

**Testimony of Kathryn Papp, MVM**  
**Subcommittee on Health Field Hearing : A Review of Efforts to Protect the Health of Jockeys**  
**and Horses in Horseracing**  
**Unionville High School, 750 Unionville Road, Kennett Square, PA**  
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Good morning and thank you for having me. My name is Kathryn Papp and I am a private veterinary practitioner with a practice currently based out of Penn National racecourse in Grantville, PA. I have previously worked as a veterinarian at the Fair Hill Training Center and I currently also do regular work at the Westampton Training Center in NJ and both PARX and Monmouth racetracks.

Let me first begin by stating that I am not for or against federal regulation of racing at this time. I am for the welfare of the horse and the well-being of those who are riding. I am merely here today to state my observations as well as share my personal experiences and professional feelings on what is currently being conducted on the backside of many US Thoroughbred racetracks and what else needs to be addressed in order to ensure the well-being of both horse and rider.

The overuse and abuse of medication is rampant at our Thoroughbred racetracks and training centers. The abuse is not limited to just performance enhancing drugs, it encompasses all substances that our trainers *think* may improve their horse's performance, from valid treatments to hokey and possibly dangerous therapies. Medications that are currently being overused at our racetracks include but are not limited to antibiotics, corticosteroids, NSAIDs, hormones and their analogues, calmativ agents, hyper sensitizing agents, and respiratory aids amongst many others. These substances are not just being used inappropriately around race time, more commonly they are employed during training and the time leading up to races. I cannot tell you how many barns I know that train every one of their horses on phenylbutazone daily whether they need it or not.

Training centers notoriously harbor trainers who overuse and abuse medications. Some of these trainers may have medicine cabinets that rival the inventory in my vet truck. And I know I am not the one prescribing these drugs. So where are they coming from; internet pharmacies, other veterinarians, overseas? While the AAEP has done a fantastic job addressing the weaknesses inherent in the industry and designing recommendations for those practicing in the pari-mutuel environment, these are merely recommendations and honestly, not every racetrack practitioner is even a member of the AAEP or respectfully regards any suggestions they may bring to the table. The mighty dollar is a driving force for many veterinarians and trainers involved in horse racing. I know racetrack veterinarians who also own and market their own pharmacies for additional income. While Prerace.com is a popular website out of Canada that many trainers order products from that then arrive with the written promise that the substances will not test positive on race day.

My focus as a racetrack veterinarian is on preventative and diagnostic medicine and surgery. I do not provide race day medications and for the most part am not involved in the Lasix program unless filling in for a colleague. It is not uncommon for me to see, on race day, a practitioner enter a stall in one of the private barns or the detention barn with three to ten syringes full of medication to administer and not be questioned by anyone. In the meantime there is hardly any surveillance of horses that are permanently stabled on the racetrack and trainer administration of drugs is ubiquitous. Despite new regulations, horses are still having their joints injected with dexamethasone and other substances up until

the day before a race. Not a week passes where I am not asked by an individual on the track or at the training center about a new product or a new treatment they have heard about to make their horses run better and if I can obtain it for them. Of course, my regular clients already know better than to ask me how to cheat and I am proud to say that one of the main trainers I work for has never incurred a positive test.

A major encumbrance for the horseracing community is the lack of a central set of rules, published guidelines and serious punishments. The rules regarding the allowed use of medications, including those on race day, change from state to state and many trainers will be racing a number of horses in a number of different states within any given week. It is hard even for me to keep track of the withdrawal times and ever-changing medication rules among the different jurisdictions.

In conclusion, we need central regulation of this sport and I hope we can accomplish that amongst ourselves. However, action needs to be taken and completed quickly, deliberately and efficiently if we are to save our industry before it destroys itself. Our horses are suffering because of our non-action. Our riders are suffering because of our non-action and it is all of our faults. We need a collaborative effort to right the wrongs in today's racing environment. Most of all we need a concerted effort to deter the overuse and abuse of drugs and a fool-proof manner of which to enforce the rules and penalties set forth. I do believe we have come a long way since the last hearing in 2008 and strides have been made to improve the industry's image and the horses' welfare, though many of these changes are still theoretical and academic. What we really need to do now is to take these accomplishments made in committee meetings and hearings and directly apply them to the backside of America's racetrack.