

October 28, 2019

The Honorable David Bernhardt
Secretary, U.S. Department of Interior
1849 C Street, NW
Washington, DC 20240

Dear Secretary Bernhardt,

We, the undersigned veterinarians, write today to express our concern with the Bureau of Land Management's (BLM) continued interest in pursuing the study of the surgical sterilization procedure known as "ovariectomy via colpotomy" on wild horses. While we understand the BLM's need to manage populations of wild horses, we are concerned about the agency's chosen method for study when more humane methods are already available. As such, we urge the BLM to abandon any future plans to pursue the experimental study of this procedure on wild mares.

Not only is ovariectomy via colpotomy far more invasive, inhumane, and risky than other non-surgical methods of fertility control, it is also more invasive and inhumane than the techniques that veterinarians use on domestic horses in the rare circumstances where some form of ovariectomy is clinically necessary.

The BLM's continued focus on conducting experiments studying ovariectomy via colpotomy raises serious concerns. Ovariectomy via colpotomy is a painful surgical procedure done blindly through an incision in the vagina, allowing access into the abdominal cavity for a rod-like tool, called an ecrasure, to sever and remove the ovaries. This procedure can be dangerous when performed on domestic horses, let alone wild horses whose response to sedatives and analgesics is much less predictable. Even in a controlled setting, this procedure can be accompanied by a high rate of complications, sometimes as high as 4 percent, including risks of infection, trauma, post-operative pain, hemorrhage, abdominal adhesions, evisceration, abscess formation, abortion, neuropathies, and even death. Indeed, part of BLM's own experimental goals include seeking to quantify morbidity and mortality.

The use of this procedure, in the manner that the BLM has proposed to study its efficacy and safety since 2016, is especially disconcerting given that the BLM does not intend to provide postoperative antibiotics and has stated that no veterinary interventions will be undertaken for any recovering horses once returned to the range. The associated risks are exacerbated by the fact that, by the agency's own admission, the surgeries will be conducted in an operating space that "may not be entirely sterile" at the agency's corrals. Following the experiments, the BLM intends to conduct the procedure on mares held in trap sites on the range, under conditions that are even less controlled and sterile than in the holding pens.

The National Academy of Sciences (NAS), in a 2013 report commissioned by the BLM, explicitly warned the agency against employing ovariectomy via colpotomy on wild horses. As stated in the report, "the possibility that ovariectomy may be followed by prolonged bleeding or

peritoneal infection makes it inadvisable for field application.” Similarly, in 2015, an NAS research review panel warned that conducting the procedure on wild (vs. domestic) horses could cause the “mortality rate to be higher than the 1% reported in the published literature” and stated that proposals for less invasive sterilization methods “would be safer – with less risk of hemorrhage and evisceration – and probably less painful.”

Further, the American College of Veterinary Surgeons (ACVS) describes laparoscopic surgery as the best method for ovariectomy, noting that “with the advent of laparoscopic (keyhole) surgery, all other techniques have become relatively dated.” The ACVS explains that laparoscopic surgery provides far greater “visualization and access” and is “minimally invasive,” especially in comparison to ovariectomy via colpotomy, which involves removing the ovaries “with a crushing-type instrument.” Put plainly, more humane surgical options exist (to say nothing of non-invasive immunocontraceptive vaccines or new research into intrauterine devices) that the BLM could consider for study.

Finally, two major academic institutions, Oregon State University (OSU) and Colorado State University (CSU), terminated partnerships with the BLM to provide veterinary observation and minimal welfare oversight for past iterations of the ovariectomy experiments. Yet, the BLM continues to pursue research proposals to study this procedure even in the absence of such outside veterinary and behavioral expertise. As federal lawmakers noted earlier this year when criticizing the BLM’s aggressive plan to move forward with the ovariectomy experiments, “at an absolute minimum, independent veterinary and welfare oversight (not unlike what we presume the BLM was hoping to achieve through partnerships with CSU, and before that, OSU) is necessary if a project of this type is to move forward in any respect.”

We hope the BLM will reconsider this misguided plan and ultimately stop any future pursuit of this archaic and inhumane procedure. As veterinarians, we swore an oath to uphold the welfare of all animals and work to prevent needless suffering. For the reasons discussed above, we call upon you to reevaluate the proposed surgery in light of the inability to provide wild horses with the required aftercare, pain management, and sterile conditions necessary to ensure their health and wellbeing. We urge you to direct the BLM to drop any further consideration of ovariectomy via colpotomy procedures for wild horses on the range.

Thank you for your consideration.

Sincerely,

Arlo Andersen, DVM
Massachusetts

Barbara M. Peterson, DVM
Illinois

Amy Marder, DVM
Massachusetts

Barbara Schmidt, DVM
Alaska

Arlo Bane, DVM
Illinois

Bernard Rollin, PhD
Colorado

Becky Jessup, DVM
Montana

Bernhard Mayer, DVM
Louisiana

Brenda Hemken, DVM
Illinois

Byron Mass, DVM
Oregon

Carla Rasmussen, DVM
Washington

Carol Buchanan, DVM
Texas

Charles Brown, DVM
New York

Charles Westfield, DVM
New Jersey

Chris Miller, DVM
Washington, DC

Christopher Puzio, DVM
New York

Clinton Pohl, DVM
Texas

David Stansfield, BVSC
North Carolina

Donna Burge, DVM
Virginia

Donna Peck, DVM
New Hampshire

Ed Schantzler, DVM
New York

Elizabeth Koskenmaki, DVM
California

Eugenia Nieto, DVM
California

Gail S. Wolfe, DVM
Michigan

Gary Block, DVM
Rhode Island

Gigi Gaulin, DVM
Georgia

Heather R. Garland, DVM
North Carolina

J Ken Leaman, DVM
Washington

Ja Wilson, DVM
Oregon

James Mancuso, DVM
New York

Jana Tuckerman, DVM
Ohio

Jennifer Enger, DVM
Connecticut

Jennifer Maas, DVM
Massachusetts

Jerry Dorsam, DVM
Colorado

Jo Michaelson, DVM
Connecticut

John E. Russell, DVM
Texas

Julia N. Allen, PhD, DVM
Washington

Julie Ryan, DVM
California

Katherine Johnson, DVM
Washington

Kathleen Smiler, DVM
Michigan

Kathryn Glendrange, DVM
California

Kathryn Denzine, DVM
Illinois

Kelly Palm, DVM
California

Kenneth Litwak, PhD, DVM
Ohio

Kevin Dralle, DVM
New Mexico

Kira Packan, DVM
North Carolina

Krista Lorenz, DVM
Montana

Leonard Marcus, DVM
Massachusetts

Linda Wolf, DVM
Minnesota

Linda Vukovich, DVM
Illinois

Lindsay Batson, DVM
North Carolina

Lisa Anderson, DVM
New Hampshire

Lisa Grim, DVM
California

Lisa Jacobson, DVM
Colorado

Lisa Lewis, DVM
North Carolina

Lisa White, DVM
Tennessee

Lynae Davis, DVM
Tennessee

Maci Paden, DVM
Washington

Marci L. Sauls, DVM
South Carolina

Marcy Rosendale, DVM
California

Mark Meddleton, DVM
New Mexico

Mary Kraeszig, DVM
Indiana

Meg Williams, DVM
Illinois

Michael O'Connor, DVM
California

Michael Widener, DVM
Washington

Nathan Keefer, DVM
California

Nena Winand, DVM
New York

Pamela Corey, DVM
New York

Patricia Hogan, DVM
New Jersey

Patricia A. Zinna, DVM
New Jersey

Penny Serio, DVM
Louisiana

Shauna Roberts, DVM
Illinois

Susan Tasillo, DVM
Colorado

Sylvia Heerens, DVM
New Jersey

Tiffany Diab, DVM
Colorado

Timothy Schacht, DVM
Michigan

Viktor Reinhardt, PhD, DVM
California

Wendy Leich, DVM
New Jersey

Yolanda Skinner, DVM
Louisiana