THE UNIVERSITY OF ARIZONA
Race Track Industry Program

33rd ANNUAL
SYMPOSIUM ON RACING & GAMING

THURSDAY, DECEMBER 7, 2006

SAFE AND SOUND

Moderator/Speaker:
Dr. Rick Arthur, Equine Medical Director, California Horse Racing Board

Speakers:
Christine Janks, Trainer
Dr. Jerry Pack, Veterinarian, Pennsylvania State Horse Racing Commission

MR. STEVE BARHAM: Get seated, and turning off cell phones would be greatly appreciated.

First of all, a couple housekeeping issues again. If you want a DVD or videotape of any of the panels, we are producing those. We increased the quality, improved the quality. Order forms are available at the registration desk. So feel free to do that. If you forget, we'll also have the order forms on the Web site.

I'd also like to thank Delaware North Companies Gaming & Entertainment for sponsoring the refreshment break.

This panel is "Safe and Sound." We have three panelists here that hopefully will be able to enlighten us all on that issue.

My job is to introduce Dr. Rick Arthur. Dr. Arthur has his bio in the back of the program. I'm not going to read the whole thing; however, he has been involved with medication and regulatory issues in thoroughbred racing for over 25 years. He now is working for the California Horse Racing Board. And it seems every time I pick up a trade journal and we're looking at equine health, Dr. Arthur is quoted or mentioned in it. With that, I'll turn it over to him.

DR. RICK ARTHUR: Thank you, Steve. Thank you.

First of all, I'm going to tell you I'm going through a lot of slides very quickly. We have two other people that are presenting information. We have an enormous amount of material to present in a relatively short period of time, and we want to

leave enough time for questions and answers.

It's clear that these sorts of issues are very important to everyone in horse racing. You're going to get frustrated because I'm going so fast. You don't need to get too concerned about specifics. What I want you to grasp is the overall problem we have to deal with.

This is information from a study we did with the Grayson Jockey Club with Colorado State University. That started in March of 2002. And what the study was, we enlisted 238 horses and followed those over a 10-month period of time. And the study, which is not really relevant, we were looking for serum biomarkers as a predictor of injury.

Part of the conditions of the study was whether a horse was out of training for 30 days at any time they were dropped from the program. This is where we ended up, 10 months later, out of 238 horses there were only 18 horses left that had not been taken out of training for at least 30 days from that period of time.

If you look at this in a different way, this is data that The Jockey Club provided on average starts. In the early '50s there was nearly 12 starts per horse. In 2005, a little over six. If you look at the years raced it dropped slightly from about three and a half to a little under three. And when you put these all together, what you end up with is you multiply years raced by starts per year, a 40 percent reduction in starts from each horse that races in horse racing over that period of time.

If you extrapolate that a little bit in rough numbers, take 36 months into the roughly three years we're looking at, what we end up with is a three percent loss of horses per month. And taking the roughly 70,000 starters we had in 2000, three percent a month times 70,000 times the mean price at sale per horse is a cost to the industry of $520 million in horse flesh around the country. That's over half a billion dollars per year and that's just the capital expenditure of horse owners into this particular game. It doesn't count anything about the operating expenses like training and veterinary costs and the like. And the reality is, there's no racetrack operator, if you put them all together, that are not putting a half billion dollars a year of capital expenditure into this game.

Taking a little different approach, in California since early 1991 every horse that died within the enclosure of a California racetrack has been necropsied, from stakes horses to ponies even. And what we found in that period of time, if you take 2005 as an example, of the 342 horses that died, 264 were thoroughbreds. Of those 78 percent died of musculoskeletal injuries and 46 were in racing and 34 percent in training. Which is a large number, 46 percent of this number by the way. If you look at how it's changed over time, if you look at thoroughbred fatalities, it's gone up over time. Fatal injuries per start by year, it's gone up, and by starters per year it's gone up over time. In other words, more horses are suffering fatal injuries every year over the period this study has been going on.

If you look at some of the risk factors, everybody wants to blame racetracks. If you look at the data, epidemiology results are really rather equivocal. There's no solid information that racetracks are associated with breakdowns, which is counterintuitive to what most of us believe. Maybe the right question just hasn't been asked. But all these studies will point one way or the other.

But race surfaces obviously are important in the ways the force is transmitted up the leg. But we don't have good data on racetracks. McPeterson from the University of Maine has been doing some good work. But interestingly, I found out more about Santa Anita and Hollywood Park's turf courses when I was in Japan than I ever knew in California. And the interesting thing in Japan, the people that run the racetracks are graduate engineers.

But when you talk about racetrack effect, this is a very good example of where some confusion comes in. When we started Del Mar, these are the 16 horses that died at Del Mar. A lot of them happened very early in the meet. This is a graph of horses that died of nonsesamoid fractures. This is a line of a population, a separate population of horses in the past few years that died of sesamoid fractures.

And when you look at all these horses, these are the horses that died at Del Mar during that period of time, only the two green dots — we're looking at how much distance they accumulated over a period of time. If you look either of these fatalities, these injuries were starting to set up, two, four, six, eight and sometimes even 10 weeks before the injury occurred at Del Mar racetrack.

I'm going to move it on a little bit. We talk about Cushion Track, Polytrack. I think the data is pretty fascinating from Turfway and Keeneland.

Cushion Track, even with the startup difficulties they have had in terms of learning how to maintain the racetrack, is going to be a much better surface this year as compared to last fall and certainly the fall before that. They are similar surfaces, very little difference between the two of them. There's a lot of other surfaces we saw in this particular group. Everybody wants to say we need to do a better job of examining these horses.

Studies have been done where you can identify horses at risk. But the problem is that the low incidence of injury overall makes it difficult. Even if you take this particular horse, 18 times more at risk than the average horse, that horse has nearly a nine times out of 10 chance of finishing the race successfully.

Again, the rate of exercise is an important factor in the way horses break down. But not only that, we have race times but work time and the intensity of these works has changed as well. This goes back to 1940, we actually did this for Grayson-Jockey Club. And the fastest works over time have changed dramatically.

I remember when I first came to the racetrack as a veterinary assistant. Charlie Wittingham worked Cougar in 11 and change and we all talked about it.

There was a 2-year-old at Del Mar this summer that had not started yet that worked six furlongs twice in 10 and change. And by the way, he got beat in his first start.

Toe-grabs have been related and long toes, underrun heels associated with breakdowns, and that's basically through suspensory apparatus failure. And studies have shown that suspensory apparatus inflammation or injury, especially suspensory ligament, decreases a horse's chance of staying in racing over a period of time. The reason is simple, it's a simple lever mechanism. The longer your lever, the more force you have on the ligament structures. And if you look at the fatalities in California 2005, over half of them are associated with injury to the fetlock and the suspensory apparatus involvement.

We also can see these injuries from the necropsy program, different horses with different stages of the same disease, and we do know that the osteochondrosis is associated with traumatic fractures. It's just like the stress riser on this bag of peanuts. Essentially, it rips, and that's what we are doing to some of these horses when you continue to train them with injuries.

The fact, through the program we know over 90 percent of all fatal musculoskeletal injuries have pre-existing tissue or bone injury of some sort. That doesn't mean you can identify them clinically, but they are there when you hook at them with some of the diagnostic techniques available.

So what are the minimum standards of operating a racetrack? I think the real key is to have a plan of action and somebody has to be responsible. I know the Breeders' Cup had a very good plan going into this year at Churchill Downs. But it doesn't take much to screw these things up. You need to get a team together and everybody has to know what's needs to be done. And everybody has to have their own responsibility.

You need necessary equipment like a Kimzey splint or other splinting material; emergency drugs both to anesthetize a horse and euthanize a horse; a sling or drag mat so you can get a down horse off the racetrack if appropriate; and other requirements you need in specific areas. In California in the hot weather we always have ice water available on our ambulances.

And the key is to have an adequate ambulance. This Kimzey ambulance we helped design in the late '70s in Southern California. It works very well, easy for a horse to get in, there's a place for people to stand and protect. There's a winch where we can drag and anesthetize a horse off the track, and we have done that, squeeze chute to keep them upright. There's a skylight in the top that makes it easy for the horse to go through and you can walk the horse right through. There's obviously other ambulances available.

Kimzey splints are key. Every ambulance should have one, and I dare say if Barbaro didn't have one on his hind leg I doubt if he would be around here today. Much damage to tissue is after their injury.

The Welfare Summit in Lexington, Grayson-Jockey Club sponsored went into a lot of information. We don't have time to go through it all. You should look at the detailed plan. A lot of logic and a lot of work went into that. Some of the things we are looking at is a national injury reporting system.

The fact is, we don't have good data. In California, the necropsy program we have yes, we know what's happening with dead horses but we don't know how many horses are injured. Different people are trying to do this around the country. One jurisdiction reports it one way, one reports it another. Someone is working on it in Florida and trying to get an idea of what's happening. There's a lot of other issues involved in this as well.

We're talking about continuing education. Let people know some of the risks, how what they are doing is affecting the health and welfare of the horse. Continuing education requirements like veterinarians have — physicians, lawyers have to have, law enforcement personnel have — to have to know what's going on for trainers, veterinarians, farriers, and other people that are licensees.

To get information out on bad approaches to shoeing horses. To look at the safer race surfaces throughout the country. We really need to know whether these synthetic tracks are that much different or just a Band-Aid to delay the inevitable.

We need to encourage breeding of sounder horses. If you look at The Blood-Horse, at Grayson Jockey Club they have an insert in there, gives some information about which sires have the most starts per foal or per starter.

Talking about trying to look at a way to increase racing injuries. Dick Mandella talked about voiding claims on horses that don't finish the race, to take the incentive away from running bad horses, and other things to try to encourage horses to stick around for a long period of time.

And not only include winners, but how many horses does a trainer lose? The big elephant in the room in horse racing is who the trainer is — I don't have facts to back it up — who the trainer is is probably the greatest risk factor on whether a horse is going to be injured or not.

We're also trying to keep a database on health records. Everybody wants to blame medication on the amount of breakdowns we have. It may very well be true, but we don't have the data. We don't have the data whether some procedures are more at risk than others. And that's the end of my talk.

And, Christine, I'll let you come up here. Christine is the leading trainer at Arlington Park, and a leading breeder in Illinois. She has been active in the Illinois Horsemen's Association, and HBPA, and advocate for the welfare of racehorses, and was in the middle of all the problems at Arlington Park. Thank you.

(Applause)

MS. CHRISTINE JANKS: Basically, what I have been advocating and continue to advocate is that the horses need better protection. And logically it would come from the trainers, but through a variety of reasons and a variety of pressures that's probably not going to happen. Logically, the advocate for the horses needs to be the state vet, the state racing commission.

And for those of you not aware of it, we had a rash of breakdowns at Arlington Park last summer. At that time they were only examining about 20 horses pre-race, and very superficially. Almost no horse was ever jogged. Horses standing at the front of the stall, their legs were felt, and they weren't even moved around their stall.

And so with the pressure between the Barbaro situation and the amount of breakdowns there was a tremendous amount of press with everyone blaming the racetrack. Newspapers that had never even reported on racing had reporters standing by to take pictures of the next breakdown. At no time was anything said about, wait a minute, let's take a look at the trainers.

Are these horses injured when they are running? Are the same trainers having more breakdowns and some trainers not having any breakdowns? And in looking into this, and I waited for an opportunity for when I would have an audience, this seemed like a perfect time to speak up for the horses. In the breakdowns, the same trainer names appeared on quite a few of them.

I got an article written and lobbied the racing board and another veterinarian was hired, which was difficult, because they don't really understand the importance of it. So there's not enough money, funding. I'm not saying our state veterinarians are doing a poor job, they are doing the best job they can with the resources that they have, which are not nearly enough.

And, unfortunately, being a trainer for 35 years, I see abuse by trainers on all levels, and I see it all the time. I see horses training that clearly cannot, are not sound enough to race. And my question is always, why aren't the state vets doing more? Some of it is decreased financial, and some of the decrease is doing business the same old way.

I really believe that the racing sound designation needs to be tightened up, more funding for the policing of racehorses' condition, and that will pay for itself.

As Dr. Arthur pointed out, our industry is losing a tremendous amount of money on horses not starting as much as they used to. If horses were required to rest a month or two months at some point and they ran back seven or eight or 10 more times instead of breaking down two starts later, that's a tremendous amount more money for everybody. More vet bills, more jock's mounts, more trainer fees, more everything.

And so when we see a decrease in the starts — and it is my contention that

part of the problem is we're not as patient as we used to be giving horses time to heal. Some of the advances in medicine have allowed us to keep these horses going when clearly they need a break.

One of the things I would like to see is a more realistic vet list. I think it's ludicrous that if a horse pulls up lame in a race, with an injury, literally the horse can breeze two days later. And if he can slow breeze by around there, to get by the vet, he can be entered a week later. That's ridiculous.

Clearly, if a horse pulls up lame in a race, he needs a period of rest. I would like to see investigation done to analyze what the problem is and adjust the time on the vet's list to the time it would take to heal whatever injury that horse has.

We all would like to think that the main component is the well-being of the horse, but I think we all know the reality is, the main component is the money. I think if we turn this around we can use the economics to drive the reform. I think by doing a better job of taking care of horses, preserving the horses, healing the horses, the same horses can be utilized to a greater extent and make money for all of us. I contend we don't have a shortage of horses, we're just shortsighted in the protection of the product we have. And so we don't get to utilize it to the point that we could.

Again, what it takes, and I'm going to continue in Illinois lobbying and pressuring the state racing officials to realize that any money spent on horse protection will pay back many fold in the end.

Thank you.

(Applause)

DR. ARTHUR: Thank you, Christine. Our next speaker is Dr. Jerry Pack. He is associate veterinarian for the Pennsylvania Horse Racing Commission. He came to his position after nearly 20 years of private practice, so he brings a lot of practical experience. And he has a good presentation, that he gave at an industry meeting in Tokyo that I think you will find very interesting. Dr. Pack?

DR. JERRY PACK: Thank you, Dr. Arthur. We're going from one spectrum where Rick works with the high-dollar horses to the track where a lot of us work at that has the cheap claimers. Our presentation today is a 10-year-old retrospective study in catastrophic injuries at Penn National Racetrack.

I'd like to thank my coauthors, Dr. James Summers, Dr. Nancy Diehl, and Dr. Barbara Corson.

When we sat down and decided to put this study together, we asked ourselves, what do we want to answer? The first question we wanted to know is: What factors contribute to the catastrophic breakdowns?

Number two: Is the catastrophic rate at Penn National, where cheap claimers run, in the same category as with the bigger tracks with more money?

And, finally: Can we readily predict a catastrophic injury?

In this paper it's defined as a horse being euthanized post-race or within 24 hours of the running of the race due to an injury that occurred.

Penn National Racetrack is situated in south central Pennsylvania, home to about 1,200 thoroughbred racehorses. Racing is conducted year-round. During the 10 years of the study, races were conducted four nights a week.

This is what our grandstand looks like as of April 8, 2006. This is what our grandstand now looks like. This is for preparation of racino scheduled to open in December of 2007.

We have a mile racetrack with a quarter mile and a three-quarter mile chute. We have a limestone base with a four to five inch cushion. Our cushion is made of sand, silt, and clay. The percentages of that varies with the time of the year. We have a seven-eighths turf track, grass being bluegrass, fescue and rye. During our turf season, which runs from late May to mid-September, they keep a seven to eight-inch grass.

In 1997 the Pennsylvania Department of Agriculture opened our Animal Diagnostic Center in Harrisburg, PA, which is about 15 miles from our racetrack. Since that time all our catastrophic injuries have been transported to the lab for necropsies. Post-necropsy we have tissue samples submitted to the Pennsylvania Equine Research Laboratory for medication screening.

Our purse structure for the last 10 years has ranged from $57,000 to $76,000. With that type of purse structure it's difficult to attract a better quality of horse.

Bottom maidens, $5,000. And bottom claimers are $2,500. There's four regulatory veterinarians. Three of us are employed by the Pennsylvania State Racing Commission. The 14 percent, or 30 of 272 breakdowns we had have been identified as being racing unsound and put on our vet's list.

If we look at the total starts over the 10 years, we had 143,000 starts. Total dirt starts there, the high, low, our catastrophic injury rate average was 1.9.

When we talk to our constituents at the AAEP over the last four or five years, the rate we usually hear is between 1.8 and 2.2 catastrophic injuries per thousand starts. I have heard it as low as .05, and I have heard it high as 4.6. The range is usually between 1.8 and 2.2. Our turf starts, 9,700, with the high and the low, and our average catastrophic rate of .09.

So we decided to look at all these factors and first thing we started with was

total injuries per month. As you can see, it ranged from 16 in January to 35 in September.

And we said, September, what's the problem? What's the difference? Going from turf course to dirt course, got to be. Must be turf horses to dirt. Wrong. Only two. To this point we haven't figured out why, but we know September is routinely our biggest breakdown month. If we look on the turf, as you can see, July was the largest month of five.

When we looked at this graph it has several things on it. We're looking at the gender and age. Our condition book is written with a 60/40 split for male and females and 60/40 split for sprint race and distance races. We had 140 geldings, 46 colts and horses, 86 females. Age range in catastrophic injuries was from 2 to 13, and first-time starters to a horse with 147 lifetime starts.

We elected to divide our catastrophic injuries into eight categories: Cervical vertebrae or neck, scapula, humerus, radius, carpal, metacarpal, fetlock, P1.

Basically, what we were looking at is the number of starts and the average age of each fracture, and our overall average was 30 starts before catastrophic injury occurred and 5.5 years of age.

We looked at track conditions. And, unfortunately, we do not have the total number over the 10 years of each condition to compare these two. But we had 192 breakdowns on fast tracks, 23 on good, 15 on muddy, 31 on sloppy, and 11 turf catastrophic breakdowns.

Start category. How many days was it from their last race until the catastrophic injury occurred? As you can see, three weeks. And that's usually what our condition book is written as. The greater number, 180.

Second one, 60 days. And a that was in the 87 range, six months. And as you see, as we, the numbers decrease. We did 13 first-time starters that broke down.

Prior race condition. You know, we get this thing, reason the horse broke down, he was claimed for five, now he is sore and we're going to run him for 25. So we looked. We had 36 horses actually running in a higher condition race, 87 is lower condition race, but 149 of 272 running in the same condition race.

Type of shoes. And I think this is something we're going to hear a lot about over the next few years with the toe-grabs. Prior to 2000, the most common shoe, according to the blacksmiths, was the toe-grab. I'm talking about two millimeter toe-grab. Occasionally we see a four and a six on a hind leg, but very rarely do we see anything greater than a two on the front.

Out of the 272 we had 252 reports of the type of shoe. As you can see, 192 with toe-grabs, 59 with Queen's plates, 20 with outer rims, four with square toes,

and two with a wide web. When we looked at our 10-year average, which is again the number per 1,000 starters, we ranged from 1.4 to 2.5 and the average over the 10 years was 1.09. We looked at left versus right.

What we had was 141 horses with left leg injury, 116 had a right, seven horses fractured both knees, three horses fractured both fetlocks, and three horses had a carpal and a fetlock fracture.

There's a couple of things on this chart. First off, the location the injury; second, whether it was a sprint race of three-quarters of a mile or less; and whether it was a distance race of a mile or more and a turf race.

Post-race, we had 24 catastrophic injuries; the finish line we had 25; 70-yard pole, 20; 1/16 pole, 17; 1/8 pole, 18; 3/16 we had 11; 1/4 pole, 49; 3/8 pole, 78; 1/2 mile pole, we had 26; and 3/4, we had four. If you look at the sprint versus the distance, the sprint races are far greater than the distance races and tremendously greater than the turf races.

What was the distribution of our breakdowns? We had one radius, three scapulas, three cervical vertebrae, eight P1, eight humerus, 31 metacarpal, 51 carpuses or knees, 167 fetlocks or ankles.

Now, the large bone in our opinion — when you see a radius or humerus go, it's most likely due to pre-existing micro-crack that's been undiagnosed. The cannon bone, we also feel it's due to pre-existing crack. And up until recently, the diagnosis of a saucer fracture in a cannon bone on the backside of the racetrack with the x-ray equipment we had was almost impossible to do. With the invention of the new digital radiograph machines hopefully we will be able to diagnosis these more frequently.

This fracture is the most devastating on the racetrack because this horse is going down, and when he goes down the jock is going over the head. And this is where most of our jockeys are severely injured.

In conclusion, can we come to a conclusion? Well, with all the data we have, with the century of experience of the four people that wrote this paper, we feel we can come to something.

Because of the circumstances at each track we feel they should maintain their own data, but with standardized criteria we feel the data could compare with prior years and other racetracks. While we appreciate the value of pre-race inspection, we have found no demonstrable relationship between these inspections and catastrophic injuries. We believe that pre-existing injuries and changes in lameness can be predisposing factors. We have not found this to be an accurate predictor of catastrophic injuries.

One might think that horses on the veterinary list would represent a population at greater risk for catastrophic injuries. Ironically, we found a smaller

proportion of these horses are involved than we believe; therefore, we conclude this list is not a great predictor of catastrophic injuries.

Although poor quality of the participants does not necessarily equate with lameness issues, popular opinion might lead one to believe this is a fact and that these horses are at greater risk for injury. However, rates of injury reported by jurisdictions with better quality horses are within the range of the data from Penn National Racecourse.

We are unable to relate track conditions to the incidence of injury. Anecdotally, we seem to see an increased incidence of injuries related to the condition of the track and not track condition.

One conclusion that might be reached without reservation, at Penn National Racecourse, turf is inherently safer than dirt. The higher number of injuries that occur in the area of the 3/8 pole to 1/4 pole would indicate that running on turns and changing leads may be a factor. Fatigue is frequently considered to be a factor leading to injuries, especially at the finish line and when pulling up post-race.

From the data we collected, the type of shoes worn is, we feel, a great factor as well as the number of starts, frequency of starts, age and sex. We have found a large variation in the rates among trainers, and our more successful trainers tend to have the lower rate of breakdowns.

The factors we identified were of no surprise; however, we feel there still may be some unidentified factors which are less obvious. Bottom line, in our opinion, that catastrophic injuries are not reliably predictable.

Authors of this paper would like to acknowledge the generous support from the following: The Pennsylvania Department of Agriculture; the Pennsylvania Horse Racing Commission, notably Benjamin H. Nolt, Jr., executive secretary; the Pennsylvania horse racing commissioners with great gratitude to the late F. Eugene Dixon Jr., chairman; Dr. Larry Soma of New Bolton Center, University of Pennsylvania School of Veterinary Medicine; the Pennsylvania Equine Toxicology and Research Laboratory, West Chester, Pennsylvania; and the staff of the Pennsylvania Veterinary Laboratory, Harrisburg, Pennsylvania.

Now, this is the artist's rendition of the front of our new grandstand, our racino; and this is the rendition on the backside with the racetrack. This to be our new paddock. Thank you.

(Applause)

DR. ARTHUR: Thank you. I asked all the speakers to hurry through the presentations so we have enough time for questions, and hopefully we can stimulate discussion.

An interesting issue is pre-race examinations. I attended racing regulatory

meeting at AAEP and most veterinarians that do the job agree with Dr. Pack. It's difficult to predict injuries on individual horses. And certainly some of the data indicates that to be the case, even though, as I pointed out in my talk, you can identify the horses at greater risk, even when you take it into account those horses are unlikely to break down in a race.

Do we have any specific questions here? Anybody have anything they want to talk about?

A VOICE: Do you have any idea why some trainers more than others?

DR. ARTHUR: Why do you think breakdowns are distributed disproportionately with some trainers than others?

DR. PACK: Our colleague addressed that issue. We have one trainer that has skewed, basically has 10 percent of our catastrophic injuries.

DR. ARTHUR: And doesn't have 10 percent of your horses.

DR. PACK: No. And we probably — he is scrutinized more than anybody on the racetrack, in spite of it you just — his horses look great, go to the track great, and he breaks them down.

DR. ARTHUR: Christine, do you have comments?

MS. JANKS: In Chicago when we were having all the breakdowns, there were a couple spotted around what I would call accidental breakdowns. If you went through the trainers and examined the individual horses, race records, there are very few mysteries. They tended to come from the stables that historically have a high number of breakdowns. They tended to be horses, like the 9-year-old making his 12th start of the year in June. And horses like that, that you can make a pretty good case as being one likely to breakdown.

One of the other things I didn't say is we've had at least two cases that I personally know of horses running with obvious saucer fractures that were allowed to run, did not breakdown, but to me are in danger of breaking down, and they are risking people's lives. And they could have been caught on a stringent pre-race exam.

DR. ARTHUR: Interestingly enough, at the AAEP, even though most of the examining veterinarians did not think they could predict individual horses efficiently, the general consensus was that the examining veterinarians establish the criteria that discourage trainers to enter bad horses.

For example, our experience at Del Mar, where we had good examining veterinarians, we had a logistically — it's a difficult stable to get around in. So we added a third examining veterinarian. And in that instance, let the trainers know, when we had a raft of breakdowns, we were going to be stricter in our

examinations. And most of the injuries at Del Mar happened in the first two weeks of the meet after we instituted an additional examining veterinarian and let people know we didn't want to see any more breakdowns. We had four in the last four weeks of the meet. I think examining veterinarians set a standard, even though it is difficult to identify individual horses.

DR. PACK: We don't pre-race exam, but our feeling is in the morning when you go through to look at the barn you don't know whether the horse is coming out of the ice tub. We do know when the horse is coming out to the saddling paddock that he better be at his best game. And by the time the jock is up and warms the horse up and the veterinarian at the starting gate has ample opportunity to look at this horse in the warm up process, we feel it does an adequate job for us. And basically not pre-race inspection but the horses are examined prior to running.

A VOICE: This is for Christine. As you know, I was a trainer for many, many years. And I just left.

I love the idea about voiding a claim when a horse is injured. I would like to extend it all the way to the test barn where if the horse is lame in the test barn, the claim should be voided. Because I believe that. I don't want to ever see somebody on the racetrack patting each other on the back because they just had a sore horse and sold it to somebody that was unsuspecting. I think it's very bad for the game, so I applaud that idea.

I have a couple of others to ask you about. How do we raise the bar of ethics for trainers? Being on the racetrack for many years, watching a trainer next to me inject his horses' joints on a daily basis with cortisone and, of course, they pass all the state vets, but when they get to the track they breakdown.

Maybe when somebody has a rash of breakdowns — this person had 15 in one year — his stall should be reduced by the amount of breakdowns he had. And maybe if he had 15 breakdowns instead of 20 stalls he has only five, he might think about his training methods going into the future.

And I would like to know what you think about that idea.

MS. JANKS: I do believe we need to involve the practicing vets more. And as it stands now, if a horse pulls up lame or looks suspicious in a pre-race exam, I think that the state vet should confer with the practicing vet, go over the history of the horse, go over if there's x-rays. As a trainer in order to get licensed, technically, we have to prove we are able to train a horse to be fit and sound and ready for a race.

I really don't understand why we don't have to prove that the horses are sound. And, for instance, if there's a question on a horse in a pre-race exam, the state vet should be able to require, say this horse has a hot callous, a hot shin, I want to see an x-ray on this horse before it can run.

If the horse is x-rayed with a saucer fracture, then the vet's list should be accordingly. This horse is ineligible to be entered until you can bring me a clean x-ray. And involving the practicing vets and making them part of the process and part of the accountability, you know, as a team with the state vet, trainer and practicing vet, I think you will see less incidence of breakdowns. As Dr. Arthur said, the same thing happened this Chicago when the pre-race exams were tightened up. The practicing vets were told they would be questioned about breakdowns and the breakdowns went down to a trickle.

A VOICE: That's the point I'm going towards. I wonder if the State of California or the State of Pennsylvania do any sort of studies, follow-ups on breakdowns and direct veterinarian involvement? Who are the vets involved? Decrease one vet working with six trainers that had twelve breakdowns, blah, blah. I wonder if anything is being done in that regard?

DR. ARTHUR: Nothing has been done. We discussed how to do that in our jurisdiction and we expect to get it done some time going forward. One thing you have to realize, in the morning, where we do have pre-race examinations in California, trainers have done everything they can to get the horse to look the best. If the horse needs to be walked, sometimes they're the walking machine an hour-and-a-half waiting for the track vet to examine the horse. Part of the Grayson-Jockey Club recommendations from the summit are to re-evaluate how horses are examined; and not only examine them before the race, but sometimes afterwards.

Ultimately, the trainer is the person responsible for putting that horse into the race; and they know more about that horse than the examining veterinarian ever will.

A VOICE: A question and comment. I'm a trainer licensed in five or six states. Won six stakes this year, two graded stakes, raced horses at Oaklawn Park, Des Moines, Iowa, Chicago, and won a stake in New Orleans last week.

The difference in the quality of the state veterinarians examining the horses is remarkable. Some of the states they know the front from the back. Other states they hire a kid out of school and they are not prepared to be trainers and advise them on anything. They don't have the ability to be aggressive enough to scratch a horse.

In Chicago I pointed out we had never had a horse scratched in the morning. That vet was later moved to another racetrack and not to be seen again. So that's one problem we have, the fact that these racetracks try to save, money and the states also.

The other fact, I think a recommendation I would have, stakes are graded one, two and three. There's no reason that between their last workout, which is usually a week in advance, they could not supply digital x-rays to some authority to make sure they came out of the workout okay. There's no greater harm to this industry than to see Barbaro pulling up out of the gate. Now, that may have been

coincidence, maybe it wasn't. We'll never know. There's many horses that race on Breeders' Cup day that are injured in workouts, go to race, and pulled up or breakdown in the stretch. I'd like a comment.

DR. ARTHUR: There's two points.

Number one, trying to get people to do regulatory work at the racetrack is virtually impossible. They don't pay well, you have to work every holiday and every weekend. People don't want to do this, particularly when they can make more money doing other work. It's a problem racing jurisdictions and racetracks have to face. If you want talented people or capable people you have to pay the money.

Second issue, again, not specifically your recommendation. You have to look at those sorts of the things. The Grayson-Jockey Club summit did have as one of the goals to totally re-examine how we look at these horses before they are entered in the race, and a suggestion like that would be considered or something similar.

Dr. Pack, do you have comments?

DR. PACK: We have a tremendously hard time hiring qualified people to work in our position. Philadelphia Park went for eight months with a sub to help them out. We went six months before we were able to hire. Salary is not bad. You are not killing yourself, but it's difficult to hire veterinarians to work in a state job.

A VOICE: I would like to ask you if you could expound a bit on the toe-grab issue at the Grayson Foundation.

DR. ARTHUR: One of the issues we are looking at, we in California, we have a rule on the books that horses with more than four millimeter toe-grab are not allowed to run. It hasn't been administered because of various problems; and defining how it's going to do and whether it's going to go forward or not, we don't know. But the fact of the matter is, because of the information, we have very, very few trainers running with high toe-grabs. They are usually the trainers that come from the quarter horses.

Christine, do you have a comment?

MS. JANKS: One thing I would like to say, an old-time trainer in California said he didn't like examining veterinarians because they scratch too many of his horses in the morning, but he doesn't have many breakdowns. But his point is that, do away with examining veterinarians and a trainer gets one breakdown for free, the second one is a thousand dollars, and the third one they are ruled off. But anyway, that works for me.

A VOICE: A lot of good information on the breakdowns. One thing I saw was absent, especially with Dr. Pack, was horses on medication who broke down. Did you look at how long they had been on Lasix or other bleeder medication, etcetera?

DR. PACK: Probably 99 percent of our horses run on Lasix at Penn National. Our veterinarians do have to turn in a daily treatment sheet to us and put on it everything they administered to the horses. We did not look at that, but I can tell you from the 19 years I was on the backside and knowing the backside of Penn National probably they all had Bute in them, at least.

DR. ARTHUR: One the problems we had with Grayson-Jockey Club and why we recommended they keep medical records is we can't answer your questions specifically. And there's a lot of opinions, but we don't actually know. I think most of us that practice on the backside are convinced that, in particularly, corticosteroids are associated with increased breakdown. One of the reasons Dr. Pack can identify those horses before they run.

And I believe there will come a time in the not too distant future where we will regulate anabolic steroids much more than we are today. I know there's a lot of interest in this at all levels, but when that will come to pass it's hard to say. One last question.

A VOICE: I was curious. Ms. Janks commented about a tiered vet's list. Could you comment on the classifications and how we might get something like that going so you don't have a horse coming back and working shortly after it's pulled up lame?

MS. JANKS: Well, I have to say when our state vet says in a meeting regarding this that he is not working every day, sometimes he can buy a horse another week. I said this is a real problem, and the vet's list should actually be that the horse, there's a racing-sound standard that the horse is on the vet's list until it's now racing sound; and if that's a minor injury it could be a week or two or a month. If it's severe, like a fractured cannon bone, it could be until it has clean x-rays.

Basically, I don't think there has to be changes in the rules, just the way it's administered. The vet's list means the horse is ineligible to race until it's racing sound.

DR. ARTHUR: With our vets list we have two ways of putting them on. If a horse comes back with a little dink and we're dealing with a trainer that's going to take care of him, we're probably going to put him on an exam list. Basically, we've said, you get seven days, and after seven days we'll look at your horse. If he is sound after we look at him, fine, we will take him off.

The other one, we put him on a work — they have to work a half a mile. We don't have specifications as to time. Some tracks do. They cannot work for seven days. If at the end of seven days he comes off, he is eligible to go back in. If that horse is put back on the vet's list his next start, we're going to give him at least 30 and probably 60 days before we will look at him again.

I think we should re-examine some of those things, as I think all regulators know. There comes a time when a horse is scratched, the trainer goes out and

wants to prove he was right and you were wrong. And those horses go out and they will work.

And there's a notorious example in California where a famous horse was taken out and worked the very morning that she was scratched out of a very big stake race to prove the track vets wrong and she fractured her pelvis. Ironically, the owner blamed the track veterinarians for scratching his filly, not his trainer, because he took her out and worked her.

We have to be more imaginative on some of these things. The reality is, we're losing some of our horsemanship. People don't have a feel for the horses. There's a big emphasis on veterinary care today that there wasn't in the past, and there's a lot of competition for horses between trainers. There's a lot of factors to go around. And we're probably breeding a little bit weaker horse. But anyway, we need to figure out what the facts are so we can figure out solutions for this.

And thank everybody very much.

(Applause)