## Congress of the United States Washington, DC 20515

June 21, 2016

The Honorable Ashton Carter Secretary of Defense 1000 Defense Pentagon Washington, DC 20301

Dear Secretary Carter,

We commend the Department's ongoing work to modernize military medical training by reducing the use of live animals in combat training courses in favor of validated medical simulation technology. We are encouraged by the findings of the Department's research that there are educational benefits and cost-savings associated with transitioning to simulation-based combat trauma training, and hope to continue making progress in this area.

The Department's recent research on this subject conducted at the Keesler AFB Medical Center has concluded that "there is no objective benefit of animal training" and that "artificial simulators can be low cost when considering the cost of veterinary personnel and support facilities required for animal training." One of the primary USAF researchers on this project has stated, "[W]e 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."

Additionally, the American Osteopathic Association—a professional organization that represents nearly 123,000 osteopathic physicians and medical students in the U.S.—has endorsed federal legislation (H.R. 1095) that would responsibly phase out military live tissue training in favor of simulation. In a May 5, 2016 letter to the bill's sponsor, the AOA stated that, "...with the current level of sophistication of human-based simulation and continual improvement of these technologies, transitioning away from animal-based training without compromising care—or soldiers' lives—is an achievable reality."

In light of all this and the Department's stated commitment to reducing and replacing the use of animals in combat trauma training, we respectfully request answers to the following:

<sup>3</sup> Hall, A.B.. (2014). Letter to the editor. *Military Medicine*, 179(7), vii.

<sup>&</sup>lt;sup>1</sup> Iverson, C., Riojas, C., Sharon, D., Hall, C., & Andrew, B. (2015). Objective Comparison of Animal Training Versus Artificial Simulation for Initial Cricothyroidotomy Training. *The American Surgeon*, 81(5), 515-518. <sup>2</sup> Hall, A.B., Riojas, R., & Sharon, D. (2014). Comparison of self-efficacy and its improvement after artificial simulator or live animal model emergency procedure training. *Military Medicine*, 179(3), 320-323.

- 1. **Cost Analysis:** What are the costs of maintaining and operating live tissue animal labs and training vs. the costs of simulation-based teaching in courses such as the Tactical Combat Casualty Care (TCCC) or Combat Life Saver (CLS) programs?
- 2. **Animal Use:** How many animals were used for combat trauma training by each Service in FY15?
- 3. **Requirements:** What, if any, regulations or policies currently require live tissue training for military personnel?
- 4. **Next Steps:** Are there additional plans to further transition from animal use to validated simulation methods for combat trauma training?

From what we understand, the last policy changes related to reducing animal use in military medical training were announced in mid-2014. However, continued findings since this time have shown the practicality and effectiveness of simulation as a replacement for animal use. Given the Department's recent research findings it appears that additional steps to reduce and replace animal use in favor of high-tech, cost-effective simulation are warranted.

We appreciate your attention to this matter and look forward to your responses.

Sincerely,

Joe Heck, D.O.

Member of Congress

Thomas J. Rooney

Member of Congress

Ken Carvert

Member of Congress

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Martha McSally

Member of Congress

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Henry C. "Hark" tonnson

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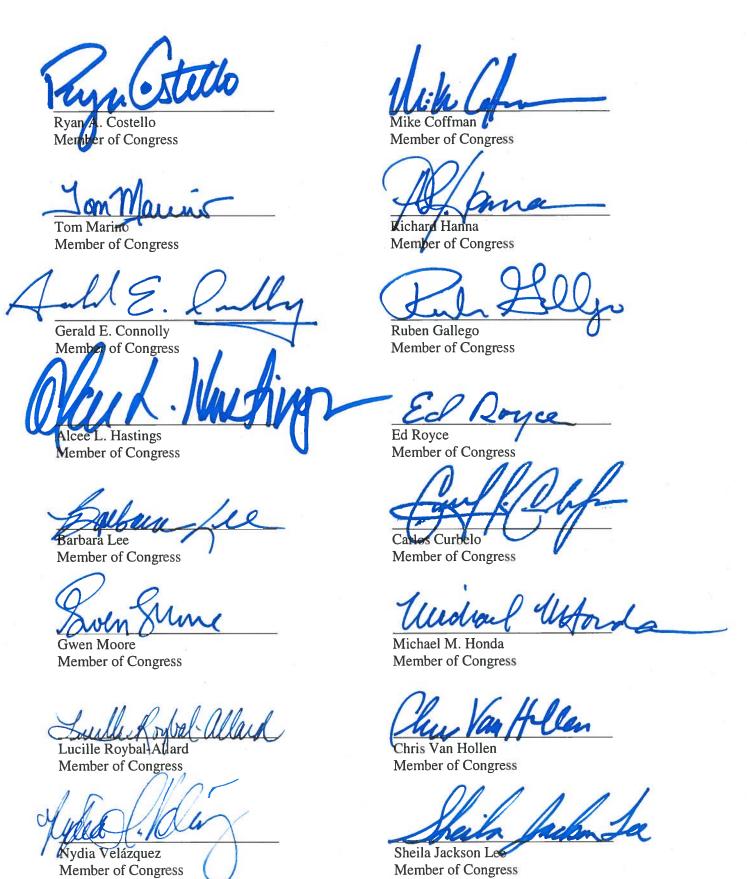
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