

Testimony

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**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
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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