

February 10, 2009

COL Richard P. Flatau, Jr., Commander
Colonel, United States Marine Corps
Marine Corps Base
PSC Box 20004
Camp Lejeune, NC 28542-0004

2 pages via mail and e-mail: richard.flatau@usmc.mil

Re: Request for Investigation into Violation of DoD Animal Use Regulation

Dear COL Flatau:

I am writing on behalf of People for the Ethical Treatment of Animals (PETA) and our more than 2 million members and supporters, which include current and former U.S. military servicemen and servicewomen, to request that Camp Lejeune launch an official investigation into its use of animals for trauma training exercises, which apparently violate the Department of Defense's (DoD) animal welfare regulation that *requires the use of* available non-animal methods. These live animals—who are traumatically injured and killed and are apparently used as “stand-ins” for wounded soldiers—can be replaced with valid non-animal methods that have proved successful in increasing trauma management competency and dramatically reducing trainee attrition rates.

Section 5b of the DoD's regulation states, “Alternative methods to the use of animals must be considered *and used* if such alternatives produce scientifically valid or equivalent results to attain the research, training, and testing objectives.”

The American Medical Student Association, the Accreditation Council for Graduate Medical Education, and Harvard Medical School's Dr. John Pawlowski have written letters (enclosed) in support of replacing animals in medical training with non-animal methods. Michael P. Murphy, M.D., associate professor of surgery at Indiana University School of Medicine, decorated veteran of Operation Iraqi Freedom (2004, 2007), and medical general counsel for the Iraq War Veterans Organization wrote to PETA: “The most effective method to instruct first providers in the management of combat injuries is to ‘embed’ medics and surgeons at trauma centers in our cities. No animal model can adequately duplicate the anatomy and physiology of injuries inflicted upon the human body in war.”

In May 2008, the science journal *Nature* described the significant shift away from using animals in medical school curricula across the country: “[I]n 1994, live-animal experiments were on the curriculum in 77 of 125 medical schools; now it is thought that just eight use them.” Further, the Air Force Expeditionary Medical Skills Institute's Center for Sustainment of Trauma and Readiness Skills and the Naval Trauma Training Center have both confirmed that they do not use any animals for trauma training exercises, showing that animals are *not* necessary to teach trauma treatment skills.

There are many alternatives to using animals for combat trauma management training. In the September 2003 issue of *Military Medicine*, Lt. Col. Christoph R. Kaufmann, MC, USA, Chief of Uniformed Services University's Division of Trauma and Combat Surgery, described a cost-effective alternative to using animals: “The use of animals is becoming less appealing. I think we always thought we could do



PETA

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better than animals for training in medical school, in trauma and in surgery, but that's really all we've had until recently. ... What are some solutions to this trauma training problem? [One solution is] to have military level one trauma centers work with the community and take care of the entire population of their city, which happens essentially only in San Antonio in the United States today. ... Another option is the civilian military training centers, as I mentioned that the Army, Navy, and Air Force each have a site for training small teams of 20 people for about a month at a time.”

You could use the Combat Trauma Patient Simulation System (CPTS) system, which is already in use at several military facilities. The Navy’s April-June 2008 *CHIPS* magazine cited the following benefits of the CPTS system: “The Combat Trauma Patient Simulation forces trainees to assess, stabilize, treat and evacuate their patients. Medics report back that these simulators provide realistic training because they breathe, blink their eyes, have pulses that can be felt and can even simulate death. CPTS electronically ‘moves’ the patient and tracks all treatment at each level of patient care, starting at the point of injury. The CPTS system consists of networked patient simulators, along with a triage capability that allows military medics to train both individually and as a team in the case of mass casualties.”

Regarding specific benefits of implementing the CPTS system, the *CHIPS* magazine continued: “Change agent for FMSS [Field Medical Service School]: trainee attrition rate has dropped from 23% to 6%[.] Over 300 corpsmen trained per month alongside division doctors and nurses—many deployed[.] To date: 14 simulators procured by Navy (7 each at Pendleton and Lejeune); 90 systems on contract to Army for fielding at 18 sites worldwide[.] ... Uses the Emergency Care Simulator™ (ECS™)[,] a computerized mannequin driven by sophisticated physiological models[.] Enhances portability, affordability and ease of deployment with active forces[.] ... Simulates, replicates and assesses battlefield injuries[.] Monitors movement of casualties on the battlefield[.] Captures time of patient diagnosis and treatment[.]”

Simulab Corporation’s TraumaMan system, which has already been approved by the American College of Surgeons as a replacement for the use of animals in Advanced Trauma Life Support courses, is another option. Additionally, you may soon be able to use a novel “living” cadaver perfusion model developed by Dr. Emad Aboud to replace the use of animals for trauma and surgical training. Dr. Aboud’s model has received endorsements from more than 20 esteemed surgeons. It has also been utilized in surgical trainings at several universities in the U.S. and abroad. You can view a presentation by Dr. Aboud and demonstrations of several different applications of the model by visiting http://www.petatv.com/tvpopup/video.asp?video=aboud_humane_surgical_model_2 (actual footage of surgery using the model begins at about the middle of the video).

The prevailing medical opinion is that animals are not needed to learn how to treat traumatic injuries. We are happy to meet with you to discuss this important matter further. You may contact me directly at ShalinG@peta.org or 757-962-8325. Thank you, and I look forward to your response.

Sincerely yours,



Shalin G. Gala, Laboratory Methods Specialist
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