

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 superintendent 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 its 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