

114TH CONGRESS
1ST SESSION

H. R. 1095

To amend title 10, United States Code, to require the Secretary of Defense to use only human-based methods for training members of the Armed Forces in the treatment of severe combat injuries.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2015

Mr. JOHNSON of Georgia (for himself, Mr. CARSON of Indiana, Mr. POLIS, Mr. HIMES, Mr. HONDA, Mr. GRIJALVA, Mr. CARTWRIGHT, Ms. LEE, Ms. DELAURO, Mr. RANGEL, Mr. COHEN, Ms. CLARKE of New York, Mr. GUTIÉRREZ, Mr. CLAY, Mr. LOWENTHAL, Mr. MCGOVERN, Mr. TONKO, Mr. FITZPATRICK, Ms. SLAUGHTER, Ms. SCHAKOWSKY, Mr. CONNOLLY, Mr. BLUMENAUER, Mr. CONYERS, Ms. LOFGREN, Ms. BROWN of Florida, Ms. NORTON, and Mrs. CAROLYN B. MALONEY of New York) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to require the Secretary of Defense to use only human-based methods for training members of the Armed Forces in the treatment of severe combat injuries.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Battlefield Excellence
3 through Superior Training Practices Act” or “BEST
4 Practices Act”.

5 **SEC. 2. FINDINGS.**

6 Congress makes the following findings:

7 (1) The Department of Defense has made im-
8 pressive strides in the development and use of meth-
9 ods of medical training and troop protection, such as
10 the use of tourniquets and improvements in body
11 armor, that have led to decreased battlefield fatali-
12 ties.

13 (2) The Department of Defense uses more than
14 8,500 live animals each year to train physicians,
15 medics, corpsmen, and other personnel methods of
16 responding to severe battlefield injuries.

17 (3) The civilian sector has almost exclusively
18 phased in the use of superior human-based training
19 methods for numerous medical procedures currently
20 taught in military courses using animals.

21 (4) Human-based medical training methods
22 such as simulators replicate human anatomy and
23 can allow for repetitive practice and data collection.

24 (5) According to scientific, peer-reviewed lit-
25 erature, medical simulation increases patient safety
26 and decreases errors by healthcare providers.

1 (6) The Army Research, Development and En-
2 gineering Command and other entities of the De-
3 partment of Defense have taken significant steps to
4 develop methods to replace live animal-based train-
5 ing.

6 (7) According to the report by the Department
7 of Defense titled “Final Report on the use of Live
8 Animals in Medical Education and Training Joint
9 Analysis Team”, published on July 12, 2009—

10 (A) validated, high-fidelity simulators were
11 to have been available for nearly every high-vol-
12 ume or high-value battlefield medical procedure
13 by the end of 2011, and many were available as
14 of 2009; and

15 (B) validated, high-fidelity simulators were
16 to have been available to teach all other proce-
17 dures to respond to common battlefield injuries
18 by 2014.

19 (8) The Center for Sustainment of Trauma and
20 Readiness Skills of the Air Force exclusively uses
21 human-based training methods in its courses and
22 does not use animals.

23 (9) In 2013, the Army instituted a policy for-
24 bidding non-medical personnel from participating in
25 training courses involving the use of animals.

1 (10) In 2013, the medical school of the Depart-
2 ment of Defense, part of the Uniformed Services
3 University of the Health Sciences, replaced animal
4 use within its medical student curriculum.

5 (11) The Coast Guard announced in 2014 that
6 it would reduce by half the number of animals it
7 uses for combat trauma training courses but stated
8 that animals would continue to be used in courses
9 designed for Department of Defense personnel.

10 (12) Effective January 1, 2015, the Depart-
11 ment of Defense replaced animal use in six areas of
12 medical training, including Advanced Trauma Life
13 Support courses and the development and mainte-
14 nance of surgical and critical care skills for field
15 operational surgery and field assessment and skills
16 tests for international students offered at the De-
17 fense Institute of Medical Operations.

18 **SEC. 3. REQUIREMENT TO USE HUMAN-BASED METHODS**

19 **FOR CERTAIN MEDICAL TRAINING.**

20 (a) **IN GENERAL.**—Chapter 101 of title 10, United
21 States Code, is amended by adding at the end the fol-
22 lowing new section:

1 **“§ 2017. Requirement to use human-based methods**
2 **for certain medical training**

3 “(a) COMBAT TRAUMA INJURIES.—(1) Not later
4 than October 1, 2018, the Secretary of Defense shall de-
5 velop, test, and validate human-based training methods for
6 the purpose of training members of the armed forces in
7 the treatment of combat trauma injuries with the goal of
8 replacing live animal-based training methods.

9 “(2) Not later than October 1, 2020, the Secretary—

10 “(A) shall only use human-based training meth-
11 ods for the purpose of training members of the
12 armed forces in the treatment of combat trauma in-
13 juries; and

14 “(B) may not use animals for such purpose.

15 “(b) ANNUAL REPORTS.—Not later than October 1,
16 2016, and each year thereafter, the Secretary shall submit
17 to the congressional defense committees a report on the
18 development and implementation of human-based training
19 methods for the purpose of training members of the armed
20 forces in the treatment of combat trauma injuries under
21 this section.

22 “(c) DEFINITIONS.—In this section:

23 “(1) The term ‘combat trauma injuries’ means
24 severe injuries likely to occur during combat, includ-
25 ing—

26 “(A) hemorrhage;

1 “(B) tension pneumothorax;

2 “(C) amputation resulting from blast in-

3 jury;

4 “(D) compromises to the airway; and

5 “(E) other injuries.

6 “(2) The term ‘human-based training methods’

7 means, with respect to training individuals in med-

8 ical treatment, the use of systems and devices that

9 do not use animals, including—

10 “(A) simulators;

11 “(B) partial task trainers;

12 “(C) moulage;

13 “(D) simulated combat environments;

14 “(E) human cadavers; and

15 “(F) rotations in civilian and military trau-

16 ma centers.

17 “(3) The term ‘partial task trainers’ means

18 training aids that allow individuals to learn or prac-

19 tice specific medical procedures.”.

20 (b) CLERICAL AMENDMENT.—The table of sections

21 at the beginning of chapter 101 of title 10, United States

22 Code, is amended by adding at the end the following new

23 item:

“2017. Requirement to use human-based methods for certain medical training.”.