, Alydar, Rachel Alexandra and Spectacular Bid. Twenty-three horses that ran in Keeneland's premier Kentucky Derby prep race, the Blue Grass Stakes, were first in the Kentucky Derby; 13 won the Preakness; 16 won the Belmont; 9 of those horses won two legs of the Triple Crown; and one, Whirlaway, won the Triple Crown. American Pharoah completed the first "Grand Slam" in American Thoroughbred racing by topping off his Triple Crown victory with a win in the Breeders' Cup Classic at Keeneland on October 31, 2015.

Keeneland is the world leader in Thoroughbred auction sales. In 2019, Keeneland sold 6,667 Thoroughbreds for \$627 million. Buyers came not just from the United States, but also from more than 45 countries, representing an enormous investment of foreign dollars into our American equine products. Horses sold at auction at Keeneland have gone on to achieve enormous success at the racetrack and in the breeding shed. Twenty-two future Kentucky Derby winners, 25 Preakness winners, 21 Belmont Stakes winners and 119 Breeders' Cup race winners, including 13 winners of the Breeders' Cup Classic, are graduates of Keeneland auctions. In 2016, all three winners of the Triple Crown races, Nyquist, Exaggerator and Creator, sold at Keeneland auctions, and later that year at the Keeneland September Yearling Sale, a horse named Justify sold for \$500,000. As we now know, he became the 13th winner of the Triple Crown, completing that feat at the 2018 Belmont Stakes. This past year, Keeneland sales graduate Vino Rosso won the Breeders' Cup Classic and became a champion. Another Keeneland sales graduate, Bricks and Mortar, was named 2019 Horse of the Year.

HR 1754 addresses issues critical to the success and growth of racing, breeding, and sales in our great sport. By creating a robust anti-doping program, the independent authority created by this legislation will provide both uniformity and appropriate rigor to better ensure clean competition in American racing. Along with many in the industry, we support an expansion of the

legislation to include safety, welfare and performance standards that will protect horses and riders and increase public trust in the integrity and welfare of Thoroughbred racing.

The beneficiaries will include our fans who can enjoy races with confidence they are free from improper influences, participants who can compete knowing they are on an even playing field, and deserve to do so without the burden of anything in their systems that could harm them, and the jockeys who can ride the races with confidence their horses are sound and ready to compete.

We especially commend our own Congressman Andy Barr for his leadership in this important initiative and we urge the passage of HR 1754 at the earliest opportunity.

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Humane Society Veterinary Medical Association

January 15, 2020

The Honorable Frank Pallone Chairman Committee on Energy & Commerce U.S. House of Representatives 2125 Rayburn House Office Building Washington, DC 20515	The Honorable Greg Walden Ranking Member Committee on Energy and Commerce U.S. House of Representatives 2322-A Rayburn House Office Building Washington, DC 20515
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The Honorable Janice Schakowsky Chairwoman Subcommittee Consumer Protection & Commerce Committee on Energy & Commerce U.S. House of Representatives 2125 Rayburn House Office Building Washington, DC 20515	The Honorable Cathy McMorris Rodgers Ranking Member Subcommittee Consumer Protection & Commerce Committee on Energy & Commerce U.S. House of Representatives 2322-A Rayburn House Office Building Washington, DC 20515
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RE: Veterinary Support for H.R. 1754/S. 1820, the Horseracing Integrity Act

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and
Ranking Member McMorris Rodgers:

On behalf of the Humane Society Veterinary Medical Association (HSVMA) and
our 8,500 veterinary professional members nationwide, we are writing in
support of H.R. 1754/S. 1820, the Horseracing Integrity Act. This bill would end
the dangerous practice of using race-day medications in horses, create a
uniform medication policy for all 38 racing jurisdictions in the United States, and
substantially increase drug testing for racehorses.

Doping remains a serious problem in the horseracing industry. This is not
surprising since the practice is still permitted by law. Abuses of both legal and
illegal substances have contributed to increasing racehorse breakdowns and
deadly accidents. A shocking statistic is that there are 1.61 fatal racing injuries
per 1,000 starts at racetracks in the United States, according to the Jockey Club.

The Horseracing Integrity Act would designate the non-governmental U.S. Anti-
Doping Agency (USADA) as the independent anti-doping authority for horse
races. This is the same agency working with the U.S. Olympics and various
sports leagues to emphasize clean competition.

The USADA would develop a set of rules pertaining to horseracing that would
govern prohibited substances and put forth guidelines for the use of permitted
ones. The agency would also implement anti-doping education, testing and

Celebrating 10 years



adjudication of alleged violations. Rules violators would risk exclusion from interstate horseracing; the worst offenders could potentially receive lifetime bans.

As veterinary professionals, we consider these measures essential to ending the rampant misuse of controlled substances and critical to protecting the health and welfare of racehorses. We strongly encourage your support for this commonsense animal protection bill.

Thank you for your time and your consideration of this key federal legislation, safeguarding the health and welfare of U.S. racing horses.

Sincerely,

Barbara Hodges, DVM, MBA
HSVMA Director of Advocacy & Outreach

Holly Cheever, DVM
HSVMA Leadership Council Member

Gail Hansen, DVM, MPH
HSVMA District of Columbia Representative

Patricia Zinna, DVM, MS
HSVMA New Jersey Representative

Kate Maher, DVM
HSVMA Louisiana Representative

David Stansfield, BVSc, MRCVS
HSVMA North Carolina Representative

Nicholas Dodman, BVMS, DACVB, DACVAA
HSVMA Massachusetts & Maryland Rep

Pamela Greenwald, DVM, MS
HSVMA Michigan Representative



United States Harness Racing Alumni Association

January 14, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
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The Honorable Janice Schakowsky
Chairman
Subcommittee on Consumer Protection
& Commerce
Committee on Energy & Commerce
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Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Subcommittee on Consumer Protection
& Commerce
Committee on Energy & Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris:

The United States Harness Racing Alumni Association, a member of the Coalition for Horse Racing Integrity, strongly supports and endorses the Horseracing Integrity Act of 2019 as a priority bill for passage in the 116th Session of Congress.

We believe that the Horse Racing Integrity Act of 2019, H.R. 1754, as it is written, is critical to the sustainability and survival of our sport of harness racing.

For too long, the harness racing industry has failed to resolve the problems created by the use, extra-label use, or overuse of performance and other legal or illegal drugs on Standardbred race horses by some trainers and owners. Along with the detrimental effects on the horse, doping of horses within the industry damages the competitiveness of the sport, and sullies our reputation. The American public, including horse racing fans who wager on races, are no longer willing to look the other way but instead demand our response.

The Horseracing Integrity Act of 2019 would encourage the adoption of a national, uniform standard for drugs and medication in American horse racing, and the granting of rulemaking, testing and

enforcement oversight to an entity created by a private, non-profit, self-regulatory organization known as the Horseracing Anti-Doping and Medication Control Authority. The legislation would transition the current varying state-by-state medication rules and testing to higher standards that are uniform among states and that would align with world racing standards. Stiffer penalties applied to clear standards would make a significant difference in the proliferation of doping occurrences. This effort will also result in a safer sport for jockeys, drivers, and horses.

This bill as our response can change the course of history to a more promising, more sustaining future for horse racing.

Respectfully,

Freddie Hudson
Executive Director
U.S. Harness Racing Alumni Association
fhudsonscva@yahoo.com
631-896-9838

Susan Arrington
Director of Federal Affairs
U.S. Harness Racing Alumni Association
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January 14, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
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U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris,

Horse racing is at a pivotal moment in its long history in the United States. The past six months presented a string of events at venerable Santa Anita Park that have shaken public confidence in our sport and led to calls from the public and government authorities for major reform.

Each of us loves the majestic animal at the heart of our sport and wants it to flourish, and within that context we offer our support as horsemen for two watershed initiatives to enhance the integrity and safety of horse racing.

We voice our support for the Horseracing Integrity Act of 2019 (HIA), introduced on a bipartisan basis in the House of Representatives and the Senate. The HIA puts the entire regimen and apparatus for Thoroughbred drug testing in the very capable hands of an independent board composed of non-conflicted equine experts and representatives of the United States Anti-Doping Agency and creates a framework for uniform testing, regulations, and sanctions nationwide to best protect the integrity of our sport and vouchsafe the health and well-being of racehorses.

We understand the HIA is not without controversy among some of our colleagues, specifically regarding concerns of increased cost and regulation. But the sport finds itself amid an ongoing crisis of confidence and the need to reform and restore public trust more than justifies the necessary sacrifices. We are ready for change and will embrace it for the greater good.

Medication reform is not the only path to safe racing. We also support initiatives to standardize and improve the quality and consistency of racing surfaces and urge the allocation of more resources by racetracks and other stakeholders for the Racing Surfaces Testing Laboratory and related research

projects, headed by Dr. Mick Peterson, formerly of University of Maine and now associated with University of Kentucky. For too long this critical piece of competition and safety has been maintained with inconsistent methods, techniques, and measurements. Technology, science, and human endeavor must marry their resources to achieve this goal, and we call for the industry to bring to bear the necessary human and capital resources to make this a reality.

Once again, we urge our colleagues to join us in supporting this vital work.

None of us takes this stance lightly, but we believe we are at a precipitous moment at which the industry must act to revive public trust in our sport and to protect our most cherished possession, our racehorses.

Respectfully,

Francis "Tres" Abbott III
Tom Albertrani
Dan Blacker
Simon Callaghan
Mark Casse
Vladimir Cerin
Christophe Clement
Ben Colebrook
Gary Contessa
Arnaud Delacour
Janet Del Castillo
Michele Dollase
David Donk
Neil Drysdale
Janet Elliot
Paddy Gallagher
Scott Hansen

Eoin Harty
Bruce Headley
Karen Headley
Mark Hennig
Bob Hess Jr.
Jessica Howell
Kimberly Schaffer Marrs
Michael Matz
Michael W. McCarthy
Kieran McLaughlin
Claude R. "Shug" McGaughey
Ken McPeck
Jeffrey Metz
Tom Morley
Graham Motion
Bill Mott
Jeff Mullins

Keith L. O'Brien
Leo O'Brien
Doug O'Neill
Todd Pletcher
Leonard Powell
Monty Roberts
Kelly Rubley
John Sadler
Joe Sharp
Gary Sherlock
Jack Sisterson
Michael Stidham
James Toner
George Weaver
Jonathan Wong
Nick Zito

January 27, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
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The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
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The Honorable Cathy McMorris Rodgers
Ranking Member
Subcommittee Consumer Protection &
Commerce
Committee on Energy & Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

RE: The Homes for Horses Coalition Support for H.R. 1754/S. 1820, The Horseracing Integrity Act

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

On behalf of the Homes for Horses Coalition (HHC) and our 526 equine rescue professional members nationwide, we are writing in support of H.R. 1754/S. 1820, the Horseracing Integrity Act. This bill would end the dangerous practice of using race-day medications in horses, create a uniform medication policy for all 38 racing jurisdictions in the United States, and substantially increase drug testing for racehorses.

Doping remains a serious problem in the horseracing industry. This is not surprising since the practice is still permitted by law. Abuses of both legal and illegal substances have contributed to increasing racehorse breakdowns and deadly accidents. A shocking statistic is that there are 1.61 fatal racing injuries per 1,000 starts at racetracks in the United States, according to the Jockey Club.

The Horseracing Integrity Act would charge the non-governmental U.S. Anti-Doping Agency (USADA) with the establishment of an independent anti-doping authority for horse races. This is the same agency that oversees drug testing at Olympic sports in the U.S. to emphasize clean competition.

The authority would develop a set of rules pertaining to horseracing that would govern prohibited substances and put forth guidelines for the use of permitted ones. The agency would also implement anti-doping education, testing and adjudication of alleged violations. Rules violators would risk exclusion from interstate horseracing; the worst offenders could potentially receive lifetime bans.

As equine rescue professionals, our members routinely rescue, rehabilitate and rehome retired racehorses; those who are lucky enough to make it through their racing career without a breakdown. However, for every retired racehorse who is lucky enough to find a second career, there are horses who breakdown on the track and do not get that chance.

We believe that the measures outlined in the Horseracing Integrity Act are essential to ending the rampant misuse of controlled substances and critical to protecting the health and welfare of racehorses. We strongly encourage your support for this commonsense animal protection bill.

Thank you for your time and your consideration of this key federal legislation, safeguarding the health and welfare of U.S. racing horses.

Sincerely,

Cheryl Jacobson

The Homes for Horses Coalition

700 Professional Drive

Gaithersburg, MD 20886

info@homesforhorses.org

About The Homes for Horses Coalition

The Homes for Horses Coalition is supported by the Animal Welfare Institute and The Humane Society of the United States' Jeannie and Jim Dodson Equine Protection Fund. It is dedicated to ending horse slaughter and other forms of equine abuse, while promoting growth, collaboration and professionalism in the equine rescue and protection community.



Arthur B. Hancock III
200 Stoney Point Road, Paris, KY 40361
859.987.3737
info@stonefarm.com

The Honorable Jan Schakowsky, Chairwoman
The Honorable Cathy McMorris Rodgers, Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

January 28, 2020

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

I am a fourth generation horseman who owns and operates Stone Farm in Bourbon County Kentucky, where we have raised three Kentucky Derby winners, several Champions and just this week the 2019 Horse of the Year, Bricks and Mortar. I am writing to plead with you to consider implementing HR1754, the Horseracing Integrity Act of 2019.

The sport of horseracing is in grave danger. Horses are breaking down from coast to coast, and the bloom is sadly fading from the rose of our sport. As I see it, the only hope we have of surviving is the Horseracing Integrity Act. That is my opinion of the gravity of the situation.

The racetrack veterinarians and their suppliers, the drug companies, have hijacked our sport and continue to drug these horses to the point that they are fragile and unsound. Hence, the injury and fatality rate has soared. For instance, in the last few days, three horses have died at Santa Anita and four in Louisiana. Racing will have no future unless we put a stop to the unnecessary proliferation of drugs.

You will hear arguments that horses need these "therapeutic" medications in order to run, but I contend that if horses need drugs to run they should not be running. But, the racetrack veterinarians are now in charge of a once great sport and a vicious circle has been created. The vets convince the trainers, the trainers convince the owners, and the horses and the sport they represent are the victims.

I once questioned the racetrack veterinarian who was treating our horses. I said that I didn't want him to use any more drugs on my horses. His reply was: "Well Arthur, you want to win races don't you?"

In closing, I would pose the question of why American horses need these drugs to perform, while the rest of the world races their horses drug free or at least with sufficient withdrawal times to prevent the drugs from being performance enhancing and detrimental to the horses.

The Horseracing Integrity Act will give us badly needed uniformity across the country and will place America on the fair and square footing that is practiced by the rest of the world.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Arthur Hancock".

Arthur Hancock
Stone Farm, President
Water Hay Oats Alliance, Supporting Member
The Jockey Club, Member
Kentucky State Racing Commission, Former Commissioner

cc:

Congressman Larry Bucshon, Congressman Michael C. Burgess, Congressman Tony Cardenas, Congressman Earl L. "Buddy" Carter, Congresswoman Kathy Castor, Congresswoman Debbie Dingell, Congressman Greg Giantforte, Congressman Brett Guthrie, Congressman Richard Hudson, Congresswoman Robin L. Kelly, Congressman Robert E. Latta, Congressman Ben Ray Lujan, Congresswoman Doris O. Matsui, Congressman Jerry McNerney, Congressman Tom O'Halleran, Congressman Frank Pallone, Congresswoman Lisa Blunt Rochester, Congressman Bobby Rush, Congressman Darren Soto, Congressman Fred Upton, Congressman Marc A. Veasey, Congressman Greg Walden

The Honorable Jan Schakowsky, Chairwoman
 The Honorable Cathy McMorris Rodgers, Ranking Member
 Committee on Energy and Commerce
 United States House of Representatives
 Washington, DC 20515

January 28, 2020

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

As former chairmen of the Association of Racing Commissioners International (ARCI), we are proud to count ourselves among the supporters of the Water Hay Oats Alliance. We join each other in praise of the Alliance's stance against drugs in horse racing and its efforts to create a path toward national uniformity by embracing HR 1754, the Horse Racing Integrity Act.

We are convinced that national uniform drug regulations are simply unachievable under our current fragmented regulatory structure. It is critical that our sport implement the highest of standards which would then translate to a racing product that has the greatest level of integrity. In our sport, winning is the reward for hard work. Without the elements of fairness and the uncompromising protection of the horse, the victories are meaningless.

It is now time to move forward. Horse racing relies on the major economic input of two sources ... the gambling customer and the race horse owner. We owe it to our customers to provide them with a uniform product which is beyond reproach, and we owe the race horse owner the opportunity to safely and fairly compete. Along those lines, the results of recent Daily Racing Form survey of fans are quite telling. When asked – "Do you believe that states are currently effective in catching trainers or veterinarians who are using illicit drugs?" – 78% responded "no" while only 16% responded "yes." By a similar margin - 64% to 22% - respondents favor the passage of the Horseracing Integrity Act.

We have heard every conceivable excuse in the world as to why a horse must be drugged on race day to compete. Choose any name you wish, Lasix, Salix, or Furosemide, they are all the same, and they are a performance enhancing drug given to horses just hours before the starting gate. Opponents contend Lasix is needed to combat internal bleeding in horses. However, research has shown that the drug is also a performance-enhancer, likely the major reason that over 90% of horses racing in America today receive Lasix on race-day, when it is estimated that only 5% of horses actually require the drug.

The current rules and standards governing the horse racing industry have long disregarded values of fairness and safety. During training and even on race day, racehorses are pushed to their breaking point by performance enhancing drugs, which currently go undetected by the industry's inadequate drug testing program. This frequent trend has become the largest concern among fans and advocates like us. This trend continues to put the longevity of the sport we love at serious risk. We owe it to our customers to provide them with a uniform product which is beyond reproach, and we owe the racehorse owner the opportunity to safely and fairly compete. Above all else, we owe it to the wellbeing of the horses and jockeys that make our sport possible.

For these reasons, we are proud to join the grassroots movement embodied by Water Hay Oats Alliance. We support the passage of HR 1754, the Horseracing Integrity Act. Our sport must move to prohibit the use of performance-enhancing drugs and appoint an independent anti-doping program run by the U.S. Anti-Doping Agency (USADA).

We urge the distinguished members of the committee to join us in our effort to resolve the problem of widespread drug use in American racing and put U.S. racing jurisdictions in step with international standards.

Sincerely,

John Ward
Joe Gorajec
William Koester

cc:

Congressman Larry Bucshon, Congressman Michael C. Burgess, Congressman Tony Cardenas, Congressman Earl L. “Buddy” Carter, Congresswoman Kathy Castor, Congresswoman Debbie Dingell, Congressman Greg Giantforte, Congressman Brett Guthrie, Congressman Richard Hudson, Congresswoman Robin L. Kelly, Congressman Robert E. Latta, Congressman Ben Ray Lujan, Congresswoman Doris O. Matsui, Congressman Jerry McNerney, Congressman Tom O’Halloran, Congressman Frank Pallone, Congresswoman Lisa Blunt Rochester, Congressman Bobby Rush, Congressman Darren Soto, Congressman Fred Upton, Congressman Marc A. Veasey, Congressman Greg Walden

The Honorable Jan Schakowsky, Chairwoman
The Honorable Cathy McMorris Rodgers, Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

January 28, 2020

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

As a member of the Water Hay Oats Alliance (WHOA) as well as the former president of the American Association of Equine Practitioners (AAEP) and the Kentucky Thoroughbred Association, steward of The Jockey Club, trustee of the Thoroughbred Owners and Breeders Association and Breeders' Cup, and currently as a director of the Keeneland Association and as vice chairman of the Grayson-Jockey Club Research Foundation, I want to lend my strong support to H.R. 1754, the Horseracing Integrity Act.

WHOA supports the passage of federal legislation to prohibit the use of performance-enhancing drugs in the sport of horse racing. WHOA members firmly believe that the appointment of an independent anti-doping program run by the United States Anti-Doping Agency (USADA) will resolve the problem of widespread drug use in American racing and put U.S. racing jurisdictions in step with international standards.

The fragmented horse industry has witnessed a steady and ongoing decline for more than a few years with one strong reason being lack of uniformity among 38 independent entities regulating rules of racing and medication. The beginning of my practice of veterinary medicine in 1962 preceded the introduction of lasix, butazolidin, cortisone, and so many synthetics.

Unfortunately, the rules of racing did not consider these new developments.....only stimulants and depressants were banned. Therefore the new products were offered without consideration of the long-term effects. Certainly blaming all of racing's problems on medication alone is unfair, but it is a major factor in our failure to unite under a single authority setting the regulations we desperately need.

Today, the United States is the ONLY major racing nation that allows race day medication! It is shown every single day around the world that race day medication is NOT NECESSARY! Actually, in the short and long term, race day medication results in limiting the careers of many equine athletes.

It is time for the Association of Equine Practitioners to support this important legislation. Horse racing is long overdue for implementing a centralized anti-doping governing body. After years of discussion among the members on the many boards I have been honored to sit on, little progress has been made, while doping has continued to destroy public confidence in racing. It is clearly time for the national oversight the Horseracing Integrity Act provides.

United we stand, divide we fall.

Sincerely,

A handwritten signature in cursive script that reads "A. Gary Lavin". Below the signature, the letters "VMD" are written in a smaller, simpler script.

Dr. A. Gary Lavin
The Water Hay Oats Alliance, Supporting Member
The Grayson-Jockey Club Research Foundation, Vice Chairman
The Keeneland Association, Director
The American Association of Equine Practitioners, Past President
The Kentucky Thoroughbred Association, Past President
The Thoroughbred Owners and Breeders Association, Former Trustee
The Jockey Club, Former Steward
The Breeders' Cup, Former Trustee

cc:

Congressman Larry Bucshon, Congressman Michael C. Burgess, Congressman Tony Cardenas, Congressman Earl L. "Buddy" Carter, Congresswoman Kathy Castor, Congresswoman Debbie Dingell, Congressman Greg Giantforte, Congressman Brett Guthrie, Congressman Richard Hudson, Congresswoman Robin L. Kelly, Congressman Robert E. Latta, Congressman Ben Ray Lujan, Congresswoman Doris O. Matsui, Congressman Jerry McNerney, Congressman Tom O'Halleran, Congressman Frank Pallone, Congresswoman Lisa Blunt Rochester, Congressman Bobby Rush, Congressman Darren Soto, Congressman Fred Upton, Congressman Marc A. Veasey, Congressman Greg Walden



THE UNIVERSITY *of* EDINBURGH
**Royal (Dick) School of
 Veterinary Studies**

Water, Hay, Oats Alliance (WHOA) – Nancy McLean, Member

January 15, 2020

The Honorable Frank Pallone
 Chairman
 Committee on Energy & Commerce
 U.S. House of Representatives
 2125 Rayburn House Office Building
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 2322-A Rayburn House Office Building
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Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

Greetings. I am writing to you in support of The Horseracing Integrity Act - HR1754/S1820.

According to the American Horse Council's 2017 annual report, the sport of horse racing contributes an added value (direct and indirect) to the U.S. economy of \$37 billion. Yet, we do not have a single governing body to establish uniformity and accountability. Instead we have 38 different racing "boards" establishing rules and regulations for that particular state. It is evident from the 30 fatalities that occurred in 6 months, at Santa Anita, that Horseracing needs strong, consistent leadership and management especially during a crisis. Racing is under the proverbial public microscope and change is needed, in multiple areas, to be able to move forward.

In comparison, there is not any other major sport that does not have their own governing commission that creates and enforces rules and regulations, provides leadership, management and accountability to/for their participants, partners and fans (NCAA, NFL, NHL, MLB, NASCAR).

The British Horseracing Authority (BHA) is currently a good example of a single commission formed for horseracing oversight. I recently spent time in Scotland/UK and was disheartened at the lack of respect American racing currently receives. We use to be looked at as world leaders in this sport, but now we are looked at as a generation of horsemen (and women) who lack the skills and talents to train successfully without performance enhancing drugs and race day medications (Bugsch 2019). However, to be able to compete, and regain respect, on the world stage we first need to create a level playing field in our own country. I believe HR1754 is the first step toward accomplishing this objective by creating a uniform self-regulating organization that can effectively lead with authority and consistency. This agency will be able to create and implement an anti doping program for the entire U.S. Horseracing industry, thereby, putting the welfare and safety of the horses and jockeys as the #1 priority.

Personal Experience

During the past 23 years I've been an Illinois Racing Board (IRB) licensed Thoroughbred groom/hotwalker, exercise rider and assistant trainer. In recent years my husband and I have enjoyed owning a few Thoroughbreds privately, in partnerships and syndicates. With the economic downturn of Illinois racing I decided to leave the racetrack work environment and follow academic pursuits in equine research. I recently received my MSc in Equine Science from the University of Edinburgh's Royal (Dick) Veterinary School and am currently serving as a Peer Tutor in the Veterinary Schools' Equine Science Program. It is through my experiences in the UK that I began to see that there is a better way to manage our U.S. sport of horseracing. Some of my best times have been spent on the backside of a racetrack with the horses, workers, owners and fans. There's nothing better than the daily routine of getting horses ready to race and compete. I can't tell you the number of hours I have spent analyzing pedigrees and studying historical pre-civil war breeding lines. We have a beautiful sport, but we have limited our ability to compete internationally because of our dependence on medications. A recent research work, set to be published this year, "has provided the clearest evidence yet of a significantly increased risk of injury when horses are competing in races in which the trainer is permitted to declare the recent use of phenylbutazone" (bute) (see Bloodhorse of Nov. 16, 2019, p.12). In that study, horses racing on bute were **45% more likely to end a race with a musculoskeletal injury and 59% more likely to be fatally injured than horses not racing on bute** (Zambruno 2017).

Another troubling statistic is the rates of equine fatalities during racing in the U.S. are higher than Great Britain and Japan...and are much higher than Hong Kong. Although Hong Kong does not include detailed total numbers as the U.S., UK and Japan statistics exhibit. The bottom-line is that the U.S. has an 85% higher equine fatality rate, during racing, than the UK and a 49% higher equine death rate than Japan. The U.S. numbers are derived from the Jockey Club's Equine Injury Database (EID), the UK numbers are from the BHA, and the Japan Racing Association provides Japan's numbers. We, as the U.S., can do so much better for our horses, jockeys, owners and fans. It's heartbreaking for all involved to experience an equine catastrophic injury.

There are a variety of reasons why breakdowns occur. Currently with voluntarily shared data (from participating racetracks) we are able to come up with 35% of the "contributor's to risk" factors (Parkin 2019). Because the sharing of data isn't a priority and sometimes is frowned upon among U.S. trainers, we, as researchers, cannot come up with the remaining 65% of the

equation. For our sport to continue to improve we must be able to source new data inputs and HR1754 may lead us to that new era in racing where transparency fosters public favor and industry growth.

Sincerely,

Nancy L. McLean
University of Edinburgh, (MSc) Equine Science

References

- American Horse Council (2017). Economic Impact of the U.S. Horse Industry. The American Horse Council Foundation, Washington D.C.
- Angst, Frank (2019). *Study Finds Phenylbutazone a Risk Factor in Breakdowns*. Bloodhorse; November 16, Number 46. pp 12-13.
- Angst, Frank (2019). *In Equine Safety, U.S. Lags International Jurisdiction*. Bloodhorse; November 23, Number 47. pp. 16-17.
- Bugsch, R. 2019, *What the recent increase in horse deaths means for the future of horse racing*, Carlsbad, University Wire Press. May, 24.
- Parkin, Tim (2019). *10 Years Since the Start of the Equine Injury Database...What Should be the Priority for the Next 10?* Bloodhorse; November 23, Number 47. pp 18-19.
- Zambruno Teresita (2017). *"Epidemiological Investigations of Equine Welfare at OSAF Jurisdiction Racecourses"* MVM(R) Thesis. 127 pages.

The Honorable Jan Schakowsky, Chairwoman
The Honorable Cathy McMorris Rodgers, Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

January 28, 2020

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

As a supporting member of the Water Hay Oats Alliance (WHOA) as well as the former CEO and President of both the Association of Racing Commissioners International (ARCI) and the Horsemen's Benevolent and Protective Association (HBPA), I want to lend my strong support to H.R. 1754, the Horseracing Integrity Act.

The two organizations I once led, ARCI and the HBPA, argue that individual states--not the federal government--should regulate racing. However, states have been ineffective in eliminating performance-enhancing drugs in racing. In 1982, David Pryor, a United States Senator from Arkansas, introduced the Corrupt Horseracing Practices Act. A Senate hearing on May 26 of that year attracted leaders of virtually every group in racing. Most of those who testified urged Pryor to let the states fix the problem, that it would be an unnecessary expense to involve the federal government. I was part of that group as executive director of the HBPA, representing 55,000 owners and trainers of Thoroughbred racehorses. The bill failed to pass and 36 years later, our industry continues to have a problem with performance-enhancing drugs.

The Pryor bill had three primary provisions: First, it would require pre-race testing of all horses; second, it would ban the race-day use of all drugs, including Butazolidin and Lasix; and third, it would prohibit the icing, numbing or freezing of all horses prior to a race. "The most important objective of the legislation," Senator Pryor stated, "is to turn the current patchwork of state medication rules and regulations into one single, enforceable, uniform standard."

Sound familiar?

The late Penny Chenery, who bred, owned and raced the great Secretariat, was among the witnesses who testified at the Senate hearing in 1982. She said: "What I am for--what every Thoroughbred breeder in America is striving to do...is to breed sound horses that can race on courage..."

I have worked in racing for over half a century, as a writer, administrator, racetrack president, and president of an international body of racing commissioners. I helped write the Interstate Horse Racing Act of 1978, which legalized simulcasting of races and off-track betting across state lines. The bill has produced millions of additional dollars for racetrack owners, horse owners, trainers and jockeys. It is proof that federal legislation can assist the horseracing industry in attaining the high standards it seeks.

Sincerely,



R. Anthony Chamblin
 Supporting Member of the Water Hay Oats Alliance
 President and CEO, Association of Racing Commissioners International (1986-2001)
 Member, Board of Directors of the International Conference of Racing Authorities (1986 -2001)
 Editor, The Breeders' Cup Magazine (1983 – 1986)
 President and CEO, Finger Lakes Race Track (1983-1986)
 President and CEO, National Horsemen's Benevolent and Protective Association (1973-1983)
 Editor and Publisher, Horseman's Journal Magazine (1965-1983)

Lexington, Kentucky 859.608.6508
 tonychamblin@aol.com

cc:

Congressman Larry Bucshon, Congressman Michael C. Burgess, Congressman Tony Cardenas, Congressman Earl L. "Buddy" Carter, Congresswoman Kathy Castor, Congresswoman Debbie Dingell, Congressman Greg Giantforte, Congressman Brett Guthrie, Congressman Richard Hudson, Congresswoman Robin L. Kelly, Congressman Robert E. Latta, Congressman Ben Ray Lujan, Congresswoman Doris O. Matsui, Congressman Jerry McNerney, Congressman Tom O'Halleran, Congressman Frank Pallone, Congresswoman Lisa Blunt Rochester, Congressman Bobby Rush, Congressman Darren Soto, Congressman Fred Upton, Congressman Marc A. Veasey, Congressman Greg Walden

GOVERNOR AND MRS. STEVEN L. BESHEAR

Hourglass Farm
3100 Jones Nursery Road
Lexington, Kentucky 40509

January 24, 2020

Consumer Protection and Commerce Subcommittee
House Committee on Energy and Commerce
2322 Rayburn House Office Building
Washington, DC 20515

Dear Subcommittee Members:

We are writing to urge you to support THE HORSERACING INTEGRITY ACT (H.R. 1754) OF 2019 currently pending in Congress.

In the years we were Kentucky's Governor and First Lady, our administration took many steps that put us at the forefront of addressing this issue. But the industry is at the point where further meaningful progress requires movement on a national level. We need federal legislation that creates uniform medication rules as well as common testing rules and procedures, consistent enforcement and the creation of a national medication regulatory authority.

It's obvious that the current federal effort is the only hope of bringing consistency among racing jurisdictions in the United States after decades of failed attempts.

There is no state in this nation with more at stake as this industry wrestles with the issue of transparency and standardization in horseracing and its impact on safety, integrity and trust than Kentucky. Therefore, we hope you will decide to support this effort.

Thank you for your consideration.

Sincerely,



Steven L. Beshear



Jane K. Beshear

*Sid Gustafson
Doctor of Veterinary Medicine
Emeritus member of the American Association of Racetrack Regulatory Veterinarians
Paris, NY*

January 24, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

The Honorable Janice Schakowsky
Chairman
Subcommittee on Consumer Protection
& Commerce
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Subcommittee on Consumer Protection
& Commerce
Committee on Energy & Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

Thank you for your time and consideration. I have long practiced racetrack medicine as an attending and regulatory veterinarian. I am a member of WHOA and the American Veterinary Medical Association. I fully and unequivocally support the Horseracing Integrity Act. Please move forward to pass and enact this essential legislation needed to protect the horses, riders, breeders, and all involved in the horseracing sport in America.

Below is my paper regarding the ethical veterinary care of the racehorse. Please implement these guidelines into legislation to protect the American racing industry:

Gustafson S, DVM

Appreciation of the evolved nature and behavior of horses provides the foundation for the ethical veterinary care of equine athletes. The establishment of a veterinary patient client relationship (VCPR) is instrumental in providing ethical care for the competition horse. Ethical veterinary practice supports the horse's long-term health and welfare interests while avoiding pharmaceutical intervention in the days and weeks before competition.

Horses evolved as social grazers of the plains, moving and grazing in a mutually connected and constantly communicative fashion on a near-constant basis. Contemporary equine health and

prosperity remains dependent on providing an acceptable degree of this near-constant movement, foraging, and socialization. When horses are confined to fulfill convenience and performance interests, the horse's natural preferences need be re-created to a suitable degree to avoid exceeding the adaptability of the horse. As the adaptability of the horse is exceeded, welfare is diminished and the need for medical intervention to remedy behavioral, health, and soundness deficiencies is intensified. Contemporary practices regularly exceed the competition horse's adaptability, resulting in the need for extensive veterinary intervention to sustain health and remedy training and competition injuries.^[1]

The more medical care and pharmaceutical intervention required to sustain any population of animals the lower the population's welfare.^[2] Ethical veterinary care supports the horse's best welfare interests, as well as the safety of the horse's riders and drivers. Medical intervention of the equine athlete should be avoided in the weeks, days, and hours before competition, as pre-competition medication is associated with increased catastrophic injury vulnerability as a result of the diminished welfare it perpetuates.^[3] To properly support the health and welfare of equine athletes, the practitioner must be familiar with their patients both inherently and individually. Socialization, constant foraging, and abundant daily locomotion are the long-evolved requirements to promote and sustain optimal soundness, behavioural health, performance, and healing in competition horses.

Healthy horses function and perform more consistently and predictably in an unmedicated state. Contemporary pre-competition medication practices remove the horse's ability to protect their health and sustain soundness by masking pain and suppressing symptomology. Horses who require medication to alleviate medical conditions in order to compete are rendered vulnerable to injury and physical and behavioural dysfunction imperiling the safety of both horse and horseperson. Horses requiring medication to compete are not fit to compete safely. Horses and horsefolk are best served to compete free of short-term pre-competition pharmaceutical influence. Infirmities require appropriate medical care and rehabilitation before competition is considered and resumed, rather than pre-competition medication to allay active medical problems. The equine practitioner should focus on post-performance evaluations and necessary therapies to sustain horse health on an enduring basis. An emphasis on fulfilling the medical, physical, and behavioural needs of the horse to prepare for the future competitions is the essence of ethical veterinary care of the competition horse. Pre-competition medication practices that replace or supplant appropriate health care are not in accord AVMA Principles of Veterinary Ethics.^[4]

For human entertainment, convenience, and revenue, horses are bred, isolated, stabled, conditioned and medicated to perform competitively. Contemporary pre-competition medication practices are often at the expense of the horse's health, safety, and welfare. Many current medication practices violate the AVMA Principles of Veterinary Ethics, specifically the clause that states a veterinarian shall provide veterinary medical care under the terms of a veterinarian-client-patient relationship (VCPR).

The AVMA Principles of Veterinary Ethics state that it is unethical for veterinarians to medicate horses without a VCPR. Pre-competition pharmaceutical interventions to remedy insufficient attention and preparation for the horse's long-evolved health requirements are seldom in the best

interest of the horse. The medical and pharmaceutical practices which support equine competitive pursuits should be designed to enhance the health and soundness of the horse on a long term basis and should not be intended to enhance performance or permit training on infirm legs.

Pre-competition pharmaceutical intervention has been demonstrated to have an overall negative affect on the health and welfare of competitive horse populations. Where horses are allowed to be permissively medicated with and without a VCPR, injuries and catastrophic injuries are more prevalent, as are jockey injuries. Horses are best served to be properly prepared to compete in a natural non-medicated state. Pharmaceutical intervention of the equine athlete should be avoided during training and in the weeks before competition, as pharmaceutical intervention impairs the innate pain barrier while increasing musculoskeletal fragility. Intense and widespread pre-competition medication practices correlate with catastrophic injury vulnerability and diminished welfare.^[5]

Equine athletic pursuits have historically been designed to measure the natural ability of horses and the trainer's ability to bring out the horses' natural ability. Performance enhancing drugs devalue and debase competitive achievements. Equine competition was designed to measure the natural abilities of horses, with trainers and riders honing those natural abilities. Hoseracing was never intended to measure medicated ability, thus maintaining genetic integrity of the breed.^[6] Pharmaceutical scrims can impair horses for generations. To suppress a condition that is induced by low welfare is unacceptable. It is imperative in animal sensitive societies that the welfare and veterinary care of the horse take precedence over economic human interests. Horses are born to socialize, communicate, locomote, move about, graze and masticate on a near-constant basis. For behavioral and physical integrity, these preferences need to be re-created to an acceptable degree in the competition stable. The ethical practice of veterinary medicine includes providing clients with the guidance to provide appropriate husbandry, nutrition, conditioning, medical management, and behavioural fulfillment of their equine athletes. Medicating and suppressing injuries with the intent to continue training to later prevail in racing constitutes the unethical and illegal practice of veterinary medicine. Furosemide is a performance enhancing drug, masking agent, and metabolic alkalizer, and as such is forbidden in racing jurisdictions worldwide, where racing is consequently safer for horses and jockeys.

Equine welfare is best supported when horses are properly prepared, physically and mentally sound, and fit to perform in an unmedicated state. Physically or behaviourally impaired horses who require medication to compete should not compete until they are able to compete without pre-competition pharmaceutical intervention. All sensation, behaviour, and proprioception should remain physiologically normal. Sensation and cognitive awareness should not be suppressed with pre-competition medication. This includes the use of sedatives, stimulants, and pain relievers of all sorts. Treatments should not interfere with functional physiology.

Sound horses properly prepared for competition have little need for pre-competition medication. Unsound or behaviorally dysfunctional horses should be medically and behaviorally rehabilitated in a fashion that restores soundness before training and competition are resumed. Medication is for infirm horses, and infirm horses should not compete. Horses who require medication to compete become increasingly unfit to compete safely. Rather than therapeutic intent, many pre-

competition medication practices have become performance enhancing at the expense health and welfare of horse and rider.

It has been demonstrated through time that horses and their riders are best served to compete medication free. As a result, anti-doping laws have been established by all agencies that regulate equine competition. Veterinarians are required by both ethics and law to follow these regulations. Horseracing statistics support that the less medication horses receive the more favorably and safely horses compete.^[7]

The safety of the competition horse is dependent on unimpaired neurological functioning. Unimpaired sensation and cognitive ability are necessary for a horse to compete safely and fairly. Any medications or procedures which negate or diminish sensation and awareness in the horse impair the ability of the horse to compete safely.^[8]

The safety, longevity, and durability of the equine patient should be considered before short term pre-competition medical solutions are implemented. Familiarity of the patient includes familiarity with stabling, genetics, behavior, and husbandry of the patient. Many if not most medical conditions are a result of human mismanagement of equine stabling and conditioning. When the adaptability is exceeded, horses become unsound. Assessment of stabling conditions and athletic preparation practices are essential components of ethical equine care. Healing must be allowed to progress before competition and training are resumed. Client education is essential to create a husbandry situation conducive to equine healing. Restoration strategies that recreate the horse's social grazing and locomotion preferences facilitate and potentiate horse healing. Appropriate healing of many equine maladies is encouraged when the veterinarian provides appropriate medical care and carefully facilitates a scenario to provide the horse with appropriate physical rehabilitation and behavioural fulfillment.

Despite domestication and selective breeding for docility and captivity, horse health remains dependent on locomotion. Locomotion is inherent to digestion, to respiration, to metabolism, to hoof health and function, to joint health, to bone health and durability, to resistance to limb failure, and to behavioral fulfillment. An interdependence exists between horse health and locomotion. Horses evolved to be near-constant walkers and grazers, depending on perpetual motion to sustain health of all systems. Horses did not evolve to be confined in stalls and stables, but to move on a continuous basis. Pulmonary health is dependent on abundant daily locomotion. Deprivation of adequate locomotion results in pulmonary deterioration, resulting in an abnormal incidence of EIPH. By suppressing EIPH, Lasix perpetuates the substandard American training horsemanship that causes EIPH.

When horses are deprived of adequate and abundant locomotion, they develop strategies and unwelcome behaviors to keep themselves and their jaws in motion, as is their essential nature. Horses deprived of friends, forage, and locomotion are at risk to develop stereotypies to provide themselves with the movement they need to survive. The more stereotypies present in a population of equine athletes, the lower their welfare.

No longer is intense medical intervention prior to competition a viable, ethical, or legal approach. It has been demonstrated that the more intensely horses are medicated to compete, the

lower their welfare. The more medications required to sustain any population of animals, the further the deviation from their physical and behavioural needs. Rather than pre-race treatments, the ethical approach includes performance of extensive post-competition examinations to address any weaknesses or unsoundness as a result of the performance.

Alternatives to precompetition medication with non steroidal anti-inflammatory medication and steroids include fulfillment of the horse's long-evolved nature. Musculoskeletal soundness is attained by proper breeding, development, husbandry, and conditioning practices. Management of exercise induced pulmonary hemorrhage is achieved by specific lifetime daily development of the horse's pulmonary and cardiac function. As well, unwelcome and unsafe competition behaviors are best managed by fulfillment of the horse's inherent behavioral needs, which include abundant daily socialization, locomotion, and grazing.^[9]

Recommended reading

Chyoke A, Olsen S & Grant S 2006 *Horses and Humans, The Evolution of Human-Equine Relationships*, BAR International Series 1560, Archeopress, England, ISBN 1 84171 990 0

Magner D 2004 *Magner's Classic Encyclopedia of the Horse* Edison, New Jersey: Castle Books

McGreevy P 2004 *Equine Behavior: A Guide for Veterinarians and Equine Scientists* Philadelphia: Elsevier Limited. ISBN 0 7020 2634 4

Waran N, McGreevy P & Casey RA 2002 *Training Methods and Horse Welfare* in Waran N, ed *The Welfare of Horses*, Dordrecht, The Netherlands: Kluwer Academic Publishers, p151-180

Paul McGreevy BVSc, PhD, MRCVS. Equine Behavior, 2004, A Guide for Veterinarians and Equine Scientists. Second Edition, Elsevier, 2012, Chapter 13 Equitation Science

Budiansky, S. (1997). The nature of horses: Exploring equine evolution, intelligence, and behavior. New York: The Free Press.

Hausberger M, Roche H, Henry S, and Visser E.K. "A review of the human-horse relationship" *Appl Anim Behav Sci* 109, 1-24. 2008

^[1] Zambruno, Teresita (2017) *Epidemiological investigations of equine welfare at OSAF jurisdiction racecourses. Thesis*

^[2] Appleby M, Mench J, Olsson I, Hughes B (2011). *Animal Welfare*. CABI, Second edition; 2011.

Fraser D (2008). Understanding Animal Welfare: The Science in its Cultural Context. Wiley-Blackwell; 2008.

^[3] Slifer, Paige BMS 599 Dr. Alan Robertson 2017 A Review of Therapeutic Drugs Used for Doping of Race Horses: NSAIDs, Acepromazine, and Furosemide. Thesis

^[4] The AVMA Principles of Veterinary Ethics, https://www.avma.org/About/Governance/Documents/2014S_Resolution8_Attch1.pdf

^[5] Kentucky Horseracing Commission Raceday Medication Transcript, NOVEMBER 14, 2011 <http://www.khrc.ky.gov/Documents/RaceDayMedicationTranscript.pdf>

^[6] Magner D 2004 *Magner's Classic Encyclopedia of the Horse* Edison, New Jersey: Castle Books

^[7] Kentucky Horseracing Commission Raceday Medication Transcript, NOVEMBER 14, 2011 <http://www.khrc.ky.gov/Documents/RaceDayMedicationTranscript.pdf>

^[8] Furr M, Reed S editors (2007). Equine Neurology; Wiley-Blackwell

^[9] Waran N, McGreevy P & Casey RA 2002 *Training Methods and Horse Welfare* in Waran N, ed *The Welfare of Horses*, Dordrecht, The Netherlands: Kluwer Academic Publishers, p151-180

Professional regards,

Sid Gustafson

406 581 4946



January 24, 2020

The Honorable Frank Pallone
 Chairman
 Committee on Energy & Commerce
 U.S. House of Representatives
 2125 Rayburn House Office Building
 Washington, DC 20515

The Honorable Janice Schakowsky
 Chairman
 Subcommittee on Consumer Protection
 & Commerce
 Committee on Energy & Commerce
 U.S. House of Representatives
 2125 Rayburn House Office Building
 Washington, DC 20515

The Honorable Greg Walden
 Ranking Member
 Committee on Energy and Commerce
 U.S. House of Representatives
 2322-A Rayburn House Office Building
 Washington, DC 20515

The Honorable Cathy McMorris Rodgers
 Ranking Member
 Subcommittee on Consumer Protection
 & Commerce
 Committee on Energy & Commerce
 U.S. House of Representatives
 2322-A Rayburn House Office Building
 Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

My name is Barry Irwin. For the last 51 years I have made my living as a member of the Thoroughbred racing industry. I began as a journalist, became an agent brokering bloodstock and for the last 33 years have operated a racing stable comprised of horses owned by fractional-interest syndicates.

Horses that I have owned and managed have won many of the biggest prizes in the world, including the Kentucky Derby, two Breeders' Cups and the \$10-million World Cup in Dubai, which offered the greatest amount of prize money in the world the year we won it.

Although for decades I have bought the majority of my racing stock in Europe for export to the United States, last year I began leaving my horses abroad.

This year I informed my racing partners that I would no longer bring horses from abroad to race in the U. S. I told them that Team Valor, my stable, was done racing in America and once all of the stateside stock had been depleted, they will not be replaced.

Why, you may wonder, would the most successful stable of its kind in the history of North American racing abandon racing on this side of the Atlantic?. It is not for a lack of success.

The answer is that after spending most of the last 51 years trying to bring transparency to racing in hopes of improving the integrity of the sport for every element of this industry, I have finally given up hope that things can be turned around.

In trade journal Op/Eds, lengthy pieces in general circulation publications, on television and radio programs I produced, I have devoted myself to improving the image of horse racing. I have pushed, pushed and pushed, both as an individual and as a member of the Water Hay Oats Alliance that has been in the forefront of demanding the legislation you are considering today.

My partners and I are sportsmen and women. We play the game out of a love of competition. But when the playing field is tilted because illegal performance enhancing drugs have begun to dominate competitive racing, we no longer want to be a part of it.

The main reason I have been able to promote racing partnerships is because my customers are hooked on the thrills that come from the pride of owning even a small piece of a top racehorse.

When horses are being taken advantage of by the indiscriminate and flagrant use of drugs, both legal and illegal, the battlefield of the turf is littered with the corpses of hopes, dreams and racehorses. We can no longer race in a country that refuses to put the horse first.

Will my horses ever return to race in the United States? That's the question all of my clients want answered. I can only say that for now, I see very little hope. The only improvement in the cards is if the Federal government passes legislation that enables the United States Anti-Doping Agency to oversee drugs in U. S. racing and if, once USADA is in charge, the cheaters and their enablers who have ruined the game for me are no longer part of the landscape.

That's a lot to ask for. But passing the legislation would certainly be a beginning.

Decades ago, in an opinion piece I wrote in the leading trade journal in our industry named The Blood-Horse, I first suggested that racing's leaders reach out to USADA, based on the success I had seen them experience in cleaning up Track and Field. Its dynamic leader Travis Tygart was for me a modern day Elliott Ness.

If any one individual or organization can stem the tide and turn this thing around it is Travis Tygart and USADA.

Sincerely yours,



Barry Irwin



The Honorable Jan Schakowsky, Chairwoman
 The Honorable Cathy McMorris Rodgers, Ranking Member
 Committee on Energy and Commerce
 United States House of Representatives
 Washington, DC 20515

January 27, 2020

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

Thank you so very much for your time and attention to a piece of legislation so important to horseracing in the United States: 'The Horseracing Integrity Act of 2019'.

My name is Staci Hancock from Paris, Kentucky. I am a life long horsewoman and horse lover. I live on Stone Farm, where with my husband, we breed and raise Thoroughbred racehorses. I have been a long time advocate for horses, and currently, I act as the managing member of the Water Hay Oats Alliance (WHOA). I am writing to you on our members' behalf.

WHOA was founded in 2012 as an effort by a handful of Thoroughbred owners and breeders to support a similar piece of legislation, the 'Interstate Horseracing Improvement Act of 2011' sponsored by Congressman Ed Whitfield (R-KY).

Over the last eight years, WHOA's membership has grown to more than 1,850 industry participants, including owners, breeders, industry professionals, trainers, jockeys, drivers, equine practitioners, racing handicappers and fans. Our roster includes members from forty-seven states and counted in our ranks are twenty Hall of Fame members.

Simply put, WHOA is a grassroots movement of like-minded individuals who support the passage of federal legislation to prohibit the use of performance-enhancing drugs and doping in the sport of horse racing. Horses should run on their natural ability and water, hay, and oats. WHOA members firmly believe that the appointment of an independent anti-doping program run by the United States Anti-Doping Agency (USADA) will resolve the problem of widespread drug use in American racing and put U.S. racing jurisdictions in step with international standards.

Thirty-eight years ago 'The Corrupt Horse Practices Act' was introduced in the United States Congress to address drugs and doping in horseracing. Senator Charles Mathias of Maryland, chairman of the Subcommittee on Criminal Law Committee on the Judiciary, conducted the hearing. He remarked: "Although some progress has been made by the states in accepting a uniform set of medication guidelines, I think it is clear and I think most fair minded people would conclude that the states have not yet solved the

problem. Drug abuse on some racetracks persists, and the practice of numbing or masking injuries or soreness is still with us. While some medication is, of course, necessary from time to time to cure illnesses that could keep these magnificent animals healthy, it seems to me that race-day drug treatment is hard on the horses. It is unfair to the horses and unfair to the bettors, since the records of past performance are worthless without an accompanying record of medication..."

Thirty-eight years ago leaders in our industry pledged to address and remedy the problem. But with no national racing office or governing body, our industry has failed. U. S. Horseracing needs passage of this federal legislation if we are to survive.

WHOA's mission statement states that "doping destroys public confidence in racing, defrauds the betting fan, weakens the genetic pool and, most importantly, puts the life and limb of our equine athletes and their jockeys at risk. It is obvious that after years of committee review and discussion, America's racing industry cannot police itself by eliminating the proliferation of performance enhancing drugs in our sport, nor does it possess the power to adequately punish the purveyors of those drugs."

Over the last four congresses, WHOA and our members have supported anti-doping legislation that would appoint USADA as the independent agency with the expertise and experience necessary to tackle this weighty issue. In 2015, WHOA encouraged Congressmen Paul Tonko of New York and Andy Barr of Kentucky to introduce the Horseracing Integrity Act. The bill has faced opposition from horsemen and veterinary groups, mainly because it would ban the use of the popular drug, Lasix, on race-day. While opponents contend that Lasix is needed to combat internal bleeding in horses, research has shown that the drug is also a performance-enhancer, likely the major reason that over 95% of horses racing in America today receive Lasix on race-day, when it is estimated that less than 5% of horses are actually "bleeders".

In addition, human studies suggest that the use of Lasix (a diuretic), Butazolidin (an NAID) and GastroGard (a proton pump inhibitor) cause bone demineralization and increase the risk of fracture. These drugs are given to the majority of racehorses on a regular basis, yet horsemen question the surging breakdown rate. If not the drugs, then what?

Graham Motion, one of over 100 trainer members of WHOA, stated why he joined the group: "From what I have seen, WHOA is the only group that is making a serious effort to form a national governing body with uniform rules and penalties covering all 38 racing jurisdictions and in sync with international rules of racing, bringing transparency and integrity to U.S. racing...There is only one solution and that is a governing body with guidelines similar to other countries where common sense and uniform rules are used...Without change, we will continue to give our industry a black eye."

WHOA Supporter B. Wayne Hughes, owner of the storied Spendthrift Farm, adds: "The need for this legislation is urgent, and the future of horse racing hangs in the balance of its enactment. We are on the edge of the cliff."

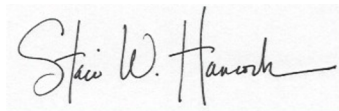
America's racing industry cannot police itself. No one organization or individual has the power to make rules and apply penalties. Now more than ever, it is time to bring safety

and integrity back to American horseracing. Implementing the provisions in the Horseracing Integrity Act will solve many of the problems currently plaguing our sport.

As WHOA Supporter James T. Bassett, past president of the Keeneland Association and the first president of the Breeders' Cup Ltd, put it most succinctly: "There is no alternative!"

Thank you for your consideration,

I am sincerely,

A handwritten signature in black ink that reads "Staci W. Hancock". The signature is written in a cursive, flowing style.

Staci Hancock
The Water Hay Oats Alliance, Managing Member
www.waterhayoatsalliance.com

cc:

Congressman Larry Bucshon, Congressman Michael C. Burgess, Congressman Tony Cardenas, Congressman Earl L. "Buddy" Carter, Congresswoman Kathy Castor, Congresswoman Debbie Dingell, Congressman Greg Giantforte, Congressman Brett Guthrie, Congressman Richard Hudson, Congresswoman Robin L. Kelly, Congressman Robert E. Latta, Congressman Ben Ray Lujan, Congresswoman Doris O. Matsui, Congressman Jerry McNerney, Congressman Tom O'Halleran, Congressman Frank Pallone, Congresswoman Lisa Blunt Rochester, Congressman Bobby Rush, Congressman Darren Soto, Congressman Fred Upton, Congressman Marc A. Veasey, Congressman Greg Walden

The Water Hay Oats Alliance Membership Roster

A'Tea (Lyn Gilbert), Padme Downingtown PA	Abbott , Pamela Lebanon MO USA	Abel Smith, Mimi Middleburg VA	Abendroth, Roberta Mequon WI USA
Abrams, Matt Washington DC	Abrams, Richard Aventura FL	Accardo , Craig New Orleans LA USA	Adam, Ann M. Bellingham WA USA
Adams, Bob London, Ontario Canada	Adams, Phil Gainesville TX USA	Adams, Ruth Gainesville TX USA	Adamson, Tod Boyce VA
Adelman, Joel Encino CA	Adger, John H. Houston TX	Adrian, Ann Lexington KY USA	Agdan, Patricia La Grange KY
Agentis, Stephen Emmaus PA	Ahearn, Carol Williston FL USA	Ahlmann, Elke Newport Beach CA	Aiken-Holmes, Lynne Salvisa KY USA
Aiken, Richard Middletown NY	Akers, Sherry Lexington KY	Akin, Genie Lexington KY	Albert, David Readville MA USA
Alementi, Cheryl Rosemount MN USA	Alexander, Phlandus Bloomington MN USA	Alioto, John I St. Helena CA USA	Allen, Donna Versailles KY USA
Allen, Joseph Palm Beach FL USA	Allen, Judith Media PA	Allison, A. New York NY USA	Allison, Mary Valders WI
Almond, Laura Odenville AL	Altieri, Marion Saratoga Springs NY	Alvarez, Erik Miami FL	Amerman, Jerry Temecula CA USA
Amerman, John Temecula CA USA	Amos, Travis Navarre OH USA	Anaya, Joseph Nanuet NY	Ancona, Barbara Colts Neck NJ
Anderson, Sandra Lexington KY	Anderson, Warren Lexington KY	Andreasen, Heather Shakopee MN USA	Andrews, Denny Edmonton Alta Canada
Andros, Kathy Sylvania OH	Ane-McGreevy, Cinthia Plantation FL USA	Anglen, Kristi South Daytona FL USA	Ann Fogg, Christine Fayetteville GA
Anthony, John Ed Hot Springs AR USA	Armstrong, Anne Huntersville NC USA	Armstrong, Stewart Kingsville TX USA	Arnold, April Naples FL USA
Arriaga , Joy Ridgecrest CA USA	Arrington, Susan Springfield VA USA	Arslan, Ridvan Ioma Riach CA	Arthur, Allison Wheeling IL
Aspden, Tammy Caistor Centre Canada	Assante, Ellen Standish ME	Astar, David La Grange KY USA	Astar, Debbie La Grange KY USA
Aten, Joy Hudsonville MI	Athayde Stevens, Angie Sierra Madre CA	Atkins, David Lexington KY	Atkinson, Tommy Scott AZ
Attfield, Roger Nobleton, Ontario Canada	Austin, Penny Nicholasville KY	Avant, Jack and Donna Surprise AZ USA	Ayers, Greg Stewartstown PA
Ayers, Melissa Houston TX	B, Lauren Woodridge IL	Bachman, Thomas Petaluma CA USA	Backer, William The Plains VA USA
Bacon, Kathi Corydon IN	Bailis, Carole Gladwyne PA	Baker, Diana Versailles KY	Balding, Ian Kingsclere England
Baldini, Ronald Niantic CT	Ballard, Christine Orangeburg SC	Balls, Seymore Coxsuckie NY USA	Balzer, John Hampton Bays NY USA
Banahan, Michael Lexington KY USA	Bance, Peter Manakin Sabot VA	Bandler, Barry Boca Raton FL USA	Bandoroff , Holly Lexington KY US
Bandoroff, Conrad Paris KY USA	Bandoroff, Craig Paris KY U.S.	Baptiste , Mo Middleburg VA USA	Barbariantz, Kika Monroe NY USA
Bare, Susan Washington DC	Bark, Greg New Prague MN USA	Barnes-Euresti, Norma Battle Creek MI	Barnes, John Glen Mills PA
Barry, Rahd Somersby NSW	Barton, Anna Haysi VA	Barton, Frederick Cornelius NC USA	Bartyzel, Chris Amsterdam NY
Bass, Ramona Fort Worth TX	Bass, William Concord NC	Bassett, Taylor Tampa FL USA	Bassett, Ted Midway KY USA
Batsidis, Louis Boca Raton FL US	Baxter, Bethany Frankfort KY	Baygents, Pamela Tucson AZ USA	Baze, Trina Spokane WA USA
Bazsuly, Mick Fort Lauderdale FL USA	Bean, Christine Golden Valley AZ	Beavis, Pat Winnipeg Canada	Beck, Antony Lexington KY
Beck, Barb Glendale AZ	Becker, Ellen Paulden AZ USA	Becker, Reid Fanny Bay Canada	Becker, Sandi Glenmoore PA USA

Behrendt, John Saratoga Springs NY USA	Behrendt, Theresa Saratoga Springs NY USA	Beitz, Gail New York NY	Belden, Jay Bayard NE USA
Bell, David Scottsdale AZ	Bellhouse, Tom Saratoga Springs NY USA	Belling, Mark Milwaukee WI	Belmonte, Kathleen Lake Forest CA
Ben-Meir, Nick Los Angeles CA	Bencal, Monica Delray Beach FL USA	Bencal, Robert Delray Beach FL USA	Bengston, Joe Sheffield Lake OH USA
Benjamin, Ari New York NY	Benjamin, Chris Phoenix AZ	Benzel, Seth Saratoga Springs NY USA	Berg, Kathleen Stony Plain, Alberta Canada
Bergeron, Nancy Roseburg OR	Berkey, Kathleen Etowah NC USA	Berlin, Celeste Girard PA	Bernacki, Gerald Lockport NY USA
Berner, Mark Westbury NY USA	Berrios, Manuel Tinton Falls NJ USA	Berry, Jessica Louisville KY USA	Berry, Emma Newmarket, Suffolk UK
Berry, Pamela Odessa FL USA	Berry, Paul Asheville NC	Besaw, Tom Oakdale MN USA	Besenfelder, David Lafayette CA
Beshear, Jane Lexington KY USA	Beshear, Steven Lexington KY USA	Bethel, Bob Gulf Shores AL	Bey, Terri Lexington KY USA
Bialecki, Ed Long Valley NJ USA	Bibb, Renee Burbank CA	Bibby, Candace Indian Wells CA USA	Birsh, Philip New York NY USA
Bisogno, Matt London United Kingdom	Biszantz, Gary Lexington KY	Bittner, Karl North Syracuse NY USA	Black, Andy Manchester NH USA
Blacker, Dan Monrovia CA USA	Blahe, Karen Williston FL	Blair, Kevin New Braunfels TX	Blair, Proctor Lexington KY USA
Blake, Janice Elmont NY	Blatz-Murff, Pamela Lexington KY USA	Bleakley, James Round Hill VA	Blee, David Paris KY USA
Blethen, Valerie Pleasureville KY	Blowen, Michael Georgetown KY	Bloxsom, Marsha Lexington KY	Bobo, Tami Ocala FL
Bobrow, Molly Houston TX	Bodarky, Steven Hazlet NJ USA	Bogdan, Maryanne Sterling Heights MI	Bohrer, Travis Strasburg VA USA
Bole, William Rockford IL	Bolgos, Sally Ann Arbor MI	Bonifaz, Miguel Lima Perú	Bonneau, Sally Indianapolis IN
Bonnie, Cornelia (Nina) Prospect KY	Bonnie, Edward S. Louisville KY	Booker, Hildric Phoenix AZ USA	Booth, Fred and Joan Amity OR
Border, Shanna Humboldt SD	Bouchard, Johanna Waterville ME	Bouchard, Ray Winnipeg Canada	Boultinghouse, Denny Arcadia CA
Bourg, Michelle Lawrenceville GA	Bourne, Bill Dunkirk MD US	Bourque, Rhoda Troy ME	Bowen, Jeff Greenville DE USA
Bowen-Rees, Julian Richmond VA USA	Bowen, Ruthie Versailles KY USA	Bowman, Patricia Lexington KY USA	Boyle, Mike Winchester VA
Boys, Sandra East Syracuse NY USA	Bozsum, Mike Surfside Beach SC	Bradley, Charles Delmar NY	Bradley, Dorothy Mill Creek OK USA
Bradley, Paul Lake George NY	Bradley, Ryan San Francisco CA	Bradley, Thomas Woodhaven NY	Brady, James Far Hills NJ USA
Brady, Joan Far Hills NJ USA	Brady, Nicholas F. Oldwick NJ USA	Bramlett, Florence Sedro Woolley WA USA	Brass, AJ Houston TX
Braswell, Julie Reddick FL	Bray, Michael Saratoga Springs NY USA	Breathnach, Cormac Lexington KY	Breault, Kathleen Saratoga Springs NY
Brendemuehl, Danzel Ocala FL	Breniser, Darryl Denver PA USA	Brennan, Scott Waterloo IL USA	Brent, Robert Bloomfield Hills MI USA
Breuninger, Kim Temecula CA USA	Brewer-Galpin, Jayne Lexington KY	Brewer, Karin San Antonio TX	Brida, Dennis Ballston Spa NY
Brida, Julianne Ballston Spa NY	Briggs, Debbie Rhinebeck NY	Brio, Luis Orange Park FL	Broad, Gary Palm Desert CA USA
Brody, Marlene Ghent NY USA	Brogden, Carrie Lexington KY	Brogden, Craig Lexington KY USA	Broker, John Shakopee MN USA
Bromagen, William Fort Lauderdale FL	Bromley, Jane Naples FL USA	Brooks, Lois Fallston MD	Brothers, Donna Louisville KY USA
Brotherton, Dorothy Richmond VA	Brouillette, Ron Encinitas CA	Broussard, Linda Austin TX	Brown, Alex Lincoln University PA
Brown, Cynthia Warner Robins GA USA	Brown, Dawn M Leonard TX USA	Brown, Dennis Hemet CA USA	Brown, Dennis Hemet CA USA

Brown, Donald Stuart FL USA	Brown, Douglas Keymar MD	Brown, Frank Charleston SC	Brown, J Darrell Lexington KY USA
Brown, James Shakopee MN USA	Brown, John P RR 3 Granton, Ontario Canada	Brown, Lendy Lexington KY USA	Brown, Lynn K Weatherford TX
Brown, Mark Hendersonville NC USA	Brown, Michael Lexington KY	Bruels, Mary Gulfport FL USA	Brunet, Norm Nepean Canada
Bryner, Sheryl Monkton MD USA	Buck, Richard Modesto CA USA	Buckley, Kathy Charlotte NC	Buckley, Michele Las Vegas NV USA
Budge, Christienne Saratoga Springs NY	Buedel, Christina Middle River MD	Bull, Joan Roswell NM	Buller, Lucinda Danville IN
Burgner, Danny Santa Barbara CA US	Burke, Julie Lexington KY	Burns, Michael Danville KY	Burton, Darla Nolensville TN USA
Bush, Bing Del Mar CA	Buss, Michael Blackwood NJ	Bussan, Jeff New Canaan CT	Butera, Julie New Orleans LA
Butzow, Barry Eden Prairie MN USA	Buxton, Anne Morrison FL	Buzzell, Gary San Ramon CA USS	Byington, Robert Grand Ledge MI
Byrne, Kathy Chicago IL United States	Byrne, Rob Folsom LA	Byrne, Warren Toronto, Ontario Canada	Caine, Cynthia Munster IN
Calabrese, Toni-lynn Spring Lake NJ USA	Calabrese, Lexi Lexington KY USA	Callahan, Teresa Branchburg NJ	Callcott-Stevens, Valerie Lexington KY USA
Calmes, Melissa Lexington KY USA	Cambareri, Serafino Mount Kisco NY USA	Campbell, Cot Aiken SC	Campo, Richard Chattanooga TN
Canfield, Bill St. Louis MO	Cantey, Charlsie Okatie SC USA	Canzone, Peter NY NY	Canzoneri, Dina Childs MD
Capria, Levana Versailles KY USA	Capshaw, Amy Santa Fe NM	Cardoza, Robin Royal Palm Beach FL	Carlisle-Nicholas, John Pleasant Valley NY
Carpenter, Constance Nicholasville KY USA	Carpenter, Denise Welland Canada	Carr, Ann Marie Kinsman OH USA	Carr-Mora, Chellie Fulshear TX
Carrano, Lisa Tarpon Springs FL	Carriker, Ashley Tinton Falls NJ USA	Carroll, Christine Gainesville GA	Carroll, Dan Madison CT
Carroll, Janis Madison CT	Carroll, Rick Foxboro MA	Carter D.V.M., Lisa Charlotte MI	Carton, Jerry Winchendon MA USA
Cary, Andrew Lexington KY	Casella, Carol Harvard MA USA	Casner, Bill Flower Mound TX	Cassimeris, Lynne Bethlehem PA
Castellano, Mark Far Hills NJ	Caulier- Eimbcke, Beatrice Cynthiana KY USA	Caupp, Denise Greenville OH USA	Cauthen, Doug Lexington KY
Cauthen, Katie Lexington KY USA	Cauthen, Steve Verona KY USA	Cavanagh, Mike Aurora CO	Cecil, Ben Pasadena CA USA
Cerulli, Diane Rhinebeck NY	Chakrabarti, Sumon K Noida, Uttar Pradesh India	Chalfant, Mary North Versailles PA	Chamblin, Debbie Lexington KY USA
Chamblin, Tony Lexington KY	Charest, Roberta The Villages FL	Charles, Betty St. Paul MN USA	Charles, Teresa St. Paul MN USA
Charlston, Mary Ann Hobe Sound FL USA	Chaussee, John Dallas TX USA	Chavez, Jose Ocala FL USA	Cheechalk, Colleen Vestal NY
Cheever, Holly Voorheesville NY	Cheng, Paul Plano TX	Childress, Gerardette Park Forest IL	Choi, Irene Denver CO
Cholity, Chris Hawthorn Woods IL	Christoph, Justin Cold Spring NY USA	Church, Chrissy Crofton MD	Ciampi, Joan Lexington KY
Cimino, Cathy Lynn Saratoga Springs NY USA	Cirigliano, Nancy Lexington KY USA	Cisna, Craig Lew London WI	Clapton, Alison Lethbridge Canada
Clark, Carrie Lexington KY	Clark, Daryl Plantation FL	Clark, Marsha Mialn IN	Clark, Renee Eolia MO
Clark, Stacie Cedar Valley, Ontario Canada	Clark, Susan Radnor OH	Clarke, James Tyler Lexington KY USA	Clarke, Matthew Chepachet RI
Clarke, Steven Harbinger NC USA	Clay, Blythe Versailles KY USA	Clay, Brutus Paris KY USA	Clay, Joseph Paris KY
Clay, Robert Versailles KY USA	Cleary, Leah Moorestown NJ	Clement, Christophe Huntington Station NY	Clemmens, Nelson Goshen KY USA
Click, Jim Tucson AZ USA	Clott, Sheri Cypress Inn TN USA	Cluff, Murray Irving Cochrane, Alberta Canada	Coates, Lou Ocala FL

Coffey, Marialice Macedon NY	Cohen, Darian Oak Park CA	Cohen, Sandra Saratoga Springs NY	Cola, Rosemarie Colts Neck NJ USA
Colburn, Gayle New Haven CT USA	Colebrook, Ben Lexington KY USA	Coleman, Patrick Kettering OH USA	Colgate, Kent Shelby City KY USA
Collazo, Henry Hialeah FL Dade	Colletti, Jerry River Ridge LA	Collier, Kathi Little Torch Key FL	Collingsworth, Amy Lawrenceburg KY USA
Collins, Lincoln Midway KY	Collison, Cheri Upper Marlboro MD USA	Colp, Linda Chesapeake VA	Columbo, Eugenio Boynton Beach FL USA
Combs, Dave Northbrook IL USA	Comfort, Sunny Harrison NY	Cone, Marcia Lexington KY	Conley, Bill Owensboro KY
Contreras, Danielle Anaheim Hills CA	Cook, Elizabeth Ann Arbor MI USA	Cook, Lawrence Lanoka Harbor NJ	Cook, Robert Chestertown MD
Cook, Susan Pilot Point TX	Coomber, Vickie Louisville KY USA	Coonan, Brian Ireland	Cooper, Alan London England
Cooper, Jan Albuquerque NM USA	Cooper, Patrick Ireland	Copeland, Maryann W. Hollywood CA USA	Copeland, Robert Holton IN
Corbett, Brittany Lexington KY	Corcoran, Jo-Claire Henryville IN	Corcoran, Kathy Cleveland OH USA	Corey, Anthony Boston MA
Corey, Kristen Bethany OK USA	Cornell, Penny Claremore OK USA	Cornett, Kip Lexington KY	Correas IV, Ignacio Lexington KY USA
Couch, Sally Ann Castleblayney, Monaghan Ireland	Coughlin, Joe Grosse Pointe Park MI	Coulter, Karen Barton NY	Counides, Mark Payette ID
Courtney, Brenda Lexington KY USA	Courtney, Caitlin Lexington KY USA	Courtney, Otis Eden Prairie MN	Courtney, Robert Lexington KY USA
Courtney, Stephanie Eden Prairie MN USA	Coutu, Ruth Barre MA	Cowan, Dr. Lyn Eagan MN USA	Cowan, Margaret Galena MD
Cox, Jennie Bedford NY USA	Cox, Virginia Simsbury CT	Cozac, Heller Richmond TX	Creaney, Glenna Trevor WI USA
Creskoff, Bob Ardmore PA	Crismani, Cate Newhall CA USA	Crissey, Alden Dallas TX USA	Cross, Richard Fishtail MT
Crute, Sharon Saratoga Springs NY USA	Cuccinello, Lois Lakewood NJ USA	Cullinan, Barbara North Bergen NJ	Cumming, Alyssa V Versailles KY USA
Cundy, Rod Calgary, Alberta Canada	Cunningham, John Medford MA USA	Cupak, Kathryn Franklin Lakes NJ	Cupingood, Len Norristown PA
Curran, Bob West Islip NY USA	Curran, Pat Valatie NY	Curry, Diane Lexington KY USA	Curtis, Carrie Minneapolis MN
Curtis, Debra Phoenix AZ USA	Curtis, Ward St. Petersburg FL	Cutler, Kim Brady Sheldon MA USA	D'Amato, John Boca Raton FL
Dabu, Rick Bloomington MN USA	Dagostino, Nicholas North Las Vegas NV USA	Dailey, Brett Paducah KY USA	Dale, Dennis Grande Prairie, Alberta Canada
Dale, Doug Ridgeway MO	Dallao, Joe Korea	Dalton, Niall Sierra Madre CA USA	Daly, Jacqueline Clearwater FL USA
Daly, Ned Needham MA USA	Damien, Shanna Ocala FL	Dane, Keith Gaithersburg MD	Dantico, Ivy Monroe NY
Darbee, Joan Lexington KY USA	Dartnall, Camilla Marlborough England	Dauterive, Juliette Baton Rouge LA	Davalos, Albert Davis CA
Davenport, Margaret Ballston Spa NY USA	Davenport, Meagan Del Mar CA USA	David, Dr Tom V Metairie LA	Davies, Graham Leesburg VA
Davis, Jody Kansasville WI	Davis, Karla Versailles KY USA	Davis, Scott Fort Edward NY USA	Day DVM, William Brenham TX USA
Day, James White Post VA USA	De Francis, Karin Stevenson MD USA	De La Torre III, Jose Hacienda Heights CA USA	De Seroux, Laura Solonbeach CA USA
De Vinney, Erica Landenberg PA	Dean, Marshall Landenberg PA	DeAngelis, Robert Louisville KY	Deeming, Robin Corbett OR USA
Deerinck, Alessandra San Marcos CA USA	Degnan, Sharon Santa Margarita CA USA	Del Gallo, Rinaldo Pittsfield MA USA	Delacour, Arnaud Lewisville PA USA
Delaforce, Tres Lexington KY	DeLauro, Ginny Amityville NY	Delcastillo, Janet Winter Haven FL	Deline, Jeannine Rochester NY USA
Delozier, Joseph Sparks MD USA	Dempsey, Michael Pensacola FL USA	Dempsey, Susan Belmont MA	DeNardo, Richard Flint MI

Denholtz, Lisa Oceanport NJ USA	Denholtz, Steve Oceanport NJ USA	DeNio, Art El Cerrito CA	Dennis, James Mundelein IL USA
Derek, Matt Ridgewoods NY USA	DeRunk, Bill Pittsburgh PA	DeSalvo, Steve Hot Springs AR	DeSmet, Elizabeth Westford MA
DeToro, Alexandra Mequon WI	Devries, Tori Fort Washington MD USA	Dewey, Tamerie Sedro Woolley WA USA	Dickinson, Michael North East MD USA
Dickson, Bill Paris KY	Dickson, Chelsea Lexington KY	Dickson, John Providence RI USA	Diemer, Kathy Nottingham PA
Diers, Patricia Saint Charles IL	Dilello, Paul Albany NY USA	Dillon, Dave Hallendale Beach FL	Dillon, Kelsey Minneapolis MN USA
Dilschneider, Adele St Louis MO	DiMaio, Rachel PA	DiMenna, Michael West Chester PA	Disalvo, Maria Whitestone NY
DiVirgilio, Dan Del Mar CA	Dixon, Brittney Lexington KY usa	Dobbs, Janet Voorhees NJ	Doby, Karen Prosper TX
Dollase, Michele Bonsall CA USA	Doneski, Joanne Edgewater MD USA	Donoghue, Daniel Barrington IL	Donovan, Bill Delray Beach FL USA
Donworth, Richie Lexington KY	Dopson, Chris Ontario Canada	Dory, Bill Spruce Grove Canada	Dossey, Kay Waynesville NC USA
Dossey, Vic Waynesville NC USA	Doth, Peter Lexington KY USA	Dougherty, Linda Philadelphia PA	Douglas Hamilton, Meg Beverly MA USA
Doyle, Jacqueline Berkshire England	Doyle, Renee Barre MA	Drake, Daniel Media PA USA	Drake, John Pittsburgh PA USA
Drake, Jonathan Sarasota FL	Drew, JoAnn Little Rock AR	Drexinger, Robert Alburtis PA	Drexinger, Sandra Alburtis PA
Driscoll, Noelle Silver Spring MD	Driver, Mitchell Glasgow KY USA	Driver, Monica Flat Rock IN USA	Drysdale, Neil Playa Del Ray CA
Dubuc-Jenkins, Tammy Robertsdale AL USA	Dugan Drysdale, Shawn Playa del Rey CA	Duncan, DVM, Catherine Beaufort SC USA	Duncan, Greg Charlottesville VA
Dunham, Dr. Christine Crystal MN USA	Dunn, Jane Holly Hill SC	Durand, Emery St Paul MN USA	Durham, Danele Richland Hills TX USA
Dutcher, Michele Boring OR	Dvorkis, Alan Las Vegas NV	Dwyer, Erin Loma Rica CA	Dyer, Karen Nashville TN
Edwards, Dana Manchester KY	Edwards, Fred Perryville KY USA	Egan, John Richmond VA USA	Egerton, Anna Webb New York NY
Egerton, Susan Harpers Ferry WV USA	Ejack, Dennis Red Deer Canada	Elliot, Janet Kirkwood PA USA	Elliott, John Free Union VA USA
Elliott, Sharyn Oshawa, Ontario Canada	Ellis, Angela Ft Worth TX	Ellis, Cassandra Rosemount MN USA	Ellis, Jackie Paris KY USA
Ellis, Tom Rosemount MN USA	Emig, Donna Yardley PA USA	Engel, Melvin Delray Beach FL	English, Cynthia Stevensville MD USA
Ensom, Jim Orangeville Ontario, Canada	Erdman, Elena San Pedro CA USA	Espinosa, Julie Livermore CA USA	Espinoza, Kristin Sun City AZ USA
Evans, Adiclere Lexington KY USA	Evans, Robert Stamford CT USA	Evans, Sadie Banstead United Kingdom	Ewing, Brad Black Diamond WA
Fagan, Ann Asheville NC	Faine, Lianne Lockeford CA USA	Fantasia, Ava Grafton MA USA	Farish, Bill Versailles KY USA
Farish, Will Versailles KY USA	Farm, Rebah Williston FL USA	Farmer, Abbey Morriston FL	Farmer, Carol Midway KY USA
Farmer, Tracy Midway KY USA	Farrell, Kevin Shakopee MN USA	Farrell, Tina Draper UT USA	Farris, Vod Camas WA USA
Farrow, Darlene Rocky Mount NC	Fattorusso, Louis Cedar Knolls NJ USA	Fay, Charles Evanston IL USA	Fay, James Rumford RI
Fay, Stephen Narragansett RI	Feigeles, Scott Long Beach CA	Fenster, Julie M. Manlius NY USA	Fenwick, Jr., Charles Butler MD USA
Ferguson, Sam Ocala FL USA	Ferguson, Sharon Glen Cove NY USA	Fernandez, Rafael Monroe NC	Ferrara, Adele Wellington FL
Ferraro, Greg Davis CA	Ferraro, Stephen Sierra Madre CA USA	Figlow, Ralph Clarks Summit PA USA	Fincher, Rhett Damascus AR USA
Finley, Debbie Saratoga Springs NY USA	Finley, Terry Saratoga Springs NY USA	Finn, Denise New Canaan CT USA	Fipke, Chuck Montague, PE Canada

Firestone, Matthew Palm Beach FL USA	Firlotte, Brad Apopka FL USA	Fishbough, Bill Exeter CA USA	Fisher, John R S Coatesville PA
Fitzsimons, Jr., Hugh A Houston TX	Flay, Bobby New York NY	Fleming, Janice Diana TX USA	Fletcher, Sue Paradise Valley AZ
Fluor, Peter Houston TX USA	Fojaco, Victor Wimauma FL	Foley, Tim Chicopee MA USA	Foley, Tom Saint Paul MN USA
Folkerth, Ted Del Mar CA	Ford, Frank Deland FL	Ford, Glenn Deephaven MN USA	Ford, Mark West Midlands United Kingdom
Forrest, Becca Whittier NC USA	Fouche, Marie Norwood CO USA	Fowler, Louise Minneapolis MN USA	Fox, Jr, Robert La Crescenta CA
Francek, Janet Spokane WA	Frankli N, Dan Prior Lake MN USA	Franzone, Albert Pocono Pines PA USA	Frassetto, Albert Upper Saddle River NJ
Frassetto, John Upper Saddle River NJ	Freeman Holmes, Katey Loudonville NY USA	Freeman, Bill Tampa FL USA	Freeman, Sharon Vineland NJ
Freeman, Tracey Thousand Oaks CA	French, Catherine Camden SC USA	Freuhling, Rosemary Minnetonka MN USA	Friedman, Lucille Versailles KY
Friel, Ted Ambler PA	Frieri, Rosanne Richmond MA USA	Fritz, Jean Lansdale PA	Fritzler, Deb Amherst VA USA
Fujimoto, Kris Wilmington CA	Fuller, Lucy Dadeville AL USA	Fulton, John Lake Worth FL	Funke, Mike Shelton CT
Funking, Robert Elmsford NY	Furado, Kathy San Jose CA	Furey, Julie Madison CT	Furey, Margaret Pittsfield MA
Furey, Thomas Marco Island FL	Futch, Haley College Station TX USA	Gagliardo, Nicholas Syosset NY	Gale Mott Paris KY
Galindo, Manuel Anaheim CA USA	Gallagher, Patrick Sierra Madre CA	Galsky, Mark Las Vegas NV	Gamboney, Cheryl Arlington VA
Gardner, Frank Midway KY	Gardner, Nina Chatham PA	Garey, Jack Georgetown TX USA	Garofalo, Gregory Saratoga Springs NY
Garratt, David Cape Coral FL	Garst, Jenny Prospect KY USA	Garten, Annie Middleton WI	Gelbman, Lew Pleasantville NY
Gelman, Robert Cherry Hill NJ	George, Noelle Grosse Pte Woods MI	Georgiev, Valeri Simi Valley CA	Gerritt, Kevin Jersey City NJ
Gerson, Ken Lexington KY	Getts, Becky Evans GA USA	Ghiorso, Janelle Sonora CA	Gholston, Gary Richmond TX
Giacomini, JP Harrodsburg KY USA	Gibb, Max Lethbridge Canada	Gill, Amy Lexington KY	Gill, Harriette Lexington KY USA
Gilligan, Patrick Lexington KY USA	Gillispie, Jamie Bristol TN	Gilman, Joseph Staten Island NY USA	Ginn, Kerri Easton MD usa
Ginnerty, Kevin McLean VA	Godby, Debbie Lexington KY USA	Godby, Rick Paint Lick KY USA	Goddard, Jim Tacoma WA
Godina, Meg Lakewood CA	Gogue, Karen Long Beach CA	Gold, Rick Las Vegas NV	Goldberg, Jarrod Hankamer TX USA
Goldberg, Stewart Flemington NJ USA	Golden, Richard West Palm Beach FL	Goldstein, David Bala Cynwyd PA	Gonella, Peter Point Pleasant NJ USA
Good, Iris Fayetteville NC	Goodman, Aline Tucson AZ USA	Goodman, H. Greg Lexington KY	Goodman, Hutton Austin TX USA
Goodman, John K. Tucson AZ USA	Goodrich, Alexandra Birmingham AL	Goodrich, Charles Birmingham AL	Goodwillie, Claire Kilkenny Ireland
Gorajec, Joe Indianapolis IN USA	Gosden, John Newmarket UK	Goshen, Martita Sea Cliff NY	Goss, Nancy Hamden CT
Gott, Sheila Lexington KY United States	Gower, Jeff Springfield MO	Graebner, Myles Pendelton KY	Graffard, Lisa-Jane Coye-la-Forêt France
Graham, Sheri Versailles KY USA	Grande, Jr, Frank Ocala FL USA	Grant Farrell, Vivian Louisville KY	Gray, Arthur West Seneca NY USA
Gray, Arthur West Seneca NY USA	Gray, Marcia Dumfries VA USA	Gray, William Cottonwood CA USA	Graveski, Robert Lockport IL
Grdak, Tajana Zagreb Croatia, Europe	Greely, William Lexington KY USA	Green, Finn Frankfort KY	Greenfield, David New York NY
Gregg, Suze Blowing Rock NC	Gribbins, Jim Evansville IN	Grier, Mark Far Hills NJ USA	Griggs, John Lexington KY USA

Griggs, Linda Lexington KY United States	Grimm, Michael Dallas TX USA	Grisolia, Cynthia Versailles KY	Grisolia, Gregory Versailles KY
Gudenrath, Mimi Fayetteville GA	Guidotti, Barbara Pemberton NJ	Gural, Jeffrey R. Standfordville NY	Gurfein, Ron Delray Beach FL USA
Gustafson DVM, Dr Sid Bozeman MT	Guthrie, Margaret Philadelphia PA	Gutterman, Allen Los Angeles CA USA	Guy, Angela Houston TX
Haas, Ginger Tampa FL	Hadden, Rebecca Middleburg VA USA	Hagale, Jim Strafford MO	Hagan Cosgrove, Joni San Diego CA USA
Haigh, Joanie CA	Hales, Joleen Madill OK	Hall, Jason Eagle ID USA	Hall, Lenny Pahrump NV
Hall, Tom Lexington KY USA	Hamilton, Ken El Dorado AR USA	Hamilton, Lucy Lexington KY	Hancock IV, Arthur Paris KY
Hancock, Alex Lexington KY USA	Hancock, Arthur Paris KY	Hancock, Clay Paris KY	Hancock, Deborah Paris KY USA
Hancock, Dell Paris KY	Hancock, Hutchi Los Angeles CA	Hancock, Kate Paris KY USA	Hancock, Lynn Lexington KY USA
Hancock, Seth Paris KY USA	Hancock, Staci Paris KY	Hancock, Walker Paris KY	Handel, Hal New Hope PA USA
Hanington, David Bulville NY USA	Hanley, Peter Macomb MI USA	Hannan, Michael Louisville KY	Hannum, Reddy Unionville PA
Harbison, Jennifer Buckingham United Kingdom	Harding, Brenda Newburgh NY	Hardy, Hallie Frankfort KY	Harmon, Don Camden DE USA
Harned, Jon Dawson Springs KY	Harper, Kate Encinitas CA	Harrington, Norman Burnsville MN USA	Harris, Kim Hot Springs AR
Harris, Margaret Lexington KY	Harrison, Bridie Cynthiana KY USA	Harrison, Dawn Santa Monica CA USA	Harrison, Diane Russom Glencoe MO USA
Harrison, Michael Butler MD USA	Harriss, Paul Valders WI	Hartis, Eileen Sealy TX	Harty, Eoin Sierra Madre CA USA
Hasegawa, Takashi Toyama-ken Japan	Hatton, Vicky Paris KY	Haugh, Mary Marshall Auburn AL	Haughton, Bill Deerfield Beach FL USA
Hawley, Jim Kent WA	Haws, Esq., Nancy Louisville KY USA	Hay, Terry Benicia CA USA	Hayes, Jerry Aurora OH
Hayes, Joann Aurora OH USA	Haymaker, Lawrence Elkridge MD United States	Haymaker, Lisa Elkridge MD USA	Hazard, Holly Falls Church VA
Head, Alec Lexington KY USA	Head, Ghislaine Lexington KY USA	Head-Maarek, Crikette Vauville France	Head, Martine Lexington KY USA
Headley, Karen Arcadia CA USA	Healy, Tom Rosemount MN	Hebner, Marianne Fallbrook CA	Heller, Robby Easton MD
Henderson, Douglas Reddick FL United States	Hendrickson, John Saratoga Springs NY	Henie, Rob Cardiff CA USA	Herald, Alexandra Lexington KY USA
Herbst, Leanna Ruskin FL	Herrick, Norton Cedar Knolls NJ	Hersey, Rebecca Englewood NJ	Heysek, Richard Morriston FL USA
Hibberd, Grover Georgetown KY	Hickey, Tom St. Johns Canada	Hicks, Thomas Pompano Beach FL	Higgins, Donna Mount Laurel NJ
Hill, Deborah Winter Springs FL	Hill, Jim Midway KY USA	Hill, Judy Cannon Falls MN	Hill, Lois Lexington KY USA
Hilliard, Joanne Lexington KY USA	Hills, George Lexington KY	Hiner, Lezlie Philadelphia PA	Hinkle, Anne Archer Lexington KY USA
Hinkle, Barbara Paris KY	Hinkle, Henry Paris KY	Hinkle, Mary Grace West Hollywood CA	Hinkle, Sam Shelbyville KY
Hinkle, Tom Paris KY USA	Hinson, Dave Cooper City FL	Hirsch, Robert Sunny Isles Beach FL	Hirschle, Robert Wayne PA
Hirsh, Ken New York NY	Hirsh, Lester New York NY	Hirt, Gail Emmett MI	Hnatiuk, Harve Westampton NJ
Hoffman, GERALYN Charlotte NC	Hoffman, Holly Pensacola FL USA	Hogan, Matthew Versailles KY	Holderith, Erika Visalia CA United States
Holderith, Erika Visalia CA USA	Holguin, Diana Bogota Columbia	Hollinger, Joi Lenni PA	Holly, Dale Nicholasville KY USA
Holmes, John Metairie LA	Hood, Rachel Newmarket, Suffolk UK	Hook, Katie Wilmore KY	Hope, Michele Alpharetta GA

Hopkins, Jenni Smithsburg MD	Horton, Linda Peoria IL	Horton, Marian Citrus Heights CA	Host, Jim Lexington KY
Hosta, Sally Upperville VA USA	Howard, Ginny Lexington KY USA	Howard, Mark Mirror Lake NH	Howard, Neil Lexington KY USA
Howe, Janet Queen Creek AZ USA	Howell, Jessica Lexington KY USA	Howell, Jessica Hollywood FL USA	Howes, Lesley Ocala FL USA
Huckabay, Jody Paris KY	Huckabay, Michelle Paris KY	Huddleston, Richard Franklin TN USA	Hudson, Freddie Springfield VA USA
Hudson, Jeff/Virginia Stevensville MT	Huebner, David Kearney NE USA	Hughes, B. Wayne Lexington KY USA	Hughes, Sydney Lexington KY USA
Hulett, Linda Hondo TX	Hunt, Sue Elmendorf TX	Hurley, Erin Moorestown NJ	Hutchison, Alan Glen Allen VA
Ible, Darrell Jamberoo Australia	Ihle, Kendra Lima OH USA	Ilzhoef, David Grand Prairie TX USA	Infante, Anthony Tampa FL
Ingram, Lee Ann Franklin TN USA	Ingram, Mike Springfield MO	Ingram, Orrin Nashville TN USA	Inman, Stanley Paris KY
Inselman, Sandra Menasha WI	Irby, Marty Washington, DC USA	Iriarte, Edgardo Buenos Aires Argentina	Irons, Elizabeth Sinks Grove WV USA
Irwin, Barry Versailles KY	Irwin, Gordon Apopka FL USA	Irwin, Kathleen Versailles KY USA	Jackson, Gretchen West Grove PA
Jackson, Michelle Columbus NJ	Jackson, Roy West Grove PA	Jacobs, Kelly Floresville TX	Jaenicke, Kurt Ashland KY USA
Jannone, Dennis Rome NY USA	Jaramillo, Jeanclaude Elmont NY USA	Jarvis, Mike Las Vegas NV	Jaworski, Matthew Mississauga, Ontario Canada
Jenkins, Julia West Grove PA	Jenkins, Peter Coeymans Hollow NY	Jennings, Joe Carlisle KY USA	Jensen, Elisabeth Lexington KY
Jessie, John Campbellsville KY USA	Johansson, Nancy Allentown NJ USA	Johnsen, Linda Minneapolis MN	Johnson, George Vernon NY US
Johnson, Chris Denver CO USA	Johnson, Heather Lexington KY USA	Johnson, Jan Lighthouse Poit. FL USA	Johnson, Joanna Denver CO USA
Johnson, Mary Gahanna OH	Johnson, Peter Montecito CA	Johnson, Trudi Frankfort KY USA	Jones, Deborah Huntington Beach CA
Jones, Douglass Lexington KY	Jones, Greg Bristol CT	Jones, John Lexington KY	Jones, Libby Lloyd Midway KY USA
Jones, Marie D. Eugene OR USA	Jonsson, Colleen Midway KY USA	Juffet, David East Brunswick NJ	Justice, Bill Lexington KY USA
Justus, Cathy Pagosa Springs CO	Kahn, Matthew Scardsale NY	Kalet, Eric Yardley PA	Kane, John Plymouth MN
Kane, Richard Columbus OH	Kane, Rita Lexington KY	Kanemaru, Ed Arcadia CA	Kanter, Mike Hillsdale NJ USA
Kaplan Chiz, Nancy Shaw MS	Kaplan, Anne Highland Park IL	Karlin, Steve Merrick NY	Kaster, Robert Friday MN USA
Kattner, Emily Minneapolis MN USA	Katz, Debra Lexington KY USA	Kaye, Carol Woodbine MD USA	Kayne, Susan Albany NY USA
Keane, Tim Minneapolis MN USA	Keays, Lois Warton, Ontario Canada	Kebow, Duke Carlsbad CA	Keeling, Mike Cambridge Canada
Keenan, Chuck Maple Grove MN USA	Keenan, Judy Spokane WA USA	Keeton, Mark Long Island City NY USA	Keigher, Jason New York NY
Keister, Marie Broadview Heights OH	Keithley, Thomas Landenberg PA	Kelliher, Daniel Kiowa CO USA	Kelly, Jerry Lexington KY USA
Kelly, John Chicago IL	Kelly, Jon Rancho Santa Fe CA	Kelly, Sarah Rancho Santa Fe CA	Kelp, Lars Drammen Norway
Kelzenberg, Anthony Watertown MN USA	Kennedy, Robert Woodbridge VA USA	Keough, Patty Kent OH	Keppley, Tanya Lancaster PA
Kerr, Sean Brooklyn NY	Kessler, Andrew Annandale VA	Kevorkian, Geirge Bellair TX	Khalifa, Jayne St. Louis Park MN USA
Khoury, David Las Vegas NV USA	Kieger, Donald Prior Lake MN USA	Killgore, John Juno Beach FL USA	Kinder, Ralph Paris KY
Kinerk, Burt Tucson AZ USA	Kinerk, Nancy Tucson AZ USA	King, Alexa Versailles KY	King, Carolyn Louisville KY USA

King, Karen Sewickley PA	King, Kevin Sewickley PA	King, Lynda Elberton GA USA	Kingsley, Michele Hendersonville NC
Kinsky, Tom Chagrin Falls OH	Kinney, Richard Ballston Lake NY	Kinney, Susan New Tripoli PA	Kinns, Debora North Fort Myers FL
Kirby, John Charles Town WV USA	Kirby, Susan Delhi NY	Kirk, Ronald Lexington KY	Kirk, Sherry Garden Valley CA USA
Kirk-Wagner, Lori Lexington KY	Klein, Jonathan Bethesda MD	Klepaczka, Maria North Tonawanda NY	Klonizos, Kyle Paris KY
Klosek, John Houston TX	Knelman, Benjamin San Carlos CA USA	Knelman, Jak Lexington KY	Knelman, Kip Edina MN USA
Knelman, Suzanne Paris KY	Knowles, Alice Aiken SC	Knudsen, John Chesterfield MO	Koch, Matthew Paris KY USA
Koenig, John Millstone NJ	Kohler, Keith New Bloomfield PA	Kolar, Karen V Lambertville MI	Komorski, Ken Mays Landing NJ
Konger, Lucas Churubusco IN USA	Koppolu, Sureena Farmington Hills MI USA	Kouroubacalis, Steve Lynnfield MA	Kowerko, Patricia North Kingstown RI
Krasne, William Washington DC	Kraut, Maureen Perryville KY	Kress, Bernel Jacksonville FL	Kromann, Geraldine Perrineville NJ
Kruger, Ben Los Angeles CA	Kucharski, Natalie Stamford CT	Kuehn, Milo Myakka City FL	Kuhn, Denise Springfield KY USA
Kurgan, John Toronto, Ontario Canada	Kuster, Betsy R Paris KY USA	Kuster, Ted Paris KY	LaBrue, Jimmie Versailles KY
Lacorte Jr., Philip South Hackensack NJ USA	LaDuke, Jason Beverly Hills CA	Lam, Po Liverpool NY	Lamb, Melvin Talbotton GA
Lambert, Christen Waterford VA	Lampman, Jen Liverpool NY	Lange D.O., Lori Lebanon PA	Lange, Kenneth W Nanticoke PA USA
Langert, Shelby Lincoln Park MI	Langford, Elizabeth Bangor ME USA	Langlois, Bryan Lancaster PA USA	Laroche, Lindsay Lafayette CA USA
Lavelle, Patty Middleburgh NY	Lavin, A. Gary Goshen KY USA	Lavin, Elizabeth (Betsy) Goshen KY USA	Lavorato, Tony Darien IL
Lawlor, Elaine Grange Con, Co. Wicklow Ireland	Lawrence, Karen Wellsville OH	Lawrence, Robert Melbourne, Victoria Australia	Lawrence, Sally Lake Charles LA
Lawrence, Stuart Brooklyn NY USA	Lawson, Stephanie Lancaster PA USA	Lawton, Randal Orlando FL USA	Lay, Jordan Georgetown, Ontario Canada
Layton, Margaret Paris KY USA	Leak, William Ballston Lake NY USA	Lear, Heidi Mishawaka IN USA	Lear, Vange Lexington KY
Lee, Carlene Tyler TX	Lee-Smith, Queen Bloomington MN USA	Leeds, Scott The Woodlands TX USA	Lefkow, Len Bathesda MD
Lejzerowicz, Josef Aspen CO USA	Lembke, Wendy Westminster CA USA	Lenert, Dawn Falls Church VA USA	Lennox, Cynthia Pittsburgh PA USA
Lennox, Muriel Toronto, Ontario Canada	Lentini, Lorna New York NY USA	Leonard, James Raleigh NC	Leong, Burling Visalia CA USA
Levine, Lara Lexington KY	Levinsky, Robb Neptune NJ USA	Levy, Mike Lexington KY	Lillingston, Luke Kilmallock, Co. Limerick Ireland
Lindley, Thomas Maricopa AZ USA	Lindstedt, Berndt Sollentuna Sweden	Lindy, Malcolm Las Vegas NV USA	Lively, Barbara Lewisville TX
Loiacono, Nic Lexington KY USA	Loman, Linda Walnut Hill FL	Long, Paul Warminster PA	Longhini, Natalie Boulder CO USA
Longo, Cynthia Oakton VA USA	Loonin, Larry NYC NY	Lorraine, Jason Kamloops, BC Canada	Loudon, Lucinda Battle Ground WA USA
Louise, Katia Studio City CA	Louw, Robyn Durbanville South Africa	Loveless, Peggi Sidney ME	Lovell, John Brockton MA USA
Lowe, Jeff Versailles KY USA	Luce, Shannon Versailles KY USA	Ludlow, Joan Rochester MI	Lundstrom, Bruce Boca Raton FL USA
Lunsford, Bruce Louisville KY	Lush, Martha Fresno CA USA	Lyman, Marty Cuyahoga Falls OH	Lynch, Judith Boyle Ireland
Lyons, Dr. Sheila MA	M, Kris Corvallis OR	MacArthur, Kim Hemlock MI	Macauley, Frank Madeira Beach FL
MacDonald, Mark	MacFarlane, Adrienne	Machikas, Brittany	Mackay, Elise

Aliso Viejo CA	Ormond Beach FL	Glenmoore PA	Locust Valley NY USA
Mackay, Patrick Locust Valley NY USA	Mackintosh, Anne Odessa, Ontario Canada	Madden, Jennifer Lexington KY USA	Magee, Lynne Wingham Canada
Magenheim, Neal Manalapan NJ	Maggio, Carol Naples FL	Mahoney, Jean Sicklerville NJ	Makinster, Mike Atlanta GA
Malburg, Barbara Livonia MI	Malczewski, Marianne Tonawanda NY USA	Malkerson, Mary Shakopee MN	Malmstrom, Brent Scottsdale AZ
Mancini, Marietta Boalsburg PA USA	Manganella, Cheryl Brooklyn NY USA	Mann, Esta Dunnellon FL USA	Manner, Karen Arlington Heights IL USA
Manner, Steve Arlington Heights IL USA	Manning, Cheri Alexandria VA USA	Manning, Dr. Monica Saint Paul MN USA	Manning, Kirby Ocala FL
Mansmann, Dick Chapel Hill NC USA	Mardon Stables , Mary Chantler Loretto. Ontario Canada	Mark, Allen Roswell NM	Marks, Bob Cream Ridge NJ USA
Marks, Phyllis Los Angeles CA	Marsh, Fred Minneapolis MN USA	Marshall, Robin South Island New Zealand	Martin, Ebony Glen Burnie MD USA
Martin, Edward Bourne MA USA	Martin, Kalib Apple Valley MN USA	Massey, Barbara Clearwater FL	Massicotte, Lee Abingdon VA
Massler, Chris Lexington KY USA	Masson, Richard Los Angeles CA	Mast, Henry Caledonia MI	Masters, Cheryl Muncy PA
Masterson, Joan Palm Desert CA	Masterson, Robert Palm Desert CA USA	Mateo, Elizabeth Alpharetta GA USA	Mathayas, Sabeena Minneapolis MN U.S.A
Mathiesen , Hannah Rancho Santa Fe CA USA	Mathis, Michaela Versailles KY	Matthews, Ann Maree Collierville TN USA	Mauro, Joe Clearwater FL
Mayfield, Carroll Aiken SC	McAdam, Christina Fontana CA	McBeath, Gretchen Sunny Isles Beach FL	McCarron, Chris Lexington KY
McCarter, William England	McCarthy, Elisabeth Litchfield CT	McClenathan, Nancy Claremont IL	McCloskey, Sean Chaska MN USA
McCormack, Bernard Janetville, Ontario Canada	McCormack, John Bedford NY	McCrary, Rob Hot Springs AR	McCreery, Kip Palm Beach FL USA
McDonald, James Lexington KY USA	McDonald, Katie Seattle WA USA	McDuffee, David Delray Beach FL USA	McEntee, Carl Midway KY USA
McFadden, Dale Red Deer Canada	McGann, Terry Reno NV USA	McGarity, Leanne Seagoville TX	McGeorge, Wallace Hot Springs AR
McGinnis, James Freehold NJ	McGrath, Jo Ann Charlottesville VA	McGuffie, Eileen Charleston SC USA	McGuire, William Mora NM
McIngvale, James Houston TX	McIntosh, Jill Oshawa, Ontario Canada	McKay, Michael Flushing NY	McKenna, Joe Raleigh NC
McKenzie, Carol Chester SC	McKenzie, Cherie Hugo MN USA	McKenzie, Sam Chester SC	McLean, Nancy Columbia IL USA
McLellan, Roy Scottsdale AZ	McMullen, Andrew Miamisburg OH	McMullen, James Palatine IL	McNally, Thomas Palos Heights IL
McNamara, Chad Mount Upton NY USA	Mcneil, Darren Shakopee MN USA	McNerney, Terry Binghamton NY USA	McNiff, Thomas Harvard MA USA
McPeck, Kenny Lexington KY USA	Mead, Sheila Fisherville KY USA	Mediamolle, Wayne Harahan LA	Meehan, Jan Odessa FL
Meerdink, Russ And Jan Neeenah WI USA	Melia, Beth Medway MA	Melone, Lisa South Berwick ME USA	Melvin, Sandra Paris KY USA
Mendiola, Patricia Covina CA	Meng, Ken Lexington KY	Metcalfe, Peter E A Newmarket, Suffolk England	Michela, Dennis Phoenicia NY USA
Michelsen, Franklin Cotuit MA	Miller, Bill Weatogue CT	Miller, Connie Danville KY	Miller, Douglas Lake Worth FL USA
Miller, Dr. Alan Vestal NY	Miller, H. Charles Paris KY	Miller, Jonathan Lexington KY USA	Miller, Joseph Midway KY USA
Miller, Kathy Stratford NJ	Miller, Lincoln Palm Beach Gardens FL	Miller, Linda Fort Myers FL USA	Miller, Margie Statesville NC
Miller, Mike Louisburg KS USA	Miller, Sybil Austin TX USA	Miller, Thomas Smithville TN USA	Millikin, Elizabeth P Little Compton RI USA
Millis, Robert Saratoga Springs NY USA	Mills, Sharon Hendersonville NC	Mineo, Erica Cupertino CA USA	Minott, Geri Cardiff by the Sea CA
Minshall, Barbara Mississauga On Canada	Minshall, Mary North Las Vegas NV USA	Minten, Craig Mulvane KS USA	Minton, Bill Cardiff By The Sea CA

Mirabito, Jeanne Paris KY USA	Mitchell, Rhonda Center Point TX	Mitchell, Lane B. San Ramon CA USA	Mitchell, Regina Warren OH
Moe, Paul White Bear Lake MN USA	Moe, Roger Ersine MN USA	Moens, Virginia E. Hobe Sound FL	Moes, Dennis No Saint Paul MN USA
Moessner, Warren Ravena NY	Mohammed, Tom Richmond, BC Canada	Montaldo, Rebecca Fayetteville NC USA	Montgomery, Sandra Navasota TX USA
Moore, Eleanor Columbia SC	Moore, Jackson Myrtle Beach SC USA	Moore, Jackson Myrtle Beach SC USA	Moore, Michael Lebanon IL
Moore, Michael Montgomery Village MD USA	Moore, Patrick St Louis MO	Morell, Richard Brooklyn NY	Moretti, Marie Reno NV USA
Morley, Tom West Hempstead NY USA	Morrill, Lisa Norfolk VA USA	Morris, Joanie Paris KY USA	Morrison, Vivien Lexington KY
Mortenson, Candace St. Pete Beach FL	Moseley, Trish Hamilton MA	Mosier, Cathy Berea KY USA	Motion, Andrew Upperville VA USA
Motion, Anita Elkton MD USA	Motion, Graham Elkton MD USA	Mott, Briana Versailles KY	Munderloh, Dorothy Jo- Ann Baltimore MD
Munro, Dave Canada	Murga, Jorge Chula Vista CA USA	Murphy, Michael West Long Branch NJ	Murphy, Richard Los Alamitos CA
Murray, Garrett Monkton MD USA	Murray, Marlene Harrisburg PA USA	Murray, Marlene Harrisburg PA USA	Murrieta, Tony Irvine CA USA
Myers, Jeannetta Lakewood CA USA	Nabors, Linda Bee Branch AR USA	Napier, Lisa Middleburg KY USA	Napier, Lisa Cramerton NC United States
Narayanappa, Anand Cave Creek AZ	Nash, Ellen-Cathryn Hoboken NJ USA	Nation, Alicia Eastville VA USA	Navarro, Leslie Cypress CA USA
Naylor, Debora Dover DE	Naylor, Lou Waxahachie TX	Naylor, Theresa Fort Edward NY USA	Neagle, Jack Lexington KY
Neal, Tamese Corona CA	Neuhart, Fritz Dublin OH	Neuman, Celeste Lexington KY	Neuman, Emmer Lexington KY
Nevins, Janet Southbury CT USA	Newman, Liz Givat Brenner England / Israel	Newman, Timothy Wheeling WV USA	Nicholas, Sydney Pleasant Valley NY
Nicholls, Barbara Paris KY	Nichols, William Syosset NY USA	Nicholson, Joe Browne Lexington KY USA	Nielsen, Jason Pittstown NJ USA
Nielsen, Kassandra Woodstock CT	Norden, Raymond & Cynthia Landrum SC USA	Nordmark, Sandra Ceresco MI USA	Normile, John Plymouth MI
Norton, Michael Lakewood NJ USA	Norwood, Bernadette Cleveland OH	Novak, Nikki Savage MN USA	Nygaard, Pavla Del Mar CA USA
O'Brien, Keith Garden City NY USA	O'Brien, Laura Cypress TX USA	O'Brien, Leo West Hempstead NY USA	O'Brien, Robert New York NY USA
O'Connell, Connie Secaucus NJ USA	O'Connell, Ellen Ocala FL	O'Connell, Patrick Lexington KY USA	O'Dwyer, Philip Bothell WA
O'Leary, Tom Dove Canyon CA USA	O'Regan, Kevin Redwood City CA	O'Reilly, Chelsea Gansevoort NY USA	O'Rourke, Dan Denver CO
Ochocki, Robert Riverside CA	Ochs, Judith Chadds Ford PA	Odenkirk, Sharon Vienna VA USA	Okrzesik, Bob Houston TX
Ola, Earl Morriston FL	Olafsen, Matthew Tampa FL	Oman, Karen Long Beach CA USA	ONeil, Bonnie New York NY USA
Opdycke, Suzette Aztec NM usa	Oppenheim, Bill Scotland, UK	Osborn, Donald Cincinnati OH USA	Osborne, Jennifer Lester PA USA
Osborne, Paul Altadena CA USA	Osborne, Rick Cambridge MN USA	Osenburg, Nicole Baltimore MD USA	Otto, Mark Olivet MI USA
Otway, Teri San Diego CA	Ouellette-Danis, Keely Enfield CT	Overton III, Jesse Bloomington MN USA	Overton, Jesse Bloomington MN
Overton, Lana Bloomington MN	Overton, Rachel Bloomington MN	Owens, Mike Lexington KY	Pachota, Jamie New Hudson MI
Paiement, Luc Mont-Royal, QC Canada	Paige, Jeff Los Angeles CA	Palmer, Ronda Paris KY USA	Panitch, Blaine Willowbrook IL
Papa, Laura New Orleans LA	Papp, Kathryn Cream Ridge NJ	Pappalardo, Phil Edison NJ USA	Parker, Kathleen Bethel PA
Parker, Linda	Parker, Walter	Parkinson, Mark	Parks, Christine

Mount Dora FL USA	Philadelphia PA USA	Bethesda MD	Vienna VA
Parks, Jerry Ocala FL USA	Parsons, Michelle Belle Plaine MN USA	Pascarella, Carl San Francisco CA	Patton, Cory New Orleans LA
Paulhus, Marc Hendersonville NC	Pavey, Linda Cincinnati OH	Pavlichko, Michael Fort Myers FL USA	Payne, KC Arlington TX USA
Peacock, Andrew Austin TX	Pearson, Eryn Princeville IL	Pearson, Michael Hume VA USA	Pederson, Wesley Kamloops, BC Canada
Peele, Andrew Allen TX USA	Pegg, Peter Middleburg VA USA	Pelkey, Jill Stokesdale NC	Pendergast, Tom Richmond VA USA
Penn, John Paris KY	Perry, James Dallas TX USA	Pesot, Jeff Basking Ridge NJ	Peters, Anne Midway KY USA
Peters, Mark Canton OH USA	Peterson, Carrie Duvall WA USA	Petillo, Scott Saratoga Springs NY USA	Petter, Jr., Stanley D. Lexington KY
Pflugheber, Jill Hermon NY	Phillips, Christine Donnelly ID USA	Phillips, Jackie Raton NM U.S	Picavet, Christine Fallbrook CA
Picciotti, Marrey Oak Park IL	Picciotti, William Oak Park IL	Pigg, Rex Friendswood TX	Pilkington, Helen Glen Head NY USA
Piterniak, Joanne Cohoes NY USA	Plaisance, Douglas Loranger LA	Plant, Emily Missoula MT	Pleshe, Darstan Shakopee MN USA
Plummer, Dick Savage MN USA	Plummer, Jeff Savage MN USA	Plunket, Piers England	Pobjecky, Judith Blacksburg VA
Policastro, Tony Surfside Beach SC USA	Polites, Greta Streetsboro OH USA	Polivka, Mark Naperville IL	Polk, Albert Burt Lake MI USA
Polk, Hiram Louisville KY USA	Pollard, Catherine New Bern NC USA	Pontrelli, Joanne Huntington NY USA	Poole, Angela Lexington KY USA
Pope, David Versailles KY	Popham, Wayne Hamel MN	Potasiewicz, Kendra Gansevoort NY USA	Potter, James Paris KY
Potter, James Afton VA	Pounds, Linda Katy TX USA	Pournaras, Ann Flemington NJ	Powell, David Lessard Et Le Chene France
Powers, Walter Harrison OH	Poyah, Anil St Croix Virgin Islands	Pozsar, Randy Raleigh NC	Prado, Edgar Hollywood FL USA
Prather, John Georgetown KY	Prather, Nathan Louisville KY USA	Prather, Steve Hobbs NM USA	Prather, Susannah Georgetown KY
Prekop, Paul Las Vegas NV	Price, Bill & Carrington Mineral Springs NC USA	Price, Kathleen Georgetown KY USA	Priest, DVM, Gary T. Versailles KY USA
Priest, Kathy Versailles KY USA	Primm, Michelle Lexington KY USA	Pringle, Valerie Annapolis MD	Pryor, Sandra St. Paul MN USA
Pulito, Daisy Lexington KY USA	Qualtere, MD, Thomas Schenectady NY USA	Questen, Jena Conifer CO USA	Quickel, Dan Paris KY USA
Quinn, Blake Los Angeles CA	Quinn, Tim NY NY	Quirk, Gerry Madison MS USA	Racki, Troy Shasta Lake CA
Raglin, Duane Midway KY	Ralph, Donna Viera FL	Ramirez, JeAnna Redwood City CA	Ramirez, Laura Seattle WA
Ramirez, Tommy Lewisville PA	Rampulla, Jimmy Bayside NY	Randall, Jack Reno NV USA	Randolph, Tom White Plains VA
Rankin, Gayla Brock TX USA	Ransom, John Sherman Oaks CA	Ranwick, Sr., Mr. and Mrs. Robert Plymouth MN	Rappa, Antoinette Denver CO
Rarick, Gina Maisons-Laffitte France	Ratza, Maggie Chicago IL USA	Ravenwood, Kira Fredericksburg VA	Ravit, Alexa NY NY
Rawlins, Nan Hamilton OH USA	Reagan, Nancy Glen Ellyn IL	Reagan, Nancy Glen Ellyn IL USA	Reavis, Dave Louisville KY
Rebhan, Eric Fort Lauderdale FL	Reck, Bill Mechanicsburg PA	Reddoch, Jeff Maurice LA	Redmond, Garrett Paris KY
Redmond, Robin Paris KY usa	Reed B.V.M.S., Dr Tracey Arthur River Australia	Reed, Billy Louisville KY	Reed, Duane Minneapolis MN USA
Reed, Jason Coos Bay OR USA	Reepmeyer, Bill Meredith NH USA	Reeves, Joy Colorado Springs CO	Register, Layton Lexington KY
Reid, Carrie Catonsville MD	Reid, Cindy NY NY	Rekow, Patty River Falls WI	Remondini, Mary Menomonee Falls WI

Rempel, Don Winnipeg, MB Canada	Renfro White, Sandra Lexington KY	Reynolds, Shannon Charlotte NC	Rhodes, Karen Fairfax VA
Richards, Helen Camden SC USA	Richardson, Denise Mount Hope, Ontario Canada	Richmond, Conni Riverside CA	Richter, John & Kris Perkins OK USA
Ricker, Robert Goodlettsville TN	Rickert, Darrel Columbus NE USA	Rickert, Elaina San Dimas CA USA	Rickert, Gene San Dimas CA USA
Rickert, Matthew San Marcos CA USA	Rickert, Tricia Columbus NE USA	Riedel, L.M. Dallastown PA	Riggs, Mary Jane Muncie IN
Ringlee, Elizabeth Delanson NY	Ringler, Maria Harrington DE USA	Rini, Denise Lyndhurst OH USA	Ritter, Carol Tucson AZ
Roach, Bob Moncton Canada	Roach, Robyn Versailles KY	Robbins, Steve Cleveland Heights OH	Roberts, Alicia Parkesburg PA
Roberts, Edwin Kenansville FL USA	Roberts, Elizabeth Odessa FL	Roberts, Hailey Stony Point NC	Roberts, Monty Solvang CA USA
Robinette, Barry Midway KY USA	Robins, Tylah Swindon England	Robinson, David Cranston RI	Robinson, Diane Lexington KY USA
Robinson, Don Lexington KY	Robinson, Wilfrid Pembroke Hm 08 Bermuda	Rocco, Steven New York NY USA	Roche, Cynthia Carpinteria CA USA
Roche, Kathleen Santa Barbara CA USA	Rodriguez, Roberto Temple TX	Roebeling, William Princeton NJ	Rogers, Joelle Houston TX USA
Rogers, Kathy Poulsbo WA	Roggenkamp, Edward Versailles KY	Rolfe, Denise Wyncote PA	Rolfe, Randy Wyncote PA
Rollinson, David Osprey FL	Rollinson, David Osprey FL USA	Romanet, Louis Boulogne Billancourt France	Rose, Jim Paris KY USA
Rose, Michael Ft. Lauderdale FL	Rosenberg, Dan Versailles KY	Rosenberg, Neal New York NY	Rosenkranz, Rich Flower Mound TX USA
Ross, Katy Lexington KY USA	Ross, Sharon Urbandale IA	Rossbach, Charles Honesdale PA USA	Roulston, Allison West Palm Beach FL
Rounsefell, Craig Monrovia CA	Roya, Joan Baytown TX	Rozwadowska, Joanna Brzesko Poland	Ruane, Peter Scranton PA USA
Rubens, Carky Scarsdale NY	Rubin, Mike Beech Island SC	Ruhnke, Chris Cincinnati OH	Ruhnke, Melissa Cincinnati OH
Ruis, Mick Columbia Falls MT USA	Rullman, Cindy Lexington KY	Rupert, Gaynor South Africa	Russo, Nicholas Lawrenceville VA
Ryan, Heather White Hall MD USA	Ryan, Jim Rochester NY	Ryan, Marcus Windsor SC USA	Ryan, Mike Kankakee IL USA
Ryder, Bradford Washington DC USA	Saart, Katharine Vista CA	Sahadi, Jenine Del Mar CA USA	Salazar, Michelle Aztec NM USA
Saltzman, Tabitha Indianapolis IN USA	Salvi, Nick Coconut Creek FL USA	Samuels, Rick Lexington KY	Sanchez, Christine Lake Forest CA USA
Sandahl, Paul New Lennox IL	Sanders, Megan Conyers GA USA	Sanders, Owen St Paul MN USA	Sandhu, Nishaan Lexington KY
Sandmann, Brian Louisville KY	Santangelo, George New York NY	Santulli, Richard Colts Neck NJ	Sanzone, Vincent Commack NY
Sarama, Mary Ellen Pittston PA USA	Saubier, Marvin Citra FL USA	Sawyers, Diana Stephens AR	Sayre, Lois Laurelville OH USA
Schander, Raoul Stillwater MN USA	Schellenberger, Jessica E Louisville KY	Schettine, Alex Richmond VA USA	Schickli, Dillon Stanwood WA
Schmitz, Steve Pana IL	Schnell, Jeanne Ithaca NY USA	Schott, Allan Mahwah NJ USA	Schram-Dillon, Cindy Hallandale Beach FL
Schriock, Constance McIntosh SD USA	Schroer, Debra Fort Pierce FL	Schubert, Allen Louisville KY	Schuerger, Carly Aliso Viejo CA USA
Schullstrom, Mark Colts Neck NJ USA	Schulz, Stan East Lansing MI USA	Schurman, Christina Georgetown KY USA	Schurman, Scott Georgetown KY USA
Schurman, Sydney Georgetown KY USA	Schuster, Louis Minneapolis MN USA	Schuster, Steve Bourne MA	Schwartz, Barry K. Granite Springs NY USA
Schwartz, Sheryl Granite Springs NY USA	Schweitzer, Rich Cherry Hill NJ	Schwizer, Marsha Monrovia CA USA	Scotto, Barbara Freeport NY
Searles, Linda Bismarck AR USA	Seavy, Jo Denver CO	Seidel, Marion Port St Lucie FL	Seitz, II, Fred Versailles KY
Seitz, Frederick J.	Seitz, Joe	Sentkowski, Kathleen	Seth, Altshuler

Versailles KY	Versailles KY USA	Gaithersburg MD USA	Matawan NJ
Sexton, Gary Jackson MI	Seyle, Joyce Newington GA	Shaffer, Matthew Highland Park IL	Shaikun, Gerry Sarasota FL
Shamis DVM, Lawrence Tucson AZ USA	Shanagher, James Loudonville NY USA	Shane, Raeann Rockville MD USA	Shanklin, William Aurora OH USA
Shannon, George Minneapolis MN USA	Sharp, Steve Lexington KY	Shaw, Doug Sarasota FL	Shaw, Hilary Columbus OH USA
Shaw, Simon Bethune SC USA	Shepherd, Patrick Culpeper VA USA	Shepherd, Rebecca Culpeper VA USA	Shepherd, Shannon Highland AR
Sheppard, Jonathan West Grove PA USA	Sherer, Donald Henderson NV USA	Shevick, Mark Saugus CA	Shiflet, Bobby Paris KY USA
Shirley, Patti Tucson AZ USA	Shively, Marilyn Farmington Hills MI	Shoaff, Michelle Oviedo FL USA	Shockey, Patricia Charles Town WV
Shuback, Alan New York NY USA	Shuford, Nancy Hickory NC	Siegel, Bart New York NY	Sigler, Jules Ontario Canada
Silva, Jerry Long Beach NY USA	Simcox, Don Oak Hill VA	Simmer, Kate Philadelphia PA	Simmons, Amanda Orlando FL
Simms, Hunter Lexington KY USA	Simon, Mark Lexington KY USA	Simon, Mary Lexington KY USA	Sinatra, Stephen Manchester CT USA
Sinclair, Carol PA	Singh, Anant Durba SA	Sisung, Elaine Gibraltar MI	Sitongia, Richard Phoenix AZ USA
Skand, David Tampa FL	Skeen, Holly Prescott Valley AZ	Slachman, Virginia Saint Louis MO USA	Slater, Lysa Lutz FL
Slater, Mary Enfield CT	Slocum, Donna Buckeye AZ	Small, Jane Pittsburgh PA USA	Smeallie, Janice Alexandria VA USA
Smeallie, Shawn Alexandria VA USA	Smiley, Kimberly Castaic CA USA	Smith, Andrew Eramosa, Ontario Canada	Smith, Connie Prospect KY USA
Smith, Gary Ocala FL	Smith, J David Lexington KY USA	Smith, Jack Prospect KY USA	Smith, Joe Naples FL
Smith, Laura Ormond Beach FL	Smith, Melinda Lexington KY	Smith, Patty Culver City CA	Smith, S. Suzanne Lexington KY US
Smith, Shawn Lansing MI	Smith, Tamme Little Rock AR	Smith, Terry Linden MI	Smoak, Julie Lexington KY
Smoot, James Charles Town WV	Snelling, Barry Lexington KY USA	Snowden, William Paris KY USA	Snyder, Jennifer Indianapolis FL
Solveyra, Eduardo Alfredo Caba Argentina	Sonder DVM, Claudia Napa CA USA	Sonstebj, Charles Dallas TX USA	Spadafore, Timothy Leesburg VA USA
Spalding, Bobby Paris KY	Sparacello, Paul New Orleans LA	Spartz, Mark Sioux Falls SD USA	Spear, Amy Jackson WI
Spencer, Sally Pahrump NV	Spicer, Nancy Columbia SC	Spinelli, John DeLand FL	Spiring, Charlie Winnipeg, Manitoba Canada
Spoone, Lisa Bean Station TN	Springer, Bill Warrenton VA	Squires, Jim Versailles KY	Squires, Mary Anne Versailles KY
Srikanth, Sanjay Clifton VA	Stafford, Howard Ocala FL USA	Stalker, Christina Beaverton OR USA	Standish, Jolin Elk Grove CA USA
Stathis, Jil San Diego CA USA	Steffen, Daniela Gifhorn Germany	Stein, Harvey Gansevoort NY USA	Stein, Lori Ft Myers FL USA
Stephenovitch, Joseph Fort Lauderdale FL USA	Stephens, Art Murrieta CA	Sterck, Greg Covington LA	Sterck, Simone LA
Stern, Dave Livonia MI USA	Stern, Samuel Independence MN USA	Sterngass, Eli Saratoga Springs NY USA	Stevens, Gary Sierra Madre CA USA
Stevic, Charlene Citra FL USA	Stewart, Cindy Paris KY	Stewart, Shelley Vancouver WA	Stewart, Steve Paris KY USA
Stiff, Lisa Lexington KY USA	Stillman, Kay Berthoud CO USA	Stirrup, Heidi Haymarket VA	Stivers, Sue Nicholasville KY USA
Stockmen, Phil M Edmonton, Alberta Canada	Stokes - Donehower, Pamela Middleburg VA	Storm, Jennifer SeaTac WA	Strawbridge, George Wilmington DE
Strawgate, Pat Coral Gables FL	Stronach, Frank Paris KY	Struder, Ray Farragut TN	Stuart, Ann Weaverville NC
Stumpf, Tom	Stuve, Lloyd	Suchv, Cherie	Suffern, Pat

Saint Paul MN USA	Savage MN USA	Louisville KY USA	Mandeville LA
Sulkes, Marc San Diego CA	Sullivan, David Benbrook TX	Sullivan, Melissa Lexington KY	Sullivan, Michael Sherborn MA
Sullivan, Paul Lexington KY	Sullivan, Thomas Elburn IL USA	Summers-Harmon, Susan Bourbon MO USA	Sunblade, Barbara Parker CO
Super, Denise Pittsburgh PA USA	Susmarski, Ronald Willowbrook IL	Sutton, Dare Eddyville KY USA	Sutton, Joseph Houston TX
Swain III, Jack New York NY USA	Sweezey, Wayne Lexington KY USA	Sweyer, Nancy Peotone IL	Switzer , David Lexington KY USA
Sylvester, Andrew San Francisco CA	Sylvester, Doug Indianapolis IN	Tackett, Kista Louisville MS	Takter, Jimmy East Windsor NJ USA
Talley, Cassandra Houghton MI	Tanz, Meryl Los Olivos CA	Tate, Christy Bridgeport WV USA	Tatham, Deborah Houston TX
Tatham, Tom Houston TX	Taube, Paula Paris KY USA	Tayala, Cheryl Warren OH USA	Taylor, Arlene Hammonton NJ
Taylor, Kitty Lexington KY	Taylor, Lisa Clearwater FL USA	Teague, Larry Hobbs NM USA	Teal, Jimmy Fayetteville NC USA
Tebbutt, John Farmington NY USA	Temple, Patricia Wilton CT USA	The Partnership Czar, Tim Finley Lake Worth FL USA	Theodore, William West Palm Beach FL
Thomas, Alice Edenton NC	Thomas, Susanna Lexington KY USA	Thompson, Alison Paris KY USA	Thompson, Sarah Lexington KY USA
Thomson, Bob Windham NH	Thren, Barb North Myrtle Beach SC	Tighe, Mike New York NY	Tijou, Dominique Lexington KY
Timmerman, Anna New Orleans LA	Tingberg, Keith Stuart FL	Tirone, Paris Philomath OR	Tirrell, Elyse New York NY USA
Tisbert, Alice Plainville MA USA	Titus, Bradley North Fort Myers FL USA	Tivnan, Michael Mashpee MA USA	Tobey, Elizabeth Greenbelt MD
Toby, Milt Georgetown KY	Tokarek, Chris Sarver PA	Tokarek, Rich Sarver PA	Tomasello, Nicole Jamesville NY
Tommila, Peter Falmouth ME United States	Tonzi, Eileen Gait CA	Townsend, Darlene Lewes DE	Townsend, Diane Hamilton New Zealand
Townsend, Wallace Georgetown DE	Tracey, Deborah Manukau Heights, Auckland New Zealand	Travis, Joseph Vestal NY USA	Treadway, Diane Louisville KY USA
Tremper, Amy Tubac AZ USA	Tremper, Steve Tubac AZ USA	Troeller, Gordian Upper Bucklebury United Kingdom	Trogdon, Bruce Mount Vernon OH USA
Troy, Eric Suffern NY	Trujillo, Aimee Anthony NM	Trujillo, Anthony Anthony NM	Trull, Frankie Middleburg VA
Tucker, Larry Minneapolis MN USA	Tudor, Michael Spring TX USA	Turano, Mercy Tampa FL	Turco, Carrie Las Vegas NV
Turcotte, Ron Van Buren ME	Tutcher, Christine Tampa FL	Twaddle, Tim Canonsburg PA USA	Tweedy, Kate Ashland VA
Twigg, Sandy Enterprise OR USA	Ulmer, Janet East Greenville PA	Urbano Grajales , Luis Alberto Lescar France	Van Brocklin, Debbie Lexington KY USA
Van Berg, Jack Hot Springs AR	Van Den Brink, Ben Bennebroek The Netherlands	Van Wieren-Page, Jenny Paris KY USA	Vance, Ethan Hubbardston MI USA
Vandemotter, Heidi Garrettsville OH USA	Vanmeter, William Lexington KY USA	Varela , Angelique Flagstaff AZ USA	Varone, Robin Fort White FL
Varosky , David Edwardsville PA USA	Vaughan, Cheri Annapolis MD	Vaux, Kirk Mercer Island WA	Veneziano, K.R. Monroe NJ USA
Vezakis, Larry Grand Junction CO USA	Viaene, Jackie Commerce Twp MI	Viarruel, Handel Toronto Canada	Vise, Jr., Allen T. Nicholasville KY USA
Vitrano, Robert Freehold NJ USA	Voelker, Marcy Moorestown NJ	Vogt, Debby Klerksdorp South Africa	Voss, Elizabeth Monkton MD USA
Voth, Robert Cleveland OH	Vukovich, Robert Colts Neck NJ	W, S Louisville KY	Wade, James Hartford CT
Wagley, Rachel Lehigh Acres FL USA	Wagner, Chris Triftern Germany	Wagner, Paul Charlottesville VA USA	Wagner, Susan Chatham NY
Waldman, Ric	Walker, Linda	Wallace , William	Wallace, Kim

Lexington KY	Glen Allen VA	Ocala FL Marion	Langley Canada
Wallace, Madonna Chicago IL	Wallace, Ron Versailles KY	Walpole, Richard Fort Erie Canada	Walter, Christian Rome Italy
Ward, Donna Paris KY USA	Ward, Jo-Anne Brampton Canada	Ward, John Paris KY USA	Warner, Harvey Winnipeg Canada
Warren, Bruce East Hanover NJ USA	Washington, Claudie Duluth MN USA	Waterhouse, Gai Kensington, NSW Australia	Watson, George Minneapolis MN USA
Watts, Kelley Latham NY	Waugh, Virginia Anthony FL	Weber, Charlotte Ocala FL	Weber, Melissa Butler PA USA
Webster, Dennis Mineral VA USA	Weddle, Steve Chattanooga TN	Weeks, John South Berwick ME	Weglarz, Paula Frankfort KY
Wegner, Brian Minneapolis MN USA	Weidner, Dianne Lexington KY	Weil, Ed Winnetka IL	Weil, Shannon Cool CA
Weiner, K.C. Houston TX USA	Weinkauf, Keith Levittown NY	Weir, Kim Saratoga Springs NY USA	Weisbord, Bradley New York New York USA
Weismann, Rodger Watham MA	Wellington, Harold CA	Wells, Kim Woonsocket SD	Wells, Tiana Sonoma CA
Wendlinger, Diana Prescott Valley AZ	Werneth, Coy Ocala FL	West, Murray Paris KY USA	Weston, Allan New York NY
Westphal, Patricia Soldiers Grove WI USA	Wheeler, Kaherine Baton Rouge LA	White , Mary Catherine Lexington KY USA	White, Karyn Gillette WY
Whitehouse, Rosemary United Kingdom	Whitfield, Edward Washington DC USA	Whitmire, Gene El Cajon CA	Whitney, Mary Lou Saratoga Springs NY
Whitson, Belinda Aiken SC USA	Wicks, Tom Eden Prairie MN USA	Wiedemer, Carolyn Taylorsville KY	Wienclaw, James Melville NY
Wiesman, Jon York PA USA	Wilhite, Andy Hemet CA	Wilkins, Arlene Mathis TX	Williams, Donna Troy PA
Williams, Rod Hooper UT USA	Willis, Angela Oxford AL USA	Willwerth, Sandra Paris KY	Wilson, Barry Jamestown CA USA
Wilson, Cindy Bokeelia FL	Wilson, Michael Fort Collins CO USA	Wilson, Patty Carrollton TX	Wiltz, James St. Paul MN
Wiltz, Jane St. Paul MN	Winterhalter, Janice Aurora CO	Winters, Fred Salvisa KY USA	Wirth, Jennifer Chicago IL USA
Wisniewski, Scott Holland MI	Witkowski, Kath Hilton Head Island SC	Wohlers, Laura Spring TX	Woitkowski, Matthew Staten Island NY
Wolpert, Elizabeth Albertson NY	Wong, Allen Los Angeles CA	Wong, Daniel Los Angeles CA	Wood, Barbara Woodway TX USA
Wood, Robert Garden City NY	Woolcott, Lauren The Plains VA	Woolcott, Rene Ralph Middleburg VA	Worthington MD, W. Bradley Nashville TN USA
Worthington, Teri Nashville TN USA	Woskow, Steve Incline Village NV	Wright, Andrew San Diego CA USA	Wright, Jill Thompsons Station TN
Wyss, Albert Brooksville FL	Yarberry, Michael Dunnellon FL USA	York, Pam Honey Brook PA USA	You, Yin Los Angeles CA
Young, Leslie Marengo OH	Yunker, Bob Cleveland OH USA	Yount, Dell Los Alamitos CA USA	Yurmoma , Phillip Middletown NY USA
Zaborowski, Richard Newark NJ	Zerolo, Michel Miami Beach FL	Zirkle, Cynthia Springfield OH USA	Zirol, Clem Norton MA
Zito, Kim Lexington KY USA	Zito, Nick Lexington KY USA	Zitterich, Becky Monument CO USA	Zoldan, Alan Youngstown OH
Zoldan, Bruce Canfield OH	Zuanetti, Mario Pompano Beach FL USA		

Washington, D.C. 20515
 Testimony by Matt F. Iuliano
 Executive Vice President and Executive Director
 The Jockey Club
 House Energy & Commerce Subcommittee on Digital Commerce and Consumer Protection
 HR 1754 Horseracing Integrity Act
 Tuesday, January 28, 2020

Dear Chair Schakowsky, and Ranking Member McMorris Rodgers,

This testimony is offered in support of the Horseracing Integrity Act of 2019, H.R. 1754 and provides citations from peer-reviewed scientific studies that demonstrate the rate of fatal racing injury per 1,000 starts in the United States is approximately 2.5 to five times greater than that seen in international racing jurisdictions.

The detailed 10-year trends of racing fatalities per 1,000 starts in the United States can be found at http://jockeyclub.com/pdfs/eid_10_year_tables.pdf and is summarized below:

Thoroughbred Only										
Calendar Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Rate	2.00	1.88	1.88	1.92	1.90	1.89	1.62	1.54	1.61	1.68

United Kingdom and Australia:

Epidemiology of Racetrack Injuries in Racehorses, Tim D.H. Parkin, BSc, BVSc, PhD, MRCVS, [Vet Clin Equine](#) 24 (2008) 1–19:

"...In flat racing the risk of fatality has been calculated as 1.4 horses per 1000 starts in Kentucky [27], 1.7 per 1000 starts in California [28], and between 0.8 and 0.9 per 1000 starts in the United Kingdom [29,30]. In Victoria, Australia, there have been two studies that have reported the risk of fatality at 0.33 per 1000 starts between 1986 and 1993 [31], and 0.44 per 1000 starts, between 1989 and 2004 [32]..."

Australia:

Thoroughbred fatality and associated jockey falls and injuries in races in New South Wales and the Australian Capital Territory, Australia: 2009–2014, C.E. Wylie, P. McManus, C. McDonald, S. Jorgensen, P. McGreevy, <http://dx.doi.org/10.1016/j.tvil.2017.06.008>:

"...The overall incidence for the 161 horse fatalities that occurred following an official start was 0.59 deaths/1000 starts (95% CI 0.50–0.68)..."

Great Britain:

Descriptive epidemiology of veterinary events in flat racing Thoroughbreds in Great Britain (2000 to 2013), S. M. ROSANOWSKI, Y. M. CHANG, A. J. STIRK and K. L. P. VERHEYEN, [Equine Veterinary Journal](#) ISSN 0425-1644 DOI: 10.1111/evj.12592:

"...The incidence of fatality was 0.76 per 1000 starts (Table 1). ..."

United States and Canada with references to the United Kingdom and Australia:

Risk factors associated with fatal injuries in Thoroughbred racehorses competing in flat racing in the United States and Canada, Georgopoulos, Stamatis P., Parkin, Tim D.H., *JAVMA* Vol 249 No. 8, October 15, 2016

“....The incidence rate of fatal injuries in Thoroughbred racehorses competing in flat racing at 89 tracks in the United States and Canada during the 5-year period from 2009 to 2013 was 1.9/1,000 race starts.....the incidence rates of fatal injuries in Thoroughbred racehorses in the United States appear to be much higher than those for racehorses in the United Kingdom^{13,34,35} (0.38 to 0.9 fatal injuries/1,000 race starts) and Australia^{36,37} (0.3 to 0.44 fatal injuries/1,000 race starts)....”



The Jockey Club

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Chairman Jan Schakowsky
Ranking Member Cathy McMorris Rodgers
Energy & Commerce Subcommittee on Consumer Affairs and Commerce
2125 Rayburn HOB
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Schakowsky and Ranking Member McMorris Rodgers,

My name is Stuart Janney, and I am the chairman of The Jockey Club. I am writing to share our support of H.R. 1754, the Horseracing Integrity Act of 2019, and to thank you for including the bill in your upcoming hearing.

Congressional hearings have often expedited beneficial change in professional sports, particularly with regard to the use of performance-enhancing drugs. On behalf of The Jockey Club and the Coalition for Horse Racing Integrity, we hope that this hearing will lead to a similar result.

Passage and enactment of the Horseracing Integrity Act would establish an independent non-profit corporation responsible for developing and administering a single anti-doping and medication control program for horse racing across the U.S. This would enhance the overall integrity of horse racing, improve equine safety and welfare, and ensure a level playing field for those who compete (owners, trainers and jockeys) and for those who wager on the outcome of our races.

Beyond that, it will help sustain and grow a sport that is part of a vibrant equine industry that accounts for an economic impact of \$122 billion a year, 1.74 million jobs, and \$79 billion in salaries, wages and benefits. [American Horse Council Economic Impact Study of 2017]

The Jockey Club's mission statement proclaims that it is dedicated to the improvement of Thoroughbred breeding and racing, and its core belief is that horses should compete only when they are free from the influence of medication. Consistent with these directives, The Jockey Club has been advocating for medication reform, including uniform drug rules, in our sport for decades.

I would like to share with you some background of The Jockey Club and explain why this legislation is so important to us.

The Jockey Club is the breed registry for all Thoroughbred horses in the United States, Canada, and Puerto Rico. It was formed in 1894 to maintain the integrity of *The American Stud Book*. To register a Thoroughbred in North America, breeders must comply with the rules of registration as set forth in the *Principal Rules and Requirements of The American Stud Book*.

However, The Jockey Club's contributions to the Thoroughbred industry go well beyond registration. The Jockey Club maintains a group of commercial, for-profit subsidiaries and commercial partnerships, each with a twofold purpose: to serve specific segments within the industry using highly efficient, state-of-the-art technology and to generate profits that are invested in myriad industry initiatives designed to improve the health, safety, and welfare of our equine athletes.

These initiatives have helped with welfare, safety, and medication reform, but unfortunately, the regulation of horse racing in the United States remains highly fragmented.

There are 38 racing jurisdictions in the U.S., and each is governed by its own set of rules. The industry has tried for decades to achieve uniformity of medication rules, but it has thus far failed.

Experience shows that the only way for our sport to achieve uniformity in medication rules is through an independent organization, free of conflicts of interest, to create and apply uniform rules, stringent out-of-competition testing, tough penalties, and effective enforcement, which together will ensure clean competition and improvements in racing safety and equine welfare.

This is why The Jockey Club supports the passage of the Horseracing Integrity Act and why it continues to encourage other like-minded organizations and individuals to join this effort.

Under the aegis of the United States Anti-Doping Agency (USADA), the agency recognized by Congress as the official anti-doping agency for the Olympic, Pan American, and Paralympic sports, H.R. 1754 would create the Horseracing Anti-Doping and Medication Control Authority (HADA), a private, not-for-profit, non-governmental, independent authority responsible for developing and administering a nationwide anti-doping program, including extensive out-of-competition testing, for horse racing.

HADA would work collaboratively with state racing commissions and their respective staff members, and would be funded entirely by the industry, with HADA receiving no federal tax payer funding.

Ultimately, HADA would achieve uniformity and help ensure equine welfare, protect the integrity of the sport, and promote a sustainable industry.

The Jockey Club's determination to enhance the welfare and safety of horses and riders and to achieve medication uniformity and reform is longstanding and well-documented.

We will continue to devote our human, financial, and technological resources toward these goals.

Thank you, again, for your interest in our sport and for this opportunity to share some insights about H.R. 1754 and its importance to the sport of Thoroughbred racing.

Sincerely,

Stuart Janney III
Chairman

Horses

Arizona Department of Gaming - Division of Racing
Arkansas State Racing Commission
California Horse Racing Board
Colorado Racing Commission
Delaware Harness Racing Commission
Delaware Thoroughbred Racing Commission
Florida Division of Pari-Mutuel Wagering
Idaho State Racing Commission
Illinois Racing Board
Indiana Horse Racing Commission
Iowa Racing & Gaming Commission
Kentucky Horse Racing Commission
Louisiana State Racing Commission
Maine Harness Racing Commission
Maryland Racing Commission
Massachusetts Gaming Commission
Michigan Gaming Control Board
Minnesota Racing Commission
Nebraska State Racing Commission
Nevada Gaming Control Board
New Hampshire Lottery Commission (Non-Member)
New Jersey Racing Commission
New Mexico Racing Commission
New York State Gaming Commission
North Dakota Racing Commission
Ohio State Racing Commission
Oklahoma Horse Racing Commission
Oregon Racing Commission
Pennsylvania State Horse Racing Commission
Puerto Rico Racing Sport Administration (Non-Member)
South Dakota Commission on Gaming
State of Montana Board of Horse Racing
Texas Racing Commission
Virginia Racing Commission
Washington Horse Racing Commission
West Virginia Racing Commission
Wyoming State Pari-Mutuel Commission
Kansas Racing & Gaming Commission (Non-Member)

Greyhounds or no racing**6/28/2019**

Birmingham Racing Commission (Non-Member)

Macon County Racing Commission (Non-Member)

Mobile County Racing Commission

Rhode Island Dept of Business Regulation (Non-Member)



January 28, 2020

Chairman Jan Schakowsky
 Ranking Member Cathy McMorris Rodgers
 Energy & Commerce Subcommittee on Consumer Affairs and Commerce
 2125 Rayburn HOB
 US House of Representatives
 Washington, DC 20515

Dear Chairman Schakowsky and Ranking Member McMorris Rodgers:

I would like to thank the committee for allowing me the opportunity to share my support of HR 1754, the Horseracing Integrity Act of 2019. My name is Terry Finley, and I'm CEO of West Point Thoroughbreds, the largest Thoroughbred racehorse partnership in the country. Our company owned part of the 2017 Kentucky Derby winner, Always Dreaming.

I am also a board member of the New York Thoroughbred Horsemen's Association (NYTHA). NYTHA represents the owners and trainers of New York Thoroughbred racing. New York leads the nation in betting handle, purses offered, and number of graded stakes races, the highest echelon of the game. It is truly the epicenter of North American racing.

In both capacities as an owner and NYTHA Board Member, I strongly support the Horseracing Integrity Act. I have been a racing fan since childhood, and as it has become my livelihood. I am very concerned about the role of medications in our business. Integrity in any sport is a crucial pillar of success, but in a sport that relies on the wagering dollar, integrity is the very foundation of our existence.

As a racing partnership with horses spread all over the country, West Point Thoroughbreds has a unique perspective on the regulatory deficiencies in American racing. Few if any owners in the U.S. race in more places than we do.

This past year, we had 20 horses in Southern California, training and racing at Santa Anita Park amid the firestorm over the high number of fatal equine injuries. It was a crisis that could not be explained away or rationalized, to our clients or to the American public. It was a point of no return for our industry. Either embrace major reforms or continue down the road to ruin.

People in the industry have worked hard over the past decades to implement the National Uniform Medication Program (NUMP), but because of our fractured regulatory system, few of the 38 state racing jurisdictions have embraced it.

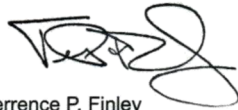
That is why federal legislation is needed. Horse racing doesn't have the luxury of a Commissioner of Racing who can dictate policies that are good for the game. Instead, we have separate fiefdoms that fight like crazy for their piece of the pie, with little regard to the overall health of the industry.

HR 1754 provides a common sense structure to our byzantine anti-doping system. A single, independent, non-governmental, non-conflicted organization will apply uniform rules and penalties. Honest trainers in New York would be able to race in Pennsylvania without hiring a chemist to navigate the different medication rules. Trainers caught cheating in one state would no longer be able to pick up their tack and move their barn to another state. Horse owners and bettors will know they are racing in and wagering on clean races.

HR 1754 will reinvigorate racing.

Racing has many challenges, (all industries do) but integrity shouldn't be one of them. As a member of NYTHA and the proud owner of West Point Thoroughbreds, I strongly urge your Committee to pass HR 1754, the Horseracing Integrity Act.

Respectfully,

A handwritten signature in black ink, appearing to read 'T. Finley', with a stylized, looping flourish extending from the end.

Terrence P. Finley



Preserving the integrity of competition. Inspiring true sport. Protecting the rights of athletes.

Testimony by Travis T. Tygart
 Chief Executive Officer
 U.S. Anti-Doping Agency
 House Energy & Commerce Subcommittee on Digital Commerce and Consumer Protection
 HR 1754 Horseracing Integrity Act
 Tuesday, January 28, 2020

Chair Schakowsky, Ranking Member McMorris Rodgers, Members of the Committee, thank you for holding this important hearing on the Horseracing Integrity Act. My name is Travis T. Tygart, and I am the CEO of the United States Anti-Doping Agency (USADA). I would like to take this opportunity to provide a brief response to the misinformed points raised in the written testimony of Ed Martin and Dr. Kathleen Anderson submitted for this hearing.

First, the opinion shared by Mr. Martin and Dr. Anderson that USADA's involvement with therapeutic medication exemptions in Olympic testing necessarily means that USADA would allow such therapeutic use exemptions in horse racing is completely unfounded and inaccurate. This is a red herring, as the rules for humans in our Olympic program are not the rules that would be enforced if we were involved with anti-doping and medication control as contemplated in the Horseracing Integrity Act (HIA).

In the human context for our Olympic program, USADA, like hundreds of other World Anti-Doping Agency (WADA) Code signatories around the world, is bound to follow the rules of the WADA Code and its International Standards. The International Standard for Therapeutic Use Exemptions (TUEs) allows for human athletes who have a well-documented acute or chronic illness to use otherwise permitted medications if, and only if:

- a. There is no reasonable alternative to treat the illness that is not prohibited;
- b. The use of the medication **would not result in any performance enhancement**; and,
- c. An independent medical committee makes the determination based on the athlete's medical record and any further investigation the independent medical reviewer might request.

The Olympic world and all other human sport that I am aware of (including the MLB, NFL, NBA, NHL, PGA Tour) allow TUEs, in very limited circumstances, to ensure the health of athletes in this manner. Out of 538 Olympic athletes representing the U.S. at the 2016 Rio Summer Olympic Games, only 2.6% had an approved TUE, of which both World Anti-Doping Agency (WADA) and the International Olympic Committee were notified. For example, it would be absurd if a human athlete needed an IV infusion during surgery and was not permitted to have it for fear of running afoul of anti-doping rules. Same would be true if a junior swimmer were not permitted to use his or her attention deficit (a disease protected under the Americans with Disabilities Act) medication without being sanctioned when evidence is that these medications diminish performance if you have the medical need to use them.

U.S. Anti-Doping Agency

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usada@usada.org | www.usada.org



Preserving the integrity of competition. Inspiring true sport. Protecting the rights of athletes.

Quite simply, Mr. Martin's and Dr. Anderson's written statements on USADA and TUEs are not based in fact and are meant to distract rather than inform. Dr. Anderson's statement that "[I]f you are a javelin thrower and your shoulder is painful you can have it injected with corticosteroids, or even have it blocked with mepivacaine" betrays a total lack of understanding of how the WADA TUE process works. What is most disturbing by these misinformed statements, however, is the attempt to disparage and defame the good reputation of our U.S. Olympic team members by suggesting that when they follow the proscribed rules they are somehow not competing fairly. These small number of exemptions are disclosed to WADA, which can appeal the granting of the TUE if they are not strictly in accordance of the International Standard for TUEs or if there is any question whether the athlete would gain any performance enhancement from using the medication.

In the horse racing context, USADA will enforce whatever rules and procedures are ultimately put in place to govern the sport of horse racing. The Horseracing Integrity Act provides that upon passage of the bill, the current prohibited and permitted medication lists of the National Uniform Medication Program would apply unless and until modified. Those rules do not allow for TUEs (other than Lasix) so no TUEs would be allowed (since the bill precludes the use of race day Lasix). Arguments to the contrary are merely a smokescreen.

Second, Mr. Martin's and Dr. Anderson's suggestions that USADA would be ineffective in overseeing drug testing in horse racing because states currently do more testing is nonsensical. Under the HIA, the newly created Horseracing Anti-Doping Authority would rely at the onset on the existing infrastructure where it exists. This is exactly what USADA did when it was created in October 2000; namely, we used the then Olympic collectors and laboratories. Of course, the quality and uniformity of any existing infrastructure would have to be ensured. In the event that the current collectors, laboratory analysis or any other aspect of the current piecemeal approach to anti-doping and medication control is not at the standard to effectively deter and detect doping, then this current infrastructure would necessarily change, as it should. Any suggestion that USADA would be using its own lab to handle the hundreds of thousands of tests required to handle the testing envisioned in this bill is intentional obfuscation. The two independent WADA-accredited laboratories in the U.S. currently do not undertake equine testing programs.

Finally, to address Dr. Anderson's question about why USADA does not handle the Equestrian Sports testing on horses for the Olympics, the simple answer is that we haven't been asked. USADA's Congressional authorization was designed to "apply to U.S. Olympic, Paralympic, and Pan American athletes across nearly 50 national sports organizations that are already under the USOC's and, thus, USADA's jurisdiction."¹

Thank for your work on the critical issue of ensuring integrity and safety in the sport of horse racing. USADA is in full support of this legislative effort, and we urge the committee to quickly pass the Horseracing Integrity Act.

¹ United States Anti-Doping Agency Reauthorization Act, Senate Report No. 113-281 (2014), pg. 3.

St. Elias Stables, LLC
410 Park Avenue, 22nd Floor
New York, NY 10022

January 27, 2020

Chairman Jan Schakowsky
Ranking Member Cathy McMorris Rodgers
Energy & Commerce Subcommittee on Consumer Affairs and Commerce
2125 Rayburn HOB
US House of Representatives
Washington, DC 20515

H.R. 1754

Dear Chairman Schakowsky and Ranking Member McMorris Rodgers:

I greatly appreciate the Consumer Protection and Commerce Subcommittee devoting time to hold a hearing on H.R. 1754, the "Horseracing Integrity Act of 2019" (the "Act"). My name is Vinnie Viola and I am writing you to express my strong support for passage of the Act.

As a lifelong fan of horse racing and now being in the fortunate position of owning, together with my wife Teresa, St. Elias Stables, a leading Thoroughbred racing and breeding stable, I have experienced the beauty and enjoyment of horse racing in the United States from different perspectives and have great appreciation for the important role it has played in US sporting history. I am also acutely aware of the challenges and difficulties that horse racing currently faces, which challenges and difficulties necessitate bold, aggressive and prompt action to modernize the sport and protect the equine athletes, jockeys, betting public and other stakeholders.

Like all other businesses and sports, horse racing must evolve with the times, and the time has come for it to be subject to Federal legislation to ensure, among other things, uniformity of rules on medication, drug testing and transparency to protect the integrity of the sport for its stakeholders and betting public and the safety of the equine athletes and jockeys.

The current system of regulation consists of fragmented regulatory authority with 38 racing jurisdictions adopting their own rules, which rules can be inconsistent, conflicting and incomplete. While the current system of state-by-state regulation may have been effective decades ago, it has failed to evolve and has been unable to create the uniformity and transparency needed to modernize the sport, protect its participants and keep up with rules

already in place in many other parts of the world. The Act will help address the most pressing critical issues while also leaving other matters at the state level.

With the betting public increasingly able to place bets easily across state lines and horses able to race in different states throughout the year, it is critical that a comprehensive Federal framework covering medication use, testing and penalties that applies consistently to all racing jurisdictions in the U.S. be enacted by Congress.

As a person who has spent virtually my entire professional life working in the heavily regulated financial services industry, including having served as Chairman of the New York Mercantile Exchange, I have developed a good understanding of the role and importance that Federal legislation can play in creating fair markets for participants and the public. Horse racing has reached a well-publicized crossroads that necessitates Federal legislation to govern certain fundamental aspects of this interstate business to enhance the safety and integrity of the sport and to create a fair market.

As an entrepreneur, I am also sensitive to the broader economic benefits from, and jobs that are created by, horse racing. This important legislation will also serve to strengthen the foundation of horse racing and create a platform for greater economic growth and more jobs in addition to the important and critical safety benefits that will result from its adoption.

For all of the foregoing reasons, I strongly encourage the Committee to support passage of the Act.

Sincerely,



Vincent Viola

The Honorable Jan Schakowsky, Chairwoman
The Honorable Cathy McMorris Rodgers, Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

January 28, 2020

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

As a member of the Water Hay Oats Alliance (WHOA) as well as the former president of the American Association of Equine Practitioners (AAEP) and the Kentucky Thoroughbred Association, steward of The Jockey Club, trustee of the Thoroughbred Owners and Breeders Association and Breeders' Cup, and currently as a director of the Keeneland Association and as vice chairman of the Grayson-Jockey Club Research Foundation, I want to lend my strong support to H.R. 1754, the Horseracing Integrity Act.

WHOA supports the passage of federal legislation to prohibit the use of performance-enhancing drugs in the sport of horse racing. WHOA members firmly believe that the appointment of an independent anti-doping program run by the United States Anti-Doping Agency (USADA) will resolve the problem of widespread drug use in American racing and put U.S. racing jurisdictions in step with international standards.

The fragmented horse industry has witnessed a steady and ongoing decline for more than a few years with one strong reason being lack of uniformity among 38 independent entities regulating rules of racing and medication. The beginning of my practice of veterinary medicine in 1962 preceded the introduction of lasix, butazolidin, cortisone, and so many synthetics.

Unfortunately, the rules of racing did not consider these new developments.....only stimulants and depressants were banned. Therefore the new products were offered without consideration of the long-term effects. Certainly blaming all of racing's problems on medication alone is unfair, but it is a major factor in our failure to unite under a single authority setting the regulations we desperately need.

Today, the United States is the ONLY major racing nation that allows race day medication! It is shown every single day around the world that race day medication is NOT NECESSARY! Actually, in the short and long term, race day medication results in limiting the careers of many equine athletes.

It is time for the Association of Equine Practitioners to support this important legislation. Horse racing is long overdue for implementing a centralized anti-doping governing body. After years of discussion among the members on the many boards I have been honored to sit on, little progress has been made, while doping has continued to destroy public confidence in racing. It is clearly time for the national oversight the Horseracing Integrity Act provides.

United we stand, divide we fall.

Sincerely,



Dr. A. Gary Lavin
 The Water Hay Oats Alliance, Supporting Member
 The Grayson-Jockey Club Research Foundation, Vice Chairman
 The Keeneland Association, Director
 The American Association of Equine Practitioners, Past President
 The Kentucky Thoroughbred Association, Past President
 The Thoroughbred Owners and Breeders Association, Former Trustee
 The Jockey Club, Former Steward
 The Breeders' Cup, Former Trustee

cc:

Congressman Larry Bucshon, Congressman Michael C. Burgess, Congressman Tony Cardenas, Congressman Earl L. "Buddy" Carter, Congresswoman Kathy Castor, Congresswoman Debbie Dingell, Congressman Greg Giantforte, Congressman Brett Guthrie, Congressman Richard Hudson, Congresswoman Robin L. Kelly, Congressman Robert E. Latta, Congressman Ben Ray Lujan, Congresswoman Doris O. Matsui, Congressman Jerry McNerney, Congressman Tom O'Halleran, Congressman Frank Pallone, Congresswoman Lisa Blunt Rochester, Congressman Bobby Rush, Congressman Darren Soto, Congressman Fred Upton, Congressman Marc A. Veasey, Congressman Greg Walden



Douglas K. Daniels, DVM Melanie A. Fratto, DVM
Lindsay A. Neist, DVM, IVCA Laura Patteson Wornom, DVM

January 28, 2020

The Honorable Jan Schakowsky
Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Schakowsky and Ranking Member McMorris Rodgers:

Please accept this letter in opposition to the Horse Racing Integrity Act of 2019, HR1754.

I have been a practicing equine veterinarian, living and working in the Richmond, Virginia for nearly 27 years. Besides providing care for my equine patients, I also work as a Regulatory Veterinarian to the Virginia Racing Commission. Having these dual roles gives me a unique perspective. Not only do I work to present equine athletes ready to perform at the peak of their ability, I am also trusted with overseeing their safety and enforcing the regulations related to horse racing in Virginia.

The term "Bleeder" refers to a horse that has blood present in the airway following strenuous exercise. The proper term for this condition is Exercise Induced Pulmonary Hemorrhage, or EIPH. It is the product of a pressure induced failure of the blood/gas barrier within the lungs. The extremely high blood pressure entering the lungs collides with the tremendous negative pressure required for inhalation, resulting in capillary rupture and an escape of blood into the airway. Hemorrhage and edema develop in the gas exchange area of the lungs, resulting in decreased performance and sometimes death. It is an important cause of exercise intolerance. EIPH has been documented for more than 300 years. It occurs in approximately 95% of racehorse – Thoroughbreds, Standardbred, and Quarter Horses.

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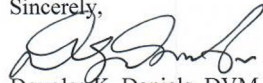
Racehorses worldwide are selectively bred for speed, resulting in a heart weighing up to 2% of their body mass. In all other mammalian species the heart weighs only .5-1% of their total body mass. The result in the racehorse is a cardiac output that is highest of any species to date.

Virtually all horses bleed some. This leads to inflammation in the region of gas exchange of the lungs. Repeated episodes, even when undetected, lead to fibrosis and loss of elasticity, leading to more significant EIPH and lungs that bleed more easily, due to a weakened blood/gas barrier. Thus the incidence and severity of EIPH normally increases with the age of the equine athlete.

What is Lasix? It is a diuretic with the proper name Furosemide. It is used in all species to treat congestive heart disease and high blood pressure. It increases urine output and lowers circulating blood volume. It is proven to reduce the severity of EIPH. Approximately 70%-90% of race horses compete using Lasix on race day for this reason. Lasix has been used for this purpose for over 40 years. It is not performance enhancing, it is actually performance normalizing, allowing horses to compete up to their potential. There is no scientific basis for the elimination of the use of Lasix. It is veterinarian endorsed, safe, and effective for the treatment/prevention of EIPH.

“Doping” is not a rampant problem in horse racing, and it is not Lasix. Any medication policy must place the health and welfare of the equine athlete first. That EIPH exist is a medical and physiological reality. That every reasonable method available isn’t taken to reduce it would be a tragedy for the horse, and injurious to the industry as a whole.

Sincerely,



Douglas K. Daniels, DVM

The Honorable Jan Schakowsky
Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

I send this as a concern horseman. As I pride myself for always trying to do my best for what I truly love and that's horses. As I have been lucky in finding a way to make a living doing what I love.

I would like to speak about and the well being of the horses that will be effected by this legislation, when passed. What is most important is the safety of the horse. I do believe this is what everyone's end goal is, as it should be!

What I see in my humble opinion is a misplacement of perception over reality. My concern is that we have two groups that are being excluded out of these Congressional Hearings, that should have a spot at the table. It is concerning that these two groups.

The North America Association of Racetrack Veterinarians, who are the Doctor's of these amazing athletes. Why would they not have and opportunity to bring that knowledge and experience to the hearings?

Also the National Horsemen Benevolent and Protective Association, a group who sole mission is to not only protect the equine athlete, but the people who so passionately provide and care for these horses.

If there are two groups that have the most information to provide, it's them. Why where not even ask to participate? Could it be that they are being silenced because of their opinion?

At this time it would seem that these congressmen and women are going to be asked to make legislation that effects horse racing, but they are only being allowed to hear part of the information. That is not only unfair to Representative Janice schakowsky, and Congressional Committee that she Chairs, but it certainly is NOT fair to our equine athletes, to excluded these two group, along with their knowledge of the sport.

Thank you
Keith Crupper



EQUINE HEALTH AND WELFARE ALLIANCE, INC.

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January 24, 2020

The Honorable Jan Schakowsky
Chairwoman
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United States House of Representatives
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Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

I am writing to express the opposition of myself and my organization, the Equine Health and Welfare Alliance to HR 1754, which imposes federal oversight of medication regulations in horse racing. Horse racing is conducted under the most stringent medication rules of any sport in any species. The addition of a layer of Federal bureaucracy to address a problem that does not exist simply taxes an industry without a rational basis. The recent upsurge in support for this bill has resulted from a tragic chain of events where horses perished at Santa Anita Racetrack. This bill does nothing to stop this tragic chain of events, but may actually place more horses in harms way. A thorough investigation of the catastrophic injuries at Santa Anita Park was conducted by the Los Angeles District Attorney and revealed NO contribution of illegal medications, and NO contribution of therapeutic medications.

Catastrophic injuries are multi-factorial. This bill does nothing to address or determine the root cause of the injuries. Rather than directing focus or funding towards research that may result in real answers, this Bill charges the Industry with a blank check to a Horse Racing Authority whose scope is limited to the oversight of medication. This Authority will consist predominantly of the United States Anti-doping Authority (USADA), an organization with no expertise in the special needs of equine athletes. At a time when the Industry needs to invest its resources into valid research investigating all contributing factors to this problem, HR 1754 charges an unknown and undetermined amount to the Industry.

As a veterinarian with dozens of years of experience as a racetrack practitioner, and as the President of the Equine Health and Welfare Alliance, I have the utmost concern about the health and safety of race horses. The proposed "Horseracing Integrity Act" fails to improve the integrity and safety of horse racing, and instead, takes the oversight of the health and welfare of the horse out of the hands of those most qualified to care for the horses, the veterinarians

In particular, my organization has concerns about the provision of HR 1754 requiring the abolition of the regulated use of the bleeding preventative medication, furosemide, also known as Lasix. Special interest groups, such as the Jockey Club and the Humane Society of the United States, have done much to conflate the issues of the tragedy of severe musculoskeletal injuries with furosemide. The facts argue against this artificial pairing. The use of furosemide mitigates exercise induced pulmonary hemorrhage (EIPH), an effect that actually decreases injury to the athlete, and therefore decreasing the risk of injury to their human partners.

We have an important moral obligation to be proper stewards of the horse, a partner with humans over the long history of our nation. Equine sports are the remnant of this longstanding partnership: we must make every effort to prevent injury where possible, and ease suffering where necessary. Furosemide is an easy decision. Any argument about how racing is conducted in other countries is nonsensical. The United States hosts more races than any other racing jurisdiction and any discussion of how our country must capitulate to the customs of other nations is simply the tail wagging the dog. The United States does not bow to the decisions of other countries in any other matter, and should not do so in the case of horse racing.

The important factor is that the equine athlete is cared for based on its own needs and what science and medicine determines. Science and medicine have spoken on the issue of furosemide in horse racing. Furosemide is safe, effective and highly regulated in every racing jurisdiction in the United States.

Most respectfully,

F. D. Marcum

F D Marcum, DVM

President, Equine Health and Welfare Alliance, Inc.



The National HBPA, Inc.

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The Honorable Jan Schakowsky
Chairwoman
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The Honorable Cathy McMorris Rodgers
Ranking Member
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United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

Madam Chairwoman, Ranking Member McMorris Rodgers, and distinguished members of the Committee, I appreciate the opportunity to submit a written statement on behalf of the National Horsemen's Benevolent and Protective Association ("NHBPA") in opposition to H.R. 1754, the Horseracing Integrity Act of 2019. The NHBPA, based in Lexington, Kentucky, has represented the interests of thoroughbred racehorse owners and trainers in North America since 1940. There are approximately 30,000 owner and trainer members of HBPA affiliates throughout the United States and Canada, focused on a twofold, common goal: 1) safe and fair horse racing on all levels and 2) an unwavering commitment to the well-being of racehorses.

The NHBPA has 30 affiliates across the United States and Canada, including: Alabama, Arizona, Arkansas, Canadian Provinces, Charles Town-West Virginia, Colorado, Finger Lakes-NY, Florida, Illinois, Indiana, Iowa, Kentucky, Louisiana, Michigan, Minnesota, Mountaineer Park-West Virginia, Nebraska, New England, Ohio, Oklahoma, Oregon, Pennsylvania, Tampa Bay-Florida, Virginia, and Washington. Membership is open to all owners and trainers licensed by state racing authorities.

The NHBPA and its affiliates is the largest organization in the United States representing owners and trainers of thoroughbred racehorses, and its leadership is democratically elected by the members. While other organizations may purport to speak for thoroughbred owners and trainers, they are not as representative or as inclusive as the NHBPA.

At the outset, the NHBPA believes it helpful to, once again, unequivocally and publicly state its position on racing medication and integrity in racing. The use of performance-enhancing drugs has no place in horse racing. The NHBPA believes that owners and trainers who are found, after a fair hearing, to have cheated by intentionally administering drugs that have no legitimate therapeutic use in horses, should be expelled from horse racing.

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The NHBPA opposes the enactment of H.R. 1754, as do the other two major racing breeds, the United States Trotting Association (USTA) and the American Quarter Horse Association (AQHA), because the bill does nothing to coordinate efforts and formalize strategic safety plans aimed at reducing horse deaths. Horse racing has inherent risks but is legally sanctioned in 34 jurisdictions in the United States with pari-mutuel wagering. All stakeholders agree that precautions are needed to enhance continued safety and protection of both our human and equine athletes.

H.R. 1754 bans the use of furosemide (commonly called “Lasix”), seemingly attempting to solve a problem that does not exist. As written, the bill would task the United States Anti-Doping Agency (USADA) and the Federal Trade Commission (FTC) with carrying out a new regulatory initiative, but neither agency appears to have the experience or the knowledge to do so.

The NHBPA does draw a distinction between illegal doping and lawfully medicating for therapeutic purposes, such as when medications are administered in horse racing by licensed veterinarians to treat injuries and infirmities. For example, a medication like Lasix that acts to prevent exercised induced pulmonary hemorrhaging (EIPH or “bleeding in the lungs”) during racing is necessary to keep a horse healthy. Lasix use is not doping, and no knowledgeable person can conclude otherwise. Its use has been proven safe through research and through its routine administration by veterinarians for over 40 years in the treatment of horses. Additionally, Lasix treatment is transparent to the public. It is noted beside a horse’s name in racing programs with the letter, “L”, to indicate that the horse is racing with Lasix. More importantly, the medication has never been linked to catastrophic fatalities in a racehorse, yet EIPH, which it prevents, has been linked to equine sudden death.

The NHBPA supports the continued use of Lasix on race day, as well as the pre-race day use of other common therapeutic medications like phenylbutazone, an anti-inflammatory similar to the aspirin used by humans. The NHBPA further supports uniform medication rules and the application of science-based medication thresholds in post-race test samples to ensure that no therapeutic medication that affects performance remains in a horse’s system during the race.

The support for H.R. 1754 comes from a well-financed, vocal minority of owners and trainers in the horse industry, some of whom represent private, invitation-only elite clubs. These individuals claim that current medication regulations are fragmented and not working. The implication is that there exists widespread illegal drug use or “cheating.” However, those who make that claim offer no evidence to support the notion of rampant, illegal drug use-- because there is none.

Since the spate of equine fatalities in California at the Santa Anita racetrack, ill-informed media, animal rights groups, such as Animal Wellness Action, and some entities within horse racing have continually used these horrible deaths to advance this legislation. Allegations such as “the deaths point to widespread ‘doping’ in the horse racing industry” and “American horse racing is addicted to drugs,” are completely false. Again, those who make these statements have no evidence to support the notion of rampant, illegal drug use.

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In fact, the proof actually points to the contrary. A recent Los Angeles County District Attorney report on the deaths of the horses at Santa Anita Park found no criminal wrongdoing at Santa Anita Park. Instead, the report showed the following:

- None of the medications found are illegal to administer to racehorses;
- None of the medications found were at levels that would constitute a violation for a horse that was racing or training; and
- After an exhaustive evidentiary investigation, the District Attorney Task Force determined there was insufficient evidence to prove criminal animal cruelty or other unlawful conduct under California law.

Medication rules and provisions for their enforcement have long existed in the 34 jurisdictions that have horse racing with pari-mutuel wagering. Any asserted problem is one of misperception caused by recurrent sensationalism in the public media. News reports often claim that state regulatory bodies are ignoring the illegal use of drugs in horse racing. However, an analysis of regulatory data in thoroughbred racing states shows that such assertions are without foundation.

Horse racing in the United States has the most comprehensive testing program of any sport in the world and employs the most sophisticated and sensitive equipment found anywhere. If given the authority to regulate horses, USADA would not improve on the methods and protocols that are already in use. What would change is that testing would now be regulated by a body with no knowledge of how to test equines, and that change would come with significant, additional, open-ended expenses, which would be borne by the industry.

In 2018, according to data from state racing commission records compiled by the Association of Racing Commissioners International ("ARCI"), 99.4% of over 258,000 tests of biological samples taken from racehorses were found to be negative for drug use. Such a high rate of "clean tests," disproves any stories of rampant, unregulated drug use. On the contrary, those results should be the envy of every other sport that tests athletes for drugs.

Even among the few samples of racehorses that did test positive for drugs in 2018, the vast majority were for overdoses of lawful, therapeutic medications, the effects of which had not dissipated by race day. Examples of such medications are common anti-inflammatory drugs used for sore muscles, which are similar to Aspirin, Advil, and Aleve taken by humans. Of the 0.6% violations, only 107 samples (or .04%), out of a total 258,920 samples were for illegal substances that serve no purpose other than to dope a horse or "cheat" in an attempt to affect the outcome of a race.

By regulation in every state, therapeutic drugs may be used in the days preceding a race, but not on race day, so that they have no likelihood of affecting performance. Threshold limits for therapeutics are set by state racing commissions under the guidance of the Racing Medication and Testing Consortium (RMTC), so that on race day no horse will be under the direct influence of therapeutic medication, except for the race-day use of Lasix.

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Unfortunately, race-day Lasix use, which H.R. 1754 prohibits without any scientific basis and, seemingly, without regard for the well-being of racehorses, is being swept up in the hysteria over alleged doping of horses with illegal drugs, aided and abetted by individuals and organizations that should know better. Media reports that call for a ban on race-day medication blur the line between that which is permitted on race day (Lasix) and that which is not (all other therapeutic medication). In turn, this has obscured some basic scientific and medical facts which support the use of Lasix but seem to be ignored by proponents of H.R. 1754:

- The extreme physical stress of hard running causes nearly all horses to bleed in their lungs, some more severely than others. Bleeding in the lungs robs horses of oxygen, causes progressive and irreversible scarring in the lungs, makes breathing more difficult, and can suddenly and publicly kill the equine athlete.
- Nearly all bleeding remains internal and is only detectable by endoscopic examination. Detection by an externally visible nose bleed is the rare exception but, unfortunately, it is the usual standard in countries in Europe and Asia for determining whether a horse is a “bleeder.”
- Lasix prevents or lessens the severity of pulmonary bleeding. Usage is safe and has been used effectively for nearly forty years. Published research shows that its use does not prevent the post-race detection of other drugs (“masking”), in part because of the increased sensitivity of test instruments and reliance on plasma samples as opposed to urine. Similarly, research demonstrates Lasix does not cause a loss of bone density in horses, which would lead to breakdowns.
- Lasix is not performance enhancing. It does not make a horse run faster than its natural talent does. On the other hand, bleeding does make a horse run slower and, if not treated, can cause sudden equine death.

While the National HBPA opposes enactment of H.R. 1754 as unnecessary, the organization does recognize the utility of uniform medication rules among the racing states. Medication use, post-race thresholds, and penalties in the past often varied from state to state. That made it very challenging for owners and trainers in an industry requiring state-to-state travel to comply with different sets of rules. But lack of uniformity is no longer the problem it once was, because in 2012 the Racing Medication and Testing Consortium, the ARCI, and various industry professionals, established the National Uniform Medication Program (“the Uniform Program”), a blueprint for achieving uniformity across racing states. It has four parts: (1) a Controlled Substance List that identifies permitted therapeutic medications and prohibited performance enhancing drugs; (2) a component that establishes Lasix as the only therapeutic medication permitted on race day; (3) accreditation of all equine drug testing laboratories through a dual accreditation process; and (4) penalty guidelines, including enhanced penalties for repeat offenders.

In the eight years since the unveiling of the Uniform Program, horse racing has made, and continues to make, significant progress toward uniformity. According to the Racing Medication and Testing Consortium (RMTC), in 2019, 95% of horse racing, measured by the volume of pari-mutuel wagering on races, was governed, at a minimum) by the Uniform Program Controlled Substance List.

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Significantly, the Uniform Program permits Lasix use on race day. That is because scientific studies prove the efficacy of Lasix in treating exercise induced pulmonary hemorrhaging, as evidenced in the 2009 definitive South African study by an international team of researchers. Oddly enough, the study was funded, in part, by the Jockey Club, which now opposes the use of Lasix. That study, Hinchcliff et al., *Efficacy of furosemide for prevention of exercise-induced pulmonary hemorrhage in Thoroughbred*

racehorses, JAVMA, Vol. 235, No. 1, July 1, 2009, showed that 80% of the 167 horses in the study suffered from EIPH which, in subsequent races, was alleviated by administration of Lasix to those horses.

In 2015, Hinchcliff et al. went further and conducted a review of all other published scientific studies of EIPH, some of which were equivocal or conflicting, to evaluate the evidence and determine: 1) whether EIPH adversely affects the health and welfare of horses; 2) whether EIPH affects the athletic capacity of horses; and 3) whether Lasix affects the athletic capacity of horses. The consensus study of the literature concluded there was “*moderate to high quality evidence that EIPH is progressive . . . ; that it adversely affects racing performance; that severe EIPH is associated with a shorter career duration; [and], that furosemide is efficacious in decreasing the incidence and severity of EIPH . . .*” See, Hinchcliff, et al., *Exercise Induced Pulmonary Hemorrhage in Horses: American College of Veterinary Internal Medicine Consensus Statement*, J. Vet. Intern Med 2015; 29:743-758.

The American Association of Equine Practitioners (AAEP), with over 9,000 veterinarian members, has publicly stated its support for Lasix and its opposition to previous almost identical legislation, H.R. 2651 in the last Congress, noting in a June 5, 2017 statement by its President, Dr. R. Reynolds Cowles, that AAEP’s “*current policy on race-day administration endorses use of furosemide [Lasix] to help mitigate the occurrence of exercise-induced pulmonary hemorrhage (EIPH) in the race horse. This policy is based on the overwhelming body of international scientific and clinical evidence.*

The AAEP in an earlier statement warned of the likely result if Lasix is not permitted on race day:

The racing industry should anticipate that other methods will be employed to reduce the incidence of EIPH if a race-day ban on Lasix is instituted. The practice of withholding food and water from the horse in the days leading up to a race should be expected. As doctors of veterinary medicine we believe that the detriments of withholding food and water to the health and welfare of the horse outweigh the current concerns about race-day Lasix administration.

The racing industry should also expect that unproven and perhaps undetectable products will be used in an attempt to alleviate EIPH on race day. Some of these products may include, but are not limited to, herbal remedies, nutraceuticals, and compounded medications that are not approved for use in the horse and have no scientific merit or efficacy in treating EIPH. The potential harmful side effects of these products to the horse are a serious concern.

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The North American Association of Racetrack Veterinarians also supports use of race-day Lasix and opposes H.R. 1754. In a November 9, 2017 letter to a bill sponsor, NAARV's board member, Dr. Andrew Roberts, stated:

As veterinary practitioners, who tend daily to the health and welfare of racehorses, we have grave concerns about a ban on furosemide [Lasix] on race day. The reason: the drug provides important mitigation of the occurrence of exercised induced pulmonary

hemorrhage (EIPH) in the racehorse. This factor is significant in maintaining the health of the animal, and is based on an overwhelming body of scientific and clinical evidence.

Furosemide is the only scientifically proven and approved treatment for EIPH in the horse.

As experienced veterinary practitioners our experience also tells us that until science provides an efficacious alternative to the use of this drug, we should not abandon current policy that protects the health and welfare of the racehorse. To do so would eliminate a key protection for horses on race day.

It is also important to note that the American Veterinary Medical Association (AVMA), which has no vested interest in the racing industry and represents more than 91,000 veterinarians nationwide, supports AAEP's position on the utilization of Lasix.

Supporters of the H.R. 1754 ban on race-day Lasix, seemingly ignoring the scientific evidence and the well-being of racehorses, assert that "the rest of the world does not use Lasix and neither should we." To put it mildly, that is misleading. In European horse racing, Lasix is used frequently in training to prevent or lessen EIPH but is not permitted on race day. From a horse welfare standpoint, that practice makes no sense. By using Lasix during training, Europeans are admitting that it works to eliminate or alleviate EIPH. Why do they then withhold it on race day when the stress of competitive racing heightens the risk of harm caused by EIPH? This unscientific, reckless endangerment of equine athletes is not a practice Americans should copy from Europe.

In summary, the NHBPA submits that there is no need for the federal government to reinvent the wheel by designating USADA and the FTC to write and enforce uniform medication rules because, for the most part, they already exist in the states. We have high regard for USADA's efforts in policing illegal drug use in some human sports competitions, but, to our knowledge, it has no expertise in equine veterinary science, no experience in the horse racing industry, and no experience even in testing equine Olympic athletes. Accordingly, it would likely take USADA years to gain the knowledge it would need to create an infrastructure to test racehorses in over 30,000 thoroughbred races a year across the country and to conduct enforcement proceedings for violations found for all breeds of racehorses. It would also require millions of dollars, most likely coming from the pockets of horse owners and trainers.

We would be remiss if we did not point out that we have real concerns over the ultimate funding source for the mandate authorized under the bill. We believe the states, and ultimately the NHBPA owner

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and trainer members, will be saddled with untold costs over which they have no control. This bill would impose unlimited new expenses on our industry, without any checks or balances, and will likely threaten the economic well-being of the industry.

Remember, this bill allows for assessments of fees for every horse in every race in a given year to fund the new anti-doping program, plus assessments to liquidate any loans or funding shortfalls incurred by the new authority, known as the Horseracing Anti-Doping and Medication Control Authority (HAMCA), in current and prior years. The components that underlie these determinations will be made by HAMCA, which is made up of the CEO and board members who control the business that will manage the anti-doping program and collect the fees for the tests. Therefore, a lot of money will flow to the business that is overseen by HAMCA, with no metric as to how the funds will improve on the methods already in place.

According to a recent American Horse Council study, the horse racing sector in the United States has a total economic impact of \$63 billion annually and supports over 472,000 jobs. Any measure which will add further regulatory and cost burdens will only harm those state and local economies that depend on the industry.

Thank you for allowing me to submit my written testimony. We hope you will continue to include horsemen in your consideration and decisions in order to properly ensure the health and welfare of our equine athletes. We ask each of you to understand that H.R. 1754 is not in the best interest of racehorses or our industry.

Sincerely,

CEO, National HBPA

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January 28, 2020

The Honorable Jan Schakowsky
Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building
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The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Schakowsky and Ranking Member McMorris Rodgers:

The Iowa HBPA Board and membership which is comprised of over 1,100 horsemen are completely against this inane attempt at trying to dismantle the current regulatory drug testing and procedural policies in place by the State of Iowa through the Horseracing Integrity Act (H.R. 1754).

The Iowa Racing and Gaming Commission (IRGC) is a nimble state agency that implements all drug testing in Iowa regarding horse racing, and they have our fullest commitment to continue to do so. Drug testing and policies related thereof, are entirely under the purview of the State of Iowa as they dictate how and under what circumstance our horses are to run. From the amount of money, track surface, to the types of wagering to be conducted, and including the safety and welfare of our horses via the types of drugs they can, or more importantly cannot have, the IRGC regulates everything.

For the federal government to rescind only one section of the entirety of what Iowa has under its domain is mind boggling. If the entire industry was to be run exclusively by the federal government whereby all aspects of racing were to be directly under federal control, then possibly this attempt to make federalization of the drug testing policies would make sense. That's if the federal government was to handle all aspects of racing safety, welfare, wagering, racing protocols, all of it. In this case, not only is this ridiculous bill not doing that, it's even handing off the reins to a non-governmental organization that doesn't have any type of oversight at all. Again, absurd on its face.

We, as the Thoroughbred horsemen of Iowa, reject this attempt to dismantle our states' rights via, the intentionally deceiving titled bill, the Horseracing Integrity Act (H.R. 1754).

Sincerely,

David McShane
President

Iowa Horsemen's Benevolent & Protective Association, Inc.

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January 28, 2020

The Honorable Jan Schakowsky
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Sincerely,

Jon Moss
Executive Director

The Honorable Jan Schakowsky
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Dear Chairman Schakowsky and Ranking Member McMorris Rodgers:

First, thank you for your work on behalf of our state. We are reaching out to you on behalf of the thousands of West Virginia Horsemen regarding H.R. 1754, a bill titled Horseracing Integrity Act.

The Charles Town Horseman's Benevolent and Protective Association (CTHBPA) represents the horse owners and trainers that participate in racing at Charles Town. We are very concerned about, and have strong opposition towards H.R. 1754 the Horseracing Integrity Act of 2019. Our President, Board of Directors, members, and staff share a commitment to the welfare of our equine athletes and the people that work with these horses daily.

If enacted H.R. 1754 would strip authority from our State Racing Commission and create a new, duplicative regulatory bureaucracy at the federal level. Moreover, this new bureaucracy will create a new structure of fees and taxes to cover some of the federal costs of the new regulatory structure, and those fees and taxes would come from horse owners and the industry at-large. Our members are facing ever increasing costs associated with racing and we believe additional fees and/or taxes will force many of our members out of business.

Additionally, H.R. 1754 also seeks to ban the choice to administer the therapeutic medication Lasix, or Furosemide on the day of the race. This medication is used in horses to control or prevent Exercise Induced Pulmonary Hemorrhages (EIPH). Research tells us almost all horses experience an EIPH episode during intense exercise, such as during races.

Lasix is recognized as an effective, preventative treatment for "bleeding" in the lungs of horses, which is the reason its use is recognized by the American Veterinary Medical Association, the American Association of Equine Practitioners, and the North American Association of Racetrack Veterinarians as being safe and effective. These veterinary leadership organizations believe the use of Lasix to treat EIPH is in the best interests of health and welfare for our equine athletes.

According to a recent American Horse Council economic impact study, the horse racing sector contributes some \$36 billion annually to the national economy and provides about 240,000 direct jobs. In our state, racing creates over 6900 jobs, generates over \$253 million in revenue and over \$80 million in employee compensation. We believe the measures set forth in this bill will add unnecessary

regulatory and financial burdens which will harm state and local economies that depend on the industry. Therefore we urge you to oppose the Horseracing Integrity Act (H.R. 1754) and we the undersigned continue to stand ready to discuss this matter with you at any time. Please feel free to reach out to us for any additional information that you may require.

Sincerely,

The Horsemen of West Virginia

Glenn Harrison
 Ronnie Brown
 Lee Couchenour
 Tim Shanley
 Lloyd Scott
 Mike Rose
 Clarence Ritchie
 Joan Wallen
 Gloria McCormick
 Russell Davis
 Elke Matthews
 John Daniel
 John McKee
 Cindy O'Bannon
 Karen Freer
 Wade Sanderson
 Lawrence Perry
 Victor M Espinosa
 Angel M Gonzalez
 Greg Martin
 Ernest Haynes
 Charles Armstrong
 Dennis Finger
 Naomi Long
 Marion Cuttino
 Delbert Sheppard

~~Alex T Harris~~
Bob S
~~Wally~~
LLOYD L SCOTT
Mike Rose
Clarence Risher
Miller
McGarry Longwood
Craig H Lewis
Phil Rickle
O'Brien
Tim White
Web Denton
Earl Perry
Victor M. Spinosa
Angel Gonzalez
Greg Martin
Bryce
Earl W. Taylor
C.R.A.
D. Edmund
Naomi Long
Marilyn A. Fulton
Delbert Shippard

Charles Town, WV
 Charles Town on
 Harpers Ferry WV
 CHARLESTOWN WVA
 RANSON, WV
 Kearneysville, WV
 T. S. F. F. F.
 S. F. F. F.
 Ranson, WV
 Leesburg, Va.
 Kearneysville WV
 Kearneysville WV
 Brandon Jit WV
 CHARLESTOWN WV
 Charles Town WV
 Charles Town, W. Va.
 Ranson, WV
 Harpers Ferry w/
 CHARLES TOWN
 KEARNEYSVILLE, WV
 185 Russell Rd Leesburg, Va
 27641
 Orangeburg, S. C.

*Thomas Tobin**Veterinary Surgeon*

Tuesday, January 28th, 2019

The Honorable Jan Schakowsky
 Chairwoman
 Energy and Commerce Subcommittee on Consumer Protection & Commerce
 United States House of Representatives
 2125 Rayburn House Office Building
 Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
 Ranking Member
 Energy and Commerce Subcommittee on Consumer Protection & Commerce
 United States House of Representatives
 2322 Rayburn House Office Building, Washington, D.C. 20515

Re: Lasix PROTECTS the Lungs of the Racing Horse and in so doing PROTECTS the Horse and also the Jockey: An Analysis and Opinions.

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers,

I deeply appreciate the opportunity to submit a letter for the record expressing my concerns and opposition to H.R. 1754, and let me also thank you both for the opportunity to submit this important information for the record to the Energy and Commerce Subcommittee on Consumer Protection and Commerce for consideration at your January 28th, 2020 hearing on H.R. 1754, the Horseracing Integrity Act of 2019. This letter and attachments are to make available my current best analysis and opinions concerning the reasons for the approaching 50 years or so approval of Lasix in New World racing. My analysis and opinions in this matter are based on my professional training and experience and my knowledge of the relevant scientific literature, equine pharmacology and the detection, pharmacokinetics, pharmacodynamics and chemistry of the substance in question, Lasix in the horse. The details of my professional training and experience are set forth in Appendix #1, my professional curriculum vitae.

By training I am a veterinarian, a pharmacologist and a toxicologist and I have been performing, publishing and evaluating research on Lasix in horses since 1975 (Attachment #1 Gabel et al, 1977). I draw attention to this long since published paper

*M.V.B., M.Sc., PhD, Member, Royal College of Veterinary Surgeons (MRCVS)
 Associate Member, Association of Official Racing Chemists (AMAORC)
 Diplomate, American Board of Toxicology (DABT, 1980-2015)
 Nine Mile Farm | 5301 Bethel Road | Lexington, KY 40511 | USA
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ttobin@uky.edu*

because the basic horsemen's opinions and veterinary practitioner evaluations presented in this now long ago 1977 paper have, over the years, been supported by evolving science and published scientific research, as I will be pleased to point out as I present this analysis and opinions.

The story of Lasix and racing horses is a 50 year story of field, i.e., horsemen's and veterinary practitioner evaluations and assessments of the beneficial effects of Lasix in the racing horse. These field evaluations of the beneficial effects of Lasix are set forth in the Gabel 1977 paper and now, forty plus years later, in 2020, forty years of science has basically confirmed and explained these beneficial effects as our understanding of EIPH, Exercise Induced Pulmonary Hemorrhage has developed. We note that the term Exercise Induced Pulmonary Hemorrhage did not even exist in 1977; as such, the Lasix and EIPH story is a classic story of half a century of scientific research confirming and explaining long standing and well established field observations and clinical experience.

The take home message of this analysis and opinions is that Lasix PROTECTS the lungs of the racing horse, and in so doing PROTECTS the horse and also the jockey. I will begin my presentation with a bullet point summary, I will then present specific sections with literature references supporting each bullet point and then close with a restatement of my bullet points and the take home message that Lasix PROTECTS the lungs of the racing horse and in so doing PROTECTS the horse and also the jockey.

BULLET POINT SUMMARY:

- The lung is by necessity a delicate structure, because it must facilitate the most rapid possible transfer of inhaled oxygen into the circulating blood.
- During racing ALL horses bleed into their lungs. Significant hemorrhage slows the horse and can cause acute death. This syndrome has been named Exercise Induced Pulmonary Hemorrhage, EIPH.
- Historically, American horsemen were long aware that water withholding pre-race PROTECTED against EIPH and its many adverse effects.
- In the sixties Lasix was found to enhance the water withholding PROTECTIVE effects, and Lasix began to be approved in American racing.
- Concerns about Lasix and drug testing have been fully addressed by the industry.
- Lasix is scientifically proven to PROTECT the lung against EIPH. Horses on Lasix bleed less into their lungs and run closer to their true potential. They are

less likely to suffer sudden death on the racetrack, so Lasix PROTECTS the health, welfare and LIVES of horses and jockeys.

- Lasix has been approved throughout North America and much of the New World. Use of Lasix in horses is fully equivalent to the Therapeutic Use Exemptions (TUEs) widely used in human athletics.

I will now present the specific scientific data and research publications supporting the above seven bullet points, as follows:

1/ THE LUNG IS BY NECESSITY A DELICATE TISSUE PRONE TO STRESS FAILURE OF PULMONARY CAPILLARIES:

Lung capillaries must be strong enough to not rupture under the stress of racing, but delicate enough to allow the rapid transfer of oxygen to the red blood cells. Under the stress of racing some incidence of stress failure (rupture) of pulmonary capillaries is inevitable, as described by West et al, 1993, in their paper entitled "Stress failure of pulmonary capillaries in racehorses with Exercise-Induced Pulmonary Hemorrhage". Attachment #2 [Our caps, bolding and underlining].

2/ EXERCISE INDUCED PULMONARY HEMORRHAGE, EIPH:

Historically, about 1 % of Horses bleed from their nostrils post-race, called Epistaxis, known for at least 300 years. If you endoscope a horse post-race, about 75% of horses show blood in the trachea. These endoscopic findings were first reported by Pascoe et al in 1981, leading to the scientific name, Exercise-Induced Pulmonary Hemorrhage, EIPH, Attachment #3.

EIPH is defined as bleeding into the lungs associated with exercise; at some level it occurs in 100% of racing horses. If you do a Tracheal Wash, all horses in training show evidence of bleeding into the lungs. The pulmonary damage is CUMULATIVE, and EIPH is equivalent to a production disease in racing horses.

Significant bleeding into the lungs interferes with blood oxygenation (Sanchez et al 2005), slows the horse and is therefore associated with poor racing performance. The bleeding may, at times, be severe enough to cause death, either acutely on the racetrack or soon thereafter, as we will present later.

3/ WATER WITHHOLDING AND EIPH:

American Horsemen long knew that horses run better and bleed less if water was withheld before racing. A four hour water withholding produces a 12 lb or so weight loss, historically a standard pre-race procedure. This long standing field observation of American Horsemen is now scientifically validated, as follows:

4/ OPTIMIZING WATER "WITHHOLDING": LASIX:

When injectable Lasix became available in the late sixties horsemen found that horses bled less and ran better when administered Lasix. Administration of Lasix can increase the water withholding effect to up to about a 28 pound weight loss, Attachment #4.

5/ LASIX AND URINE TESTING: THE FOUR HOUR LASIX RULE:

Questions arose concerning the effects of Lasix on urinary detection of other substances. The urinary dilution effect was first shown to be transient, giving rise to the four hour 250 mg IV / rule, which rule led to a need for detention barns, Attachment #5.

6/ THE LASIX PLASMA THRESHOLD AND URINARY SPECIFIC GRAVITY TEST:

In the early eighties I was asked by the Kentucky Horsemen's Benevolent and Protective Association to identify a blood level of Lasix that would be equivalent to the four hour rule. We ran a 47 horse study and showed that 1 in 1,000 horses would be expected to exceed 30 ng/ml of Lasix in plasma at 4 hours post 250 mg of Lasix IV (Chay et al 1983, Attachment #6.). This threshold was first introduced in Oklahoma in about 1987, where they set the plasma cut-off at 60 ng/ml. This cut-off was later adjusted upward to 100 ng/ml and, with an added 1.010 urinary specific gravity screen, pioneered by Dr. Richard A. Sams at Ohio State, became the national rule.

Lasix is strictly regulated, now usually administered by a third party veterinarian at 4 hours prior to post by rapid IV injection into the jugular vein. Under current rules and modern technologies, including the urinary specific gravity test introduced by Dr. Sams, Lasix does not, to my knowledge, in any way, interfere with drug testing, as I understand was presented by Dr. Richard A. Sams at the June 13-14, 2011, New York Racing Association (NYRA) first International Summit on Race Day Medication at Belmont Park in Elmont, N.Y., Attachment #6.

7/ LASIX PROTECTS AGAINST EPISTAXIS, FRANK BLEEDING FROM THE NOSTRILS:

In 1995 Lasix was approved in New York racing. New York maintained records on the incidence of Epistaxis, frank bleeding from the nostrils post race, and these records show the efficacy of pre-race Lasix in reducing Epistaxis. The New York approval of Lasix reduced the incidence of Epistaxis close to 80%, as shown in Attachment #6. This interpretation was supported by Dr. Anthony Verderosa, the New York Racing Association Chief Examining Veterinarian, who reported a ">400% decrease" in the incidence of Epistaxis following the introduction of Lasix. This was the first formal validation of the by then longstanding field observations and experience of American Horsemen with regard to Lasix and Epistaxis, Attachment #7.

8/ LASIX ALSO PROTECTS AGAINST TRACHEAL EIPH:

A definitive Hinchcliff et al 2009 study performed in South Africa on 167 or so horses showed that pretreatment with Lasix reduced the incidence and severity of tracheal EIPH, again validating the long standing field experience of American Horsemen, Attachment #8. Additionally, a more recent 2015 consensus study on Lasix and EIPH authored by Hinchcliff and his colleagues concluded there was *"moderate to high quality evidence that EIPH is progressive . . . ; that it adversely affects racing performance; that severe EIPH is associated with a shorter career duration; [and], that furosemide is efficacious in decreasing the incidence and severity of EIPH.* Attachment #8.

9/ LASIX OPTIMIZES RACING PERFORMANCE:

When a horse bleeds significantly into its lungs it cannot fully oxygenate its blood and its racing performance suffers. Horses showing significant blood in the trachea post-race perform more poorly than horses with minimal or no blood in the trachea. The so called performance "improvement" associated with Lasix is therefore actually more likely a PROTECTION against an adverse effect of EIPH, again consistent with the long standing field experience of American Horsemen, Attachment #9.

10/ LASIX PROTECTS THE LIVES OF HORSES AND JOCKEYS:

About once in every 1,500 races the bleeding into the lungs is sufficient to acutely asphyxiate the running horse. The horse crashes to the ground, with all attendant risks for horse and rider. In 1983 Gunson et al reported nine such cases in Pennsylvania racing; Gunson specifically noted that a complete necropsy was required to identify these cases, since death can occur with no overt evidence of pulmonary hemorrhage at the nostrils. We evaluated the first such case reported in Kentucky and wrote the case up, specifically including acute sudden death among the clinical presentations of EIPH (Harkins et al, 1997). Since then sudden death from EIPH has been identified as the principal non- musculoskeletal injury related cause of death in racing horses, Attachment #10

11/ CLOSING BULLET POINT SUMMARY:

1.1/ All horses RACING bleed into their lungs. Significant bleeding interferes with racing performance and can cause acute death. This condition is now known as Exercise Induced Pulmonary Hemorrhage, EIPH.

1.2/ Historically, American horsemen knew that water withholding before racing PROTECTED against Epistaxis and various adverse effects of EIPH.

1.3/ Starting in about 1969 Lasix was seen to enhance the PROTECTIVE effects of water withholding, and its PROTECTIVE use began to be approved in American racing.

1.4/ Concerns about possible effects on drug testing were addressed by the industry.

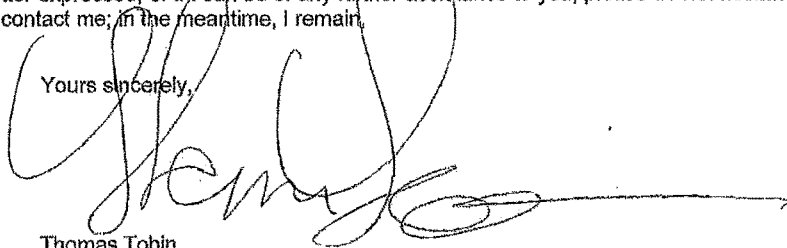
5/ Lasix is scientifically proven to PROTECT horses from EIPH. Horses on Lasix bleed less into their lungs and therefore run closer to their true potential. They are less likely to suffer sudden death on the racetrack, Lasix thereby PROTECTS the health, welfare and LIVES of both horse and rider.

6/ The scientifically regulated use of Lasix has been approved throughout North America and much of the New World. Such approved use of Lasix in racing is entirely equivalent to the Therapeutic Use Exemptions used in human athletics.

I now close this analysis and opinion with a restatement of my basic take home message, namely that administration of Lasix PROTECTS the lungs of the racing horse, and in so doing protects the horse and also the jockey.

This analysis and opinions is based on the information available to me at the time of writing; if there is anything about this analysis and opinions that is unclear or could be better expressed, or if I can be of any further assistance to you, please do not hesitate to contact me; in the meantime, I remain,

Yours sincerely,



Thomas Tobin,
MVB, MSc, PhD, MRCVS, DABT, AMAORC
Member, the Royal College of Veterinary Surgeons
Diplomate, The American Board of Toxicology 1980-15.
Associate Member, Association of Official Racing Chemists
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40511
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ttobin@uky.edu

Attachments 1-10

Appendix #1C: File Bijan.Kochmarai@mail.house.gov drfng@gmail.com

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January 28, 2020

The Honorable Jan Schakowsky
Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

I appreciate the opportunity to submit a letter for the record on behalf of my organization expressing our concerns and opposition to H.R. 1754. The North American Association of Racetrack Veterinarians, the only trade organization that is comprised solely of the veterinarians charged with the health and welfare of the equine racing athlete strongly opposes HR 1754, which seeks to establish a central bureaucracy for medication control in horse racing. Our opposition is based on:

- The bill's elimination of raceday furosemide, or Lasix. This administration is solely for the benefit of the health and welfare of the athlete. The safe, effective, highly regulated and transparent use of Lasix is supported by scientific and medical evidence.
- Equating human testing with horse testing. The horse racing industry tests over 250,000 samples per annum, as compared with USADA's oversight of 11,000 human athletes. Horse racing drug laboratories test for more substances at lower concentrations than in human sports, with a violation rate less than half that observed in human sports. Of the 0.6% of violations in horse racing, over 90% are trace levels of therapeutic medications, and not performance enhancing drugs. USADA has NO experience in equine testing or regulation, which includes the equine athletes at the Olympics.
- Inadequate veterinary medical representation. The governing body (the "Authority") would have only one veterinarian in its makeup, and such a veterinarian may be either a practitioner or regulator. Practitioners hold the expertise in equine veterinary practice with regard to race



horses. They are integral to the health and well-being of the equine athlete and cannot be marginalized.

- Standardized thresholds must be based on experimental and clinical evidence gathered and presented transparently with appropriate peer review. Failure in this area creates danger for horses, horsemen, and veterinarians alike.
- No recognition that medication rules are appropriately separate for different sports. This bill unfairly combines no less than 4 different sports and multiple breeds that are inherently distinct.

Based on these problems with the proposed bill, the veterinarians practicing on the racetrack vehemently oppose HR 1754, and encourage members of Congress to oppose the implementation of unnecessary regulation and expense on the horse racing industry.

Professionally Submitted;

Nick Meitinnis

Nicholas Meitinnis, DVM



January 23, 2020

The Honorable Jan Schakowsky, Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building - Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers, Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building - Washington, D.C. 20515



Dear Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

RE: Opposition to H.R. 1754 -Horseracing Integrity Act - as it threatens a historical Washington Industry with an annual total direct and indirect \$ 221 MILLION economic contribution to Washington State, eliminating thousands of working class jobs and threatens the health of our beloved equine athletes.

Today, I write to you on behalf the thousands of owners, trainers, grooms, exercise riders, breeding farm owners, hay/ grain farmers, veterinarians, tack and supply vendors and their many employees who have a huge investment in or depend on the Washington Horse Racing Industry for their livelihood.

Horse Racing has faced some daunting obstacles, however none greater than what is proposed via HR 1754 – The Horseracing Integrity Act of 2019. The proponents of the Bill are the “Kings of the Sport” and have little regard for Washington Horse Racing and the more “common” horses which run here. The majority of horsemen and women around the country oppose HR 1754.

The Washington Horseman's Benevolent and Protective Association (WHBPA) represents the horse owners and trainers who participate in horseracing at Emerald Downs. Our President, Board of Directors, members, and staff share a commitment to the welfare of our equine athletes and the people that work with these horses daily. The nearly 1500 WHBPA members reside or work around the entire State. **As a whole, we are very concerned about, and have strong opposition towards H.R. 1754 the Horseracing Integrity Act of 2019.** If enacted H.R. 1754 would strip authority from our State Racing Commission and create a new, duplicative regulatory bureaucracy at the federal level. Moreover, this new bureaucracy will create a new structure of fees and taxes to cover some of the federal costs of the new regulatory structure, and those fees and taxes would come from horse owners and the industry at-large.

Unlike the elite tracks around the country (with multi million dollar horses or alternate sources of gaming to subsidize their purses), our member's own “blue collar horses” and prize money that has seen little increase over the past thirty years, yet the economic impact to the state has not faltered. With no viable funding mechanism included in the legislation, there is strong evidence that with the ever increasing costs associated with racing and the resulting additional fees and/or taxes from passage of this Bill, many of our members and the racetrack may be forced out of business. Thousands of jobs, supported by horse racing will be lost. Many of the employees have no directly transferable skills to other industries and will need public assistance.

3220 Ron Crockett Dr
Auburn, WA 98032
253-804-6822

~ Horsemen Helping Horsemen ~

The impact of horseracing in Washington goes far beyond the racetrack venue. According to a recent American Horse Council economic impact study, the horse racing sector contributes some \$36 billion annually to the National economy and provides about 240,000 direct jobs. In Washington State, there is an annual investment of over \$160 million and over \$63 million in annual cash outflow. Over \$31 million is attributed to Washingtonian salaries and wages.

Additionally H.R. 1754 also seeks to ban the choice to administer the therapeutic medication Lasix, or Furosemide on the day of the race. This medication is the only medication used in horses to control or prevent Exercise Induced Pulmonary Hemorrhages (EIPH). Further unlike human Olympic or Pro athletes, Lasix is the only medication allowed at effective levels in a horse on race day. Research tells us almost all horses experience an EIPH episode during intense exercise (such as during competitive events like races) and published scientific research has shown Lasix to be an effective preventative treatment for “bleeding” in the lungs of horses. This is the reason its use is recognized by the American Veterinary Medical Association, the American Association of Equine Practitioners, and the North American Association of Racetrack Veterinarians as being safe and effective. **These veterinary leadership organizations believe the use of Lasix to treat EIPH is in the best interests of health and welfare for our equine athletes.**

The measures set forth in this bill will add unnecessary regulatory and financial burdens which will harm state and local economies which depend on the Horse Racing Industry. The Bill seemingly disregards science and veterinary recommendations which secure the health of horses. Therefore, although you are listed as a sponsor, we urge you to not support the Horseracing Integrity Act.

I stand ready to discuss this matter with you at any time. Please feel free to reach out to us for any additional information that you may require.

Sincerely,



MaryAnn O'Connell
Executive Director



4 Generations-Reside at our 30 Acre Thoroughbred Training Center in the Kent Valley. The farm was homesteaded by the OConnells in 1872 and today is surrounded by industry.



~ Horsemen Helping Horsemen ~



The Honorable Jan Schakowsky
Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Re: OPPOSITION TO HR1754

Dear Madame Chairwoman Schakowsky and Ranking Member McMorris Rodgers:

While AQHA strongly supports uniformity in the horse racing industry, it is unable to support the current version of the introduced legislation.

On March 14, 2019, Congressman Andy Barr (R-KY) and Paul Tonko, (D-NY) introduced the Horseracing Integrity Act of 2019 to the House of Representatives. In summary, the bill requires "a uniform anti-doping and medication control program to be developed and enforced by an independent Horseracing Anti-Doping and Medication Control Authority."

Of particular concern is the welfare of racehorses if there is an elimination of the race-day medication, Lasix. The use of Lasix has been endorsed by several equine groups and the American Association of Equine Practitioners to help mitigate the occurrence of exercise-induced pulmonary hemorrhage (EIPH) in racehorses. If the industry loses this effective therapeutic medication while lacking an alternative therapy to control EIPH, we are concerned that the legislation would be responsible for leaving our equine athletes vulnerable to serious medical conditions.

AQHA is committed to the welfare of the racehorse. We continue to work with international, national and state racing organizations and commissions to evaluate protocols that allow for uniform medication rules and strengthened deterrents to performance-enhancing drugs.

AQHA works with the Association of Racing Commissioners International and the Racing Medication and Testing Consortium in these endeavors. The Association has helped implement recent industry movements that include out-of-competition testing and the use of hair as a testing mechanism.

Among other concerns, current regulation allows for breed-specific rules that address the individual needs of the American Quarter Horse. There is no such language in HR1754. Additionally, the bill is lacking details about funding sources that will sustain the proposal.

AQHA appreciates the opportunity to present our reasons for opposing HR1754. We welcome your inquiries on this matter.

Most Sincerely,

A handwritten signature in cursive script, reading "Craig Huffhines".

Craig Huffhines
First Vice President
chuffhines@aqha.org

A handwritten signature in cursive script, reading "Janet VanBebber".

Janet VanBebber
Chief Racing Officer
jvanbebbber@aqha.org

Kentucky Horsemen's Benevolent and Protective Association, Inc.



Rick Hiles
President

Frank L. Jones Jr.
Vice President

Dale Romans
2nd Vice President

OWNER

DIRECTORS:
F. Thomas Conway
Michael J. Bruder
Mark C. Bacon
Travis Foley

Martin A. Maline
Executive Director

Sara Toomey
Executive Assistant

John Griffith
Treasurer

Robert P. Benson, Jr.
General Council

TRAINER

DIRECTORS:
William Bradley
William Connelly
John A. Hancock
R. C. Sturgeon.

Jan. 27, 2020

The Honorable Jan Schakowsky
Chairwoman
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy and Commerce Subcommittee on Consumer Protection & Commerce
United States House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Schakowsky and Ranking Member McMorris Rodgers:

We are reaching out to you on behalf of the thousands of Kentucky horsemen regarding H.R. 1754 a bill in the House titled Horseracing Integrity Act.

The Kentucky Horsemen's Benevolent and Protective Association (KyHBPA) represents the approximately 6,000 horse owners and trainers who participate at the five thoroughbred tracks in our commonwealth. We are very concerned about, and have strong opposition toward, H.R. 1754 the Horseracing Integrity Act of 2019. Our President, Board of Directors, members and staff share a commitment to the welfare of our equine athletes and the people who work with these horses daily.

If enacted, H.R. 1754 would strip authority from the Kentucky Horse Racing Commission and create a new, duplicative regulatory bureaucracy at the federal level. Moreover, this new bureaucracy will create a new structure of fees and taxes to cover some of the federal costs of the new regulatory structure, and those fees and taxes would come from horse owners and the industry at-large. Our members are facing ever-increasing costs associated with racing,

and we believe additional fees and/or taxes will force many of our members out of business.

Additionally, H.R. 1754 also seeks to ban the choice to administer the therapeutic medication Lasix, also known as Furosemide, on the day of the race. This medication is used in horses to control or prevent Exercise Induced Pulmonary Hemorrhages (EIPH). Research tells us almost all horses experience an EIPH episode during intense exercise, such as during races.

Lasix is recognized as an effective, preventative treatment for "bleeding" in the lungs of horses, which is the reason its use is recognized by the American Veterinary Medical Association, the American Association of Equine Practitioners, and the North American Association of Racetrack Veterinarians as being safe and effective. These veterinary leadership organizations believe the use of Lasix to treat EIPH is in the best interests of health and welfare for our equine athletes. It also is a highly regulated and transparent program.

According to a recent American Horse Council economic impact study, the horse racing sector contributes some \$36 billion annually to the national economy and provides about 240,000 direct jobs. In Kentucky, horses are the largest agribusiness and tourism industry. According to a University of Kentucky economic impact study published in 2013, Kentucky's equine industry had a total economic impact of almost \$3 billion and generated 40,665 jobs, according to the 2012 Kentucky Equine Survey. The equine industry's tax contribution to Kentucky was approximately \$134 million.

Racing alone accounts for an annual economic impact of \$1.28 billion. We believe the measures set forth in this bill will add unnecessary regulatory and financial burdens which will harm state and local economies that depend on the industry. Therefore, we urge you to oppose the Horseracing Integrity Act, and we the undersigned continue to stand ready to discuss this matter with you at any time. Please feel free to reach out to us for any additional information that you may require.

Sincerely,

The Horsemen of Kentucky
Kentucky HBPA president Rick Hiles



Animal Welfare Institute

900 Pennsylvania Avenue, SE, Washington, DC 20003
awionline.org phone: (202) 337-2332 fax: (202) 446-2131

January 28, 2020

Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Pallone and Ranking Member Walden:

The Animal Welfare Institute, one of the nation's oldest animal welfare organizations, would like to express its strong support for the Horseracing Integrity Act (H.R. 1754). Introduced by Reps. Paul Tonko and Andy Barr, this commonsense bipartisan bill would protect racehorses and promote a sustainable horseracing industry throughout the United States.

Despite its national and international scope, modern U.S. horseracing is still operating under outdated, conflicting state-by-state drug and medication rules. Additionally, the inconsistent regulatory structures among the 38 racing jurisdictions present a severe obstacle to ensuring racehorses are not given unsafe drugs in order to boost performance. Currently, most American racehorses are given race-day medication—a practice that is banned on a near-global basis. Administering a cocktail of drugs shortly before a race can hide injuries, pain, inflammation, and other vulnerabilities that would otherwise alert owners and trainers to the potential of an impending breakdown.

This has all predictably led to hundreds of racehorses suffering catastrophic breakdowns on racetracks every year in the United States. In fact, five more horses have died just this month at Santa Anita, California's most well-known racetrack. This comes on the heels of the 56 horses who died at Santa Anita from July 2018 to November 2019. The alarming frequency of such fatalities is likely linked to the rampant use of drugs and the corresponding lax oversight and regulation allowed under the current management system.

The Horseracing Integrity Act would address this continued and dangerous reliance on drugs by establishing a nongovernmental, nonprofit agency to oversee a uniform medication policy and enforcement in horseracing across all 38 racing jurisdictions. Importantly, H.R. 1754 would also prohibit race-day medication, making racing safer for horses and aligning the U.S. with standards abroad. This much-needed bill enjoys broad, significant support within the horseracing industry, and has been endorsed by The Jockey Club, the Breeders' Cup Ltd., the Kentucky Thoroughbred Association, and many more, including track owners, horse owners, and trainers.

The Animal Welfare Institute appreciates the Energy and Commerce Committee's focus on the Horseracing Integrity Act this week. We urge your support for H.R. 1754 and we look forward to working with you as this bill advances.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Blaney".

Nancy Blaney
Director
Government Affairs
nancy@awionline.org

Response to Additional Questions for the Record

**Subcommittee on Consumer Protection and Commerce
Hearing on
“Legislation to Promote the Health and Safety of Racehorses”
January 28, 2020**

Mr. Marty Irby, Executive Director, Animal Wellness Action

February 28, 2020

The Honorable Jan Schakowsky (D-IL)

1. The lack of nation-wide standards has had dangerous consequences for both horses and riders. But the patchwork of regulations has also led to an uneven enforcement of rules.

Mr. Irby, would you please provide further explanation regarding the variation of rules, regulations, and reciprocity of suspensions from state to state?

There are two parts in answer to this question:

- 1) Trainers who break the rules are “barred” from a track or “suspended” in a state. These are entirely different things that I may not have articulated well in my remarks during the hearing. A trainer may be “barred” from a specific track by the track for infractions but may not necessarily be “suspended” in the state, and therefore able to compete at other tracks in the state while being “barred” from one.*
- 2) While State Racing Commissions do honor suspensions from other states and generally have reciprocity, there have been instances where trainers have hired attorneys following infractions or violations in a state to negotiate for them to serve less severe penalties, and in some instances agree not to continue participating in horseracing in the state, if the state agrees to keep them in good standing. This would in turn allow them to compete in other states, avoiding reciprocity, and avoiding being suspended in other states.*

A for instance:

State A suspends trainer X 60 days for a bad drug infraction. Trainer X then seeks to resume racing in State A. State A advises trainer X they are not inclined to restore him to good standing, tells him if does not seek license restoration to continue competing in State A, they will issue ruling advising he is restored to good standing, he can then use that letter in State B to resume training.

2. As we have seen, the longer we delay federal action, the more horses are put at risk of serious injury or even death.

Mr. Irby, would you please provide any data on horseracing deaths at tracks in the U.S. that has been obtained since the date of the hearing (January 29, 2020)?

There have been at least 14 documented deaths that have occurred in the U.S. during the past month since the hearing was held. Further data and articles on the deaths are presented below.

Articles on horseracing deaths that have occurred since January 28, 2020
hearing on the Horseracing Integrity Act, H.R. 1754:



MARTY IRBY: Increasing odds for racehorses

by Marty Irby

Special to the Democrat-Gazette | February 16, 2020

For more than 100 years, Americans have enjoyed the sport of horseracing in the beautiful Arkansas enclave of Hot Springs. Established in 1904 and owned by the Oaklawn Jockey Club, the organizers at Oaklawn Racing and Gaming adhere to longstanding racing traditions like the Arkansas Derby, Rebel Stakes, King Cotton Stakes, and the Apple Blossom Handicap.

Not long after Republican state Representative Orso Cobb cast the tie-breaking vote to legalize pari-mutuel wagering in the state in 1929, the Arkansas Derby saw a horse named Holl Image claim the top prize in a purse of \$5,000.

As the decades passed, the Arkansas Derby and Oaklawn grew, and in 2004, celebrating its 100th anniversary, Oaklawn offered a \$5 million bonus to any 3-year-old horse that could make a clean sweep of its Rebel Stakes and the Arkansas Derby, then claim the coveted roses at the Kentucky Derby in Louisville—1,000 times that of its inaugural purse. The famed Smarty Jones claimed victory and cashed his \$5 million check.

And in 2015, American Pharoah, the first horse to claim the triple crown of thoroughbred racing in 37 years, began his sprint toward accolades at Oaklawn by claiming victory in both the Rebel Stakes and Arkansas Derby.

But today, American horseracing is in peril, with horses dying as a result of catastrophic falls at alarming rates across the country. Nearly every major media outlet in America has covered the 42 racehorse deaths that have occurred at Santa Anita Park since December 2018, and other tracks around the U.S., primarily due to the rampant doping and abuse of medication plaguing the sport.

Oaklawn has managed to escape that scrutiny for the past few years until recently, when a 4-year-old named Spirogyra was euthanized due to catastrophic injuries—a tragic end to this majestic horse's ninth race.

American horseracing is addicted to drugs, and it's time for an intervention. No different than in humans, drugging horses can easily lead to death. But there is hope, with growing support for the Horseracing Integrity Act, H.R. 1754/S. 1820 introduced by U.S. Reps. Paul Tonko (D-N.Y.), who represents Saratoga Springs, one of the most prominent horseracing districts in the U.S., and Andy Barr (R-Ky.), who hails from Lexington, the "Horse Capitol of the World."

Along with U.S. Sens. Martha McSally (R-Ariz.), and Kirsten Gillibrand (D-N.Y.), they've been working tirelessly to advance the bill; the U.S. House held a hearing recently where I provided testimony in support of the legislation. This landmark measure is backed by a broad base of industry players which range from the Jockey Club, The Stronach Group, The New York Racing Association, The Breeders' Cup, Keeneland, and countless trainers, owners, and breeders invested in American horseracing.

Horseracing operates under an outdated, state-based, balkanized patchwork of medication rules that creates confusion and risk for owners and trainers and contains gaps in rules and enforcement. The Horseracing Integrity Act

would greatly improve regulatory standards, ban the use of all medications on race day, and level the playing field for everyone invested in horse racing. It would designate the U.S. Anti- Doping Agency (USADA), a private non-governmental agency, as the independent organization that would oversee and administer all drug testing in U.S. horseracing.

A few U.S. Representatives from Arkansas have been open to discussing the bill, but not one single member of the state's congressional delegation supports it, and it's become a stumbling block for the bill. Oaklawn's lack of support for the Horseracing Integrity Act is not only giving the track a black eye, but it's elevating awareness about Spirogyra's death in Arkansas to the national stage.

If horseracing is to survive in the state, and not go the way of greyhound racing that Southland Park Gaming and Racing in West Memphis announced last year would end in 2022, then the Oaklawn Jockey Club and the members of Congress that represent the Razorback State should get on board with the Horseracing Integrity Act, help save lives, and bring integrity back to the sport.

Marty Irby is a former eight-time world champion equestrian rider and the executive director at Animal Wellness Action in Washington, D.C.



Horse dies after race at Louisiana Downs

By [Charles Quigley](#)

Feb 16, 2020



BOSSIER CITY, La. - A horse was euthanized after it stumbled during a race at Louisiana Downs Saturday.

Harrah's Louisiana Downs sent KTBS 3 a statement regarding the horse's death.

"We remain committed to the health and safety of our equine families and jockeys. A loss under these circumstances is unfortunate. We will continue to work closely with the Louisiana Racing Commission and veterinary staff on these matters," according to the statement.

According to Equibase records, the 3-year-old quarter horse, PRS The Game Changer, was euthanized after the race.

This is the third horse death at Louisiana Downs since the start of 2020.

Marty Irby, the executive director of Animal Wellness Action, an animal rights watchdog and policy group in Washington D.C, spoke to KTBS Sunday about the horse's death.

"This is the third this year. There have been numerous deaths over the past few years, but to have three in a five to six week period is a lot," Irby said.

Irby said the three horses that died this year had a drug in their systems to help that helps horses run faster.

"One thing I noticed was that all three horses who died at the track used a drug called lasix, which is a diuretic. They are identified in the database and actually in the program at the track. (They) receive the medication that will cause the horse to urinate off water weight ahead of the race that will cause them to run faster. Over time if you give a horse lasix over and over again it can cause the skeletal structure to deteriorate and become more fragile and brittle that can lead to fractures. Trainers sometimes add pain masking agents to cover up the pain that the horse is feeling so they can run anyway. A lot of times that's what happened when they break their leg," Irby said."

Irby cited [HorseracingWrongs.org](https://www.horseracingwrongs.org) that reports this is the 36th horse death at the track since 2017. Irby states via the website, that Louisiana Downs had 5 deaths in 2019, 9 deaths in 2018 and 19 deaths in 2017.

Irby also cited The Daily Racing Form that reported a thoroughbred also died Saturday at the New Orleans Fair Grounds Race Course.

Irby says the horse racing community is seeing an increase in horse deaths across the nation.



[Horse death reported at Oaklawn Park](#)

By [Max Brantley](#)

February 17, 2020 | 12:55 pm

Thoroughbred Daily News reports that Taraz, a three-year-old filly, was euthanized today after a training accident at **Oaklawn Park** in Hot Springs.

The horse fractured her left pastern in a workout, the publication reported.

The news was circulated to Arkansas media by **Marty Irby**, executive director of **Animal Wellness Action**, which is pressing Oaklawn and Arkansas congressmen to join support for proposed federal legislation aimed at standardizing rules on medicating horses, including a ban on race-day medication.

A statement distributed by Irby's organization also said that another horse at Oaklawn, **Devil's Drama**, was "vanned off" from the track Saturday. The organization said it was unable to get more information about the horse. The statement said the horse had been using Lasix, a drug that can cause bone loss and contribute to fractures.



[A third horse is euthanized at Louisiana Downs in two months](#)

[TOP STORIES](#)

by: [Zyneria Byrd](#)

Posted: Feb 17, 2020 / 06:18 PM CST / Updated: Feb 17, 2020 / 06:18 PM CST

BOSSIER CITY, La (KTAL/KMSS) – Caesars Entertainment responds to a horse being put down this past Saturday at Louisiana Downs, the third in two months.

The company is working with veterinarians and the Louisiana racing commission, saying quote “we remain committed to the health and safety of our equine families and jockeys. A loss under these circumstances is unfortunate.”

“Animal Wellness Action” in Washington D.C. says the three-year-old racehorse stumbled and was euthanized.

The executive director blames the overuse of certain drugs.



[Click here to watch the video](#)

“It’s unfortunate that these deaths have occurred, it’s become more and more common the deaths have been ramped. The horse was running on Lasix which is a legal drug but most horses I would say nine out of ten run on Lasix, Lasix has become some sort of a crutch in U.S. for American horse racing. It’s a dietetic that causes the horses to shed water weight,” said Marty Irby, executive director of Animal Wellness Action.

Our local louisiana racing commission representative had no comment.

Arkansas Democrat Gazette

Diminishing returns on doping horses

by [Karen Martin](#) | Today at 1:45 a.m.



Karen Martin



A horse had to be euthanized at Oaklawn last Sunday.

Four-year-old Spirogyra, an entry in the fourth race that day, had suffered catastrophic injuries, according to the Daily Racing Form.

It happened on a beautiful springlike afternoon at the famed Hot Springs racing and gaming facility, where a manageable number of visitors—couples on dates, parents with excited little kids running around, many still wearing their Sunday-best (velveteen dresses and hair bows), and grizzled railbirds patiently working their way, stubby pencil in hand, through a low-key program of claiming races (in which the horses are all for

sale for more or less the same price) and maiden races (in which the competitors have yet to win a race).

Most of the day's races were six furlongs (a furlong is 1/8 mile), with the starting gate at the distant side of the track from the grandstand. Nothing spectacular going on; it was simply a pleasant day to be outside, enjoying the sight of these beautiful animals circling a fast track in the afternoon sun.

It was not apparent to hardly anyone in the stands at the end of the fourth race that Spirogyra had been hurt. They were likely too busy drinking beer (\$6 for 20-ounce Michelob Ultra draft), eating corned-beef sandwiches (corned beef and rye bread; simple and satisfying, \$7), and comparing notes on who to bet on in the next race. Spirogyra's euthanizing follows the recent racing deaths of two 2-year-old horses at the quarter horse meet that opened Jan. 2 in Bossier City, La., at Harrah's Louisiana Downs and others at New Orleans' Fair Grounds Race Course.

According to the Shreveport Times, horse deaths have become more common at tracks in recent years. The Jockey Club's Equine Injury Database reports that 10 horses a week on average died at American racetracks in 2018. Thirty-seven horses died at Santa Anita in Arcadia, Calif., in 2019. That track already has its first death of 2020. This needs to change.

Last month, Congress held a hearing on HR 1754, the Horseracing Integrity Act, that would end doping and help stop the alarming incidence of deaths afflicting American horse racing.

HR 1754, led by U.S. Reps. Paul Tonko (D-N.Y.), Andy Barr (R-Ky.), and Sens. Kirsten Gillibrand (D-N.Y.), and Martha McSally (R-Ariz.)—which has 226 House co-sponsors and 25 Senate co-sponsors—would advance an effort to protect American race horses through the establishment of a national, uniform standard for drugs and medication in horse racing.

It would also grant drug rulemaking, testing, and enforcement oversight to a private nonprofit self-regulatory independent organization overseen by the United States Anti-Doping Agency (USADA), which administers the Olympic anti-doping program, at no cost to taxpayers.

Here's what Marty Irby, a lifelong horseman and executive director of Washington, D.C.-based Animal Wellness Action—an animal protection group advocating for the bill—has to say about the situation:

"It's become quite clear that American horseracing is addicted to drugs, and it's time for an intervention. Our modern-day society will no longer tolerate the deaths of these iconic American equines for a two-dollar bet; this isn't Ancient Rome, it's 2020.

"It's unfortunate that the entire Arkansas Congressional Delegation has failed to support the Horseracing Integrity Act, and effort for reform. If the Horseracing Integrity Act fails to soon pass, then horse racing in Arkansas could very well end up just like greyhound racing."

The Arkansas congressional delegation, he continues, "should step up and support the Horseracing Integrity Act to stop this abuse and these senseless deaths."

In recent years, Americans have become increasingly sensitive to the welfare of animals that entertain us. Ringling Bros. and Barnum & Bailey Circus is just the largest of the traveling circuses that have ceased to employ animals. In 2019, Southland Gaming announced it would end greyhound racing in West Memphis by the end of 2022.

I've loved horses since I was a little girl begging my parents to take me to any and all carnivals with shaggy ponies plodding in a circle. Then, when I was in elementary school, I moved up to riding lessons at a day camp in Strongsville, Ohio (Camp Robin, which charged \$30 per kid for 10 Saturday afternoons of one-hour riding lessons, an hour of swimming in a murky little lake, and an hour of crafts, mostly gluing macaroni in goofy designs on little sheets of cardboard; it disappeared long ago, replaced by an interstate).

By extension, I became a fan of horse racing, occasionally visiting Cleveland's thoroughbred track Thistledown and harness racing venue Northfield Park. When I moved to Arkansas, my new friends here told me all about Oaklawn, and I still recall my first visit there when people dressed up and we didn't dare head from Little Rock to Hot Springs at noon on a Saturday because the traffic was so heavy. Betting has never interested me; I simply liked to watch the horses. Still do.

Sure, drugs were used to improve equine performances in those decades-ago days. But horses weren't dying at the rate they are now.

I'm not in favor of banning horse racing. But just as we police human athletes in order to keep them from trying to gain advantages over competitors by using drugs, it would seem like HR 1754 would help reduce the far too common use of stimulants and painkillers with no consideration of the effect of such drugs and medications on the animals forced to use them.

At least human athletes have a choice.

Karen Martin is senior editor of Perspective.
kmartin@arkansasonline.com

Print Headline: Diminishing returns on doping horses

Animal rights group calls for rules on care of racehorses

BY [Leslie Newell Peacock](#)

February 4, 2020 | 11:20 am



After a 4-year-old racehorse named Spirogyra broke down on the track at Oaklawn Racing Casino Resort on Sunday and had to be euthanized, [Animal Wellness Action](#) is urging Arkansas's congressmen to support a bill to reform the care of racehorses.

Spirogyra, running in the fourth race, a six-furlong claiming race, broke down at the half-mile pole along the rail, throwing his jockey, Fernando De La Cruz. The veterinarian at the track determined that Spirogyra's injuries and pain were so severe that he needed to be put down.

Animal Wellness Action, which is lobbying Congress for passage of the [Horseracing Integrity Act](#), which would establish a national standard for

the use of drugs and medication in horseracing and give drug rulemaking, testing and enforcement oversight to a private nonprofit regulatory agency overseen by the government. The act is sponsored by two Democrats, U.S. Rep. Paul Tonko and Sen. Kirsten Gillibrand of New York, and two Republicans, U.S. Rep. Andy Barr of Kentucky and Martha McSally of Arizona. No member of Arkansas's delegation has signed on.

Marty Irby, executive director of Animal Wellness Action, blames racetrack deaths on doping:

"American horseracing is addicted to drugs, and it's time for an intervention. Our modern-day society will no longer tolerate the deaths of these iconic American equines for a two-dollar bet — this isn't Ancient Rome, it's 2020.

"It's unfortunate that the entire Arkansas Congressional Delegation has failed to support the Horseracing Integrity Act, and effort for reform. If the Horseracing Integrity Act fails to soon pass, then horseracing in Arkansas could very well end up just like greyhound racing."

Southland Casino in West Memphis is phasing out its greyhound racing with the passage of the state's law allowing sports betting.

Oaklawn maintains it has strict doping rules.



The World's Online Gaming Authority Since 1995

Steve Bittenbender - February 17, 2020

High-Profile Filly Taraz Suffers Fatal Injury During Workout at Oaklawn

In a sport that had more than its fair share of tragedies in the past 14 months, horse racing suffered yet another one on Monday when Taraz, a promising 3-year-old filly, was put down at Oaklawn Racing Casino Resort.



Taraz, seen here racing earlier this month at Oaklawn Racing Casino Resort, was euthanized on Monday after suffering a catastrophic injury while training at the Arkansas track. (Image: Coady Photography/Oaklawn)

According to *Bloodhorse.com*, the young horse suffered a severe fracture in her front left lower leg during a workout at the Arkansas track. Oaklawn's attending veterinarian consulted with an equine surgeon as well as Juddmonte Farms, owner of Taraz, and Brad Cox, her trainer as x-rays were taken at the track's barn.

The severity of the injury indicated surgery would not be feasible, the web site reported, and the horse was euthanized.

Unbeaten in three starts, Taraz was quickly being considered a leading candidate for the Kentucky Oaks or to perhaps even run against the colts in the [Kentucky Derby](#). She won the Martha Washington Stakes on Feb. 1 at Oaklawn by nearly four lengths. It was her first race featuring two turns, a key test for young horses to determine if they're able to race in major races like the Derby and Oaks.

All of her victories came by a combined 22.5 lengths.

Her connections were pointing her toward the Grade III Honeybee Stakes, an Oaks prep, on March 7 for her next race.

Death Renews Call for Legislation

Taraz is the highest-profile horse to die since Mongolian Groom was put down after the gelding pulled up before the end of the Grade I Breeders' Cup Classic back in November at Santa Anita Park.

Animal rights advocates and some racing stakeholders have used the mounting fatalities at Santa Anita as well as elsewhere across the US as a call for reforms in the sport. In recent months, racing commissions have held discussions about the jockeys' use of riding crops during races as well as bans on race-day medications.

Some of those proponents also push the [Horseracing Integrity Act](#), a bill before Congress which calls for nationalized standards in racing and an independent body to test horses for drugs.

It's quite clear: American horseracing is addicted to drugs, and it's time for an intervention," said Marty Irby, executive director for Animal Wellness Action and a supporter of the bill, in a statement to Casino.org. "Congress must soon pass the Horseracing Integrity Act that will stop medication abuse and prevent deaths, or horseracing may very well go the way of greyhound racing in Arkansas."

Racing charts show that Taraz, like every horse she faced in her three career starts, raced on Lasix. Proponents of the drug say helps horses from experiencing pulmonary bleeding after races, and refute claims that the drug can mask injuries.

It is not known whether Taraz had any drugs in her system at the time of the incident Monday or even if they might have played a role in the filly's injury.

Tracks Already Enacting Lasix Bans

Several racetrack owners, including Santa Anita owner The Stronach Group, the New York Racing Association, and Churchill Downs Inc., have already taken action to ban race-day Lasix applications for all 2-year-olds starting this year. It would put the US on par with most other racing markets around the world that ban the use of the drug on race days.

Next year, that ban would also apply to all horses running in graded stakes races.

Additional data on horseracing deaths that have occurred since January 29, 2020 hearing on Horseracing Integrity Act, H.R. 1754:

Source: www.HorseracingWrongs.org

<https://horseracingwrongs.org/killed-2020/>

yet-to-be-named, Jan 30, Belmont T – "shaft fracture...euthanized on the track"
Spirogyra, Feb 2, Oaklawn R – "euthanized due to catastrophic injuries"

Data Hawk, Feb 7, Golden Gate S – “accident – skull”
 Stay Again, Feb 7, Gulfstream R – “collapsed”
 Birdies Honor, Feb 8, Laurel R – “collapsed”
 Double Touch, Feb 8, Santa Anita T – “sudden death” (five years old)
 Miss Romania, Feb 12, Santa Anita T – “shoulder”
 El Tristan, Feb 14, Fair Grounds R
 Classic Covey, Feb 15, Fair Grounds R – “all the soft tissue structures came apart”
 Major Flirt, Feb 15, Laurel R – “pulled up lame...euthanized”
 Prs the Game Changer, Feb 15, Louisiana R – “stumbled start...euthanized”
 Taraz, Feb 17, Oaklawn T – “severely fractured her pastern”
 Unveiled, Feb 20, Santa Anita T – “shoulder”
 Radio Tim, Feb 21, Los Alamitos R – “fractured fetlock”
 Street Machine, Feb 21, Los Alamitos R – “fractured fetlock”
 A Lonna At the Top, Feb 26, Golden Gate T – “sudden death”


The Jockey Club

40 East 52nd Street, New York, NY 10022
Phone: (212) 371-5970 | Fax: (212) 371-6123

February 25, 2020

Chair Jan Schakowsky
Ranking Member Cathy McMorris Rodgers
Energy & Commerce Subcommittee on Consumer Protection & Commerce
2125 Rayburn HOB
U.S. House of Representatives
Washington, D.C., 20515

Dear Chair Schakowsky and Ranking Member McMorris Rodgers,

Thank you very much for allowing me to testify at the January 28, 2020 hearing concerning "Legislation to Promote the Health and Safety of Racehorses." I enjoyed the experience and hope that my remarks and those of the other panelists will prove helpful in your consideration of HR 1754.

My responses to the post-hearing questions forwarded to me by Committee staff are as follows:

The Honorable Paul Tonko (D-NY)

1. Mr. Lear, in Kathy Anderson's testimony, she spoke of AAEP's 10-point plan. Can you tell the Committee in your view how much of the plan has been implemented, and whether this plan will sufficiently address the issue of over medication of our equine athletes?

Answer:

The AAEP's 10-point plan was first presented by Dr. Anderson at the 63rd Round Table Conference on Matters Pertaining to Racing in 2015, a conference that The Jockey Club annually hosts. Her address was entitled the AAEP's 10-point "Prescription for Racing Reform", which was described as "a plan for positively effecting change with regard to racehorse health and racing integrity."

The following represents The Jockey Club's current analysis of the 10-Point Prescription, five years after it was first presented:

1. Continued support of the National Uniform Medication Program (NUMP) in all U.S. racing jurisdictions.

The NUMP is a voluntary program created in 2013 for adoption at the discretion of the 30+ state regulatory authorities. It is aimed at creating uniform rules, drug testing standards and enforcement. Given the nature of state-based medication reform where each state must follow unique processes and procedures when creating medication rules (by statute or regulation, depending on the state), and also endure political interference, harmony among the states is nearly impossible to obtain and even then, fleeting at best.

Each new NUMP rule introduced for consideration among the 30+ racing jurisdictions must go through processes that vary in duration, notice and public comment. As a result, variances in rules creep in where horses racing in state A are subjected to rules that differ from state B or state C.

Differing rules due to differing state procedures have plagued the NUMP system since its inception. In a sport where more than 50% of the competitions are made by horses that frequently cross state borders and race in multiple jurisdictions, these differences negatively impact the athlete, and ultimately the sport suffers.

To date, zero states have fully adopted all elements of the currently effective version of NUMP. Only six states have partially adopted the majority (three of four portions) of the currently effective version of NUMP.

2. Recommend to the Racing Medication & Testing Consortium (RMTc) the development of regulations banning the use of anabolic steroids in training.

This recommendation is intertwined with No. 5, out-of-competition testing.

The RMTc is a non-regulatory, voluntary consortium of industry organizations sharing common goals of promoting uniformity in drug testing rules and enforcement. The organization conducts research on various legal and illegal substances and recommends methods for detection to another non-regulatory, voluntary organization, the Association of Racing Commissioners International (ARCI). The ARCI is then tasked with advocating for rule adoption among the 30+ pari-mutuel racing jurisdictions.

Fundamental to banning the use of anabolic steroids in training is having a system to detect the use of anabolic steroids in training. Currently, the overwhelming majority of drug tests in horse racing are conducted immediately following the race. Few racing jurisdictions in the U.S. have out-of-competition testing, a program of drug testing where the athletes may be tested at any time and at any place, and even the jurisdictions that do have out-of-competition testing do not have an effective intelligence based testing program in place.

With so few states effectively conducting out-of-competition testing and, more importantly, without any central coordination of efforts to follow horses as they move across state borders as is the case with human athletics, adopting a rule without a means to enforce is specious. Moreover, even in those states that have a system of out-of-competition testing and have adopted a rule banning the use of anabolic steroids in training, the frequency of testing is minimal at best. During fiscal year 2018-2019, for example, of the total 52,333 samples analyzed in California, only 2,529 were from out-of-competition.

To date only a few states have adopted rules banning the use of anabolic steroids in training.

3. Recommend to the Racing Medication & Testing Consortium a 48-hour restricted administration time for NSAIDs as part of uniform medication policy.

NSAIDs, or non-steroidal anti-inflammatory drugs, are a group of medications frequently administered to horses for the management of pain. Recently published scientific evidence concluded that horses allowed to compete under the pain-suppressing influences of NSAIDs are at a heightened risk for racing and training injuries and fatalities. Allowing a horse to race with an existing injury when the symptoms of pain are masked by NSAIDs predisposes them to more serious injury or even death.

For perspective, recent scientific evidence suggests that at least one of the more frequently used NSAIDs continues to suppress pain for up to 96 hours. International racing jurisdictions regulate this same NSAID to where withdrawal is required 168 hours, or seven days, prior to the race. Several U.S. racing jurisdictions (not all) currently regulate NSAIDs to where withdrawal is required only 24 hours prior to the race.

Currently, only New York, California and Maryland have rules requiring withdrawal of NSAIDs 48 hours prior to the race. Kentucky has begun the

administrative process adopt a regulation implementing the 48 hour withdrawal requirement for NSAIDs. During this year's Triple Crown season involving the Kentucky Derby (in Kentucky), Preakness Stakes (in Maryland), and Belmont Stakes (in New York), it is very likely that our most elite athletes will be exposed to multiple withdrawal times for powerful medications as they prepare for, and compete in, the Triple Crown races.

4. Support clear uniform regulations for compounded medication.

Compounded veterinary medications and substances, similar to illegal, performance-enhancing substances capable of producing lasting effects long after evidence of their administration has vanished, are a particularly insidious threat to horse racing. Slight alterations in chemical structures are capable of rendering a substance that may be detected today virtually invisible tomorrow. Identifying, let alone regulating, the network of veterinary compounding pharmacies is a daunting task.

A model rule was approved by the Association of Racing Commissions International in 2014 calling for increased penalties in certain circumstances when compounded veterinary drugs are discovered on racetrack property. **To date, no major racing jurisdiction in the United States has adopted the rule.**

Veterinarians enjoy a unique position among all medical professions. The majority of veterinarians practicing their trade at the nation's racetracks simultaneously act as diagnostician, prescriber, and pharmacist. This business model has the unintended consequence of producing clear economic incentives to dispense medications, which is only modulated by the moral compulsion of the practitioner. Veterinarians work tirelessly in their trade and often must fill the dual roles of attending and emergency caregiver. These roles often necessitate immediate access to life saving medications in emergency situations. However, in a racing environment where the majority of visits are routine in nature, this model adds to the already existing public perception that racehorses are overmedicated.

5. Support the implementation of a national uniform program for comprehensive out-of-competition testing.

Testing athletes between competitions has become increasingly preferred in professional and amateur athletics. These tests conducted between competitions have been shown in other sports to increase the chance of detecting illegal substances. Because certain substances are capable of exerting prolonged, illegal, performance-enhancing effects long after evidence of administration has vanished, the current system of testing horses immediately after the race is useless for detecting these substances.

The vast majority of testing in human Olympic athletics now occurs between events through a system requiring the athlete to report his/her whereabouts in the event they are selected for testing.

Less than 5% of testing in U.S. horse racing is performed out-of-competition as compared to an average of 11% in other major international racing jurisdictions* and 68.6% in Olympic sports.

*Major international racing jurisdictions to include Hong Kong, France, Great Britain, Japan (NAR & JRA), Saudi Arabia, South Africa, United Arab Emirates.

6. Support and advocate the development and implementation of effective security measures to enforce medication rules.

No major racing jurisdiction has implemented new rules aimed to create more effective security measures. In general, the more elite races, those listed by the Graded Stakes Committee of the Thoroughbred Owners and Breeders Association, are the only races subjected to more effective security measures put in place purely

under the discretion of a voluntary coalition of host racetracks. These measures include 24-hour video or in-person surveillance, logging visitors with access to horses, and requiring horses to be stabled on racetrack grounds at least 72 hours prior to the race.

With less than 100 of the approximate 36,000 races conducted each year in the U.S. (0.3%) occurring with more effective security in place, the record of implementation is another example of the failures of a system of well-intentioned voluntary initiatives without a regulatory imperative that coordinates implementation.

7. Support meaningful medication rule violation sanctions for horses, veterinarians and other licensees, as appropriate.

A component of the initial version of NUMP was to implement a system whereby individuals with multiple drug testing violations are progressively subject to more severe penalties. The system was initially designed to increase coordination of penalties among the states so that violations accumulated by individuals in state A would factor into any penalties assessed in state B.

As discussed in item 3 above, horses that compete under the pain-suppressing influences of NSAIDs are at a heightened risk for racing and training injuries and fatalities. Unfortunately, in 2017 the MMV was substantially weakened. Under the new schedule, more violations, (including from medications such as NSAIDs) were required to trigger the increased penalties of the MMV, the duration of suspensions was reduced, and the records of violators were expunged sooner.

To date, 12 states have adopted the MMV system, which, as pointed out, is now substantially weakened.

8. Create national uniform procedures for Veterinarian's List reciprocity and management criteria.

Each state jurisdiction maintains a system of placing horses on a veterinarian's list, which typically suspends the horse from competition for a period of time or until it can be proved to have overcome some physical deficiency or treatment administered.

Noting that about half of the horses that race in the United States do so in more than one state, the current system relies upon a tenuous thread of good faith among regulatory officials. Horses placed on mandatory rest in state A too often are allowed to compete in state B without consequence – except to the health and safety of the racehorse.

To date there is no national rule for reciprocity for vet's lists.

9. Investigate alternative exercise-induced pulmonary hemorrhage management strategies with the intent to eliminate race-day medication.

This recommendation and No. 10, below, are intertwined.

10. Upon finding efficacious methods to manage EIPH, the AAEP will propose that the Racing Medication & Testing Consortium amend its uniform medication policy in order to eliminate race-day medication.

Studies have been conducted to investigate the effects of moving the time of administration of Lasix from the day of the race to the day before the race. The studies compared the efficacy of the two administration times against each other as opposed to the effect upon the horse as a competitor in races. The small numbers of horses used in the studies yielded promising but inconclusive results.

The fact is, North American racing jurisdictions are distinct from all other international racing jurisdictions in that North American rules permit the administration of Lasix to racehorses on the day of the race. Of the 968,146 starts representing 164,707 horses in 48 countries that were recorded by the International Federation of Horse Racing Authorities in 2017, the latest year of reporting, none of those starts occurred with race-day administration of Lasix.

Supporters of H.R. 1754 rely upon these facts in their unanimous assertion that the majority of racehorses do not need Lasix to compete. In fact, horses that race on Lasix in the U.S. may export to compete and win in international races without Lasix only to return and go back on Lasix.

The Honorable Larry Bucshon (R-IN)

1. Significant concerns have been raised about the use of performance-enhancing and illicit drugs and improper and unethical practices in the breeding industry that may endanger the safety and welfare of young horses to be sold for racing purposes. Many horses are being sold at auction with undisclosed pre-existing conditions and conditions that are masked that can put them at risk. We further learned that the breeding industry in this country is not regulated, is not subject to any oversight and resists being subject to oversight and regulation.
 - a. Does this legislation extend jurisdiction and oversight to the breeding industry, breeders and breeding practices?
 - b. Do you support regulating and overseeing the breeding industry, and would you support amendments that would confer jurisdiction and oversight over the breeding industry, breeders and breeder's practices?

Answer:

a. As presently written, HR 1754 covers horses in competition beginning with the date of their first official timed workout that is published in the racing program and other media. It does not, per se, apply to the breeding industry, breeders and breeding practices. However, breeding practices (i.e., the mating of a stallion and a mare) are tightly controlled and closely monitored by the breed registries for each of the three primary racing breeds in the United States. Moreover, the bill in its current form or by simple amendment can have application to certain performance-enhancing or horse endangering medications (e.g., steroids, bisphosphonates) that are discovered to have been used on a horse prior to its first official workout.

It should also be noted that far more protections for horses and for participants in the buying and selling of horses exist in their early years than the preface to this question suggests. Focusing on the Thoroughbred breed, each year 32,000 mares are bred by stallions, resulting in approximately 20,500 registered foals. Although all states will report some level of breeding activity to The Jockey Club, 10 states typically account for approximately 80% to 85% of the registered Thoroughbred foal production in the United States. Virtually all breeding activity occurs within the confines of a single state. In other words, a mare that is boarded in the state will be bred to a stallion that stands in that state, and once the foal is born it will typically remain in that state until it is sold at auction or moves to another state to begin training. Thoroughbreds are sold at public auction as weanlings when they are less than a year old, as yearlings when they are 18 to 20 months old, or as two-year-olds in training when they are just over 24 months old.

Of the foals registered each year, approximately 74% will race, with the balance going to other disciplines or other purposes. Approximately 56% of the Thoroughbreds that eventually start a race are previously sold at public auction. All major auction companies have long recognized the threats posed by drugs and illegal substances and have included anti-doping provisions into their agreements with buyers and sellers as Conditions of Sale. These provisions include tests of blood, urine and even hair for the detection of inappropriate substances, including anabolic steroids. Buyers are given the right to void the purchase upon a positive finding, which provides a powerful deterrent when a potential multimillion-dollar sale hinges on the results of drug testing.

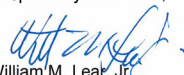
The purchase and sale transactions at public auctions are between sophisticated buyers and sellers, each typically supported by skilled professionals, including veterinarians, blood stock agents and trainers. Prospective buyers have, and almost always take advantage of, the right to inspect and have their trainers and veterinarians inspect the horses, conduct endoscopic examinations of the horses, view radiographs (X-rays) of the horse placed in the depository on sale grounds which are required to show more than 20 specific views of key parts of the horse's skeleton. The Conditions of Sale, and the practices detailed above, are virtually identical among all the major sales companies and at all the major auction sales events. They serve to protect not just the buyers and sellers, but also the horses themselves by deterring the use of medications and methods which could be harmful to the horses in addition to impairing the owner's ability to sell them at auction. It is not a stretch to say that a Thoroughbred sold at public auction in the United States is subject to greater scrutiny and more disclosure than applies to the sale of any other animal bought and sold in this country.

The major sale companies react quickly and forcefully to address any new medication threat that arises. In mid-2019, the major public auction companies jointly announced an anti-doping program designed to detect the presence of drugs containing bisphosphonates, a powerful medication of very recent interest that may potentially affect the durability of bones when used, inconsistently with label instructions, to treat younger horses. With the majority of Thoroughbreds that eventually participate in covered races going through an auction sale first, they are protected by an effective and agile anti-doping program administered by the public auction companies prior to the point in time that jurisdiction under HR 1754 attaches.

HR 1754 in no way inhibits the ability of the public auction companies and other interested organizations to establish and expand their oversight of medications in the pre-racing timeframe. And with its emphasis on enhanced research, this legislation will provide additional information to be used by those entities in protecting horses, buyers and sellers.

b. As noted in the answer to the previous question, we believe HR 1754 as currently written creates jurisdiction sufficiently broad to address the use of certain horse-endangering and performance enhancing medications and methods employed prior to the first timed workout; or by simple amendment could be extended to do so. Further extension beyond that is problematic primarily because the singular basis for federal jurisdiction in the bill is the involvement of horse racing in interstate commerce, principally through training for and participation in covered races (i.e., those that are subject to interstate off-track wagers and thus to the application of the Interstate Horseracing Act of 1978), and the movement of horses among the states for racing. By contrast, breeding is almost entirely an intrastate activity as is the raising of young horses. In addition, a significant percentage of Thoroughbreds, and in all likelihood Quarter Horses and Standardbred foals as well, never participate in a covered race. In light of these jurisdictional constraints, and the existing protections discussed in the response to the first question, we do not favor attaching the provisions of HR 1754 to an earlier point in time than is currently proposed.

Respectfully Submitted,


 William M. Lear, Jr.
 Vice Chairman
 The Jockey Club

Additional Questions for the Record

**Subcommittee on Consumer Protection and Commerce
Hearing on
“Legislation to Promote the Health and Safety of Racehorses”
January 28, 2020**

Dr. Kathleen M. Anderson, Equine Veterinarian

The Honorable Kathy Castor (D-FL)

1. According to research from the California Horse Racing Board, 90 percent of fatal horse injuries are tied to minor preexisting injuries - like microfractures in a bone. The stress and pressure generated by a 1,100-pound racehorse sprinting at speeds up to 40 miles per hour can cause minor injuries to become catastrophic breaks that ultimately lead to a horse's death. That's why pre-race detection and appropriate treatment for these injuries is so important, but some racehorses are administered pain medications to ease discomfort and reduce inflammation. These medications may mask these relatively minor injuries, making pre-race detection more difficult and enabling an injured horse to maintain strict training and racing schedules.

Dr. Anderson, are there models already in existence to regulate the use of pain medications in horseracing?

Yes, there definitely are models in existence to regulate pain medications in horseracing. First, I would point out that while there may be some differences among jurisdictions, there are currently existing regulations to regulate pain medication in every racing jurisdiction in the United States in which there is horse racing.

Typically, medication regulations begin with recommendations by the Racing Medication and Testing Consortium (RMTC) made to the Association of Racing Commissioners International (ARCI). After much discussion by veterinary scientists, laboratory directors and other industry stakeholders, pain and other medication regulations are approved and published by the ARCI. Some States adopt these regulations by reference, others must pass statutes or administrative rules to put these medication regulations in place.

Pain medications are classified by the ARCI in a number of classifications based upon the potency of their effect, whether or not they are approved for use in the horse and their ability to influence the

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outcome of a race. The ARCI Uniform Classification Guidelines for Foreign Substances, including pain and other types of medications, can be viewed at:

https://drive.google.com/file/d/1F_bfqctaZJ2e95tPKCzqdh7Lz1nVjbff/view.

Note that Class I medications include drugs that have the highest potential to affect performance and have no generally accepted medical use in the horse, including many DEA Schedule II substances such as opiates, and other potent pain medications. These substances are placed in the highest (Class A) penalty class.

The ARCI Controlled Therapeutic Medication Schedule for Horses that includes regulations for accepted therapeutic pain medications (e.g. Phenylbutazone) may also be found on the ARCI website:

https://www.arci.com/wp-content/uploads/2019/12/2019_12_CTS_V4_2.pdf

In the current version 4.1 referenced above, you will find regulations for all of the commonly- used therapeutic pain medications such as Phenylbutazone, Flunixin, Butorphanol, Betamethasone, Detomidine, Dexamethasone, Isoflupredone, Lidocaine, Mepivacaine, Ketoprofen and many others.

These regulations continue to evolve as science points the way; and, as a result we are able to identify additional reforms and strategies to improve the safety and welfare of racehorses.

Specific examples of industry stakeholder strategies and reforms to further address medication concerns in the past five years include:

- 2015 [*AAEP Prescription for Racing Reform: A 10 Point Plan for Action \(see Appendix I\)*](#)
- 2019 [*Mid Atlantic Strategic Plan to Reduce Equine Fatalities & Best Practices \(see Appendix II\)*](#)
- 2019 [*Thoroughbred Safety Coalition Medication Reforms \(see Appendix III\)*](#)

As an example of existing pain medication regulations currently in

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existence in the United States, please see the current New York State Rules for Thoroughbred Racing, section 4043 Drugs Prohibited and Other Prohibitions:

[https://www.gaming.ny.gov/pdf/legal/New%20York%20State%20Gaming%20Commission%20rules%20Chapter%20I,%20Subchapter%20A%20\(Thoroughbred%20Racing\)%20updated%202020-01.pdf](https://www.gaming.ny.gov/pdf/legal/New%20York%20State%20Gaming%20Commission%20rules%20Chapter%20I,%20Subchapter%20A%20(Thoroughbred%20Racing)%20updated%202020-01.pdf)

There are also international organizations that regulate pain medication. For example, the British Horseracing Authority publishes Equine Anti-Doping Rules on its website:

<https://www.britishhorseracing.com/wp-content/uploads/2015/02/RULES-BHA-Equine-Anti-Doping-Rules.pdf>

The Japanese Racing Association also publishes medication rules to control the use of pain and other types of medication:

<http://japanracing.jp/en/horsemen/rule/medication.html>

The Hong Kong Jockey Club publishes medication rules to control the use of pain and other types of medications:

http://racing.hkjc.com/racing/english/international-racing/pdf/HorseHB_Web.pdf

2. Dr. Anderson, should racehorses be administered pain medications on race day? Why or why not?

The unequivocal answer to this question is NO pain medication should be administered on race day. The Association of Racing Commissioners International (ARCI) Model Rules of Racing mandate no medication other than Lasix be allowed on race day. There is no scientific evidence that Lasix, a therapeutic medication specifically administered for EIPH, masks pain as it is not an anti-inflammatory/stimulant or active in any pathway associated with pain receptors. To clarify this further, it is important to understand that the administration of furosemide to manage/prevent Exercise-Induced Pulmonary Hemorrhage is only administered for high speed exercise (therefore infrequently) and is in a short-action form (intravenous administration).

There is therefore no opportunity for a long-term cumulative effect of furosemide on calcium metabolism or bone structure to develop.

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*Additionally, two prominent veterinarians and researchers, Dr. Wayne McIlwraith and Dr. Paul Morley, have gone on record based on their research expertise that administration of furosemide to horses is not a cause of osteoporosis. This science-based information resulted in the April 2nd, 2019 ARCI Scientific Advisory Group conclusion that “**there is no current science linking furosemide treatments to muscular skeletal issues that may be a contributing cause of catastrophic injuries in horses.**”*

The ARCI Model Rules of Racing form the basis of the rigorous and effective testing program currently in place. According to the ARCI in 2018, 258,920 biological samples were subjected to rigorous testing with 99.4% free of any violations providing evidence that other medication administration on race day is extraordinarily low if present at all. This industry regulation is regularly reinforced by ongoing mortality review board investigations. The death of EIGHT BELLES at the Kentucky Derby in 2008, the spate of fatalities at Aqueduct in New York in 2011- 2012, the spate of fatalities at Santa Anita in 2019 and the recent fatality of MONGOLIA GROOM at the Breeders Cup November 2019 were all incidents that warranted intensive investigation. These four separate and exhaustive investigations failed to demonstrate ANY association of the fatalities with the use or administration of performance-enhancing drugs, illicit substances or pain medication administered on race day. Specific to California, the LA county District Attorney found no medication nor wrongdoing in the Santa Anita fatalities; and similarly, Dr. Bramlage's' very comprehensive mortality review ([see Appendix IV](#)) opined that there was no association with medication, therapeutic or illicit in the death of Mongolian Groom but rather a matrix of multi-factorial risk factors that created the “perfect storm.”

The Honorable Michael C. Burgess

1. Dr. Anderson, the Horseracing Anti-Doping and Medication Control Authority (HADA) created by this bill would primarily prohibit the use of Lasix, a drug used to treat Exercise-Induced Pulmonary Hemorrhage.
 - a. What effect does Lasix have on a horse?

Exercise Induced Pulmonary Hemorrhage (EIPH) is the result of physiologic response involving the heart and lungs in high speed athletes of all species. In horses, the heart pumps 500 L/minute (132 gallons) with airflow of 60-70L/ sec. The lungs are specialized organs

*for the transfer of oxygen and carbon dioxide between the air around us and the blood – this is achieved by a transfer of gas across the microscopically thin membrane (capillaries) lining the tiny air chambers (alveoli) that make up the lung tissue. The combination of high blood pressure in the pulmonary capillaries and the negative pressure gradient in these alveoli can culminate in capillary rupture which results in bleeding into the deep lung tissue resulting in EIPH. EIPH is graded on a scale of 1 to 4 with 1 being visible only on endoscopic exam and 4 demonstrating blood at the nostril. While EIPH may not occur in every race there is strong scientific evidence a large percentage of racehorses will suffer this condition at some point in their racing career. **Lasix is the only medication clearly demonstrated to ameliorate EIPH and/or prevent external hemorrhage; the mechanism of action is believed to be related to a decrease in the pulmonary blood pressure. If not managed proactively EIPH can result in chronic inflammatory airway disease, fibrosis of pulmonary tissue with scarring of pulmonary vessels and permanent damage that can not only be career ending but also predispose horses to other respiratory disease conditions thus Lasix acts as a protective medication to minimize potential health risks related to EIPH.***

b. What does science tell us about Lasix and when to administer it?

*The landmark peer-reviewed scientific study commissioned by the Jockey Club conducted in South Africa by Hinchcliff, et al., Efficacy of furosemide for prevention of exercise-induced pulmonary hemorrhage in Thoroughbred racehorses, Journal American Veterinary Medical Association Vol 235, No. 1, July 1, 2009 showed that **80% of the 167 horses in the study suffered from EIPH which, in subsequent races, was alleviated by administration of Lasix (furosemide) to those horses.** To my knowledge no scientific studies have refuted the findings from the 2009 South Africa Hinchcliff study. Additionally, it is worth noting that in this study there were no Grade 4 bleeders in the Lasix group also validating the positive impact of Lasix on the welfare and health of racehorses since we know Grades 3 and 4 bleeding reflects severe pulmonary pathology (disease).*

*While the 2005 SA study published in 2009 demonstrated 80% of live racehorses had some level of EIPH on examination, Hinchcliff, et al., Exercise Induced Pulmonary Hemorrhage in Horses: American College of Veterinary Internal Medicine Consensus Statement, J. Vet. Intern Med 2015; 29:743-758 concluded there is solid science demonstrating “moderate to high quality evidence that **EIPH is progressive . . . , that it adversely affects racing performance; that severe EIPH is associated***

with a shorter career duration; and that furosemide is efficacious in decreasing the incidence and severity of EIPH."

Similarly, previous studies done in the 1980's in Hong Kong by an international team of veterinarians, examined the lungs on deceased racehorses and demonstrated beyond a doubt the progression of disease with ongoing EIPH. Michael O'Callaghan & John Pascoe. Exercise-induced pulmonary hemorrhage in the horse: results of a detailed clinical, postmortem and imaging study. VIII. Conclusions and implications. [Equine Veterinary Journal](#) 19(5):428-34 · October 1987. "The mild focal and subclinical lesions confined to secondary lobules are thought to evolve into the serious lung pathology observed in EIPH cases through the effects of localized hypoxia induced by maximal exercise and partial airway obstruction. Once initiated, a vicious cycle of increasing inflammatory damage and further local bleeding is set in motion."

*In years gone by it was suggested that the use of diuretics could mask the presence of other illegal substances by making it more difficult to identify drugs in diluted urine. However, research has clearly shown that after 2 ½ hours the diluted urine effect has abated; additionally, today's advanced testing with infinitely greater sensitivity and specificity using blood plasma samples has made this a moot concern compared to 40 years ago. Historically though **this is the reason furosemide is administered in horse racing at 4 hours before the competition.***

*The Hong Kong study provided strong physical evidence supporting the decision, made 40 years ago, to allow the **administration of Lasix (furosemide) on race day based on what was best for the health of the racehorse**; we have solid evidence that racehorses will experience a bleed at some point in their career, therefore if we have an efficacious, transparent optional method to prevent or manage these events, why not use it? Seatbelts significantly reduce injuries, and are now mandatory to protect all passengers; would we eliminate their use??*

- c. Do the effects of Lasix amount to a performance-enhancing drug when administered on a race day?

The World Anti-Doping Association (WADA) considers furosemide a performance enhancing drug in human athletes. This is based on its use as a diuretic aid to help drop weight in humans who participate in sports with weight classes, such as boxing and wrestling. There is no similar weight class associated with horse racing, making this WADA concern

irrelevant in horse racing.

Despite the weight loss experienced by horses with Lasix (2% of body weight, or approximately the weight of a pile or two of manure), the scientific literature is mixed about ANY effect on performance aside from its effect on pulmonary bleeding.

The papers that suggest that there is performance enhancement do not include any diagnostic tests such as endoscopy to determine if the horses had internal pulmonary bleeding thus blurring the interpretation of performance factors at play. Did the horse have EIPH and perform below his potential?

The only papers to look at both EIPH and performance failed to show performance enhancement. In a treadmill study where the same horses exercised to fatigue with and without Lasix, there was no difference in time to fatigue, oxygen utilization or maximal speed (Bayly et al., 1999).

In a race track study, there was a significant improvement among geldings (no other sexes), but upon further inspection of the data, when the Lasix was removed from those same horses, the "improvement" persisted, suggesting that some alternative factor besides Lasix was responsible for the improvement in performance. Sweeney et al. Effects of furosemide on the racing times of Thoroughbreds, American Journal of Veterinary Research 1990; 51 (5) 772-778 Any conclusion that Lasix improved the performance of the horses in this study is an interpretation of the data that is beyond the scope of the study design.

d. What are the arguments for and against banning the use of Lasix in horseracing?

A: Arguments for banning the use of furosemide in horseracing include:

- *Furosemide has been shown to improve performance, although the mechanism for this effect is a matter of speculation. There is debate as to whether this is due to the ability of furosemide to minimize the degree of exercise induced pulmonary hemorrhage (EIPH) that many horses experience during high-speed exercise or due to weight loss associated with the diuretic effect of furosemide.*
- *The administration of any medication to a horse on race day creates an impression of "doping."*

B: Arguments against banning the use of furosemide in horseracing include:

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- EIPH is a very common condition in Thoroughbred racehorses during high-speed exercise. There are many grades or degrees of bleeding from the lungs. Furosemide is the only medication that has been shown by controlled scientific studies to mitigate the degree of EIPH in racehorses during high-speed exercise.
- EIPH is a progressive condition and use of furosemide to minimize the severity of episodes of EIPH early in the disease process is believed to prevent the development of scar tissue in the lung that is associated with chronic episodes of EIPH that represent a long term threat to the health of the horse.

e. Do you believe any racetrack veterinarians choose to administer Lasix based on financial value rather than health considerations?

*I believe that racetrack veterinarians **advocate for the use of Lasix in order to protect the health of their racing patients.***

In order to negate any premise that our support of race-day Lasix was in any way based upon racetrack veterinarians' financial interests the AAEP advocated in the 2015 AAEP Prescription for Racing Reform ([Appendix 1](#)) for the third-party administration of race-day Lasix. Suggestions from some that the racetrack veterinarians choose to administer race-day Lasix as a dollars and cents issue for veterinarians is simply incorrect, and is directly refuted by our endorsement of third-party administration as defined by ARCI-011-020 (2a) & (3a) which states "Furosemide shall be administered by the official veterinarian."

*Furthermore, veterinarians have valid concerns that **the elimination of race-day Lasix may in fact create unforeseen consequences in the form of respiratory disease with increased veterinary expenses** to care for these affected horses. This opinion has been repeatedly expressed by practicing veterinarians in the racing media: Thoroughbred Daily News Op Ed submitted 6/17/17 by Dr. Jeff Blea and NJ Star Ledger Op Ed submitted 2/8/20 by Dr. Andy Roberts. The veterinary profession is opposed to the elimination of Lasix as defined in HR1754 based on concerns this will put the health of the horse at risk **EVEN** if there is the possibility of increased revenues associated with the outcome.*

Additional Questions for the Record

**Subcommittee on Consumer Protection and Commerce
Hearing on
“Legislation to Promote the Health and Safety of Racehorses”
January 28, 2020**

Mr. Joseph A. De Francis, Chairman,
National Horseracing Advisory Council of the Humane Society of the United States

The Honorable Kathy Castor (D-FL)

1. According to research from the California Horse Racing Board, 90 percent of fatal horse injuries are tied to minor preexisting injuries - like microfractures in a bone. The stress and pressure generated by a 1,100-pound racehorse sprinting at speeds up to 40 miles per hour can cause minor injuries to become catastrophic breaks that ultimately lead to a horse's death. That's why pre-race detection and appropriate treatment for these injuries is so important, but some racehorses are administered pain medications to ease discomfort and reduce inflammation. These medications may mask these relatively minor injuries, making pre-race detection more difficult and enabling an injured horse to maintain strict training and racing schedules.

Mr. De Francis, are there models already in existence to regulate the use of pain medications in horseracing?

The only models in existence are the individual state regulations among the 30+ racing jurisdictions where pari-mutuel horse racing takes place. These nonsteroidal anti-inflammatory drugs (NSAIDs) do require a prescription, but the rules and regulations around the use of NSAIDs are too permissive. Although there have been industry-wide efforts to harmonize drug testing rules and enforcement among the states, because each state is subjected to different legislative and agency procedures and timelines for creating and implementing rules within their borders, the rules will often vary. In a sport where more than 50% of the athletes compete in multiple states, differing rules lead to variations around when medications must be discontinued prior to the race, which has the potential to compromise medication and treatment programs that are intended to promote rest and healing.

2. Mr. De Francis, should racehorses be administered pain medications on race day? Why or why not?

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No. Horses should only be allowed to compete when free from the influence of medications. Allowing a horse to race at high speeds when symptoms of pain, that may be caused by a more serious underlying issue, are masked by pain medications, places the horse and rider in great peril and at a higher risk for injury or death.