Association of Army Dentistry (AAD)

Promote Support Recognize

Association of Army Dentistry (AAD)

Fall 2023 Newsletter

In A World Filled with Change…

The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails.
William Arthur Ward

Those who have been around for a while can attest to the fact that change is an inseparable and inevitable part of life, both personally and professionally. To be most effective, we must plan our strategy and actions, but also have the adaptability and flexibility to adjust to changing assumptions and environment. Over the last several years, we have witnessed significant changes in the organizational structure and leadership alignment within the Army Dental Care System that were driven by external factors and changing demographics within the force. As a result, the ADCS responded by developing new concepts and initiatives, e.g., enabling dental personnel to take on non-Dental leadership positions and assume leadership positions at an earlier time in their careers. While the environment around us changes constantly, the immutable constant is the dedicated and talented personnel who make up the ADCS and who always find a path to success and forward progress. The AAD membership, comprising many veterans and survivors (and sometimes proponents) of change in the Army, is an invaluable resource for advice and consultation to the ADCS. Whether it is knowledge of historical ADCS events or challenges, significant reorganization, past innovative ADCS programs in the face of change, or change management strategies and principles, there is someone in the AAD who can talk to these areas. As an organization dealing with challenges and change, the AAD is dramatically revising its website, developing programs to better support dental students and ADCS personnel, and executing on our "Six Strategic Pillars." To be successful, we all should strive to be "Realists."

Ted Wong, DDS, MHA
MG, US Army (Retired)
President, Association of Army Dentistry

Ever think about being a Recruiter?

We want to grow our membership in the Association of Army Dentistry and are calling on all members to:

FIND A MEMBER

Who's Eligible:

- All persons past, present, and future members of the Army Dental Care System (ADCS)
- All friends of Army Dentistry, including spouses and surviving spouses.

Why Join:

- Be a part of our proud History
- Provide support to the Army Dental Corps & ADCS
- Continuing Education opportunities
- Networking and Career Development

Send this link of the Membership Form to your friends and associates and encourage them to join (or rejoin!) the AAD. Any person paying membership dues in the final quarter of this year will be credited for the entire next year.

This is YOUR Organization!

https://www.dropbox.com/scl/fi/jmb18xbo3wc32tylbw1dp/V3_Draft_6-12-23-AAD-Membership-Donation-Form-Fillable-Form.docx?rlkey=nk5f1x9ca6au0206l1zjcicwd&dl=0

Help us Grow!

University Health Foundation Board of Directors

BG (Ret) Shan Bagby, the 28th Chief of the U.S. Army Dental Corps and a member of the Association of Army Dentistry Board of Directors, recently joined the University Health University Health Foundation Board!

University Health Foundation, San Antonio, Texas
Facebook, September 14, 2023

Say hello to one of the newest members of the foundation board of directors, Shan Bagby.

Shan (pronounced "Shawn") is a healthcare executive and retired Army general officer. As a leader with a passion for people, building high-performing teams, and driving continuous improvement, he looks forward to supporting the mission of University Health and University Health Foundation as he begins his philanthropic journey—helping to drive innovation, compassion, excellence, collaboration, and sustainability in the communities we serve.

Fun fact: A board-certified oral and maxillofacial surgeon, Shan was the United States Army's first African American dentist promoted to the rank of Brigadier General. 🦷

https://www.facebook.com/UniversityHealthFoundation/posts/pfbid02ySaHQXZxDZWh1rGFALHRZRk9hZU1CScpzp7YFQCJEXN8TAT7iqu5JogzSeh2peU4l

Spouses and Surviving Spouses Committee

Spouses Supporting the Army - The Army Supporting Spouses

By Susan Allen

The history of spouses supporting military family members is both long and circuitous. Martha Washington ran General Washington's household in many battlefield locations, but also cared for sick soldiers and found ways to enhance troop morale. Molly Pitcher served as a water carrier during the Revolutionary War and then took her husband's place swabbing and loading cannons after he fell in battle. Elizabeth Niles, a bride on her honeymoon, chose to cut her hair and don a uniform to accompany her new husband when he was called to duty in the Civil War. Her gender was never revealed, and Elizabeth fought with the Fourth New Jersey Regiment at Bull Run, Antietam, and Gettysburg. And, during World War I and World War II spouses not only took over running their households, but they also joined the workforce in the defense industry, volunteered in numerous war-related organizations and even served on the frontlines as nurses and doctors, ambulance drivers, and translators.

You can make a difference

Join other AAD members in supporting Army Dental Care Team families. Membership in the new Spouses and Surviving Spouses Committee (SSSC) is open to any AAD member in good standing. For more information, please contact: Pris Trawick (pris@greatadventures.com) or Sue Allen (sjallen1385@gmail.com).

By 1983, however, things had changed. That year, the Army Chief of Staff General John A. Wickham, Jr., wrote in a white paper "… the Army's willingness to acknowledge the critical role families play in its mission has moved from studied neglect, through ambivalent and selective inclusion of families in the military community, to a sense that the development of a family philosophy is an institutional imperative."

Wickham's leadership on this issue led to the creation of the Army Family Action Plan (AFAP), which still exists today. Since the early 1980s, local and national AFAP symposiums have focused on family issues, such as spouse employment, childcare, housing, counseling, support services and the adjustments families must make during PCS moves.

The AAD Leads the Way

The Association of Army Dentistry (AAD) is a leader in recognizing the contributions of Army spouses. When the Army Dentistry monument was dedicated in March of this year, one monolith was dedicated to Spouses and Volunteers. In his comments, Ron Lambert, COL (Ret) and president of the AAD during the concept, design and building phases of the monument, said "The monument is a lasting tribute to all soldiers, civilians and spouses who have served and continue to serve in the U.S. Army Dental Care System in support of the U.S. Army, the military mission and our nation. The monument recognizes and honors the selfless service of the diverse members of the Army Dental Care System."

Recently, the Board of Directors of the AAD again showed its support for spouses, including surviving spouses, of the Army Dental Care Team. In a unanimous vote in August, the Board agreed to establish the Spouses and Surviving Spouses Committee (SSSC). The committee is charged with engaging, educating and supporting spouses and surviving spouses of the Army Dental Care Team, including active duty and retired Army Dental and Medical Service corps officers, Reserve Component, NCOs, enlisted Soldiers, and civilian employees.

That is a broad agenda and potentially could include activities such as:

- Developing lists of spouses new to the Army Dental Care Team for the purposes of early and ongoing communication and mentorship.
- Creating content for a Web presence within the AAD Website that would serve as a resource for spouses and surviving spouses, including information about assignment locations, Army Dental Corps organization and structure, and links to existing online resources.
- Working with current Dental Corps command spouses, senior NCO spouses and Army Dental Corps leadership to identify issues and initiatives that might benefit from SSSC and AAD support.
- Supporting AAD initiatives, such as membership drives, fund raising and a possible scholarship program.

Although the SSSC membership itself will be limited to no more than five voting members, any AAD member in good standing may support the committee by participating in the committee's initiatives. We encourage all AAD members and spouses to help spread the word about the newly constituted SSSC and the value in joining the AAD.

If you are an AAD member and are interested in serving on the SSSC or participating in its initiatives, please contact Pris Trawick at pris@greatadventures.com or Sue Allen at sjallen1385@gmail.com.

Association of Army Dentistry Website

The AAD Website is currently under construction. While under this phase, you may not have access to all aspects of the website. Please remain patient and stay tuned for the new and improved website that will be unveiled in the coming months.

AAD Vision and Strategic Pillars

Honoring the Past is an essential element of the AAD's Vision Statement and aligns with the Strategic Pillar of Army Dentistry History. COL (Ret) Frank Nasser highlights this pillar in the account of Roy Bodine, Jr., in *No Place for Kindness*. A second strategic pillar is Honoring Service. COL (Ret) Robert Carter

highlights the experiences in his career, both in the Army and in post-graduate dental education after retirement from active duty service, in treating patients with special needs.

Honoring the Past/Army Dentistry History

COL (Ret) Frances E. Nasser, Jr.
Posted on the AAD's Facebook page by LTC Mike Hoffman

"No Place For Kindness"

Please listen to this engaging and moving account of the prisoner of war experiences of Roy Bodine, Jr., COL (Ret), U.S. Army Dental Corps, narrated by personal friend, MG (Ret) Patrick Sculley, former Deputy Surgeon General of the Army and Chief of the Army Dental Corps. The linked Podcast interview was sponsored by the General Douglas MacArthur Foundation.

Bodine survived the Bataan Death March, the Hell Ships to Japan, and 41 months as a POW (almost four years!). During his captivity he kept a diary, later to become a significant treatise on capture and imprisonment during WWII, titled, *No Place For Kindness*. COL Bodine is a true American Hero and an important part of the History of the Army Dental Corps.

MG Sculley Interview with COL Bodine:
https://www.buzzsprout.com/1618177/13194436

Honoring Service

Special Heroes

Robert S. Carter Jr., COL (Ret), DDS, MAGD, ABGD, FACD
Email: bobcarterdds@yahoo.com

Note: the names of those mentioned in this article have been changed to protect their privacy.

Sophia was sitting in the dental chair with a big smile on her face with no concern at all that half of her upper right central incisor was gone. Mary was sitting on the doctor's stool next to her daughter with a look of compassion, worry, determination, and hope. Sophia was a well-nourished female with autistic spectrum disorder, bipolar disorder, hypertension, intellectual and learning disabilities, and ataxia (lack of coordination) who had been cared for lovingly by her mother for all 34 years of her life. This care included excellent oral hygiene as demonstrated by her daughter having no carious lesions, minimal plaque, and only mild gingivitis. Sophia had no regular dentist, and the dentists in the area were not seeing patients with special needs and most did not take patients on Medicaid. Sophia had fallen several months before and had fractured tooth #8. The incisal half of the tooth was missing, and her mother wanted it "fixed." On examination I noted that the pulp was exposed. A periapical radiograph (taken with a lot of coaxing and light restraint with Mary's help) revealed a periapical radiolucency on tooth #8. I told the mother that the tooth required root canal treatment followed by restoration with a composite core build up. She insisted that she wanted the tooth crowned because she wanted "only the best" for her daughter. I explained that Sophia's Medicaid insurance would not cover the $800 cost of a metal ceramic crown, but she insisted she would find a way to pay for it. Sophia could sit through an exam and prophy but could not control her movements or behavior enough for more precise restorative work. To meet her mother's expectations, Sophia would have to be brought to the operating room to perform the root canal, core buildup, preparation, impressions, and provisionalization of the tooth under general anesthesia. The crown would then be fabricated and inserted in the clinic. Medicaid would cover the operating room costs, root canal treatment and post and core build up (if coded as a restoration), but not the crown. The mother insisted that she would find a way to pay, even though her resources were extremely limited. What was I to do?

The above scenario is one of many involving dental patients with special needs. Each situation is unique, but most have the following in common:

1. An individual with special needs who is unable to tolerate dental procedures in a normal clinic setting requires treatment.
2. A family member who has provided care 24/7 with love and devotion for all the individual's life and has fearlessly fought for everything needed for

his or her physical and psychological well-being and who will do all it takes to ensure their loved one gets the very best care.
3. Lack of access to dental care due to dentists' reticence to treat patients with special needs due to lack of experience and training, ill-equipped dental offices, not having the credentials to treat patients under conscious sedation or general anesthesia, and refusal to accept Medicaid, which is the insurance most of these patients have.

The medical system in the United States only partially meets the health care needs of these special individuals, but the dental system is woefully inadequate - too few practices offering special care, financial obstacles, lack of outreach, low priority, deficient funding, refusal to accept Medicaid. Recent improvements have been made with the support of the Special Care Dentistry Association (SCDA), American Dental Association (ADA), and other professional medical and dental organizations, but there's still a long way to go.

In this article I will focus on these remarkable people and those that love and care for them and talk about what I have learned working with these special heroes.

How I Became a Special Care Dentist

Like many of my fellow dental officers in the Army, I treated Soldiers and dependents with "special health care needs" including those with severe dental phobia, post-traumatic stress disorder (PTSD), Traumatic Brain Injury (TBI), debilitating combat injuries, complex medical conditions, and children with physical and mental disabilities. I was fortunate enough to obtain operating room credentials so I could provide care to the most challenging patients under general anesthesia. Those of us who have had the privilege of interacting with these special individuals have found the benefits both personally and professionally rewarding and the experiences unforgettable.

When I retired from the Army in 2012, I took the position of Director at the General Practice Residency Program at the East Carolina School of Dental Medicine (ECU SoDM) at Vidant Medical Center (Now ECU Health Medical Center) and worked with dental residents treating patients with special needs in the OR as well as in the hospital dental clinic. In 2019, I transitioned to the Special Care Clinic at the SoDM and started a program to treat individuals with special needs, which included supervising dental students and dental residents both in the outpatient clinic and in the OR. Thanks to the unwavering support of the administration, faculty, and staff of the ECU SoDM, the clinic became fully functioning within weeks, and within a month, I had a full schedule of patients and a very long waiting list. It turns out that only a hand-full of dentists treat patients with special needs in all-eastern North Carolina, and the SoDM is one of the very few places in the state that offer OR services to dental patients.

Treating patients with special needs and guiding students and residents in managing them was the highlight of my career. I found professional satisfaction and a sense of purpose in treating these vulnerable individuals who couldn't get

care anywhere else and in bringing relief and comfort to them and those who cared for them. I relished connecting with the persons behind the disabilities and was in awe of the deep and profound compassion and extraordinary courage I saw in selfless guardians and dedicated care providers. I found my patients to be undeterred in getting the most out of life, no matter what challenges they faced. I saw how these unique individuals brought out the best in those who cared for them and found that they also brought out the best in myself, students, residents, and dental staff. I expanded my medical knowledge and became more proficient in my patient and social management skills. I also benefitted from my interactions with other health care professionals, care providers, social workers, and others who participated in the care of these individuals. There were many other intangible benefits as well, such as witnessing how good, positive, and loving people can be and how faith can overcome insurmountable obstacles, but those can be covered another time.

Defining Special Needs

There are a large variety of medical, physical, and psychological conditions that qualify as "special health care needs." Any person with a condition that requires approaches to dental management that vary from the norm is considered a patient with "special health care needs." *(Lawton L. Providing dental care for special patients: tips for the general dentist. J Am Dent Assoc. 2002 Dec;133(12):1666-70.)*

Special needs can be grouped into three main categories:

1. Physical Disabilities such as paralysis, cerebral palsy, debilitating injuries, amputation, and hearing and vision loss.
2. Complex medical conditions such as diseases of the organs, endocrine system, epilepsy, and advanced arthritis.
3. Diminished Capacity which can include emotional illness, PTSD, substance abuse, dental phobia, and altered or diminished intellectual capacity such as autism, Down syndrome, dementia, and traumatic brain injury (TBI).

Dentists' Responsibilities in Special Care

The Americans with Disability Act of 1992 states that it "is unlawful to discriminate against a person with a disability who is seeking access to services, including dental services." This means you cannot refuse to see or treat a patient with special needs outright. You are required to at least assess the patient and make an appropriate referral if managing treatment is outside your scope of practice. The act also mandates that practices "create a barrier–free environment for providing dental care." A barrier-free office may include a room large enough to accommodate gurneys and wheelchairs, a ramp for wheelchairs and stretchers if you have steps up to your office entrance, a wide enough entrance and hallways that accommodate stretchers and large wheelchairs, bariatric dental chairs, wheelchair lifts and braille for those with vision loss. Your practice doesn't have to have all these items, but you should know which clinics, institutions, and dental schools do so you can make

appropriate referrals. However, all dentists have the responsibility to do what they can to incorporate barrier breakers into their practices.

The "Person First" Rule

One of the most important things I learned in working with this special population was the "person first" rule. When addressing my patients and their guardians, I had to learn how to prioritize their humanity and individuality over their condition and not let their disability define them. Some examples of using the "person first"

"**A patient** with special needs" (not a "special needs patient")
"**He/she** uses a wheelchair" (not "he/she is wheelchair bound")
"**He/she** has Cerebral Palsy" (not "he/she is a cerebral palsy patient")
"**A patient** who is non-ambulatory" (not a "non-ambulatory patient")
"**He/she** has quadriplegia" (not "he/she is a quadriplegic")

Understanding and using this rule made a world of difference in my perceptions of and interactions with individuals with special needs and facilitated a high level of trust, mutual respect, and rapport with my patients and their guardians.

Doing My Homework

Not being a scholar, I was relieved to find out that I didn't have to have an encyclopedic knowledge of every physical, medical, and psychological condition that exists. With the internet and several useful textbooks, it was easy to find information on conditions my patients had, and I was able to develop a good working knowledge of what to expect. The key was finding out from care providers and guardians the unique interplay between each patient's condition and his or her character, observing this interplay for myself when I met the patient, and adjusting my management approach accordingly.

Briefing my assistant, students, and residents ahead of time on the patient's condition and situation and on who cares for the patient and that person's concerns and socioeconomic challenges improved our ability to interact with the guardian and manage the patient's treatment. I was humbled many times to see patients and their families respond more positively to younger and "more hip" auxiliary staff, students, and residents.

I learned how to work with insurance companies, especially Medicaid, to maximize coverage for dental procedures including appropriate coding. I had to learn the art of writing letters of medical necessity for procedures not normally covered and the steps involved in obtaining preapproval for specific dental treatment. I also had to find out how to obtain preapproval from some of my patients' medical insurances for "full mouth dental restoration" under general anesthesia.

Special Care Management, The "Can Do" Approach

The treatment I provided for my patients was surprisingly varied. For those, whose behavior was uncontrollable I performed basic disease control (full mouth scaling and polish, fluoride and/or silver diamine fluoride (SDF) application, restorations, and extractions) under general anesthesia. Many of these patients had not been treated for many years or had never been treated at all. As you can imagine, their dental disease was often very extensive, and it usually took four to eight hours to complete one case. For others who were or whose guardians were able to perform adequate plaque control and maintenance I would do more definitive care such as root canal treatment, periodontal surgery, and fixed and removable prosthodontics. For some of these patients, I performed the more complex, time intensive procedures in the OR and the less involved treatments in the clinic.

My students, residents, assistants, and I learned to be very flexible and to think "outside the box" in managing patients in the Special Care Clinic. Fortunately, most guardians were willing to help our assistants restrain patients as we either knelt on the floor, leaned against the patient, and configured our bodies in many awkward positions to get the job done. I rarely used "protective restraint," a more appropriate term for papoose boards and restraint bands for the head and extremities, preferring less confining nonpharmacological approaches. What was most important was taking the attitude of doing whatever it took to get the job done. This "can do" approach was key to accomplishing the maximum treatment possible for each patient encounter. I also learned to be patient and to temper my expectations and those of the patients and guardians, regarding actions such as the patient opening his mouth and allowing some examination and/or a toothbrush prophy as major accomplishments. Whenever I could, I applied fluoride varnish and when appropriate, SDF.

There are straight forward ways to manage most patients who have difficulty cooperating for dental examinations and treatment. Often you can slip your fingers between the cheek and teeth and get a partial look. Many times, this will stimulate opening of the mouth and you or your assistant can insert a bite block with a long handle that will keep it open. Cradling the head in your arms is a gentle way to restrain head movement. Often doing these simple things while speaking in positive, gentle ways will reassure the patient (and family member or guardian) that there is nothing to worry about, and the patient will become more relaxed and cooperative. Sometimes you must adjust your body to the patient's position if they are limited in their mobility or must stay in a wheelchair or gurney, and this can be taxing at times. There are many other helpful approaches and techniques, but I don't have the space to cover them here. The key is staying flexible both emotionally and physically and proceeding with determination to accomplish something. This "can do" approach is key to getting the most out of every appointment.

Get to Know the Person

No two people are alike, and this is especially true for individuals with special needs. There's a spectrum to every disability, and often the disability doesn't significantly impair the person's awareness and ability to think. For instance, individuals with autistic spectrum disorder (a much better term than autism) can exhibit a wide variety of behaviors. I've seen individuals in this spectrum who were uncontrollable, like the 29-year-old patient who had to be wrestled out of the car by his stepfather. With the help of four transporters, he was forced onto a gurney, restrained, and immediately wheeled from patient registration to the operating room, screaming and writhing all the way. I treated other patients in this spectrum who were very gentle and conversant. For example, a forty-year-old gentleman, a music lover, and drum player, willingly collaborated with me to perform his dental care. He was an avid country western fan who presented me with a CD of Willie Nelson songs he put together out of gratitude for the treatment he received. Many times, the individual is aware of what's happening, but his or her condition prevents a normal, controlled response. I'm reminded of a very pleasant man in his 30's with cerebral palsy who tried his best to hold still while I treated him but couldn't stop moving. I was able to perform some treatment but had to restore most of his many carious teeth under general anesthesia.

I learned how important it was to connect with the inner personality of each patient. I always met my patients in the waiting room and greeted them directly. I always looked them in the eyes and included them in any conversations I had with their guardians. I made sure the patient stayed the center of attention and worked to develop a bond with the inner person to gain his or her confidence and trust.

Get to Know the Guardians

One of the most rewarding and uplifting aspects of collaborating with individuals with special needs is getting to know the family members/guardians who take care of them. You will never find people with such whole-hearted dedication, deep affection, moral and physical strength, and perseverance. Most have a deep faith as well, which carries them through the toughest moments. Listening to their concerns and advice on how to manage their loved ones is key to successful outcomes. They can tell you how their loved ones can be best be managed and more importantly, what "sets them off." Many willingly participate in the patient's care, helping to restrain and control the patient during treatment and performing assisting duties when needed. They are truly special heroes. Here are some examples of their extraordinary courage and dedication:

The mother of a 36-year-old woman with quadriplegia as a result of a car accident constantly fighting for services such as home assistance, transportation, and medical and dental care had to endure transportation not showing up, home care staff stealing from her daughter or performing leud acts

in front of her. She bathed, fed, and clothed her daughter 24/7, with no respite while suffering from debilitating back pain and arthritis.

A medically compromised woman in her eighties caring for her 16-year-old great granddaughter with debilitating mitochondrial disease. Fortunately, she has the help of a dedicated health care provider who has stayed with the family since the great granddaughter was four months old.

A team of three elderly sisters share duties in caring for their ninety-two-year-old mother with dementia who is confined to a gurney rather than place her in a nursing home.

A mother with serious medical disabilities and limited means does everything she can to give her son with cerebral palsy a happy and fulfilling life at the expense of her own health and comfort.

A father cares for his forty-two-year-old daughter with severe cerebral encephalitis whom he and his wife named Hope because she defied the odds at birth and lived. He lost his wife to cancer several years ago, but his strong faith and love for his daughter is carrying him through.

These are just a few of the many heroic family members I had the profound privilege of working with. They all are special heroes. Another is Sophia's mother, Mary, whom I introduced at the beginning of this article. Here's the rest of their story:

A resident and I took Sophia to the OR and performed the root canal treatment and composite resin build up on tooth #8, which Medicare covered, and waited for her mother to get the funds together for the crown. Being on a subsistence income, it took over 6 months of scrimping and saving and sacrifice for her to produce half of the $800 fee. We then took Sophia to the OR and prepared, impressed and provisionalized tooth #8 and performed routine recall treatment. After another 4 months and more painful sacrifices, Mary came up with the rest of the money. We had the metal ceramic crown fabricated and inserted it in the clinic, working around Sophia's lack of coordination and limited ability to cooperate. Mary was overjoyed and relieved, because her daughter got the "best" treatment, and she and Sophia loved the crown. They both left the clinic with big smiles on their faces.

In this article I have tried to shed some light on the beauty of working with individuals with special health care needs and their guardians. I found this experience to be the highlight of my dental career and a deeply satisfying way to bring it to a close. I am most grateful for the gift of witnessing the best in human nature through these special heroes. People with special needs are souls with feelings, hopes, dreams and dignity just like the rest of us. They have saints for family members, guardians and care providers who give everything for their loved ones and who need all the help they can get. Even though these wonderful people present with unique challenges, they deserve to be treated

with respect and compassion and have a lot to offer society in their own unique ways.

I hope you have had or will in the future experience the joy of working with these special heroes.

Active Component News

U.S. Army Dental Corps Branch Proponent Officer
COL Tom Goksel, DDS, MD, FACD

The Long-Term Health Education and Training (LTHET) Board for FY24, deciding on 2025 residency/fellowship starts, met 14-18 August. Overall, 114 packets were considered, up from seventy-two packets last year.

- Comprehensive Dentistry (Bravo): 23 packets for 20 seats, with 7 Health Professions Scholarship Program (HPSP) students considered.
- Periodontics: 14 applicants for 6 seats, with 1 packet considered from an HPSP student.
- Endodontics: 21 packets for 8 seats, with 1 packet considered from an HPSP student.
- Prosthodontics: 4 packets for 6 seats, 2 packets from HPSP students.
- Pediatric Dentistry: 5 packets for 2 seats, no HPSP students considered.
- Orthodontics: 17 packets for 4 seats, 1 HPSP student considered.
- Oral and Maxillofacial Surgery: 17 packets for 15 seats, 9 HPSP students considered.
- Fellowships available and filled for: Orofacial Pain, Maxillofacial Prosthodontics, Oral and Maxillofacial Surgery (2)- Trauma/Microvascular, Craniofacial Orthodontics, Informatics, Baylor (2).

Board Certification pay was increased from $6,000 annually to $8,000.
The Army Surgeon General (TSG) approved one cycle for current fiscal year renegotiation of multi-year bonuses for AOCs B, N, F.

Army Dental Corps Chief

The Joseph L. Bernier Dental Research Competition is sponsored by the U.S. Army Institute of Surgical Research. The annual competition is designed to recognize dental research in the U.S. Army Dental Corps and to select the best scientific research papers written by graduating or recently graduated dental

residents. Congratulations to the 2023 Joseph L. Bernier Dental Research Award Winners:

1st Place: MAJ Meggin Passey AEGD-2, Ft. Cavazos
"Comparison of flexural strength and porosity of common 3D printed denture base acrylic resins"

2nd Place: CPT Aaron Colamarino Periodontics, Ft. Gordon
"Influence of Lactobacillus reuteri, Bifidobacterium animalis subsp. lactis, and prebiotic inulin on dysbiotic dental biofilm composition ex vivo"

3rd Place: MAJ Jessica Bondy-Carey, AEGD-2, Hawaii
"An assessment of Army dentists' knowledge and opinions of obstructive sleep apnea"

Army Medicine is Army Strong! | #ARMYDENTAL |#beallyoucanbe

Reserve Components News

U.S. Army Reserve Dental Corps News
By COL Anna Lichelle Aldana

332nd Medical Brigade Welcomes New Commander

Story by COL Anna Lichelle Aldana

COL Anh Steve Nguyen assumed command of the 332nd Medical Brigade in Nashville, TN on 8 July 2023. Nguyen graduated from the University of Texas, San Antonio in 1989 with a Bachelor of Science in Biology. He received his Doctor of Dental Surgery degree in 1994 from the University of Texas Health San Antonio School of Dentistry. Upon graduation, he remained as a part-time Operative/General Dentistry faculty until 2003. During this time, Nguyen also maintained a private practice. A lifelong student who loves sharing his knowledge with others, he returned to school after ten years of practice and completed an anesthesia residency at MetroHealth Medical Center-Case Western Reserve in Cleveland, Ohio. Nguyen is Board Certified by the American Dental Board of Anesthesiology and is licensed to practice in Ohio, Texas, and New York. Outside of dentistry, he earned a private pilot license, an instrument airplane rating, and a high-performance/complex aircraft rating. He acquired his commercial pilot license in 2021.

COL Nguyen started his military career as a direct commissioned First Lieutenant Dental Officer in the U.S. Army Reserve in 1996. After his initial Active-Duty tour with the 30th MED BDE in Germany, Nguyen returned to the United States to transition to the Army Reserve. His key assignments include Commander, Western Regional Dental Command, Fort Bliss, Texas; Director, Individual Mobilization Augmentee, U.S. Army Dental Health Command Central, Fort Sam Houston, Texas; and Division Dental

Surgeon, 3d Medical Command, Deployment Support (MCDS), Gillem Enclave, Georgia. He is a U.S. Army War College graduate of the Resident Program.
COL Nguyen was born in Vietnam during the height of the Vietnam War. He immigrated to the United States when he was nine years old. He followed in his father's footsteps by joining the Army. His father retired as a Major in the South Vietnamese Army Infantry Division. Nguyen resides in Medina, Ohio with his wife Maria E. Ramirez. They have a son, Steven, and two daughters, Raquel and Rebecca.

(*Left-Right)* BG Robert E. Suter, Deputy Commanding General 3d MCDS, hands the guidon to COL Nguyen during a change of command ceremony in Nashville, Tennessee. COL Robert J. Gerlach, outgoing 332nd MED BDE commander, and CSM Jacob Triplett also participated in the passing of responsibilities.

In Memoriam

The following obituary was recently shared with the AAD.

Knapp, Milton, COL, USA (Ret) 8-25-1923 – 04-18-2013

COL Knapp enlisted in the Army during WWII. After the war, he received his Bachelor of Science degree from the University of Illinois in 1948, where he was the university's table tennis champion and played in the marching band. He received his D.D.S. in 1951 from the University of Illinois Dental School. He earned the Bronze Star for valor in the Korean War. Subsequently, he earned a master's degree in Oral Pathology from the Armed Forces Institute of Pathology in 1956. He eventually served as the chief of the Dental Research

Division of the U.S. Army Medical Research and Development Command. Later, he served as the Chief of Oral Diagnosis and Director of the Dental Intern and Residency Programs at Fort Lewis, Washington.

COL (Ret) Milton Knapp 8/25/1923 -- 4/18/

Cole, Art, LTC, USA (Ret) 05-20-1943 – 09-21-2023

LTC (Ret) Art Cole, age 80 of Cunningham, Tennessee, passed away on Thursday, September 21, 2023. He was a retired Lieutenant Colonel, who served as an endodontist in the U.S. Army Dental Corps. After a celebration of his life on Wednesday, September 27, burial will be at the Kentucky Veterans Cemetery West in Hopkinsville, Kentucky.

LTC (Ret) Art Cole 5-20-1943 -- 9-21-2023

Social Media

Please visit the AAD's Facebook page to receive the latest news from the Army Dental Care System and Army Medicine. LTC Mike Hoffman, the AAD's Facebook page administrator, informs AAD members and the Army Dental Care Community of ongoing events.

https://www.facebook.com/AssociationofArmyDentistry

The following two articles honoring the history of Army Dentistry were recently posted by LTC Hoffman. As these are reproductions of original articles, the font size and clarity are not optimal.

August 16, 2023
Happy National Airborne Day! 🪂🦷🪖
https://veteran.com/national-airborne-day/

DENTAL APPOINTMENT ...in Europe!

With the paratroopers, with the assault teams, your dentist-at-war is in the forefront of every invasion.

Since Pearl Harbor, the Army Dental Corps has kept an average of 94,000 appointments a day... many practically on the field of battle.

For your boy in the Army this means the world's finest dental care . . . in the jungles of Japanese-held islands, in Europe, Africa, Asia or at his training camp at home or abroad.

Wherever your boy goes, a Dental Officer goes, too.

The value of his work shows in the health of the men. Its immensity shows in the figures: To date—35,000,000 fillings; 1,250,000 dentures and partial dentures; 65,000 bridges; 3,500,000 dental prophylaxis treatments.

His decorations include the Distinguished Service Cross, and the Purple Heart, and sometimes, a "Killed in Action" notice in his home town newspaper.

Quite a man, your dentist.

Says Major General Robert H. Mills, Director Dental Div., Surgeon General's Office: "America's dentists-at-war are contributing a tremendous service. Their work will be of very great benefit to the men's health long after they've returned to their homes."

Mobile Dental Units provide front-line service for troops. As Dental Officers say: "Armies may march on their stomachs, but they keep alive with their teeth!" So the Dental Corps goes wherever the men go...to "keep 'em chewing."

At a Base Hospital these dental assistants are carefully preparing some of the 1,250,000 dentures so far required by Uncle Sam's soldiers. Their work is of the highest quality.

Ever Look a Soldier in the Teeth? These two "views" show how the Dental Corps "rebuilt" one soldier's mouth. Over 55 divisions of men have been "created" by the Dental Corps from men whose previous lack of dental attention would have disqualified them for active service.

Dental "Office" in the Pacific! War won't wait while a soldier travels "back to civilization" to get his teeth fixed, so the Dental Officer often does his work "up front."

Emergency Kit carried by Dental Officers who go wherever the battle goes, even jumping with paratroopers. Many Dental Officers have been wounded, others killed or captured. Many have been cited for bravery.

JADA, Vol. 76, September 1967.

The Army Dental Service in Vietnam

George F. Mayer, DDS, Ft. Bragg, N.C.

Dental personnel in Vietnam have worked assiduously to solve problems, many caused by geographic location and climate, to provide high quality professional care for military personnel and Vietnamese civilians. In addition to performing dental procedures, dental officers have assisted in dental identification, triage in mass casualty situation, and medical operations.

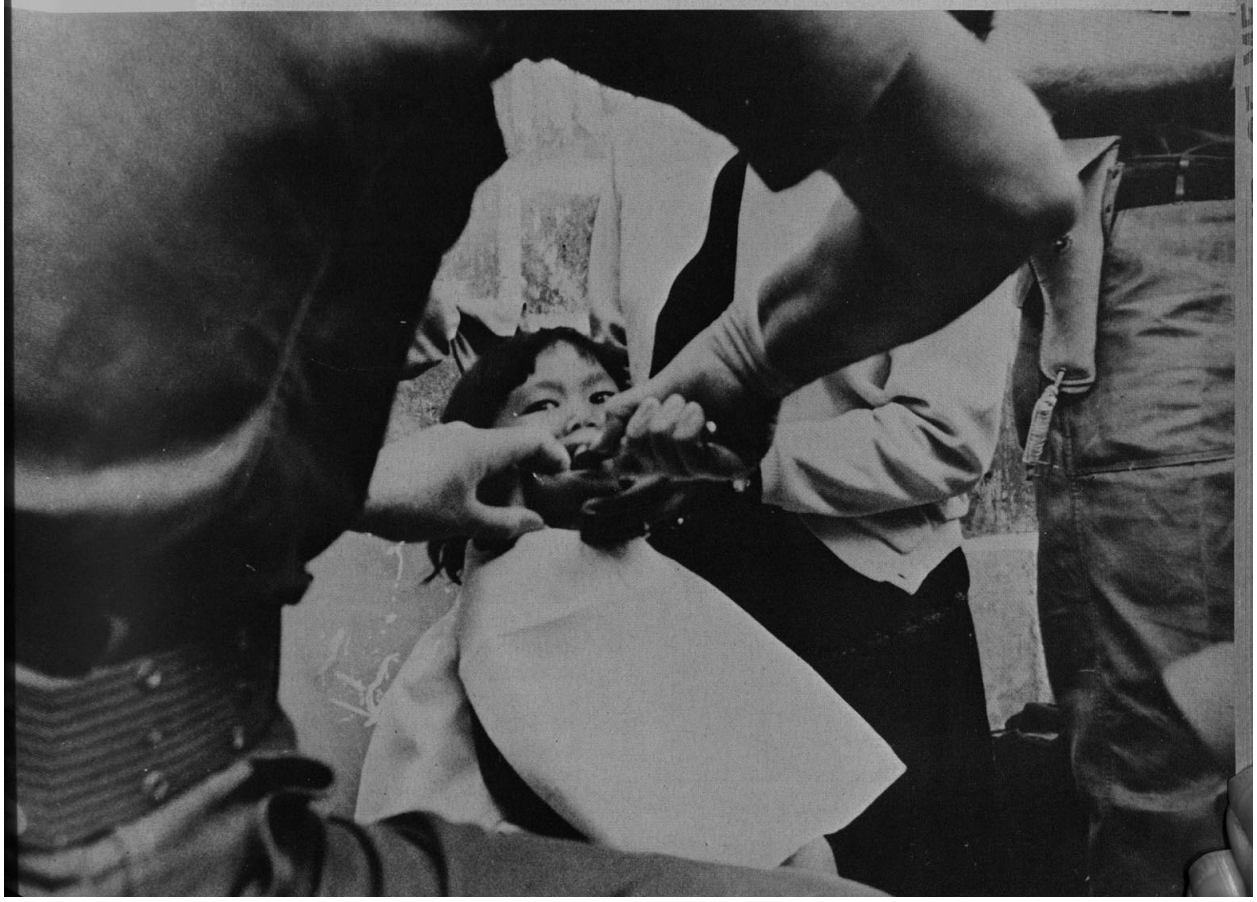

Fig. 1 ■ Small Vietnamese girl makes no sound as member of Army dental team extracts tooth

From the vicinity of the Perfume River gliding leisurely through Hue, the ancient capitol city of

Fig. 2 ■ Airborne unit field-tests the Encore and Star high-speed dental equipment near Bien Hoa, Vietnam. Central arrangement permits one dental officer to use two chairs

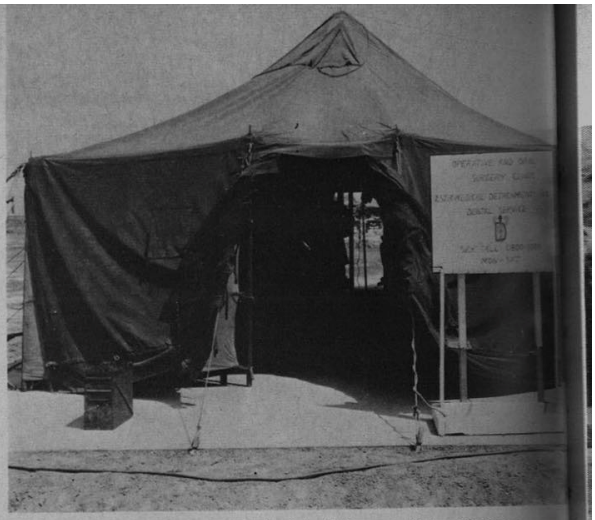

Fig. 3 ■ Semipermanent dental clinic near Di An, Vietnam

Vietnamese monarchs, to Soc Trang floating on the vast delta rice fields more than 800 miles to the South, the Army Dental Corps is supporting the American serviceman in Vietnam. In the delta, in the highlands of the Central Plateau, in the shifting sands of a coastal peninsula, or at the edge of threatening jungle, a dental facility is available.

Dental facilities have been set up where troop stations have been established. Care from most fields of dental specialization is available in each geographic military administrative area. As a result, the Army Dental Service is making a significant contribution in continuing oral health care as well as maintaining morale in Vietnam.

Many facets of American life have become common in Vietnam. Dental care is one of these facets. The purpose of this article is to inform the dental profession of the achievements of their military colleagues (with their supporting personnel) in solving problems and providing dental care in Vietnam.

The spirit of dental personnel is characterized by dedication and service. Dental personnel work many hours to furnish dental care. Because of military requirements, treatment can only be furnished when line personnel are available. Providing treatment on Sundays, holidays, and after normal duty hours is not unusual. Dental personnel work assiduously to provide the highest quality professional care. They assist in dental identification, triage in mass casualty situations, and in medical operations.

Cooperation given the Dental Service by other organizations and other dental personnel has been outstanding. Support of the prosthetic sections by the regional dental activity in Alameda, California, is exceptional. The regional dental activities in Okinawa and in Tripler General Hospital also help. In some districts, the Army Dental Service augments and complements the Navy and Air Force Dental Services, and they reciprocate.

Facilities

Army dental facilities are in all areas where troops are located. Some units operate in tents with wood or cement slab floors. Many of these tents have framework sidewalls and, in some instances, only the roof is canvas.

Temporary wooden buildings are used by some units. These buildings use the engineer standard tropical plan with screened sidewalks and are a significant improvement over tents, particularly where air conditioning is available. In addition to eliminating the heat problem, air conditioning reduces dust and, in the rainy season, helps to decrease mildew and instrument rusting.

Other facilities are located in metal buildings on cement slabs some of which are insulated to help reduce heat problems. Permanent buildings are available to house dental facilities in populated areas. Dental clinics are located in the former American children's school, the laboratory of an unused meat packing plant, the laboratory of an abandoned rubber research institute, an office in a rice mill administration building, an office in the old fish market administration building, and leased facilities in housing and former apartment buildings.

Conclusion

As stated earlier in the newsletter, the Association of Army Dentistry's website is under redesign and construction. Please be patient as improvements are made as the transition is completed to a new website host.

If any of our members would like to share articles, vignettes about their life and service, either before or after retirement, please forward them to the email address below. An excellent example is the Honoring Service Article, *Special Heroes,* by COL (Ret) Bob Carter, which appears in this edition of the newsletter.

With Veteran's Day approaching in November, please keep our young men and women serving around the world in your thoughts and prayers. Thank you for your service to this great Nation and for your membership in the Association of Army Dentistry.

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The AAD is your organization!

The Association of Army Dentistry is a non-profit 501(c)(3) organization. We are a philanthropic organization dedicated to honoring the past, supporting the present, and inspiring the future of Army Dentistry.

The Association of Army Dentistry

VISION

"The Association of Army Dentistry honors our past, supports the present, and inspires the future of Army Dentistry."

MISSION

“The mission of the Association of Army Dentistry is to advance Army Dentistry by promoting morale, esprit de corps; supporting activities focused on recruitment and retention; providing dental education, and coaching/mentoring; recognizing those who serve and have served the Nation via Army Dentistry; and fostering an appreciation of the history and accomplishments of Army Dentistry.”

STRATEGIC PILLARS

1. Morale and Esprit de Corps.
2. Recruitment and Retention.
3. Dental Education.
4. Coaching and Mentoring.
5. Honoring Service.
6. Army Dentistry History.