Army Dentistry

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The Dental Corps Bulletin

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Historic Moment for the Dental Corps– Inactivation Ceremony Dental Health Command, WEST

The U.S. Army Dental Command (DENCOM) was provisionally activated in Fort Sam Houston, Texas, as a major subordinate element of the U.S. Army Medical Command (MEDCOM) on 2 October 1994. Subordinate to the Dental Service Support Areas (DSSA) were a total of 31 Dental Activities (DENTAC) and 20 Dental Clinic Commands (DCC) and the Area Dental Laboratory (ADL). The location of the DENCOM headquarters at Fort Sam Houston, Texas, exemplified its central role in the Army's Medical Operations.

On 1 June 1998, the DENCOM's subordinate Dental Service Support Areas (DSSA) were renamed Regional Dental Commands (RDC). A total of six commands were established: Great Plains, North Atlantic, Southeast, Western, Pacific, and Europe Regional Dental Commands. Subordinate to the Regional Dental Commands were 28 DENTAC's and 24 DCC's and one Army Dental Laboratory.

Pictured:
Top: COL Stefan Olpinski and SFC Leticia Seijas casing DHC-W colors
Middle: COL Olpinski remarks on DHC-W legacy
Bottom: DHC-W Coin Design

In 2014, the DENCOM reduced the number of Regional Dental Commands from six to five. The Great Plains Regional Dental Command was deactivated and DENTAC's from that region were assigned to the Western and Southern Regional Dental Commands.

In 2015, the DENCOM underwent yet another restructure which converted the five remaining RDC's to four Dental Health Commands aligning them under their respective Regional Health Commands. With the transition to the four Dental Health Commands, Dental Health Command-Central (DHC-C) was activated and retained all the DENTAC's West of the Mississippi River to include: Joint Base San Antonio-Fort Sam Houston, Fort Hood, Fort Bliss, Fort Carson, Fort Riley, Fort Leonard Wood, Fort Sill, Fort Polk and three DCC's: Fort Irwin, Fort Huachuca, and Fort Leavenworth. In September 2024, DHC-C was redesignated to Dental Health Command, West (DHC, West).

In July 2025, all DENTACs and DCCs in the West region, realigned and are currently part of their respective Medical Treatment Facilities. The DHC, West oversaw the day-to-day operations of 11 DENTAC's delivering dental care to 12 Army and joint installations.

The DHC, West region provided warrior focused oral health care for more than 200,000 Soldiers across the eight states with an exceptional team of professionals, dedicated to excellence. The DHC, West region provided preventive and sustainment of dental services in the support of the total force to enable readiness and conserve the fighting strength

On 22 October 2025, DHC, West cased their colors in the Fort Sam Houston Theatre with the support of Medical Readiness Command, West Commander, BG Y.R Summons.

More information on other inactivation ceremonies linked below:

Read about Dental Health Command Europe Inactivation Ceremony

Read about Fort Huachuca Dental Clinic Command Casing their Colors

Read about Fort Leavenworth Dental Clinic Command Casing Its Colors

Read about Fort Polk Dental Health Activity casing colors

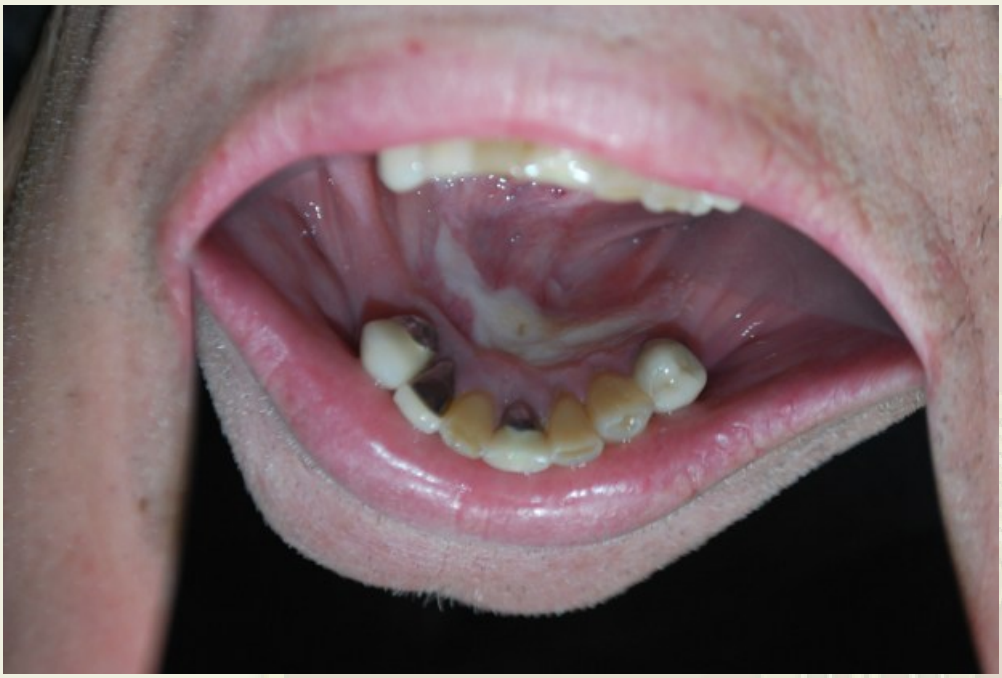
Pictured:
Top Left: Fort Leavenworth Dental Clinic Command Ceremony
Top Right: Fort Huachuca Dental Clinic Command Ceremony
Bottom: DHC-W Ceremony Attendees

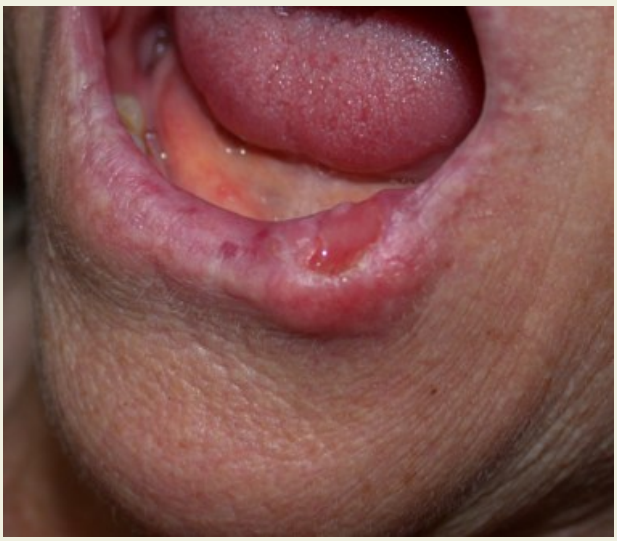
Mouth Cancer Action Month

Written by: MAJ Matthew Rehmel, Chief of Oral & Maxillofacial Pathology, Walter Reed National Military Medical Center

0.4%, 0.6%, and 0.7%. Those numbers represent the death rate from oral squamous cell carcinoma (SCC); compared to all other cancers in the body, from 2009 to 2020, 2021, and 2022 as recorded by the American Cancer Society. 0.7% doesn't seem like a scary number, but the fact that we are seeing a creeping increase over time is concerning. Chances are you or someone you know; a patient, a friend, or a family member, has battled oral cancer and to them 0.7% is not a small number. Another statistic from the American Cancer Society to make note of is the 5-year survival rate for oral SCC which ranges from 95% all the way down to 22%. As we can see from those numbers, not all cancers are the same.

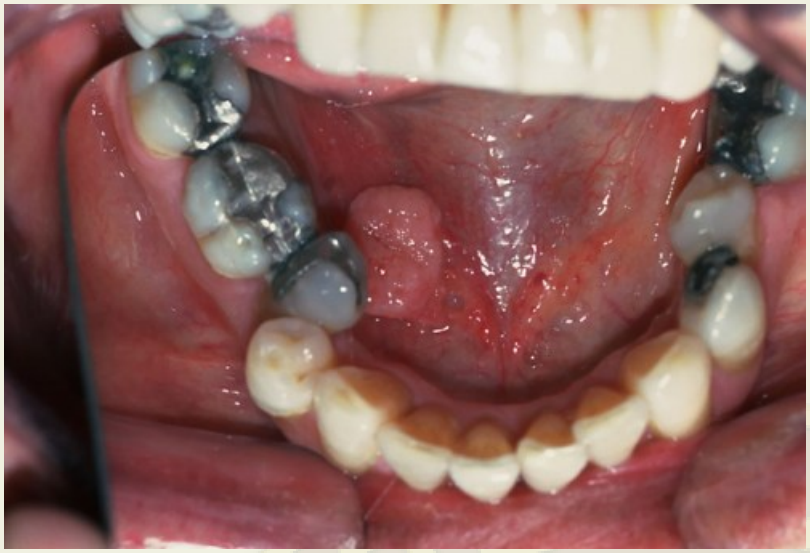
There are many types of oral cancer ranging from salivary gland tumors, odontogenic, metastatic, and more but one of the most common and deadly malignancies is squamous cell carcinoma. The soft tissues of the oral cavity are lined by epithelium which is made up of squamous cells. When genetic alterations occur in these cells, they can begin to divide uncontrollably forming a pre-malignant lesion known as epithelial dysplasia. Epithelial dysplasia can then progress to malignant squamous cell carcinoma. The difference between the two are the atypical cells in dysplasia are confined to the epithelial layer versus when the cells break through that layer and invade into our deeper tissues, then it is squamous cell carcinoma. Once the cells have invaded into the underlying connective tissue, they can wrap around nerves and infiltrate blood and lymph vessels. This is known as peri-neural and lympho-vascular invasion and allows the cells to travel throughout the body and form tumors elsewhere such as the brain, lungs, and bones. This is known as metastasis.



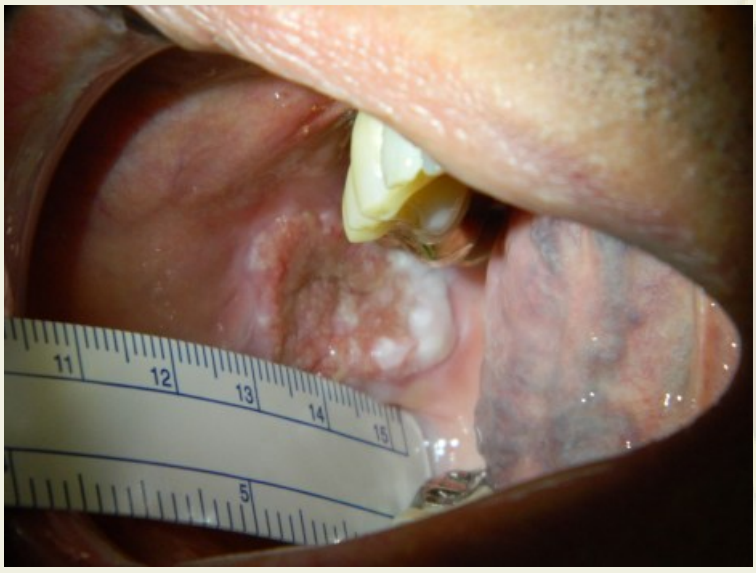


Pictured:
Middle Right: Epithelial Dysplasia noted on floor of mouth
Bottom Left: Squamous Cell Carcinoma (SSC) of the lower lip

Now that we have a basic understanding, we need to discuss what causes SCC and what we can do to prevent it from causing life altering harm and death. SCC has many risk factors, but the big ones to be aware of are chronic, heavy alcohol use and smoking tobacco; the risk is greatly increased when alcohol and tobacco are used in conjunction. Other risk factors include chronic sun exposure to the lips, high risk subtypes of the human papilloma virus (HPV), and immuno-suppression. Most of these risk factors are within our means to control or at least mitigate. Limit or eliminate alcohol intake, strive for tobacco cessation, practice safe sun habits (SPF lip balm, hats, limit exposure), and get routine dental exams.

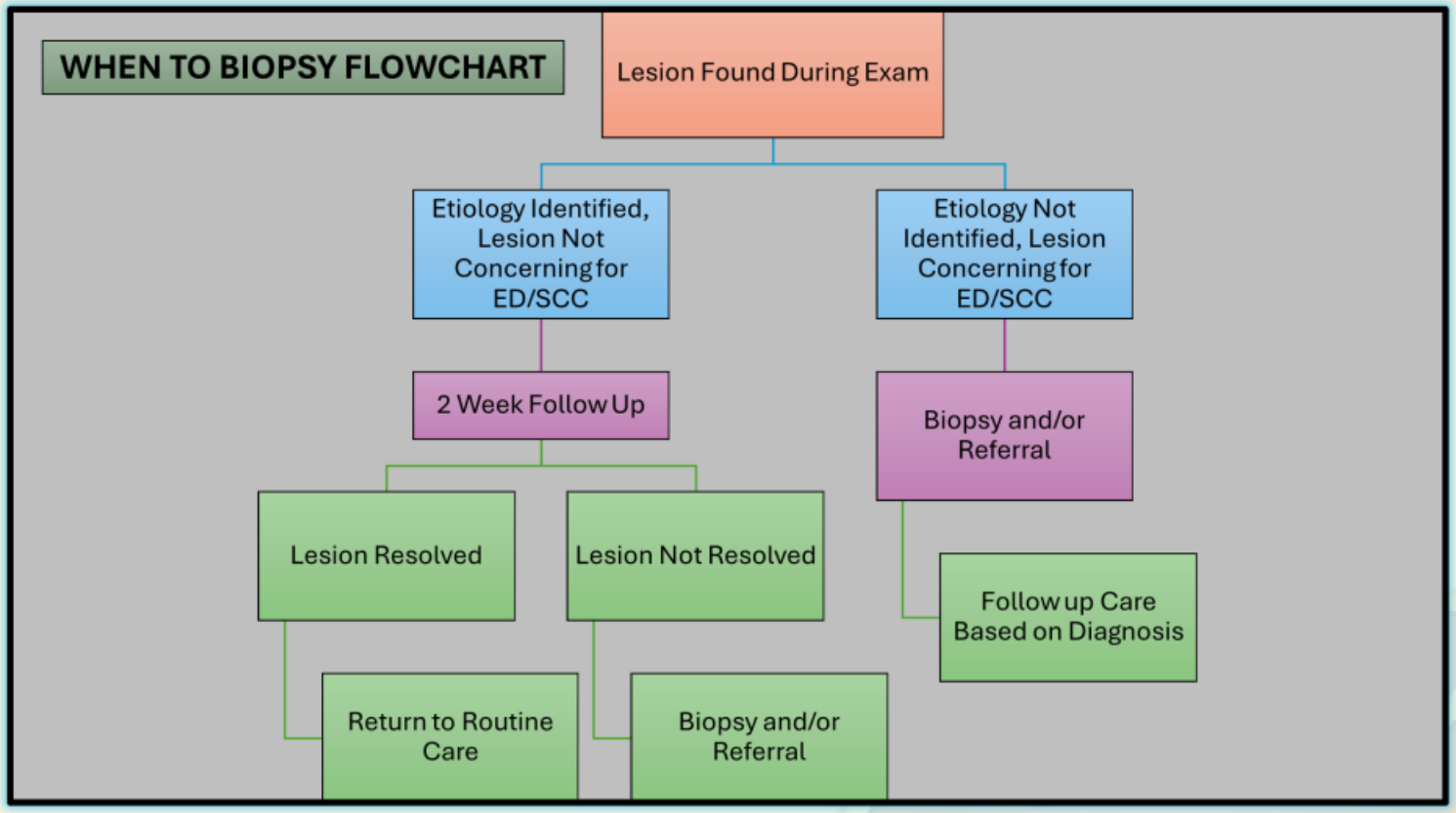


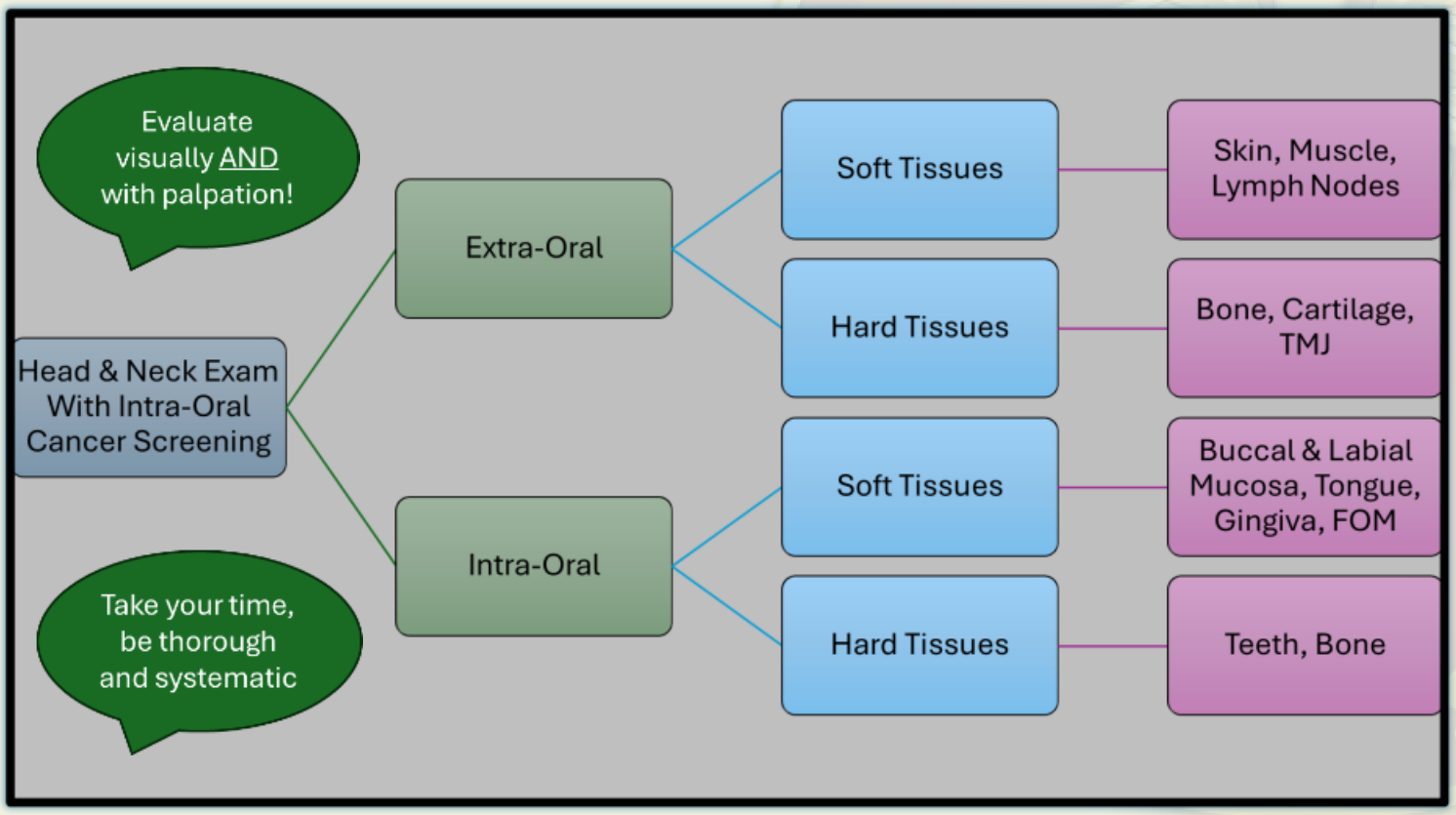
One of the most important services we can offer our patients is a head and neck exam with intra-oral cancer screening. This exam should be done for every new patient, at every annual visit, and more often depending on risk factors and health history. I urge you to talk to your patients about oral cancer, its risk factors, and how performing a thorough head and neck exam with intra-oral screening can potentially identify a lesion in its earlier stages. Early detection and treatment of these lesions can have a monumental, positive effect on prognosis and quality of life. This fact can be seen when we look back at the 5-year survival rate mentioned earlier and its wide range. If we catch these lesions early our patients have a much better chance for a long, full life.



As dental health professionals we have taken an oath to take care of our patients. That means more than providing a perfect smile, which is great, but if SCC is not caught early then there may not be any tissues left to support that smile! Educating ourselves and our patients about oral cancer, decreasing and removing risk factors, and performing thorough head and neck exams with intra-oral cancer screenings are how we fight oral cancer. It's how we may be able to turn 0.4%, 0.6%, 0.7% in the other direction.

Pictured:
Middle Right: SCC of floor of mouth
Bottom Left: SCC of buccal mucosa


WHEN TO BIOPSY FLOWCHART
Lesion Found During Exam
Etiology Identified, Lesion Not Concerning for ED/SCC
Etiology Not Identified, Lesion Concerning for ED/SCC
2 Week Follow Up
Biopsy and/or Referral
Lesion Resolved
Lesion Not Resolved
Follow up Care Based on Diagnosis
Return to Routine Care
Biopsy and/or Referral

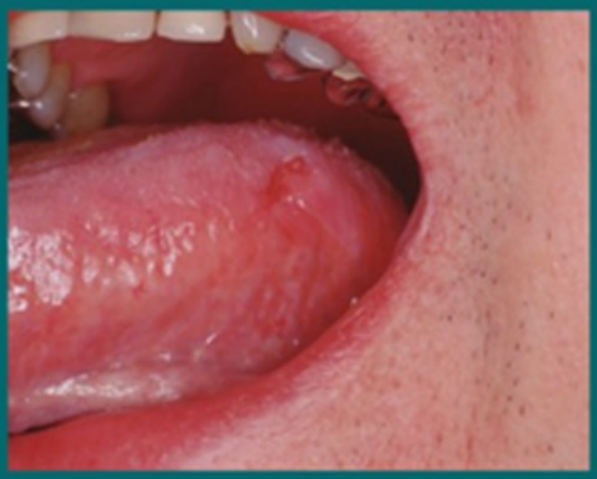

Evaluate visually AND with palpation!
Head & Neck Exam With Intra-Oral Cancer Screening
Extra-Oral
Intra-Oral
Soft Tissues
Hard Tissues
Soft Tissues
Hard Tissues
Skin, Muscle, Lymph Nodes
Bone, Cartilage, TMJ
Buccal & Labial Mucosa, Tongue, Gingiva, FOM
Teeth, Bone
Take your time, be thorough and systematic

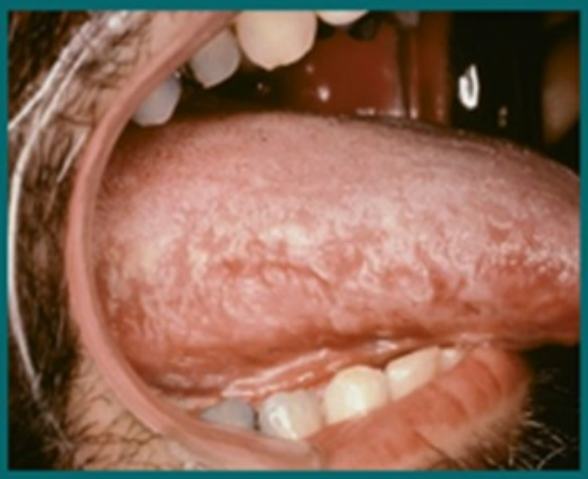
Detecting Oral Cancer

- Red/white lesions with unknown etiology
- Changes in tissue: crusts, swelling, etc
- Difficult swallowing, speaking, or mobility
- Lymph nodes (enlarged and/or fixed)
  - Can be the first detectable sign of HPV related Squamous Cell Carcinoma (SCC)

Mucosal Lesion Progression

Normal Mucosa	Smooth Leukoplakia	Thick, Fissured Leukoplakia	Verruciform Leukoplakia	Erythro - luekoplakia	Erythroplakia





Gupta, Avni, et al. "Disparities in Oral Cancer Screening Among Dental Professionals: NHANES 2011–2016." American journal of preventive medicine 57.4 (2019): 447-457.

Examination Pearls

- Start by viewing patient directly to evaluate symmetry
- PALPATION, both extra and intraorally, to include bimanual palpation of SCM and firm pressure to detect deep tissue nodes
- Look and feel for skin lesions to include the ear and vermillion border
- Fully view tongue by having patient extend it out and wrap anterior 1/3 circumferentially with gauze prior to retraction

Differential Diagnosis Categories

Red / White Lesions	Infectious	Autoimmune	Epithelial
Bumps	Mesenchymal	Adnexal	Salivary Gland

Final Thoughts:

The exam starts as soon as the patient enters the operatory.
Checking for asymmetry and extraoral lesion
Tell your patient you are doing the exam and why!
Do the exam the same way every time for every patient!
If you know the patient has a lesion (ex:referral), still do your full exam and come back to it once finished.
Evaluate the entire head and neck region
This includes: Scalp, ears, thyroid and larynx area, sternocleidomastoid to superior clavicles, skin, and lips
Evaluate the entire oral cavity and as much oropharynx as possible.

AOC Spotlight– 63P Oral and Maxillofacial Pathology

Written by: COL Jennifer Hawie, Consultant to TSG, Oral and Maxillofacial Pathology

Oral and Maxillofacial Pathology is a specialized practice of dentistry that focuses on diagnosing oral diseases, both clinically and microscopically, as well as providing treatment and follow-up care to oral medicine patients. In the Army, Oral and Maxillofacial Pathologists are also heavily involved in postgraduate-level teaching. Every 63P billet (except for the Defense POW/MIA Accounting Agency) is collocated with one or multiple Army Graduate Dental Education training programs. Army Oral and Maxillofacial Pathologists also function to support the Forensic Odontology mission, which includes serving as Dental Forensic Officers of their DENTACs, Leaders of their Dental Forensic Teams, as well as subject matter experts who provide forensic identification training to Army Dental Corps Officers. Additionally, we currently have two Oral and Maxillofacial Pathologists serving in executive dentistry roles: COL Heather Olmo (Army Capability Manager-Dental Services, Ft. Sam Houston, TX) and COL Rachelle Retoma (Chief Dental Officer, DHA, NCR).

UPDATES

Welcome, New Graduates!

MAJ Elizabeth Mackall (left) and CPT Reed McKinney (right) graduated from the 3-year Oral and Maxillofacial Pathology Residency Program at the Naval Postgraduate Dental School in Bethesda, MD, in June 2025

Forensic Dentistry Training!

LTC Parth Mewar participated in FTX in Sept 2025 with 673rd DC(AS) at JBLM, WA. Training included didactic and practical cadaver exercises for Forensic Dentistry. Pictured: Front Row: LTC Koppenhaver, Commander, 673rd DC(AS) (3rd from Left), LTC Mewar (2nd from Left).

Congrats on Retirement!

COL David Flint will be retiring this year. We wish him the best in his future endeavors. COL Flint is currently serving as the Oral and Maxillofacial Pathologist at Walter Reed Medical Center. He will be succeeded by MAJ Mathew Rehmel.

Congrats, New Fellows!

LTC Dawnyetta Hixson (right), CPT Reed McKinney (center), and MAJ Elizabeth Mackall (left) challenged and successfully passed the American Academy of Oral and Maxillofacial Pathology Fellowship Exam at the annual meeting held in Pittsburgh, Pennsylvania, earlier this year.

Find an Oral and Maxillofacial Pathologist near you!

PATHOLOGISTS IN 63P BILLETS		
COL Jennifer Hawie (Consultant)	EAMC, Ft. Gordon, GA	jennifer.b.hawie.mil@health.mil
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COL Samuel Poindexter	DPAA, Honolulu, HI	samuel.e.poindexter.mil@mail.mil
LTC Dawnyetta Hixson	TAMC, Honolulu, HI	dawnyetta.r.hixson.mil@health.mil
LTC Karen Gonzalez-Torres	BAMC, Ft. Sam Houston, TX	karen.e.gonzaleztorres.mil@army.mil
LTC Adam Ochsner	DAMC, Ft. Hood, TX	adam.r.ochsner.mil@health.mil
MAJ Mathew Rehmel	Walter Reed, Bethesda, MD	matthew.r.rehmel.mil@health.mil
MAJ Trevor Miller	William Beaumont, Ft. Bliss, Texas	trevor.e.miller4.mil@health.mil
CPT Reed McKinney	BAMC, Ft. Sam Houston, TX	reed.a.mckinney2.mil@health.mil
CPT Elizabeth Mackall	WAMC, Ft. Bragg, NC	elizabeth.m.mackall.mil@health.mil
PATHOLOGISTS IN EXECUTIVE DENTISTRY BILLETS		
COL Heather Olmo	Army Capability Manager-Dental Services, Ft. Sam Houston, TX	heather.r.olmo.mil@army.mil
COL Rachelle Retoma	Chief Dental Officer, DHA, NCR	rachelle.a.retoma.mil@health.mil

Update on Orofacial Pain in the Dental Corps

Written by: COL Alexander Smith, OTSG Consultant for Orofacial Pain and Dental Sleep Medicine

Orofacial pain as of March 2020 has become the 12th Dental Specialty sanctioned by the American Dental Association. Orofacial pain is the discipline involving the differential diagnosis and management of pain and dysfunction of the trigeminal nerve system. More specifically, orofacial pain practitioners evaluate and treat pain and dysfunction involving the masticatory system and associated structures throughout the face, head, neck and shoulders that transmit sensory information into the brain via the trigeminal nuclei.

The role of orofacial pain providers is to assess sensory and motor disorders of the trigeminal system, co-morbid medical conditions and the physiologic disturbances that affect the perception of pain. Medical-dental training enables orofacial providers to render differential diagnoses and initiate management protocols for patients whose symptoms are often confusing or contradictory when viewed using traditional disease models. Orofacial pain providers address the diagnostic and therapeutic void that exists between non-odontogenic facial pain and medical practice. Patients referred to orofacial pain services come from a wide variety of medical, dental, and allied health care providers. Orofacial pain providers are multidisciplinary in their approach to pain diagnoses and control. Their clinical skills are a blend of dentistry, psychology, neurology, anesthesiology, rheumatology, physical therapy, otolaryngology, and rehabilitation medicine. Collateral duties for orofacial pain providers include writing medical boards and addendums, providing legal depositions, consulting with regional Tricare agencies and conducting continuing education about pain for dentists, physicians and other health care providers.

Pictured: LTC Robert Masterson, COL Stephen Tanner, LTC Paul Goforth at Naval Postgraduate Dental School Graduation for LTC Goforth from Orofacial Pain Fellowship

The Orofacial Pain (OFP) residency is a CODA accredited program and is part of the Naval Postgraduate Dental School (NPDS). The School is a component of the Naval Medical Leader & Professional Development Command (NML&PDC) and is located on the campus of the Walter Reed National Military Medical Center, Bethesda, Maryland. The OFP residency has both a *two-year track* (for previously trained dental specialists) and *three-year track*. All graduates earn a certificate in OFP. Achievement of a Master's of Science in Oral Biology is required for all three-year track residents and select two-year track residents who have not previously attained this degree. The program currently trains residents from all three military services (Army, Navy, and Air Force). The OFP residency covers an extensive body of basic medical sciences as related to the study of pain. Because of the inherent diversity of orofacial pain conditions, the residency incorporates clinically relevant information from a wide array of other dental and medical disciplines. The residency curriculum also includes courses that enhance a dental officer's abilities regarding contingency roles, military leadership and personnel management. Successful completion of the program qualifies the resident to challenge the certification examination by the American Board of Orofacial Pain.

There are currently 4 Active Duty Orofacial Pain trained providers in the Army Dental Corps (COL Alexander Smith, COL Tom Stark, COL Nick Dubyk, and LTC Paul Goforth);2 in training (LTC Robert Masterson and CPT Dallin Duncan); and one selected for training in 2026 (CPT Shelby Pillai).

If you have questions about patient management issues, residency training, continuing education services or any other aspect about orofacial pain, please contact COL Alexander Smith alexander.smith.mil@mail.mil.

Taking Part in an Orofacial Pain Fellowship: Broadening Skills to Help Bridge the Medical-Dental Divide

Written by LTC Robert Masterson, Orofacial Pain Fellow, Walter Reed National Military Medical Center

Since June 2024, I have had the privilege of training at the Walter Reed National Military Medical Center as an Orofacial Pain Fellow. My individual decision to specialize in pain management was driven by a desire to fill a crucial and often-overlooked need. Chronic facial pain conditions, such as temporomandibular disorders (TMDs), headaches and neuralgias, can be debilitating and profoundly impact an individual's quality of life and ability to perform their military duties. Unfortunately, due to a lack of training in traditional dental and medical education, these conditions are often ignored, misdiagnosed or treated improperly. Receiving specialization in Orofacial Pain provides an opportunity to change that. Thus far, my 16 months in training have not only enhanced my own clinical skills but allowed me to be a part of a greater mission- delivering compassionate care that provides relief to fellow servicemembers dealing with crippling, life-altering pain.

In my opinion, getting the opportunity to train 'out of service' brings more to the table than just clinical experience. The fellowship in Bethesda, MD offers an unparalleled opportunity for professional development through direct exposure to a Naval Medicine Command and the Naval Postgraduate Dental School. For Army dentists, being located at Walter Reed is akin to a broadening assignment—while training within this system, I have gained a deeper understanding of the unique challenges, needs and operational processes within the Navy. The National Capital Region patient population is unique—the halls of Walter Reed are filled with Naval warfighters with maritime missions, senior Pentagon officials and a large base of retirees- hearing about their experiences and formulating pain management plans around their various occupations has been like an informal professional military education course.

My training has also been aligned with the ongoing integration of dental and medical services under the Defense Health Agency (DHA). The clinical practice of Orofacial Pain, when done right, is embedded with medical colleagues as it should be a joint effort to treat chronic pain. Specialties with overlapping dental/medical skillsets naturally help to bridge the historical divide between the two fields. The interdisciplinary nature of care at Walter Reed has provided the opportunity to learn alongside a diverse group of medical professionals as we collaborate on complex pain care scenarios. Orofacial pain patients often seek care from a variety of other specialists, including neurology, behavioral health, head and neck surgery teams, and physical therapy (among many others). Communicating and treatment planning with other specialists has refined my own expertise in diagnosing and managing facial pain but also prepared me to navigate the evolving landscape of military healthcare. The convergence of dental and medical services under the DHA presents a unique opportunity and it would be wise to ensure there is a dental footprint in the major medical centers. Orofacial pain providers can help fill this role, but unfortunately, the Army only has a handful of trained providers. Prioritizing the training of more Officers in this field would be a critical step in the right direction in this new era of integrated military healthcare.

Even if it's not possible to train more OFP specialists, I believe we can elevate the standard of care for orofacial pain diagnosis and treatment provided in Army Dental Clinics through other programs. Upon completion of training, I hope to collaborate with other OFP providers to translate our knowledge and the techniques learned to create an educational curriculum for general dentists. My goal is to empower a wider network of practitioners with the foundational skills to identify, diagnose, and provide initial management for orofacial pain, ensuring that specialized care is more accessible throughout the military healthcare system. This initiative will not only improve patient outcomes but also create a ripple effect of knowledge and capability across our dental force.

This opportunity has led to significant clinical, academic and professional growth for me personally, and I believe it is one of the 'best kept secrets' in military medicine clinical training. Currently, the need for head and neck pain care exceeds our capacity- and the result is many of our fellow soldiers across the Force are suffering. If Orofacial Pain interests you, consider pursuing residency or fellowship training—you can make a difference!

Serving Those Who Serve: My Journey Through a Military Orofacial Pain Program

Written by CPT Dallin Duncan, Orofacial Pain Fellow, Walter Reed National Military Medical Center

Pictured: LTC Robert Masterson, CPT Dallin Duncan, and COL Alexander Smith at the Orofacial Pain Clinic, Walter Reed

Orofacial Pain (OFP) is one of the most fascinating and rapidly evolving fields in dentistry—often described as the bridge between medicine and dentistry. Although OFP was formally recognized as a dental specialty in 2020, the demand for trained specialists has been present for decades.

My own journey into OFP began as a dental student at Virginia Commonwealth University, where I had the privilege of shadowing retired Air Force Colonel Shawn McMahon in his orofacial pain practice. I was captivated by the complexity of his patients—many of whom arrived with jaw pain, headaches, or ear pain/pressure that persisted despite multiple visits to other healthcare providers.

That experience taught me an invaluable lesson: not every dental complaint is caused by a tooth. I became eager to learn more about these conditions and the unique role dentists can play in managing them.

After graduating in 2022, I completed a one-year Advanced Education in General Dentistry (AEGD) program at Fort Campbell, Kentucky and then PCS'd to Fort Hood, Texas. During weekly dental sick call, I encountered service members with significant facial pain that was not tooth-related—an often-overlooked category of patients whose needs were difficult to address in routine dental clinics. These experiences confirmed my desire to pursue OFP, so that I could help find solutions for these patients and educate other provider's about non-odontogenic pain and its manifestation in the head and neck.

Today, I am honored to be an Orofacial Pain resident at the Naval Post-graduate Dental School at Walter Reed National Military Medical Center in Bethesda, Maryland. Instead of preparing teeth for crowns or performing extractions, I now focus on diagnosing and treating temporomandibular disorders, neuropathic facial pain, and headache disorders. My didactic preparations include studying in depth head and neck anatomy, managing chronic pain medications and learning about various pain conditions that can manifest in the head and neck. My clinical routine includes seeing new patients or follow-up exams daily. Often, we incorporate telehealth to reach the maximum number of patients possible. Our focus is pain, but we also will fabricate oral sleep apnea appliances for patients and manage any side effects of those appliances.

Our department receives referrals from and closely collaborates with various healthcare providers across the National Capital Region, including ENT, neurology, pain management, primary care, and fellow dental providers. We emphasize conservative, reversible treatment strategies, ranging from pharmacologic management to oral appliances, ultrasound therapy, dry needling, and trigger-point injections.

During my residency in Orofacial Pain, I have witnessed firsthand how targeted pain management transforms the lives of our warfighters. By addressing chronic jaw, facial, and headache pain, we not only alleviate their physical discomfort but also restore their sleep, focus, and resilience. These improvements ripple beyond the clinic—enhancing their operational readiness, performance in the field, and overall quality of life. Seeing service members return to duty stronger and more confident has underscored for me the critical role Orofacial Pain care plays in supporting both the individual, the mission and building bridges between disciplines for the benefit of our military community.

Marching for Bling, Brotherhood, and Blisters: Rucking Through Europe with the Molar Militia

Written by: CPT(P) Andrew Kennedy, General Dentist, DENTAC Bavaria

Pictured: 2025 Molar Militia

CPT Andrew Kennedy, LTC Miguel Roland, MAJ Allison Bertoni, CPT Trevor Milward, CPT Emily Phelan, CPT Conor Snyder, SGT Davie Bosquez, CPL Jacob Micciche, COL Ben Mcgovern, PFC Juan Reinoso, MAJ Fritz Dawson, SPC Jarbin David Diaz, CPT Lucas Pepper, LTC Andrew Taylor, CPT Shane Hansen

Do you like walking for long periods of time? Do you wish you could wear your boots more often? Are you looking to add a little extra bling to your ribbon rack? If you answered yes to any of these questions, then international military rucks in Europe might be exactly what you're looking for.

Two of the most well-known events are the Diekirch March in Luxembourg and the Nijmegen March in the Netherlands. Both offer challenging routes, scenic views, international camaraderie, and the chance to earn foreign service ribbons authorized for wear on your Class A uniform. They're similar in spirit, but differ in scale, logistics, and tradition.

A Brief History of the Marches

The Nijmegen March began in 1909 as a Dutch military training event to improve troop fitness. Over the last century, it has grown into the largest multi-day walking event in the world. Held annually in July, it brings together over 40,000 participants from more than 50 countries. For military members, it's a powerful mix of tradition, challenge, and international military cooperation.

The Diekirch March, established in 1968 in Luxembourg, is a military-focused event that has steadily grown in size and prestige. While it's smaller and more low-key than Nijmegen, Diekirch is no less respected, and it draws participants from all over Europe and beyond. It offers a great introduction to international rucking.

Diekirch March– A Scenic, Steep Challenge

If you're looking to break into international marches, Diekirch is the perfect place to start. The event is flexible, accessible, and doesn't require a massive amount of pre-planning. Registration is available online at www.marche.lu up to 24 hours before the event—or even the morning of, if you don't mind standing in line.

Located in the hills of Luxembourg, the terrain is beautiful but deceptively tough. There are several route options that qualify you for the foreign award:

While the event only spans two days, the elevation gain makes it a real test of endurance and pacing. Many participants say that Diekirch is physically more demanding than Nijmegen due to the hilly terrain.

Many military participants also use Diekirch as a tune-up march for Nijmegen. The timing—usually about a month before the Nijmegen, makes it an ideal training event to test gear, build mileage, and get mentally prepped for the longer challenge ahead. If Nijmegen is on your radar, Diekirch is a great way to check your readiness.

Nijmegen March – The Ultimate Marching Experience

If Diekirch is a warm-up, Nijmegen is the main event. The International Four Days Marches Nijmegen covers 160 kilometers over four days—and it's unlike anything else in the military world. Thousands of civilians and uniformed personnel march side-by-side in one of the most physically and culturally rewarding experiences Europe has to offer.

U.S. service members apply through www.usnijmegenmarch.com between January and February. The application process is competitive, with selection priority given to:

1. Returning teams
2. Returning individual marchers
3. First-time teams
4. First-time individual marchers

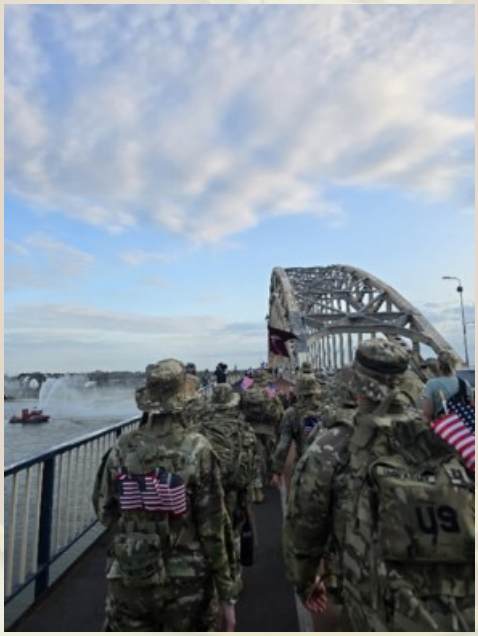
If it's your first time, your best shot is to ***join a team***—and that's exactly what we did.

This year, we formed a team of Army dentists from across Europe, proudly marching under the name "*The Molar Militia*." We trained independently at our duty stations but came together in the Netherlands to march as a unified team. The event was more than just a physical challenge—it gave us the chance to build camaraderie, share professional knowledge, and strengthen connections across the Dental Corps. There's nothing like four days of sore feet, sunburn, and shared misery to turn colleagues into lifelong friends.

But Nijmegen is more than just marching. It's a *full-blown* cultural exchange. Along the route, locals line the streets, cheering, waving flags, and handing out everything from cucumbers to marshmallows. Bands play. Kids high-five you. Entire towns throw block parties to support the marchers. It's a moving reminder of the deep bond between the Dutch people and Allied forces—especially the U.S. military.

At night, military participants are lodged in Camp Heumensoord, a temporary compound built by the Dutch military exclusively for the event. It's a city of its own, filled with thousands of soldiers from dozens of nations. And once the boots come off, the trading begins—patches, flags, coins, and gear are exchanged in a flurry of camaraderie and good-natured bargaining. If you bring extras, you'll leave with an eclectic international collection and a ton of great stories.

The march ends in spectacular fashion with the "Via Gladiola"—a long final stretch into the city center of Nijmegen, lined with tens of thousands of cheering fans. Marching that road in formation, flags flying, after four grueling days, is one of the most rewarding experiences in uniform. It's not just a finish line—it feels like a victory parade.



Final Thoughts

Both Diekirch and Nijmegen are incredible opportunities to test yourself physically, represent your service and country abroad, and take part in longstanding military traditions that foster international partnership and pride.

Whether you're marching for the ribbon, the adventure, or the memories, start training— and we will see you next year!

Year Review for the Office of the Chief, Dental Corps

On behalf of the Office of the Chief, thank you for your warm hospitality and support during our yearly site visits and speaking engagements throughout the year. Your professionalism and commitment help make each event impactful and strengthen our connection across the Corps!

Combat Ready Care . . . This We'll Defend!

PROFESSIONAL MILITARY EDUCATION

Discuss these opportunities with your Command and Professional Development Officer.
For convenience, all websites are hyperlinked to the section title.

Issues accessing the hyperlinks through Adobe Acrobat?

Troubleshooting steps:
1. Click to enable all features in Adobe
2. Right click the hyperlink
3. Select "copy link location"
4. Open preferred web browser
5. Paste the copied link in the web address bar

Captain Career Course (CCC)

Phase 1 is no longer required. Submit signed DA3838 to HRC, DC PDO: LTC (P) Eric Setter, eric.j.setter.mil@army.mil

MedXellence Course

USU's MedXellence Course provides current and aspiring Military Health System (MHS) leaders 40 hours of continuing education credits and an unparalleled opportunity to expand their leadership and management skill sets, through its robust curriculum consisting of both lecture and hands-on small group exercises that are based on real-world MHS scenarios

Click for the dates, POCs and registration links.

Intermediate Level Education (ILE)

The primary method of completion is distance learning.

Submit signed DA3838 to LTC (P) Eric Setter, eric.j.setter.mil@army.mil.

Expert Field Medical Badge (EFMB)

Testing is conducted annually at multiple sites across the Army.

Army Training Requirements and Resources System (ATRRS)

Brigade Health Care Team Course

Tactical Combat Medical Course

Defense Medical Readiness Training Institute (DMRTI)

Combat Casualty Care Course (C4)

Joint Medical Executive Skills Program

Click 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

Defense Strategy Course

Army Ignited

Army Credentialing Assistance

Army Dentistry at Work Podcast:

iTunes Spotify

Check out the New and Improved Dental Corps SharePoint

New additions include LPD recordings and resources, Dental Corps MILPER updates, Dental Bulletins, operational dentistry training resources, and Policy updates. The SharePoint is continuously being updated with new content to make it a valuable resource that meets your needs.

All health.mil users must join Army 365 DoD Guests to access the Dental Corps SharePoint. Joining can be completed by following this link

Upcoming Continuing Education Conferences:

17-20FEB2026: Garmisch Dental Conference

16-19MAR2026: Endo-Perio-Prosth Short Course

Upcoming Leader Professional Development:

20NOV2025: Familiarization with 68E training and approaches to effective train with MAJ Carolina Wentworth, MAJ John Fleischmann, and CPT Lara Powell

Connect with a GDE Ambassador to learn more about a dental specialty (63B-P):

Contact MAJ Eric Hu (eric.c.hu.mil@health.mil) of the GDE Ambassadors Program

General Questions to the Army Dental Corps:

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