

MEDICATION: IS THERE ANY LIGHT AT THE END OF THE TUNNEL?

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Lonny Powell: Good morning, everyone. I certainly commend the harness industry for coming together as a group at this Congress, it's something that the other segments of the pari-mutuel industry can learn a lot from. I really love the topics and the speakers, and hopefully Alan and I will do you right by getting this kicked off this morning.

It's important that you realize that the organization that I am with, the Association of Racing Commissioners International, really is heavily intertwined with your successes, your challenges, your opportunities, your peaks, your valleys. Because of our membership, 14 of our jurisdictions are for harness racing, and that ranges all the way from the superpowers to the more modest circuits, and nonetheless, all very important to your industry and to our industry nationwide.

A number of our commissioners are actually present from these states. I am very proud to see them here, it shows their support of the harness racing industry. Of

those harness racing jurisdictions that belong to our membership, we're proud to list New Jersey, Ohio, Ontario, Canada, Delaware Harness, Pennsylvania Harness, California, Florida, Illinois, Indiana, Kentucky, Michigan, Iowa, New Hampshire, and Massachusetts as member states that offer harness racing. We're also fortunate on a national level, and I consider myself very fortunate on a personal level, to have close ties and relations with national industry leadership in harness racing. When it comes to Stan, thanks to the University of Arizona, he hasn't changed a day, but I know I have. It's been almost 20 years, Stan, of a very positive relationship, and Fred Noe with USTA, you should know this, this guy's the constant ambassador for harness racing. On his own, after the Tucson symposium this year, he invited me to drive up from Lexington to Columbus to see the USTA, see the offices, meet with staff, and have members of the Ohio Racing Commission also come and join us for lunch, and I'm going to be taking advantage of that very kind invitation and drive up next week to Columbus, to the USTA offices.

I would also like to thank the Harness Congress for allowing us to conduct a very important meeting of our own here this week. Tomorrow we have a committee within RCI that's known as the DTSP, which stands for Drug Testing Standards and Practices. That is a separately incorporated body of RCI that deals primarily

with issues pertaining to medication and testing. This meeting is going to be tomorrow, right in this area, Andrews Room B, from 1:30 to 4:00. It's open to industry stakeholders, and one of the primary things we're going to end up doing is discussing classifications of medications, debriefing from the Tucson medication summit, and basically looking ahead on how we might best prepare for this huge task that lies before our industry, including drug testing and policy.

As far as the subject at hand, medication and the equine athlete, as we know, has a great historic relationship. If you look back to the earliest documentations dealing with horses competing in racing events, there are oftentimes mentioned references to tonics, elixirs, foodstuffs, vitamins, medicines that improved or somehow positively impacted the performance of the equine athlete. And a lot of us have been involved in seeing what good has come out of some of this medication. We've also been ashamed of some of the bad, and we've seen enough of the ugly to know there needs to be improvement.

The past is great to analyze and appreciate and to always keep in the back of our mind, but it's more important now that we fast-forward on to the present, with a look at the future. And to me, when it comes to the issue of improved medication policy and testing, the momentum genie was truly let out of the bottle this past

August at the Jockey Club roundtable in Saratoga. It was there that we had the long-awaited NTRA drug testing task force report, and there were two things that came out of that report that, to me, really set the stage for what we're attempting to do today.

One of those findings was, there was not an overabundance in these samples that were supposed to be free of any substance. There were not a large number of the hardcore narcotics, Class 1, 2, 3 drugs in those samples. To a certain extent, our industry breathed a collective sigh of relief, though there were still questions to be answered on that one. But more importantly within that same finding therapeutics, those medications that people have been using in the conditioning and training of the horse, and that quote-unquote had needed presence in the sport, were all over the map. The samples that were supposed to be free of anything, there was a real problem with therapeutics showing up all over the board. That led to another co-finding in that report, which was, drug testing in this country is inconsistent and not uniform, and needs to be improved.

That, to me, was the moment the genie came out of the bottle. That was just this past August, and almost immediately two groups came in, picked up the ball, and stimulated the conversation further. One of those groups being the group that Alan

represents, the Thoroughbred Horsemen's Association; another group, the National HBPA, on the Thoroughbred side of racing, and their organizations came forward with proposals. And that caused the industry to sit down, debate, discuss, even more. Of course, the American Association of Equine Practitioners got involved. They formed, or invited everybody to a medication summit that were going to put on in Tucson in conjunction with the symposium, and for about nine or 10 hours, there were about 40 of us in a closed-door invitation-only meeting, and we represented, theoretically, all aspects of racing and all breeds and all walks of life. The harness industry was very capably represented by Stan and Fred and we spent a lot of time trying to figure out how this industry can come together to figure out some consensus plan to improve drug testing.

I'm fortunate in that my life has been in this business. I've been around racing since the day I was born, and I've seen a lot of attempts at people coming together, and of melding of agendas to try to get something done. I've said this before and I'll say it again, in all candor, I have never seen such an attempt, not that it's not full of challenges, but such an attempt amongst all parties in this industry to try to get together and address an issue for the good of the industry.

Now to the title we're talking about, which I find to be a very interesting one. And that is, "Is there light at the end of the tunnel when it comes to medication and racing?" Well, I can confidently say yes, and I am almost certain—not 100%, but almost certain—that this light does not belong to the front end of a train heading on a collision course in our direction.

This light, however, does periodically change in intensity. Sometimes it appears bright and burning; other times it's soft and flickering. This is due to both the internal and the external issues and pressures faced by the various aspects of our industry as we try to deal with a vast array of challenges, complexities, extremely high expectations, and a lot of controversies associated with such a major, broad-sweeping undertaking. And remember, centered in all of this, as you peel away all the layers, is the ultimate concern for the health and the welfare of the racing animal. And as we all know, when we get involved in the health and welfare and protecting the racing animal, ultimately when it comes to race day, we're talking about the health and welfare of the driver, of the jockey, and ultimately, of the betting public.

As far as this light at the end of the tunnel goes, it needs to have a power source to keep it illuminated. Like any beacon of hope, I believe this light is presently

powered by four concepts. Number one, this project has momentum because of the desire of most, if not all, of the leading industry associations to do the right thing when it comes to improving the present medication situation. Secondly, and this is a very important part of the overall process, there is an overall awareness and acknowledgement that our industry does have a problem in this area, and if you don't want to call it a problem, at least it's an acknowledgement that there is certainly room to improve. Third, the focus on this issue by the media, not only within the trades but outside of the trades and therefore the general public, puts a little additional onus on our shoulders to make sure we get something done in a positive and progressive fashion. And fourth, at least for the time being in my opinion, there seems to be a sincere willingness by most in this industry to work together, attempt to reach key areas of consensus, and you can only do that through give-and-take, nobody can have their own way all the way on this, or it won't happen. By doing that the hope is that we will establish necessary, though very complex and very challenging, ground rules.

I submit to you that in this situation, one plus two plus three plus four equal momentum. And that is what this project has at this time. As Shakespeare said, "It is the purpose that makes strong the vow," and in this case the purpose is a great one and therefore our vow needs to be just as great and positive.

That's not to say we don't face our share of challenges in this process; there are many challenges. As the saying goes, any change, even a change for the better, is always accompanied by drawbacks and discomforts and we certainly are feeling our share of drawbacks and discomforts even at this early stage.

Our challenges include a lot of things. Just to use the word "consensus" within this industry, we all know what a difficult concept that can be. But when trying to reach consensus among such diversified independent groups as state racing commissions, horsemen's organization affiliates and so forth, that is a challenge. Maintaining cooperation and peace amongst the scientific community, particularly the chemists, the analysts, and the veterinarians, is not always an easy task. Another great challenge is somehow respecting and appreciating, though figuring out a way to deal with, our industry's long-held way of doing things; that is, things operate on a pretty independent, self-governing basis. There's not a true national league to enforce all the rules; things have to get done through the power of persuasion and peer pressure, and that certainly will be the case when it comes to racing commissions and horsemen's organizations.

To confuse the situation even more from a challenge standpoint, we have multiple national representation for several groups. For example, as we all know, there's more than one national organization for horsemen going across all the breeds, and there's even more than one national organization for the regulators, which makes the situation that much more challenging. As a lot of you know, the organization I'm with is not the only regulatory trade association. Though we represent a vast majority of North American handle, we don't represent the entire regulatory industry.

In trying to somehow bridge that gap for this situation in particular, I'll give you an example of how sometimes politics and turf protection and people looking within rather than looking on the outside can get bogged down. This past November, when I was up at the Canadian Pari-Mutuel Association meeting, I had an opportunity to sit down with my counterpart with the other organization, because I had a thought. My thought was, after seeing what happened in August, and knowing that the medication summit was set for Tucson, that the regulators should start trying to get together, lay down the swords, and look at this as one group of regulators with one huge topic. And my proposal was that both of our organizations work together and co-produce and sponsor a medication summit for the regulators. Where we would have equal involvement and it would be a non-

political affair. It would be actually trying to do something for the good of the industry and I think the PR value would have actually been really huge on top of it all.

Although that idea was received optimistically in November, come Tucson in December that idea, as well as the whole idea of unity at whatever level, was totally rejected by our rival group; for reasons that I still cannot comprehend other than my suspicion is perhaps in their eyes the wrong group came up with the great idea. Nonetheless, that does not stop progress, and we march on.

We do have other challenges in the equation. The scope of implementation of a new, reformed drug-testing policy in this country is huge. The reality is, it's not going to be like some election night where you see the map go from red to blue or whatever other color it is, all in one period of hours. The reality is, since our industry is governed and regulated on a state-by-state basis, whenever this industry does come up with a meaningful consensus that it wants to see pursued, we will see a few states come on board at a time. There will be some that are right on, right behind the project all the way, and have an ease in getting it implemented. Once they're on board regionally as we've seen happens in our industry, regionally others will come on board. There will be some that need help, there will be some

that resist, but we have to get it all done. But it just cannot happen overnight, like I think some people would like to see it happen.

And ultimately, if you get rid of all those challenges, there's always the dollars. In this industry, whenever we get a great initiative going forward, the question of funding is always on our minds, and to somehow improve testing on a consistent and long-term basis, the funding will have to come, and our group, our committee, our work group, task force, whatever you want to call it, has not even gotten close to that one yet.

Where do the regulators fit into the overall process? In a lot of ways, except for probably one key way, we fit in the same way as your industry and you in this room. Whenever this industry reaches that level of consensus, whatever that is, our industry will need the regulators, and we'll need you to exert the leadership, to say this is something important and this is something we need to get done. We as regulators, like you in the industry, will need to sell, promote and educate our members and our industry about what we're doing and why it's important. We as regulators, just like many in the industry, will need to exert reasonable and appropriate peer pressure, because as we know in our industry, sometimes that's the only way you can achieve great things. Now something that we will

specifically do as regulators that we can only do in this equation is when the time comes, we will craft model rules to address what the industry wants to see in terms of improved drug testing and policy.

And as I said, you can't let running into one wall stop progress. Even though in our situation my organization and our rival organization did not see eye-to-eye on putting on a medication summit for the entire regulatory community, we have seen eye-to-eye enough to, just two weeks ago, have our first-ever meeting between both groups for specifically discussing model rules. We have put a system in place that needs a little fine-tuning, but we expect that a joint task force between both groups will be the body that will ultimately get those model rules done. Our organization, being the only organization that has an office and a full-time staff, will take the lead but we will do it jointly with our brethren across the aisle.

In conclusion, again, getting to Stan's title, is there light at the end of the tunnel when it comes to medication in racing? I truly believe there is. It's not as close as we might like it but it is there, and again, I don't believe it's a train heading in our direction. This project has momentum. Momentum seems to be one of the key resources in our industry, and the momentum is there. The work has really just begun, there's a lot of work that still needs to be done, and to get that job done it's

going to take support, effort, and teamwork from everyone in this room and the entire industry. It's not going to be pushed through by one segment of the industry or one breed. It's going to take a collective effort. The nice thing about teamwork is that you always know you have others on your side, and you always know who's on your side. So it's a good thing.

Ours is a journey that will challenge the very fabric of our most fundamental making in this industry, but it is a journey worth traveling. To get through the hardest of journeys, and this is an example of the hardest of journeys, we need to take one step at a time, but the critical thing is we must keep on stepping forward, and I believe that's what we're doing.

Thank you for your time and attention; I wish you a very good meeting.

Stan Bergstein: Thank you, Lonny, for kicking us off to a great start. The medication issue obviously is interwoven with legal issues, and fortunately there is a top-notch lawyer who not only understands the legal aspects of medication, but has one of the best grips on the technical end of the medication issue of anyone in the country. You're going to hear from him right now, here's Alan Foreman.

Alan Foreman: Thank you, Stan. Good morning, ladies and gentlemen. I am honored to have been invited to speak before this harness congress, and I want to thank Stan, Paul Estok, and the others who made this possible. In one of my former lives, I worked very intimately with the harness industry thanks to my good friend Charlie Lockhart, and it's good to see a number of old friends today and renew acquaintances.

As many of you know, the medication issue is one that is very near and dear to my heart. I have for 25 years, both on behalf of regulators, on behalf of horsemen, on behalf of horsemen's organizations and with the industry, been living and working the medication issue. And in listening to Lonny's remarks, which I very much echo and agree with, in response to the question "Is there light at the end of the tunnel?" I think my answer would be, I'm somewhat guardedly optimistic, and somewhat circumspect as to where I think this is headed.

There are two things that I would like to point out to you that are not reflected in the NTRA Drug Testing Task Force Report, which I think was a seminal report quite frankly, in the industry study of medication. One—and it's something that everybody in this room should be concerned about if they aren't already—is that there has been a precipitous drop in horse ownership in this country. It is

something that we have recognized, it is something that we knew when we formed our organization seven years ago, and when we asked horsemen, “What is it that you would like to see our organization do more than anything else?” The two issues that they almost universally landed on were licensing—which, of course, we’ve worked on, and that’s for another day—and medication.

We hear from owners who have left this business over the past few years and they consistently tell us that medication is one of the reasons why they leave this business. Whether it’s incessant vet bills, a medication policy in this country that has no rhyme or reason to it other than “if you’re caught, you’re guilty and suffer a serious penalty, and you’re tarred and feathered.” Whether it’s for what should happen when it’s a serious violation or perhaps, more importantly, when it’s for a drug that does not affect the performance of a horse but may interfere with testing, and a purse is taken away and a reputation is tarnished. We hear about complaints that there is not a level playing field. It runs across the landscape when it comes to the issue of medication.

The other thing that is not reflected in the NTRA Task Force Report, but is one that we should also be concerned about, is that historically medication has been a state-by-state issue. Everybody talks the talk about uniformity, but those who talk the

talk also believe that the regime, the regulatory scheme that they employ in their state, is the right way to go and it's the other guy who's got the problem and who doesn't do it right. The problem is that our business is no longer a state or state-by-state business. Our business now is a national business. Two-thirds of our daily revenues are generated by simulcasting and when a bettor goes to the racetrack and he looks across the panoply of screens and decides which races he wants to bet, what some understand, but most don't understand, is that the medication rules in each of the various tracks in each of the states where they're wagering, are different. And it is something that the bettors don't like. We talk to the bettors, we know how they feel, and they can't understand why this industry can't come up with a simple policy that deals with that very issue. And if we lose, as we've been continuing to lose, the confidence of the public in the way in which we manage the most serious aspect of our business, and that's the integrity of our business, then I say the future is not very bright.

In working with the medication issue for seven years, we've been facilitating meetings in the mid-Atlantic region of regulators, chemists, pharmacologists, veterinarians and horsemen to talk about medication issues. And quite frankly, although it doesn't get much attention in the mid-Atlantic region, we have moved light-years ahead of, I believe, the rest of the industry in gaining a modicum of

uniformity. But it struck me when the NTRA Task Force Report was issued that somebody needed to step forward and put a blueprint out there to get the ball moving. The plan that we have put out, and I hope many of you have seen it and certainly read about it, is a very comprehensive plan. We don't just address one particular issue, whether it's decision levels or withdrawal guidelines or whatever. Our plan runs the entire gamut of medication policy in this country, it has had input from regulators, from horsemen, from veterinarians, from the competing interests, the competing groups in the scientific community, from the media, and from the public. And quite frankly, we are pleased that it has become a blueprint for where I believe the industry may be headed, and if the results of the summit in Tucson are any indication, I believe we are on the right track. This is not a plan by horsemen for horsemen, and it pains me that the few derogatory responses that we've been getting to this plan are from those who, because it was issued by horsemen, believe then it must be for horsemen and therefore isn't worth consideration. I, as I've been urging the industry and urge you all to take a look at this plan, am going to hit some of the highlights of it because I think it's dramatic in many ways, and in other ways it's not, as a new blueprint for how we can separate the honest from the dishonest. That we can have a fair but strict medication policy in this country that balances the interests of public confidence in

our sport, the welfare of the animal, the realities of racing and training horses in today's environment and a plan that regulators can embrace with confidence.

And our plan speaks to the scientific community, it speaks to horsemen, it speaks to veterinarians, it speaks to regulators, and it speaks to the public and quite frankly it speaks to the future of our industry on how we're going to deal with this issue. And let me walk you through some of the plan, and tell you where I think we're headed.

With respect to the scientific community, because that's clearly one of the big problems in this area, we are recommending as the NTRA has done, that there be minimum testing standards across the board for all testing laboratories. Every sample that is collected from a horse in this country should be subjected to the same types of testing from lab to lab throughout the country. And the lab should be required to use the same sensitivities when testing those samples, so that we don't have a different sensitivity at a lab in California than we have in Ohio. There are new scientific technologies that we should be embracing. Every sample that is suspicious for a prohibited substance should be confirmed as positive for a prohibited substance, and we should be using the best technologies possible. If the laboratories in our country don't have that technology, then the sample should be

required to be sent to a laboratory that does have that technology. And we urge the states to embrace that.

We are requesting and urging that blood be collected from every horse, and that the blood sample be available for analytical testing. If there is a new direction for testing in this country, it is the testing of bloods because the testing of blood samples is telling us a lot more today than we've ever known in testing urine samples.

With respect to the regulators we have a system that everybody agrees is broken and needs fixing, and there are several areas where we can do that. Number one, as long alluded to, is in the area of classification of our drugs. RCI a number of years ago created a five-classification system for drugs in our country, we are recommending that now be changed to three classifications. A classification of drugs that are what we call "zero tolerance drugs," do not belong in a horse under any circumstance; a second class of drugs that are therapeutic drugs, they are used by veterinarians for the treatment of illness or injury in a horse, but which drugs have a potential to affect the performance of a horse. And the third category is drugs that are therapeutic. They are used on a routine basis, have little or no

performance-enhancing effect on a horse, but may affect the ability of the laboratory to find prohibited substances when they are conducting testing.

Secondly, we are asking the regulators, in conjunction with reducing the classifications to three, to take another look at the penalty guidelines that have been established, because in many jurisdictions, if not most jurisdictions, the penalty guidelines are out of whack and regulators are reluctant to use the recommended guidelines. And we are asking, for example with zero-tolerance drugs, to be as strict as possible to see that those people who are using zero-tolerance drugs don't participate in our business or impact the integrity of our business. With respect to those drugs that can affect the performance of a horse but are used for therapeutic purposes, we are urging penalties that are strict but fair, and recognize what may have happened. And in the third area, which is the drugs which may affect testing, we are urging commissions to look at the possibility of dealing with those violations on an administrative basis, so that we separate the simple, innocent violations, the speeding ticket, so to speak, from the more serious violations.

The veterinary community is going to be asked to be accountable to make this happen. And we are asking that veterinarians be required to file treatment reports

every time they treat one of our horses with a medication, and that that documented report be filed immediately with the regulators. And we've even got proposals on how to do it online and do it very quickly.

The major thrust of our program is to recommend what we call withdrawal guidelines. We tried to debate about whether we should have decision levels or threshold levels for drugs and we don't believe the industry is ready for it, we don't believe the scientific community believes that we're ready for it. Ultimately it is something that can happen, but you have to understand that with medications it is very difficult for the scientific community to differentiate between a small dose of a very potent drug that may have been given very close to a race as opposed to an ongoing course of treatment that may have been withdrawn from a horse five, six or seven days before a race. And with the inability to differentiate between those two scenarios, it is very difficult to adopt decision levels when you can't decide when the drug may have been given. It is not that we are opposed to decision levels; we don't believe the regulators will embrace it.

But what we do recommend is, that with respect to that second class of drugs, the drugs that are potentially performance enhancing but therapeutic, that those drugs be given a 96-hour withdrawal time. And that is that a horseman not treat a horse

with that drug within 96 hours of a race. With respect to the drugs that may affect testing but are not performance enhancing, we are recommending a 24-hour withdrawal guideline. We have reviewed this with the scientific community, we have reviewed this with both competing elements in the scientific community, and they believe that this proposal is sound. Certainly with each and every drug there could be a different withdrawal guideline and ultimately we may get there, but if we wed ourselves to that concept, it'll be years before we ever get any program in place.

The carrot-and-stick of this proposal lands with the horsemen and the regulators, because if the veterinarian documents the treatment and that treatment is not only documented but filed with the racing commission, and a positive test is called by the laboratory, the laboratory is then going to be asked to test the blood to see whether or not the drug or its metabolites is present in the blood. If the documentation is consistent with the analytical data, then that will be deemed compliance with the rules and the horseman will not be called in for a violation.

On the other hand, in consultation with the scientific community, if the scenario does not match, for example, the medication report says that the drug was acepromazine. Acepromazine is a 96-hour drug, and the blood is tested and the

metabolites of ace-promazine or Ace are found in the blood sample, then that will be deemed not to be compliant because you wouldn't find ace-promazine in the blood if it was withdrawn at 96 hours, and that case will go to a hearing.

This is not something new. The horse show industry, which I've been involved with for about five or six years, has this program and they test thousands of horses a year at thousands of shows, and this is a system that works, it is fair, and it has brought medication abuses well under control in the horse show industry.

Let me hit on just two or three other areas very quickly. One is the issue of the contaminant drugs. We've heard so much about cocaine and morphine; there are some drugs that may be present in a horse as a result of contamination. That may be either because of food substances that are accidentally contaminated, substances that are in the environment, but there are some drugs, such as cocaine, that'll find their way into a horse through third-party sources, whether it's on my hand or it's on a tongue-tie or otherwise. The problem with these drugs is that they are serious drugs. Many are Class 1, more serious drugs, they have the potential to enhance the performance of a horse, and they are drugs of abuse. And it's very difficult to differentiate between whether or not someone intentionally gave it to a horse or did not. And that's why you can't just sweep under the rug drugs in this category

contamination. Ultimately we need to do more research, maybe we'll get to some decision levels for some of these drugs, but what we're urging regulators to do is to recognize that there are certain drugs that may be present in a horse as a result of contamination. They should conduct a thorough examination to satisfy themselves of the possibility of contamination and if in fact they are so satisfied, while the purse may be taken away from the owner, that a trainer should not be penalized for a circumstance far beyond his control, and something that the rules of racing never contemplated.

The other proposal is that the only permitted non-steroidal drug is phenylbutazone. But there are four other non-steroidals that have come onto the market, and many of you may use them for your own health, and we believe that at least one of those five non-steroidals should be permitted to be present in the horse on race day. I should have said earlier, that the most important point in all of this is that no horse should be permitted to be treated with any medication within 24 hours of a race, other than a permitted medication, and that is lasix. And the industry has landed foursquare on that proposal.

Now, where are we going with this? This all sounds great, but we need to do research, we need money, we need to do a better job moving forward with

medication, and we have proposed the creation of an industry consortium for research and drug testing. To be funded by a \$5 per start fee for every horse that starts in this country. This is not a thoroughbred issue, this is not a harness issue, this is not a quarter horse issue, this is not a greyhound issue. It's an entire industry issue and the industry needs to step to the plate to do so, and I can tell you that our horsemen, and we have more than 20,000 horsemen that we represent, have already committed to step to the plate, to commit \$5 per every start to this industry program. If we're ever going to get to decision levels or threshold levels or searching for drugs that we can't find today that we know are out there, and to get the scientific community working together to research why horses bleed and the whole panoply of those issues, we need money. And so I urge you, and your constituencies here, to embrace this plan and to embrace the funding mechanism, because if we don't get the funding, quite frankly we can make, we can tinker with our rules, we can do certain things, but we are not going to move the ball forward.

We need to educate the public as to how we deal with medication, the public does not understand our issue, they don't understand us, they misunderstand us. The media needs to understand us. The media has been misreporting this issue for years. Particularly with respect to harness, but it's an industry-wide issue—no milkshaking. An absolute ban on milkshaking and strict regulation of milkshaking.

It's a very complicated plan, you can't do it in 20 minutes, but I'm pleased that it has become a blueprint. The mid-Atlantic region is already working with this blueprint. They have met several times, these are New York, New Jersey, Pennsylvania, Maryland, Virginia, West Virginia, and are moving forward with this plan. And I agree with Lonny, it may be very difficult for the industry to embrace this at one time, and it may take groups to do so. In the mid-Atlantic region, from New York to Virginia, West Virginia, we have the largest concentration of racing on a daily basis in the United States. We have horses moving interstate on a daily basis. We have some of our owners and trainers racing horses in more than one jurisdiction on a given day, and it makes infinite sense in the mid-Atlantic region for there to be uniformity. We believe that they are embracing this blueprint and we hope that by the mid-Atlantic embracing it, that the rest of the industry and the rest of the country will join in. I hope to someday come back before you and say, "We got it done. We can all be proud of ourselves because we're done something." When we talk about where the future of the industry is going, this is one of the most important issues because it resonates from the people who participate in this business to the people who wager on our business. And if we do the right thing here, I think we're going to enhance

our business for years to come. I urge you to join in this process and help to make it happen. Thank you.