Left: Lieutenant Colonel Julia Dallman, Executive Officer for the 502nd Dental Company; Specialist Tracy Wint, Dental Assistant; Specialist Lauren Woodard, Dental Assistant; Corporal Candice Weaver, Dental Assistant; Captain Gregory Le, Dentist and Captain Marcus Lastimado, Dentist.

Right: Clinic at Basra

Clinic at Camp Liberty, built by the Army Corps of Engineers
Dentists’ offices normally sound of patients’ unannounced ramblings, the hum of fluorescent lights, the whoosh of suction, and the whirl of the drill. But when dentist Steven Eikenberg’s patients come for a visit, they’re likely to hear gunfire, explosions and the engines of tanks grinding away outside. In Iraq, those noises come with the territory.

Colonel Eikenberg has dedicated his career to serving in the United States Army; he helps others serving overseas, and trains the local dental professionals in the countries where he is stationed – most recently, Iraq. Soldiers’ effectiveness is largely based on their wellbeing, something Eikenberg helps to preserve in every single patient he treats. Eikenberg is among thousands of oft-overlooked medical and dental professionals who risk their lives in dangerous countries and on perilous front lines.

Growing up, like many teenage boys, Eikenberg broke a few teeth playing sports, and he needed to go to the dentist for porcelain jacket crowns. “I just thought it was too cool to be able to do that!” he says of having his teeth fixed. Later, Eikenberg’s brother had his teeth straightened and his father needed dentures. Eikenberg was amazed at how much the dentist could do, as well as how much his particular dentist enjoyed his job and practice. “Seemed like a good move,” Eikenberg says in regard to his own decision to study dentistry.

Eikenberg earned his Bachelor’s degree from Randolph-Macon College in Ashland, Virginia, in 1978 and his Doctorate of Dental Surgery from the University of Maryland in 1982. He started out in private practice but “grew bored” after only a few years. Some of the older men in the community talked about their service as drafted dentists during Vietnam. They painted positive stories about their two- and three-year military service assignments, saying they wished they had stayed. “I decided to give it a try to see the world. And I ended up staying in,” says Eikenberg without an ounce of regret.

Stationed 60 miles north of Baghdad, Iraq, in the city of Balad, Col. Eikenberg served his 12-month assignment. This was one of many assignments in his 26 years of active duty. Balad is where Iraq’s main military dental clinic is located and acts as the headquarters for the 13 clinics throughout the country.

These clinics use the same products as stateside dentists do; they just take a bit longer to ship. They use similar equipment; they just require more CAViwipes and air filters to keep it all clean in the Middle East’s dusty climate. And they perform the same dentistry, except they wear fatigue instead of typical scrubs. “Once you start a dental procedure, it’s dentistry, whether you’re here or in Fort Hood, Texas,” says Col. Eikenberg.

The big difference is the amount dust and dirt – the consistency of talcum powder – so dentists and assistants are always wiping down the operatory. It rains occasionally, which might sound like a godsend in the desert, except it turns that talcum-like dust to thick, boot-caking mud. “It’s more of a challenge to keep the office clean,” Eikenberg says.

On a typical day, dental emergencies come first, of which the Middle East theater presents no shortage. Many of the sick patients will spend a day on the road or a few hours in a helicopter to get to the Balad clinic because not every installation in Iraq has a dentist in the area. Traveling is dependent on security threats and weather. Pot-holed and eroded roads make even short amounts of travel onerous. Eikenberg’s mornings are spent treating those who have made the journey to see him – the
“Once you start a dental procedure, it’s dentistry, whether you’re here [Iraq] or in Fort Hood, Texas.”

patients who have active infection or severe pain. The not-so-urgent cases are given an approximate time, usually in the afternoon, to return to the clinic. Regular scheduled exams are as time permits and dependent on the number of emergencies needing treatment.

Patients who require quarters or recovery are not sent directly back to work after a procedure. They are put in a minimal care ward in the medical unit or combat support hospital where they can spend a day or two recovering in a clean environment before traveling or returning to work.

The clinics have regular office hours, but the staff needs to be available 24 hours a day in case someone needs emergency treatment. Communication with on-call doctors is a little different where these men and women are stationed. Unlike stateside, where everyone has a cell phone, Eikenberg says, “We leave a note on the door where we’re going to be and change the note periodically. People will come get us at the gym or at the dining facility to tell us about the dental emergency.”

Eikenberg estimates about 20 percent of the cases he treats are emergencies; the rest of his time he performs “everyday dentistry.” Set up to do everything except inserting implant fixtures and providing orthodontics, Eikenberg says, “I like being able to treatment plan with the patient to what the patient needs, not necessarily to what the patient can afford.”

Col. Eikenberg describes the base where he is stationed as a “microcosm of America.” “It’s like practicing in a small town,” he says. “You see your patients at the gym; you see your patients at the dining facility; patients will come up to you after a procedure and thank you for the work that you did. Some of the patients might invite you to where they work so you can see what they do. It’s the best part of small town dentistry, but you get to meet a wide spectrum of people.” He says it is an opportunity to work with people he normally would not since there are no other options for dental care in the area. Eikenberg says it’s also a great chance to help his subordinates grow.

Eikenberg likes the sense of community he gets by working with and on the same group of people for six to 12 months at a time under such unique circumstances. These friendships are especially important since servicemen and women are away from their families. Eikenberg says this is the hardest part of being overseas — missing birthdays and family events. “My wife graduated from nursing school while I was gone,” he says proudly but with a tone of regret since he could not attend. “That’s part of being in the military,” he says. For some events, like high school graduations, the base is able to stream Webcasts of the ceremonies for the soldiers — but, of course, it’s still not as perfect a substitute as actually being there.

Another challenge in Eikenberg’s practice is the obvious risk of being in a warzone. Clinics have the same risk as any other building for a rocket or mortar attack, and the traveling dentists are always in danger of encountering an improvised explosive device on their journey. Eikenberg reports some installations have been attacked on occasion, but despite the potential risk, not a single dentist has been injured by enemy fire.

On occasion servicemen and women, including Eikenberg, perform dentistry on Iraqi citizens and military personnel. However, their focus is to train Iraqi clinicians to provide dental care on their own citizens. Eikenberg recalls once arriving to teach at a dental school in Baghdad when the vehicles were too large to drive down the narrow streets. The clinicians had to get out of the car and walk through the streets of downtown Baghdad. Despite the armed guard to protect them, the war happening outside the car was intimidating. “After I started walking and dealing with these folks [Iraqis] it wasn’t tense an-
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more, but the expectation of what could happen was a little bit on the intense side,” says Eikenberg.

In addition to operating the 13 clinics throughout Iraq, and teaching the locals, dentists provide services via mobile dental units. This method of service provides care to various locations where no clinic is available within a reasonable distance. Five dentists do this routinely, however many others have helped in a mobile dentistry practice, including Eikenberg. A “portable field unit” is packed into a helicopter or armored vehicle, and the group covers several locations, each for a few days to provide comprehensive care and to aid “nagging emergencies” for which soldiers would not necessarily consider severe enough to travel to the dentist.

Army dentists are also able to use their skills during other types of emergencies. Part of their responsibility lies in providing support in mass casualty situations. Although they are dentists, they are soldiers first. They carry a responsibility to protect themselves and others. Their primary training might be in the mouth, but dentists can help augment the health care in crisis situations. Some might help maintain airway support; others can work to suture minor wounds. Thanks to their medical knowledge, they can provide a service that most civilians are not trained to provide.

Fortunately general dentists are not alone in trying to care for all the emergencies wartime dentistry presents. Sometimes emergencies need the insight and skill of a specialist, of which the army has many on staff. An endodontist, prosthodontist, periodontist, and two oral surgeons were stationed in Iraq during Eikenberg’s assignment.

All medical professionals in the army, traveling and stationary, general and specialist, keep records electronically. The process starts at home, as soldiers prepare for deployment overseas. Before deployment, servicemen and women go through a “soldier readiness process.” This process includes financial and legal details, as well as medical and dental screenings. Although not everything can be treated at this time, professionals focus on treating ailments most likely to cause an emergency within their 12 months of service. By keeping records and treatment plans electronically, records are in the system no matter where the soldier goes in the theater. A dentist or specialist, whether stateside or overseas, can access information on the patient.

These electronic records depend on the Internet for transmission, but connectivity is not needed to complete a record. Luckily most parts of Iraq where soldiers are stationed are under the government computer network system, meaning Internet is available at either no cost or with a subscription. However, traveling dentists often need to download information on a patient before arriving to treat them, since Internet is not widely available in the more rural parts of Iraq.

Electronic computer records are just one the aspects of up-to-date equipment the army clinics exhibit. Clinics utilize standard air driven handpieces and digital radiography, as well as standard light cure at all locations. About half of the 13 locations have panox units and one clinic has an endodontic microscope.

Electronic records and up-to-date equipment, along with the availability of dental products help army dentists in their work. Products don’t come easy to rural Iraq. Luckily with a robustly stocked warehouse equipped with more than 300 specific items, dentists can pick and choose their favorite products. The army dental practices can put in an order to the warehouse for specific products they would like, which can be delivered to their base within just a few days. For economy of scale, most locations try to keep the variety to a workable number. An individual practice would keep the number of composite resins, for example, to just a few different types. If a dentist wants something not on the warehouse list, it is possible to order from the States or Europe, but it could take two weeks or longer to arrive. Gloves and masks are the “one thing you never want to run out of,” Eikenberg says, noting the preventive measures he couldn’t practice without.

Eikenberg doesn’t have orders to go back but says he would volunteer if they needed him. As of August 2010, there were 49,000 soldiers serving in Iraq, down from the peak at 170,000. 31,929 of those 170,000 soldiers have been wounded. 4,427 have fallen victim to casualty. There are many numbers associated with the war in Iraq, and we often connect these numbers to faceless, nameless U.S. soldiers. Although Colonel Steven Eikenberg was one of these 49,000 troops, he is far from just a number.