

DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: Dental Readiness in the Reserve Component

**STATEMENT OF: Colonel Deborah L. Hart, Mobilization Assistant to the
Air Force Assistant Surgeon General for Dental Services**

April 23, 2008

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BY THE COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES**



BIOGRAPHY

UNITED STATES AIR FORCE

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Denver, CO 80280-1010

COLONEL DEBORAH L. HART

Colonel Deborah L. Hart is the mobilization assistant to the Assistant Surgeon General for Dental Services, Bolling Air Force Base in Washington D.C. She is a key advisor to the Assistant Surgeon General for Dental Services for developing plans, policies and standards that affect the Air Force Reserve Command Dental Service. She provides guidance in the training, force development, and personnel utilization of reserve dental forces in peacetime, as well as wartime.



Colonel Hart entered active duty in 1982, after earning her DMD degree from the University of Pittsburgh School of Dental Medicine, Pittsburgh, PA. She was accepted into the Air Force General Practice Residency in 1982 and graduated with distinction. From there she served at Williams Air Force Base, AZ until 1985 and became the first Air Force dentist to be assigned to NATO Air Base, Geilenkirchen, Germany until she separated from active duty in 1989. She was Chief of Dental Services, 106th ANG unit, Westhampton Beach, NY, IMA to Pease Air Force Base and Chief of Dental Services 910th Medical Squadron, Youngstown Air Reserve Base, OH. Prior to assuming her current position, she was commander of the 910th Medical Squadron, Youngstown Air Reserve Base, OH.

In her civilian life, she has been in private practice and a clinical instructor at Tufts Dental School in Boston, MA. She is currently a clinical professor at the University of Pittsburgh School of Dental Medicine, Pittsburgh, PA.

EDUCATION:

- 1976 Bachelor of Science degree in Biology, University of Pittsburgh, PA
- 1982 Doctor of Dental Medicine, University of Pittsburgh, PA
- 1983 General Practice Residency, Barksdale Air Force Base, LA
- 1984 Squadron Officer School, in residence
- 1987 Air Command and Staff College, by seminar
- 1999 Air War College, by correspondence

ASSIGNMENTS:

1. July 1982 – July 1983, General Practice Residency, Barksdale Air Force Base, LA
2. August 1983 –October 1985, General Dentist, Williams Air Force Base, AZ
3. November 1985- July 1989, Acting Base Dental Surgeon, Assistant Base Dental Surgeon, NATO Air Base Geilenkirchen, Germany
4. November 1989- October 1990, IMA to Pease Air Force Base, NH
5. November 1990- December 1992, Chief Dental Services, 106th Clinic, Air National Guard Base, Westhampton Beach, NY
6. January 1992 – October 2002, Chief of Dental Services, 910th Medical Squadron, Joint Air Reserve Base, Youngstown, OH
7. October 2002 - October 2004, Commander, 910th Medical Squadron, Joint Air Reserve Base, Youngstown, OH
8. November 2004 - present, mobilization assistant to the Assistant Surgeon General for Dental Services, Headquarters U.S. Air Force, Bolling Air Force Base, Washington D.C.

MAJOR AWARDS AND DECORATIONS:

Meritorious Service Medal with one device
Air Force Commendation Medal
Air Force Outstanding Unit Award
United States Coast Guard Unit Commendation with one device
National Defense Service Medal

OTHER ACHIEVEMENTS:

1984 - Company Grade Officer of the Quarter, Williams Air Force Base, AZ
1991 - Fellow of the Academy of General Dentistry
1991 - Outstanding Clinical Instructor Award, Tufts Dental School, Boston, MA
1999 - Superior Performance Award, Volk Field Exercise, Volk Air National Guard Base, WI

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

American Dental Association- member
Academy of General Dentistry- fellow
Reserve Officers Association- member
Association of Military Surgeons of the United States- member
Association of Air Force Reserve Flight Surgeons- member

EFFECTIVE DATES OF PROMOTION:

Second Lieutenant	NA
First Lieutenant	Feb 12 1982
Captain	June 18, 1982

Major
Lieutenant Colonel
Colonel

June 18 1988
Oct 18, 1992
June 1, 1999

(Current as of April 2008)

Mr. Chairman and esteemed members of the Committee, I appreciate the opportunity to appear before you today to discuss the dental readiness of the Air National Guard and Air Force Reserve. The ARC, or Air Reserve Component, Medical and Dental Services exist and operate within an Air Force culture of accountability where medics work directly for the line of the Air Force. Because we are committed to remain in the highest state of readiness, we align ourselves with our Chief of Staff's top priorities: Win Today's Fight, Take Care of our People, and Prepare for Tomorrow's Challenges.

Current State of Dental Readiness

Our home station facilities form the foundation from which the ARC provides combatant commanders a fit and healthy force. Our emphasis is on fitness, prevention, and surveillance so that we can be ready to deploy, if need be, in less than 72 hours.

Air Guard and Reserve dental readiness is at 89 percent and 86 percent, respectively. These statistics represent a steady upward trend over the past year and compare favorably to the Department of Defense goal of 95 percent. Our steadily improving dental readiness is attributable to many factors. First and foremost, is command emphasis and support at all levels. The ARC holds unit commanders and individual service members responsible for the member's readiness to deploy, and provides policies and processes to ensure readiness.

We have several methods for an ARC member to receive their annual dental exam: by a military dentist, civilian or TRICARE Dental Plan participating dentist, or by contractor dentists via the Reserve Health Readiness Program.

Although Medical Squadrons track dental readiness rates, each ARC unit also has a non-medical Unit Health Monitor who tracks upcoming and overdue medical and dental needs of the unit's members. This creates ownership of medical readiness within the unit itself, which has had an extremely positive effect on readiness.

ARC compliance policies may be the most effective of our tools to steadily improve readiness. Air Reservists or Guardsmen in Dental Class 3, requiring urgent or emergent dental treatment, are placed on a medical profile and cannot have orders cut to deploy while profiled. Members are given a limited time frame to correct their dental deficiencies. Failure to have the required treatment can lead from profiling to administrative discharge of the member. Commanders have the authority to grant a waiver to allow deployment of a member in Dental Class 3, but this is extremely rare.

All ARC units have regular Health Services Inspections and units with deficient programs are identified to line commanders, who are held accountable for the medical and dental readiness of their units.

Another tenet of our success has been the full alignment with the Active Duty Air Force Dental Service in using the same web-based IT reporting and tracking tool, the Dental Data System-web, or DDSw, for reporting and tracking dental readiness.

Challenges the Services Face to Improve Dental Readiness

Several challenges remain for the ARC to be able to steadily improve dental readiness. The cost of meeting standards can sometimes be prohibitive, especially for the lower ranking enlisted personnel. Even with the Tricare Dental Plan available, many areas in the US have limited networks of dental providers even if the Reservists and Guardsmen voluntarily purchase the insurance.

Furthermore, due to time constraints and the rigors of basic military training and technical school, access to new accessions for dental treatment is very limited and usually consists of palliative care for urgent or emergent needs. Currently, there is no Transitional Assistance Management Program (TAMP) available for dental care following deployment. And although the ARC and Active Duty Air Force use the same IT web based tracking and reporting tool to track readiness statistics, we are not yet set up to implement the electronic dental record (AHLTA), which will surely improve accuracy of dental readiness as Reservists and Guardsmen transition from inactive to active status and back again.

Actions Taken and Planned to Improve Dental Readiness

To improve dental readiness, Reserve and Guard units can utilize dentists from other units or Services for support. Higher headquarters monitors readiness statistics, conducts site visits, and provides assistance where needed. Geographically separated, remote, or understaffed units can utilize contractor supported dental exams. Increased emphasis by commanders, unit

health monitors, and recruiters to inform Reserve and Guard members of the benefits presently provided under the Reserve Health Readiness Program may also improve readiness rates.

We are also considering the introduction of a pre-accession dental screening exam to determine the dental class of the individual, which could help alleviate the problem of ARC members arriving on base as Dental Class 3, non-deployable personnel, after basic and technical training.

Lastly, we fully support implementing the electronic dental record in the ARC as it becomes available for deployment.

Conclusion

In closing, Mr. Chairman, we are proud of our accomplishments and continued improvement of the Air Force Reserve and Air National Guard Dental readiness rates. We thank you and the members of your subcommittee for your interest and support and look forward to your help in continuing that improvement.