



**Tuesday, December 10, 2019**

## **Racing's Safety and Welfare Initiatives**

### **Moderator:**

**Dan Fick:** Accredited Steward and ROAP Board Chairman

### **Speakers:**

**Dr. Dionne Benson:** Chief Veterinary Officer, The Stronach Group

**Jill Byrne:** Vice President Racing Operations, Colonial Downs

**Alan Foreman:** Chairman/CEO, Thoroughbred Horsemen's Association

**Ms. Jane Murray:** Panelists who represent individual tracks, as well as a consortium of tracks that share a common region, will share the critical details of the systems and procedures used across the country. This will also give insight into what they have found to be the best practices in an effort to create the safest possible racing environment.

I'd like to introduce the moderator for this panel, Accredited Steward and ROAP Board Chairman, Dan Fick.

**Mr. Dan Fick:** Thank you, Jane.

This is certainly a pleasure to be back here in Tucson for another racing symposium.

Alan and I were talking, and I think we're in the high 30s, but it's always a great venue to share ideas and concepts, and we certainly need to do that here.

This symposium has seen and heard, over the years, many proposals that have come to fruition to improve the welfare and safety of our horse racing environment, RMTC being one of the most prominent.

At this most important time; however, our horse racing industry really needs the best creative thinking, strategic planning, and corroborative efforts of our

leadership to continue to improve the welfare and safety of our equine athletes, and the men and women who ride, train, and take care of them.

Dionne, Jill, Alan, and I are here to share the details of the best practices in our industry that are currently in place and coming into place for the welfare and safety at our racetracks for our participants.

They're each gonna present. Please hold your questions until all three are done.

With that, I'd introduce Dr. Dionne Benson, the Chief Veterinary Medical Officer of the Stronach Group. Dr. Benson, who's both a veterinarian and a lawyer, was the Executive Director of the Racing Medication and Testing Consortium since 2012. Doctor?

**Dr. Dionne Benson:** Thank you.

Good morning. Thank you to the RCHA program for inviting me to speak on this, what I consider to be one of the most important issues in our industry.

As Dan indicated, I am the Chief Veterinary Officer for the Stronach Group. It was a newly created position this spring, and we're gonna talk a little bit about what we've done in California.

As everyone knows, California was in the news for all the wrong reasons this spring. We had a number of fatalities. Looking historically, this was actually a relatively good year, overall, for fatalities. It was our second lowest in history since the 1990s when they started tracking fatalities.

As Dr. Durenberger indicated, times have changed around us, and we can no longer be okay with having 30 fatalities or 20 fatalities.

We are gonna be pushed to get better and better every year. What happened? That's hard to say. We're waiting for the investigation from the CHRB and DAs office. The necropsies haven't been released yet.

We do know that, historically, 80 percent or more of horses have preexisting conditions.

As a veterinarian, I worry how much of our pre-race examination is being confounded by medication that is in our horses, and we also had a significant weather pattern in the area. In the end, the Stronach Group didn't have the luxury to sit around to wait to find out what the cause was.

We knew we needed to make changes, and they made changes at a swift pace. What was done? I break this into two general columns of activity — racing and training.

We did a little bit in racing in partnership with the CHRB. We did a lot more in training, both with the horsemen and the veterinarian, the private veterinarians.

This is just a list. We'll go through each of these, but you can see that medication, crop use, and getting the private vets to participate were important in both of these scenarios.

When we talk about racing, one of the things we did was to start with a stand down on any intra-articular injection within 14 days of racing, and that goes beyond corticosteroids to any biologic or any other type of injection that could be given intra-articularly to a horse.

Also, we eliminated what's called stacking, which is the administration of more than one medication in a class.

New for this meet, we are going to have a 30-day stand down on intra-articular fetlock corticosteroid administrations. This was part of the requirements for the CHRB granting a license for us to race. We also have a 48-hour stand down on nonsteroidal anti-inflammatories — your Butes, your Banamines, and no stacking is allowed.

Second thing, and one of the things that became abundantly clear, is the public does not like the use of the whip. Now, we don't have any control, or much control, over the rules that will ultimately be held for racing.

The CHRB makes those rules. They have already regulated in that area; therefore, they are the ones to change it.

Likely, the debate will be will it be only for safety, or will there be further limitation on the number of strikes?

Currently, in racing in California, it's a three-strike allow-the-horse-to-respond-before-you-strike-again but, likely, that will get further regulated and limited in one way or another.

Private veterinarian participation. This is one area that we have definitely come a long way in California. I think the private vets and the association vets and the regulatory vets, we see ourselves as a team. More than any other racetrack I've ever been involved in, we definitely work together. We expect the private vets to

look at horses within three days of entry — the three days prior to entry, and they have to affirm that they are comfortable with that horse racing.

If they do not, they can come to us. We can look at the horse. We can recommend to the CHRB the horse be scratched.

More than ever, the private vets are working together with us to make sure that horses are safe and ready to race.

The last thing that was introduced in racing is what we call the Governor's Review Panel. This is a five-member panel that is run by the CHRB, and they review the horses on each day's PPs.

Some horses are scratched outright. If they have an unusual work history, they don't have enough works, they have an odd break between races, those may be scratched without ever looking at the horse.

Also, if they've been given corticosteroids or any intra-articular injection in the last 14 days, they are scratched outright.

Some receive veterinary exams; those that are of concern will be examined by an association vet three to four days prior to the race, ideally before they've had Bute or Banamine or any of their nonsteroidals.

On that day, if the horse is not ready to go and does not look like it could go and race that afternoon, it gets scratched from the race. This really results in between one to five scratches on most days.

Training was one of the biggest areas we made strides in this time period. Most people and most tracks have historically taken the opinion that our job is to provide a surface that is safe and to provide outriders to make sure all of the horses get back to their stalls — if you have a loose horse, if you have someone riding dangerously, someone to police that.

We have definitely taken a more aggressive stance on how we are looking at training.

First of all, we regulate medications in training. Intra-articular corticosteroids are as if they were in racing prior to the 14-day stand down, so seven days, roughly, for most intra-articular corticosteroids. Nonsteroidals, it's a 48-hour stand down, so as if they were racing. Opioid analgesics and local anesthetics are also as in racing.

The true goal of this is to make sure that, as we look at these horses, both before they train and as they are training, and these are for works, as we look at these horses who are going to work, we have the best idea of how they are going to look. There's nothing masking any potential pain.

Crop usage, again, the public does not condone the whipping of horses. It's not a good look. We hear time and again — I'll give you a little story, actually.

I was working at Turfway Park last winter. I was walking down the rail going to the starting gate. I actually heard a woman say, "Oh, I was behind the outrider who was wearing spurs."

She wasn't even thinking as high level as the crops. She didn't like the fact that the outrider wore spurs. This is the industry, and this is the day that we are in. It's no longer going to be acceptable to continue to use the crop as aggressively as has been done.

At Santa Anita, and at really all Stronach Group tracks, we have limited the use of the crop in training for safety only.

For those of you who've been to Santa Anita, it's a much quieter morning. It's very peaceful. The horses are still getting around. You'll hear, every once in a while, a correction for safety — the crop being used for correction for safety, but really it is a much different day.

Here, again, we require the veterinarians to participate. The private vets have to affirm, within five days of a work, that they've examined the horse, and they're comfortable with it performing its job. If they have some discomfort with that, they usually contact us. We can audit their records to make sure that they've looked at these horses, both before works and training, so it's not as if it's just an empty threat.

We've actually gone as far as Santa Anita — the one huge advantage we have is cameras everywhere. We have audited, via camera, people's records. You don't have to do that too many times before people realize your serious about it, and you don't have any issues.

This all starts, and the whole thing for working starts, with a registration for works. We require trainers to submit the names of any horse that they wanna work 48 hours before the work time, and this triggers a whole protocol on our side where we start to look at these horses and evaluate them and determine whether we are comfortable with the horse working on our track.

Really, it allows us an opportunity for intervention with that horse — with each horse we are concerned about. I can tell you, as of Monday, we have about 1,800 horses in the backside of Santa Anita.

We've looked at 1,200 of them since we reopened the track in September for almost 2,000 exams, so it's really, we're looking at a lot of horses, and we're really getting to know our population better.

Every day, we inspect between 15 and 30 horses that are planning to work. We choose these horses based on the Equine Injury Database's risk factors, so those with more risk factors are more likely to be examined.

Those that we've had issues with previously — we've seen them on the track and noticed that they might be a little off.

Those that we have examined before and not liked something we can examine them again.

Based on this information, we've prevented horses from working until they get diagnostics, or we get further information from their vet about whether we are comfortable with their horse going to the track.

We also do random drug testing in training. It does no good to have rules about drugs if you're not gonna test for 'em.

In conjunction with the CHRB, we've tested horses that are training. I'm not allowed to officially know the results but, from what I hear from Dr. Arthur, he is amazed at the amount of compliance in this area.

We also have an increased veterinary presence. All of this comes back to making sure you have the people on the ground to look at these horses. We have one veterinarian who is looking at horses every day, doing a prework exam, similar to a prerace exam, every day before they work.

We also have two additional veterinarians on the track every day that we have works, and we have at least one vet on the track when we are just training and not doing works.

This allows us to intervene with those horses that do not look like they are ready to work or train earlier. We see them every day. We see these horses every day. You get to know them. If we don't like the way a horse looks on the track, we get the horse's name, we follow it back to the stall.

We had heard that some of the trainers were giving the wrong names or not giving the right names. California, every horse is required to be microchipped. We started scanning them; that stopped that, so we know we are getting the right horse when we go back to the barn to look at the horse. To be honest, most of the trainers are happy. We're actually getting trainers who call us now and say, "Can you come look at this horse? This horse moves a little funny. I wanna make sure you understand, or you know, or you're comfortable, when I go to enter this horse to apply for work," so you can see this horse multiple times.

We've stopped horses who have gone on the track and were going to work if they do not look sound.

We have, again, pulled horses off the track to, after they've worked, and said, "We're gonna go look at the horse." If we don't like the way the horse looks when it's back in the barn, we recommend it goes on the vets list.

Has it worked? December through March was pretty bleak for us. Our racing, we were obviously — this is the per thousand rate — we were over four. Works, we were at about one. Once we instituted these, after reopening the track in April, our race fatalities, through the end of our winter meet, went from 4 to 1.23.

In works, we went from 0.91 to 0.32. That's if you count the number of fatalities, we had in works, also includes horses that broke down while just galloping; stress factors will tend to do that.

If we estimate all of the trips we had, both works and gallops, in training, our number went to 0.19 per 1,000 sessions. Really, we were looking at a 70 percent reduction during racing in musculoskeletal catastrophic breakdowns and 65 percent reduction in training.

Okay, great. That could be a blip. That could be a one-time thing, so let's look at the fall meet.

Again, comparing that December through March, we cut our fatality rate by about 34 percent. Our works, we've cut 75 percent again.

I can tell you, for each of these horses and each of these numbers, there are horses that have come along since we've reopened that I get calls from veterinarians saying, "You guys flagged this horse on the track so many times.

I finally sent it for a bone scan. It's gonna be retired. It has a stress fracture," so this can work. These interventions can help.

What else? Lasix, the most controversial thing we've done. We've reduced the maximum dose by half. In California, there is a plan for two-year-olds of 2020 will not race on Lasix.

The idea is for them to phase out in their career beyond. Stakes races in 2021 and beyond will not use Lasix and, really, the goal is to allow for a change in the breeding and the management of these horses.

Technology, we've invested well over half a million dollars, and we'll be, probably, close to \$3,000,000 in technology by the time we're done.

One of the things we brought to Santa Anita is the first standing Positron Emission Tomography scanner. The goal for this is to identify injuries to the fetlock. Big news — it should be in place later this week. It's being delivered, so that should be a game changer for those sesamoid injuries. We are also getting a standing MRI.

Again, great for diagnosing soft tissue, and we anticipate that this will be in place by January 2020. We also have bone scan on site at Santa Anita, but we're not stopping there.

We're also looking at CT scanners because we need something that can more quickly screen horses. We're trying to find a CT scanner that we can work with that we can implement at all of our tracks as well as some of the other big jurisdictions like New York and Kentucky, so that we all have the same equipment; we're all reading from the same script.

Other ideas, we're gonna continue to look for new ways to improve horse safety. We look at data. One of the big things that we're dealing with is the number of high-speed furlongs a horse does. How many is too many? How many is too few?

It varies by track, and it varies by horse, so it's really gonna be an interesting determination of how to look at this data and how to make best practices, and that may mean education. It may mean regulation. It may mean we have to innovate somehow.

Why does this matter at your track? I have to give Steve Cook the credit for this picture. I hear a lot of people say, "Well, that's happening at Santa Anita, that's not happening here, or that's a Santa Anita problem." These are all the tracks that are not Santa Anita that, from the end of May have had, and if I had spent more time and had more space, I could have found more.

This can happen at your track. The time to act is now. We don't have the luxury of time. The events that happened in California could easily happen in your jurisdiction.

What can you do? You need to join the movement to change racing. The Thoroughbred Safety Coalition, we need to push for reform in medication. We need to push for reform in how we're doing business. Adopt the training model from Santa Anita. If you can cut down your training fatalities to a fifth of what they are, think about what that means and the number of horses given that we have almost as many fatalities, or more fatalities in training, as we do in racing.

That is an area that we have woefully understaffed and under addressed. We need to support groups focused on reform, and we need to commit to horse aftercare as an industry.

We can no longer say it is a financial disincentive to save that horse to do that surgery. We have to spend the money. We have to take, very seriously, that every horse needs to be treated if it can have a humane and comfortable retirement.

What does this mean? You're gonna have to make a substantial investment in horse welfare and safety. We have committed to doing that at the Stronach Group.

We are spending about a million dollars in each region, and we have four regions that we are responsible for as a track ownership group, and that costs about a million dollars just to staff the veterinarians appropriately.

Equipment costs, you have to make sure you have those advanced diagnostic equipment available in your area.

It's probably going to mean a short-term decrease in field size because some of the horses that you would otherwise allow to run, you're not going to allow to run. If we don't make these investments, horse racing will not survive.

Thank you.

This is my off-the-track Thoroughbred who makes it into every presentation I have, so thank you.

**Mr. Dan Fick:** Thank you, Dionne.

It's really good to see you, and I compliment you and the Stronach Group for the efforts you've made to turn things around.

It certainly shows that if we put these programs into place, we can dramatically reduce the injuries to our equine athletes.

Our next speaker is Jill Byrne. Jill is the Vice President of Racing at the recently reopened Virginia's Colonial Downs. She knows both the front side and back side of racing having started out galloping horses for her trainer father as a teenager, spent many years working in the training industry, and most recently, over the last years, has gone to work as a broadcast journalist and production management for TVG Churchill Downs and Breeder's Cup.

Jill?

**Ms. Jill Byrne:** Well, yes, Colonial Downs was, as everybody is calling it, the good-news-story this year, and we're very proud of that, but it didn't happen by accident either.

A lot went into bringing racing back to the state of Virginia. I really commend Dr. Benson; all of what she was saying.

So much of this — it's all racing jurisdictions, and I look at that slide that you had with the boat. We're all in that boat. If there's a hole in it, we're all going down in the water, so we all have to work together as this multi-racing jurisdictional group to provide a safe environment for our horses and humans as well.

For Colonial Downs, when I arrived, it's like, "All right. Where do we start?" We had a blank slate, so instead of having to be reactive, I had, if you wanna call it, the luxury of being proactive.

Where do we start with this to provide a safe environment? It was really a multidimensional approach, but it took a lot of support from our horsemen's groups, from our racing commission, our veterinarians, our stewards, our staff, the ownership.

The new ownership of Colonial Downs is significant investment. Dr. Benson mentioned investment as well. It is not inexpensive or cheap to put all these safety initiatives into action. It is going to be a big investment, so for us, a multidimensional approach. Well, where do we start? With the track.

Colonial Downs famous for its beautiful turf course, secretariat turf course, but there hadn't been racing there for five, six years. Even though it had been being taken care of, it still required a lot of work to bring it back to its beautiful lush green Bermuda grass. The dirt surface hadn't been used either.

The last time it had been used was for harness horses, so a great deal had to be done to both surfaces to get them back to where they needed to be. This was going to require staff and a significant investment, again, in equipment because a lot of old equipment there, equipment that hadn't been used.

This is what I arrived to. This is about the first of March. I arrived, and I will say I nearly got back in my car and thought, "How can I do this in a matter of a few months with no staff on hand at the time and a lot to start with?"

That's taken from the fifth floor, Bermuda grass still nice and brown there, and our dirt course as it stood, thought, "Okay, let's take it from the top and hire staff."

I was fortunate to be given the support of ownership to make the right decisions. You have to have credible, knowledgeable staff with a great deal of experience, and that's in every area of track management, from your surfaces here to the people in the racing office to the people in the front side of the offices.

Everybody says the first thing Jill Byrne does, she gets there, and she lights the turf course on fire. Well, this is our famous control burn of the secretariat turf course.

One of the craziest things I think I've ever seen, but it burns off this old thatch that's been sitting there all winter, so nutrients can ultimately get into the turf course, we can then start to rebuild this turf course. You burn it to complete dark black, the entire course, and then after that, we do a Verti-drain, so you're basically — this thing I call looked like a spider machine, goes in and opens up the course — gets right down there to the roots, nutrients are applied, and then one of the most important thing, water.

Everybody's talked about consistency in the surfaces, how important this is. As a former exercise rider, trainer, you know when you're on a horse and you hit different pieces of ground whether it be soft to hard, horses going 35-40 miles an hour, they have to have a consistent surface.

This turf course had an old irrigation system in it, and we started a phase one irrigation this past year. We didn't have time to do a complete renovation. We brought in Tim Fredricks who has done Woodbine, NYRA courses, multiple courses, and thought, "What can we do to get us to this meet in the safest way possible?"

We initiated a phase one of an irrigation system for this 185-foot wide turf course, putting in these new big guns, putting in a system that the turf could be monitored, the moisture of it, from a laptop, from a computer.

It was a significant investment in a very short period of time to be able to get the course where it needed to be for racing, which began on August 8th. All of this started around May, very short period of time to put things together. There is the beautiful secretariat turf course, as I mentioned, 185 feet wide.

One thing I've heard a lot of people talk to and, actually, I'm going back to Mattress Mack, what he talked about on turf courses. We've seen such a change in racing that has really evolved into where, now, turf racing is much more popular in the United States; it used to be more dirt racing.

**[Audio Gap 00:26:59 – 00:27:07]**

Next, we had to start on our dirt course because that's where our horses are going to train every morning as well as race. I had countless people come up to me and say, "Oh, I didn't even know Colonial Downs had a dirt course," 'cause it's so famous for its turf course. We knew we had to do a major renovation. We removed six inches of contaminated material from the dirt course, regraded it, got it back to what it was when it was originally built, and this took a massive amount of work.

We sent soil samples out to get just the right composition and brought in just truck after truck. This was going on all day all night of the surface that we would need to lay down to have a very good dirt track. This is what went into it, some of our interesting pieces of machinery.

This is a paving machine for a road, but it lays down this perfect cushion and perfect course where everything is very symmetrical, it's all even.

We had this fantastic course that we worked on forever to get it just right, we sifted our dirt, and ended up, right before we opened, with this magical beautiful new dirt course. We have the second-largest dirt course in the country, a mile and a quarter dirt track, so very significant there. You have nice wide turns.

We brought Mick Peterson in to do the surface testing and to really make sure. We knew we were starting from zero, so we had to make sure we got it right, and it required a great deal of testing, and we sent all the samples back. Mick turned things around for us very quickly in a very short period of time, and gave us, even too, I think he'll tell you his surprise in such a short period of time, a really glowing report on the surface.

Everything starts, to me, with your surface because that's where your horses are going to be running.

Here's that same picture, and now this is July right before horses arrived, so a little different look to the dirt and turf course right before the start of the Colonial Downs meet.

Racing integrity and our prerace and race day protocol. We have our surfaces. We're good to go. We've got horses arriving.

Well, now we need to also address what is going to be our protocol, what are going to be our, if we had medication changes, we needed to put into place?

We're very fortunate to have a very strong racing commission who has a lot of horse people on the racing commission that understand how important the medication, rules and regulations, so things we needed to make adjustments to, they were quick to enact and to put into play.

We elected not to have a track-employed veterinarian. We used all state veterinarians. Yes, we had the luxury of a bit of a shorter meet as well.

We had private veterinarians on the racetrack treating horses on the back side, but we didn't have a track vet. I think, for this, it's a perception if the track management isn't paying the veterinarian, and it's run through the state that maybe those people are making the decisions, they're based more on actual, you know, the health of the horse than worried about track management, wants a field, and they're going to scratch a horse and it's not, you know, they don't have to answer to anybody but to themselves.

Here are some of the things. We had additional Virginia Racing Commission vets, so we had four vets on the track. Two of those vets, every morning, out watching horses train, and every horse that came on the track, they watched.

I got them tablets. I know a lot of the tracks use this now but, again, Colonial hadn't been open for six years, so these were the tablets that Dr. Will Farmer in the Breeders' Cup uses, so they could have real-time information, share information amongst each other, but also get vet records of these horses through these tablets, so I think that made a big difference to them in the information that they could receive and that they could generate quickly to other vets as well, and receiving the previous exam information from other jurisdictions. We were the melting pot of racing.

We had horses from Maryland. We had horses from California, Canterbury, Louisiana, Texas, Florida, Kentucky, New York, New Jersey, Delaware, Maryland, Pennsylvania, everywhere. We were the melting pot, so our vets had to deal with a lot of other racing jurisdictions, reach out to other vets, reach out to commissions, reach out to stewards, find out why horses were on — if they were on vets list — had they been taken off?

I think that's a big part of a lot of what we need to do is make sure that all these jurisdictions have — we have access to other tracks information. We have to share information. When horses are traveling and shipping to other locations, you have to be able to share that information.

We started our stall application right there. We were very strict on who we would let stable on the grounds. When you think of this, here's a track starting back from zero, we haven't raced in five years, we'd love to have as many horses as possible on our grounds.

Colonial Downs is out in the middle of nowhere, it's a little hard to get to, so the more we could have there, probably, the better.

Well, our racing secretary, Allison Deluca, she went through those stall applications, and she actually denied stalls to people. You're not gonna make friends in this business, but you have to do the right thing. Then some of these people wanted the opportunity to show that their horses were okay, so we went above and beyond.

We actually let them ship into the receiving barn, provided they had the health certificate to ship in, and our vets, not the state vets, would watch them train. They had to work twice. They pulled blood. They scoped them. They did incredible scrutiny of these horses to see whether, "Okay. You've proven to us that they're okay to be stabled here or to enter in our races."

Entry scrutiny. It all goes hand-in-hand. When the horses are entered, we have a team of people on the racing secretary, the stewards, the vets, that go through the entries.

Any red flags, they get together and decide if that horse won't actually pass the entry box. Then, if there is an issue, that horse is being pulled out. If they don't like what they see, if that red flag says something, that horse isn't going to be allowed to run.

Again, we made some enemies in the process, but for the integrity of our product, especially being a new product, we had to do right, so denial of entry is not a very popular thing among horsemen, but if we have to run a six-horse field as opposed to an eight-horse field or other, we're going to do it.

We're not gonna let horses run that don't belong out there. We initiated a 72-hour health certificate, which, again, not very popular with horsemen, especially when they're shipping and running so often to have to keep getting a new health certificate, but with outbreaks of infectious diseases, we had to be sure that the horses arriving on the grounds had been looked at.

We put an isolation barn in the very back. In case we did have an issue, we would be prepared to isolate horses. All horses shipping in, we had digital records of not

only the vans they came in on, what stall they were in on that van so, if we did have an issue, we would know exactly where to isolate it.

Our receiving barn, every day, was disinfected with a Nolvasan solution, our test barns, we went really above and beyond, which you have to, to make sure that the health of horses.

Medication regulation updates. As Dr. Benson said, and this has been something so much in the news lately, bisphosphonate ban, NSAIDS — we had no stacking of NSAIDS as Dr. Benson mentioned. Bisphosphonates, not under four years of age. Shockwave rules, not within 10 days.

Anybody using an electromagnetic machine of any form on the grounds had to have it registered with the state vets, so nothing within 10 days.

Lasix rule, we did the same thing. We got our commission to change our Lasix maximum dose to six ccs, and we're part of the Mid-Atlantic strategic plan to reduce the equine fatalities, and we participate in the Jockey Club Injury Database. Every injury has to be recorded.

Vet records, the company horses run claimed. We run a lot of claiming races. Those vet records, within 30 days, have to go with each horse, so the person getting that horse knows exactly what's been going on with that horse.

Our necropsy protocol, any horse that may have been injured, or a fatality, would have had to have had a necropsy done and a mortality review committee. These are all things that all racing jurisdictions now are starting to initiate, but we put this practice into place for the 2019 race meet knowing we had to do it right.

We did not have the luxury of starting off on the wrong foot. Some other things — be involved with the NTRA.

The NTRA was a huge help for me in many things that we needed to get updated and put into place for this year.

Jockey's Guild. We contribute as a class A racetrack due to our per structure, so we contribute to the Jockey's Guild.

Crop rule, yes, it is a hot-button issue for perception. We mandated padded crops, which I actually purchased 20 padded crops, so that any jockey that came there, if they didn't have it, we had one for them to use.

Our stewards and vets actually are very tough on the usage of the crop. Our vets, every horse that comes back, they look at to see whether they were hit

improperly, our stewards will take action, pull jockeys in. We raised our losing jock's mount to the highest in the Mid-Atlantic, \$125 for a losing mount.

If a jockey knows they're going to get paid, you know, it's "be a little kinder, think a little more, pull your horse up, jog your horse back, walk your horse back." They tend to think just a little bit more knowing that they're actually they're going to get paid.

Our vet chase vehicle, we had one for equine and one for humans as well. Our turf course being so massive, you have to be able to get around there quickly.

This could provide immediate attention while you wait for the horse ambulance or the human ambulance to arrive, so a lot of things that we put into place, safety for our jockeys, safety for our horses and, ultimately, integrity for our racing product.

We had the stewards, every day, go into the jock's room before racing and talk to the jockeys, and let them know their expectations, what they would not tolerate, what the zero tolerance would be for any infractions, and they laid the law down. They were extremely tough. What does this all mean? It's a collaboration.

To implement all of these safety standards, whether it's medication, the track surfaces, everything requires, you have to have the credibility of your staff.

You have to hire the right people and allow them to do what they do best based on their knowledge. Cooperation amongst all your departments. Cooperation with the riders. Cooperation with your commission, with your stewards. Cooperation within the industry. Collaboration. Collaborating with other racing jurisdictions.

We're all in competition with each other; competition for a very small pool of horses but, if we don't all collaborate and join forces to get common medication rules and other regulations and rules, it's so confusing to the industry — not to mention how confusing it is to the fan watching.

Communication. You can't hide things. You have to be transparent, and you have to have the right people knowing how to communicate immediately — good news, bad news — it all has to be communicated and communicated very clearly.

We were very fortunate to have an excellent meet this year. We had zero fatalities due to racing or training. Yes, I know a lot of that could be based on luck, but a lot of hard work went into this, and we'll continue to do the same thing and increase our safety initiatives and increase some of our medication rules as well, so I encourage everybody else to do the same.

**Mr. Dan Fick:** Thank you, Jill.

I think I think it's taught us all what Colonial Downs did in reopening a racetrack and being very proactive in putting together their equine wellness programs. It's something all of us can do rather than wait for a problem and react to the problem.

Our next speaker is Alan Foreman. Alan's the Chairman and the CEO of the Thoroughbred Horsemen's Association. Alan is an attorney specializing in equine law and is the member of the Board of Directors of NTRA, RNTC, ROAP, and The Safety Integrity Alliance, to name a few. Alan was recently honored with the Association of Racing Commissioners International prestigious William H. May Award for lifetime achievement in horse racing. Let's welcome Alan.

**Mr. Alan Foreman:** Thank you very much. That's very kind. Good morning, everyone.

I want to thank the University of Arizona for inviting me to talk about something that's very near and dear to my heart. I'm gonna do something that's not very fashionable in the industry right now because I'm gonna talk about some positives.

We're all paralyzed, somewhat, by what's been going on since last winter, and we're all wrestling with the public awareness that there is the risk of fatality that's inherent in our sport. I have good news to tell you because what Dionne said and what Jill said I can talk about on a much larger scale from a regional perspective.

I was with Dr. Scott Palmer who's the Equine Medical Director in New York, who I think is probably the foremost expert in this country on equine health, welfare, and safety.

We actually had Scott in Maryland a couple weeks ago to talk to the horsemen. I talk to Scott occasionally about what's going on, and I get perspective from Scott. He said to me, "You know, Alan, there's another way to look at this, although nobody wants to look at it this way."

Dr. Tim Parkin, who is the world-renowned expert on assessing risk factors and what causes fatalities, issued a paper — coauthored a paper that was issued in 2016. In that paper, they studied almost 1.9 million starts of Thoroughbred horses in the United States and Canada over a five-year period from 2009 to 2013 — 1.9 million starts. The safety rate for those 1.9 million horses was 99.8 percent, which means that 0.2 percent of those horses suffered fatalities. Now we all see different numbers that are bended around, and that was not the point of Dr. Parkin's paper. It is a fact that just comes out at you but think about that.

All that we're doing right now, and what we're trying to do, is to get to 100 percent. That little two percent is what we are wrestling with. Now, we know in our business and all that's going on, that 0.2 percent is a big number and we want to, and have to, get it down.

Will we ever get to zero? I don't know. I don't think so, but we can certainly do better, and that study was finished in 2013. We are five, six years further along, and I can tell you that we're better and that we're doing better. I'd like to tell you about the Mid-Atlantic because the Mid-Atlantic gives me the confidence in knowing that not only are we doing better but that we can do better.

The Mid-Atlantic region represents the largest concentration of racing on a daily basis in the United States. This is the Mid-Atlantic region; seven states with horses traveling from state to state on a daily basis.

There is no other part of the country that has the kind of movement of horses in a region from state to state with trainers even running horses in more than one state at a time. When you talk about uniformity, when you talk about cooperation, it has to happen in this region.

A very prominent horseman in the region said to me a couple weeks ago, talking about all this, "If we don't have some form of uniformity, if we don't have cooperation, we have a S-H blank T show, and we know that with every change that we make, with every reform that is made, we can't do it in one state and not do it in the others.

We all have to do it together. The good news is that going back 25 years, elements of the region have been meeting sometimes once a year, sometimes twice a year.

We started with a group of maybe 15 regulators and me sitting in a room, and we spent most of our time talking about medication regulation, and we talked about uniform licensing.

We were the forerunners of the elimination of steroids in horse racing. It started in the Mid-Atlantic, but things changed. In 2011-2012, 21 horses died on the racetrack at Aqueduct racecourse during the winter of 2011-2012. It was a situation that was eerily similar to Santa Anita — same time of year, the most unusual weather pattern in New York and in the Mid-Atlantic in decades, changes in the racing office, decline in veterinary oversight, you could go right down the list; it was multifactorial.

There were numerous news media calling for the end of horse racing. It was very intense locally, and a governor who said, "If you don't fix it, we're gonna shut the industry down."

The only thing different about 2011-2012 and what happened at Santa Anita is social media wasn't as explosive as it is today, and there wasn't federal legislation that people said, "If you would just adopt and enact federal legislation, the current legislation, all of racing's problems are gonna go away, and these fatalities won't happen."

Nonetheless, the governor said, "We're gonna have this investigated. We're gonna get to the bottom of it. I want to see reforms and, if they're not implemented, we're gonna shut New York racing down."

I had the privilege of serving with three others in doing an exhaustive study of the 21 fatalities at Aqueduct. We spent six months. We didn't leave a stone unturned. We didn't pander to animal rights groups. We didn't make political decisions. We didn't make knee-jerk decisions.

We did the best we could to try to understand what happened to see if there was measures that we could implement that would reduce that from happening and make recommendations going forward in the future.

This is the report, and I commend it to everyone who is interested in this area to read it. It's really — I'm not talking personal — it's really good work. It's been very helpful.

New York moved immediately to adopt 38 reforms that we recommended in this report, and they ran the gamut from medication to pretraining practices to prerace veterinary examinations, the creation of a position of equine medical director, required necropsies, postmortem exams, mortality review boards, 38 reforms.

If New York had adopted these reforms on their own and no one else in the region had done it, New York would have been naked. New York was naked, and New York racing would have suffered. To its credit, the Mid-Atlantic region determined that it needed to be a part of the reforms in New York to make it work, and oh, by the way, those were good reforms. We should be doing 'em anyway.

What started out as a — had been — annual meetings of 15, now became meetings of 60 and 70 as every stakeholder in the region then joined in the Mid-Atlantic as we started to attack this issue of why horses are suffering breakdowns and why we're suffering fatalities, and how are we gonna make what happened in New York not happen again.

The lessons that we learned from the 2012 report were that the risk of injury is inherent in horseracing. You just can't ignore the fact that not only is the risk of injury inherent in horseracing, but fatalities are inherent in horseracing, and we can never ever say that that's not the case.

There's an interesting article in the Wall Street Journal last week about professional football. The NFL, now, is very heavily involved in doing research because the public is now coming to understand that the risk of injury in football is inherent in the sport as you now have a decline in young kids playing high school football, going to colleges, youth games, as parents are pulling their kids away from it because of the inherent risk of injury.

What the NFL wants to do is to begin to look at protective measures that they can implement to try to reduce the state of injuries that they see in football.

Another thing we learned was that the high rates of equine fatalities are not inevitable, and that equine fatalities can be reduced by the use of a real-time comprehensive risk management program. Whatever we do in this industry, we all have to understand that what we're involved in now is risk management.

Risk is a part of our daily lives. When you get in the car and you drive out of here, you're at risk, and there are protective measures that government, that manufacturers have all developed to reduce the likelihood of injury in the car. I just use that as an example. Risk management is an iterative, step-by-step, quality-controlled process designed to reduce the risk of injury to horses and riders, and the outcome of each step taken in sequence enables continual improvement toward our goal to minimize the incidents of equine fatalities at Mid-Atlantic tracks.

Starting in 2017, the whole region joined together in a facilitated conversation to determine — number one, what is risk management all about, what does it mean, what can we do, how do we do it, and then to set up a mechanism to do it.

Risk management has four steps.

The first is you have to identify the risk. There are risk factors that are generic to the horse. There are generic risk factors at the racetrack — racing surfaces, for example. There are meet-specific risk factors and facility-specific risk factors. You have to identify the risk factors at each track and in each jurisdiction in all four areas. Then you have to prioritize the risks that you identify. Some risk factors are modifiable, others are not. Some risk factors are temporary while others are permanent. Even fixed risk factors can be mitigated to some degree by protective factors.

The third step, then, is recognizing that to design interventions that will mitigate the risk. All four levels in step one have to be addressed, and you have to develop standard operating procedures or protocols that everybody has reviewed, understands, and implements to ensure that the protective factors that you develop are actually being done.

Then, having done those three, you've got to measure to see whether, in fact, they're being done and whether they're having any effect, and those metrics have to be transparent.

Some are more sensitive than others — injuries versus fatalities. You have to be willing to change if the protective factors that you've implemented aren't working or if the science changes or if circumstances change. Once you have your risk management program in place, you have to understand that injury clusters may still happen.

We can do everything we want, everything we humanly can, but that doesn't guarantee that this isn't gonna happen again.

We've seen it now in 2011-2012, we saw it at Santa Anita last winter, but we have these micro clusters that happen, and they happen, not frequently, but they happen

They had it in New York last year when they moved from Saratoga to Belmont. The change in the surface, the change in the weather, for some reason, at the beginning of the meet, they started to see a spate of fatalities. The New York industry stepped in immediately to do steps one through four, identify what was going on, they figured out what was going on, and they stopped it, and that's happening at each of our tracks in the Mid-Atlantic. In order to do that, you have to look and ask yourself, "We haven't had this problem before. What's changed?" That's exactly what California's doing.

They're looking at, "You know, we had a pretty good safety record, and all of a sudden the bottom fell out at Santa Anita.

What changed?" I suspect it isn't just one thing. We all are suspicious of some of the things that may have contributed to it, but you have to be willing to look at everything to figure out what are the factors that were.

When you figure out what those problems are, you implement protocols to change it. Some things you can't change. You can't change the weather, but you have to be able to adapt to the weather, as just an example. At a facilitated meeting, we decided, "Look, we've implemented all the reforms, or we're implementing the 38 reforms throughout the region, but it's a scattershot process. How do we pull this

all together under a single plan?" Well, the forerunner to that, for us, was the Mid-Atlantic Uniform Medication and Drug Testing program.

We implemented a four that became a five-prong program, a list of controlled therapeutic medications, the administration of Lasix by third-party regulators under regulatory supervision, accredited laboratories — all of the laboratories in our region had to be accredited, and we implemented a multiple-medication violation penalty system to identify those trainers who had multiple medication positives to force them to serve mandatory suspensions to get their attention that if you continue to do bad behavior, you're gonna serve long suspensions.

We added a fifth — out-of-competition testing. We required all of our jurisdictions to have an enhanced out-of-competition testing program. That program, which the Mid-Atlantic is fully compliant with became the National Uniform Medication Program; another example of the Mid-Atlantic taking the lead on industry reform.

NUMP is really a combination of work that the industry has been doing at various levels, and it's just out there, but nobody's ever pooled it together.

Well, the same thing with the strategic plan. We know a lot about protocols, procedures, things that we ought to be doing — you've got the New York reforms, but how do you pool that together in a cohesive plan that everybody can work through that everybody is sharing information with, that everybody is implementing the same recommendations and protocols?

How do we do that? We decided to develop the strategic plan. Among the elements of the strategic plan were regulatory veterinary practices and procedures that needed to be uniform, everyone needed to have a necropsy program and a mortality review board and to show how the system works.

Not every jurisdiction in the Mid-Atlantic is doing things like this. They have to as part of the plan.

Today, for example, the West Virginia Racing Commission approved a hiring of an equine medical director and implemented a necropsy and review board program.

Working with your peers tends to lift everyone up because they don't wanna come to the next Mid-Atlantic meeting, and when we do an assessment — that I'll show you in a second — they don't wanna be sitting there saying, "Well, we can't explain to you why we haven't done it," and the rest of the group says, "Well, you either do it or get out of the room."

We have uniform claiming rules and policies, and we're looking at how we can do that regionally. Medication testing and regulation of medication — we do it.

We do it all the time. We're implementing a 48-hour non-steroidal anti-inflammatory stand down and the 14-day corticosteroid stand down.

In order to make that work where you're doing a region of seven states, you got to have a database that everybody can tap into because you've got horses shipping in and out every day.

It isn't as simple as just implementing a rule. Everyone's required to have an equine medical director. We have a governance panel that oversees the program.

Instead of creating our own racing surface and weather monitoring committee or program, the NTRA has developed one, and working with Dr. Mick Peterson at the University of Kentucky, we're gonna work with that committee on helping us with our racing surfaces and weather monitoring in the Mid-Atlantic because all of our surfaces are different in one way, shape, or form, and our horses are moving throughout the region, so what is done in one state may affect what's done in another.

In transparency of veterinary records and the sharing of veterinary records is something that is part of our plan.

Shockwave therapy. We all regulate shockwave therapy. We've gotta figure out a way to do it better than what we're doing, but everybody has the mandatory uniform RCI rule with respect to shockwave therapy.

The coalition that is part of this plan is 35 organizations. Every racetrack, every horsemen's organization, every breeder's organization, every regulatory commission, every racetrack, the veterinarians, are all a part of this commission. They have all signed onto the plan, and they must commit to the plan.

The mission statement is that, obviously, our goal is to reduce exercise-based injuries and equine fatalities using evidence-based best practices applied in a collaborative multi-jurisdiction program.

Core operating values. We acknowledge that the horse is at the very core of our business model. We dedicate our efforts to minimize the risk of injury in the horse. Our commitment to stewardship of the horse is central to our mission.

These efforts will not only serve the horse but will also minimize risk of injury to jockeys, exercise riders, and back stretch workers. We will use evidence-based decision making to ensure the integrity of this process at every level. Equine and human safety is our north star. It is possible to reduce equine fatalities with evidence-based risk management protocols. Informed decisions are made with the

best interest of the horse in mind, and best practices can be developed, and we must be willing to embrace change.

Our strategic direction is that we're gonna assume the leadership role. We're going to enlist the support of industry stakeholders, not only in the Mid-Atlantic, but throughout the country.

We will establish uniform best practices and educate racing's stakeholders, communicate our efforts to the general public. We have strategic plan goals in four areas.

Regional safety practices, increased awareness of conditions associated with injury, and in that regard, we're working with Dr. Parkin to identify those risk factors that may be particular to horses and our tracks in the Mid-Atlantic region, develop improved methods to identify horses at risk and implement protective factors and improve general horse health. How do we measure whether we know that we're making progress or we're not making progress?

The only way to do that is to do a gap analysis. If you're not familiar with a gap analysis, a gap analysis measures where you are right now and where you want to be, and you try to figure out why you have gaps and how you can fill in those gaps.

We identified through the region, and through a facilitated discussion, 27 areas where we want everybody to be at 100 percent. Some of these were at zero, and you would be at zero because they're aspirational, and some were at 100 percent, and you can see the list there.

I won't go through them, but they run the gamut from participation in the Equine Injury Database, equine medical director, necropsy programs, standardized prerace protocols, tracks accredited by the NTRA Safety and Integrity Alliance, examinations of high-risk courses pre-entry, even to rider concussion.

Our initial gap analysis shows us where all of our tracks and all of our jurisdictions are in the region right now. Where we're not at 100 percent at each meeting, we're gonna figure out why we're not at 100 percent and what we need to do to get there.

We created committees. These are active committees. The administrative committee oversees the entire strategic plan, and they are representatives from officials, veterinarians, and regulators throughout the entire Mid-Atlantic region.

We have a Racing Office Committee comprised of our racing secretaries and racing directors from every track in the region who interact, develop best practices, and implement those best practices.

As I mentioned, the Racing Surfaces Committee. We have all of our track superintendents who will be working together to share information and ensure that we have the best racing surfaces and are doing what we can or adapting to change as we go forward.

We have a regulatory veterinarian committee of the equine medical directors and the regulatory veterinarians sharing prerace protocol information, risk factors that need to be identified, better prerace examinations, and we're establishing best practices.

We've already developed standard protocols for the operation of a mortality review board, prerace inspections, a racing office, a safety compliance officer at each track, and a communication strategy should we have a cluster of injuries or questions raised about what we're doing in the Mid-Atlantic. This isn't just a document on a piece of paper that sits on a shelf that's a bunch of great ideas.

The THA hired Andy Belfiore, very well-known, widely recognized, background in Thoroughbred racing and in aftercare, and former Executive Director of the New York Thoroughbred Horsemen's Association who is the full-time project manager who's overseeing this plan on a daily basis.

What's the bottom line from all of this? In the past six years, since we started doing this, we have reduced equine fatalities in the Mid-Atlantic by 35 percent. We have come down to what, I guess, would be considered the national average. I suspect that we will find in 2019 that we're doing even better. Some jurisdictions are doing better than others.

I'll be the first to tell you that some are doing fine, and some need to do a lot better, and we're seeing improvement in those jurisdictions that need to do better.

The fact that they are part of the plan means that they will get better, and that's the bar chart. That measures by start and by fatality. What has happened in the Mid-Atlantic since we started doing this strategic plan?

It leads me to a final point here. No one has their head in the sand, and no one's in denial. Our top priority is the safety and welfare of the horse.

We know that every day there's gonna be something in the media that says that a horse broke down at Laurel, or a horse broke down at Parks, but I feel good about what we're doing in the Mid-Atlantic, and I feel good about what we're doing in the

industry. We're gonna work with the Thoroughbred Safety Coalition. There are national discussions underway in the area of health, safety, and welfare that, I think, are gonna bring about really massive positive change consistent with what we're doing in the Mid-Atlantic.

Ray Pollock called me a number of months ago, as he did a number of you, and said, "You know, we're getting' a lot of flack from horsemen, breeders, otherwise, in Kentucky, who really are concerned about what's going on."

He said, "You know, I'm asking you, and I'm asking everyone I'm calling, are we doing everything possible to protect the health, safety, and welfare of the horse and rider?"

My answer to him was, "I can tell you in the Mid-Atlantic, we are. We are not leaving a stone unturned." It is, quite frankly, amazing that this many constituencies and this many competing groups can join together with one goal, one purpose, work collectively together.

That's not the mantra of our industry, but I can tell you in the Mid-Atlantic, it's happening, and it's working, and we have evidence-based data to show that. I hope we can get Dr. Parkin to come in and do a study from 2013 to 2019 because, I believe, that 0.2 percent number is going to be a lot lower, and I know we're doing better.

Thank you for the opportunity to address this. A copy of the strategic plan is on your desks. I hope you'll take the time to look at it. I hope that you will walk away knowing that there really are serious efforts, positive efforts, and there is success in what we're doing in light of all that's happening in our industry. Thank you.

**Mr. Dan Fick:** I think we've got time for a couple quick questions. Does anybody have a question in the audience? I see one in the back.

**Male Voice:** Yeah. Dr. Benson and Ms. Byrne both had slides associating decreased Lasix dosage and/or usage with decreased fatalities.

Dr. Benson, specifically, being the vet, do you see this as a cosmetic association to appease the public that equivocates therapeutic medication usage with doping, or do you see a cause and effect relationship, and what would that mechanism of action be? Secondly, do you see an increase in epistaxis when you decrease the Lasix usage?

**Dr. Dionne Benson:** The slide I had just said what we did; it did not correlate or have a causal relationship between the use of Lasix and fatalities, so that is

incorrect. I don't know that that has been proven. I don't know that it's been investigated specifically, not to my knowledge anyway.

What I would say is that we do have a concern, I think, a legitimate concern that there is the potential for it to be a performance enhancing medication. It causes weight loss. Weight is the enemy of the speed in the horse and, as we know, there's that potential correlation.

If we are trying to say to our public that we are doing everything to make sure our horses compete on a fair and level playing field, then the use of Lasix is not consistent with that message in my mind.

As far as epistaxis, yes, epistaxis is controlled, which is, frank bleeding from the nose, and it's grade four, usually. With Lasix, it makes a grade four be a grade three.

The research studies that have been done show that most grade-three bleeders are not competitive racehorses regardless of the use of Lasix — most grade four to become grade three, that does not make them a competitive racehorse. What we do need to do is make sure we, in a smart way, address other things like the environment of the horse to enable it to reduce the irritation in the lungs and, potentially, manage horses with EIPH.

**Mr. Dan Fick:** Another question? I've got one. More than half the tracks, probably three fourths of the tracks in the Mid-Atlantic, belong to or have been accredited by the NTRA Safety and Integrity Alliance and so have the Stronach Group tracks and, I believe, your track's considering it doing next year.

**Ms. Jill Byrne:** We're in the process right now.

**Mr. Dan Fick:** How strongly would you recommend that tracks consider going through this program based on what you surveyed at your track through the code of standards and recommendations you get as best practices?

**Ms. Jill Byrne:** For me, as I mentioned in my presentation, just being involved with the NTRA and everything that goes into that accreditation, you learn so much of what has to be implemented.

It's extremely detailed.

It's hundreds of pages, and everything from your track surfaces to your medication to safety rails, so all these things, I think, every jurisdiction has to abide by the code of standards in the NTRAs accreditation process.

**Mr. Dan Fick:** Well, I think it should be mandatory, it's part of our plan, and I don't think it's the least bit acceptable for any track in our region not to be accredited.

Would you go to a non-accredited hospital to get treated for an injury? Would you want to go someplace that's not certified to do what they're supposed to do?

Colonial has just restored racing, so they have to go through the accreditation process. They will have no problem getting accredited, but we do have tracks in our region — that number should be 100 percent, and it's not. Those tracks that refuse to do it will be asked to leave the strategic plan, so it's mandatory, and it should be mandatory.

**Dr. Dionne Benson:** I wouldn't disagree with anything that's been said.

**Mr. Dan Fick:** Okie doke. Well, thank you very much for your attention, and we'll all be available for the next couple of days.

If you have any questions whatsoever, please grab us.

Thank you.

