

[~113H3172]

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(Original Signature of Member)

114TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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.

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**IN THE HOUSE OF REPRESENTATIVES**

Mr. JOHNSON of Georgia introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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 makes the following findings:

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      8,500 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 taken significant

1 steps to develop methods to replace live animal-  
2 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 were  
8 to have been available for nearly every high-vol-  
9 ume or high-value battlefield medical procedure  
10 by the end of 2011, and many were available as  
11 of 2009; and

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

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

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

23 (10) In 2013, the medical school of the Depart-  
24 ment of Defense, part of the Uniformed Services

1 University of the Health Sciences, replaced animal  
2 use within its medical student curriculum.

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

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

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

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

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

23 “(a) COMBAT TRAUMA INJURIES.—(1) Not later  
24 than October 1, 2018, the Secretary of Defense shall de-  
25 velop, test, and validate human-based training methods for

1 the purpose of training members of the armed forces in  
2 the treatment of combat trauma injuries with the goal of  
3 replacing live animal-based training methods.

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

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

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

10 “(b) ANNUAL REPORTS.—Not later than October 1,  
11 2016, and each year thereafter, the Secretary shall submit  
12 to the congressional defense committees a report on the  
13 development and implementation of human-based training  
14 methods for the purpose of training members of the armed  
15 forces in the treatment of combat trauma injuries under  
16 this section.

17 “(c) DEFINITIONS.—In this section:

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

21 “(A) hemorrhage;

22 “(B) tension pneumothorax;

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

25 “(D) compromises to the airway; and

1 “(E) other injuries.

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

6 “(A) simulators;

7 “(B) partial task trainers;

8 “(C) moulage;

9 “(D) simulated combat environments;

10 “(E) human cadavers; and

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

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

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

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