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WHAT AILS AMERICA'S RACETRACKS: DRUGGING IN HORSE RACING

Katie Bartek

I. INTRODUCTION

Horseracing is a \$40 billion industry that generates roughly 400,000 jobs nationwide.¹ The increasingly larger purses and high stakes involved in racing have driven trainers and veterinarians to turn to the use of performance enhancing drugs as well as the overuse of prescription drugs in order to keep horses racing and money flowing. Unfortunately, the use of these drugs can lead to dire and sometimes fatal consequences for horses and jockies alike. On average, twenty-four horses die each week at racetracks across America.²

One famous case that first brought the need for more regulation in horseracing to light was the unfortunate injury and eventual death of Barbaro in the 2006 Preakness Stakes.³ Shortly after, the filly, Eight Belles who almost won the 2008 Kentucky Derby, fell during the race with two broken front ankles.⁴ The filly then had to be euthanized by injection on the track in front of a national television audience.⁵ As a result, Congress held hearings and, amid the pressure of federal regulation, the industry promised changes.⁶

¹ Ray Paulick, *Horse Racing Back in Front of Congress at PA Hearing*, PAULICK REPORT (April 30, 2012), <http://www.paulickreport.com/news/ray-s-paddock/horse-racing-back-in-front-of-congress-at-pa-hearing-watch-live-follow-ray/>. (last visited on December 6, 2012)

² Walt Bogdanich, Joe Drape, Dara L. Miles, Griffin Palmer, *Mangled Horses, Maimed Jockeys*, NY TIMES (March 24, 2012), <http://www.nytimes.com/2012/03/25/us/death-and-disarray-at-americas-racetracks.html?pagewanted=all>. (last visited on December 6, 2012)

³ Associated Press, *Barbaro euthanized after lengthy battle*, NBC SPORTS (January 29, 2007), <http://nbcsports.msnbc.com/id/16846723/>. (last visited on December 6, 2012)

⁴ Jessie Halladay, Reid Churner, *Death of Eight Belles leaves cloud over racetrack*, USA TODAY (May 19, 2008), http://usatoday30.usatoday.com/sports/horses/2008-05-04-eight-belles-cover_N.htm. (last visited on December 6, 2012)

⁵ *Id.*

⁶ *Mangled Horses, Maimed Jockeys*, *supra* note 2, at *1.

Although some progress has been made, such as the banning of anabolic steroids in 2008, the impact of the changes has been hard to measure since many tracks do not keep accurate accident figures or release them and it seems that the medication problems continue.⁷ Most recently, I'll Have Another, the colt with the chance to become the 12th Triple Crown Champion was scratched prior to the June 2012 Belmont Stakes for a supposed "freakish injury" involving his left front tendon.⁸ I'll Have Another's trainer, Doug O'Neill, was serving a 45-day suspension (in California) at the time of the Belmont and had only received a conditional license in New York if he agreed to file daily veterinary records.⁹ In the past, O'Neill had been cited for several drug violations in four states and was facing disciplinary action after one of his horses had been found with elevated carbon dioxide levels.¹⁰ It was discovered through records that O'Neill had handed over for I'll Have Another that the horse had a long history of problems including chronic/active tendinitis.¹¹ It was also shown that shortly after arriving in New York after winning the second Triple Crown race (the Preakness), I'll Have Another was X-rayed and diagnosed with osteoarthritis and had been injected with a painkiller and an anti-inflammatory just two days before the Belmont.¹² Thus it is easy to demonstrate that the pervasive drug culture and problems of medication use still exist, threatening the safety of horses as well as jockeys, even at the highest levels of competition, such as the Triple Crown.

⁷ *Id.*

⁸ Joe Drape, *Heightened Scrutiny for Horses at Travers Stakes*, NY TIMES (August 8, 2012), <http://www.nytimes.com/2012/08/09/sports/travers-stakes-entrants-face-heightened-scrutiny.html>. (last visited on December 6, 2012)

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² *Heightened Scrutiny for Horses at Travers Stakes*, *supra* note 8, at *1.

Racing is also becoming increasingly more dangerous with the rise of casino/racetrack combinations or “racinos”. As a result of the racinos, purses have been dramatically increased with the influx of new casino gambling money.¹³ In turn, unfit horses, especially those entered into cheaper races such as claiming races are run regardless of their health or ability.¹⁴

Another problem is the overmedication and abuse of prescription medications by veterinarians. Although safe at low dosages, the prescription drugs are actually being given at much higher dosages, and much more frequently and much closer to race day, thus masking injuries and leading to an increase in horse deaths.¹⁵

Unlike other sports such as baseball or football, horseracing is not a nationally regulated sport. Instead, there are 38 different states with 38 different racing boards and sets of regulations.¹⁶ This lack of uniformity has led to inconsistent penalties for offenders and inconsistent procedures for drug testing, which in turn has led to enforcement problems.¹⁷ The federal government needs to step in and implement a national set of rules and regulations on the entire horseracing industry.

Part II of this paper will discuss the history of drug use in American horseracing as well as the different types of drugs currently abused and the testing procedures enacted by laboratories. Part III will discuss the rising levels of horses breaking down, as well as the contributing factors to these high injury rates such as racinos. Part IV will discuss veterinarians’ role in the overmedication and drugging in American horse racing and the

¹³ Joe Drape, Walt Bogdanich, Rebecca R. Ruiz, Griffin Palmer, *Big Purses, Sore Horses and Death*, NY TIMES (April 30, 2012), http://www.nytimes.com/2012/04/30/us/casino-cash-fuels-use-of-injured-horses-at-racetracks.html?pagewanted=all&_r=0. (last visited on December 6, 2012)

¹⁴ *Id.*

¹⁵ *Mangled Horses, Maimed Jockeys*, *supra* note 2 at p. 1. p??

¹⁶ *Horse Racing Back in Front of Congress at PA Hearing*, *supra* note 1 at *1.

¹⁷ *Id.*

debate over the use of the drug Lasix. Part V will discuss the current state of the law as well as proposed legislation. Lastly, Part VI will discuss my recommendations for the future of horse racing and Part VII will provide an overall conclusion.

I will attempt to demonstrate that the widespread abuse of both performance enhancing drugs and prescription medication, as well as abusive track and veterinary practices, has led to increased breakdown rates for horses, increased danger to jockeys, and to an overall lack of integrity and public confidence in American horse racing. A national set of rules and regulations, enacted by the federal government, encompassing regulations for both legal prescription drugs and illegal performance enhancing drugs, is therefore needed in order to stop the continuing abuse of the Thoroughbred racehorse.

II. HISTORY OF DRUG USE IN HORSERACING

From the inception of racing in America, drugs, much more potent than the ones that are being abused today, have been a prevalent problem. Before saliva testing was invented in the 1930s, drug incidents went almost totally unnoticed, hence leading to few reports of drug-related incidents prior to that time.¹⁸ It is believed that drugging originated in either England or France and was then brought over to America.¹⁹ Professor J.B. Robertson stated in the *Sporting Chronicle* that sedative drugs and stimulants were given to racehorses as far back as the time of James I and that in 1750. Additionally, the leaves of the cocoa plant (brought from Peru) were given to horses as a stimulant along with cocaine and caffeine in Europe.²⁰ When drugs first began appearing in America, they were sold openly under the name “Speed Sustaining Elixir,” which was publicly

¹⁸ Steve Haskin, *The History of Drugs in America*, BLOODHORSE (July 1, 2012), <http://cs.bloodhorse.com/blogs/horse-racing-steve-haskin/archive/2012/07/01/the-history-of-drugs-in-america.aspx>. (last visited December 6, 2012)

¹⁹ *Id.*

²⁰ *Id.*

advertised in several turf publications and often salesmen would administer the “elixir” themselves to the horse.²¹ The ingredients were unknown even to the salesmen, and it was just known that it was effective in England and France before being imported.²² However, after the elixir began being used in America, there were reports of horses going crazy from the drug and thus it became known as the “dope evil.”²³

One of the most well-publicized cases of drugging occurred on May 4, 1968, when Dancer’s Image finished first in the Kentucky Derby, thereby beating out Calumet Farm’s Forward Pass.²⁴ Subsequently, chemist Kenneth Smith reported to Churchill Downs stewards that the post-race urine sample taken from the winner had come up positive for Butazolidan (commonly known as “Bute”).²⁵ On May 7, Churchill Downs officials announced the findings and, following hearings, Dancer’s Image was disqualified and the purse money was redistributed.²⁶ The owner of Dancer’s Image, Peter Fuller then appealed the ruling, which was denied by the Kentucky State Racing Commission.²⁷ Fuller then appealed to the Franklin Circuit Court, and Judge Henry Meigs ruled in Fuller’s favor, holding that there was no substantial evidence to prove the presence of Butazolidan.²⁸ In April 1972, the Kentucky Racing Commission appealed the decision to the Kentucky Court of Appeals, which reversed and found in favor of the Commission.²⁹ After being refused a rehearing Fuller gave up his appeal to have the purse money reinstated and a year later he was denied his appeal to have Dancer’s Image

²¹ *Id.*

²² *The History of Drugs in America, supra note 18, at *1.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ *The History of Drugs in America, supra note 18, at *1.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

recognized as the official winner of the Derby.³⁰ Fuller spent five years battling in court and spent \$250,000 in legal fees by the end of his final appeal.³¹ In March 1974, less than a year after Fuller lost his final appeal, the Kentucky Racing Commission legalized Butazolidan as a therapeutic painkiller intended for the treatment of muscle soreness.³²

By April 1975, Butazolidan and the diuretic furosemide (commonly known as “Lasix”, were made legal in 12 states.³³ California became the first state to adopt a measure that permitted the usage of Bute, up to, but not on the day on which a horse was to race.³⁴ As breakdowns increased, Bute and Lasix took the blame but the main culprit was a drug called Sublimaze. Sublimaze (sold to humans as Fentanyl) was a low-dosage, high therapeutic-effect drug of the narcotic-analgesic group described as a rapid-working narcotic with a short duration.³⁵ By 1979, a test for Sublimaze was discovered but soon after a new drug surfaced, called Stadol.³⁶ After Stadol was discovered in a horse, more drugs emerged for which there was no available testing.

As time went on, drugging became more systematic and scientific, thus making regulation increasingly more difficult.³⁷ In early 1934, a breakthrough occurred when Joseph Widener offered to send Florida Racing Commission chemist Charles E. Morgan and veterinarian J. Garland Catlett to France to make a detailed study of the saliva testing that was being used in that country.³⁸ A modified version of the French testing had

³⁰ *The History of Drugs in America*, *supra* note 18, at *1.

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ *The History of Drugs in America*, *supra* note 18, at *1. Again, why not p. 1. ALSO YOU ARE SUPPOSED TO CITE THE PAGE ON WHICH THE DETAIL IS FOUND. 20 FOOTNOTES IN A ROW CAN/T BE FROM THE SAME PAGE.

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Id.*

³⁸ *The History of Drugs in America*, *supra* note 18, at *1.

already proven successful, resulting in suspensions of several trainers in Florida. In France, every winner was tested, whereas in Florida only samples of horses who showed by their actions the possible use of stimulants were tested.³⁹ On May 8, 1934 the NASRC (National Association of State Racing Commissioners) enacted the resolution endorsing the use of the saliva test.⁴⁰

During the winter of 1937-38 Dr. Catlett began testing the urine of greyhounds to further perfect drug testing procedures, which then led to the eventual testing of horse urine.⁴¹ After testing it was determined that saliva tests detected the presence of drugs in all cases administered orally but was less reliable in detecting drugs administered by a needle.⁴² The urine test was found to be able to test for both kinds of drugs, even where dosages were low.⁴³ However, the urine test proved difficult to implement since testers would have to wait for the horse to urinate before they could conduct the test and that could sometimes take several hours.⁴⁴ Another major breakthrough came in July 1979 when Finger Lakes Racetrack in New York introduced pre-race testing, beginning daily at 7:30 a.m. when a state appointed veterinarian accompanied by an identifier went through the stable area extracting blood samples from horses entered to race that day.⁴⁵

It appears that as long as horses continue to race and new drugs continue to be discovered and abused, the problem of drugging will probably continue. One new drug that is being seen today is dermorphin, a drug obtained from the skin of waxy tree frogs

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ *The History of Drugs in America, supra* note 18, at *1. Over-reliance on just a few sources –especially this one. All you’re doing is paraphrasing and condensing another person’s work.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *The History of Drugs in America, supra* note 18, at *1.

in South America.⁴⁶ For months, post race testing could not detect the drug, which is described as a painkiller far stronger than morphine.⁴⁷ After a lab in Denver tweaked its testing procedure, more than 30 horses from four states tested positive for the substance, which is suspected of both masking the pain a horse might feel as well as making them hyperactive, causing them to run faster.⁴⁸ Another exotic drug being seen recently is cobra venom, which has been used by trainers to deaden pain so that the injured horses can race. The venom functions as a local nerve block and is a broader pain suppressant that is 40 more times more powerful than morphine according to Dr. Steven Barker, who directs the testing laboratory at Louisiana State University.⁴⁹ [could put in fn]

Although drug-testing procedures continue to improve, new drugs are being discovered all the time thus leading to continuing problems in detecting drugs. Some other drugs trainers experiment with includes chemicals that are intended to bulk up pigs and cattle before slaughter, cobra venom, Viagra, blood doping agents, stimulants and cancer drugs.⁵⁰ Most often the illegal doping occurs on private farms before horses are shipped to the track where few states can legally test.⁵¹

Perhaps the most dangerous drugs are the legal ones, pain medicine in particular which at higher levels mask injury, rendering examinations ineffective. Some of these drugs include NSAIDs, corticosteroids, diuretics, bronchodilators, and anti-bleeding

⁴⁶ Walt Bogdanich and Rebecca R. Ruiz, *Horse Racing Discovers New Drug Problem, One Linked to Frogs*, NY TIMES (June 19, 2012), <http://www.nytimes.com/2012/06/20/sports/horse-racing-discovers-new-drug-problem-one-linked-to-frogs.html>. (last visited on December 9, 2012)

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Mangled Horses, Maimed Jockeys*, *supra* note 2 at *1.

⁵¹ *Id.*

medications.⁵² It should be noted that in England breakdown rates are only half of what they are in the United States, and in that country horses may not race on any drugs whatsoever?⁵³ (for how long, none at all) Until the federal government intervenes and eliminates all drugs, standardizes laboratory testing and requires necropsies, incident rates will probably continue to rise.

III. BREAKDOWN AND CONTRIBUTING FACTORS

An investigation by the New York Times--utilizing data from more than 150,000 race, along with injury reports, drug test results and interviews--showed that the horse racing industry, as of March 24, 2012, is still suffering from a pervasive drug problem, lax regulation.⁵⁴ It also reveals that America's fatal breakdown rate still remains far worse than in most of the rest of the world.⁵⁵ The analysis of the Times showed that during 2009 through 2011, the rate of incidents for horses (defined as being lame, vanned off, or breaking down) was 5.2 per 1,000 starts.⁵⁶ In this context, vanned off means that a horse was taken off the track following its race in an ambulance. Should be in fn In comparison to these rates of incidents, the Woodbine Racetrack in Toronto, Canada, which is not as permissive with medication as in the U.S., only had an incident rate of 1.4 per 1,000 starts.⁵⁷

One major contributing factor to the high breakdown rate is the introduction of casino gambling to racetracks. As a result of the influx of casino gambling money, purses have become larger, thus providing an incentive for trainers to race horses even when

⁵² Bradley S. Friedman, *Oats, Water, Hay and Everything Else: The Regulation of Anabolic Steroids in Thoroughbred Horse Racing*, 16 ANIMAL L. 123, 125 (2009).

⁵³ *Mangled Horses, Maimed Jockeys*, *supra* note 2 at *1.

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.* These cites are incorrect, and not everything is on page 1.

⁵⁷ *Mangled Horses, Maimed Jockeys*, *supra* note 2 at *1.

they may be unhealthy.⁵⁸ For example, Aqueduct Racetrack in Queens New York has seen a marked increase in the number of dead and injured horses since a casino opened there in late 2011.⁵⁹ Since the casino opened, 30 horses have died racing at Aqueduct, a 100 percent increase in the fatality rate over the same period the previous year.⁶⁰ The casino's impact is greatest in the lower level races, such as the claiming races where the cheapest horses are run. Many critics say, in order to better protect the horses, purses should be limited so that the potential winnings in any race do not exceed the value of the horses running in it.⁶¹ This would provide an incentive for a trainer to care for the horse over a long period of time rather than risking it for a single payday.⁶²

A well-known veterinarians group, the American Association of Equine Practitioners recommends that no purse exceed a horse's value by more than 50 percent; however, that recommendation has been widely ignored.⁶³ For example, at Aqueduct horses worth \$7,500 recently raced for a \$40,000 purse, nearly four times the recommended maximum, resulting in two horses breaking down and having to be euthanized.⁶⁴ In total, 19 of the 30 horse deaths at Aqueduct occurred in races where the veterinarians' standard was not upheld.⁶⁵ When all tracks nationwide are examined, the New York Times found that 57 percent of thoroughbred claiming races at casino tracks exceeded the 50 percent standard and that horses broke down or showed signs of injury at a 29 percent higher rate in those races.⁶⁶

⁵⁸ *Big Purses, Sore Horses and Death*, *supra* note 13 at *1.

⁵⁹ *Mangled Horses, Maimed Jockeys*, *supra* note 2 at *1.

⁶⁰ *Big Purses, Sore Horses and Death*, *supra* note 13 at *1.

⁶¹ *Id.*

⁶² *Id.* [who are some of these "many critics?]

⁶³ *Id.*

⁶⁴ *Big Purses, Sore Horses*, *supra* note 13 at *1.

⁶⁵ *Id.*

⁶⁶ *Id.*

In addition, the bigger purses have led to an increase in the number of horses being bought and sold quickly. ,s ince the casino opened at Aqueduct, nearly 500 horses and \$10.7 million have changed hands, more than double the previous year, thus demonstrating the incentive to push horses fit or not out onto the track.⁶⁷ According to the New York Times, since the casino opened horses at Aqueduct have broken down or shown signs of injury at a rate of 10.2 per thousand starts, which is more than double the national rate of 5.0 per thousand starts for thoroughbred racing.⁶⁸ Likewise in New Mexico, which has five casino tracks, each tracks has incurred breakdown rates that are double the national average, with Ruidoso Downs and Zia Park having rates as high as 12.5 and 12.1 per thousand starts.⁶⁹

It is important to note that both New Mexico and New York have attempted to respond to the increased breakdown rates that have been seen at their racetracks. The New Mexico Racing Commission voted in June 2012 to limit the use of drugs in the state's horse racing industry and to impose tougher penalties for those who violate the rules.⁷⁰ The new rules, among the toughest in the nation, have made New Mexico one of the few states with the lowest allowable levels of two widely used pain suppressants. Moreover, New Mexico has imposed tougher suspensions that could mean some violators may be suspended for up to three years.⁷¹

In New York, Gov. Andrew Cuomo announced in March 2012 that he was appointing a task force to investigate the fatalities in the sport to “ensure against needless

⁶⁷ *Id.*

⁶⁸ *Big Purses, Sore Horses, supra* note 13 at *1.

⁶⁹ *Id.*

⁷⁰ Walt Bogdanich, *New Mexico Commission Limits Drug Use in Horse Racing*, NY TIMES (June 21, 2012), www.nytimes.com/2012/06/22/sports/new-mexico-commision-limits-drug-use-in-horse-racing.html.

⁷¹ *Id.* [how about putting in the New Mexico statute??]

injuries to horses and to riders.”⁷² Appointed to the New York Task Force on Racehorse Health and Safety was Chairman, Dr. Scott E. Palmer, a veterinarian who is the hospital director and staff surgeon at the New Jersey Equine Clinic. Jerry Bailey, a retired Hall of Fame Jockey, Alan Foreman, Chairman and Chief Executive Officer of Thoroughbred Horsemen's Associations, Inc. and Dr. Mary Scollay, the equine medical director of the Kentucky Horse Racing Commission.⁷³ These names are not that important; they should be placed in a fn. The State Racing and Wagering Board also announced an emergency rule voiding a claim if a horse had to be euthanized on the track. This was based on the fact that among the 30 horses that had died, 7 had been claimed in the race in which they had been euthanized.⁷⁴ Prior to this emergency rule, trainers had been able to recover the claiming price of those claimed horses, despite the fact that the horse had died in the race, thus providing trainers with profits.⁷⁵ Furthermore, in August 2012, New York authorities ordered all horses running in the Travers Stakes on August 25th to be placed under 24 hour surveillance and required that trainers document each medical treatment a horse received in the 72 hours before the race.⁷⁶ Could explain significance of the Travers Stakes. State officials then published those veterinarian records on the New York Racing and Wagering Board’s website so that the public could see exactly what medications each horses had received.⁷⁷

In September 2012, the results of the investigation ordered by Gov. Cuomo revealed that more than half of the 21 racehorses that had fatal breakdowns at Aqueduct

⁷² *Big Purses, Sore Horses*, *supra* note 13 at *1.

⁷³ *Governor Cuomo Orders Broad Overhaul of Horse and Jockey Safety Measures at NYRA Tracks*, (September 28, 2012), <http://www.governor.ny.gov/press/09282012-safetyatnyratracks>.

⁷⁴ *Big Purses, Sore Horses*, *supra* at note 13 at *1.

⁷⁵ *Id.*

⁷⁶ *Heightened Scrutiny for Horses at Travers Stakes*, *supra* note 8 at *1.

⁷⁷ *Id.*

Racetrack might have been saved had racing authorities more closely monitored their health and restricted the liberal use of prescription drugs with which some of them had been injected.⁷⁸ The investigation further revealed that both veterinarians and officials of the New York Racing Association often cared more about filling races (i.e., ensuring that each race had enough horses to be run) so as to generate more revenue for trainers, owners and the racetracks than whether or not horses were fit to compete⁷⁹

As a result of the investigation, Gov. Cuomo directed the State Racing and Wagering Board and NYRA to take several actions.⁸⁰ Some of these actions included establishing an office of the equine medical director to oversee horse safety, creating an independent veterinary practice structure within the NYRA, establishing an anonymous reporting system for jockeys, formalizing necropsy procedures, and requiring testing laboratory certification.⁸¹ In addition, it was ordered that Clenbuterol be prohibited within 21 days of a race, that Methylprednisolone (DepoMedrol) be prohibited within 15 days of a race, all intra-articular corticosteroids be prohibited within seven days of a race and all systematic corticosteroids be prohibited within five days of a race.⁸² Further, the claiming rule that was implemented to void claims if the horse dies on the track during the race and to make claims voidable within 1 hour if the horse is vanned off the track was extended.⁸³ A claiming race is a race in which a qualified, licensed buyer may purchase a

⁷⁸ Joe Drape, Walt Bogdanich, *Inquiry Faults Racing Officials in Horse Fatalities at Aqueduct*, NY TIMES (September 28, 2012), <http://www.nytimes.com/2012/09/28/sports/aqueduct-racing-officials-faulted-in-horse-deaths.html>.

⁷⁹ *Id.*

⁸⁰ *Governor Cuomo Orders Broad Overhaul of Horse and Jockey Safety Measures at NYRA Tracks*, (September 28, 2012), <http://www.governor.ny.gov/press/09282012-safetyatnyratracks>.

⁸¹ *Id.*

⁸² *Id.*

⁸³ *Id.*

horse for the claiming price listed.⁸⁴ Misplaced—should be put in a fn earlier--One big and very important step the commission also took was to amend the economic proportionality claiming rule to allow a purse-to-claim ratio of no greater than 1.6-to-1.⁸⁵ Trainers are also required to maintain records of all corticosteroid administrations and to notify the stewards in writing within 48 hours of all corticosteroid administration.⁸⁶ Lastly, trainers must report any corticosteroid administrations given within the last 30 days to all potential claimants and out-of-competition drug testing was expanded to include corticosteroids and clenbuterol.⁸⁷

Certainly these improvements at the state level are important and a welcome change. Nevertheless, without the implementation of uniform drug rules and penalties at the federal level, the rules still remain different in each of the different states, thereby resulting in significant disparities. Thus this could turn into what many fear as a type of race to the bottom. As it presently stands, if one state wants to enforce a zero tolerance drug policy, trainers will avoid the rule by simply racing their horses elsewhere.⁸⁸ Presumably, most states will not want to risk losing out on the huge amounts of revenue generated by horseracing for their residents.⁸⁹ For example, at this year's Breeders' Cup world championships in early November 2012, 2-year old horses were not allowed to be injected with Lasix, a drug intended to restrict pulmonary bleeding.⁹⁰ As a result of the

⁸⁴ Richard Eng, *Betting on Horse Racing for Dummies*, DUMMIES.COM, <http://www.dummies.com/how-to/content/examining-different-levels-of-competition-at-the-r.html>. (last visited on December 9, 2012).

⁸⁵ *Governor Cuomo Orders Broad Overhaul of Horse and Jockey Safety Measures at NYRA Tracks*, *supra* note 80 at *1.

⁸⁶ *Id.*

⁸⁷ *Id.*

⁸⁸ *Horse Racing Back in Front of Congress at PA Hearing*, *supra* note 1 at *1.

⁸⁹ *Id.*

⁹⁰ Joe Drape, *Critics Boycott Breeders' Cup After Drug Ban*, NY TIMES (October 30, 2012), <http://www.nytimes.com/2012/10/31/sports/ban-on-lasix-at-breeders-cup-keeps-some-horsemen-away.html>.

ban, several owners decided to boycott the Cup races and not run their horses, claiming that Lasix is beneficial and they were not comfortable running their horses without it.⁹¹

The debate about the benefits of Lasix is one of the biggest and most controversial issues in American horseracing today, especially as certain states decide to start banning it while trainers and owners are determined to continue to use it.

IV. VETERINARIANS' ROLE AND THE LASIX DEBATE

Veterinarians are supposed to, above all, have the racehorses' interests at heart having taken an oath to protect "animal health and welfare" however, as the New York Times discovered, racehorse veterinarians often prescribe medication in order to keep horses racing and winning rather than looking out for the horses best interests and health.⁹² Although veterinarians are the only ones who can legally prescribe medicine, in racing, they often allow trainers who are motivated by winning races, to make medical decisions for their horses including which drugs to use.⁹³ In addition, veterinarians, who act as both doctor and drugstore actually profit by prescribing more drugs.⁹⁴

Veterinarians prescribe drugs, buy them wholesale from distributors and then mark up those prices and sell the drugs for a profit to horse owners and trainers.⁹⁵ The Times reported that since 2009, 3,800 horses had tested positive for drugs, the vast majority for illegal levels of prescription drugs.⁹⁶ Most veterinarians escape any kind of punishment when horses are found with illegal levels of prescription drugs due to the trainer responsibility rule, which holds trainers automatically responsible for any drug violation,

⁹¹ *Id.*

⁹² Walt Bogdanich, Joe Drape, Rebecca R. Ruiz, *At the Track, Racing Economics Collide With Veterinarians' Oath* (September 21, 2012), NY TIMES, <http://www.nytimes.com/2012/09/22/us/at-the-track-racing-economics-collide-with-veterinarians-oath.html?pagewanted=all>.

⁹³ *Id.*

⁹⁴ *Id.*

⁹⁵ *Id.*

⁹⁶ *At the Track, Racing Economics Collide With Veterinarians' Oath*, *supra* note 91 at *1.

regardless of circumstance.⁹⁷ If veterinarians are punished, they are usually banned from racetracks but do not lose their licenses, and as a result can continue to practice at private, unregulated training centers off site.⁹⁸

Another problem is that veterinarians often answer directly to trainers, not owners, who are sometimes completely unaware of what their horse has been prescribed. Dr. Rick Arthur, equine medical director for the California Horse Racing Board told the Times that although the vet owes a fiduciary responsibility to the owners of the horse, it's the trainers that hire and fire them and it's the trainers who often know the horses best, putting vets in a difficult position.⁹⁹

Although all state racing commissions banned steroids in 2010, another prescription drug, clenbuterol is now being used to build muscle and act as a stimulant.¹⁰⁰ Clenbuterol is intended to be used to treat respiratory disease caused by poor air quality in barns; however it is now being abused by trainers and vets in order to artificially build muscle and act as a stimulant.¹⁰¹ California authorities reported finding the drug in all 72 quarter horses they tested and in 54 percent of thoroughbreds, with sales for Clenbuterol totaling at least \$7 million annually in California alone.¹⁰² When not used as directed, Clenbuterol can kill horses and cause a myriad of health problems. Boehringer Ingelheim, who manufactures the drug states it should be withdrawn after 30 days because when used in the long term it starts to push a horse into the beginning stages of heart failure.¹⁰³ In Hong Kong, which is regarded as one of the world's safest and most tightly regulated

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ *Id.*

¹⁰⁰ *At the Track, Racing Economics Collide With Veterinarians' Oath, supra* note 91 at *1. 91 is an *Id.* and all of these *id.*s can't be from page 1.

¹⁰¹ *Id.*

¹⁰² *Id.*

¹⁰³ *Id.*

horse racing venues, veterinarians are employed directly by the Hong Kong Jockey Club, which oversees racing there and holds disciplinary power.¹⁰⁴ Under Hong Kong's system no horse may be given clenbuterol unless a horse has been endoscopically examined within two days of the prescription and the veterinarians must then report all findings promptly and in detail.¹⁰⁵

Another legal prescription drug that has been abused recently is the drug oxymetazoline, an ingredient in Afrin, an over-the counter cold medicine not approved for racing.¹⁰⁶ When given in large doses through an inhalation mask, the drug stimulates a horse's cardiovascular system. Several horses on April 1, 2011 were given the drug and many of the horses shared the same veterinarian, Dr. Grasso.¹⁰⁷ Dr. Grasso has a felony conviction for selling steroids to weight-lifters and has also lost his racing license for giving drugs too close to race time and signing blank scratch forms.¹⁰⁸ Although Dr. Grasso's activities were reported to the state's veterinary board that could bar him from practicing anywhere in the state, it has not done so.¹⁰⁹ This allows Dr. Grasso to continue to practice at off-site training centers.¹¹⁰ In New York, only 2 of the state veterinary board's 125 disciplinary actions over the last 10 years involved racehorse veterinarians.¹¹¹ Further, only a few states allow for testing of illegal drugs at private training centers. New York at the time was not one of them until October 2012, when it joined the few states that do allow out of competition testing. This still leaves several other states which do not allow the testing at off-site training centers, allowing for horses

¹⁰⁴ *At the Track, Racing Economics Collide With Veterinarians' Oath*, supra note 91 at *1.

¹⁰⁵ *Id.*

¹⁰⁶ *Id.*

¹⁰⁷ *Id.*

¹⁰⁸ *At the Track, Racing Economics Collide With Veterinarians' Oath*, supra note 91 at *1.

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ *Id.* Again huge reliance on limited sources, and incorrects cites.

to be drugged there, then shipped to the racetrack.¹¹² Positive test results will not show up during post-race or pre-race examinations since drugs can be used days or weeks in advance.¹¹³ Without state veterinary boards taking away racehorse veterinarian's licenses, veterinarians will not be deterred from continuing illegal prescription drug practice. To illustrate, a veterinarian in Kentucky, Dr. Rodney Stewart lost his racing license in 2007 after he brought cobra venom onto the grounds of the Keeneland racetrack; however, he has still retained his veterinary license.¹¹⁴

One of the most controversial prescription drugs is furosemide, a diuretic sold under the trade name Salix, also known as Lasix. This drug enhances performance by flushing 20 to 30 pounds of water out of a horse.¹¹⁵ Today, almost all horses in the United States get furosemide several hours before racing.¹¹⁶ Another controversial prescription drug is the therapeutic painkiller phenylbutazone or bute. Racing authorities in Hong Kong and Europe do not allow horses to compete with any of these prescription drugs in their bodies.¹¹⁷

Many American veterinarians, horse owners and trainers strongly advocate the use of therapeutic medicines such as bute and Lasix, claiming that they benefit the horse. Kent Stirling, chairman of the national medication committee for the Horsemen's Benevolent and Protective Association, stated there was not any scientific evidence linking bute on race day to horse breakdowns.¹¹⁸ Mr. Stirling further insisted that sore

¹¹² *At the Track, Racing Economics Collide With Veterinarians' Oath*, *supra* note 91 at *1.

¹¹³ *Id.*

¹¹⁴ *Id.*

¹¹⁵ *Id.*

¹¹⁶ *At the Track, Racing Economics Collide With Veterinarians' Oath*, *supra* note 91 at *1.

¹¹⁷ *Id.*

¹¹⁸ *Mangled Horses, Maimed Jockeys*, *supra* note 2 at *1.

horses should not be denied therapeutic medicine when needed.¹¹⁹ Critics of Lasix bans believe that it is more “humane” to give horses Lasix, since when they run they experience internal bleeding which can cause cumulative damage.¹²⁰ Since Lasix was first introduced in 1995, severe visible bleeding has been reduced by 76 percent.¹²¹ Opponents also argue that trainers may revert to cruel methods such as withholding water and food from horses before races, and using illegal and less effective drugs which cause horses unnecessary pain.¹²²

In October 2012, the Kentucky Horse Racing Commission enacted a rule whereby its own staff, as neutral third parties, would be the only veterinarians allowed to give racehorses anti-bleeding shots four hours before they race.¹²³ The rule was an attempt to improve horseracing’s integrity and transparency while also reducing the number of reasons why a veterinarian would need to be present in a horse’s stall prior to a race in an attempt to dissuade any illegal activity.¹²⁴ Similar rules are in place in Delaware, New York and Minnesota according to The Jockey Club and the Thoroughbred Owners and Breeders Association.¹²⁵ [put in fn] In addition, the Commission in Kentucky has approved a rule to eliminate race-day Lasix in certain stakes races beginning in 2014, although the rule is on hold because it needs to be filed for legislative review.¹²⁶

V. CURRENT STATE OF THE LAW

¹¹⁹ *Id.*

¹²⁰ Steve Zorn, *The Case for Using Lasix*, THE RAIL: NY TIMES BLOG (May 17, 2012), <http://therail.blogs.nytimes.com/2012/05/17/the-case-for-using-lasix/>.

¹²¹ *Id.*

¹²² *Id.*

¹²³ Gregory A. Hall, *Kentucky enacts Lasix rule as debate continues*, USA TODAY (October 4, 2012), <http://www.usatoday.com/story/sports/horseracing/2012/10/04/kentucky-enacts-lasix-rule-in-horseracing/1614039/>.

¹²⁴ *Id.*

¹²⁵ *Id.*

¹²⁶ *Id.*

The Interstate Horse Racing Act of 1978 was enacted by Congress to regulate interstate commerce with respect to wagering on horseracing. The Federal Trade Commission is in charge of oversight.¹²⁷ The language of the Interstate Horseracing Act states that “it is the policy of the Congress in this Act to regulate interstate commerce with respect to wagering on horse racing, in order to further the horse racing and legal off-track betting industries in the United States.”¹²⁸ Based on this Act Congress and the federal government currently only have the power to regulate racing as it relates to betting. In the 1980s, Congress considered banning drugs in horseracing but ultimately left that decision up to individual States.¹²⁹ Therefore the remainder of control lies with the 38 different State racing commissions who all have their own individual policies, which as generated enforcement problems and confusion.¹³⁰

On June 19, 2008, in the wake of the Eight Belles incident and the increasingly prevalent medication problems in horseracing, the federal government, by means of the Congressional Subcommittee on Commerce, Trade and Consumer Protection held a hearing entitled “Breeding, Drugs, and Breakdowns: the State of Thoroughbred Horseracing and the Welfare of the Thoroughbred Racehorse.”¹³¹ One of the central questions the hearing sought to explore was whether or not horseracing needed a central governing authority or whether the racing industry was truly capable of making reforms on its own under the current regulatory framework.¹³² The hearing was meant to serve as a “wake up call” to the industry that unless they made changes and were able to regulate

¹²⁷ *Horse Racing Back in Front of Congress at PA Hearing, supra* note 1 at *1.

¹²⁸ 15 U.S.C.A. § 3001 (West)

¹²⁹ *Horse Racing Back in Front of Congress at PA Hearing supra* note 1 at *1.

¹³⁰ *Id.*

¹³¹ *Id.*

¹³² *Breeding, Drugs and Breakdowns: State of Thoroughbred Horseracing and the Welfare of the Thoroughbred Racehorse*, 110th Cong. (2008). No proper cite

themselves properly, reducing injuries and eliminating drug abuse in the sport, the federal government was going to step in.¹³³ Rep. Jan Schaworsky (D-IL) stated that, unlike every other professional and amateur sport, horseracing lacks a central regulatory authority or league that can promulgate uniform rules and regulations. Although baseball and football have strict rules that severely penalize drug use, horseracing remains a “confusing patchwork of different regulations from State to State”.¹³⁴

As a result of this hearing, the industry promised to make changes in order to avoid federal oversight.¹³⁵ These include new restrictions on the use of drugs, a program to accredit racetracks and drug-testing laboratories, uniform rules for punishing violators, and a national database where tracks were asked, but not required, to report injuries with the promise of confidentiality.¹³⁶ However, these reform measures have been largely unsuccessful, {why??} thus demonstrating the strong need for the federal government to step in. Although 55 tracks pledged that they would seek accreditation, which would require prerace inspections and postmortem examinations, fewer than half have actually become accredited.¹³⁷ As for the laboratory accreditation program, which would require uniform drug testing procedures, not a single lab had been accredited as of March 24, 2012 even though it was enacted in June 2009.¹³⁸ [Why?, do they think the feds won’t act??]

In response to the lack of progress being made by the industry, on May 4, 2011 Sen. Tom Udall of New Mexico introduced The Interstate Horseracing Improvement Act

¹³³ *Id.*

¹³⁴ *Id.*

¹³⁵ *Mangled Horses, Maimed Jockeys, supra* note 2 at *1.

¹³⁶ *Id.*

¹³⁷ *Id.*

¹³⁸ *Id.*

of 2011, which is intended to set national standards and to “amend the Interstate Horseracing Act of 1978 to prohibit the use of performance-enhancing drugs in horseracing and for other purposes.”¹³⁹ The legislation would ban all performance-enhancing drugs, and require testing laboratories to be accredited according to International standards.¹⁴⁰ [what are international standards?]In addition, the accredited laboratories would be required to report any positive drug test results to the Federal Trade Commission and the state racing commission where that race took place.¹⁴¹ Insofar as penalties, upon the first violation the legislation would impose a fine of not less than \$5,000, with a license suspension for a period of not less than 180 days from all activities relating to horseracing.¹⁴² The second violation would result in a penalty of not less than \$20,000 with a suspension of not less than one year.¹⁴³ Lastly, a third violation would result in a penalty of not less than \$50,000 with a permanent ban from all horseracing activities.¹⁴⁴

As for horses, the proposed legislation would suspend a horse from competition upon the first violation for a period of not less than 180 days; for the second violation for a period of not less than 1 year; and for the third violation, for a period of not less than 2 years.¹⁴⁵ Additionally, multiple state violations would count towards the total number of violations, regardless if they occurred in a different state or not.¹⁴⁶ The Federal Trade Commission would be in charge of enforcement, as it is with respect to the Interstate Horseracing Act of 1978, in any State in which the State’s racing commission did not

¹³⁹ 2011 CONG US HR 1733, 112th CONGRESS, 1st Session.

¹⁴⁰ *Id.*

¹⁴¹ *Id.*

¹⁴² *Id.*

¹⁴³ 2011 CONG US HR 1733, 112th CONGRESS, 1st Session.

¹⁴⁴ *Id.*

¹⁴⁵ *Id.*

¹⁴⁶ *Id.*

enter the agreement, if the state is did not adequately enforce the provisions and if a certain horse or person has received multiple violations in multiple states.¹⁴⁷ Otherwise each state racing commission would be in charge of enforcing the penalties themselves.¹⁴⁸

The House Committee on Energy and Commerce’s Subcommittee on Health held another hearing on April 30, 2012, entitled “A review of Efforts to Protect the Health of Jockeys and Horses in Horseracing.” Its purpose was to review the reforms that have been implemented by the industry in response to its continuing drug problem. Trainer, Kenny McPeck, testified that he believed the Interstate Horseracing Improvement Act was too narrowly focused and because it was? Focused mostly on performance-enhancing drugs.. He further asserted that changes should be made gradually, including a procedure in which trainers and veterinarians could participate in the decision making process.¹⁴⁹ Additionally, while Mr. McPeck supported making Graded Races medication free, including Lasix, he was skeptical in denying medication to horses at the lower level of competition who may need it therapeutically.¹⁵⁰

Currently, the Interstate Horseracing Improvement Act of 2011 has not been enacted, and although it is an important step by the federal government, it is both too broad and too narrow. Firstly, the Act is too broad in that it proposes a ban on all medications that may enhance performance, without consideration for the need of an individual horse in various kinds of situations. The Act also does not consider input from any veterinarians or trainers, as New York did when their commission enacted its reform.

¹⁴⁷ 2011 CONG US HR 1733, 112th CONGRESS, 1st Session.

¹⁴⁸ *Id.*

¹⁴⁹ *Horse Racing Back in Front of Congress at PA Hearing, supra* note 1 at *1.

¹⁵⁰ *Id.*

Secondly, the Act is too narrow since it only focuses on performance enhancing drugs, which solves some issues but fails to solve the entire problem.

It is submitted that the horseracing industry needs a uniform set of rules and policies in all aspects, not just in the area of performance enhancing drugs. The Interstate Horseracing Improvement Act of 2011, however, simply bans all performance enhancing medications (such as cobra venom, cocaine) with no consideration of the various problems. The primary problems pertain to prescription drug abuse, current veterinary practices, lack of transparency, purse to horse value ratios, lack of necropsies and off-site training centers. As a result, regardless of whether or not the Act passes, a national policy is still needed to create a uniform set of rules and practices for all racing commissions and the entire industry? so as to address these pressing problems.

VI. THE NEED FOR FEDERAL OVERSIGHT, UNIFORMITY, AND TOTAL BAN ON ALL MEDICATIONS

It is submitted that a national set of standardized rules and regulations, addressing both performance enhancing and therapeutic drugs, veterinary practice, and purse allocations. should be enacted by Congress? in order to help save both horseracing and the American Thoroughbred. The federal government must be the impetus behind the change in order to force all states to uniformly accept the rules changes and to uniformly enforce those rule changes. However, state racing commissions should ultimately remain the organizations in charge of overall enforcement. Although the industry has suggested federal intervention as a last resort and one that they really do not want, the fact is that the industry has been given a chance to reform itself and has continually failed. While some state racing commissions, such as New York, have enacted important reform that

could make a difference, too many commissions have not, and high breakdown rates continue to persist.

In order to establish national uniform rules, the Interstate Horseracing Act of 1978 should be amended to expand Congress' power over the 38 individual state commissions. As in the Interstate Horseracing Improvement Act of 2011, the amendment should require that state commissions adopt the rule changes and directly enforce them as they do now. Borrowing again from the Interstate Horseracing Improvement Act of 2011, a provision should be included so that if an offender who has multiple violations in multiple states or if certain state racing commissions either refuse to adopt the rule changes or do not enforce them properly, the Federal Trade Commission would take over enforcement in that jurisdiction. Another possible solution to prevent state racing commissions from either not adopting or enforcing the rules would be to suspend all wagering in that state until it complied since the Interstate Horseracing Improvement Act of 1978 already grants Congress that power.

Although the fines that the Interstate Horseracing Improvement Act of 2011 proposes are severe, in addition to fines there should also be jail time and community service attached to violations for trainers who violate the regulations. As Jeffrey Gural, who runs three harness tracks in New York and New Jersey, stated, "If some of these trainers walked out of the barn in handcuffs, that would be the end of that."¹⁵¹

Therefore I would propose that as to a first drug violation, offenders should not only be required to pay a \$5,000 fine, they should also serve a 180-day suspension along with a possible jail sentence or community service. The second offense should lead to a sentence of up to 6 months in jail along with a \$20,000 fine, and up to a year suspension.

¹⁵¹ *At the Track, Racing Economics Collide With Veterinarians' Oath*, *supra* note 91 at *1.

The third violation should lead to a permanent ban from horseracing, a \$50,000 fine, and a minimum of 6 months in jail. These penalties are analogous to those provided by the Interstate Horse Improvement Act of 2011 but, unlike that proposed Act, they would also include proposed jail and community service sentences.

In addition, to discourage overmedication of prescription drugs and to encourage transparency, veterinarians should have to provide medical records to each individual state racing commission for each horse that they treat in that commission's jurisdiction. Moreover, any treatments given within a week of a race day?, should be made public on that commission's website as was undertaken? in this year's Travers Stakes in New York.

One of the most important reforms that needs to be done is to establish an independent veterinary structure within each state's racing commission so that veterinarians will once again be beholden to the owners and to the wellbeing of the horses in their care rather than the trainers, who currently have direct hiring and firing decisions of those veterinarians. Each veterinarian should have to report directly to a chief executive officer of a state racing commission. Veterinarians who lose their racing licenses due to violations but retain their veterinary licenses should receive a permanent ban from all horseracing related activities and if found to be treating horses at off-track training facilities they should face criminal charges and fines. Veterinarians who have lost their licenses should also be made public on a database so that trainers and the public are more aware of the veterinarians' violation records. The changes made in New York by Gov. Cuomo are well thought out and should also be included in the federal legislation to amend the Interstate Horseracing Act of 1978, especially since they were made with the input of a Hall of Fame Jockey, a trainer, and two well-respected veterinarians.

Similar to the policy established in New York , each individual state racing commission should have to establish an Office of the Equine Medical Director to oversee horse safety at each track. There should also be an anonymous reporting system established for jockeys to report wrongdoing so they would not fear reprisal from the trainers who hire and fire them.

Another important rule change involves protection of lower level horses that race in claiming races and other cheaper races. It is proposed that if a horse dies in a race, the claim would be void or voidable if that horse is taken off in an ambulance for one hour; this would discourage trainers from entering their cheaper horses into claiming races despite their poor health and inability to run. In addition, the purse ratios should be limited to a purse-to-claim value ratio of 1.6-1 so that trainers are not entering cheaper comprised horses into races where the purse value greatly exceeds the horses value.

As for a revised drug use policy, it needs to encompass rules and regulations for both performance enhancing medications and therapeutic medications currently being abused. As per the rules enacted in New York, clenbuterol should be prohibited within 21 days of a race, DepoMedrol should be prohibited within 15 days of a race, all intra-articular corticosteroids within 7 days of a race, and all systematic corticosteroids within 5 days of a race. All records of administrations of corticosteroids should be reported to the stewards within 48 hours of a race and all potential claimants should also be notified of corticosteroid administration that occurs up to 30 days before the race within 48 hours of the claiming race. And, as set forth in the Interstate Horseracing Improvement Act of 2011, all performance enhancing medications should be banned, including Lasix.

It should be noted that in Europe and Hong Kong, which have experienced much lower fatality rates, Lasix is banned on race days since it flushes 20 to 30 pounds of water from a horse, enabling them to run faster.¹⁵² According to Dr. Sheila Lyons, a veterinarian, numerous peer-reviewed scientific papers concluded that Lasix did improve performance and did not always stop bleeding.¹⁵³ Without the drug crutch, trainers will have to take better care of their horses and will be unable to racehorses which are otherwise sore and shouldn't be racing in the first place.

Lastly, all testing laboratories must meet international standards as is proposed in the Interstate Horseracing Improvement Act of 2011. Likewise necropsy procedures should be formalized. In addition, a national reporting system to document findings of fatal injuries, jockey injuries, drugging violations should be instituted in order to improve transparency and assist in the investigatory process.

VII. CONCLUSION

The current lack of uniformity in horseracing regulation has led to high breakdown rates for horses, high risk of injury and death for jockeys, and a pervasive drug culture within the industry that continues to harm the integrity of the sport. Not only are new performance enhancing drugs being used on racehorses , such as cobra venom and frog secretion, prescription drugs continue to be overprescribed and abused by trainers and veterinarians. In addition to the medication problem, with the rise of casino/race-track combinations, purse money continues to increase at an unprecedented rate in the lowest of claiming races resulting in some purses that are at times, 50% greater than the value of the horse. This results in trainers entering unfit horses into races, and

¹⁵² *Id.*

¹⁵³ *Id.*

turning to medication regardless of the risk to the horse. Veterinarians, who answer directly to trainers, have lost sight of their overall goal of being an advocate for the health and safety of the horse and instead allow trainers to be in charge of what should be prescribed and given to individual horses. In addition, veterinarians who have lost their racing licenses continue to be able to practice at off-track training centers. Furthermore, lax penalties and a range of inconsistent penalties has led to enforcement problems allowing trainers who continually receive violations to continue to train.

In order to save the sport and in the best interest of the American Thoroughbred race-horse?, the federal government must step in and amend the Interstate Horseracing Act of 1978 to include a new uniform set of rules and regulations that all 38 state racing commissions would have to enact in its entirety. American horseracing can once again become the “Sport of Kings,” but only if members of the industry cooperate with the federal government to implement these important and much needed reforms.

Good topic. Basically well-written. Reliance on limited sources. The footnotes are a “mess.”

Final grade: A-