



Dental Professional Advisory Committee (DePAC) Bulletin



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2001 DePAC creates listserver for USPHS dentists and dental hygienists

In March 2001, the Communications Workgroup of DePAC created the first-ever listserver for the dental category. This idea was the brainchild of CAPT Lee Shackelford, and was carried to fruition by LCDR Tim Ricks and CDR Chris Halliday.

The purpose of the listserver is multifold: (1) to provide a communication tool for the Dental Professional Advisory Committee (DePAC) to quickly disseminate important information to dentists assigned to each USPHS agency; (2) to allow for discussion of important dental issues that affect our clinical practices; and (3) to provide a single place to get pertinent information from a variety of agencies and organizations, including, but not limited to, the American Dental Association, the Academy of General Dentistry, the American Association of Public Health Dentistry, the American Dental Hygiene Association,

the Commissioned Corps Readiness Force, the Commissioned Officers Association, and the Division of Commissioned Personnel, among others.

Currently, there are over 200 dentists and dental hygienists, both Commissioned Corps and Civil Service, subscribed to this system. Enrollment is not automatic; instead those interested in being a part of this exciting new system should request a subscription by e-mailing LCDR Tim Ricks or CDR Chris Halliday, the co-administrators of the USPHS Dental Listserver, at tim.ricks@mail.ihs.gov or challida@hqe.ihs.gov, respectively, or visit the listserver home page at <http://list.nih.gov> (type in Dentist-L in the search category, then request a subscription).

Dental Category Mentoring Program Update

The Dental Category Mentor Program is still active. There are currently over 10 active mentor/protegee pairs, and there are several unmatched mentors presently.

The Dental Category Mentor Program provides a unique opportunity for junior dental officers to gain knowledge from experienced senior officers on personnel, career, dental, and other issues. It is especially useful for field dentists, allowing them to gain career advice from dentists outside of their chain of command.

Plans are now underway to have the home page of the mentoring program on the Dental Category web site, and this transition should occur within the next few months.

If you are interested in participating in the Mentor Program, you may either go to the Dental Category webpage (<http://www.ihs.gov/nonmedicalprograms/phs/PHSDental/>) and click on "Mentor Program", or contact CAPT Lee Shackelford, the director of the program, by e-mailing him at lshackelford@hrsa.gov.

Message from the DePAC Chair CAPT Terrell Hoffeld

“Making the CHOICE”

If you are like the majority of dental officers in the USPHS Commissioned Corps, you looked at that byline and said, “Who?” I mention that, not to be self-effacing or to curry favor, but to point out not only that any single isolated component of an organization can be functionally invisible to the other components, but also that the individual person in any component has a **CHOICE** whether to ignore all of the other components. Do you know dental officers in other agencies? I acknowledge that this sounds like a bad introduction to a textbook on management practices in large organizations. The intent is simply to advocate the broadening of oneself by developing familiarity with the other components of the Federal Government which the Commissioned Corps currently serves. This applies whether the Officer is from an organization with very few dentists or one with overwhelming numbers.

The most recent data to which I have access (dated April 1, 2001 and obtained from the Division of Commissioned Personnel by CDR Ron Bajuscak of FBoP, and the basis of some recent discussions on the new dental listserver) indicate the following numbers of dental officers: ATSDR (1); CDC (10); FBoP (121); FDA (9); HRSA (45); IHS (275); NIH (14); OSOPHS/DCP (6); and the USCG (56).

Okay, the next question is, “Who is more isolated, the single dental officer at ATSDR, or one of the 275 dental officers in IHS?” There is, of course, no simple answer to that question, because each Officer has the **CHOICE** to be isolated or become a part of the greater whole. At the risk of embarrassing her, that one Officer at ATSDR (that’s Agency for Toxic

Substances and Disease Registry) has worked at NIH, FDA, and ATSDR. She has been on the Board of the AGD. She has been the USPHS Delegate to the ADA House of Delegates. She has been on the Dental Professional Advisory Committee (DePAC) and has chaired several of its workgroups. She has also been active in the DMAT and CCRF programs. CAPT Tylanda recognized the hazards of isolation from the time she began as a Clinical Staff Fellow at NIH (when there were not many more than the current 14 of us in the whole place). She made the **CHOICE** to learn about the activities and the people in other Agencies and has continued to grow personally and professionally.

One organized gateway into the “real world” of the bigger organization is the DePAC and its associated workgroups. [Here comes the sales pitch.] Each professional Category of the Commissioned Corps has a PAC. Each is chartered to advise the Chief Professional Officer of the Category, who, in turn, has responsibility to advise the Surgeon General regarding the Category/Profession. In order to perform these functions, the PACs address issues at the local, Agency, national, and global profession levels, either collecting information to serve as the basis for advice, or implementing pilot projects of ways to improve the Category. In the DePAC, these responsibilities are currently divided among three major subcommittees: Career Development, Operations, and Women’s Issues. This organization is very flexible, depending on the needs of the Chief Dental Officer and the interests of the Officers who have voluntarily made the **CHOICE** to become part of one of the constituent workgroups. New workgroups can be

added as new issues need to be addressed; old workgroups may cease to exist, if there are no currently important issues to be addressed. The current Organizational Listing is provided below, including the e-mail address for the Chairs/Co-chairs of the committees and workgroups:

I. Career Development Committee

Chair: CDR Ron Bajuscak
rbajuscak@bop.gov

Workgroups:

- A. Recruitment Workgroup
Chair: LCDR Tim Ricks
tim.ricks@mail.ihs.gov
- B. Membership Workgroup
Chair: LCDR Amanda Cramer
amanda.cramer@mail.ihs.gov
- C. Mentoring Workgroup
Chair: CAPT Lee Shackelford
lshackelford@hrsa.gov

II. Operations Committee

Chair: CAPT Lee Shackelford
lshackelford@hrsa.gov

Workgroups:

- A. CCRF Workgroup
Co-chairs: CDR Dan Hickey
mrg9710@bop.gov
CAPT Dave Clemens
dclemens@bop.gov
- B. Communications Workgroup
Chair: CDR Chris Halliday
challida@hqe.ihs.gov
- C. Awards Workgroup
Chair: CAPT Bob Hendricks
rhendricks@astravsecity.uscg.mil

III. Women’s Issues Committee

Chair: CAPT Rosemary Duffy
rduffy@gw.odh.state.oh.us

Special Message

“Strategic Direction for the Commissioned Corps Dental Category” Submitted by the 1999 DePAC (Under the direction of the DePAC Chair—CDR Susan Runner and the Chief Dental Officer—RADM William Maas) to the Surgeon General of the United States in February 1999

Because public health needs change and federal responsibility is continually evolving, the nation requires a flexible, responsive source of federal health professionals. A high degree of interaction and communication among the operating divisions of the federal, state, and local public health establishment is also required. Commissioned dental officers should serve at all levels, gaining experiences and bringing understanding of diversity and access to varied sources of information to each organization to which they are later assigned.

The dental category should be managed to address overarching national public health needs, and develop a nationally and internationally recognized cadre of versatile, talented, and mobile public health leaders. Commissioned dental officers could follow one or several career tracks through varied and progressive assignments in clinical, policy, research, regulatory, or managerial assignments. The normal career expectation of an officer should be that assignments will be approximately 4 years, and then a new and possibly unrelated challenge will be taken up, perhaps in a new geographic location, frequently in a new agency.

Officers should be assigned, as the nation's public health needs and the Surgeon

General's priorities dictate, to PHS agencies or to other federal, state, or local government agencies, international agencies, or non-governmental organizations. Assignments should be made by the Office of the Surgeon General, in partnership with the officer and in collaboration with appropriate agencies and organizations.

Officers should be utilized systematically to develop highly versatile individuals who are prepared to assume leadership roles. This should be cultivated through broad experiences and leadership opportunities in multiple aspects of public health, ranging from delivery of services to program management to all types of research; from local communities to national or international arenas.

Officers should expect that a career in the Commissioned Corps will involve varied and progressive assignments, and should expect to develop diverse skills, expertise, and leadership in a variety of settings. Officers' training and experiences, combined with stringent selection and retention standards, should create a public expectation that a PHS officer will

succeed in the most difficult and unfamiliar circumstances.

Officers must understand the importance of having explicit career plans, that they share responsibility for their own career planning, and how to achieve their plan. Leadership of the dental category must guide and support officers in planning and achieving career goals. Personnel system options must be implemented to ensure that positions are filled with individuals possessing the desired level of experience and expertise. The Corps must take appropriate action if an officer is underutilized, underperforms, or fails to demonstrate professional growth. The Corps must use its existing authority to assign active duty officers to critical open billets and then to recruit replacements to backfill behind the reassigned officers. The Corps must provide affirmative incentives for officers who provide exceptional service, e.g., by transferring to difficult or hardship positions. The category must orient every dental officer to the history and mission of the Corps and ensure on an on-going basis that every officer shares and understanding of the public health needs of the nation, how the Corps relates to those needs, and the implications for the officer's career development.



Agency Reports

Indian Health Service

The IHS dental program consists of approximately 280 dental clinics within hospitals and free-standing clinics administered by tribal, federal, and urban programs. Administrative units include 12 Area offices and IHS Headquarters. Approximately 500 full-time general dentists, 50 specialists, and 1,200 dental auxiliaries are employed. Many programs are augmented by additional dentists and auxiliaries contracted for part-time services.

Until 1975 virtually all programs providing dental care to American Indians and Alaska Natives were administered by the Indian Health Service. With rare exceptions, the dentists were all commissioned officers and the auxiliary staff were Civil

Service employees. While many of these traditional programs remain in operation today, they are now one of four types of programs offering dental care to Native Americans. Tribes and urban Indian organizations have assumed administrative control of approximately half of all IHS dental programs through tribal 638 contracts, self-governance compacts, and programs for urban Indians.

Current strengths of the dental program include an unprecedented national interest in oral health, as evidenced by the recent report by the Surgeon General, relatively new and well-equipped facilities, and a cadre of dedicated personnel.



Two key current challenges: (1) recruitment and retention issues—the vacancy rate has hovered at 20% in recent years; a number of factors including the high indebtedness of graduates and the great demand for private practitioners have combined to make it exceedingly difficult to compete with the private sector for new dental graduates; (2) extremely high disease rates, as documented by the recent IHS national oral health survey—specific strategies aimed at addressing the treatment and preventive needs derived from survey findings are being developed.

For more information about the IHS dental program, contact either CAPT Eric Broderick at (301) 443-1106.

U.S. Coast Guard



The Coast Guard Dental Program consists of 30 dental clinics located in ambulatory health care facilities at Coast Guard bases in Alaska, Hawaii, Puerto Rico, and the Atlantic and Pacific Coasts of the United States. Dental clinics are housed in new or modern buildings. Dental officers are supported by military dental assistants, civilian dental assistants, and civilian dental hygienists. Dental officers are provided with state-of-the-art dental equipment and materials.

There are 56 dental officers in the Coast Guard. Most clinics are for one or two dental officers. The dental program is organized with one Chief Dental Officer at Coast Guard Headquarters in Washington, D.C., and two Regional Dental Consultants, one for the Atlantic Coast and one for the Pacific Coast.

Until 1992, Coast Guard dental clinics treated active duty members, dependent spouses and children, and retirees. Since the implementa-

tion of dental insurance programs for dependents and retirees, most Coast Guard dental clinics now treat only active duty members. The Coast Guard works closely with the Army, Navy, and Air Force dental services. The Coast Guard treats many patients from the other military services and most referrals from Coast Guard dental clinics go to the other services.

The Coast Guard has two residency programs and one fellowship. The Coast Guard sends one dental officer every two years to the Comprehensive Dentistry Residency Program at the National Naval Dental Center in Bethesda, MD. Graduation from this program confers eligibility to challenge the Federal Services Board of General Dentistry. The Coast Guard also sends a dental officer to a residency in endodontics depending on the needs of the service. Currently there is one dental officer in this program at Boston University.

The Coast Guard also sends one dental officer to a one-year exodontia fellowship at the Naval Training Center Great Lakes in Illinois.

The Coast Guard dental program has traditionally had a very high rate of retention and especially high marks from junior dental officers. Dental clinics are generally located in great places to live. Some are in coastal cities like Seattle, Miami, or San Francisco, while others are located in areas of breathtaking beauty like Juneau and Kodiak, Alaska, or Port Angeles, Washington. Some are located in resort areas like Cape May, New Jersey or Traverse City, Michigan.

The main challenge to the Coast Guard dental program is providing a level of service adequate to meet the growing needs of the active duty patient population. The Coast Guard is meeting this challenge with increased training, modern practice management, and hard work.

Agency Reports—continued

Federal Bureau of Prison

The Federal Bureau of Prisons is a nationwide system of correctional institutions and detention facilities for the incarceration of inmates sentenced for Federal crimes and awaiting trial or sentencing in Federal Court. Within the last decade, the BoP has witnessed an explosion of growth, resulting in an increase in facility construction, which has had a direct effect on dental staffing.

Currently, there are 98 institutions functioning within six regions in the country; approximately 126,000 inmates are under the aegis of the Bureau's custody. There is a broad spectrum of security lev-

els and specialized facilities utilized to control and care for these individuals. Dental officers are billeted to all of these challenging environments. Presently, there are approximately 140 dentists detailed to the BoP. There are currently about 20 vacancies, and this will increase as new institutions are constructed. It is estimated that up to 20 new correctional centers will be activated within the next five years. With this tremendous growth, one often unrecognized but appreciated benefit of employment with the Bureau is the opportunity



for geographic diversity fitting the officer's desired lifestyle. Locales range from small towns to mid-sized cities to major urban areas—from New York to Honolulu and all points in between.

If you are intrigued by the aspect of a dental career in corrections and wish to seek additional information, please contact:

CAPT Rodney F. Kirk
Chief Dental Officer
Federal Bureau of Prisons
320 First Street, N.W.
Washington, DC 20534
Phone: 202-307-2867 x138
Fax: 202-305-0862

National Institutes of Health

The National Institutes of Health (NIH) have long been an organizational enigma, not only to Dental Officers in the Commissioned Corps of the USPHS, but also to the other professional Categories of the Corps. The Clinical Center provides not healthcare, but almost entirely referral, research level health care. The Intramural Research Programs of each of the 18 Institutes conduct laboratory and clinical research. The Extramural Research Programs of each of the Institutes support grants and contracts to institutions and organizations, mostly nationwide, but also internationally.

Where do dentists fit into this organization? Almost anywhere. Although there are currently only 14 Commissioned Corps Dental Officers assigned to NIH, we are arrayed across 5 major organizational units. The largest proportion (7) can be found within one of the many research, clinical, or ad-

ministrative components of the National Institute of Dental and Craniofacial Research (NIDCR). There are three (3) dental officers at the Commissioned Officers' Dental Clinic (CODC), now located on Twinbrook Parkway, near the Parklawn Building. This clinic has historically been part of the NIH Clinical Center (CC), organizationally. There are two officers in the Center for Scientific Review (CSR), which has responsibility for the Peer Review of research grant applications for all of the NIH Institutes. Finally, there are two (2) more officers in separate components of the Office of the NIH Director (OD), addressing policy issues concerning all of the NIH Institutes. Although there are also Civil Service dentists in several components of NIH, no formal count is maintained.



What are the opportunities for a dental officer at NIH? A dental officer with research training and experience in laboratory research, clinical research (biobehavioral or biomedical) or population research (epidemiology, demography, public health, international health), who wishes to remain actively engaged in self-initiated research might be expected to compete for positions as intramural research investigators. An Officer seeking some research training and experience, who has Agency support for advanced training, might be eligible to compete for one of a limited number of clinical research fellowships. An officer with an appropriate background in research and administration might compete for a position in one of the extramural research programs of the various Institutes. Future articles will detail some of the research directions of interest to the Dental profession.

Agency Reports—continued

Health Resources and Services Administration

There are around 29 PHS dental officers assigned to the Health Resources and Services Administration (HRSA). They engage in a wide variety of activities that grow out of the agency's overarching mission: to direct national programs that improve the Nation's health by assuring equitable access to comprehensive, quality health care for all. The agency oversees a variety of programs that are run from four main Bureaus and several smaller Offices and Centers. The four main Bureaus are the Bureau of Health Professions (BHP); the Bureau of Primary Health Care (BPHSC); the HIV and AIDS Bureau (HAB); and the Maternal and Child Health Bureau (MCHB).

The primary focus for BHP is training future health professionals to meet the needs of the underserved. Grants go to training institutions rather



than to individuals. BPHC manages programs related to direct services for underserved populations, such as Community Health Centers and Migrant Health Centers. HAB provides grants to states and communities for HIV/AIDS treatment and education, and MCHB administers block grants to states for programs to improve the health of women and children. The Healthy Start program (including Healthy Smiles) is an MCHB activity familiar to many.

In addition to its grant-making activities, HRSA provides states and local communities with data and other information that will help them set and achieve community health goals. These tools are usually available by internet and/or in hard copy. Even if you are assigned to another Agency, you may find

some of these tools useful in helping you meet the needs of your target population. Here are a few links that might be useful:

- **HRSA/HCFA Oral Health Initiative Home Page**—provides tools and information for improving access to oral health care: <http://www.hrsa.gov/oralhealth/>
- **HRSA State Profiles**—provides aggregate data on types and dollars of HRSA grants going to your state, as well as some key data: <http://stateprofiles.hrsa.gov/>
- **Community Health Status Indicators Project**—provides local community level health data: <http://www.communityhealth.hrsa.gov/>
- **Data and Statistics**—provides a general listing of a broad array of information: <http://www.hrsa.gov/data.htm>

Centers for Disease Control and Prevention

Dental officers are currently serving in various capacities in several of the Centers within the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry.

The main dental activities are housed in the Division of Oral Health (DOH) located in the National Center for Chronic Disease Prevention and Health Promotion. The activities of the DOH are varied (go to <http://www.cdc.gov/nccdphp/oh/> for additional information). Among the oral health surveillance activities, the highlight this year has been the implementation of the National Oral Health Surveillance System (NOHSS) - go to <http://www.cdc.gov/nohss/> for additional information. The NOHSS is a collaborative project with the Association



Of State and Territorial Dental Directors (ASTDD).

Other activities under the CDC cooperative agreement with ASTDD include the National Oral Health Conference, an annual synopsis of state dental programs, and reviews of state dental programs.

DOH also has a cooperative agreement with Oral Health America, America's Fund for Dental Health. Besides intramural research on oral health issues such as community water fluoridation effectiveness, fluoride varnish, and the effect of smoking on periodontal disease, DOH awards funds to Prevention Research Centers for applied pre-

vention research projects.

Programs supported by DOH in states include grants for water fluoridation equipment (10) and comprehensive school oral health programs (4). In Fiscal Year 2001, DOH is awarding funds to states under a new program, Support State Oral Disease Prevention Programs, to strengthen state oral public health capacity. DOH also provides national leadership in dental infection control and prevention of oral diseases.

For additional information about the Centers for Disease Control and Prevention, visit their home page at <http://www.cdc.gov>.

Organization Reports

Commissioned Corps Readiness Force (CCRF)

The recent April meeting of the DePAC was honored to have CAPT David L. Clemens, dental category representative to the CCRF, address recent developments affecting deploying officers. CAPT Clemens reviewed the contemporary activation criteria for each officer. This includes being fully licensed in accordance with the standards of the dental category; successfully completing the curriculum for Basic Life Support (BLS); maintaining up-to-date status in the CCRF database, i.e., login within the previous three months; conforming to the Commissioned Corps height/weight standards; and having no pending disciplinary action.

Beginning in January 2002, further changes will be implemented

for candidates seeking a potential deployment. CAPT Clemens emphasized officers must meet a minimum currency requirement (112 hrs/yr.) in their professional role as dentists. Additionally, immunization requirements must be completed. Officers must pass the CCRF Annual Physical Fitness Test, as well as successfully complete several web-based training modules. The Medical Affairs Branch at DCP must also have on file—current within 2 years—the results of the officer's physical exami-



nation.

The dental category CCRF workgroup will shortly examine the possibility of development of a clinical competency list to assist the Office of Emergency Preparedness (OEP) staff in determining who is most capable for specific field assignments. Another area of focus will be the elaboration of skill sets required for dentists to deploy as liaison officers, information technicians, and other auxiliary functions.

It cannot be overemphasized for all officers to carefully peruse the CCRF website (<http://oep.osophs.dhhs.gov/ccrf/>) on a regular basis to keep abreast of recent developments and new information.

American Dental Association

The House of Delegates met during the 141st Annual Session of the ADA in October, 2000 in Chicago, IL. RADM William Maas and CAPT Jerome Alford were the delegates, with CAPT Kit Shaddix and CAPT David Clemens serving as alternates.

There were numerous resolutions discussed, edited, and voted upon. Below is just a sample of these resolutions:

10-H—The ADA will encourage development of patient education programs for persons with limited literacy.
13-H—The American Academy of Orofa-

cial Pain failed to meet the requirements to be recognized as a specialty.

14-H—The ADA supports the right of dentists to administer conscious sedation, deep sedation, and general anesthesia for pain management.

32-H—The ADA does not support licensure of dental assistants.

34-H—The Council of Government Affairs composition was changed by adding "Consideration shall be given to a candidate's experience in the military or other federal dental service."



57-H—The Statement on Early Childhood Caries was adopted.

Dues to the ADA are \$401, but PHS officers can join directly, avoiding state and local dental society dues. Payments can be divided into four equal payments, from either a credit card or direct transfer from your checking account.

For further information about additional resolutions or about joining the American Dental Association, you can call the ADA at (800) 621-8099, or visit their website at <http://www.ada.org>.

Academy of General Dentistry

The AGD Annual Conference will be held this year from August 2-5 at the Hilton Towers in New York City. A fine lineup of speakers is scheduled, with the keynote address being presented by Dr. Richard J. Simonsen, President, DenTrek International, on the topic of Evidence-Based Learning. The Federal Services Reception will be on Friday, August 3 at the Carnegie Deli from 1900-2100. It should be a great time for fellowship.

The approximately 160 PHS members of AGD are represented by CAPT Lee Shackelford, president, CAPT Bill Evans, president-elect, and LCDR Doug Shepherd, secretary/treasurer. CAPT Bob Hendricks serves as Membership Committee Chair.

At the end of the annual



meeting a rotation of officers will take place. Please take time to complete and return your ballot when it comes in the upcoming AGD Federalist.

If you can, come see us in New York. It promises to be a memorable meeting. If you have questions about the meeting or would like to join AGD, contact CAPT Shackelford at (915) 298-5294 or Lshackelford@hrsa.gov, or CAPT Hendricks at (231) 922-8285 or rhendricks@astraversecity.uscg.mil.

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**WE WELCOME YOUR COMMENTS AND
SUGGESTIONS!**

Visit the Dental Category Home Page!!!
[http://www.ihs.gov/
nonmedicalprograms/phs/PHSDental/](http://www.ihs.gov/nonmedicalprograms/phs/PHSDental/)

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Important Dates

June 2001

8-10—American Association of Women Dentists (AAWD) annual meeting, San Antonio, TX. For further information, go to www.womendentists.com

14—Deadline for applications for ASPH/CDC/ATSDR Fellowship/Internship Opportunities. For further information, go to <http://www.asph.org>.

20-21—USPHS Commissioned Corps Basic Officer Training Course (BOTC), Anchorage, AK, 2 days in length. For further information, contact Lisa Justice (ljustice@anmc.org).

29—Dental Professional Advisory Committee meeting, Rockville, MD.

July 2001

3-7—Junior Officer Leadership Development and Training Seminar (JOLDTS), Albuquerque, NM. Sponsored by the ROA. For further information, go to www.roat.org/joldts.asp.

4-7—Reserve Officers Association 75th National Convention, Albuquerque, NM. Deadline for advance registration is June 8th. For further information, go to www.roa.org/, click on Albuquerque 2001 icon.

16-17—2001 Division of Commissioned Personnel Recruitment Conference, Rockville, MD. For further information, contact LT Nasser Mahmud at (301) 594-3360.

19-21—Forensic Dentistry 2001: A Symposium with Workshops. At the ADA Headquarters in Chicago, IL. For further information, go to www.ada.org/prof/events/adaevent/index.html.

25-26—USPHS Commissioned Corps Pre-Retirement Seminar, Anchorage, AK. For further information, contact Lisa Justice at (907) 729-1307.

26-27—ADA Symposium Series on Oral and Systemic Health Interactions: Taking Oral Health to Heart. At the ADA's Chicago headquarters. Go to <http://www.ada.org/prof/events/adaevent/index.html> for more information.

31-Aug. 2—Basic Officer Training Course, Tuscon, AZ. For more information, contact Richard Rubendall, richard.rubendall@mail.ihs.gov.

A look ahead

Aug. 2-5—Academy of General Dentistry annual meeting; 5 days of participation courses, 26 lectures. Go to www.agd.org, click on Annual Meeting Registration

Aug. 16-18—15th National Conference on the New Dentist, in Denver, CO. Go to www.ada.org, click on events.

August 21-23—Basic Officer Training Course, Atlanta, GA. Contact LT Amanda Stoddard (abd5@cdc.gov)

Aug. 29-30—USPHS Pre-Retirement Seminar, Atlanta, GA. For further information, contact CAPT Austin Hayes, aeh4@cdc.gov.

November 4-9—AMSUS 108th Annual Meeting, San Antonio, TX. For further information, go to <http://www.amsus.org>, click on Meetings.