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DR. LEO E. ROUSE, RECIPIENT OF ADA'S DISTINGUISHED SERVICE AWARD, IS 'LEADER OF LEADERS'

In the midst of a global crisis, Dr. Leo E. Rouse continues to display the benevolence that defines him.

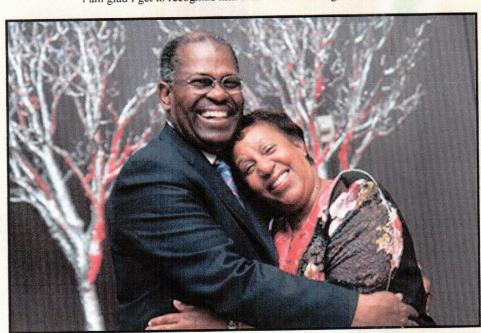
"During the COVID-19 pandemic, I would get a call or a text from Leo daily, asking 'Are you OK? How are you holding up?" said Dr. Karen West, president and CEO of the American Dental Education Association.

"He was there to listen and guide me through these difficult and uncertain times."

That concern for his fellow man, as well as for leadership forged in the U.S. Army and carried forth through academia, has helped make Dr. Rouse the 2020 recipient of the ADA's Distinguished Service Award, the highest honor that the Association bestows.

"On behalf of the Board of Trustees, I am proud to present the ADA's Distinguished Service Award to Dr. Leo Rouse," said ADA President Chad Gehani. "On top of being the first African-American board president of the American Dental Education Association, he was commander of the U.S. Army Dental Command, becoming its first African-American leader, educating and inspiring thousands of American dentists to serve their country and communities. I knew him when he was the dean of the Howard University College of Dentistry. He is a man of upstanding character who is passionate about our profession.

I am glad I get to recognize him with the ADA's highest honor."



Dr. Leo E. Rouse embraces his wife, Yvonne, at an event during his American Dental Education Association board presidency in 2011. ADANews: PHOTO AND FULL ARTICLE





THE DENTAL CORPS BULLETIN

ARMY DENTAL LAB UPDATES — PROSOMNUS SLEEP APPLIANCES

A common question is, "What should a provider do with a broken/lost/poorly fitting ProSomnus sleep appliance."

What if the appliance broke from normal wear and tear?

If broken, this is a warranty claim due to the nature of the breakage if it was fabricated within the 3-year warranty window. Warranty claims do not need to go through the ADL because there is no fee involved with the claim. You may need to send in the broken prosthesis for analysis. Either call ProSomnus at the number listed on the ProSomnus Rx or email our representative, Ms. Michelle Bryant at mbryant@prosomnus.com. However, you may still send warranty claims through the ADL if desired.

What if I need an additional arch for more advancement?

If the patient only needs more advancement, follow the same instructions above since there is no fee.

Do I need the original sleep study to include in the Rx?

No, we do not need the sleep study for warranty claims or additional arch requests. That information was provided during the initial fabrication and justified the need for the appliance at that time.

Do I need to fill out a new ProSomnus request form?

Yes, we'll need for you to complete a ProSomnus Rx. We do not send the Labtrac Rx to ProSomnus. Rather, they use their own Rx exclusively so all the details of the breakage and the request must be written on a ProSomnus Rx. You will need to list the previous case number (on appliance) or the previously used secure patient ID from the original submission if you know it. Also, list the desired replacement arches. In the "Special Instructions" section on the Rx, write the details of the breakage to justify the warranty claim.

Is there a way to request for additional bulking up of the wings if it seems the patient broke it due to bruxing?

Yes, in the special instructions section, you can request additional bulking up of the wings. Also, you may recall from your ProSomnus training that for bruxers you can request additional lateral play in the wings to give the patient a little more freedom of movement if you suspect that is the cause of breakage. You may want to consider using the ProSomnus Herbst-style (PH) appliance rather than the Iterative Advancement (IA) appliance for bruxers.

What if the appliance is broken because the dog ate it/stepped on it/lost it?

A charge will be incurred as this would NOT be a warranty claim. Any request that incurs a charge will need to be sent to the ADL so we can make arrangements for payment. You will need to fill out a new ProSomnus request form and Labtrac Rx. You will need to list the previous case number (on appliance) or the previously used secure patient ID from the original submission if you know it.

Also, list the desired replacement arches.

If the appliance just doesn't fit during delivery (retention or overall fit/bite alignment made off of George Gauge), what should I do?

We recommend you resubmit a new case through the ADL (include ProSomnus Rx, Sleep med Rx, NEW impressions, bite registration). State why it is being remade. Include the ill-fitting prosthesis and all old documentation. ProSomnus will evaluate the old and new impressions and determine the source of the error (provider or ProSomnus) and proceed accordingly.



THE DENTAL CORPS BULLETIN

NEW DA FORM 31 MANDATORY EFFECTIVE 31 JUL 2020

As of 20 July, v1.02, (as shown on the bottom right of the form) is the most current version. Expect v1.03 or even v1.04 by 21 July. Both the old DA Form 31 and the new DA Form 31 can be used until 31 July 2020. The only old forms acceptable after 31 July will be those signed by the Soldier before 1 August and forwarded for approval before 1 August.

Always use the forms on the Army Publishing Directorate website.

FAOS FORM

ELIMINATION OF DEPARTMENT OF ARMY (DA) PHOTO AND REDACT RACE, ETHNICITY, AND GENDER FROM THE SRB

EMILPO MESSAGE 20-26, DATED 20 JULY, 2020

SUBJ: ELIMINATION OF DEPARTMENT OF ARMY (DA) PHOTO AND REDACT RACE, ETHNICITY, AND GENDER FROM THE SRB. The purpose of this message is to alert all users of an eMILPO SRB change. Effective immediately the Department of Army (DA) photo will no longer be available on the eMILPO SRB. Additional future changes will follow to redact race, ethnicity, and gender.

ADA FDC 2020 ANNUAL MEETING

ADA FDC 2020 GOES VIRTUAL

The ADA and FDA are pleased to announce the ADA FDC Virtual Connect Conference Oct 15–17, a live and on-demand experience like no other dental meeting before. With this virtual meeting, you can interact in real-time with speakers and other dental professionals—or catch up later on with on-demand access. Engage with the conference in a way that fits your schedule and your needs. Registration opens August 12. Updates will be shared at ADA.org/meeting

CDS NEWSLETTER

Attached is the latest issue of the CDS Newsletter. It contains articles and information relevant to enhanced features and helpful tips. Our goal is to continue to bring you information you can use, when you need it.

Please feel free to send us suggestions for topics or training resources you need.

The CDS Team; usarmy.jbsa.dencom.mbx.cds@mail.mil

CDS NEWSLETTER VOLUME 18



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THE DENTAL CORPS BULLETIN

LIMITATIONS ON POLITICAL ACTIVITIES FOR ARMY PERSONNEL

The political campaign season is in full swing, with the U.S. general election scheduled for 3 November 2020. No later than 15 July 2020, commanders and senior leaders will comply with Head of DoD Transition guidance on communications with Presidential campaigns and ensure that personnel are briefed on limitations to participation in political activity outlined in attached references.

Although most Civilian employees may take part in political activities, the extent and nature of that participation is limited by the Hatch Act and DoD policy. Additional restrictions apply to members of the career Senior Executive Service, non-career Senior Executive Service political appointees, and officials appointed by the President with the advice and consent of the Senate (PAS officials). Military personnel are governed by references below.

GUIDANCE ON COMMUNICATIONS WITH PRESEIDENTIAL CAMPAIGNS
LIMITATIONS ON POLITICAL ACTIVITIES FOR ARMY PERSONNEL

PUBLIC DISPLAY OR DEPICTION OF FLAGS IN THE UNITED STATES ARMY

ALARACT 063/2020: Flags are powerful symbols, particularly in the military community for whom flags embody common mission, common histories, and the special timeless bond of Soldiers and civilians. Pursuant to AR 600-20, Army commanders and DA civilian directors will ensure the proper public display or depiction of flags within work places, common-access areas, and public areas on our installations and reservations.

FDA UPDATES ON HAND SANITIZERS

FDA WARNING AGAINST USING CERTAIN BRANDS OF HAND SANITIZERS

The Food and Drug Administration has added more hand sanitizers to its growing list of products that contain wood alcohol, which is toxic if absorbed through the skin. More than two dozen various hand sanitizers sold by the Mexico-based company 4E Global -- many carrying the Blumen label -- contain high levels of methanol, or wood alcohol, and have been recommended for recall. The FDA said it has seen an increase in products containing ethanol, also known as ethyl alcohol, that tested positive for potentially poisonous methanol contamination -- which can lead to blindness and even death.

LIST OF FDA'S TOXIC HAND SANITIZERS



THE DENTAL CORPS BULLETIN

CORONAVIRUS UPDATES

FRAGO 9 TO HODA EXORD 210-20 CORONAVIRUS TRANSITION (FOUO),

31 JUL 20. Significant updates include changes to approved Army testing priorities (Tiers 1-3), updated installations on Annex M, Civilian pre-deployment processing, and enhanced ROM procedures and briefing for International Travel.



- Army Civilians traveling outside of the US are required to complete 14-day pre-deployment processing
- Soldiers and family members PCSing/TCSing from the US to another country will conduct 14-day ROM and have a negative COVID-19 test result before departing home station.

MILPER MESSAGE 20-236. AWARD OF THE ARMED FORCES SERVICE MEDAL AND HUMANITARIAN SERVICE MEDAL FOR DEPARTMENT OF DEFENSE CORONAVIRUS OPERATIONS AND ACTIVITIES, ISSUED: This message announces that the Under Secretary of Defense for Personnel and Readiness approved the Armed Forces Service Medal (AFSM) and Humanitarian Service Medal (HSM) for award to eligible Service members for qualifying Department of Defense (DoD) coronavirus disease 2019 (COVID-19) operations and activities. For Active, Reserve Component, and National Guard personnel, the first O6 commander/civilian equivalent or above has authority to determine individual eligibility.

DELEGATION OF AUTHORITY TO APPROVE TRAVEL OF ARMY PERSONNEL AND CONDITIONS FOR RETURN TO UNRESTRICTED TRAVEL, 14 JUL 20. Memo from the Secretary of the

Army: This memorandum applies to all Soldier travel, government-funded DA Civilian (DAC) employee travel, and government-funded Family travel that is under Sec Army jurisdiction. Unit commanders and other leave approval authorities under AR 600-8-10 may approve leave and pass for Soldiers, pursuant to the referenced SECDEF memo. This authority may be further restricted by commanders and supervisors in the chain of command or supervision. This memo also reiterates the 12 approved exemptions from travel restrictions, including Soldier leave travel.

EXEMPT AUTHORIZED LEAVE MEMORANDUM

FRAGO 6 TO HODA EXORD 210-20 CORONAVIRUS (COVID-19) TRANSITION FRAMEWORK

(FOUO), 30 JUN 20. This FRAGO provides updates/new guidance on COVID-19 testing resources and priorities and cloth face covers. It updates Annex E, Guidance for Clearing Personnel to Return to the Workplace, and adds Annex W - Assuring Allies and Partners Regarding U.S. Force Deployments in a Coronavirus Disease 2019 Environment, 06 July 2020, Annex X - Army Testing Priorities, and Annex Y - Testing CONOP Template.

SUICIDE PREVENTION COVID-19 RESPONSE FACT SHEET



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THE DENTAL CORPS BULLETIN

ONE TEAM: ARMY RESERVE DENTISTS PROVIDE AUGMENTATION OF DENTAL SERVICES IN SELECT DENTAL CLINIC COMMANDS DURING ANNUAL TRAINING

BY LTC JAMES GIESEN, DENTAL CLINIC COMMANDER, CARLISLE BARRACKS, AND LTC DANA PERKINS, 7221ST MEDICAL SUPPORT UNIT COMMANDER

The COVID-19 pandemic brought considerable challenges to the training of Army Reserve dentists and dental technicians. The partnership between select DENTACs and the 7221st Medical Support Unit allowed reserve dentists and dental technicians to hone their skills while sustaining dental readiness to the Total Force. The partner units leveraged the skills and abilities of the COMPO 3 (Army Reserve) dental teams in order to increase patient encounters, to augment decreased Active Duty provider staffing during PCS season, and to enhance the individual readiness of Reserve Soldiers in order to be prepared to mobilize and complement COMPO 1 (Regular Army), as required.

While this partnership is expected to continue using the current operational construct, other possibilities are currently being explored, including Reservists providing support to DENTACs in lieu of regular drill training, participating in combined field exercises, and additional leadership development opportunities.

Even without a global pandemic, the future operating environment is expected to remain complex, uncertain, and chaotic. COMPO 1-3 partnerships, such as the one between the Carlisle Barracks Dental Clinic Command and the 7221st Medical Support Unit provide a potential foundation for operationalizing the US Army Human Dimension Concept by developing Soldiers who are trusted professionals of character and by optimizing their ability to succeed at any assigned mission as part of a trusted team.

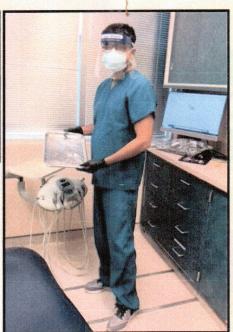




Left: LTC Dana Perkins and LTC James Giesen at Carlisle Barracks Dental Clinic

Above: MAJ Madhusudhan Kasipathy, 7221st Medical Support Unit, providing dental services at Fort Detrick Dental Clinic

Right: SPC Kashyap Tank, 7221st Medical Support Unit, providing dental services support at Fort Detrick Dental Clinic



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ASSOCIATION OF ARMY DENTISTRY

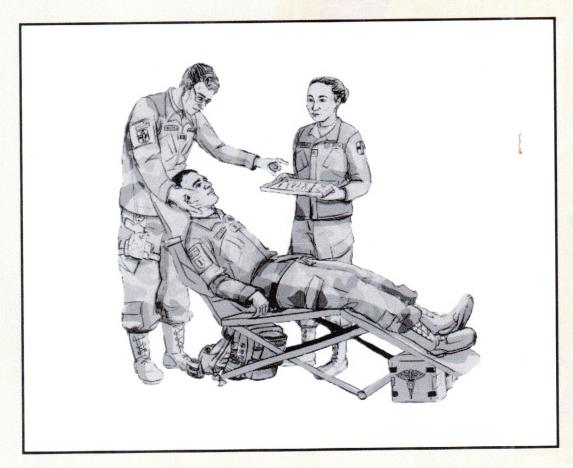
ARMY DENTAL CORPS MONUMENT UPDATE

2 June 2020, the Association of Army Dentistry (AAD) Board approved the phase 1 Sculpture renderings prepared by Jordan Pao, depicted below. Receipt of bids from bronze foundries will be evaluated by the Monument Committee and a recommendation made to the Board for fabrication to begin.

Phase 2,. Monument Committee member Bob Stieneker, COL, USA, Ret, visited San Anotnio to conduct a site visit at the AMEDD museum. Once site approval at the AMEDD Museum is received and the exact size of the site is known, the Phase 2 design can be completed. Formal fund raising for the project will commence this fall.

Phase 3. The dedication of the AAD's Dental Corps Monument at the AMEDD Museum at Joint Base San Antonio,
Texas, will be announced to members well in advance. Preliminary planning includes plans for a reunion in conjunction
with the dedication.

Content and photo from AAD Facebook Page





DENTAL HEALTH COMMAND- EUROPE UPDATE CONTINUED

STRENGTHENING INTEROPERABILITY AND ENGAGEMENT OPPORTUNITIES

VINCENZA, ITALY -- In December 2019, SFC DavidAllan Doan and SPC Diana Allen from DENTAC Italy, Sister Jenny Leone, volunteers from GLACE Community Church, and the 509th Signal Battalion Chaplain Moralesjude, presented gifts to members of the Vicenza community. More than 130 toys and dental hygiene kits were presented to civilian and military community members, Italian children, immigrant children, and orphans. Social workers, and the Social Unit director of the city of Vicenza were present.







Event invocation by 509th Chaplain Moralesjude

RHINE ORDNANCE BARRACKS — January 2020, United States Army Garrison-Rheinland Pfalz (USAG-RP) hosted a Family Fitness Party. Volunteers from Dental Health Activity-Rheinland Pfalz manned a table answering questions on oral health, providing oral hygiene instruction, and distributing toothbrushes, toothpaste, floss, mouth rinse, and timers to Soldiers and Family Members of USAG-RP.

Event volunteers included: LTC Aileen Cabanada-Logan, CPT Patrick Arbuckle, PFC Mathias Ayi, Mr. Kale Logan and Mrs. Jusilde Arbuckle



Left to right: Mrs. Jusilde Arbuckle, CPT Patrick Arbuckle, SPC Mathias Ayi, LTC Aileen Cabanada-Logan

THE DENTAL CORPS BULLETIN

DENTAL HEALTH COMMAND- EUROPE UPDATE

1000 KILOMETERS IN 19 DAYS—NO EASY TASK ON A MOUNTAIN BIKE

SEMBACH Germany -- When U.S. Army Installation Management Command - Europe announced its 2020 1,000 Kilometer Biking Club program in early June, one highly motivated dental Soldier stationed at Caserma Ederle in Vicenza, Italy did not hesitate to sign up.

SFC DavidAllan Doan, the senior enlisted advisor to Dental Activity Italy, signed up for the program immediately. Doan completed the 1,000 kilometers in just 19 days, and he did it on a mountain bike.

What motivates someone to ride their bike 1,000 kilometers?

"USAG-Italy announced this event during COVID-19 with limited movement at the time," said Doan. "I really wanted to do a bike challenge before I left Europe. It was something new that I could challenge myself physically during COVID-19, and was a great opportunity for me to do my first long distance bike ride in Europe."

Prior to taking on this challenge, Doan had limited biking experience.

"I started riding a bike in March 2019 when I had to move off-post," Doan added. "My work was only one mile away, so instead of driving, I bought a mountain bike. With only one year of riding experience, I am still learning about cycling. This past year I learned so much and I am grateful to have wonderful co-workers who are also into cycling and share their experiences."

As the senior enlisted advisor for Dental Activity Italy, Doan's primary duty is to advise the commander on all enlisted matters to include; unit readiness, morale, health, welfare, training, and safety of its 35 assigned Soldiers.

Riding a bicycle 1,000 kilometers is no easy task.

"The biggest challenge I faced personally, was finding the time and going up hills," said Doan. "I wondered if I would have enough time to complete the 1,000 kilometers before I PCS'd to Korea. My original goal was to try to complete the challenge by August 1. Once I discovered a safe bike route and realized that I could do 64 to 81 kilometers in one day, I started to calculate how many days it would take me to complete 1,000 kilometers. I was determined that I was going to keep my cycling schedule."

Late working hours did not deter Doan from reaching his goal.

"There were several days that I had to work late, but I was determined to meet my daily goals," Doan added. "I would do an extra hour in the morning before work, or two extra hours after work. I was surprised that it only took me 19 days to complete. I've never done anything like this before and it was a personal accomplishment for me."

This cycling event strengthened Doan's mental, physical and leadership skills.

"Cycling allowed me to curb these stressors and, as a result, it made me a better leader," added Doan. "I shared my experiences with my Soldiers and emphasized the benefits of finding something fun to do, something that reduces stress in their lives and benefits their overall state of mind."

FULL ARTICLE



SFC DavidAllan Doan, Senior Enlisted Advisor, DENTAC– Italy



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THE DENTAL CORPS BULLETIN

AOC SPOTLIGHT: 63N, ORAL AND MAXILLOFACIAL SURGERY CONTINUED

REACHING THE PROFESSIONAL PINNACLE

The following Army Oral Surgeons received Board Certification from the American Board of Oral and Maxillofacial Surgery (ABOMS). This accomplishment is a two-year endeavor that requires passing a written Qualifying Examination, gaining postgraduate experience, and challenging an Oral Certifying Examination. 322 candidates challenged the 2020 Oral Certifying Examination, with 244 candidates attaining board certification, a 75% pass rate.

Congratulations to the new Diplomates of the American Board of Oral and Maxillofacial Surgery:

MAJ Barrett N. Beardsley (Fort Irvin)

MAJ George A. Bitar (Fort Campbell)

MAJ Jonathan L. Czerepak (Fort Gordon)

MAJ Adam R. Eidson (Fort Hood)

MAJ Brittany K. Eidson (Fort Hood)

MAJ William H. Temple (Fort Bragg)

MAJ Ryan M. Peters (Fort Bliss)

MAJ Boonyapa Purt (Fort Bragg)

MAJ Griffin B. Sonstegard (Fort Sill)

Congratulations to our 2020 Oral and Maxillofacial Surgery Residency graduates:

MAJ Shakasha L. Scruggs-Williams (Fort Bliss) will remain as staff at Fort Bliss, TX

MAJ Jay G. Patel (Fort Bragg) is headed to Fort Belvoir, VA

CPT(P) Bradley P. Storrs (Fort Bragg) is headed to Grafenwoehr, Germany

CPT(P) Ryan Payne (Fort Gordon) is headed to Fort Irvin, CA

CPT(P) Ryan M. George (JBSA) is headed to Fort Riley, KS

CPT(P) Peter M. Tan (WRNMMC) is headed to Fort Meade, MD

CPT(P) Kelly E. McElroy (WRNMMC) is headed to Fort Eustis, VA

BEST WISHES TO CPT FRANK DE LATOUR AS HE HEADS TO MIAMI, FLORIDA

CPT Frank de Latour, a 2019 graduate of the William Beaumont Oral Surgery Residency, will start his Oral and Maxillofacial Surgery Fellowship this summer at Jackson Memorial Hospital in Miami, Florida. He will be under the tutelage of world- renowned surgeon Robert E. Marx for the next two years concentrating on Head & Neck Oncology and Microvascular Reconstructive Surgery.

Bulletin POC: usarmy.jbsa.medcom-ameddcs.mbx.dental-corps@mail.mil



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THE DENTAL CORPS BULLETIN

AOC SPOTLIGHT: 63N, ORAL AND MAXILLOFACIAL SURGERY CONTINUED HONORING COLONEL(R) DAVID FALLAH — AN EDUCATOR WHO CONTINUES TO GIVE

David M. Fallah, DDS, FAGD, FICD, FACS, joined the faculty of the Department of Surgery at Texas Tech University Health Sciences Center (TTUHSC), El Paso, Texas in January of 2019 after retiring from a 25+ year career as an Army Oral and Maxillofacial Surgeon. A lifetime educator, he has lectured nationally, internationally, and has published numerous articles in the American Journal of OMS, the American Journal of Sleep Medicine, as well as the Journal of Army Medicine. He serves as a board examiner for the American Board of the Oral and Maxillofacial Surgery (ABOMS).

COL(R) Fallah was the Assistant Program Director of Oral and Maxillofacial Surgery at the Madigan Army Medical Center from 2004-2009. In 2009 he was recommended by the U. S. Army OMS Consultant, and selected by the Dental Corps Chief to establish an OMS residency Training Program at William Beaumont Army Medical Center, Fort Bliss, Texas. As Chairman and Program Director of the OMS Residency at Fort Bliss, he trained many residents during his ten-year tenure. One-hundred percent of his graduates attained board certification from the American Board of Oral and Maxillofacial Surgery.

Currently, as an Associate Professor of Surgery in the Paul L. Foster School of Medicine's Department of Surgery, and as the Chief of Oral and Maxillofacial Surgery, he established an OMS trauma rotation with Army OMS residents at Texas Tech University Health Sciences Center, the only Level I trauma center in the city. OMS residents form both Fort Bliss and Fort Bragg currently rotate with COL(R) Fallah's service, receiving invaluable trauma experience to meet educational needs, and fulfill CODA requirements. COL(R) Fallah continues to nurture and mentor Army OMS residents even in retirement. He is seeking to expand the training to other Military OMS programs.

Dr. Fallah is the recipient of the "A" Designator from the Army Surgeon General, and a member of the Order of Military Medical Merit (O2M3). He was the 2012 recipient of the U.S. Army Dental Corps Chief's award for "Excellence in Dental Education". Dr. Fallah's awards include the Legion of Merit, the Meritorious Service Medal (2OLC), the Army

Commendation Medal (2OLC), and the Army Achievement Medal (3OLC).

COL(R) David M. Fallah, DDS, FAGD, FICD, FACS





AOC SPOTLIGHT: 63N, ORAL AND MAXILLOFACIAL SURGERY CONTINUED

OMS RESIDENCY SPOTLIGHT

Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA

Chief of Service – LTC Travis Austin, DDS
Program Director – LTC Joseph W. Ivory, DDS
Assistant Program Director – MAJ Jonathan Czerepak, DDS
Staff/Mentor – MAJ Andrew Jenzer, DDS

It been a busy year for the Department of Oral and Maxillofacial Surgery at DDEAMC. Our graduating chief resident, CPT Ryan Payne submitted his research project and came in second place for the Bernier Award. Our APD, MAJ Czerepak, passed his Oral Qualifying exam and is now a Diplomate of the American Board of Oral and Maxillofacial Surgery. MAJ Jenzer passed his written qualifying ABOMS exam and will challenge his Oral Exam next year. MAJ Jenzer challenged and came in first place for the Best Warrior Competition (officer) for the entire region. LTC Ivory had a book chapter accepted for publication in an upcoming board review book, and collaborated on several papers with MAJ Jenzer, one of which has been picked up for publication. Both MAJ Jenzer and LTC Ivory are currently working on book chapters for another upcoming book on OMS. The Department of Oral and Maxillofacial Surgery has finalized a Skill Sustainment Agreement with Augusta University for staff surgeons to begin taking trauma call and staffing OMS residents at Augusta University in order to meet requirements for ICTLs. The last few COVID months, MAJ Jenzer has coordinated distance learning between OMS residency programs. During a trial lecture to residencies recently, Drs. Mark and Kim Schlam, both Army Dental Officers, Mark an OMS and Kim a prosthodontist at JBLM, provided a combined lecture on edentulous treatment planning and surgery.



Above: Drs. Jenzer and Cho harvest bone marrow aspirate from the left hip during an anterior maxillary reconstruction.



Above: LTC Ivory working with residents applying maxilla-mandibular fixation prior to a bilateral temporomandibular custom joint reconstruction.

The goal is to establish a regular, inter-army OMS lecture series for sharing of information from expert sources and maintaining contact with their OMS programs. Lastly, LTC Travis Austin is PCSing to Hawaii after serving seven years at DDEAMC as staff, APD, PD and Chief of Service and will be sorely missed.

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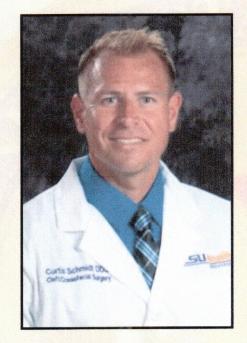
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THE DENTAL CORPS BULLETIN

AOC SPOTLIGHT: 63N, ORAL AND MAXILLOFACIAL SURGERY CONTINUED

BROOKE ARMY MEDICAL CENTER CHIEF OF OMS, LTC CURTIS SCHMIDT

Throughout history dentists have been leaders and innovators in the treatment of cleft lip and palate. Nearly everywhere in the USA a team approach is utilized to care for these patients, but unfortunately exposure to cleft patients in most dental schools and residencies is sparse despite its relatively common frequency, occurring in approximately 1 in 700 births. As a consequence, fewer and fewer dental providers are comfortable providing the necessary care for this deserving population. In the military health care system this frequently results in referrals to civilian providers. While the centers the patients are referred to provide quality care, our military dependents are a very mobile population. The multitude of surgeries and treatments required for cleft lip and palate span from birth to approximately 17 years of age. This often results in lost records, fragmented care, and delayed care when trying to establish a new team after a PCS. Additionally, this burden results in significant psychological and emotional stress for our service members and parents of children affected. In an effort to alleviate this, the army dental corps will need to rely on civilian training centers initially to bring this critical skill back into the army dental



corps skill set. With an initial investment in the civilian sector we can then return this skill to our military training programs and provide an enduring source of training and knowledge to our military health care system. While this will conserve financial resources, more importantly it will restore confidence and continuity of care for the affected children of our service members as they fulfill assignments around the world.

LTC Curtis Schmidt recently completed a 2-year Fellowship in Cleft and Craniofacial Surgery at the LSU Health Sciences Center in Shreveport, Louisiana. The goal of this fellowship was to provide the knowledge and skill sets to be a team leader of an accredited cleft lip/palate and craniofacial treatment team. LTC Schmidt has acquired the credentials to diagnose and surgically treat both cleft lip/palate, as well as the vast array of craniofacial syndromes and non-syndromic craniosynostosis. With his training, he will be able to perform all of the required surgeries, and recognize and direct the appropriate timing and care for all other members of the craniofacial team.

LTC Schmidt is the Chief of the Oral and Maxillofacial Surgery at the San Antonio Military Medical Center. Through a coordinated effort, LTC Schmidt plans to increase the exposure and training in cleft lip and palate patients, to both, the Oral and Maxillofacial Surgery Residents of the Army and Air Force, as well as the Orthodontic Residents of the Tri-Service Orthodontic Residency Program. LTC Schmidt's ultimate goal is to create an Army Fellowship Program in Cleft and Craniofacial Surgery.



AOC SPOTLIGHT: 63N, ORAL AND MAXILLOFACIAL SURGERY CONTINUED

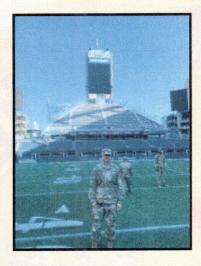
534TH HOSPITAL AUGMENTATION DETACHMENT SUPPORT

MAJ Clint Shelley (right) is an Oral and Maxillofacial Surgeon, currently stationed at Fort Carson, Colorado and assigned to the 534th Hospital Augmentation Detachment, 10th Field Hospital.

With the 534th Hospital Augmentation Detachment, MAJ Shelley has participated in multiple extended field training exercises. The training exercises focused on setting up the field hospital, and training, to provide surgical care to wounded Soldiers in a field environment. The 534th Hospital Augmentation Detachment deployment to Seattle in the nationwide response to COVID-19. In coordination with FEMA, the 534th quickly transformed the convention center at Century Link Field into a hospital with over 250 beds (below), surgical capabilities, microbiology and hematology labs,



of Surgical Services as needed. Fortunately, once physical distancing strategies were implemented Washington State was able to flatten the curve, reducing the spread of COVID-19, and the need for continued assistance. The 534th Hospital Augmentation Detachment returned home in mid-April, remaining on a 48-hour standby to redeploy if needed. As a field hospital military force, the 534th provides a wide array of capabilities, to include defense support of civil authorities. As military providers, we need to be proficient in clinical and hospital setting skill, but also be ready to deploy and provide care in austere environments.



and radiology. The hospital was rapidly assembled and had initial operational capacity within 24 hours, and fully operational capacity within 169 hours. Surgical capabilities included oral surgery, urology, general surgery, and orthopedic surgical procedures. MAJ Shelley's mission was to work with the surgical teams to set up the operating rooms, the surgical areas, and to assist the Chief



MAJ Clint Shelley (far left) providing suturing skills class to Soldiers of the 534th



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THE DENTAL CORPS BULLETIN

AOC SPOTLIGHT: 63N, ORAL AND MAXILLOFACIAL SURGERY

Oral and Maxillofacial Surgery is a surgical specialty focusing on reconstructive surgery, trauma, surgery of the head, neck, mouth, and jaws, as well as facial cosmetic surgery. In the U.S., Oral and Maxillofacial Surgeons may further specialize after residency, undergoing an additional one or two year sub-specialty Oral and Maxillofacial Surgery Fellowship training in the following areas: Cosmetic Facial Surgery, Trauma, Craniofacial surgery, Head and Neck Cancer and Microvascular Reconstruction, TMJ Surgery.

The Army has seven Oral and Maxillofacial Surgery Residency training sites. Currently 11 residents are selected per year to start an arduous four-year program in the hopes of becoming Army Oral and Maxillofacial Surgeons. Every year one Oral and Maxillofacial Surgery Fellowship is available to qualified Army Oral and Maxillofacial Surgeons.

HONORING A STELLAR ARMY ORAL SURGEON - 30 YEARS OF ACTIVE DUTY SERVICE

COL Karen Keith, DDS, MD



COL Karen Keith is retiring from Active Duty July 2020 after serving the Army
Dental Corps for over 30 years, culminating as the Commander of the Fort Bliss
Dental Health Activity. She was the second female oral surgeon to graduate from an
Army Oral Surgery Residency, the first dual-degree female oral surgeon trained by
the Army, and the first female Consultant to The Surgeon General in Oral and
Maxillofacial Surgery. She is a diplomate of the American Board of Oral and
Maxillofacial Surgery (ABOMS) and of the National Dental Board of Anesthesiology
(NDBA). She is a fellow of the American Association of Oral and Maxillofacial
Surgeons, the American Dental Society of Anesthesiology and the International
College of Dentistry. She served as a board examiner for the Medicine and
Anesthesia Examination Section of the American Board of Oral and Maxillofacial

Surgery. She has served as the OMS Consultant to The Surgeon General from 2012-2020. COL Keith's primary focus in the Dental Corps has been as an educator in Oral and Maxillofacial Surgery (OMS). She served three years as the Assistant Program Director for the Eisenhower Army Medical Center OMS Residency program, Fort Gordon, Georgia (2003-2006), and seven years (2006-2013) as the OMS Residency Program Director at Madigan Army Medical Center, Joint Base Lewis-McChord. COL Keith deployed with the 10th Combat Support Hospital (CSH) in 2003, in support of Operation Iraqi Freedom, and served with the 21St CSH in Mosul and Balad.

COL Keith has earned the Expert Field Medical Badge and the Parachutist's Badge. She was awarded The Surgeon General's "A" Designator, and is a member of the Order of Military Medical Merit.

COL Keith plans to settle down with her family in Colorado and continue practicing oral and maxillofacial surgery. We wish her all the best in the next chapter of her life!