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United States Trotting Association
6130 S Sunbury Road
Westerville, Ohio 43081-9309

RE: ARCI Meeting

Dear Sir/Madam,

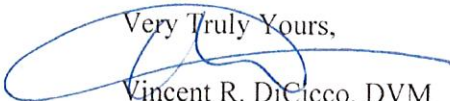
I have been a veterinarian practicing on both Harness and Thoroughbred race horses for almost 40 years. My practice has been primarily at Belmont Park, Yonkers Raceway, Saratoga and Aqueduct. In addition to my daily practice, I am an adjunct professor at SUNY at Old Westbury (lecturer on Equine Health) and I am also the staff veterinarian at The Ark at JFK. I work closely with USDA personnel, monitoring the health of hundreds of horses (all breeds!) imported and exported internationally. Therefore, I would be remiss to practice Veterinary Medicine based upon standards that are more applicable to one breed versus another. In New York State, where I practice, there is currently a probation of limiting the use of FDA approved clenbuterol 96 hours before a race for Standardbreds. It has been part of my practice for nearly forty years to adhere to that requirement in harness racing recognizing that there is a different performance model for the Standardbred. On the Thoroughbred side the rule in New York State prohibits the use of clenbuterol to fourteen days prior to race time. The lateral rule is appropriate for the Thoroughbred but not its counterpart the Standardbred, based again on the different, breed, performance model and frequency in which these horses are raced.

Regarding betamethasone, it is not uncommon for its use to be limited to one joint in a Thoroughbred, but never in the treatment of a Standardbred. Due to the difference in the gates between a Standardbred and a Thoroughbred, joint treatments used in my practice and most likely every other veterinarian treating harness horses is bilateral and/or contralateral. Occasionally, we will need to use an entire bottle of betamethasone (30 mg/5ml) to achieve a successful therapeutic effect. Even the AAEP peer reviewed, literature recommends the usage of between sixteen (16) and thirty (30) milligrams for a successful treatment. Such quantity is divided between/or among bilateral/contralateral joints, in order to treat the compensatory soreness originating from the primarily inflamed joint. For example, left front ankle is the primary injury, then it is to be expected (in the Standardbred) that the right front ankle, or right knee on even the contralateral hock will be overloaded, and therefore also compromised. This scenario does not occur in Thoroughbred racing. The current RMTC rule which may be appropriate in Thoroughbred racing does not fit the performance model in Standardbred racing. This restriction on treating Standardbreds, in my opinion, cuts the Harness horse short for proper therapeutic treatment.

In the past, it has been my understanding that the regulatory, permissible level of betamethasone was somewhere around (? pg per ml) apparently, that has changed and effectively removes betamethasone totally from safe usage in Standardbred racing. It is clearly unnecessary and inhibits the ethical use of betamethasone in my practice. Betamethasone is an acceptable and effective treatment in joint therapy, and avoids the alternative use of shorter acting corticosteroids that necessitate more frequent injections and risk to the animal.

It is respectfully requested that you consider my comments and that you approve the separate medication guidelines and thresholds advanced by HRMC.

Very Truly Yours,



Vincent R. DiCicco, DVM