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April 5, 2016

The Honorable John McCain, Chairman The Honorable Jack Reed, Ranking Member Senate Armed Services Committee 228 Russell Senate Building Washington, DC 20510

The Honorable Mac Thornberry, Chairman The Honorable Adam Smith, Ranking Member House Armed Services Committee 2216 Rayburn House Office Building Washington, DC 20515

Dear Chairmen McCain and Thornberry, and Ranking Members Reed and Smith:

The National Council of Asian Pacific Islander Physicians (NCAPIP), a national health policy organization that represents physicians committed to the advancement of the health and well-being of Asian American, Native Hawaiian and Pacific Islander communities is writing to respectfully ask Congress to embrace 21st century medicine by supporting the Battlefield Excellence through Superior Training (BEST) Practices Act (S. 587/H.R. 1095). NCAPIP collectively represents more than 10,000 physicians across the United States through its network of national medical providers' organizations, individual medical providers, national health organizations, national medical student association organizations and individual medical providers.

The BEST Practices Act is common sense bipartisan legislation that is consistent with Department of Defense (DOD) regulations and incorporates critical policy changes supported by our organization and many others in the medical community, military researchers and veterans. The bill recognizes what is widely-known among physicians and medical educators, that animal models for emergency medical training have been superseded by human surgical simulators and other clinically-relevant methodologies that better promote medical skill acquisition, performance, confidence and transference of learned procedures to clinical practice. This is reflected in civilian and military trauma training standards in the U.S. and abroad, which indisputably favor human simulation over animal use.

Hallmarks of effective medical training are repetitive practice in immersive and realistic conditions, and objective analytical feedback. Unlike animal use,

commercially-available military trauma simulators accurately model human anatomy and physiology and allow trainees to learn and hone skills while receiving real-time performance critiques that facilitate development of key problem-solving and decision-making abilities. Simulation-based training also reduces medical errors and improves patient safety, which ultimately helps prevent casualties and subsequent healthcare costs. Further, the reusability and portability of simulators make them often more cost-effective than animal laboratories, which military researchers note are burdened by the high cost of veterinary personnel and support facilities.

As quoted by a U.S. Air Force surgical researcher in the journal *Military Medicine*: "We have entered into an age where artificial simulator models are at least equivalent to, if not superior to, animal models.... [T]he military should make the move away from all animal simulation when effective equivalent artificial simulators exist for a specific task. For emergency procedures, this day has arrived,"¹ DOD regulations require methods other than animal use to be employed when possible.

To further improve and standardize medical training, simulation tools need to be adopted and used more universally. The Pentagon has expressed its intention to make this transition, and the BEST Practices Act simply sets a reasonable timeline for this responsible move that will benefit Service members and taxpayers.

Thank you for your consideration, and we look forward to your passage of this vital bill, or its principles in another legislative vehicle you deem appropriate.

Sincerely,

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Ho Luong Tran, M.D., M.P.H. President, CEO

cc: Members of Senate and House Armed Services Committees

¹ Hall, A. (2014). Letter to the editor. Military Medicine, 179, 7.