



# 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](#)
- ♦ [AMEDD Command Management](#)
- ♦ [My Board File](#)
- ♦ [FY23 Board Schedule](#)
- ♦ [LTHET FY23 Results](#)

## 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](#)



## MILITARY REVIEW PUBLISHES ARTICLE ON FUTURE CONCEPTS FOR MILITARY DENTISTRY

The Army is focused on planning and preparing for large-scale combat operations (LSCO) as a potential level of conflict in the future. Army Dentistry supports the fighting force as providers of dental care and support to medical organizations. New ideas and discussion enhance our organization's ability to adapt to the future operating environment. This month, two Army Dental Corps Officers had their views on the role of dentistry in expeditionary operations to support the force during LSCO. Please read a summary of the article below and access the September-October 2022 edition of Military Review at <https://www.armyupress.army.mil/Journals/Military-Review/English-Edition-Archives/September-October-2022/Mendoza-Cook/>.

## The Role of Expeditionary Dentistry in Large-Scale Combat Operations

Lt. Col. Andres Mendoza, DDS, U.S. Army  
Maj. Ross Cook, DMD, U.S. Army

### A Ready Medical Force

Expeditionary dentistry begins with the readiness of the dental team. Dental teams are deployed on the battlefield to provide dental care to Soldiers to both prevent and treat dental emergencies that result in lost duty time and degradation of the fighting force. Dental teams have a secondary mission to support medical organizations, especially during mass casualty scenarios. Many dentists who have deployed can provide stories of how they were needed to assist in surgeries, providing casualty care, and a number of other tasks to support our medical colleagues.

Readiness is a top priority in the Army. To ensure the dental team is ready to assist medical teams when needed, teams must prepare through exercises and training. In the PME CE Reference pages at the back of this bulletin, officers can find a number of casualty care trainings to prepare them for these situations.

On the next page you will find a moving story to highlight why we wear the uniform and why dentists must be prepared for medical emergencies. Dentists are medical assets on the battlefield who at any moment could save a life.



# THE DENTAL CORPS BULLETIN

## A NAVY DENTIST'S REFLECTIONS ON 9/11

**This testimonial was commissioned in 2011 for the Navy Dental Corps Centennial Book, it is published here with the permission of the author and the Navy Dental Corps**

By: CAPT (ret.) Gerald Santulli, Dental Corps, USN

9/11 was a day I will never forget. I distinctly remember just finishing up a patient treatment that morning when I heard over the clinic public address system that all providers report to the medical front desk immediately. I and all the other providers in the dental clinic went to the front desk area. We all inquired what was going on. No one knew exactly what had happened. Someone said it was some kind of a mass casualty event and it was not a drill. Personnel went back to the dental clinic to gather any equipment we could find, masks, gloves, oxygen tanks and go-bags.

Upon leaving the clinic to provide assistance, I was struck by the hordes of hundreds of people literally running for their lives. You literally could feel and smell the panic. It was a virtual human stampede. I will never forget the expressions of horror on the faces of people running past me trying to get out of the Pentagon as fast as they could. A group of us decided to take some supplies and go into the building toward what and where we did not know. You could start to smell smoke and assume that there was a fire somewhere as well. I remember thinking that there is something innately wrong about running into a burning building when everyone else was running out of it, but at the time it seemed like that was something we had to do. The smoke became overwhelming as we approached the center ring vicinity. At that point we could see casualties coming out.



Captain Santulli rendering assistance to individuals suffering smoke inhalation  
*Image courtesy of CAPT Santulli*

We assisted bringing people out of the building. The smoke got worse and trying to make it further into the building seemed futile. There were too many injured coming out. We finally pulled back and went to our muster point in back of





# THE DENTAL CORPS BULLETIN

## A NAVY DENTIST'S REFLECTIONS ON 9/11

the Pentagon Athletic Center and established a triage site. That site is now in the middle of what is now the middle of I-395 North as a result of the re-routing of that road in response to changing the security at the Pentagon.

We saw many casualties. I don't exactly know how many but we were busy for what seems like a couple of hours. It was estimated later on that the dental clinic personnel saw at least half of all the casualties that escaped to the north side of the building. Most of those trapped on the south side of the building did not make it out. They were mostly incinerated. Patients suffered from shock, cuts, broken limbs, hysteria and many had smoke inhalation. I remember that everything seemed like it was happening in slow motion. We administered IVs, and provided as much care as we could for the little equipment and supplies that we had. Although it had been about fifteen years since I had C-4 training at Camp Bullis, in San Antonio, Texas, I was amazed that a lot of what I had learned came back immediately. I never thought I would have to use that training especially on a stateside tour.

Some of our clinic personnel were waiving down private vehicles on the road adjacent to the Pentagon and I-395 to act as make shift ambulances to transport casualties to the nearest hospital facility. I remember asking one individual who had come out of the building what had happened. He responded, that there was a huge explosion and that he thought a plane might have struck the Pentagon. We had also been informed that planes may have struck the Twin Towers in New York. Hearing that gave me a great deal of concern. My brother takes the train into the World Trade Center in the morning and my wife was working in the U.S. Capitol on that particular day. I knew that this was no accident and that there could be more to come and that there was a distinct possibility we might not make it through this day alive.

Once the casualties were taken care of and evacuated from the triage site, our clinic personnel were directed to muster on South parking side of the Pentagon, closer to where the plane had hit the building. It was mass chaos. No one was in charge, yet all the first responders acted in an orderly manner. We made our way around the perimeter of the Pentagon and waited for further instructions at a point adjacent to the field by South parking and near I-395 South. We got close enough to the site where I could see remnant parts of what was the plane that crashed into the Pentagon with parts strewn across the field. By that time emergency response units from the local fire department had arrived, but there was not a whole lot they could do. They doused the building with water but the walls looked very unstable and ready to collapse. At one point dental personnel were going to be tasked with going into the building to help with recovery efforts. We were told the smell of the smoke and potential human remains could be overwhelming.

I remember asking some of our female clinic members who had taken their bags and pocketbooks with them if they had any kind of perfume that we could use to douse cotton gauze to put inside our masks. We started passing out the gauze to our people to put in their masks. No one flinched, we were willing to go. The authorities from the fire department



# THE DENTAL CORPS BULLETIN

## A NAVY DENTIST'S REFLECTIONS ON 9/11

finally decided the building was too unstable to proceed. Also since it was designated a crime scene, they decided to have the FBI go in once it was more secure. So thankfully that tasking did not go forward. At that point there was a lot of waiting and wondering what would come next. We were part of a group of hundreds of people assembled on the grounds of the Pentagon waiting for further instructions. It seemed no one wanted to leave the site, but there wasn't much we could do. At one point we heard a jet overhead which caused a panic among all who were in the field. People were yelling to take cover. They thought was it was another plane coming at the Pentagon to finish off first responders and survivors of the first attack. Everyone ran back toward the guard rails and the gully by the section of I-395 to take cover. Someone yelled, "hey it's OK it's one of ours." The plane was an Air Force F-16 and he flew low and fast over the building and dipped his wings as if he was trying to tell everyone on the ground we have you covered, there won't be another suicide plane coming in.

We were now into the late afternoon, the on-scene commanders had instructed our group from dental and others to go back around the building and get to the center court yard area inside the ring. It was an eerie feeling, a beautiful sunny day that had been punctuated by carnage and destruction. You could see and smell smoke but from that vantage point no fire was visible. A number of us volunteered to organize into small groups to go into the affected wedge for rescue/recovery efforts, thinking that the area would be more stable than the outer wall on the south side; we had no equipment and no breathing devices. Our people were willing to go but the fire marshals would not let us in. We felt totally helpless. There was not much we could do. Clinic personnel frantically tried to use a limited number of cell phones that people had to try and call their homes to let family know they were OK. After multiple attempts due to the disruption of cell tower reception, I was finally able to leave a short message on our home answering machine to let my wife know I was fine. She was not home yet and I was extremely worried what her status was at the Capitol. As the day wore into the night dental and medical personnel had one last assignment. We were tasked with retrieving and laying out black vinyl body bags in the court yard in preparation for final recovery efforts. It was a sad and somber ending to a long day. We were all physically and mentally exhausted. We didn't want to leave but were ordered to go home.

Before we left that night, we were told to report to work the next day because the dental clinic was going to be open, no matter what. I remember driving back at dawn of 12 September and could see plumes of smoke still rising from the Pentagon. Amidst all this smoke and the existing water damage in the building, the PTDC was up and running and seeing patients. For our clinic personnel it was a real moral boost to get back to some kind of routine in defiance of what had happened just twenty four hours ago. We will never forget 9/11.



# THE DENTAL CORPS BULLETIN

## THE MARKET IS OPEN! HOW TO MANAGE YOUR RESUME AND EXPECTATIONS

The Assignment Interactive Module 2.0 (AIM) Market opens today, October 3rd. The market is still a new fixture in the way the Dental Corps manages talent, and it has garnered its fair share of both praise and criticism. It is critical that officers entering the marketplace, as well as the Commanders and hiring managers on the other side, understand the nature of the marketplace to improve transparency and market satisfaction. Below are some tips and notes compiled after discussion with HRC, Commanders, and Officers who have had both satisfaction and dissatisfaction with the marketplace.

### Timeline

03 OCT-14 NOV: Market Open. Officers/Units Numerically Preference

17-24 OCT: Midmarket “Blackout” and Adjustment

14 NOV: Market Closes

15-18 NOV: Post-Market Review

29 NOV-02 DEC: Initial Slating

16 DEC: Begin Publishing RFOs

### Recipe for Success

The most important point for Officers entering the marketplace is to make the effort to ensure AIM resumes and ORB’s are an accurate reflection of that Officer. When asked, one Commander commented, “I didn’t really consider any Officer that hadn’t taken the time to create a resume that demonstrated the skills and wisdom gained to this point in their career.” A blank or low effort resume is a surefire way to decrease potential satisfaction with the match.

Once the information reflected in your official documents demonstrates what an excellent choice you would be, the next step is to evaluate all positions available and rank every single one of them. The algorithm incentivizes data. If an Officer were to only rank three assignments, all other assignments would be tied for fourth. The algorithm would consider the Officer satisfied with a Top Five assignment, even though the reality is that the RFO is drawn for the Officers hundredth choice. Additionally, when larger number of assignments are at play, the Officer is given more opportunities to signal to hiring managers when they have rank ordered more assignments. Branch managers are always available to provide information or clarity on the assignments available, should questions arise.

An often overlooked aspect of the marketplace is the AMEDD Branch Immaterial Assignments. A 63 series Officer reviewing the marketplace will find opportunities appropriate to their AOC, as well as 63R positions that are broadening assignments. Additionally, a great deal of 05A positions will typically populate. These Branch Immaterial opportunities will be significantly more competitive, with a much larger pool of candidates from across the AMEDD. Do not fail to preference these positions! Even if the Officer is ineligible, or unlikely to take the position, by preferencing these assignments, two benefits are gained. Firstly, the data incentive kicks in. AIM will “signal” to units that you are interested,





# THE DENTAL CORPS BULLETIN

## THE MARKET IS OPEN! HOW TO MANAGE YOUR RESUME AND EXPECTATIONS



*The AIM 2 MilSuite is an excellent resource for training and additional information*

<https://www.milsuite.mil/book/docs/DOC-609865>

this signal is sent to either the top three units on the preference list, or to the top 10%, whichever is greater. Adding these positions increases the denominator, the total number of positions. It thus allows for the opportunity to signal to more units as the 10% numerator increases with each preferred assignment. Additionally, the addition of these assignments allows the Officer to “bury” the assignments he or she would prefer not to take on.

It is not enough to set-it-and-forget-it in the marketplace. One Commander interviewed stated, “I only really considered candidates who had taken the time to call or e-mail me about the position. If a guy or gal doesn’t have the initiative to reach out, it is hard to imagine they’d go the extra mile once they’re in the position.” Officers in the marketplace should be aggressively lobbying (and interviewing, depending on the assignment) for the position they are seeking. The work is not done here. Due to myriad

factors such as REFRADs, REFRAD withdrawals, GDE changes and a host of other factors, assignments in the marketplace are constantly adjusted to reflect the actual situation on the ground as HRC receives more and more clarity. It would be wise to check back into the marketplace daily.

### Addressing Discontent

The number one complaint gathered regarding the marketplace is a “lack of transparency.” Critiques from disappointed applicants often sound like these: “I was promised a one-to-one match and I didn’t get it.” “I didn’t get any of my top five choices.” “AIM is just a big black box that replaces the ‘old boys club.’” It is very positive that these opinions are voiced so that they can be addressed by the stakeholders who make the decisions at strategic levels. In this case, many instances of disgruntlement may be solved by better understanding.

“There is no such thing as a one-to-one match” said one top official involved with the AIM process. “The appropriate terminology is ‘market-match,’ because the market is more complex than any two people. We fight for a large team, and decisions are made in the best interest of the entire team.” The market-match involves both an algorithm and a human element. After the algorithm matches applicants with positions, many factors can change in the post-market review. For instance: Dan Dentist, DDS matches with a 63A position at Ft. Freedom. Dan ranked Ft. Freedom number one. The Commander, impressed by Dan’s thorough resume and prompt phone interview, also ranked Dan as number one and said as much to Dan. After the market closed, Dan was bewildered to receive an RFO for Ft. Frozen. What happened here?

“The first mistake,” said one HRC representative, “is that the Commander is in the wrong for using the term one-to-



# THE DENTAL CORPS BULLETIN

## THE MARKET IS OPEN! HOW TO MANAGE YOUR RESUME AND EXPECTATIONS

one match. Commanders should not be telling candidates where they fall in the rank order list. This is how we get in a situation where Officers think that the market is not transparent, we have Commanders out there who do not follow protocol, and this leads to disappointment.” Many things could have happened to cause this situation. Once the algorithm closes, the human element takes over. The team at HRC evaluates the preferences and then begins the hard work of considering a great number of issues to include the following: EFMP, PME requirements, board selections, hardships, DEROS, retirement, high school senior stabilization, MEB/MRB, FYGDE, special school qualifications, security clearance, MACP, broadening requests, authorizations, CSL evaluation and many others. In the case of Dr. Dan, a concession was made for a married 63A and 63B to stay together under the MACP (Married Army Couples Program). Dan had (against all advice) cleared all of his preferences following his ‘one-to-one’ confirmation from the Commander, and thus, Ft. Frozen was considered tied for his number two choice.

Talent management in the Army has never been more advanced, nor has so much effort been applied to ensuring the happiness of both Officers and Units. HRC works diligently to ensure transparency in the marketplace and recognizes the limitations and advantages of the market-match. The same disappointment that one Officer experiences can be the human touch another Officer needed to keep the family together, or care for a sick child, or retire without moving again. Set the conditions for success in your market journey by talking to your branch manager about any concerns and embracing the market for Team-oriented tool that it is.





# THE DENTAL CORPS BULLETIN

## DENTAL HEALTH COMMAND - PACIFIC UPDATE

### Fall 2022 Senior Leader Symposium

Dental Health Command - Pacific (DHC-P) Commander COL Kelley Tomsett hosted the Fall 2022 Senior Leader Symposium (SLS) from 23-25 August 2022 with all subordinate DHC-P Commanders, Executive Officers, Senior Enlisted Leaders, and HQ Primary Staff at Schofield Barracks, Hawaii. The purpose of the Fall SLS was to provide strategic and operational guidance relative to regional readiness initiatives. The SLS also ensured DHC-P Command Teams and HQ Staff had a clear understanding of the DHC-P Commander's mission, vision, and priorities in preparation to execute the strategic vision within the current environment for future follow-on operations.



Attendees share the “shaka” sign of Aloha Spirit: friendship, understanding, and solidarity. 25 August 2022, Schofield Barracks, Hawaii  
*Image courtesy of MAJ Fernando Najera*

The Fall 2022 SLS was a great opportunity for new members of the Pacific DENTAC Command Teams to meet and



COL Kelly Johnson goes airborne for a spike during a team building volleyball game during the DHC-P SLS. 24 August 2022, Hale'iwa Beach, Hawaii  
*Image courtesy of MAJ Fernando Najera*

network with more tenured Command Teams. All attendees were fortunate to hear guest speakers from across the Pacific discuss key topics ranging from Human Resources, Resource Management, Defense Health Agency Transition, Patient Safety and Infection Control, Occupational Safety, Labor Management, Inspector General, and Legal. Regional Health Command-Pacific CSM Joseph also spent time discussing leadership and the RHC-P mission with the DHC-P Command Teams. In addition to daily discussions, SLS attendees participated in a highly competitive game of beach volleyball on the North Shore of Hawaii at Hale'iwa Beach. DHC-P SGM Wright, along with several DENTAC Hawaii NCOs





# THE DENTAL CORPS BULLETIN

## DENTAL HEALTH COMMAND - PACIFIC UPDATE

ensured a great team-building event which included friendly competition between Officers and NCOs. After nearly an hour and a half of grueling matches, the competition ended in a tie. This event proved instrumental in enhancing the camaraderie of the attendees throughout the SLS.

The SLS also included a short staff ride on Schofield Barracks, where attendees had the opportunity to learn about US Army Pacific history during an in-depth tour of the 25th Infantry Division “Tropic Lightning” museum.

Three DHC-P HQ Staff were presented with Civilian employee awards during the SLS. Mr. Marcial Tumacader received an award for 25 years of honorable civil service as of 7 August 2021. Ms. Chelsea Farias received an award for 20 years of honorable civil service as of 25 March 2022. Mr. Phillip Clipps was presented an award for 20 years of honorable civil service as of 20 September 2021.



COL Tomsett and SGM Wright present awards to Ms. Chelsea Farias, Mr. Phillip Clipps and Mr. Marcial Tumacader (left to right). 25 August 2022,

## DENTAC - JBLM

On 18 August 2022, SFC Weaver, SFC White, SPC Otero, SGT Duran, SGT Ascalon, SGT Kim, and SGT Navarro took on a 6-mile ruck around the Joint Base Lewis-McChord airfield. DENTAC - JBLM has been dedicating time to fitness excellence by rucking every other Thursday morning. These Soldiers are building up their endurance and stamina in preparation for 12-mile ruck marches that are required for the Expert Field Medical Badge and Air Assault School.

DENTAC - JBLM Commander COL Alfred “Andy” Anderson graduated from US Army War College in Carlisle, PA on 29 July 2022. This graduation was a culmination of a grueling two years of commitment and



SFC Weaver, SFC White, SPC Otero, SGT Duran, SGT Ascalon, SGT Kim, and SGT Navarro complete 6 mile ruck march. 18 August 2022, JBLM





# THE DENTAL CORPS BULLETIN

## DENTAL HEALTH COMMAND - PACIFIC UPDATE

dedication. US Army War College is a necessity for the development of Senior Leaders to become critical thinkers and complex problem solvers. During these two years of virtual and face-to-face studies, COL Anderson accomplished what many others could not. In addition to completing this distinguished Professional Military Education, COL Anderson graduated with a Master's degree in Strategic Studies.

## DENTAC - Japan

DENTAC - Japan HQ, Camp Zama Dental Clinic, and Torii Station



DENTAC - Japan bids farewell to SFC Nathaniel Warner

*Image courtesy of MAJ Fernando Najera*

Dental Clinic staff members bid farewell and "Good Luck" to

SFC Nathaniel Warner and his family as they began their journey to a new assignment. SFC Warner was a bedrock in leadership and continuity for the DENTAC; while sad to see him go, the unit wishes him success as he moves on to his next endeavor at Fort Huachuca!

On 21 July 2022, The Torii Station Dental Clinic conducted a Diagnostic ACFT on Okinawa. The team had been preparing for several months and managed to endure summertime heat and humidity in order to accomplish this mission.

All members grew

individually and as a team as they encouraged one another and fostered esprit de corps.

## DENTAC - Alaska

The Dental Clinic Command at Fort Richardson successfully conducted an Assumption of Command ceremony where COL Amanda Nelson presided over the ceremony on 16 August 2022. The DCC welcomed both the new commander and senior enlisted leader, MAJ Shauna Jones and SFC Marshall Knighten, as they assumed Command and responsibility of their post, Soldiers, and Civilian staff by successfully passing the colors and welcoming their families to Alaska.



COL Andy Anderson graduates from U.S Army War College. 29 July 2022, Carlisle, PA  
*Image courtesy of MAJ Fernando Najera*



MAJ Shauna Jones accepts the Ft. Richardson DCC guidon. 16 August 2022, Ft. Richardson  
*Image courtesy of MAJ Fernando Najera*



# THE DENTAL CORPS BULLETIN

## DENTAL HEALTH COMMAND - PACIFIC UPDATE

### DENTAC - Hawaii

The Oral and Maxillofacial Clinic endured a taxing Joint Commission survey in August 2022. After pouring so much time and effort into their preparation, Oral Surgery not only completed their Joint Commission inspection on 11 August 2022, but they were recognized as a “superstar clinic.” Ms. Seema Singh, who serves as the Patient Safety and Infection Control Manager, was directed to work with Tripler Army Medical Center and was critical to their success by ensuring they were ready for TJC inspections as well.

The 2-year AEGD and OMFS graduation took place on the USS Missouri on 16 June 2022. Within the graduation ceremonies, multiple personnel were promoted including LTC(P) Jackson to COL, MAJ(P) Bjorge to LTC, and CPT(P) Pak to MAJ. One of the program’s critical mentors, MAJ Jake England, was recognized as Mentor of the Year for AEGD. Upon graduating, a perfect Hawaii rainbow arrived over Pearl Harbor to celebrate the graduation.



MAJ Barima Adjei celebrates graduation from OMS residency with a flawless Hawaii rainbow over the U.S.S. Missouri.  
16 June 2022, Pearl Harbor

*Image courtesy of MAJ Fernando Najera*





# THE DENTAL CORPS BULLETIN

## AOC SPOTLIGHT - 63K PEDIATRIC DENTISTRY

By: COL Thomas Stark

Pediatric dentists support family readiness by providing outstanding clinical care including advanced behavior guidance techniques and child-related diagnostic and surgical procedures. Pediatric Dentists, according to the American Academy of Pediatric Dentistry, are the “Big Authority on Little Teeth.” Army pediatric dentists certainly live up to this reputation. However, over the past year, the small but dynamic team of 63Ks clearly demonstrated excellence and value extending well beyond expertise in “Little Teeth.”

From the dental clinics to the strategic levels, 63Ks in Leadership positions positively impact Army communities. Close to the action, LTC Min Kim and LTC Sheteka Ross-Goodlett supported their Command teams as OICs at dental clinics in Baumholder and Fort Bragg. At the next level, COL Kevin Parker and LTC(P) Leslie Oakes currently serve as Commanders for Vicenza and Fort Irwin, respectively. COL Brett Henson and MAJ Chris Luevano are uniquely positioned to make contributions at the strategic level in their assignments at the Defense Health Agency and Office of the Surgeon General. Finally, Centralized Selection List (CSL) selectee, LTC Kourtney Logan, is blazing a trail beyond Army Dentistry as the Commander, 6th Medical Recruiting Battalion in Las Vegas.

In addition to serving in key leadership positions, 63Ks have excelled in academics over the past year. The Graduate Dental Education programs at Fort Bragg, Fort Hood, and Schofield Barracks benefit from the expertise of USU post-graduate dental school faculty members, LTC Ross-Goodlett, CPT Kevin Brunstein, and MAJ Loc Dang. Additionally, 63Ks contribute to the education mission by supporting Continuing Education programs and Dental Conferences. To that point, CPT Kevin Brunstein is providing a lecture for the Dental Sleep Medicine short course at Fort Hood, MAJ Debra Church provided CE on dental trauma at the 38<sup>th</sup> parallel meeting in Seoul, Korea, and MAJ Dan Snow will provide a pediatric dentistry presentation at Garmisch this Fall. COL Thomas Stark trained Air Force dental officers at Lackland’s pediatric dentistry short course and participates in scholarly activity by serving as Board Examiner



The Fort Irwin Dental Clinic Commander LTC(P) Oakes (left) and Commander, 6th Medical Recruiting Battalion, LTC Logan (right) pose with Ms. Downs (center). Over the years, Ms. Downs assisted several 63Ks during utilization tours at Fort Irwin, CA. Highly skilled and extremely patient, her tireless contributions and commitment to excellence greatly impacted military families and the 63K community

*Image courtesy of LTC Kourtney Logan*



# THE DENTAL CORPS BULLETIN

## AOC SPOTLIGHT - 63K PEDIATRIC DENTISTRY

and Chair of the AAPD Council on Clinical Affairs. Additionally, COL Stark worked alongside Air Force and Navy Consultants on the Pediatric Dental Surgery chapter of the third edition of the textbook, *Pediatric Surgery and Medicine for Hostile Environments*.



MAJ Debra Church provided oral health education and answered pediatric dental questions at the Healthy Lifestyles Festival at Camp Humphreys, Korea.

*Image courtesy of MAJ Debra Church*

afford 63Ks and their teams the opportunity to provide oral health education while school screening events help dental teams identify individuals at risk for dental pain and infection. Prior to the pandemic, 63Ks regularly supported Back to School screenings and Children's Dental Health Month programs. Pending any unforeseen restrictions, expect 63Ks to re-establish and maximize participation in oral health promotion and screening events.

Army Team Pedo takes great pride in being the "Big Authority on Little Teeth" and looks forward to identifying strategies to strengthen Army Dentistry and Army Medicine.

## Army Officer Selected as Chief Resident

For the first time in over 20 years, the Texas A&M Pediatric Dentistry faculty appointed a Chief Resident to lead the 2-year clinical and didactic residency program. Second year Army resident, CPT Matthew Keckeisen, was selected to boldly lead one of the largest pediatric dentistry residency programs in the country.

According to Texas A&M Pediatric Dentistry Program Director, Carolyn Kerins, DDS, PhD, CPT Keckeisen has

While leadership and scholarly activity are critical for officer professional development, our Warfighters rely on 63Ks to support Family Readiness. Thankfully, 63Ks are trained to provide advanced dental services to beneficiaries in OCONUS and remote CONUS locations. Even with the challenges of the pandemic, 63Ks have adapted and created ways to improve access and provide the best care for our patients. To that point, LTC(P) Leslie Oakes and COL Brent Clark have increased the age limit at Fort Irwin, CA and are now treating patients up to 17-years-old in an effort to keep families from driving long distances for routine dental care. In the Landstuhl footprint, MAJ Snow and LTC Kim have streamlined processes and procedures so patients requiring advanced behavior guidance will not experience excessive wait times for operating room treatment.

63Ks are committed to honoring and supporting the needs of our military families. Military communities also benefit from activities promoting caries prevention and dental wellness. Community health fairs





# THE DENTAL CORPS BULLETIN

## AOC SPOTLIGHT - 63K PEDIATRIC DENTISTRY

the skills necessary to streamline communication between faculty and residents. Kerins said, “The faculty chose Matt because he has more clinical experience than his classmates, and also through his time in the Army, has a better sense of managing a group and clinic.” Kerins continued, “He is a great leader by example and from what we have seen so far, he has a positive attitude, plans ahead, and is dutiful and dependable.”

Duties and responsibilities of the chief resident position include serving as the liaison between faculty/attendings and all residents, creating and distributing the call schedule, ensuring continuous resident coverage of all services and stepping in when residents are unable to meet their clinical obligations, ensuring that clinical operations run smoothly. Additionally, the chief resident is expected to address any faculty concerns, represent co-residents in meetings, coordinate lecture schedules and grand round speakers, serve on hospital committees as resident representative, and perform other additional duties related to effective communication and education for the residency program as requested by the Program Directors.

The Dental Corps typically trains 1-2 residents each year to support the Army’s pediatric dentistry mission. Currently, two Army residents are participating in the Long-Term Health Education and Training Program at Texas A&M. CPT David Flanners, a first-year resident, is the other Dental Corps officer participating in the prestigious residency. Residents gain valuable experience managing medically compromised children and individuals with special health care needs in Children’s hospitals affiliated with the program. Residents also gain valuable experience managing children with high caries risk at Community Health Centers and at the Texas A&M University College of Dentistry.



CPT Matthew Keckesian was selected to serve as Chief Resident for the Texas A&M Pediatric Dentistry Residency Program

*Image courtesy of CPT Matthew Keckesian*

Congratulations to CPT Keckeisen for his well-deserved selection as Chief Resident. His selection ahead of his peers is a significant honor and an example of the incredible potential of Army Dental Corps officers.





# THE DENTAL CORPS BULLETIN

## AOC SPOTLIGHT - 63K PEDIATRIC DENTISTRY

### Vogelweh Elementary School Dental Screening

Over the course of two days, a team led by Pediatric Dentists from Rheinland Pfalz saw more than 422 children on site at Vogelweh Elementary School. Between September 12th and 13th, the team evaluated the students and recommended further evaluation to the students and their parents based on visible problems. The Pediatric AOC has the unique opportunity to provide this level of outreach into our communities, especially OCONUS.



MAJ Daniel Snow (DHA-RP/ 63K) performing a dental screening on a young elementary student  
*Image courtesy of LTC Min Kim*

### Special thanks for the supported provided by:

Dr. Vitania Quinones-Quinland  
Ms. Mary Hoban  
LTC James Giesen  
COL Hwahoon Jeong  
SFC Chavis Batie  
MAJ Kevin Dalling  
SSG Marcus Howell  
LTC Min Kim  
MAJ Daniel Snow  
CPT Patrick Huebner  
Ms. Halel Fleming  
Ms. Mandy Kuehlwetter



*Left:* Ms. Mandy Kuehlwetter (DHA- RP/ LN- Dental Assistant) with CPT Patrick Huebner at a dental screening session

*Right:* CPT Patrick Huebner (DHA-RP/ 63A) doing his dental screening on a young elementary student

*Images courtesy of LTC Min Kim*





# THE DENTAL CORPS BULLETIN

## AOC SPOTLIGHT - 63K PEDIATRIC DENTISTRY

### Board Certification

MAJ Loc Dang received board certification on his first attempt. Kudos to MAJ Dang for achieving this significant milestone in his professional career.

### Hail's

CPT Matthew Keckeisen

The aforementioned Chief Resident (pictured right) is taking leadership of teams out of the clinic as well, as he became a first-time father during his first year of the residency program.



### Farwell's

MAJ Matthew Eusterman

Following separation from active duty, MAJ Eusterman accepted an Army Reserve position with the 143rd Dental Company and transitioned to a small privately owned practice in Loveland, Colorado. MAJ Eusterman had a storied career as a clinician and educator. Prior to his departure, he generously shared his presentations with the 63K community, and he continues to support the Army Dentistry by providing live and virtual continuing education courses. His family will be an hour from his parents in SE Denver and a few minutes from the mountains.

MAJ Colleen Segall

MAJ Segall excelled as a mentor for the Fort Hood comprehensive dentistry program. She recently earned board certification. MAJ Segall maintained close contact with the Texas A&M Pediatric Dentistry Residency Program and was even invited to assist with oral mock boards. After separation from the Army, she started working full-time for Waco Kids Dental alongside COL (Ret) Mani Marien. MAJ Segall is married to Army Orthodontist, MAJ Mike Segall, and they have a 1-year-old daughter, Sophia.

MAJ Benjamin Werner

After 8 years of service, MAJ Werner joined a group practice in the Salt Lake City area to be closer to family. Most recently, he was stationed in Grafenwoher, Germany where he led pediatric dental care in USAG Bavaria and established close ties with host nation dentists. During his tour in Germany, MAJ Werner spearheaded several project improvement initiatives leading to a dramatic increase in access to operating room care at Landstuhl Regional Medical Center.



# THE DENTAL CORPS BULLETIN

## PROFESSIONAL MILITARY EDUCATION

*Discuss these opportunities with your Command and Professional Development Officer.*

### **Captain Career Course (CCC)**

Phase 1 is not currently required. Visit <https://www.atrrs.army.mil/atrrscc/> and search Course # 6-8-C22 for available dates. Submit signed DA3838 to HRC, DC Professional Development Officer.

### **Intermediate Level Education (ILE)**

The primary method of completion is distance learning ILE. Submit signed DA3838 to HRC, DC Professional development Officer.

### **Expert Field Medical Badge (EFMB)**

EFMB training and information can be found on the U.S. Army Medical Center of Excellence website: <https://medcoe.army.mil/efmb>. Testing for EFMB is conducted annually at multiple sites across the Army.

### **Army Training Requirements and Resources System (ATRRS)**

[Brigade Healthcare Provider Course](#)

[Tactical Combat Medical Course](#)

### **Defense Medical Readiness Training Institute (DMRTI)**

[Combat Casualty Care Course \(C4\)](#)

Joint Medical Operations Course

### **Joint Medical Executive Skills Program**

Visit <https://www.health.mil/Training-Center/LEADS> for information on the following courses: Healthcare Management Course, JMESI Intermediate Executive Skills, Capstone Course for Military Health System Leaders.

### **Medical Management of Chemical and Biological Casualty Course (MMCBC)**

### **Interagency Institute for Federal Healthcare Executives**

### **Joint Senior Medical Leader Course**

### **Capabilities Development Course**

### **Defense Strategy Course**





# THE DENTAL CORPS BULLETIN

## CONTINUING EDUCATION

### NAVY POSTGRADUATE DENTAL SCHOOL (NPDS) CONTINUING EDUCATION COURSES

The NPDS offers a long list of continuing education courses. A list of courses and application forms are listed at <https://www.med.navy.mil/Naval-Medical-Leader-and-Professional-Development-Command/Naval-Postgraduate-Dental-School/Educational-Resources/>.

On August 1, 2022, the NPDS FY23 "live" course schedule and information will become available. Army officers are welcome to apply to attend the courses. For more information visit the NPDS Continuing Education webpage: <https://www.med.navy.mil/Naval-Medical-Leader-and-Professional-Development-Command/Naval-Postgraduate-Dental-School/Continuing-Education/>

### DENTSPLY-SIRONA Sustainment Training

Army Digital Dentistry pays for a CEREC Doctor's membership annually granting you no-cost access to the world's largest resource for CEREC training. They have provided below the 2022 CEREC Doctor's (CDOCS) Codes for 2022.

Please pass along to the appropriate people and remind them that they MUST renew on their anniversary month. If they have questions please direct them to: [Memberships@cdocs.com](mailto:Memberships@cdocs.com)/membership@cdocs.com

2022 Promo Codes (cut and paste into Google Chrome)

MIL NEW: [https://www.cdocs.com/register/resident/promo\\_type/military/promo\\_code/MILCD2022](https://www.cdocs.com/register/resident/promo_type/military/promo_code/MILCD2022)

MIL RENEW: [https://www.cdocs.com/register/resident/promo\\_type/military/promo\\_code/RNWMILCD2022](https://www.cdocs.com/register/resident/promo_type/military/promo_code/RNWMILCD2022)

If the provided links do not work on your government computer please try to log in on a personal device, and for further assistance please contact the membership team at CDOCS. As an admin note the website asks for your current rank (for GS civilian just put "GS CIV"), and date of "enlistment" (please put an approximate date of rank or date of hire for GS CIV).