

# SURE SHOT

BY FRANK ANGST

When independent veterinarians from the New York Racing Association administer Lasix to Belmont Stakes (gr. I) starters four hours before this year's final classic, New York State Gaming Commission equine medical director Dr. Scott Palmer expects nothing beyond the routine.

That routine in New York of third-party Lasix administration, as opposed to having the diuretic administered by a private racetrack veterinarian, will be very similar to the procedures classic starters who raced on Lasix experienced in Louisville before the Kentucky Derby Presented by Yum! Brands (gr. I) and in Baltimore before the Preakness Stakes (gr. I).

With many states having third-party Lasix administration policies in place for several years now, the shift from track veterinarians to independent vets administering race-day Lasix (furosemide, officially called Salix), used to prevent exercise-induced pulmonary hemorrhage, has largely become accepted routine, whether before the country's biggest races or an everyday race program.

Debate about the use of Lasix has lasted decades but leaders in the 18 racing states that have put some form of third-party Lasix administration in place say the third-party approach has been accepted.

"By and large, this is just part of the

race-day routine anymore. It's not an issue. This is how Lasix is given, and it works just fine," said Kentucky Horse Racing Commission equine medical director Dr. Mary Scollay. "Other than the first couple of months, it's gone without a hitch. It's just a non-issue now."

Some of those well-publicized problems when Kentucky first put the policy in place in October 2012 included horses that were supposed to receive Lasix not receiving it or even horses receiving two administrations of Lasix. New York experienced similar problems.

"I think it is working in New York. As with a lot of things, I'm aware there



ANNE M. EBERHARDT PHOTOS

## Third-party Lasix administration becoming routine

have been some issues that cropped up a bit around the country," Palmer said. "When we first started using third-party Lasix at the NYRA racetracks, there were a couple bumps in the road—a horse who didn't get treated or a horse that got treated twice. Those things happen, but I haven't heard a peep about that in a couple of years. I think people are comfortable with it. When there are changes, there are some problems that crop up, but it's absolutely routine now."

And those experiences have benefited new states putting third-party Lasix administration in place.

Mark Lamberth, a racing commissioner in Arkansas, said the Arkansas Horse Racing Commission worked closely with Kentucky and the Racing Medication and Testing Consortium when it implemented third-party Lasix administration in the fall of 2014.

“We learned from some of the glitches that Kentucky had,” Lamberth said. “We talked to them extensively about what to do, what not to do. We talked about some of the pitfalls of third-party Lasix, and, quite frankly, we were able to avoid mistakes because somebody had blazed the trail in front of us.”

The RMTC provides interested states with help in putting third-party Lasix rules and protocols in place. It is one of the four pillars of the National Uniform Medication Program, which aims to bring state-by-state consistency to horse racing rules and regulation. NUMP also calls on states to adopt the same list of controlled therapeutic medications, use an accredited laboratory, and adopt a policy that puts in harsher penalties for multiple medication violators.

The RMTC reports that 18 of 32 racing states have put some form of third-party Lasix administration in place. California, which has debated the topic for years, could take a significant step June 16 when the California Horse Racing Board considers a rule, similar to New York, that would see racing association vets administer race-day Lasix.

Should California approve the regulation, 19 states—according to the RMTC—would have third-party Lasix administration, and 20 would have the list of controlled therapeutic medications in



Third-party Lasix administration, in some form, takes place in 18 of 32 racing states

place. The RMTC reports that 27 states are using accredited labs and 12 have adopted the multiple medication violation penalty system.

The push for third-party Lasix administration is aimed at addressing integrity issues. RMTC executive director Dionne Benson said regulatory vets over the years have found evidence that additional supplements, such as magnesium sulfate, were being added to the Lasix administration. Benson said because those substances are naturally occurring, post-race testing is not the best tool to fight them.

“I think the reason third-party Lasix is so important is that there are so many things you can do on race day that you can’t test for. And a lot of them involve manipulation of the horse’s normal system,” Benson said. “You add a little more of what

the horse already has. It affects the metabolic processes downstream, and it will either get the horse to calm down or be excited or any combination of those.

“There are substances you could give three hours out that the horse will stay calm for three hours, but when they are awake, they really kind of pop awake. So the idea is that we can avoid that whole issue by not having the temptation of having a vet in the stall on race day. I’m not saying all vets do these things, but the fact is we have to regulate for the vets that do.”

Scollay believes one of the best defenses against this form of cheating is third-party Lasix administration. Not only does it keep track vets out of stalls on race day, but Kentucky’s three or four regulatory vets on the backstretch administering race-day Lasix provide expert backstretch observation as a deterrent.

“With commission veterinarians—boots on the ground—we have vets in and out of barns all day. That increases the level of risk



DAVID SWYER

Dr. Mary Scollay, equine medical director for the Kentucky Horse Racing Commission

for somebody who would go into a barn and give an injection,” Scollay said. “The stalls (of horses who already have received Lasix) have the colored tags on them, so if you’re going to try to give something after the Lasix has been administered, your risk of detection is higher. Or you’re going to have to remove the horse from the stall, and again, that draws attention. People are around. People are paying attention.”

There are two states, Indiana and Minnesota, that use variations of third-party Lasix administration that the RMTTC has approved for now. Indiana has security personnel oversee the race-day Lasix administrations conducted by track veterinarians, a policy Benson said was grandfathered in because the state had the policy in place before NUMP.

California has been slow to act, debating the policy for nearly four years. Last summer, track veterinarian Dr. Karen Valko encouraged the CHRB to adopt a rule similar to In-



RMTTC

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Dionne Benson

diana’s, noting that she thought California’s push to put the rule in place was painting all track vets as cheats.

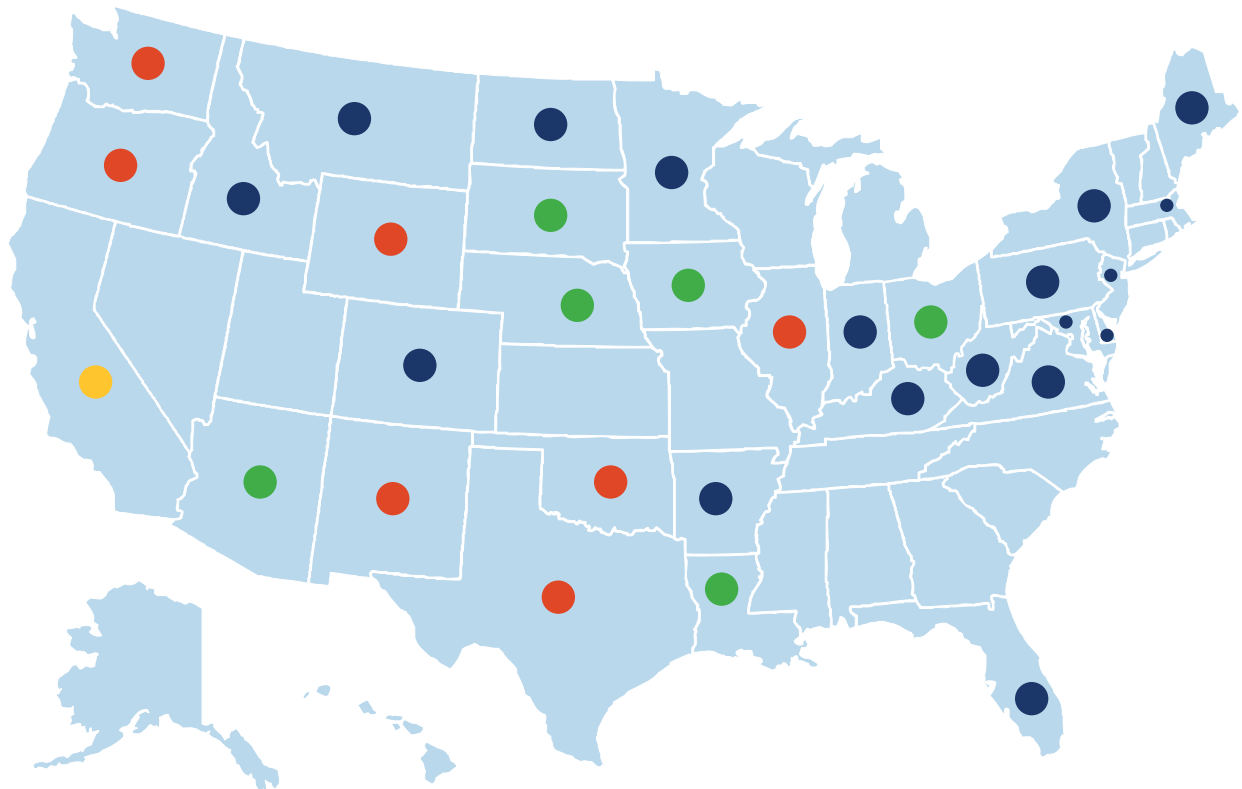
“Don’t paint us with a brush that we are doing something wrong, and that is why this rule has to be changed. We are not,” Valko said. “I guess I’m just tired of being painted in that way, and I feel very strongly about that.”

The RMTTC prefers to have independent veterinarians administer Lasix. Benson noted that even with oversight, a track veterinarian could break rules that require furosemide to be administered into a vein.

“Our preference is to have someone hired by the regulatory body actually administering the Lasix,” Benson said. “Just to give you an example. I did Lasix at Churchill (May 7), and I had a trainer say, ‘Just 3CCs, all in the vein.’ Kind of implying that you could still administer it into the muscle and that would be OK. And this is four years into Kentucky’s program.

“A vet could shoot Lasix in the muscle with-

THIRD-PARTY ADMINISTRATION OF FUROSEMIDE



ADOPTED UNDER CONSIDERATION IN PROGRESS NO ACTION

out anyone knowing, so monitoring is not ideal. It's incredibly easy to slip through the vein and be in a muscle area. It's very subtle, and possible, to have something like that happen. That's why we would like true third-party Lasix administration."

States that have had third-party Lasix administration in place for several years believe California, if it approves the rule June 16, will quickly settle into the new routine.

"Oaklawn implemented it in 2015, and they were very worried about doing it. I'd probably talked to them every two days before they started. Now to them, it's become a non-issue," Benson said. "It has gone very smoothly for them, and they feel like they're moving the ball forward on integrity by keeping the vets out of the stalls on race day."

Kentucky's protocol follows the Association of Racing Commissioners International model rule and is fairly typical. The day before the race Kentucky's Lasix administration coordinator receives a printout of all entered horses. The Lasix coordinator reads the entries and identifies horses that require treatment and uses a letter to assign groups of horses to the three or four regulatory vets who will administer the Lasix.

On race day the Lasix coordinator and administering veterinarians go through the proof to make sure all horses have been assigned. Non-Lasix horses are clearly indicated as not scheduled for treatment. The team then confirms administration deadlines for each horse.

When treatment begins, a regulatory vet will approach the barn or assigned stall, identify the horse, then notify the Lasix coordinator that the horse is going to be treated. The Lasix coordinator maintains a master sheet and will note that the horse is being treated and will authorize treatment. The required stable attendant can provide dose information at that point, if the trainer has not previously provided that information.

Available doses range from 3 to 10 cubic centimeters (150-500 milligrams). If the attendant does not know the dose, the trainer will be called if time allows. Otherwise, the horse will receive a standard dose.

After the Lasix administration the syringe used to treat the horse is sealed in an evidence bag that includes the name of the horse, date, and race. The trainer's representative who

witnessed the treatment signs the bag. It also lists the vet's name, time the horse was treated, and dosage. The treatment syringes are then retained until the final post-race drug testing results are received.

That final step is con-



Dr. Foster Northrop said Kentucky's protocol is working well, other than for the occasional shipper who doesn't know the rules

ducted in case a horseman is concerned the administration led to a positive test through contamination. Scollay said Kentucky may reconsider the need for the final step because through more than 52,000 administrations only one horseman has requested the syringe and that request backed up KHRC findings of a therapeutic overage.

Kentucky racetrack veterinarian Dr. Foster Northrop said no longer being responsible for administering race-day Lasix shots has improved his daily routine.

"What it's done for me is I don't have to stop every-

thing and run to do three or four Lasix shots," Northrop said. "That would kill your day. If you would have 20 horses in on one day, it's all you would do."

Northrop said Kentucky's protocol is working very well, other than the occasional shipper who does not know the rules.

"It's just a matter of people who ship in and don't understand that you have to have someone there and if you don't indicate an amount of Lasix, you're going to get the standard dose. There's really no way to make it perfect," Northrop said. "I think Kentucky has done a very good job of letting people know that you have to either have someone there to tell them or tell them ahead of time."

The Maryland Racing Commission hired one person after putting its third-party administration rule in place. Lasix clerk Melanie Martin coordinates administration efforts and works to inform horsemen.

"It's working well. Horsemen love it; we haven't had any complaints from the horsemen, and they're usually the first ones to complain. But they're fine with it," said MRC executive director Mike Hopkins. "It was an upheaval when we first started talking about it, but as far as we're concerned, the program has worked well."

Lamberth said having the horsemen on board helped make the Arkansas policy a success.

"We talked with our trainers, D. Wayne Lukas, Steve Hobby, Donnie Von Hemel, Ron Moquett, and told them that we want to be on the cutting edge of the third-party Lasix and implementing reforms in the industry," Lamberth said. "So talking with the trainers, some of the regulars at Oaklawn, they understood the importance of this. If we didn't have cooperation with the horsemen, this wouldn't work." **BH**