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 Dietrich, DVM  
New York

Lisa Grim, DVM  
California

Lisa Jacobson, DVM  
Colorado

Lisa Lewis, DVM  
North Carolina

Lisa White, DVM  
Tennessee

Lisa Davis, DVM  
Tennessee

Maci Paden, DVM  
Washington

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

Ralph Weiss, DVM
Iowa

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