

**REPORT OF THE TENNESSEE WALKING HORSE  
CELEBRATION 2015 SKIN BIOPSY PROJECT**

Paul C. Stromberg DVM, PhD  
Diplomate, American College of Veterinary Pathologists

I attended the 2015 "Celebration" for Tennessee Walking Horses in Shelbyville, TN Sept 4-6, to examine horses competing in the event for scar rule violations as defined in the Horse Protection Act (HPA). Together with Dr. C R Johnson DVM, DACVS of Versailles, KY and other local veterinarians and event officials we set up an independent examination station in a small show arena adjacent to the grandstand. Horse owners and trainers were notified that we would be available to provide an unofficial, free independent evaluation of their horses for scar rule violations and if they desired we would biopsy the flexor surfaces of their Rt and Lt foreleg pasterns to provide a histopathologic examination of what we found. Owners understood that while the clinical examination would be free the biopsy and histopathologic evaluation would require a modest fee. Although we would clinically examine any horse it was understood we were most interested in those horses that had been disqualified from competition for scar rule violations.

We examined 25 horses that were disqualified from competition for scar rule violations as determined by the USDA inspectors. We recommended all return Sunday morning for the biopsy. Eighteen of these returned on Sun morning and were biopsied. During our examination we inspected the cranial, lateral and flexor surfaces of both Rt and Lt foreleg pasterns and saw no lesions that could be interpreted as "scar" i.e no proliferating granulomas, granulation tissue, proud flesh or evidence of chronic inflammation as defined in the HPA. We did note on many horses variably thickened skin folds on the medial and lateral aspects in the sulcus. Some of these folds also exhibited variable mild alopecia and occasionally we could palpate a mild thickened feel to the surface of the folds. We biopsied these folds or areas where the owners/trainers told us were called scar rule violations by the USDA inspectors and were thus the basis for disqualification. Reasons for identification of areas in the sulcus as scars were skin folds that "did not flattened out" with digital pressure or the inspector could "feel cells" or that there was no scar currently but there would be in 2 weeks so it was ruled a scar and disqualified.

Using standard technique, these areas on both Rt and Lt pasterns were prepared, samples collected and sent to a state veterinary diagnostic laboratory for processing, slide preparation and diagnosis by staff pathologists. A report and duplicate slides were sent to me and I provided peer review of the study and second evaluation of the findings.

A total of 36 skin biopsies from 18 competing horses disqualified on the basis of scar rule violations were evaluated. **The primary pathologist found no evidence of chronic granulomatous inflammation, proliferating granulomas, granulation tissue (scar) tissue or healing by second intent in any of the 36 samples.** *In this I completely concur.*

Two samples were misinterpreted by the primary pathologist as possibly being related to granulation tissue formation. The Rt pastern of horse K15012002 was erroneously interpreted as granulation tissue (without proliferating granuloma or inflammation) based on the perpendicular





orientation of dermal vessels which is one of the features of granulation tissue seen in early formation. But closer inspection revealed that these vessels were small muscular arterioles likely part of the arteriovenous system that mediates cutaneous thermoregulatory activity by directing blood flow to or away from the papillary dermis. Maturing granulation tissue is composed of tiny endothelial lined capillaries, not arterioles with muscular walls. The presence of a thin muscular coat or layer in these vessels clearly rules out granulation tissue as the explanation for their presence in this location. Also the Rt pastern of K15012015 was interpreted by the primary pathologist to have "severe" acute (not chronic or granulomatous) inflammation in the dermis that would likely (in the pathologist's opinion) evoke a granulation tissue response (but was not interpreted to be present in the tissue). Review of this sample revealed a single focus of "mild" suppurative luminal folliculitis likely caused by superficial bacterial infection of the follicle similar to what was seen in K15012005 in which coccoid bacteria were observed in the follicular ostia associated with the folliculitis. This is a common lesion in domestic animals especially in this location close to the ground. If bacterial folliculitis is sufficiently severe that it ruptures the follicle and causes "furunculosis" it may heal by scar tissue formation but generally that requires a more severe reaction that would be visibly clinically. Both of these lesions were subclinical i.e. not visible grossly and were not likely observed or detected by the USDA inspectors. In any case, neither of these lesions could be reasonably interpreted to result from soring and thus be used as evidence of scar and neither the primary pathologist or I interpreted them as such.

The primary pathologist consistently found mild to marked epidermal thickening of the *stratum spinosum* layer of the epidermis which is called "acanthosis". The degree of acanthosis was measured and compared to 5 control horse skins which ranged in thickness from 40-100µm. Of the 36 skin biopsies from TWH about ¼ had acanthosis within the range measured in the control horses; about ½ were roughly 50% thicker and about ¼ were about 100% thicker. The acanthosis was not generally equal in severity between the Rt and Lt pastern on each horse. Some horses had markedly different responses on one side when compared to the contralateral pastern. In addition the normal basket weave configuration of the *stratum corneum* was generally compacted in the TWH (orthokeratotic hyperkeratosis). These findings are characteristic of the so called "Dermatitic Reaction" which is a nonspecific response to chronic irritation. The cause of the irritation is not specific and may be anything from the presence of chronic inflammation, a neoplasm, nutritional deficiencies or repeated physical stimulation such as rubbing or scratching. Compacted orthokeratotic hyperkeratosis is generally interpreted to be evidence of licking, rubbing or scratching by the patient. Epidermal findings in these horses are interpreted to be evidence of physical stimulation probably caused by friction related to the action devices on TWH. The inconsistent degree of acanthosis between the Rt and Lt pasterns on many horses reflects significant variability in the dermatitic reaction within the same horse. This seemingly suggests that the result was not primarily due to the individual genotype of the horse but rather variation in the local conditions on each pastern with respect to the action device. The cause of this could be varied and beyond this study. This hypothesis could be tested further by using more appropriate controls i.e. pastern biopsies from TWH in competition in flat shod classes; but these were not available.

Nearly all of the samples exhibited a mixture of anagen (growth) phase and telogen (shedding) phase hair follicles reflecting the normal hair growth cycle. Some of these I think were misinterpreted as atrophied follicles as opposed to "telogenized follicles" which is a common



mistake among pathologists. While some samples could have contained true atrophied hair follicles there was no detectable consistent pattern i.e. biopsies in which most or all the follicles were atrophied on both legs. Much of the "apparent follicular atrophy" was in my opinion the result of the non-uniform biopsy orientation due to the inherent difficulty of trimming samples in such a way as to consistently produce complete longitudinal sections of hair follicles. This is a very common problem in trimming skin biopsies to evaluate hair growth. The presence of anagen phase follicles in nearly all samples requires caution in drawing firm conclusions about the extent of true follicular atrophy in these horses. Nevertheless given the observation of variable mild alopecia in some of the TWH it seems likely that chronic friction from the action devices contributed to the mild hair loss. So called "traction alopecia" has been associated with atrophied follicles although in my experience it is generally more clear cut and affects groups of follicles than what I observed in these horses. I favor an explanation of repeated friction as the cause of hair loss and not traction alopecia. The distinction may be moot. I would characterize the changes seen grossly as well as histologically as analogous to callous formation and mild hair loss from chronic friction. These changes are interpreted to be reversible (as are callouses) and thus would not result in scar formation. If horses were removed from competition or training I would expect these changes to resolve and the skin return to its normal configuration in this location unlike scar formation which is often permanent with loss of hair follicles and other adnexae. The superficial luminal bacterial folliculitis as observed in 2 ( 5%) of the biopsies is an incidental finding more related to the horses immunity then to the action devices. Although interpreted as "severe" microscopically, these lesions were subclinical and when considering the entire horse must be ruled as minimal and incidental to the horses overall health.

The primary and peer review pathologists are in complete agreement that there was no histopathologic evidence of chronic inflammation and scar formation as defined by the language in the HPA in any of the 36 pastern skin biopsies from the 18 TWH sampled at the Celebration in 2015. Yet all of these 18 horses were disqualified by the USDA inspectors for scar rule violations. It appears that the disqualifications were false positives based on skin folds with mild to moderate thickening of the epidermis and the variable alopecia. Given the 50-100% increase in the *stratum spinosum* in some horses, it is feasible this could be detected by manual palpation in some cases. But histopathology has clearly revealed this thickening to be due to a cutaneous reaction to friction and not scar caused by soring as defined in the HPA.

The current method employed by the USDA inspectors for scar detection is subjective, clearly inaccurate and has the potential to be applied capriciously. Inspectors are attempting to detect the presence of a pathologic process far below the level of clinical significance **based on what they think they see and feel** without independent verification. They conclude from this it is proof of a scar rule violation. The result, not unexpectedly, is inconsistency in passing or disqualifying a horse for competition and many false positives. Indeed, many owners/trainers told us their horses have passed inspections, failed inspections then passed again in previous competitions. One owner passed inspection, was allowed to compete then disqualified when inspected after 15-20 minutes in the show ring. This would not be tolerated in the diagnosis of human disease. Histopathology of these horses demonstrates beyond any doubt the cause of the thickening is a common response to friction and not a scar rule violation. The presumption that thickened skin must equal chronic inflammation and scar formation (and therefore proof of soring) ignores other

possible causes and betrays a lack of understanding of basic pathologic principles. It's not medically rational or scientifically defensible. It's just pseudoscience and poor medical practice.



<b>UNIVERSITY OF KENTUCKY</b> College of Agriculture, Food, and Environment Veterinary Diagnostic Laboratory		 <b>K15012014</b>
Relinquish: 1490 Bull Lea Rd., Lexington, KY 40511 125 Mail PO Box 14125, Lexington, KY 40512-4125 Phone: (859) 257-8283 Fax: (859) 255-1624 <a href="http://vdl.uky.edu">http://vdl.uky.edu</a>		<b>2015 SEP 8 PM 2 15</b>
Veterinarian: <u>CR. Johnson</u> Clinic: <u>Equine Surgical Services</u> Address: <u>PO Box 1462</u> City: <u>Lexington</u> State: <u>VA</u> Zip: <u>40383</u>		FOR LAB USE ONLY Section(s): C B M/D N/P S T V J R Case Coordinator: <u>LC</u> Carrier: M B <u>Wa</u> U F O V Other Rec'd By / Shipped Date: Comments: <u>v JAG FXCDXL</u>
Owner: <u>Celebration 2015 (LIR)</u> Farm: Address: City: State: Zip:		Phone: Fax: Email:
Report Distribution Preference: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Box <input type="checkbox"/> Add'l copy to:		
General Information (Please provide as much information as possible): <input type="checkbox"/> RABIES SUSPECT <input type="checkbox"/> Diagnostic <input type="checkbox"/> Necropsy <input type="checkbox"/> Cremation <input type="checkbox"/> Neurologic (Spinal Cord Removal) <input type="checkbox"/> RABIES ONLY <input type="checkbox"/> Regulatory <input type="checkbox"/> Surveillance <input type="checkbox"/> Sale / Prepurchase <input type="checkbox"/> Export Sample: _____ (Country of Destination)		
Location of Animal (county, state, premise ID)		
Animal ID / Name*	Species	Breed
<u>NC23045</u>	<u>Horse</u>	<u>TN</u>
*Multiple submissions from same premises may require the use of the Accession Continuation Form (available at vdl.uky.edu) <a href="#">Continuation Form Link</a>		
History (Attach additional history if provided space is inadequate): Duration of Illness: <input type="checkbox"/> Euthanized Date of Death: <input type="checkbox"/> Insured _____ (Insurance Company) Related Accession:		
Please describe: 1. Clinical Signs 2. Vaccinations 3. Treatments 4. Nutrition 5. Environment 6. Other Management		
<p style="font-size: 2em;">2c NR</p> <p style="font-size: 1.5em;">2 sets of slides</p> <p style="font-size: 1.5em;">12/5</p>		
Submitted Specimen Information (Please check all that apply):		
Date Sample(s) Taken: <input type="checkbox"/> Carcass <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Feed / Forage <input type="checkbox"/> Fetus <input type="checkbox"/> Placenta <input type="checkbox"/> Milk <input type="checkbox"/> Blood (Whole blood, Serum or Plasma) Specify sample color as submitted: <input type="checkbox"/> Red <input type="checkbox"/> Purple <input type="checkbox"/> Red / Gray Swirl <input type="checkbox"/> Other: <input type="checkbox"/> Fluid (List Type): <input type="checkbox"/> Swab (List Source / Site): <input type="checkbox"/> Other:	Tissue / Biopsy Information Tissue Information: <input type="checkbox"/> Fresh <input type="checkbox"/> Fixed (List Fixative) Necropsy Status (List WxID in case) Stages: Attachments: Tissue involved: Gross Appearance: Cytology: Color: Duration: Development Rate:	 
The information and animal specimens submitted to the University of Kentucky Veterinary Diagnostic Laboratory are done so under the provision of the Veterinarian-Client-Patient relationship, as codified in KRS 321.185, and are confidential. Privileged information regarding patients will not be released without the owner's consent, unless disclosure is required by law.		
Signature of Submitter: _____ Date: _____		

Equine Anal. Chem. Lab.

Sample # NC23095

Track \_\_\_\_\_

Date 9-6-2015

Taken By CRJ

**Tennessee Walking Horse  
Pastern Exam Report**

Date: 9/6/15 Time: 7:10 A.M.

Horse Name: HONORS Reg # / ID: \_\_\_\_\_

Owner: KEITH McSWAIN Trainer: LARRY EDWARDS

Color: BLK Sex: Stallion Age: 7 Markings: STAR

Contact Info: LARRY EDWARDS Phone #: 678-438-2190

Class #: \_\_\_\_\_ (If applicable)

Left Front Foot:

Right Front Foot:

Comments: Called out on scar rule

Recommend by \_\_\_\_\_

Paul C. Stromberg  
Paul C. Stromberg, DVM PhD

Owner/authorized agent agrees that this horse has been inspected to the best of my ability pursuant to the HPA and regulations and my interpretation and understanding of these laws. Client/Owner acknowledges and agrees that inspections can vary widely between veterinarians and accordingly this veterinarian shall not be held liable with respect to any different opinion from the government or another veterinarian as to this horses' compliance with the HPA and regulations. It is further affirmed that the description of the stated horse does reflect the actual horse provided. I represent and have the authority to execute this document.

GARY EDWARDS  
PRINT NAME

Gary Edwards  
OWNER/AUTHORIZED AGENT







College of Veterinary Medicine  
Department of Veterinary Biosciences

1925 Coffey Road  
Columbus, OH 43210-1093  
Phone: (614) 292-5661  
FAX: (614) 292-6473

Thursday, August 13, 2015

Mr. Michael R. Inman  
Chief Executive Officer  
The Celebration  
P.O. Box 1010  
Shelbyville, TN 37162

Dear Mike:

Here is a summary of my work on the Scar Rule project. On 4-16-2015 I received the histopathology slides and reports from the Kentucky Diagnostic Laboratory which I had requested from [REDACTED]. Previously he had forwarded to me the information I had requested pertaining to the Horse Protection Act. The material consisted of 58 total biopsies from 29 Tennessee Walking Horses. The biopsies were from the skin of the flexor surface of both Rt and Lt pasterns from the forelegs including the sulcus. All of these horses had previously been disqualified from competitions for violation of the scar rule as defined in the Horse Protection Act. I examined all of these biopsies and concur with the diagnosis and interpretations made by the pathologists of record in the original reports.

Histopathological examination of these specimens found mild compacted orthokeratotic hyperkeratosis and moderate acanthosis in all the horses. This is consistent with 1) the epidermis in this topographic location of the horse and 2) the result of a mild so called "dermatitic reaction" which is a nonspecific response to mild chronic irritation and is a common feature in the skin of most domestic species. Most horses exhibited mild multifocal superficial perivascularitis featuring lymphocytes which are the common cells of the dermis providing immune surveillance. Occasionally scattered macrophages and neutrophils were seen with the lymphocytes. This mild degree of inflammation is common in most locations in horse skin and is indicative of a normal, intact functioning immune system responding to antigenic challenge. There was no evidence of necrosis, granulomatous inflammation or granuloma formation and no evidence of granulation tissue, either immature or mature or so called "proud flesh" that would suggest damage to the skin, healing by second intent or scar tissue formation. The surface of the epidermis appeared otherwise microscopically normal. Occasionally a skin sample exhibited evidence of mild folliculitis which is a common problem that can be subclinical. Common causes of this are bacteria, dermatophytes and rarely hair follicle mites (*Demodex* sp.). Some horses exhibited telogenized hair follicles indicating hairs at the end of their normal growth cycle. Sometimes these hair follicles were also atrophic. My own evaluation of the biopsy material concurs with the opinion of the Kentucky Diagnostic Laboratory that the observed changes in the skin of these

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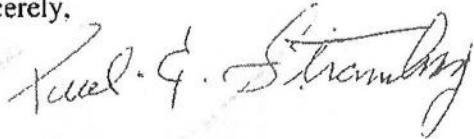
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horses indicate mild chronic irritation. I found no evidence of scar tissue formation as defined by the Horse Protection Act so called "Scar Rule".

On July 22 I traveled to Shelbyville, TN to exam clinically (grossly) as many of these horses as I could. I looked at 8 of these horses. All I found was some minor folding in the skin of the flexor surface and sulcus of both pasterns. These folds could be smoothed with mild pressure applied by my fingers. A minimal to mild variable degree of alopecia was noted on most of the horses examined. The anterior aspect of all pasterns was normal. The skin did not feel thick nor was there any clinical evidence of granulomatous inflammation, granulation tissue (scar tissue or proud flesh) or anything else that could be interpreted to be a scar. The mild degree of alopecia on some horses likely correlates with the telogen phase follicles I observed in some of the biopsy material. This could be caused by mild chronic irritation. If these were disqualified horses based on scar rule violations, they must be considered false positives because there is no histopathological evidence to substantiate the ruling.

Sincerely,

A handwritten signature in cursive script, reading "Paul C. Stromberg". The signature is written in dark ink and is positioned below the word "Sincerely,".

Paul C. Stromberg DVM, PhD  
Diplomate, American College of Veterinary Pathologists  
Professor-Emeritus of Veterinary Pathology (Anatomic)



STATE OF TENNESSEE  
COUNTY OF SHELBY

**AFFIDAVIT OF JOY SMITH**

COMES NOW the Affiant, Joy Smith, and hereby states under oath as follows:

1. My name is Joy Smith. I am a resident citizen of Desoto County, Mississippi.
2. I have been the President of the Mississippi Walking Horse Association since February 2007.
3. I personally worked with APHIS representatives in coordinating a Scar Rule Clinic which was held on March 12, 2007 in Holly Springs, Mississippi. I hired a Court videographer to record the Scar Rule Clinic and maintain a dvd copy of the clinic.
4. The purpose of this Scar Rule Clinic was to have APHIS representatives explain the Scar Rule, including what constitutes a violation and how those violations are detected. The clinic was a hands on teaching clinic for horse industry participants by the USDA.
5. Lynn Bourgeois, VMO and John Poe, VMO conducted the Scar Rule Clinic on behalf of the USDA.
6. Twenty-two (22) horses were presented by participants for evaluation and teaching purposes by Dr. Bourgeois and Dr. Poe.
7. Dr. Bourgeois and Dr. Poe performed twenty-three (23) Scar Rule evaluations on twenty-two horses.
8. One horse was presented on two occasions by two different handlers. This single horse was found to be out of compliance with the Scar Rule at the initial evaluation, but was later found to be compliant with the Scar rule when presented the second time by a different handler.
9. Overall, Dr. Bourgeois and Dr. Poe, both seasoned veterans of the Horse Protection Act, failed to render the same opinion concerning compliance with the Scar Rule on 6 horses, or 26%. The findings of both VMOs are noted on the attached chart which I created. Exhibit 1 hereto.
10. Photographs of the front right and left foot of one horse which rendered different opinions by Dr. Bourgeois and Dr. Poe are attached hereto as Exhibit 2A and 2B.



Further, Affiant sayeth not.

  
JOY SMITH

Sworn to and subscribed before me, a Notary Public, this 16 day of August, 2012.

  
Notary Public

My Commission Expires: 1-31-2016

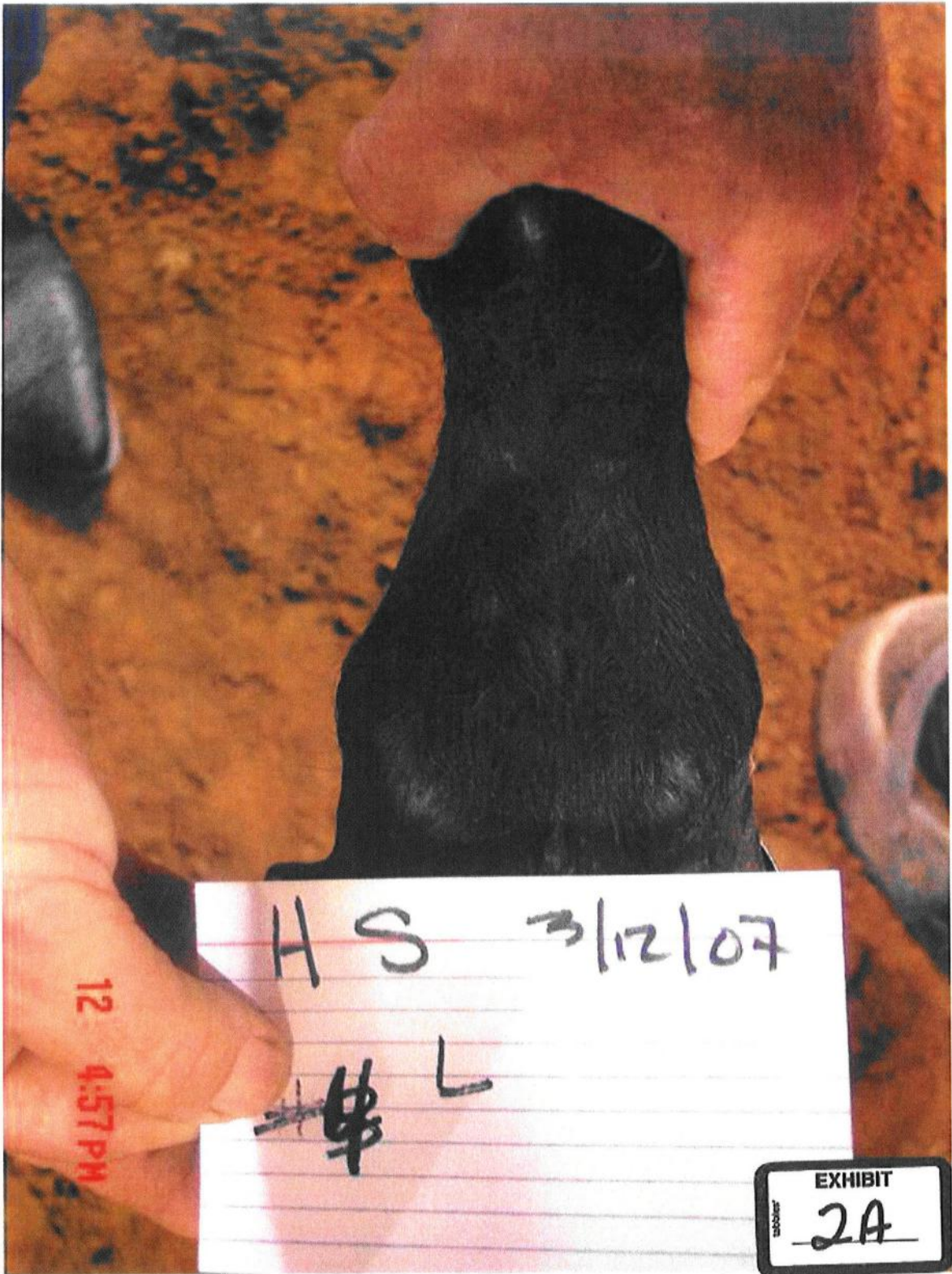




Horse	Dr. Poe	Dr. B	DPQ - Ira
1	OUT	OUT	
2	OUT	OUT	OUT
3	IN	IN	IN
4	IN	OUT	IN
5	OUT	OUT	OUT
6	OUT	OUT	OUT
7	OUT	IN	IN
8	IN	OUT	OUT
9	OUT	OUT	
10	OUT	IN	IN
11	IN	IN	IN
12	IN	IN	IN
13	OUT	IN	OUT
14	OUT	OUT	IN
15	IN	IN	IN
16	IN	IN	IN
17	IN	IN	IN
18	IN	IN	IN
19	IN	IN	IN
20	IN	IN	IN
21	IN	IN	OUT
22	OUT	IN	IN
23	OUT	OUT	OUT

Dr. B and Poe disagreed on 6 of the 23, or 26% and agreed on 17, or 74%.





H S 3/12/07

~~\$~~ L

12 4:57 PM

EXHIBIT

2A



12 4:57 PM

HS 3/12/07

#4 R

EXHIBIT

2B



# USDA-APHIS Animal Care Horse Protection Program Designated Qualified Persons (DQP) Training





# What will be covered?

- Definition of a sore horse
- General and Specific prohibitions
- Scar rule
- Inspection Procedures



# Scar Rule

- The posterior surface must be free of:
  - Bilateral areas of non-uniformly thickened epithelial tissue on the posterior surfaces of the pasterns (flexor surface)
  - Proliferating granuloma tissue – lesions formed as a result of inflammatory reactions
  - Moisture – serum, exudate (fluid)
  - Edema – localized swelling
  - Evidence of inflammation: pain, heat, swelling, redness, loss of function





United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

1400 Independence  
Avenue, SW  
Washington, DC  
20250

OCT 11 2012

RECEIVED  
OCT 15 2012

BY: \_\_\_\_\_

Dr. Stephen Mullins  
President  
SHOW, Inc.  
Post Office Box 167  
Shelbyville, Tennessee 37162

Dear Dr. Mullins:

This is in response to your letter on behalf of SHOW, Inc., regarding the Department of Agriculture's (USDA) enforcement of the Horse Protection Act (HPA).

We assure you that our Agency is committed to fair and effective enforcement of the law. Photographs of scar rule violations are considered public information and therefore it is appropriate to post such images to our Agency's Web site. With the exception of cropping the photos to remove unnecessary images outside of the subject, or labels that may identify the specific horse, these photographs have not been edited or filtered. Photographic quality depends largely on lighting conditions where the images were taken. In addition, the image quality for viewing photographs depends upon the hardware and software properties and settings of an individual's computer. Although lighting conditions in a given inspection area may not be ideal for images of the highest quality, the quality of the posted photos is suitable for accurately depicting the nature of the violations.

Contrary to your suggestion, our Agency has not retaliated against SHOW, Inc., or the industry, but remains committed to the fair and effective enforcement of the HPA. The scar rule violation rates for SHOW, Inc., horse shows cited in your letter are incorrect. A preliminary count (unofficial until the end of the show season) of SHOW horse shows that USDA attended in 2012, not including the Celebration, indicate that scar rule violations occurred approximately 19 times at 5 shows prior to July 1, 2012, and 37 times at 7 shows after July 1, 2012. Scar rule violation rates are representative of the cumulative effects of soring over the course of the show season. Increasing scar rule violation rates during the course of the show season are typical for several horse industry organizations (HIOs), including SHOW, Inc., and are similar to previous years. Scar rule violation rates also typically vary according to the number of horses inspected at horse shows. Violation rates, including involving the scar rule, at the 2012 Celebration (9 percent) were similar to the 2011 Celebration (9.5 percent).

The HPA implementing regulations provide guidelines for the creation of policies, such as the inspection protocol. Consistent with Title 9, Section 11.1 of the Code of Federal Regulations, the inspection protocol may include, but is not limited to, visual and physical



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6

Dr. Stephen Mullins  
Page 2

examination and the use of any diagnostic device or instrument, and may require the removal of any equipment or substance from the horse as deemed necessary. As technological and scientific advances further inform our understanding of modern soring methods and resulting conditions, we may alter our inspection protocols—within the framework of the HPA and implementing regulations—in order to prevent the soring of horses.

As the 2009 e-mail you reference mentions—and as Animal Care officials have clarified many times—inspectors are instructed to spread the skin on the pastern to determine if what appears to be a scar is uniformly thickened epithelium. Inspectors must make determinations regarding possible scar rule violations based on actual inspections, not references to photographs. Because the visual appearance of the tissue alone does not indicate a scar rule violation, the tissue must also be examined by palpation. Some scar patterns are seen only on the pasterns of horses that have been subjected to soring practices. Scarring or other abnormalities of the skin that result from injury or naturally occurring disease processes are not violations of the scar rule. As you mention, uniformly thickened skin that can be flattened or smoothed out on palpation is not considered to be a scar. However, palpation is but one method of those used by Agency veterinary medical officers (VMOs) and designated qualified persons (DQPs) to go beyond a simple visual inspection to determine if a horse is, or is not, in violation.

VMOs and DQPs are instructed to enforce the HPA as written. USDA VMOs have not been instructed to present information contrary to this guidance at DQP training sessions. If DQPs are confused by information presented by USDA veterinary medical officers at any DQP training session, we urge them to raise their concerns to the instructors at that time or by immediately contacting our Agency's horse protection coordinator, Dr. Rachel Cezar.

Sincerely,

A handwritten signature in black ink that reads "Kevin Shea". The signature is written in a cursive, flowing style.

Kevin Shea  
Acting Administrator