

# supporting furosemide phase-out

**Karen M. Johnson**

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**Hall of Famer D. Wayne Lukas is among trainers who support phasing out race-day medication. Photo: NYRA/Adam Coglianese**

On Friday, Aug. 1, a contingent of prominent North American trainers **released a statement** pledging their support for the gradual elimination of race-day medication in the United States. Under the proposal, “no 2-year-olds would receive race-day medication beginning in 2015, and no horses of any age would receive race-day medication starting in 2016.” The group of trainers also expressed support for the Racing Medication & Testing Consortium's efforts to approve model rules for **26 controlled medications** by the RCI board of directors.

Furosemide (Lasix, Salix) is approved for race-day use in the U.S. and Canada, but disallowed in most major racing jurisdictions outside North America. The drug is intended to treat exercise-induced pulmonary hemorrhage, and more than 90 percent of racing Thoroughbreds in the U.S. and Canada receive it before competition to prevent or ameliorate bleeding in the lungs. The U.S. Jockey Club has supported prohibiting race-day furosemide, and recently began to solicit support for a study to assess the efficacy of furosemide when administered 24 hours ahead of a race. The two major umbrella organizations for trainers in the U.S. – the National Thoroughbred Horsemen’s Association and the Horsemen’s Benevolent and Protective Association – strongly support the continued use of Lasix. In recent years, the issue has been increasingly hotly debated in North American racing.

The list of 25 initial supporters of the proposal to eliminate race-day medication includes seven Hall of Fame members in Roger Attfield, Neil Drysdale, D. Wayne Lukas, Richard Mandella, Shug McGaughey, Bill Mott, and Jonathan Sheppard, as well as Todd Pletcher, six-time winner of the Eclipse Award for Outstanding

Trainer.

The full list of supporters is as follows: Thomas Albertrani, Roger Attfield, Christophe Clement, Jose Corrales, David Donk, Neil D. Drysdale, Jeremiah C. Englehart, Eoin Harty, Neil Howard, Michael E. Hushion, D. Wayne Lukas, Richard E. Mandella, Claude R. McGaughey III, Kiaran P. McLaughlin, Kenneth G. McPeck, H. Graham Motion, William I. Mott, Todd A. Pletcher, Kathy Ritvo, Jonathan E. Sheppard, Albert M. Stall, Jr., Dallas Stewart, Barclay Tagg, William Van Meter, George Weaver.

Following the announcement, Karen Johnson spoke with some U.S. horsemen about the proposal. Their responses (alphabetical by last name) are collected below and may be updated as more responses are received. Also listed below are statements from the Breeders' Cup and the New York Thoroughbred Horsemen's Association.

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**Trainer Bruce Brown:**

"I didn't hear anything about it. It was all new to me this morning. I saw the release online.

I'm totally for Lasix. A lot of us make our living on the older horses, the 5, 6, 7, 8-year-olds. I have had a lot of success claiming horses who are older, and I think [a Lasix ban] will take a lot of those horses out of the game.

And we are already facing a horse shortage. A lot of these guys don't have horses who run past [4 years old], so it's not really going to affect them. For me, like I said, the old horses, the old war horses . . . the winter horses, the iron horses . . . those are who I make my living on.

We already have a problem with horse retirement; packed to the brim. I just think it will really add a lot of horses to that. The older horses are kind of the ones who have the problem bleeding. It is a domino effect; if they bleed a first time, they naturally are going to get worse the older they get.

I think it is very narrow-minded. I think they are forgetting a big part of this game. The horses who run every two and three weeks; not just the horses who run once a month, and only in the big races."

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**Trainer Christophe Clement:**

“Less medication is and will always be better for me. There are many things you can do for a bleeder. If it is a young horse, you stop and turn them out. If he is a bad bleeder, maybe you shouldn’t be running him. If he is a slight bleeder, I don’t think it will affect his performance, and you can just dry him up by [withdrawing] water four hours before [a race]. If the bleeding gets out of control, the horse should not be running.”

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**Trainer David Donk:**

“All I want to see is a level playing field. Most of us run on Lasix because the majority of people do. I started training at Finger Lakes in 1980, which was before Lasix. So you have [that] generation of people, and you have a big pool of people who always raced on Lasix. So, I just think they think the world is going to fall off the face of the Earth if we don’t have Lasix.”

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**Statement from Breeders’ Cup Chairman Bill Farish and Breeders’ Cup President and CEO Craig Favel:**

“On behalf of the Board of Directors of Breeders’ Cup Limited we want to acknowledge and applaud the courage of the trainers who have recently pledged their support for the gradual elimination of the use of authorized medications on race day in the United States. The Breeders’ Cup has long advocated for policies that would bring the US in line with other major international racing jurisdictions and we fully support this group of prominent trainers. We believe a broad coalition of tracks and owners also share this view and we are committed to provide support, financial and otherwise, to an effort to implement on a national basis phasing out race-day medications. We look forward to participating in this initiative to create a workable plan with others in the industry, including the forward-looking trainers who are signatory to this statement, all of whom are long-time supporters of the Breeders’ Cup.”

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**Trainer D. Wayne Lukas:**

“We wanted to take a strong stand and handle our business ourselves before we get too much intervention and it becomes detrimental to our sport. We know the sport, we know where we are at. We’ve analyzed this to death. It is time for us to move forward and take a stand and take a position rather than just talk about it all the time.

I think what we are proposing is gradual, so it gives people time to adjust. We will evaluate it as we go. In order to really to do it right, we have to take a complete stand.

It was pretty much word of mouth [organization of the list]. We talked to each other. There was quite a bit of discussion. Todd [Pletcher] and I sat down and talked about it at length, and pretty much targeted people we thought had great concerns for the industry. But it wasn't an easy decision.

"Not really [surprised by those who did not add their name to list]. There is strong opinion, especially on the Lasix issue, and yet we know in other countries [no race-day medication] can be done. So I think we have to take an aggressive stand on it, and go forward.

No, I did not try to change anybody's mind [about joining list]."

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**Trainer H. Graham Motion:**

"If the trainers can at least start a conversation about this, it's a step in the right direction. It's a huge process to get anything done. Any movement to trying to get some national policy is good for us all.

If that is what it takes, the elimination of race-day medication, I think that's a big step. But someone is going to have to enforce the rules, otherwise we don't accomplish anything. So I think it's a lot more complicated than what we are saying, but I think having a conversation about it [is a start].

If a horse is a bleeder, I think you just have to train him differently. That's what they do in Europe. It's not saying we are not going to use Lasix in the morning. I think we all feel as a group of trainers that something has to change to bring a better perception. Surely, the best way to do that is to eliminate race-day medication. Anytime you have a vet going into the stall on race day that invites problems, and invites questions.

This all originated from the Triple Crown and releasing our vet records. I think that is confusing to the general public, and not a help to anybody. This, we felt, is a better step than doing that.

I would think probably 40 to 50 percent [of horses in my barn need Lasix]. I do think in this day and age, we get to using medication as a crutch, which takes the training out of it a little bit. Whereas in Europe, they have to adjust their training to deal with the bleeders. Back off the training, obviously, is the first way

to deal with [bleeding].”

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**Trainer Todd Pletcher:**

“We just talked to people about it. As simple as that, really. [Asked trainers] ‘What would you think about this proposal?’

[Nick Zito] was one of the guys who I thought was getting reached out to but I guess the person who was supposed to talk to him, missed him somehow. It wasn’t a perfect system.

Like Wayne [Lukas] said, we need to make a proactive move to try to improve. I think American racing is extremely clean, and it is not perceived as clean as it is. I would like to see the perception improved because I think, in reality, we are all trying to do what is best for racing; promote the sport for the long term.

I think as trainers what we did was talk about a possible solution. And laid it out there that we would support the format we laid out there. It’s up to the industry leaders to take it from there. It’s a very complicated procedure; we put out there what we think could work.

It’s not an issue everyone is in agreement on, and it’s a complicated issue. There are pros and cons to it.

Up until a couple of months ago, I felt like there potentially could be more cons than pros, but I rethought my position, and [concluded] the one we talked about would be the best for racing in general.

[Bleeding] is a common issue, and it is a concern. But I think there are probably some different ways to manage it and it will be a learning curve. And that is why I think a gradual phase out will be the best move for everyone.”

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**Trainer Dale Romans:**

“I never heard one thing about it. Nobody called and asked me about it. I’m a Breeders’ Cup board member and nobody asked me about it. I would have at least liked the opportunity to tell them, ‘No.’

We have a medication that can stop a horse from having internal damage then we have a responsibility to use it. There is no double-blind study that says there is any negative effect of Lasix on a horse. And just because people can’t see [bleeding] like they can see a catastrophic injury, or a bowed tendon, doesn’t

mean that it's not happening. We see it . . . . when a horse comes back to the barn after he bleeds in a race, he has internal damage to his lungs.

When you use [Lasix] horses don't bleed as much."

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**Trainer Rick Schosberg:**

"Taking away the use of race day furosemide is not only a bad idea, but in many ways irresponsible as well. At the forefront is simply the health and well being of the horses. EIPH occurs, and at a very high rate. Lasix helps to prevent this, again at a very high rate. Eliminating Lasix will not stop EIPH. In fact, that will increase its occurrence and magnitude.

The [proposed] phase out of the use of race-day Lasix...would have negative ramifications throughout our industry, most importantly on the health and well being of the horses themselves. Shorter fields and fewer races will have a negative economic effect. Also, something that is very important to me in particular, is the fact that there will be an influx of horses looking for second careers and places to retire due to [EIPH and] the fact that they simply cannot race without Lasix and remain healthy.

My question to those who wrote, backed, and signed off on this proposal is this: What viable alternative do we have that would produce the same documented results with minimal side effects as furosemide? What will we do to prevent EIPH, especially in the older horses that may be heavy bleeders without Lasix?

I've heard 'manage them better.' Does that mean drawing them up by taking their food and water away for 24 hours or more? That, to me, spells abuse.

I've even heard of possibly trying the Lasix administration 24 hours before competition. Any good horseman or veterinarian will tell you that taking water out of the digestive system during digestion will likely lead to gastric problems like impaction and an impending colic episode. Giving Lasix at 4-4 1/2 hours prior to a race eliminates that, as we make sure that we feed early enough so the digestion process has been completed before treatment.

We know Lasix works. Managed properly, it is the most effective way to prevent bleeding in the lungs during exercise. Don't take it away and make the poor animals prove it. I recognize that public perception is important in our sport, and it is our job to educate the public about EIPH and its effect on horse health – and about the proven, effective system in New York of third-party Lasix administration. This prevents private vets from being in a horse's stall on race

day, which increases the integrity of horse racing.

I would welcome the opportunity for an open conversation with those who support banning Lasix so they can answer these questions. Our responsibility to the horse requires nothing less."

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**Statement from New York Thoroughbred Horsemen's Association  
President Rick Violette, Jr.:**

"The position of the New York Thoroughbred Horsemen's Association has not wavered. The science has not changed. The horses have not changed. Most horses suffer from exercise induced pulmonary hemorrhage (EIPH), and Lasix is the only scientifically proven, truly effective treatment we have to protect them. A Lasix ban does not benefit the horse, the owner or the horseplayer. Forcing trainers to return to using archaic methods to treat bleeders, whether it is the barbaric practice of taking away water for 24 to 48 hours or trying homeopathic remedies with questionable results, is not progress. Absent a researched and reasoned alternative to protect horses from EIPH, NYTHA is vehemently against any ban on Lasix."

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**Trainer Nick Zito:**

"I didn't know anything about it [the list of trainers]. I wasn't asked. I'm pissed off about that. That is a little odd to be honest with you.

But, I do support it. My opinion is, if you have a horse who bleeds, thank god, it looks to me, the owners will understand the horse needs time. And that is fine with me.

I'm happy with no [race-day medication]. Less medication is always best. If studies show no medication helps the horse, how can I not be for it?

The first Kentucky Derby I ran in [1991], the horse ran with nothing. No Lasix. And guess what, it was legal in Kentucky, and I ran him clean, and Strike the Gold won."