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At the Track, Racing Economics Collide With Veterinarians' Oath

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Only after Bourbon Bandit broke a leg racing last November did his owner, Susan Kayne, learn the full extent of prescription drugs that veterinarians had given him at Belmont Park on Long Island.

Until then, Ms. Kayne had believed that Bourbon Bandit was “sound and healthy,” because that is what her trainer told her, she said. But new veterinary bills arrived, showing that the horse had been treated regularly with clenbuterol, a widely abused medication for breathing problems that can build muscle by mimicking anabolic steroids.

“If a horse is sound, why does it need all these drugs?” she asked. “I never gave consent.”

Gene and Eileen Hartis said they, too, were shocked by their bill, from a California veterinarian, showing that in just over three months in 2010, their graded stakes winner, Princess Haya, had been given drugs for pain, soreness and swelling 34 times, as well as seven doses of clenbuterol.

“It’s so contrary to our philosophy that we explained in length to our vet and trainer,” Mr. Hartis said.

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.

Only veterinarians can legally prescribe medicine, yet they often let trainers, who are paid to win races, make medical decisions, including which drugs to use. These veterinarians also

have a powerful financial incentive to prescribe drugs: they are both doctor and drugstore, and so the more drugs they prescribe, the more money they make. Selling and administering drugs, in fact, accounts for most of their income.

In contrast, veterinarians who treat small animals or pets earn most of their money from examinations and other professional services.

“Is it any wonder that our industry is being criticized for being overmedicated?” said Stuart S. Janney III, chairman of the Thoroughbred Safety Committee of the [Jockey Club](#), an influential industry group.

Still, despite the concern that a drug culture pervades America’s racetracks — especially with the arrival of casinos offering fattened purses — little attention has been paid to the veterinarians who prescribe these medications.

The [American Association of Equine Practitioners](#), the industry’s most influential veterinary group, acknowledges that “to a very large extent” medical treatments are geared toward when a horse is racing, rather than toward what might be in the horse’s best interest. And while the group has worked hard to make racing safer, it has made scant progress in changing how racehorse veterinarians earn their money.

“That’s a tough nut to crack,” said Dr. Jeff Blea, the association’s vice president. “You are talking about decades and generations of the way things are done.”

One of New York State’s most prominent racetrack veterinarians, Dr. James C. Hunt Jr., made his loyalties clear in a letter to regulators, arguing that trainers should not regularly have to reveal medication regimens.

“The veterinarians will honor this because the trainers are their real clients, not the owners,” wrote Dr. Hunt, who treated [I’ll Have Another](#) when the horse was training for the [Belmont Stakes](#) after winning this year’s [Kentucky Derby](#) and [Preakness Stakes](#). (He was scratched on the eve of the race.)

Dr. Hunt added, “The board must also understand that trainers make nearly 100 percent of all veterinarian decisions regarding the medication of their horses.”

Dr. Blea strongly disagrees with this approach. “You’ve got to remember, you are the vet,” he said.

While doping racehorses with banned chemicals — for example, [the potent secretion of a](#)

type of South American frog — is almost universally condemned, debate continues over the safety of using legal drugs that keep horses competing by reducing pain and inflammation, as well as therapeutic drugs like clenbuterol that can make horses run faster.

Racing regulators say overmedicating injured horses can contribute to fatal breakdowns. On average, 24 horses die each week at the nation's state-regulated racetracks, according to a New York Times analysis of racing records, reported in March.

Even so, the belief that prescription drugs are good for horses and for business is reflected in the ubiquity of veterinarians at the racetrack.

In the 1970s, only seven or eight veterinarians used to cover two Southern California racetracks. Today, California officials say veterinarians' vehicles are so numerous on the backside that trainers complain they have trouble getting their horses onto the track.

Few would dispute that the great majority of veterinarians and trainers care deeply about their horses and are emotionally devastated when they break down and are euthanized. But the pressure to perform — and win — is intense. "I've had owners send their horses to people they know are not playing by the rules," said Eric Reed, a Kentucky-based trainer with more than \$13 million in career earnings. "If you can't beat them, join them."

The Times reported that since 2009, 3,800 horses had tested positive for drugs, the vast majority for illegal levels of prescription drugs. (State rules specify allowable drug levels or how close to race time a drug can be administered.) Many veterinarians and trainers say these test results are mistakes, not attempts to cheat. Yet veterinarians who may have played a role, inadvertent or not, in the positive tests usually escape serious scrutiny because of the trainer responsibility rule, where trainers are automatically held responsible, regardless of circumstance.

In the rare instances that veterinarians are banned from racetracks for breaking the rules, they can continue practicing at private, unregulated training centers if state veterinary boards do not suspend their licenses.

This regulatory gap has allowed one New York veterinarian to treat horses at private centers despite a felony conviction for selling anabolic steroids to weight-lifters and a history of violating state rules on drugs in racing.

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."

A Drug Takes Hold

Long after every other major sport had banned anabolic steroids for their muscle-building effect, racetrack veterinarians continued to prescribe the drugs, saying they would speed a horse's recovery from racing, stoke its appetite and get it back into competition.

Not everyone bought that explanation.

“When you look at the pattern of behavior and the quantities that they were using, it's hard to argue that the steroids were for recovery,” said Matt F. Iuliano, executive director of the Jockey Club. “They were trying to do a whole lot more than keep horses' noses in the feed bucket.”

Racing banned steroids in 2010, but another prescription drug — clenbuterol, brand name ventipulmin — could also build muscle and act as a stimulant. Darrell Haire, a regional manager for the Jockeys' Guild, told California racing officials that in morning workouts, clenbuterol “moves a horse up at least a second.”

Clenbuterol is approved only to treat respiratory disease, often caused by poor air quality in barns, and many veterinarians and trainers consider it highly effective. But evidence of its widespread abuse surfaced last year when California authorities reported finding the drug in all 72 quarter horses they tested and in 54 percent of thoroughbreds. Even yearlings were getting the drug to improve appearance and increase sale price.

Clenbuterol became so popular that in California sales totaled at least \$7 million annually. Illegal supplies of super-potent clenbuterol, some smuggled in from Mexico, began showing up at racetracks, according to California regulators.

Jack Van Berg, a Hall of Fame trainer, said young horses “are all torn up” when fed muscle-building drugs. “Clenbuterol is one of the worst things that happened to racing,” he told a forum on drug use this year.

When not used as directed — in high doses or from an illegal supplier — clenbuterol has killed horses and caused a host of health problems.

The drug's manufacturer, Boehringer Ingelheim, says clenbuterol “should be withdrawn” after 30 days. “Long term, you start pushing a horse into the beginning stages of heart failure,” explained Kenneth H. McKeever, associate director of research at the Rutgers Equine Science Center. But many veterinarians do not follow this guideline, treatment

records show.

Scott Lake, a trainer who for many years led the nation in wins, is an unabashed fan of clenbuterol. "I use a lot of clenbuterol in horses," he said in a televised interview early this year, calling it a good bronchodilator. He also criticized regulators for giving trainers "a black eye" for positive tests on clenbuterol, since it is not an "exotic" drug. Mr. Lake has been cited seven times in four states for illegal levels of clenbuterol.

Because of clenbuterol abuse, several states, including California, have restricted its use.

That will not stop horses from being trained on it, and possibly benefiting from it when racing. Dr. McKeever said that while he has not seen any studies showing how long the drug's steroidal effects last, anecdotally he believes horses stay "muscled up for weeks afterward."

The Treatment

Clenbuterol was one of the drugs that concerned Ms. Kayne when it showed up in \$3,200 of veterinary bills that arrived unexpectedly after her horse Bourbon Bandit broke down and was retired from racing.

"I have spent literally every day of my life in the company of thoroughbreds," Ms. Kayne said in an interview. "I have no problem with racing big, sound, healthy horses. I spent a lot of time in Europe at racetracks and saw the fruits of drug-free racing."

The bills, she said, showed that a veterinarian whom she had never met had purchased clenbuterol without her approval. Wanting to know why, Ms. Kayne wrote to the veterinarian. He turned out to be Dr. Hunt, who has one of New York's biggest racetrack practices.

Dr. Hunt responded that all veterinary procedures "were done so under the instructions of your authorized agent and trainer."

Ms. Kayne said she had never given her trainer, Bruce Levine, permission to use clenbuterol.

So she contacted Dr. Hunt again, asking how the ailment had been diagnosed. He said another veterinarian, Dr. Gregory J. Bennett, had performed an endoscopic exam that found mild throat inflammation and "mucous in the trachea, signs consistent with inflammatory airway disease."

Dr. Bennett, however, said his exams were normal, according to a letter he sent to Ms. Kayne.

The association of equine veterinarians says treatments “should be based upon a specific diagnosis and administered in the context of a valid and transparent owner-trainer-veterinarian relationship.”

Dr. Bennett, who prescribed the pain and anti-inflammatory drugs, said he administers treatments generally at the trainer’s request. “You may wish to consult Bruce Levine about the injections as these are part of his racing program and are routinely done with all of his horses,” he said.

Drs. Hunt and Bennett declined to be interviewed, as did Mr. Levine. Dr. Hunt is seeking payment of his bills through arbitration, while Ms. Kayne has asked the state’s racing commission and veterinary board to investigate Bourbon Bandit’s treatment.

Gene and Eileen Hartis, horse owners in Texas, also describe themselves as “minimalist when it comes to medication.” “We were opposed to anything that would mask an injury just so a horse would run,” Mr. Hartis said.

Their first bill from a California veterinarian was for \$8,500 for just over three months. Every horse they had sent to their trainer was healthy, Mr. Hartis said. Even so, the horses began receiving drugs without the owners’ permission “from the minute they got off the trailer,” he said. Two horses received clenbuterol on the same seven days, invoices show.

The veterinarian, Dr. Keith Latson, declined to comment.

Dr. Rick Arthur, equine medical director for the California Horse Racing Board, said veterinarians often find themselves in an untenable position: “The vet’s fiduciary responsibility is to the owners, but it’s the trainers that hire and fire them. Who are you going to be beholden to?” What’s more, trainers often know their horses better than veterinarians do, because they spend more time with them.

Hong Kong, widely regarded as the world’s safest, most tightly regulated horse racing venue, operates differently. Veterinarians are employed directly by the Hong Kong Jockey Club, which oversees racing and holds disciplinary power.

Under this system, clenbuterol may not be given unless a horse has been endoscopically examined within two days of the prescription, according to the club’s executive director,

William A. Nader. “Clinicians must report all findings of clinical relevance in detail — accurately and promptly,” he added.

A ‘Blind Spot’

It did not take long for word to circulate that a cheap, easily obtainable drug might make horses run faster if administered close to race time. Better yet, regulators might not suspect it.

So on April Fools’ Day in 2011, trainers at harness tracks tried it on nine racehorses. All finished in the money — eight in first place, one in second.

Over 12 days, with nearly \$600,000 at stake at harness tracks in New York and Pennsylvania, 36 of 38 horses using the drug finished first or second, with 31 winning their races.

Another surprise was the drug itself, oxymetazoline, an ingredient in Afrin, an over-the-counter cold medicine. Oxymetazoline, which is not approved for racing, stimulates a horse’s cardiovascular system when administered in large doses through an inhalation mask.

Some of the doped horses shared more than prize money. They also shared certain veterinarians, including Dr. Louis A. Grasso, according to New York racing commission records.

In addition to his felony conviction for selling steroids to weight-lifters, Dr. Grasso lost his New York State racing license for giving drugs too close to race time and signing blank scratch forms.

In 2000, Delaware authorities suspected him of treating horses without a license in the state, but when they tried to arrest him, Dr. Grasso led the police on a chase through the back roads of New Castle County. When they finally caught him, officers found needles, syringes and two banned drugs in his vehicle. He eventually pleaded guilty to resisting arrest.

Though New York’s Racing and Wagering Board has stripped Dr. Grasso of his license to practice at racetracks, it has no authority over his activities elsewhere.

The racing board also referred his conduct to the state’s veterinary board, which could bar him from practicing anywhere in the state. But it has not done so, leaving Dr. Grasso free to

work at off-site training centers.

What's more, New York is not among the few states that let regulators test for illegal drugs at private training centers. When the racing board tried to put in place out-of-competition testing, a horsemen's group went to court in 2011 and stopped it.

As a result, said Dr. George A. Maylin, who directs the state's testing program, there is no effective way to detect certain performance-enhancing drugs. Horses can be doped at the training centers, then shipped to racetracks. "The drugs are used days to weeks in advance, and positives will only be from mistakes and dummies," Dr. Maylin said.

Indiana, which has one of the most comprehensive out-of-competition programs, discovered last year that four racehorses had been illegally given zilpaterol, a bulking supplement for cattle. Joe Gorajec, executive director of the Indiana Horse Racing Commission, said the racing industry's failure to push harder for out-of-competition testing had created a major "blind spot."

Joseph S. Anderson, a trainer who had five horses test positive for oxymetazoline last year after the state began testing for it after races, kept his horses at one of the off-site training centers where Dr. Grasso works, north of New York City. Mr. Anderson told investigators that he bought his nebulizer mix from his two veterinarians, one of them Dr. Grasso, records show. The nebulizer regimen "is a fairly regular one at the barn," Mr. Anderson said.

The trainer was suspended and fined. Dr. Grasso remained beyond the regulators' reach.

Dr. Grasso, in an interview, accused regulators of having a vendetta against him and his family. "Anything that goes wrong with harness racing they point to me," he said. Afrin, he said, had long been used for therapy in harness and thoroughbred horses and had never before resulted in positive tests.

While acknowledging past mistakes, Dr. Grasso said he treats horses well. "Veterinarians out in the field are out there to help horses, not hurt them," he said. "We are probably the only ones who have the horses' well-being in mind."

After repeated questions from The Times about its handling of Dr. Grasso's case, the state Education Department's Office of Professional Discipline, which oversees the Veterinary Board, issued a statement that said, in part, "We have recently taken affirmative steps to have the Racing and Wagering Board share data following their review of racetrack veterinary medicine practices."

State veterinary boards rarely discipline veterinarians who run afoul of racing rules. In New York, only 2 of the board's 125 disciplinary actions over the last 10 years involved racehorse veterinarians, a review by The Times found.

"Losing a racing license is not a big enough deterrent," said Edward J. Martin, president of the Association of Racing Commissioners International, a trade group. "We believe losing a veterinarian's license is. This is a hole in the regulatory scheme and needs to be plugged."

In Kentucky, Dr. Rodney J. Stewart's racing license was suspended in 2007 after he brought cobra venom, a banned nerve-deadening agent, onto the grounds of the Keeneland racetrack. Dr. Stewart has retained his veterinary license.

In 2010, Dr. Phillip R. Kapraun kept his Illinois veterinary license after he, too, was fined for possessing snake venom at Balmoral Park south of Chicago.

In an interview, Dr. Kapraun said he had administered 20,000 doses of the substance to horses over the years and continued to do so at off-track facilities, arguing that it heals tendon injuries quickly and safely. He acknowledged that a horse might benefit more from months away from competing. "The economics of horse racing does not allow for that. Horse racing is on the decline. If a horse needed a year to heal up, they would go to the killers up in Canada or Mexico," he said, referring to slaughterhouse.

Veterinary boards may be reluctant to punish, said Dr. Larry R. Bramlage, a prominent equine surgeon. "The state regulatory board," he said, "consists of mostly inactive elements of the profession, and they don't like to sit over one of their own."

And even if boards are inclined to discipline wayward practitioners, they may not be informed of violations. Veterinarians have raised objections to having state boards review racetrack practices, saying that their peers should be able to review racetrack practices first.

A Change of Heart

Twenty years ago, a prosperous California veterinarian, Dr. Gregory L. Ferraro, surprised his colleagues when he publicly condemned a prescription drug culture that he had helped create.

Six years later, he left a racetrack practice with more than \$2 million in annual billings — mostly for drugs and other treatments.

"The last five years of my practice I let two young associates take over that aspect of my

practice and I only wanted to see the lame and the sick,” Dr. Ferraro said. “I couldn’t stand it anymore.”

Dr. Ferraro, who now directs the equine health program at the University of California, Davis, remembers being the first veterinarian at his track to use a fiber-optic endoscope, a flexible tube that could peek into a horse’s respiratory tract and easily spot small amounts of blood. He conducted a study to see how often endoscopes found blood. And while the numbers were not large, he said, a drug, furosemide, appeared to help.

Most regulators say furosemide, a diuretic sold under the trade name Salix, enhances performance by flushing 20 to 30 pounds of water out of a horse. Now, virtually all horses in the United States, whether they need it or not, get a needle filled with furosemide plunged into their neck several hours before racing.

Dr. Ferraro found himself in the vanguard of veterinarians advocating for the wide use of furosemide and other new therapeutic drugs, like phenylbutazone, or “bute” used for inflammation and pain. These drugs, he believed, could make racing safer, more humane.

But over time, he said, he came to realize that veterinarians were using drugs simply to keep horses racing, not to treat their underlying conditions.

“There comes a time in every horse’s career that you’ve got to stand up and say, ‘That’s enough. We are endangering this horse,’ ” Dr. Ferraro said. “There are not a lot of veterinarians willing to do that.”

Racing authorities in Europe and Hong Kong will not allow horses to compete with any prescription drugs in their bodies. In the United States, a large group of veterinarians, trainers and owners disagree strongly with that stance. Furosemide has proved itself safe, they say, and not using it might endanger a horse’s health.

In July, Kent H. Stirling, chairman of the medication committee of the National Horsemen’s Benevolent and Protective Association, told a Congressional panel that horses in training benefit from therapeutic medicine much as people use aspirin to “ease sore muscles.”

“We’re not like Europe, where horses spend half the year in the pasture eating grass,” Mr. Stirling said in an interview in March. “The owners want a return on the investment and the trainer needs to keep the horse as fit as he can.” Mr. Stirling said that if a horse has a nagging injury, it is “not fair to the horse” if the trainer does not treat it.

Dr. Mary Scollay, chief veterinarian for the Kentucky Horse Racing Commission, said bute and banamine, another anti-inflammatory, are not the same as aspirin and other over-the-counter pain medicines.

“These are drugs that you need to have a prescription for and are more powerful and given in larger doses than what’s sold over the counter,” Dr. Scollay said.

Tracy Farmer, a longtime breeder and owner who is also vice chairman of the Kentucky’s racing commission, said the liberal use of prescription drugs has harmed racing. “Look no further than the number of contenders in this year’s Kentucky Derby now sidelined by injury or already retired to stud,” Mr. Farmer said.

This happens almost every year, he added. “By the time the Breeders’ Cup rolls around, most [Triple Crown](#) stars are out of action, depriving the sport of heroes like Seabiscuit and John Henry.”

Dr. Ferraro says he and other veterinarians share the blame for turning racehorses into commodities.

“We took a beautiful, noble thing and screwed it up,” he said. “Horses are too good to put a price tag on. Some things ought to be sacred.”

Dara Miles, Laura Dodd and Rebecca Teitel contributed reporting.

This article has been revised to reflect the following correction:

Correction: September 25, 2012

Because of an editing error, a picture caption on Saturday with the continuation of an article about racetrack veterinarians who are faced with choosing between their medical oath and economic benefits described incorrectly the vials being held by Dr. Angela Yate of the Indiana Horse Racing Commission. They are for collecting blood samples, not urine samples, for drug testing. And another caption misstated the year the picture of a New York veterinarian, Dr. Louis A. Grasso, was taken. It was 2010, not last year.