

113TH CONGRESS  
1ST SESSION

# H. R. 3172

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

SEPTEMBER 25, 2013

Mr. JOHNSON of Georgia (for himself, Mr. FITZPATRICK, Mr. CARSON of Indiana, Ms. SPEIER, and Mr. ANDREWS) introduced the following bill; which was referred to the Committee on Armed Services

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## 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”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

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

7           (2) The Department of Defense uses more than  
8           6,000 live animals each year to train physicians,  
9           medics, corpsmen, and other personnel methods of  
10          responding to severe battlefield injuries.

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

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

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

21          (6) The Army Research, Development and En-  
22          gineering Command and other entities of the De-  
23          partment of Defense have made impressive strides in  
24          the development of methods for the replacement of  
25          live animal-based training.

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

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

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

13 **SEC. 3. REQUIREMENT TO USE HUMAN-BASED METHODS**  
14 **FOR CERTAIN MEDICAL TRAINING.**

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

18 **“§ 2017. Requirement to use human-based methods**  
19 **for certain medical training**

20           “(a) COMBAT TRAUMA INJURIES.—(1) Not later  
21 than October 1, 2016, the Secretary of Defense shall de-  
22 velop, test, and validate human-based training methods for  
23 the purpose of training members of the armed forces in  
24 the treatment of combat trauma injuries with the goal of  
25 replacing live animal-based training methods.

1 “(2) Not later than October 1, 2018, the Secretary—

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

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

7 “(b) ANNUAL REPORTS.—Not later than October 1,  
8 2014, and each year thereafter, the Secretary shall submit  
9 to the congressional defense committees a report on the  
10 development and implementation of human-based training  
11 methods for the purpose of training members of the armed  
12 forces in the treatment of combat trauma injuries under  
13 this section.

14 “(c) DEFINITIONS.—In this section:

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

18 “(A) hemorrhage;

19 “(B) tension pneumothorax;

20 “(C) amputation resulting from blast in-  
21 jury;

22 “(D) compromises to the airway; and

23 “(E) other injuries.

24 “(2) The term ‘human-based training methods’  
25 means, with respect to training individuals in med-

1 ical treatment, the use of systems and devices that  
2 do not use animals, including—

3 “(A) simulators;

4 “(B) partial task trainers;

5 “(C) moulage;

6 “(D) simulated combat environments;

7 “(E) human cadavers; and

8 “(F) rotations in civilian and military trau-  
9 ma centers.

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

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

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

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