

# TDNQA

*Dr. Scott Palmer, a renowned veterinarian from New Jersey, was appointed last week by New York*



*Governor Andrew Cuomo to be the state's Equine Medical Director. Palmer brings more than three decades of distinguished service to the position in all types of medical care for horses and will be charged with overseeing the health and welfare of all equines, Thoroughbred and Standardbred, at the state's racetracks. Palmer was selected from an international pool of candidates by a blue-ribbon committee of veterinarians and other industry*

*professionals. Palmer sat down last week with the TDN to field a series of questions.*

***You've just been named the Equine Medical Director for the State of New York. Tell us what that means?***

The New York State Equine Medical Director is a joint appointment as an adjunct professor at Cornell University in the department of Population Medicine and Diagnostic Services and Chief Veterinarian for the New York State Gaming Commission.

***What do you see as your typical day-to-day duties?***

My days are quite busy and varied. I have four areas of responsibility: they include responsibility for the health care of racehorses and supervision of regulatory veterinarians at all 11 New York racetracks, supervision of the NYS Diagnostic and Testing Laboratory as well as advising the Gaming Commission on matters of health and safety at the New York racetracks, providing recommendations to the Gaming Commission in the process of rulemaking and adjudication of regulatory matters pertaining to equine medical issues, creating educational programs for New York horse trainers and veterinarians, and coordinating and directing research into sports medicine topics that will lead to innovative means to reduce injuries and enhance equine health and safety. This job requires me to visit all of the New York racetracks.

***Other jurisdictions have long had an EMD. Why do you think NY is deciding to do so now?***

Last year Governor Cuomo made sweeping changes of the New York horseracing industry that included appointment of a Task Force on Equine Health and Safety. One of the recommendations of that Task Force was to hire an Equine Medical Director.

***If you had to identify the most pressing issue facing New York racing right now from an equine health and safety standpoint, what would it be?***

I believe there are a number of pressing issues facing New York racing. Many of these issues will be addressed by the implementation of all of the Task Force on Equine Health and Safety recommendations in an effort to provide the safest environment as possible for our horses. As a whole, these recommendations are designed to increase the level of risk aversion by all racing stakeholders.

***Can we ask you to name a top 10 list of things to be solved?***

10. Communicate the commitment of New York racing to equine welfare-centered reform efforts to our constituents and the general public;
9. Encourage transparency and open communication within the trainer/owner/veterinarian relationship;
8. Improve the keeping and reporting of medical records to enhance the ability of trainers and veterinarians to make informed health care decisions for our racehorses;
7. Create an infectious disease control template for New York Racetracks;
6. Upgrade and standardize the SOPs of State regulatory veterinarians;
5. Create a fair, timely and effective protocol for processing racing violations;
4. Create a required continuing education program for trainers;
3. Achieve accreditation of the New York State Equine Diagnostic and Testing Lab;
2. Adopt Uniform Medication Rules, Laboratory Accreditation and a penalty structure that appropriately addresses the difference between therapeutic overages and treatment with prohibited substances as well as sanctions repeat offenders;
1. Undertake a strategic review of existing state regulatory processes and identify best practices and procedures to support integrity, safety and equine welfare in New York Harness and Thoroughbred racing programs.

**After the breakdowns at the 2011-2012 Aqueduct Fall Meeting, the 2012 New York Task Force on Racehorse Health and Safety made several recommendations. The first among them was that "the protocol requiring the NYRA Veterinary Department to report directly to the NYRA Racing Office is an unacceptable conflict of interest that must be changed immediately." Has this protocol been changed, and if not, why not?**

According to NYRA, since late 2012, the NYRA Veterinary Department has reported to the Stewards, as recommended by the Task Force. I will verify this with my gap analysis which I hope to begin next week.

**One of your responsibilities is to oversee the NYS equine drug testing program lab. How big a problem do you think illegal medications are in NY racing?**

Historically, the number of incidents of detection of illegal substances in New York Racing is very small, but we must remain vigilant in our efforts to deter and to detect those who would seek unfair advantage through the use of illegal medication. World-class testing, however, is not enough. We also need to upgrade our security and enforcement efforts in order to provide a comprehensive effort to ensure integrity of our sport.

**The TDN, as well as other publications, has detailed what seems to be a pervasive and growing number of legal medications administered to racehorses, with horses routinely getting a half-dozen injections before and after each race. Do you think that a reliance on an abundance of legal medication is something that needs to be addressed?**

The culture of permissive medication in racing is a major concern. The Task Force addressed this issue last year and recommended emergency rule changes by the Racing and Wagering Board to limit the amount of medication administered to horses in the days leading up to the race. However, the actual number of medications administered to horses prior to a race is not really the correct lens through which to view this problem. The more appropriate lens or question is how do we define the appropriate use of medication in horse racing? The AAEP Guidelines for Equine Practitioners in a pari-mutuel environment published in 2009 addressed this issue in the following manner:

*'The appropriate use of medication in a racehorse is based upon a thorough veterinary examination of the horse, leading to a diagnosis based on that examination, and administration of ethical treatments, followed by an evaluation of the success of that therapy prior to racing.'*

Being "in to go" is not a diagnosis and the question of "is this horse fit to race" should not be answered at 30 to 38 miles per hour in the company of other horses and riders or drivers.

**Last week, the owner of The Meadowlands, Jeff Gural, announced he was banning two trainers for the use of cobalt. The RMTTC told us that this was a problem in Thoroughbreds as well. Do you agree?**

I have no doubt that some trainers are treating their horses with Cobalt in order to gain what they perceive to be a "blood doping-like" effect to seek an edge over their competitors. At this point we do not know how widespread this practice may be. Cobalt, like Magnesium or Iron is an element that is normally found in the blood of both humans and horses. There is very little information available regarding the administration of Cobalt to horses.

We do know that Cobalt enhances performance by increasing the number of red blood cells in the body. We also know that Cobalt, when given in high doses, has significant toxic side effects in humans. I believe that we still have much to learn about the health risks of treating horses with Cobalt and at what level it should be regulated. I applaud Jeff Gural for taking the lead in this effort. New York is currently taking steps to work with other racing jurisdictions to determine normal blood levels of Cobalt, to document the prevalence of its use in racehorses, and to arrive at an appropriate regulatory threshold.

**Does catching people using drugs like Cobalt and others require the kind of aggressive out-of-competition testing program like**

**Gural has instituted at the Meadowlands and might that be something to be considered in New York as well?**

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Yes. New York already has a Thoroughbred out-of-competition testing program that is used to test for blood-doping agents such as EPO and its derivatives. The goal of this program is to deter and detect the use of certain proteins or compounds that cause a prolonged performance-enhancing effect, even though the actual levels of the substance disappear rapidly from the blood or urine, making detection by routine race-day sampling difficult or impossible.

**One of the ways Gural has been successful is to require anyone looking to take out a license to agree to OOCT, along with other integrity-based standards. Is that the sort of thing that might be considered in New York?**

This regulatory tool is also being considered for use in New York. However, this regulatory approach is essentially an exercise of the rights of a private property owner and must be applied with appropriate consideration for due process rights of the licensees.

***The equine injury database has been a helpful tool in identifying trends. With four years of data now available for review, one of the most striking statistics is the fatal breakdown rate on synthetic surfaces is less than half of what it is on dirt (1.03 fatalities per thousand starters compared to 2.1 on dirt). Yet no racetrack has installed a synthetic surface in years. Why do you think that is?***

The data available from The Jockey Club's equine injury database has shown that, in general terms, the number of fatalities can be reduced by racing on a synthetic surface. With that said, we have also learned that while this is true of new installations, over time, synthetic tracks become more dangerous due to loss of material and wear. There are multiple vendors to consider and the cost of installation is more than \$10 million. The negative experience at Santa Anita racetrack last year also raised significant concerns in the industry. Many trainers do not like synthetic surfaces, finding an increase in non-fatal soft tissue injuries when compared to a dirt surface. Finally, the rate of fatal injury of some dirt tracks compares favorably to synthetic surfaces, suggesting that track maintenance is a key ingredient to safety. In our Task Force report, we recommended that NYRA do due diligence in investigating alternatives for installing a synthetic surface in one of the down-state racetracks. Installation of a synthetic surface is currently being considered by NYRA.

***Aqueduct's rates for 2012, the last year in which statistics were available were higher than the national average on dirt and far higher than the synthetic average, at 2.34 fatal breakdowns per starter on Aqueduct's main track and 4.32 on the inner track. Belmont's 1.86 was lower than the national dirt average, but still higher than synthetics. Do those figures play a part in the decision?***

Yes, they might. However, you should know that the cause of racing fatalities is multi-factorial. The racing surface is important, but it is only one part of a larger picture of safety best practices. For example, the number of racing fatalities in 2013 was much reduced from 2012 following implementation of many of the Task Force recommendations. There were a total of 48 fatalities in the calendar year 2012 (2.6/1000 starts) and 25 fatalities (1.4/1000 starts) in 2013.

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That represents a 48% reduction in fatalities from 2012 to 2013 without changing the dirt track to a synthetic surface. Bottom line, I believe that every opportunity to reduce injuries should be carefully considered.

***Do you support transparency in the testing process? It seems a bit of a black box right now.***

I am not so sure that transparency in the sense that the public be informed of the analytical details of the testing process of any particular laboratory is appropriate.

However, a degree of transparency (or clarity) in the process is important to emphasize the stringent efforts made to ensure integrity of racing by laboratory testing. Independent accreditation of the New York testing laboratory is the most critical part of this process. I believe that the New York fans need to know that the NY lab is performing state-of-the-art testing procedures and uses a strict chain of custody protocol to obtain and process the samples. A good overview of the testing process is available on the website of the Racing Medication and Testing Consortium for those who may be interested in learning more about the testing process for horseracing. [Click here to share this Q&A.](#)