



TESTIMONY OF  
**ALEXANDER M. WALDROP**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
NATIONAL THOROUGHBRED RACING ASSOCIATION

Before the  
**SUBCOMMITTEE ON COMMERCE, TRADE AND  
CONSUMER PROTECTION**  
COMMITTEE ON ENERGY AND COMMERCE HEARING ON  
**“DRUGS IN SPORTS: COMPROMISING THE HEALTH  
OF ATHLETES AND UNDERMINING  
THE INTEGRITY OF COMPETITION”**

February 27, 2008

Mr. Chairman, Ranking Member Whitfield and Members of the Subcommittee, I am Alex Waldrop, President and Chief Executive Officer of the National Thoroughbred Racing Association. The NTRA is a not-for-profit trade association for Thoroughbred horseracing. Its members include 65 racetracks and 40 national and state horsemen's groups drawn from 23 states. NTRA member racetracks and horsemen account for about 90 percent of all races run in North America.

In 2007, nearly 107,000 U.S. horses made 918,000 starts in 116,000 races. Our industry tested at least one horse from every one of those races. We test every race, every day, screening for up to 200 drugs in one sample. Our labs test for a vast array of drugs, including stimulants, narcotics, bronchodilators and anti-inflammatories. Collectively, racing spends between 30 and 35 million dollars annually on equine drug testing at 18 private or university laboratories. In addition, the industry annually spends almost \$1.4 million on research and development into new tests and testing procedures necessary to stay current in the detection of performance enhancing drugs and medications.

The horse industry has defined five classes of drugs and medications. Class One drugs have no accepted medical use in the racehorse and a high potential for performance enhancement. These drugs have no place in racing. Class Two drugs are not generally accepted as therapeutic agents in racing horses and have a high potential to affect performance. Class Three drugs may or may not have generally accepted medical use in the race horse, but their pharmacology suggests they have less potential to affect performance than Class Two drugs. Classes Four and Five are reserved for therapeutic medications with less potential affect performance than those in Classes

One, Two or Three. Class Five medications, for example, are therapeutic medications that are used to treat common ailments such as ulcers, and have established concentration limits.

Only three Class One positives were returned in the 130,000 samples tested across the United States in 2006 (the latest year for which complete statistics are available). Only 27 positives were returned for Class Two or Three drugs in the same sample group. Most drug positives are caused by human error in judging withdrawal times for prescribed therapeutic medications – Class Four or Five medications – prior to a race.

While NTRA is not a “league office” with the power to sanction teams or players, the organization uses its convening authority to address a broad range of initiatives of national importance to the horseracing industry. Equine medication is a national issue that all stakeholders agree is central to our industry’s integrity.

As such, racing and its 38 state regulatory bodies have been proactive in identifying and banning illegal, performance-enhancing drugs and regulating the use of prescribed therapeutic medications that may affect a horse’s raceday performance.

As a sport and a pari-mutuel wagering industry, horseracing is regulated at the state level by individual racing commissions. These organizations provide oversight for drug testing under the model rules of the Association of Racing Commissioners International, known as RCI. RCI develops its model rules in conjunction with the Racing Medication and Testing Consortium, or RMTC.

The RMTC is governed by a Board of Directors consisting of 23 industry stakeholder groups including regulators, veterinarians, and chemists, as well as horse owners, trainers, breeders, and racetracks from all racing breeds including Thoroughbreds, Standardbreds and Quarter Horses. In addition to serving on the Board of the RMTC, the NTRA provides funding for RMTC and communicates and endorses RMTC policies to its membership.

The RMTC together with RCI have done important work in the area of therapeutic medications and drug-testing policy. These organizations are largely responsible for the development of the drug classification system I alluded to earlier. They also jointly develop model penalties for drug violations. The nature and severity of penalties for drug violations are determined by the classification of the drug involved, with due consideration for aggravating and mitigating circumstances, such as the potential of the drug to influence a horse's performance or whether the trainer acted under the advice of a licensed veterinarian.

Traditionally, penalty guidelines have applied to the trainer as the "absolute insurer" of a horse's welfare and safety. However, penalty guidelines have recently been reinforced and extended to include sanctions for owners and veterinarians as well as trainers.

The RMTC and RCI have worked closely over the past several months on a policy regarding steroids. With the full support of our industry, they have called for the adoption of model rules that would effectively prohibit the use of anabolic steroids in racehorses by the end of 2008.

Let me be clear, anabolic steroids have therapeutic value in treating racehorses. They are most often prescribed when a horse is recovering from illness or surgery. However, horsemen, tracks and breeders all agree that racehorses should not compete on anabolic steroids.

In practice, that means that anabolic steroids must be withdrawn from a horse's medication regimen at least a month before its next race. This ensures that any benefit the animal received as a result of the administration will be gone by the time of the race. In addition, minute levels of only four individual anabolic steroids will be permitted in post-race samples. Two anabolic steroids, stanozolol and boldenone, are approved by the United States Food and Drug Administration for use in horses. Boldenone and two other accepted anabolic steroids, nandrolone and testosterone, are also naturally occurring substances. The model rules state that no more than one of these anabolic steroids may be present in any given sample. Any other anabolic steroid is simply illegal.

The purpose of the model rule is clear: to ensure that these medications are used solely for therapeutic purposes and none is used in a manner that enhances the performance of a horse in any race.

The model rule has been or is being adopted by Washington, Arkansas, Iowa, Illinois, California, Indiana, Pennsylvania, Delaware, New York and Virginia. Kentucky, Texas, Florida and Maryland are among the many other states that are expected to support the model rule as well. The states mentioned here account for nearly 60 percent of races run in the United States and we continue to work with the remaining jurisdictions to secure their support.

The current rule is based on 30 years of science and testing in European and Asian countries utilizing urine samples. Our industry supports further research to provide threshold levels and withdrawal times in both urine and blood plasma. Testing in plasma may be more accurate and less expensive. RMTC currently is funding research at the University of Florida that will provide guidelines for plasma samples. Similar research is underway in New York, Texas and Pennsylvania.

What remains at issue is the very practical concern of uniform enforcement of the model rule while we await additional research. As previously mentioned, a number of states have already adopted the model rule. Others want to wait until the science is more complete. NTRA, RMTC and RCI are united in saying, “be in compliance by December 31, 2008.”

Working in conjunction with the RCI, the RMTC provides the horse industry with something that every sport needs – a credible, scientifically based, industry-led forum for addressing the multitude of drug and medication issues presented by modern day veterinary medicine. The RMTC has proven to be the best way to balance the legitimate interests of our industry’s numerous constituencies. The horse industry is united in its efforts to protect the health of our equine athletes and the integrity of our sport.

Mr. Chairman, we appreciate this opportunity to speak to this committee on this important issue and welcome your questions.

SUMMARY TESTIMONY OF ALEXANDER M. WALDROP  
PRESIDENT AND CEO, NATIONAL THOROUGHBRED RACING ASSOCIATION

The National Thoroughbred Racing Association (NTRA) is a not-for-profit trade association for Thoroughbred horseracing. Its members include 65 racetracks and 40 national and state horsemen's groups drawn from 23 states. NTRA member racetracks and horsemen account for about 90 percent of all races run in North America.

In 2007, nearly 107,000 U.S. horses made 918,000 starts in 116,000 races. Our industry tested at least one horse from every one of those races. We screen for up to 200 drugs in one sample. Racing spends between 30 and 35 million dollars annually on equine drug testing and almost \$1.4 million on research and development into new tests and testing procedures necessary to stay current in the detection of performance enhancing drugs and medications.

The horse industry has defined five classes of drugs and medications. Class One drugs have no accepted medical use in the racehorse and a high potential for performance enhancement. Classes Two and Three have little or no generally accepted medical use in the racehorse, but less potential to affect performance than Class One drugs. Classes Four and Five are reserved for therapeutic medications with less potential affect performance than those in Classes One, Two or Three. Class Five medications have established concentration limits.

Only three Class One positives were returned in the 130,000 samples tested across the United States in 2006 (the latest year for which complete statistics are available). Only 27 positives were returned for Class Two or Three drugs in the same sample group. Most drug positives are caused by human error in judging withdrawal times for prescribed therapeutic medications – Class Four or Five medications – prior to a race.

Pari-mutuel horseracing is regulated in 38 jurisdictions by state commissions, which oversee drug testing under the model rules of the Association of Racing Commissioners International (RCI). Model rules are developed with the Racing Medication and Testing Consortium (RMTC), whose stakeholders include regulators, veterinarians, chemists, horse owners, trainers, breeders and racetracks from all horse racing breeds.

RMTC and RCI also develop model penalties for drug violations. The nature and severity of penalties for drug violations are determined by the classification of the drug involved, with due consideration for aggravating and mitigating circumstances, such as the potential of the drug to influence a horse's performance or whether the trainer acted under the advice of a licensed veterinarian. Penalties traditionally have applied to the trainer as the "absolute insurer" of a horse's welfare and safety. More recently, penalties have been reinforced and extended to include sanctions for owners and veterinarians as well as trainers.

The model rules include a policy on steroids. With the full support of our industry, RCI and RMTC have called for the adoption of model rules that would effectively prohibit the use of anabolic steroids in racehorses by the end of 2008. Anabolic steroids do have therapeutic value in treating horses and may be prescribed to aid in recovery from illness or surgery. However, the racing industry is in agreement racehorses should not compete on anabolic steroids.

In practice, that means that anabolic steroids must be withdrawn from a horse's medication regimen at least a month before its next race. In addition, minute levels of only four individual anabolic steroids will be permitted in post-race samples. Two anabolic steroids, stanozolol and boldenone, are approved by the United States Food and Drug Administration for use in horses. Boldenone and two other accepted anabolic steroids, nandrolone and testosterone, are also naturally occurring substances. Only one of these anabolic steroids may be present in a sample. Any other anabolic steroid is illegal.

The model rule has been or is being adopted by Washington, Arkansas, Iowa, Illinois, California, Indiana, Pennsylvania, Delaware, New York and Virginia. Kentucky, Texas, Florida and Maryland are among the many other states that are expected to support the model rule. The states mentioned here account for nearly 60 percent of races run in the United States and we continue to work with the remaining jurisdictions to secure their support. The current rule is based on 30 years of science and testing utilizing urine samples. Our industry is funding further research to provide threshold levels and withdrawal times in both urine and blood plasma. While we await new research, a number of states have already adopted the model rule. Others want to wait until the science is more complete. NTRA, RMTC and RCI are united in saying, "be in compliance by December 31, 2008."

RMTC and RCI together provide the horse industry with something that every sport needs – a credible, scientifically based, industry-led forum for addressing the multitude of drug and medication issues presented by modern day medicine. This approach has proven successful in balancing the legitimate interests of our industry’s numerous constituencies and united the horse industry in its efforts to protect the health of our equine athletes and the integrity of our sport.