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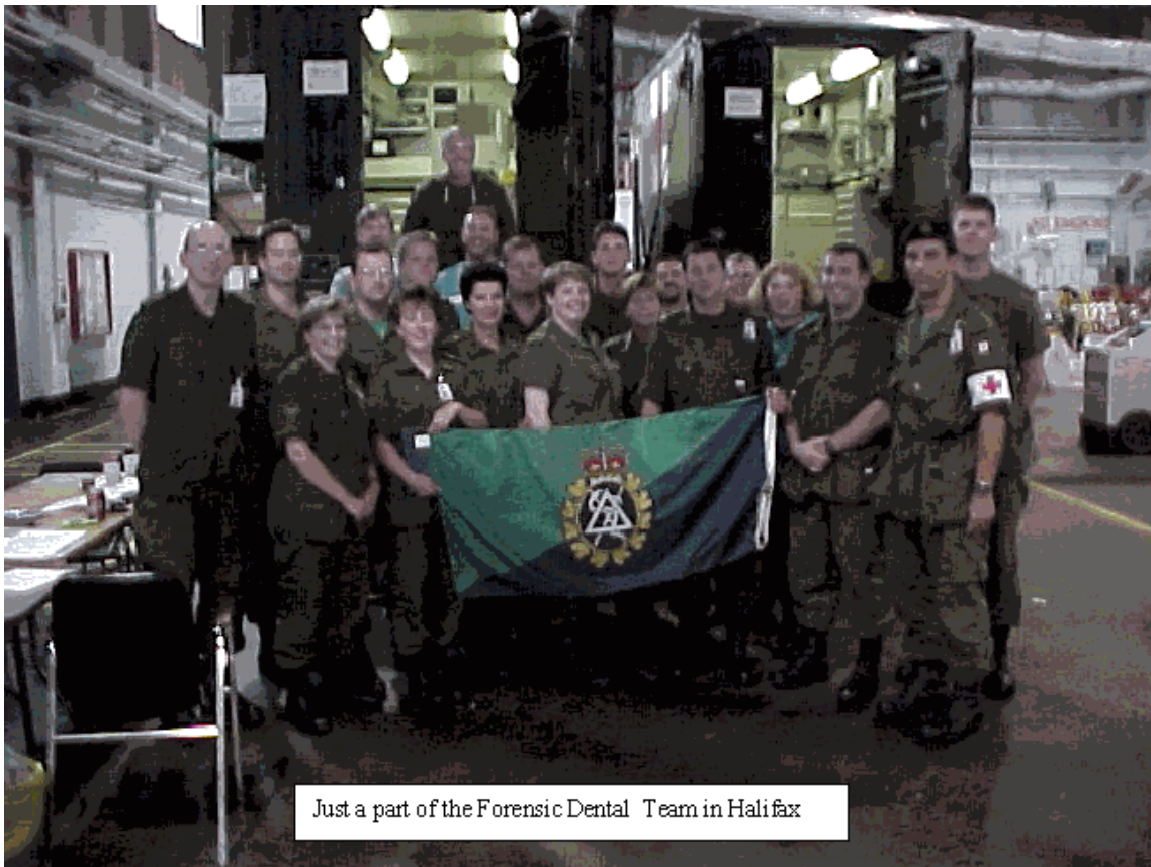


9 OCTOBER/OCTOBRE 1998 *Sanitas in Ore*

SPECIAL FEATURE ARTICLE EXCLUSIF

OP PERSISTANCE

In support of the Swissair 111 Disaster



Just a part of the Forensic Dental Team in Halifax

By LCol Becker/LCol Jones

By now, everyone is likely aware of our heavy involvement in CFB Shearwater at the disaster site. In fact many of you have even been there on a rotational basis. On Day 3 post-disaster, the CFDS became an integral and key part of the identification Center. This article is to provide a brief overview of activity to date.

Based on preliminary and timely recce and phone calls into, from, and by Dent Det Halifax, in which info on the forensic dentistry capabilities of the CFDS was

relayed, an official request for CFDS assistance was made by Dr Butt, the Chief Medical Examiner of Nova Scotia. This was done through MARLANT and the National Defense Operations Center (NDOC) to D Dent Svcs. CO 1 Dental Unit, who had been in the picture from the beginning, had made some plans with HQ staff and issued warning orders. With an official green light the CFDS "bugged out" in direct support of the Nova Scotia Coroner's Office. Ops and logistical plans were formulated and executed on the fly with orders to "make it happen" and worry about the admin later. Needless to say everything happened like clockwork. Dent Det Comd Halifax, Major Taylor, acting as Ops O for this endeavor, had all the ground work done (and a fine job he did too) for the arrival of the first wave of personnel and equipment. Not only was the Halifax SEV already set up and in location within 'B' Hanger at 12 Wing Shearwater, but quarters and a preliminary CP etc were waiting on our arrival.

Within 24 hrs of the green light, Col Currah, LCol Field, LCol Becker, LCol Jones (all from Ottawa), Maj Reid (Valcartier), Maj Ford (Petawawa), Sgt Crowell (Greenwood), plus Sgt Beaudet and Cpl Gaudon with a dental van from Gagetown, were added to the Dent Det Halifax

staff and organized into a functional group in short order. After a more detailed on-site assessment, and much liaison, communication and planning (not only within the dental team itself, but with the RCMP, pathology teams, medical radiology, and the Coroner's Office), it was determined that the establishment of proper protocols and SOPs, for the timely and accurate processing and administration of the remains, was required. The CFDS Dental Forensics team quickly established a Command Post, ante-mortem records teams, records control, radiology and post-mortem teams, and an ante/post-mortem comparison section.

CO 1 DU functioned as the initial on-site commander and was in constant comms with the other "branch" heads of the identification center as everything got organized (and did some hands-on forensic work as well, when time allowed). Additionally, Maj Taylor, as Ops O (with MWO MacKenzie and WO Beach in close support), and 1 DU HQ acted as a coord points for further manpower needs.

LCol Jones hammered out and published the protocols and SOPs, as well as provided hands-on ante and post-mortem support. Maj Reid and Maj Ford looked after the ante-mortem and post-mortem sections respectively. The actual steps, documentation, and flow of remains through the center to the dental section was established. Protocols for tracking of remains with corresponding case numbers, dental radiology and post-mortem examinations, charting, and completion of dental identification summary sheets and confirmation of identity forms, etc all had to be established. The ante-mortem records section was located next to the RCMP Communication Center, who worked closely together tracking down dental records all over the world, and then followed up on deficient records as required. For instance, some dentists sent notes but no radiographs, some sent radiographs (of various type and quality) but not odontogram or clinical notes, and some dentists simply had nothing at all.

It was also with a great deal of satisfaction that within 48 hrs of arrival at the scene, the 32-member CFDS team was up and effectively functioning to produce the first two dental positive identifications. To date, the dental forensics unit has made the majority of the identifications. While DNA profiling may yet play a larger role in identifications in the end, the preliminary data has yet to be correlated.

A special note of thanks must be given to Dent Det Halifax who made up the bulk of the forensic team, and in fact had to cease most of its normal clinic operations because of their intense involvement. On-site commander duties were turned over to LCol Jones on Sept 15, as CO 1 DU was "invited" to return to Ottawa for Treasury Board business. LCol Jones returned 20 Sept, and activity continues today under the supervision of Majors Reid, Ford, and Taylor.

It became rapidly apparent to not only the CFDS leadership, but to the senior staff of the other agencies involved as well, that the CFDS Forensic Dental Team was a highly organized and very effective group of professionals who were providing an essential capability that did not exist anywhere else in Canada. While there is no doubt that it is a very stressful environment to work in, this is very important work that needs to be done for several reasons, not the least of which is ultimately providing closure to the families of the victims in this awful tragedy. All CFDS personnel functioned as a real team from the outset, maintaining their focus and high morale to be highly effective in a difficult environment. An emphatic Bravo Zulu to all participants! You have done yourselves and the CFDS proud.

This story has yet to reach a conclusion as activities continue today. There will be more to follow at a later date.

Swissair Flt 111 Disaster

- editor's note: Sgt Langlois wrote the following touching article during his dental forensic support in Halifax- feelings expressed below are no doubt shared by all participants in OP Persistence

How Precious is Life

We take life too much for granted. Recently I was part of a massive operation to recover and identify the remains of victims from an air crash. Nothing could have prepared me to face what I did and no one involved could say they had seen something like this before. Not the RCMP, not the FBI, not the military, none of the hospital staff nor any of the representatives from the various coroners' offices. Everyone from the fisherman, various volunteers and especially the divers had never come across anything like this.

One minute you are boarding a plane, or it could be a bus or any other vehicle, and in an instant you are gone forever from this mortal world. The speed and the massive/total destruction of material and human life in this case has made many of us reflect on our own mortality and how senseless this particular event has been. Death came to all on Flight 111 in a manner that is almost impossible to describe and if the remains were ever to be described as we all saw and touched them I don't believe there would be a soul on earth who would believe or comprehend in a visual or mental capacity our experience. In this case, death did not discriminate between baby, child, teenager, young adults or the elderly, as everyone was taken under vicious circumstances.

Once I get home I will hug and kiss my wife dearly as I now know more than ever before what she means to me. It should not take a tragedy such as this to make me or anyone else realize how fragile life is and how utterly final death is. We should be thankful for every living day we have on this earth and we should live those days fully and never go to bed angry or leave the house angry. All we have and hold dear can be gone so quickly!

WHAT'S NEW AT HQ

QUOI DE NEUF AU QG

A Short Note from the CO

Un bref message de Commandant

L'unité Quartier-général est toujours à la besogne.....En premier lieu, de mauvaises nouvelles: le manque de fonds continue à être un problème et j'en discute régulièrement avec les commandants des Base/Escadres < travers le pays. Des efforts continus sont faits afin d'obtenir des fonds supplémentaires pour assurer notre survie jusqu'à la prochaine année fiscale. DO releases continue come in and make a bad manning situation worse. Personnel problems from 2% of the people take up 20% of our time. Good news is after many phone calls, many E-mails, and some #@&!! It looks like 1 Dental Unit will finally get our consumables funding (only six

months late)(It's a long story, you don't want to know). This will help. Financial and loading support for the MMC has been acquired and lists will be prioritized and submitted from 1 DU HQ. We plan (hope) to have MCpl messages out soonest if they are not already out by the time you get this.

The strategic meeting in St Jean is on track, I have started my SAV tour and will be visiting everyone in due course. See you soon.

LCol Becker

THIS JUST IN

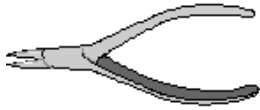
Cancellation of Strategic meeting in St Jean mentioned above

From Col Currah/LCol Becker

Recent positive developments at NDHQ have forced the cancellation of this meeting. High level meetings have produced an opportunity to quickly move forward with CFDS REFORGER and our need for a revised endstate. Important initiatives now have an opportunity to be formally considered within ADM HR-Mil and possibly AFC. The compressed time frame under which this will take place, along with the great amount of preparatory work, current taskings, and fiscal restraints make the meeting impossible at this time. CFDS management has every intention of consulting senior dental personnel in the development of CFDS REFORGER at an appropriate time. We are guardedly optimistic for positive change over the relatively short term. More information to come in due course.

Annulation de la rencontre strategique de St-Jean

De recents developpements au QGDN ont force l annulation de cette rencontre. Des rencontres de haut niveau ont produit une opportunite d avancer rapidement avec SDFC REFORGER et notre besoin d'une revision du Service Dentaire. Des initiatives importantes ont maintenant l opportunite d etre considerees formellement par ADM HR-Mil et possiblement par le CFA. Le laps de temps compresse durant lequel ceci prendra place, additionne au montant gigantesque de travail preparatoire, taches courantes, et restreintes fiscales rendent la rencontre impossible au moment present. La direction de SDFC a l intention de consulter le personnel dentaire senior quant au developpement du SDFC REFORGER au moment approprie. Nous sommes prudemment optimistes quant a des changements positifs dans un futur assez rapproche. Plus d information vous sera communiquee en temps voulu.



BRANCH CWO'S CORNER

SECTION DE L'ADJ CHEF DU SERVICE

Greetings from Ottawa. Where to begin this time.

As you can imagine, much has happened over the past six months. I'll summarize in no particular order.

725 DENTAL HYGIENIST BUSINESS CASE

A very late development in the 725 saga. I am aware that the 725s have been waiting for some time now to get the final verdict on the fate of their MOC. I'm afraid you'll have to wait a little longer. The complete CFDS will be reviewed by the ADM HR(Mil) organization in the near future, including the 725 MOC. The review is explained by Col Currah, D Dent Svcs, in his article in this edition. Unfortunately for those of you looking for a quick answer this fall, you are not going to be happy with this response. Nonetheless, the whole MOC will be studied by the "big grownups" to decide whether or not we can retain uniforms. On the up side, we have a plan developed in its entirety, supported by consulting reports. *Read my lips! I am not predicting anything with regard to the outcome of this study, but, I will say the review will be conducted outside of the CFDS/DGHS. You will get your day in court (so to speak). Keep up the good work and keep your fingers crossed.*

MCPL REINSTATEMENT (SEE CANFORGEN 100/98)

Amazing as it may seem, the MCpl appointment has been reinstated in the 722 MOC effective 1 Sep. My congratulations go out to the new Master Corporals. At press time, I don't have the list of recipients. I'll publish them next edition.

As previously stated in the OSIP SITREP (Jun 98) the MCpl is not a dry fingered, supervisory only appointment. Far from it. Everyone is reminded that the MCpl is the **first line working supervisor**, primarily responsible for overseeing the daily tasks performed by apprentice and journeyman (QL3 and 5) Cpls/Ptes. They are expected to get dirty, suck spit etc,etc, for approximately 75% of their work day. In the other 25%, they may be involved in supervisory or administrative tasks not normally expected of a Cpl/Pte. There will be obvious exceptions to this rule eg. OMFS Assistants will be primarily concerned with assisting the surgeon and a few MCpls will be Clinic Coords in some smaller dets and satellite clinics. MCpls employed in Field Ambs and CFMG positions may be employed in first line supervisory duties as assigned by their unit, which may include those tasks of a general military nature. Keep in mind that the perceived "untouchable" status of the MCpl

back in the old days was one of the factors that lead to its demise. Let's keep our fingers wet and our scrubs on and let's not allow that to happen again.

I will take this opportunity to reiterate a point. **In order to reinstate the MCpl, the 722 MOC gave up only three (3) additional Sgt positions over and above those already cut by the CFDS 2000 Implementation Plan.** We were to have reduced the total 722 Sgt numbers from a high of 42 in the past to 32 at endstate. In order to develop a viable rank structure, we had to reduce to 29 instead of 32. In essence we gave up the two OMFS Asst positions and made them MCpl vice Sgt. As well, a Sgt was changed to MCpl in one other position. If you were "close" to being promoted to Sgt and feel slighted by this, remember, there were zero promotions forecasted until we reached the 32 number. We remain at 35 as of this date and who knows when 32 will be reached? In my view, we could have sat in limbo with no chance of promotion from Cpl for years perhaps. The MCpl, although not the best solution to some of you, remains one of the few ways of recognizing our best Cpls. In the end, many people get a little satisfaction now, instead of a few (if any) getting a little more sometime in the unforeseeable future.

From a branch and MOC perspective, the MCpl is a much needed solution to the gap we presently have in our system. We could not adequately train or prepare personnel for leadership/management positions as we were previously organized in order to meet today's reality. Sgts and WOs promoted now must be prepared to deal with much more than they were in the past because of the serious cuts we've taken to the upper end of the rank structure since 1995. The downloading of administrative, financial and personnel management functions, coupled with the loss of senior ranking 722s, has caused us to put some folks into the breach who perhaps weren't as adequately prepared for their duties as they would like or need to be. Now with the MCpl reinstated, we have part of the solution by giving people the necessary rank to officially carry out supervisory tasks earlier in their careers, while they remain under supervision themselves. In my view (and obviously the rest of the CF's) this is the way to develop your future Sgts. In terms of the other part of the developmental and training equation, the new variety Supervisor Level (6A) course takes care of much of the remainder. In addition, personnel are encouraged to continue to upgrade both their military and civilian education through short courses or formal programs at colleges or universities. Upgrading is considered a definite asset to the CFDS, not to mention you the member, both in your daily functions as well as in your preparation for your next career after the Forces. In fact, education carries some weight with the Annual Selection Board when considering personnel for promotion and future positions. And if that's not enough of an incentive, you can get some of the costs back on successful completion of your courses. (See the BPSO for info).

If you have questions about the proper employment and expectations for the MCpl, give me a call, I'll be happy to discuss the issue with you (MCpls included).

NCM PROMOTIONS

Congratulations to **WO Dan Giroux, DCC 1 Dent Det Edmonton**, on his promotion effective 1 Aug.

NCM DEPARTURES

The CFDS bids farewell to the following NCMs:

WO Higham – 725 – Dent Det Ottawa

WO Gaudreau – 725 – Dent Det Longue Pointe

WO Sadler – 722 – Dent Det Edmonton

Sgt Ashby – 722- Dent Det Edmonton

Sgt Burke – 722 - Dent Det Halifax

Sgt Fulford – 722 – Dent Det Winnipeg

Sgt Murray – 725 – Dent Det Halifax

Sgt St Pierre –722- Dent Det Petawawa

Sgt Vallee – 722 – Dent Det Ottawa

Cpl Boustead -722– Dent Det Gagetown

Cpl Forget-722- Dent Det Ottawa

Cpl Hann – 722 – Dent Det Edmonton

Cpl Poirier – 722- Dent Det Trenton

WELCOME

The CFDS welcomes the following NCMs to our midst: (Sorry for the tardiness, better late than never)

Cpl Besmargian – Dent Det St Jean

Cpl Buchanan – 722 - CFMG Det Petawawa

Cpl Clark – 722 – Dent Det Edmonton

Cpl Fowler – 722 – Dent Det Petawawa

Cpl Hagglund – 722 – 2 Fd Amb Petawawa

Cpl Ingram – 722 – Dent Det Wainwright

Pte Dyke – 722- Dent Det Goosebay

Pte Gnurlantino-Lamarr – 722 – Dent Det Gagetown

Pte Thornhill - 722- Dent Det Esquimalt

Note: These folks were all recruited a year or so ago in our bid to stem the outflow of qualified pers as we studied the CFDS 2000 endstate numbers. If you were wondering.... we aren't recruiting 722s (or 725s) at this time.

LEVEL 2 TRAINING

Due to a serious hit on the budget (an understatement) Level 2 training has been passed to CFRETS HQ for funding. The cost of training from a civilian institution is expected to be significant when considering tuition, travel, R and Q etc. Several options are being considered. More to follow once we have the answer. **(This is not a dead issue but remember the budgets are not ours to control as we would like). A final note, this training is approved as required MOC adjustment training for the Journeyman MCpl/Cpl ranks and is not voluntary.**

SECOND LANGUAGE TESTING

A reminder to all personnel regarding language testing. You must be retested every five years in order to maintain your profile. If not, you will not receive the benefit of bilingualism on the annual Selection Boards. Its up to the individual to get this done and supervisors are reminded of their obligation to assist the member.

PENSIONS AND ACCIDENT REPORTING

Recently I had the opportunity to listen to a presentation by a lawyer (the good kind working on your behalf) with the Bureau of Pensions Advocates here in Ottawa. He was lecturing some senior medical folks on the issue of pensions. His presentation included such topics as medical pension procedures, medical officer statements and accident/illness reporting generally. His message was clear, any serviceperson injured or made ill as a result of military service may apply for a pension in accordance with the Pensions Act. He stated that timely reporting in the case of injury, and a visit to a MO when you're ill, will go a long way in resolving your claim to a pension to which you **may** be entitled. He gave us some examples of the difficulty many people encounter when proper documentation is not available for presentation to the pension board. **Many people do not receive what's coming to them because of poor reporting and documentation. In my view, this is not only the member's problem, but, a supervisor's obligation, to ensure proper accident reporting and followup are completed.**

Supervisor's have a responsibility to ensure their subordinates report to a medical facility ASAP after an injury or when they appear ill (something other than a cold/flu). This includes the full range of injuries/accidents related to sports/PT, field ops and of course clinical employment (needle sticks etc). It is also the employee/subordinate's responsibility to report all incidents, accidents, work related illness/injury to your supervisor. **If anyone is in doubt, check the regulations on accident reporting. As well, supervisors are reminded of their obligation to civilian employees injured at the workplace. I recommend you check with your BCPO and Base Safety Officer if you're uncertain.**

In case some of you didn't know, military personnel injured or becoming ill in a Special Duty Area (SDA) eg. Bosnia, The Gulf, Somalia, Cyprus, Egypt (not a complete list) etc. may be entitled to draw a pension while continuing to serve in the Forces. The pension is not retroactive but is payable from the time of approval. (As a point of interest, I know of one serving CFDS member who has been drawing a pension for a number of years now as result of an injury incurred in a theatre of operations). The pension money can be significant (many hundreds of dollars monthly) in some cases and is paid in tax-free dollars (not US unfortunately). **Remember, when you deploy on an overseas mission, you must have a medical examination before departure and on return. Do your return medical as soon as possible after your arrival at your home base in order to ensure anything that may have compromised your health in-theatre is documented soonest. It is in your best interests to get this done. Waiting months after your return may cause problems if you discover something that could be attributed to your service in the SDA. If you receive a medical examination in-theatre towards the end of the tour, in lieu of a medical at home, be sure to report anything that occurs between then and your tour expiry and rotation home date. In this case, you are your own best insurance agent and ombudsman. Obviously waiting to report any lingering medical condition or concern isn't good (but many of us do it..right?).**

A final point. **You can proceed with your pension claim before you leave the service** and this should not be confused with the pension I mentioned above resulting from service in a SDA. Unless you were injured or became ill in a SDA, you are not entitled to a pension while serving, but, you would be well advised to prepare the way for your pension claim by applying while you're in uniform. That way, all of your required documentation is readily available and easily accessible before your files go to the black hole in Ottawa. As well, you will likely lose contact with some of the key people that may be able to provide information or statements on your behalf. If you are successful in your bid, you could have a much easier time of it once you retire/release. Your pension may well be approved and payable soon after becoming a civilian instead of getting involved in medical-legal matters when you should be enjoying the benefits of retirement or a second career. **I would strongly advise that if you have grounds for a claim, seek advice from a Dept of Veterans Affairs Pensions Officer in your area. They have 17 regional offices across Canada and can be found in the blue pages of your phonebook.**

A POINT ON LEADERSHIP

"A person who walks down the middle of the road gets hit by traffic going both ways".

It brings to mind the Ten Principles of Leadership, especially the one that tells us to "make sound and timely decisions". Hopefully we decide to stay on one side of the road or the other and if we choose to cross to the other side, we do it when the light is green. (If not..... wear your helmet).

FINALLY

To all CFDS personnel who participated in OP PERSISTANCE (Swissair Flight 111), your efforts

are greatly appreciated. You've flown the CFDS flag with great distinction and pride despite the very trying circumstances. While providing a much needed service to others, you bring great credit to the organization and yourselves. Your outstanding performance when the chips are down assures me that we have some very capable leaders and reliable followers that can be counted on to carry the organization in future. Thanks and well done.

Until next time

D.B. Lamb

CWO

Br CWO/D Dent Svcs 2-2

613-945-6789 CSN 849-6789

AND>>>>>This just in.....

"NCM Career Manager Visits":

CWO Belanger announces the following visits:

3-5 Nov 98 - Petawawa

16 Nov - Winnipeg

17 Nov - Shilo

18-20 Nov - Edmonton

23-24 Nov - Victoria

25 Nov - Comox

26 Nov -Victoria

14-16 Dec - Borden

17 Dec - Trenton

18 Dec - Kingston

Messages will arrive at all bases/units shortly detailing visit times etc. Stay tuned and liaise with your local medical unit OPI. Also, all pers are strongly recommended to attend the briefing given at the beginning of the visit, the latest on general NCM career management issues will be covered. Det Comds are asked to ensure their pers attend. Det Comds are welcomed also.

CM visits to other bases in '99 TBA once info is known.

WHAT'S NEW AT D DENT SVCS

QUOI DE NEUF AU D DENT SVCS

From/de Colonel Currah

CWO Lamb and I met with A/ADM HR- Mil (MGen Couture) on Sep 29 1998 to review important CFDS issues. I am very pleased to report that we are being given the opportunity to review all aspects of the CFDS 2000 plan. I feel confident that we can justify substantial improvements. As we proceed we will consult closely with as many of you as possible to validate and substantiate the new plan. I expect that we will have the work completed for presentation by the end of 1998.

Who is D Dent Svcs 3-2?

Good day! I would like to take this opportunity to introduce myself and briefly state some of my responsibilities and current topics of interest. I joined the Director of Dental Services' staff last June, following a posting to CFMG Detachment Petawawa. After being challenged with working chairside in an army base clinic and experiencing the integration within a medical unit (1 Cdn Fd Hosp), I was offered the chance to fill a staff officer's position. Hence, I am in D Dent Svcs 3-2 position and primary responsible for dental care standards. My main tasks are to provide technical and professional assistance in evaluating the potential suitability of dental equipment to support operations, to establish contacts with manufacturers and suppliers, to act as OPI for quality assurance (QA) programs (such as for radiographic devices), to provide advice on personnel establishments and draft/amend Occupational Structure Implementation Plan (OSIP) and Occupational Specifications.

In fact, I am in the process of completing the MOC 51 OSIP where it is proposed that the Dental Officer Occupational Structure be comprised of one occupation (Dent-Generalist) and one sub-occupation (Dent-Specialist). At the same time, we are reviewing the

Occupational Specifications and Specialty Specifications since these documents are cornerstones of the MOC. The proposed establishment is based on CFDS 2000 although important discussions are underway to increase the number of uniformed personnel. Except for the establishment and distribution of personnel, the OSIP should be completed before the end of the year. With the end of the field equipment trials, we will soon be selecting the major replacement items for the SEV's; the purchase and acquisition should take place during the next fiscal year.

The Ottawa clinics are conducting trials on the use of a radiographic diagnostic tool for our QA program. This tool has been recommended by Health Canada and may replace the step-wedge currently in use, in accordance with 1 Dental Unit Standing Orders, Chapter 10. Last June, a Service Level Agreement was signed by the Director General Health Services and the Director General Nuclear Safety. The latter will assume all regulatory responsibility for all of DND and Canadian Forces X-ray emitting devices. DGNS will coordinate the scheduling of any required inspections and report results to the Senior Dental Authority responsible for the operation of such device for action and to the OPI, at DGHS, for information. At this time, the details of the agreement have not been finalized.

This provides you with a brief description of my employment. I will make every effort to keep you informed of current topics and promote communication; please feel free to contact me if you have any questions. Cheers.

Qui est D Dent Svcs 3-2?

Bonjour à tous. Je profite de l'occasion pour me présenter et brièvement vous informer de mes responsabilités et de mes dossiers de l'heure. Je me suis joint à l'équipe du Directeur des Services dentaires en juin dernier, après un séjour au détachement du GMFC à Petawawa. Après avoir été exposé aux défis du travail en clinique sur une base d'armée et vécu l'intégration au sein d'une unité médicale (1 Cdn Fd Hosp), on m'offrait l'opportunité d'accomplir des tâches d'état-major. J'occupe donc le poste

D Dent Svcs 3-2 dont la responsabilité principale est du domaine des standards des soins dentaires. Mes tâches principales consistent à fournir une assistance technique et professionnelle en évaluant la conformité de l'équipement dentaire aux exigences opérationnelles, à établir des contacts avec des manufacturiers et des fournisseurs, à agir comme BPR du programme de contrôle de la qualité (tel que pour les appareils de radiographies), à fournir des conseils quant à l'établissement en personnel et rédiger/modifier le Plan de mise en oeuvre de la structure des groupes professionnels militaires.

Effectivement, je m'affaire à compléter le plan de mise en oeuvre de la structure du GPM 51 qui propose une occupation (Dentiste-généraliste) et une sous-occupation(Dentiste-spécialiste). Par la même occasion, nous revisons les spécifications de l'occupation; un document constituant la pierre angulaire de notre GPM. L'établissement proposé reflète l'effectif autorisé selon CFDS 2000 mais d'importantes discussions sont en cours pour réviser ces chiffres à la hausse. A l'exception de l'établissement et la distribution du personnel, ce dossier devrait être complété avant la fin de l'année. De plus, suite à la fin des essais de l'équipement dentaire de campagne, nous sélectionnerons sous peu l'équipement de remplacement des cliniques mobiles; l'achat et l'acquisition sont prévus durant la prochaine année financière.

Des essais sont en cours dans les cliniques d'Ottawa mettant à l'épreuve un outil diagnostique servant au contrôle de la qualité des appareils de radiographies. Cet outil, recommandé par Santé Canada, pourrait remplacer le « step-wedge » utilisé actuellement par les cliniques, selon le chapitre 10 des ordres permanents de la 1ere Unité dentaire. En juin dernier, une entente de services a été conclue entre les Directeurs généraux des Services de santé et de la Sécurité nucléaire. C'est à ce dernier qu'incombe la responsabilité de la réglementation de tous les appareils de radiographies du Ministère et des Forces canadiennes. Il aura donc comme tâches de coordonner l'horaire des inspections et de faire rapport des résultats à l'autorité dentaire responsable pour action et au BPR au sein des Services de santé pour information. A l'heure actuelle, les détails de l'entente sont indéterminés.

Voilà un bref aperçu de mon emploi du temps. Je compte vous informer régulièrement de mes dossiers actifs et favoriser un échange d'idées; je vous invite donc à communiquer avec moi pour toutes questions et commentaires. A bientôt!

Gilles Lévesque

Major

D Dent Svcs 3-2

CFMG NEWS

NOUVELLES DE GMFC

OPS UPDATE

by LCol Jones - ACOS Ops/ Dent Ops & Plans

CFMG HQ

As is commonly the case at this time of year, the late spring, summer, and early fall months have produced a relatively busy time in the Ops world. Since the last issue of the Fang Newsletter, we have seen further reorganization of CFMG HQ, the the deployment of OP PALLADIUM Roto 3, various major exercises, and a deployment on a new operation in the aftermath of the Swissair Flight 111 Disaster.

Health Services Reorganization

The last Fang Ops Update attempted to explain some of the reorganization that had

occurred within Health Services and how it had affected the Ops world. Fortunately, things have finally stabilized to a degree, with some minor refinements to note. On 2 Jul 98, the MND approved a new CFMG organization which saw an amalgamation of the former CFMG with the DGHS Division in order to rationalize the command and control of all ADM (HR-Mil) health units under one health services formation. The Commander of CFMG, BGen Auger, holds the appointment of Surgeon General and has both "line" and "staff" functions. One of the "staff" groupings that reports to him is the Assistant Chief of Staff Operations headed by Col J. Rouleau. Within ACOS Ops is the Dental Operations and Plans cell headed by LCol Jones. Therefore, once again LCol Jones' title has changed, although his job effectively remains the same. He still works for CFMG HQ, but the latest, yet longest (and hopefully last) version of his title is ACOS Ops/ Dent Ops & Plans.

Four of the nine health services units that report to Comd CFMG from a "line" perspective are the former large CFMG OTUs located in Edmonton, Ottawa, Halifax, and Valcartier. They are now known as Health Services Operational Training Units (HSOTUs) and are numbered 1, 2, 3, and 5 HSOTU respectively. They are headed by COs whom have regional command over various HSOTU Dets within their respective areas of responsibility (hmmm.... this looks vaguely familiar to the way the CFDS used to be organized....). It is from these HSOTUs and their Dets, along with 1 Cdn Fd Hosp in Petawawa, that the 3rd line or Role 3 Health Support capability is generated (including all CFDS personnel that were assigned to these former CFMG Dets). It is also interesting to note that 1 Dental Unit is also a line unit that reports to the Comd CFMG (but to avoid unnecessary confusion, we won't go into that relationship).

Operational Deployments

During the month of June 98, Capt Guimond (5 HSOTU Det Valcartier) and Sgt Buxcey (CFDSS Borden) were welcomed back to their respective units following a job well-done on their 6-month tour of duty with the SFOR Canadian Contingent on OP PALLADIUM (Bosnia-Herzegovina). They were subsequently replaced by the Roto 3 team from 2 Fd Amb Petawawa, Capt Ouellet and Sgt Luneau, who are deployed with the ASC in support of a main body from LFCA and are due to return in Jan 99. The primary and alternate teams for the next deployment (Roto 4 who will support a main body deploying out of LFAA) have been identified respectively as Capt Comeau and Sgt Morash from 3 HSOTU Det Halifax, and Capt Silver and Cpl Gaudon from 3 HSOTU Det Gagetown. It should be noted that arrangements are being discussed to have future alternate teams deploy to the theatre of operations during the 3 weeks that the primary team is away on operational leave. Although it is only of a short duration, not only will this potentially give the alternate team a taste of operational experience, but perhaps more importantly, it will also serve to maintain a consistently high standard of Canadian dental support provided to our troops in theatre.

Also of future interest, the latest info concerning OP PALLADIUM indicates that the main body of Roto 5 is due to deploy from SQFT (Valcartier) in Jun 99, followed by back-to-back main body deployments from LFWA (Edmonton) for Rotos 6 and 7 in Jan 00 and Jun 00 respectively (should the mission mandate continue that long). Primary and alternate dental teams will be announced for these future missions in due course.

On 5 Sep 98, the CFDS was launched into another substantial operation subsequent to the crash of Swissair Flight 111 on the night of 2 Sep 98. Answering an urgent official call from the Nova Scotia Chief Medical Examiner's Office, the CFDS rapidly and effectively

mobilized a contingent of over 30 personnel from several bases across Canada. This team, supplemented by 2 mobile dental clinics and a significant amount of equipment and supplies, deployed to CFB Shearwater in support of the recovery mission termed "OPERATION PERSISTENCE" by the Canadian Forces. The overall mission will not only attempt to recover what remains of the aircraft in hope of determining the cause of the crash, but additionally, and perhaps more importantly to the families of the 229 victims who perished on board, it involves the recovery and identification of human remains as well. The CFDS has been intimately involved in the enormous challenge of this latter role, not only through the use of forensic dental techniques, but also assisting the RCMP in various techniques of acquiring quality fingerprints.

Although some of the initial aspects of OP PERSISTENCE are elaborated upon in a separate article in this issue of The Fang Newsletter, it is important to recognize and acknowledge the teamwork, dedication, professionalism, and enthusiasm of the CFDS personnel who have participated in the unpleasant circumstances of the mission thus far. As this operation is still ongoing as of the writing of this article, and dental personnel continue to deploy on a rotational basis, a complete listing of CFDS participants will occur in a future issue of the Newsletter. Suffice to say that the CFDS contribution has been significant, as is evidenced by 40 out of a total 57 positive identifications of human remains through the end of Sep 98 have involved the use of dental forensic expertise and techniques. All CFDS personnel can take pride in the important work that is being done at CFB Shearwater in support of this mission, and it is anticipated that appropriate recognition and various accounts of these efforts will be featured in a few publications and convention appearances beginning with the Nov issue of the CDA Journal's News Update section. The CDA has also offered significant further coverage in a future CDA Journal issue, as well as significant presentation time at the next CDA Annual Convention in Halifax.

BRAVO ZULU to all currently deployed and recently returned personnel from both OP PALLADIUM and OP PERSISTENCE. Keep up the great work!

Training

In partial preparation for their SFOR tour of duty, Capt Comeau and Sgt Morash participated in EX MARCOT 98 in the vicinity of Stephenville, Nfld during the month of Jun 98. They were joined by Cpl Legault from 1 Cdn Fd Hosp Petawawa, who completed the three-member 3rd line ASC dental team. Other CFDS personnel involved in this exercise were Capt Duffy and Sgt Burns aboard HMCS PRESERVER, and Capt Craig from 1 Dent Det Kingston, who was called in on short notice to admirably replace an incapacitated German Navy dental officer aboard a German warship. The CFDS once again was able to characteristically demonstrate its flexibility, teamwork, and can-do attitude in meeting operational demands.

Other exercises involving CFDS personnel that have recently taken place include:

- **EX PRAIRIE RAM (15- 28 May 98) Suffield AB- mainly involved 1 Fd Amb dental personnel (Maj Austin, Sgt Buck, Cpl Chaisson, and Cpl Dwyre), but was also supplemented by a member of HSOTU Det Edmonton (Capt Bridgeman) who replaced an injured Capt Moser;**

- EX STORMING BEAR (4-6 May 98) Petawawa ON - involving 2 Fd Amb dental personnel (Maj Nguyen, Capt Kaiser, WO Horodecky, Cpl Delaurier, Cpl Reardigan, and Cpl Sinclair);
- EX LION INTREPIDE (Sep-Oct 98) Gagetown NB – involving 5 Fd Amb dental personnel (Maj Dubois, Capt Roussy, Sgt Southall, Cpl Asselin, Cpl Bizier); and
- OP PALLADIUM Roto 4 Predeployment Training (19 Oct – 6 Nov 98) Halifax; and (9-13 Nov 98) Petawawa – Capt Comeau and Sgt Morash; Capt Silver and Cpl Gaudon.

Other training that has been directed primarily to operationally assigned dental personnel are the Casualty Treatment Training Courses for Officers and NCMs offered through the US Navy in San Diego CA. So far this year the following personnel have received this training:

- Casualty Treatment Training – Officers: (16-20 Mar 98) Maj Picard and Capts Ratkowski, Warmerdam, and Bridgeman; (24-29 Aug 98) Maj Dubois and Capts Silver, Comeau, and Adams;
- Casualty Treatment Training – NCMs: (13-17 Apr 98) Sgt Luneau and Cpls Dwyre and McGillivray; (3-7 Aug 98) Sgt Langlois and Cpls Bizier and Gaudon.

To further enhance field-related skill and knowledge, the following operationally assigned dental officers have also been targeted for training on the Basic Field Medical Course (17 Aug – 28 Sep 98) in Borden: Capts Bridgeman (HSOTU Det Edmonton) and Warmerdam (HSOTU Det Petawawa).

On other operational training issues, Dent Ops and Plans anticipates involvement in future meetings to more clearly define the role of the oral surgery assistant, as well as the specific paramedical role of dental personnel.

Of special note over the summer related to 5 Fd Amb, was the departure of the Dental Platoon Commander, Maj Dwayne Lemon, to Ft. Bragg, North Carolina on a post-graduate program in Advanced General Dentistry. Not only are Maj Lemon's past contributions as Dent Pl Comd to be commended, but congratulations and best wishes are also extended, as he embarks on a very challenging two years of residency training.

Promotions

Well-deserved congratulations are also extended to Maj Nancy Dubois on her recent promotion and appointment to take over as 5 Fd Amb Dent Pl Comd.

Speaking of promotions, the MCpl appointment has recently been approved for reinstatement in the CFDS. As a result, there should be a few promotions forthcoming in the near future involving some personnel assigned to operational postings, since a number of former Sgt positions will eventually become MCpl positions in the future. Furthermore, to reflect this new situation, the NCM position on OP PALLADIUM will become **either** Sgt **or** MCpl (6A qualified) beginning with the upcoming Roto 4.

Operational Postings

Also of interest to many operationally assigned personnel, is that through diligent persistence by the Branch CWO (CWO Lamb), the 1 Dent Unit HQ WO (MWO Baird), and Dent Ops and Plans (LCol Jones), the NCM Career Manager has finally been compliant in issuing correct posting messages to virtually all personnel that not only reflect the recent realignment of CFMG/ HSOTU dental positions, but also place the correct people in Fd Ambs and ship-related positions as well. If affected personnel haven't already received their anticipated posting messages, they should be arriving very soon.

Visits

Although it was mentioned in the last issue of the Fang, that Dent Ops and Plans intended to make a visit to most, if not all, bases with operationally assigned dental personnel, this has so far only been successful in Edmonton. The past few months have been particularly busy for LCol Jones, as he has been involved in a Post-Grad Selection Board, a Direct Entry Officer Selection Board, an NCM Promotion and Terms of Service Selection Board, the revision of the CFDCP and DentIS following Canada's ratification of the STANAG (Standard NATO Agreement) related to the NATO Dental Fitness Classification System, and most recently in OP PERSISTENCE (Support to Swissair 111 Disaster). Finally, LCol Jones will also be travelling to Brisbane, Australia from 26 Oct 98 – 19 Nov 98 to participate in EX RAINBOW SERPENT 98, a command post exercise (CPX) involving American, British, Canadian, and Australian military personnel in which a CFDS Dental Company will be in support of over 10,000 notional allied military personnel in an "operation other than war" (OOTW) scenario. With other key issues looming prior to Christmas, it is not anticipated that many visits will occur before then.

Until the next issue of the Fang, Sanitas in Ore.

BREAD AND BUTTER

- TREATMENT NEWS MILESTONES & INTERESTING STUFF

- NOUVELLES IMPORTANTES; ÉVÉNEMENTS SPÉCIAUX

Do We Care for or Work on Our Patients ?

How often do you hear a dentist in the clinic say "I *worked* on my patient today"? Throughout my dental education and career, I have listened to dentists describing their interaction with patients in this way. In my opinion, the use of the word "*work*" to describe the interaction between a patient and provider is not appropriate in this era of "patient centered care".

Historically, dental practice was based on a mechanical or surgical model for the treatment of oral diseases. Dentists were seen as artisans, technicians and surgeons who repaired damage caused by disease. As a technician, the dentist would produce *dental work* in the laboratory. In the clinic, the dentist would surgically remove diseased teeth and tissue and then artistically provide prosthetic replacement. The finest compliment would be to state that the dentist does good work! This technical and mechanical approach may explain to a degree why dentists are still fond of using automotive adjectives to describe dental treatments (e.g. Cadillac dentistry) to their patients.

Today there is a move in dental education to base teaching on a therapeutic or medical model for the prevention and treatment of oral disease. In this model dentists are viewed as specialists who care for patients and treat oral infections. This paradigm shift in dental education moves dentists away from the role of "mouth mechanics" to that of "oral physicians".

Patients (sometimes referred to as "clients") are changing too. The consumer movement and the growth of information available to the public have changed the doctor-patient relationship. Patients want to be involved and educated about their treatment options and treated as individuals. They want clinical providers to listen and pay attention to their concerns. Phrases such as "work on a patient" imply passivity on the part of the patient and may serve as a barrier to establishing good relations with patients.

I encourage all of us in the CFDS to update our clinical vocabulary to reflect a caring and compassionate dental service to the community that we serve.

Major Euan S.C. Swan, D Dent Svcs 4

L'ÉQUIPEMENT- DES DÉCISIONS D'ACHAT POUR L'ANNÉE FINANCIÈRE

A ce jour, tous devraient avoir reçu une copie des décisions d'achat pour l'année financière. Le cas échéant, veuillez me contacter et je vous enverrai une copie. En préparant les soumissions, j'ai remarqué que plusieurs détachements n'avaient pas pris à charge l'équipement de classe `B` acquis dans le passé. Il est important de le rapporter dans votre compte de répartition (`MIU`) puisqu'il sert à planifier le budget de réparations. Veuillez donc réviser votre compte, sur une base régulière, et fournir une liste de l'équipement à y ajouter, à la section d'approvisionnement.

Pour les transactions financières, le détachement peut effectuer le paiement lorsqu'il reçoit l'équipement accompagné d'une facture et m'informer par la suite. Cependant, si le détachement n'a pas reçu de facture avec l'équipement, je pourrai vous acheminer une copie pour paiement. De plus, si vous recevez un équipement dont vous êtes satisfait, veuillez m'informer ou M. Léveillé, par fac-similé ou par courrier électronique, et nous effectuerons le paiement.

Un message AIG 171410Z Aug 98 demandait aux détachements de fournir une liste d'équipement de campagne en mains n'apparaissant pas sur le compte de répartition (`MIU`), ou en répondant `aucun(e)` pour le 27 août. Les détachements suivants ont répondu : Petawawa, Trenton, Kingston, Cold Lake, Shilo, Valcartier, North Bay, Comox, Wainwright, Gander, St-Jean, Edmonton et Greenwood. J'estime que les autres détachements, n'ayant pas répondu, ne possèdent pas d'équipement de campagne et ne nécessiteront pas de services de réparations.

Pour les détenteurs d'équipement Henry Schein, vous serez heureux d'apprendre que nous travaillons étroitement avec la compagnie pour modifier et améliorer la chaise et ses composantes. Nous abordons les problèmes suivants : le confort de la chaise (recouvrements), la position de la lampe à polymériser, la solidité des supports à pièces à main et la hauteur d'élévation de la chaise. Les essais s'effectueront jusqu'au 12 octobre, avec plus d'informations à suivre.

Voilà,c'est tout en ce qui me concerne!

C Corney

Adjum

EQUIPMENT - FISCAL YEAR SUBMISSIONS

Everyone should have received a copy of the FY decisions, if not please contact me and I will make sure you get a copy. In preparing the FY submissions I noticed quite a few Dets have not placed B class equipment gotten through previous FY purchases on their MIUs. It is important that all B class equipment be on an MIU as this is a means of forecasting your equipment repair funding. Please review your MIUs periodically and submit to supply a list of equipment to be added to the MIU.

Now paying for your FY items, as your Det receives items, if an invoice has been received the Det can proceed with payment and notify this office payment has been made, if an invoice has not been received and the Det wants to pay their own invoices contact this office and an invoice will be faxed to you. Another payment option is: once you receive an item if you are happy with it, send a fax or e mail to myself or Mr Leveille stating the same and we will pay the invoice for you.

An AIG msg 171410Z AUG 98 was sent out requesting Dets forward a list of field equipment held in their locations not on an MIU, or a nil return by the 27 Aug. The only locations that responded were: Petawawa, Trenton, Kingston, Cold Lake, Shilo, Valcartier, North Bay, Comox Wainwright, Gander, St Jean, Edmonton, and Greenwood. I'm assuming all locations that did respond do not have field equipment so I shall pass their locations forward as not needing repair services.

For those locations with Henry Schein equipment, you will be happy to know we are presently working with the company to solve various problems with the dental equipment set. The problems we are examining are: chair comfort (upholstery styles), location of curing light, tightness of the HP holders and the lower height limit of the chair. The trial started on the 12 Aug and will be ending approx 12 Oct. There will be more to follow on this subject.

Well that's it from my corner.

C Corney

MWO

GOMME AU XYLITOL

COMME OUTIL DE COMBAT

CONTRE LA CARIE DENTAIRE

ECRIT PAR: Maj Dubois, Cmdt du pon dentaire, 5^{ième} Amb de C.

La population des Forces canadiennes est différente de la population civile parce que les militaires sont parfois appelés à vivre dans des conditions d'entraînement, où la pratique d'hygiène buccale peut devenir difficile, voire même impossible. Cette situation amène un problème de carie dentaire et ce malgré l'apport de soins dentaires cliniques de façon périodique.

A travers les âges, la carie dentaire a été attribuée à de nombreux facteurs. Les Syriens croyaient qu'elle était causée par des vers dans les dents. Aux 18-19^{ième} siècles on pensait que les caries se développaient depuis l'intérieur des dents. Ce n'est que dans les années 1950 que des études démontrèrent clairement que la carie dentaire était liée à des bactéries buccales grâce à des recherches effectuées sur des rats exempts de bactéries et qui ne développaient pas de caries.

Le moyen le plus efficace de combattre la carie dentaire est en fait, un brossage journalier des dents ainsi que l'utilisation de la soie dentaire. Aussi, une alimentation faible en sucre est certainement un atout majeur afin de réduire le substrat alimentaire des "streptocoques mutans", ses bactéries qui sont en cause dans la formation de la carie. En effet, les streptocoques mutans raffolent des sucres, elles s'en nourrissent, les digèrent puis excrètent de l'acide lactique qui déminéralise la dent et cause ainsi la carie. La salive joue également un rôle majeur dans la prévention de la carie : elle permet de laver les particules de nourriture, de réduire l'acidité causée par l'acide lactique et de reminéraliser jusqu'à un certain point les débuts de carie.

La gomme sucrée au xylitol est un outil de choix pour aider à réduire le taux de caries dentaires. Des études ont démontré chez des enfants ayant de hauts taux de caries, une diminution de 62%, sur une période de 2 ans en mastiquant 3 fois par jour pendant 5 minutes une gomme au xylitol telle que "Trident" comparativement à des enfants qui n'en consommaient aucune. Plusieurs autres études abondent aussi en ce sens, c'est d'ailleurs ce qui a poussé l'Association dentaire canadienne à apposer son sceau sur la gomme "Trident".

Le xylitol est un agent sucrant calorique présent à l'état naturel dans les prunes, les framboises, la laitue et les champignons. Il retire sa popularité du fait qu'il est assimilé par les streptocoques mutans mais qu'il est très mal digéré causant ainsi un affaiblissement de la population de ces bactéries. Lorsque utilisé dans la gomme, il profère les avantages suivants :

- Réduit la quantité de bactéries qui causent la carie
- Active la salivation, donc nettoie la dentition sommairement
- Aide à reminéraliser les dents
- Pourrait même réduire les otites selon de nouvelles données scientifiques.

L'efficacité de la gomme au xylitol est proportionnelle à son emploi. Plus elle est utilisée

plus les effets seront grands. Elle représente un atout majeur pour la prévention de la carie chez les enfants en âge de mastiquer de la gomme. Elle a avantage à être utilisée après les repas et les collations sur une période de mastication de 5 minutes qui est grandement suffisante.

C'est pour ces raisons qu'en 1996 la gomme de marque "Trident" a remplacé celle de marque "Chiclets" dans les rations de campagne, et ceci dans un but de prévention, car les traitements dispensés pour réparer les dents abîmées représentent des dépenses en temps et en argent pour le gouvernement. Les militaires en temps opérationnel devraient donc profiter au maximum de leur paquet de gomme fourni avec la ration de campagne du matin.

XYLITOL GUM AND THE BATTLE AGAINST DENTAL CARIES!

Composed by: Maj. N. Dubois, translated by: Sgt. D. Southall, DENT PL WO – 5 Fd Amb Valc

The population of the Canadian Forces is somewhat different from the civilian population because they are sometimes required to live in extraordinary conditions where the practice of oral hygiene is difficult or even impossible. This aggravates the problem of tooth decay in spite of our best efforts in the clinic.

Over the centuries the cause of dental caries have been attributed to many factors. The ancient Syrians believed that cavities were caused by worms in the teeth. In the 18th and 19th centuries, it was thought that cavities developed from the inside and worked their way out. It wasn't until the 1950's that studies on rats clearly proved that dental caries are caused by bacteria.

The easiest way to combat dental caries is of course with daily brushing and flossing. Also reducing sugar intake is a major factor in lowering the number of "streptocoques mutans", a bacteria which feeds on sugars and is the cause of dental caries. Actually, streptocoques mutans flourishes in sugars, as they consume it they excrete lactic acid which demineralizes the tooth, giving way to caries. Saliva also plays a major role in the prevention of caries; it washes away food particles and reduces the level of lactic acid, and even up to a point, remineralize teeth in early stages of tooth decay.

Gum sweetened with xylitol is a valuable tool in helping reduce the rate of dental caries. Studies of children with high rates of caries have shown a reduction of 62% over a period of 2 years by chewing a xylitol gum such as Trident, 3 times a day for 5 minutes compared to children who chewed none at all. Several other studies also confirm these results prompting the Canadian Dental Association to put their official seal onto Trident gum.

Xylitol is a caloric sweetening agent which is naturally present in plums, raspberries, lettuce and mushrooms. Because this sugar is easily assimilated by the streptocoques mutans, but not easily digested by them, a diminution in their population is the result. When used in a gum, it offers the following advantages:

- Reduction in decay causing bacteria.
- Stimulation of salivation, facilitating cleaning of dentition.
- Remineralization of teeth.
- Reduce in frequency of ear infections (otitis) according to new research.

The effectiveness of xylitol gum is related to how often it is chewed. The higher the frequency of use, the more effective it is. Xylitol gum is a major new tool in the prevention of cavities being particularly effective when used after meals or snacks and chewed for about five minutes.

For these reasons in 1996 with prevention as the goal, the brand "Trident" replaced "Chicklets" gum in Canadian Forces ration packs. Because treatment costs to repair teeth constitute considerable governmental expenditures of time and money, it is hoped soldiers will take advantage of the benefits offered in their packet of gum found in their morning ration pack meal.

Operation Palladium Roto2

Bosnia-Herzegovina/ Bosnie-Herzégovine

Jan-Jul 1998



Introduction

Capt Guimond et Sgt Buxcey ont été assigné pour former la section dentaire du Centre Chirurgical Avancé (CCA) dans le cadre de l'Opération Palladium Roto 2, en Bosnie-Herzégovine, de décembre 97 à juin 98.

Role

The role of the ASC(-) dental section was to provide dental care to NATO SFOR troops, especially Canadian military therefore ensuring an optimal state of operational readiness. The team provided paramedical assistance in case of trauma and/or mass casualty. The dental officer assisted the surgeon in the operating room while the Dent CI A manned the CP.

Rôle

Le rôle de la section dentaire est de prodiguer des soins au personnel de la Force de stabilisation

(SFOR) de l'OTAN, surtout les militaires canadiens, pour leur assurer un état de préparation opérationnel optimal. Elle a aussi à assister au CCA pour l'admission de patients traumatisés, l'officier dentaire offrant ses services d'assistance auprès du chirurgien en salle d'opération.

Geography

The dental section is co-located with the ASC in Coralici, in the northwestern part of Bosnia-Herzegovina, approximately 30 km from the Croatian border. Strategic location of the ASC was not convenient as most of the troops were located in the center of the Area of Responsibility (AOR), 200km south.

Géographie

La section dentaire est co-localisée avec le CCA à Coralici dans la partie nord-ouest de la Bosnie-Herzégovine, approximativement à 30km de la frontière croate. Sa localisation est plus ou moins pratique vu que la plupart des troupes se situent au centre de l'aire de responsabilité, environ 200km plus au sud.

Pre-deployment

"Part one" of the pre-deployment training (Warrior training) was done in members' respective home units; 1st Canadian Field Hospital in CFB Petawawa was responsible for "part two" which was held from 13-21 Nov 97. The latter was divided in two sections: five days of theory and a three day field exercise.

Lectures covered many different subjects: intelligence, mine awareness, cultural awareness and rules of engagement. A combined map reading/navigation and negotiation practice was held in the Pembroke vicinity. The field exercise consisted of many casualty scenarios for the ASC(-), with involvement of the dental officer for consultation, resuscitation and surgical assistant duties in the operating room. Capt Guimond was involved in a hostile action simulation from Bosnian counterparts. Unfortunately, Sgt Buxcey was not involved enough in scenarios and activities throughout the field exercise, although she managed to keep busy in other areas.

As alternates, Capt Roussy and Sgt Tremblay trained with the primary dental team throughout the week. Capt Roussy manned the command post during the exercise.

Pré-déploiement

La première partie de l'entraînement pré-déploiement (NIAC) se donnait dans l'unité respective de chaque membre et la seconde partie, organisée par le 1er Hôpital de Campagne du Canada, à la CFB Petawawa du 13-21 novembre 97. L'entraînement, était divisée en deux portions distinctes: cinq jours de présentations théoriques et trois jours d'exercice en campagne.

Des présentations furent données sur plusieurs sujets: les règles d'engagement, renseignements culturels, renseignements sur les mines, l'intelligence. Un exercice de navigation et négociation fut tenu dans la région de Pembroke. L'exercice de campagne a consisté en différents scénarios de polytraumatisés pour le personnel du CCA avec l'implication éparse de l'officier dentaire pour des consultations, des réanimations et en tant qu'assistant pour le chirurgien. Le Capt Guimond a été impliqué dans un scénario hostile de bosniaques. Le Sgt Buxcey, malgré le fait qu'elle a souvent été oublié dans les diverses simulations et activités du CCA, a tout de même trouvé beaucoup à

faire.

Le Capt Roussy et le Sgt Tremblay, personnel alternatif ont accompagné la section dentaire pendant toute la semaine. Entre autre, Capt Roussy s'est beaucoup impliqué en tant qu'officier en devoir dans le poste de commandement.

Deployment

ASC(-) personnel were deployed on two separate CF sustainment flights from CFB Trenton to Bosnia-Herzegovina. Capt Guimond departed on the first flight (29 Dec 97) and Sgt Buxcey, on the next (8 Jan 98).

Both parties arrived at Zagreb, Croatia airport in early morning. A three hour long bus trip took us to Camp Black Bear in Velika Kladusa(VK), Bosnia.

Déploiement

Le personnel du CCA était divisé en deux groupes pour le grand départ. Le Capt Guimond quittait le Canada sur le premier vol de CFB Trenton le 29 décembre 97 et Sgt Buxcey sur le second, le 8 janvier 98.

Les groupes sont arrivés a Zagreb, Croatie tôt le matin pour entreprendre la longue randonnée en autobus de trois heures jusqu'au camp Black Bear, Velika Kladusa, en Bosnie.

Handover

Capt Guimond arrived at camp Holopina in Coralici on 30 Dec 97. Capt Picard began a four-day handover the following day, covering maintenance of equipment as well as administration.

OrientationLe Capt Guimond arriva au camp Holopina, Coralici le 30 décembre 97. Les quatre jours de familiarisation commencèrent le lendemain: le Capt Picard couvrait tous les aspects entretien et administration de la section dentaire.

Chain of CommandCapt Guimond reported to CO ASC(-), LCdr Roy, Health Services Officer.

Chaîne de commandement

Le Capt Guimond était directement sous le commandement du LCdr Roy, officier des services de santé et commandant du CCA.

Local Conditions

Civilian relations/political climate

The AOR was relatively calm during the earlier part of the tour although small areas of tension still remained. The tension increased in the Drvar area during April, displayed with riots.

Climate

January and March temperatures ranged from 5C to 15C. February was damp with snow and

sleet, temperatures ranging from –15C to 5C. April and May were mostly sunny but with some heavy rainfalls. June was hot and humid with temperatures reaching 40C.

Conditions locales

Relations politiques/civiles

A notre arrivée, les conditions politiques étaient passablement calmes dans l'aire de responsabilité canadien, sauf quelques points de tension. La situation s'est aggravée à Drvar en avril avec de violentes émeutes.

Climat

La température en janvier et mars variait de 5 C à 15 C. Le mois de février se rapprochait du climat canadien avec de la neige, surtout fondante, avec des températures variantes de -15 C à 5 C. Avril et mai furent agréables à part plusieurs averses assez fortes. Enfin, juin était très chaud et humide, les températures pouvant atteindre les 40 C.

Equipment and Maintenance

Improvements were made in the SEV from the previous Roto. The floor was replaced, a Clean Air Unit installed, etc. Roto 2 dental team established and followed a maintenance schedule for the MDC. Unfortunately, due to age of the equipment, the dental section endured many equipment failures.

Équipement et entretien

Un bon nombre d'améliorations ont été fait par l'équipe précédente, surtout au niveau de la SEV. Le plancher fut remplacé et une unité Clean Air a été installé etc. La nouvelle équipe dentaire a continué l'entretien de la rotation précédente et a établi un horaire. Malheureusement, l'équipement prend de l'âge et la section dentaire a été témoin de plusieurs bris.

Dental deployment

After several debates as to whether the dental section should be deployed or not to support troops across the AOR, authorization was finally given to coordinate a trip. From 9-14 Apr 98, the dental team traveled camp Maple Leaf in Zgon and to Drvar for a total of six days to provide dental treatment. The Battle Group truly appreciated the services provided.

Déploiement dentaire

Après maints efforts pour que la section dentaire puisse se déployer au support des autres camps canadiens, elle a finalement eu l'autorisation de le faire du 9 au 14 avril, passant les six jours à Zgon, au camp Maple Leaf, et à Drvar. Ces services furent très appréciés de la part du personnel du groupement tactique.

Treatment providedThe dental team was responsible to provide dental care to the 1244 members of the Canadian contingent, along with foreign military SFOR troops present in the AOR. Non-Governmental Agencies (NGO) and International Police Task Force (IPTF) were seen on an emergency basis and only after SFOR soldiers. As humanitarian aid, civilian camp workers were

seen for emergencies only.

The treatment provided was mostly restorative, due mainly to fractured teeth or lost restorations. Scalings-Prophy-OHI were provided when time permitted, endodontics and exodontia were also performed as well as denture repairs.

Unit Medical Stations (UMS) were responsible for dental patients' transportation. Patients requiring treatment reported to the unit medical facilities, which determined the means of evacuation.



Traitements prodigués

La section dentaire avait la responsabilité de prodiguer des soins à 1244 membres du contingent canadien, en plus de certains militaires d'autres pays faisant partie de SFOR. Les Organismes Non-Gouvernementaux (ONG) et la police internationale (IPTF) étaient vus seulement pour des traitements d'urgence, après les soldats de SFOR. On traitait les civils travaillant au camp pour des urgences seulement, en tant qu'aide humanitaire.

La grande proportion des traitements prodigués étaient restauratifs, à cause des multiples cas de fractures dentaires ou de "plombages" perdus. Si le temps le permettait, les détartrages-prophylaxies étaient prodigués. Beaucoup d'exodonties et d'endodonties ont été faits ainsi que des réparations de prothèses.

Le transport de patients dentaires étaient déléguées aux postes sanitaires d'unité dans l'aire de responsabilité. Les soldats ayant besoin de traitements d'urgence (ou autre) devaient se rapporter à leur poste sanitaire, qui organisait le rendez-vous et l'évacuation vers la section dentaire.

Humanitarian aid

Capt Guimond assisted the surgeon and the anesthesiologist at the Bihac Hospital for two days. He truly enjoyed the experience.

Aide humanitaire

Le Capt Guimond a eu l'occasion d'accompagner le chirurgien et l'anesthésiste à l'hôpital de Bihac pour les assister. Ce fut une très bonne expérience.

Redeployment Capt Ouellet, ROTO 3 dental officer arrived in theatre on 22 Jun 98. A complete seven-day handover was given including patient treatment. Sgt Luneau arrived on 26 Jun 98, which only allowed for a quick three-hour handover by Sgt Buxcey.

The dental section returned home via CF flight Zagreb-Remini(Italy)-Shannon (Ireland)-Trenton.

Retour au Canada Le Capt Ouellet, officier dentaire pour Roto 3 est arrivé en théâtre opérationnel le 22 juin. Une orientation de sept jours lui a été donné sur l'administration et l'entretien ainsi que le traitement aux patients. Sgt Luneau, est arrivé le 26 juin et lui a été donné une orientation d'environ trois heures du Sgt Buxcey dû au départ de la section dentaire de la

ROTO 2.

La section dentaire retourna à la maison par vol militaire via Zagreb- Remini (Italie)- Shannon (Irlande)- Trenton.

Conclusion Both members of the dental team found the mission interesting, challenging and rewarding. Capt Guimond doing surgery, and treating dental trauma gained much experience. Sgt Buxcey acquired expertise in managing different dental emergencies. The frustrations and challenges encountered from equipment shortfalls, treating foreign troops and civilians with use of sign language (especially Czech patients) have given us an appreciation for what previous and future dental sections live through.



The large number of dental emergencies which were seen during Op Palladium ROTO 2 highlighted the necessity to have a dental section deployed in theatre. Over 500 visits were made to the dental section and our service was well appreciated by all. In exchange, services provided by the troops to the ASC(-) including the dental section was beyond reproach. The dental team integrated easily with the rest of the ASC(-) members which made the tour pass smoothly, despite being far from loved ones.

Conclusion

Les membres de la section dentaire ont trouvé cette mission intéressante, instructive, stimulante et gratifiante. Capt Guimond a développé un goût très prononcé pour la chirurgie et de l'expertise en traumatisme dentaire. Quant au Sgt Buxcey, elle a acquis beaucoup d'expérience dans le management de problèmes dentaires. Les frustrations et les défis rencontrés à cause des bris constants d'équipement. De plus, la barrière linguistique qui se manifestait dans le traitements de soldats étrangers et de civils a donné aux membres de la section dentaire une bonne appréciation de ce que les sections dentaires passées ont vécu et ce à quoi les futures équipes se heurteront.

Le grand nombre d'urgences dentaires vues pendant l'Opération Palladium Roto 2 ont souligné la nécessité de la présence d'une équipe dentaire dans ces milieux opérationnels. La section dentaire a reçu au-delà de 500 visites dentaires et ses services furent très appréciés par les membres de SFOR. Par conséquent, les services rendus au personnel dentaire et à ceux du CCA se faisaient toujours avec le sourire. Le Capt Guimond et le Sgt Buxcey se sont facilement amalgamés aux autres membres du CCA et cette mission fut une expérience très bonne, malgré la distance qui nous séparait de nos proches.

Capt C. Guimond

Sgt. C. Buxcey

Dental Section/ Section Dentaire

Op Palladium Roto 2

GREETINGS FROM THE ADVANCED SURGICAL CENTER IN CAMP HOLOPINA, CORALICI, BOSNIA HERZEGOVENIA.

Dental Team, June 98 to January 99

Capt Alain Ouellet and Sgt Sylvain Luneau

It is a great opportunity for Capt Ouellet and I to share some of our sejour here in Bosnia with the fang's fall edition.

First of all, let me reconstitute a little bit of the past few months before this deployment. This adventure started in the Halifax conference, last February, when Capt Ouellet and myself were confirmed the good news. It was something that both of us wanted to experience at one point of time in our career, and I think it couldn't have been at better time for the two of us

As you are probably aware, Capt Ouellet and myself are from the same unit, 2 Fd Amb in CFB Petawawa, and we are here to support CFMG Det Edmonton. It didn't take long for the both of us to get ongoing with the pre-deployment training from the 27 Apr - 09 May 98, host at 1 Cdn Fd Hosp in Petawawa where we met the rest of the group in provenance of Edmonton. Within this group, our alternates was Capt Janet Bridgeman and Cpl Cathy Dwyer, who probably wished that both of us would catch the Spanish fever or something else that could save us from going over on this tour but no luck! The Captain and I were good to go.



On our first training day, we were introduced to the training staff and our training schedule. We knew from there that it was going to be a fast two weeks with a variety of subjects like AFV recce, rule of engagements, negotiation drills, convoy procedures and an overview on political-historical aspect of the ex-Yugoslavia. We also had the chance to familiarize on the medical and dental equipment which we were to confirm the practical aspect during the final exercise held at the BB line compound at the 1 Cnd Fd Hosp for 3 days.

The medical pers were involved doing mass casualty scenarios of all sort which involved the dental personal in some of them as recorder or maxillo facial trauma cases. For our part, we setup a dental facility under canvass in one of the wing of the ASC where Maj Gilles Levesque had setup various cases for us to work on. It was different to work outside the Dental Sev, once again, it proved how much flexibility it is required to be in the field environment. After the two weeks of training we finished it with the traditional BBQ, where we could, for the last time, socialize with the staff before departure. On behalf Capt J. Bridgeman, Cpl C. Dwyer, Capt A. Ouellet and myself. I would like to thank the dental staff of CFMG Det Petawawa Maj G. Levesque, WO L. Shirley, Cpl D. McGillivray, Cpl (Montty) Montgomery and Cpl D. Legault for their excellent support during our sejour in Petawawa.

As the section head, Capt Ouellet left on the advance and arrived in theater on the 20 June.

When he arrived in Camp Holopina, Capt (Grumpy)Guimond like people called him here and Sgt Buxcey knew that their time was up. Capt Ouellet received the change over from his predecessor during the following week. For my self, I got on the ground a week later on the 27 June, where I received my four hours change over. "Welcome in Bosnia they say!"

It took a few days to acclimatize with the hot weather over here but thanks for the air conditioning in the van.

When we first got here, it seemed that the patients were waiting for us, we saw in our first few weeks people from different nationality, everything from Ethiopia, Pakistan, Turkey, UK, Checzech Republic, U.S and of course Canadians. Sometimes, it would take longer to communicate with the patient than it does to do the treatment, "and it's not because we both have an accent!" "They do!" but who really cares about time, we are here for seven months anyway.

The other nationalities really appreciate our services over here, it seems that the care provided may be slightly different with the one they received back in their country. Their gratitude towards the treatment given is sometimes inexplicable. I am saying this because the other day something funny happened to us. A chezech soldier came into the van for a treatment, which we provided to him. At the end of the treatment the patient got off the chair and with the only English that he could speak, he was saying "you specialist, thank you, you specialist, thank you!"and he repeated it

a few times in a row, but the most surprising even happen after that. He shook our hands; took his watch off; gave it to Capt Ouellet and walked out of the van. Capt Ouellet didn't want his watch and was trying to give it back but the guy got in his vehicle and drove away without taking his watch back. It was quite funny to see Capt Ouellet trying to give this guy's watch back in sign language. After that I told the Capt that I should build a chicken or pig house or maybe a stand beside the van to sell our profits.

Bosnia is a great opportunity to do physical activities after hours. We have here in Camp Holopina different trails for different levels of fitness. It goes from a 4.5 to a 30 km marked route for jogging or walking. The camp has also a good Gym, with weights and cardio equipment which every ROTO improves during their tour.

Since the beginning of our tour, we visited the other camps to do some treatments. Our first trip was to Camp Drvar from the 5th to 8th of Aug and Camp Maple Leaf in Zgon from the 23th to the 27th of Aug which included a visit to Sipovo to see the British dental installation. In both camps, we saw Canadian for emergencies and routine tmt but also some civilian workers for humanitarian aid. It is good experience.

Other trips will be planned during our sejour in theater.

For our R&R and HLTA, Capt Ouellet will be visiting Europe from 03 - 24 Sep and for myself, I am returning from my first 96 hours in Porec on the Croatian Coast. It was paradise. Weather was at its best, the water warm and clear, excellent for diving. Life was rough for those 96 hours! LTA for me will be from the 15 Oct till 05 Nov, just in time for Halloween with Denise and the girls.

The time over here goes very fast and it seems that our tour will be over in no time. We are

expected to return to Canada on Capt Ouellet's birthday, the 15 Jan 99, almost 7 months. The BG is extending this tour for a month and the next BG for another month which will bring the rotations from March to September. It will give a chance either spent the summer or X-mas at home with their our love ones.

On that note, from Capt Ouellet and myself, Best Wishes for Christmas and Happy New Year to every one of you and hope to see you all in Winnipeg at the Conference. If you wish to communicate with us, we are both on B-Mail and our phone number is 1-613-996-7811 (loc 5098) or you can listen to the ASC info line at 1-800-866-4546 (follow the instructions for Bosnia and for the Advance Surgical Center.) We also have a web site, our address is www.dnd.ca/dcds/sformed

Au revoir et à bientôt!

Sanitas in Ore

Sgt Sylvain Luneau

Note: I am making waves and the Capt Ouellet gets sea sick. Call us if you what to know how can this happen!!!

SALUTATIONS DU CENTRE CHIRURGICAL AVANCÉ AU CAMP HOLOPINA, CORALICI EN BOSNIE HERZEGOVINE

L'équipe dentaire de Juin 98 à Janvier 99, le Capt Alain Ouellet et le Sgt Sylvain Luneau.

C'est une belle opportunité pour le Capt Ouellet et moi même de vous faire partager notre séjour ici en Bosnie avec Le Croc édition d'Automne.

Pour commencer, laissez-moi reconstituer les derniers mois qui ont précédé ce déploiement. L'aventure a débuté lors de la dernière conférence d'Halifax, au cours de laquelle Capt Ouellet et moi-même avons eu la confirmation de la bonne nouvelle. C'était une expérience que nous deux voulions expérimenter au cours de notre carrière et je pense que ça ne pouvait pas arriver à un meilleur moment.

Comme vous le savez probablement, Capt Ouellet et moi même sommes de la même Unité, la 2e Ambulance de campagne de Petawawa, et nous sommes ici pour supporter le GMFC détachement Edmonton. Ça n'a pas été long que nous avons commencé notre entraînement de pré-déploiement avec le 1er Hôpital de campagne du Canada à Petawawa qui a eu lieu du 27 Avr au 9 Mai 98. C'est à ce moment là que nous avons rencontré le reste du groupe qui venait d'Edmonton. Dans ce dernier, il y avait nos remplaçants, Capt Janet Bridgeman et Cpl Cathy Dywer qui j'en suis sûr souhaitent que nous attrapions soit la grippe espagnole ou bien quelque chose d'autre qui nous empêcherait d'être déployés. Pas de

chance, nous étions en pleine forme et prêts à partir.

A notre arrivée a Petawawa, nous étions introduits à l'horaire et au personnel de la section d'entraînement. A ce moment là, nous savions que ce serait deux semaines qui passeraient très vites. Une variété de sujets comme la reconnaissance de véhicule de combat, les règles d'engagement, les procédures de négociations et de convoi et enfin un aperçu sur l'aspect politique et historique de l'ex-Yougoslavie. Nous avons aussi eu la chance de se familiariser avec l'équipement médical et dentaire que nous allions confirmer, lors de l'exercice final de trois jours à l'intérieur du périmètre du 1er Hôpital de campagne.

Divers scénarios ont été préparés afin d'exposer tout le personnel médical et dentaire, tantôt comme greffier ou comme dans des scenarios de trauma maxillo-faciaux. Nous avons eu la chance d'assembler l'équipement de la FRI sous la tente modulaire dans l'une ailes du CCA. Maj Gilles Levesque nous avait trouvé quelques patients sur lesquels des traitements dentaires mineurs ont été effectués. C'était un peu différent à comparer de travailler à l'intérieur du camion dentaire. Cela prouve encore une fois, l'importance de la flexibilité dans l'environnement de campagne. Comme à l'habitude nous avons couronnés ces deux semaines d'entraînement avec le BBQ traditionnel où nous avons eu la chance de faire un peu de social avec le personnel avant le grand départ. J'aimerais remercier de la part du Capt J. Bridgeman, du Cpl C. Dywer, du Capt A. Ouellet et de moi même le personnel dentaire de soutien du GMFC détachement Petawawa: Maj G. Lévesque, Adj L. Shirley, Cpl D. McGillivray, Cpl (Montty) Montgomery et le Cpl D. Legault de leur excellent support durant notre séjour à Petawawa.

En tant que responsable de section, Capt Ouellet est parti avec le groupe précurseur et est arrivé en théâtre le 20 Juin. Lors de son arrivée au Camp Holopina, Capt (Grumpy) Guimond comme certains l'avaient surnommé ici et Sgt Carole Buxcey savaient bien que leurs temps achevaient. L'échange entre Capt Ouellet et son prédécesseur a eu lieu dans la semaine qui a suivie. Pour moi-même l'échange a été de courte durée, soit 4 heures, lors de mon arrivée le 27 Juin. "Bienvenue en Bosnie qui dise!"

Il a fallu quelques jours pour nous habituer à la chaleur qui était très intense à notre arrivée, mais merci pour l'air climatisée de la vanne dentaire.

A notre arrivée il nous a semblé que les patients nous attendaient. Dans les premières semaines nous avons vu des gens de différentes nationalités, tout en passant de L'Ethiopie, le Pakistan, l'Inde, la Turquie, L'Angleterre, les É-U la République Tchèque et bien entendu nos Canadiens. Parfois, ça prend plus de temps pour se comprendre que de faire le traitement "et ce n'est pas à cause de l'accent!" Pour ce qui est du temps, et bien, on est ici pour sept mois de toute façon.

Les autres nationalités semblent vraiment apprécier nos services. Il semble que ce soit quelque peu différent dans leur pays. Leur gratitude envers

traitement que nous leur donnons est parfois inexplicable. Je m'exprime ici, car l'autre jour quelque chose d'amusant nous est arrivés. Un soldat Tchèque est

venu nous voir pour des traitements, que nous lui avons donnés. Alors que nous terminions le traitement et que le patient se relevait de la chaise, avec son anglais limité, il nous disait "you specialist, thank you, you specialist, thank you!" qu'il a répété quelques fois. Mais le

meilleur était à venir. Le patient a enlevé sa montre et l'a donnée au Capitaine. Se sentant mal à l'aise, Capt Ouellet a essayer de lui rendre mais le patient ne voulait rien savoir. Il a sauté dans son vehicule et il est parti. C'était vraiment drôle de voir le Capt Ouellet gesticuler pour vouloir lui remettre ça montre. C'est à ce moment que j'ai dis au Capitaine que je devrais construire une cage à poule ou un enclos pour les cochons ou même une table pour revendre les bijoux de nos profits à coté de la vanne dentaire.

La Bosnie est une belle opportunité pour pratiquer l'activité physique. Ici au Camp Holopina, nous avons différents sentiers pour différents niveaux de conditionnement physique. Les sentiers, tous bien indiqués vont de 4.5 à 30 km pour la course ou la marche. Le Camp est aussi équipé d'une salle de poids et haltères avec équipement cardio-vasculaire que chacune des rotations amélioere peu à peu.

Depuis le début du tour, nous avons visité les autres camps pour y effectuer des traitements tantôt d'urgence, humanitaires ou bien de routine. Ceci est bon pour le morale des troupes. Notre premier voyage au Camp

Drvar a eu lieu du 5 au 8 août, Velika Kladusa du 20 au 22 août et du 23 au 27 août au Camp Maple Leaf à Zgon. En route pour Coralici, nous sommes arrêtés pour visiter les installations médicales et dentaires de nos confrères Britanniques à Sipovo. D'autres voyages de ce genre seront planifiés durant notre séjour ici en théâtre.



Pour ce qui est de nos R&R et LTA, Capt Ouellet ira se promener en Europe du 3 au 24 Septembre, Quant à moi, je reviens de Porec sur la côte Croatienne où j'ai passé mon premier 96 heures. Mon LTA est prévu du 15 Oct au 05 Nov, juste à temps pour l'halloween avec Denise et les filles.

Le temps passe très vite ici et il semble que notre séjour sera terminé sans même que l'on s'en rende compte. Les dates de retour au Canada sont prévues aux alentours du 15 Jan 99, (date de fête du

Capt Ouellet). Cela nous fera presque 7 mois car le GB rallonge le tour d'un mois et celui de la prochaine rotation d'un autre mois afin que les dates des rotations futures soient de Mars à Septembre. Cela donnera la chance de passer soit le congé d'été ou bien celui des Fêtes avec ceux et celles qu'on aime.

Sur ce, de la part du Capt Ouellet et de moi même, nous vous souhaitons à vous tous nos meilleurs voeux du temps des fêtes. Nous espérons vous voir lors de la Conference à Winnipeg l'hiver prochain. Si l'envie vous prend de communiquer avec nous, nous sommes tous les deux

sur B-Mail. Notre numéro de téléphone est le 1-613-996-7811 (ext 5098) Vous pouvez aussi écouter la ligne Info au 1-800-866-4546. (Suivre les indications de la boîte vocale pour la Bosnie et le centre chirurgical avancé.) Notre adresse

du site web est le www.dnd.ca/dcds/sformed

Au revoir et à bientôt!

Sanitas in Ore

Sgt Sylvain Luneau

Note: Je fais des vagues et le Capitaine a le mal de mer! Appeler nous si vous voulez savoir comment cela se fait-il?

SO HOW ARE MY BUDDIES & CLINICS JUST WANT TO HAVE FUN/NOUVELLES DES AMIS ET DES CLINIQUES



Dent Det Halifax

The CFDS GOES DOWN UNDER

During a recent lecturing/sightseeing trip to New Zealand, Maj James Taylor was invited to spend a day with the Director and Staff of the Defence Dental Services of the New Zealand Defence Force at NZDFHQ in Wellington. Following a morning tour of the Directorate and the HQ Clinic and a luncheon, Maj Taylor had the opportunity to discuss treatment, operations and IM/IT policies, practises and equipment with the Director and his staff. Maj Taylor then extended a standing invitation on behalf of Col Currah to the NZDF Def Dent Svcs to visit our CFDS Facilities in Canada. Maj Taylor presented the Director, Lcool Holdgate, with a CFDS plaque on behalf of Col Currah.


Dent Det Greenwood goes camping in our own back yard:

Finally Dent Dent Greenwood is going to get rid of the look of the 60's. The wood paneling and the carpet are going to be removed. The renovations slated to start 13 July, would require much

planning and preparation to ensure that patient care would be only minimally disrupted. This was not an easy task. We needed to ensure the numerous cadets that flock to our fields every summer had the opportunity to visit and be treated by a dentist should an emergency arise. Suggestions were put forth - borrow a room from the hospital, continue to use the clinic (this was quickly ruled out by CE), or work out of an MLVW. Upon carefully weighing the pros and cons of each suggestion it was decided to set up camp behind the clinic using two MLVWs.

Dent Det Gagetown graciously allowed us to borrow two MLVWs and 1 Dental Unit HQ smilingly funded our road move. So, now that the decision was made only a plan and the execution were left to tackle. Again after much deliberation, a plan was formulated. The first step was to ensure every dental person would be gainfully employed during the upheaval. Capt Cupples was given TD instructions for Gagetown, Cpl Haley was sent on TD to Gander for two weeks and WO Spencer sent on TD to Winnipeg also for two weeks.

Next, we needed to pack all the equipment in the clinic. All the consumables were tucked away in our supply, X-ray and sterilization rooms. Only the dental chairs were left in the operatories.

 Then came the big day!! Driving the MLVWs from CTC Gagetown to Greenwood. Everything went off without a hitch, (except our accommodations were a little hummy!). We carefully navigated two MLVWs across the Bay of Fundy on the ferry and down the road to 14 Wing Greenwood. The following three days were spent setting-up the interface and modular tent and making our home away from home as comfortable as possible. Cpl's Haley and Swindells did a wonderful job of making not only a patient waiting room but a staff lounge with all the comforts of home. The two ML's were parked side by side and modular tentage laced together to make one large waiting area so that patients would be in out of the elements once they reached the big top. Great idea Scott!! To make our temporary abode homey, plants from the operatories were hung and electricity was wired. The generators were parked close by in the case of a power outage but were not required.

The operatories were quickly adapted to accommodate our needs and we were off and running! As the water pump in one of the ML's was unservicable, water jugs were used for running water. Benches tables and chairs were installed in one section of the modular for a patient waiting area. Patient records, computers, fax machine and telephone were temporarily situated in the dental lab and panorex room (these two rooms were not undergoing any renovations), with access by the clinic's back door.



No major problems were encountered during our six week long renovations. Some delays/disruptions, however, did present themselves as per normal. This had been expected and a special fund initiated for complaints. Anyone who complained had to pay a quarter per complaint. **On day one** someone needed to use their credit card as the number of complaints heard coming from them exceeded the amount of money they had with them.

Our 'camp' was dismantled 24 - 26 August. Initially our renovations were to be completed within a three week time-frame, but, contract problems prolonged the completion for an additional three weeks. The newly renovated clinic looks much cleaner and modern now. The old brown carpet has been ripped out and replaced by a beige-green colored linoleum. The walls in the reception

area, waiting room and hallway have been gyprocked and painted and the ceiling repainted.

To complete our camping experience the dental vans were once again sailed across the Bay of Fundy and driven to their resting place at CTC Gagetown. Once there you could hear the cheers and see the tears of joy from the Greenwood staff returning to a somewhat normal life back in the clinic. Back to unpacking boxes.

All-in-all the exercise was certainly a learning experience and very memorable for all involved.



By Cpl Chaisson , **1 Fd Amb Dent Pl**

CPL ALLISON GETS THE CALL!

It was your typical morning in the dental clinic. You're basic patient after patient on sick parade. As Cpl Allison was busy keeping his dental officer in line, "coffee break is over sir", the phone rang and it was the old boys network. It was the old boys from the PPCLI . They were tasked with assembling the PPCLI Corps of Drums and embarking on a wonderful tasking. The Corp was to provide musical support for the Changing of The Guard Ceremony at Buckingham Palace. The last time Canadian troops performed the guard was during the Queen's Coronation in 1953. PPCLI guarded the palace from 01-22 May 98. It is great to see that Cpl Allison's talents were not forgotten by the PPCLI. It is excellent to see that after 18 years of military service, Cpl Allison was given a great opportunity. I heard a rumor that while in England, the Rolling Stones were recording a new album and looking for a drummer! Maj Gerry got the opportunity to see Ron at his best with the buskers at Covent Garden. We will not get into this situation. Way to go Ron! VP! Sanitas In Ore!

1 Fd Amb Dent Pl

Life for the Field Ambulance Dental Platoon. This year celebrates the 100th Anniversary of 1 Field Ambulance Edmonton. We are the oldest medical unit in Canada. We celebrated our anniversary with a parade on the 17th of September. Memorabilia of the unit was on display following the parade. It was a busy week for us because we were also granted the honour of "Freedom of the City of Edmonton." We parade throughout the street of Edmonton on the 19th of September. To the best of our knowledge, this is the first time that a medical unit has ever been granted this honour. After all my years in dental I finally got to witness a Dental Officer doing sword drill. Capt Moser performed flawlessly.

Greetings from Comox

Everybody here has been busy enjoying a wonderful summer and we're looking forward to

another winter with no snow to shovel.

Business at the clinic has been good with Capt Campbell complaining that he doesn't have time to go to the washroom and Capt Russu complaining about a sore back. Oh well, now that we're losing a dental assistant for six months, things won't be as hectic.

Capt Russu has returned back from her one-month stint in Gander and is preparing for her periodontal course in Halifax this October. Cpl Sheppard his expecting her third little one in February. Everybody else is doing just fine and working extremely hard. Capt Campbell and his family are enjoying their new posting. Capt Campbell caught a 27lb Halibut; a 6lb Red Snapper while on leave. He also caught a 20lb Salmon, which he had to release back (with tears in his eyes) into the waters.

I've got to go now (FMAS is calling me). So long for now

Dent Det Gagetown

Long, long ago in a galaxy far, far away.....

[This is what is new in CFB Gagetown \(the centre of military excellence\) as of 22 Sep. 98](#)

I'll try to arrange things chronologically, but an error may occur from time to time.

POSTINGS/RETIREMENTS/MIA'S

The winds of change have blown through our clinic and made off with many of our staff whom I will now mention:

Maj Neil MacArthur(Our former fearless leader)- He blew ashore one fine day in CFB Halifax.

Capt. Danielle Walton who volunteered to go to sunny CFB Wainwright.

Capt. Kurt Popowich-His dreams finally came true and found himself bound for CFB Edmonton.

Cpl. Roger Denault-who in spite of a few automotive technical setbacks found himself & his pets safely in CFB Goosebay.

Capt. Christine Holmes will also be away for maternity leave to care for her new baby boy who arrived on the 19th of Sept at 10:29am and weighed in at 7lbs & 5oz. Congratulations to her and Andrew.



Two of our civilian DA positions were cut so we had to say so long to Ms. Jaime Eveleigh & Mrs. Lisa Gale, they will be missed by all (until the next houseparty anyway). We have also said so long to our receptionist, Mrs Joann Rose who moved on to an exciting new job at the base library and to Ms. Sandra McKinley who had replaced Joann.

Fortunately for us the winds shifted and dropped off a few new people on our doorstep.

Maj. Brian Walker(Our new fearless leader and #one golf instructor)

Pte. Anna Gnurlantino-Lamarre (Fresh out of recruit training).

We have hired a civilian Dentist(Dr. Jody Wheeler) starting 5 Oct. 98, he will be working two days a week for about six months. In case any of you DO's out there didn't notice, we're still a couple dentists short of a full load. If you're interested in filling one of our vacancies, fax us your resume.

COURSES/TD'S

Jul.-Aug. 98-Our MLVW's were on TD(Borrowed by) CFB Greenwood while their clinic was being renovated.

Aug. 98- Capt. Silver & Cpl. Gaudon attended a Combat Casualty Course in sunny San Diego.

Sept 98- Sgt Beaudet & Cpl. Gaudon were called to duty on OP Persistence(crash site recovery team) Sgt Beaudet returned after one week and Cpl. Gaudon will be returning on Sept 23.

- Sgt Smith(of our elite hygiene dept.) is on TD in St. John's NFLD. 11-30 Sept.

NEWS IN GENERAL & MAYBE A LITTLE WHINING

- The Hygiene Dept. would like to know if they could get a really nice retirement package for the fall of 99.
- Sgt Guy Beaudet has been wooing all the women with his new blond locks of hair (he's too sexy for his uniform).
- Cpl Glen Miller (thats me) was elected to the Executive Committee of the Maritime Club(Jr NCM's club) as the Entertainment Chairman for 1 year.
- Cpl Marsha Dearman-MacIsaac was upset that she was not mentioned in this Fang entry so this is for her benefit, here we go 1-2-3 Cpl Marsha Dearman-MacIsaac. Happy now Marsha?
- and finally, Cpl. Cleo Cormier will not allow me to mention his journey to Halifax to see the Ba_k Str__t Bo_s on the 24th of Aug so I won't.

Thats all for now folks.

Cpl G.J.Miller

1 Dent Det Gagetown

Farewell Message from Major Neville Headley

As many of you know it is with mixed feelings that I move from the Canadian Forces Dental Services into the private sector on 25 Aug 98. Although I look forward to reuniting with Beth and our dependents (two equine, one feline) just south of Calgary, when I reflect on past years I realize that the CF and the CFDS has been an influential and significant part of my youth, adolescent and adult life.

I feel very proud to have followed in my father's footsteps and be a part of the best support service in the Canadian Forces. It has been evident throughout my career that the cornerstone of the CFDS is comprised of people who both mentor generously, and understand the contagious potential of enthusiastic encouragement, educational progression and cooperative teamwork. I feel privileged and very gratified to be a beneficiary of that commitment and a part of that history.

My professional life has been energized and enriched because of the accomplished people that I have worked for and worked with. I want to thank you all for being superior "teammates". You have contributed to what I consider an inspiring career where my childhood dreams were met and my expectations were exceeded.

Best regards to you and your families. When you come west to visit the Stampede, the dinosaurs, or the mountains remember that we have a guestroom ready for occupancy.

Neville C. Headley

Major

Dental Officer

1978 - 1998

GIVE US A LAUGH

FAITES NOUS RIRE

A man and a woman met at a bar. They started getting along really well and they decided to go to her place for a drink.

A few drinks later, the guy took off his shirt and washed his hands. He then took off his socks and washed his hands. The woman looked at him and said, "You must be a dentist!"

Flabbergasted, the guy responded, "Why yes. That's amazing; how did you determine that?" The woman replied, "Easy... you keep washing your hands".

Well, one thing led to another, and they migrated to the bed. Things became more and more passionate... After their passionate deed was done, the woman remarked, "You must be a GREAT dentist!" The doctor was very surprised, and said "Yes! Yes! I sure am a great dentist... Wow! You amaze me! And how did you know THAT, my dear?"

His lover retorted, "That's easy. I didn't feel a thing."

COMPUTER CORNER

COIN DE L' ORDINATEUR



FANG can be reached via the WEB - Send stuff to the Fang via internet at address **ac051 @ issc. debbs.ndhq. dnd. ca**

DentIS Help Desk

Quarterly Report to *The Fang*

Sep/Oct 98

Luc Chartrand

.Modifications to the DentIS program are being considered. The proposed changes would bring DentIS in line with the recommended changes to the Canadian Forces Dental Care Program. Funding for these changes has yet to be approved, so it is not yet known whether or when the changes will be implemented. The planned go-live date is tentatively 01 Jan 99.

The trial of the DAS/Trident software package in Winnipeg has been extended until 15 Mar 99 and may be extended to ~Mar 2000 to allow the new T4-Military version of this software to be Beta tested by the CFDS. The trial is going well, although the duplication of efforts caused by the concurrent maintenance of a paper dental record and of DentIS is causing extra workload which would not be a concern if all documentation were done only on the computer system.

The Canadian Forces Medical Group Headquarters G6 cell is in the final stages of developing the CF Health Services Information Management Strategy. This document, which will soon be published on the Intranet, outlines the methodology and objectives for automating and rationalizing information processing activities within the CFMS/CFDS.

Everybody is encouraged to visit the new Canadian Forces Medical Group Intranet site on the Defence Wide Area Network at <http://hr.dwan.dnd.ca/cfhs/>

I hope you all had a good summer. Please give me a call if you have any questions: (613) 945-

8062, Ext. 4915.

Luc Chartrand

DentIS Help Desk

Des modifications au programme DentIS sont maintenant en planification. Les changements proposés permettraient DentIS de refléter les changements proposés au Programme de soins dentaires des Forces canadiennes. Le financement pour ces changements n'a pas encore été approuvé, donc on ne sait pas encore si ou quand les modifications seront appliquées. La date provisoire de déploiement du nouveau programme est le 01 Jan 99.

L'essai du logiciel DAS/Trident à Winnipeg a été prolongé jusqu'au 15 mar 99, et pourrait être prolongé jusqu'environ mars 2000 pour permettre au SDFC de participer aux tests Béta de la nouvelle version T4-Militaire du logiciel. L'essai va bien, malgré le dédoublement d'efforts causé par la maintenance simultanée du dossier dentaire en papier et du logiciel DentIS, ce qui cause un surplus de travail qui serait éliminé si on n'avait qu'à documenter seulement sur le réseau informatique.

La section G6 du Groupe Médical des Forces Canadiennes est dans les étapes finales du développement de la Stratégie de gestion de l'information du Service de santé des FC. Ce document, qui sera bientôt publié sur l'Intranet, précise la méthodologie et les objectifs pour l'automatisation et la rationalisation des activités de traitement d'information dans le SSFC/SDFC.

Tous sont encouragés à visiter le nouveau site d'Intranet du Groupe médical des Forces canadiennes sur le Réseau d'information de la Défense au <http://hr.dwan.dnd.ca/cfhs/>

J'espère que vous avez tous eu une bonne été. SVP appelez-moi si vous avez des questions: (613) 945-8062, Ext. 4915.

Luc Chartrand

Assistance aux utilisateurs du SIDent

RCDCA NEWS

LES NOUVELLES D'ACDRC

RCDCA NEWS FOR OCT 1998 ISSUE OF FANG

The RCDCA will hold its 1998 Annual General Meeting in the RCAF Officers Mess, on Saturday 14 November 1998. Saturday was selected to accommodate requests of those who could not attend functions on work days during the week. The Mess is located in downtown

Ottawa at 158 Gloucester St. The meeting will start at 0900 hrs and there will be a pay as you go sandwich lunch at noon and a mixed mess dinner at 1900 hrs that evening. Suitable civilian attire is expected for all events.

All members of the RCDCA (military and civilian, all ranks are welcome) as are any who wish to join.

The RCDCA will conduct a curling Bonspiel in Ottawa on Friday 13 Nov 1998. The Curling will be in the Nepean Sports Plex and the cost will be very reasonable. We plan to go for Chinese food after. Again, all are welcome!!

The RCDCA has now several regional reps so we plan to start social and sports events across Canada soon..

Why not join the RCDCA we are having fun. All ranks serving, retired, male , female ,military, civilian are eligible

Contact us for information or to enrol at:

RCDC Association

939 Raftsman Lane

Orleans, Ontario

K1C 2V3

Fax (613) 837-9503

E-mail pmcqueen@cyberus.ca



Next Issue/Prochaine publication:

TO PUBLISH BY CHRISTMAS 1998, ALL DETACHMENTS WILL BE ADVISED OF SUBMISSION DEADLINE ONE MONTH IN ADVANCE

(BUT YOU CAN SEND ARTICLES ANY TIME!! - e-mail to Capt R Warren or ac051@issc.debbs.ndhq.dnd.ca or mail disk to D Dent Svcs or fax 613-945-6745)

ATTACHMENTS/ATTACHEMENTS

• OCT 98 ITTY BITTY CFDS PHONE DIRECTORY

**THE SECTION FOR STUFF THAT
DOESN'T FIT IN ANY OTHER SECTION**

FAIT DIVERS

**CFDCP
RESULTS**

Dated: 98-10-08

YEAR	Red #	Red %	Blue #	Blue %	Yellow #	Yellow %	Coded #	Coded %	Decode#	Decode%	Total #
1988	74129	91.3	3417	4.2	505	0.6	78051	96.2	3119	3.8	81170
1989	72756	89.8	4085	5.0	449	0.6	77290	95.4	3709	4.6	80999
1990	69672	85.8	5322	6.6	592	0.7	75586	93.1	5631	6.9	81217
1991	73442	92.3	3365	4.2	380	0.5	77187	97.0	2374	3.0	79561
1992	69434	92.6	2146	2.9	249	0.3	71829	95.8	3186	4.2	75015
1993	67508	93.0	1655	2.3	188	0.3	69351	95.5	3250	4.5	72601
1994	63332	92.2	2402	3.5	222	0.3	65956	96.0	2730	4.0	68686
1995	56618	90.5	2031	3.2	186	0.3	58835	94.0	3750	6.0	62585
1996	46036	83.4	3539	6.4	236	0.4	49811	90.3	5362	9.7	55173
1997*	39988	82.9	3723	7.7	188	0.4	43899	91.0	4340	9.0	48239
Average	63291.5	89.4	3168.5	4.6	319.5	0.4	66779.5	94.4	3745.1	5.6	
Median	68471.0	90.9	3391.0	4.2	242.5	0.4	70590.0	95.5	3479.5	4.5	

*1997 data does NOT include CFHCP Trial Sites: Greenwood, Halifax, Shearwater

Percentages (%) represent the percent of the total number of records in the DentIS database

CFDS ACCOUTREMENT LIST

ITEM	COST	QTY	TOTAL
Belt, Web, Brass Buckle with CFDS Badge	13.25		
Belt Buckle, Brass Buckle with CFDS Badge	8.00		
Brooch, RCDC	30.25		

Brooch, CFDS	18.25		
Button, Mess Dress, CFDS - 20 and 26 ligne size	.60		
Button, Mess Dress, CFDS - 30 ligne size, Set of 2	2.15		
Cap, Baseball	5.35		
Christmas Card	1.00		
Crest, CFDS, Blazer	13.50		
Crest, RCDC, Blazer	13.40		
Crest, "Lab Rat"	1.00		
Cufflinks, Gold Plated, pair	15.80		
Dickey, CFDS colours	8.80		
Flag, CFDS	40.70		
Mug, Thermal, Olive Green with Crest	7.00		
Plaque, CFDS	27.00		
Tie, CFDS colours	13.40		
Slip-ons, CFDS, pair	2.00		
Slip-ons, SDFC, pair	2.00		
CFDS 75th Anniversary Button with logo	.50		
CFDS 75th Anniversary Crest	2.00		
CFDS 75th Anniversary Lapel Pin	2.00		
TOTAL:			

SOLD TO: _____ SALES NUMBER:

DATE: _____ DATE PAID:

NOTE: Please make cheque payable to CFDS ACCOUTREMENT ACCOUNT
(Price includes GST)

C/O Cpl Lavoie, CFDSS, CFB Borden, Borden ON, LOM 1C0

phone 705-424-1200 ext 2873 CSN 270-2873

Last Modified: 2003-08-14



Important Notices