

1010 Hurley Way, Suite 300
Sacramento, CA 95825
(916) 263-6000
Fax (916) 263-6042

CALIFORNIA HORSE RACING BOARD

Los Alamitos Race Course
4961 E. Katella Avenue
Los Alamitos, CA 90720

Contact: Mike Marten
(714) 820-2748
Cell: (714) 240-1870
Fax (714) 821-6232

CHRB NEWS RELEASE

JULY 28, 2006

CHRB COMMITTEE DISCUSSES INJURY PREVENTION

DEL MAR, CA – Ways to help reduce injuries to horses were among the important topics in a far-reaching discussion of medication, safety, and drug-testing issues during a July 21 meeting of the Medication Committee of the California Horse Racing Board.

“The injuries to our horses are unacceptable,” said Medication Committee Chairman William Bianco. “The Board has taken one step by mandating the installation of safer synthetic surfaces but we need to take additional steps to address this serious problem.”

“I think we are seeing many issues coming together that are dictating the need for better racing surfaces along with a review of our medication procedures, testing, and permitted medications,” said CHRB Chairman Richard B. Shapiro, another of the three racing commissioners serving on the Medication Committee. “With all of the more advanced medications and diagnostics available to this industry, we are still seeing a decline in starts per year and in the racing life of our horses. That should not be acceptable to us.”

Along with Commissioner John Harris, they met for three hours in a public meeting attended by veterinarians, horse owners, trainers, racetrack executives, fans, and others in the industry to discuss the injury problem and other critical issues, including several planned improvements to the drug-testing program.

Dr. Rick Arthur, who will assume the position of equine medical director for the Board in September after he closes out his private practice, helped set the agenda for the meeting. Dr. Scott Stanley, equine chemistry director of the Ken Maddy Equine Analytical Laboratory at UC Davis, which performs all primary drug testing for California horse racing, joined him in outlining the issues and bringing the commissioners and audience up to date on the status of drug-testing programs.

“My number one goal as equine medical director will be to reduce injuries to horses,” began Dr. Arthur. “We need to do a better job of identifying horses that are at risk. We need to look at more imaginative and better ways to examine the horses. We should make surprise visits to barns to examine these horses. And we should examine some horses after they race.

“The entire examination and vet’s list procedure is going to be evaluated and probably will become more restrictive,” he cautioned. “We need to change reporting procedures for injuries. I intend to meet with the TOC (Thoroughbred Owners of California), CTT (California Thoroughbred Trainers), and racing associations to develop a more comprehensive reporting program. With better reporting, we can keep a close eye on patterns and problems as they develop.”

Shapiro noted, “If vets report a high incidence of a certain injury, we can immediately try to determine what might be going on and hopefully correct the problem before it gets more serious.”

Commissioner Harris cited the need to look at horse health using more facts in evidence rather than listening to rumors not based on sound science. He expressed disappointment that even with the recent development of new technologies to better diagnose injury potentials, such as digital x-rays and nuclear scans, the actual rate of fatal injuries is not declining. And he suggested that any horse helped off the track by ambulance in the morning should be placed on the vet’s list, even if the problem is deemed to be minor.

The balance of the meeting was largely devoted to various drug-testing matters and reflected the determination of Dr. Arthur and the CHRB to crack down on those trying to abuse the system. To this end, Dr. Arthur recommended freezing more blood and urine samples for possible future analysis, the point being that as tests are developed for previously undetectable drugs, frozen samples could be tested again. Dr. Arthur said freezing samples should “make it difficult for cheaters to sleep at night.”

The Board has asked the Legislature and Governor for a budget enhancement of \$850,000 for increased drug testing, and if that request is approved, Executive Director Ingrid Fermin proposes doing more out-of-competition testing of horses who are expected to race in the near future but are not actually entered to run yet. Horses nominated for upcoming stakes would be logical choices.

Dr. Arthur concurred that out-of-competition testing would be useful for detecting “blood-doping agents” and perhaps other substances that current post-race testing might be missing.

“Subject to approval of the budget-change proposal, we are going to start sampling more horses that are not entered to run,” he explained. “We have the authority to do that and we are going to do that. It’s the way the Olympics do it and it’s what we should be doing, the same as other sports. The primary program will be random but if there is specific evidence to target some specific trainer or specific horse, we will have defensible criteria to go into any trainer’s barn if it is not random.”

Shapiro suggested that any trainer winning at an exceptionally high ratio should be tested.

Harris said it would be important to let owners and trainers know the reasons and procedures for out-of-competition testing, as the concept is not to intrude unfairly on anyone’s rights, but instead to insure that a level playing field exists.

Dr. Arthur and Dr. Stanley gave a presentation on the ongoing TCO₂ testing program, which was begun by the racing associations three years ago and came under the CHRB's jurisdiction last October. Excess total carbon dioxide (above 37 millimoles) is indicative of a practice known as "milkshaking," or loading a horse with bicarbonate in order to delay the onset of fatigue in a race.

In addition to possible sanctions by the CHRB against the licenses of violators, which could include fines and suspensions along with the mandatory forfeiture of purses, the racing associations have agreements with the CTT and TOC requiring (for 30 days) trainers of horses that test above 37 millimoles to place all of their horses in a detention facility 24 hours before they run.

"TCO₂ levels have dropped for every trainer that has run out of the detention barn without exception," stated Dr. Arthur. "This has been true for every trainer, even those who have claimed no knowledge of bicarbonate loading.

Dr. Arthur said a small number of trainers appear to be continuing the illegal practice of bicarbonate loading by pushing TCO₂ levels just short of triggering a penalty. He said he would begin notifying trainers of any horse testing at 36 millimoles and advising them to voluntarily place that horse in detention before the horse runs, and that "failure to do so voluntarily would be an aggravating factor in a hearing if there is a subsequent high for that trainer."

Another agenda item involved the use of procaine penicillin, which Dr. Arthur described as a very effective antibiotic for horses. He said some horsemen choose other antibiotics that are less effective because they fear that residue from the authorized medication could trigger an inadvertent positive for procaine. In order to encourage the use of procaine penicillin, which Dr. Arthur considers most beneficial to horses, he suggests instituting a procaine penicillin detention barn program.

Under the proposed program, a horse could be administered procaine penicillin up to five days before a race, provided the horse is placed in detention six hours before its race. Blood would be taken upon arrival, and the horse would be closely monitored. This procedure would eliminate the possibility of anyone administering procaine within six hours of a race, and any procaine administered prior to six hours would be ineffective. The owners and trainers of the horses would be responsible for the cost of detention.

These agenda items were for discussion only, so the Committee members took no action. Discussions of these and other medication matters will continue at the next meeting of the Committee in August.

#