— SHADES OF GREY

A recent *Paulick Report* article, "Racing Medication and Its 'Shades of Gray'" authored by veterinarian Scott Palmer, Director of the New Jersey Equine Clinic and former chairman of the AAEP's Racing Committee, is somewhat amusing as it alludes to the notion that North America is close to achieving a consensus on the medication, injury and breakdown issues that plague the industry. [1]

Palmer states:

"Lack of uniformity in medication rules among racing jurisdictions continues to stifle industry progress. Multiple groups – including the AAEP – are pushing for reform of the racing business model and governance structure, but consensus has proved elusive. However, recent efforts, including The Jockey Club reformed racing medication rules and the ARCI medication proposals are on a parallel track to simplify and standardize regulation of medication. I feel confident that we are closer than ever to achieving a consensus on these issues."

Who is he kidding?

There is no question that this sport, if it intends to survive, must move forward on this issue but there are far too many dissident racing jurisdictions, tracks and individuals within the Thoroughbred racing industry at war with change. One need look no further than the raging Salix debate – divided we stand, divided we fall. [2]

As a commentary submitted by the Water Hay Oats Alliance (WHOA) clearly indicates:

"In an effort to stop the sport's slide toward oblivion, industry reformers and other advocates for the horse have waged a vigorous campaign to clean up the industry and the vile and damaging drug culture associated with equine competition.... And after years of turning a blind eye, Thoroughbred racing organizations including the Jockey Club, TOBA and the Breeder's Cup have finally stepped up to at least express a willingness to change things. But at this rate, real reform will take years to accomplish."

There is far too much money at stake regardless of the good intentions of the Jockey Club and other organizations. Besides, coming to a consensus does not mean that the unwarranted use of therapeutics and other performance-enhancing drugs will be curtailed – it will only mean that everyone will be equally as guilty of horse abuse.

It is not simply universal rules and regulations that are needed but rather a complete crackdown on this sordid drug-dependent industry.

While a number of the comments in the article ring true to the current situation, for someone so acclaimed in the veterinary profession, others are incredibly naïve, or more appropriately incredibly inaccurate.

Much of this rhetoric is meant to have us sympathize with those involved in the administration of medications to the North American Thoroughbred — more specifically the owner-trainer-veterinarian triangle or more appropriately the "Triangle of Deceit".

But what else can this guy say? Where would he be if he spoke the truth?

Let's take a look at other insights he brings to the table.

Palmer:

"Veterinarians are at the center of the medication controversy."

Yes they are and why shouldn't they be?

Currently there is very little accountability in regard to veterinarians. For the most part the goals of medication are not necessarily in the best interest of the horse but rather to sustain them on the track. It is both a mindset of greed as well as one that plagues the industry as a whole. Regrettably it is a culture that has persisted for many years and is accepted at face-value by countless in the business.

But let's not forget the trainers. We are all aware of the plethora of drug violations incurred by racing's prominent trainers let alone those that don't make the headlines.

Ultimately the trainer / veterinarian union is a partner-in-crime team that determines the fate of the horse and what medications will be administered.

What is perplexing is the total lack of liability on the part of the veterinarian when infractions of race day medication rules occur. Trainers are held accountable for any contravention despite the fact that the veterinarian has played an equally responsible role.

Many may contend that the greater majority of the violations are over-thresholds of

permissible drugs yet at the same time many of these drugs are performance-enhancing over and above the legal limit. What's worse is the irrefutable fact that they are often used to mask pain and force the horse to compete on compromised limbs.

Palmer:

"How much medication is too much medication? This is an ill-conceived question that oversimplifies the medication discussion. Medication is not a quantitative issue. There is no correct or incorrect number to indicate 'how much is too much."

Ill-conceived question? I hardly think so.

The now infamous *New York Times* series tells us otherwise. One need only look at the sad case of Coronado Heights, a 4-year-old thoroughbred who received a diagnosis of early degenerative joint disease.

Coronado Heights broke down and was euthanized on the track at Aqueduct on Feb. 25, 2012. He was subject to 13 injections for pain and cartilage damage in the month before his race in addition to a shocking amount of medication in the week leading up to the race.

The trainer [Todd Pletcher] reported that the pre-race medication program for this horse was standard practice for all of the horses in his stable.

If this is the normal North American protocol there are serious implications as to the ethics or lack thereof that govern this industry. [4]

- 2 injections of Phenylbutazone (potent NSAID used to control pain)
- 1 injection of Estrone (hormone used to prevent pulmonary hemorrhaging)
- 2 injections of Flunixin (a more potent NSAID than phenylbutazone)
- 2 injections of Hyaluronic acid (synthetic joint fluid that replaces degraded joint fluids)
- 2 injections of Lasix/Salix (diuretic)
- 1 injection of Adequan (synthetic cartilage replacement)
- 1 injection of Xylazine, Detomidine (sedative used to calm the horse prior to injecting the stifle joints in the hind legs)
- 1 injection of Vitamin B1 (calms the horse)
- 1 injection Methylprednisone (powerful corticosteroid to battle arthritis and degenerative joint disease)
- 1 injection Calcium (calms the horse)

Not quantitative? Unquestionably this is "too much". Enough said.

Palmer:

"The dermorphin issue caught the industry off guard in terms of the scope of the problem and the gaps in the regulatory infrastructure to prosecute the cases and regulate the behavior of veterinarians."

Dermorphin is made from the secretions of the Waxy Monkey Tree Frog. Called 'frog juice' it is said to be 40x more powerful than morphine.

While the dermorphin issue was indeed scandalous, it is hard to believe that the scope of the issue is not well understood. [5]

Cheating and the search for the elusive potion are certainly nothing new. To stay one step ahead of the game there will always be the hunt to discover a performance-enhancing substance for which testing procedures have yet to been developed. Dermorphin is simply the new guy on the block.

And if there is no magic elixir the therapeutics are relied upon to do the job.

Palmer:

"Everyone must be accountable, including veterinarians. Recent discussion has begun to address this issue and some have recommend action by the state licensing boards. This approach needs to be evaluated with due consideration given to the obvious distinctions between therapeutic overages, repeated violations and use of prohibited medications."

It is without question that accountability is all-encompassing and that drug violations be taken seriously. While the distinction between the "therapeutics" and prohibited medications is a necessity, something that is unfailingly overlooked is the fact that the vast majority of breakdowns are a consequence of the over-zealous use of these so-called therapeutics.

Since this is not confined to race day medication a conundrum exists. There is a culture of permissive drug use here in North America. Its underlying mission is guided by return on investment, greed and infamy.

That said how can the industry delineate race day from everyday abuse?

With this in mind, it is simply not acceptable to diminish the consequences of therapeutic overages that occur on race day or the overuse of these drugs during training and otherwise. As much as this guy or others will tell you they are doing everything for the welfare of the horse, do not believe it. It is total fallacy. Therapeutic drugs are the kernel of what drives the industry in NA.

And where the dermorphin incident is universally criticized, in contrast, there is still much debate regarding the overall safety of "legal" pain-killing medications that keep horses competing as well as other therapeutics that are considered performance-enhancing when used with indiscretion.

While the great majority of veterinarians and trainers care deeply about their horses the pressure to perform and win is all-consuming.

As a New York Times article "Racing Economics Collide with Veterinarians' Oath" points out:

"More than anyone in the sport, racetrack veterinarians are supposed to put the horse first, having taken an oath to protect 'animal health and welfare'."

"Yet in the shed rows of America's racetracks and at private training centers, racehorse veterinarians often live by a different code — unique in the veterinary community — one that emphasizes drugs to keep horses racing and winning rather than treating soreness or injury through rest or other less aggressive means, according to dozens of interviews and a review of medical and regulatory records." [6]

As the saying goes; "if you can't beat them, join them."

Palmer:

"Medical records: Disclosure of medical records to the public runs the risk of misinterpretation of the information by laymen. Bottom line; if the racing industry wants to disclose this information to the public, veterinarians will comply."

Full disclosure of medical records?

Anyone who is familiar with the racing industry can tell you that the bond between a veterinarian and trainer is like a sacred yow of marriage – wedded to each other, picking the

pockets of the owners who are bearing the brunt of escalating costs and declining starts per horse.

Much of this information is guarded and for good reason. Exposure to the public could potentially be a career-ending move.

Why?

Because many are unscrupulous and will use any measure, however small, to attain their goal of getting to the winner's circle.

Moreover, "misinterpretation of the information by laymen" is a smoke-screen intended to remove suspicion and guilt from both trainers and veterinarians. I will literally eat my shoe the day equine medical records become public knowledge here in North America – at least legitimate ones. Besides, until total reform takes place, if ever, this promise will go unchallenged since the racing industry will never condone transparency of its medical malpractice.

In fact the very organization Palmer represented at one time, the AAEP, "said in a written response to the board's proposal that veterinary records were considered privileged and confidential and could be released only under court order or with consent of the horse owner." [7] The underlying rationale of course relates to the incriminating behavior this would unearth.

"They don't want to be inconvenienced," said [John] Simoni, who has owned Standardbreds. "They don't want to look at the real problem, which is the drugging of horses. We keep getting reports of out-of-control vets out there. We need to know what they are giving them, and when." [8]

Palmer:

"Sure, veterinarians want to make a good living, but when you consider the 24/7 responsibilities and the amount of stress and liability involved in managing the healthcare issues of these valuable horses, the money just isn't that good."

It is often cited that despite the fact that veterinarians are the only ones who can legally prescribe medications, ultimately it is the trainer who is the decision maker. Given the average North American trainer's fervent compulsion to maximize drug use clearly there is a lucrative incentive to prescribe drugs – more drugs equate to more money. In fact selling and administering drugs accounts for the greater majority of their income. [9]

A recent Int'l Fund for Horses article "Blood Money: Salix and Beyond – Part 2, the Money," touched on just how lucrative this drug industry inside the Thoroughbred racing industry is. [10]

Given that Thoroughbred racing is only one facet of the multi-billion dollar horse racing industry in North America an estimate approaching the half billion dollar mark per annum serves to illustrate the enormity of the enterprise.

Perhaps multiply that ten-fold to account for other equestrian sport venues and racing to get a grasp of the amount of money that is flowing into the pockets of Big Pharma and equine veterinarians.

"While veterinarians provide invaluable services, 'They push the envelope to the limit," Mr. Reed says, adding, "If you got a good vet with ethics, you are not going to do very well.' " [11]

The money just isn't that good? I beg to differ.

— TRIANGLE OF DECEIT

Palmer:

"You can't understand the medication issue in racing without appreciating the dynamics of the owner-trainer-veterinarian relationship The core issues that challenge the owner-trainer-veterinary relationship are characterized by unrealistic expectations, fear of failure, loss of control and loss of income, poor communication and a focus on medication rather than professional services of veterinarians."

Finally something to agree on – at least the focus on medication statement.

Obviously it is a venomous circle stemming from one and only one aspect – the dependence of the North American race horse on medication. There really are no "shades of grey" when it comes to racing medication – there is simply far too much of it. More appropriately it is where to place the blame for this out-of-control industry.

And of course Palmer will have you sympathize with those in the owner-trainer-veterinarian "Triangle of Deceit" in an attempt to defer the culpability.

Palmer:

"Owners feel that veterinary costs are out of control, communication with their veterinarian(s) is poor, and they feel like they are working for the trainer, not the other way around.

"Trainers are concerned that they are not attracting new owners to the game, that owners will move their horses to another trainer if they don't use medication to be competitive, and they feel that they must "manage" both sides of the relationship.

"Veterinarians believe that accounts receivable are out of control. They are worried that trainers will fire them if they don't do what the trainer wants. They are frustrated that trainers don't want them to communicate with owners and view veterinary service as a commodity."

I do not feel the least bit of sympathy for these people as they are the very people who have the power to change the North American horse racing industry – one that could be ethical, compassionate, accountable and aligned with global racing policies.

Let's face it. A lot of these individuals are in it for the money.

And since drugs appear to make it easier to attain that goal the greater majority has obviously opted for that route.

Evidently these people believe that conformity to universal, tightly enforced rules and regulations together with stiffer penalties would not be in their best economic interests.

What about the horse?

Clearly the current model is not conducive to a sustainable industry nor will it be sustainable until it recognizes, acknowledges and acts upon the root cause of its woes – DRUGS.

"If you don't have integrity, you have nothing. You can't buy it. You can have all the money in the world, but if you are not a moral and ethical person, you really have nothing." ~ Henry Kravis [12]

THE END.

FOOTNOTES

- [1] http://www.paulickreport.com/features/the-breeders-cup-forum/the-breeders-cup-forum-racing-medication-and-its-shades-of-gray/
- [2] https://tuesdayshorse.wordpress.com/2012/09/07/blood-money-salix-and-beyond-part-1-the-blood/;https://tuesdayshorse.wordpress.com/2012/09/10/blood-money-salix-and-beyond-part-2-the-money/
- [3] http://www.paulickreport.com/news/ray-s-paddock/alliance-trainers-vets-obstruct-needed-medication-changes/
- [4] http://www.nytimes.com/interactive/2012/04/29/us/one-horse-one-week-of-injections.html
- [5] Tuesday's Horse posts on dermorphin, or frog juice issue
- [6] http://www.nytimes.com/2012/09/22/us/at-the-track-racing-economics-collide-with-veterinarians-oath.html
- [7] http://www.nytimes.com/2009/10/09/sports/new09racing.html
- [8] http://www.nytimes.com/2009/10/09/sports/new09racing.html
- [9] http://www.nytimes.com/2012/09/22/us/at-the-track-racing-economics-collide-with-veterinarians-oath.html?pagewanted=all
- [10] https://tuesdayshorse.wordpress.com/2012/09/10/blood-money-salix-and-beyond-part-2-the-money/
- [11] http://www.nytimes.com/2012/09/22/us/at-the-track-racing-economics-collide-with-veterinarians-oath.html?pagewanted=all
- [12] http://www.goodquotes.com/quote/henry-kravis/if-you-don-t-have-integrity-you-have-n

For more on this issue, see these important articles.

'BREAKDOWN'

New York Times Series on Drugs in Horse Racing

- Death and Disarray at the Racetrack: Mangled Horses, Maimed Jockeys (March 25, 2012)
- Jockey Club Proposes Ban on Race-Day Drugs (March 30, 2012)
- State Report Says Racing Association Knowingly Withheld Millions (April 29, 2012)
- How the Data Was Analyzed (April 29, 2012)
- Big Purses, Sore Horses, and Death (April 30, 2012)
- Racing Economics Collide With Veterinarians' Oath (September 21, 2012)