

Reuss, Vicki A. (CDC/NIOSH/EID)

From: Cynthia Bulik [cbulik@med.unc.edu]
Sent: Tuesday, June 12, 2007 1:00 PM
To: NIOSH Docket Office (CDC)
Cc: 'Kelly Klump'; mlerro@eatingdisorderscoalition.org; jeanine@cogancoaching.com; evanfurth@tiscali.nl
Subject: ATTN: Robert A. Taft: NIOSH Docket #104 (Horse Racing Industry) Submission
Attachments: Submission to Docket #104 061207.doc

NIOSH Docket Office,
Robert A. Taft
Laboratories, M/S C34, 4676 Columbia
Parkway, Cincinnati, Ohio 45226,
Telephone 513-533-8303, Fax 513-
533-8285.
niocindocket@cdc.gov

Please find attached a submission to NIOSH Docket #104 Horse Racing Industry

Cynthia M. Bulik, PhD, FAED
William and Jeanne Jordan Distinguished Professor of Eating Disorders
Department of Psychiatry, School of Medicine
Professor of Nutrition, School of Public Health
Director, UNC Eating Disorders Program
University of North Carolina at Chapel Hill
1st floor Neurosciences Hospital
101 Manning Drive
CB #7160
Chapel Hill, NC 27599-7160

Voice: (919) 843 1689
Fax: (919) 966-5628
e-mail: cbulik@med.unc.edu
www.unceatingdisorders.org

Comment NIOSH #104

Public Meeting on Safety and Health in the Horse Racing Industry and Best Practices

Cynthia M. Bulik, PhD, Jordan Distinguished Professor of Eating Disorders

University of North Carolina at Chapel Hill

Past President, Academy for Eating Disorders

Vice President, Eating Disorders Coalition

The above-referenced Public meeting held on May 22, 2007 highlighted numerous concerns directly relevant to organizations and individuals involved in the detection, prevention, and treatment of eating disorders. The areas of concern are relevant not only to the horse racing industry, but to other industries that encourage extreme measures to have employees lose or gain weight in order to be employed. These summaries and comments are submitted on behalf of the Academy for Eating Disorders (AED) and the Eating Disorders Coalition (EDC).

Overall, serious concerns were raised about the health of riders including weight, nutrition, disease, lead exposure, and head trauma. Although preliminary data were provided by Dr. Carlton Hornung, PhD, MPH (U of Louisville), the sample was small and may have represented a "well worker bias." Nonetheless, with particular reference to weight and nutritional concerns, 32% of jockeys surveyed had year low BMI $<18.5 \text{ kg/m}^2$ which corresponds to the World Health Organization's definition of underweight, the majority engaged in potentially dangerous weight loss practices including meal skipping, weekly use of laxatives, diuretics (usually prescribed Lasix), diet pills, and other medications, saunas (hotboxes), and serious medical and dental consequences of these practices. Moreover, many of the riders were unaware of the potential long-term health consequences of these practices.

Additional points raised by Dr. Seftel suggest that with the strictest weight limits in the industry, the United States' system encourages riders to "pull weight" on a daily basis to stay below the limit even though exercise riders weigh substantially more than jockeys with no ill-effects to the horses. The reported medical problems associated with weight loss in riders rival those seen in the most severe eating disorders patients including high rates of kidney stones, kidney failure, bowel failure, GERD, cardiac abnormalities (all secondary to sauna, laxative, diuretic abuse), exhaustion, dizziness, lack of coordination, and cognitive impairment. They were reported to be immunocompromised due to low weight and poor nutrition. It was reported that after retirement, riders experience rebound weight gain, binge eating, and rampant type II diabetes, and osteoporosis secondary to both malnutrition and lead exposure.

Of greatest concern is the young age in which riders enter the industry. When individuals begin these practices at ages as young as 13-14, physical damage can be permanent. Moreover, young riders (as well as older ones) never learn the basics of nutrition and healthy eating and may fail to appreciate the serious health consequences of these weight loss practices.

Several steps were discussed in the meeting that the AED and EDC support. Most importantly, it is critical for comprehensive data to be gathered in order to develop appropriate interventions for the industry. Documenting the nature and the extent of the problem is a necessary first step towards addressing the issue. In addition to surveying individuals who are actively involved in the industry, surveying individuals who are training to be riders, as well as individuals who have retired from the profession would provide a full picture of the extent of behaviors and the long-term health effects. Second, physicians discussed the feasibility of a "fitness to ride" test which could be implemented prior to races to assess the current status of riders in terms of height/weight, hydration, coordination, glycemic normalcy, and overall body fat (measured at other points in time). These tests could provide an ongoing evaluation of health as well as a "track-side" evaluation of medical status pre-race as a means of safeguarding against impaired performance.

Also suggested by Dr. Seftel was mandatory nutrition competency as part of the jockey qualification process. Appropriate formative research should be conducted in order to determine how best to present this material in a way that is helpful and usable to riders across the age span. Such education efforts have the potential to be viewed as burdensome requirements if not tailored appropriately to the target audience. Moreover, language issues must also be considered.

The challenges faced by the racing industry and the solutions that emerge via this process have the potential to be disseminated to other industries facing similar issues that are of interest to our organizations, including among others, the fashion and entertainment industries and other sports. Policies and procedures set in motion have the potential not only to save and improve lives of riders and other individuals in the horse racing industry, but also to provide a roadmap for other industries to follow as they are challenged to improve working conditions for workers who are often young, non English-speaking, uninsured, and independent contractors.

Both the Academy for Eating Disorders www.aedweb.org and the Eating Disorders Coalition www.eatingdisorderscoalition.org stand willing to offer any assistance to NIOSH and to the independent researchers involved in this initiative. The AED can provide experts in the field who are best positioned to help with any aspect of the initiative related to eating disorders, nutrition, and weight regulation. The EDC can provide updates and offer expertise on ongoing policy and legislative initiatives. As a representative of both organizations, communications can be routed through me at cbulik@med.unc.edu.