



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 15 2014

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)  
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Determination for the use of Animals in Medical Education and Training

The Military Health System (MHS) uses animals to meet education and training standards to prepare medical personnel to care for those in harms way. However, we must make progress towards the standardization, refinement, replacement, and reduction of our use of the live-animal model.

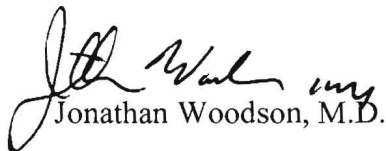
We performed an in-depth review of the MHS's use of the live-animal model in education and training programs and within our Graduate Medical Education programs. According to Department of Defense Instruction 1322.24, "Medical Readiness Training," dated October 6, 2011, Enclosure 2, paragraph 7, "Use of live animals in medical readiness training shall occur...only when alternatives such as commercial training manikins, moulaged actors, cadavers, or virtual simulators are not appropriate to the training task." Our analysis found numerous variations within and among Service programs. The data and these variations indicate that suitable simulation alternatives can replace the use of live animals in some cases.

The Live Animal use in Medical Education and Training Committee, co-chaired by the Deputy Assistant Secretary of Defense (DASD) (Force Health Protection and Readiness) (FHP&R), and the DASD for Research and Engineering, collected and reviewed Service-provided data regarding the use of the live-animal model in education and training. After a review of the analysis, and based on FHP&R's recommendations, I concluded that there are sufficient simulation models available to meet medical education and training needs in the following programs:

- a. Advance Trauma Life Support
- b. Neonatal Resuscitation Training of Family Medicine Residents and Pediatric Residents, Pediatric Nurses, and Pediatric staff
- c. Obstetrics/Gynecology Residency
- d. Registered Nurse Anesthetist Residents and Staff
- e. Programs established solely to maintain staff currency where no residency program occurs.

- f. The development and maintenance of surgical and critical care skills for field operational surgery and field assessment and skills tests for international students offered at the Defense Institute of Medical Operations, (Course #FWH20120007).

Please take action to fully transition to the use of simulations in these programs by no later than January 1, 2015. Report your intended actions within 60 days of this memorandum to the points of contacts for these actions, COL Beverly Land, who may be reached at (703) 681-8249, or Beverly.Land@dha.mil, or Mr. Joseph Laundree, who may be reached at (703) 681-8332, or Joseph.Laundree@dha.mil. If you have reason to oppose this action, please provide your request for exception within 60 days with solid justification for continuation of the use of live animals.

  
Jonathan Woodson, M.D.

cc:  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Joint Staff Surgeon  
Assistant Secretary of Defense (Research and Engineering,  
Acquisitions, Technology and Logistics)