



## THE DENTAL CORPS BULLETIN

### Useful Links

- ♦ [National Defense Strategy](#)
- ♦ [2022-23 Army Medicine Campaign Plan](#)

### Dental Corps

- ♦ [Army Dental Corps](#)
- ♦ [Dental Directorate SharePoint](#)
- ♦ [Dental Corps History](#)

### HRC/Personnel Links

- ♦ [HRC \(DC OPMD\)](#)
- ♦ [AIM 2.0](#)
- ♦ [IPPS-A](#)
- ♦ [My Board File](#)
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- ♦ [FY22 Board Schedule](#)
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### Dental Education/CE

- ♦ [USU Postgraduate Dental College](#)
- ♦ [AMEDD Virtual Library—Dentistry](#)
- ♦ [Army Blackboard](#)

### Patient Safety/Infection Prevention and Control

- ♦ [MHS Patient Safety Program](#)
- ♦ [Infection Control](#)
- ♦ [CDC - Dental settings](#)
- ♦ [The Joint Commission-Dental](#)

### Miscellaneous

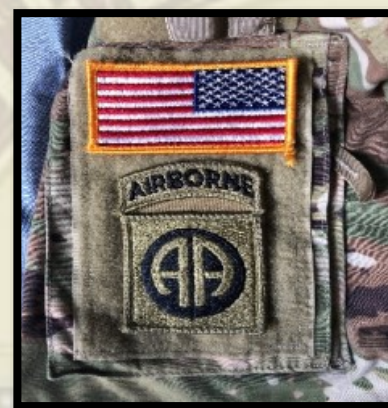
- ♦ [Broadening Opportunities program \(B.O.P\)](#)
- ♦ [Post 9/11 GI Bill Benefits/Transferability & Yellow Ribbon Program](#)



## Dental Officer Leadership and Skills in the Field.

By: MAJ Gamal Baker

As we look around the Corps, we can find our colleagues in roles that include clinical dentistry, dental education, staff positions, command, and direct support of operational units in both U.S. Army Forces Command (FORSCOM) and U.S. Special Operations command (SOCOM). Positions in these operational units are unique within the dental profession because they provide dentists the opportunity and new challenges while practicing their clinical skills. The advantages that accompany serving in an operational assignments include learning to perform field dentistry, deployment opportunities, attending military schools, and personal development. These assignments assist dentists in developing within both of their professions as Army Officers and dentists.



In this first part of the article we will discuss the role the dental officer plays in FORSCOM/SOCOM units. Next, month we will discuss military schools and training.

### Field Dentistry

As a member of a FORSCOM unit, dental officers are asked to develop as both Soldiers and dental officers. Dental officers in the position of Brigade Dental Surgeon for infantry and armor brigades in combatant divisions (i.e. 82<sup>nd</sup> Airborne Division) serve as the subject matter expert on all matters related to dentistry for their unit. As such, unit leadership will lean on their dental officer for help in resolving dental readiness issues. The dental officer also contributes to planning of dental services and force health protection measures.



The Brigade Dental Surgeon does not work alone for his unit's oral health. While the Brigade Dental Surgeon is responsible for the dental services within his unit, while in garrison the DENTAC clinics provide support for dental services. The primary responsibility for the Brigade Dental Surgeon is to ensuring that his unit is as dentally deployable as possible at both an administrative and clinical level.



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## Deployment

Deployment is often the most rewarding time in a Soldier's military career. As dentists, our skills are often put to the test as we treat and manage the urgent and emergent dental care of Soldiers. We are tasked with provide operational dental services to Soldiers, Sailors, Airmen, DoD civilians, and foreign nationals. Dentists also make recommendations on elevation of care to intra-theater facilities, inter-theater facilities, or elevation to a higher level of care outside of theater. These decisions are not always easy to make and treatment modalities not always easy to render. Fortunately the communication network of dental providers within the area of operation can help guide the dental officer in making the proper decisions. Dentistry in an operational environment is challenging, but it is that challenge that makes it all the more rewarding.



Dental officers should understand the position of dentistry in Roles of Medical Care within the Army. While medical treatment occurs from point-of-injury to Role IV care, dental assets are typically positioned from Role II and above. Brigade Dental Surgeons operate clinics within a combatant brigade's medical facility. However, the dental provider is often asked to provide services to the more forward fighting force. Bringing dental assets forward supports the fighting force by reducing the risk to soldiers and other assets during evacuation. Forward dental treatment has the added benefit of boosting the morale for soldiers in need of care.

The United States Army is a mobile fighting force. In order to maximize mobile capabilities, personnel and equipment within the unit must be prepared to move. Brigade Dental Surgeons and FORSCOM Dental Company Area Support units are trained and equipped to support a mobile Army. Many hours of training are required to proficiently synchronize movement. Field training at the company, battalion and brigade levels and Combat Training Center rotations provide opportunities for dentists to train in operational environments. These training exercises provide the dentist the opportunity to learn from the military experience of others while also demonstrating the value of dentistry to front line units. The lifelong relationships that develop from these experiences are irreplaceable.



Practicing dentistry in an austere, operational environment is rewarding. The reward comes from rising to the challenge of being a Soldier and providing the highest quality care as a dentist.





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## AOC SPOTLIGHT: 63P Oral and Maxillofacial Pathologist

### Oral Pathologist Serves at the Defense POW/MIA Accounting Agency (DPAA)

By: COL David Flint

The Defense POW/MIA Accounting Agency's mission is to provide the fullest possible accounting of missing and deceased service members from the past conflicts of World War II, Korea, and Vietnam. Recent examples of identifications of service members have come from the USS Oklahoma (Pearl Harbor), Battle of Tarawa (WWII Pacific), and the Korean War (remains returned from the North Korean government). These identifications are accomplished in laboratories located at Joint Base Pearl Harbor-Hickam, Hawaii and Offutt Air Force Base, Nebraska.

An Army oral pathologist (odontologist) at the lab in Hawaii is a key contributor in the identification of these remains. LTC(P) Rachelle Retoma is currently assigned to the Hawaii lab. She works closely with other forensic team members such as the Medical Examiner, anthropologists, historians, DNA analysts, and military equipment experts for the ultimate goal of identifying deceased service members.

The process begins with the recovery of remains based on the historical analysis of where unaccounted service members are possibly located and which personnel are still missing. In the lab, anthropologists determine age, height, sex, and race of the remains. Any associated equipment is analyzed to establish if it is consistent with issued U.S. military equipment from that time period. Mitochondrial DNA samples are also collected to compare with family DNA reference samples submitted by families of the missing.



LTC(P) Rachelle Retoma at the DPAA laboratory Joint Base Pearl Harbor-Hickam, Hawaii.

The odontologist takes dental radiographs (full mouth series when possible) and charts the dental condition of the remains. Undamaged and nonrestored teeth are selected and submitted for mitochondrial DNA analysis from the pulpal tissue. The remains' dental charting is compared to available antemortem dental records of soldiers who are unaccounted from the location and/or incident associated with the recovery. The comparison looks for shared dental characteristics between missing service members and the remains (e.g., restoration and extraction patterns).



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A dental identification can be made when the features of a service member's and remains' dental charting and radiographs match in exacting detail. Other times, the antemortem and postmortem dental information is consistent, and combined with the DNA and anthropological data, a service member can be identified.

The following are some examples of dental information used in identifying missing service members. Remains of a possible U.S. service member were recovered in Vietnam in the vicinity of reported U.S. Air Force jet disappearance in 1968. The dental records of the two pilots missing from the incident contained film radiographs. Figure 1 shows a dental radiograph taken in 1963 of one of the pilot's left mandible. Figure 2 is two dental radiographs taken from the recovered portion of a left mandible. Notice the pilot's and remains' radiographic concordances involving the of the restoration morphology of tooth #18, the root anatomy of teeth #18 & #19, the radiopacity apical to the mesial root of tooth #19, and missing tooth #20. The pilot's dental chart annotated tooth #17 being extracted after the date of the radiograph. This excellent concordance confirmed the recovered portion of mandible was that of one of the missing pilots. The rest of the recovered remains were confirmed to be the missing pilot's via anthropological and DNA data.



Figure 1. Radiograph (1963) from a Vietnam War missing pilot



Figure 2. Radiographs from recovered remains in the vicinity of a documented aircraft crash in Vietnam.



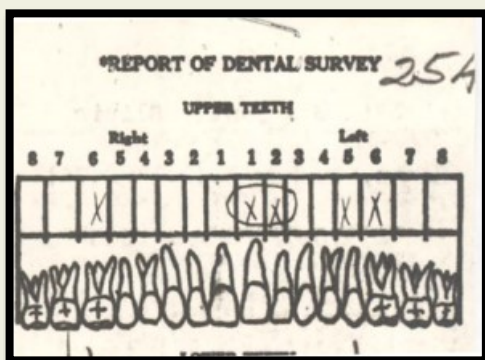


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Another example involves the remains of a possible U.S. service member recovered in the vicinity of the Korean War Battle of Ch'ongch'on, which occurred in 1950. Figure 3 shows part of the dentition and fixed partial denture (teeth #8-#11) that was recovered at the site. Equipment found with the remains was consistent with U.S. soldier equipment issued during the Korean War. The historians assembled a list of soldiers reported missing from the battle. Searching the dental record database of the 119 reported missing soldiers, two had missing teeth #9 and #10. Figure 4 shows the dental record of one of the two soldiers with missing teeth #9 and #10 (L1 & L2) and the fabrication of a fixed partial denture #8-#11 (Bdg Fx R1-L1, 2). Radiographs were not available as they were not routinely part of military dental records until after the Korean War. This soldier was Caucasian while the other unaccounted soldier with missing teeth #9 & #10 was of African descent. The anthropological analysis revealed the remains were Caucasian. The dental comparison, anthropological analysis, and mitochondrial DNA comparison of the remains to a family member confirmed the remains were that of this soldier.



Figure 3. Dental remains recovered from a Korean War battlefield (fixed partial denture teeth #8-#11).



DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.		DATE AND NATURE OF TREATMENTS AND OPERATIONS		RESULTS AND REMARKS	
	Exam		1947 Jan 01	Ref Op	JJC
			13	Appt	FX
	Sitting			Ref ID, XR	FX
				Appt	NK
	XR (3) No 1665		28	Ref Pros	dd
			1947 Feb		
No 81	R-1 Prep, wax Imp		12	Resppt	NK
Resppt	L-3 Prep		14	Resppt	NK
Resppt	L-3 Wax Imp		17	Resppt	NK
Resppt R1-L5	Cwn Try in, Imp for Bdg		25	Resppt	NK
			1947 Mar		
TMag (2)	Bdg Fx R1-L1, 2		10	Resppt	RAJ
			Apr 2	Appt failed R	

Figure 4. Dental record of an unaccounted U.S. soldier from the Korean War with missing teeth #9 & #10 (L1 & L2) and fabrication of fixed partial denture teeth #8-#11 (R1-L1, 2)

These examples show how important the dentist's role is in identifying missing service members from past conflicts. Working in close coordination with other forensic scientists, the dentist is critical to the success of the mission. From comparing dental radiographs, correlating dental charting, and selecting teeth for pulpal DNA analysis, the dentist provides key analysis for service member identifications. The oral pathology community is proud to support the mission to identify all unaccounted for service members who gave their lives in defense of the nation.



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## DENTAL HEALTH COMMAND – ATLANTIC UPDATE

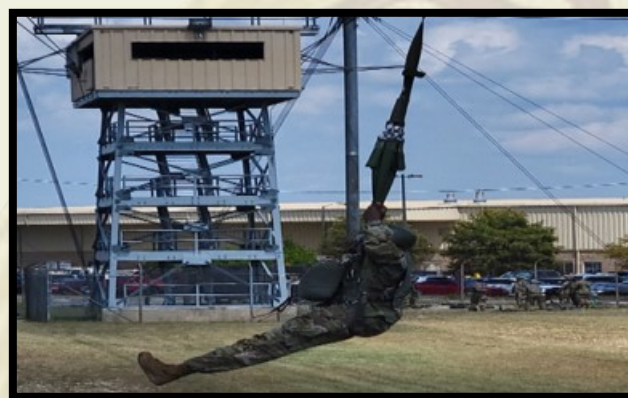
POC: CSM Omar Mascarenas

### First Sergeant Validation Course

Dental Health Command Atlantic (DHC-A) Headquarters executed a First Sergeant Certification Validation Course hosted by the Fort Bragg Dental Health Activity from 8-10 September 2021. First Sergeants and Senior NCOs from across the region participated in both a physically and mentally challenging exercises. The event promoted a ready medical force through mentorship and professional development from the DHC-A Commander, Sergeant Major and peers.

Leaders from across the region participated in mastering mass exit jumps from the 34-foot Airborne Tower, negotiating the Air Assault obstacle course, the All American Mile, 3-mile trail run, water survival training, Leaders' Reaction Course and a SGM Workout of the Day.

The purpose of this event is to validate and certify leaders. Furthermore, the course promotes knowledge sharing while building esprit de corps amongst the command's Senior Enlisted Leaders. The First Sergeant Certification Validation Course is a training platform able to be replicated at the leader's home station. The course produces ready, relevant senior dental specialists able to support their junior Soldiers through training.



1SG Sinkler mastering mass exit from the 34-foot Airborne Tower with a perfect mock aircraft exit and PLF form.



COL Michael Evans joined NCOs on the All American Mile obstacle course. His leadership presence was a crucial to building cohesive teams.



1SG Carlos Orsini-Carrero demonstrates his water survival skills, negotiated obstacles and performed tasks during water training event.





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## DENTAL HEALTH COMMAND – ATLANTIC UPDATE

### Dental specialist becomes an Air Assault Sergeant (Instructor) at the Sabalauski Air Assault School.

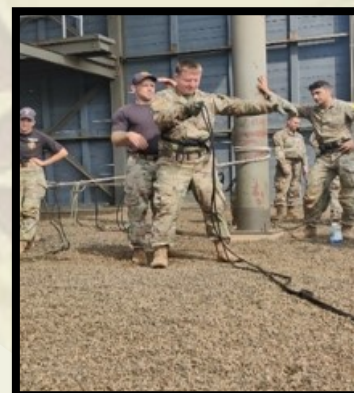
SSG Michael Griffin has successfully challenged the Air Assault, Fast Rope Insertion Extraction System (FRIES)/Special Purpose Insertion Extraction (SPIES) and Rappel Master courses. Upon graduation of the Air Assault Course Soldiers are able to perform skills required to make use of helicopter assets in training and unit operations. The FRIES/SPIES course teaches skills needed to insert and extract Soldiers in the most restrictive and challenging terrain typical of the world's jungles. The Rappel Master course teaches graduates of the Air Assault, Ranger Course, Special Forces Qualification Course and Mountain Warfare Course the skills and techniques that are necessary to become a qualified Rappel Master.

SSG Griffin used his experience to mentor CPT Brent Mullen to successfully earn his Air Assault Badge and complete the Rappel Master course. SSG Griffin was also part of the cadre for the Dental Health Command-Atlantic/Public Health Best Warrior Competition and the train-up for the Regional Health Command-Atlantic Best Warrior Competition.

SSG Griffin's achievements of excellence and his affinity for teaching made him a prime candidate to serve as an instructor at the Sabalauski Air Assault School. SSG Griffin contributes to a ready, responsive and relevant force by training soldiers assigned to the 101<sup>st</sup> Airborne Division, other Army units and our sister services.



SSG Griffin and CPT Mullen at the Air Assault Course.



The left two photos show SSG Griffin during the FRIES and SPIES course. On the right, CPT Mullen passes Rappel Master at Air Assault.