



May 14, 2010

The Honorable Tom Udall
United States Senate
Washington, DC 20510

The Honorable Ed Whitfield
United States House of Representatives
Washington, DC 20515

Dear Senator Udall and Representative Whitfield:

Thank you for your letter of April 29, 2010, in which you posed a series of questions regarding the current state of horse racing in the United States.

The National Thoroughbred Racing Association (NTRA) submits its responses to your questions on behalf of itself and its members and affiliates, which include 42 racetracks, 40 national and state horsemen's groups drawn from 23 states and nearly one million individuals who make their living from horse racing and breeding.

The NTRA is Thoroughbred horse racing's national trade association representing virtually all industry stakeholders, including owners, breeders, trainers, racetracks, riders, racing fans and veterinarians. As such, the NTRA speaks for a broad spectrum of industry participants and serves its constituency by building support and creating consensus for solutions to problems of national importance to the horse racing industry.

The NTRA not only speaks for its constituents, it -- along with many other stakeholder groups -- acts on their behalf. Thanks to the combined efforts of many in our industry, we now have better scientific research, more comprehensive reporting requirements, much-improved regulatory uniformity and broader cooperation among states and racing participants than ever before. As detailed below, we have made substantial progress in the past two years in a number of key areas.

As correctly stated in your letter, since the industry last appeared before Congress in June of 2008, the NTRA and its broad membership base have formed the NTRA Safety and Integrity Alliance (the "Alliance"). We began the process by building industry-wide consensus and support for the following affirmation:

The health and safety of our human and equine athletes and the integrity of our sport are horse racing's top priorities.

The NTRA organized the Alliance to transform these principles into concrete action.

To promote and implement safety and integrity in horse racing, the Alliance worked for several months to develop the Alliance Code of Standards (the “Code”). These standards have been developed by industry stakeholders using current scientific research, industry “best practices” in a variety of critical areas and recommendations from industry stakeholder groups.

The 2009 Code benchmarked standards in a number of areas:

- Systematic reporting of equine injuries
- Programs for racehorses in transition to second careers
- Pre- and post-race veterinary examinations for racehorses
- Post-mortem examinations of catastrophically injured horses
- Participation in safety research
- Provision for safety equipment and procedures
- Qualified drug testing programs
- On-track emergency medical care for humans and equines
- Out-of-competition testing
- Preservation and retrospective testing of post race samples
- Continuing education
- Security assessment and training

In every subsequent year, the Code will be modified to reflect new research and consensus on key areas of emphasis. In 2010, for example, the Code was expanded to add wagering security protocols. By design, the Code is a permanent work in progress that continuously raises standards for the horse racing industry. The full text of the 2010 version of the Code is available at www.NTRAalliance.com.

The primary vehicle for promoting and implementing the Code is racetrack accreditation. To be accredited, tracks must successfully complete an extensive 60 page application (attached) and undergo a rigorous two-day inspection by independent veterinary, track operations and security experts to confirm full compliance with the Code in all material respects. To date, 17 tracks have completed the process and been fully accredited; an 18th track has been provisionally accredited. Track accreditation extends for a two-year period and can be renewed only after a new application and inspection process is successfully completed.

The Honorable Tommy G. Thompson, former Health and Human Services Secretary, and other members of the Washington, D.C., law firm of Akin Gump Strauss Hauer & Feld, serve as independent counsel to the Alliance and monitor the industry’s progress toward standard-setting and compliance.

The first “Report of the Independent Monitor” was released in December 2009. The report cited the successful implementation of several safety improvements at accredited racetracks throughout North America and praised the Alliance for its sharing of best practices from track

to track and for raising awareness of the industry's resolve in dealing with safety and integrity issues. The full report is available online at www.NTRAalliance.com.

The Alliance accreditation process has been the driver for the numerous changes in racing's standards and practices. The Alliance is achieving dramatic results—in regulatory regimes and beyond—faster and more comprehensively than any previous initiatives and more effectively than any legislative solution.

For example, Churchill Downs in Louisville, Kentucky adopted the use of a cushioned riding crop in the form of a private racetrack mandate sometimes referred to as a house rule. The house rule process was necessary because the Kentucky Horse Racing Commission had not yet made use of a cushioned crop a statutory requirement as required by Section 2B of the Code. To be accredited, Churchill also had to petition the Kentucky Horse Racing Commission to adopt a regulatory requirement regarding cushioned crops and as a direct result of that petition, a cushioned crop rule was adopted in Kentucky soon thereafter.

Churchill Downs was also required to petition the Kentucky Horse Racing Commission to adopt a rule allowing for out-of-competition testing to be conducted on horses racing in Kentucky to satisfy Section 3E of the Code. As a result of advocacy by Churchill (and other accredited Kentucky tracks), the Kentucky Horse Racing Commission is expected to adopt an out-of-competition testing rule this summer.

Keeneland Racecourse in Lexington, Kentucky, also adopted a house rule concerning the use of cushioned crops and successfully petitioned the Kentucky Horse Racing Commission to adopt a cushioned crop rule and an out-of competition testing rule.

Delaware Park, a racetrack located in Wilmington, Delaware, learned during the accreditation process that the Delaware rule concerning the use of Furosemide (a medication for exercise-induced pulmonary hemorrhaging also referred to as Lasix or Salix) was inconsistent with the Model Rule (discussed below) respecting Furosemide and petitioned the Delaware Racing Commission to change to the Model Rule. As a direct result of Delaware Park's petition, a rule change to bring Delaware's medication rules into full conformity with the Model Rule is currently in process. Additionally, to meet the Code accreditation standard regarding aftercare of horses, Delaware Park and its horsemen formally aligned with a racehorse adoption agency.

Pimlico Racetrack in Baltimore, Maryland, sought Alliance accreditation in the spring of 2009 but because it failed to meet all of the standards for accreditation outlined in the Code, Pimlico was provisionally accredited. To be fully accredited, Pimlico and the Maryland Racing Commission had to make several changes to their medication rules to bring them in line with the Model Rules. As a result, the Maryland Racing Commission has adopted or is in the process of adopting the following changes using the normal rule making procedures: (1) pre-race sampling protocols for alkalinizing substances as part of its drug testing program; (2) out-of-competition testing; and (3) frozen sample testing. Consequently, Pimlico has recently been awarded full accreditation status.

New York's three racetracks, Belmont Park, Saratoga, and Aqueduct, used the accreditation process to bring the state of New York into alignment with the Code regarding the use of cushioned crops and out-of-competition testing.

To secure their accreditation, California's major tracks, Hollywood Park, Del Mar, the Oak Tree Racing Association, Santa Anita Park and Golden Gate Fields, successfully pushed the California Horse Racing Board (CHRB) to enact rules regarding the use of cushioned riding crops and more stringent requirements for safety helmets and safety vests.

Since the Alliance's first accreditation in April 2009, every accredited track has been required to make changes and in almost every instance, those changes had to come at least in part from state regulators to satisfy the Code standard. These positive changes are occurring rapidly, but not without significant deliberations among affected stakeholders.

Accreditation is not a purely voluntary act; it is a constructive engagement by tracks with state regulators in which both parties agree to adopt permanent standards and practices. The result is institutionalized change on a nationwide basis.

As you are well aware, state government is active in the 33 jurisdictions where pari-mutuel wagering on horse racing is currently conducted. Pari-mutuel horse racing has been governed at the state level for over a century.

The States work cooperatively under an umbrella organization known as the Association of Racing Commissioners International (RCI). One purpose of the RCI is to develop and promulgate rules of racing otherwise known as horse racing's model rules ("Model Rules"). The Model Rules consist of 25 chapters and span nearly 450 pages, covering everything from pre-race inspections to licensure and post-race drug testing. Importantly, the Model Rules were developed after consultation and input from the regulated parties including tracks, horsemen, veterinarians and other horse industry stakeholders. States routinely draw from these Model Rules when promulgating individual rules locally. A current version of the Model Rules can be found at www.arci.com/modelrules.html.

RCI is currently pursuing an industry-wide effort to implement a national racing and wagering compact in all jurisdictions that conduct horse racing. A compact provides a mechanism for uniformity among states that adopt the compact. For racing, the compact would provide a forum to address important issues such as medication, wagering security and safety.

The Alliance and the RCI compact are complementary efforts. The Alliance has provided a vehicle for quick, decisive action on a wide variety of safety and integrity issues, including the funding of injury research and horse retirement and aftercare, which are outside the scope of traditional regulatory oversight. The compact is a vehicle to obtain uniformity in discrete areas where industry consensus is achievable.

The horse industry has worked with the RCI and state governments to develop an extensive infrastructure to oversee the sport and provide the kind of supervision needed to ensure the safety of our athletes and protect the interests of the wagering public. Each year, millions of fans wager upwards of \$13 billion on pari-mutuel horseracing. It is ultimately our responsibility as an industry to ensure that our athletes compete safely on a level playing field without performance enhancing drugs and that our races are fairly and properly officiated. We fully recognize that to accomplish this objective, we need state regulation to provide the independence and oversight required to inspire public confidence.

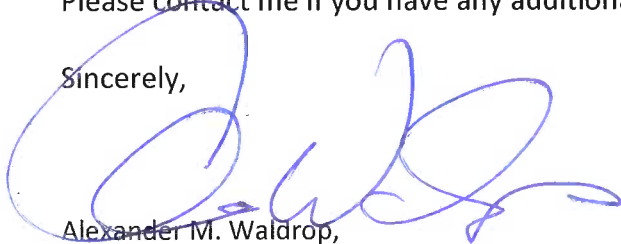
Out of that cooperative spirit has emerged the formation of several important industry organizations. One such organization is the Racing Medication and Test Consortium (the "RMTC"), which is a key partner with regulators to determine the best way to detect, deter and punish the abuse of performance enhancing drugs and to regulate the use of therapeutic medications in race horses. Governed by more than 25 industry stakeholder tracks, horsemen, veterinarians, researchers, industry associations and regulators, the RMTC has been a key public/private partnership since 2001. The Model Rules relating to performance enhancing drugs and therapeutic medications have been developed jointly by the RCI and the RMTC. Through their combined efforts, the industry is now regulated by a strong set of rules and penalties relating to drugs and medications in racing that will be discussed in greater detail below.

Another important source of guidance for the Alliance Code and the Model Rules is The Jockey Club (TJC) Thoroughbred Safety Committee. Building on the work of TJC's Welfare and Safety Summit, where industry scientific experts and industry participants meet periodically to address the welfare and safety of the horse, in the summer of 2008 TJC formed the Safety Committee. The early work of TJC's Safety Committee included recommendations regarding the banning of anabolic steroids, the use of cushioned crops and limitations on specialized horse shoe appliances generally referred to as toe grabs. The Alliance was formed by the NTRA as the primary vehicle for implementing these and other recommendations through a combination of house rules, Model Rule changes and advocacy for changes by accredited tracks.

Our responses to your questions are appended to this letter. We thank you for the opportunity to provide a detailed update on the industry's progress in achieving substantive reforms over the past two years and in establishing a framework by which new safety standards and protocols for our industry can be quickly and effectively instituted.

Please contact me if you have any additional questions.

Sincerely,



Alexander M. Waldrop,
President and CEO

Q. 1) How many racetracks and regulatory authorities have adopted the Racing Commissioners International (RCI) model rules and Racing Medication and Testing Consortium (RMTC) recommendations? Please provide a list of these racetracks and regulatory authorities.

As previously noted, RCI model rules cover a wide range of regulatory matters. For purposes of this letter, we will focus on the areas of performance enhancing drugs, therapeutic medications and pre/post race drug testing, areas where RCI and RMTC jointly develop model rules and recommendations (“RCI/RMTC Rules and Recommendations”).

As of this writing, 32 of 33 racing jurisdictions that currently conduct pari-mutuel horse racing have adopted or are in the process of adopting the RMTC/RCI Model Rule on androgenic anabolic steroids. These states collectively represent 99.98 percent of the total pari-mutuel handle on Thoroughbred horse racing in 2009. They are: Washington, Oregon, California, Arizona, New Mexico, Texas, Louisiana, Florida, Arkansas, Colorado, Wyoming, North Dakota, South Dakota, Oklahoma, Nebraska, Minnesota, Iowa, Illinois, Indiana, Kentucky, Ohio, Michigan, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Maine, New Hampshire and Massachusetts.

In just one year, 2008, the industry achieved a substantive ban on androgenic anabolic steroids in racing. This unprecedented accomplishment demonstrates that the industry can and will act quickly and decisively to rid itself of substances clearly shown to be performance enhancing or otherwise detrimental to horses and horse racing.

Phase 1 of the RCI/RMTC Rules and Recommendations on medication and performance enhancing drugs includes language regulating (1) use of Furosemide (Lasix/Salix); (2) a ban on the administration of non-steroidal anti-inflammatory drugs (NSAIDs) within 24 hours before a race; (3) regulation of the administration of anti-ulcer medications before a race; (4) certain prohibited practices and procedures; and (5) the treatment of certain drugs where this is a potential for environmental contamination. Contrary to what is often reported in the media, there is a high degree of uniformity nationwide in the regulations that define the parameters for therapeutic medications and proscribe performance enhancing drugs. In fact, all major racing jurisdictions and the vast majority of pari-mutuel handle are represented on the list of states that have adopted some or all of the Phase 1 guidelines. That list includes every state that has adopted the androgenic anabolic steroid rule with the exception of South Dakota.

The industry supports improvements to drug testing research through the Drug Testing Initiative (DTI) developed by RMTC and The Jockey Club. With funding from TJC, the DTI has developed laboratory standards and accreditation criteria, expanded quality-assurance programs and funded research projects for post-doctoral candidates.

Q. 2) How many racetracks have been accredited as conforming to the NTRA Safety and Integrity Alliance's Code of Standards? Please provide a list of these racetracks.

As of today, 17 racetracks in 10 separate racing jurisdictions (nine in the U.S. and one in Canada) are fully accredited by the NTRA Safety and Integrity Alliance meaning that these tracks have been found to be in compliance with the Code of Standards in all material respects. One racetrack is provisionally accredited, meaning the track has been found to be in compliance with the Code of Standards in all material respects except for certain identified deficiencies that must be corrected within a prescribed time period. The accredited racetracks, listed below, account for approximately 60 percent of all wagering on Thoroughbred racetracks in the United States and Canada and 95 percent (108 of 113) of Grade I Stakes races, 82 percent (129/156) of Grade II Stakes and 76 percent (166/218) of Grade III races. Graded Stakes represent the highest quality races in North America.

- 1) Aqueduct Racetrack – Jamaica, NY
- 2) Arlington Park – Arlington Heights, IL
- 3) Belmont Park – Elmont, NY
- 4) Calder Race Course – Miami Gardens, FL
- 5) Churchill Downs – Louisville, KY
- 6) Del Mar – Del Mar, CA
- 7) Delaware Park – Wilmington, DE
- 8) Fair Grounds – New Orleans, LA
- 9) Golden Gate Fields – Berkeley, CA
- 10) Hollywood Park – Inglewood, CA
- 11) Keeneland Racecourse – Lexington, KY
- 12) Monmouth Park – Oceanport, NJ
- 13) Oak Tree Racing Association/Santa Anita Park – Arcadia, CA
- 14) Pimlico Racecourse – Baltimore, MD
- 15) Saratoga Racecourse – Saratoga Springs, NY
- 16) Turfway Park – Florence, KY
- 17) Woodbine Racecourse – Ontario, Canada
- 18) Sunland Park – Sunland Park, NM (provisional)

In 2010, the Alliance expects to accredit some 15 additional facilities. Tracks considering accreditation in 2010 include

- 1) Suffolk Downs
- 2) Kentucky Downs
- 3) Pleasanton Fair
- 4) Canterbury Park
- 5) Gulfstream Park
- 6) Mountaineer Park

- 7) Emerald Downs
- 8) Prairie Meadows
- 9) Laurel Park
- 10) Indiana Downs
- 11) Hoosier Downs
- 12) Remington Park
- 13) Lone Star Park
- 14) Louisiana Downs
- 15) Sacramento Fair
- 16) Santa Rosa Fair
- 17) Fresno Fair

Additionally, the Alliance expects to begin accrediting training facilities in 2011.

I especially call your attention to Sunland Park, located in New Mexico, which has just been provisionally accredited by the Alliance. Attached is a recent press article highlighting the progress that New Mexico racing has made as a result of the Alliance accreditation process.

Q. 3) Are voluntary RCI rules and RMTC recommendations for medication and performance enhancing drug use adequate to ensure the safety and welfare of the racing industry's jockeys and horses?

RCI/RMTC Rules and Recommendations are not "voluntary" in the sense of being "optional." The industry and the racing public demand and expect a system of regulation for medications and performance enhancing drugs. To be effective, such regulations must be adopted and enforced by state racing commissions which have the power to fine and suspend violators. For these reasons, 31 of 33 racing jurisdictions have adopted or are in the process of adopting Phase 1 of the RCI/RMTC Rules and Recommendations on medications and performance enhancing drugs as noted under Question 1 above.

The Alliance encourages implementation of the RCI/RMTC Rules and Recommendations on medications and performance enhancing drugs by mandating either adoption by each accredited track's state racing commission or advocacy by the accredited track for such adoption by the accredited track's state racing commission. Failing full adoption of the RCI/RMTC Rule and Recommendations by a state racing commission, accredited tracks in such jurisdictions will eventually lose their accreditation. In this way, the Alliance accreditation process is pushing states to fully adopt the RCI/RMTC Rules and Recommendations.

RCI/RMTC Rules and Recommendations clearly help to ensure the safety and welfare of the racing industry's jockeys and horses. This is because the RCI/RMTC Rules and Recommendations appropriately address the issues of detection and deterrence of both therapeutic medication overages and the use of illegal performance enhancing drugs. And the RCI/RMTC Rules and Recommendations are based upon state-of-the-art veterinary and pharmacological research funded by the industry.

The RMTC has expended some \$1.4 million on research relating to medication and testing. Since 2005, the organization has focused on administration studies for drugs of therapeutic value to the horse because some 85 percent of drug positives are for overages of therapeutic medications rather than for the use of purely performance enhancing drugs.

Currently studies enlisting twenty horse administrations are being performed at the University of Florida Pharmacokinetic Research Lab on fit, treadmill-trained Thoroughbred and Standardbred horses to develop reliable, statistically valid withdrawal times and relevant regulatory concentrations. Approximately \$700,000 has been spent to date on this project, making it one of the largest studies on horse racing ever conducted in the world.

In addition, the RMTC continues to subsidize the analysis of unknown substances (vials, bottles, syringes, etc.) for racing commissions on an ad hoc basis to determine whether the substances contain doping agents that could produce a pharmacologic effect in race horses on race day.

The work of the RMTC is augmented by the Equine Drug Research Institute (EDRI), a committee of the Grayson-Jockey Club Research Foundation. The mission of EDRI is to fund a major research initiative designed to develop new tests for drugs that pose significant risk of potential abuse in equine sports, and to share that data with qualified equine testing laboratories free of charge. The institute is supported by the industry, which has contributed some \$3 million. Additionally, Major League Baseball, the United States Anti-Doping Agency (USADA) and others have provided \$1 million for equipment.

Clearly, the horse industry has a long history of combating the use of performance enhancing drugs and regulating the use of therapeutic medications in a way that protects the safety of our human and equine athletes and the integrity of our game for those who wager on horse racing. The progress to date on this front shows undeniable commitment to safety and integrity at every level of our business.

But to view drug policies as the industry's only means of ensuring the safety and welfare of our horses and jockeys is to overlook a wide range of programs and practices designed to foster a safer racing environment and prevent injuries to our equine and human athletes. Along with drug testing, these programs implemented by state regulation and/or through the Alliance Code of Standards are integral to the industry's efforts to ensure the safety of horse and rider. Racing has broadly adopted programs to support:

- Pre-race inspections by qualified veterinarians to ensure that horses are fit and race-ready;
- Injury reporting and epidemiological research;
- Veterinarians' Lists, which render a horse ineligible to race until it has been cleared to start by a qualified veterinarian;
- Stewards' Lists, which render a horse ineligible to race until it has been cleared to start by a qualified racing steward;

- Starters' Lists, which render a horse ineligible to race until it has been cleared to start by qualified racing officials;
- RCI-approved safety equipment such as vests and helmets for jockeys; and
- Industry-funded studies on horse shoes and racetrack surfaces, and their role in injury prevention.

The strict enforcement of RCI/RMTC Rules and Recommendations by state regulators coupled with the efforts of the NTRA Safety and Integrity Alliance and numerous industry safety initiatives help ensure that horses and riders compete in a safe environment.

Q. 4) What actions has NTRA taken in cases where local regulatory authorities have not adopted RCI model rules and RMTC recommendations for medication and performance enhancing drug use?

In situations where the RCI/RMTC Rules and Recommendations have not yet been adopted, the track applying for accreditation is required to actively advocate with the track's regulatory authority for adoption of the RCI/RMTC Rules and Recommendations. Already, this has produced positive results in Maryland where Pimlico successfully advocated for adoption of rules to institute pre-race TCO2 testing in the State, and in New Mexico, where tracks sought adoption of rules on the use of non-steroidal anti-inflammatory drugs (NSAIDs). As noted above, numerous other changes have been instituted at other tracks and in other jurisdictions to promote the safety of horses and riders, including adoption of model rules on out-of-competition testing, TCO2 testing and cushioned riding crops.

Q. 5) Are existing penalties for medication and performance-enhancing drug violations adequate to prevent owners, trainers, and veterinarians from endangering horses, their riders, and the overall integrity of the sport?

Penalties are valuable guidelines for administrative and regulatory personnel charged with enforcing racing's drug use policies. Each case is rightly adjudicated on its own merits, based upon the totality of facts and circumstances. The RCI/RMTC Rules and Recommendations include model penalties that specify in detail what are considered aggravating and mitigating circumstances.

In our litigious society it is essential that our regulatory officials observe established legal procedures to ensure that rules and penalties are applied fairly. They do so by analyzing each case individually and with due consideration for the individual's record in other states. However, it is impossible to judge the correctness of a regulator's decision without fully considering the totality of the evidence, including both mitigating and aggravating circumstances.

In the case of drugs and medications, the Model Rules have 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 to affect performance than those in Classes One, Two or Three. Class Five medications would be therapeutic medications that are used to treat common ailments such as ulcers, and have established concentration limits.

To assist racing commissions in their enforcement efforts, drugs and medications are further classified in the Model Rules under penalty categories of A, B, C, or D based upon their appropriateness for horses in competition. More detail on the application of these penalty categories can be found at www.arci.com/druglisting.pdf.

Officials adjudicating cases involving drug violations have ready access to the RCI drug-classification list, the RCI's penalty categories and the expertise of regulatory veterinarians and other experts to guide their decision-making process. Law enforcement agencies such as the Drug Enforcement Agency and state and federal penal codes provide additional enforcement and deterrence mechanisms for would-be violators of racing's drug policies.

For all of the above reasons, existing penalties for medications and performance enhancing drugs developed by the RCI in conjunction with the RMTC are more than adequate to ensure the safety of humans and horses and the integrity of our sport.

Q. 6) Is there sufficient enforcement by state agencies and racing commissions to prevent the use of performance-enhancing drugs and other drug abuse in the horse racing industry?

Racing has a long-standing policy of testing at least one horse – usually the winner – from every race, every day. Other horses may be selected at random at the stewards' discretion or if the race favorite finishes far out of contention. More than \$30 million is spent annually on drug testing nationwide. We screen for up to 500 drugs in one sample. Our labs test for a vast array of drugs including stimulants, narcotics, bronchodilators and anti-inflammatories. 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.

In addition, racing has instituted programs for out-of-competition testing, frozen samples for retrospective testing and quality assurance programs for our drug-testing labs.

With increasingly sophisticated testing, we can now detect substances at the pico-gram (one-trillionth of a gram) level. Our testing literally is a million times more sensitive than it was just a few years ago. The hypersensitivity of current testing is a mixed blessing. On the plus side, it helps us apprehend those who would seek to cheat. To our detriment, it produces positive tests for drugs in trace levels that cannot possibly affect a horse's performance, stigmatizing our trainers and our industry under the banner of "zero tolerance."

Heightened awareness of drug testing has had one very positive benefit—increased barn and track security. As a matter of course, trainers and racetracks employ security staff, video camera surveillance and other security methods to prevent drug positives caused by contamination or other accidental transmission.

Q.7) How many racing jurisdictions have adopted a transparent data base setting out the number of breakdowns, jockey injuries, and the cause of the accident? Please provide a list of these racing jurisdictions.

More than 80 race tracks participate in The Jockey Club's Equine Injury Database (EID), a service of its commercial subsidiaries InCompass Solutions Inc. and The Jockey Club Technology Services Inc. The InCompass Solutions software module enables racetracks, racing organizations and training centers to participate in the program and is provided free of charge through the InCompass Race Track Operations (RTO) system, which is installed at every racetrack in North America. EID seeks to:

- Identify the frequency, types and outcome of equine racing injuries using a standardized format that will generate valid statistics;
- Identify markers for horses at increased risk of injury; and
- Serve as a data source for research directed at improving safety and preventing injuries.

The NTRA Safety and Integrity Alliance mandates participation in the EID system for its accredited facilities. A list of EID-participating racetracks appears below.

EID documents equine injuries only. A Jockey Health Information System, mandated at NTRA Alliance-accredited Keeneland Racecourse and Arlington Park and a "best practice" for other Alliance-accredited facilities, allows jockeys to enroll in an electronic medical records database. The e-health program was developed by Keeneland's medical director in consultation with The Jockey Club and InCompass and is designed to ensure that a rider's complete medical history is immediately available to medical care service providers. The program is provided at no cost to participating tracks and jockeys.

Member associations of RCI also maintain databases on racetrack injuries, many of which are publicly available.

Q. 8) In 2009, how many starts were made in the U.S. alone? Out of those starts, how many Thoroughbreds were either injured during the race or the race was a cause of their injury?

According to Equibase Company, 71,662 Thoroughbred racehorses made 446,196 starts in the United States in 2009. Early in 2010, The Jockey Club release preliminary data on the number of fatalities sustained by those starters, but information on injuries and injury rates has not yet been released, pending an epidemiological analysis of the data.

As noted above, the NTRA Safety and Integrity Alliance mandates participation in the Equine Injury Database. To help reduce the incidence and severity of racetrack injuries, the Alliance also supports equine medical research through its Barbaro Fund for Equine Health and Safety Research and participation in a racetrack surface-testing laboratory.

Q.9) What percentage of those Thoroughbreds injured were 24 months or younger in age?

According to information provided by Equibase, no Thoroughbred younger than 24 months in age suffered a race-related fatality in 2009.

Equine Injury Database

Participating Racetracks

Albuquerque Downs	Indiana Downs
Aqueduct	Keeneland Racecourse
Arapahoe Park	Kentucky Downs
Arlington Park	Laurel Park
Assiniboia Downs	Lone Star Park
Atlantic City	Louisiana Downs
Belmont Park	Manor Downs
Beulah Park	Meadowlands
Calder Race Course	Monmouth Park
Canterbury Park	Mountaineer Park
Charles Town	National Steeplechase Association
Churchill Downs	Northlands Park
Colonial Downs	Oak Tree
Crooked River Roundup	Penn National
Del Mar	Philadelphia Park
Delaware Park	Pimlico
Delta Downs	Pleasanton
Eastern Oregon	Portland Meadows
Ellis Park	Prairie Meadows
Emerald Downs	Presque Isle Downs
Evangeline Downs	Remington Park
Fair Grounds	Sacramento
Fair Meadows @ Tulsa	Sam Houston
Fairmount Park	Santa Anita
Fairplex	Santa Rosa
Ferndale	Saratoga
Finger Lakes	Solano
Fonner Park	Stockton

Fort Erie
Fresno
Gillespie County Fair
Golden Gate Fields
Grants Pass
Gulfstream Park
Harney County
Hastings Park
Hawthorne
Hialeah Park
Hollywood Park
Hoosier Park

Suffolk Downs
Sunland Park
SunRay Park
Tampa Bay Downs
Thistledown
Tillamook
Timonium
Turf Paradise
Turfway Park
Will Rogers Downs
Woodbine
Yavapai Downs
Zia Park