(UNABRIDGED)

HIGHLIGHTS IN THE HISTORY OF U.S. ARMY DENTISTRY

Edited by

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OFFICE OF THE SURGEON GENERAL, U.S. ARMY

FALLS CHURCH, VIRGINIA,

2012

The Office of the Chief, U.S. Army Dental Corps appreciates the support of COL (Retired) Robert. S. Driscoll, Chief, OTSG Office of Medical History.

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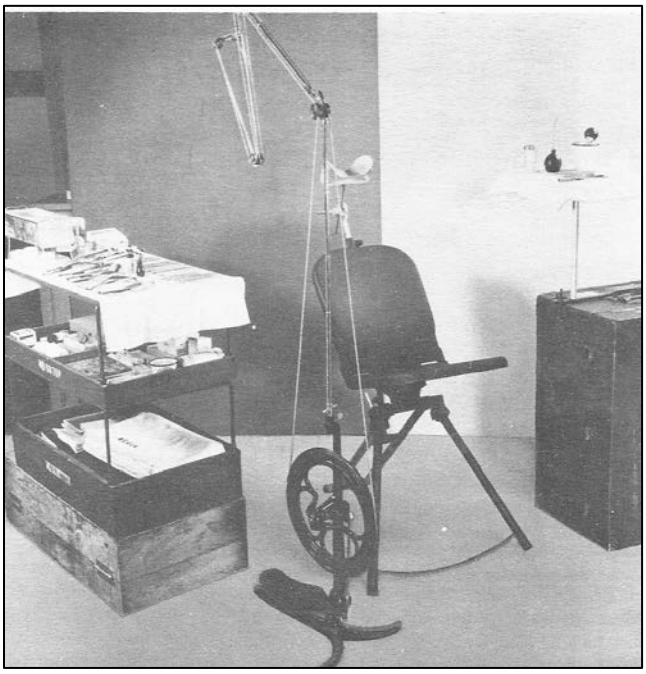

Figure 1. The equipment set depicted is very similar to dental sets seen in photos from the time of the Spanish American War until the beginning of Vietnam War. Commonly referred to as a "Chest 60" Field Dental Set, the instruments and equipment were carried in boxes and could be used without electricity, e.g., using natural light and foot treadle powered dental handpiece. As electricity became more accessible a motor was added to the belt driven handpiece and patient lights were added. Reproduced from *United States Army Dental Service in World War II*.[2]

1911

2011

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Table A. Chiefs of the U.S. Army Dental Corps

Colonel William H. G. Logan	1917-1919
Lieutenant Colonel Frank L. K. Laflamme	1919
Colonel Robert T. Oliver	1919-1924
Colonel Rex H. Rhoades	1924-1928
Colonel Julien R. Bernheim	1928-1932
Colonel Rex H. Rhoades	1932-1934
Colonel Frank P. Stone	1934-1938
Brigadier General Leigh C. Fairbank	1938-1942
Major General Robert H. Mills	1942-1946
Major General Thomas L. Smith	1946-1950
Major General Walter D. Love	1950-1954
Major General Oscar P. Snyder	1954-1956
Major General James M. Epperly	1956-1960
Major General Joseph L. Bernier	1960-1967
Major General Robert B. Shira	1967-1971
Major General Edwin H. Smith, Jr.	1971-1975
Major General Surindar N. Bhaskar	1975-1978
Major General George Kuttas	1978-1982
Major General H. Thomas Chandler	1982-1986
Major General Bill B. Lefler	1986-1990
Major General Thomas R. Tempel	1990-1994
Major General John J. Cuddy	1994-1998
Major General Patrick D. Sculley	1999-2002
Major General Joseph G. Webb, Jr.	2002-2006
Major General Russell J. Czerw	2006-2010
Major General M. Ted Wong	2010-

Forward

By
M. Ted Wong
Major General, U.S. Army
Chief, Army Dental Corps

It is my pleasure to invite you to read the *Highlights in the History* of *Army Dentistry.* It is primarily a chronology of events, but for those who have contributed to *the* oral health of Soldiers, other DoD beneficiaries and Army dental fitness it is a source of pride that the dental care system has accomplished so much.

All dental functions and all matters relating to Army Dentistry are under the direction of the Chief, U.S. Army Dental Corps. [U.S. Public Law 95-485, 10 US Code 3081.] The mission, goals and methods of operation of the Office of the Chief, U.S. Army Dental Corps depend on a Vision. It is intuitive that the vision of the future is clearer when viewed in light of the past. We learn lessons from experience and we observe and model qualities of strong leaders of the past. One example relative to Army dental history concerns the actions of one of our most noteworthy dental leaders. In September 1918, the Dental Corps' founding father Colonel Robert T. Oliver, then the most senior supervising dental officer in the Army, directed the deployed Army dentists that ---

" ... each dental surgeon will write an account of his experiences in the form of a history from the time of arrival in France to the present time and send in additions each month."

Leading by example, Colonel Oliver set high standards of performance for those of us who have followed his career in the U.S. Army. We only know about Colonel Oliver and many more great dental Soldiers because they expended some of their time and resources keeping records of their activities.

Highlights in the History of Army Dentistry, 2012 and other written histories depend on these accounts of experience. It is as important today to record our experiences as it was in 1918, in order to ensure Army dental personnel can learn from our collective history. I encourage you to report your experiences so they can become a part of our historical record and our legacy. The action officer to coordinate history activities for the Office of the Chief, U.S. Army Dental Corps is the Consultant for Dental History, Colonel Samuel A. Passo.

On behalf of the U.S. Army Dental Corps I would like to thank Colonel Passo for his work in updating the Highlights. Sam was assisted by Colonel (Retired) John King and the Medical History Office, Office of The Army Surgeon General.

M. Ted Wong
Major General, US Army
Chief, Dental Corps

Editors' Note

Experience is valuable to improving performance in every field. History serves as the community record of experience, and within the military community it is valued as one of the instruments of situational analysis. Published records of military dental history are very few, and dentists frequently focus on dentistry's vast and growing scientific information pool, to the neglect of military history (experience.) As this is written in 2012, there are only three published books presenting aspects of the history of Army dentistry. One is limited to the period of World War II.[1] Another concerns dental care at the US Military Academy at West Point.[2] The most comprehensive and detailed history covers the period from the Revolutionary War until 1941.[3] Realizing the need and importance to capture more of the Army dental care experience, starting in 1974 staff members the Office of the Chief of the US Army Dental Corps produced a pamphlet which chronicles major and significant events in the oral health care of Army beneficiaries. The name of this useful pamphlet is *Highlights in the History of Army Dentistry*. The *Highlights* you are now reading is the update of the 2007 version.[4] Technology has presented the option to make it available on the internet rather than published in hard copy, a convenient and practical medium for an historical publication which is constantly evolving.

On the auspicious occasion of celebrating 100 years since the establishment of the US Army Dental Corps in 1911, MG Ted Wong, current Chief of the US Army Dental Corps, requested a historical update of *Highlights*. Another part of the celebration was a special Dental Corps centennial edition of the *AMEDD Journal*, and it was proposed that the 2011 update of *Highlights* be included in this issue of the *AMEDD Journal*. However, since the *Highlights* has, over the last 37 years, increased in content and length, inclusion of it in its entirety was not possible. Consequently, for the Journal edition -- *Highlights* was extracted and abridged to reduce the length.[5] However, the edition you are now reading is a more complete, unabridged version of the *Highlights in the History of Army Dentistry*. It is available (and maintained) on the internet.

Highlights is best described as a chronology written to give succinct information about significant events that have changed Army dentistry. *Highlights* is not a definitive history. *Highlights in the History of Army Dentistry* is organized chronologically which provides a valuable perspective as to how some events lead to others and how events and people are related in time. There are more lessons to learn if the reader discovers a topic of interest and looks for entries related to it. For example, a theme of developing the education and training schools unique to Army dentistry can be traced by linking entries for the dates March 1916, September 1916, November 15, 1917, March 15 1918, May 1921, January 6, 1922, and July 1, 1939, among others. By becoming familiar with *Highlights*, the user can find many such themes such as changes in administrative

organization, dental lab support, research units, dental support to the major wars and conflicts. Although not a definitive history, the editors/authors have attempted to provide enough detail that the reader can identify important people, events and hopefully identify the theme concerning the transition over more than 200 years, from meager concern over Soldier oral health to today's Army Dental Care System and to an Army that places dental fitness as one of the high priorities in Soldier readiness to protect our nation. Help with *Highlights* and other dental history issues is available from the Dental Corps Consultant for Dental History.

Co-editors of Highlights

John E. King, Colonel (Retired)

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Consultant for Dental History to the
Chief U.S. Army Dental Corps

Nolan A. Watson, Historian
Office of Medical History

Figure 2. Reducing unit dental emergency rates.

a. World War I

b. World War II

c. Vietnam War

These photos illustrate troop dental screening and triage of potential dental emergencies. Reducing the risk that soldiers will suffer dental conditions that degrade combat effectiveness has been recognized as a force multiplier. Since Vietnam greater emphasis on pre-deployment dental readiness to reduced the risk while deployed. 2. a. Reproduced from *Walter Reed Army Medical Center Centennial: A Pictorial History, 1909-2009*. 2. b. Reproduced from *United States Army Dental Service in World War II*. 2. c. Reproduced from slide collection of Colonel Richard McConnell.

Highlights

Revolutionary War (1776 – 1781) The Continental Army was established on 14 June 1775 without any idea of providing dental support to troops. The practice and later policy that soldiers were responsible for their own dental care continued until 1901, although there were several notable exceptions.

1776 Paul Revere performed the first recorded case of military forensic identification on the remains of Maj. Gen. Joseph Warren at Bunker Hill about ten months after Warren's death in that famous battle.

1780 Jacques Gardette (a French Navy dentist when he arrived in America in 1778) was probably the first medically trained dentist to regularly treat Soldiers fighting for the new nation. As a civilian he provided dental care in 1780 for the Comte de Rochambeau's 6000 man army.

The Early Republic

During the War of 1812 with England, the Mexican War (1846 - 1848) and the westward settlement of America, Soldiers sought needed care from civilian dentists or itinerant tooth drawers. In remote locations where no civilian dental source was available Army physicians and hospital stewards (some with preceptor type training in dentistry) were the only sources of emergency dental care. Accounts of the time indicate most physicians and stewards were ill-prepared to provide this service.

6 March 1840 The Baltimore College of Dental Surgery was established as the first dental school. Although this was primarily a civilian event, it signaled the advancement that dentistry had achieved in technology, science, education, and professional organization. These advances legitimized the argument by many civilian dentists of the early 1800s that the U.S. military should recognize dentistry as a specialized medical requirement. As dentistry began to promote itself as a profession many dentists also brought attention to government leaders that Soldiers and sailors suffered from lack of access to qualified dental care.

31 July 1860 The American Dental Association (ADA) held its first convention in Washington D.C. It adopted a resolution to support the appointment of dental officers for the Army and Navy. Organized dentistry continued to press the Army and Congress for military dentistry throughout the American Civil War. Note: The Southern Dental Association separated from the ADA with the division of the nation into the Union and Confederacy. Dental organization separation continued until 1897 when the two associations reunited under the name of the National Dental Association (NDA). In 1922 the NDA once again assumed the name American Dental Association.

Civil War (1861 – 1865)

During the American Civil War, Union Soldiers continued to get dental care wherever they could, even though large numbers of potential recruits were turned away because they did not have six opposing upper and lower front teeth to bite off the end of the tough, paper powder cartridges used with muzzle-loaded weapons. Answering civilian criticism of poor access to dental care, a succession of Army leaders, resisting the idea of providing dentists to the Army, repeated the spurious argument that existing surgeons had the skill and knowledge to manage dental emergencies.

13 May 1861 Confederate leadership was apparently more sympathetic to dental needs of Soldiers because as early as 13 May 1861 Dr. J. B. Deadman, a North Carolina dentist who enlisted as a private in the Confederate Army, was appointed to be a post dentist. Throughout the war, dentists were being either detailed from their units or contracted as civilians to serve the Confederate military.

17 February 1864 The Army of the Confederacy finally acknowledged that its Soldiers could not afford dental care when the Congress of the Confederate States of America (CSA) passed a law to conscript dentists It became policy that all Soldiers with dental training who were already on duty were to be assigned to provide dental services, and they were to have "rank, pay and perquisites [privileges] which their position in the army entitles them; and in addition, such extra duty pay for extraordinary skill and industry, as the Surgeon General will allow." Most CSA dentists were hospital stewards.

September 1864 Dental Cosmos (a dental journal) reported many actions that had been taken by the ADA and its members to secure dental care for Union Soldiers, including a visit on behalf of the Association by Dr. Samuel S. White to President Abraham Lincoln. All efforts to secure such care failed during the Civil War.

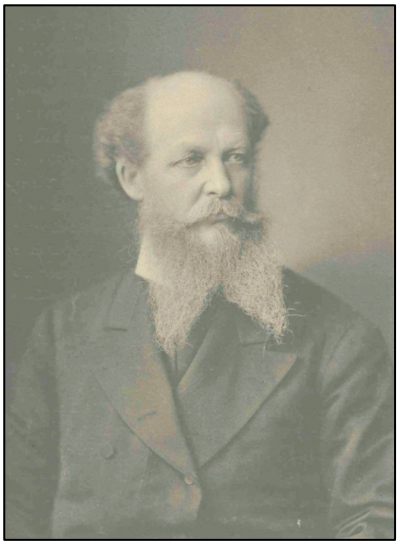

Figure 3. Dr. Samuel S. White, a leader in establishing dentistry as a recognized profession. Reproduced from *Dental Cosmos.* 1880; 21:2

4 April 1872 William Saunders, a hospital steward at West Point became the first Soldier to be recognized as a U.S. military dentist. He was directed by Special Orders to provide dental service for cadets and staff of the U.S. Military Academy at West Point. Saunders had provided dental care as part of his duties since 1858.

Figure 4. William Saunders. Hospital Steward, U.S. Military Academy, West Point, NY - First Soldier officially assigned to provide dental care as a specialty service. He is considered to be the Army's first dentist. 1872. Photograph: "United States Military Academy Class of 1884 Class Album, Special Collections, USMA. Library".

5 July 1884 A section of the Appropriations Act of 1885 provided authority for Army personnel to treat dental problems in family members of military personnel and military retirees. (48th Congress, 1st Sess., CH 217, 5 July 1884, Medical Department.)

In the late l800s the American Dental Association and individual dentists continued to lobby Congress for a military dental corps, but legislation introduced on this matter failed to pass.

Spanish-American War (April 1898- December 1898)

Philippine Insurrection (February 1899 – July 1902)

At the turn of the 20th century, US forces were deployed to foreign soil in Cuba, Puerto Rico, and the Philippines, far from any acceptable source of civilian dental care. Army physicians were forced to confront the reality that their medical training was deficient in care of oral conditions. A significant number of trained dentists served in the capacities of hospital stewards and some were appointed by local command authorities to focus their service on dentistry. Dr. William H. Ware was appointed to practice dentistry and upon his deployment in August 1898 established the first Army field dental clinic in the Philippines at Manila. On 30 September 1898, Dr. Jacob. W. Horner was designated "Corps Dentist for the Seventh Army Corps" and established a dental clinic in Jacksonville, Florida. Both

Ware and Horner were enlisted dentists whose assignments had been as hospital stewards. This recognition of need and demonstration of value of dentists contributed significantly to justifying Army wide use of contract dentists and eventually commissioned status for dental surgeons.

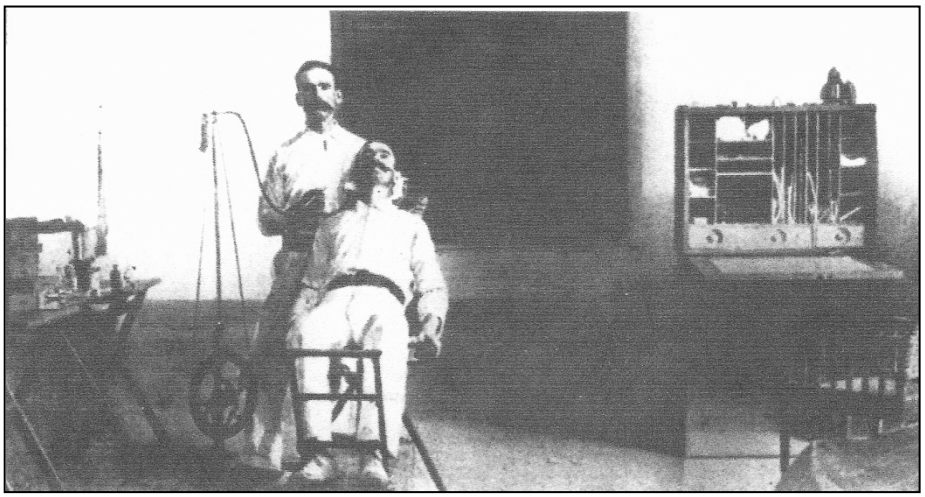

Figure 5. Hospital Steward Dr. William Ware, graduate of the College of Dentistry, University of California, San Francisco, enlisted in 1889 with the purpose of demonstrating the value of dentists in the Army. He was selected as one of the 30 first contract dental surgeons in 1901. He is shown here on Corregidor Island, in the Philippines in 1898. Photograph: Courtesy of the National Archives and Records Administration.

February 1899 Seven African-American regiments were deployed to Cuba during the Spanish-American War. Although it is unclear exactly when Captain William Thomas Jefferson, a dentist in civilian life, deployed, it was recorded that he served with his regiment in Cuba and was stationed at San Luis De Cuba in February 1899. In addition to his command responsibilities as a line officer, he also found time to provide dental care for his regiment. It is possible that Dr. Jefferson was the first African-American dentist to perform dentistry in the U.S. military. He was likely the first African-American commissioned officer to provide dental care in the Army, although serving as a line officer, not a dental officer.

2 February 1901 Still dealing with support of deployed troops at war in the Philippines, Congress passed legislation directing the Army Surgeon General to employ thirty civilian contract dentists to provide dental care for officers and enlisted men of the Regular and Volunteer Army. They would be attached to the Medical Department, not assigned to it. Candidates for the positions had to be graduates of a medical or dental school and to pass a qualifying dental examination. Dental school graduates who were already in the Army Hospital Corps were excused from the exam. These dental surgeons held no rank but

wore the same uniform as medical officers, except for silver "DS" insignia on the shoulder boards. Initially they were assigned to posts in the continental United States (CONUS), Cuba, Puerto Rico, and the Philippines.

Figure 6. Dr. John Sayre Marshall at his first clinical assignment at the Presidio, California. Contract Dental Surgeon, 1901 -1911. He would be commissioned First Lieutenant of the Dental Corps in February 1911, retire a few months later and promoted in retirement to Captain as a way to honor his service. Photograph: Courtesy of US Army Medical Department Museum. DCC01 Marshall-02.

11 February 1901 Dr. John Sayre Marshall, M.D., father of the Army Dental Corps, was appointed to be the first contract dentist, senior supervising contract dental surgeon, and president of the first Army Board of Dental Examiners. Appointed at age fifty-five, his career had already included private practice (1876-1901), book publications, specializing and lecturing in oral surgery at several universities, and establishing the Dental Department at Northwestern University (1886). He had lobbied for an Army dental service, and for ten years following his appointment as a contract dental surgeon he provided masterful leadership toward establishing a commissioned Dental Corps. On 13 April 1911, he became the Army's first commissioned dental officer. He retired on 17 June 1911 as Captain, U.S. Army Dental Corps, at age sixty-five.

25 February 1901 The first Army Board of Dental Examiners met in Washington, D.C. to begin examinations of the first eight candidates for the twenty seven remaining unfilled positions. Dr. Robert T. Oliver, D.D.S., of Indiana and Dr. Robert W. Morgan, D.D.S., of Virginia were the second and third contract dentists appointed and joined Board President Marshall to complete the three-member board. By 21 December 1901, seventy-one dentists had been examined and twenty-eight of the thirty positions had been filled.

11 November 1901 African-American hospital steward William A. Birch sent an application for appointment to an Army contract dental surgeon position. Documentation showed that he was a 1900 graduate of Indiana Dental College and had been providing dental services to US Soldiers in the Philippines. Dr. Birch is probably the first African-American to serve as an Army dentist (although officially as an enlisted corpsman) Historians are to date unable to determine who was the first African-American dentist to be commissioned in the U.S. Army Dental Corps.

20 April 1906 Dr. Leonie von Meusebach-Zasch became the first female dentist to work for the Army (probably the first woman dentist employed by the U.S. government) when she was hired to support Army emergency relief for victims of the San Francisco earthquake.

23 April 1908 The Medical Corps of commissioned officers and the Medical Reserve Corps were established in law, and contracted dental surgeons were incorporated into the Army Medical Department rather than attached to it.

3 March 1911 The **U.S. Army Dental Corps (DC)** of commissioned officers was established with the passing of H.R. 31237, Amendment 49 and President Taft signing it into Public Law No. 453, *36 Stat. 1054.* This event followed many years of National Dental Association discourse, congressional hearings, and the failure of previous bills. The law provided that dental officers could be of no higher rank than first lieutenant. Contract officers with three years' experience were commissioned first lieutenant. New candidates who were board examined and accepted were appointed Acting Dental Surgeons for a period of three years before commissioning. Acting dental surgeons had the same status as contract dentists, received less pay than lieutenants, and could not be ordered to war. Civilian dentists immediately started lobby efforts to upgrade the rank and pay to be more comparable with military physicians. The Act of 3 March 1911 had a major impact on the civilian status of dentistry as a profession. Before the enactment of the military dental corps authorization, the words "dentistry," "dental profession," and "dental surgeon" had no significance or recognition under the law. The United States government set precedent for the "official recognition" of dentistry as a profession.

World War I (6 April 1917 – 11 November 1918)

Summer 1914 The World War began in Europe. Although the U.S. would not declare war until April 1917, concern for readiness to enter the war had a significant effect on changes in U.S. Army and U.S. Army dentistry.

March 1916 The Preparedness League of American Dentists, 1,700 civilian dentists, organized to provide free dental service for men wishing to enlist. The League also established a standard course for military training of dentists and provided study clubs for dentists who expected to enter the reserves. Dental schools cooperated by using the League course standards and by making League courses available. Between four and five thousand dentists were estimated to have completed the training. By 1918 Preparedness League dentists had provided approximately a million pro bono dental procedures to men selected for military service.

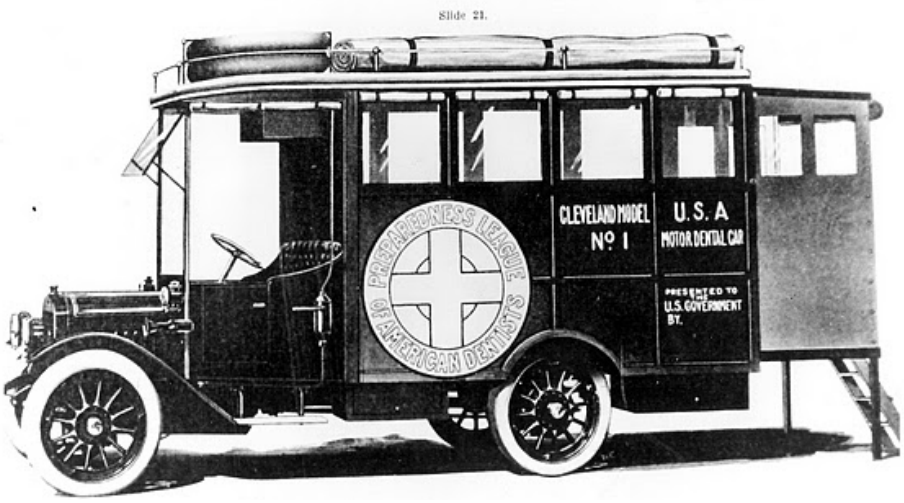

Figure 7. In World War I dental ambulances were designed and donated to the Army by the Preparedness League of American Dentists. Contrary to most civilian dental practices the Army required considerable mobility to reach ever moving troops. Photograph reproduced from Dental Cosmos. 1918;24;10 .

3 June 1916 Congress passed the National Defense Act of 1916 that included reorganization of the Army Dental Corps. Under this act the probationary contract system was abolished, permitting immediate commissioning of dental officers as first lieutenants with advancement to captain after eight years and to major after twenty-four years of active service. The act also authorized the Army Dental Reserve Corps.

September 1916 The first Army dental training school was established at Fort Bliss, El Paso District, Texas by Captain Robert T. Oliver. Tensions along the US

/ Mexican border in 1916, including raids by Pancho Villa, resulted in a dramatic deployment along the border and a significant influx of both active and National Guard dental officers. This created awareness that dentists with good civilian education and experience still lacked operational field skills, military administrative knowledge, and trauma related training that are unique to military service. The Fort Bliss dental school served as a model for similar schools needed soon in World War I. (For a more complete description of Army dental education and training read the May 1921 entry.)

6 April 1917 The United States declared war on Germany and entered World War I with a Dental Corps of 86 Regular officers. By 30 November 1918, the number of active duty dental officers peaked at 4,620 from the Regular Army, Army Reserve, and National Guard, with 1,864 stationed in Europe. Note: In September 1917, 891 dentists who were in the Medical Enlisted Reserve Corps were called to active duty as privates although 1,079 other reservists were allowed to wait commissioning as Dental Corps officers.

9 August 1917 MAJ William H. G. Logan, M.D., D.D.S., a Medical Corps Reserve officer, was appointed to be the Chief of the newly established Dental Section, Personnel Division, of the Office of the Surgeon General, and **first Chief, Army Dental Corps**. As a civilian Dr. Logan had been a leader in establishing the Dental Reserve Corps in 1916. As DC Chief he significantly increased the number of Dental Reserve officers, organized maxillofacial surgical teams, and initiated dental officer basic training and an enlisted dental assistant training program at Fort Oglethorpe, Georgia. He was the president of the National Dental Association (1917-1918) and after his discharge on 12 February 1919 became dean of Chicago College of Dental Surgery (1920-1923) and then of Loyola University College of Dentistry (1923-1943).

Figure 8. Colonel William H.G. Logan. First Chief of U.S. Army Dental Corps. 1917 - 1919. Photograph: Journal of the National Dental Association, 1917; 4:21280.

20 August 1917 The first dental unit of the American Expeditionary Forces (AEF) landed in France with Captain Robert T. Oliver in charge. Oliver had been designated on 25 June 1917 to be Chief Dental Surgeon, AEF, by General John J. Pershing. Oliver had developed a good working relationship with Pershing in the Philippines that continued when supporting him in the Mexican border

operation. Captain Oliver assumed the dental surgeon duties on 1 September 1917 and would be promoted to Colonel during his service in France.

6 October 1917 A House resolution (HR 4897) was passed into law authorizing Army Dental Corps officers the same rank, pay, promotion, and retirement rights as officers of the Medical Corps. This law also directed that all dental and medical students be permitted to complete their dental or medical education before being called to active duty.

15 November 1917 Basic training and combat casualty care courses were established for dental officers at the new Dental Section, Sanitary School, at Langres, France. (For a more complete description of Army dental education and training read the May 1921 entry.)

15 March 1918 Basic and technical training for dental officers and enlisted dental assistants was initiated at Camp Greenleaf, Fort Oglethorpe, Georgia. (For a more complete description of Army dental education and training read the May 1921 entry.)

Figure 9. World War I Army dental clinic, France**.** Photograph: U.S. Army Medical Department Center and School, Dental Science Division

World War I Statistics From July 1917 to May 1919, 1,396,957 Soldiers of the American Expeditionary Forces were treated for many different dental conditions. Dental officers provided 1,505,424 restorations, 384,427 extractions, 60,387 crowns, and 13,140 dentures. Seven dental officers and seven enlisted dental assistants were killed in action. Eight dental officers died of disease, and thirty-six dental officers and enlisted dental assistants were wounded in combat. By 1920

Dental Corps officers were located in England, France, Belgium, Germany, Russia, and Poland.

12 February 1919 At COL Logan's discharge, LTC Frank LaFlamme was named Chief, Dental Section, Personnel Division, Office of the Surgeon General (OTSG), and became the second Chief, Army Dental Corps. He served as interim chief until August 1919.

21 August 1919 Col. Robert T. Oliver, now the Dental Corps' ranking officer, returned from his AEF position and was named Chief, Dental Section, Personnel Division, OTSG. He became the third Chief, Army Dental Corps. Before his entry into Army service, Oliver had a successful civilian career that was interrupted by his voluntary enlisted time during the Spanish-American War. His wartime experience influenced him to become an activist in organized dentistry for an Army dental corps. Oliver was one of the original three members of the Army Dental Examining Board. Colonel Oliver was later elected president of the American Dental Association (1930-1931) and while on active duty served as professor for the dental Reserve Officers' Training Corps (ROTC) at the University of Pennsylvania.

24 November 1919 A Dental Division was established in the OTSG to replace the Dental Section in the Personnel Division, OTSG. COL Robert T. Oliver was named Director, Dental Division, and remained Chief, Army Dental Corps.

Figure 10. Colonel Robert T. Oliver: civilian advocate, contract dental surgeon, commissioned dental corps Theater Dental Surgeon for American Expeditionary Forces, and third Chief of U.S. Army Dental Corps

4 June 1920 Congress passed the National Defense Act of 1920. The act authorized 298 officers for the Dental Corps and established the Medical Department ROTC. This allowed establishment of dental ROTC programs at eight dental schools in 1921 and 1922.

May 1921 The Medical Field Services School (MFSS) was established at Carlisle Barracks, Pennsylvania. The training in military medical support for dental officers and enlisted dental personnel that had been conducted at the Fort Bliss dental school before the World War, the Sanitary School in Langres, France, and Fort Oglethorpe, Georgia during the War was centralized at the new MFSS. In

January 1922 dentistry specific subjects that had been taught at these schools were transferred to the Army Dental School at the Army Medical Center in Washington, D.C. The MFSS continued to teach the medical support and military subjects to dental personnel and remained at Carlisle Barracks until it moved to Fort Sam Houston, San Antonio, Texas, in 1946. In December 1972, as it was occupying new facilities at Fort Sam Houston, the MFSS was re-designated the U.S. Army Academy of Health Sciences (AHS), and in July 1994 the AHS became an element of the Army Medical Department (AMEDD) Center and School instead of a separate command. Enlisted dental training, dental NCO and dental officer military training continued to be conducted by the AHS Dental Science Division. Graduate Dental Education for officers has been delivered under other programs.

September 1921 First Army graduate dental education: Three Dental Corps officers were sent to New York University, Dewey School of Orthodontic Training, and one Dental Corps officer to the Army Medical School for bacteriology training.

6 January 1922 The War Department established an Army Dental School at the Army Medical Center in Washington, D.C. The faculty included eleven Dental Corps and eighteen Medical Corps officers. The school was opened to give postgraduate courses in advanced military dental surgery, provide an organization for research of dental problems, and train enlisted personnel to meet the requirements of dental service. Colonel Siebert D. Boak was the first commandant. This school was the predecessor of the U.S. Army Institute of Dental Research.

Post World War I Demobilization

30 June 1922 Congress passed the National Defense Act of 1922, reducing the size of the Army from 150,000 to 137,000 Soldiers and the size of the Regular Army Dental Corps from 298 to 158 officers. DC downsizing was accomplished by retirement, resignation, and the involuntary separation of 77 dental officers.

12 March 1923 War Department Circular 20 directed that only active duty personnel could be provided dental care, eliminating family member and retired dental care that had been authorized since 1884. The reason cited was a shortage of Army dental officers.

1924 The Army adopted the practice of "expedient dentistry" consisting primarily of emergency care, extractions, and dentures.

July 1924 COL Rex H. Rhoades was named Director, Dental Division, OTSG, and the fourth Chief, Army Dental Corps.

1925 Dental officers could once again treat the same categories of patients as Medical Corps officers, but no increase in resources was authorized. All dental

enlisted personnel were reassigned from medical officer control to the Director, Dental Division, OTSG, for administration and assignment.

1 July 1926 For the first time a Dental Corps officer was assigned to the Army Medical Museum, later renamed the Armed Forces Institute of Pathology (AFIP).

1927 Three Central Dental Laboratories were established to produce dental appliances and prosthesis. Each laboratory served one or more corps areas. They were established at the Army Medical Center, Washington, D.C. (later named Walter Reed Army Medical Center); Fort Sam Houston, Texas; and Letterman General Hospital, San Francisco, California. The name was changed to the Regional Dental Activity in 1962 and to Area Dental Laboratory in 1981.

15 June 1928 COL Julien R. Bernheim was named Director, Dental Division, OTSG, and fifth Chief, Army Dental Corps.

1931 The first dental officer was sent for specialty training in oral surgery.

30 June 1931 The American Dental Association designated the Dental Section of the Army Medical Museum as the official museum of the dental profession in the United States.

31 August 1931 The Dental Division, OTSG, was reorganized under the Professional Division, OTSG.

May 1932 Congress ceased to appropriate funds for Medical Department ROTC, and dental ROTC was phased out of existence by 1935.

15 June 1932 COL Rex H. Rhoades repeated as Director of Dental Division (now part of Professional Division), OTSG, and became the sixth Chief, Army Dental Corps. The size of the active Dental Corps remained at 158 officers.

1933 The Army Dental Corps was directed to provide emergency dental care to the Civilian Conservation Corps.

1 July 1934 The Registry of Dental and Oral Pathology was established at the Army Medical Museum with the support of the American Dental Association.

20 September 1934 COL Frank P. Stone was named Chief, Dental Division, Professional Service, OTSG, and seventh Chief, Army Dental Corps.

30 May 1935 Portraits of CPT (ret.) John S. Marshall, given by the New York Dental Society, and of COL Robert T. Oliver, given by the officers of the Dental Corps, were presented to the Army Dental School. This began the tradition of Dental Corps officers' donating portraits of Dental Corps chiefs for display.

29 November 1935 The OTSG again reorganized, moving dental staff elements from the Professional Division to the Dental Division directly under the Surgeon General.

30 June 1937 **Ramping up - anticipating war**. The first increase in the size of the Dental Corps since 1922 occurred. The number of Regular Army dental officers increased by 25 to 183 Dental Corps officers. This began a series of increases leading up to the massive mobilization of World War II.

29 January 1938 The rank of brigadier general was authorized by the 75th Congress (Public Law 423) for the director of the Dental Division, OTSG. This law also directed an increase in the Regular Army Dental Corps to 258 officers. In April 1938 the authorized DC strength was again increased to 316 officers. In this time frame the Dental Reserve Corps reached 5,199 officers, exceeding the projected wartime requirement of 5,000 officers. All reserve Dental Corps recruitment was directed to cease, and the size of the Dental Reserve Corps rapidly dropped below 5,000.

14 March 1938 COL Leigh C. Fairbank was promoted to Brigadier General becoming the first Dental Corps officer to achieve general officer rank. He was named Chief of the Dental Division, OTSG, and eighth Chief, Army Dental Corps. General Fairbank served until 16 March 1942. (See also 18 December 1959 entry.)

1 July 1939 The Army Dental Internship Program (one year) opened with eight civilian dentists. Upon successful completion of the program, the dentists would be eligible for commissioning as first lieutenants.

16 March 1940 The American College of Dentists presented a plaque to the Army Medical Service Graduate School (now Walter Reed Army Institute of Research) in memory of Army dental officer MAJ Fernando E. Rodriguez for his pioneering research showing the relationship between the Lactobacillus acidophilus and dental caries.

Figure 11.
Major Fernando E. Rodríguez Vargas, DDS is given credit for ground breaking microbiology research on cariogenic bacteria.

World War II (8 December 1941 – 2 September 1945)

Aggressive acts by Germany in Europe and by Japan against China in 1937 and 1938 resulted in American apprehension about the potential for involvement in hostilities. The 1 September 1939 German invasion of Poland precipitated the declaration of war on Germany by France and Great Britain. Again military expansion in preparation for war became a factor molding the Army dental service.

October 1941 The War Manpower Commission established the Procurement and Assignment Service that selected, inducted, and assigned dentists into the military services. As a result of the 1938 suspension of recruitment, the Dental Reserve Corps had dropped to 4,428 by June 1941. Meanwhile the active force was rapidly expanding, activating over 2,000 reserve dental officers during 1941.

8 December 1941 The day following the bombing of Pearl Harbor by the Japanese, the United States entered World War II with an active duty Dental Corps of 316 Regular Army and 2,589 reserve Dental Corps officers (2,905 total).

28 January 1942 An Army dental officer, LTC George R. Kennebeck, was named the first chief of the new Dental Section, Office of the Army Air Forces Surgeon General. (See also the12 May 1949 entry concerning establishing USAF.)

17 March 1942 BG. Robert H. Mills was appointed Director, Dental Division, OTSG, Assistant Surgeon General, and ninth Chief, Army Dental Corps (now numbering 3,446 officers). Mills was promoted 7 October 1943 to the temporary rank of major general, becoming the first dental officer to hold this rank. He retired on 17 March 1946.

26 March 1942 The Dental Division of OTSG was renamed to be the Dental Service. The Dental Service was again placed under the Professional Services group, OTSG, with no direct access to the Surgeon General. This organizational structure was perceived to create great difficulties for managing dental care for Soldiers.

9 April 1942 Major Roy L. Bodine, Jr. became a prisoner of war of the Japanese when Bataan in the Philippines fell. He spent three and a half years as a POW in the Philippines, Japan and Korea before being liberated on 7 September 1945. His acts of caring for and leadership of fellow POWs were inspiring and representative of other U.S. Army dental POWs. His leadership to the Dental Corps continued until his retirement at the rank of Colonel in 1961.

1943 The Army was faced with a shortage of glass artificial eyes. Research-minded Army dental officers in three widely separated locations experimented with clear synthetic resin and fashioned a plastic eye which was adopted for

routine use by the Army. Army dental personnel were also important in the development of improved custom hearing-aid adapters and fabrication techniques of tantalum plates for repair of skull defects.

Dental services in Replacement Centers operated around the clock on eight-hour shifts because of a shortage of dental equipment and facilities. Later this would be cut to two eight-hour shifts as newly constructed dental clinics were completed to provide dental care for the Soldiers during their fifteen-day stay at the centers.

7 July 1944 Ben Louis Salomon, Captain, US Army Dental Corps (later to posthumously be awarded the Medal of Honor) was killed in action on the Pacific island of Saipan while valiantly defending severely wounded Soldiers and covering the evacuation of ambulatory wounded. Captain Salomon, a graduate of the Dental College of the University of Southern California in 1937, was acting battalion surgeon for the 2d Battalion, 105th Infantry Regiment, 27th Infantry Division, when a massive banzai suicide attack of 3,000-5,000 Japanese Soldiers struck the 1st and 2d Battalions outside of Tanapag village early on the morning of 7 July 1944. Japanese Soldiers quickly penetrated the American lines and advanced into the battalion's rear areas where they began attacking the patients at Salomon's battalion aid station. In hand-to-hand combat, Salomon fought off the attackers and then took over a machine gun whose crew had been killed so that his medics and the walking wounded would have time to get back to the regimental aid station. When U.S. forces reoccupied the area on 8 July, Captain Salomon was found dead at the machine gun with 98 Japanese Soldiers piled in front of his position. Although recommended for the Medal of Honor in July 1945, the recommendation was not sent forward for approval because of a misinterpretation at Division level of the Geneva Convention concerning medics' use of weapons. The Army Dental Corps honored Captain Salomon by memorialization of a Dental Clinic at Fort Benning, GA in his name. It would be over fifty-six years before Salomon's heroism was finally recognized with presentation of the Medal of Honor. (See entry for 1 May 2002) Captain Salomon is the only Army Dental Corps officer to receive a Medal of Honor.

For a more detailed account of Captain Ben L. Salomon and the long quest to obtain a Medal of Honor in recognition of his selfless actions, go to: http://history.amedd.army.mil/moh/Salomon.html

25 August 1944 Dental Services was again designated the Dental Division, OTSG, and organized directly under the Surgeon General.

1 November 1944 The Dental Corps active duty strength reached its highest level with 15,292 officers. By 31 May, 1945, seven thousand, one hundred three (7,103) of these officers would be overseas. The concept of operations throughout this war was unit dental support with each Army division typically having more than thirty dental officers, as opposed to area support developed during the Korean War. (See entry for 1952.)

World War II Statistics During the period 1 January 1942, - 31 August 1945, the Army Dental Corps completed the following procedures: 16,231,264 extractions, 69,546,560 restorations, 579,473 full dentures, and 2,032,684 partial dentures. Twenty dental officers were killed by enemy action. In addition to these 20, 5 later succumbed to their wounds, 10 died in captivity, and 81 lost their lives to disease and non-battle injury. Over 18,000 dentists served during World War II.

Figure 12. Central Dental Laboratory, London, 1943
Photograph: Reproduced from *United States Army Dental Service in World War II*.[2]

1946 The Medical Field Service School (MFSS), including the Dental Section, moved to Fort Sam Houston, Texas, after twenty-six years at Carlisle Barracks, Pennsylvania. In December 1972, as it was occupying new facilities at Fort Sam Houston, the MFSS was re-designated the U.S. Army Academy of Health Sciences (AHS), and in July 1994 the AHS became a subordinate element of the Army Medical Department Center and School instead of a separate command. (Read the May 1921 entry for more on organizational lineage.)

17 March 1946 BG. Thomas L. Smith was named Director, Dental Division, OTSG, Assistant Surgeon General, and tenth Chief, Army Dental Corps (now reduced to 5,011 officers). As a result of a law passed 7 August 1947 to grant the permanent rank of major general to the chief of the Army Dental Corps, General Smith was promoted to major general on 24 January 1948. General Smith served as chief until 20 April 1950.

12 May 1949 The U.S. Air Force Dental Service was established. Major General George R. Kennebeck moved from Chief of the Army Air Corps Dental Service to be Chief of the U.S. Air Force Dental Corps.

20 June 1950 MG Walter D. Love was sworn in as Chief, Dental Division, OTSG, and eleventh Chief, Army Dental Corps. He retired on 30 April 1954.

Korean War (25 June 1950 – 27 July 1953)

25 June 1950 North Korea invaded South Korea. By the next day, President Harry S. Truman had authorized use of U.S. forces in the conflict.

21 March 1951 Dr. Helen E. Myers was commissioned into the Army Dental Corps, becoming the first woman to serve as an Army dental officer. Entering with the rank of captain, she reported for duty at Fort Lee, Virginia.

1952 The concept of **area dental support**, as opposed to **unit dental support**, was introduced during the Korean War. This would evolve into the KJ Detachment of the Vietnam War era, re-designated the HA Detachment in the early 1970s, and subsequently the Dental Company of the post-1991 Gulf War era. The idea of a **dental command and control unit** (AI Detachment) was also conceived for the Korean operation but not implemented until Vietnam. Note: Units were given random letter designations unrelated to titles or functions. The AI Detachment evolved into the Dental Battalion after the 1991 Persian Gulf War. (See entries 23 December 1965, 6 April 1992, 30 June 1993, and 30 March 2003 for later evolution of dental command and control.)

27 June 1952 Colonel (later Brig. Gen.) Pearson W. Brown was the first dental officer to graduate from the resident course, U.S. Army Command and General Staff College, Fort Leavenworth, Kansas. On 20 June 1957, Colonel Brown also became the first dental officer to graduate from the resident course, U.S. Army War College, Carlisle Barracks. General Brown had been one of the original eight Army dental interns in 1939.

***Korean War* Statistics** Peak strength of the Dental Corps during this conflict was 2,641 officers with 370 serving in Korea. Two Army dental officers were killed and one declared dead while missing in action.

12 April 1954 Brig. Gen. Oscar P. Snyder was promoted to major general and sworn in as Chief, Dental Division, OTSG, and twelfth Chief, Army Dental Corps. General Snyder retired in November 1956.

1956 Army dentistry's first involvement in the Vietnam War was by LTC (later BG) Jack P. Pollock, during a 120-day temporary duty assignment to the U.S. Military Assistance Advisory Group, Vietnam. He served as the Medical Advisory Team chief and the dental adviser for the team. Later (1967-1968) Colonel Pollock served as commander of the 932d Medical Detachment (AI) in Vietnam, and in 1970 he was the first armed forces dental officer to be appointed as the Special Assistant for Dental Affairs, Office of the Assistant Secretary of Defense

for Health Affairs. He was promoted to brigadier general in April 1972 and was the Director of Dental Services, Health Services Command (1973-1977).

1 December 1956 BG James M. Epperly was promoted to major general, and sworn in as Chief, Dental Division, OTSG, and thirteenth Chief, Army Dental Corps. He retired in September 1960.

1957 A course of instruction was established at the Medical Field Service School, Fort Sam Houston, to train enlisted military dental hygienists.

10 August 1957 The first modern, air-conditioned dental clinic built exclusively for dentistry to replace the World War II-type "temporary" structures was opened and memorialized in the name of CPT John S. Marshall at Fort Dix, New Jersey. That clinic was subsequently closed in the early 1990s. On 31 March 2009 another clinic was dedicated in memory of Marshall at Fort Drum, New York, the "CPT John Sayre Marshall Dental Clinic."

18 December 1959 BG (ret.) Leigh C. Fairbank personally presented the first award of the Fairbank Medal to Maj. Kenneth W. Thomasson. The award, endowed by General Fairbank, honors the dental officer with the highest scholastic standing in the AMEDD Officer's Advanced Course of the Medical Field Service School.

1 August 1960 COL Joseph L. Bernier was promoted to major general and sworn in as Chief, Dental Division, OTSG, Assistant Surgeon General for Dental Services, and fourteenth Chief, Army Dental Corps (now numbering 1,747 officers). General Bernier was well known for initiating an aggressive Army-wide preventive dentistry program in November 1960. He used the Army preventive program as a model for promoting the prevention movement in civilian practice. Among specialists in oral pathology, Dr. Bernier is given credit for leadership in organizing oral pathology as a specialty and specifically for establishing the American Academy of Oral Pathology.

Figure 13. MG Joseph L. Bernier

1 July 1961 The first two-year Army General Dentistry Residency Program was established at Fort Hood, Texas.

1 January 1962 The U.S. Army Institute of Dental Research was activated at Walter Reed Army Medical Center, replacing the Army Dental School and the Dental Division, Walter Reed Army Institute of Research. Its mission continued to include both research and postgraduate dental training.

1 March 1962 Central Dental Laboratories in CONUS were re-designated U.S. Army Regional Dental Activities. The name was changed again in 1981 to the U.S. Army Area Dental Laboratory; then in 1998, laboratory consolidation resulted in only one remaining laboratory at Fort Gordon, being re-designated The Army Dental Laboratory.

Vietnam War (1950 – 1973)

Although establishing dates for the beginning and ending of US Army involvement in the Vietnam War is debatable, the US established a U.S. Military Assistance Advisory Group (MAAG) as early as 3 August 1950 and the last U.S. combat troops left Vietnam 29 March 1973. There was relatively continuous involvement of US forces between those dates. As for US Army Dental Corps participation, it began in 1956 with LTC (later BG) Jack P. Pollock's MAAG assignment (see 1956 entry) and ended 1 April 1973 with the departure of the single remaining Dental Corps officer, MAJ Alfred F. Tortorelli. (See 1 April 1973 entry).

18 April 1962 The 36th Medical Detachment (Dental Service) under the command of LTC John W. Rudisill arrived at Nha Trang, Vietnam. This was the first dental unit to deploy and was of the KJ Detachment type (area support) originally fielded at the end of the Korean War. Initially dental units deployed with equipment sets that resembled those used during World War II and Korea. The electric motor, belt-driven hand pieces and old fixed-position tubular canvas chairs were relics of previous wars. After the first few years of supplementing the outdated equipment with stateside-type fixed equipment, a compressed-air, rotor handpiece system (the Encore unit), developed specifically for field military use, was delivered, giving a modern, mobile capability required for operational support.

23 December 1965 Operational dental command and control was realized for the first time with the deployment to Vietnam of the 932d Medical Detachment. This AI Detachment (command and control) was assigned to the 44th Medical Brigade, and by August 1968 controlled thirteen subordinate KJ Detachments (area support). Dramatic improvement in dental operation proved the value of dental command over dental assets.

14 July 1967 Army Regulation (AR) 40-4, Army Medical Service Facilities, organized installation dental service in CONUS to be within the Medical Support

Activity (MEDSAC) for administrative purposes. About a year later the MEDSAC was converted to an Army Medical Department Activity (MEDDAC) with the post hospital commander having command authority over dental services. In Vietnam the value of dental command and control was being proven while conversely, under this CONUS organization, making dentistry subordinate to hospital command was shown to be inefficient. In addition to problems with securing appropriate resources and low morale of dental personnel, large numbers of Soldiers were being deployed without meeting the dental fitness standards enforced in previous wars.

Figure 14. Vietnam was a time that demonstrated to the army the value of Dental Corps leadership. a. MG Robert Shira, then in 1968 the Chief of the Dental Corps on a site visit to the theater of operations. b. LTC (Later MG) George Kuttas was HA (dental) detachment Commander. c. LTC (later MG) H. Thomas Chandler also was HA (dental) detachment Commander. Photographs 14 a and b: Reproduced from slide collection of Colonel Richard McConnell. Photograph 14 c: Courtesy of MG (Retired) H. Thomas Chandler.

15 November 1967 BG Robert B. Shira was promoted to major general and sworn in as Assistant Surgeon General for Dental Services, OTSG, and fifteenth Chief, Army Dental Corps (then 2,656 officers strong). After General Shira's retirement in 1971 he became dean of Tufts University School of Dental Medicine and was elected president of the ADA (1975-1976).

1968 Major improvements in Vietnam mission support occurred after General Shira visited Vietnam in the spring of 1968. Tactical commanders in the field complained bitterly to him about Soldiers lost from their duties because of dental emergencies. Improvement measures included: a 20 percent increase in dental officer strength in Vietnam by June, increased availability of field dental equipment, implementation of the Dental Combat Effectiveness Program (DCEP) to eliminate potential dental emergency conditions in Soldiers with combat military occupation specialties, use of an improved intermediate restorative material (IRM) to avoid unnecessary extractions, field screening and sustaining care at theater in-processing and at forward troop sites in Vietnam, and mass application of self-applied 9 percent fluoride paste.

6 December 1968 The Army Oral Health Maintenance Program (AOHMP) was implemented targeting active duty Soldiers age twenty-five years and younger. Caries control was the clinical goal. The program required Soldiers in this target group to have an annual dental exam during their month of birth and offered

appointments to eliminate adverse dental conditions. Oral hygiene instruction and professionally applied topical fluorides were emphasized.

January 1970 The Army General Dentistry Board provided to Army graduates of the two year in General Dentistry Residency the first professional certification examination for a “specialty” of General Dentistry. On 15 May 1978, the board offered the certification examination to qualified candidates from the Navy and Air Force. On 29 July 1980, the name was changed to the Federal Services Board of General Dentistry and offered the certifying exam to all of the U.S. federal services. In August 2003 the Dental Corps Chiefs of the Army, Air Force, Navy, Public Health Service and Veterans Administration gave final approval for the merger with the civilian American Board of General Dentistry, with the ABGD taking over completely over a period extending to 2008.

September 1970 Mutual support programs between reserve component dental units and active dental services began during weekend training at Fort Devens, Massachusetts. These units treated family members and retired Soldiers who otherwise would not have received dental care. The Mutual Support Program, expanded on 16 May 1974, assigned dental reserve personnel from nine readiness regions to installation dental activities.

11 January 1971 Phase II of the Army Oral Health Maintenance Program (AOHMP) was implemented, calling for the birth-month dental examination and preventively oriented care for Soldiers over twenty-five. The emphasis in this age group was prevention of periodontal disease. In October 1974 the two phases of the AOHMP were combined into a single program with no age-specific distinction in treatment goals.

1 December 1971 COL Edwin H. Smith, Jr., was promoted to major general and sworn in as Assistant Surgeon General for Dental Services, OTSG. He was the sixteenth Chief, Army Dental Corps.

27 March 1972 The Dental Therapy Assistant (DTA) concept was approved by Department of the Army for immediate implementation. DTAs were expanded duty auxiliaries who could work under the supervision of dental officers to provide certain reversible dental procedures such as placing rubber dam and placing and carving amalgam. Under this concept dental officers increased their productivity by working with a team of regular assistants and one or two DTAs. Training of civilian assistants to be DTAs began in the fall of 1972 at twenty-two CONUS installations, with a curriculum designed and supported by the Dental Science Division at the Medical Field Service School (later called the Academy of Health Sciences). Also in the fall of 1972 a new dental clinic design was approved that better supported the team concept and made more efficient use of multiple operatories. Due in large part to perceptions in the civilian sector that substituting dental auxiliary labor for dentist labor was not necessary to meet public demand for dental services, the Army’s DTA training was discontinued. The existing DTAs

continued to function until normal attrition of promotion and leaving Army employment eliminated them. (See also the March 2002 entry concerning EFDA, a later program to establish a dental personnel type with expanded function.)

1 April 1973 The end of Army dental service in Vietnam was marked by the departure of the single remaining Dental Corps officer, MAJ Alfred F. Tortorelli. Withdrawal of dental units had begun in July 1969; by 30 April 1972, the command and control unit (932d Medical Detachment) had been inactivated; and on 12 February 1973, the last dental unit (38th Medical Detachment [HA]) was inactivated.

***Vietnam War* Statistics** The greatest number of dental officers on active duty during the conflict was 2,817 with a maximum of 290 being stationed in Vietnam at any one time. The concept of support was a combination of unit support (approximately one dentist per brigade), hospital support (usually an oral surgeon per hospital), and area support (fourteen dental service units and one dental command and control unit). Four Army dental officers and four dental enlisted Soldiers were killed in Vietnam.

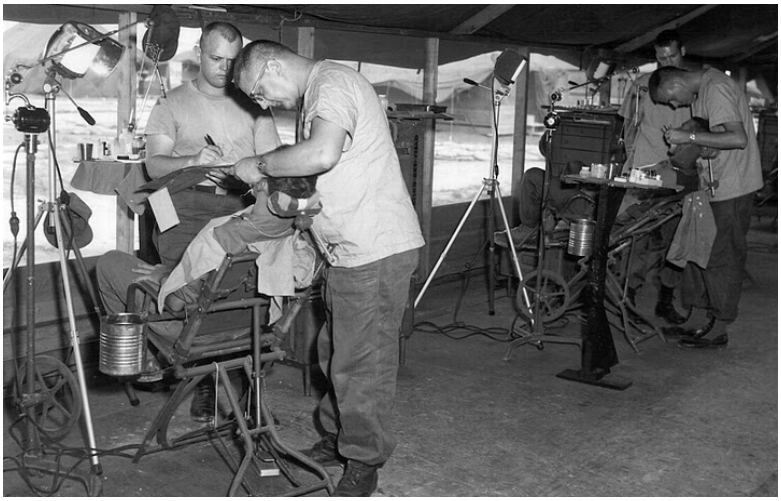

Figure 15. Vietnam HA detachment field dental facility. Photograph: Reproduced from slide collection of Colonel Richard McConnell.

1 April 1973 The U.S. Army Health Services Command (HSC) was activated at Fort Sam Houston, Texas, to provide command and control over all active duty medical assets in CONUS except field units (TOE). Previously, many technical functions had been controlled by the Office of the Surgeon General, and command was provided by commanders at local installations. Dental staff guidance for HSC was provided by the Director of Dental Services, initially COL Richard Howard then Jack Pollock, when he was promoted to brigadier general.

1974 The Department of Defense (DoD) directed all three services to adopt a standard productivity reporting method. The Army had previously used a similar

Army wide dental reporting system until 1967. This allowed the Army Dental Corps to compare current productivity with that achieved before MEDDAC assumed command over dental services. The analysis showed productivity had fallen 17 percent. Other statistics showed the Dental Corps to have the lowest retention rate of all Army officer corps. The result was a Surgeon General appointed an ad hoc committee of general officers to review dental services. The committee verified many inefficiencies of the MEDDAC organization as it related to dental services.

1 July 1974 The one-year General Practice Residency Program replaced the one-year Dental Intern Program. This residency was an effective recruiting tool and provided a reservoir of better trained young officers for many remote assignments.

2 May 1975 A job description for civilian Community Health Dental Hygienists (CHDH) was approved by Headquarters, Department of the Army. This action acknowledged that in addition to clinical preventive dentistry there are many community based measures that contribute significantly to Soldier and family member oral health. However over the next decade, the need to use hygienists in their clinical rolls diverted their concentration on community efforts and the use of CHDH and these positions vanished from the Army.

29 August 1975 COL George Kuttas was promoted to brigadier general and assumed the position of Deputy Commander, 7th Medical Command, Europe. He was the first Dental Corps general officer to serve in this position.

1 September 1975 BG Surindar N. Bhaskar was promoted to major general and sworn in as Assistant Surgeon General for Dental Services, OTSG, and as seventeenth Chief, Army Dental Corps, with 1,856 officers. Armed with the recommendations of the Army Surgeon General's ad hoc committee on dental services, General Bhaskar set about planning and implementing the Installation Dental Service Management Program.

18 February 1976 The Installation Dental Service Management Program was initiated by the Surgeon General as a trial. The program consisted of organizational changes to give to Dental Corps officers' authority over, and accountability for, dental functions. Also, a large number of measures were directed at increasing dental officer time for patient care, reducing administrative overhead, and basing dental leadership appointments on merit. The trial was successful. See entries about regulatory changes in December 1977 and legislative changes in October 1978.

27 May 1976 The Mobilization Designee (MOBDES) Program for reserve Dental Corps officers was implemented. Reserve dental officers assigned to the MOBDES Program trained to play a specific wartime role in the event of a reserve

mobilization and to serve as the adviser for all reserve activities related to their unit.

12 November 1976 The first Army dental clinic of the new modular design was opened at Fort Lewis, Washington. The new concept utilized a ratio of 2 to 2.5 operatories per dentist, arranged to accommodate multi-ancillary team dentistry, rather than the 1-operatory-per-dentist plan of previous dental clinics.

29 November 1976 The Dental Corps was the first AMEDD corps to hold a command selection board and develop a command selection list from which dental commanders and other key dental staff positions would be filled. The philosophy was that selection of commanders should be based on merit rather than on date of rank.

16 May 1977 Staffing of dental commands was revised to make the executive officer a Medical Service Corps (MSC) position. With this change, trained health care administrators relieved dental officers of administrative tasks so they could spend more time on activities for which their dental training was required.

7 December 1977 Changes to AR 40-1, Composition, Mission, and Functions of the Army Medical Department, and AR 40-4, Army Medical Department Facilities/Activities, directed worldwide adoption of the major elements of the Installation Dental Service Management Program initiated in February 1976. This followed health care studies that indicated a more than 65 percent increase in productivity and dramatic improvements in dental officer retention rates under the program. The regulation established the Dental Activity (DENTAC) concept: all dental units were to be commanded by a dental officer, funds for dental operations would be "fenced," and enlisted personnel in these units would be under the control of dental officers. The installation dental commander would be responsible directly to the post commander rather than through the post medical commander.

21 September 1978 The Dental Specialist (Military Occupational Specialty [MOS] 91E) course structure was revised to create a 44-week Dental Hygienist training course. The course would be accredited by the ADA and produce graduates who were eligible for state dental hygiene board examinations.

20 October 1978 U.S. Public Law 95-485, 10 USC 3081, was passed by Congress, enacting the principles of the Installation Dental Service Management Program. The law specified that the Assistant Surgeon General/Chief of the Dental Corps was responsible to the Surgeon General and through the Surgeon General to the Chief of Staff of the Army, for all matters concerning dentistry and dental health of the Army. It also stipulated that dental personnel would be organized into dental units commanded by a Dental Corps officer and that the dental commander was directly responsible to the commander of the installation

served. Under this DENTAC concept, management indicators continued to demonstrate the value of dental command and control.

17 February 1979 BG George Kuttas was promoted to major general and sworn in as Assistant Surgeon General for Dental Services and eighteenth Chief, Army Dental Corps, with 1,764 officers.

August 1979 – July 1984 BG Bill B. Lefler was the first dental officer to hold the position of Deputy Commander, U.S. Army Health Services Command.

26 October 1981 The four Regional Dental Activities that provided dental laboratory support to the Army were re-designated U.S. Army Area Dental Laboratories (ADL). They were located at Alameda, California; Fort Gordon, Georgia; Fort Sam Houston, Texas; and Walter Reed Army Medical Center, Washington, D.C.

8 July 1982 The DoD Dental Chiefs Council was officially established as a subordinate element of the DoD Health Council by DoD Directive 5136.8. The primary members of this Council were the Chiefs of the Dental Corps for the Army, Navy and Air Force. The Chief Dental Officer of the Public Health Insurance was also invited to participate.

1 December 1982 BG H. Thomas Chandler was promoted to major general and sworn in as Assistant Surgeon General for Dental Services and nineteenth Chief, Army Dental Corps (1,810 officers).

25 October 1983 Operation URGENT FURY. In the wake of a violent overthrow of the Caribbean island government of Grenada, the United States combined with six Caribbean states in a joint operation to restore peace and public order. Dental personnel were organic to the deploying units. After-action reports indicated that dental officers were heavily involved in alternate wartime roles (e.g., combat casualty care) during the combat phase of the operation; provided sustaining dental care to Soldiers during the occupation phase; and delivered humanitarian support at the request of Grenadian civilian authorities since the operation severely disrupted the civilian dental infrastructure.

8 November 1983 The Surgeon General directed that combat casualty and surgical training be provided to dental officers to prepare them for alternate medical roles during wartime. Since dental officers are used to augment AMEDD casualty care capability, during periods of overwhelming casualties, they should receive appropriate training.

1 July 1985 Space-available dental care for family members of active duty personnel and retirees began at all installations. Previously this care was provided only at locations outside the continental United States (OCONUS) and at those

designated as "remote." This expanded space-available policy was provided in the FY 1985 Defense Authorization Bill, signed into law 23 October 1984.

12 December 1985 An airplane carrying 248 Soldiers of the 101st Airborne Division crashed in Gander, Newfoundland, killing all aboard. Contrary to administrative policy of that time, their dental records were on board and lost in the resulting fire. This created difficulties in identifying remains. In order to avoid future mass casualty identification problems, personnel regulations were modified to make adequate dental identification records a requirement for operational troop movement. By January 1986 a program was established to store backup (duplicate) panographic radiographs at the Central Panograph Storage Facility (CPSF) in Monterey, California. During the early 1990s the use of ante-mortem / postmortem DNA sample comparison, and the capability to take, store and retrieve digital panographic images negated the need for physical, central storage and the CPSF was closed.

27 July 1986 The Army Medical Department Regiment was activated, with membership that included military members of the Army Dental Care System (ADCS).

1 December 1986 BG Bill B. Lefler was promoted to major general and sworn in as Assistant Surgeon General for Dental Services and twentieth Chief, Army Dental Corps, with 1,715 officers.

1 March 1987 In an update of AR 40-35, Preventive Dentistry, the Oral Health Fitness Program replaced the Army Oral Health Maintenance Program as the method for improving Soldier readiness. The principal feature of the program was the Dental Fitness Classification System to identify and target Soldiers at highest risk of being casualties from preventable dental conditions.

1 August 1987 The Dependents Dental Plan (DDP) was first implemented (authorized on 8 November 1985 by PL 99-145 and funded in December 1986 by PL 99-500, the FY 1987 Defense Appropriations Bill). This was voluntary dental insurance for family members of active duty military personnel. The cost of the premium was shared by the government and the Soldier. The plan paid 100 percent of diagnosis and preventive services and 80 percent of most restorative procedures.

1 October 1987 Eighty-one contract civilian dentists were hired for CONUS dental clinics. This action was required due to a loss of military Dental Corps positions, reducing the authorized strength to 1,679. (Actual assigned strength at that time was 1,648 officers.)

8 November 1988 For the first time, dentists who serve the Army were required to possess a state dental license to provide dental care in Army dental facilities. This action was one of a number of measures concerned with quality assurance.

1 June 1989 Fixed prosthodontics (Area of Concentration [AOC] 63F) and removable prosthodontics (AOC 63G) specialties were combined into the personnel management code for prosthodontics (AOC 63F); training was combined into a single residency training program of prosthodontics.

20 December 1989 Operation Just Cause. U.S. troops forcefully took control of Panama, partly because of physical harassment by Panamanian Defense Forces of U.S. personnel stationed in that country, and largely to remove dictator Manuel Noriega because of his corrupt military oppression and his support of illegal drug trafficking. The dental support for maneuvering troops came predominately from the Panama DENTAC, with the addition of unit dental support that deployed with CONUS-based units. The operation was completed by January 1990.

12 January 1990 AR 600-8-101, Personnel Processing (In-and-Out and Mobilization Processing), implemented dental readiness standards for all military personnel movement as a means of enforcing the Oral Health Fitness Program described in AR 40-35, Preventive Dentistry. Both regulations require as a condition for deployment, that Soldiers attain oral health level (as indexed by the dental fitness class) that lowers the risk of dental emergency for at least a year.

1 August 1990 The Dependents Dental Plan was expanded to cover additional diagnostic, preventive, and restorative procedures, and the premium was increased.

Persian Gulf War (1990 – 1991)

2 August 1990 Iraq invaded Kuwait threatening the stability of the region. A coalition force of approximately 20 nations lead by the U.S. was immediately organized to liberate Kuwait.

8 August 1990 The first U.S. troop units arrived in Saudi Arabia along with their organic unit dental support. (Army dental support continued for a year past the end of the conflict, until February 1992.)

13 August 1990 The advance party of the 257th Medical Detachment (Dental Service) arrived in the Kuwait Theater of Operations (KTO). The main body followed within the next few weeks.

23 August 1990 The activation for the impending operation of reserve component units began. Dental Activities expanded for dental processing during mobilization and deployment. Reserve and National Guard personnel were found to have a much greater requirement for dental readiness procedures than active duty Soldiers.

18 September 1990 The Dental Consultant, U.S. Army Central Command, arrived in Riyadh, Saudi Arabia, to provide dental staff support to this major Army command headquarters.

1 December 1990 BG Thomas R. Tempel was promoted to major general, and on 3 December became the Assistant Surgeon General for Dental Services and the twenty-first Chief, Army Dental Corps. The active duty Dental Corps numbered 1,619 officers.

8 December 1990 Dental units from Europe began to arrive in the Kuwait Theater of Operations (KTO). They included the 2d Medical Detachment (AI) for command and control and the 87th, l22d, and 123d Medical Detachments (HA) for area support dental services. Before the combat phase started the units were task organized so that the 2d Medical (Med) Detachment (Det), 122d Med Det, and 123d Med Det supported echelons above corps; the 87th Med Det supported the VII Corps; and the 257th Med Det supported the XVIII Airborne Corps. Oral and maxillofacial surgeons accompanied Army hospitals, and maneuver units had their organic unit dental support. Until actual combat started, the massive military buildup was intended to deter Iraq from further aggression and was called Operation DESERT SHIELD. During this phase, dental support provided care to sustain the oral health of the force.

17 January 1991 The air war started. The combat phase of the war was called Operation DESERT STORM. Army dental elements moved with troops to treat dental emergencies and provide dental sustaining care to Soldiers while waiting for the ground war to start.

24 February 1991 The ground war began. Dental care was provided to treat dental emergencies, treat oral and maxillofacial combat casualties, and perform alternate wartime roles. Emergency dental care was also provided to civilian refugees and enemy prisoners of war.

27 February 1991 The combat ended and dental units resumed sustaining dental care for the U.S. military force. During the phased withdrawal of supported units dental units were also redeployed. The last dental unit to withdraw was the 122d Med Det, remaining until February 1992 to support residual security and redeployment personnel.

***Persian Gulf War* Statistics** Mobilization and deployment dental processing was provided to 243,829 DoD personnel between 2 August 1990 and the end of the war. Five reserve dental units and a number of Individual Mobilization Augmentees (IMA) were activated to help with the massive dental workload brought on by reserve force mobilization. This period also saw the stateside dental capability depleted by deployment of active duty dental personnel. There were 550 dental reservists activated: 223 DC officers, 5 MSC officers, and 322 enlisted. In the KTO, by the time of peak U.S. Army activity in February 1991,

300,000 Soldiers were being supported by 25 oral and maxillofacial surgeons, 96 other dental officers, and dental enlisted personnel.

End of Cold War

In 1989 and 1990 the Soviet Union dissolved and there was a dramatic movement toward democracy of former Communist-bloc countries. Perceived as a significant reduction of threat, U.S. military planners quickly began actions to draw down the size of the force in Europe and to downsize the U.S. military forces worldwide. Downsizing and restructuring the dental organization became the main trends of the early 1990s. Downsizing required that some dental officers who were eligible for retirement be mandated to do so by Selective Early Retirement Boards (SERBs). Other officers were offered severance bonuses and partial retirement benefits for early separation or retirement. Fortunately, involuntary reduction-in-force (RIF) measures were not needed.

1991 The Area Dental Laboratories (ADL) at Alameda, CA and at Walter Reed were closed, leaving ADL at Fort Gordon and Fort Sam Houston to provide dental laboratory services to Army dental activities.

16 October 1991 Strategic plan "Medical Force 2000" began its restructuring of dental units in Europe by re-flagging the 87th and 561st Medical Detachments (HA) to be Medical Companies (Dental Service). Other HA detachments converted to the new force structure over the next several years.

6 April 1992 The 163d Medical Battalion (Dental Service) was activated in Korea, becoming the first dental TOE command and control unit (formerly a Medical Detachment, AI) to function under the Medical Force 2000 structure. Subordinate units included the newly re-flagged 655th and 618th Medical Companies (DS) and the 56th Medical Detachment (DS).

27 August 1992 Operation ANDREW. Immediately following the devastating impact of Hurricane Andrew on 24-26 August, the 257th Medical Detachment (DS), and dental elements of the 82d Airborne and 10th Mountain Divisions carried out a textbook example of effective domestic support activities to help the civilian dental community reestablish dental services to the affected area.

9 December 1992 Operation Restore Hope (December 1992-March 1994). U.S. troops were deployed to the east African country of Somalia to provide security for international humanitarian famine relief organizations against conditions of anarchy and armed gangs. Marines and 10th Mountain Division members made up a force of about 21,000. Army dental support was provided by eleven dental officers and the supporting dental assistants. These personnel were split between two periods of rotation.

31 December 1992 Mandatory reductions under the Conventional Forces Europe (CFE) Treaty included reduced dental assets. Prior to CFE there were 11 Dental Activities (DENTAC) in Europe with 62 Dental Treatment Facilities (DTF). By 1995 there were 3 remaining DENTAC at Landstuhl, Heidelberg, and Wuerzburg, Germany, with 7 Dental Clinic Commands subordinate to them. Co-located with the TDA dental units in 1995 were also 6 TOE dental units under the 93d Medical Battalion (dental command and control unit). (See also 30 June 1993 entry.) Most of the positions in the TOE were filled by personnel from the TDA units through the Professional Filler System (PROFIS) and memorandums of agreement.

January 1993 AMEDD reorganization included assigning MG Thomas R. Tempel to the position of Deputy Surgeon General. The reorganization also established the U.S. Army Medical Command (MEDCOM), with worldwide command and control over all Army TDA medical assets. The headquarters was established in San Antonio, Texas, replacing the Headquarters, Health Services Command. The Surgeon General then assumed two "hats": as Surgeon General he continued as the senior medical staff officer to the Army Chief of Staff, and he also became the commander of the MEDCOM. After General Tempel left the position of Assistant Surgeon General and Chief, Army Dental Corps, in December 1994 he continued in the position of Deputy Surgeon General.

1 April 1993 The Dependents Dental Plan (DDP) was again expanded to include more curative and restorative services, but with a significant increase in cost. Concurrently the commander of Health Services Command issued a policy curtailing CONUS dental care for other than active duty (OTAD) personnel. The reason given was the severe dental personnel losses resulting from downsizing. The Army Dental Care System, recognizing that downsizing and increased emphasis on Soldier dental readiness would drastically reduce the space available for OTAD, had for several years been encouraging Soldiers to enroll their family members in the DDP

30 June 1993 Headquarters, 93d Medical Battalion (Dental Service), was activated. Through the Medical Force 2000 restructuring initiative, the 93d replaced the 2d Medical Detachment (AI) as the dental command and control headquarters for designated dental companies in Europe.

1 October 1993 The U.S. Army Institute of Dental Research USAIDR was reorganized as the U.S. Army Dental Research Detachment (DRD), subordinate to the Walter Reed Army Institute of Research, Walter Reed Army Medical Center, Washington, D.C. By 1997 the DRD had co-located at the Great Lakes Naval Center, Illinois with Navy's Institute of Dental and Biomedical Research (NIDBR) and the Air Force's Detachment 1, Dental Evaluation and Consultation Service (DECS) Sometime between 1997 and 2010 USAIDR underwent a name change to the US Army Dental and Trauma Research Detachment (DTRD). (See more information about DTRD at the 24 March 2010 entry.)

1 November 1993 The U.S. Army Dental Command (DENCOM) was provisionally activated in San Antonio, Texas, as a major subordinate element of the U.S. Army Medical Command. COL (later MG) Patrick D. Sculley, previously the Director of Dental Service, HSC, became the DENCOM's first commander. (On 2 October 1994, provisional status was removed.) This action established Army dental service delivery under a dental command with worldwide authority over all TDA dental units. Subordinate to the DENCOM were 8 Dental Service Support Areas (DSSA). Subordinate to the DSSA were a total of 31 DENTAC and 20 Dental Clinic Commands and the Area Dental Laboratories. This organization was transitional to one officially adopted on 1 June 1998. (See entry for 1 June 1998.)

13 July 1994 BG (P) John J. Cuddy, a Dental Corps officer, assumed command of the U.S. Army Medical Department Center and School at Fort Sam Houston, Texas. On 18 July General Cuddy was frocked with the rank of major general.

14 July 1994 BG Robert E. Brady assumed command of the 30th Medical Brigade, U.S. Army, Europe. The 30th Medical Brigade replaced the 7TH Medical Command for medical command and control of all field medical units (TOE) in Europe. Having a dental officer command a major medical TOE unit was part of the Surgeon General's (LTG Alcide M. LaNoue's) policy to make assignment of general officer positions in the AMEDD without regard to Corps. Appointment of General Tempel as Deputy Surgeon General and General Cuddy as commander of the AMEDD Center and School were also seen as a result of this policy.

1 October 1994 The senior dental NCO position at the Medical Battalion (Dental Service) was converted from staff sergeant major, who was specified to be an MOS 91E, to command sergeant major, MOS immaterial from within the Career Management Field (CMF) 91. Soldiers who had been assigned the Military Occupational Specialty (MOS) of 42D, Dental Laboratory Specialist, were reclassified to be a subspecialty of Dental Specialist (MOS 91E) and identified with an Additional Skill Identifier (ASI) of "N5," i.e., MOS 9lEN5.

1 December 1994 MG John J. Cuddy officially became the twenty-second Chief, U.S. Army Dental Corps. Actual DC strength was 1,244 officers. For the first time in Dental Corps history the Office of the Chief was not physically in the Washington, D.C., area, but moved to San Antonio, where General Cuddy also commanded the AMEDD Center and School. The Senior Dental Corps Staff Officer, however, remained at the Falls Church, Virginia, office to coordinate operations in the Washington area. From October 1995 to 25 February 1996 MG Cuddy was also Installation Commander for Fort Sam Houston, TX.

16 January 1996 BG Patrick D. Sculley assumed command of the U.S. Army Center for Health Promotion and Preventive Medicine, the first time that this Major

AMEDD TDA subordinate command of the Medical Command was commanded by a Dental Corps Officer.

Jan. 1996 - Dec. 2005 Balkan operations – SFOR**.** The demise of the Soviet Union in 1991 had reawakened centuries old ethnic feuds between myriad Balkan factions of Eastern Europe. In early 1998, war broke out between Serbs and ethnic Albanians living in the Serbian province of Kosovo. The US provided troops to NATO peacekeeping forces for a series of 6 month rotations of a Stabilization Force (SFOR) in Bosnia and Herzegovina. Dental support for US Forces was provided by a combination of dental personnel organic to deploying units and personnel requested by FORSCOM, and tasked from DENCOM to support during these rotations.

13 March 1996 Upon the retirement of General Tempel, General Cuddy relocated to Falls Church and assumed the responsibilities of Army Deputy Surgeon General while retaining his position as Chief of the Dental Corps.

8 August 1996 An agreement was signed between the Army and the University of Texas Health Sciences Center in San Antonio to begin training enlisted dental assistants to become Registered Dental Hygienists. Beginning in 1999 new enrollees were trained at the Carroll Technical Institute in Atlanta, and the Fayetteville Technical Community College in North Carolina. These Soldiers are awarded an Additional Skill Identifier of "M9," i.e., MOS 91E M9. In order realize cost effective return on training dollars M9's needed to payback at least 36 months providing dental hygiene services; but for a variety of reasons, sufficient numbers of M9s were not utilized in that function or retained in the service for that length of time. The program was discontinued and the last class of M9s graduated in May 2004.

1 October 1997 The Area Dental Laboratory at Fort Sam Houston was closed leaving the Fort Gordon ADL as the only remaining laboratory for dental support. The creation of one Center of Excellence for dental laboratory services allowed consolidation of the dental laboratory mission at Fort Gordon. This business decision was driven by post-cold war downsizing, better capability to manage case transportation and communications, and improved efficiency through technology at Fort Gordon. On 1 July 1998 the name was changed from Area Dental Laboratory to The Army Dental Laboratory.

1 October 1997 As a result of Interservice Training Review Organization (ITRO) recommendations the Army's Dental Assistant and Dental Laboratory Technician training program was consolidated with that of the Air Force and Navy at Sheppard Air Force Base, Texas. The Department of Dental Science, Fort Sam Houston graduated the last Dental Laboratory Specialist Course (91EN5) on 17 October 1997 and the last Dental Specialist Course (91E) on 31 October 1997. After trial period, the Army felt the consolidated program at Sheppard AFB was not meeting the Army's needs for dental assistants and in October 1999 Army

enlisted Dental Specialist (91E) training was returned to the Academy of Health Sciences, Department of Dental Science. Training for 91EN5 remained at Sheppard AFB.

1 June 1998 The DENCOM's subordinate Dental Service Support Areas (DSSA) were renamed Regional Dental Commands (RDC) and the number of RDC reduced to six: Great Plains, North Atlantic, Southeast, Western, Pacific, and European Regional Dental Commands. Subordinate to RDA were 28 Dental Activities (DENTAC) and 24 Dental Clinic Commands (DCC).

2 December 1998 Upon the retirement of MG Cuddy, BG Patrick D. Sculley moved to Falls Church to serve as the Special Assistant to the Surgeon General.

1 June 1999 Upon promotion to MG, Patrick D. Sculley officially became the twenty-third Chief, U.S. Army Dental Corps, the Army Deputy Surgeon General, and the Chief of Staff, U.S. Army Medical Command. Actual DC strength was 984. MG Patrick D. Sculley retired 31 May 2002

1 June 1999 COL Joseph G. Webb, Jr., then DENCOM Commander, was promoted to brigadier general, and assumed duties as the Assistant Surgeon General and Deputy Chief of Staff for Force Sustainment, U.S. Army Medical Command, with his office remaining in San Antonio. BG Webb was the first dental officer selected by "corps immaterial" general officer AMEDD board selection. Prior to this Dental Corps officers only competed with other dental officers for star positions.

1 October 1999 Medical Force 2000 (MF2K), the TOE force structuring concept from 1993, was replaced in 1999 with AMEDD's Medical Reengineering Initiative (MRI). The first operational organization of the MRI force came on line as the 618th Medical Company (Dental Service) converted to the 618th Dental Company Area Support (MRI) in Seoul, Korea.

The MRI Dental Company replaced a MF2K dental structure that had included a Dental Battalion and two Dental Companies each roughly half the size of the MRI Company. The MF2K Dental Company that was deactivated in this conversion, the 665th Med Co (DS), was the last continuously operating dental unit remaining in the Republic of Korea since the Korean War.

1 October 1999 As part of a DA pilot program of multi-component units (MCU) the 673rd Medical Company (DS) at Fort Lewis included 6 reserve dental officers and 8 reserve enlisted Soldiers on the TOE of 59 personnel. (See entry for 20 March 2004 concerning deployment to OIF.)

1 July 2001 DENCOM underwent reorganization so that under 6 Regional Dental Commands there were 29 Dental Activities and 16 Dental Clinic Commands. The changes included: Ft. Meade Dental Clinic Command was re-designated as a

Dental Activity (DENTAC) under the North Atlantic Regional Dental Command; five Dental Clinic Commands were re-designated to be Clinics under DENTACs (White Sands, Ft. Monmouth, Redstone Arsenal, Hunter Army Airfield, and Baumholder, Germany).

Wars in Afghanistan and Homeland Security (2001 - present) **Operation Noble Eagle and Operation Enduring Freedom.**

11 September 2001 Four commercial jetliners, hijacked by terrorists, crashed into the west side of the Pentagon, two of the World Trade Center towers in New York City, and into a non-populated area of Pennsylvania. Army dental personnel from the Pentagon dental clinic assisted in evacuation, triage and emergency care of over 90 Pentagon wounded. Dental personnel from the Walter Reed dental clinic were also involved in the triage and treatment of wounded evacuated to Walter Reed Army Medical Center.

25 September 2001 Secretary of Defense Donald H. Rumsfeld announced that the war against terrorism outside the United States would be known as **Operation Enduring Freedom,** and **Operation Noble Eagle** would designate U.S. military operations in homeland defense and civil support to U.S. federal, state and local agencies.

September 2001 Dental forensic operations. As part of the immediate military response for homeland security, designated as Operation Noble Eagle, Army Dental Corps Oral Pathologists and support personnel from the Armed Forces Institute of Pathology (AFIP) were sent to Dover Air Force Base to participate in the identification of remains. Identification was accomplished through various means including matching antemortem dental records, fingerprints, bone analysis and DNA comparisons. Despite the closure of the Central Panograph Storage Facility in Monterey, California, panographs of many military victims were still on file at the facility. With commercial planes grounded, the Department of Defense dispatched these dental records cross-country by military aircraft. Panographs again proved to be a valuable comparison tool for making positive victim identification. Three weeks into the mission, dental identifications were performed in over 63% of the cases, and in 30% of the cases dental evidence served as the sole method of identification.

7 October 2001 Operation Enduring Freedom – Afghanistan. The initial US military response to the 11 September 2001 terrorist attacks on the United States was assigned the name Operation Enduring Freedom (OEF). Having identified the Al Qaida terrorist organization as responsible for the 11 September attack, the U.S. launched an offensive against this group and the extremist Taliban government of Afghanistan that harbored them. Dental support to OEF further taxed Army dental resources already spread thin by other worldwide requirements.

March 2002. DENCOM began training of Expanded Function Dental Assistants (EFDA). In the post September 11, 2001 terrorist attack milieu of ramping up for increased military conflict while at the same time guided by Secretary of Defense Donald Rumsfeld's DoD reorganization initiatives the Army Dental Care System (ADCS) was faced with the difficulty of preparing larger numbers of Soldiers for deployment with a shrinking pool of general dentists. Building on its previous reengineering experience (the Dental Care Reengineering Initiative -- DCRI) the ADCS pursued a program to optimize dental care delivery and improve clinical efficiencies. Dental Care Optimization (DCO) is the name used for the updated reengineering efforts. After careful study of efficient delivery systems, DCO adopted, along with other best clinical practices, the use of multi-chair, multi-ancillary primary care teams led by general (AOC 63A) and/or comprehensive dentists (AOC 63B) and enhanced with dental assistants with advanced training. These Expanded Function Dental Assistants (EFDA) were selected from currently employed civilian dental assistants and provided advanced training, allowing them to perform reversible dental restorative and dental hygiene procedures. (See also 27 March 1972 entry concerning DTA, an earlier program to establish a dental personnel type with expanded function.)

1 May 2002 President George W. Bush presented the Medal of Honor posthumously to Captain Ben L. Salomon, Dental Corps, for his "extraordinary heroism and devotion to duty" on 7 July 1944 during the campaign to capture the island of Saipan in the Mariana Islands. In the absence of living family members President Bush presented the award to representatives of the Army Dental Corps and the University of Southern California, Salomon's dental school. Salomon is the only US Army Dental Corps Officer to be award the Medal of Honor. (See entry for 7 July 1944 and OTSG website http://history.amedd.army.mil/moh/Salomon.html for more details.)

Figure 16. The Medal of Honor posthumously awarded earlier to Captain Ben Salomon by President George W. Bush is received by MG Patrick Scully, Chief of U.S. Army Dental Corps from Dr. Robert West representing Salomon's dental school the University of Southern California Photograph: Journal of the California Dental Association, September 2002.

1 August 2002 Upon promotion to Major General, Joseph G. Webb, Jr. officially became the twenty-fourth Chief, U.S. Army Dental Corps. He also assumed the duties of Commanding General, Pacific Regional Medical Command, and Tripler Army Medical Center, TRICARE Pacific Lead Agent, and Commander (PROFIS) of the 18th MEDCOM. This marked the first time a dental officer was placed in

command of an Army Medical Center (MEDCEN). Actual DC strength was 1001, with budgeted end strength of 1138. In June 2004 MG Webb became the U.S. Army Deputy Surgeon General and was reassigned to the Surgeon General's Office in Falls Church, VA.

Operation Iraqi Freedom (2003 - 2011)

Threatened by indications that Iraq had supported terrorism against the U.S. and that Iraqi President Saddam Hussein possessed weapons of mass destruction which he would use against U.S. interests, President George W. Bush first supported diplomacy through the United Nations, and also prepared for military operations in Iraq. The operations were referred to As Operation Iraqi Freedom (OIF)

Dental organization in preparation for War.

January 2003 OIF dental support was initiated by processing (classification and treatment) of troops at 16 different active duty installations. In all, over 120,000 active and reserve Army forces were screened and treated for duty in Iraq and Kuwait.

17 January 2003 The first Reserve Component, Installation Medical Support Units (IMSU) that provided dental support arrived at fifteen different power projection platforms (PPPs) across the U.S. IMSU dentists augmented the capabilities DENTAC responsible for mobilizing U.S. Army Reserve (USAR) and Army National Guard (ARNG) Soldiers for active service. In all, 75 dentists and 179 dental assistants from 21 IMSUs and one US Army Hospital (USAH) were activated. Dental officers were activated for 90-day rotations, with 30 eventually extending beyond their initial 90-day call-up.

February 2003 The Reserve Component (RC), Individual Mobilization Augmentee (IMA) for the DENCOM Commander was placed on active duty to direct the use of RC dental assets within Continental US (CONUS).

March 2003 Reserve Component (RC), Individual Mobilization Augmentee (IMA) dentists arrived at various Active Duty units to backfill for 55 deploying active duty DENCOM dentists. The active duty dentists were reassigned from their normal duty location by the Professional Filler System (PROFIS) Program to fill deploying units. In all, 17 IMAs activated for 90-day rotations, with 2 extending voluntarily beyond the initial 90 days. In mid-March an additional Six RC dentists activated from Installation Medical Support Units (IMSU).

20 March 2003 The push into Iraq begins**.** President George W. Bush gave the order to liberate Iraq from its corrupt dictator, Saddam Hussein, and his oppressive regime. Over 233,000 U.S. Army Soldiers were deployed in support of Operation Iraqi Freedom (OIF). (OIF officially ended 15 December 2011.)

In addition to dental support from dental personnel organic to deployed tactical units, Medical Companies (area support dental services) were also deployed. The 93rd Medical Battalion (Dental Service) from Heidelberg, Germany, commanded by Colonel (later MG) Russell J. Czerw, provided dental command and control to most of the dental companies in theater. In the early stages of OIF, elements of the 93rd supported V Corps and theater missions in Kuwait and Iraq.

It is interesting to observe that the 93rd Med Bn served as a transition between earlier Medical Detachment AI dental command and control units (that existed from Vietnam War until the end of the Gulf War) to the multifunctional medical battalion concept implemented in 2007 as part of the Secretary of Defense's Transformation Planning Guidance. Although it was designated as a medical battalion (dental service), like the AI detachment was in earlier operations, the 93rd was task organized to also provide command and control to subordinate units with functions other than dental. Order of battle documents for the "end of major combat operations" May 1, 2003 lists the 93rd and subordinate elements:

93rd Medical Battalion (Dental) (-)
HHD/93rd Medical Bn. (Dental) (-)
257th Medical Co (Area Support Dental Services)
502nd Medical Co (Area Support Dental Services)
561st Medical Co (Area Support Dental Services)
673rd Medical Co (Area Support Dental Services) *
113th Medical Co (Combat Stress Control)
21st Medical Detachment (Veterinary Services)
43rd Medical Detachment (Veterinary Services) (OPCON)
72nd Medical Detachment (Veterinary Services)
218th Medical Detachment (Veterinary Services) (Attached)
248th Medical Detachment (Veterinary Services)
255th Medical Detachment (Preventative Medicine Entomology) (Attached)
2 x Teams/787th Medical Detachment (Preventative Medicine Sanitation) (OPCON)

The same order of battle document listed the 965th Medical Co (Area Support Dental Services attached to 3rd Medical Battalion (Area Support) (Provisional). The 965th provided area dental support in Kuwait.

* Note: The 673rd Medical Company was the first Army Medical Department Multi-component unit (MCU) to be activated and deployed in support of a major campaign. MCU are composed of both active and reserve personnel.

1 May 2003 "Major military operations" of OIF were declared to have ended, but operations to stabilize Iraq continued. Two AC units, 502nd and the 561st Medical Companies (Dental Service) remained in theater to provide area dental support after the redeployment of the two units with RC personnel, the 673rd and

the 965th. Later other Med Co (DS) rotated into and out of Iraq to provide dental support to the stabilization phase of the Iraq war. One example is the 380th Med Co (DS) a Reserve Component unit from Millington, TN.

June - July 2003 A second rotation of RC dentists were activated: 27 IMSU dentists to support mobilization platforms, 2 IMSU dentists and 2 US Army Hospital dentists to support CONUS Replacement Center (CRC) missions, and 5 IMA dentists were activated to support continuing OIF mobilizations and demobilizations

July 2003 First Term Dental Readiness (FTDR). Because of high operational tempo, first term Soldiers frequently deployed to areas of military operations soon after arrival at their first permanent duty station, leaving very little time for pre-deployment medical/dental processing. The U.S. Army Medical Command and the U.S. Army Training and Doctrine Command signed a memorandum of understanding in July 2003 to implement a First Term Dental Readiness pilot program at Army Advanced Individual Training (AIT) and one-station unit training (OSUT) sites. The pilot program began 1 October 2003 at Fort Sill, Oklahoma, and 1 November 2003 at Fort Knox, Kentucky. The goal of FTDR program is to have 95% of AIT graduates dentally ready to deploy when they arrive at their first permanent duty station.

October 2003 Health Professions Loan Repayment Program (HPLRP). Dental officer recruitment and retention rates were severely and negatively affected by the overwhelming burden of dental school educational debt. With the intent to relieve this situation, the DENCOM initiated the Active Duty Health Professions Loan Repayment Program (HPLRP). The program provided payment of educational loans tied to securing a dental degree. Officers eligible for participation in this program must have between 18 months and 14 years of service as of 31 January 2004. Direct accessions and those with less than a 4-year Health Professions Scholarship Program (HPSP) scholarship were eligible for the HPLRP. There were no new starts in the HPLRP program in 2007, but the Dental Corps was included in the AMEDD Corporate HPLRP program, with emphasis on recruitment. Effective 1 April 2007, uncommitted HPLRP recruitment funds were reallocated as a retention tool.

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10 July 2006 Colonel Russell J. Czerw was promoted to Major General and became the 25th Chief of the U.S. Army Dental Corps. On 11 July he also assumed the position of Commander, US Army Medical Department Center and School and Post Commander for Fort Sam Houston, Texas. As MG Czerw assumed the Chief's position the budgeted Dental Corps strength was 1,104 but the actual strength was 956 dental officers.

26 August 2006 – 15 August 2007 US Army Reserve MG Ronald D. Silverman was the first dentist to command medical operations in a theater of combat operations. MG Silverman commanded 3rd Medical Command and Task Force 3

in Operation Iraqi Freedom. Task Force 3 was a multiservice medical force of more than 3,000 Soldiers assigned to 30+ medical units.

1 October 2006 The Military Occupation Specialty (MOS) field 91E was re-coded to be MOS 68E for all Dental Specialists. This new code includes 68E for Dental Specialist, 68EN5 for Dental Laboratory Specialist and 68EX2 for Preventive Dentistry Specialist.

15 March 2007 The Chief, U.S. Army Dental Corps approved the appointment of COL Priscilla Hamilton as the **Deputy Chief** of the U.S. Army Dental Corps. COL Hamilton was the first to have occupied this new position, and had been serving in the Corps Chief's office as the Senior DC Staff Officer. She became the first woman to Command U.S. Army Dental Command in August, 2010.

August 2008 U.S. Army Dental Command launched the Reserve Component Demobilization Dental Reset Program in support of the Army Force Generation Cycle, with the mission objective of resetting demobilizing RC Soldiers to dental fitness class 2. This key readiness initiative achieved a 90% success rate in its first year of execution, enabling the RC to maintain its dental readiness at historically high levels.

24 March 2010 The U.S. Army Dental and Trauma Research Detachment, the U.S. Navy Institute of Dental and Biomedical Research and the U.S. Air Force Dental Evaluation and Consultation Service Detachment relocated from Great Lakes Naval Center near Chicago, IL to Fort Sam Houston, TX. The 3 military dental research units were collocated in a new 25,000 square foot facility, the Battlefield Health and Trauma Research Institute.

15 July 2010. COL M. Ted Wong was promoted directly to major general and became the 26th Chief of the U.S. Army Dental Corps., He was selected to serve as the Deputy Commanding General for Readiness, Western Regional Medical Command and the Commanding General for William Beaumont Army Medical Center at FT. Bliss, Texas. The actual Dental Corps strength when MG Wong became Chief of the Corps was 975 dental officers. COL Wong was the first Asian-American to command U.S. Army Dental Command and MG Wong was the first Chinese- American to serve as the Chief, U.S. Army Dental Corps.

21 June 2010 The 502nd Dental Company (Area Support) was approved to receive a Meritorious Unit Commendation (MUC), not as part of a Brigade or Battalion MUC, but as an independent direct reporting unit to the Task Force Medical Brigade. This was the first for a dental unit in Operation Iraqi Freedom.

August 2010 Human Resources Command (HRC) established a "Center of Excellence" at Fort Knox, KY at the direction of Defense Base Closure and Realignment (BRAC). HRC elements from Alexandria, VA; Indianapolis, IN and

St. Louis, MO were combined at the new Fort Knox facility, including the Health Services Division (HSD) Dental Corps Branch. The Dental Corps Branch supports professional development and assignments for members of the Dental Corps.

June 2011 MG M. Ted Wong assumed command of Southern Regional Medical Command and the Commanding General for Brooke Army Medical Center located at Fort Sam Houston, TX. He also held the position of Deputy Director of the San Antonio Military Medical Center.

15 December 2011 U.S. military declared an end to its mission in Iraq in a flag casing ceremony in Baghdad.

Table B. DENCOM Commanders

(USA Dental Command*)

Colonel Patrick D. Sculley	1993 – 1995
Colonel Leo E. Rouse	1995 - 1997
Colonel Joseph G. Webb, Jr.	1997 - 1999
Colonel L. Darwin Fretwell	1999 - 2001
Colonel Robert C. Leeds	2001 - 2003
Colonel Sidney A. Brooks	2003 - 2005
Colonel Russell J. Czerw	2005 - 2006
Colonel Larry J. Hanson	2006 - 2008
Colonel M. Ted Wong	2008- 2010
Colonel Priscilla H. Hamilton	2010-

* Before 1993, all Army TDA dental activities were organized under Health Services Command (HSC) with staff technical support and supervision by the office of the Director of Dental Service, HSC. Following 1993 reorganization all medical assets fall under the US Army Medical Command (MEDCOM), and all Tables of Distribution and Allowance (TDA) dental assets are placed under a major subordinate command called US Army Dental Command (DENCOM).

Table C. Dental General Officers

Health Services Command[+] (HSC)

Brigadier General Jack P. Pollock	1973 - 1977
Brigadier General Joe L. Cheatham	1977 - 1979
Brigadier General Bill B. Lefler	1979 - 1984
Brigadier General Billy Johnson	1984 - 1988
Brigadier General Robert E. Brady	1989 - 1991
Brigadier General John J. Cuddy**	1991 - 1994

** August 1992 - October 1992 MG Cuddy became interim HSC Commander, and the first dental officer to lead the MEDCOM.

[+] HSC was activated on 1 April 1973 as part of reorganizing the Army Medical Department. It took control of almost all Army medical facilities in the continental US. All Army dental activities organized under Tables of Distribution and Allowance (TDA) were commanded by HSC with staff, professional / technical support and supervision by the office of the Director of Dental Service, HSC. Each dental GO was the Deputy Commander of HSC; some also were dual-hatted as the Director of dental services.

Table D. The First U.S. Army Dental Corps Officers

Modified from Hyson, et. al, *A History of Dentistry in the United States Army to World War II*. Table 10-1

TABLE 10-1

THE FIRST DENTAL CORPS OFFICERS

Name	Date of Rank	Date of Original Contract	Contract Annulled
John S Marshall*†	13 April 1911	11 February 1901	16 June 1911
Robert T Oliver*†	14 April 1911	11 February 1901	16 June 1911
Seibert D Boak	15 April 1911	15 April 1901	20 June 1911
Clarence F Lauderdale	16 April 1911	15 April 1901	19 June 1911
Franklin F Wing	17 April 1911	20 April 1901	19 June 1911
George L Mason	18 April 1911	15 May 1901	18 June 1911
Frank H Wolven	19 April 1911	1 June 1901	1 August 1911
John H Hess	20 April 1911	20 June 1901	20 June 1911
Hugh G Voorhies	21 April 1911	11 July 1901	10 June 1911
William H Chambers	22 April 1911	11 July 1901	16 June 1911
Alden Carpenter	23 April 1911	24 July 1901	16 June 1911
Charles J Long	24 April 1911	26 July 1901	6 July 1911
Edwin P Tignor	25 April 1911	17 August 1901	16 June 1911
John A McAlister, Jr.	26 April 1911	23 January 1902	19 June 1911
George H Casaday	27 April 1911	3 February 1902	16 June 1911
Julien R Bernheim†	28 April 1911	9 April 1902	20 June 1911
Rex H Rhoades†	29 April 1911	10 Nov 1902	20 June 1911
George E Stallman	30 April 1911	21 Jul 1904	11 July 1911
George I Gunckel	1 May 1911	16 Aug 1904	29 June 1911
Frank P Stone*†	2 May 1911	28 May 1901	20 March 1907
		6 January 1911‡	27 June 1911
Raymond E Ingalls	3 May 1911	25 Mar 1907	21 June 1911
Harold O Scott	4 May 1911	4 September 1907	20 June 1911
John R Ames	5 May 1911	6 February 1908	18 June 1911
Edward PR Ryan	6 May 1911	11 January 1909	19 June 1911
Robert H Mills†	7 May 1911	17 May 1909	19 June 1911
Frank LK Laflamme†	8 May 1911	19 May 1909	18 June 1911
Minot E Scott	9 May 1911	19 September 1909	18 June 1911
George D Graham	10 May 1911	27 November 1909	6 July 1911
Robert F Patterson	11 May 1911	23 June 1910	19 June 1911
Samuel H Leslie	12 May 1911	12 August 1910	19 June 1911

*Original 1901 contract dental surgeon.
†Senior dental officers or chiefs, Dental Corps.
‡New contract.
Data sources: (1) National Archives and Records Administration. Surgeon General Torney to Adjutant General, 20 September 1911. Memo. No. 1829439. Box 6670. Entry 25. (2) National Archives and Records Administration. Henry P McCain, adjutant general, to Marshall, Oliver, et al, 15 June 1911. Letters. No. 1781254. (3) National Archives and Records Administration. Torney to adjutant general, 10 May 1911. Letter. No. 1781254.

Table E. U.S. Army Dental Corps Brigadier Generals*

Robert E. Brady	
Pearson W. Brown	
Clare T. Budge	
Clarence Price Canby	
Joe L. Cheatham	
Egbert Wesley Van Delden Cowan	
Alan E. (Duke) Deegan	Reserve Component
Oscar S. DePriest IV	Reserve Component
Leigh C. Fairbank	
Max Farber	
Thomas P. Fox	Reserve Component
Neal Anthony Harper	
Arthur L. Irons	
Billy Johnson	
Rex McDowell	
Donald Merz	Reserve Component
Oscar J. Ogren	
R. Malcolm (Mike) Overbey	Reserve Component
James S. Pegg	
Jack Pollack	
Dale B. Ridgley.	
Robert J. "Jerry" Strader	Reserve Component
Henry Sydenham	
Lynn Harold Tingay	
Robert Trapp	Reserve Component

*Source. The collective memories of the Board of Directors of the Association of Army Dentistry.

Highlights Pamphlet History and Methods

History of *Highlight's* editors/authors. Since the credibility of any document is partially attributable to a knowledge of its author(s), the current editors/authors of the *Highlights in the History of U.S. Army Dentistry* would like to acknowledge (and share the blame with) those who can be identified as being significant contributors. The main source of new information for the *Highlights* has been firsthand knowledge, from personnel working with the Office of the Chief of the Army Dental Corps.

Although he is not as far as we can tell an author or editor of *Highlights* the capture of the history of the earliest days of the Army dentistry we owe to the work of **Major (later Colonel) Walter D. Vail**.[1]

All authors had access to *Office* records and received input from personnel in the field. As time passed and updated versions of *Highlights* were worked, the role of author of new information was combined with the additional task of editing past information based on new information about previously written content. The editors/authors want the reader to be aware that this combination editor/author role is used as a method.

In addition to the information handed down via the *Highlights* over decades, the editing/authoring has also considered three other sources: Jeffcott GF (1955)[2], Hyson JM, (1989)[3] and Hyson JM, et al (2008)[4]

To our knowledge there are two documents, officially unpublished, that show similarities to *Highlights*. "A Brief History of the Army Dental Corps 1844 – 1956" prepared **by Brigadier General Arthur L. Irons in** 1957. The other was written by **Brigadier General James S. Pegg** dated 1972 under the title, "A History of the United States Army Dental Corps.

There may be earlier versions but the earliest version of the *Highlights* pamphlet that we have found is dated 1974. Although the Foreword was written by **MG Spurgeon Neel, MC**, and the Preface by **COL Richard L. Howard**, **DC,** we suspect that someone on Colonel Howard's staff in the Office of the Chief of the Dental Corps / Assistant Surgeon General for Dental Services anonymously researched and wrote the document. The original version provided no references to the sources of the entries in the 1974 *Highlights*. A 1976 version has no name to which we can attribute editorship. In 1979 **MG Marshall E. McCabe, MC,** provided the Foreword, **BG Joe L. Cheatham, DC,** the Preface, but no one was identified as editor. The 1988 issue of the Highlights again listed no editor, but a later editor, COL John King, reported that he had personal knowledge that **COL Harley Ellinger, DC,** significantly revised and updated earlier *Highlights* to produce a much improved 1988 version. **COL John E. King** edited the 1997 and 2000 versions, with foreword by **MG John J. Cuddy,** DC (1997) and **MG Joseph G. Webb, Jr.** (2000). Colonel King's sources for update entries were provided by

the offices of the Chief of the Dental Corps and Headquarters, US Army Dental Command (DENCOM). The 2007 update and editing was completed by **COL (ret.) John E. King** and **COL Raymond G. Hynson**.[5]

Unabridged 2011 edition. In year 2011 the *Highlights in the History of U.S. Army Dentistry* underwent an editing to make it acceptable in length for *Journal of the United States Army Medical Department* publication on the special occasion of the Centennial Celebration of the founding of the U.S. Army Dental Corps.[6] In order to distinguish the foreshortened journal *Highlights* from this more complete version, the journal edition was referred to as "abridged". This pamphlet will be unabridged and initially only published on the Dental Corps Chief's History web page. This current 2011 version is edited and authored by the current Consultant to the Chief of the Dental Corps, **Colonel Samuel A. Passo** and **Colonel (ret.) John E. King**.

Further Readings

AMEDD Office of Medical History website, U.S. Army Dental Corps [history] webpage offers a collection of reading resources concerning history of Army dentistry: http://history.amedd.army.mil/corps/dental/dental.html

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Hyson, John M Jr. African-American Dentists in the U.S. Army: The Origins. *Military Medicine,* July 1996. 161(7):375-81.

Hyson, John M., Jr. Female Dentists in the U.S. Army: The Origins. *Military Medicine,* February 1995. 160(2):57-62.

Hyson, John M., Jr. *The United States Military Academy Dental Service, A History 1825-1920*. West Point, N.Y.: United States Military Academy, 1989. (Specifically, information about William Saunders was obtained from this source.)

Hyson JM Jr., Whitehorne J, Greenwood JT. *A History of Dentistry in the United States Army to World War II*. Washington, DC: Borden Institute, Office of the Surgeon General, US Dept of the Army; 2008

Irons, Arthur L. *A Brief Summary of the Events Leading to the Formation of the U.S.A. Dental Corps and Its Organization, 1844-1917.* Address delivered to American Academy of the History of Dentistry, Miami, Fla., 1 November, 1957. A copy can be found in Army Dental Collection, archives of Military History Institute, Carlisle, PA.

Love, Edmund G. *War is a Private Affair,* New York, Harcourt Brace and Company, 1959. Chapter 9. (Chapter 9 relates Edmond Love's version of Captain Ben L. Salomon heroic deeds.)

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2. Jeffcott GF. *United States Army Dental Service in World War II*. Washington, DC: Office of The Surgeon General, US Dept of the Army; 1955. http://history.amedd.army.mil/corps/dental/wwii/history_wwii.html
3. Hyson JM. *The United States Military Academy Dental Service: A History 1825 – 1920*. West Point, New York: United States Military Academy; 1989.
4. Hyson JM Jr., Whitehorne J, Greenwood JT. *A History of Dentistry in the United States Army to World War II*. Washington, DC: Borden Institute, Office of the Surgeon General, US Dept of the Army; 2008. http://www.bordeninstitute.army.mil/other_pub/dental.html
5. King JE, Hynson RG. *Highlights in the History of US Army Dentistry, Year 2007*. Fort Sam Houston, TX: Office of Medical History, US Army Medical Dept; 2007. Replaced with 2012 updated version.
6. Passo SA and King JE. , Highlights in the History of Army Dentistry, *Journal of the United States Army Medical Department.* Jan-Mar 2011:8-25.

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