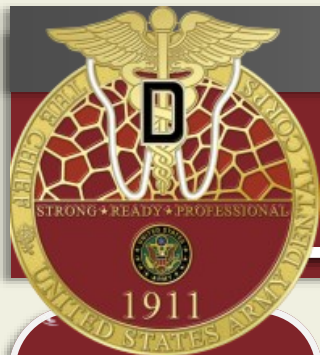


THE DENTAL CORPS BULLETIN



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](#)
- ♦ [LTHET FY24 Results](#)

Dental Education/CE

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

Patient Safety/Infection Prevention and Control

- ♦ [MHS Patient Safety Program](#)
- ♦ [Infection Control](#)
- ♦ [CDC - Dental settings](#)
- ♦ [The Joint Commission- Dental](#)

DHA

- ♦ [Dental Operations Support Branch](#)
- ♦ [DHA Dental Roster](#)



A FUN FILLED SUMMER

By: CPT (P) Caitlyn Menicucci, Executive Fellow, Office of the Chiefs, Dental Corps

This summer has proven a dynamic period for the Office of the Chief, Dental Corps, with numerous speaking engagements, leadership transitions, and permanent change of station (PCS) moves. One of the notable moments included COL Stephen Tanner's involvement in the NYU School of Dentistry Commissioning Ceremony in May 2024. COL Tanner, the 29th Dental Corps Chief, delivered the keynote address at the NYU School of Dentistry graduation. This prestigious occasion allowed COL Tanner to not only inspire the graduates but also to have the distinct honor of commissioning five new dentists who were graduates of the Health Professions Scholarship Program (HPSP). His words resonated with the new officers, emphasizing the importance of their roles in the healthcare field.

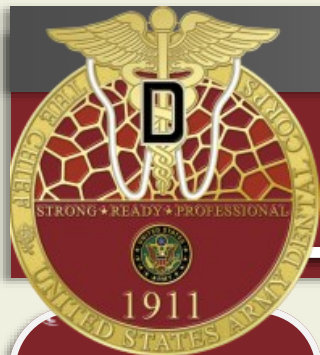


Additionally, MG (Ret) Roosevelt Allen, DDS was honored during this ceremony. MG (Ret) Allen previously served as the Chief of the Dental Corps in the Office of the Air Force Surgeon General.

Together, these moments not only reflect the spirited energy within the Dental Corps but also the ongoing commitment to fostering new talent and honoring those who have paved the way. The summer's bustling activities signal a continued dedication to excellence, mentorship, and service in the dental community, ensuring that the Corps remains a vital part of the broader healthcare mission.

Since then, It came time for a PCS move from Fort Bliss to the National Capital Region. COL Tanner left his role as the Deputy Commander for William Beaumont Army Medical Center (WBAMC) and headed towards Falls Church, VA to take over as the Director of the Army Recovery Care Program.

THE DENTAL CORPS BULLETIN



Useful Links

♦ National Defense

[Strategy](#)

Dental Corps

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DHA

- ♦ [Dental Operations Support Branch](#)
- ♦ [DHA Dental Roster](#)



A FUN FILLED SUMMER

In addition to the PCS move of COL Tanner, the Dental Corps Chief Office had its fair share of farewells and hails. We extend our heartfelt gratitude to all members of the Dental Corps for their unwavering commitment and selfless service, but especially to LTC Ruiz and CPT Hart.

LTC Ino Ruiz admirably served the Dental Corps as the Executive Officer (XO) for three years. LTC Ruiz will move to Fort Bliss to take over as the Medical Readiness Battalion Commander at WBAMC. The office welcomed his replacement, MAJ Charles Mazal, a 70A, who previously served as the Executive Fellow for the Medical Service Corps.

CPT Lisa Hart, a general dentist, diligently served as the Executive Fellow to COL Tanner for the last year. She is now preparing for her next journey in the 63 Bravo residency program. She recently welcomed her son, Talon. She is replaced by CPT (P) Caitlyn Menicucci.



Photos feature: COL Stephen Tanner, Dr. Linda Edgar, CPT Lisa Hart, COL Tamar Goksel, LTC Ino Ruiz, MAJ J. Fleischmann, LTC Michael Kroll, and SSG Ellington.

Thank you, LTC Ruiz and CPT Hart for leaving an indelible legacy. As MAJ Mazal and I step into our new roles, we are determined to honor your contributions by continuing to build on the foundation you laid and by fostering the same spirit of collaboration and resilience that you exemplified.

Furthermore, for all members of the Dental Corps, know that your selfless service does not go unnoticed; it fuels the drive to continue pushing the boundaries of dental care excellence. Together, we forge ahead with a shared purpose, committed to serving those who serve and are proud of the remarkable work you do every day.



A FUN FILLED SUMMER

BY: MAJ (P) Natalie Campbell, Dental Corps Executive Fellow, HQDA, Office of The Surgeon General



COL B. Russell Methvin, the Deputy Chief of the Army Dental Corps, COL Demetres Williams, the Senior Dental Officer, and MAJ (P) Natalie Campbell, the OTSG Executive Fellow, have been actively advancing several key initiatives. They are focused on proposals to increase special pay, updating regulations and policies, and working with the Defense Health Agency to develop and refine new policies and procedural instructions. Additionally, they are advancing legislative proposals to support and further our objectives.

COL Methvin has conducted multiple site visits including Fort Campbell, Schofield Barracks, Tripler Army Medical Center, and Fort Eisenhower. He also addressed two graduation ceremonies, led mentorship sessions, conducted OPD meetings, attended the TSG Consultants meeting, and engaged with AGD constituents. Looking ahead, we will continue our battle circulations throughout the fall. COL Methvin is eager to connect with everyone to offer career guidance and address any concerns. To schedule a virtual mentorship session with him, please email MAJ (P) Natalie Campbell at Natalie.a.campbell.mil@health.mil





DID YOU KNOW....?

Combat Casualty Care Course (C4) and Brigade Health Care Team Courses

Did you know that there are centrally funded courses at JBSA-Fort Sam Houston to help dentists become operationally prepared?

1) Combat Casualty Care Course

C4 is an 8-day, continuing medical education program designed to enhance the operational medical readiness and pre-deployment trauma training skills of tri-service, medical officers. Training is designed to enhance medical readiness of medical officers by providing training in field leadership that prepares medical officers with the knowledge critical in conducting Role I and Role II health care operations in an austere, combat environment. Students progress through the phases of TCCC from Care Under Fire, Tactical Field and Tactical Evacuation Care, Roles of care, to Point-of-injury to Role II scenarios. Medical scenarios of village stability ops, mass casualty events, and military ops on urban terrain will be conducted with a simulated Role II facility. After successful completion of C4, students receive the National Association of Emergency Medical Technicians TCCC Certification. The NAEMT TCCC course is the only TCCC course endorsed by the American College of Surgeons.

The student must be a medical department officer and have one-year service obligation and/or retainability after completion of this course. Students must meet medical worldwide qualification and cannot be on a temporary or permanent medical profile. Students must have a concurrent reservation in 6A-C4, Advanced Trauma Life Support or 6A-PHTLS, Prehospital Trauma Life Support. Reservations in the concurrent courses are based on student's medical specialty: Dentists may attend ATLS if seating is available, otherwise will attend PHTLS.

Course is executed by the Defense Medical Readiness Training Institute (DMRTI) which falls under DHA. Course DA3838 application must include the dates for BOTH PHTLS and C4.

FY: 2025 School: 767 Course: 6A-C4(PHTLS) Phase: Course Length: 0 Weeks 3.0 Days											
Course Title: PRE-HOSP TRAUMA LIFE SUPPORT Class Maximum: 32 Class Optimum: 24 Class Minimum: 5											
Class	Prereqs	Report Date	Start Date	End Date	Capacity	Class Type	Street	City	State	Zip	
001	View	24 Oct 2024	25 Oct 2024	26 Oct 2024	20	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
002	View	14 Nov 2024	15 Nov 2024	16 Nov 2024	17	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
003	View	05 Dec 2024	06 Dec 2024	07 Dec 2024	18	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
004	View	09 Jan 2025	10 Jan 2025	11 Jan 2025	18	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
005	View	06 Feb 2025	07 Feb 2025	08 Feb 2025	17	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
006	View	27 Mar 2025	28 Mar 2025	29 Mar 2025	17	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
007	View	17 Apr 2025	18 Apr 2025	19 Apr 2025	16	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
008	View	15 May 2025	16 May 2025	17 May 2025	18	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
009	View	05 Jun 2025	06 Jun 2025	07 Jun 2025	15	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
010	View	11 Sep 2025	12 Sep 2025	13 Sep 2025	16	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	

FY: 2025 School: 767 Course: 6A-C4 Phase: Course Length: 0 Weeks 4.0 Days											
Course Title: COMBAT CASUALTY CARE Class Maximum: 64 Class Optimum: 55 Class Minimum: 40											
Class	Prereqs	Report Date	Start Date	End Date	Capacity	Class Type	Street	City	State	Zip	
001	View	27 Oct 2024	27 Oct 2024	31 Oct 2024	77	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
002	View	17 Nov 2024	17 Nov 2024	21 Nov 2024	73	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
003	View	08 Dec 2024	08 Dec 2024	12 Dec 2024	77	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
004	View	12 Jan 2025	12 Jan 2025	16 Jan 2025	73	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
005	View	09 Feb 2025	09 Feb 2025	13 Feb 2025	74	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
006	View	30 Mar 2025	30 Mar 2025	03 Apr 2025	75	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
007	View	20 Apr 2025	20 Apr 2025	24 Apr 2025	75	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
008	View	18 May 2025	18 May 2025	22 May 2025	76	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
009	View	08 Jun 2025	08 Jun 2025	12 Jun 2025	74	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	
010	View	14 Sep 2025	14 Sep 2025	18 Sep 2025	75	Resident	6457 CAMP BULLIS ROAD	JB SA CAMP BULLIS	TX	78257	

2) Brigade Health Care Team

The goal of the two-week course is to prepare junior dental officers for an assignment to a BCT, who have no previous medical field unit experience, with the skill sets and knowledge to maximize their potential to succeed as a dental officer assigned to a BCT. The course will ensure students understand command and control, chain of command, training schedules, task force organization, operations orders, Dental Corps policy, medical rules of engagement, rules of engagement, medical logistics, MEDPROS, weapon safety and operational dental care. With AOC specific tracks of instruction, this course has emphasis on the dentists' role in the downrange environment and reinforces the MEDCOM priorities to increase readiness for unit and Soldiers in operational and garrison environments.

Course Title: BRIGADE HEALTH CARE TEAM Class Maximum: 60 Class Optimum: 50 Class Minimum: 30											
Class	Prereqs	Report Date	Start Date	End Date	Capacity	Class Type	Street	City	State	Zip	
251	View	01 Dec 2024	02 Dec 2024	13 Dec 2024	40	Resident	3630 STANLEY RD STE 336	FT SAM HOUSTON	TX	782346150	
252	View	06 Apr 2025	07 Apr 2025	18 Apr 2025	40	Resident	3630 STANLEY RD STE 336	FT SAM HOUSTON	TX	782346150	
253	View	20 Jul 2025	21 Jul 2025	01 Aug 2025	40	Resident	3630 STANLEY RD STE 336	FT SAM HOUSTON	TX	782346150	

For enrollment into C4 and BHCT, provide a Command endorsed DA3838 to DC Branch's Professional Development Officer at: Jonathan.y.stateson.mil@army.mil. FY25 courses are available for viewing and future course offerings are available at <https://www.atrrs.army.mil/atrrsc/> by searching: course number "6A-F27/300-F46" for BHCT and school code "767" for PHTLS/C4.

Sample DA3838 is on subsequent page and is a sample for both C4 and BHCT.



DID YOU KNOW....?

APPLICATION FOR SHORT COURSE TRAINING For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General						DATE 20210324	
PRIVACY ACT STATEMENT 1. AUTHORITY: 10 USC Section 3013, Secretary of the Army; AR 351-3, Professional Education and Training Programs of the Army Medical Department; and E. O. 9397 (SSN). 2. PRINCIPAL PURPOSE(S): To obtain data needed to determine eligibility for enrollment, process applications, maintain student records, and to perform all other administrative functions inherent in student administration. 3. ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system. 4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the applicant not being able to participate in the program.							
TO: MEDCoe 3630 Stanley Road, JBSA, Fort Sam Houston, TX 78234				FROM:			
I. GENERAL INFORMATION							
1. NAME (Individual Requesting Training)		2. SSN		3. RANK		4. SECURITY CLEARANCE	
5. CORPS/ BRANCH		6. MOS/AOC		7. UNIT AND STATION (Address and Zip Code)		8. UIC	
9. DUTY POSITION		10. CATEGORY OF SERVICE <input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> RESERVE		11. OFFICE PHONE (Include area code and DSN)		12. OFFICE FAX (Include area code)	
13. HOME PHONE (Include area code)		14. AKO E-MAIL ADDRESS		15. TYPE OF FACILITY SPONSORING TRAINING (Check applicable box) <input type="checkbox"/> CIVILIAN INSTITUTION (non-Federal) <input type="checkbox"/> FEDERAL FACILITY <input checked="" type="checkbox"/> AMEDD <input type="checkbox"/> ARMY (Less AMEDD) <input type="checkbox"/> OTHER MILITARY (Air Force, Navy, etc.) <input type="checkbox"/> NON-MILITARY (PHS, VA, etc.)		16. DATES OF COURSE EXCLUDING TRAVEL TIME (Day, Month, Year) FROM: 25 July 2022 TO: 5 Aug 2022	
17. PROFESSIONAL LICENSE (List any required for requested course)		18. NAME OF COURSE REQUESTED (Attach copy of course brochure) BRIGADE HEALTH CARE TEAM COURSE 6A-F27/300-F46 CLASS 223		19. LOCATION OF COURSE (Include address and zip code) MEDCoe 3630 Stanley Road, JBSA, Fort Sam Houston, TX 78234		20. LIST COSTS AS APPLICABLE REGISTRATION TUITION OTHER	
21. COURSES TAKEN (Include courses in both federal facilities and civilian institutions that have been taken during the current year and prior fiscal year. Include source of funding, e.g., local, AC, OTSG, and AMEDD C&S Central Training Program. If none, so indicate)						22. DATE OF MOST RECENT CBRNE TRAINING	
23. SIGNATURE (Applicant)						24. DATE	
III. TRAINING APPROVAL							
25. LOCAL APPROVING AUTHORITY (Check appropriate box and add remarks if applicable) <input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL OFFICER EMAIL: OFFICER HOME MAIL ADDRESS: Last Record APFT Date/Score: Last HT/WT Date/Pass or Fail: IAW AR 600-9, Officer meets height/weight standards: Flag Status: N/A Permanent Profile Status: N/A <div style="text-align: right;">Unit Commander Signature</div>							
26. NAME, GRADE, BRANCH AND TITLE		27. SIGNATURE (Local Approving Authority)		28. DATE			

Sample on the left highlights the Brigade Health Care Course.

For C4/PHTLS, Block 16 should include the dates for BOTH PHTLS course AND C4.

Additionally, Block 18 should say "PHTLS and C4, Course 6A-C4(PHTLS)/6A-C4 Class XXX"

EX: for Class 001 as highlighted on page 4; Box 16 would reflect the dates of 25 OCT 2024- 31 OCT 2024. Box 18 would say "PHTLS and C4, Course 6A-C4 (PHTLS)/6A-C4 Class 001"



DID YOU KNOW....?

LITERATURE

In case you were wondering what some of your colleagues have been up to, why not check out some of their most recent articles? These articles reflect the diverse expertise within the Dental Corps and may contribute to new perspectives or methods that enhance your own practice.

- 1) **LTC Cook and colleagues** were recently published in the **BMJ Military Health Journal** for his editorial; “**Defining Expeditionary Dentistry in US Doctrine for the Era of Great Power Competition and Conflict**”

The term “expeditionary” has crept into the military medical and dental lexicon without a doctrinal definition. Following 20 years of support to counter-insurgency operations, expeditionary dentistry evokes the image of a dentist extracting teeth in a village. The pivot to preparation for large-scale, extended length conflict demands a change to our dental support. Warfare on this scale would involve formations of a size unseen since World War II (WWII) and Korea. And as in WWII, large-scale combat operations (LSCO) will include multinational partners. The task of supporting allies with differing levels of dental support will strain standing capabilities. Modernized dental teams capable of expeditionary dentistry would reduce the impact of escalating dental emergencies in LSCO. Expeditionary dentistry is immediate, scalable dental support to forces in a developing theater of operations or within a dynamic battlefield.

If you are interested in reading the publication, please view it here: <https://militaryhealth.bmj.com/content/early/2024/06/11/military-2024-002705>

Information provided by LTC Ross Cook. Contributing Authors: Ross K. Cook, J. Riesberg, A. Mendoza, and T.R. Tempel

- 2) **MAJ McDaniel** was published in the **Journal of the American Dental Association (JADA)** alongside colleagues in a diagnostic challenge case.

A 28-year-old woman sought treatment for a slow-growing ovoid nodule located in the gingiva and alveolar mucosa of the anterior mandible, facial to teeth nos. 23, 24, and 25. She reported that a connective tissue graft (CTG) was completed 4 years previously to address gingival recession at tooth no. 24. The patient reported that over the past 4 months the nodule had increased in size, causing mild, constant, dull pain and a sensation of pressure at the affected site. When asked to describe her pain on a scale of 1 through 10, with 1 signifying no pain and 10 signifying the worst possible pain, she described it as a 4. She denied any local trauma since the CTG was completed.

You can login with your ADA account to read the full article here: [https://jada.ada.org/article/S0002-8177\(24\)00313-1/abstract](https://jada.ada.org/article/S0002-8177(24)00313-1/abstract)

Information provided by COL Kimberly Inouye. Contributing Authors: Carsen R. McDaniel, DDS, MS; Dawnyetta R. Hixson, Thomas M. Johnson, Kimberly Ann S. Inouye,

MHAP; ADDITIONAL DEGREE PROGRAM OPPORTUNITY

The Master of Health Administration & Policy (MHAP) Program at the Uniformed Services University (USU)

Educating and Training Tomorrow's Military Health System Leaders

ARMY Officers: Are you applying to LTHET for an MHA degree? USU is the *Leadership Academy of the Military Health System* and much more.....

Value/Benefits: Advancing Military Readiness in the MHS

- Only top tier education program for policy & health care simultaneously in the MHS
- Offers a global health concentration and global health certificate program
- Modern and innovative research environment
- Strong and growing alumni network
- Individualized professional development
- Fully accredited by CAHME

Selected MHAP Residency Sites:

U.S. Department of State
U.S. Department of Veteran Affairs
Congressional Research Service
Defense Health Agency – NCR
Defense Health Agency – HQ
Walter Reed National Military Medical Center
Johns Hopkins Medicine
MedStar Washington Hospital Center
Inova Fairfax Hospital
U.S. Dep. of Health and Human Services
...and many more



Pictured above is MHAP graduate, MAJ Aaron Berg, with Secretary of State, The Honorable Antony Blinken, during his second-year residency.

MHAP: The MHAP Program consists of both a didactic and residency phase, each one year in length. The first year consists of courses focused on health systems, health policy & analysis, management and leadership, economics, finance, and quantitative analysis. The first year culminates in a capstone project. During their residency phase, students apply principles and knowledge learned in the classroom, which culminates in the completion of a graduate management project.

Program Mission: Our mission is to prepare uniformed service members and federal government employees for healthcare management, leadership, research, and policy advising positions within the Military Health System (MHS) and federal healthcare organizations.

Program Vision: We will be the premier provider of health administration and policy education and research for the Military Health System (MHS), federal health policy partners, and Allied Host Nation / foreign partners through a sustained commitment to leadership in academics, research, and scholarship.



Image provided by:
LCDR Betancourt



AOC SPOTLIGHT: 63E; ENDODONTIST

ENDO IN LA LA LAND

By: COL Joseph Dutner, Consultant in Endodontics to the Surgeon General, Secretary in the American Board of Endodontics



From L to R: COL Dutner (Eisenhower PD '18-22), COL(R) Gary Hartwell (Lewis PD '81-83, Eisenhower PD '83-87), and COL(R) Frank Portell (Eisenhower APD '83-86)

A large part of Army Endodontics united in Los Angeles, California this past April for the American Association of Endodontists' Annual Meeting. This year's meeting featured educational tracks focused on topics such as outcomes, pain, advanced clinical techniques, resorption, and endodontic education. In addition to the abundance of excellent continuing education and networking opportunities, this year's meeting was a remarkable one for Army Endodontics for a few reasons.

Army Endodontics alumnus COL(R) Gary R. Hartwell was celebrated with the AAE's President's Award which recognizes an individual who has made a notable impact on the specialty of endodontics. COL(R) Hartwell graduated from the Army Endodontic Residency Program in 1973 and held the position of Program Director of the residency programs at both Fort Lewis and Fort Eisenhower. He was also appointed as the Endodontic Consultant to the Army Surgeon General. After he retired from the Army, he was a full-time dental educator at Virginia Commonwealth University School of Dentistry and Rutgers School of Dental Medicine. Dr. Hartwell served as the President of both the American Board of Endodontics and the American Association of Endodontists.

Army BG(R) William T. Johnson was awarded the AAE's I.B. Bender Lifetime Educator Award. After serving on active duty, he rose through the ranks of the Iowa Army National Guard. He has spent his career in education leading endodontic programs at the University of Nebraska and the University of Iowa while also providing guest instruction to the Fort Eisenhower, Fort Liberty, and Veterans' Administration residency programs.

Currently serving endodontists also proudly represented the Army Dental Corps. Second-year Fort Liberty resident CPT Ryan Smith stood front and center as he participated in the Color Guard during the President's Breakfast event. COL Matthew Phillips was elected to a committee for the AAE's 5th District, which represents endodontists practicing within 10 States, the Veterans' Administration, and the Armed Forces. COL Joseph Dutner was installed as the Secretary of the American Board of Endodontics. Second-year residents from Fort Eisenhower and Fort Liberty presented their research projects to the meeting attendees, and MAJ Bryant Farr's hard work paid off as his research presentation was awarded as one of the top 10 oral research presentations among all others at the meeting!



MAJ Farr stands among the other top 10 research presentations at the AAE meeting

AOC SPOTLIGHT: 63E; ENDODONTIST

ENDO IN LA LA LAND

There were five Army endodontists who were honored during the Grossman Ceremony for becoming board-certified. MAJ Dante Amelotti, COL Sean McDougal, MAJ Matthew Ticich, MAJ Joshua Willens, and MAJ Peter Vogen were among the newest Diplomates for 2023! To achieve ABE certification, candidates must successfully challenge three exams. The Written Examination is taken at the end of the 2nd residency year. The Oral Examination can be taken as soon as the Fall following graduation. This examination requires candidates to travel to St. Louis, Missouri where they will face three different scenarios each with two examiners who will evaluate the clinical reasoning and knowledge of the candidate. The Case History Portfolio Examination requires a candidate to document fivespecific cases that demonstrate their clinical skills and patient management. Each of these cases requires a post-treatment evaluation of at least one year. Currently, over 55% of board-eligible Army endodontists are board-certified which is double the national average!

From L to R: COL Phillips, newly board-certified MAJ Willens (Eisenhower '22), and COL Dutner at the Grossman ceremony



Pictured from L to R: Meenal Johnson (Eisenhower '12), Michelle Sarno (Eisenhower '12), and COL Stephanie Calhoun-Jamison (Liberty '07) at the Army Endo reception in Los Angeles

LTC Kurt Goodell and MAJ Matthew Kinstler organized a well-attended Army Endodontics reunion with past, present, and future Army endodontists reconnecting with old friends and making new ones. It was a great opportunity for Army alumni to once again feel the esprit de corps that gives our community a strong connection between its members. Whether they remained on active duty for a couple years or an entire career, they were reminded that they will always remain part of the Army Endodontics family!



AOC SPOTLIGHT: 63E; ENDODONTIST

THE LIFE OF A FORT EISENHAUER ENDODONTIC RESIDENT

By CPT(P) Jason Yoo

Morning Routine

Each day as an endodontic resident is a unique blend of challenges, rigorous academic study, and learning experiences. My alarm goes off at 0600, marking the start of another intense but rewarding day. By 0645, I'm dressed in my scrubs and ready to face the day.

All the endodontic residents typically arrive at Tingay Dental Clinic around 0700 to set up for procedures and meet in the endodontic conference room by 0720, where we conduct a morning meeting with fellow residents and supervising faculty, COL Matthew Phillips and LTC Kurt Goodell. During the morning meeting, important updates are given and lessons from unique or complex cases are shared. Every Monday morning for the first six months of the academic year, all residents take a challenging one-hour exam on a textbook chapter from either Dental Pulp (Seltzer and Bender) or Pathways of the Pulp (Cohen) where a minimum score of 80 out of 100 is required to pass. Studying for this exam requires attention to detail as answers are expected to be precise and accurate.

Clinical Practice

A significant portion of my residency is devoted to clinical training. A typical clinic day has four appointments, each two-hours long (two in the morning and two in the afternoon). These appointments can be broken down into multiple evaluation appointments as necessary. Surgical endodontic treatments require longer set up and planning with supervising faculty, so a four-hour appointment is often scheduled.

Performing a root canal is a meticulous process that requires both precision and patience. I begin this process by carefully listening to the patient's chief complaints and reviewing the past dental/medical history. Then, I perform pulp sensibility testing and complete a clinical exam to obtain objective findings. I can come up with an accurate diagnosis for problematic teeth with imaging, such as two or three periapical views or a CBCT. My working diagnosis and treatment plan along with the patient's medical history is reviewed with supervising faculty offering guidance and tips to refine my approach. Using a dental microscope, I navigate the intricate network of canals, cleaning out the infected pulp and shaping the canals for an adequate obturation. Lately, I have been utilizing laser-assisted irrigation to better disinfect the canals, especially cases with persistent endodontic infection after failed endodontic treatment. The hands-on experiences and honest feedback from our directors are invaluable, helping me develop the fine motor skills and clinical judgment critical for an endodontist.

Academic and Research Commitments

At 1130, it's time for a quick lunch, often accompanied by reviewing patient records and submitting workload for completed procedures. The afternoon brings a different kind of challenge: academic commitments. While mastering various endodontic skills, endodontic residents take additional academic courses such as research design, oral biology, oral pathology, etc. These courses require extensive reading followed by examinations. Additionally, first-year endodontic residents choose a research topic under the guidance of our mentors and conduct research suitable for publication in peer-reviewed journals. A Master of Science degree is awarded upon completion of our academic and research requirements. Friday is our academic day. During this time, we discuss dental literature and give case presentations for which preparation can take many hours of preparation. Exams and research may also be a focus during this time which can be extremely stressful so planning with a "can do" attitude is a must. These sessions are essential for keeping updated on the latest techniques and new technology to improve patient care.

Evening Reflection and Relaxation

Around 1700, I head home. On my way home, I stop by the gym to complete my calisthenics since as residents, we are still expected to excel in the Army's ACFT. Currently our endodontic program's ACFT average score is in the mid-500s. Once I get home, I unwind and recharge by catching up with my family, spending time with my significant other, or watching some TV shows while having a delicious dinner.

Although I try to do as much work at the clinic as possible, I take my laptop home to review patient charts, update treatment plans, and jot down any questions or thoughts I have for my mentors for the next day. Before going to bed, I either catch up on reading articles or watching a short endodontic video clip highlighting new materials or techniques. During the weekend, I allocate one evening for fun as maintaining a balance between work and your personal life is essential. This helps me stay focused and motivated.

Conclusion

Every day as an endodontic resident is a blend of rigorous academic learning, intensive clinical practice, and valuable personal growth. The challenges are significant, but the rewards—both professional and personal—are awesome! Lastly, despite the long hours and constant demands, my awesome co-residents, Dr. Blake and Dr. Majure's teamwork and humor bring a tight bond and life-long camaraderie to our program. I wouldn't trade this journey for anything.

AOC SPOTLIGHT: 63E; ENDODONTIST

CANADIAN ARMED FORCES ENDODONTICS SHORT COURSE

By MAJ Matthew Kinstler

In 2018, I had the opportunity to participate in the Canadian Armed Forces (CAF) Endodontics short course, which took place at Canadian Forces Base Borden. This was one of the best continuing education courses I have ever attended. The course was extremely well-run, and the live patient experience was invaluable. The course offered a 2:1 student to instructor ratio which allowed for one-on-one mentorship as we were working on patients. I would highly recommend trying to attend this course if you have any interest in endodontics and/or plan to apply through the LTHET process. Attendance at these CAF short courses is very competitive and limited for the CAF Dentists, with only 5-6 applicants accepted for each course. The CAF do not have endodontists amongst their ranks; it is usually providers who have completed 2-year AEGD programs (Bravo's) who are leading the course. These courses are one of the ways that CAF providers can get credentialed in specialized procedures so it really is an honor being able to attend one of these courses, and they take it very seriously.

The Clinical Endodontics Course session is conducted over ten training days at Borden. The course consists of both academic (33%) and clinical (67%) components. Prior to arrival, the candidates complete 32 hours of pre-course training. Various aspects of current endodontic therapy topics are covered in lecture and group discussion format. The didactic portion of the course focuses primarily on endodontic access, cleaning and shaping with rotary instrumentation, and obturation techniques. Other topics covered include patient examination, diagnosis, prognosis, treatment options, patient preparation for treatment, non-surgical endodontic therapy, trauma, endodontic emergency therapy, and endodontic retreatment. In addition, the clinical sessions cover diagnosis, access preparation, foramen discovery, instrumentation, and obturation techniques.

Endodontic procedures are concentrated on posterior non-surgical root canal treatment with a mix of difficult anterior teeth. The dental officers have the opportunity to develop new skills as the endodontic treatment providers and, alternatively, as chairside assistants during endodontic treatment. For each case that the provider tackles, they complete the full work up from diagnosis to completion. Case presentations are put together and presented to the group on the cases that each provider finishes throughout the course. The course is hands-on from day one with almost no wasted time. The days are long and packed full of learning. The clinic is well equipped with microscopes and viewing screens in each operatory. They have a CBCT in the building which is utilized for treatment planning. Again, I can't stress enough if you get the opportunity to apply or attend the course that you should try to participate. Also, taking the initiative to apply and being selected to attend the course should be looked at as a way to strengthen your LTHET application.



CAF instructors, short course providers, and MAJ Kinstler



MAJ Kinstler providing clinical care at short course.



AOC SPOTLIGHT: 63E; ENDODONTIST

CANADIAN ARMED FORCED ENDODONTICS SHORT COURSE

An interview with the most recent graduate, CPT Minh Nguyen, was conducted to gain more insight into the Canadian Armed Forces Clinical Endodontic Course

How did this opportunity come about?

The opportunity came from my endodontic mentor who received an email about the opportunity and encouraged me to apply. She knew of a previous course attendee that thoroughly enjoyed the course and thought it would be a good course for me.

How many days was the course, and what did you learn each day? Was it didactic or more hands-on?

The course was a total of 13 days, two of which were to in-process and out-process. It was about a mix of 70% hands on and 30% didactic. However, there was pre-course work that was to be completed prior to arriving, so most of the studying was done and our didactic sessions were more discussion and our presentations of topics.

When collaborating with the Canadian Armed Forces what was your biggest takeaway?

I was very impressed on how well-rounded their dentists were. The CAF doesn't have specialists like our Dental Corps does, so their general dentists are required to be very knowledgeable within all scopes of dentistry. This is especially true for dentists that are scheduled to be deployed in the upcoming year. Prior to their deployment, they must complete and pass certain "short courses" which prepare them to be a solo dentist in austere environments. The products of these rigorous courses are CAF dentists that are confident and extremely well-rounded in multiple facets of dentistry. They were all extremely hospitable and motivated me to become a better clinician.

Who do you recommend this course to?

I think this course would be great for those that wanting to gain more exposure to endo, whether it be that they are applying for endo or if they are looking to increase their confidence in endodontics. Everyone does endo differently, and I was able to pick up a few helpful tricks throughout the course.

What were your favorite parts of the course?

I really liked that the course was more clinical when we arrived and most of the didactic work was completed prior. It made the course more digestible and less "crash course" feeling. Since we already read the textbooks and completed the quizzes, we were able to spend more time practicing on extracted teeth and eventually on live patients. They even gave us access to the clinic to come in at night or the weekends to practice on more extracted teeth. The course is also worth a ton of CE credit!

Did you have time to explore nearby cities?

Yes! Traditionally, the course attendees will have a dinner together somewhere of their choosing. We ended up going to a city nearby for dinner, and on the weekend, we went to Toronto for them to show me around.

Is there anything else you would like to share you found interesting?

I didn't realize how small their army was! I think in total they have 30-40 dentists so they're a tight knit group. Also, their mess hall (what we call DFAC) is buffet style! Their food was good, and for one price, you could go grab as much food as you wanted! Overall, it was an excellent course, and I couldn't have asked for a better experience.



AOC SPOTLIGHT: 63E; ENDODONTIST

ARMY ENDODONTICS LEADER SPOTLIGHT

By COL Joseph Dutner

One of the strengths of Army Endodontics is the diversity of experiences that its members draw on to mentor, educate, and lead within the Dental Corps. One such endodontist is LTC Steve Delgado who, in contrast to the vast majority of dental officers, joined the Army Endodontics community after having already being established as a practicing endodontist. After receiving his dental and endodontic training at the University of Maryland, he spent over a decade as an endodontist and private practice owner while also serving in various roles within organized dentistry.

Following his entry into the Dental Corps, LTC Delgado became the endodontic mentor for Fort Cavazos' Advanced Education in General Dentistry 2-Year Program. Recognized for his talent in education, he moved to Fort Liberty, NC where he served as Assistant Program Director and Program Director of the Fort Liberty Advanced Dental Education Program in Endodontics. He recently graduated from the Command and General Staff College at Fort Leavenworth before taking Command of the Bavaria Dental Health Activity. With such an intriguing journey, he made an excellent Army endodontist to interview!



LTC Delgado at CGSC

You joined the Army after having practiced for a while as a civilian endodontist. What attracted you to the Service? What were some of the challenges for you and your family during your transition to active-duty dentistry?

I would say three main things attracted me to Army endodontics. First of all, a genuine love of our country and the American way of life. My father is an immigrant who gave up most everything to come to this country alone in his early 20's. Some of my earliest memories are of him telling me how happy he was to be in the states and how lucky I was to be born in this country. We got to do root canals day in and day out on American Soldiers in an all-volunteer force! What could be more fulfilling than that?! Next, I was getting a bit bored living in the same place for my entire working life with no real potential for change on the horizon—I loved the idea of moving every few years to a place I'd never lived before. My wife and I thought this would be perfect for our two daughters as well. Lastly, I loved doing clinical endodontics and I enjoyed teaching endodontics, but some of the other aspects of my civilian private practice were kind of a drag. I wondered if I could have the parts I loved (doing and teaching clinical endodontics, leading my office team) while **also** allowing my family to move around and see different places every few years. My father had eventually become a dentist in the Army and an endodontist in the Air Force, so he recommended I look into the military to fulfill all of my desires in one place.

Overall, my family adjusted very well to the change. My wife was able to keep working as a nurse as much as she desired, and my daughters got to practice making diverse new friends in various places they had never been before. I think this has served both of them well as they have grown into adults.

You have taken on leadership roles within multiple professional organizations, even serving as the Vice President for the Maryland State Dental Association. How have these experiences shaped your military leadership style and skills?

I think all these leadership roles (civilian and military) just help you learn how to interact effectively with different kinds of people. The "technical" part of our field is one piece, and as experienced practicing dentists we are always working on this part. But it is the "emotional intelligence" aspect of leadership that is most important, while being the attribute hardest to acquire and therefore the most rare. Any leadership roles (at the county or state level, or any echelon in the Army) help you learn to work well with the various kinds of folks in all organizations. You get to work on managing your emotions and understanding those of the people you work with, and hopefully this helps the organization move forward in a positive way.



AOC SPOTLIGHT: 63E; ENDODONTIST

ARMY ENDODONTICS LEADER SPOTLIGHT

By COL Joseph Dutner

Having served as an AEGD-2 mentor, an Assistant Program Director, and a Program Director for the Fort Liberty Endodontic Program, you have had a large impact on Army Endodontics. How do your educational skills and development translate to Dental Corps leadership?

I think dentists (and all true professionals) have an innate desire to make meaningful, positive impacts and contributions to their organization and to their community. This is probably a pre-requisite to go through the challenges of dental school, residencies, et cetera. In all the teaching roles I had, the motivation to grow and improve was already there. I just had to show some specific ways to reach the endodontic excellence the students were driven towards, and then get out of their way while they drove there! Similarly, I believe that Dental Corps officers, and our NCO community, inherently want to improve their units and help move them towards becoming learning organizations. I try to be a facilitator of this process and mostly just provide support and service to the already motivated professionals that make up the Dental Corps.

What do you miss most about leading the Endodontic Program at Fort Liberty?

This is a tough one because there is so much that I miss, but I will keep it short. Most importantly, the people at Rohde Dental Clinic—the civilian staff (shout out to Ms. Nix!), all the enlisted Soldiers I was lucky enough to work with there, and my fellow officer mentors. I also dearly miss talking “all endo, all day, every day” with the residents. And the ribs at Southern Coals... I miss those too...

What are you most looking forward to about taking Command of the Bavaria DENTAC?

I think it is the challenge of doing something new and learning a different skill set. I am very excited to meet people I’ve never worked with before and learn something I can take with me from each of them. In every assignment, I just try to soak up other peoples’ knowledge and expertise while trying to be a facilitator.

When you get a moment outside of your daily Army responsibilities, what kinds of activities help you unwind and keep you centered?

First, spending time with my lovely wife Colleen and my adult daughters Grace and Katherine when they come visit. We just love to travel around and visit new places. Next, reading for pleasure. Don’t get me wrong—I do love FM 3.0! But I also like to unwind with speculative fiction, Stephen King books, and other relaxing reads. Next, I try to get at least an hour of exercise a day and walk Lucy, my Great Dane, each evening.

What message do you have for our most recent class of endodontists who are headed to their first utilization tour?

This one is pretty easy. First, as a clinician, get ready for the most fulfilling work you can imagine. Doing clinical endodontics is certainly challenging but nothing has stimulated me more or given me more satisfaction than practicing and trying to become a high-level patient-centered endodontist. Most importantly, try to enjoy this time in your life. You will no longer have a Program Director like me making you study for oral exams or prepare treatment planning presentations. So, work on your craft at the chairside, and then go spend as much free time as possible exploring your new duty location and surrounding area with friends and family. Lastly, set the example as an Army officer for the newer dentists at your duty station. They will need a field grade officer to show them how to become a good Army officer—be that person for them!



AOC SPOTLIGHT: 63E; ENDODONTIST

AN ENDODONTIST AT CGSC

By LTC Steven Delgado

The Command and General Staff College (CGSC) officer course at Fort Leavenworth is a one-year program designed for field grade officers to acquire the necessary knowledge and skills to serve on brigade and division-level staffs as well as gain mastery of advanced Army tactics and operations. Sounds perfect for an everyday clinical endodontist, right?!

As the only dentist in the program, I felt quite out of place in the beginning of the course. There were less than fifty AMEDD officers out of approximately 1100 students in my class, and very few of those were providers. As it turned out, the experience was one of the most rewarding I have had in the Army; I would certainly do it again if I could. I had the opportunity to study completely new (to me!) topics with a very diverse group of officers in my 15-person small group. The entire range of non-AMEDD branches was represented in each small group. On one side sat an armor officer and a combat engineer, and on the other, a special operations forces officer and a signaler. Even though no one spoke my “dental language” at first, we all learned challenging concepts together, translated the material to each other’s framing, and then finally reexamined the lessons through the various lenses in the room. I value the friendships and connections with this group of officers more than anything else I gained at Fort Leavenworth. I now have field grade officers in virtually every branch to reach out to at any moment, all over the Army footprint. The sister Services and international military community were heavily represented as well. In my small group, there was an Air Force officer and students from Morocco and Kazakhstan. This diverse web of professional connections may be the most important part of CGSC.



LTC Delgado and fellow Marylander MAJ Nathan Sitterly at CGSC

I also gained a much greater understanding of how the Army envisions leadership in general and the role of the commander specifically. We studied leadership over approximately eight months of the program during multiple classes. We learned how to develop shared organizational visions and discussed constructive ways to try and implement them over time. A major theme of the course is the role of the staff versus that of the commander in the decision-making process that Army units must carry out at echelon. I attended a one-month course specifically focused on battalion and brigade commands. I hope to use the knowledge that I gained related to leadership and command as much as possible in all future assignments.

Lastly, I left CGSC with a better understanding of how Army endodontics fits into the larger picture of the Army enterprise as a whole. This was a concept I had briefly seen before but never fully grasped. Along with many of my fellow AMEDD students, I took a course taught by Army medical faculty to better understand how Army dentistry nests within the AMEDD on both the operational and non-deployed sides. But more importantly, I finally saw Army dentistry from the crucial perspective of maneuver officers and other combat arms leaders. I tried to learn how they think about the dental unit’s role. Hopefully this allows me to better support their mission and needs while always providing world-class comprehensive dental care for our patients.

Despite my initial trepidation at being the only dentist in the class, I feel that for me the course at CGSC was well worth the investment of time and effort. I believe I can put the tools my faculty added to my “field grade rucksack” into use now and for the rest of my career as an Army endodontist. I would absolutely do it again with no hesitation if given the opportunity.



DENTAL HEALTH COMMAND—EUROPE

SENIOR AND JUNIOR NCO's PATHFINDER VALIDATION EXERCISE & NCO INDUCTION CEREMONY

By: COL Scott Rankin and SGM Carlos Orsinicarrero

Dental Health Command Europe conducted the FY 24 Senior and Junior NCOs Pathfinder validation Exercise culminating with the NCO Induction Ceremony hosted in the Kaiserslautern Military Community, from 29-31 May 2024. The exercise intended to certify the DHCE NCOs in the competencies and warrior tasks to be able to teach and train their Soldiers in their formations.



COL Rankin, DHCE Commander, and SGM Orsini, DHCE SGM, give the welcome in brief to the DHCE Senior and Junior NCO's.

The validation started on 29 May 2024 with the in-processing and welcome brief from SGM Orsini (DHCE SGM). Immediately after the NCOs began TCCC didactic and hands-on training classes covering all seven tables. After completion of TCCC the NCOs initiated the ACFT certification where they learned the proper grading criteria and lanes set up for the ACFT IAW FM 7-22. The NCOs culminated the day with Drill and Ceremony class, enhancing confidence, skills, and esprit de corps needed to build the trust among Soldiers.



SSG Orellana, Porfirio and SSG Shaffer, Trianna from Landstuhl Regional Medical Command gave the intuitive TCCC training throughout the Pathfinder Validation



DENTAL HEALTH COMMAND—EUROPE

SENIOR AND JUNIOR NCO's PATHFINDER VALIDATION EXERCISE & NCO INDUCTION CEREMONY

On 30 May 2024 the NCOs began with Leader Professional Development (LPD) on counseling, Leadership Style, NCOER, Land Navigation didactic and hands-on training, Preliminary Marksmanship Instructions (PMI), Combat Water Survival Training (CWST). During the LPD NCOs demonstrated their ability to test their mental agility and skills to lead throughout real live scenarios.



DHCE NCO's conducted LPD, Land Navigation, and Water Survival Training during Validation



DHCE NCO's performed ACFT and Land Navigation Training and Validation

DENTAL HEALTH COMMAND—EUROPE

SENIOR AND JUNIOR NCO's PATHFINDER VALIDATION EXERCISE & NCO INDUCTION CEREMONY

On 31 May 2024 the Day began with a 4-mile run followed by an open NCO discussion on Army Medicine, the importance of self development, and questions from the Soldiers to the SGM.



The Validation Exercise culminated in the Dental Health Command Europe conducting an NCO Induction Ceremony. Seventeen NCOs were inducted into the Noncommissioned Officer Corps



Dental Health Command Europe FY 24 Induction Ceremony



DENTAL HEALTH COMMAND—EUROPE

VIGOROUS WARRIOR: AN EXPERIENCE AS AN ARMY DENTIST

By: MAJ Garrett Seymore, General Dentist, DENTAC-Bavaria

Helicopters whirled, Strykers rumbled, and HMMWV ambulances left dust trails as they bounced down dirt roads. Medical personnel barked commands, carried litters, and provided life-saving care to hundreds of simulated patients daily at NATO's largest joint medical exercise, "Vigorous Warrior / Clean Care" (VW/CC).

The Vigorous Warrior exercise series, which began in 2011, "allows participating NATO and partner nations to exercise together in a realistic Article 3 and 5 scenario, providing a unique opportunity to train along civilian assets, and offering nations the ability to exercise experimental doctrinal concepts, train in a multinational environment, and stress their medical assets which include first-responder, field hospital, theatre hospital, and definitive full-capability hospital care" (NATO Centre of Excellence for Military Medicine, coemed.org). This is crucial preparation for a potential future where Article 5 is invoked, (i.e. "an attack against one is an attack against all") leading to large-scale combat operations (LSCO) alongside our NATO allies.



The Setting: Bakonykúti Wilderness, Hungary

In May 2024, VW/CC was hosted in the Bakonykúti wilderness training area in Hungary. I had the privilege of embedding with the US Air Force's 86th Medical Group's Expeditionary Medical Support (EMEDS) team.

This year, 1,600 participants from 42 medical units across 35 partner nations gathered for the exercise. Right after the opening formation and the event's commanding officer's briefing, mass casualty scenarios began. Medics from partner nations responded to simulated injuries—blast, gunshot, motor vehicle accidents, CBRNE, and others—across the expansive training area. Patients were evacuated to role II facilities, including the EMEDS setup I was part of, via military and civilian CASEVAC and MEDEVAC assets. Once stabilized at role II, patients were evacuated to definitive care, some physically, some simulated, at Landstuhl Regional Medical Center in Germany.

Preparation and Collaboration

Before heading into the field, my assistant, SPC Monique Valenzuela, and I spent several days in a conference room with the Air Force team. We learned the EMEDS system for role II care, gained situational awareness for the exercise, and got to know our colleagues from the 86th Medical Group and the medical teams from Slovakia and Moldova.

Day One in the Field

The first day involved setting up our EMEDS hospital and touring the facilities and capabilities of our partner nations. The base-level EMEDS field hospital consists of five tents with 40 medical personnel and includes emergency room, surgery, ICU, outpatient, pharmacy, radiology, dental, and command and control capabilities. The system can expand with two additional levels (EMEDS+10 and EMEDS+25) to add more tents, personnel, and capabilities. Our NATO allies brought impressive capabilities such as CBRNE decontamination, infectious disease isolation, and mobile clinics. Seeing these capabilities and setting up the field hospital was truly amazing.





DENTAL HEALTH COMMAND—EUROPE

VIGOROUS WARRIOR: AN EXPERIENCE AS AN ARMY DENTIST

Medical Triage: Stepping Outside the Dental Comfort Zone

As a dentist, I was assigned the role of chief of the triage team for the field exercise. My team included Captain-commandant Tinne De Nys, a Belgian Army dentist, her assistant, Master corporal Jean-Michel Hanquin, as well as Lt Col Stephen Potter, and SSgt Oscar Rangel from the 86th Med Group (with Lt Col Potter serving as chief of dental services). Although SPC Valenzuela and I had little information about our role before arriving, being utilized in triage was not a surprise. Despite my review ahead of the event, trying to refresh on triage algorithms and tactical combat casualty care, I felt some pressure as the chief of the front door service to avoid bottlenecking the hospital's operations.

Throughout the exercise my team and I directed MEDEVAC traffic, gathered critical information, assessed and prioritized casualties, directed litter teams, and ensured proper hand-offs to the appropriate medical teams in the hospital. This was a huge learning experience, testing our ability to think critically, adapt when overwhelmed, and keep cool under pressure.



Observations and Reflections

Being assigned to lead triage meant I didn't get to observe the other teams as much as I would have liked. However, the competence, professionalism, adaptability, and communication I did witness built my confidence in the hands that will be caring for our service members.

The exercise concluded with a cultural exchange party where participants shared their regional foods and beverages and swapped patches—a fantastic send-off, further fostering cross-border camaraderie.

I left the Vigorous Warrior event with valuable experiences and lessons learned. From the commencement formation, I felt a sobering sense of how seriously our European allies take the current threat of potential spread of conflict on the continent. The essential nature of standardization of triage categories, roles of care, and medical terminology across NATO became clear to me for effective communication and collaboration. I also gained a deep appreciation for the medical capabilities and strengths that our partner nations bring to the fight.

I hope never to face a real-life scenario where I must decide who gets care first, who waits, and who gets diverted to die. If that day comes, I feel much better prepared thanks to my participation in VW24. The lessons I learned will certainly make me better in my military and dental career.

Looking Ahead

The next Vigorous Warrior exercise is slated for 2026 in Estonia. As a military medical or dental professional, I highly recommend seeking the opportunity to take part in this eye-opening exercise. It will remind you how and why we practice military medicine.



DENTAL HEALTH COMMAND—EUROPE

4DAYS MARCHES

Who: Thirteen DHCE Soldiers from DENTACs Bavaria, Italy, and Rheinland-Pfalz

What: DHCE Soldiers completed The International 4Days Marches in Nijmegen. Soldiers marched 40km+ per day for 4 days while carrying a 10kg (22lb) rucksack. All DHCE Soldiers were awarded the 4Days Marches Cross upon completion.

When: 16-19 March 2024

Where: Nijmegen, Netherlands

Why: To further strengthen the partnership with our Partners and Allies and promote esprit de corps across our respective formations and the European countries.



EFMB

Four DHCE soldiers, CPT Truong, DENTAC-RP, SGT Alvarado, DENTAC-B, SGT John-Baptiste, DENTAC-I and SSG Pozniak, DHCE-HQ (standing in the center of the photo) successfully completed all requirements and were awarded the EFMB on 10 MAY 2024.

The event was hosted by Landstuhl Regional Medical Center (LRMC). Intensive train up began on 29 APR with testing from 7-10 MAY and graduation on the 10th. There were 94 candidates that started the event, 21 graduated, four, or 20% of the graduates were from DHCE.



CAF PROSTHODONTICS COURSE

CPT Bradley Truong (DENTAC-RP, Wiesbaden Dental Clinic) attended the Canadian Forces Health Services Training Centre Clinical Prosthodontics Course at Canadian Forces Base Borden, in Ontario, Canada. The course was a unique opportunity to not only expand dental knowledge and skills, but also to foster relations and train with one of our NATO partners.

The two-week long course provided didactic training along with hands-on clinical time for six general dentists to develop their skills in a range of prosthodontic procedures under the close guidance of three Royal Canadian Dental Corps Prosthodontists. In total, by the end, the course consisted of a total of 54 hours of lectures and demonstrations, 22.5 hours of practical laboratory exercises, and 13.5 hours of clinical treatment.



MEDCOM Best Leader Competition (BLC), 10-14 June 17, 2024

The MEDCOM BLC took place at Joint Base Lewis-McCord, WA from 10 to 14 June using a scenario-based competition to assess candidates' competencies in executing warrior tasks, battle drills (WTBD) and non-scenario based tasks as outlined in HQDA EXORD 096-21 (Army Best Warrior Competition).

DHC-Europe had one member, PFC Juan Reinoso (DENTAC-RP), representing DHCE on the MRC, EUROPE team.

DENTAL HEALTH COMMAND—EUROPE

MEDICAL READINESS EXERCISE 24-4 GHANA DENTAL SUMMARY

The 2024 Medical Readiness Exercise (MEDREX) in Ghana is complete. The overall dental total was 252 direct patient encounters in the dental clinic and 78 patient encounters with the oral and maxillofacial surgery team. For the dental team there were 308 repetitions on 58 different individual critical tasks. This provided 83% of the requirements on our overall individual critical task list. Both countries celebrated the success of the 2024 Ghana MEDREX at the closing ceremony on 31 May 2024. The speakers and distinguished visitors included COL Michael E. McCown, Deputy Commander of Public Health Command Europe, COL Claude A. Burnett, Director of Global Health Engagement at Landstuhl Regional Medical Center, and Maj Gen Raymond K. Ewusi, Deputy Chief of Staff for Medical, Ghana Armed Forces. The team returned to home station on 1 June 2024. This strengthens the decades long partnership between Ghana and the United States and both countries plan on expansion of the MEDREX in the future to multiple military sites in Ghana and other medical events in addition to the MEDREX.



Dental teams from DHCE included MAJ Ryan Allred, MAJ George Bitar, SPC Leila Powers, and SPC Diana Lopez-Olmos.



Teams in the OR working on a Marginal Mandibular Resection



Before and After Mid-Face Sutures





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.

MedXellence Course

The MedXellence course was mandated approximately 40 years ago to help meet prerequisites for senior level staff and command positions within the MHS. The most up to date scheduling information for MedXellence can be found at the following website: <https://medschool.usuhs.edu/pmb/education/medxellence>.

The website has the dates and registration links for the remaining MedXellence courses for the current fiscal year. Of note, the San Diego course is full, but there is still room at the San Antonio course at the end of this month and the Germany course in August.

Remaining 2024 class dates are:

1. **August - 11th - 16th, 2024** - Garmisch-Partenkirchen, Germany
2. **October - 21th -23rd, 2024** - Virtual Course

If you have other questions, please do not hesitate to contact the POCs below. Thank you for your assistance and interest.
POC: LT Goodrich or Mr. Tinling - tyson.goodrich@usuhs.edu; walter.tinling@usuhs.edu.

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 Excellence 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)

Joint Medical Executive Skills Program

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



CONTINUING EDUCATION

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

Army Ignited

Army Credentialing Assistance

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>

