



THE DENTAL CORPS BULLETIN

JOURNAL OF SPECIAL OPERATIONS MEDICINE

VOLUME 20, EDITION 2 / SUMMER 2020

INJURY PREVENTION

An Ongoing Series

Mouthguards for the Prevention of Orofacial Injuries in Military and Sports Activities

Part 1: History of Mouthguard Use

Joseph J. Knapik, ScD¹; Blake L. Hoedebecke, DDS²; Timothy A. Mitchener, DMD, MPH³

ABSTRACT: This is the first of a two-part series on the history and effectiveness of mouthguards (MGs) for orofacial injury protection. Military studies have shown that approximately 60% of orofacial injuries are associated with military training activities and 20% to 30% with sports. MGs are hypothesized to reduce orofacial injuries by separating the upper and lower dentation, preventing tooth fractures, redistributing and absorbing the force of direct blows to the mouth, and separating teeth from soft tissue, preventing lacerations and bruises. In 1975, CPT Leonard Barber was the first to advocate MGs for military sports activities. In 1998, Army health promotion campaigns promoted MG education and fabrication. A US Army basic training study in 2000–2003 showed that more MG use could reduce orofacial injuries and the Army Training and Doctrine Command subsequently required that basic trainees be issued and use MGs. Army Regulation 600-63 currently directs commanders to enforce MG use during training and sports activities that could involve orofacial injuries. In the civilian sector, MGs were first used by boxers and then were required for football. MGs are currently required nationally for high school and college football, field hockey, ice hockey, and lacrosse, and are recommended for 29 sport and exercise activities.

COL Timothy Mitchener has served in the US Army Dental Corps since 1991. He currently is assigned to the 18th Medical Command (Deployment Support) out of Fort Shafter, HI, as a public health dentist and is serving as an oral-maxillofacial injury epidemiologist with the United States Army Institute of Surgical Research out of Joint Base San Antonio, TX.



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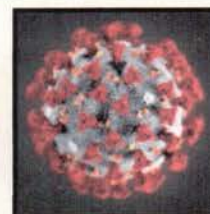
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CORONAVIRUS UPDATES

FRAGO 11 TO HQDA EXORD 210-20 CORONAVIRUS TRANSITION FRAMEWORK

Among other items included in this FRAGO is the following:

- ◆ (3.D.13.D.) [RESTATED] All Soldiers on assignment to Korea will continue movement IAW their assignment instructions or request for orders as an exemption to HQDA's transition framework. The Republic of Korea (ROK) government and U.S. Forces Korea already require 100% screening, testing, and quarantining for all personnel entering the ROK, regardless of the traveler's point of origin.
- ◆ 3.D.29. (U) [CHANGE TO READ] Soldiers, family members, DA Civilians, and contractors departing on official travel from the United States to another country will conduct a pre-travel 14-day ROM, unless the GCC or host nation (HN) requires a 14-day ROM at the destination location. Only one ROM is required, either before travel or after arrival. See Annex PP for a list of country ROM and test requirements. Updates to this information will be provided by the applicable ASCC.



MILPER MESSAGE 20-277, ADVISORY ON COVID-19 TRAVEL RESTRICTIONS FOR SOLDIERS ASSIGNED TO EUROPEAN UNION COUNTRIES, ISSUED: 8/26/2020

The purpose of this message is to notify military service members (and their travel offices) who are undergoing a PCS move to European Union (EU) countries that the SecDef Stop Movement restrictions has been lifted as of 1 July 2020 and that travel to Europe is now permitted and is conditions based. Additionally, no ETP is required when traveling from, through or to an unrestricted (green) country. Germany, Italy and Belgium are currently categorized as "green countries." Final verification of unrestricted travel status will be confirmed by the traveler's unit no earlier than 10 days before initiating movement.

ARMY G-1 COVID-19 FREQUENTLY ASKED QUESTIONS (FAQ) 21 AUGUST 2020.

From the Army G-1 Personnel Contingency Cell (PCC): The FAQs attached at the following link are provided to answer common questions being asked after the publication of FRAGO 9, 10, and 11 to HQDA EXORD 210-10. Some of the subjects covered include Restriction of Movement (ROM) requirements for Soldiers and DA Civilians, entitlements available, family travel, and passport and visa processing delays.

FORCE HEALTH PROTECTION GUIDANCE - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVELING DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC, 6 AUG 20.

Memorandum from the Under Secretary of Defense, Personnel and Readiness: This memo provides pre- and post-travel guidance for purposes of force health protection (FHP) of Service members, DoD family members, DoD civilian employees, and DoD contractor personnel. DoD Component Heads may implement more restrictive guidance and additional force health protection measures based on local risk assessments and in consultation with their medical staffs and public health authorities.



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MILPER MESSAGE 20-270, FISCAL YEAR 2021 (FY21) ACTIVE COMPONENT (AC), COLONEL (COL), MEDICAL CORPS (MC), AND DENTAL CORPS (DC), PROMOTION SELECTION BOARDS (PSB) ZONES OF CONSIDERATION, ISSUED: 8/24/2020

A selection board will convene on 17 Nov 20 to consider eligible Medical Corps (MC) and Dental Corps (DC) Lieutenant Colonels (LTC) on the Active Duty List (ADL) for promotion to Colonel (COL).

AIM2 KNOWLEDGE, SKILL, AND BEHAVIOR (KSB) UPDATE. From the Army Talent Management Task Force (ATMTF): In response to numerous AAR comments about KSB list functionality within AIM2, the ATMTF, in coordination with HRC, has developed an improved and updated KSB list and structure. The list and structure will improve functionality for both officers and units utilizing AIM2 KSBs to populate position vacancies and officer talent profiles. To implement the new list and structure, the existing data fields will be removed from AIM2, and the new data fields will be added. Unfortunately, this update will erase self-professed KSBs for officers as well as KSBs inputted into unit position vacancies. Visit the following link for more information on actions needed by both officers and units to save old KSB info and input new KSBs.

AMERICAN DENTAL ASSOCIATION (ADA) VIRTUAL CONNECT CONFERENCE

THERE IS STILL TIME TO REGISTER!

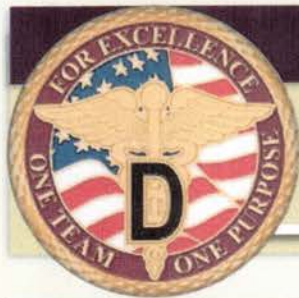
This virtual environment gives you the flexibility to fit learning into your lifestyle. Without leaving your space, you have a one-stop shop for connecting with your community, getting exclusive CE, taking part in Q&As with leading speakers, and having a little fun with trivia night and a concert. There's even designated networking spaces for a little mix and mingle time!

The All-Access Pass to the ADA FDC Virtual Connect Conference is an unbeatable value—including unmatched CE, live evening sessions, events to fuel your mind and body, informal chats with speakers, the Virtual Exhibit Hall, and many networking opportunities. Register before Aug. 31, you save up to 50%

Sign up today!



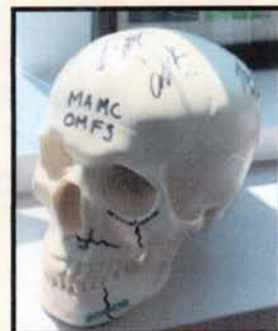
Virtual Connect Conference
OCT. 15-17, 2020 • LIVE & ON DEMAND



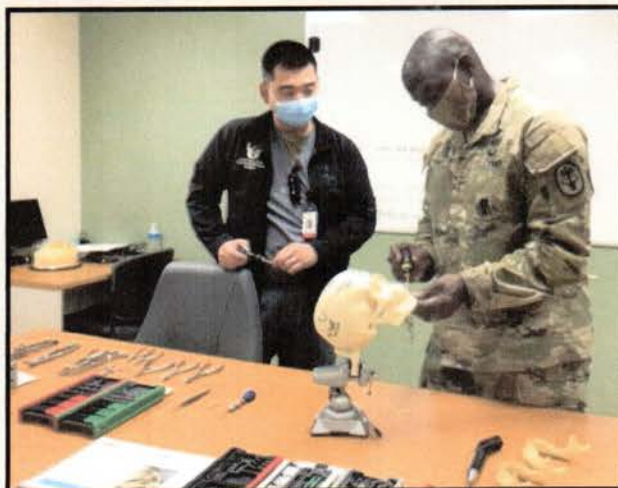
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MADIGAN ARMY MEDICAL CENTER ORAL AND MAXILLOFACIAL SURGERY RESIDENCY HOSTS THE SURGEON GENERAL

WASHINGTON — On 13 August 2020, Lieutenant General R. Scott Dingle, 45th Surgeon General of the U.S. Army, and Commanding General, United States Army Medical Command, visited Madigan Army Medical Center. As part of his tour, he chose to highlight the Oral and Maxillofacial Surgery (OMS) Residency as one of his stopping points to focus on the specialty and how the COVID pandemic has affected operations. He was greeted at the clinic door and was immediately impressed at the attenuation of risk by having his entire entourage temperature scanned, COVID screened and given hand sanitizer. Lieutenant Colonel Marc Serra (Program Director) and Major Kevin Smith (APD) escorted the General on a high energy and interactive tour of the clinic. In each corner of the clinic, the residents and staff presented different aspects of the residency, their relevance to the AMEDD, and their practicality in the Combat Support/Field Hospitals. The Surgeon General was genuinely impressed and interested in Cone Beam technology, the unique general anesthesia competence and capabilities of the OMS, and the continued education of our oral surgery assistants. General Dingle even got to see the assistants in didactic and mock code training. He participated and quizzed the assistants on laryngeal anatomy and airway complications. He wrapped his tour by plating a mandible fracture under the tutelage of one of our chief residents. Lieutenant General Dingle stated that it was the best clinic tour (medical and dental) he had ever received and the OMS team had raised the bar for all clinic tours. He recognized the staff and residents for their dedication and enthusiasm with The Surgeon General Coin. “The energy you have as a team cannot easily be replicated,” Dingle said. “As a staff it takes hard work, leadership, and passion.” Dingle added.



CPT Anna Moorhead briefs Lt. Gen Dingle on the extensive resident training in general anesthesia and our unique ability to serve as credentialed anesthesia providers in the Combat Support/Field Hospitals



PGY-4 MAJ Aujin Kim gave Lt. Gen Dingle a hands on lesson on mandibular rigid fixation. This skull was signed by the OMS department and now sits proudly in the Office of the Surgeon General.



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SPECIAL FEATURE: SOLDIER HIGHLIGHT

SPECIALIST TANISHA ROBINSON

Joint Base Lewis-McChord—Fulton Dental Clinic

Specialist Robinson began her military career in 2015, attending Basic Combat Training (BCT) in Fort Sill, Oklahoma. Consequent to graduating BCT, she attended Advanced Individual Training (AIT) at Fort Sam Houston, Texas earning her Military Occupational Specialty as a 68 Echo Dental Specialist. Her first duty assignment was Dental Health Activity- Bavaria in Vilseck, Germany. Specialist Robinson is currently assigned as a MAP soldier to 62nd Medical Brigade - 47th Combat Support Hospital Alpha Company, but works full time with Dental Health Activity - Joint Base Lewis McChord at Fulton Dental Clinic.

On March 2020, Specialist Robinson completed the Preventive Dentistry course at Fort Sam Houston, Texas earning her Additional Skill Identifier (X2). In the midst of the course Specialist Robinson and her classmates' clinical time was cut short in result of the sudden outbreak of COVID-19. The majority of the patient population seen by the students were in the age range to be most at risk. After returning to JBLM, Specialist Robinson was unable to fulfill the duties of a Preventive Dentistry Specialist due to the ongoing COVID-19 dental care restrictions. She was designated as a COVID-19 screener who rotated between dental clinics to screen patients upon their arrival to their dental appointments at their designated dental clinics. Due to the shortage in staff during COVID-19 operations, she was also assigned on rotational duties as a dental x-ray technician. Specialist Robinson is well-versed beyond her X2 duties, as she has also assisted Fulton Dental Clinic at the front desk by checking patients in for their appointments, scheduling appointments, assisting the Treatment Coordinator with readiness reports, conducting callbacks to ensure that our patients in our service population are contacted and scheduled in a timely manner in order to maintain dental readiness at all times. Specialist Robinson has not let COVID-19 deprive her of her abilities to be utilized elsewhere in our dental clinic and therefore continues to function readily wherever she is assigned based on our daily missions.

Right: SPC Tanisha Robinson conducting the COVID-19 screening process.





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673RD DENTAL COMPANY (AREA SUPPORT) FORWARD “YANKEE ONE, ALWAYS AT THE TIP OF CUSP”

WRITTEN BY COLONEL CYNTHIA V. FELEPPA



Mural by: SGT Snowbeger

CAMP ARIFJAN, KUWAIT — 673rd Dental Company (Area Support) Forward deployed out of Joint Base Lewis-McChord, Washington, on 26 December, 2019, and is expected to return in the fall. COL Jason Bullock, Commander, led five dental teams, supported four treatment facilities and three countries: Kuwait, Qatar and Iraq. The unit distinguished themselves by establishing the first Role 3 dental capability for the Central Command (CENTCOM) Area of Operation. From the beginning, COL Bullock provided words of motivation. “Each day, remember to do two things, take care of people and always do the right thing.” 673rd DCAS FWD is proud of their collective accomplishments during the incredibly dynamic and complex operational environment due to the Iranian backed proxy aggression and COVID-19 pandemic.

As the largest dental asset in USCENTCOM, 673rd DCAS FWD established themselves as the nucleus for Role 3 dental care in theater. COL Bullock’s joint initiatives with Area Support Group-Kuwait (ASG-KU) led to the theater’s first tri-service intraoperative dental treatment facility and provided USCENTCOM with advanced dental equipment and enhanced treatment capabilities including comprehensive endodontic therapy and operating room based oral surgery.

In addition, COL Feleppa, executive officer, and CPT Waite, general dental officer, solidified a relationship with the United States Military Hospital-Kuwait (USMH-K), operated by the 411th Hospital Center (411th HC), and established the capability to access the operating room for treatment of complex oral surgeries. Collectively, this enabled patients to have access to Role 3 dental care independent of host nation referrals. Iranian aggression elevated clinical autonomy to a critical necessity, and in March 2020 the COVID-19 crisis caused all referrals to the host nation to cease. (Continued)



THE DENTAL CORPS BULLETIN

673RD DENTAL COMPANY (AREA SUPPORT) FORWARD “YANKEE ONE, ALWAYS AT THE TIP OF CUSP”

(Continued) 673rd DCAS Soldiers engaged in interoperability trainings with various units located within theater. Soldiers cross-trained with the ASG-KU Veterinary Team by exchanging training on the topics of radiographic imaging, oral anesthesia, and providing actual dental treatment to military working dogs. In addition, Soldiers conducted advanced training in hospital services to include operating room procedures and initiating intravenous lines. The cross-training led to a more prepared and effective team and ultimately, to zero dental evacuations out of theater.



Left to Right: COL Bullock, endodontist, and SPC Zhang, preventative dentistry specialist, perform endodontics using the recently purchased surgical microscope. COL Feleppa, a comprehensive dentist, and CPT Waite, a general dentist, provide oral surgery services in the USMH-K operating room. SPC Asten Bates, a dental assistant, and MAJ Joshua Omara (CRNA, 411th HC) practice placing IV's. SPC McCall, a preventative dentistry specialist, provides dental hygiene care to a military working dog

In response to the outbreak of COVID-19, CPT Waite, the 673rd DCAS FWD COVID-19 dental liaison, created an emergency and urgent dental care management plan to establish dental care protocols for both COVID-19 positive and non-confirmed patients during the pandemic. This SOP positively impacted sick call work-flow and provided treatment guidance for emergency and urgent dental care throughout theater. In preparation for a COVID-19 outbreak within Camp Arifjan, eight 673rd DCAS FWD Soldiers volunteered to be part of the contact response team. The tracer team distinguished themselves by completing course work through John Hopkins University to receive their certificates in contact tracing. In total, the team participated in four contact tracer operations and interviewed over 150 individuals at high risk for COVID-19 exposure. In addition, 673rd DCAS FWD Soldiers attained credentials to execute COVID-19 patient testing at the Camp Arifjan Dental Clinic.

The Coronavirus pandemic challenged the delivery of dental care globally. Identifying the negative impact of the COVID-19 pandemic on treatment delivery, COL Feleppa initiated an innovative operational effort that laid the foundation for an outreach Dental Education Program that extended throughout the AOR, the first of its kind. The program consisted of the following training topics: Dental Prevention, Dental Trauma, and Dental Anesthesia. A total of 25 interoperability trainings and over 100 personnel within the 3rd Medical Command Forward, ASG-KU, Marines, Navy, Air Force and Coalition Forces were trained. (Continued)



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673RD DENTAL COMPANY (AREA SUPPORT) FORWARD “YANKEE ONE, ALWAYS AT THE TIP OF CUSP”

(Continued) As the world braced for the COVID-19 pandemic in March 2020, Iraq remained under a heightened state of alert from the Iranian aggression. In the same month, an Iranian-backed militia targeted the Camp Taji, Iraq, with indirect fire attacks in a span of two weeks. Over fifty 107mm Katyusha rockets hit Camp Taji. CPT Keller and SGT Carnecer, the expeditionary dental team, provided aid and support to augment Role 1 medical mass casualty response. They performed their duties honorably and returned to Kuwait safely.

In addition, COL Feleppa spearheaded an outreach effort to provide dental support to Al Jaber Air Base, which has no dental element on the installation. Dental teams were sent forward to provide dental screenings to service members from the Special Purpose Marine Air-Ground Task Force Crisis Response-Critical Response (SPMAGTF CR-CC) and the 3-2 Air Defense Artillery Brigade. These dental screenings decreased dental emergency visits and prevented unnecessary movement of personnel from Al Jaber to Camp Arifjan for triage during dental sick call hours during the COVID-19 crisis.



Left to right: CPT Waite provided a hands-on workshop on dental anesthesia to the SPMAGTF CR-CC, CPT Farr provided the workshop to medical providers at Camp Buehring, COL Feleppa and PV2 Savage, ASG-KU dental assistant, review radiographic findings during dental screenings conducted for the 3-2 Air Defense Artillery.

The 673rd DCAS FWD had additional dental teams assigned to Camp Buehring, Kuwait and Al Udeid Air Base, Qatar. The Camp Buehring team consisted of CPT Farr, SGT Snowberger, SGT Grannum and SPC Wininger. They provided unwavering dental support sustaining clinic operations while separated from the rest of the unit. The Qatar team managed the task of COVID-19 screenings for the Army, Air Force, and Civilian staff supporting the 379 Expeditionary Medical Group and Host Nation Coordination Center.

Prior to the COVID-19 pandemic, the team participated in various outdoor physical challenges. Out of 16 Soldiers, eight Soldiers challenged the Norwegian Foot March, an 18.5 mile march carrying a 25 pound ruck sack, five of which earned the badge. SPC McCall was the only Soldier to successfully complete the 26.2 mile Bataan Memorial Death March carrying a 35 pound ruck sack.

673rd DCAS FWD tireless efforts resulted in incalculable contributions to the CENTCOM mission. The unit's leadership successfully guided the team to mission success during the Iranian aggression and COVID-19 crisis. 673rd DCAS FWD, always at the tip of the cusp! HOOAH!

[FULL ARTICLE WITH ADDITIONAL PHOTOS](#)



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DENTAL HEALTH COMMAND— PACIFIC UPDATE

JOINT BASE LEWIS MCCORD (JBLM)

WASHINGTON—Although COVID-19 is affecting many training and readiness operations, Soldiers assigned to the Joint Base Lewis McChord Dental Health Activity were still able to participate in a small-arms range and EST hosted by the Medical Activity (MEDDAC) unit at JBLM. Two officers, Captain Chelsea Harris and Captain Courtney Lamondin, practiced foundational marksmanship skills with their qualification mentor, Sergeant First Class Steven Zachary on the M-4 Carbine before attending the range. Both officers attended with intention to qualify as Expert in pursuit of the coveted Expert Field Medical Badge (EFMB).



Above Left to Right: SPC Eliana Richardson, SPC Brittany Johnson, and Courtney Lamondin on the firing line.

Below: SPC Mubota Mbuthia re-enlistment

RE-ENLISTMENT AND AWARDS

Lieutenant Colonel William Gilbert and First Sergeant Brittany Graham were presented with the Order of Military Medical Merit (O2M3). This prestigious award is only given to the top medical leaders for their accomplishments not only to their assigned unit, but their expertise to other units.

Specialist Muhota MButhia re-enlisted for three more years as a Dental Specialist. He currently works at Dental Clinic #2 screening patients entering the clinic, working at the SRP site, and assisting whenever and wherever he is needed at the clinic. Specialist Mbuthia will be leaving JBLM to join the Presidio of Monterrey family.





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DENTAL HEALTH COMMAND— PACIFIC UPDATE CONTINUED

HAWAII

Lieutenant Colonel Brandon Gage (63B) is awarded a gift by the graduating class as the mentor of the year for the Advanced Education General Dentistry (AEGD-2) Program at Schofield Barracks.



Left to Right: CPT Allen Davis, LTC David Redmond, MAJ Gamal Baker, MAJ Christy Lee, LTC Brandon Gage, CPT Taylor Tokunaga, MAJ Mitch Oliver, MAJ Tina Gray, MAJ Migdalia Eibl Torres

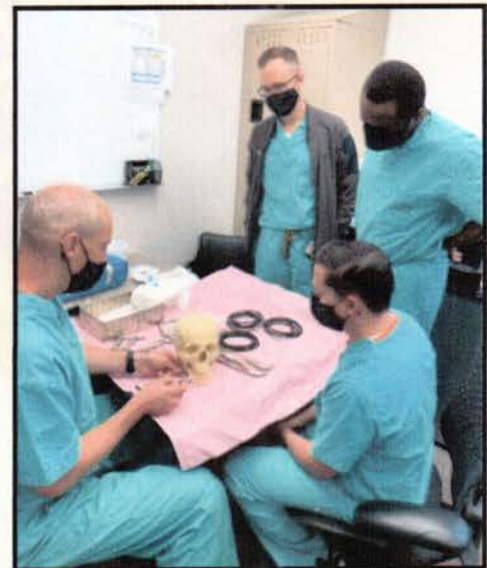


Left: LTC Kimberly Inouye (63D) provides training on treating medical emergencies in the dental office during the Schofield Barracks AEGD-2 Sedation Course.

Pictured: MAJ Dan Borge, MAJ Justice Pilgrim, CPT Jin Pak, CPT Andrea Baeder

Right: COL Andy Wargo (63N) trains Oral Maxillofacial Surgery Residents on surgical techniques at the Tripler Army Medical Center in Honolulu, HI.

Pictured: CPT Corey Paulino, CPT AJ Barima, and CPT Stanley Thomas.





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DENTAL HEALTH COMMAND— PACIFIC UPDATE CONTINUED

DENTAL ACTIVITY—JAPAN

21 JULY 2020, DENTAC-Japan Headquarters completed a virtual Change of Command as Colonel Lewis R. Wayt assumed Command from Colonel Ryan J. Wang on 21 July 2020. DENTAC-Japan Headquarters welcomes Colonel Wayt and his family to Camp Zama, Japan as they begin their tour. Headquarters staff wishes Colonel Wang good luck as he reports to Camp Humphrey, Korea. The staff welcomes the new Dental Senior Non-Commissioned Officer Sergeant First Class Jermire Witherspoon and his family as they begin their tour at Camp Zama, Japan.

Camp Zama and Torii Station have been providing Emergent Care, Dental Readiness Class (DRC) 4, DRC 3, and orthodontic treatment active duty service members and eligible beneficiaries. The changing environmental conditions and subsequent changes in Health Force Protection conditions have seen our incredible staff adapt to the “new normal”. The flexibility of both clinics has been apparent on collaboration with different military services and the various safety/patient safety measures taken by the staff. The Dental Health Activity-Japan, Okinawa Torii Station Dental Clinic’s Captain Austin Cheng led the way teaming up with United States Navy counterparts in standing up COVID-19(+) Dental Emergency Response Teams for the Military Health System on US Navy Hospital in Okinawa, Japan. This collaborative effort maximized shared understanding and interoperability between two services making certain Okinawa’s military dentists are prepared to safely manage dental emergencies in a COVID-19(+) patient.



Clockwise: Camp Zama and Torii Station Clinics procured social distancing reminder markers for patients entering the building. Patients are pre-screened at the door prior to entering the clinics. Front desk at Torii Station outfitted with Plexi-glass barrier.



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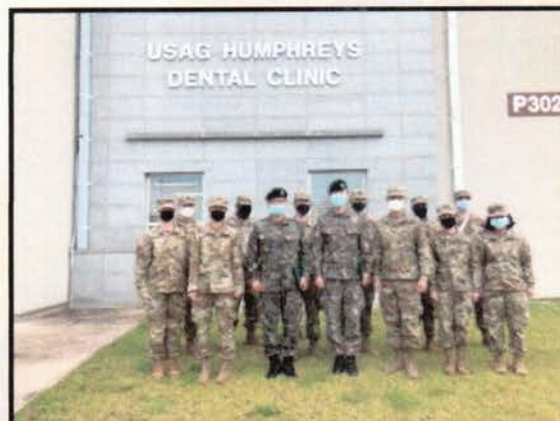
DENTAL HEALTH COMMAND— PACIFIC UPDATE CONTINUED

618TH DENTAL COMPANY AREA SUPPORT (DCAS)

KOREA — The 618th DCAS' priorities remain readiness and support of ongoing Covid-19 operations. In Korea readiness encompasses the dental readiness of our supported Soldiers and the "fight tonight" readiness of our 618th Dental Company Area Support (DCAS)/ Dental Health Activity—Korea (DHA-K) Soldiers.

The 618th DCAS was recently tasked to support many of the 65th Medical Brigade (MED BDE) COVID-19 operational cells. Multiple liaison officers were attached to the Eighth Army, 2nd Infantry Division Fusion Cell, 65th MED BDE Clinical Operations Cell, and 168th Multifunctional Medical Battalion to support 24-hr seamless communication across the peninsula to our Senior Mission Commanders.

In addition to providing world-class dental care, the 618th DCAS continue readiness training by conducting inventories, qualification ranges, command maintenance, functional fitness training, and Expeditionary Dental Service Support Missions. Above all, we are focusing on safety, in and out of the clinic, and remaining vigilant in our fight against the Covid-19 virus.



Soldiers from the Republic of Korea Army Dental Corps visit the Carius Dental Clinic



Above: 618th DCAS Soldiers continue combat readiness training during COVID-19 conditions.



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AOC SPOTLIGHT: 63H DENTAL PUBLIC HEALTH

Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental disease on a community basis.

Dental public health (DPH) officers, though a small segment of the Army Dental Corps, have demonstrated their value to the mission by affording a birds-eye, community approach to the challenges facing Army Dentistry.

DENTAL PUBLIC HEALTH FISCAL YEAR (FY) 20 HIGHLIGHTS

During the beginning of FY20, heavy emphasis among senior dental leaders was devoted to force realignment and COVID-19 response measures. Dental public health officers contributed to gathering and interpreting data, often solicited from Dental Activity (DENTAC) and Dental Clinic Commands (DCCs). In partnership with strategy and innovation health systems specialists and the senior data analysts, forecast projection tools were developed to aid in education and assist in decision-making to ensure the sustainability, relevance, and effectiveness of the Dental Corps

COVID-19 RESPONSE

- 1) COVID-19 pandemic significantly influenced dental clinical operations across the enterprise. DPH officers were involved in designing tools to gather information regarding the status of dental operations to share with senior medical and Army leaders. LTC Drouillard developed a dental treatment facility tracking tool to gather information on local dental treatment facility (DTF) operations throughout the DHC-C during the COVID-19 pandemic. Information included daily HPCON status, supply status, COVID-19 positive personnel and quarantine tracker, personnel supporting Military Treatment Facility (MTF) operations. The tool was adopted by the MEDCOM G-3/5/7 Dental Directorate for enterprise use to gather and report dental operations to MEDCOM PA&E.
- 2) DPH officers also partnered with Mr. Jesus Silerio, DHC-C Health Systems Specialist, to develop a dental readiness RESET forecasting tool. The tool allowed DENTAC and DCC command teams to model when supported units can return to 95% dental readiness status. Command teams could manipulate the volume of providers available and the capacity of the clinic for care. Personal protective equipment (PPE) needs were predicted based upon variable values submitted by local dental command teams. The tool provided valuable readiness forecasting to senior mission commanders and military treatment facility leaders, as well as justification for requests for PPE.
- 3) At the request of senior dental leaders, COL Paul Colthirst, LTC Drouillard, and Mr. Silerio contributed to a Dental Readiness Workgroup reviewing several proposed models. COL Colthirst, LTC Drouillard, and Mr. Silerio, developed proposed risk criteria using available data in the Corporate Dental System (CDS) to categorize and prioritize the periodicity of dental exams for service members as part of a phased approach to restoring dental operations following the initial response to the COVID-19 pandemic. (Continued)



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AOC SPOTLIGHT: 63H DENTAL PUBLIC HEALTH CONTINUED

COVID-19 RESPONSE CONTINUED

3) Continued: LTC Drouillard developed a methodology to consolidate overall risk level based upon variables selected for inclusion. The team is in the process of conducting analysis of the data and sharing findings that could be useful in dental operations beyond the COVID-19 response.

WHERE IN THE WORLD ARE THE DPH's?

COL Paul Colthirst, Dental Staff Officer OTSG & Consultant to The Surgeon General, Falls Church, VA

COL Tim Mitchener (right) outside Schofield Barracks, HI with the HQ element of the 18th Medical Command (Deployment Support) during the Joint Warfare Assessment Exercise. The 18th MEDCOM served as a conduit between PACOM high command and the Lower command 62 MED BDE and their subordinate units, which includes the 673rd DCAS.



COL Scott Rankin relinquished command of the Fort Gordon DENTAC and assumed duties as Chief, Department of Dental Sciences, MEDCoE, JBSA, TX

COL Demetres Williams, Graduated from the National Institute of Health and National Institute of Dental Craniofacial Research (NIH/NIDCR) and will be heading Dental Health Command – Central as the Director of Clinical Operations

LTC Peter Drouillard, Director of Clinical Operations, Dental Health Command - Central

MAJ Christ Hirleman, staff Dental Public Health officer, Clinical Public Health and Epidemiology Directorate, U.S. Army Public Health Center, APG, MD

MAJ Changhee Jin, DPH Resident, University of Iowa, Iowa City, IA

RESEARCH

The Dental Public Health community has produced several military relevant [research products](#) that aims to not only educate the joint force but also inform senior leaders on epidemiological trauma, diseases and evacuation trends.

Technical Report No.s.0063413-07, Oral Cavity and Pharynx Cancer in the Active Component Military, 2007-2017;
Written by MAJ Christa Hirleman

Mouthguards for the Prevention of Orofacial Injuries in Military and Sports Activities: Part 1: History of Mouthguard Use.
Written by COL Tim Mitchener, et.al.

A Review of Medical Evacuations Related to Dental Emergencies and Oral-Maxillofacial Injuries. Written by COL Tim Mitchener, et.al