

112TH CONGRESS
1ST SESSION

H. R. 1417

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

APRIL 7, 2011

Mr. FILNER (for himself, Mr. JONES, Mr. ROTHMAN of New Jersey, Mr. CRITZ, Mr. ANDREWS, Mr. FRANK of Massachusetts, Mr. GEORGE MILLER of California, Mr. BARTLETT, Mr. JOHNSON of Georgia, and Mr. KUCINICH) 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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

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

9 (2) The Department of Defense uses more than
10 6,000 live animals each year to train physicians,
11 medics, corpsmen, and other personnel methods of
12 responding to severe battlefield injuries.

13 (3) The civilian sector has almost exclusively
14 phased in the use of superior human-based training
15 methods for numerous medical procedures currently
16 taught in military courses using animals.

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

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

23 (6) The Army Research, Development and En-
24 gineering Command and other entities of the De-
25 partment of Defense have made impressive strides in

1 the development of methods for the replacement of
2 live animal-based training.

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

7 (A) validated, high-fidelity simulators will
8 be available for nearly every high-volume or
9 high-value battlefield medical procedure by the
10 end of 2011, and many were available as of
11 2009; and

12 (B) validated, high-fidelity simulators will
13 be available to teach all other procedures to re-
14 spond to common battlefield injuries by 2014.

15 **SEC. 3. REQUIREMENT TO USE HUMAN-BASED METHODS**
16 **FOR CERTAIN MEDICAL TRAINING.**

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

20 **“§ 2017. Requirement to use human-based methods**
21 **for certain medical training**

22 “(a) COMBAT TRAUMA INJURIES.—(1) Not later
23 than October 1, 2014, the Secretary of Defense shall de-
24 velop, test, and validate human-based training methods for
25 the purpose of training members of the armed forces in

1 the treatment of combat trauma injuries with the goal of
2 replacing live animal-based training methods.

3 “(2) Not later than October 1, 2016, the Secretary—

4 “(A) shall only use human-based training meth-
5 ods for the purpose of training members of the
6 armed forces in the treatment of combat trauma in-
7 juries; and

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

9 “(b) ANNUAL REPORTS.—Not later than October 1,
10 2012, and each year thereafter, the Secretary shall submit
11 to the congressional defense committees a report on the
12 development and implementation of human-based training
13 methods for the purpose of training members of the armed
14 forces in the treatment of combat trauma injuries under
15 this section.

16 “(c) DEFINITIONS.—In this section:

17 “(1) The term ‘combat trauma injuries’ means
18 severe injuries likely to occur during combat, includ-
19 ing—

20 “(A) hemorrhage;

21 “(B) tension pneumothorax;

22 “(C) amputation resulting from blast in-
23 jury;

24 “(D) compromises to the airway; and

25 “(E) other injuries.

1 “(2) The term ‘human-based training methods’
2 means, with respect to training individuals in med-
3 ical treatment, the use of systems and devices that
4 do not use animals, including—

5 “(A) simulators;

6 “(B) partial task trainers;

7 “(C) moulage;

8 “(D) simulated combat environments;

9 “(E) human cadavers; and

10 “(F) rotations in civilian and military trau-
11 ma centers.

12 “(3) The term ‘partial task trainers’ means
13 training aids that allow individuals to learn or prac-
14 tice specific medical procedures.”.

15 (b) CLERICAL AMENDMENT.—The table of sections
16 at the beginning of chapter 101 of title 10, United States
17 Code, is amended by adding at the end the following new
18 item:

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

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