

Peters

continued from page 1

today, he said.

"If you get exposed to anthrax, you're basically dead," said Peters. "I understand people have concerns about the vaccine and we looked at (the issue) very hard before we asked people to get the vaccination.

"The vaccine has been around for 40 years. It's been used by people in the wool and cattle industry for decades," he said. "There are no known adverse side effects that differentiate this vaccine from the flu vaccine or other vaccinations people get all the time."

Air Force leadership has taken the lead by taking the vaccine, which includes a series of six shots and an annual booster, said Peters, who has already taken the first of five shots.

Military leaders are also trying to keep service members happy and in the service with projected pay hikes.

"(The pay increases) are the first of several. Each budget cycle, from now through the next several years, will probably contain an increase of about a half a percent above that of civilian employers," he explained. "We think with this half percent, we'll be making up the difference between civilian and military pay.

"We're never going to be able

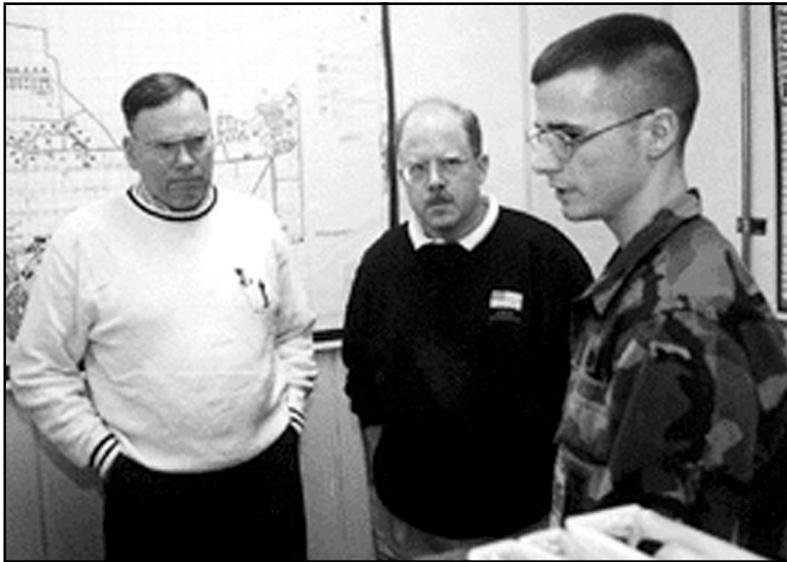
to compete with the civilian sector in regards to certain career fields," he said, "but what we do offer is teamwork, camaraderie and a sense of purpose — a real sense of doing something good in the world."

Peters realizes a healthier paycheck is not always enough to make someone want to stay, so the Air Force is taking other steps to make compensation more fair for its members.

"My goal is to make the Air Force the kind of place that people want to (join) and stay in," he said. "That means going back and working on a lot of fundamentals

— like getting modernization going, getting spare parts out to the flightlines and vehicles, getting fair pay, and taking some of the work that doesn't really need to be done out of the Air Force.

"I think ultimately we live in an unstable world and the only hope for stability for our folks is to put them on a rotational cycle so we can give them 12 months off between contingencies," he added. "The Air Force has got to be as good to its people as it is to the United States. The Air Force does a tremendous job for the American public. We need to make sure it does a good job for its people."



Courtesy photo

Gen. John P. Jumper, commander of U.S. Air Forces in Europe, (left) and Air Force Secretary F. Whitten Peters receive a briefing on 39th Wing command post entry procedures from Amn. Marc Kjellin, a 39th Security Forces Squadron member, during a Nov. 24 tour of Incirlik AB, Turkey.

Drugs

continued from page 1

erations could potentially be exposed to a range of chemical, biological and radiological weapons as well as diseases endemic to an area of operations," the Clinton directive reads. "It is the policy of the United States government to provide our military personnel with safe and effective vaccines, antidotes and treatments that will negate or minimize the effects of these health threats."

The directive lays down stern guidelines for the use of unlicensed drugs. In most cases, such use would be voluntary and administered only after a service member understands how the drug works and possible side effects, then signs a letter of consent. However, the president can waive the consent rule if a theater or area commander can show why delay would harm the force and hinder operations.

Dr. Sue Bailey, assistant secretary of defense for health affairs, explained to Congress Nov. 9 how DOD will apply the executive order. In prepared testimony for the National Security, Veterans Affairs and International Relations subcommittee of the House Government Reform Committee, she said a DOD directive to be published next year will regulate the use of investigational new drugs and reinforce DOD's role in developing new drugs to meet future threats.

"DOD will make every effort to utilize products approved by the FDA, when available, to provide the needed medical counter-

measure," Bailey said. "When no FDA-approved product is available to meet a foreseeable threat, DOD will carry out appropriate research and development program activities directed toward obtaining ... approval by the FDA of safe and effective medical countermeasures."

In limited circumstances, when no FDA-approved drug is available to meet the current threat, DOD components may ask the defense secretary to approve use of an investigational new drug, Bailey said. Such requests, she said, would rigidly follow a chain of command from the combat commander through the chairman of the Joint Chiefs of Staff to the secretary. The request must document a confirmed high threat and consider the drug's risks and benefits. DOD then must develop a treatment protocol for FDA review.

Bailey said investigational new drugs would be administered on a voluntary basis in most cases.

"If we're giving you a force health protection medication not yet approved by the FDA and under an IND, the FDA requires you give your informed consent first," said Army Dr. (Maj. Gen.) Robert Claypool, deputy assistant secretary of defense for health operations policy. "For instance, if we were offering you a drug for a certain condition, I would tell you the risks and benefits of taking it, the risks and effects of not taking it, and the alternatives we could do to help protect you. You would have to give your written consent that you've been

informed and agree to take the medication."

"It all comes down to the risk benefit ratio," said Air Force Dr. (Maj.) Craig Castillo, flight surgeon, 437 Medical/Dental Squadron. "If the risk is higher for the servicemember without the drug, the drug will be used."

Such consent was sought in Bosnia to protect troops from tick borne encephalitis. The vaccine that exists is manufactured in Europe and is not approved by the FDA. Its use for US troops was as an investigational new drug, Claypool said. The use of informed consent was acceptable to commanders because effective insect repellents and mosquito netting were available and the threat wasn't thought high enough to warrant requiring the vaccine.

"I've actually given an investigational drug to prevent the Japanese Encephalitis Disease," said Castillo. "It was mostly used in Southeast Asia."

In Desert Storm, however, the potential threat posed by soman was considered high enough to waive troops' informed consent for taking PB, Claypool said. Lack of records from back then, however, hinders investigations now into how, when and to whom the drug was administered. Records also don't show whether service members were advised of the risks and side effects involved, he said.

"Our record keeping wasn't what it should have been or what we will do in the future," Claypool said.

He said the defense secretary can ap-

prove use of an investigational new drug with informed consent. Approval is only bumped up to the president when a waiver of consent is sought. Ideally, however, DOD would prefer to use FDA-licensed drugs as much as possible, he said.

"Our first preferred method is to use drugs and vaccines that are approved by the FDA for their intended use," he said. "If we are going to resort to using an investigational new drug, we would prefer to use it with informed consent."

Claypool said DOD won't use any drug that hasn't reached a certain level of developmental maturity.

"The counteragents we would use against chem-bioterrorism under an investigational new drug protocol would be the more mature ones, the ones for which we have a great deal of information," he said. "It is with those agents that we might request a waiver of informed consent. We would never do that on the early side of a new drug."

Claypool also dispelled concerns DOD might hide behind the waiver authority instead of rigorously pursuing the development and licensure of a new drug.

"We will do all we can to progress toward licensing," he said.

"When used on healthy people the drugs go under much more scrutiny," said Castillo. "Before they become investigational drugs, they must be tested on animals first. The biggest thing is they are under tight scrutiny and very stringent rules by the FDA."

For your health

Tooth Decay: A preventable disease

By Capt (Dr.) Randall Jones
437th Dental Flight

What is tooth decay, and what causes it?

Tooth decay is the disease known as caries or cavities. Unlike other diseases, however, caries is not life threatening and is highly preventable, though it affects most people to some degree during their lifetime.

Tooth decay occurs when your teeth are frequently exposed to foods containing carbohydrates (starches and sugars) like soda, candy, ice cream, milk, cakes, and also fruits, vegetables, and juices. Natural bacteria live in your mouth and form plaque. The plaque interacts with deposits left on your teeth from sugary and starchy foods to produce acids. These acids damage tooth enamel by dissolving or demineralizing the mineral structure of teeth. The end result is decay and weakening of the teeth.

How are cavities prevented?

The acids formed by plaque can be counteracted by simple saliva in your mouth, which acts as a buffer and remineralizing agent. Dentists recommend chewing sugarless gum to stimulate your flow of saliva. Although this is a natural defense against cavities, saliva alone is not sufficient to combat tooth decay.

The best way to prevent caries is to brush and floss regularly. To rebuild the early damage caused by the bacteria in plaque, we use fluoride, a natural substance which helps to remineralize the tooth structure. Fluoride is added to toothpaste to fight cavities and clean teeth. The most common source of fluoride is in the water we drink because is added to most community water supplies and to many bottled and canned beverages.

Dentists may recommend special high concentration fluoride gels, mouth rinses or dietary fluoride supplements to anyone at medium to high risk for cavities. Dentists may also use professional strength anti-cavity varnishes or sealants.

For information, call 963-6839.