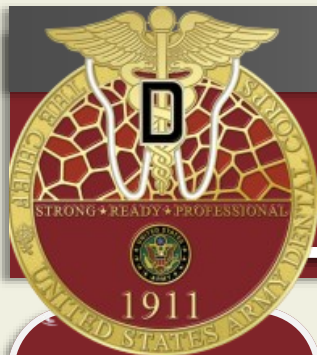


THE DENTAL CORPS BULLETIN



Useful Links

♦ [National Defense Strategy](#)

Dental Corps

♦ [Army Dental Corps](#)
♦ [Dental Directorate SharePoint](#)
♦ [Dental Corps History](#)

HRC/Personnel Links

♦ [HRC \(DC OPMD\)](#)
♦ [AIM 2.0](#)
♦ [IPPS-A](#)
♦ [AMEDD Command Management](#)
♦ [My Board File](#)
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Dental Education/CE

♦ [USU Postgraduate Dental College](#)
♦ [AMEDD Library](#)
♦ [Forensic ICT Link](#)

Patient Safety/Infection Prevention and Control

♦ [MHS Patient Safety Program](#)
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♦ [The Joint Commission- Dental](#)

DHA

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♦ [DHA Dental Roster](#)



THE EXPERT FIELD MEDICAL BADGE: ARE YOU READY?

By: MAJ Andrew Jenzer, Program Director, Womack Army Medical Center, OMS Residency



From Left to Right: MAJ Andrew Jenzer, CPT John Matthews, and CPT David Hornak.

The Expert Field Medic Badge (EFMB), created and authorized in 1965, is an intense test of medical professionalism and physical fitness and endurance. I earned my badge in 2022 and in January 2024, served as Cadre and the OIC for the Evacuation Lanes as part of 2BCT, 82nd Airborne Division event. In this article, I want to outline the test and give you, the reader, insight into the process and tips for preparing and earning your EFMB.

First, it is critical to understand the current landscape of testing because it has recently undergone some major changes. In approximately early 2022, the three separate events of the Expert Infantry Badge (EIB), the Expert Soldier Badge (ESB), and the EFMB were combined into one test in order to make it easier logistically to administer the tests, due to many similar events, and increase testing opportunity for soldiers. Generally (though there are exceptions), instead of smaller units hosting these events, now they are primarily run by larger entities (brigade sized elements) as often there are well over a thousand soldiers testing at an event. For the EFMB, medical units are typically sending badge holders to serve as Cadre and join the teams hosting the event. For example, the 82nd Airborne

Division hosts several E3B events a year, rotating Brigades to run the event, as you can image it is a big lift in terms of personnel, logistics, planning, and execution. On the main EFMB website, easily found through an internet search, the schedule is listed and generally is 1-2 years out. On the website, you can find points of contact, and working with your Command, work to secure a slot early, as EFMB slots are competitive and sometimes hard to come by.

On the website, you will see that EFMB events are listed as either a two- or three-week period. Testing is one week, so the variation comes during the train up period. Some units offer one week of a train up while others have two. Generally, the overall time training is similar, for the one-week events the days are just quite long and often there is additional training offered over the weekend before testing.

Next, let's discuss preparation and then walk through the events. In order to be eligible to test (full requirements listed on the website <https://medcoe.army.mil/efmb>), one must be qualified expert on their assigned weapon system within one year of EFMB testing. This is something that you, the interested person, will likely need to talk to your operations section about in order to secure range time and be able to achieve. There is also an online written test that requires study and preparation and should be completed no less than two weeks before the event (trust me on this, if you do it right before the event, or worse, during, you are doing yourself a disservice). One must also be physically fit, and I will go into more detail as we discuss those portions of the event.



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From a big picture perspective, what do you need to do to prepare and be successful? There are only two major items that you should focus on, all other training is potentially helpful but not critical, and that is land navigation and fitness. Land navigation is something that cannot be learned during the test, though you will have several practice rounds, so I recommend that if this is a weakness, find someone in your unit who is an expert at it, practice plotting, creating attack plans, and get out and do multiple rounds of day and night land navigation. The land navigation courses are generally quite challenging, but certainly achievable with a solid basis and skill set.

Fitness is integral to the test in several ways. The first event on the day of testing is the Expert Physical Fitness Assessment (EPFA). This is the new E3B fitness test, implemented in 2023. Briefly, more details can easily be searched and found, the candidate is in a uniform of OCP, boots, ACH, and IOTV with body armor plates. It is a go or no-go event, at the start, a stopwatch is started, and the candidate must complete the following: a one-mile run, 30 hand release pushups, 16 sandbag throws up to a platform 66" tall, a 50-meter farmers carry two 40 pound water cans, a 25 meter high crawl, a 25 meter three-five second rush, and finish with another one mile run. The EFMB candidate has 30 minutes to complete this, though I would hypothesize that as testing data flows back to the National Committee that guides policy, this could change or adjust based on pass rates, so keep an eye on the standards if you test in the future.

The second physical event is the ruck march, a standard 12-mile (20km) ruck in 3 hours or less, in full uniform, dry weight of 35 pounds, water, weapon and equipment. The critical point that most people miss is that you are not going into this optimized. After long and difficult days of training for 1-2 weeks prior, and for the ruck march on the last day, you will be a little beat up, sore, possibly dealing with minor injuries, lack of sleep, etc. So, as you prepare, ensure that your times are well within the standard to build in for those issues and still complete the tasks even under stress and difficult circumstances. I would recommend being able to finish the EPFA in 27 minutes or under and to be able to complete the ruck in 2:30 or less.

I would recommend starting this process of preparing and planning 6-8 months out to ensure you are confident and prepared for the event. The packing list is generally comprehensive, so getting an early start on resourcing items not typically organic to DENTACs (magazines, weapons, MOPP gear) is critical.

Now, let's walk through the test and various events. The schedule may vary depending on individual units, but the week will look something like what follows. There are five days of testing. The first day is the fitness test (EPFA), as previously detailed, followed by day and night land navigation. This is a long day that starts early and finishes late with the land navigation course.

Over the next three days, each day is spent testing on one subject or event: Tactical Combat Casualty Care (TCCC), evacuation skills, and warrior skills. Each one of these has a varied number of subtasks that we will explore. A few critical points to understand, there is some variability between tests, small variations that are worked out and validated during the validation phase by multiple levels. This means that some nuance or small variance is to be expected and all the graders have trained and practiced to whatever standard they have determined and has been approved by the test board. The bottom line is during train up, you will be taught all these tasks in exacting detail and graded the same way. So, spending a lot of time and effort to prep these skills, while it can be helpful, is really not required and at your testing site, you may encounter slight variations about how to perform an exact tasks. So be flexible and prepared to learn on the ground.



CPT Hornak after finishing first on the ruck.
Smoked, but happy!



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The TCCC lane is generally regarded as the most difficult. Anecdotally this day tends to have the highest fail rate. A candidate has one hour and forty-five minutes to complete the lane, which is a non-stop event. There are seven tasks within TCCC, for example Task 1 is Treat Massive Hemorrhage, and each task has many subtasks. What makes this difficult, is you can only have one error during the process. There are critical tasks during the lane that you cannot make a mistake on, and if a mistake happens, you automatically fail. It is not that any single task is difficult, it is the breadth and scope of the entire thing that makes it tough.

The evacuation lane is comprised of ten tasks that involve evacuating casualties, things like loading and unloading patients onto various vehicle platforms, carries, establish a helicopter landing zone, and loading a patient onto a SKEDCO. Like the TCCC day, a candidate can get one fail (no-go) and still pass. The last lane is warrior skills. With the E3B concept, this set of tasks is set up and run by the infantry (typically). These tasks are comprised of things like individual movement techniques under fire, assembly/disassembly and functions check of the M17, firing drills with the M4 and clearance procedures, map tasks, working with various radios, and 9-line MEDEVAC among others.

The warrior skills tasks comprise a set of excellent fundamental Soldier skills. These can be difficult for non-combat MOS people who do not touch and use this equipment, so this is another potential area that one could prepare. There are multiple map tasks that require similar skills relating to land navigation, like executing resection, testing of the map legend and basic terrain features, so studying this material ahead of time is well worth it. The 9-line tasks requires plotting on a map and a very quick turn around and execution of a 9-line with correct military alpha-numeric, so reviewing and practicing correct military phonetics for letters and numbers is critical. One task involves a SALUTE report so becoming familiar with that is helpful.

The last day is the ruck march, followed immediately by the M4 tasks, disassemble/assemble and functions check. By the last day you will be tired and worn out, but with one final push you can earn your badge. This is where your base fitness and will power come into play.

As Cadre for the event, I served as the OIC for the evacuation lane and tasks. Candidates were generally extremely motivated, and all wanted to be there. What made it a great event for my candidates was that I had such good graders. They did their utmost to train up the candidates, teach them every step of each task, the common ways to fail, and did everything they could to set them up for success, which is what you want and need from graders. The best piece of advice I can give you is to *be in the moment*. During training you will feel overwhelmed with all the material. Focus only on the task in front you, take copious notes, and practice, practice, practice. Don't be thinking about other tasks, just focus on the one you are on, they all require the same level of preparation. This test is all about details. Spend time in the evenings, over lunch, over any free weekends, to practice and rehearse as much as possible. Preparation, combined with attention to detail, is how you succeed.

The (newer) EFMB term for getting a perfect score on testing is "no blood". CPT John Matthews and CPT David Hornak, two future oral and maxillofacial surgeons, attended the E3B where I was Cadre. They both prepared, focused on each task, and worked as a team to earn their badges, both earning no blood. In fact, CPT Hornak came in first on the EPFA (fitness test) and first on the ruck march, beating out roughly 1,800 candidates (which includes all the EIB and ESB soldiers) on the EPFA, and finishing first on the ruck out of about 600 candidates. It was a joy to hear the entire 82nd division talking about the dentist who beat all of their folks.

The EFMB is honestly wonderful to do. It is some of the best training I have had in the military, and the people you do it with are some of the brightest and best you will ever cross paths with. I would encourage anyone interested to pursue it, and I am happy help give advice or guide your preparation.



MAJ Jenzer and SFC Gonzalez, OIC and NCOIC of the evacuation lane.



AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES

By: LTC Chris Luevano, Pediatric Dentist, Alternate Delegate

One of the many exciting opportunities to being an Army dentist is the ability to experience additional knowledge and experiences outside of the clinic setting. LTC Chris Luevano and CPT Ashley DiMeo participated in the 2023 American Dental Association House of Delegates Meeting and shared their experiences.

The 2023 American Dental Association (ADA) House of Delegates met in Orlando, Florida in October. The ADA House of Delegates serves as the legislative and governing body that guides policy and speaks for the dental profession throughout the United States. This year, Army Dentistry representatives had the opportunity to collaborate with other members from the Federal Dental Services, the ADA 4th District, and dentists from around the country to discuss issues that are of interest to Army Dentistry.

Involvement in organized dentistry is important because it strengthens our profession and enables us to maintain our autonomy as dentists. By establishing guidelines, recommendations, and publishing journals, organized dentistry is instrumental in moving the profession forward and providing advocacy for dentistry to our nation's lawmakers. Representation by the Army, the Services, and other federal dental organizations is not only important, but imperative as we serve a unique patient population that offers a different perspective to the traditional civilian practitioner. Having military members represented in organized dentistry ensures our voice is heard.



AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES CONTINUED

By CPT Ashley DiMeo, General Dentist, Alternate Delegate

I recognized the importance of organized dentistry at the beginning of my dental school career thanks to amazing mentors who took the time to share their formative experiences with me. As a young Captain, I recently experienced a pivotal moment in my career when met with the opportunity to attend the American Dental Association House of Delegates and sit with the Federal Dental Services Board in Orlando, Florida.

In addition to the formative experience as a young dentist, this was an amazing opportunity for professional growth as a leader in the military. Throughout the trip, I was surrounded by senior officers from the Army, Navy, Air Force, and Public Health Services who comprise the ADA Federal Dental Services Board. With the many years of service and vast career experiences of the senior officers, the amount of knowledge and wisdom that I gained throughout the trip could fill an entire book. Since I cannot write an entire book for this bulletin, I will stick to my favorite highlights from the trip.

First, is the FDS Advisory Committee Meeting. It was an honor to see the collaboration between the services for my first time. I undoubtedly felt the genuine care and dedication from the senior leaders for the future of junior officers and the Dental Corps. Earlier, I mentioned the immense impact from my mentors from dental school; I know that in years to come, I will be mentioning these senior officers in the same light.

Second, the Fourth District Caucus. There are seventeen districts that comprise the American Dental Association; the Federal Services are included in the Fourth District (the "fighting" fourth as we like to call it). Each district holds its own Caucus where we discuss the legislation that will be voted on in the House of Delegates. This year, the topics included Medicare, credentialing, a dentist and dental hygienist license compact, and much more. We also formulated several questions for the candidates running for ADA President- Elect and Second Vice President, which we asked during the Caucus to get to know the platform of the candidates to best vote for the ADA future leadership.



AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES CONTINUED

By: CPT Ashley, DiMeo, General Dentist, Alternate Delegate

Third, we had the opportunity to vote for the ADA President-Elect and Second Vice President, who will inevitably be the voice of our profession and guide the association in very transformative years.

Last, but not least, we made great memories and collaborated with fellow dentists. The trip included great food, great company, and great improvement for my Top Golf skills! I hope that this article holds some impact as a call to the importance of organized dentistry.



Pictured from Left to Right: LTC Chris Luevano, CPT Ashley DiMeo, COL Stephen Tanner, and COL Russ Methvin.

ARMY DENTAL CORPS OPPORTUNITIES: EXECUTIVE FELLOW AT G 3/5/7

By: MAJ Kellie O'Keefe, Prosthodontist, Executive Fellow, MEDCOM G 3/5/7 Dental Readiness Division



Pictured from Left to Right: COL Paul Boquet, COL Kelley Tomsett, and MAJ Kellie O'Keefe.

The G 3/5/7 Army Dental Readiness Division (DRD) would like to welcome MAJ Kellie O'Keefe to the team as the new Executive Fellow. The Dental Readiness Division supports the Army Dental Corps by integrating with DHA and MEDCOM to influence dental specific challenges and initiatives. The Division reviews and rewrites MEDCOM Army Dental policy to better align with DHA policy.

The Dental Readiness Division is composed of COL Kelley Tomsett, COL Paul Boquet, Mr. Brian Delfs, and MAJ Kellie O'Keefe. As the Chief and Deputy Chief of DRD, respectively, COL Tomsett and COL Boquet work closely with the OTSG, Corps Specific Branch Proponent Officer (CSBPO), and Corps Chief to ensure synchronization of planning and operations. Mr. Delfs is the Dental Readiness Analyst who monitors dental readiness across the force and generates critical Readiness and ICTL reports. Reports such as these are essential to ensuring adequate distribution of resources and for assessing opportunities for improvement. As Executive Fellow, MAJ O'Keefe updates the Dental Corps SharePoint (hyperlink located on the first page of the Bulletin), facilitates ICTL protocols, and supports dental informatics.

The Dental Corps SharePoint is a valuable and constantly evolving resource for dental policies, organization rosters, and dental care delivery information. The Dental Readiness Division is available to support the needs of the Corps, DENTACs, and individual dentist. Please contact us if you have any questions or think there is a way we can better help you.



AOC SPOTLIGHT: 63H, PUBLIC HEALTH DENTIST

By: COL Paul Colthirst, Consultant in Dental Public Health to the Surgeon General

The Army Dental Public Health (63H) community is excited to share with you the small but mighty field of Dental Public Health. Dental Public Health is, **“The science and art of preventing and controlling dental diseases (clinical and non-clinical methods) and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.”**

Dental Public Health has three (3) core functions, and ten (10) Essential Public Health Services. They are:

Assessment

Monitor oral health status to identify population oral health problems (surveillance, d-DNBI studies).
Diagnose and investigate health problems and health hazards in the community (fluoridation status, dietary choices, availability of self-care resources).

Policy Development

Develop policies and plans that support individual, installation, and Tri-Service oral health efforts (integrate oral health).
Inform, educate, and empower people about oral health issues (oral health promotion and social marketing).
Mobilize community (medical and installation) partnerships to solve oral health problems within our formations.

Assurance

Enforce regulations that protect oral health and prevent orofacial injury.
Link Soldiers to needed oral health services and assure the provision of oral health care.
Assure a competent oral health care workforce.
Evaluate effectiveness, accessibility, and quality of clinical and community oral health services.
Develop innovative solutions to oral health problems (demonstration projects).

Army 63H Utilization locations are as follows:

Consistent

Office of the Surgeon General (OTSG)
18th MEDCOM (Indo-Pacific Region)

Intermittent

Command
Tri-Service Center for Oral Health Studies (TSCOHS)
US Army Public Health Command (USAPHC)
Defense Health Agency
Army Institute of Surgical Research (ISR)



Global Health Engagement

An increasing and most rewarding initiative spearhead by the 63H community is Global Health Engage Initiatives. Dental Health Command- Europe, and Pacific, are creating opportunities for officers and enlisted to participate in these missions. GHE is defined as **“interactions between the DoD and Partner Nations’ armed forces or civilian authorities, in coordination with the U.S. interagency, to build trust and confidence, share information, coordinate mutual activities, maintain influence, and achieve interoperability in support of U.S. national security policy and military strategy”** (DODI 2000.30 July 12). Simply speaking, as COL Colthirst frequently mentions, GHE is the same as practicing dental public health...just outside the U.S.

For example, DHC-P is well-situated to engage with multiple organizations around the entire INDOPACOM AOR. Monthly attendance with the USARPAC Medical Operations Sync, I Corps, 11th ABN DIV, 1st MDTF, 8th Army, USARJ, 18th MEDCOM(DS), 9th MSC, etc. and Command Surgeons or Medial Operations representatives yields tremendous collaborative opportunities.



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By: COL Paul Colthirst, Consultant in Dental Public Health to the Surgeon General

Current GHE Initiatives with the 18th MEDCOM(DS) G9 Global Health Engagement team includes Subject Matter Expert Exchange (SMEE) in Palau and Papua New Guinea. The purposes of SMEE are to help Partner Nations advance public health policies and to reduce oral health inequities. SMEE will focus on 1) oral health outreach campaign ICW Dept. of Health; 2) educate children on better oral hygiene techniques; and 3) water fluoridation project. Contingent upon funding approval, these activities are slated for the summer of 2024.

Finally, discussion on collaboration and dental logistical support between the 9th MSC (Pacific) and DHC-P regarding Soldier Dental Readiness in multiple locations within the Pacific including Guam, Saipan, American Samoa, and the Marshall Islands are on-going. DHC-P's is to send dental teams to support dental exams and treatment capabilities on a six month rotational schedule.

Dental Health Command-Europe's Dental GHE initiative yielded the following successful mission:

EXECUTIVE SUMMARY

Task: Establish a relationship with the Dental Personnel at Ghana's 37 Military Hospital, work together treating dental patients, and to complete ICTs not readily available in Garrison.

Purpose: Dental interoperability with foreign military forces can present opportunities for knowledge sharing and skill sustainment. The Military Health System uses ICTLs to measure the readiness of our dental providers for deployment.

Rationale: In Garrison, the frequency of performing certain critical tasks are not sufficient for hands-on treatment by every provider. These less frequent tasks are therefore only reviewed by presentation or simulation.

Capabilities Support: Three US Army Active Duty Soldiers to include one Endodontist, one X2-Preventive Dentistry Specialist, and one 68 E-Dental Assistant were embedded into dental clinic of the largest military hospital in Ghana, 37 Military Hospital. Patients observed, treated, and ICTs were reviewed.

Outcome: During the 13 days of active patient care, an average of 26 patients were seen per day.

Treatments included: 7 molar NSRCT, 1 premolar NSRCT, 1 molar NSRetx, 3 tx of endo complications, various restorations, mentored RCT procedure 24 times with doctor residents and staff dentists, mentored additional procedures with residents, diagnosed/examined 35+ patients, placed 2 posts, 1 wound laceration suturing, 1 closed reduction procedure, 14 cleanings (SGT Acevedo), 2 impression mixing (PV2 Wilkinson), 1 xray assist (SGT Acevedo), assist with various dental assisting tasks (SGT Acevedo and PV2 Wilkinson).

ICTs Completed: Perform Limited Oral Evaluation, Perform Resin Based Composite, Perform Protective Restoration, Perform Core Build-up, Perform Prefabricated Post and Core, Perform Suture Small Wounds, Perform a Gingivectomy/Gingivoplasty, Perform Pulpal Debridement, Perform Closed Reduction, Perform Endodontic Retreatment, Treat Endodontic Complications.

Endstate Assessment: Establishing professional relationships with foreign health care teams is essential to prepare for future situations where cooperation between nations was enhanced. An increase in competencies and adaptability were outcomes of the medical exercise. Many occasions were available to teach and share dental knowledge, specifically in endodontics. The availability of such exercises should be increased to allow additional dental providers this unique training opportunity.

GHE experience is an excellent opportunity to develop a ready medical force while serving Soldiers and partner nations civilians around the respective region. More to follow when more of these opportunities are funded and arises!





AOC SPOTLIGHT: 63H, PUBLIC HEALTH DENTIST

By: COL Paul Colthirst, Consultant in Dental Public Health to the Surgeon General

WHERE ARE YOUR 63H AND WHAT ARE THEY DOING?

LTC Christa Goodwin:

Currently assigned to the Tri-Service Center for Oral Health Studies (TSCOHS). TSCOHS is currently analyzing the data collected from the recent survey launched, a Tri-Service electronic survey to active duty Army, Air Force, and Navy dentists. The goal of this survey was to assess the knowledge and attitudes of military dentists regarding obstructive sleep apnea (OSA), a prevalent, deployment-limiting disorder. Furthermore, this survey evaluated the practice-related behaviors of dentists currently managing OSA patients with oral appliance therapy.

TSCOHS and the Air Force Dental Research and Consultation Service (DRCS) are currently collaborating on a multi-site, Tri-Service clinical investigation, the purpose of which is to assess whether a strapless, adhesive-sealing N95 respirator is an acceptable alternative to the traditional N95 respirator among dental personnel. This investigation will take place at Army, Air Force, and Navy DTFs serving as PGY-1 training sites. This study is still in the early stages - it has not yet received IRB approval.

TSCOHS, the Air Force Dental Research and Consultation Service (DRCS), and the Naval Medical Research Unit (NAMRU) are currently collaborating on a project, the goal of which is to evaluate the relationship between the dental readiness classification system and risk of a dental emergency through a retrospective dental record review. This is still in the very early planning stages; it has not yet been submitted to the IRB.

https://www.aadsm.org/journal/current_issue.php



LTC Changhee Jin:



Currently assigned to 18th MEDCOM and duties supporting Dental Health Command- Pacific (DHC-P). Has been selected for the Army Baylor Residency with a start date of Summer 2025. He writes, Army dentistry is my second career since 2011 when I commissioned through the health professional scholarship program (HPSP) out of the University of Michigan. Before my life as an Army dental officer, I was an IT consultant for 9 years. I worked for Accenture and had several clients in the Communications and High-tech sector including eBay, PayPal, SiriusXM, Exodus Communications, BellSouth and PacBell, to name a few. It was great having been able to help my clients to be even more successful with technology-based solutions.

I looked for opportunities to combine dentistry and my other skills in IT and accounting together in a meaningful way. That's why I chose to specialize in dental public health. I trained at the University of Iowa for 2 years. It was the best two years of learning and practicing competencies of DPH, including the following:

Current DPH projects include ICT training and strategic guidance to DENTACs within the Pacific region. For example, DENTACs and/or clinics are recommended to execute ICT-focused training 2 times a month. Once a DENTAC reaches 90% of completion rate, they can train once a month if they maintain the completion rate to be 90% or higher. DENTACs are also encouraged to prioritize tasks that are either already expired or soon-to-be expiring. This process is monitored monthly to gauge compliance and completion.

We plan on implementing additional validation to ensure providers' competency. As the command team performs the battlefield circulation of DENTACs, one or two officers and enlisted will be selected to perform one of the recently completed ICTs. For example, a 63A may be selected to demonstrate incision and drainage of abscess (081-000-2820) or perform closed reduction (081-000-2839). A selected 68E may be asked to perform operating dental field x-ray unit (081-68E-0110). This new validation process will help ensure providers' competency and thus we become a ready medical force.



AOC SPOTLIGHT: 63H, PUBLIC HEALTH DENTIST

By: COL Paul Colthirst, Consultant in Dental Public Health to the Surgeon General

WHERE ARE YOUR 63H AND WHAT ARE THEY DOING?

LTC(P) Peter Drouillard: As Commander, Joint Base San Antonio – Fort Sam Houston DENTAC, LTC(P) Peter Drouillard has worked closely with installation leaders to support local community efforts to improve oral and dental health through organizational representation at health fairs at the Childrens Development Center, Brooke Army Medical Center Retiree Appreciation Day, and the JBSA Childrens Health Fair. The JBSA – Fort Sam Houston DENTAC is uniquely postured to support various research opportunities associated with the Institute of Surgical Research (ISR), Uniformed Services University of the Health Sciences / Tri-Service Center for Oral Health Studies (USUHS / TSCOHS), and the Medical Center of Excellence (MEDCoE). LTC Drouillard also partners through DHA Defense Health Networks and legacy market structures to advocate for meaningful oral health metrics to include caries risk assessments, periodontal maintenance, dental readiness, and treatment needs that can all have meaningful bearing on dental public health studies at the military, Service, Network, and local levels.”



LTC Shenice Williams is currently completing her first year of Dental Public Health residency at the University of Iowa.

COL Demetres Williams is currently the Senior Dental Officer at the Office of the Deputy Corps Chief with duties as an action officer supporting dental equities, policy updates and Army Regulation revisions.



COL Scott Rankin is currently the Dental Health Command-Europe Commander and oversees the DENTAC Readiness within the European Theater, and Dental GHE in AFRICOM.



COL Paul Colthirst assumed command of Dental Health Command-Pacific and oversees the DENTAC Readiness mission within the INDOPACOM Theater and Dental GHE support.



AOC SPOTLIGHT: RECENT ARMY DPH RELATED ARTICLES

A Review of Medical Evacuations Related to Dental Emergencies and Oral-Maxillofacial Injuries" has been published Ahead of Print. The PubMed ID (PMID) is 37071889, and the Digital Object Identifier (DOI) is 10.55460/JSEQ-S0JT. They can be accessed at <https://pubmed.ncbi.nlm.nih.gov/37071889> and <https://www.doi.org/10.55460/JSEQ-S0JT>

Mitchener, T., Hwang, Y., Qureshi, I., Sarwar, T., McIntosh, Z., Colthirst, P., Simecek, J. (2022). *Comparison of the Most Common Dental Emergencies Seen at Dental Treatment Facilities and the Most Common Oral-Facial Disease Requiring Medical Evacuations of U.S. Army Personnel in Deployed Theaters Since 2000*. NAVAL MEDICAL RESEARCH UNIT (SAN ANTONIO) FORT SAM HOUSTON TX. (NAMRU-SA Technical Report No. 22-633, DTIC Accession No. AD1182593). Defense Technical Information Center. Department of Defense. <https://discover.dtic.mil/results/?q=AD1182593#gsc.tab=0&gsc.q=AD1182593&gsc.page=1>

Evaluation of Teledentistry Cases In Active Duty Military Personnel On The Global Teleconsultation Portal From 2015-2020. <https://search.dtic.mil/#/results?search=%7B%22query%22:%22AD1203105%22%7D>

Goodwin CE, Grier TL, Mahlmann OM. Obstructive sleep apnea surveillance and oral appliance therapy evaluation, Active Duty US army, 2014-2019. *J Dent Sleep Med*. 2024;11(1)

*** Of note...COL(ret) Timothy Mitchener and former 63H, is still doing tremendous research and delving into Army/Military Dental Emergency data as a Research Scientist at the Naval Medical Research Unit San Antonio (NAMRU-SA)

If any Dental Corps officer is interested in the specialty of Dental Public Health, please do not hesitate to contact any of the above officers for guidance and insight. DPH will participate in the LTHET Residency Selection process the fiscal year.

FY 24 POSTGRADUATE SHORT COURSE PROGRAM OPPORTUNITIES

Course Title	Course Number	Dates	Location	POC For Registration & Questions	Phone/Email
Endo/Perio/Pros Short Course Face-to-Face & Virtual	6H-A0226	01-04 Apr 2024	Fort Eisenhower, GA	Ms. Milan Allen	706-787-6205 milan.b.allen.civ@health.mil
Restorative Dentistry Short Course (Face-to-Face)	6H-A0208	29 Apr – 02 May 2024	Fort Cavazos, TX	MAJ John K. Kreider	john.k.kreider.mil@health.mil
Oral and Maxillofacial Surgery (Face-to-Face)	6H-A0204	13-16 May 2024	JBSA, Ft. Sam Houston, TX	Ms. Kayla Rodriguez	210-916-0332 kayla.l.rodriguez2.civ@health.mil
**By Invitation only (FSDEW)	6H-A0213	16-18 Apr 2024	Bethesda, MD	Ms. Andrea Fisher	210-299-8503 andrea.fisher@usuhs.edu



DENTAL HEALTH COMMAND—PACIFIC

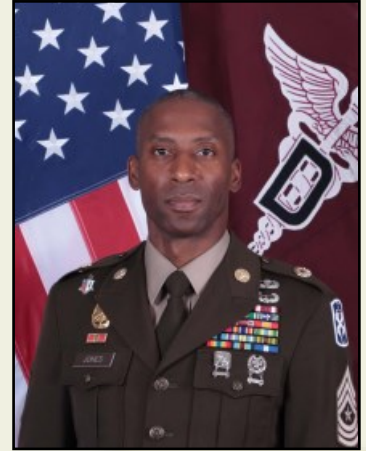
By: COL Paul Colthirst, DHC-P Commander and SGM Paul Jones, DHC-P Sergeant Major

Hello, Aloha, Kon'nichiwa, 안녕하세요!

In many different languages across our footprint, SGM Paul Jones and I greet our dental community. We are excited to share with you all the wonderful and exciting things happening in the INDOPACIFIC Region. We are beholden to the great leadership of our DENTAC Commanders, Officers, NCOs, junior Enlisted, and Civilian staff that made 2023 a truly rewarding and accomplished year. As we look towards CY24, it promises to be a transformative year. We are geared and energized in supporting the DHA Advancement Initiative and the Indo-Pacific strategies. DHC-P challenges each Team Member to find relevance in their purpose. We acknowledge that we will face many challenges and uncertainties during the year, however, we understand that we are not operating as a silo organization, but as a dynamic organization not rigid in past practices.



COL Paul Colthirst



SGM Paul Jones

HEADQUARTERS: DENTAL HEALTH COMMAND—PACIFIC

Dental Health Command Pacific Participates in Indo-Pacific Military Health Exchange 2023



Dental Health Command – Pacific (DHC-P) leadership along with Dental Corp Officers from DENTAC Korea and 618th Medical Company (DAS) had the opportunity to attend the 2023 Indo-Pacific Military Health Exchange in Kuala Lumpur, Malaysia. The theme of this year's IPMHE was “Achieving Health Solutions through Diversity & Inclusivity”, and it included medical professionals from more than 30 countries. During the IPMHE, speakers shared information including lessons learned, best practices, and research regarding relevant military healthcare initiatives and challenges within the region. DHC-P leaders conducted key leader engagements with senior dental leaders from various countries wherein they discussed opportunities for future collaboration with global health engagement initiatives and laid the foundation for enhancing strategic partnerships within the region. During the event, attendees also had the opportunity to visit a Malaysian

Armed Forces Role III Field Hospital where they observed a MEDEVAC demonstration from point of injury to a higher level of care and participated in a walkthrough of the dental field unit.

During the IPMHE, Officers from DENTAC-K and 618th MC (DAS) presented on various dental-related topics. LTC Joseph Capetillo gave a presentation titled “Oral Rehabilitation of the Maxilla” as part of the Rehabilitation and Restoration Solutions track. CPT(P) Ryan Kang presented two posters titled “Additive Manufacturing for the Rapidly Changing Demand of the Military Dentistry” and “CAD-CAM and Analogue Hybrid Approach to Designing and Fabricating Maxillary and Mandibular Full Arch Implant-Supported Fixed Dental Prostheses: A Clinical Report”. CPT Tammy Luk presented a poster titled “The Importance of Dental Field Medicine” which highlighted dental opportunities, capabilities, and benefits in Large Scale Combat Operations.

The Indo-Pacific Orientation Course (IPOC) 23-3

The Indo-Pacific Orientation Course (IPOC) provided DHC-P Leadership an executive education experience that enhanced their ability to engage in cooperative security efforts (GHE) while advancing a free and open Indo-Pacific. IPOC offered a unique opportunity for security practitioners with an extraordinary range of professional experience, levels of education, and perspectives to engage intensively on regional security issues to further support the whole-of-government approach to security.



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73rd Annual 38th Parallel Healthcare Training Symposium

Dental leaders from across the Indo-Pacific attended the 73rd Annual 38th Parallel Healthcare Training Symposium at Camp Humphreys, Korea. The training and discussions incorporated operational and clinical topics focused on healthcare support to the battlefield of the future. Senior DC leaders such as the Dental Corps Chief, the DHC-P Commander, and the DHA Dental Optimization Director provided relevant discussion during the dental track. The dental track also provided CE for enhanced professional knowledge for all the DC Officers in attendance with lectures on Digital Technology in Dentistry, Dental Traumatology, Advanced Periodontology, and Advanced Endodontic Procedures.



COL Azure Utley poses for a photo with leaders from Seoul National University, Yonsei University, and Dankook University after signing host nation alliance agreements.

Officer Highlights and Training Throughout the INDOPACIFIC Region by DENTACS



MAJ Shauna Jones, Commander, JBER-DCC, graduated from Command and General Staff College (CGSC) after spending several months at Fort Belvoir, VA. The knowledge gained by completing ILE strengthened her capabilities as an officer and will prepare her to better lead in future assignments.



MAJ Don Chuenklung (CK) poses for a photo with DENTAC JBLM and 673rd DCAS leaders after earning the coveted Expert Field Medic Badge (EMFB) in October. MAJ CK returned to the US Army Dental Corps this past summer after a break in service; during his break in service, MAJ CK worked at DENTAC JBLM as a GS Dentist for approximately three years.



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Officer Highlights and Training Throughout the INDOPACIFIC Region by DENTACS



Senior leaders from DHC-P present a coin to COL Poindexter after conducting a tour of the Defense POW/MIA Accounting Agency (DPAA) Laboratory on Oahu, HI. The visit provided up to date information on how forensic dentistry is supporting the Agency's mission in identifying Service Members' and connecting them with families.



LTC Jacob England successfully completed the 25th ID Jungle Operations Training Course (JOTC) on Oahu, Hawaii. JOTC spans over 12 days and focuses on jungle mobility training, waterborne operations, combat tracking, jungle tactics, survival training, and situational training exercises at the squad level. LTC England was joined by leaders from DENTAC Hawaii upon earning his Jungle Tab.

DENTAC JBLM:



SSG Israel Bowman and SGT Janice Kim conduct STT at the 673rd motor pool on how to load casualties onto a ground evacuation platform, unload casualties from a ground ambulance, and load casualties onto a nonstandard vehicle.



Presidio of Monterey Dental Clinic's OIC and NCOIC (LTC Kroll and MSG Taupau) led ICT training through a collaborative effort with CALMED and 673rd DCAS. The training event simulated a field environment and incorporated a lightweight off-the-shelf dental chair that encouraged Soldiers to think of innovative ways to provide dental care in austere environments.



DENTAL HEALTH COMMAND—PACIFIC

By: LTC Michael Armstrong, DENTAC-Japan Commander, and Rene Martinez, DENTAC-Japan Executive Officer

DENTAL HEALTH ACTIVITY-JAPAN: BILATERAL TRAINING EVENT, 30 NOV—01 DEC 2023

Dental Health Activity-Japan (DENTAC-J) is a very small organization situated in a strategically complex environment. In order to put the 41st Chief of Staff of the Army's priorities into action, DENTAC-J executed Bilateral Dental Readiness Training on 30 November and 01 December at Camp Zama. General Randy George's top priorities for the Army are Lethality / Building Cohesive Teams, Delivering Ready Combat Formations, Continuous Transformation, and Strengthening the Army Profession. This event attempted to showcase these priorities at a tactical level. The training brought partners together from DENTAC Japan, including their satellite clinic at Torii Station, Okinawa, (via Microsoft Teams), a Navy Dental Officer from nearby Naval Air Facility, Atsugi, and residents and staff from the Japan Ground Self Defense Force (JGSDF) Comprehensive Dentistry program, for two days of War-Time Readiness Training.

The first day of the event included a clinic tour, didactic presentations, and hands-on simulation training. After the tour, CPT Gabriel Garcia led the way with an interactive presentation on "Dental English" to the Host-Nation residents and staff, who also train primarily with Palmer Dental Notation. The JGSDF preferred that all presentations be in English, and this talk paved the way for better understanding during the rest of the training. CPT Thomas Havlichek followed with a presentation on evidence-based indications for the use of Dental Probiotics. LTC Michael Armstrong ended the didactic sessions with an Individual Critical Task (ICT) lecture on emergency management of mandibular fractures.

A big part of delivering ready combat formations, according to General George, is improving our "magazine depth." General George uses this expression to describe needed investment in the DOD's industrial base. However, from a tactical viewpoint, building up our magazine depth in the dental corps is exactly why we train on our Individual Critical Tasks (ICTs). On the future battlefield, there is a high probability that a general dentist will have to provide treatment that would generally be referred to an oral surgeon at a higher echelon of care. Also, contested air superiority with a near-peer adversary could prevent the timely evacuation of facial trauma. Ready Dental Officers need to know how to stabilize a broken jaw. DENTAC-J's ICT training provided a diagnostic and treatment review as well as simulation training for emergency stabilization of a mandibular fractures, from wrapping a Barton's Bandage to tying bridle wires and ivy loops.

The next session addressed continuous transformation. The group proceeded to the dental lab where CPT Garcia led a hands-on session focused on digital dentistry. From digital impressions with the Cerec Primescan optical scanner and Computer Assisted Design (CAD) on Cerec's inLab software, to Computer Assisted Manufacturing (CAM) with the Cerec Primemill, and then the full CAD/CAM process with the PreForm application on the Formlabs 3D Printer, the group received a concise review of how CAD/CAM has changed our workflows in the present. There was an opportunity for each of the JGSDF residents to practice scanning and designing a single tooth restoration. It is clear that technological advancement will continue to change how we practice dentistry, not only in the clinic but also on the battlefield. Maintaining a posture of adaptability and innovation will be key to our success in the future.





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By: LTC Michael Armstrong, DENTAC-Japan Commander, and Rene Martinez, DENTAC-Japan Executive Officer

DENTAL HEALTH ACTIVITY-JAPAN: BILATERAL TRAINING EVENT, 30 NOV—01 DEC 2023, CONTINUED

Building cohesive teams is an intentional process that can be poisoned by SHARP and EO violations, hazing, bullying, fraternization, egotistical motives, and toxic leadership. Furthermore, taking time to plan successful socials and good group PRT is challenging in the realm of clinical patient care. The officers from DENTAC-J and the JGSDF ended the night together with a dinner social at the Camp Zama Community Club. Bilateral communications flowed smoothly enough until tasked to adequately describe the flavor of Dr. Pepper or the relative cultural value of attending a Kabuki theater. Event activities resumed on the morning of 01 December well before sunrise with a strenuous and well-received mock ACFT. The group convened again after breakfast for transportation to the Sagami-hara Depot Training Area for an Electronic Simulation Training (EST) range with the M4 carbine. With realistic sights, sounds, smells, and recoil, the training reinforced who we are as Soldiers first—Dental Officers second—and the warfighters that we support every day. I believe Team cohesion equates as well to productivity as it does to lethality. Healthy positive relationships also drive quality, safety, and results and they don't happen by accident.

In conclusion, we come to strengthening the Army Profession. The legitimacy of our profession is a delicate construct, a balance of public trust and values like integrity, service, teamwork, excellence, adaptability, innovation, responsiveness, and courage. I believe what strengthens the Army Profession is our commitment to doing what's right. Doing the "hard right" by our nation, allies, patients, and most of all by our Soldiers. Building and maintaining this strength needs to be our priority at the tactical level each and every day. Being ready to fight our nation's wars requires every Dental Unit to be lethal, cohesive, trained, transformative, and strong. "ICHI-DAN" / "ONE TEAM!"



Dinner social at the Camp Zama Community Club.



CPT Garcia employs his Japanese language fluency to provide the clinic tour.



LTC Armstrong leads ICT simulation training.

DENTAC– JAPAN:



Camp Zama Dental Clinic (CZDC) participated in the largest Medical MASCAL exercise ever conducted at Camp Zama. They provided the initial patient casualty point and triage area; 63As were main triage providers on scene with the 68Es assisting in patient documentation, vitals, and proper movement.



CONTINUING EDUCATION

Discuss these opportunities with your Command and Professional Development Officer.

Captain Career Course (CCC)

Phase 1 is now required. Visit <https://www.atrrs.army.mil/atrrscc/> and search Course # 6-8-C22 for available dates. Submit signed DA3838 to HRC, DC Professional Development Officer.

Dental Management Development Course (DMDC)

This is a one week, in-person course that focuses in on the leadership and management of Army Dental clinics and personnel, taught by dental, for dental. This is an excellent course for current or future OICs or NCOICs or clinic leaders wishing to refine their skillset in managing an Army Dental Clinic. The course is held at the Medical Center of Excellence, JBSA.

For further information, contact course manager:

SSG Kalan J. Judge
(210) 221-8055 (Commercial)
(917) 499-8493 (Personal Cell)
kalan.j.judge.mil@army.mil

CLASS	REPORT DATE	END DATE
243	03 MAR 2024	08 MAR 2024
244	05 MAY 2024	10 MAY 2024
245	11 AUG 2024	16 AUG 2024

Intermediate Level Education (ILE)

The primary method of completion is distance learning ILE. Submit signed DA3838 to HRC, DC Professional development Officer.

Expert Field Medical Badge (EFMB)

EFMB training and information can be found on the U.S. Army Medical Center of Excellent website: <https://medcoe.army.mil/efmb>. Testing for EFMB is conducted annually at multiple sites across the Army.

Army Training Requirements and Resources System (ATRRS)

[Brigade Healthcare Provider Course](#)

[Tactical Combat Medical Course](#)

Defense Medical Readiness Training Institute (DMRTI)

[Combat Casualty Care Course \(C4\)](#)



CONTINUING EDUCATION

Joint Medical Executive Skills Program

Visit <https://www.health.mil/Military-Health-Topics/Education-and-Training/LEADS/JMESI>

for information on the following courses: Healthcare Management Course, JMESI Intermediate Executive Skills, Capstone Course for Military Health System Leaders.

Joint Senior Medical Leader Course

Capabilities Development Course

Defense Strategy Course

General Questions to the Army Dental Corps:

usarmy.jbsa.medical-coe.mbx.dental-corps@army.mil

Army Dentistry at Work Podcast:

iTunes: <https://podcasts.apple.com/us/podcast/army-dentistry-at-work/id1536441689>

Spotify: <https://open.spotify.com/show/7Hsmc2LwT0OR43yI01ZD7k?si=2w0srT76TQi2knGTkaVwWw>

Stitcher: <https://www.stitcher.com/podcast/army-dentistry-at-work>

LibSyn: <https://armydentistryatwork.libsyn.com/website>

