

[Draft: Scott Palmer]

Good morning ladies and gentlemen and thank you for the opportunity to speak to you this morning on the subject of medication.

The American Association of Equine Practitioners was founded 55 years ago by 11 racetrack veterinarians. The AAEP's horse racing origins provide a unique understanding of the health and welfare needs of the racehorse. The AAEP has grown to serve nearly 10,000 veterinarians and veterinary students in 58 countries worldwide. Our members work with all equine breeds and disciplines, and this tremendous diversity helps the AAEP provide resources and leadership for the benefit of the entire equine industry. As an organization, our mission is simple: to protect the health and welfare of the horse and further the professional development of veterinarians around the globe.

Last December the AAEP released a white paper to provide a veterinary viewpoint to help the Thoroughbred racing industry address a wide range of issues that became the focus of national attention in the wake of a series of high-profile injuries on the world stage of racing. This white paper focused upon four areas of importance: societal issues that affect racing, the business model of racing, the veterinarian-trainer-owner relationship and medication.

The problems of racing in America are far reaching and involve many factors beyond medication. However, there can be no question that we do have a medication problem.

On the subject of Salix (Furosemide). Most race horses experience some degree of EIPH when they train and race at high speeds. Scientific studies have conclusively proven that Salix is effective in reducing the severity and prevalence of EIPH in racing horses. Therefore, if you are going to race a horse that experiences EIPH, it is in the best interest of the health and welfare of the horse to treat with Salix.

On the subject of NSAIDs. Regulatory veterinarians have expressed a concern that the administration of NSAIDs within 24 hours of their pre-race examinations on race day may compromise their ability to properly evaluate those horses for soundness. Quality pre-race examinations are one of our best tools for preventing catastrophic injury. If testing of horses at the time of these examinations reveals therapeutic levels of NSAIDs, we may need to move the administration of NSAIDs back to minimize that effect.

However, in terms of medication's impact upon the sport of racing, these two issues pale in comparison with the fact that our current medication policy is broken and is undermining the very credibility of our sport. Our medication policy should accomplish the following: First and foremost, it should protect the health and welfare of the horse. Secondly, it should ensure a level playing field and promote the integrity of racing. It should be uniform and inspire the public's trust. Finally, it should operate efficiently and in accordance with the principles of due process.

Instead, our current medication policy, however well-meaning, is compromised by its lack of uniform policy and financial support in multiple jurisdictions. It is a mockery of discipline and security. It is undermining the integrity of the sport and the public perception is that racing authorities either have their heads in the sand or do not think it is a significant enough problem to make meaningful change.

Change is often an uncomfortable experience. Resistance to change is usually rooted in a perception that change equals loss, either of power or money. In order to overcome this resistance to change, effective leaders must provide a vision of the future that inspires us to make change, or the level of dissatisfaction with the status quo must reach a threshold to force change. In either or both cases, there needs to be a reasonable plan or “first steps” proposed to show the way to the future.

Right now we have a unique opportunity. We are faced with a choice. We can choose to support the status quo. And how is that working out for us? Or we can choose to create a medication policy that actually works to inspire confidence and integrity of our sport.

We have all heard the cynics. They say that nothing will change. They say that uniformity of medication rules and a meaningful penalty structure that will stop the cheating will never happen. Individual racing jurisdictions pick and choose what model rules they want to enforce while regulators in many jurisdictions rush to claim the “high ground” and enact their own vision of medication reform, such as in the area of corticosteroid regulation. The cynics say we will never get it right. I respectfully disagree.

Consider the following “first steps”: The AAEP White Paper on Thoroughbred racing has challenged the status quo by enthusiastically endorsing the uniform adoption of ARCI model rules for medication and a uniform and significant penalty structure that erases the concept that positive tests are simply a cost of doing business. The AAEP is now reviewing a “best practice” document for racetrack practitioners that sets a clear standard for medication practice at American race tracks. It supports veterinarians who are making good medication decisions on the back stretch for the welfare of the horse and the benefit of our sport. Veterinarians have taken a clear and unequivocal stance on the side of medication reform.

In spite of our best efforts, we, as an industry, have failed to accomplish the goal of uniform medication policy among the 38 US racing jurisdictions. The Racing Medication Testing Consortium has accomplished a great deal in moving us toward uniform medication policy since its inception in 2001, and the recent anabolic steroid policy is a success that we should celebrate. However, all politics is local and we need to work at the state level to make this goal a reality. Short of Federal Legislation, the best chance that we have to achieve a uniform medication policy in the US is for our industry to get behind the immediate adoption of an interstate compact for racing. The time for extended diplomacy is over. The sport that we love is dying and we cannot afford protracted delay. To the extent that medication reform can help save our industry,

we must act with deliberate speed and conviction. The Jockey Club, supported by owners, breeders, trainers and veterinarians has the ability to encourage horsemen in all racing jurisdictions in the US to work for state adoption of a racing compact that will include uniform ARCI model rules and penalties. Participation in an interstate compact is a voluntary act by individual states. It will require each State racing commission to cede some authority to the interstate compact, but they will retain the ability to regulate the sport in their own jurisdiction. This is a very small price to pay for the benefits of a national uniform medication policy.

I realize that there are a number of details to be worked out to make this goal a reality. There will be thorns among the rose bushes. But I ask you, how is the status quo working out for us? Hasn't the level of dissatisfaction with the status quo become great enough to inspire decisive action? What more will it take to get us to take responsibility and be accountable for this needed reform?

This is our moment. Now is our opportunity to choose to make landmark reform of our medication policy. The AAEP is here to help the Thoroughbred racing industry accomplish meaningful medication reform. We can provide the science. We can provide professional leadership. The vision is clear: together we can create a medication policy that will help to lead our beloved industry into a bright new era. Here is the first step: as a united industry we must use the political tools at our disposal to create an interstate compact that will include a powerful uniform medication policy in the US. Success is a choice. What, ladies and gentlemen, would you like to do?