

## **Report on the International Conference for the Health, Safety and Welfare of Jockeys, Antalya - 13<sup>th</sup> & 14<sup>th</sup> October 2008**

The second International Conference for the Health, Safety and Welfare of Jockeys (formerly the International Doctors Conference) was held over two days in Antalya, Turkey on 13<sup>th</sup> and 14<sup>th</sup> October 2008. The conference was attended by 25 representatives from 13 countries including representatives from Sweden, Turkey and Macau who attended for the first time. The conference which is held under the auspices of the International Federation of Horseracing Authorities (I.F.H.A.) was set up in 2006 for racing administrators and doctors to discuss the main health, safety and welfare issues affecting jockeys.

Unfortunately there was no representative present from the United States which is the biggest racing nation in the world despite the fact 22 representatives from there attended the International Conference of Racing Analysis and Veterinary Surgeons which was held at the same location. A week previously Alan Marzelli President and CEO of the USA Jockey Club gave a progress report to a conference in Paris on the work of the Thoroughbred Safety Committee which had been set up in the US following the death of Eight Belles in the Kentucky Derby. That committee was charged with reviewing every aspect of equine health including breeding practices, medication, rules of racing and track surfaces and to recommend appropriate actions to be taken to ensure that the chances of equine fatalities on the racetrack were reduced. The work carried out to date has been most impressive and will positively impact on equine health and safety in the coming years. The committee further plans to review five other areas including the use of lasix, racing surfaces, breeding trends, field sizes and the treatment and use of ex-race horses, which is most welcome. However it is unfortunate that little, if any, work is being carried out in the US on jockeys health safety and welfare issues.

The Antalya conference included presentations from 16 different speakers on a wide variety of topics. The first session dealt with licensing of jockeys and while all countries present are signatories to Article 27 of the International Agreement which sets out the standards which should be met to assist horseracing authorities define their own requirements in relation to licensing of riders, there is a big difference in countries as to how they actually apply the standard. Dr. Peter Wind, Chief Medical Officer of the Direktorium in Germany said that the German Authorities are working towards improving the medical standards that must be met prior to a licence being issued to bring them more into line with what is required by other Authorities. He said that all jockeys must be medically examined each year prior to a licence being issued but that any doctor can certify a rider as being medically fit. In contrast Peter Chadwick, who is the Senior Stipendiary Steward in Singapore, said that all riders including track riders, professional and amateur riders must be medically examined by a doctor approved by the Singapore Turf Club each year. He also said that the Club also require licensed trainers to be examined to the same standard as jockeys (as do Macau). It is interesting that Australia, Hong Kong, France and Japan also require all riders to be examined by a nominated doctor annually. In Ireland persons aged 40 and over must submit to a medical

examination before being considered for a flat jockeys licence while the age limit is 35 for a national hunt licence.

The second presentation of the morning came from Dr. Caron Jander who has just been appointed as the Chief Medical Officer of the Australian Racing Board. This is the first time that the Australian Authorities have appointed a Chief Medical Officer and the appointment followed a commitment given after the last Doctors Conference in 2006 that they would create such a post. Dr. Jander outlined her comprehensive plans to bring the medical system in place for jockeys into line with other countries. She highlighted her aims for the coming year which include the setting up of a national critical incident management system, the review of personal protection equipment standards and jockeys health education. One of the issues she highlighted was the abuse of saunas and she noted that these had been banned at all tracks in New South Wales.

The main presentation on day one was a presentation from the Irish researchers, Eimear Dolan, Dr. Giles Warrington and Dr. Adrian McGoldrick on the ongoing research at Dublin City University which is being funded by the Irish Turf Club through the Jockeys Accident Funds.

The presentation was entitled “The impact of weight restrictions on the health and performance of the horse racing jockey” and was broken down into three main investigations covering bone health, the effects of making weight/ dehydration and energy balance.

The first investigation covered three areas:

- i) Impact forces in horse racing.
- ii) A comparison of Bone Mineral Density levels between jockeys and other athletic groups.
- iii) The effects of vibration therapy on Bone Mineral Density in the horse racing jockey.

The second investigation dealing with making weight and dehydration is perhaps the most interesting. Work on this is ongoing and the aim of the study is to investigate the effects of a rapid reduction in body weight on the physiological and cognitive function in jockeys. Participants in the study are required to complete a number of tests of physiological and cognitive function on two separate occasions. Trial one involves the collection of baseline data. The Jockeys body weight is then reduced by 4% in 48 hours and trial two then takes place where all the tests are repeated at the reduced body weight. This study will be completed in the coming months and it is the only study taking place anywhere in the world dealing with this issue. The result will be most interesting.

The third investigation dealt with energy balance and analysed the energy balance of professional flat jockeys on a competitive racing day. The results of this study were originally presented to the American College of Sports Medicine Annual meeting in

Indianapolis earlier this year. This study involved 11 jockeys being tested on a raceday with their energy intake and expenditure being analysed over a 24 hour period. Each rider then wore a Sensewear Pro Armband for a 24 hour period which monitored areas such as heart flux, skin temperature etc. The study found that the amount of energy intake was less than energy expended and that the jockeys are competing in a state of significant energy deficit. It also found that the composition of food intake may not be conducive to the optimisation of health and athletic performance.

Work in many of these areas is ongoing and the researchers paid tribute to the great support given to the various research projects by the Irish jockeys and praised their willingness to participate in order to improve the health of future generations of Jockeys.

Dr. Michael Turner, Chief Medical Officer of the British Horseracing Authority, presented a paper on prohibited substances testing and the importance of countries agreeing a cross border protocol to deal with follow up tests on riders who are licensed in one country but test positive in another country. Dr. Turner noted that the British Authorities have been testing jockeys since October 1994 and that in the past 5 years 4,793 tests had been carried out on riders of which 2,941 were breathalyser tests while 1,852 were prohibited substance tests. He said that 14 riders had tested positive for alcohol while 10 riders had tested positive for prohibited substances. He noted that the most commonly found substance was cocaine with four positive results.

During this session the results of prohibited substance questionnaires issued to 20 racing authorities were also considered. The questionnaires covered the variations in the lists used in each country, most commonly found substances, penalty ranges and variations in penalties. It was very noticeable that, with the exception of countries who use the W.A.D.A. list, there was little uniformity in prohibited substance lists. An example of this is the list used by the French Authorities which regard findings as a result of self medication as a positive test subject to the receipt of a satisfactory explanation from the rider. As a result of this up to 25% of all tests annually are initially regarded as being positive. The three most commonly found substances in jockeys throughout the world in the past three years were Frusemide (diuretic), Cannabis and Cocaine.

There is also a wide discrepancy in penalties imposed by authorities. Depending on the type of substance found, for a first offence a rider could expect to receive a caution in one jurisdiction while he could receive a penalty of up to one year in another. Penalties for second offences vary between one month to three years depending on where the penalty is imposed. A rider could have his license suspended for a serious offence in some jurisdictions while in others he would receive a lifetime ban. Penalties also varied depending on the type of substance found. Penalties for cannabis range between one and three months while the penalty for cocaine varies between six months and two years. Because of the variation in the prohibited substance lists throughout the world, the conference decided that an agreed list of prohibited substances should be drawn up with the recommendation that it be used in every country.

The final paper on the morning of day one was presented by Dr. Walter Halley who outlined the training for Racecourse Medical Officers, paramedics and support staff. It is interesting to note that the Irish Turf Club require that all doctors who work on the racecourse must complete a Pre-Hospital Trauma Course every three years. These are day long course run by the Turf Club and indeed this year the Turf Club was approved by the Pre-Hospital Emergency Care Council (P.H.E.C.C.) to use its clinical practice guidelines. The Turf Club is also working the P.H.E.C.C. to develop a two day Pre-Hospital Immediate Care Cardiac and Trauma Course so that in the near future all racecourse doctors will have completed a nationally approved course.

The first afternoon session on safety equipment was presented by Kim Kelly who is a Stipendiary Steward and secretary of the Licensing Committee of Hong Kong Jockey Club. He said that there was little uniformity between the types of helmets and safety vests allowed in the various jurisdictions and in some cases there was no requirement for such equipment to meet any recognised international standard and that it could be used once it was approved by the Stewards of the relevant authority. He said that the Hong Kong Jockey Club were anxious to play an active role in this area and that while they were not in a position to carry out any of the work themselves they would be prepared to assist any other way that they could. In his presentation Kim Kelly noted that the Hong Kong Authorities did not allow use of safety equipment approved by the Japan Racing Association as it did not comply with a recognised international standard. He urged the Japanese Authorities to submit their equipment to a testing laboratory for evaluation so as it can be used in Hong Kong. Kim also noted that while helmets and safety vests had to meet an international standard prior to being used in most countries, there were no such standards in place for goggles or stirrup irons. He stressed the importance of goggles meeting an international standard for safety eyewear and said that some of the goggles presently being used by riders are extremely dangerous. Kim concluded by noting that it was very important that a standard weight allowance for safety vests was agreed by all countries to insure uniformity and eliminate confusion. He noted that allowances presently vary between a  $\frac{1}{2}$  kg and 1 kg for such equipment.

The remaining part of the afternoon was taken up with reports from eight countries on topical issues and medical arrangements in place on racecourses together with other jockey welfare issues.

Dr. Caron Jander (Australia) said that work was still on going on the development of a carbon fibre stirrup iron which would automatically release a rider's foot from the stirrup in the event of him falling off.

She said that "toe stoppers are approved for use in races, trials and trackwork in all states/territories of Australia. This decision was made some 3-4 years ago.

Bostock trackwork irons are approved for use in NSW, Western Australia, Victoria, Tasmania and Northern Territory.

At the September 2008 NCOSAG Conference it was agreed that each state might permit a small number of experienced riders to trial Bostock raceday stirrups in races. Already they are approved for use in jumping races in Victoria and South Australia.

Dr. Michael Turner said that there was little progress in Britain on the raising of the minimum weight which is currently set at 7 stone 12 lbs. He said that the BHA had recently been requested by the Jockey's Association to reconsider the request for a rise in the weights. He also updated on the introduction of an injury tracker system which will be introduced in the coming months. The system will enable doctors on racecourse access rider's medical records on line.

Dr. Benoit Le Maisson, Chief Medical Officer of France Galop referred to the results of anthropometric study which had been carried out. The results which are shown below indicate that in 20 years there has been a 10 cm increase in the height of pupils entering the French racing school and an increase of 6kgs in weight, he also said that in the coming years only 10% of boys entering the school will be capable of riding at the current minimum weight of 51 kgs.

Year	Number of Boys	Height (cm) average	Weight (kgs) average	Corpulence (bmi) (kg/m <sup>2</sup> ) average	Age (a.m.) average
1985	55	146.2	27.4	17.5	14.4
2004 & 2005	35 (18+17)	156.9	43.4	17.6	14.4

Dr. Peter Wind updated on prohibited substance testing in Germany and noted that stall handlers are also tested for alcohol in addition to riders.

David Fisher, Chief Stipendiary Steward of Macau Jockey Club gave details of the medical procedures in place on the racecourse both for racing and for track work.

Peter Chadwick referred to an incident in Singapore where a jockey was sued by another jockey as a result of a fall. He said that while the plaintiff did not win his case it now looked that riders would have to have appropriate insurance in place to cover such eventualities.

Dr. Richard Albrecht, Chief Medical Officer of the National Horse Racing Authority of South Africa said that it would become compulsory for all jockeys in South Africa to use safety equipment which met the European standard with effect from 1<sup>st</sup> January 2009.

Helen Gartner speaking on behalf of the Swedish Jockey Club referred to the progress which they had made since they became members of the European Medical Officers Group in 2007. She also referred to the alcohol limit in place which is one of the lowest in European racing at 10 micrograms per 100 millilitres in breath.

The final two presentations on day one came from Aki Akitani who is the Japan Racing Association representative in France and Kim Kelly on jockey's compensation funds. Both authorities have some of the most comprehensive benefits systems in place anywhere in the world for injured riders and it was interesting to note that in Japan a rider receives a riding fee of €270 per ride of which €110 goes towards the various compensation funds. In Hong Kong all riders must have legal liability insurance

Day two started with a number of further updates from the various countries. Kim Kelly said that the Hong Kong Jockey Club had introduced stricter guidelines for personal protective equipment as a result of the 2006 conference. He also expressed concern on the effects of international travel on jockeys and referred to a recent case where a Hong Kong based rider rode six horses in Australia on a Saturday at his minimum weight before returning to ride eight horses in Hong Kong on Sunday. He said it was an area that needed to be monitored closely.

Dr. Adrian McGoldrick outlined the medical arrangements in place on Irish racecourses and referred to the continuing education programme which had been introduced for jockeys in 2007. He also said that he would be investigating possibility of making the use of gum shields mandatory for national hunt riders.

Gerard Bush, Chief Steward of the Emirates Racing Authority outlined the medical arrangements in place in Dubai. He referred to the success of the Dubai Racing Carnival and noted that in total 96 jockeys rode in Dubai last season of which 30 were Dubai based and with the remaining 66 coming from abroad for the Racing Carnival at some point during the season. He referred to the Safety Welfare Committee which had been set up by the Emirates Racing Authority since the last conference and said that they were presently in the process of taking out insurance on riders which would cover medical expenses and would also make a payment in the event of death or disability.

Dr. Ilker Altintas of the Ministry for Agriculture in Turkey outlined the medical arrangements and accident schemes in place in Turkey.

Aki Akitani said that the Japan Racing Association would be adding seven additional drugs to its prohibited substances list making a total of 31 different substances on the list.

The second presentation on Tuesday morning came from Dr. Lucy Free who is carrying out work on a bone density study on apprentices in Britain. She noted that 50 of the male flat jockeys studied had abnormal bone density. Interestingly this percentage is in line with the percentage found in Ireland, France and Australia. This is one of the critical

issues to be addressed in future years and it is planned to hold a special bone density day next year to address the issues highlighted.

The main session of the morning of day two was a viewing of the H.B.O. documentary “Jockey” which was made in 2004 by Emmy nominated producer Kate Davis. The documentary follows the lives of three dedicated riders as they cope with the twists and turns of the intense – and often life-threatening demands of their profession. Punctuated by footage of dramatic moments in recent horseracing history, this startling America undercover documentary debuts just days before all eyes are on the Kentucky Derby.

“Jockey” takes an intimate, often disturbing look at the hidden world of thoroughbred racing through the eyes of superstar jockeys Shane Sellers and Randy Romero and aspiring apprentice Chris Rosier.

While a few jockeys do make millions a year many riders struggle to earn a living, even the biggest names will do anything to make minimum required weight.

The documentary is graphic and the three riders speak very frankly about their experiences from the use of “heaving bowls in the locker rooms to marathon sessions in the sauna”. Both Randy Romero and Shane Sellers are now retired and Chris Rosier is struggling to make the grade. At the time of the documentary Randy Romero was under going treatment for liver and kidney damage. However he was not in a position to pay the \$200,000 for the treatment and fundraising was organised. This is despite the fact that he won over 4,000 races. Shane Sellers is now retired and has just published his autobiography called “Freedom’s Rein”.

Amongst other things the documentary highlights the problems with the weight structure in flat racing. However this problem seems to be confined to western countries as there is an ample supply of local riders in Hong Kong, Macau, Singapore and Japan who have no trouble riding at the minimum weight.

The final session before lunch was a presentation from Lisa Delany of the Jockey’s Employment and Training Scheme (J.E.T.S.) in Britain. The setting up of J.E.T.S. in 1995 was been one of success storeys of British Racing in recent years. J.E.T.S. is funded by a 0.08% contribution by jockeys from their winnings as well as a grant from the Injured Jockey’s fund. The scheme costs in the region of £120,000 to run annually and about £75,000 of this cost is used for the funding and setting up of training course and delivery of career consultations. In total the scheme has run over 900 training courses since it was set up and has enabled over 300 ex-jockeys to find employment. It is interesting to see how Lisa encourages jockeys to portray themselves to potential employers and highlights their work ethic, determination, self discipline, people skills, time management and ability to work under pressure as skills which are transferable to any employment. She highlighted the importance of jockeys addressing their future at as early a stage as possible and noted that nine out of ten apprentices and conditional riders do not make it through as fully fledged jockeys.

The first presentation of the afternoon session was from Bob Finlay who is a lecturer at the Australian Catholic University in New South Wales. He profiled the physiological and psychological wellbeing of apprentice jockeys and said that there were few careers which offered the lifestyle of risk and restriction. His research indicated that the apprentice jockeys studied had unhealthy weight loss behaviours and that this inhibits bone growth. He also said that he found the level of depression amongst jockeys to be 39% which was twice the national average. The study compared the bone health of apprentice jockeys with that of a similar group of university students. His findings concluded that apprentice jockeys had poor musculoskeletal health, inadequate nutrition and suffered a greater number of injuries than the university students but that their psychological health was within normal limits.

The second presentation on the afternoon of day two came from Dr. Michael Turner and Dr. James Murray of the B.H.A. and dealt with concussion. Dr. Turner said that studies had indicated that racing was one of the most dangerous sports and said that concussions per 1000 hours of competition in flat racing were in the region of 17.1, jump racing 25 and point to point racing 95. This was considerably higher than concussions sustained in ice hockey which were 1.5 and Australian Rules football at 4.2 per 1000 hours. He noted that on average a rider would suffer a standing down period of 12 days per concussion. Dr. Turner then gave details of the protocol followed by the B.H.A and said that the annual cost of operating the scheme was in the region of £80,000. Under the protocol each professional rider was required to complete a baseline test at the start of each year which took in the region of 45 minutes to complete. In the event that he subsequently suffered a concussion he could apply to retake the test after six days and once he was able to achieve the same standard as he did at the start of the year he could then return to race riding.

The final session of the conference was a presentation from Rob de Kock, Chief Executive of the National Horse Racing Authority of South Africa who has been charged by the International Federation of Horse Racing Authorities to work towards the harmonisation of racing rules. In his presentation he outlined the difficulties that he was facing as many jurisdictions had rules in place to deal with their own specific requirements rather than the requirements of racing as a whole. He referred in particular to the two different types of interference rules which currently exist. He said that he had also been asked to examine the recall procedures in place in racing as a result of the problems which arose at Longchamp with the start of the Prix de l'Abbaye.

The conference was a huge success, there was great interaction between the various representatives who attended and significant progress has been made since the first conference in 2006. Everyone recognises the importance of the momentum continuing. Racing Authorities are now focusing more and more on jockey's health, and on safety and welfare issues than in the past. There is no doubt that the research work being carried out by Dr. Giles Warrington, Dr. Adrian McGoldrick and Eimear Dolan is ground breaking and Irish Racing can take a lot of credit for the increased focus in this area.

The next conference takes place in 2010 and every effort will be made in the interim to build on the success of the first two conferences and to try to broaden the base of attendees to include additional representative groups such as Jockeys Associations from across the world. With the globalisation of racing, the importance of having a forum, dedicated to the Health, Safety and Welfare of Jockey's is paramount to ensure that these issues are addressed internationally.

Ref: Doctors conference – int-eur-international-Report ICHSWJ-turkey