



# THE DENTAL CORPS BULLETIN

## BG Bagby Presents at the ADA Council on Government Affairs



Corps Chief Dental Officers, L to R: RDML Gayle Shaffer, Navy; BG Sharon Bannister, Air Force; BG Shan Bagby, Army; and RADM Tim Ricks, USPHS.

Saturday, February 9th the American Dental Association's Council of Government Affairs (CGA) met in downtown Washington, D.C. Dr. Craig Armstrong, Chair of the CGA, led the meeting, with assistance from Baker Howry, lead project assistant for the ADA's CGA, and Janice Kupiec, director of legislative and regulatory policy.

Among the 45 attendees were ADA representatives; RDML Gayle Shaffer, Chief Dental Officer of the Navy Dental Corps; BG Shan Bagby, Chief Dental Officer of the Army Dental Corps; BG Sharon Bannister, Chief Dental Officer of the Air Force Dental Corps; and Dr. Owais Farooqi, Dr. Scott Trapp and Dr. Greg Smith of the Veterans Administration Dental Program. BG Bagby presented alongside each of the service dental chiefs providing the CGA with a summary of their programs, corps strength, and examples of interactions with the ADA. The ADA has a long history of supporting the Federal Dental Services through various initiatives including credentialing, licensing, academic, and other legislative assistance.

### Updates From the Office of the Chief, U.S. Army Dental Corps

- Soldiers categorized as DRC3 are now considered deployable according to [Army Directive 2019-07](#). For those ~3K COMPO 1, 9K COMPO 2, and 5K COMPO 3 DRC3 Soldiers on the books, most need one or two appointments to get them out of DRC3. For those Soldiers that need extensive (greater than 30 days to complete) dental treatment they should be entered into eProfile and identified as MRC 3, DL code 1 similar to other duty limiting medical conditions requiring a recovery period of 30 days or more.
- **Trial Q&A Section:** The DC Bulletin will field a question and answer section for the next few months. Questions can be anything related to the Army or the Dental Corps and should be sent to the ['Bulletin POC.'](#) We will answer questions and post the conversation in the bulletin at the end of the month. Hopefully this will become a useful communication outlet.

#### Special Points of Interest:

##### Dental Corps

- ♦ [Army Dental Corps Page](#)
- ♦ [HRC \(DC OPMD\)](#)
- ♦ [Dental Corps Leader Development Guide](#)
- ♦ [DC Dashboard](#)
- ♦ [Projected Vacancies FY 19-21](#)
- ♦ [Projected Vacancies FY 20-21](#)

##### Military CE

- ♦ [Army CE](#)
- ♦ [Army BlackBoard CE Instructions](#)
- ♦ [Air Force CE](#)
- ♦ [Navy CE](#)

##### MILPER Messages

- ♦ [Index](#)

##### Board Schedule/Results

- ♦ [FY19 Army Selection Board Schedule](#)
- ♦ [ILE](#)
- ♦ [SSC](#)
- ♦ [LTHET FY19 Results](#)

##### Patient Safety

- ♦ [WSS Guidebook](#)
- ♦ [URFO Guidebook](#)
- ♦ [MHS leadership Engagement toolkit](#)

##### Miscellaneous

- ♦ [Army Medicine Dispatch](#)
- ♦ [2018 Army Medicine Campaign Plan](#)
- ♦ [AMEDD Placemat](#)
- ♦ [AMEDD Mercury](#)
- ♦ [Bugle Call Mar 2019](#)
- ♦ [Understand the ORB](#)
- ♦ [My Board File](#)
- ♦ [AC HPO Pay Plan](#)
- ♦ [Broadening Opportunities program \(B.O.P\)](#)
- ♦ [Post 9/11 GI Bill Benefits/Transferability & Yellow Ribbon Program](#)
- ♦ [Strategic Messages](#)





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## Dental Leaders Strategic Planning Session (DLSPS)

From 19-22 February Dental Corps leaders from across the globe convened at Joint Base San Antonio for a Dental Leaders Strategic Planning Session (DLSPS). The DLSPS focused on key issues and priorities set forth by the Corps Chief as well as next our Vision and Mission with the important priorities of the Army.

MG Jeffrey Clark, U.S. Army Medical Corps Chief, and BG Bagby initiated the meeting by outlining the future of the AMEDD and Dental Corps. Participants included the Deputy Corps Chief's office, the Corps Chief's Office, members of the Dental Directorate, Graduate Dental Education, all Regional Commanders, representation from the Capability Development Integration Directorate, Army Personnel Proponent Directorate, COMPO3 representation, and junior officers MAJ Nick Wilson, MAJ Shani Thompson and MAJ Kourtney Logan. The first night concluded with an off site social event that was honored by the presence of MG Jeffrey Clark, MG Lee Payne, MG(R) Russel Czerw, and BG Shan Bagby.

The week generated a revised Mission and Vision that captures the current and future environment of the Army focusing on readiness, quality and expeditionary care. These collaborative efforts were strategically organized through various venues to include small work groups and large group facilitation. Following the conclusion of the meeting, the group briefed BG Bagby on all of the final products.

Many thanks go out to the three facilitators from MEDCOM; Mark Kazmierczak, Marshall Huffman, and Martin Marmolejo who were instrumental in guiding the group from start to finish. Over the next several months leaders will work to consolidate and prioritize key tasks for the Corps.

### [Dental Corps Strategic Approach Summary Slide](#)



BG Bagby addresses participants of the DLSPS during the event social held of 19 February, thanking them for coming and critical efforts to define the future of the Corps.



The facilitators for the DLSPS were given Certificates of Achievement and Dental Corps Medallions from BG Bagby for their hard work and long hours put into making this even successful. **L to R:** COL Craig Patterson, Marshall Huffman, Martin Marmolejo, Mark Kazmierczak, and COL Brett Henson.



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## Dental Health Command - Atlantic Update

Greetings from Dental Health Command-Atlantic. Since the last time I reported to you, much has changed in the DHC-A. We have welcomed the arrival of our new DHC-A Sergeant Major, SGM Joy Couch. As always, changes in leadership brings about changes in vision-mission and the DHC-A is no exception. The focus of the DHC-A has not only been the Readiness and Wellness of the Soldier, but also highly focused on TSG's strategic lines of effort and the RHC-A CG's priorities. With that focus, numerous changes and activities have occurred within DHC-A that I would like to illuminate.

**Individual Critical Task List (ICTL):** The ICTL enhances individual and unit Readiness in support of war plans and contingency operations by codifying individual and unit specific mission essential tasks.

Most DHC-A commands have aggressively developed and engaged in ICTL training that is aimed at ensuring the Soldier is prepared to care for warfighters in any environment.

Fort Campbell DENTAC recently trained with 531st Hospital Center field training exercise; focusing on dental field equipment familiarization.



Fort Meade DENTAC also completed a 4-day field training exercise; focusing on operational readiness and training that included Casevac, TCCC, Day and Night Land Navigation, Field Equipment familiarization, HEAT, EST, and finished with road March.



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## DHC-A Update Cont.

**Taking Care of Ourselves, our Soldiers for Life, DA Civilians, and Families:** Fort Bragg hosted the DHC-A Best Warrior Competition for FY 19. The candidates endured a grueling 4-day competition where they were challenged both mentally and physically. Each candidate completed a written test, the new Army Combat Fitness Test, Water Survival, Day and Night Land Navigation, Weapons Qualification, CBRN, Dental Record Mystery Event, oral board, 12 mile roach march and culminating event of the Air Assault Obstacle Course.



Five members of the Fort Jackson Dental Health Activity participated in Fort Jackson's 2018 Bataan Death March Qualifier. Of them were: 1LT Oberholtzer, 1SG Blake, SSG Arreola, SSG Beckham and SGT Escamilla. Congratulations to 1LT Oberholtzer, Executive Officer, for placing as an alternate on Fort Jackson's team!



Fort Gordon DENTAC supported the MEDDAC and participated to earn the coveted Norwegian Foot March award and certificate. MAJ Rashad Banks, CPT Deante Amelotti, and SFC Smith all completed the 18.6 within 4 1/2 hours with a 25 pound ruck sack.





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## DHC-A Update Cont.

The DHC-A has 4 Soldiers across the region that challenged and all earned the coveted Expert Field Medical Badge hosted by 44th Medical Brigade on Fort Bragg. Congratulations to MAJ Peeples (Fort Meade DENTAC - Fort Belvoir Dental Clinic Command), CPT Allred (West Point), CPT Rose (Fort Meade DENTAC – Carlisle Dental Clinic Command) and SGT Escamilla (Fort Jackson DENTAC).



The Fort Detrick Barquist MTF and DTF were awarded the Army Safety and Occupational Health Star by BG Topping. This is the first time MTF's and DTF's collaborated efforts and earned the Safety Star. Their entire staff worked hard at changing the culture in safety and exceeding the standards.





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## AOC Highlight - 63B Comprehensive Dentist

“For every complex problem, there's a solution that is simple, neat, and wrong.”

H.L. Mencken

Dental care is not simple, it is often not neat, and being wrong has dire consequences in our patient population. In the current state of dental education, we learn that dentistry has a very broad scope and general dentists have a wide range of professional and ethical responsibilities. Breadth for the sake of depth in dental school education is something that many of us struggle with the first time we are put into a difficult sick call situation or in an after-hours emergency. As new dental officers it is often difficult to quickly synthesize what is going on, determine a solution, and get the patient the proper care that they need. So why would you want to be a comprehensive dentist?

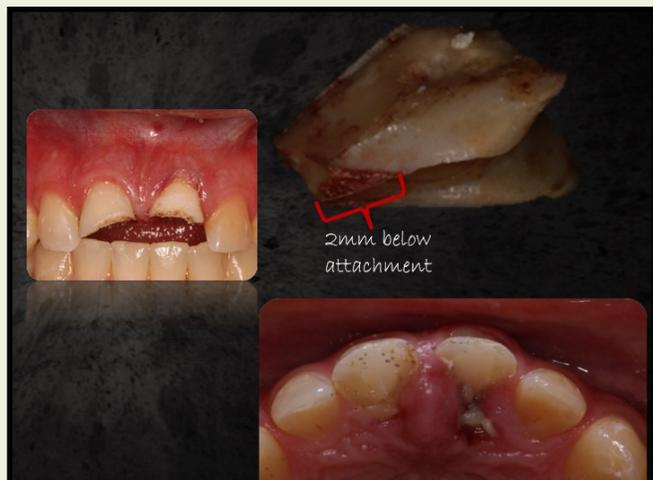


Figure 1. Dental Sick Call: Are these teeth restorable? How can you give them a tooth today?

Comprehensive dentists go through a rigorous two year training program which has the expressed purpose of being able to manage complex comprehensive treatment plans and interact with all dental specialties. They complete rotations through orthodontics, pediatrics, endodontics, oral surgery, prosthodontics, oral pathology, and most importantly a comprehensive care clinic. A jack of all trade is a master of none; however, a comprehensive dentist does not serve in place of any one specialty. After residency the role of a 63B is to plan, prepare, and execute complex dental operations on the tactical, clinical, operational, and strategic levels. Within the field of comprehensive dentistry there is latitude to practice, broaden, and lead. As a comprehensive dentist you will be challenged and expected to find a path that you can best serve our Soldiers and no two career paths will look the same.



Figure 2: Direct resin restorations and limited orthodontic rapid extrusion. Bach, 2004, CDA

The reason I chose to be a comprehensive dentist will most likely be different than the reason you may choose to pursue a residency in comprehensive dentistry. I have had the ability to travel the world to support special operations, lecture at professional dental meetings, teach young dental officers, work as part of a world class dental specialty team, and interact with multinational medical officers. Your career may not look like mine, which is the great part of choosing comprehensive dentistry. The Army recognizes the role of a well-rounded, well trained general dentist (63B) within the strategic critical war time needs of the operational force. 63Bs will be at the forefront of making difficult decisions at the Office of the Surgeon General, directing the professional growth of dental Officers at HRC, and implementing effective ways to train dental officers at Graduate Dental Education. Operationally 63Bs have the ability to command dental companies, command dental health activities, and advise hospital commanders as a chief of dental clinical services. Tactically you may choose to take on a role with special operations as a group dental surgeon, to take your comprehensive knowledge to the point of injury and the tip or Army diplomacy through medical civil action missions. Clinically you will be called upon daily to make tough decisions involving complex clinical situations.



Figure 3: in less than 12 weeks we maintained the natural dentition, and the patient never went without a tooth.

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## AOC Highlight - 63B Comprehensive Dentist



Figure 4: Patient states "The dentist has replaced this filling 3 times, and it still hurts when I'm eating. They have tried the metal and white fillings."



Figure 6: Final minimally invasive milled restoration with patient asymptomatic on follow-up.

Residency is challenging, but the training you receive will give you both a professional and financial advantage over those who do not do advanced education. Only 1% of general dentists have achieved board certification status from the American Board of General Dentistry. Being board certified will open up the door for better academic appointments when combined with the Master's degree in Oral Biology you will receive, and will give you a competitive advantage when searching for employment when your journey in the Army comes to an end. You will have the opportunity to be immersed in digital dentistry and how that digital dentistry applies to the general practitioner without having to pay for expensive training or having to buy the equipment in your own dental office. Although there are many of the same topics covered in the prosthodontic residency the comprehensive dentist needs to focus on the big picture, and what will affect the majority of the population. A residency in comprehensive dentistry will provide you pay that is on par or exceeds other dental specialties in the Army while making your future employment have a much broader geographic and professional scope and opens you up to a larger patient population



Figure 5: Minimally invasive, cuspal coverage to remove tensile forces on suspected fracture

We need the best, we will train you to be the best, and your opportunity to choose your own path will be the best of any other residency training program the Army has to offer. The comprehensive dentist trained today is much different than the comprehensive dentist of the past, and if you would like to learn more, challenge yourself, and be a part of the best training in the world then start preparing your packet. The residency is not simple, the topics are complex, but your decision to become a comprehensive dentist will not be wrong.

Major Michael Kroll, 63B Deputy Consultant  
Assistant Director AEGD-1, Ft. Sill, OK

## ADL Updates

- This month the ADL provided a short PowerPoint presentation discussing possible reasons for rejection of an impression. Additionally you can find some steps to avoid poor impressions. To view the full presentation and additional contact information please [CLICK HERE](#).
- The ADL would like to inform everyone that the AMERDEC Safe site is back up and running.