



# U.S. Public Health Service Dental Category Newsletter

Volume XVIII, Issue I

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2018 ADA Meeting

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### NEWSLETTER STAFF

Co-Editor CDR Lori Snidow  
Co-Editor LCDR Thuc Ngo  
CAPT Phillip Driscoll  
CDR James Dixon

The USPHS Dental Newsletter is published twice annually, and is distributed electronically through the USPHS Dental Bulletin Board, and agency distribution lists. The next issue of the Newsletter will be published in the summer of 2019. If you have suggestions or comments about the newsletter, or would like to submit an article, please contact the co-editors [CDR Lori Snidow](#) or [LCDR Thuc Ngo](#)

## USPHS Officers Serve as Delegates at ADA Meeting in Hawaii

*Written by CAPT Phillip Woods & CAPT Michael Johnson*

The 2018 meeting of the American Dental Association (ADA), dubbed “America’s Dental Meeting,” was held October 18-22 in Honolulu, Hawaii. With many emerging issues facing the profession – do-it-yourself dental products, the impact of dental support organizations, workforce issues, third party reimbursement issues, and new scientific and product breakthroughs – this critical meeting gave the U.S. Public Health Service Dental Category an opportunity to communicate with fellow professionals, develop collaborations with the ADA and other organizations, and represent the interests of the Category through the ADA’s House of Delegates.

(Continued on Page 6)



*CAPT Phillip Woods, RADM Tim Ricks, and CAPT Michael Johnson with  
Dr. Kathleen O'Loughlin, ADA Executive Director*

## Chief Dental Officer Update

### RADM Tim Ricks

On September 7, 2018 I began my service as your Chief Professional Officer. It is an honor to serve in this role and I thank all of you not just for your support of me as your Chief Dental Officer, but for all of the work you do each and every day to support the mission of the U.S. Public Health Service.

As you have seen through my weekly newsletters, my commitment to you is to provide with up-to-date information on things I'm doing to serve you as your CDO, upcoming events, and information that will help broaden your knowledge and understanding of dental public health issues in this country and globally. We are all at the precipice of two huge events that will shape our profession for many years to come: the release of the second-ever Surgeon General's Report on Oral Health in 2020 and the release of Healthy People 2030. Many of the things we do over the course of the next year will relate directly to one or both of those events.



*RADM Tim Ricks*

For the Surgeon General's Report on Oral Health, we have entrusted the National Institute of Dental and Craniofacial Research with developing the report. CAPT Bruce Dye and Dr. Judith Albino have been named the Managing Editors and they are assembling a team of subject matter experts from across the country to help write the report. The charge given by Vice Admiral Adams, U.S. Surgeon General, is as follows: "the report will describe and evaluate oral health and the interaction between oral health and general health throughout the life span, considering advances in science, healthcare integration, and social influences to articulate promising new directions for improving oral health and oral health equity across communities." Some of you may be asked to contribute to this report, but all of you will start to feel the impact and significance of this report prior to its expected release in the Fall of 2020. We've already had some major events related to this report, including the Surgeon General's Listening Session November 26-27, 2018 and a webinar held on January 10, 2019.

Similarly, Healthy People 2030 will help shape dentistry, especially in terms of surveillance and preventive services we provide. I encourage all of you to revisit and learn the 33 2020 oral health objectives. With Healthy People 2030, we will have a smaller number of oral health objectives, but that does not in any way diminish the importance of oral health. In fact, if you've subscribed to the Surgeon General's tweets, what you have witnessed is that VADM Adams has trumpeted oral health at almost every opportunity he's had. We are very fortunate to have such support in the Office of the Surgeon General. For Healthy People 2030, I really want to thank Dr. Gina Thornton-Evans from the Centers for Disease Control and Prevention Division of Oral Health for her sustained leadership of the Healthy People oral health workgroup.

As I look through this newsletter, I see happy USPHS dentists. I see oral health professionals who routinely distinguish themselves through dedicating to mission, through going above and beyond in volunteering to serve in various roles (ADA/AGD Delegate, agency dental leads, etc.). As we all know, the last few months have been difficult for us all as we have learned to navigate through the Health Professions Special Pay (HPSP) issues, a government shutdown, hurricanes, and much more. But through it all, what I've seen emerge through the USPHS Dental Category is a more resilient, more dedicated, and more supportive group of professionals. I encourage each of you to continue to lean on each other in times of need, continue to broaden your knowledge of public health issues affecting us all, forge new partnerships and collaborations with state partners and others, and embrace your role as public health leaders of the present and future.

In the meantime, I will continue to provide you with weekly updates of my activities and information you should know as we all take this journey together. Thank all of you for your continued support. – Tim

## Dental Professional Advisory Committee

### Outgoing Chairperson Column

#### CAPT Daniel T. Barcomb

2018 was a year of many changes, especially for Commissioned Corps (CC) officers, and as the DePAC Chair last year I tried to make sure DePAC was there to help you navigate them. One of the biggest changes was the implementation of the 2018 Health Professions Special Pays (HPSP) policy. Our previous Chief Professional Officer (CPO), RADM (Ret.) Nick Makrides, and I worked hard to answer many of your questions about this policy, and we held two All-Hands calls with Ms. Alicia Welsh from the Compensation Branch on the topic. We also made sure that Headquarters was aware of our category's difficulty recruiting and retaining CC officers. We researched and documented the low call to active duty numbers, poor retention, and the declining number of dental officers in the Corps over the past 35 years, and used this information to help justify the increase in dental pays seen in the recently released 2019 HPSP policy. Our new CPO, RADM Tim Ricks, our new DePAC Chair, CDR Kevin Zimmerman, and I have worked hard to provide answers to your questions about the new 2019 policy.



*CAPT Daniel Barcomb*

In October, new weight standards for CC officers were implemented, and the DePAC shared several resources for officers to achieve their weight loss goals early on in the year. These included six weight loss modules from the Dietitian PAC, individualized, private counseling from the Therapist PAC, and an invitation to join a Facebook page where officers share their weight loss experiences. We also held an All-Hands call with CDR Elizabeth DeGrange from RedDOG to help prepare everyone for the implementation of the new policy. In addition, we reached out to help those officers who hadn't submitted the required paperwork prior to the October deadline.

One of the more visible projects DePAC worked on last year was updating the dental category's Curriculum Vitae (CV) format and writing detailed CV instructions, in order to bring the CV in line with the most recent update to our promotion benchmarks. In addition to updating the format, we also increased the number of example CVs from one to eleven. We created several example CVs for each rank, based on feedback many of you provided in a 2017 DePAC survey of CC dental officers.

DePAC worked hard in 2018 to make sure there was open communication in the category, sharing lots of information through the Dental Bulletin Board (DBB) listserv including the monthly DePAC minutes and the twice-annual Newsletter. We reached out to Civil Service (CS) dentists in each of the agencies, encouraging them to sign up on the DBB listserv so they could stay informed about what is happening in the PHS dental community. We also encouraged everyone to get involved in DePAC, either as a voting or non-voting member, so that issues important to you could be heard and addressed. This year we selected five of the dentists who applied to become voting members, and accepted all of the 33 CS and CC dentists who volunteered to be non-voting members on one, or several, of the DePAC's ten workgroups/ subcommittees.

I would like to publicly thank all of the DePAC voting and non-voting members who have served and currently serve. All of you have volunteered your time and energy, often working through lunch, between patients, after hours, and on the weekends to make our category better. So, thank you everyone for your dedication and commitment to the USPHS!

## Dental Professional Advisory Committee

### Chairperson Column

#### CDR Kevin Zimmerman

Although the year got off to a slow start due to the government shutdown, I am very optimistic that it will turn out to be a very productive year for DePAC and the dental category. Part of my optimism is from the great leadership that outgoing Chair CAPT Barcomb provided for the DePAC last year, the great vision that our new CPO RADM Ricks has for the future and the tremendous support that the new Vice Chair CDR Shannon is providing this year. I look forward to continuing the great work that was started under CAPT Barcomb and also incorporating new partnerships and ideas that RADM Ricks has brought with him.



*CDR Kevin Zimmerman*

During my tenure as DePAC Chair, I want to see the DePAC and the dental category be able to reach out to other agencies and programs and really embrace our role as leaders and innovators in Public Health. I would like to see our members be able to be ambassadors for their programs and areas, in championing public health issues like silver diamine fluoride, water fluoridation, and dental health aide therapists. I want to make sure everyone is aware of the multiple opportunities to serve in the Public Health Service as a Commissioned Officer, civil service, or tribal hire dentist. Finally, I want our officers to know that whatever your title or job description, you can be a voice for oral health in your community by volunteering and promoting oral health initiatives and be leaders in advancing public health issues.

To further these goals, we will be having guest speakers at our meeting talking about important oral health issues and also having representatives from different agencies speak on what their agencies are about and ways we can partner with them. Also, I would like to encourage everyone to attend the category day of the Commissioned Officers Association (COA) this year as it is dental's 100<sup>th</sup> anniversary. There will be an amazing schedule of CE and dental public health leaders present. I am truly excited to be working with a great team this year and can't wait to see what new and exciting opportunities will open up for DePAC and the dental category.

#### DePAC Is Recruiting!

The following workgroups are recruiting new members for operational year 2019:

Social Media - Contact LCDR Titania Brownlee [titania.m.brownlee@uscg.mil](mailto:titania.m.brownlee@uscg.mil)

Women's Issues – Contact CDR Carol Wong [carol.j.wong@uscg.mil](mailto:carol.j.wong@uscg.mil)

Mentorship – Contact CDR Lori Snidow [lori.snidow@ihs.gov](mailto:lori.snidow@ihs.gov)

## Dental Professional Advisory Committee

### Vice-Chairperson Column

#### CDR Abby Shannon



*CDR Abby Shannon*

Happy New Year from sunny Southern New Jersey! I am excited to be serving as the Dental Category's Vice Chair for 2019. This past year I was able to represent dentists within 10 years of graduating dental school as the PHS liaison/Federal Dental Services Representative to the ADA New Dentist Committee. This group advocates within the ADA for new dentists and the unique issues that affect this population. This was a great learning experience for me to better understand organized dentistry. I encourage anyone with an interest in getting involved with organized dentistry to look into the New Dentist Committee as well as volunteering to be the ADA PHS delegate. In these positions, you get to interact with dentists from other federal services such as the VA and DOD as well as private practice dentists. Please contact me if you would like to know more about these volunteer activities. I have also been the DePAC Social Media Chair for the last 3 years. This workgroup has worked hard to navigate the social media requirements and were able to start a DePAC Facebook page "Dental PAC" as well as Instagram page "Usphsdental". Check them out and add us! This allows for another avenue of communication within our dental category. Our category is stronger with you, so please consider volunteering either at a local level in your community, at the DePAC level on a working group or as a voting member, or even with organized dentistry as a public health representative. If you would like to know more about any opportunities, please feel free to contact [me](#).

I look forward to continuing to serve this year as your DePAC Vice Chair and keeping this positive momentum going. I have been greatly encouraged in the directions the PHS and dentistry have been leading recently and am excited for the opportunities of a New Year! I hope to continue the many accomplishments that DePAC has achieved this year and continue our open communications. RADM Ricks has added to this channel with his great weekly newsletters. As we welcome in 2019, I thank you for giving me this opportunity to serve my fellow dentists in this capacity and I recognize the hard work that you do on a daily basis aiding many underserved populations. I am proud and honored to work with such dedicated individuals that follow our core values of leadership, service, integrity, and excellence daily while protecting, promoting, and advancing the health and safety of our Nation.

If you're interested in joining a workgroup on the Dental Professional Advisory Committee, contact [CDR Shannon](#) or go to the [DePAC website](#).

## *2018 ADA Meeting continued...*

Representing the USPHS in the House of Delegates were RADM Tim Ricks, Chief Dental Officer (Delegate); CAPT Phillip Woods (Delegate); and CAPT Michael Johnson (Alternate Delegate). These three officers reviewed over 100 resolutions and amendments in preparation for the meeting, attended hours of reference committee hearings and a District 4 caucus meeting (the PHS is part of the ADA's 4th District), and represented the USPHS in three House of Delegate Meetings.

The four main issues that arose out of the ADA House of Delegates included the following:

- **Dues Increase:** The House Approved a 2019 budget with revenue of \$132.6M and expenses of \$135M. Due to a \$2.477 Million net loss, the ADA House of Delegates recommended and approved a \$22 increase in annual dues for 2019, bringing total dues to \$554/year. The dues increase will bring anticipated 2019 revenues of \$134,180,000 against \$134,021,000 in expenses. The dues increase was advised to cover the loss (Reference Committee A: Budget, Business, Membership, & Administrative Matters; Resolution 32S-1).
- **Opioid Crisis:** The House voiced support for mandatory continuing education in prescribing opioids and other controlled substances, affirming ADA's policy on Opioids, which states, "ADA supports mandatory continuing education in prescribing opioids and other controlled substances; statutory limits on opioid dosage and duration of no more than 7 days for the treatment of acute pain, and ADA supports dentists registering with and utilizing Prescription Drug Monitoring Programs (PDMPs) to promote the appropriate use of opioids and deter misuse and abuse". The House's action is in strong alignment with the Surgeon General's Adam's top priority of addressing America's crisis of opioids and addiction <https://www.surgeongeneral.gov/priorities/index.html>. For more opioid resources, go to [hhs.gov/opioids](https://hhs.gov/opioids) (Reference Committee B: Dental Benefits, Practice and Related Matters; Resolution 19).
- **HPV Vaccine:** The House of Delegates (HOD) passed a resolution urging "dentists to support the use and administration of the human papillomavirus virus vaccine, recognizing it as a way to help prevent infection of the types of HPV associated with oropharyngeal cancer." ADA adopts the position that HPV vaccination, as recommended by the CDC Advisory Committee on Immunization Practices, is a safe and effective intervention to decrease the burden of oral and oropharyngeal HPV infection. For more information from the ADA about oral and oropharyngeal cancer and HPV, visit [ADA.org](https://ada.org); dentists can also refer patients to the [ADA's consumer website](https://ada.org/consumer) for information on oral cancer and HPV and oropharyngeal cancer. An ADA CE course about HPV-related oropharyngeal cancer is available online. To access the course, visit [ADA.org](https://ada.org) and search for "HPV Infection, Risk Factors, and HPV-Related Oropharyngeal Cancer (<https://ebusiness.ada.org/education/>)" (Reference Committee C: Dental Education, Science and Related Matters; Resolution 53RC).
- **Geriatric Dentistry Programs:** Currently, 20% of the country's population is 60 years or older (and growing, and as stated in a recent ADA News article, the number of Americans over age 60 will surpass those 18 and younger by 2030). The ADA has a unique opportunity to act in advance of any legislation or mandates to begin addressing this concern, and a chance to help shape conversation that benefits ADA members and their patients. House Resolution 83 proposed that the Council on Dental Education and Licensure (CDEL) explore, with other appropriate communities of interest, the feasibility of requesting the development of an accreditation process and accreditation standards for advanced education programs in geriatric dentistry by the Commission on Dental Accreditation (CODA). The feasibility study will be provided to the 2019 House of Delegates. Following multiple testimonials and hearty discussion in the House, the motion was made to refer the resolution back to CDEL (or an appropriate agency, as determined by Board) to look at pathways, then report to the 2019 House of Delegates (Reference Committee C: Dental Education, Science and Related Matters; Resolution 83).

Special thanks go to CDR Philip Clark (USCG), the DePAC Recruitment Workgroup Chair, for helping organize USPHS recruitment efforts at this meeting, and to the following individuals for staffing the booth: CDR Jonathan Chiang (IHS), CDR Mike Donaleski (IHS), CDR Li-Kuei Hung (USCG), CAPT Kevin Lee (BOP) and DePAC Vice Chair, CDR Kevin Zimmerman (IHS). For more specifics on resolutions and outcomes, visit the [ADA website](https://ada.org) or contact [CAPT Woods](https://ada.org/consumer).

There were several opportunities to develop collaborations with the ADA. New dentist concerns were represented by CDR Abby Shannon on the ADA's New Dentist Committee. RADM Ricks met with Dr. Jeff Cole, ADA President, and other ADA leaders to discuss several potential collaborations including opioids and pain management, credentialing of volunteer dentists, and the upcoming Surgeon General's Report on oral health.

The 2018 meeting also provided a great opportunity for USPHS dentists to interact with our Federal Dental Services (FDS) colleagues through the ADA's FDS Reception, held at the Hale Koa Resort on October 20th. Several USPHS dentists attended, including RADM Ricks, CAPT Johnson, CAPT Woods, CDR Shannon, CDR Kevin Zimmerman, CDR Mike Donaleski, Dr. Gregory Thompson, Dr. Jerome Alford, and others met with counterparts from the U.S. Navy, Air Force, Army, and Veterans Affairs.



*USPHS Delegate Team with the ADA President. L to R: CAPT Michael Johnson (BOP), CDR Kevin Zimmerman (IHS), CDR Abby Shannon (USCG), RADM Tim Ricks (CPO), Dr. Jeff Cole (ADA President), CAPT Gail Cherry-Peppers (FDA), and CAPT Phillip Woods (IHS)*



*Federal Dental Services Reception at the 2018 ADA Annual Meeting, including USPHS dental officers and representatives from the U.S. Navy, U.S. Army, U.S. Air Force, and Veterans Affairs.*

As RADM Ricks stated in an earlier update, events such as the ADA Meeting are a great way for all of us as USPHS dentists to get to know one another, to catch up with each other and to embrace esprit de Corps. On Friday night of the 2018 ADA meeting, nine of us were able to have dinner and enjoy each other's company, without worrying about uniforms, or the pressures of work. During the dinner, RADM Ricks presented several CPO Certificates of Appreciation for our efforts, and he passed out his first CPO coins, in appreciation of the work of our PHS Delegate team.

Thanks again to everyone who helped make the 2018 ADA meeting a success!

#### **Future ADA Meetings and locations:**

**ADA FDI World Dental Congress 2019:**  
September 4-9/ San Francisco, CA

**ADA 2020: October 15-19**  
**Orange County Convention Center**  
**Orlando, FL**

**ADA 2021: October 11-15**  
**Mandalay Bay, Las Vegas, NV**

**ADA 2022: October 13-17**  
**Houston, TX**

## 2018 Academy of General Dentistry Meeting

### CDR Li-Kuei Hung

Hello from the Academy of General Dentistry Annual Meeting in Chicago, Illinois! This is the second year the annual meeting has been separated from the scientific session. This allows for the annual meeting to focus on governance-related aspects of the AGD, including officer elections and the House of Delegates. The House of Delegates is the legislative and governing body of the AGD. The scientific session remains the premier meeting for General Dentistry, having earned a reputation for having some of the finest dental continuing education in the world.



*CDR Li-Kuei Hung*

The Public Health (PH) Constituent of the Academy of General Dentistry sends one member as a voting delegate to the “202-member” AGD House of Delegates. As your Public Health Constituent President and member of the House of Delegates, I was able to take part in officer elections for the next AGD Vice President and AGD Treasurer. Newly installed officers after the annual meeting are President Neil Gajjar, President-Elect Connie White, Vice President Bruce Cassis, and Treasurer Elizabeth Clemente. I also voted on 17 resolutions brought to the House of Delegates. The resolutions included advocacy topics, continuing education issues, and administration and membership matters.

The Public Health constituent of the AGD is part of the AGD Region 17. Federal Services Region 17 encompasses Army, Navy, Air Force, Public Health, Veterans Administration, and Royal Canadian Dental Corps. Regional caucuses during the annual meeting fostered discussion and collaboration with regional colleagues.



*CDR Hung with AGD Federal Dental Services Constituent members*

## Agency Updates: Bureau of Prisons CAPT Donald Ross

As we recover from the loss of our Chief Dental Officer RADM Nicholas Makrides, a loss felt by both the US Public Health Service and the Bureau of Prisons, we find ourselves in a time of transition while awaiting the selection of a new one. As the selection process progresses and evolves in the BOP, officers among the current leadership are serving two-month rotations as Acting Chief Dentists. The ultimate goal at this time is to keep the BOP's dental program steady on by providing the support and leadership needed by our clinical providers in the field while they deliver the appropriate care to our patient population.



*CAPT Donald Ross*



*RADM Nicholas Makrides with the dental clinical staff of the Bureau of Prisons during the summer residency training.*

Over the summer, we had the opportunity to sponsor a BOP-wide residential training meeting for over 100 of our chief dental officers, staff dental officers, and dental hygienists. We hosted a variety of speakers both from within the BOP, our sister services, and the community. These presentations provided over 18 hours of continuing education credit to our clinicians. We also had the opportunity to celebrate RADM Makrides' retirement at this event. RADM Makrides retired after 31+ years of dedicated service to the Bureau of Prisons and the United States Public Health Service Commissioned Corps. The dental clinical staff presented him with a PHS Sword, a plaque commemorating his service, and a beautiful fountain pen during a celebration with cake and refreshments. He will be sorely missed by all!

## Agency Updates:

### ICE Health Service Corps

#### CAPT Todd Tovarek

While meeting with RADM Ricks during his CPO listening session this fall I was reminded that our Agency is somewhat of a mystery to folks and many of you may not have a good understanding of the ICE Health Service Corps (IHSC) dental programs composition, scope and alignment. I'm extremely proud of what the IHSC dental team accomplishes each day and I'd like to take this opportunity to pull the curtain back and let you know a little more about who we are, what we do and where we operate.

#### Who We Are and What We Do

IHSC is one of the more unique Agencies served by USPHS Dental Officers. We're detailed to the Department of Homeland Security and serve as the healthcare resource for Immigration and Customs Enforcement (ICE). We operate under the office of enforcement and removal operations or ERO; one of seven ICE offices. IHSC is committed to providing health care services to reduce global disease and support the safe apprehension, enforcement, and removal of detained individuals involved in immigration proceedings. IHSC comprises a diverse workforce of more than 1,400 employees that includes U.S. Public Health Service (PHS) Commissioned Corps officers, federal civil servants, and contract health professionals.



*CAPT Todd Tovarek*

- The IHSC Dental team is currently 43 members strong and we provide a full spectrum of dental services directed towards the maintenance and stabilization of oral health. We serve about 15,000 detainees housed at 15 facilities throughout the Nation. Our focus is problem focused, emergency care however we also provide more routine services, comprehensive exams and treatment planning for individuals who remain in ICE custody for 12 months or longer. In addition to dental services detainees receive medical care, mental health care and public health services such as TB screenings and vaccinations.
- Our 20 dentists, 5 dental hygienists and 18 dental assistants are located at 15 different facilities spread throughout WA, CA, AZ, TX, LA, VA, FL and NY and they strive to provide quality, compassionate, and culturally sensitive care to meet the needs of our diverse patient population. Our PHS component includes 14 dentists and 4 hygienists. The remainder of our dental staff are contractors however we're advocating for Civil Service positions and several position descriptions have been developed and approved and are awaiting funding.
- Our duty stations are comprised of primarily of 1-2 chair, senior level solo clinics that deliver care to a diverse patient population from virtually every country in the world. The majority of patients do not speak English and present with significant dental disease, often times receiving dental/medical care for the first time in their lives in our clinics. While the language barriers and acuity of disease present significant challenges, practitioners in our Agency must also navigate an ever changing political landscape that requires adjustments to ongoing policy changes and coordination with many stakeholders including ICE, multiple accreditation authorities, security staff and special interest groups.
- Our dental staff have the opportunity to TDY to different sites within our Agency to support mission critical needs. Typically these deployments are 1-2 weeks in length and serve to maintain access to care during extended vacancies and new facility openings.
- In addition to the 15 facilities where we maintain on site dental operations our 2 IHSC regional dental consultants oversee care for more than 20,000 additional detainees housed at approximately 130 non-IHSC staffed detention facilities across the country. They mutually review and adjudicate several thousand requests for offsite dental care annually.
- The U.S. has experienced a mass influx of undocumented immigrants over the last several years and IHSC has experienced rapid programmatic growth as ICE and Homeland Security continue to expand their mission. We're

currently in the process of opening two new sites with several more projected to come online in the next 12-18 months.

- Many of our staff are accomplished Spanish speakers and we also have access to telephonic interpretation services to assist us with patient communication and education. Health literacy is generally low within our patient population and cultural sensitivity and awareness is vital when interacting with individuals from all parts of globe.

### ***Where We Are***



It's a privilege to be able to meet and help people from all over the world, and the opportunity to work alongside our dedicated and compassionate dental staff makes it all that much more rewarding. To learn more about IHSC please visit our [website](#) and feel free to [contact me](#) with questions.



*Members of the Pearsall Dental Team hard at work*

## Agency Updates: Indian Health Service CAPT (Ret.) Tim Lozon

The Indian Health Service Dental Externship Program launched the application for the class of 2020 dental students at [www.ihs.gov/dentistry](http://www.ihs.gov/dentistry) on January 30, 2019. The application will remain open until February 28, 2019. This is the 19<sup>th</sup> consecutive year of this program averaging 300+ applicants from approximately 40 dental schools placing 100 students each year at 26 IHS and Tribal dental clinics for a minimum of a 2 week hands-on experience. This continues to be a program that creates ambassadors with IHS experience going back to their respective dental schools as recruitment-multipliers. It is this first-hand, once in a lifetime experience that helps influence others to consider opportunities with the IHS. If there are any questions about the program, you are encouraged to e-mail [DentalExtern@ihs.gov](mailto:DentalExtern@ihs.gov).



*CAPT (Ret.) Tim Lozon*

The IHS Continuing Dental Education (CDE) Program, run by RADM Tim Ricks, continues to be robust. In 2018, we offered a record 259 CDE courses and amassed over 36,000 CDE participant hours for dentists, dental therapists, dental hygienists, and dental assistants. This year we have 202 CDE courses already, including the return of the biennial IHS Dental Updates Conference, a four-day conference that attracted over 500 IHS and tribal dental staff in 2017. This year's conference is scheduled for Monday, June 10 through Thursday, June 13 in Albuquerque, New Mexico. Finally, the IHS CDE Program has teamed up with the USPHS to offer CDE credits for USPHS dentists in several ways: through sponsoring this year's Dental Category Day (May 8) at the USPHS Scientific and Training Symposium; by co-sponsoring, along with the PHS Constituency of the Academy of General Dentistry, the quarterly USPHS CDE webinars; and by allowing USPHS dentists to take advantage of over 100 online training courses offered through the IHS CDE Portal.

The IHS Oral Health Promotion/Disease Prevention (HP/DP) Program coordinated by CDR Nathan Mork, along with RADM Ricks, have embarked on multiple projects. The sixth annual national oral health surveillance of American Indians/Alaska Natives is underway and is expected to conclude within the next month; this year's surveillance focuses for the third time on 0-5 year-old preschool children, and we hope to be able to show a positive effect of the seven year IHS Early Childhood Caries Collaborative from the data collected. The IHS Division of Oral Health also provided seed funding to multiple sites for the 20<sup>th</sup> straight year as part of our annual HPDP Funding Initiative, with funded programs all developing prevention and early intervention projects to prevent early childhood caries to coincide with this year's surveillance program. We also exceeded our national goal in all three Government Performance and Results Act (GPRA) measures. Finally, the IHS is in the early planning stages of creating an oral health literacy campaign - **Sharing oral health Messages to Improve Literacy for Everyone (SMILE)** - that will develop various oral health education projects specific to the IHS population.

The Indian Health Service (IHS) **Community Health Aide Program (CHAP)** is a multidisciplinary system of mid-level behavioral, community and dental health professionals working alongside licensed providers to offer patients increased access to quality care in American Indian and Alaska Native (AI/AN) communities. The IHS has also created the **Community Health Aide Program Expansion** website: <https://www.ihs.gov/chap/>. At this site, the IHS has posted information pertaining to the IHS **Community Health Aide (CHA)**, **Behavioral Health Aide (BHA)** and **Dental Health Aide (DHA/DHAT)** programs.

Dental Health Aide Therapists (DHATs) are trained in Anchorage and Bethel, Alaska, by the Alaska Native Tribal Health Corporation (ANTHC), and will soon be trained by the Swinomish Tribe, in La Conner, Washington. The National Indian Health Board (NIHB) has created a webpage that details each state's status concerning Tribal Dental Therapy legislation: <https://www.nihb.org/oralhealthinitiative/map.php>. Please note that the following states have authorized the use of Dental Therapists: Alaska, Arizona, Washington, Minnesota, Michigan, Vermont and Maine. The state of Oregon has authorized Tribal Dental Therapy pilot projects. Several additional states are considering the authorization of Dental Therapy. Please visit [www.ihs.gov/dentistry](http://www.ihs.gov/dentistry) for a list of current opportunities and feel free to contact [Timothy.Lozone@ihs.gov](mailto:Timothy.Lozone@ihs.gov) with any questions.

## Clinical Article: Hall Crown Technique

CAPT Kim Hort

### INTRODUCTION

Dental decay in young children can lead to challenges in treatment planning. As clinicians we often look to provide the safest and longest lasting options for our patients. Having multiple tools in our kit allows us to be creative and offer options to families. Although preformed metal crowns (PMCs) have long been considered to be the treatment of choice for primary posterior teeth that have more than two years until exfoliation<sup>1,2</sup>, many providers are hesitant to complete PMCs without sedation due to concerns that local anesthetic delivery, tooth isolation, and tooth preparation may be poorly tolerated on this often unpredictable patient population. The risks of sedation in children in dental settings is well documented. When possible, the use of minimally invasive techniques for early dental lesions may help to reduce the number of children who are offered sedation for dental restorations. The utilization of the Hall Technique gives providers the ability to place PMCs with significantly reduced complexity and chair time, thus making it an easy option for early to moderate sized interproximal lesions. Minimally invasive techniques like Hall Crowns offer patients and clinicians a greater likelihood of positive dental experiences.<sup>3</sup>

Preformed metal crowns for primary teeth have been available for more than 60 years, and in that time have evolved in materials and form, as well as in application technique. In the 1990s, Dr. Norna Hall developed a technique of placing PMCs without local anesthetic, decay removal, or tooth preparation. Her technique evolved from the conventional technique to this novel approach over time in a patient population with high decay rates and low treatment acceptance. She found comparable outcomes between the conventional approach and the new technique, with increased patient acceptance. Her thorough records allowed for a retrospective analysis that was published in the *British Dental Journal* in

Since that time, the Hall Technique has gained world-wide acknowledgement and usage, with repeated studies finding similar outcomes in terms of patient and provider acceptance and long-term success comparable to, if not better than, conventional PMC placement.<sup>5,6</sup>

### Technique

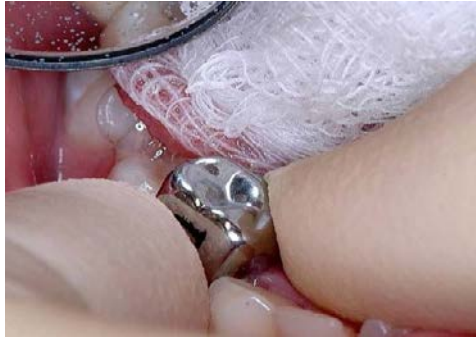
The technique for placing a Hall Crown involves just a few steps: the crown must be sized, filled, seated, and cleaned. In order to assure success, preparation is key. Tell-show-do is helpful for both patients and parents. They may both benefit from being part of the team and may want to hold the PMC (aka “princess crown”, “hard hat”, etc.) prior to fitting. To prevent swallowing or aspiration, a gauze pharyngeal curtain as airway protection is strongly encouraged. Additionally, tape can be used to secure the crown and give the clinician a better hold. For teeth with tight contacts, the use of orthodontic separating elastics for one to two days prior to the appointment can help with ease of placement, though this is not required. For more thorough step-by-step instructions, please see: [https://upload.wikimedia.org/wikipedia/commons/9/91/HallTechGuide\\_V4.pdf](https://upload.wikimedia.org/wikipedia/commons/9/91/HallTechGuide_V4.pdf)

1. Place separating elastic(s) if indicated



Before and after separating elastic.

2. Fit the smallest size crown possible with spring back over the height of contour of the tooth. It is possible to trim a millimeter from the margin of a PMC to slightly increase the size or crimp the margin of a PMC that is slightly large to decrease its size. Please see: [3M ESPE user guide](#)



3. Fill the crown with a glass ionomer luting cement



4. Seat the crown either with finger pressure, or until the crown engages the contact points and then have the child push the crown into place by biting on cotton. Clean the cement quickly as the taste can upset the child.



5. While the cement is still soft, ask the child to bite down again and hold for 2-3 minutes until the cement sets, thus assuring complete seating of the crown. The crown often seats a bit further the second time.



6. Reassure the patient and parent that the crown is supposed to fit tightly and that the gums and bite will adjust quickly. The occlusion is often settled within 48 hours, but at most by 1 week.



\*All photographs are generously shared by Dr. Nicola Innes.

### Sealing in Decay

The Hall technique eliminates decay excavation; therefore, good case selection is of the utmost importance. The decay that remains in the tooth becomes sealed from the oral environment, thus starving the bacteria from nutrients and oxygen. The remaining decay will arrest and tertiary dentin formation will protect the pulp until the tooth exfoliates. This process of caries arrest and tertiary dentin formation is not instantaneous, so in order to give the tooth a chance to heal, a clear band of dentin between the decay and the pulp is a necessary indication for the Hall technique to be successful. Ideally, a radiograph that shows a clear zone of dentin separating the decay from the pulp should be evident. Placing a PMC on a tooth, whether by conventional or Hall technique, requires appropriate diagnosis of the depth of the decay. If the tooth is symptomatic, thus indicating the likelihood of either reversible or irreversible pulpitis, the need for pulpal therapy should be addressed prior to restoration regardless of the chosen crown technique.

### Recommendations

As previously mentioned, patient and tooth selection are imperative to success. Providers who are comfortable placing PMCs will find utilization of this technique to be an easy transition. For providers with less experience placing PMCs, it may be best to work with slightly older patients who are good partners who will allow ample time for crown fitting. Additionally, choosing teeth that are mostly intact to eliminate the need for significant crown manipulation will increase chances for success. Starting simple to gain confidence and experience before moving on to more compromised situations can be helpful. It is not only reasonable, but even beneficial, to complete multiple crowns in one appointment. In fact, treatment planning PMCs on contralateral teeth in the same arch can help with bite stabilization as the occlusion adjusts. Completing PMCs on two teeth that are in occlusion is possible, but may be uncomfortable for the patient until the occlusion settles into place. Many providers have found that completing Hall crowns on adjacent teeth in the same appointment when tight contacts exist can be challenging or even impossible. In situations where postoperative discomfort is expected, suggesting over-the-counter analgesics such as acetaminophen or ibuprofen given 30-60 minutes prior to the appointment time can be hugely beneficial to the patient's comfort with crown placement. And never underestimate the power of distraction with a well-stocked toy box as a reward for a job well done. With experience, each provider will find the situations where Hall crowns can be a desirable treatment option for young patients.

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3. Santamaria R M, Innes N P, Machiulskiene V, Evans D J, Alkilzy M, Splieth C H. Acceptability of different caries management methods for primary molars in a RCT. *Int J Paediatr Dent* 2015; **25**: 9–17.
4. Innes N P, Stirrups D R, Evans D J, Hall N, Leggate M. A novel technique using preformed metal crowns for managing carious primary molars in general practice a retrospective analysis. *Br Dent J* 2006; **200**: 451–454.
5. Clark W D, Geneser M K, Owais A I, Kanellis M J, Qian F. Success Rates of Hall Technique Crowns in Primary Molars: A Retrospective Pilot Study. *J Dent Res* 2016; **93**: 1430.
6. Ludwig K H, Fontana M, Vinson L A, Platt J A, Dean J A. The success of stainless steel crowns placed with the Hall technique. *J Am Dent Assoc* 2014; **145**: 1248–1253.

Technique guide: ([https://en.wikipedia.org/wiki/Hall\\_Technique](https://en.wikipedia.org/wiki/Hall_Technique) – 2 March 2017)

*About the author: CAPT Kim Hort is a pediatric dentist and Director of the Children's Dental Clinic at the Southeast Alaska Regional Health Consortium in Juneau, Alaska. CAPT Hort completed her dental degree at the University of Pennsylvania, School of Dentistry and her pediatric residency through the Alaska Native Medical Center/NYU Langone program.*

## Deployment Ready: Training

### LT Gary Wright

Dentists do not usually deploy in a clinical role for natural disasters or national security events. They are more likely to deploy in an administrative capacity, such as part of the incident management team (IMT) in roles including operations, planning, admin/finance, information management, and logistics. They may also deploy in support of the Secretary's Operation Center. Dentists can be more effective in this deployment capacity if they have a basic understanding of, and training regarding, the Incident Command System structure.



*LT Gary Wright*

The Office of the Assistant Secretary for Preparedness and Response (ASPR) employs civilian and Commissioned Corps Regional Emergency Coordinators. These staff serve as Incident Commanders and Deputy Incident Commanders during emergency responses. Intermittent ASPR employees staff the majority of remaining leadership and support roles in the IMT with Commissioned Corps officers augmenting positions as needed. Most ASPR intermittent employees have deployed numerous times to a wide variety of events and they are more than willing to share their knowledge.

National Disaster Medical System (NDMS) civilians and the PHS Rapid Deployment Force (RDF) teams form the backbone of field response operations, working in both clinical and administrative roles at hospitals, medical shelters, and field clinics. NDMS civilians work "day jobs" at home and are released by their employers to deploy as part of NDMS teams, oftentimes at a personal financial hardship. Some NDMS civilians have been deploying for decades with their teams because they are passionate about public service.

All PHS officers are required to complete the twelve basic readiness courses listed [here](#). Courses 110, 140, 141, 142, 180, 182, 183, and 217 can be found, after logging onto [Responder E-learn](#). These trainings describe emergency response organizational structures and highlight terminology used during deployments. Officers also have opportunities to take advanced FEMA and Responder E-Learn Courses. These trainings teach more about disaster response and emergency medical services and can serve as a valuable resource to help officers prepare for deployment, cope with deployment stress, and serve safely and effectively in the field. Many of these courses provide ADA continuing education credits and are necessary to qualify for the Field Medical Readiness Badge, in addition to fitness standards and deployment requirements.

I recently deployed for a week and a half to support the U.S. Secret Service and law enforcement personnel at the United Nations General Assembly. I worked in the IMT planning section and compiled the daily incident action plan, tracked the whereabouts of all deployed personnel, and provided end-of-day briefings for all task force members. The busiest team members were the veterinarians who treated more than 200 K-9 officers protecting dignitaries at the General Assembly. Working with multiple heads of state required great flexibility to adapt to changing schedules and requirements. It was a unique opportunity to interface with other categories I would not normally encounter. I loved working with people from all over the country and learning about their backgrounds. The Commissioned Corps officers I deployed with were exemplary and renewed my enthusiasm for serving in uniform.

Dental officers can be incredibly valuable when deployed, even outside of a clinical role. Deploying in any role can be a rewarding experience as you use your skills to serve people in need and develop camaraderie with others in the field. Dental officers interested in serving on a Tier 1 or Tier 2 team should contact [CDR Damon Smith](#), team leaders, or colleagues who are part of deployment teams in order to find vacancies.

## Retirement and You: Successfully Navigating your Way After 20+ Years in the USPHS

by LCDR T. Monique Bailey, LT Alesha Harris, and LT Fengyee Zhou

No matter your experience or time in the Corps, it is never too early to start planning for retirement. In a survey conducted among retired officers from 2010, a staggering 98% of retired officers would advise other officers to attend a pre-retirement seminar. With that in mind, here are some key retirement topics to consider as you navigate your way towards the end of your PHS career!

- **Initiating Retirement:** Decide which day you want to be your last day working at your duty station. The deadline for submission of the PHS-1373 is 90 days before your final day at work. You should consult the separations policy, your agency liaison, and a separations counselor before submitting your PHS-1373. Once you submit the PHS-1373, it may not be rescinded.
- **Pay:** Since USPHS retiree pay is managed by the U.S. Coast Guard (not Compensation Branch), the CG-4700 form designates how you will receive your retiree pay. While receiving uniformed service retirement benefits, there is generally no reduction of Social Security benefits.
- **Survivor Benefits:** Upon death of the retiree, retired pay stops. If you have a spouse and/or children, have you considered how you would like to continue providing financial support if you pass away? The same CG-4700 form allows you to select your choice for the Survival Benefit Plan (SBP), which can provide a maximum coverage of an annuity of 55% of your full retired pay at a pre-tax monthly premium of 6.5%.
- **Medical and Dental Care:** You and your dependents are still eligible to receive medical care post-retirement; however, you will need to re-enroll in TRICARE within 90 days of retirement. Enrollment forms and eligibility information are available on the TRICARE website. Dental care benefits are currently administered by Delta Dental® of California, which is a voluntary, premium-based DoD dental program that is available to retired service members and their families (www.trdp.org).
- **Travel and Transportation:** Your agency at the time of retirement coordinates the movement of household goods and dependents to a home of selection using the PHS-1373 form (which can be different from the non-changeable home of record that was indicated upon your accession into the USPHS).
- **Life Insurance:** While on active duty, you are eligible for enrollment in SGLI. This is convertible to the Veterans' Group Life Insurance (VGLI) or any other commercial policy after separation. VGLI coverage is available in increments of \$10,000, up to \$400,000, with premiums also increasing with age. The application form to convert SGLI to VGLI is available on the VA website.

The few topics here only scrape the surface of the retirement process. Fortunately, there are many resources you can utilize to help. The USPHS Learning Management System (LMS) has a retirement seminar that provides valuable information on many retirement-related topics. Furthermore, the Separations Team at DCCPR (phscseparations@hhs.gov) is available to answer any questions and to help guide you through the process.

*(Please note: This article's content is accurate as of November 2018 and is meant for informational purposes only. It is not intended to replace the role of a separations counselor or a pre-retirement counseling session.)*

## USPHS Dentist Spotlight - CDR Robert Lummis

### United States Coast Guard

#### Can you provide a brief summary of your training and education?

My path wasn't the most traditional but it allowed for a great diversity of experiences. I received a Bachelor of Science (B.S.) in Biology from Salem University in West Virginia in 1991, a B.S. in Dental Lab Technology from Louisiana State University School of Dentistry in 2002, and finally a D.M.D. from Rutgers School of Dentistry in 2008. The most challenging stage of my professional development was completing the two year comprehensive dental residency at the US Naval Postgraduate Dental School in Bethesda, MD. Upon completion I earned a Certificate in Comprehensive Dentistry and a Master of Science in Oral Biology from the Uniformed Services University of the Health Sciences. Although I am a 5<sup>th</sup> generation dentist my path has not always lead me to dentistry. All throughout my training, and dating back to when I was a child, fishing has been my passion as well as my profession. Recreational, commercial, charter, and even farming of fish filled most of my days before I decided to set my feet on solid ground and study dental medicine. Those experiences afforded me the opportunity to work side-by-side with an incredible diversity of people and to be exposed to situations that have broadened my mind and my curiosity providing me with a very unique perspective on life. During those countless hours out on the water is where I believe my life's true education occurred.



*CDR Robert Lummis*

#### Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

I accepted my commission with the United States Public Health Service (USPHS) in 2010 when I packed up and left private practice driving from Cape May NJ to the USCG Air Station Sitka in AK. After leaving Sitka I reported to the US Navy in Bethesda, MD to complete my post-doctoral training; following completion I was assigned to United States Coast Guard (USCG) District 17 (Alaska) as the Senior Dental Executive where I am currently serving. I am directly responsible for maintaining the dental readiness, and worldwide deployability for 1100 active duty members stationed in Kodiak AK and oversee the dental care of all USCG members in the Last Frontier.

#### What led you to consider a career in the PHS dental program?

Following graduation from dental school in 2008 the impact of the financial crises was negatively impacting many private practitioners in dentistry creating a much less stable job market than I had anticipated. Fortunately I sought out part-time employment to supplement my income and that is when I was first exposed to the USPHS. While working at Federal Correctional Institution (FCI) Fairton, NJ I met several USCC officers and I decided to give it a try.

#### What did you find to be the most challenging aspect of your transition into the Public Health Service?

The non-clinical duties that were not taught in any of my training programs pose the greatest challenge. Clinical dentistry is the easy part but all of my collateral duties and being simultaneously a USPHS and USCG officer are the things that require continuous development.

#### What has been the most rewarding aspect of your service so far?

Having the opportunity to do cool stuff! Flying in helicopters, riding on CG Cutters, three cross country trips (PCS), being a part of the USPHS-USCG mission in the Arctic, living in coastal Alaska for seven years, deploying to several Arctic villages, halibut, salmon, and of course...grizzly bears.

#### Describe some of your hobbies and activities outside of the PHS.

Although fishing is no longer my livelihood it will always be my greatest passion. I also enjoy all that is considered outdoor life: hiking, backpacking, hunting or just out walking with my dogs.

#### Has your experience in the PHS thus far lived up to your expectations?

My expectations and outlook on life have evolved as I have aged; my experience with the USPHS has facilitated many of my life goals and allowed me to experience things I would never have been able to if I had not commissioned.

## USPHS Dentist Spotlight - LT Cam-Van Huynh Indian Health Service

### Can you provide a brief summary of your training and education?

After receiving my undergraduate degree in Biology from Occidental College, I complete a MPH degree in Epidemiology at the University of Michigan. I returned home to California to attend the Herman Ostrow School of Dentistry at USC and obtained my dental degree in 2016. What I enjoyed most while attending USC was the opportunity for community outreach and ability to provide comprehensive care to migrant children in central California on our mobile clinic trips. I went on to pursue a 12-month GPR through USC associated with the LAC+USC Medical Center and the VA Ambulatory Care in Downtown, Los Angeles. Completing a residency in the neighborhood I grew up in allowed me not only to provide care for veterans who served our country but also fellow community members suffering from debilitating oral conditions.



*LT Cam-Van Huynh*

### Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

I applied for the USPHS program while in residency and started working at my current worksite for 6 months before commissioning in April 2018. Although I have not been in the Corps for that long, I feel that this is where I belong. Currently, I am a general dentist at the Northern Navajo Medical Center in Shiprock, NM serving the American Indian/Alaska Native population. I am also the infection control officer for my clinic and am part of the pharmacy and therapeutic committee at the hospital. Our clinic has not been fully staffed for a while. With the hire of new general dentists, I proctor and introduce new providers to the clinic workflow.

### What led you to consider a career in the PHS dental program?

In the midst of finalizing my decision to pursue a degree in public health, I saw a 20/20 documentary on Mtn Dew Mouth which focused on the dental disparity in Appalachia and how one dentist funded a mobile clinic to provide care to children with rampant decay. He inspired me to pursue dentistry. Upon researching on how to combine dentistry and community health, I accidentally came across the USPHS site. My research into the USPHS and passion for community service was the start of my journey into the corps. I thought about joining the corps at the start of my graduate degree in 2009 and my efforts finally came to fruition in 2018. The PHS dental program enables me to serve where I am needed most. Additionally, the ability to be mobile and move between different agencies will enrich my knowledge and allow me to serve the underserved in different capacities.

### What did you find to be the most challenging aspect of your transition into the Public Health Service?

At our clinic, we are not always able to provide treatment options available in private practice, so not all teeth can be saved. Although I am not able to provide fixed prosthodontic services, I find comfort in the fact that we are still able to get patients out of pain and educate them on oral health. At the clinic, many patients only come in for emergency treatment and do not pursue preventive or even primary care services. Although resources are available, I believe these disparities still exist because these patients do not prioritize their health and take charge of it.

### What has been the most rewarding aspect of your service thus far?

So far the most rewarding aspect of my service has been alleviating patients from pain and calmly getting a nervous patient through an extraction procedure. This is the main reason why I chose dentistry over medicine. There are few professions where you can get instantaneous gratification knowing that the services you rendered will alleviate pain and improve quality of life.

### Describe some of your hobbies and activities outside of the PHS?

I enjoy going for runs/hikes and staying active. I like trying out new restaurants, but I also enjoy a nice home cooked meal.

### Has your experience in the PHS thus far lived up to your expectations?

It is still a little early to tell but I am excited for the future after hearing various experiences of other officers. The greatest thing about being in the corps is that there is not really a single pathway for success. You can pave your own future and where you end up may not be where you initially started.

## Hails and Farewells

### Welcoming our newest Dental Officers and Civil Servants

|                           |            |
|---------------------------|------------|
| <b>Dr. Stephen Bryson</b> | <b>BOP</b> |
| <b>Dr. Shirley Cheung</b> | <b>BOP</b> |
| <b>Dr. C.W Edmondson</b>  | <b>BOP</b> |
| <b>LT Angela Ogunsuyi</b> | <b>BOP</b> |

### Fair Winds and Following Seas (Retirements)

|                                 |            |
|---------------------------------|------------|
| <b>CAPT Arlan Andrews</b>       | <b>IHS</b> |
| <b>CAPT Mohamed Awad</b>        | <b>IHS</b> |
| <b>CAPT George Bird</b>         | <b>IHS</b> |
| <b>CDR Marlon Brown</b>         | <b>IHS</b> |
| <b>CAPT Gail Cherry-Peppers</b> | <b>FDA</b> |
| <b>CAPT Jeffrey Combs</b>       | <b>BOP</b> |
| <b>Dr. Jesus Cortes</b>         | <b>BOP</b> |
| <b>CAPT Glen Eisenhuth</b>      | <b>IHS</b> |
| <b>CAPT Paul Hamra</b>          | <b>IHS</b> |
| <b>CDR Leonard Hyman</b>        | <b>BOP</b> |
| <b>CAPT Tania Macias</b>        | <b>BOP</b> |
| <b>RADM Nicholas Makrides</b>   | <b>BOP</b> |
| <b>CAPT Seyed Mortazavi</b>     | <b>IHS</b> |
| <b>CAPT James Palerino</b>      | <b>IHS</b> |
| <b>CAPT Samuel Petrie</b>       | <b>BOP</b> |
| <b>CAPT James Sullivan</b>      | <b>BOP</b> |
| <b>CAPT Hsin C. Yao</b>         | <b>IHS</b> |
| <b>CDR Philip Zinser</b>        | <b>IHS</b> |

## Upcoming Events

| Agency/Organization and Web Link   | Meeting Date            | Meeting Location      |
|--|-------------------------|-----------------------|
| American Dental Education Association Annual ( <a href="#">ADEA</a> ) Meeting      | Mar. 16-19, 2019        | Chicago, IL           |
| <a href="#">Hinman</a> Dental Meeting  | Mar. 21-23, 2019        | Atlanta, GA           |
| Western Regional Dental ( <a href="#">WRDE</a> ) Convention                        | Apr. 4-6, 2019          | Glendale, AZ          |
| Academy of Laser Dentistry ( <a href="#">ALD</a> )                                 | Apr. 4-6, 2019          | Dallas, TX            |
| American Association of Endodontics ( <a href="#">AAE</a> )                        | Apr. 10-13, 2019        | Montreal, Canada      |
| Hispanic Dental Conference ( <a href="#">HDA</a> )                                 | Apr. 11-14, 2019        | Crystal City, VA      |
| National Oral Health Conference ( <a href="#">NOHC</a> )                           | Apr. 15-17, 2019        | Memphis, TN           |
| American Academy of Cosmetic Dentistry ( <a href="#">AACD</a> )                    | Apr. 24-27, 2019        | San Diego, CA         |
| The Texas Meeting: Annual Session Texas Dental Association ( <a href="#">TDA</a> ) | May 2-4, 2019           | San Antonio, TX       |
| USPHS Scientific & Training Symposium ( <a href="#">COF</a> )                      | May 6-9, 2019           | Minneapolis, MN       |
| California Dental Association Spring Scientific Session ( <a href="#">CDA</a> )    | May 16-18, 2019         | Anaheim, CA           |
| American Academy of Pediatric Dentistry Annual Session ( <a href="#">AAPD</a> )    | May 23-26, 2019         | Chicago, IL           |
| <a href="#">Academy of Prosthodontics</a>  | May 29-June 1, 2019     | Banff, Canada         |
| <a href="#">OSAP</a> Annual Conference   | May 30-June 2, 2019     | Tucson, AZ            |
| Society of American Indian Dentists ( <a href="#">SAID</a> )                       | June 5-9, 2019          | Oklahoma City, OK     |
| <a href="#">IADR/AADR/CADR</a> Meeting & Exhibition                                | June 19-22, 2019        | Vancouver, BC, Canada |
| Pacific Northwest Dental Conference ( <a href="#">PNDC</a> )                       | June 20-22, 2019        | Bellevue, WA          |
| Academy of General Dentistry Annual Meeting ( <a href="#">AGD</a> )                | July 18-20, 2019        | Uncasville, CT        |
| National Dental Association ( <a href="#">NDA</a> )                                | July 17-21, 2019        | Washington, DC        |
| American Academy of Esthetic Dentistry ( <a href="#">AAED</a> )                    | Aug. 8-10, 2019         | Alberta, Canada       |
| American Dental Association Annual Meeting ( <a href="#">ADA</a> )                 | Sept. 4-8, 2019         | San Francisco, CA     |
| California Dental Association Winter Scientific Session ( <a href="#">CDA</a> )    | None due to ADA meeting | San Francisco, CA     |
| American Association of Women Dentists ( <a href="#">AAWD</a> )                    | Sept. 26-28, 2019       | Phoenix, AZ           |
| American Academy of Periodontology Annual Meeting ( <a href="#">AAP</a> )          | Nov. 2-5, 2019          | Chicago, IL           |
| <a href="#">Mid-Continent</a> Dental Congress                                      | Nov. 14-15, 2019        | St. Charles, MO       |
| Chicago Dental Society Midwinter Meeting ( <a href="#">CDS</a> )                   | Feb. 2020               | TBA                   |

## Online Oral Health Resources & Continuing Education Opportunities

| Agency/Organization   | Description  |
|---|--|
| American College of Dentists  | <a href="#">CE</a> - Dental Ethics Course  |
| ADA   | <a href="#">CE</a> – online continuing education opportunities   |
| Centers for Disease Control and Prevention (CDC)  | <a href="#">Resource</a> - Oral Health Resources   |
| Colgate   | <a href="#">CE</a> – Free Live and On-Demand Webinars for continuing education   |
| Health Resources and Services Administration (HRSA)   | <a href="#">Resource</a> - HRSA Home page  |
| Hu-Friedy   | <a href="#">CE</a> – online continuing education opportunities   |
| IHS Division of Oral Health   | <a href="#">Resource</a> - Early Childhood Caries Initiative<br><a href="#">CE</a> – online CE opportunities   |
| Inside Dentistry  | <a href="#">CE</a> - online continuing education opportunities   |
| National Institute of Dental and Craniofacial Research  | <a href="#">Resource</a> - Dental Providers Oncology Pocket Guide. Reference on treating pts before, during and after cancer treatment<br><a href="#">CE</a> - Practical oral health care for patients w/ developmental disabilities |
| National Maternal & Child Oral Health Resource Center<br>Naval Postgraduate Dental School                           | <a href="#">Resource</a> – OH Resource Center<br><a href="#">Resource</a> - Clinical updates archives<br><a href="#">CE</a> - Correspondence Course Program  |
| Northwest Center for Public Health Practice   | <a href="#">CE</a> - Basic Public Health principles study modules  |
| Ohio Department of Health, the Indian Health Service, and the Association of State and Territorial Dental Directors | <a href="#">Resource</a> - Safety Net Dental Clinic Manual   |
| Oral Cancer Foundation  | <a href="#">Resource</a> - oral cancer photos  |
| Proctor & Gamble  | <a href="#">CE</a> – online continuing education courses   |



## 2019 USPHS SCIENTIFIC & TRAINING SYMPOSIUM

Minneapolis Convention Center and Hyatt

May 6-9, 2019

**"BETTER HEALTH THROUGH BETTER PARTNERSHIPS"**

## DENTAL CATEGORY DAY

May 8, 2019

**Summary:** Each year, the USPHS Dental Category holds "Dental Category Day" as part of the USPHS Scientific & Training Symposium. This year's theme is "Better Health Through Better Partnerships." What sets this year's Category Day apart is that it is the 100<sup>th</sup> anniversary of the USPHS Dental Category! In addition to embracing the meeting theme through partnering with the University of Minnesota School of Dentistry and the Pharmacy Category on specific presentations for a total of 6.5 hour of CDE, we will also have a panel discussion with former USPHS Chief Dental Officers. This one-day Category Day meeting is open to all dentists in the USPHS Dental Category – Commissioned Corps, Civil Service, and tribal dentists.

### **Category Day Agenda:**

Opioids - "Opioids & Oral Health: What can we do as dentists?"

Oral Surgery - "Practical Oral Surgery Tips for the General Dentist"

Periodontics - "Diagnosis, Use of Local Antibiotics, and Recall Intervals"

Minnesota Dental Therapist - "Alternative Dental Workforce Model: Dental Therapists in MN"

Oral Health Disparities - "Reducing Oral Health Disparities in the U.S."

Satcher Lecture - "The USPHS Dental Category: Past, Present, and Future," a panel discussion with former USPHS Chief Dental Officers

**Registration/Lodging:** [Click here](#) for Hotel and Symposium registration. Those in the local area and Civil Service dentists can register for \$70 for Category Day only by going [here](#) and selecting the State/Local Worker rate. Due to high demand for lodging, we encourage everyone to register as soon as possible.

# Dental Corps Commemorative 100<sup>th</sup> Anniversary Coin Order Form



## SPECIAL PRE-SALE Price: \$10 each!

**\*\*Will only be available at 2019 USPHS Symposium, or via mail after Symposium until gone\*\***

Name: \_\_\_\_\_

Address (for shipment): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Quantity: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_ (including S&H)

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*Commissioned Officers Foundation)*

**Send your check and this form to:**

LCDR Cara B. Ortega  
104 E. Silverwood Ranch Ests.  
Shenandoah, TX 77384

**Shipping and Handling:**

Less than 10 = \$5.00

10 or more coins = \$7.00

**OPTIONAL:**

Signature Conf. = add \$3.00  
*(Recommended)*



**PICK UP AT SYMPOSIUM**

*(check box, no shipping)*

**\*\*\*QUESTIONS: Contact LCDR Ortega 917-287-4170 or [cara.b.ortega@ice.dhs.gov](mailto:cara.b.ortega@ice.dhs.gov) \*\*\***