Army Dentistry

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Dental Corps Leaders,

As I continue to adapt to the role of the 30th Chief of the Dental Corps here in Falls Church, I am deeply honored to serve alongside each of you. Transitioning into a new position of responsibility always brings a new perspective. These shifts allow us to reflect on where we have been, understand the lessons learned from challenges we face, and focus intentionally on where we hope to go. **Transitions test our agility, but they also offer a vital opportunity to reinforce the foundations of Army Dentistry: operational readiness, clinical excellence, and disciplined development.**

Throughout my career, one consistent lesson has proven to be true: an organization's resilience is defined by the depth and preparation of its people. To maintain our relevance and mission readiness across the operational force, we must be actively building our bench. *Advanced Clinical Education* cultivates clinical exports and mentors who elevate standards of care across all formations. *Professional Military Education* builds strategic thinkers who effectively represent Army Medicine at higher echelons and joint billets. *Nominative Command Roles* directly shape the future of our Corps.

Stepping forward into challenging roles and professional development is a significant individual milestone. Taking on these challenges also affords a vital investment in the collective strength of our Corps. Our mission demands teammates who are prepared to operate seamlessly at the clinical, operational, and strategic levels.

Take a moment to assess your career trajectory, engage with your mentors, and pursue opportunities that challenge you to grow. The future of Army Dentistry is strong and bright, but relies on your commitment to excellence, expertise in your field, and leadership within your respective footprints.

Very respectfully,
COL Paul M. Colthirst, 30th Chief, Army Dental Corps



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Transitions Within the Dental Corps: New Roles, New Beginnings

Leaning Into Integration: How Landstuhl Regional Medical Center is Leading the Blueprint for a Stronger Dental Corps - *Contributed by LTC Ryan Allred*

Over this past year Army Dental command realignment took center stage. The constant transformation of military medicine demands that we evolve. In July 2025, Dental Health Command Europe, DENTAC Italy and SHAPE Dental Clinic Command inactivated. All had a profound impact on how dental operates at Landstuhl Regional Medical Center (LRMC). While the role of Deputy Commander for Dental Services (DCDS) at LRMC was established years prior, this structural shift marked the first time complete command authority of dental clinics aligned under the hospital. This transition is happening across our enterprise, but transitions alone do not guarantee progress—strategic integration does. At LRMC, we didn't just accept this change; we leaned into it. True integration requires moving past the outdated mindsets of "medical doesn't understand dental" or "that's just not how we do things." Instead, military dental must lead the charge in raising patient care standards by fully leveraging the vast resources, expertise, and leadership pipelines of our hospital platforms. Our successes over the past year offer a small sampling of what is possible when we pull up a seat to the table, and they demonstrate a direct commitment to the U.S. Army Dental Corps Strategic Plan.

1. Elevating High-Quality, Safe Care (The TJC Overhaul)

During a pre-accreditation site assist visit in preparation for The Joint Commission (TJC) survey, we identified critical gaps in our sterilization workflows. We immediately welcomed the LRMC Department of Quality and Safety (DQS) into our spaces. Once the hospital understood where we could improve, we were able to leverage their resources to reshape our sterilization operations in the following ways:
We secured $2 million to completely overhaul our instruments and meet stringent TJC standards. We then approved staffing by hiring second civilian sterilization technicians at our large clinics. Sterile processing is a dedicated specialty. In hospitals, surgical technicians own this space; in dental, we must stop using our 68Es as full-time sterilization technicians and instead utilize them as the highly trained clinical dental assistants they are. Historically, DENTACs have assigned sterilization oversight as an additional duty to a dental officer or utilized a civilian splitting time between infection control and patient safety. We changed that. To align directly with hospital standards, our civilian dental infection control and patient safety expert was fully integrated into the LRMC Department of Quality and Safety (DQS), with a revised position description focusing solely on infection control.

Furthermore, we formalized a critical shift through the hospital Executive Committee: the hospital Sterile Processing Department (SPD) now maintains policy and operational oversight for all dental sterilization. At the end of the day, sterilization is sterilization. The hospital's SPD features full-time officers and staff who's single, driving focus is upholding the highest sterilization standards. This integrated hospital oversight significantly mitigates clinical risk while simultaneously freeing our dental providers to focus on what they do best—delivering high-quality care to our patients.

These efforts directly support the Dental Corps Strategic Plan, specifically Objective 5.2 of Line of Effort 5, by modernizing dental equipment and capabilities to close gaps and mitigate operational risk. Furthermore, by formalizing oversight through the hospital's broader quality and safety infrastructure, we are actively advancing Objective 2.2 of Line of Effort 2, integrating dental expertise and functions into installation-level medical governance councils.

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2. Broadening the Officer Leadership Pipeline

Integration has broken down the silos that previously capped Dental Corps career trajectories. Our dental officers are exceptionally capable leaders who can—and should—compete with the rest of the Army Medical Department (AMEDD). This year, comprehensive dentist MAJ(P) Rikki Winslow successfully interviewed and was selected as the Executive Officer (XO) for the LRMC Medical Readiness Battalion. Serving as an XO within a Centralized Selection List (CSL) command directly prepares our officers for future command opportunities. The DCDS role at the hospital helps prepare officers for CSL and senior nominative commands. Serving in these high-profile hospital roles at the local level ensures our Corps remains highly competitive on the AMEDD stage.

These achievements are a perfect reflection of the Dental Corps Strategic Plan Line of Effort 1: Recruit, Build, and Strengthen the Army Dental Profession. By placing our officers in highly competitive AMEDD roles, we are executing Objective 1.1 to develop Senior Strategic Leaders capable of operating across complex medical environments, and Objective 1.3, ensuring we select the right personnel for the right roles at the right times to meet mission demands.

3. Fostering Dynamic Enlisted Leaders



1SG Julie Carmona (68E) embraces 1SG Keiden Jones (68K) during the Change of Responsibility for Dental Health Activity-Rheinland Pfalz

Our commitment to integration is not limited to our officers; it is vital for our noncommissioned officers (NCOs). When DENTAC-Rheinland Pfalz faced a critical First Sergeant vacancy, our strong relationship with the hospital allowed us to pull an exceptionally qualified E-8—a 68K (medical laboratory specialist)—into the role. Welcoming diverse perspectives from outside the dental specialty only serves to make our units stronger and more resilient. Conversely, this pipeline must run both ways. If a 68E First Sergeant has completed 18+ months of successful time in a first sergeant position, they should look to broaden their horizons within the hospital footprint. There is absolutely no reason a 68E cannot serve as the Senior Enlisted Advisor to the Deputy Commander for Administration (DCA) or the Deputy Commanding Officer (DCO). Giving our NCOs the opportunity to interview and selected into these key positions directly prepares them for the Sergeant Major Academy and top-tier strategic leadership.



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Empowering our NCOs through cross-functional leadership roles further champions Line of Effort 1. Just as we develop our officers, extending these diverse opportunities to our enlisted leaders is crucial for building a tactically proficient and highly competent Dental Corps postured to excel within the broader Military Health System.

The Way Forward:

Integration is the path to a stronger Dental Corps. By embracing hospital resources, aligning our clinical standards with the highest echelons of medical safety, and aggressively pursuing cross-functional leadership roles for our officers and NCOs, we protect both our patients and the future of our profession.

Let's not fight integration. Let's lead it.

Transitions Within the Dental Corps: New Roles, New Beginnings

As with every PCS season, many of our exceptional Dental Officers are taking on new responsibilities, new roles, and finding new ways to forge the path forward. Below are vignettes of just a selection of our Officers who are not only growing as clinicians, but also as Officers and leaders.

CPT Rebecca Goldfield – Recent graduate from Penn Dental Medicine; AEGD-1 Resident; JBLM, WA





Just a few months ago, I was a fourth-year dental student at Penn Dental Medicine, focusing on finishing clinical requirements and earning my DMD. This summer, everything changed quickly. I graduated, commissioned as a Captain in the U.S. Army, and transitioned directly into DCC and BOLC. **Going from student to Army officer almost overnight** has been both exciting and humbling. It is definitely a season of transition like nothing else.

From DCC and BOLC to my PCS to Joint Base Lewis-McChord, this summer has been filled with new experiences. I have learned Army customs, expectations, leadership, and responsibilities that were completely outside my dental school experience. Now, I am navigating in-processing and required orientation training while preparing to begin my AEGD-1 residency year. It has been a lot of change in a very short amount of time, but every stage has taught me something new.

The biggest challenge has been **learning to navigate an entirely new system while simultaneously adjusting to a new location, new responsibilities, and a new professional identity.** There is definitely a learning curve. But there is also **something exciting about being a beginner again**. I am learning that becoming an Army dentist is about much more than clinical dentistry. It requires adaptability, leadership, confidence, and a willingness to ask questions and keep learning. Although my AEGD has not officially started, I can already see how this transition will shape my career. I am beginning to understand what it means to serve not only as a dentist, but as an Army officer and member of the Dental Corps. **If I could give myself advice a year ago, it would be to embrace the uncertainty**. I spent a lot of time wondering what this transition would look like. Now I know: *you learn as you go.*

The pace has been fast, but I am excited for what comes next.

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CPT Shane Hansen – AEGD-2 Resident, Fort Bragg, NC



After five years serving with Dental Health Activity Bavaria and Dental Health Command Europe (now MRC, EUR) my transition to Fort Bragg, NC marked more than just a PCS**, it represented a significant change in how I approached my role within the Army Dental Corps**. In Europe, I had grown comfortable in my role as a general dentist while taking on opportunities outside the operatory, including continuing education initiatives such as the Garmisch Symposium, completing the Nijmegen Ruck, various clinic leadership, and participating in multinational engagements with NATO allies and partners. Those experiences gave me opportunities to lead and contribute across the organization, but they also helped clarify what I wanted the next stage of my career to look like.

Shortly after returning to the United States, I began the 2-YR AEGD-2 Comprehensive Dentistry Residency at Fort Bragg, NC. **The biggest challenge so far is learning how to be a student again**. When you've been practicing for years, you build habits and get used to a certain pace. Residency forces you to hit the brakes, check your ego at the door, and rethink procedures you thought you had down cold. It's humbling to realize that the more dentistry I do, the more I recognize how much I still don't know. **You have to accept that having experience doesn't mean you can skip refining the fundamentals.**



Honestly, **the humbling reality** is what attracted me to the program. The AEGD-2 provides an opportunity to expand beyond the scope of day-to-day general dentistry and develop greater depth across multiple disciplines. More importantly, it provides protected time to learn from experienced and incredible mentors while developing the clinical judgment necessary to manage increasingly complex patients**. My goal is not simply to become technically better at dentistry, but to become a more capable comprehensive dentist who can contribute as a clinician, mentor, and leader throughout the remainder of my Army career**.

If I could give myself advice a year ago, it would be to **remain comfortable with being uncomfortable**. Some of the most valuable opportunities in the Army come from leaving roles in which we have become confident and starting again somewhere new**. Transition inevitably means giving up some familiarity, but it also creates the opportunity to identify weaknesses, develop new skills, and determine what kind of officer and clinician you want to become next**.

MAJ Patrick Arbuckle – Dental Corps Executive Fellow, HQDA, OTSG, Falls Church, VA



I am the Dental Corps Executive Fellow in the Office of the Deputy Corps Chief, OTSG. The fellowship is based at Defense Health Headquarters in Falls Church, which is the central office for Army, Navy, and Air Force Medicine, as well as DHA. In this role, I help the Dental Corps Chief carry out Title 10 functions, such as setting professional standards and policies for dental practice, planning workforce use and development, and advising OTSG on Army dentistry.

The fellowship allows time to work on a variety of initiatives across Army Medicine, professional development, clinic time, and opportunities within OTSG and MEDCOM. I have taken local and online courses, maintained my clinical practice, and served as an Action Officer for TSG at the upcoming AUSA Annual Meeting. For mid-career officers, the main benefit is the perspective you gain. **You get to work directly with senior leaders and see how decisions are made at the OTSG and MEDCOM level**. **You will have exposure to and work with the other AMEDD branches**. While you do not need command experience to apply, having served as a commander or deputy commander can help you get more from the fellowship. Other branches include broadening assignments in their command-staff development, **and this fellowship offers the Dental Corps a similar chance to grow in a strategic staff role after a company command or other leadership roles**.

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MAJ Toria Koutras – Recent Graduate, Periodontics (63D) Residency; Periodontist, West Point

Transitioning from residency to my first assignment as a staff periodontist brought an **unexpected mix of new responsibility and a bit of a learning curve**. The first month was foundational and involved moving, in-processing the installation and hospital, and securing credentials and computer access. I used this time to take a full inventory of the instruments and biomaterials that were available and ordered specific items and kits that had worked best in my hands during training. I also had to learn to navigate Track Core for inventory and management.

Stepping into the role meant **establishing myself as the new periodontist** following the coverage gap that inevitably occurs during the PCS season. I created and distributed referral guidelines for the general dentists and staff, then followed up with presentations that covered the foundations of periodontal disease and diagnosis, and touched upon the specific coding for the variety of hygiene procedures. I also presented on the critical role of periodontal maintenance in preserving periodontal health, maintaining post-surgical and implant outcomes, and supporting the importance of adequate dental hygiene staffing at the duty station. Once I was able to begin patient care, I steadily worked my way through the backlog of patients that were waiting for their evaluations and treatment. **My assigned assistant was new to the periodontal field and I was new to the clinic so we worked together to establish a schedule and evaluation rhythm that worked best for us both.** The whole clinic participated in the Dental Rodeo for 10 days, where all the new Cadets of the fourth year class, or Plebes, receive their first annual dental exams. As a clinic, we averaged 130 dental exams per day**. It was a unique and fun experience to be able to talk with the Cadets about their experiences over their first months at USMA and what they had in the upcoming months.**

Beyond the clinic, the season brought its own milestones. We bought a house, sold our previous home, completed the move and began preparing the house for the eagerly anticipated arrival of our first child. We were excited to embrace the traditions of the West Point community and made an effort to attend the Cadet's milestone events and well as any home sporting events. I joined the Keller Army Community Hospital Social Committee and attended the beautifully organized and decorated Keller Army Community Hospital Ball. We also have filled our weekends with exploring the beautiful Hudson Valley and taking advantage of all the hiking trails in the area.

Overall, this transitional stretch of time has allowed me to begin to develop my own rhythm for my periodontal practice in a new environment as well as to develop relationships within the clinic and community.





On the note of new beginnings and new roles, a profound CONGRATULATIONS to our AY28 LTHET Selectees! Your future as Soldiers and clinicians is bright, and we are all excited to see what you continue to do for the betterment of the Army Dental Corps.

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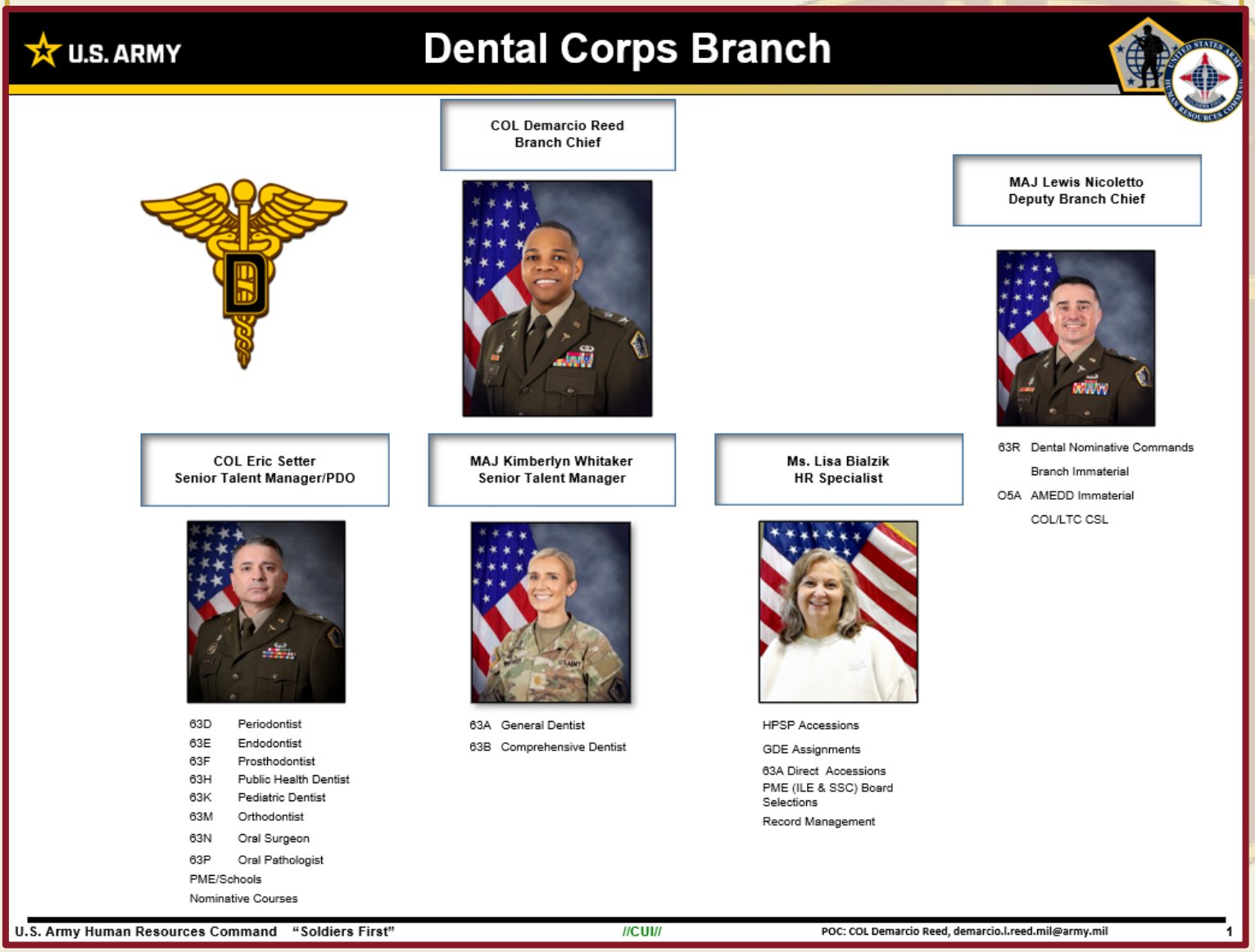
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Human Resources Command (HRC Updates)

HRC Dental Corps Branch Reorganization

To improve overall efficiency, the HRC Dental Corps Branch has restructured several roles and responsibilities. The reorganization was briefed to all DC AOC Consultants on 3 September, and the field is being notified as all changes are now in effect.

The primary changes include:
All specialty (non-63B) AOCs transitioned to COL Eric Setter
The 63B AOC transitioned to MAJ Kimberlyn Whitaker
All GDE assignment notifications will be coordinated and released by Ms. Lisa Bialzik
All command and 63R (DC Immaterial) positions will be managed by MAJ Lewis Nicoletto



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Human Resources Command (HRC Updates)

The Power of the "Diamond of Communication"

A successful assignment isn't just about clicking buttons in IPPS-A; it's about alignment. We highly encourage you to establish open dialogue between the four corners of your career support team:
1. **Your Talent Manager (TM):** We are here to help navigate distribution cycles, nominative opportunities, board file inquiries and professional military education (PME), but we can only support you if we know your professional goals and family needs.

2. **DC AOC Consultants:** They provide clinical and technical lens for your next role. Ensure they are aware of your desires so they can provide informed recommendations to the Branch.

3**. Current Leadership:** Your current command's support is vital, especially for YMAV extensions, curtailments or stabilization requests.

4. **Family (MACP/EFMP/Spouse Career)**: If dual military, ensure YMAV alignment and your EFMP status is current (goal is to have a minimum of 6 months to a year left in your current EFMP enrollment once you arrive at your gaining assignment. It can take weeks or months to facilitate the necessary actions with your local EFMP Coordinator and clinical specialist to renew an enrollment). If these aren't settled early, it can stall the release of your assignment and the production of your orders, even after a successful market match. A discussion with your spouse regarding their career is vitally important.

2027 Market Timeline

For those identified to move in **27-02** (between 1 April 2027 – 30 September 2027), you will participate in one of the following markets during CY2026: **Strategic Billet (SB), COLs, or the Army Talent Alignment Process (ATAP) 27-02 Market**. *(Note: Officers currently in GDE will not participate in the ATAP Market; follow-on utilization tours will be coordinated directly via collaboration between your TM and Consultant.)*

Below are the tentative timelines for the 2027 marketplaces:
• **CY27 AMEDD SB Market**: MILPER 26-062 was released on 18 Feb 2026. The Opt-In window ran from 20 Feb–08 Mar 2026, and the market was open from 09–23 Mar 2026. Results are pending and are expected to be released in Oct 2026.
• **27-02 COL Market & 27-02 Market (CPT–LTC)**: These markets are projected to run concurrently. The market window is 23 Sep – 3 Nov 2026. The IPPS-A pending assignment restriction code, designating market participation, went into effect 10 Aug 2026.

DC AOC Consultants				
63A: LTC Michael Mooney	**63B**: COL Demarcio Reed	**63D**: COL Thomas Johnson	**63E**: LTC Steven Delgado	**63F**: COL Stephen Cherrington
63H: LTC Shenice Williams	**63K**: COL Leslie Oakes	**63M**: COL Diane Weber	**63N**: COL Russel Searle	**63P**: COL Jennifer Hawie

PROFESSIONAL MILITARY EDUCATION

Captains Career Course (CCC)/ Intermediate Level Education (ILE)

- Phase 1 is no longer required for CCC. For ILE, the primary method of completion is distance learning. For registration, please submit a signed DA3838 to COL Eric Setter, eric.j.setter.mil@army.mil.

AMEDD Nominative Courses: Please *reach out to DC Professional Officer, COL Setter, if you are interested!*

- **Capstone Seminar**
  - This course is designed for senior military treatment facility commanders, lead agents, and senior medical officers in key staff positions. (Centrally Funded).
  - Location: Falls Church, VA. Open to US Army AD Officers LTC(P) and above. Priority for officers in Level 1/2 MTF Command.
- **Interagency Institute for Federal Healthcare Executives (IIFHCE)**
  - Provides opportunity for seasoned, practicing federal healthcare executives to examine some of the current issues in health care policy and management. (Unit Funded).
  - Location: Bethesda, Maryland. Open to US Army AD Officers LTC and above.
- **JMESI Healthcare Management Seminar (HMC)**
  - This seminar is a Tri-Service training event designed for first time clinical supervisors or supervisors returning to the clinical environment from an operational staff assignment. This is a three-day course (virtual) offered up to four times a year. MAJ and above.
- **Joint Senior Medical Leader Couse (JSMLC)**
  - Prepares medical leaders who have a high probability of being nominated as a JTF Surgeon, JTF Senior medical leader or occupy a senior medical planning position in a joint environment. (Unit Funded). Senior O-5 and O-6.

Self-Registration Courses:

- **Joint Medical Executive Skills Institute (JMESI) Healthcare Management Seminar (HMC)**
  - The JMESI HMC seminar is a Tri-Service training event designed for first time clinical supervisors or supervisor's returning to the clinical environment from an operational staff assignment. This is a three day, *centrally funded* course offered up to three times a year.
  - Scope of Instruction: Topics discussed include civilian personnel, contracting, budgeting, quality management, tools available through TRICARE operations center, efficient scheduling and utilization management, and much more.
  - Target Audience: First-time clinical supervisors or supervisor's returning to the clinical environment
  - To view upcoming course dates and other course information, please visit our websites at:
    - SharePoint Site - https://info.health.mil/edu/jmesi/JMESI/SitePages/Home.aspx
    - Health.mil - https://www.health.mil/jmesi
- **Joint Medical Executive Skills Institute (JMESI) DHA Executive Skills Course**
  - The DHA Executive Skills Course is a Critical Component of the AMEDD Executive Skills Program (AMESP). The JMESI IESC is designed to ensure that DOD MTF Commanders and Deputy commanders, lead agents and senior officers of lead agent staff possess the requisite administrative and executive skills centered on the requirements of the NDS. This is a three-day course offered up to four times annually, for O-4s and above.
  - If you have any questions regarding enrollment, please reach out to HRC Branch or the Joint Medical Executive Skills Institute staff at dha.jbsa.education-trng.list.jmesi@health.mil.

ADDITIONAL NEWS AND INFORMATION

Army Ignited

Army Credentialing Assistance

The ADL is now on the Dental Corps SharePoint!
Please see all forms required for appropriate submission of laboratory cases to the ADL here.

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.

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

Request for Participation: **Role of Military Dentists in Promoting Human Papillomavirus Vaccination of Service Members for the Prevention of Oropharyngeal Cancer** (DHA Survey Control Number: DHA-1232).

The following survey was distributed on behalf of the Tri-Service Center for Oral Health Studies; the link to the survey is here.

Upcoming Continuing Education Conferences:
Please share any upcoming CE or Short Courses with MAJ Reed McKinney at reed.a.mckinney2.mil@army.mil.

Upcoming Leader Professional Development:

15 OCTOBER: "All Things Finance" LPD with Ms. Kimberly Glover OTSG and MAJ Carolina Wentworth via Teams.

Dental Corps in the News:
LTC Yu-Sheng (Dave) Chen and MAJ Brandi Gervais were recently published in *Line of Departure*. Read their article here.

Please share any published Dental Corps news with MAJ Reed McKinney at reed.a.mckinney2.mil@army.mil.

Connect with a GDE Ambassador for LTHET mentorship and learn more about a dental specialty:
Contact MAJ (P) 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