

Training Thoroughbred Racehorses and Lasix
Presented by: Trainer John W. Baird

As a lifelong horsemen and a trainer of Thoroughbred race horses for more than 40 years, I have seen first-hand the benefits of Lasix and the negative results of Exercise Induced Pulmonary Hemorrhaging or bleeding.

I urge the commission to consider the view of the horse racing industry and to take into account the wealth of scientific information that documents the therapeutic benefits of Lasix use and to consider the research that supports Lasix use as a humane treatment option for this condition that effects more than 90% of racehorses.

I began training in the 1970s, during this time we only knew if a horse bled if there was a physical sign of bleeding through the nostrils. At that time, there was little that could be done to combat this persistent problem. Trainers would withdraw water and feed 24 – 48 hours before a race in an effort to reduce bleeding which resulted in dehydration. EIPH results in decreased oxygen supply to the blood and various organs which results in fatigue, organ damage, metabolic disturbances and muscle fatigue which can results in damage to tendons and ligaments.

Trainers would try a variety of medications, because anyone who witnessed a horse struggling for air while they are choking on their own blood would try anything to prevent this from happening. This was before Lasix and before the endoscope.

As science progressed, we learned through scoping a horse that most horses bleed. It has been reported that 90% of horses bleed. The most severe form of bleeding is known as epistaxis which is bleeding from both nostrils. With the advent of Lasix, we have been able to eliminate EIPH in all but the most severe cases. With Lasix, the percentage of horses showing even slight bleeding drops to 57%, and the severity of bleeding decreases in virtually all cases. Lasix reduces the likelihood that bleeding will prevent a horse from performing to the best of its natural ability. It has been reported that in New York, since raceday Lasix was approved in 1995, the incidence of epistaxis or visible bleeding has declined by 76%.

Lasix is a therapeutic compassionate response to the needs of most horses. Many trainers put their horses on Lasix with even the slightest hint of bleeding because the research shows that each episode of bleeding creates scar tissue, reducing the horse's oxygen carrying ability and increases the risk of future bleeding. Once a horse bleeds and suffers the effects of this condition they often protect themselves and won't run to their natural ability. Which brings me to the misconception that Lasix is a performance enhancing medication; there has not been any scientific evidence that supports this notion. However, there has been scientific research that says Lasix is the only way to effectively treat EIPH. Lasix is performance enabling, not performance enhancing. Horses do not run faster because of Lasix, they run slower or stop running because they bleed. It was reported at the Lasix Summit at Belmont Park in June 2011 that no amount of Lasix can make a horse run faster than its natural ability.

As trainers and owners we rely on the commission to make decisions based on sound scientific research, decisions that are based on research not emotions or an agenda. There are so many issues confronting racing today. But it is important to differentiate between illegal drug use and therapeutic medications. The HBPA is opposed to illegal drug use in racing. However, we support medications that protect horses and treat common ailments without enhancing performance. Lasix has changed the way we train horses for the better because it alleviates the pain of a common ailment. Continued and regulated use of Lasix is a humane and compassionate response to one of the most common problems that race horses face. It is simply common sense to allow its continued use.