

[Draft: Stuart S. Janney III]

Toward the end of my presentation a year ago, I spoke about future topics of interest for the Thoroughbred Safety Committee including racing surfaces and the treatment and use of racehorses when their racing careers have ended.

I think the first half of today's program proves beyond a doubt that we have made significant progress in those two areas in the past 12 months. I commend Matt, Diana and Mick for their efforts and compliment them on their presentations this morning.

We have also made significant progress elsewhere.

Our recommendation of June 2008 calling for the immediate adoption by all North American racing authorities of the RCI Model Rule on Androgenic Anabolic Steroids, which was based on RMTC recommendations, has effectively eliminated the use of all anabolic steroids in the training and racing of Thoroughbreds in this country. The industry did it in a year and we should be very proud of that.

We worked very closely with Breeders' Cup and TOBA's Graded Stakes Committee and they certainly provided momentum for that movement when they insisted the steroid rule be in place by January 1, 2009, for tracks to receive Breeders' Cup purse supplements or have their stakes races graded. A great example of how working together has produced results.

While the short-term benefits of this change are obvious, the long-term impact on the health of the breed is more subtle. When this year's three year old stars head to the breeding shed, we will know that their accomplishments on the racetrack have been achieved without the aid of anabolic steroids.

I have been asked often in the last year some form of the following question, "When are we going to stop talking about drugs?" Some are expressing the opinion that we should stop bringing up the negative and instead emphasize the positive. Others want to know when it will be appropriate to declare victory. My answer is when we have implemented an accredited lab system, properly funded, with the right mix of transparency and security. So can we do it? I think we can.

We saw landmark progress when a Jockey Club-sponsored Drug Testing Initiative Task Force developed new national laboratory standards for equine drug testing, laboratory accreditation and quality assurance programs, which the RMTC board approved at their June meeting.

Alan Foreman, one of the architects of these important programs, summed it up perfectly when he said, "The RMTC has adopted standards that all testing laboratories will have to meet to gain accreditation and we have begun the actual accreditation process. The new Equine Quality Assurance Program will provide an independent, third-party examination of equine drug testing laboratories, which is a totally new concept for the horse racing

industry. This work is unprecedented and ultimately will change the face of drug testing in this country.”

Earlier this year, the Safety Committee announced that we were funding a frozen sample and retrospective testing program. It was launched in April under the auspices of the RMTC, the same month that the RCI adopted as a model rule the RMTC and Safety Committee recommendation pertaining to TCO2 testing.

The Equine Injury Database is another example of the progress made in the past year. At this time last year, 53 racetracks had signed up to participate; currently, we have more than 80 signed up and those tracks represent more than 85 percent of the racing days in this country. As a result, we are rapidly approaching the point at which we will have collected a statistically significant amount of data that will enable us to compile composite national statistics and begin to identify some of the risk factors that give rise to injury.

While the entire industry should be proud of what has been accomplished in the past year, there is still much work to be done...on many fronts.

Last year, I said that the Safety Committee would look long and hard at medication, especially Lasix, -- and I assure you we have done that over the past 12 months.

Lasix is, and always has been, an extremely complex topic, with many ramifications.

The recent study on Lasix, conducted by Drs. Hinchcliff, Morley and Guthrie and funded by the RMTC, the South African Racing Association and Grayson-Jockey Club Research Foundation, generated an exceptional amount of comment when it was released in late June. The study found that Lasix significantly reduces the incidence and severity of exercise induced pulmonary hemorrhage (EIPH) in horses. The Safety Committee feels the study advances our knowledge of the issues surrounding exercise, bleeding and Lasix.

It is an impressive study and very helpful to us.

So if we know today that Lasix is good for the horse, do we also know whether it's good for horse racing?

Every racing jurisdiction in North America allows Lasix on race day and that sets us apart from the rest of the major racing nations of the world. Figuring out how to rationalize what we do with what the rest of the world does will be a priority for us and others in the industry in the future.

The Safety Committee has also looked into the effects of non-steroidal anti-inflammatory drugs on pre-race examinations. We have heard from regulatory veterinarians who have expressed concern that administration of these therapeutic medications too close to race day can compromise pre-race exams, by preventing the examining veterinarian from detecting lameness in the horse.

In an effort to ensure a thorough, uncompromised pre-race examination by regulatory veterinarians and to better protect the horse and rider, the Safety Committee has asked the RMTC's scientific advisory committee to review all existing research and rules regulating the administration of non-steroidal anti-inflammatory drugs to determine the advisability of restricting administration to no closer than 48 hours prior to post time.

We have been advised that this review should be complete later this fall.

The Safety Committee is also interested in the use of corticosteroids.

When a corticosteroid is injected into a horse's joint, it should be done to suppress inflammation and aid the healing process; it should not be injected so that the horse can compete in the next day or two.

The commonwealth of Pennsylvania has taken an aggressive stance on this issue by instituting a seven-day withdrawal time on corticosteroids and we commend the regulators and scientists in Pennsylvania for that.

Ideally, there should be no anti-inflammatory effect present when a horse runs but we need more research to determine the duration of the anti-inflammatory effect. We have asked the RMTC's Scientific Advisory Committee for guidance here as well.

Finally, we have heard testimony from a number of groups working toward regulatory uniformity, by utilizing the authority federal law grants states, to form interstate compacts...as Joe just mentioned. This initiative - being led by several of RCI's member jurisdictions - would allow state racing commissions to engage in a national rule-making process and create national programs without sacrificing state authority. The Thoroughbred Safety Committee and The Jockey Club are supportive of this initiative and will work together with the RCI, its member jurisdictions and other industry groups to achieve it.

I closed my remarks last year with a reference to Eight Belles and expressed hope that everyone in this industry would be more cooperative, less inward-looking, more proactive and more sensitive to how our sport is perceived by others.

My fellow committee members and I have seen real evidence of that in the past 12 months and I would encourage everyone in this industry to maintain that cooperative behavior as we move forward on these and other health and safety issues.

In the long run, we will all benefit...