The Ideal Balance:

With the stakes as high as they are in the Furosemide debate, establishing the ideal balance between the needs for the racing industry, the legitimate medical need to protect horses with significant EIPH and the betting public in the future is crucial.

Both sides on this polarized debate can agree on these facts on which this strategy is based.

1. Furosemide is a diuretic that results in a loss of body weight.
2. Weight is an internationally recognized handicapping tool used to make allowances to even the relative talent of a race. Weight is routinely assigned based on racing experience, sex and age.
3. Trainers always choose race conditions that minimize the weight carried by an individual horse in an individual race condition.

In the following suggestion, the use of weight will be employed to offset the perceived racing advantages of the use of Furosemide with the intention of retaining a protection of horses that are currently racing that rely on Furosemide to manage their tendency to experience EIPH. This tool will also begin the elimination of the use of Furosemide in horses that do not have a legitimate medical need.

Theoretical transitional mechanism.

In a scenario where a horse that is administered Furosemide were to be assigned additional weight of 3-5 lbs, this would theoretically eliminate any “advantage” that horse would have gained by the loss of body weight due to fluid loss.

In that same scenario each trainer in the race would then be forced to determine accurately the absolute need of their horse to have Furosemide. In other words, no trainer would choose to add the additional weight of 3-5 lbs to his horse unless it was absolutely necessary.

Conversely, there are horses that are afflicted with EIPH that may need Furosemide to compete and this scenario would allow these horses to compete but with a Handicap. This Handicap would be easily understood by the international racing community, as well as the wagering community.

An Illustration:

If the Breeders’ Cup Classic is run for the first time without for the use of Furosemide, the public will not have any idea which runners who had been competing with Furosemide needed it due to serious EIPH or which of the field just used it because it was allowed. Using this alternative plan, horses in the field that didn’t need it would choose not to use it, and could run at a reduced weight.

As such the betting public, the breeding industry and the general public would all have a much clearer picture of the health and talent of the field.

Furthermore, using this plan, the race would remain be a superior wagering proposition instead of a guessing game as to which horses would suffer from the loss of Furosemide.
Summary

In summary, all in racing understand that the weaning process from the use of Furosemide has the potential to put some horses at high risk to not only suffer from EIPH but also to potentially suffer secondary orthopedic injuries to the EIPH event.

If there is a transitional mechanism put in place where horses can have the opportunity to continue to utilize Furosemide, with a significant weight handicap, the needs of each element of the racing community is protected.

- The horses that choose the Furosemide will race without a significant chance of an EIPH event, thereby protecting the health and welfare of the horse and jockey.
- The likelihood of an adverse EIPH event in a major televised event will be greatly reduced.
- The horses receiving Furosemide will also have to carry a weight handicap of 3-5 lbs, offsetting any perceived performance enhancing effect of the medication.
- Races less than 7f - 5 lb handicap for Furosemide use.
- Races 7f to 9f - 4 lb handicap for Furosemide use.
- Races greater than 9f – 3 lb handicap for Furosemide use.
- Trainers will choose not to use Furosemide when it is not necessary.
- The breeding industry will be able to better identify those animals racing with EIPH.
- The betting public will have actionable information on the all the horses competing, with or without Furosemide, in the well established international language of weight.

Public Education:

- Given the incredible lack of knowledge the public has on the therapeutic value of Furosemide, we propose that all providers of racing data (Racing Form, Equibase, Track Programs, etc...) devote a section to public education on the use of Furosemide for legitimate medical purposes.
- This section would include a basic explanation of EIPH and the known effects of Furosemide, (ie, relieves excess edema in lungs, no effects on pain, and perhaps a diagram of a horse’s lungs).
- This section would also clearly describe who administers the drug and when (ie, state veterinarian 4 hours prerace in a retention area, etc.).
- This section would explain how a horse becomes eligible for Furosemide administration and the basis of the proposed handicap weighting system.
- These educational materials should be provided by or at least reviewed by the appropriate groups (AAEP and RMTC).