



P H Y S I C I A N S  
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Via E-mail (Robert.M.Gibbens@aphis.usda.gov), Facsimile (970-494-7461), and U.S. Mail

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**Re: Use of Live Animals for Pediatrics Training at University of Washington**

Dear Dr. Gibbens:

The Physicians Committee for Responsible Medicine requests that the Animal and Plant Health Inspection Service (APHIS) investigate the use of live animals for pediatrics resident training at the University of Washington (UW). UW uses ferrets and rabbits in its pediatrics residency program to teach endotracheal intubation and tube thoracostomy, respectively.

In teaching endotracheal intubation, UW instructs students to insert a plastic tube through the mouth and into the trachea of a live ferret. According to documents obtained by PCRM through the Washington Public Records Act, these intubations are performed on each ferret up to six times per session and each ferret is used every two weeks. Published peer-reviewed literature indicates that endotracheal intubation is the most painful procedure that human neonates routinely undergo while hospitalized, and the *Guide for the Care and Use of Laboratory Animals* recommends assuming "that procedures that cause pain in humans also cause pain in animals." Furthermore, while death for the animals involved in this training is not an endpoint, UW admits that ferrets can experience fatal injuries and has previously euthanized animals "because of airway compromise." In fact, the protocol specifies that an "extra ferret should be available as backup."

In preparation for teaching tube thoracostomy (chest tube insertion), UW faculty kill 20 rabbits each year. Trainees then make an incision and place a hollow drainage tube between the animals' ribs.

UW's animal use program has a long track record of negligence and inadequate oversight, resulting in numerous violations of the AWA, including a 2009 incident in which a nonhuman primate (species unidentified) starved to death due to staff negligence. The inspector noted that the staff failed to weigh the animal "for greater than two months prior to his death." In another case in 2009, UW was cited for a violation when an inspector noticed that two baboons with cranial implants could not stand up in their cages. Earlier violations include a 2006 citation for performing unauthorized surgeries on monkeys and a 2007 incident in which unauthorized surgeries were performed on pigs despite a veterinarian's orders to stop.

UW is further violating the Animal Welfare Act (AWA) because superior training methods exist that could replace the school's use of live animals for pediatrics education. Under the AWA, UW meets the statutory definition of a "research facility" and is therefore required to comply with the AWA. As part of this required compliance, any use of live animals for research, testing, or experimentation must be approved by the UW Institutional Animal Care and Use Committee (IACUC). The specific alleged regulatory violations are as follows:

## 1. Justification of Animal Use is Not Possible Because Alternatives Exist

Section 2143 of the AWA and CFR Title 9, Section 2.31(d)(1)(i, ii) of the AWA's implementing regulations require that the PI—including course instructors—consider alternatives to procedures that may cause more than momentary or slight pain or distress to any animal used for research or educational purposes.

In addition, the PI must provide a written narrative description of the methods and sources used to determine that alternatives were not available. The content of this narrative is detailed in the APHIS *Animal Care Policy Manual* (2007), which states in Policy 12: "If a database search or other source identifies a *bona fide* alternative method (one that could be used to accomplish the goals of the animal use proposal), the written narrative should justify why this alternative was not used."

**We believe that this requirement was not met by the PI because justification of animal use for pediatrics residency training is not possible in view of the validation of nonanimal training methods. In addition, according to an ongoing PCRM survey, these methods are being used in place of animals by more than 85 percent of the pediatrics residency programs across the United States (see attached survey responses).**

In the UW animal use protocol, the PI states that the "available simulation models for neonatal intubation are quite limited" and notes that while "simulation devices can be programmed to change color...change heart rate, or initiative respiratory efforts as a way to simulate how an infant may respond...such programming requires highly trained technicians."

A proper alternatives search would have revealed excellent validated and widely implemented nonanimal methods for the training of endotracheal intubation. These methods include programmable human patient simulators such as METI's BabySIM, Laerdal's SimBaby, and Laerdal's SimNewB, which was developed in partnership with the American Academy of Pediatrics. BabySIM, SimBaby, and SimNewB can also be used to teach infant chest tube insertion. However, the PI failed to even conduct a literature search for alternatives to the use of animals for this procedure. Further, UW's Institute for Simulation and Interprofessional Studies, a state-of-the-art facility that rates as one of the top simulation centers in the country and is staffed by highly trained technicians, currently owns numerous simulators, including the SimNewB.

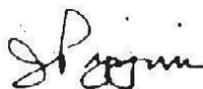
## 2. UW's IACUC is Failing to Properly Oversee Animal Use

Section 2143 of the AWA and Title 9, Section 2.31(d)(1)(i, ii) of the AWA's implementing regulations require that the IACUC enforce the requirements described in section 1 above and thereby determine that the proposed activities are in accordance with the AWA and CFR Title 9, Section 2.31(d).

**We believe that this requirement was not met by the UW IACUC because the animal use protocol was approved despite the violations described in section 1 above. Thus, PCRM alleges inadequate institutional oversight by the IACUC.**

Accordingly, PCRM requests that APHIS investigate this matter to find UW in violation of the AWA and its implementing regulations as detailed above. Thank you for your attention.

Sincerely,



John J. Pippin, M.D., F.A.C.C.  
Senior Medical and Research Adviser



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