

115TH CONGRESS
1ST SESSION

S. 498

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, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 2, 2017

Mr. WYDEN (for himself and Mr. PETERS) introduced the following bill; which was read twice and 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, and for other purposes.

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 the “BEST
6 Practices Act”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

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 8,500 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 taken significant steps to
24 develop methods to replace live animal-based train-
25 ing.

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 were
6 to have been available for nearly every high-vol-
7 ume or high-value battlefield medical procedure
8 by the end of 2011, and many were available as
9 of 2009; and

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

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

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

21 (10) In 2013, the medical school of the Depart-
22 ment of Defense, part of the Uniformed Services
23 University of the Health Sciences, replaced animal
24 use within its medical student curriculum.

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

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

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

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

19 **“§ 2017. Use of human-based methods for certain**
20 **medical training**

21 “(a) COMBAT TRAUMA INJURIES.—(1) Not later
22 than October 1, 2020, the Secretary of Defense shall de-
23 velop, test, and validate human-based training methods for
24 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, 2022, 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) EXCEPTION FOR PARTICULAR COMMANDS AND
10 TRAINING METHODS.—(1) The Secretary may exempt a
11 particular command, particular training method, or both,
12 from the requirement for human-based training methods
13 under subsection (a)(2) if the Secretary determines that
14 human-based training methods will not provide an educa-
15 tionally equivalent or superior substitute for live animal-
16 based training methods for such command or training
17 method, as the case may be.

18 “(2) Any exemption under this subsection shall be for
19 such period, not more than one year, as the Secretary shall
20 specify in granting the exemption. Any exemption may be
21 renewed (subject to the preceding sentence).

22 “(c) ANNUAL REPORTS.—(1) Not later than October
23 1, 2018, and each year thereafter, the Secretary shall sub-
24 mit to the congressional defense committees a report on
25 the development and implementation of human-based

1 training methods for the purpose of training members of
2 the armed forces in the treatment of combat trauma inju-
3 ries under this section.

4 “(2) Each report under this subsection on or after
5 October 1, 2022, shall include a description of any exemp-
6 tion under subsection (b) that is in force at the time of
7 such report, and a current justification for such exemp-
8 tion.

9 “(d) DEFINITIONS.—In this section:

10 “(1) The term ‘combat trauma injuries’ means
11 severe injuries likely to occur during combat, includ-
12 ing—

13 “(A) hemorrhage;

14 “(B) tension pneumothorax;

15 “(C) amputation resulting from blast in-
16 jury;

17 “(D) compromises to the airway; and

18 “(E) other injuries.

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

23 “(A) simulators;

24 “(B) partial task trainers;

25 “(C) moulage;

1 “(D) simulated combat environments;
2 “(E) human cadavers; and
3 “(F) rotations in civilian and military trauma
4 centers.

5 “(3) The term ‘partial task trainers’ means
6 training aids that allow individuals to learn or practice
7 specific medical procedures.”.

8 (b) CLERICAL AMENDMENT.—The table of sections
9 at the beginning of chapter 101 of such title is amended
10 by adding at the end the following new item:

“2017. Use of human-based methods for certain medical training.”.

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