History
of the United States Army
Dental Corps

Edited for the
Office of the Chief of the
U.S. Army Dental Corps

May 2011 by jeking
Military Policy: Dental care is the soldier’s responsibility.

This policy continued through War of 1812, operations on the Western Frontier and the Civil War.

Citizen Soldiers

Returned home for support, including when sick or wounded.
Policy

Dental care is the Soldier’s responsibility.

Reality

Remote form home and family support:

Treated by
- Laymen in unit
- Hospital Stewards
- Physicians
- Local “practitioners”
Historically soldiers were required enough teeth to bite off the end of the cartridge so that the gun powder and bullet (ball) could be loaded into a muzzle loader rifle. This first dental standard lasted until WWII.
A number of hospital stewards were “specialized” into providing dental services. Many of these were actually trained dentists. These men demonstrated the military value of deployed dental support.
Dr. S.S. White led an ADA delegation to speak with President Lincoln about need for dental support to the military.

Dental Cosmos, Sep 1864

Result. The Union Army had no program for dental care.

Confederate Army: Conscripted dentists at same rank and pay as physicians.
April 4, 1872, a hospital steward was given written orders to provide dental services as part of his regular Duties.

Bldg contained dental clinic
West Point, US Military Academy

William Saunders
Hospital Steward
Program Director
John Sayre Marshall, M.D.

- Lobbied AMA, War Dept. and Congress military dentists
- 1901 – First Contract dentist (Dental Surgeon)
- Senior Examining and Supervising dentist
- 1911 – First Commissioned Dental Corps Officer
- Promoted to Captain at Army retirement.
Robert Todd Oliver, D.D.S.

- Advocate for Army dentistry as civilian dentist.

- 1901 – One of the first three contract dentists (Dental Surgeons)

- One of the first three Senior Examining and Supervising dentists

- 1911 – Second Commissioned Dental Corps Officer

- Credited with establishing the practices and infrastructure for field dental support.
World War I: Mobilizing the Force

6 April 1917 – War declared on Germany

Dental Officers on Active Duty

- April 1917 – 86 Officers
- November – 4,620 Officers

Sep 1917 – 891 Enlisted dentists in Medical Enlisted Reserve Component were activated as privates.

Oral exams at Walter Reed Army Hospital circa 1918.
World War I

1,684 Dental Corps Officers stationed in Europe

Rapid deployment of many reserves

Non traditional clinic environments

Mobility improvised

Shelters of convenience

Woman Red Cross volunteer dentist side by side with Active Duty

Mobile field and fixed equipment
World War I: Dental Training

Rapid mobilization and deployment required dental training in France
Lessons Captain Oliver brought from Philippines and Mexican Border War experience

Army Sanitary School
Langres, France
Casualty Care

Dental Section, Nov 1917

March 1918 Dental Officer Basic Course and Enlisted Dental Assistant Course, Fort Oglethorpe Georgia
Between World Wars:

**Significant improvements**

- **1921** Medical Field Services School (Carlisle Brks)
- **1922** Army Dental School
  
  
  Army Dental School
  Walter Reed Army Hospital
  March 1923

- **1927** Central Dental Laboratories
  Walter Reed
  Letterman
  Fort Sam Houston
First Dental Corps officer to hold a general officer rank.

Corps Chief 1938 to 1942

First Dental Corps officer to hold rank of Major General

Corps Chief 1942 to 1946
U.S. enters World War II in 1941 with:
2,905 dental officers (RA and RC)
- 15,292 dental officers at peak (1944)
- No dental command and control
- Most dental personnel assigned to tactical units (Unit Support Concept)
Field dental sets don’t differ much from World War I versions.

Note innovation of electric motor added to replace foot treadle.
World War II
Medal of Honor Recipient
Benjamin Lewis Salomon
Captain US Army Dental Corps

• June 22 1944, Captain Salomon volunteered to take duty as Battalion Surgeon on Pacific island of Saipan. KIA 7 July 1944.

• Directed safe evacuation of ambulatory wounded and stayed behind to cover their retreat against a banzai attack which he had no hope of personal survival.

• Captain Salomon received the Congressional Medal of Honor posthumously, 58 year later in 2002.
Korean War (1950-1953)

- Early-on concept of dental support same as WW II, Unit Support
- Later, concept of Area Dental Support evolved but not completely implemented
- Very little improvement in field equipment
The Army’s first oral pathologist.

Promoted from Colonel to Major General in 1960 and served as Chief of Dental Corps until 1967.

Credited as one of the founders of the American Academy of Oral Pathology and for establishing oral pathology as a specialty of dentistry.
MG Joseph L. Bernier

Advanced Graduate dental education and military dental research

For example, 1961. Two-year Army General Dentistry Residency Program was established at Fort Hood, Texas.

• Known for changing Army dentistry paradigm from reparative to preventive dentistry

• Leading the “preventive dentistry movement” in civilian practice.
Vietnam War 1962-1973

• Concept of support: combination of unit, hospital and area support

• Clearly demonstrated the effectiveness of dental command and control over dental operations
MG Robert B. Shira
Chief of U.S. Army Dental Corps
1967 -1971

• Assistance visit to Vietnam in 1968 resulted in improvement to combat service support:
  • Dental Combat Effectiveness Program (DCEP)
    • Pre-deployment Interception
    • Enhanced deployed dental capability
    • Prevention: Fluoride “Brush-in”s, Oral Health Instruction.
Vietnam War: DCEP
Dental Combat Effectiveness Program

Periodic oral exams and triage of urgent needs for care.

First to use Intermediate Restorative Material (IRM) to avoid extraction

Semi-annual brush-in with 9% Stannous Fluoride
MG Edwin H. Smith, Jr.  
Chief of U.S. Army Dental Corps  
1971 - 1975

Under his leadership:
  • Management improvements’
    • Updated dental workload reporting and analysis
    • Implemented use of Dental Therapy Assistant (DTA)
  
Continued preventive emphasis
  • Army Oral Health Maintenance Program
  • Community Health Hygienist
MG Surindar N Bhaskar
Chief of U.S. Army Dental Corps
1975 - 1978

Under his leadership:
Installation Dental Service
Management Program (IDSMP)
demonstration that more autonomy
in dental management improved
dental service (1976-1978)

IDSMP made Public Law 95-485 in 1978
Chief of DC/Assist SG for Dental
Services two star rank by law.
Dental Activities commanded by DC
officer
Dental Activity Commander responsible
to installation commander
Guided smooth transition to Public Law 95-485 and the recently Established Health Services Command.

Renewed emphasis on neglected TOE equipment sets and organization.

Refined the use of workload reporting and using it for resource management.
Direct experience with Installation Dental Service Management Program (IDSMP) during his days as Senior Dental Corps Staff Officer prepared MG Chandler to refine evidence-based management practices including improving automation in clinics.
Focused the Army Oral Health Maintenance Program more directly on troop readiness (Oral Health Fitness Program)

Under pressures to reduce the size of the dental force, successfully defended manpower requirements

As the Gulf War (1990) escalated he guided Army dentistry through the high tempo mobilization and deployment
Guided the Army Dental Care System through one of the most tumultuous periods of Army restructuring in history. TOE and TDA re-organization occurred while Desert Storm, Hurricane Andrew, Restore Home (Somalia peacekeeping) stretched dental capabilities.

Focused care for other than active duty (OTAD) on developing insurance programs.

Acquired additional responsibility of being the Deputy Surgeon Generals.
A major event in the history of Army Dentistry is the establishment of U.S. Army Dental Command.

DENCOM was established with persistent advocacy of its first Commander, Colonel Patrick Sculley.

A level of management autonomy that maximizes efficiency and effectiveness to serve soldier and their Commanders.
MG Cuddy was assigned to primary duties as Commander of the Army Medical Department Center and School in Fort Sam Houston, TX. His simultaneous position of Dental Corps Chief required him to split his dental staff between Falls Church, VA and San Antonio. In 1996 he became Deputy Surgeon General and moved his office back to Falls Church.

He tackled a very severe manpower short fall with a variety of creative measures (Special Pays, Health Professions Scholarship Program, contracting civilian manpower)
1 June 1999 MG Sculley became the Chief, U.S. Army Dental Corps, the Army Deputy Surgeon General, and the Chief of Staff, U.S. Army Medical Command.

He relied heavily on the OTSG dental Staff and DENCOM while his responsibilities as DCS and at MEDCOM demanded attention, especially on and after Sept 11, 2001.

Army dentistry continued to improve business practices to compensate for the stresses of heavy dental deployments.
1 August 2002 MG. Webb became the Chief, US 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. In June 2004 MG Webb became the US Army Deputy Surgeon General and was reassigned to the Surgeon General’s Office in Falls Church, VA.
Chief of the US Army Dental Corps.

Commander, US Army Medical Department Center and School

Post Commander
Fort Sam Houston, Texas.

MG Russell J. Czerw
Chief of U.S. Army Dental Corps
2006 - 2010
Chief of the US Army Dental Corps.

Commanding General
Brooke Army Medical Center
Fort Sam Houston, TX.

Commanding General
Southern Regional Medical Command