

Oral History Interviews

United States Army Dental Corps

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### Major General Robert V. Shira

Announcer: This is an oral history interview with Major General Robert V. Shira, United States Army Retired, Chief Army Dental Corps, United States Army Medical Department from 1967 to 1971. I am Lieutenant Colonel Thomas J. Leas, United States Army Dental Corps. Today's date is 13 November 1995.

Question: Sir, what were your assignments that led up to you becoming the Chief of the Army Dental Corps?

Answer: Well, I led a rather unusual life in the Army Dental Corps because I didn't have that many assignments. I came in to the Dental Corps after six years of private practice, in which I took a competitive examination to get an army commission, and I was commissioned in June of 1938. My first assignment was in a Army-Air Force assignment at Barksdale Field, Louisiana. I went in as a First Lieutenant and my pay was \$167 a month. I was promoted to Captain in 1940. In 1941 I was ordered to Panama to serve with the governor there at Gorgas Hospital, a large hospital in the canal zone. I went there ostensibly to do general dentistry on the people who were entitled to care, people who were on the governor's staff. The governor happened to be a Major General in the Engineering Corps. I got there in February of '41 and war was declared in December of 1941. If you recall, the oral surgeon who was at Gorgas left the next day for an assignment with the third Army and I was left alone at Gorgas Hospital for six years as the oral surgeon, without any background or any training. So that's how I became an oral surgeon.

After that I was sent to Letterman Hospital in San Francisco where I established the dental intern program and three years later the Army dental residency program in oral surgery.

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After seven years there I went to Walter Reed as Chief of Oral Surgery and later became Chief of the Dental Clinic and Chief of Oral Surgery. I was there ten years on that job, sent to Europe for two years as dental surgeon of the U.S. Army Europe. While in Europe I outlived all my contemporaries in the Army Dental Corps and got promoted to the rank of Brigadier General. That brought me back to Walter Reed as Director of Dental Activities at Walter Reed. I had been there about five months when I was promoted to Major General and I became Chief of the Corps in September of 1971.

So my assignments are practically all in hospitals up until the time I was appointed Chief of the Corps. So that's my assignments and that led me there and that's how I functioned.

Question: What was the world situation when you assumed duties as Corps Chief and were there any world events during your tenure that influenced you?

Answer: Yes, if you recall the dates of this, 1967, that's right at the time when the Cold War was going on quite strenuously and we were having the problems with the leaders of Russia and the leaders of the United States. The Cold War was really, really something that was gaining a lot of attention but more than that we were right in the midst of the Vietnamese conflict. The number of troops were escalating rapidly over there and that of course meant that we needed more dental officers there. The Vietnamese conflict plus the Cold War were world events that were occupying the attention of all Americans at that time and it had a particular effect upon us in the military.

Question: What were your major objectives upon assuming duties as the Corps Chief and which were you able to achieve?

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Answer: Well, you and every other dental officer during your career say well now if I were only Chief things would be different and they would be better and I was no different than that. So when I became Chief there were many things that I wanted to do. Number one, I wanted to continue, expand and improve the educational program in the Army. This is one of the things that we really had going for us was the tremendous training programs that we had. Not only training of specialists in the eight specialties recognized in dentistry, but training for the general practitioner. We had the general dentistry residency program going but it was only one year and so we expanded that to two years. And we know that the specialists in other areas were getting additional pay because they were certified as specialists. There was no way to do that for the general practitioner so we established a Board of General Dentistry in the Army. And the Army dentist who had gone through the residency program could take that board and if they passed it they had the same recognition that the specialists in the specialties got and got the continuation pay. So that's something that I wanted to do and that we did do.

I wanted to make sure that the people had the correct facilities in which to work. It takes a lot to do good dentistry. Number one, you've got to have good dentists. Number two, you've got to have good supporting people to help the dentists, and then you've got to have good facilities. When we went into the Vietnamese War we were still working with what was left over from World War II, and these were the cantonment type clinics. So we started a very vigorous building program to replace these with modern dental clinics and we developed about ten new dental clinics throughout the United States during the time that I was Chief, giving them better facilities in which to work. And of

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course the Medical Corps was developing new hospitals and we had good dental facilities in those hospitals.

I was quite interested in dependent dental care. I felt that any soldier would rather have his kids taken care of than himself and I worked diligently to get dependent dental care and that was something extremely difficult to do. But we did make some progress.

I had a colleague who was in the office of the Assistant Secretary of Defense who had been at Walter Reed the same time I was there. He was a neurosurgeon, and he saw the importance of this so we were able to get into the CHAMPUS program that any dependent of a soldier who was injured, trauma, any type of an injury was an emergency and that we could take care of that under CHAMPUS. We were able to say that anybody who had a dental problem that had an influence upon a medical condition that they had, we could take care of the dental problem under CHAMPUS. And also pregnant women. We were able to get any pregnant woman who needed dental care to get that done during our time. So I made a start in dependent dental care at that time.

And then I wanted autonomy for the Army Dental Corps. I want the Dental Corps to be able to run its own business, have its own offices, have its own enlisted people, have its own funds, and we started that and that's one of those things that I didn't complete but we did lay the groundwork for it. So those were my objectives and some of them we got and some of them we didn't.

Question: What was the most significant change during your period as Corps Chief?

Answer: Well, this gets us into something that hit me right after I became Chief of the Corps. As you know at that time we were in the midst of the Vietnamese War and that was a different type of war. We were drafting people to come into the military for two

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years and if they were assigned to Vietnam they would only be there one year. That was the length of tour in Vietnam. And we were getting reports from the division commanders in Vietnam that they were losing their key personnel from their duty stations, which were important in fighting the war because of dental emergencies and of course we had to look into it.

So we sent people over there and found out that this was really true. We were having about 142 emergencies per 1000 people in Vietnam per year. Now that's quite a lot and those people were lost from three to seven years [sic] from their duty stations. So we starting looking into it. What was the problem? Well, the problem turned out to be the status of oral health of the people when we brought them into the Army. We were bringing 656,000 people a year into the Army and we wanted to know what's their oral health status when we get them and so we started looking at it and found immediately we ran into a problem. We found that the people that were drafted on the East Coast had different type of dental problems than those that came in from the West Coast. And we found those that came in in January and February had poorer dental health than those who came in in July and August. What was the difference? Well the difference in locality was that there was a difference in the quality of dental care done in different parts of the country. And the difference in time was in July and August we were getting the college graduates who had been deferred until they finished their college work. The other times we were getting the dropouts and other people.

So it took us a full year to get the correct answer. So we went into all thirteen of our induction centers and examined everyone that came in and we found some startling, startling results. We found that out of every 1000 inductees there were 5066 cavities that

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needed to be repaired, and most of those were two surface cavities. We found that there were needed 1798 crowns or bridges. We needed 13 full mouth extractions and full dentures. Everybody needed preventive care and prophylaxis and so 155 needed partial dentures. Now that's a hell of a work load and we had, what, 3000 dentists to do it and many of them were in Germany and many of them were in other parts of the country. So we had to solve that problem and we did it this way.

We had the line commanders tell us what were the critical MOS's, Military Occupational Specialty. Which are the men that you actually needed when you were fighting the war? And they identified those people for us. Well, about forty percent of the inductees fell within that MOS. So that eliminated sixty percent of the people who could have emergencies over there would take them away from their duty station. We had that number reduced to about 5000 a week that we had to take care of. Then we found that only about twenty five to thirty percent of those needed care to keep them from having an emergency within eighteen months. So that brought it down to the point where we had about a hundred and twenty to a hundred and forty people a week per induction center that we had to take care of. So by delaying the work until they got to the advanced individual training, that's the second twelve weeks of training, and then limited it to those people who had that MOS that was so critical, and then taking the ones who had these large cavities, we brought them in, took care of them before they got to Vietnam, and that really cut down the emergency. In one year we cut it in half. From 143 to 79 per 1000 per years. So that was the biggest problem and that's how we solved it.

In the dental clinics we were working two shifts to get this work done. We started seven o'clock in the morning and worked till three and another crew came on at three and

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worked till midnight in our induction centers, and that was fifty weeks a year that we did this. So the Dental Corps did one fine job in the Vietnamese conflict that you don't read about and you don't see because it was our routine work but we directed it by what we called the Dental Effectiveness Combat Program. Dental Effectiveness Combat Program, and that did the job. So that was the biggest challenge I had, I assure you.

Question: What technological advances occurred during your tenure that impacted operations and doctrine?

Answer: Well, that's rather difficult to handle. I think this wasn't technological thing that I did. The way we did it maybe had something to do with technology. We found that there we were confronted with quite a large number of deep carious lesions. Where if we had really evacuated those teeth and taken out all of the decay we would have had an exposure that would have required an extraction or an endodontic therapy and we didn't have the endodontists to do that amount of work. So we hit upon the plan of developing what was known as an intermediate restorative material, IRM. That was a eugenol with a polyethylacrylate with the accelerator. It would set fast. And this was a filling that would last two to three years. And so rather than taking out all of that decay, we'd take out the infected decay, the upper layer, and get down to the layer that was a different color that was decalcified, and then put that filling in. and we found that that layer that we left in would many times calcify, or sometimes it would slough off as a sequestrant, and we were able to save an awful lot of teeth in that way. So the development of IRM, individual, I mean intermediate restorative material was something that came up at that time.

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When I became Chief of the Corps I wasn't too happy with the results that were coming from our Army Institute of Dental Research. That was stationed at Walter Reed and I had been there and I couldn't see any major developments coming out of there. So one of the first things I did was to change the Director of the Army Institute of Dental Research and I put the guy that I thought was as close to a genius as we had in the Dental Corps, Colonel Sidney Bhaskar, in charge of the research department and things started to happen. During the Vietnamese War we were able to develop some quick cure splints that the oral surgeons needed over there very badly. He developed something on the model of the water pick dental instrument. The pulsating water supply which he built up the pressure and we used it to clean wounds with and that was one of our big problems in Vietnam was the wounds that people were experiencing and they were very contaminated and our medical colleagues loved this because they had to wash those wounds by hand and with this autopick, this pulsating water supply we had it rapidly debrided these wounds and made it so much easier to handle. And then continued work on dental materials during this time, all of which added to the advancement of the Corps. So I guess that's the technological things that I could talk about.

Question: Sir, what was the most difficult task you faced as Corps Chief?

Answer: I think I've already discussed that and that was the reducing that number of emergencies in Vietnam. But I had another task and that was to get equal recognition for the Army Dental Corps in the eyes of our colleagues in the Army because at that time the AMEDD's was in Medical Corps, the Dental Corps, the Veterinary Corps, the Nursing Corps, MSC Corps, all of the corps. And we were doing well. We were holding our own but all of the recognition went to the Medical Corps. Any funds that we get we got

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through the Surgeon General. I had no access at all to the staff of the Army, the Chief of Staff or the Chief of Personnel. I didn't have any contact with them. So I had to tell my problems and our successes to the Surgeon General. Sometimes they went beyond him, sometime they didn't. To me the Army Medical Department is one of the finest things in the world because they do fantastic work. But the dentist is just as important to that as anybody else. As the physician. We're a team. And we should have the same autonomy and the same privileges that they have. We didn't have that in my time and that was another problem I was faced with and I worked hard to get it and I made some success, but it wasn't until Bhaskar became Chief that he was able to get the autonomy you now have.

Question: What was the most pleasurable aspect of your job as the Corps Chief?

Answer: Well, that's pretty hard to answer. Most pleasurable job I had was a job that I had in taking care of people. I was a dentist and I did dentistry all the time that I was the in Army. And I did it to the very best of my ability. I did general dentistry for a long time and then when I got into the specialty of oral surgery I worked hard to be a good oral surgeon, and I took care of people who had been in three different wars, World War II, Korea and Vietnam, and did maxillofacial work on these people. That plus the other types of work that I did in treating patients at Letterman, at Walter Reed, before that in Panama, that was the most gratifying thing that I ever did.

But the thing when I became Chief was the wonderful, wonderful people who make up the Dental Corps. The quality of these people, their qualifications to do the job, their willingness to take the changes that were necessary to develop, to answer the problems that we had in Vietnam. The way they performed when they got over there in

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Vietnam, and to go there and to see them performing so well and seeing the respect they had from the line commanders and all and the respect that they had for the Dental Corps was very gratifying and very pleasing to me as the Chief.

Question: Sir, did you have any significant, unresolved issues when you left the position as Corps Chief?

Answer: Yes, I certainly did. I wanted to get for the members of the Army Dental Corps the same pay that their colleagues in medicine were getting, and while I was able to get some pay for the dental officer it was not comparable to what the Medical Corps officers were getting. So that was one job that I passed on to my successors. I don't know whether they solved it yet or not. I hope they have but I don't know. There's nothing as dead as a retired general, you know, so I don't really know what's going on these days.

The problem in Vietnam we had pretty well solved. If we just continued that we would have been all right. So I inherited problems from the man ahead of me and I know the man that followed me inherited problems so we just pick up from what we have left behind, pick up new problems and then leave some for the man that follows, and so I'll have to leave it at that because I know I left plenty of unsolved problems for General Smith who followed me.

Question: If you were given the opportunity to return to your period as Corps Chief, what would you do differently?

Answer: Probably not much. I did everything that I knew to do and if there was something that I left undone it's because I didn't know about it. And we had good communications, we knew what was going on in Vietnam on a daily basis. We knew what was going on around the world. I had the advantage of getting out of hospitals for

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two years when I was in Germany and had the responsibility of getting dental care to about 400,000 in 125 different dental clinics so that helped me in that area. So I don't think there's very much that I could have done that I didn't do. If there had of been it was merely because I didn't know it and nobody told me about it and so that's where I have to leave that.

Question: Sir, were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

Answer: Very much so because we had one main goal and that was to preserve the fighting strength, to keep that soldier out where he should be to do his work and then to take care of him if he was injured, if he was wounded, and we did both of those jobs in an admirable way I think, because the people that got injured in Vietnam, there isn't any war where they had better care than we had, we gave them. We had so much more going for us in Vietnam. We had control of the air. There was nobody else over there with airplanes. We had the airplanes, we had the helicopters. We had communications and we had the hospitals and we had the dental clinics and when there was a firefight someplace, that group would get on the telephone, on the radio and call in. Picked up by Army Medical Department people who would fly their own medical helicopters out and pick up that wounded individual or individuals and take them right back to our hospitals which were well staffed with good surgeons, good nurses, good enlisted personnel, and many times we would have a wounded soldier on the operating table within one or two hours of the time they were wounded. And then when the immediate care was taken care of we evacuated them immediately to Japan or all the way back to CONUS, and took care of them from then on. And there was no group of soldier that got better care than those in

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the Vietnamese War and so, yeah, we're proud of that. No, I don't think anything can be said about the AMEDD policies except the fact that they didn't give the Dental Corps the same right to go to the Chief of Staff that they had.

Question: Were there any specific Army or AMEDD policy decisions that you disagreed with?

Answer: I don't think so. I had the decision making level of the Army Dental Corps. I had some play in the decision making of the AMEDD's but beyond that that's where our decision stopped. The fact that we were able to convince the line officers that they had to give us time during the advanced individual training to take care of the dental problems these people that were going to be rotated to Vietnam was a decision that we had to sell to the line officer and we did sell it to them because they saw the problem and they knew what was going on in Vietnam and so they gave us time to work on those people. Before that we didn't get it. They said, hell, we got to treat these guys how to be soldiers. We got to do it in 24 weeks. And so you just have to get them during their off time. Well soldiers don't want to go to the dentist during their off time. So we had to convince them and that was a decision making that we didn't agree with at first but we got them to change.

Question: If you could change one thing about the AMEDD organization, what would it be?

Answer: I think I've already covered that. If you just listen to this interview you'll know how I feel about that so I'll let that one go.

Question: How do you feel about such current issues as AMEDD and Army downsizing and the Tricare Active Duty Family Member Dental Plan?

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Answer: Well the Army downsizing is something that I did not have to contend with. I had the other side of the coin. I was in the expansion time and we had a draft that we could use to get all of the people that we needed. So during my tenure we had about 3000 dental officers in the Army Dental Corps. Now we're entirely different. The world situation is entirely different now. The entire Army is downsizing. Not only the Army but the other services as well and so it's something that has to be contended with.

I am really concerned about the problem that the Army Dental Corps is having in recruiting new dentists. It's the same problem that our Medical Corps colleagues have had for a long, long time, and it's got to be solved because you've got to have that Captain. You know the basic core of the Army Dental Corps is the man that does restorative dentistry and that's basically the Captains. We need them and we can maybe get that up the Majors and Lieutenant Colonels because, damnit, we're all dentists and we should be able to do what needs to be done. But you've got to have that basic core of people who are willing to do the really backbreaking work as we call restorative dentistry. So you must find a way to solve this and I'm sure you will.

Question: What is your opinion of the current trends in managed care in dentistry?

Answer: Well, I don't know that much about managed care because that's a new boy on the block. However, after I left the Army I became dean of a dental school and I became involved in the affairs of the American Dental Association. In fact, in 1974, I was elected to the office of President Elect of the American Dental Association, then became the President in 1975 and 1976. At the time we were hearing about things that are similar to managed care but they had a different name. It was called, what was the first one? Well, HMO's, health maintenance organizations. And then came PPO's, preferred providers

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organization, and IPA, individual practice association, now direct reimbursement. These are all the same thing but just with a different word. And each time one of these new ones came up the dental profession was tremendously concerned about it. What is this going to do to me? What has made American dentistry great? And they say it's the fact that I am an individual practitioner, I can determine what's best for this patient and the patient can select me as their dentist and I select them as my patient and working together we can work out what's best for them. And they saw this third party coming in, this HMO or this IPA or maybe now managed care. Is that going to interfere with the doctor/patient relationship? And maybe it will but I don't think so because all of these ones from 1975 till now, 1993, 1995, we find that we've had all these things and we've lived through them and dentistry is just as strong now as it was then, maybe it's even stronger. So managed care, which to me is just another word for a third party method of paying for what you're doing, is here and I am sure that the dental profession, and I know the Army Dental Corps will manage this in the way that will be beneficial to the patients they serve and to the people who are doing the work and that's the dentist. I don't suppose that's an adequate answer to managed care but I'm not too concerned about it. I'm sure it will work out. And with the leadership you have in the Corps today, of which I am very impressed, I am sure they will solve this in the interest of what's important, and that is that we deliver quality care.

Question: Sir, what do you expect for the Dental Corps officer of the future?

Answer: I expect him to do what the Dental Corps officer of the past has done and that is to be thoroughly dedicated to do the finest work he can do in any situation. In other words, to put the patient first and to do for that patient what you would want done for

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yourself if you had that problem. You know, being the physician, being a dentist is a very important thing. While I was Chief of the Corps, 1969, the Department of Labor issued a bulletin stating there were 21,741 occupations awaiting the graduates of our universities and colleges that year. Just think of that. 21,741 different ways that people make a living in this country. But how many occupations and professions give the people in it the right to do what we can do? The right to operate on living tissue, the right to prescribe drugs for human beings, the right to relieve the pain and suffering of their fellow man. Not very many. Medicine, dentistry, osteopathy, podiatry, optometry. What else? Maybe a few more but certainly less than ten. To me that sets the health professions apart. We're different than other people because great responsibilities fall on our shoulders because we're treating somebody else's loved one and we must do that the way we would want done to ourselves or to our loved ones if we had that condition. That's what being a health professional is. And merely the fact that you're a dentist in the Army doesn't change that because the people you serve is the patient, and as long as you and I and all the other members of the Army Dental Corps take good care of that patient, in the end they'll take care of us. So that's what I expect of the dental officer of the future, that he gives to it the best he has in every situation. Sit in their dental chair once in a while and look up and say what would I want done if I had this condition, and if you can answer that in the affirmative then you are doing the work right.

Question: Sir, how would you rate today's junior officer compared to when you were in that grade?

Answer: Well they don't have junior officers in my grade anymore. I came in as a First Lieutenant, as I've told you. But I'll tell you, I did pretty good as a First Lieutenant,

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honestly I did. I went to Barksdale Field. They gave me a great big set of quarters with four bedrooms, a live-in maid's quarters and I had a maid for a dollar a day. The commissary delivered groceries to my wife. Bread was three cents a loaf. I tell you, we lived great as First Lieutenants. But anyway, what was the question?

Question: How would you rate today's junior officer compared to when you were in that grade?

Answer: Well you've got to realize when I graduated from dental school in 1932, we didn't know as much as we do now. Dental knowledge was down here about then. Dental knowledge today is up here. And so the dental graduate today knows a hell of a lot more than I did when I graduated from dental school. So the dental officer today, when he graduates from dental school he has a good basic knowledge in restorative dentistry, he has a good basic knowledge in crown and bridge. He doesn't know too well how to make a full denture anymore because not many of them are being made in dental schools anymore. He learns how to take out teeth and he learns a little about orthodonture, he learns a lot about endodonture, and he learns a lot more about periodonture. Now I didn't learn anything about those in dental school, so he comes out better trained. But he's got to realize that while he has this level now, ten years from now the level is going to be up here and how is he going to keep up with this guy? Continuing education. That is a must for any dental officer or any dentist is to keep up with what's going on in his profession. And with the technological explosion we've had in the last few years in dental materials, in dental equipment, in dental concepts, the dentist who doesn't continue learning is the dentist who is through. So this man coming out is better prepared than I was, but he's got the same problems I had and that was to keep up to date.

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Question: What guidance would you give today's Dental Corps officer?

Answer: Same thing that I've just told him. Be proud of the fact that you are a dentist because not too many people are in your position and people look up to you because you have that type of a reputation, that you are a man of integrity and you're there doing something that's good for them, providing them something that they need, so be proud of that. Don't hesitate to take credit for what you're doing.

Question: How did the Dental Corps change for the better during your career?

Answer: Oh, that's easy to say. Right at the end of World War II we had a couple of leaders in the Dental Corps, Major General Mills and Major General Love, were both in the Surgeon General's office and they saw the need for further training of dental officers so they did two things. They started ROTC programs in dental schools throughout the country and they started residency training programs within the Army Dental Corps. The officers who were sent to the ROTC programs were also enrolled in a specialty, prosthodontics, oral surgery, perio and during the three years they're there they got their specialty training while they were conducting the ROTC program and we were also in the Army doing the same type of thing without the university. We were doing this on our own. And then they started continuing education. I developed a little bit of a reputation of being a lecturer because I've lectured in every state in the union and you name the foreign country and I've been there and I was made a lecturer by order. In 1950, a directive came down from the Surgeon General's office that the Chief of Oral Surgery at Letterman Hospital will conduct a five day course in oral surgery for active duty people, reserve officers, National Guard officers, and it would be done twice a year. And so from 1950, until I left the Army I did that. It dropped back to once a year. We then finally

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opened it up to civilian people because we are their Army and if we had something to offer in the way of education make it available to them. And so every time we put on one of these courses, particularly when I got to Walter Reed, we would fill Sternberg Auditorium, couple hundred people would be at these courses. It was free and it was good. And so we did needed to be done. We trained our officers and we kept them up to date with continuing education and that's what the Dental Corps needs to do in the future.

Question: Sir, what was your most significant contribution to the Dental Corps?

Answer: The training program. Training program. If I had anything that I feel I accomplished was the expansion and the improvement of the quality of the training programs that we had. There isn't I don't think very many training programs throughout the country that are as good and probably none better than the one we have in the United States Army. And I don't know about the Navy and the Air Force, they have their own training programs, but I do know about the Army and I know of the quality of people they turn out. And we saw that so beautifully when we got into a real tense situation and that was in Vietnam. The oral surgeons we had over there did a fantastic job. Twenty percent of the injuries over there were maxillofacial injuries and our Army oral surgeons, they did a great job. Our general dentistry graduates from our general dentistry residency programs, we loved to send them to Vietnam because they could do ninety five percent of the work that needed to come into a clinic. They could do endo, they could do perio, they could do oral surgery problems and they could make a denture. They worked great. So our training programs paid dividends.

I was once criticized by the Executive Officer of Walter Reed because we were doing more major procedures such as surgical correction of [unclear] and that type of

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thing. And they said why are you doing this, why are you doing so many of these, and I did two or three hundred of those while I was at Walter Reed. And I said now wait a minute. You know our colleagues in the line are stockpiling bombs for use when they get into war and I'm stockpiling oral surgeons. And boy he backed down, and did that pay big dividends when they got into that fracas over there. So, yeah.

Question: Sir, what do you think was your key to success?

Answer: Oh golly. You know, I've been in several different situations. I was in private practice for six years. I went into the Army and spent thirty three years there. I went to Tufts University as Dean of the Dental School and I was there nine years. Then I was moved into the university administration as the Senior Vice President and Provost of the university. The Provost receives the reports from all of the deans. And so I've been in many different situations. And so how do you solve problems? Well, you find out as much as you can about the problem itself. If you don't have all the answers you bring in people who know more about it than you do and listen to what they have to say. So you get together all the information you possibly can. Then you consider your alternatives. What could I do? Could I do this, this or this? Then you figure out which one is the best for that particular situation. And dealing in all of these different positions the problems are all essentially the same. You're dealing with people, you're dealing with programs, you're dealing with budgets. And so you bring that philosophy to any problem you've got and, gosh, they solve themselves.

I was a little concerned when I was made the Provost of Tufts University and I had to start dealing with the faculty in Arts and Sciences, the people who had Ph.D.'s and who were full-time employees of the university as I was. And I had no problem

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whatsoever because they accepted my dental degree at the same level or maybe a little higher than theirs. And so I brought the same problem solving things to their problems that I had when I was Dean of the Dental School, or as I had when I was Chief of the Dental Corps or as I had when I was in private practice and I did the same thing.

My next thing was my real dependence on other people. I recognize intelligence when I see it and I will delegate authority because I know that if I ask them to do something they'll do it. And the people that I had to work with in the Army Dental Corps, the people that were junior to me, because there wasn't nobody senior to me, I've been around so long, but anyway the wonderful people that you had to work with and when you had decided upon a course of action the way they got behind it and made it work was wonderful. So my relationship with people. You've got to be able to deal with people.

I have a very good friend who lives in Dallas, Texas. He told me, Bob, there's three things to be successful in the profession. Number one, you must have ability. Number two, you must be available. The three A's. Ability, availability and, three affability. You've got to be able to get along with people. And you do know that some people who do not know how to handle authority and they make lousy teachers in dental school but there they are. You've got to keep those guys properly controlled to say, look, your primary mission is that student. Teach him something. And you have people that you've maybe had to get rid of because they never did get around to that.

So my ability to work with people and my problem solving philosophy that worked everywhere I've been, except now that I'm retired it isn't working now but anyway I can look back on it and say yeah it's been a good life.

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Question: Sir, who was the best leader you worked for or with and what were those attributes that made the leader the best?

Answer: Oh golly, that's a hard thing to answer. There are so many people that influence your life as you come up through it. As I've told you, I became an oral surgeon by accident. I didn't intend to be an oral surgeon but when the war came and Colonel Weeks who was the oral surgeon at Gorgas left and I took over, and I did it for five years, then I immediately was put into a training program to train other people. That man that I was with in the canal zone, Colonel Weeks, who let me look over his shoulder while he was operating, and when he wasn't there I would do a few things. Then when I got into the training program at Letterman I had a consultant who was a well known oral surgeon in San Francisco who came out occasionally and he helped me. And then when I started making changes, the man who later became Surgeon General, Lieutenant General Leonard D. Heaton, was commanding officer at Letterman when I was there. He went to Walter Reed and I followed him to Walter Reed. Then he became Surgeon General and he's the first one to get three stars in any of the services, because he operated on President Eisenhower and on John Foster Dulles. He really had the ear of several senators and he's the one that built the new Walter Reed and all, so he was a real, real fine surgeon. While he was the Surgeon General, every Thursday he was in the operating room operating. So he was the, and he says don't do what I say, do as I do. That was my philosophy. I did surgery right up to the day I left the Army. I was in the Army to do one thing and that's dentistry and so I never asked an officer to do anything that I wouldn't do myself and so that's the type of leader that General Heaton was and I patterned after him.

Question: Sir, is there anything else you'd like to add to this interview?

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Answer: I think I've said enough.

Question: Okay.

Answer: I think I've said enough. I know that this probably hasn't gone the way you thought it would but you get me started brother, I want to talk about dentistry and the importance it is and how lucky I've been to be a dentist.

Announcer: Thank you very much, sir, we've certainly enjoyed it.

Answer: Okay.

Announcer: This concludes the interview.

Major General Edwin H. Smith, Jr.

Announcer: This is an oral history interview with Major General Edwin H. Smith, Jr., United States Army Retired, Chief Army Dental Corps, U.S. Army Medical Department from 1971 to 1975, and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corps. Today's date is 14 November 1995.

Question: Sir, what were your assignments that led up to you becoming the Chief of the Corps?

Answer: I think my last two were probably more significant than any of the others. I was Chief of the, or dental surgeon for Fort Benning when Vietnam started its build-up and we established a reception center there and I developed a fine rapport. I thought it was going to fix me when I found that Hal Jenkins was Surgeon General because at my tenure down there at Fort Benning we established a separate dental detachment. We had our own barracks. We had our own promotion system and this had been accomplished in the face of an edict put out by General Heaton that there would be a consolidation of the activities on any post and that the Surgeon would be running all of them. And so I

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thought that when General Jenkins was appointed that that would cut my throat, but he was a bigger man than that.

One of the things I thought was interesting, shortly after we established our dental detachment I got a call from the Chief of Staff and he said, Pinky, we've got a parade coming up in about three weeks. I said Oh? He said you know you're a separate and distinct entity on this post and we expect all of those distinct entities to participate in all our parades. I said fine. Put the word out to your infantry people they better shape up and do right or the dental detachment is going to make them look like a bunch of left footed men. There was absolute silence on the other end for a while. Then he said, boy, I never can judge you. He said I thought for sure you'd give me 16,000 reasons why you couldn't afford to have your people in that parade. I said no, sir, when you get the privileges you have to fulfill your responsibilities. I called Bob Everhart, you may know him. His background was he had been in the Marines, been a drill sergeant in the Marines. I said, Bob, take our people, build a squad and train them to march like soldiers, and I don't care how much time you take or how many people you need. Get it done. He did. I got a call after the parade and Cummings said, you know, you weren't the best but you certainly weren't the worst. I think things like that had as much to do with my promotion.

Walter Reed was in a shambles when I got there and it didn't take me too long to straighten up the upper echelon. Then I had to bring in somebody to bring it up from the bottom. You cannot push everything from the top. You have to have help at the bottom to bring it back up. So we straitened that out and got that service back where it belonged. I think both of those contributed significantly to my selection.

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Question: Okay. Sir, what was the world situation when you assumed duties as Corps Chief and were there any world events during your tenure that influenced you?

Answer: Well, of course you know Vietnam was in its heyday and the biggest problem that we confronted as far as Vietnam was concerned was to try to be certain that our soldiers that went there were not going to be a dental casualty. We wanted to be sure that the potential emergencies had been eliminated and this posed a significant burden on our posts that were being responsible for that so we had to overstaff them and I do believe that a couple of them ran something that just can't be done but we had to do it, double shifts. There were not enough dental casualties, if there were any, that there was any flack raised by the line because you and I know that a dental casualty is a bad as if he had been shot through the chest. If he's out of line he's out of line regardless of why he's there. So this was one of the major concerns.

And the other was that the United States Army Dental Corps maintained its usual routine activities with this additional problem imposed on us, so that we had to be careful that our training programs did not suffer and that the routine treatment of our regular soldiers was maintained.

Question: Sir, what were your major objectives upon assuming duties as a Corps Chief and which were you able to achieve?

Answer: Well, things were left in real good shape. Bob Shira had been a fine Chief and he left no apparent problems. The one thing that existed was that dentistry was considered a part of medicine, within the framework of the medical department, and the nurses and a supportive element for medicine. The MSC's are a supportive element. The AMSC are all adjuncts to the Medical Corps. but the Dental Corps is a separate and

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distinct profession that has absolutely nothing to do with the medical side of the house, and yet they were treated within that framework as though we were in a supportive element for medicine. My big objective was to get a recognition within the framework of the medical department that we were a distinct profession and should be handled and treated that way, that we should have our own budgetary process that came all the way up, not through the medical budget but a budget all the way up. We should have a personnel allotment that went all the way down. It went right down to the dental surgeon at the post level. And I had gone in to talk with General Taylor regarding this and they set up a committee headed by General Pixley, subsequently Surgeon General, and all of the Corps Chiefs were part of this committee with several other folks that were of concern. And that committee met for about nine months, hearing all kinds of testimony, and then they came up with the conclusion that the United States Army Dental Corps should have its own entity within the framework of the medical department and that we should have our own budget and that we should have our own personnel allotment. I guess for another year and a half we haggled and wrote regulations, and when I retired these regulations were ready to be published. I thought, you know, what I came here to do is done and I don't have any problems with it.

Well, the moment I retired and Sidney came in, General Taylor called Sidney in and said I'm sorry but that regulations that we had promised General Smith that were going to be published, I'm not going to go along with it. He said I've gotten too much pressure from my people, Medical Corps. And bless his heart, I don't know what I would have done had that happened. I really don't know what I would have done. I'm certain that I would have not been able to attack Congress, and that's the word I have to use,

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attack Congress the way Sidney did and end up with the results he came up with so that we probably would not be where we are today had he not been there to pick up the ball that Taylor dropped on me. But that was not anticipated. So that I learned that you trust absolutely no one on any circumstances when you're dealing with a problem as big as that, and I probably instead of retiring in August, as I did, would have retired in October or November after the regulations were published.

That's my, I have two regrets. One is that we had to go another way when I thought we had them finished. And the other is that there is no way that that the Army Dental Corps will ever be able to completely fulfill its mission because the magnitude of the dentistry to be done far exceeds the capability of the assigned dentists within the framework of the Army to accomplish it. Now we can do all that is asked for and we can get all of our people out of the emergency class. But to get everybody up into Class Four is beyond our capability. And so if you look around, the Medical Department has optometrists, has brace makers, and all kinds of support. Well why can't we utilize that kind of support? The nurses could give injections, all of those things. So that Harry Mertz alerted me to a program that was being implemented by the Public Health Service, and I think there's a big public hospital down in Louisville, Kentucky. We went down there to look at the program and they had expanded dental assistants and you would prepare the cavity and then you would leave that patient. The assistant would place the band or fill the cavity with Amalgam, place the band, fill the cavity, carve it, check it, and then you'd come back and check what had been done. They could do everything that was able to be undone. And this looked pretty good to me so at Fort Huachuca we established a training program to implement this and had it going for about a year. We then asked a civilian

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known in restorative dentistry to come out and evaluate the work that had been done. And I was afraid that when he got finished on the evaluation that maybe my dentists wouldn't have done as well as the assistant. As it turned out 97% of the fillings done by the dentists were completely acceptable and 96% of those done by the assistant were completely acceptable. Well, with that kind of a background I said we'll implement it.

This involves a significant amount of effort. We had to rewrite the specifications for the GS-4, GS-3 qualifications and include these additional specifications. They could even in this program go up to GS-5s. GS-4's were the basic individual and you could go up to GS-5. Every one of the posts established a training program and began their own teaching people and this program lasted six months. We expanded the teaching down here at Fort Sam Houston to include this training and we were training military to do the same thing.

And I guess the program had been in effect for about, we were rolling it over for about a full year and a half, during this time Mertz had been busy with architects and everyone else, and talking, keeping me informed, and the dental clinics that were developed and built were built with this idea of the utilization of the expanded dental assistant. And our capability of treating patients increased about one and three quarter to two and a quarter percent. With you doing the professional side of the house and the assistant doing the reversible procedures. It was working fine and it was expanding and going on and I left again with that in place.

I had briefed the ADA at their executive council meeting what we were doing and why we were doing it, and inferred to them that I didn't care how they felt about it. Well, subsequently they said, you know, cease and desist. And you'd think well you could say I

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don't need to cease and desist, I need this program. But our people also need recognition and of all our training programs would not have been recognized by the American Dental Association. Our people would have been ineligible to take the Boards. It would have been chaos, like we're having right now in the stupidity at the government where they're closing it down. And so obviously Sidney said fine, we'll do that. And the entire program was scuttled.

And this hurts me deeply because it was an opportunity to do a lot more for the soldier and maybe even for the dependent than we've ever had before and we'll ever have. I was not helped by the Chief of the Navy Dental Corps who felt that under no circumstances should any untrained individual be responsible for placing amalgams or removing sutures or doing some deep scaling or things of that nature. So that's my two big regrets.

Question: Okay, sir. What was the most significant change during your period as Corps Chief?

Answer: I don't believe there was a big significant change. You know, this is a big monstrous organization and its rolling along its own course. And to modify that course and change it without a justification just is insurmountable. The Corps was doing fine when I came in. I hope it was doing fine when I left and I made no major changes. Minor ones, sure, everybody has things that they adjust. I didn't feel that if you were a researcher that you should then spend your entire time doing research and the Institute of Dental Research had about eight or ten people that were up there, been there for a significant number of years, had lost touch with the Army Dental Corps, really didn't know what was going on. We had several pathologists which were in the same ilk. And

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so very shortly they found themselves out at the post where they found out what the Army Dental Corps needed so they'd have more relevancy in their research. And if you're a good pathologist there isn't one large installation that doesn't have pathology walking through that door every day, and so I figured that they could be the examining officer and be the initial contact with that. Their talents were not going to be wasted and that they were going to expand their horizons as far as the responsibility of the Dental Corps was concerned. They shook them up a bit but got things accomplished. These are the small things you can do.

Question: All right, sir. What technological advances occurred during your tenure that impacted operations and doctrine?

Answer: I think that the high speed and the lack of recognition of the magnitude of cooling required with that resulted in a significant increase in the number of pulp deaths and so we had to be aware of this, try to emphasize that you really need a well trained assistant putting cooling mechanism on that tooth while you're coning it down and boy you could at the high speed. Man, dear, could you do that. And as a consequence I think we increased the number of endodontists that we had because the demand was there and so we fulfilled the demand.

At the same time this adhesive filling was coming out and I felt that we had to be a little careful in the use of this because we didn't have significant background to know how long that would stand up. So although it was coming in we were not really embracing it.

And then we had what were called implants. My experience, my only experience with implants was in their removal. I never put one in but I took an awful lot out. The

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ridge that it had been placed on was a difficult ridge to begin with or they wouldn't have placed it there. It was almost impossible by the time that thing was taken out and so I put out my edict. I didn't say you couldn't do research on implants. All I said was that I personally would approve the protocol. And so in my tenure we didn't do any research on implants. They have entirely changed and they are very successful now and I'm certain that I would have been smart enough to recognize the change and have modified my approach, but at that time they weren't very successful and so we didn't do them.

Question: Sir, what was the most difficult task you were faced as a Corps Chief?

Answer: That task was trying to make the dental aspect of the Medical Department recognized as a distinct and separate profession within the Medical Department. And this occupied a significant amount of my staff's time and my time. And as I said, we accomplished it and then with one fell swoop of the pen it was undone.

Question: General, what was the most pleasurable aspect of your job as Corps Chief?

Answer: Inspections, if you can imagine that. I did not look at an inspection as an infinite pinpricking evaluation of your operation. I looked at it as an opportunity to expose to that post the wonderful dental service they had there. On all overseas assignments, we ended up with no money but a lot of experience. I paid my wife's way to go everywhere we went and so she had a magnificent ability to relate to people and so she acted on the ladies side of the house to stimulate and give them the recognition they needed. To meet our people, to recognize their accomplishments, to get to know your corps, to shake hands with your junior officers, this was great, and I'd be walking through the clinic and I'm step into an operatory where captain or major was treating a patient and I'd say to the dental officer do you mind if I look in the patient's mouth, and he said no. The first time I

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didn't ask the patient and I thought the patient was going to jump out of the chair. He said who are you to look in my mouth? So from then on I asked the patient's permission too, and then I'd like to see what they were doing and usually, you know, it was probably better than I would have done it. It gave me an opportunity to let the patient know I was pleased with what the dentist was doing, and it gave the dentist the satisfaction that the chief had looked at his work and thought it was great, and you know that's great for the morale. So that was my most enjoyable. And I think there were very few places in the world where we had dental officers assigned, even single man stations, that I didn't visit. Only place I didn't get to was the individual stations in Turkey and the individual clinic we had in Eratira. All the rest of them I got the single man stations in Japan, I got up to our single man stations in Thailand. It was great.

Question: Sir, if you were given the opportunity to return to your period as Corps Chief what would you do differently?

Answer: The only thing I would would not retire early. I would have stayed the course to see that our expanded dental assistant program remained intact and to see that the regulations that would have established us a separate entity were published. Looking back it probably is just as well that the things went the way they did because with General Bhaskar getting it approved by Congress, it is shown that the regulation can be changed at the drop of a hat but it's a little more difficult to get Congress to undo what they have accomplished.

Question: Sir, were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

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Answer: Yeah, I didn't have any particular. I would not have been if I had not been able to reach General Taylor and have this committee set up to evaluate the position of dentistry in the framework of the Medical Department relative to the position of dentistry within the civilian community.

Question: Were there any specific Army or AMEDD policy decisions that you disagreed with?

Answer: Oh, two particularly. I thought it was a bunch of foolishness and I still think it's a bunch of foolishness to establish a medical school that is supported by the military. If you want to train that many people, fine. Put them in the civilian schools and pay their tuition. But to establish a medical school with all the ramifications I thought was stupid and still do. I haven't changed my mind.

The other things that I disliked, although we were having no difficulty, even during the Vietnam War, we were having no difficulty for filling our authorized spaces with volunteers. I did not like the idea of losing the scholarships. Although we were having no difficulty, the Medical Department or the Medical Corps was having a significant amount of difficulty and so I would have looked like a dog in the manger if I had not been willing to release our spaces to the Medical Corps so that they could meet their commitment, but at the same time I disliked the idea that we were losing those spaces, because it's easy to give them away but dear Lord the fight you have to get them back and we're encountering that right now twenty years later, you know, it comes around. I disliked giving up those slots. I could see the need for it but I certainly didn't like it.

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Question: If you could change one thing about the AMEDD organization, what would it be?

Answer: Unfortunately at the current moment I'm not sufficiently conversant with the ramifications of this new organization that's taking place to realize where we fit into it and where our Dental Corps is still maintaining control of its own resources. But that is the thing that I would be certain was not being lost in this whole ramification because it's so easy to fall through the crack and suddenly you've got no walkway. This is the one thing that I'd be looking at very, very closely and trying to be sure that there wasn't something in one of those little bylaws down here that cut our throats.

Question: Sir, how do you feel about such current issues as AMEDD and Army downsizing and the TRICARE Active Duty Family Member Dental Plan?

Answer: Downsizing is always difficult. People are going to get hurt. Good people are going to get hurt. And to try to be certain that a minimum of hurt is passed out and that the needs as far as specialists and quality of individuals is retained is very difficult, very difficult. It's heart rendering. So this is a very difficult time.

I have always felt that it was absolutely impossible for us to treat retired and to treat the active duty dependent without detracting from what we normally would have accomplished for our soldier. I hear about this managed care. One of the things in that managed care that they have not mentioned, and in order for it to function and work without getting completely financially out of hand, there's going to have to be triage. And we have practiced, although nobody ever says it, we have practiced triage in the Army Dental Corps ever since we've been in business, because the moment I allowed you to make a crown for somebody I didn't allow him to fill two first molars. So that we have

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practiced triage. So the institution of an insurance plan that allows the soldier to participate in the possibility of dentistry for his dependent in an environment that he can afford relieves the Dental Corps of an obligation he can't fulfill and presents the soldier with an opportunity to get dentistry for his family and I think it is a wonderful idea.

Question: Sir, what do you expect for the Dental Corps officer of the future?

Answer: Nothing more or less than I expected of him in the past. He's going to have to have accomplishments that the dental officer in my time did not have. He's going to have to be pretty computer literate. I don't even know which end of the computer to, I'm not even sure I could turn it on. But this in no way reduces the responsibility. That dental officer thirty years ago had to be completely conversant with dentistry and today the dental officer has to be completely conversant in dentistry. When I was a youngster, and I fought with many people about it, I believed that a good dental officer was a good dentist and that's all he needed to be. Man, dear, it just shows you how narrow minded you can get. A dental officer has an obligation that far transcends his civilian counterpart. He has to not only be a good dentist, but he has to be a good officer. And I have looked at the development of the career of a dental officer. The first ten years he spends learning to become as competent in dentistry as he possibly can. He gets his training, he gets his boards and he gets on his way. Then he cannot sit back and relax. He's fine professionally but he doesn't know which end of the stick to raise to get the orchestra to play. And he has to be as competent in the administrative side and leadership side of the house as he is on the professional side. So from the ten years on he has to be trained to be able to run a dental service and that is not the easiest thing you've ever done. So the

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dental officer of today has to meet the same obligations that the dental officer of the past has met.

Question: Sir, how would you rate today's junior officer compared to when you were in that grade?

Answer: He probably is more competent professionally. I hope that he is more aware of the need for administration. You know, if you are highly competent professionally, you may be able to manage two, maybe even three chairs. But if you are administratively responsible you can run a hundred chairs, and if you don't do your job those hundred chairs cannot be used because the supplies aren't there, the assistants aren't there, the money isn't there for the things you require. So your impact and the impact of a dental officer is much greater than the impact of a single chair practitioner outside, so that the dental officer has to be a lot more and that's the way I look at it.

Question: Sir, what guidance would you give today's Dental Corps officer?

Answer: Just about what I have said. You have the obligation, excuse me, of being as competent professionally as is possible and this is available in our training programs. Anybody with motivation can get to be trained in one of the specialties somewhere along the line. And then after that I can't conceive it, I can't conceive it. I guess my ego or my drive, once I'm trained I want people to know I'm trained and I want them to know I'm good and I'm going to get my boards so that when you see it they say well he passed his board. That is like saying you've taken the examination to show your compatriots you know what you're doing. Then after you get your boards, man work just as hard to become as equally competent on the administrative and leadership side of the house as you were in developing your profession capability.

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Question: Sir, how did the Dental Corps change for the better during your career?

Answer: Well, I've said that when I came in I thought it was a good Corps. I hope it was a good Corps when I left. I don't think it really made any significant changes, particularly since what I had tried to do to get the implementation of the recognition of the dentistry as a separate profession within the framework of the Medical Department, since that fell through the house I can't see that anything significant was done.

Question: What was your most significant contribution to the Dental Corps?

Answer: I guess the support that I tried to reflect for every individual dental officer, and the respect I had for him, because without the lowest cog that dental service wasn't anything. The one thing that I regret, and it has come to mind here when I attend this meeting, we have our enlisted personnel at this meeting and I think I did not give as much recognition to the accomplishments of my supportive personnel, both civilian and enlisted, that I might have. I was concerned with the officer. I should have been concerned with the total picture.

Question: Sir, what do you think was your key to success?

Answer: Well, I never was known as a polished operator, but I was known to call a spade a spade and not an instrument with which you dig dirt. I think that they recognized that if they did something wrong they were going to hear about it, but if they did something right they would equally hear about it. If you have the authority, you have the authority to reprimand, you have the responsibility to commend. And I think too many of our people take the authority to reprimand and forget they have the responsibility to commend. And I think if I could go back I would give more recognition with commendation medals and the rest of them with my people that did such a good job wherever I was.

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Question: Sir, who was the best leader you worked for or with and what were those attributes that made that leader the best?

Answer: There was no question. General Bradley. I was a Major at Walter Reed and he was a patient of mine and he was a five star general. I never once picked up that telephone from General Bradley that he wasn't on the telephone. It wasn't his secretary. There is a five star general calling a major and he called him personally. And when he would call me he'd say, Major Smith, he said, I am tied up in a meeting. Goodness gracious he was meeting with the President of the United States and the Chief of the House and all the rest of it. And he said I can't get out these till about five thirty. Would it be possible for you to see me? Gees, would it be possible? Of course. And I can remember particularly one evening he came in and it was quite late and I guess it was about six o'clock when he finished and he needed me. He said can I drive you home? And he meant it. He was going to drive me to my home. And I said no, sir, thank you. I said I phoned my wife and she is waiting for me. Well, he said, give her my personal regards and tell her I'm sorry that I interfered with your business tonight. And he meant it. He meant it. So when I walked down to the car, my mother was in the car at the same time, I walked down to the car and with a big smile on my face I said I bring you General Bradley's apologies. My wife smiled at me and said you're too late. I said I'm too late? She said yes. He walked over and apologized personally. So this has to be my man.

Question: Sir, is there anything else you would like to add?

Answer: Not really except that the privilege of being responsible for the great Corps that I was was an honor that, you know, was beyond my expectation and I look back on it with pride and humility. That's all.

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Announcer: Okay, sir. Well than you very much, sir. This concludes the interview.

### Major General S.N. Bhaskar

Announcer: This is an oral history interview with Major General S.N. Bhaskar, United States Army Retired, Chief Army Dental Corps, U.S. Army Medical Department from 1975 to 1978, and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corps. Today is 7 January 1996.

Question: General Bhaskar, what was the world situation when you assumed duties as Corps Chief and were there any world events during your tenure that influenced you?

Answer: Colonel Leas, when I assumed the job of the Chief the Vietnam War was over. The major events in the world dealt with the Soviet Union and the Cold War. The Army was a slow drawdown, although I think we had still sixteen divisions, so it was pretty stable, the world situation was pretty stable except for the Cold War.

Question: Sir, what were your major objectives upon assuming duties as the Corps Chief and which were you able to achieve?

Answer: Dentistry is an independent and a self standing profession, which is very critical to the Army. As a matter of fact, during Vietnam 11.1% of all injuries that occurred were maxillofacial injuries taken care of by dentists and if you look at the history of the Army, in every conflict dental people have played a very important role. However, when I took charge of the Army Dental Corps I realized that the dental care system in the army was very flawed. It was flawed because the productivity of the dentists, Army dentists, was much, much lower than the civilian dentists. The retention rate of the Army Dental Corps was the lowest of any corps in the Army. We had 63% of all dental clinics were in World

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War II buildings, barracks. The Medical Corps had, the Medical Department had about 4000 Medical Service Corps officers and out of these 4000, probably 19 or 20 of them served with the Dental Corps. The result was that many, many senior Dental Corps officers had to do administrative work. So when I took over I found that the dental care system of the Army was not as good as it could have been and the reason for that was that the dentists ever since the start of the Dental Corps many years earlier had never controlled his own resources. He never had command and control of the money and the people that the Army allocated for dental care. And this is because of the MEDAC concept, because the physician always controls money and always controlled the personnel.

So when I took over the job, as a matter of fact when I was promoted I remember in the Pentagon the Army staff was there, the Surgeon General was there. I said that I would like to devote my tenure on four projects. Number one, I wanted to get the command and control of all dental resources in the hands of dentists. They called it the autonomy of the Dental Corps. The second thing I wanted to accomplish, pardon me, was to make sure that the Medical Service Corps officers, which are very critical to all administration, are integrated into the Dental Corps so that rather than 20 out of 4000 we will have our equal share of administrative officers and so we could free the dentists to do dentistry. The third thing I wanted to do was to build new dental clinics so that the dentists will be able to serve the Army in modern, well equipped dental facilities. And lastly, the fourth item I wanted to accomplish was to get dependent dental care.

So when I made those statements the day I was promoted, as soon as I got back to my office I got calls from DOD, from the Surgeon General's office, and from some other

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people telling me that not to waste my time to try to change the system, to try to get autonomy for the Dental Corps because it will never happen because it's impossible to do, that the Surgeon General is against it and that what you should do is to do what has always been done in the past, which is to work through the Surgeon General and try to get these changes introduced by regulation but not by law.

So, to answer your question, when I, the day I took over I promised myself that I would work on those four objectives. To repeat, number one, the autonomy of the Dental Corps. Number two, to get the Medical Service Corps officers integrated into the dental care system. Number three, to get new dental buildings, dental clinics. And number four, to get dependent dental care. And if I told myself that if I cannot accomplish that I would retire early because I had tremendous opportunities to in civilian life and wanted to go ahead and do other things because the most critical thing at that time for the Army, not for the Dental Corps or not for me but for the Army, was to upgrade this flawed dental care system.

Question: Sir, what was the most significant change during your period as Corps Chief?

Answer: Well, the most significant thing that I accomplished was that I got a law passed, it took three years, and that law made the Dental Corps resources independent of the Medical Corps. It put the command and control of dental resources in the hands of the dentists. Prior to that there was no dental commander. In the entire Dental Corps maybe there was one or two dental commands, dental slots which were commanded by dentists. After that law then many, many dental, I mean many dental commands, which are existing today, which are the result, direct result of that law that was passed. So I would say that was one significant thing.

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The second thing happened was that the Chief of Staff in 1977 instructed the Chief of the Engineers to build as many dental clinics as I needed, as I requested, as soon as possible. And as a result of that today I understand, although I have not been in touch with the field since I left the Army, I'm told that the vast majority of dental clinics in the Army are in permanent buildings, new buildings, and that was a result of the directive from the Vice Chief of Staff.

The third thing that happened during my tenure was that the Medical Service Corps officers now are an integral part of the dental care system. As a matter of fact I'm told that the Medical Service Corps officers consider that a choice assignment, whereas prior to 1975 a Medical Service Corps officer considered that a demotion to be assigned to the dental care system.

And here I would like to say that perhaps one of the many reasons why I could achieve all these things in the three years that I was chief was because of the loyalty of the Medical Service Corps officers. The Medical Service Corps officers were very loyal to me. They advised me, they guided what I was trying to do and so I am deeply grateful to the Medical Service Corps, especially the staff that I had at that time.

So to answer your question, I was able to achieve all the goals with the exception of the dependent dental care system, dependent dental care, which came after me and I must compliment General Kuttas who followed me and then after him General Chandler to achieve that goal.

Question: Sir, what technological advances occurred during your tenure that impacted operations and doctrine?

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Answer: Well, not many except that during my period it became apparent that for a dentist to be highly productive he has to have one or two assistants and in the Dental Corps at that time it was very rare to find an assistant for every dentist. So I went to MILPERCEN which is the personnel branch of the Army and went to the DCSPER whom I knew personally and I told them that if they want to increase the productivity of the army dentists they must provide them with assistants. And I think there was an improvement in the dentists/assistant ratio after that.

Question: Sir, what was the most difficult task you faced as Corps Chief?

Answer: I think the most difficult task I faced as the Corps Chief, same task every other Corps Chief faced, was to constantly have to put up with the Surgeon General. The Surgeon General is a physician. He is primarily interested in the medical aspect of his Medical Department and I do not blame him for that. He is dealing with a number of corps which are all dependent upon the physician. Now dentistry is the only exception. And like I said earlier, dentistry is a self standing independent profession. My difficult, my most difficult task was to deal with the sometimes untruths and unreasonable arguments that the Surgeon General used to propose, Surgeon General or his staff used to propose to defend their somewhat outdated ideas about running the Medical Department. So, to recapitulate, my major problem was to go around the Surgeon General to the Army staff, which I did every day, every week, and even to Congress, which I testified before Congress numerous times, and the major goal was to convince people beyond the Surgeon General that if they want a Dental Corps, if they want a dental care system which is efficient, which is productive, which is loyal to the Army, they must give command and control to the young dental officers and I'm glad I was able to achieve that,

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although the Surgeon General two or three times, separate times, threatened to reprimand me. One time even he said that court-martial me and I told him that's fine, because I had achieved all I wanted to achieve in the Army and so the biggest problem that a dentist had, the Chief of Dental Corps had, and will always have, is to fight for the people, for the money that are really allocated by the Army for the dental care of the Army, but on the way down to the dental people is sidetracked by the Surgeon General. So my biggest problem was to go around the Surgeon General to the higher authority, which in this case, was the Army staff and Congress.

Question: Sir, what was the most pleasurable aspect of your job as Corps Chief?

Answer: I think the most pleasant job I had was to achieve what I set out to do which was to make sure that the young dentists coming after me wouldn't have to face the same difficulties, same prejudices, same handicaps that I faced as a young captain or a major, where dentistry was always relegated to a second position and so when I could get the command and control of dentistry in the hands of dentists, I think that probably was the moment of greatest satisfaction for me.

Question: We're already discussed the dependent dental care. Were there any other significant unresolved issues when you left the position as the corps chief?

Answer: No, there were not. The only thing that I wish I could have the time to finish was the dependent dental care.

Question: If you were given the opportunity to return to your period as Corps Chief, what would you do differently?

Answer: Well, if I were to do it all over again I probably would, probably would trust the Surgeon General less. I trusted the Surgeon General many, many times and what

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happened was that they would staff very important dental papers without my knowledge and I trusted them and turned out that since I had friends in the Army staff, in the Vice-Chief's office, in the Director of Army Staff office, I had contacts in Congress, if it weren't for that, if it weren't for the fact that I had contacts in the Secretary of the Army's Office, if it weren't for that many of the things that we could do would never have been done. So if I were to do it again I probably would have trusted the Surgeon General's office much less than I did.

Question: Sir, were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

Answer: No, I was not. The AMEDD, I don't think you realize that, I don't think you realize until you get to that level that the pay and the incentives and the size of the dental corps, which means the dental care system is all determined by the AMEDD, by the Surgeon General's office. And if the Chief of the Dental Corps does not have an input into that the result is that when the time comes to allocate the size of the Dental Corps, when it comes time to decide what the pay and the incentives for the Dental Corps officer would be, when the times comes to decide what the bonuses would be for a Dental Corps officer, the Dental Corps officer is always left out. So I was not in agreement with most of the policies of the AMEDD at the time that I was Chief, and I did not care about other policies. I was only concerned about those policies at the AMEDD which had direct bearing upon my responsibilities as the statutory head of the dental care of the Army, and I took that assignment very seriously.

Question: Sir, were there any specific Army or AMEDD policy decisions that you disagreed with?

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Answer: Well, like I mentioned earlier, I disagreed with the Corps strength that they allocated the Dental Corps. I disagreed with the bonuses that they would allocate the dentists. So it mainly had to do with the money and people.

Question: Sir, if you would change one thing about the AMEDD organization, what would it be?

Answer: I would say that the dentists must, must have command, the Chief of the Dental Corps should have command if possible, and also the Chief of Dental Corps should have direct access to the Army staff. The key to my success, and I consider that my years were very successful in the Army, was that I had very close contact with the Army staff. Many of these men, the Chief, Chief of Staff, the Vice Chief of Staff, the DCSPER, the DCSOPS, the Comptroller of the Army, they were my patients. Many of them I treated. I had lunch with them every day in the Chief of Staff's mess. I discussed my problems with them. I explained to them how they can serve the soldier better by giving us various authority. So if I were doing it over again, if I were to write the assignments of the Dental Corps Chief I would say that he should have direct access to the Army staff through the Surgeon General if the Surgeon General is agreeable and over his head if he's not. Because I used to tell the Surgeon General numerous times that if the Medical Corps were to completely disappear, they can take the Medical Corps, the Nursing Corps, the AMCs, the MSC, the VC, they can take all those corps and I can still function as a dentist. I do not, I am not dependent upon the AMEDD's for running the dental care of the Army. So I would say if I were to change, if I to recommend something to the future Chiefs of the Dental Corps, I would say that never lose sight of the fact that your responsibility is the dental care of the Army and I know that this probably is not the

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philosophy today but if you look in the long haul no one understands the dental needs of the Army or no one understands dentistry as a dentist, and so a dentist should have a, should be able to reach beyond the Surgeon General and to the Chief, the Vice Chief and so on.

Question: Sir, how do you feel about such current issues as AMEDD and Army downsizing and the TRICARE Active Duty Family Member Dental Plan?

Answer: Well, to take one at a time, the downsizing of the Army, of course no one likes the downsizing of the Army. I think it's a mistake and I'm not a politician, I'm a civilian now but I am sure that if there is a war, and there will be as long as there is man, it will probably be brought back up again, but downsizing of the Army is very sad, it's bad. It's bad for the soldier, it's bad for the dependents and for example dental care which is now being given by the civilians is not the same as could be given by active duty Dental Corps officer. Although I'm a civilian now, I'm in private practice, but if I were to suggest anything to the Army I would say that it's much better for the soldier, his wife, his children, to get dental care within the Army system because it is much better quality, it has nothing to do with the money, then they are getting now in the civilian sector. So I would say that the dependent dental care could be improved if it were given within the Army system, Army family.

Question: Sir, what is your opinion of the current trends in managed care in dentistry?

Answer: Managed care, there are two kinds of managed care. One is the managed care in the civilian life, which I have to deal with now every day, which is not good because managed care is dollar driven. Managed care, the managed care, the bottom line in managed care is how much money the company that is running the managed care system

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can save, which means that they reduce the benefits that are due to insure the patient. So that is a civilian counterpart of managed care, which is of course not good at all. But if you're talking about managed care like it is in the Army, which is managed in the sense that people get what they need regardless of cost, then I think that kind of managed care is ideal. I don't believe that care, and that is true for medical care, I don't believe that medical or dental care in the civilian sector can even come close to the medical care or dental care in the military. I speak as a civilian now. I make a living in civilian life. I practice full-time. I have two offices and I'm busy ten, twelve hours a day, and I can still tell you that the care that the soldier receives and his family receives in the military is far, far superior to anything they can receive in the civilian sector.

Question: Sir, what do you expect for the Dental Corps officer of the future?

Answer: I don't, the Dental Corps officer of the future, I expect him the same as I did in the past. I think every Dental Corps officer, or for that matter any officer, has to try to excel in some aspect of his profession, and I think if he were to excel, I don't care what it is, if you excel in one small thing in your profession, it gives you a great deal of confidence, it gives you a great deal of self worth. You can deal with the system much better. So if I were to give any suggestion to a young officer it would be to remember that you are dentist first, you've got to excel in something. Your loyalty is to the Army. It's not to the AMEDD's. A dentist must feel that his primary duty is to serve the soldier, the Army, and not the Surgeon General and not the AMEDD because we just happen to be by a strange coincidence lumped together with the AMEDD's. We are a separate profession. So a dentist has to always remember he's a dentist and his allegiance to the Army, to the soldier.

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Question: How would you rate today's junior officer compared to when you were in that grade?

Answer: Oh, they're probably much better, I don't know. I have been out of touch with the Army Dental Corps for a number of years but judging from you and judging from other officers here, I think you guys are better than we were when we were your age.

Question: You mentioned some guidance that you would give to the Dental Corps officers. Would there be any other guidance you would offer today's Dental Corps officer?

Answer: Well, I had a very successful career in the Army. I progressed very fast in the Army. I went from a Captain to Brigadier General in record time and I think the reason why I succeeded so fast was that I always tried to excel in something and keep my eyes on the fact that my job, my loyalty, my service is for the soldier, it's for the Army as a whole. So my guidance is the same like I mentioned earlier. A young Dental Corps officer should not spend too much time learning administration because that can be replaced. An MSC can do much better administration than any dentist I know. Like that Army always use to tell me, the Army staff use to tell me, the chief of staff used to tell me, the DCSPER used to tell me, they can get administrators and guys that jump out of planes, they get thousands of them. What they want is a good dentist, the guy that can fix a broken jaw or fix aching tooth or repair a maxillofacial wound or things of that sort. So I would say that our main goal should be to excel as dentists, whatever field of dentistry. And then have the loyalty and the allegiance of the administrators, the Medical Service Corps officers who are delighted to help you.

Question: Sir, how did the Dental Corps change for the better during your career?

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Answer: Well, I hope it changed for the better. I was in the Pentagon for seven years, four years as the Director of Personnel and three years as the Chief of the Dental Corps, and I did not leave the Pentagon for seven years. I did not take any trips out in the field. I had no time to do it and the reason I didn't leave the Pentagon or leave the office, left the office, the reason the reason I didn't leave the office was because it's a full-time job. So I hope that by working all the time and effort the Dental Corps benefited from the changes that we instituted.

Question: Sir, what was your most significant contribution to the Dental Corps?

Answer: Well, you know, every Corps Chief likes to feel that his time was not wasted and each of us look at that from our own perspective. I feel very comfortable the years I spent in that I feel that I was able to achieve for the Dental Corps a number of things which I already mentioned earlier during this interview.

Question: And again this is possible reiteration as well but what do you think was your key to success?

Answer: Well, my key to success was that the people that I dealt with trusted me. For example, this may not be known but the Army staff, when they wanted to find out something about the Medical Department, when they wanted to know the truth, they asked me. They asked me because they knew that right or wrong I would tell them the truth. So my key to success was that the Army staff had tremendous confidence in what I stood for, that they knew that I would never lie to them. They knew that I was interested primarily in the Army and that I was not concerned about the glorification of the Dental Corps per se but I was interested in serving the soldier better. So I would say that my key to success was that I was able to go around the Surgeon General to the Army staff and

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talk to these generals who really run the Army. The Army is run by the Army staff. And they are the ones who have to know what's going on. So my key to success was that I was able to go beyond the Surgeon General again and again and again and lay down the facts before Congress and before the Army staff. Otherwise, it could not have been done. And I'm hoping that the Dental Corps Chiefs in the future will stay in Washington, stay as close to the Pentagon as possible, would cultivate, would make contacts with the staff of the Army because they are the people that govern a lot of things and if you are the Corps Chief and you want something done and you follow through channels and you send a request, it goes through the Surgeon General and then the Surgeon General can kill it and one way to kill it is to put it in the bottom drawer and forget it. Or they can nonconcur or they can staff it any way they like, and you may never find out. But if you have a direct contact with the people who run the Army, and who are interested in the dental care of the soldier and the soldier's family, then you can go around the Surgeon General and talk to them and then they can either decide yes or no, but at least you have got your hearing.

Question: Sir, who was the best leader you worked for or with and what were those attributes that made that leader best?

Answer: Well, I think when I was a young officer one of the people that was my role model was a surgeon, it was an oral surgery. His name is Robert Shira, and he later on became the Chief of the Army Dental Corps. A great, great dentist. A great professional man. Then after that I had the pleasure of working with General Kerwin who was the Vice Chief of Staff. A great leader. Always gave me a minute of his time. He promised me many times that nothing that affects the Dental Corps will go past the Chief of Staff's

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office without my knowledge. Then the DCSPER, General Moore. General Moore, a Lieutenant General now retired, he was a great believer in dental care because he served in Vietnam, he knew that in war, in combat, a certain percentage of the people, soldiers, get injured in the head and neck area and these injuries are taken care of only by dentists. And then General McGiffert who was the Director of the Army Staff. General Trefry who was the IG. All lieutenant generals or full generals. And General Thurman that recently died. He was also at one time the Director of the Army Staff. So I have many, many people in the Army that I looked up to who were true leaders and they still are. So the Army is full of good leaders. By the time you get to that rank you've got to be a good leader. So I had the pleasure of working with many, many outstanding men and I am still in contact with them and I feel very honored that I had the opportunity to serve this country and the Army at the time I did and I had the pleasure of working with these dedicated soldiers.

Question: Sir, we'd like to thank you for flying out for this interview.

Answer: My pleasure, my pleasure. I would like to close by telling you how proud I am of the young officers like yourself and the gentlemen sitting over there and I wish you and the Army Dental Corps the very best and always please extend my best wishes to all the young officers that are coming up. Thank you very much for the opportunity. Thank you.

Announcer: This concludes the interview.

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### Major General George Kuttas

Announcer: This is an oral history interview with Major General George Kuttas, United States Army Retired, Chief Army Dental Corps, United States Army Medical Department from 1979 to 1982 and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corps. Today's date is 14 November 1995.

Question: Sir, what were your assignments that led up to you becoming the Chief of the Corps?

Answer: Well, I'd have to start with the first one. When I was a young man and I applied for regular Army commission from civilian life. It took me about ten months to get approval and another three months to get ordered down to Fort Sam for the basic course. I was waiting and waiting and one night I came home from the movie and there was a telegram sitting on my table saying leave immediately to Fort Sam Houston to attend the course number so-and-so. I couldn't do that. I had a buck full of patients and a pregnant wife with a child and I called First Army Headquarters, said can you get me an extension. They got me ten days. Well, I managed to get down there in ten days, cleared everything up, checked in with the adjutant and said I'm here for course number so-and-so. He looked through there and said we don't have you down for that course. So he looked around and said you're here for this other course that starts in three months. So when I tell that story people ask me how come I stayed in. I said I thought at that time that there was plenty of room at the top. That started me off.

But to get serious about it, I've had a number of assignments. I've been to all the major schools, Command and General Staff College, Army War College. I was in the first general dentistry residency. And then I had two previous assignments in Washington

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with the Surgeon General's office and then became Deputy Commanding General of U.S. Army Med Command in Europe and from there I moved on.

Question: Sir, what was the world situation when you assumed duties as Corps Chief and were there any world events during your tenure that influenced you?

Answer: Well, it really wasn't a very contentious time in the world. The world was at peace. There were no big threats. The biggest event that happened was that Reagan got elected and he started building up the military. That apparently led to the beginning of the end of the Cold War. But basically it was a quiet time.

Question: What were your major objectives upon assuming duties as Corps Chief and which were you able to achieve?

Answer: Well, every Corps Chief has one first job and that was to protect the Corps. That was my first objective. My second one is try to make it cost effective because I had a reason for that and I'll get into it later. Then I wanted, you know, having to spend a lot of time with the field troops. I thought it was important to make our dental officers look like soldiers and act like soldiers. Those were my three major objectives.

Question: What was the most significant change during your period as Corps Chief?

Answer: There were very distinct productivity increases. That was one of my major objectives. I can go into more detail than that if you want.

Question: Sure.

Answer: I'm the one who started this custom of relating productivity to the cost value of what we did. That started during my time. I did it.

Question: Would you like to elaborate on that?

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Answer: Well they're still doing it. The reason I thought it was important is because at that time, as is always the case, people are trying to get into your pockets. They're trying to get into my resources, my manpower, my money. They were trying to cut the active Dental Corps and make it all contract and take those spaces and do something else with it. So I thought the best way to defend ourselves against that is to show them that they can get it cheaper if they let us do it, and we did, we proved it. In fact you're still doing it. Still doing it. So there was a reason for it. And it didn't hurt to have these guys looking like soldiers too because I got constant compliments from the line officers when I visited the various posts, saying how much better dental officers looked than the medical officers. So it was working. We were getting the Line on our side.

Question: Sir, what was the technological advances occurred during your tenure that impacted operations and doctrine?

Answer: Mostly in the area of field operations. We rearranged all the TO&E's for the various field units. Revised our equipment. Brought in lighter and more miniaturized equipment and got it really fit to fight. As far as what goes on at the clinics, that was pretty much out of my hands.

Question: What was the most difficult task you faced as Corps Chief?

Answer: Same thing I mentioned before, the same problem we all have and that is keeping people's hands out of your pockets. That's a constant fight up there. Anybody who's been in Washington, and it's not unique to the Dental Corps. Everybody's jockeying up there for a bigger piece of the pie. Everybody thinks that their mission is more important than everybody else's and it's a constant hassle but that's the most important job.

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Question: Sir, what was the most pleasurable aspect of your job as Corps Chief?

Answer: Oh, visiting the troops. I got out, I was on the road all the time. I'd say in my four years in there I visited every clinic in the United States, every clinic in Asia. I didn't have to go to Europe very much because I just spent three years there and I'd been to every clinic there at least once and probably two or three times, but I did go there for all the Garmisch meetings. The only place I never got to and I regret, I never got to Panama. No special reason. It just never worked out on my schedule. I didn't deliberately avoid it. I just never got around to it.

Question: Sir, did you have any significant unresolved issues when you left the position as Corps Chief?

Answer: Yeah. I tried to get rid of USAIDR and I failed. The politicians stopped me. I don't want to go into details of how they did it but they did.

Question: If you were given the opportunity to return to your period as Corps Chief, what would you do differently?

Answer: Well, probably delegate more. Probably delegate more. I don't regret anything that I did directly but I could have delegated more. That's a mistake that you can easily make when the buck stops with you.

Question: General, were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

Answer: Generally yes with respect to the overall organization, but I had great difficulty with some of the individuals in the organization. See there are still a lot of people in the Army Medical Department, medical types, who think that being in charge of all phases of health care is their birthright and they're the ones that kept trying to break up our

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DENTAC's and take control over us. These were individuals and because I was on good terms with the Surgeon General I was able to stop them. But it was a pain.

Question: Sir, how do you feel about such current issues as AMEDD and Army downsizing and the TRICARE Active Duty Family Member Dental Plan?

Answer: Well, I assume that those responsible for these things know what they're doing and I don't want to second guess them. I think I basically understand them and I know that a lot of it's being opposed on us from above anyway so we can't control it. There's not much we can do about it. I think we ought to make try to make the best of it.

Question: What is your opinion of the current trend in managed care in dentistry?

Answer: What current trend? I practiced managed care for thirty years and I've sat in these meetings over here and I see very little difference from what we have been doing all my military life. There's a lot of change in the rhetoric. Things that we did they're doing by a different name now. But if they want to call it managed care, that's okay with me. I don't see any big differences.

Question: Sir, what do you expect for the Dental Corps officer of the future?

Answer: The same things I've always expected. Honor, integrity, professional excellence and look and behave like a soldier.

Question: What do you feel their future is in today's environment?

Answer: The future of the young officer?

Question: Yes, Sir.

Answer: I would hope it would be promising. I could offer them some advice on how to make the best of the condition I think maybe. There are always going to be unpleasant

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times in a military career and some of them will fall by the wayside, but I can give them some advice on how not to be one of those that fall by the wayside maybe.

Question: What would that be, Sir?

Answer: First of all, you've got to never forget that you have two professions. The profession of dentistry and the profession to arms. One of the big mistakes that a lot of these young people make, or used to make, is they think these two are in conflict when they're not. They never should be because what the Army is hiring you for is to be a dentist and if you're a bad dentist you're not a good soldier. Okay, there shouldn't be any conflict. Now of course there are times when Army requirements don't allow you to do everything you want to do. For example, I remember back during Korea we had fourteen days to prepare a whole division for shipment to Korea. Well, it was impossible, we couldn't do it. So you did the best thing you could with what you had and sent them off and you took care of the things you thought were most likely to blow up and hoped that the rest would, there would be somebody there to take care of the rest. You did the worst one. So there are times that you can't do complete dentistry but that doesn't make you a bad dentist. It doesn't make you a bad dentist. Makes you a good soldier though. And then...

Question: I deviated a little bit, Sir, I apologize.

Answer: Okay.

Question: I'm sorry for that, sir.

Answer: I was going to say don't, another thing, don't be a "yes man," you know, and I should explain that. Some people are afraid to tell the boss what they really believe. And you probably shouldn't unless he asks you, but if he asks you don't be afraid to tell him

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what you really believe. But you only tell him once and if he wants to ever know again he'll ask you. If he does what you didn't tell him to do you stay out of it. You don't want to keep pursuing it. But tell him the truth the first time and the second time if he asks you tell him the truth again but don't tell him again if he doesn't ask you, Okay.

Question: That's great, sir.

Answer: And then I say aim high. There's no reason why they shouldn't aim for Corps Chief, you know. My reason right from the first day when I said if those guys up there were that dumb there's plenty of room at the top, so aim high and go for it. But remember if you ever get there there are things you ought to remember. You didn't get there by yourself. Nobody gets there by himself. It takes a lot of help along the way. First of all, you have to have understanding bosses who let you make a mistake and pick yourself up and redeem yourself. That takes luck because a lot of bosses aren't like that. Second of all it takes peers to say good things about you behind your back. It takes loyal subordinates who do most of the work you get credit for. And if you're lucky you'll have a nice spouse and a couple of kids who every time you get promoted will ask you when you're going to get to be a sergeant.

Question: Sir, how would you rate today's junior officer compared to when you were in that grade?

Answer: Oh, there's no comparison. When I was that age they were all draftees. I mean we had a terrible time with them. We had a terrible time. These are wonderful right now. You don't know how lucky you are.

Question: Sir, what guidance would you give today's Dental Corps officer?

Answer: Oh, I sort of answered that already didn't I?

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Question: I didn't know if you wanted to elaborate anymore.

Answer: Well, just work hard, do your job. I'll add one more thing that comes to mind. You've got to be careful that your job performance is not affected by your environment. It's easy to be a good soldier and a good worker when things are going your way. It's much harder when you think you're being dumped on. So you should never let your job performance suffer because you're either unhappy in your assignment or unhappy with your superiors. That's a key item. You can't let that show in your job performance. That's deadly. That's deadly.

Question: Sir, how did the Dental Corps change for the better during your career?

Answer: The way I admitted to. We became more productive. We were earning our way. We gained the respect of the Line and, you know, those are really the main things that I wanted to do.

Question: What was your most significant contribution to the Dental Corps?

Answer: I thought we just answered that.

Question: If you'd like to sum it up in a nutshell or paraphrase perhaps.

Answer: Well, I'd say the most significant thing overall I guess was that I was able to hold the line pretty well. They were trying to get in our pockets all the time, take our manpower, take our money. In the case of these rogue Medical Corps officers I talked about, they were trying to take our power too but I was able to hold the line. And again, as I say, increased productivity and gain the respect of the Line, and we still have the respect of the Line. A lot more than the other guys do.

Question: What do you think was your key to success?

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Answer: Oh, hard work. Hard work. High standard. And do all the things I told you that the young officers ought to do. Don't let unhappiness affect your job. Don't be a "yes man" but don't be a pain in the butt. There's a fine line, there's a fine line there. You got to know what it is. And, you know, aim high.

Question: Who was the best leader you worked for or with and what were those attributes that made that leader the best?

Answer: Well, I'll tell you, that's not a fair question because if I answer I'm going to make a lot of people mad at me, so I'm not going to answer it specifically but I'll just say a few things that I think about leadership. First of all, leadership does not only exist at the top level. It exists at all levels. I like to say that leadership is like a candle. It shines all directions, up, down and sideways. So that the leader is responsible for making decisions and so that's his job. But you're feeding him information, if you're a subordinate, and if you do a good job of feeding him information in a timely and accurate manner, which makes his decision easier, then you're showing leadership even though you're a subordinate. If you're on a par with a bunch of peers and you're working on a common mission and you're all working hard and not worrying about who gets credit for it, that's leadership. And if you give orders to your subordinates in a manner that they understand why it's important, that's leadership. So leadership doesn't just exist at the top, it exists at all levels. You've got to do those things. But, I've known hundreds of good leaders and I wouldn't want to name one as the best. That's not fair.

Question: Sir, is there anything else you'd like to add?

Answer: Oh, I don't know. I thought you'd want to get into Korea but I guess that not the purpose of this.

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Question: No, if you'd like to that would be fine, sir. Absolutely.

Answer: The Dental Corps I think did a fantastic job in Korea. I commanded one of the dental teams. We went in there totally unprepared, no help. We went in there with the 25th Division and they gave us a plot of land in an old peanut field and said that's yours. So we had to start from scratch and I had dentists filling sandbags, you know, and we were right in the middle of VC territory and we had, in spite of that we put up our own tents, set up our own equipment, filled our own sandbags. All they gave us was a piece of land and within 24 hours we had our first chair operating and within the week we had the whole thing operating. We worked in tents but I had, I'm not sure I should admit this but I had some of the world's best grounders in my unit. By the time we left we had a Quonset hut, air conditioning, a 50 kilowatt generator and I think if I knew where they came from some guys would be in jail. I don't know if that ought to be on the record. But it was a tough time and we took a fair number of incoming rounds and saw a lot of dead people in the battalion aid station. We went down and helped at the battalion aid stations and they had three of them because the 25th had three bases, Chu Chi, Dau Tieng and Tay Ninh. And I had most of our people at Chu Chi. That's where the thing was. I had two or three at the other two places and I had to go see them. I spent a lot time in helicopters over there visiting. But Korea was an experience that I'm sorry too many people missed, including one whose name I won't mention who is our Commander in Chief. I better shut up.

Question: No, sir that's great. Can I ask you a question based on what you just said?

Answer: Yeah.

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Question: Were the dental officers in Korea, were they ever tasked to do alternate wartime roles such as triage officers or assisting with the physicians?

Answer: Yes.

Question: Could you expound on that a little bit for us?

Answer: Well, it all depends. In Korea, you know, we didn't have, the dentists in Korea were all attached to the divisions. There were fifteen dentists to a division, so we don't have dental teams. They were division assets and they were used the way the division commander told them they would. Obviously when they're taking heavy casualties they sure weren't doing dentistry. So they were put to work in there. They did a lot of things. More so than they did in Vietnam. We had our own separate teams and they had their own military battalion right next to us. But we went in and helped when they asked us too. It's hard to do dentistry when you're being fired on. But they were two different things. In Korea, the dental assets belonged to the division commander and he used them where he wanted them and he usually gave them to the battalion surgeon to use in times of combat. Then they did dentistry in times of quiet. But the two were not exactly the same. Different organization.

Question: Great, great. Is there anything else, sir that you'd like to add?

Answer: I have nothing further.

Announcer: Thank you very much, sir. This concludes the interview.

Major General H. Thomas Chandler

Announcer: This is an oral history interview with Major General H. Thomas Chandler, United States Army Retired, Chief Army Dental Corps, U.S. Army Medical Department

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from 1982 to 1986, and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corps. Today's date is 14 November 1995.

Question: Sir, what were your assignments that led up to you becoming the Chief of the Corps?

Answer: Well, it was kind of a continuum of assignments. Every assignment I ever had in the Dental Corps was different. A lot of them were unasked for. A lot of them I helped design myself. I put myself in a position to do things that I thought were important. For example, one of my first assignments, the first assignment in the Army was when I was stationed in Germany and I got sent to Beirut, Lebanon in 1958 and spent some time in the field and it was the first time I had ever, in my short career at that time, been associated with field operations and it was the first time I felt like I was part of the Army and becoming a member of the Army and interacting with the soldiers and the field troops instead of just providing care to, as a civilian dentist to the military.

Later on as my career progressed, things I suppose that led to my assignment, I had always been very interested in becoming, advancing my professional career and I applied very early on for a residency program and I ended up my specialty was fixed prosthodontics and I was lucky enough to be assigned to Walter Reed, which I didn't ask for by the way. For some reason I wanted to be assigned at Fitzsimmons at that time. It sounded like a nice place, to go to Colorado. And one of the fortunate parts about it was it was just an outstanding residency program. I was the second resident ever to go to the fixed prosthodontics residency at Walter Reed. The chief at that time was Bob Shira and I got to tell you he's one of my heroes. He probably had more influence on my professional career than almost any people, person. I mean profession dental career because we had

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two careers. We have dental career, we have military career. And at any rate from that point on I got board certified within a year after I was out of the residency. It was possible at that time, it's not now. And I decided that I wanted get, I was assigned to Fort Leonard Wood where I set up a dental intern program, initiated one. That was my assigned task, like yours is to interview me. And at the end of that I decided that my next goal in the military would be that I'd like to go to Vietnam because it was heating up at that time and that kind of thing sort of excited me. Went back to the Beirut incident, you know, I enjoyed field dentistry, enjoyed being part of the Army and I figured I was going to have to do a short tour at sometime in my career so I volunteered for Vietnam. They wouldn't let me go. The reason for that was I was one of the few board certified fixed prosthodontics in the Army and they said, no, what are you going to do with a fixed prosthodontist in Vietnam? And I said well I'd like to be commander of a unit. And I said furthermore I've never been sent to the career class down in San Antonio and I'd like to go to that class. And they said well you don't really need that. And anyway I worked for a year or two and I finally convinced them, as a Lieutenant Colonel I went to the career class, then went to Vietnam. I was scheduled to become, which I didn't want, become the VIP dentist down in Saigon to treat generals and the ambassadors and what have you and that didn't really interest me too much. The weekend I arrived in country Bob Shira was Chief of the Corps at this time and he was over there and there was a commander up in the Qui Nhon area that was doing a poor job and he relieved him of his command and he asked then Colonel Monahan, who was the Chief Dentist in Vietnam with the brigade, who do you have available to replace this guy, and he gave him four or five names and Bob Shira said put Tom up here. That's how I got a command. And that led to many

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things that were good for me, one of which is when I came back I was assigned on orders to become Chief of the Residency Program at Walter Reed in fixed prosthodontics, which greatly interested me. That's what I was interested in doing at that time. The individual who was there had to stay on for medical reasons for an extra year so they assigned me to the area dental laboratory, RDA at that time, at Walter Reed. And during the period of time I was used for many extracurricular activities, assigned to the Surgeon General's office. We were handy, we weren't tied to a patient schedule. We were there with Jim Brudvik. I wasn't the commander of the ADL. It was Colonel Fisher at that time. And make a long story short, that was the time when my career progressed. Wrote some professional articles, did some research, did a lot of neat things, got involved in a lot of activities assigned to the Surgeon General's office at that time. Later become General Smith. I guess they noticed that I had maybe a little flare for management and unbeknownst to me they submitted my name to the Army War College, which had never entered my mind before because in those days early on you either went the administrative route or you went the dental professional route, and there wasn't too much overlap except for a few people that got assigned as Chief of the Corps, like General Shira, General Smith.

Any rate, my name got selected on a secondary list and then it came up and when they, the reason they were able to do it was because a prerequisite for going to the War College was C&GS background. Not had it. They didn't even want to let me go to the career class. But in those days you got constructive credit for being a commander in the combat zone. That's how I ended up at the War College. Almost didn't accept it after awhile because I still wanted to teach residency, teach dentistry. So at that time I criticized myself and my peers, a lot of things that were happening within the Medical

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Department and went through a little soul searching when they assigned me to the War College or told me I was selected because I knew where I would go from there. It would be an administrative probably career. And as I thought about it I thought well if I can criticize, if I can critique them then I owe it to get involved. That's how it kind of led to me becoming Chief of the Corps later on. I did get assigned to the front office. Worked with George Kuttas directly. Worked with Pinky Smith. George was a colonel as the Chief Dental Corps Staff Officer. Pink was Chief. And then when they retired and George got picked up for Brigadier, when General Sidney Bhaskar came in I became Chief, the Dental Corps Staff Officer and one thing led to another and here I am retired.

That's a long answer, the long way, but any answers we give you got to be in a long continuum because no one thing influenced your career. A lot of things just happened, you know. If General Shira hadn't been there at the time and made me a commander, if General Smith hadn't put my name in the War College, if, you know, a number of things. I hope that answers your question. I kind of rambled on that one.

Question: That's fine, sir. Sir, what was the world situation when you assumed duties as Corps Chief and were there any world events during your tenure that influenced you?

Answer: Well, I would say world events that influenced me were a long series of things that started before I was Corps Chief because this was, if you will, a semi-stable Cold War. I mean it had been going and going for a long period of time. There was a lot of problem with terrorists in Europe but that happened when I was Brigadier General and 7th Medcom Deputy Commander. A number of things happened over there while we were there. General Dozier was kidnapped and in Heidelberg they put a rocket round through the Cinceur's car and, you know, things of that sort. There was no world shaking

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events happening other than it was a very unstable world but it had been that way for a long time.

So when I took over the only thing of any great import that happened, it wasn't world shaking at all but it was during my tenure that the plane that had two hundred I think forty some soldiers coming back from the Sinai Desert crashed in Gander, Newfoundland. Dental record became very important. We had lost a lot of marines in Beirut when the bombing took place a few years before and had been DOD instructions that we would have X-rays, Panorex X-rays with a method for identifying all these individuals. And we were also told as things unfolded that none of these X-rays, when anybody deployed to a combat zone would be carried on the same plane with the people. Well, as events happened and that plane went down the records, we had made the records prior to them deploying to the Sinai. When they came back and crashed the records were on the plane. We almost got in big trouble over that one until it was determined that the records were on the plane by the commander of that unit deciding to make sure the records didn't get lost and he put them on himself. Of course he was killed in the crash so there was nobody to blame. But for a long time they could not identify those bodies and we made a big contribution to the Army up at Dover, Delaware, sending our dentists, the oral pathologists and a number of people to help identify the victims. And eventually all of them were identified but a large part of that was played by some of our oral pathologists and other volunteers. It was a tough job. I went up and visited them while they were there and it's kind of a gruesome thing.

Question: Sir, what were your major objectives upon assuming duties as a corps chief and which were you able to achieve?

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Answer: Well, major objectives had started a long time before. I was fortunate being with General Bhaskar as his Senior Dental Corps Staff Officer when a series of events happened. We had been placed under the Medical Department Command at the Post level when they created the MEDAC. This took place some few years before and dentists were not commanders. We worked for the hospital physician who was a MEDAC commander. That's a long story how it happened. When that happened we were not given the truth when this formed up. They just said we're going to do something, it's going to be good for you. You can't always believe that. I was I think probably a Major or Lieutenant Colonel when this first started taking place. But at any rate when General Bhaskar came in he was working on trying to get into law the fact that dental units would be commanded by dentists. Now we managed to, even before the law was passed, to demonstrate that we were efficient managers. What had happened, they had a different method of counting dental procedures back prior to the inception of the MEDAC and about the time the MEDAC was formed we decided to start counting things. We started counting patient visits or, you know, just certain key items thinking that we would minimize the record keeping of dentistry. When I say we I'm talking about the Dental Corps. And at any rate we had no way of knowing what we were doing as compared pre-MEDAC post-MEDAC. And this went on for a number of years and we kept telling the Surgeon General and other people, gee, you know, we want to be our own bosses. And they'd say, hey, it's more efficient to have one commander, one staff to run things. And of course we know, you know and I know that dentistry is not medicine. It does not work the same way, it doesn't work with the same set of factors.

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Well about the time General Bhaskar came in we were, just a serendipitous thing happened. Congress, looking at the Army, the Navy, the Air Force Dental Services wanted to be able to compare us, you know, they don't know who was doing work efficiently and who was doing it poorly. And they looked at us and said why are you counting things different than the Air Force and the Navy? And we said, well, glad to change if you want, you know. So they directed us to change our method of counting. We went back to the original system and at that time we were able to look at our, had the bright idea let's resurrect the old records we had pre-MEDAC and look at them now. In that interviewing years of a few years our productivity had dropped seventeen percent. And a thing that a lot of other people didn't know is our retention rate of dentists had just plummeted. We had the lowest retention rate of any corps in the Army. We had lower retention rate than the physicians who were getting all the publicity and everything. You know, gee, we don't have enough physicians. Well, the dentists were leaving in droves because they didn't like not being able to control their own activities and they knew it wasn't good.

Well at that point there was a General Officer Study Committee appointed and one of them on the committee, well this is just prior to General Bhaskar. The study group was during General Smith's time and he was on the study group along with later to become Surgeon General, General Pixley. And he looked at what we were doing and what had happened and they said well it needs to be fixed because, you know, productivity definitely had dropped. The study went to the Army Chief of Staff and he said let's give them a chance, let's have a trial run in CONUS, let the dentists manage their own affairs.

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About that time is the time General Bhaskar was coming in and one of his first directives to me and he absolutely, you know, unbelievable person getting the legislation changed. He deserves all the credit for getting this put into law, but one of the things he first told me, he said, Tom, he said, you get together a group and we have to do some things to prove to the Army that we can manage better than anybody else. We can manage our own affairs. We put together a whole group and we started looking for ways to create efficiency, ways to increase our retention rate and ways to keep our quality at the same level or even higher, which is some of the best quality in the world. And we managed to do that. We put together and we eliminated a lot of things such as misused time. We put it together some things as this evolved and this went through General Kuttas and on into other things that where people had some idea of what they're doing. Nobody really was aware if when we're doing weighted work units, you know, what is one thousand weighted work units worth? Well, we started toward the system of comparing actual dollar values and giving people an idea of what kind of work or how much work they were doing, and not asking them to do a certain amount of it, saying, you know, you look at it yourself and you tell us as an individual, you tell us as a unit, you tell us as a command what's a reasonable amount of work you do. And they picked their own, set their own goals and we provided methodologies, management methodologies so that they could be more efficient.

At any rate, each year as this evolved we would say now think you can do it better next year? Pick your own goals. And as it evolved we also started showing them what other units of their same size, of their same demographic mix of patients, you know, because it makes a difference whether you're doing a lot of crown and bridge work on

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old retirees or whether you're doing a lot of operative on young trainees at the basic training post. But, we let them compare themselves with other units so they could have some idea of what is the norm, what should we be doing? Are we earning our own keep?

Our major goal as we evolved this thing through several chiefs, we said as our major goal is that we should be able to produce dentistry in a dollar value cheaper, or at least at the same cost as it cost the Army to pay us and pay for all our supplies and everything. Break even. We did not break even, believe me, to start. And so as this evolve over a period of eight, nine years, things that started back in the time when I was a colonel and worked forward later, we got to the point during my tenure that we hit the break even point where we are paying our way and it's gone way beyond that now. It's evolved through the methodologies and learning management and just being damned determined that we could show people, show the Army, show the world that we could do it better than anybody else, and we've shown them in spades. I think I saw the figures in this conference, I don't remember what it was, that they're producing two hundred and some million dollars worth of dentistry, four hundred and some millions dollars worth of dentistry for about two hundred and some million dollars worth of cost which means doing work a whole lot cheaper than you can buy it.

At the same time we did things to get us involved in the communities with the military and let them know that we're there to serve them. One of the things that General Bhaskar did in getting this law changed, we changed things such that our rating officer of the unit commander was the community commander, the post commander. We want them to be involved in approving what we did for the community.

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Now I got to take a little credit for this at the time, an aside. Between the tenure of General Bhaskar, when he retired, and General Kuttas, General Bhaskar retired at a time Congress was adjourning, in the fall, he retired I think in September or so of that particular year and the Board was held real quick because he had made many decisions shortly, as soon as he got that law passed that affected our future he retired early. And they had a Board to select his successor and nobody knew who it was and they didn't announce it because Congress was out and it hadn't been approved by Congress. And to make a long story short, as a colonel, he had already departed, I was Acting Chief of the Dental Corps as a colonel for about four or five months. I don't think many people know that. Just kind of a crazy quirk. And during this period of time it came up about the rating scheme. General Pixley at this time was Surgeon General and they were trying to set this rating schemes for the MEDAC's and the DENTAC's and I told him, I said, sir, it's been passed into law, this latest law we have, that we will be rated by the Line and endorsed by another dental officer, or vice versa depending on who's senior. And they were preparing at that time to make sure that all MEDAC commanders were rated in the medical chain of command. I said I don't care how we're going to do it because the law says that and that's what we want. We want to be responsible to the buyer, the user of our services. And they changed at that time. I don't know how it is now for the medics but they changed theirs to conform to the way we were doing it. So I felt like that was a real positive. It made me feel good, you know, that I could take advantage of some of the changes in the law that General Bhaskar and General Smith and others before them, General Shira had done for us.

Question: Sir, what was the most significant change during your period as Corps Chief?

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Answer: I can't say there was any significant changes. You talking about dental changes or changes in the Army?

Question: Either/or.

Answer: There really was no significant changes. During my tenure the main effort I had was to institutionalize all of the events that had taken place to make sure they were carried out and continuity going forward. I was probably one of the first to take all of our policies we had in the Dental Corps and all of our policies for the last few years prior to that even had been done through the Policy Council. We had a group of senior Dental Corps officers get together and discuss what we wanted to do, what were the parameters, the rules we worked within, and we did that as a group thing. And I reduced all of the policies in writing and I put a sunset clause in every one of them whether it had to do with being assigned, assignments, how long you were at a teaching assignment, nitrous oxide utilization, implants, what have you. We wanted people to know, you know, what rules were and we put that into writing and they all had a sunset clause. What I mean by that they were noneffective one year later. We didn't allow anything to be institutionalized just because that's the way they always did it. We had to rethink it every year and I think it's still being done that way today and I think that was one of the things that was good about that. And I also invited all the commanders, dentists throughout the Dental Corps to say, hey, want to play fair with you people because I want you to trust us. This is the rules. If you find something that you think that I am not following my own policy, please bring it to my attention and we will address that and we did. Occasionally you'd, you know, you'd do something that would look a little weird but there might have

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been extenuating circumstances. We tried to make everything, you know, so everybody liked and respected what was happening, you know, with the Dental Corps.

Question: What technological advances occurred during your tenure that impacted operations and doctrine?

Answer: When you say tenure as a Corps Chief I have to say none basically. But during my career there were many things that took place, you know, it's like thinking back I sometimes think about my father-in-law, he's dead now but he lived with us for a few years after I retired from Chief of the Corps and he was born in the year 1900. You think back in his lifetime, no automobiles when he was around, or basically nothing. And when I came on active duty, and you younger guys may not believe this because it's not that long ago, we were working with dental units that operated at 3000 RPM. We didn't have air turbines. You did crown and bridge and it was 3000 RPM. When we went to field, when I went to Beirut, Lebanon, we still had the old dental units that they did have an electric motor on them but they still had the pump thing on them for your foot, you know, foot pedal so you could turn it, didn't have to use it. But we were able to do quite a bit of dentistry even in those days. Didn't have carbide burs. They were all steel shank burs early on. It was just coming in. And guess the biggest thing that ever happened to me, particularly as a fixed prosthodontist, was the advent of the air turbine. This came, was being bought by the Army about three or four years after I came in and that and many other things, the ability to take the technology to the field. When I was in Vietnam we were able to do almost any kind of dentistry, everybody was. I mean there was you name it, everything short of orthodontics, and I'm not sure that wasn't done, you know, occasionally when nobody is looking you're the orthodontist, but there's an awful lot of

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things done. And when I came back from Vietnam I know I was working at the ADL at Walter Reed and we serviced the Far East. We had thousands of units of crown and bridge were mailed back to the states at Walter Reed, literally. We had thousands of them. You'd be surprised by how much fixed prosthodontics, removable prosthodontics was done in Vietnam. Not a typical war. It was a static situation as compared to World War II or Korea or something like that. But we had the technology and the ability to produce stateside dental care in combat zone. So I'd say that's the biggest technological advances. A number of other things, you know, the pulsating water lavage and minor things that helped out in combat surgery and things of that sort. But technology evolutionary, new materials, new what have you, but over thirty years.

Question: Sir, what was the most difficult task you faced as Corps Chief?

Answer: Oh, they were all nothing really that difficult. I guess the biggest most difficult thing was perhaps trying to be perfectly straight up and holier than thou. I mean by that there was always somebody, this is coming in the era where people could point the finger and say the good old boys in Washington are doing this and that. We would be held accountable, be investigated, just because there might be a perception. You know, for instance that the Medical Department controls its own promotion boards. Which wasn't true because there's always a line officer on those boards but some of the people, there was one incidence where a young man down in I think it's Fort Stewart made a comment to a local newspaper, well the good old boys back in Washington, you know they control the promotions. That no way is true but it was investigated by the IG and the HSC, you know no finding at all, it wasn't true. Went back to the Vice Chief of Staff and he said, no, let's take a little bit bigger than that. Let's look all around. It went world wide and it

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took them a year to investigate it and back came the answer, you know, no basis for it. But that type of thing that one person could start, you just had to make sure that you did everything absolutely purely, that you didn't leave the perception you were doing anything wrong and you didn't want to have the perception of wheeling and dealing. That's one of the reasons why we tried to institutionalize all of our policies and make sure everybody knew what they were and they could check on us, you know. That wasn't difficult but at the same time it was sometimes a little bit irritating. It constrained you somewhat.

Question: On the converse, what was the most pleasurable aspect of your job as the Corps Chief?

Answer: I'd say the most, I got to say being Corps Chief is not a pleasurable job. It's a very satisfying job but it was not the best of my assignments. Probably the best of my assignments, and I'll come back to Corps Chief in a minute, was being Deputy Commander of 7th Medical Command in Germany and where for General Kuttas just prior to my going over and myself, we were the true deputies of the Medical Command. We assumed command when the physician, the two star in charge, was back in CONUS or out someplace else. We were actually in charge of it. I was the rating officer for all the chiefs of professional development in all the hospitals in Europe. I was the rating officer for the MEDIVAC unit. I was in charge of the payback committee, I was in charge of a number of things. But you had a feeling like you were finally part of the Medical Department and playing, not only being allowed to play a part but encouraged, and that was a very satisfying assignment. And we had a lot of contact with people. You got to go out and see the dentists. You go to the field. I loved to go out and hand out some of the

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awards for the Combat Medic Awards. When you're back in Washington it's kind of a ho-hum, you know, let's see who's trying to beat down the door today and fight off the wolves. So I would say that Washington was, is difficult assignment and not nearly as much fun. But, however, the pleasurable parts of it were being able to pick people and put them in positions where they could be developed. You know, you knew enough people and you knew them all throughout the Corps that you'd say well, you know, here's a young lieutenant colonel, there's a major, let's take them and put them in place where they can show they can do something. If they did this is where the, you know, the Cuddys and the Tempels and people of that sort, and other people did it too before me, came about. Tom Tempel was my deputy when I was there, same as I was to Bhaskar. Cuddy worked back there at the same time, General Cuddy did in education and training, and later on I made sure he had a command when he was picked in the command list, you know, picked where he went. Just tried to head them in the right direction. Same thing with General Brady and a number of other people.

I institutionalized something that General Kuttas started. General Kuttas was the one that first started the staff residents back at the Surgeon General's office, where we were bringing young people in to get some experience to see what it's all about because there just aren't that many people there. He brought in a young captain who is now retired, an orthodontist by the way, and when I came I decided well that's too junior to get the experience and we started bringing in lieutenant colonels and colonels at that time, you know. Bob Brady, we brought in a number of people to serve in that capacity and these are the leadership we have now. So it was very gratifying to give them an

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opportunity. They didn't all make it. We tried to give more opportunities so there would be plenty of selections, but satisfying part helping develop people.

Question: Sir, did you have any significant unresolved issues when you left the position as a Corps Chief?

Answer: Well, no but I suppose even to this day an unresolved thing is the fact that, yes we do run our own organization, yes we are an integral part of the AMEDD, yes we're treated very well and we have been by General Lanoue and the last two or three Surgeon Generals. I mean we've been held in high esteem and worked well with them. But the one unresolved issue or maybe concern that I left, and I still have even to this day, is that even though the law says we will run our own affairs, and we do now have General Tempel as Deputy Surgeon General and General Cuddy is going to be Deputy Surgeon General, but that is not institutionalized as I know it. I think that's at the will of the Surgeon General. The next Surgeon General might not like dentists. If they don't like dentists they can put you out someplace and make sure you don't have access to the Army staff, now while we have by law the ability to go to the Army staff, there's a difference between being available and be able to talk to them on a personal basis, and being able to influence affairs as they unfold, rather than found out about it a month after it happens or, you know, twenty four hours before it happens. My concern is that somebody is going to try to undo all of the good things that have happened. We're in good shape now. Have no concerns about now. I have concerns about six months, a year from now, two years, next Surgeon General. If someplace down the line somebody is going to try to say well you dentists would be much more efficient if you were managed by other people because we could reduce the number of overhead staff. We don't need a dentist and a physician. We

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could just have one, you know, well anyway I won't belabor that point but it's happened many, many times in the past. You know, I've seen it happen under General Shira. That's when the original MEDAC came about. I saw things that happened to General Smith. I saw things under, you know, General Kuttas, myself, General Lefler. We've all had the things where not always a Surgeon General but some of his advisors. I once had, when I was Chief of the Corp, two Medical Corps major generals come up to me at a conference for the MEDAC, Medical Department, and say, Tom, goddammit, you should be under the physicians, you don't need to be running this, we should be running the whole thing. These are two guys who did not become Surgeon General but could have. Now, there's maybe some other lurking out there that may become Surgeon General. I don't know. They have a different opinion. It would be hard for them to change it. Could happen. I'm saying this for the benefit of whoever sees this tape, watch it. Whatever the politically expedient is at the right time they get advice from different people, the Surgeon Generals do, and their advisors may say, hey, don't listen to the dentists, do it this way. So remember your history, remember what has happened and remember the record we have of being excellent managers. It's all in the record and auditable and can be proven. So we have the law to protect us. They can change things with great difficulty. They'd have to change the law, they would go to Congress. Then we would have a chance to speak. But hope it never comes to that point again.

Question: If you were given the opportunity to return to your period as Corps Chief, what would you do differently?

Answer: Not a thing, not a thing. I don't mean I did everything right but I did it to the best of my ability and if I had to go back and do things again considering the

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circumstances, the events, the things that unfolded, I think that I'd do the same again and I don't think I would have changed anything.

Question: Sir, were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

Answer: Generally yes. We had good relationships with General Mitemeyer and General Becker and also we had made a lot of excellent friends, not only during my tenure but even prior when I was back there as a colonel, later to become General Mendez, Deputy Surgeon General and later to become head of DOD health affairs, we became good friends and, you know, he has a son-in-law who, I think he's still on active duty in the Army. But at any rate we had excellent relationships and developed a lot of friends. General Blank who is commander out at Walter Reed, all these people we got to know and had good relationships. So, no, I, you know, it was a good time and made a lot of friends and I think that we had the medical part of the house supporting us every efficiently and I think most of them believed it it, I really do.

Question: Sir, were there any specific Army or AMEDD policy decisions that you disagreed with?

Answer: Well, no. There were some decisions by other corps that probably more influenced me than anything else. I don't know whether you remember or not but dependent dental care was a space available thing only at selected remote posts at the time I came in and the Army wanted us to provide dental care for the dependents, wanted to take care of our families. Navy and Air Force have a different outlook. The Navy particularly wanted to provide care for the retirees first, although dependents by law have a slightly higher priority. We wanted to provide space available dental care for the

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dependents, not only in Europe and not only at the remote posts in the United States but anyplace we had spare time. Because the soldier is always in the field, there's always some spare time, broken appointments, let us do it and do it legally. I was privileged to run this action and try to get the law changed, it required a change in the law, and it was opposed by the American Dental Association. They later I think found out that it actually helped the dentists in the area who were complaining about this, how it actually helped their practices. But the Navy opposed us on this because they wanted to treat the retirees. But that was the actions not by the Army. The Army was very, very helpful to us running it through. We got the law passed but that was one of the fun things I did, trying to run this through because it's like playing a chess game. It's a very difficult thing but we won. But the Army and Medical Department, no, there were no real actions that affected us adversely. It was all pretty good I think at that time. I was in the right spot at the right time. It's easy to look good if good things are happening around you.

Question: Sir, if you could change one thing about the AMEDD organization what would it be?

Answer: If I could change one thing about the AMEDD organization it would be to, I don't think this is maybe even possible, but I would change the regulations, or change some document someplace that would say that we have a guaranteed place in the chain of command. And I'm talking about, you know, it's the same when I was Deputy Commander in Europe and it worked so well, and the same later on that the Brigadiers were Deputy Commander down at HSC and it worked so well. It cut down the in-fighting because we were in a position to help influence what was happening and it's been great that Tom Tempel has been Deputy Surgeon General because he's there to help influence

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things, and it's going to be good that Jim Cuddy is in that same spot. I'd like to see something say that the Army will have a Medical Department, you know, the Surgeon General will be a physician as the law is written, the selection process, and the Deputy Surgeon General will be a dentist. And have that written in somehow that it's institutionalized rather than at the whim of whoever makes the decisions at that particular time because minds change and things happen. That's the one thing I'd like to see institutionalized.

Question: Sir, how do you feel about such current issues as AMEDD and Army downsizing and the TRICARE Active Duty Family Member Dental Plan?

Answer: Well the downsizing doesn't really concern me that much because everything that happened, has happened through the history of the Dental Corps has been in cycles. We had oh I forget how many people on active duty in World War I, thousands, as the Dental Corps was formed, you know, just prior to that, but they brought on thousand to help take care of the troops and it was very effective. But between World Wars back in the mid 30's, prior to things heating up again, the Dental Corps was down to a hundred fifty in strength. But that was fairly equivalent for the size of the Army was down to almost doing. And during World War II we went up to fifteen thousand because we had millions of men, troops. We didn't have an Air Force at that time because it was Army and Air Force combined. And it's been up and down. During the height of Korea, I'm not sure what the strength was. Height of Vietnam during the time, the tenure of General Shira, it was up around three thousand dentists. During my time it was down to eighteen hundred dentists, heading down to eleven hundred now. But in proportion to the rest of the Army, the number of dentists is staying fairly proportional. And I would like to say

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that through all these periods the opportunities for the young dental officer to get ahead in his career have remained about the same. There's the same percentage selection. They may only select two of something rather than four of something but the Dental Corps is half that size so you still got the same opportunity for promotion and the same opportunity for being selected for training. Now promotions sometimes lengthen out. Sometimes you spend a lot of years in one grade. Other times they get very quick, promotions do, when things start heating up. I was fortunate to be at a time when, you know, I made it very early just because, you know, Vietnam was starting to happen. But, no, I think the opportunities are excellent for the young dentists now.

Question: Sir, what's your opinion of the current trends in managed care in dentistry?

Answer: I have to admit that I am only moderately knowledgeable in managed care in as far as the Army Medical Department, the Dental Corps, the dental system, we have managed care, that's where we get in a definition of terms. We have managed our care very efficiently and very well in proportioning it out to the individuals that were entitled to care on whatever category they had and we've done it very efficiently and we've managed our resources very effectively and done the proper care at the appropriate times. When you start talking about managed care when it comes to insurance and capitation and things like that, it probably will be for the good I think. I don't see, I don't feel any bad vibrations. I just feel like it's kind of institutionalizing part of what we've already been doing. I know it's a little different with the money wise but as I say I'm not that knowledgeable. I've heard what's being said, what I've been briefed on, but I have a fairly good feeling about it for the time being.

Question: Sir, what do you expect for the Dental Corps officer of the future?

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Answer: Oh, I would expect the Dental Corps officer of the future to be a very bright one. Dentistry is not going to go away. There was a period of time a few years ago, back in the 70's, when everybody was, and I'm talking about the dental profession as a whole, civilian and military were crying the blues that there was too many dentists and, you know, we're going to run us out of business and what have you, that's because of the government getting involved in the capitation, encouraging schools to have bigger classes, more schools. And that was an abject failure in what it did. But then everything, the pendulum swung the other way and of course we ended up having a far lower enrollment in schools because everybody thought we're going to have too many dentists still in the year 2000. Now as things evolved, and I know you know it as well as anybody else, because of the demographic wave moving through, the baby boomers and what have you are getting older, people retaining more teeth, there's really more dental care to be done now than there was then and we're producing less dentists, although we're more efficient at it. But there's also a lot of demographic changes taking place in so far as women in dentistry. When I went through dental school we had classes of a hundred but in the whole four years I was at the University of Maryland we only had two women. Now at Maryland, and I presume it's probably representative of a lot of other schools, almost half the class is women. Yes, they are and this is for the good but the problem is that nobody I think quite knows yet the life history of women in general in relation to the dental profession, you know, how much time do they take to need to raise a family, do they want to retire at the same time, do they want to work part-time, full-time. And I know we're having trouble recruiting them into the Army because, you know, that's an integral part of our profession, they're very good, but I see that that's going to have an

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influence on the dental officer in the Army Corps and we have to do something to improve the odds as we go forward.

I think it's very bright for people like yourself, the new dentists coming in, I think the future is very bright. They're going to have career opportunities. The Army Dental Corps is not going to go away. Dentistry is going to survive, it's going to be a very bright future for the profession and I see nothing but good happening to dentistry in general and so I would encourage any of the young people to consider military, consider dentistry as a profession, you know, whether they're thinking about it now or thinking about coming in the military, or are in the military.

And I might add, that's something I forget to mention early on. If I had a piece of advice to give to the young dental officer is be a good part of the Army family. Don't be a dentist who lives on an Army post and provides dental service to the Army. Be a part of the Army. Get involved and let me tell you the line officers love it because we get involved and do things, we work with the Boy Scouts. You know, it is your community. Help with the Little League Club, help with this, and learn about the Army. Learn how to be a soldier. You've got two professions, you know, one as an officer, an army officer. Know how to be a good army officer, and the other is be a good dentist, be the best damn dentist you can be. That's what I leave you with.

Question: Sir, how would you rate today's junior officer compared to when you were in that grade?

Answer: Well, I would have a little trouble speaking objectively about that because I've been retired for nine years now. I don't know the junior officer, but I can tell you that everything I hear they're very good and very bright. I know we're having trouble

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accessing new individuals to come in and the one thing that concerns me is that because we're having trouble we're not as selective in bringing in the new people. We're taking people that on a more competitive atmosphere may not have, you took, you know, the cream of the crop before. Now it's kind of getting down to the place well anybody come in, and they need to do things to change that. But they're all very well trained. The dental schools are turning out good graduates. I have no concerns about, you know, what school they went to or anything else. I think it's a good crop. It may not be quite a, you know, we have the top ten percent of the class as opposed to whatever it is now, but I still think it's a good crop of officers. Everything I hear they're very bright, very good individuals.

Question: You alluded to it just a little bit earlier but what other guidance would you give today's Corps officer?

Answer: Well, I supposed that guidance I gave about make sure that you complete your dental professional education, and I mean by that make sure that you're the best dentist you can be. Make sure that if you're in a specialty that has boards you take and get board certified. Make your mark on the wall proving that you're good in profession. And this be whether you're a comprehensive dentist, general dentist or whether it be, well I suppose almost everybody has a specialty board now, whether it be recognized by DOD or by the American Dental Association. Get your boards. That's a very important thing because not only does having your boards show that you have the ability, it improves you just by the effort of going through, or studying all that stuff to achieve that. And the other part of what I'm trying to talk about, remember I said I volunteered to go to the career class. If you have a chance, you know, maybe you won't be selected for command and general staff school, but if you can find the time, and it's hard to cram it all into one career, take

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C&GS by correspondence. You can even take the War College by correspondence if you've got the right tickets. But get involved in whatever Army activity that will make you a better soldier as opposed to a better dentist. Do both. That would be my advice.

Question: Sir, how did the Dental Corps change for the better during your career?

Answer: Oh, it changed immensely during my career. When I first started out in the Dental Corps the Dental Corps, not at the very top, not the Chief of the Dental Corps, but at the commander of the DENTAC, they didn't have DENTAC's then, the post dental surgeon level, there was a lot of incompetents who were in command and they were there because they were the oldest guy, the most senior around and it was, they didn't have any professional, I don't mean all of them, I'm talking about there was a number of them didn't have professional abilities, were not respected by the junior officer because they knew more than he did. There were no shes at that time. So at that time it was sometime hard to get motivated by the fact that the guy you're working for wasn't too swift. He might have had a lot of bad habits. You can just assume what I'm talking about by that. During my tenure, I mean during my career the decision was made, and I think it started probably with General Shira, that instead of having the administrators who were strictly administrator dentists who didn't do dentistry, and on the other hand we had the people who were the professional dentists who became a specialist, who became teachers and what have you, instead of following one track or another they decided let's combine them and let's see if we can get more people trained in the specialties, get a better dental training background because that will make them a better officer. And later as it evolved they combined the two to make, this was under when we went through the process with General Bhaskar we decided our, started our first command selection boards and one of

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the criteria was they would be professionally highly respectable people and be looked up to by the junior officer. And that's why that, oh for I would gather it's probably even that way today, I don't know, but if you don't have your boards, if you don't have an 8 Prefix or some sort of professional tickets to make you acceptable to junior officers, you're probably not going to be a commander. That evolved through where we decided to make, let's make the best dentists the commander. Let's not make the best administrator commander, because the best dentist probably is a good administrator. Not a hundred percent true but it worked far better and that's part of what we did to increase our efficiency and productivity and what have you, make sure that we knew what we were doing and doing it well.

Question: Sir, what was your most significant contribution to the Dental Corps?

Answer: I would say, and I wasn't Chief of the Dental Corps, but I would say it was time under General Bhaskar when he said make it work, you know, devise things that will make us efficient, and this wasn't at my effort but I was in the position to lead the committees and innovate some of the ideas that made us efficient so we could prove to the rest of the world we were good managers and we could increase that retention rate I talked about earlier, make the young people want to stay and make a career out of it. Even though I wasn't Chief at that time, I would say that part of the action which I contributed to makes me the most proud.

Question: Sir, what do you think was the key to your success?

Answer: Oh, just heading in the right direction, being in the right place at the right time. I don't know. It was always trying to do my best and, you know, being straight up and not being afraid to speak up and, you know, say what I thought. Doing it judiciously and

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politically. You know, you can't be a bull in a china shop. You have to work through it, making friends, trying to influence the line officers, let them know how good we are. I don't know, I really don't know. It's like I say, different things happened so unusual to me, you know, becoming a commander in a combat zone. I was picked to be Chief of the Residency Program at Walter Reed twice and it didn't come about for different reasons. I was on orders. But I was respected as for the professional dentist in me, even though as things evolved I didn't have time to go do all that. You know, in a career you can only cram in so much things, but I would say whenever I was given a job I did the best I could, whether it be administrative or being the best dentist I could. Other than that, you know, that's hard to answer.

Question: Although you alluded to this earlier as well, I'll ask you again, or paraphrase. Who was the best leader you worked for or with and what were those attributes that made that leader the best?

Answer: That could be an embarrassing question here now. I'm going to say that, and I'm trying to waffle this for you because all the people that went before me, and I'm not going to speak to the people that went after me, you know, because I'm talking about the people that influenced me, we're talking about General Shira. He was really my hero. I mean this guy is world class. General Bhaskar had the abilities and professional abilities, respected all over the world. General Kuttas with evolving the general dentistry. They all had an influence, general dentistry program in the program in the Army, all had influence on me. So, I'm going to say I respect them all and think a lot of them and I'm going to drop at that point and say what Army officers, not dentists, affected me the most and some of the people I knew and respected and admired, General Frederick Kroesen, who

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was the Cinceur when I was 7th MEDCOM Commander. General Trefry who was later the IG did an awful lot of the dental department, Dental Corps in helping us get what we wanted. A lot of people don't know that. You know, he's still around but played a tremendous part in helping General Bhaskar and later Chiefs along. General Max Thurman, the Vice Chief at that time when I was there. We used to call him Dr. Thurman because he knew more about medicine than the Surgeon General and the Chief of Dental Corps. He could ask embarrassing questions that he knew the answer to you didn't. These people I have greatly respected and helped guide us in the right direction. Didn't always agree with them but at the same time they were helpful people I looked up to and respected.

Question: Sir, is there anything else you'd like to add?

Answer: Oh, I think I've talked a long time. I don't think there's anything I'd like to add other than just say, you know, I appreciate the opportunity to come back to a meeting of this sort where this is taking place and share some of my expertise and share some of the history because, you know, it's the old saying, it's a shibboleth, you know, those who don't remember history are doomed to repeat it. But it is such in the military that positions turn over about every four years and in the civilian part of Department of Defense there are people out there who stay there for a lifetime in civilian positions and many of them have different ideas about how things should be done, rightly or wrongly, than we do. So what happens is that, you know, we turn over four years, you lose your corporate memory, and these people are still there and they'll come back and try to get something to happen they couldn't make happen before and if you don't know what took place and what battle, how was it fought, and you don't remember that, you could lose

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the second time, the third time or the fourth time around. You know, I'm sure that General George Washington had some of the same problems we have now but they've been taking place ever since. So that would be my advice is, you know, try to keep the history of the Dental Corps fresh and every once in a while go back and debrief people as you're doing now. Like I say, I greatly appreciate it. I appreciate being brought up to speed on what's happening now because while I don't miss being on active duty I miss the people.

Question: Sir, we'd like to thank you very much.

Answer: Thank you.

Announcer: This concludes the interview.

### Major General Bill B. Lefler

Announcer: This is an oral history interview with Major General Bill B. Lefler, United States Army Retired, Chief Army Dental Corps, United States Army Medical Department from 1986 to 1990, and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corp. Today's date is 15 November 1995.

Question: Sir, as twentieth chief of the Army Dental Corps, what are your feelings about the Army Dental Corps and the dental managed care system of today?

Answer: I really appreciate that question because obviously I'm proud of the Army Dental Corps. Three words actually describe me. One is I'm slightly paranoid. I'm very parochial, but not divisive. The Army Dental Corps will be eighty five years old next March and I've had the privilege of serving for thirty four and a half years of that time. I spent twenty years as a clinician and fourteen and a half years as a leadership position,

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eleven of those being as a General Officer. So, I'm very proud of the Dental Corps because it has responded over the years in an outstanding manner.

But the dental care system is a little different from the Dental Corps. Dental care system, the Army Dental Care System, which is now the Army Dental Managed Care System, actually has evolved over about a thirty year period in my opinion. It is a combination, a team effort of officers, dental officers, medical service corps officers, active and reserve component officers, NCO's, outstanding NCO's and enlisted soldiers, and our civilians. A team that provides quality dental care in an efficient manner to our patients. Now it joins with the Army Medical, in the Army Medical Department with the medical care system to provide health care. The mission of our Army Dental Corps is to join the Medical Department part of the team in preserving the fighting strength. The Army Dental Care System in my opinion has evolved over thirty years. There are certain things that I feel have influenced this evolvement of the dental care system as we know it today. There are certain things that relate to it. First, I think that the historical crisis that have faced the country have a major influence. Second, the Army's ability to make plans and actions to support those crises. And next the Army Medical Department's plans to support the Army in those crises. Now over the years each Chief of the Dental Corps had made a contribution, his generation to this system. And of course, last, the changes in the epidemiology of dental disease and battle injuries has made the difference in this dental care system as we know it today. I mentioned it was conceived in 1960, the way I see it. It was born in 1976 and it matured from 1976 to 1990. It's interesting to note that the Cold War began in the early 60's, actually began before then but when the Berlin crisis hit, and in 1989 the wall came down and of course at the end of desert storm we then see

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that the system has matured and in my position as Chief of the Army Dental Corps I felt it was important to take all the contribution of those individuals over the years, put it in a package, try to institutionalize it so that when the changes we knew would occur at the end of the Cold War, when the change would occur, the reduction in the military and so on and so forth, the dental care system would be preserved and indeed that has happened. And I'm very proud of that. Now if the dental command that we see here, the fact that General Cuddy is in the jobs that he's in and will be the Deputy Surgeon General, is certainly proof that is exactly what I felt and continue to feel today. That's a lot. I'm sorry to talk so long but I feel strong about it.

Question: Sir, what were your assignments that led up to you becoming the Chief of the Corps?

Answer: I actually have an interesting career. Totally different than the career pattern of our young officers today would be or could be. I joined the army while I was in dental school at the University of Tennessee on the Senior Dental Program because the Army helped me go through school. I went to my first assignment at Fort Chaffee, Arkansas, at the close or the wind down of the post Korean time. The dental disease was rampant. I don't know who the Chief of the Corps was at that time. I do now but I didn't see a Chief of the Corps. Our interest was treating disease. Which meant many extractions, tremendous number of amalgam restorations. They called it the amalgam line. And lots of prosthodontics. Every soldier had to be Class One, this is following that time, and indeed as a prosthodontist, I wasn't a prosthodontist but I did prosthetics, many of the restorations that I did, the removable partial dentures, I'm sure are under the Golden Gate Bridge today, as a navigation hazard, simply because we did too much. We

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were not, quality was not the name of the game. It was total production without quality control. That was my first assignment.

Second assignment I got the privilege to go to Korea. I was a battle group dental, the battle group dentist. That was an interesting time because I had a tremendous number of dental emergencies coming in all the time. I had a battle group commander who was a West Point graduate, number one in his class, a helicopter pilot whose father was a dentist. Needless to say he was interested in dentistry and he determined very quickly that I knew very little about the military. And he educated me. The way he reduced our emergencies is that he allowed me to bring every soldier in and examine them and eliminate potential dental emergency immediately. And indeed, I got a military education from him. I went to every field trip, used the field equipment, that was Korean field equipment, outdated but we used it, and enjoyed the tour immensely. We reduced our dental emergencies almost ninety percent in six months, which makes me think that preventive dentistry was interesting. We believed in oral hygiene instructions and eliminating the dental emergency, potential dental emergencies. So that was Korea.

I came back, I served a short time at Fort Hood. I got out of the Army because I didn't plan to make it a career. Three months later, I came back in, because I missed it so bad, and I went to Fort Benning, Georgia. At Fort Benning, Georgia, home of the infantry, I got additional military experience. There I was given the opportunity to do fixed prosthodontics, because at that time we didn't have but a few education programs, resident training programs. While I was there we had a crisis in the Dominican Republic. Some of our people deployed. We had, it was interesting because the dentists were involved in that and I thought that was important. And I got the opportunity to do a lot of

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fixed prosthodontics and even had the chance to teach in the dental practice residency program mainly as a clinical instructor.

I went from there to Paris, France, and this was in the early 60's, the beginning of the Berlin crisis. While I was in Paris, President Kennedy was assassinated and I was assigned to the 196th Station Hospital which supported Supreme Headquarters Allied Powers Europe, and Headquarters EUCOM. I was doing fixed prosthodontics as a OJT specialist because we didn't have the training at that time, and did lots of fixed prosthodontics. But I learned and understood the problems associated with the Cold War and how they were working at that. I also came in contact with a colonel by the name of Shira, who came down and made us feel good about practicing dentistry, about continuing our education, and little did I know that he would again appear in my future.

Paris was exciting and the Army Dental Corps at this time was under General Bernier, 1960 to 19 roughly 68. He did many things. He developed the preventive dentistry philosophy in the Army Dental Corps and he infused it throughout the corps. The philosophy that preventing disease rather than repairing of the ravages of disease is very important. This indeed had an impact on our civilian community. He also established residency training programs and certainly during that time Vietnam was beginning to cook.

I came back and was accepted in the prosthodontic residency. Fort Bragg, North Carolina, home of the 82nd Airborne, Special Forces, and these are the patients that I had the opportunity to serve with and treated several of their commanders. Dentistry became important. They were leaving for Vietnam. He knew that dental emergencies were a problem. General Shira became the Chief of the Army Dental Corps. I served there,

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completed my residency, expecting to go to Vietnam and was sent to Fort Knox, Kentucky, home of the Armor, and I got to understand the Armor and all of their idiosyncrasies. Met a guy by the name of Glen Otis who later became Cinceur, he came along later in my career. There I had the opportunity to teach general dentists. The general dentistry program, General Shira started, got it going, and we were at Fort Knox, Fort Hood, they had it at Fort Dix as probably has been said. But it was outstanding to train comprehensive dentists. Initially to train them prior to another residency, but later on found that comprehensive dentists indeed was a specialty itself in the military. I also had the interns there, or general practice residents at the same time. I served there four years, was able to get my boards in prosthodontics and indeed learned a lot about the military, continuing my OJT military education.

General Shira retired. He had brought great credit, had great credibility, not with only the military but certainly the civilian community. Had a great influence on me. And then came General Smith. General Smith assigned me to Walter Reed to be the Chief of fixed prosthodontics and teach specialty residents and I also treated numerous interesting patients, members of Congress, Mrs. Eisenhower was a patient. A lot of interesting people I met but at the same time became very familiar with treatment of the medical adjunctive patients, and also those returning from Vietnam.

I should disagree just a minute. General Shira, when we were at Fort Knox, I was one of the Project Officers for the Dental Combat Effectiveness Program, the DCEP program. We had had many, as I'm sure he mentioned, we had many casualties, dental casualties in Vietnam, and his solution was to pull together twelve Project Officers and the idea of being to have us be the marketers for the Dental Combat Effectiveness

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Program. I would go back to Fort Knox and brief the Generals on the fact that there were potential dental emergencies on certain combat MOS's, we needed to get them in and if we got them in we indeed would eliminate those problems through expedient dentistry. We had the materials that were developed just for that called IRM, different types, and indeed that resulted in certain reduction, a large reduction in the casualties, the dental casualty in Vietnam, which had a part to play later on when we tried to establish in regulation during my tenure the fact that it's important to have dental fitness just as it is to have regular fitness.

So anyhow, I went to Walter Reed, taught residents. Practiced, ran short courses. I was a consultant to the Surgeon General in fixed prosthodontics and was thinking I have twenty years, I think maybe I might retire. Now from 1968 there was a reorganization that had been talked about in the army medical department. And unfortunately for the dental corps we lost the autonomy that we had enjoyed previously. No longer was the dental surgeon, as has been talked about, on the staff of the Post Commander. He was the deputy for dental services under the MEDAC, Medical Department Activity. This had great impact on the morale of many Army Dental Corps people and had an adverse effect on the dental corps. The productivity obviously went down and it was indeed a problem. It was recognized by General Smith, it was recognized probably earlier by General Shira, but it was a problem he could not exactly deal with during the remainder of his time. General Smith picked up the ball. General Smith and his deputy, General Kutlas, Colonel Kutlas, General Kutlas, they picked the ball up on that while they were doing other things such as developing the dental therapy program to improve the efficiency and many other things. They had a very difficult time with that and had it altogether and then General

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Smith retired. General Bhaskar came in, who had been serving as the Director of Personnel. General Bhaskar, I'm sure General Chandler mentioned, was brilliant. He took the ball and he marketed it throughout the Army. He marketed the DENTAC concept not only there but in the Congress and certainly in 1976, when as I mentioned the dental care system being born, it was born then. And the reason it was born, it was written into regulation. General Bhaskar had contacted the dental commander, the post commanders, generals, the commanding generals of the post, and indicated that he would like the Director of Dental Service to be able to sit on his staff and be rated by him, and that indeed happened.

At the same time General Bhaskar felt that instead of having an administrative track and a clinical track, he felt to be a commander you needed one track and that was to be clinically oriented and then certainly the administrative track.

I was given the opportunity to be part of the test and I went to Fort Jackson as a DENTAC commander. It was interesting, he called me and said I want you to be a commander, and I mentioned to him that I had very little experience in military education. He said, "Hell, I don't care." He says, "I'll give you a good MSC and you'll do a good job because you can practice dentistry and you'll get on the post commander's staff and you better."

So he did indeed change the, he changed the face of the Army Dental Corps and now we've discussed the Army Dental Care System. A system that prevented disease, a system that provided education, a system that had management as an objective, management being providing quality care at an efficient or cost effective manner, and certainly leadership that he felt leadership was important if you had credibility as a good

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clinical dentist, and then indeed could market dentistry and talk the language with the staff on the post, if you had access. The key was access to the staff.

I went to Fort Jackson as a DENTAC commander. I had the best experience in the Army Dental Corps I think there because I had a clinic of five comprehensive dentists who were treating patients every day. Each had two operatories and we had a young dentist with each of those. I had two other comprehensive dentists and then I had a specialty clinic also. We had a general practice residency program there and I just thought, I've counted back on those people that I had at Fort Jackson and out of the people that stayed and I retained a large number, all of them got training, all of them got promoted to colonel, and ninety percent of them took their boards, and a large percentage of them became commanders, because General Bhaskar was right, it worked.

Now General Bhaskar's deputy, Colonel Chandler, Brigadier General Chandler, actually I think that was the one that got me to go to Fort Jackson. Fort Jackson was indeed, in my opinion as the Commander, the best dental activity in Health Services Command. See, Health Services Command came in 1973. General Smith had sent General Pollock down as the Deputy Commander and Health Services Command, the Directorate of Dental Services was managing the Dental Care System throughout the Health Services Command.

It was interesting because that's when we had the common sheet of music. The polices were formed in Washington and the operation was Health Services Command and the Directorate. And our DENTAC's then indeed went under IG inspections, we had policies that we followed and indeed it worked out well. The system was there and it was working but General Bhaskar didn't stop. On 20 October 1978, my birthday, it was

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signed into law by President Carter that indeed the Chief of the Dental Corps had access through the Surgeon General to the Chief of Staff on all dental matters, and that the Dental Commander indeed was responsible for all the dental assets on the posts. Indeed, it was a Dental Command and sat on the Commanding General's staff, had access to the Command General, and that was the key to our success in the Dental Care System, because we were there by and with the customer.

General Kuttas then became Chief of the Army Dental Corps. General Kuttas' main thrust was we need to do, practice dentistry more efficiently, prove that it's cost effective, and last of course, make our troops look like soldiers and act like soldiers. Well they did but he didn't really feel we, he felt we could do better and he was right.

So this indeed happened. He proved we were cost effective but at that time I was asked for another assignment. So I became General Kuttas' Deputy. Back to Washington. Served with him six months, was involved in his philosophy and then was promoted to Brigadier General and the I went to Health Services Command as the director of dental services, not as the deputy commander. I was the Director of Dental Services, which meant I was responsible for all the dental activities in the United States, Alaska, Panama and Hawaii, all our DENTAC's. I took the philosophies that I had at Fort Jackson and integrated them into Health Services Command working with General Kuttas, as we were able to kind of put them on the same sheet of music that I felt was important at Fort Jackson. I wanted to instill a philosophy of preventing disease, educating our people and our patients. Certainly practicing efficiently with quality care and creating a social atmosphere that encouraged esprit de corps, physical conditioning, creativity. I wanted

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our people to enjoy what they were doing, and indeed the morale was. It went up dramatically and I felt good about it.

One year after I took over there I was asked to come up and be the Deputy Commander of Health Services Command. General Pollock had been a deputy commander. General Cheatham, his predecessor, was Director of Dental Services, never was the deputy commander. I went up to become the Deputy Commander and was received with mixed feelings among the Medical Community. But before I left I was very pleasantly pleased with my association as the Deputy to General Bishop and General Floyd Baker. The one MEDAC Commander that called me a lot, which I appreciated, was a Colonel Sid Lanoue who was at Fort Stewart, who now is our Surgeon General and very supportive of dental.

I stayed there, was ready to retire. General Chandler said would you be interested in going to Europe. General Johnson, who had been my deputy initially, General Bill Johnson, was in Europe. He came back, took my place. I went over and took General Chandler's place when he became Chief of the Dental Corps and was the deputy for the 7th Medical Command. I still took a great interest in dentistry and took some of the same philosophy that I had over to Europe and actually meld those with General Chandler, General Kuttas' thoughts over there. We were interested in increasing our ability to, our military ability. So we created some objectives, we had peace time, we had wartime objectives, and we wanted to make sure again that our people could perform in the field. Now we started that in health services command but then it transferred over there. General Chandler started it and there were many initiatives that went on in making sure that we provided a military education as well as a civilian education.

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I stayed over there, had the opportunity to work with the CINC who was General Otis, and all the others, was the deputy of General Backer who became the Surgeon General, and was the deputy to General Ledford who was the Surgeon General following him, and was selected to be the Chief of the Corps in 19, I took over in 1986.

So that gives you a wrap-up of basically where I was when I became Chief of the Corps and indeed I had an interesting career. Lack of military education, OJT military education, very interested in dentistry, and practiced a lot and that was it. It was exciting.

Question: Sir, what was the world situation when you assumed duties as Corps Chief and were there any world events that influenced you?

Answer: Well, sure. Actually prior to, the threat was still there when I took over. The first even that happened was rather interesting, was Iran Contra. No, the, yeah the Iran contra immediately when I was there, so that got a lot of action and a lot of attention. But the world situation, we still had the threat, the Cold War was in full bloom. Iran was a problem at that time. Iraq we didn't know about at that time. We had finished the invasion of Grenada before that time but indeed there was still a threat and there was still an Army plan to deal with that threat and the AMEDD plan and certainly the Dental Corps.

Now the one thing that I felt strong about was making sure that we had contingency plans that we could indeed respond with our active and our reserve component forces if we had indeed to go to war. So, yes, the world situation was still tenuous, still tenuous.

Question: Sir, what were your major objectives upon assuming duties as the Corps Chief and which were you able to achieve?

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Answer: Well, there were many. Actually I had the advantage of serving in Health Services Command and 7th Medical Command to establish goals and objectives. The first thing I wanted to do was to articulate to the Army Dental Care, the members of the Army Dental Care System how important they were. I wanted to make them feel good about themselves. I want them to make sure that they were important to the Army and I wanted so I guess probably my main objective was to establish a three dimensional communication system within the members of the, with the members of the Army Dental Care System and with the Army Medical Department and the Army. That was easy to talk about and rather hard to do so I went on an intensive campaign for the whole time I was there, making sure that indeed the Army knew the importance of dentistry and the history that we had behind us and where we were and the contribution that we were making today.

That was done in several ways. The one way that I made a lot of money was the fact I had the opportunity to live on post at Fort Meyer. We waited a year and one month, I felt so strong about living there. And I lived there right across the street, which enabled me to meet and talk and visit with the Army staff, members of the Army staff and that was important. Another one was to make sure that I got the opportunity to speak in a lot of places. I spoke at the Sergeant Majors Academy five times, which I told them about the Army Dental Care System. I spoke to retired military, I spoke at any reserve conference that we could have. I wanted all of the members of the Army Dental Care System, active and reserve, to know that they were important, that they had an important mission. I also wanted to communicate that to the American Dental Association and anyone else, the external to the Army Dental Corps. So I guess the most important thing

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was to make sure that we had a vision. We had published to the military, to our Army Dental Care people, goals of the Army Dental Corps. Four basic goals, we had readiness, we had management, we had leadership, and we had research, four goals, and that encompassed all of the things that had developed over the years with training our people and so on and so forth. And then also have goals for the Dental Care System, wartime goals, peacetime goals. Performance objectives tied to those goals and then we wanted to monitor that through the commands so that indeed we could respond if we were called upon to do so. We did that. We did that. And it worked out pretty well.

Question: Sir, what was the most significant change during your period as Corps Chief?

Answer: Biggest change was end of the Cold War. When the wall came down, the Cold War, and of course the surprise was certainly in August of 1990, when we, when Iraq invaded Kuwait, and certainly we prepared for Desert Shield and then Desert Storm. My last three months were a blur because of that action and then I retired right before Desert Storm. But I was confident, and I'm not disappointed, the Dental Care System responded and was prepared and it did because of all the work that went on over the years for that. So it was successful. But, yes, the most important thing was the end of the Cold War and we knew at that time there would be tremendous change. In fact, the end of my tenure I gave several talks about the changes that would occur. One of the last things I did was instruct a young colonel in my office by the name of Sculley to write a paper on the reorganization of the Army Dental Corps when he went to War College, and he did go to the War College. He wrote the paper, he published it before his classmates and used it later on as we changed, as the change in the reorganization occurred.

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Question: Sir, what technological advances occurred during your tenure that impacted operations and doctrine?

Answer: Oh me. Well, certainly the one thing that we did important, I think is important and several of us, I didn't, General Chandler did too, we utilized our consultants to make sure that we were on top of the technology that came about so that we could with our teaching chiefs conference that we had every year, and our consultants, we were able to make sure that we were on top of technology, and we wanted to make sure that our, that we did everything. Also the research that was going on at that time. So there were several things that happened. One, the one that really comes to mind was implants. There were no implants being utilized in the Army Dental Corps and one of the early decisions I made was to develop a method of teaching implants to the Army. The only way we did it was able, the only way I would allow it was to make sure we had the adequate research behind it so we used the Branemark System, the Nobel Pharma. We taught by using experts, reservists by the way from Mayo, two of our reserve officers came down and taught our specialists how to utilize the osseointegration techniques, and then we developed our own courses. In the period of three years we were able to indeed teach implants. I was able to get two million dollars from the Army to do this by showing them and showing them the advantage this could be in a wartime situation. We had research going on. There was a constant technology changing and, you know, I felt strong about each consultant being involved and our education programs being involved.

Question: Sir, what was the most difficult task you faced at the corps chief?

Answer: I think the most difficult task was trying to make sure that we assigned our people in a manner that would always enhance the Army Dental Care System. Now that's

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kind of a strange situation. I was concerned obviously with the threat, I was concerned with the Medical Department, but I had a good relationship with the Surgeon General. They supported us in all that. I was concerned about our people, making sure that the young officer that we had would be interested in staying in. To create an environment, an atmosphere that would be conducive to make sure that they enjoyed that, the families. I felt very strong about the people that we had, our officers, our enlisted soldiers, the school. I think people was the biggest concern that I had, to make sure they were treated properly but yet indeed were again providing the care that they should provide and they did. I think that's probably the biggest thing, the concern with people. I was not concerned with education because it was already there. I was not concerned with preventive because the philosophy was there. The system was working but without the people being feeling that they were supported by the Chief, without the people knowing that someone cared, because I relate back to my first assignment when I didn't realize that there was a Chief of the Corps. I felt very strong that I had to get out, be visible to the, not only to the dental officers but the visibility to make sure that I preserved the Army Dental Care System as we knew it and as it has evolved. I guess that was my worry, making sure I preserved it.

Question: Sir, what was the most pleasurable aspect of your job as Corps Chief?

Answer: Oh, well that was obviously the most pleasurable was being able to go to a post, talk to the Army staff and get the feedback that I would get from the customer. The feedback I received in the General Officer's Mess Hall at the Pentagon when I went over to eat, when I walked down the hall in the Pentagon and ran into someone, when I went to Fort Leavenworth and talked to the members of the Command General Staff School,

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when I went to Fort Irwin, California, and everywhere I went all I heard was your people look like soldiers, they act like soldiers, they're involved in the community, they love to practice dentistry, but they're good soldiers. Now, was I proud of that? You bet. And the reason I was proud of it was because I saw it evolve. General Kuttas saying, hey, they got to look like soldiers and act like soldiers and they've got to, they have to, they have to be productive too. But don't forget quality. And you could hear it all ringing back through those chiefs, General Shira talking about oral surgery and dentistry. You could hear them all. And that came about and I saw it happen.

I wrote sixty generals right before I retired and I got sixty letters back saying how much they appreciated the Army Care Dental System. Now I told you I was parochial, but I showed the letters to the Surgeon General, and I was known as being parochial, and paranoid. Now you know why. Because over the years there was a tendency for the Army Dental Corps to be, and some of it may have been divisive, some of it may have been because the others had many things on their mind. If you're out of sight you're out of mind, and that worried me a little bit because I was always careful to make sure that we were there, so I guess I was parochial. I feel strong about looking after. But yet I think I was a team player too.

I mentioned earlier that we opened several clinics. That was a fun thing, to memorialize clinics after some of our great leaders. You know, General Bhaskar during his time was able to push through Congress or push through the Army Medical Department the building program and from a period of 1974 to about 1990 we totally upgraded our dental clinics and built new clinics, something like forty or more new clinics. So our clinics were new, our equipment was good, the morale was I think

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outstanding, and also the customer, as we say today in managed care, the soldier and their leaders appreciated what we was doing. That gave me a great thrill. Great thrill.

Question: Sir, did you have any significant unresolved issues when you left the position as corps chief?

Answer: I did. One with Desert Storm. That wasn't resolved but we were working hard on the issue. But the things that had happened in the past played a large part in Desert Storm. Our reserve component, you know, I was very fortunate. I had an individual Mobilization Augmentee Two while I was in the job, Brigadier General Mike Overbey who became President of the, the late Mike Overbey, President ADA. Magnificent individual who worked with me and certainly Brigadier General Jerry Strader. Great Texan who assisted me greatly but was a great ambassador for the Army Dental Care System throughout not just the reserve component but also throughout the Medical Department and the reserve community. Without him, without those two, particularly those two and certainly some that came before, we would not have been able to transition from peacetime to wartime and transition of course later on. Reserve components were a major part of Desert Shield, Desert Storm, and that was a resolved issue, but I was confident that it would work out.

The one other issue I was very concerned about was pay and I'm still concerned about pay. Pay hasn't gone away. We had studies. Lieutenant Colonel Larry Camp, now Colonel Larry Camp, did a great study. We tried every direction to go and we ran into a brick wall. The pay issue is still a significant thing because of the dental school, the debts that they have. Recruitment, we could see recruitment beginning to go downhill, but were able to get twenty HBS scholarships, and we wanted to ramp that up to fifty and I was

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assured that that would happen. So that was an unresolved issue that I wanted to followup because recruiting is a problem and it's a problem again today. That was one of mine too.

Education, I was not concerned with but I knew that there would be changes in education because of the changes that was occurring in the army. I was very pleased about getting the Delta Dental, Family Member Dental Plan through during my time. It had been worked on since 1957. I mean General Kuttas initially as a young fellow wrote this. It traveled through. It just happened to finish up during my tenure. We were able to revise it a little bit, improve it, and today it's even a little bit better. It's had an impact, it's a good impact and it's had an impact certainly on the way we do business. But that was something that was not totally resolved when I left.

I also knew that there was going to be a reorganization and I knew that I was happening. I was concerned about the loss of general officers. I was concerned about some of the things that have happened. I think that General Tempel did an outstanding job, and he had a tough job because of the reduction of the size of the Army and the threat to the Dental Corps. The threat was always there. The threat exists today. But I think that will remain unresolved for a long time. That was it.

Question: Sir, if you were given the opportunity to return to your period as Corps Chief what would you do differently?

Answer: I don't think I would do many things different, and the reason I say that, the time I, at the time I came to be Corps Chief was a time in our history as I mentioned when the dental care system had matured. General Kuttas initially had the Dental Care System in its early maturity. General Chandler had the middle part but General Chandler was working over here, I was working down there. And then I had the opportunity to go

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over here. The thing I guess that concerns me is that I would probably do different would be to try to make sure that our general officers had a little more responsibility, and that has happened, than just being totally related to dental. I was pleased that General Brady became Deputy Commander and then 30th MED Group. That happened after me. If there was a way that I could have done that I probably would have liked to have worked that a little better. But I don't have many changes. I'm happy with how it developed. It's ironic that we had to end my tenure with a war, but when you look at the history of the development of the Dental Care System, it worked out the way it was kind of meant to be.

Question: Sir, were you in agreement with the direction of the AMEDD during your...

Answer: Yes.

Question: ...tenure as Corps Chief?

Answer: I was. As a deputy to the two Surgeon Generals, I agreed with what they did. Did I trust them? I trusted them basically. Was I watchful? Yes. But that's normal. But, yes, I agreed with the direction of the Medical Department.

Question: Were there any specific Army or AMEDD policy decisions that you disagreed with?

Answer: Well, not really. As a soldier I'm supposed to support those things. The thing that you have to do is make sure you try to anticipate those problems, those situations that might cause difficulty for you, and try to head them off before they happen. Once they happen you have to kind of march with the decision and so I didn't totally disagree and have any major huge fights. I had a few disagreements but that's part of the job.

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Question: If you could change one thing about the AMEDD organization what would it be?

Answer: Today?

Question: Yes.

Answer: Now, after the reorganization? I think that if the Surgeon General is Chief of the Medical Command, the MEDCOM, and the Chief of the Dental Corps is a Deputy Surgeon General, which it is today and General Cuddy is going to be , which I think is wonderful, I still think that the Chief of the Dental Corps should be the commander of DENCOM because law says that he has the responsibility of all, anything dental to the Chief of Staff, through the Surgeon General to the Chief of Staff. If he's the deputy commander to the commander of MEDCOM he still works for the Surgeon General, but by law he's responsible for dental through the Surgeon General. The perception of the Dental Corps officer is that he should have a general officer looking after him. They know that the Chief of the Dental Corps is the senior guy, but he probably should be the commander of the DENCOM. Then a deputy commander for dental could, for the DENCOM could do the operational. He could still be involved in the policy. I think that's important. If the Surgeon General can be the commander of the MEDCOM then the Chief of the Dental Corps should be the commander of DENCOM. As far as the Brigadier General that was General Sculley, I think it may be a slight disadvantage to have a colonel as the commander of the DENCOM because the interaction of general officers, interaction of general officers is a very important part of the Army Medical Department. The ability to discuss things with people of equal rank has a rather large impact. I have nothing against colonels and certainly they do a marvelous job, but I'm a

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little concerned about the fact that a general officer is not either the commander or the commander of DENCOM in some way. Our general officers always performed admirably and have in every position. But that's the one thing that I would take a hard look at.

Question: Sir, how do you feel about such current issues as AMEDD and Army downsizing and the TRICARE Active Duty Family Member Dental Plan?

Answer: Well, I obviously support the TRICARE Family Member Dental Plan because they're getting more care than they've ever received. I hope that it can continue and I even hope it could be better. I'm a little concerned about retired dental care, if there is a way that could be managed that would be good. The downsizing, as the Army downsizes the Medical Department is going to downsize. The thing as we downsize that's important is not to forget where we were, how we got there, where we were to determine where we're going. And I think that's there. I've looked at General Cuddy's vision. I've looked at their goals and indeed I'm not, I'm optimistic at this time, but there are going to be some hard times related, as happened after any conflict, but maybe more so the Cold War. Post World War II, post Korea, post Vietnam, the [unclear] Army, then the threat, it all goes. And certainly the end of the Cold War. Certainly. As the threat changes, that's how the military goes. As I mentioned earlier in my opening remarks.

Question: Sir, what do you expect for the Dental Corps of the future?

Answer: Well, I'm not going to expect much. I know how I felt. In order for a dentist to have credibility, a dental officer, a dental commander, you got a dual profession, you got to be a good soldier, you got to be a good dentist. If you're a good dentist you have to get graduate training. I feel that the dental officer has to, in his career pattern he has to get graduate training, he has to take his boards. Hopefully he's successful. If not at least he's

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given it a shot, and that's important, to give it a shot. So he's a board qualified or board certified. That's important. To be a good dental officer you have to first be a good dentist. Then you have to be a good soldier along with it.

Military education, certainly not the type I had, OJT. We have the basic course and we all attend, I think everybody attends the advanced course. Everybody attends. When I looked at the statistics when I was Chief, most of the fellows had Command and General Staff School, either by resident course or correspondence course, and I was able to get an additional individual into the War College, each year two, and it vacillates two or one, but also we're able to get people taking it by correspondence. So the Military Education Level One is not just a rarity now, it's almost, many of our leaders have them, Mil 1, they're board certified. And I hope that we don't totally go back to where it was at one time when we had an administrative track and a clinical track. You need to have a complete dental officer. That's what I'd like to see.

You know, it's interesting our officers are outstanding, they all have combat casualty care course, they all are the EFMB, I mean it's just when I left that's the way it was, the morale was good. I know that's been some changes but the Dental Corps officer is a unique and outstanding individual. We have fantastic lady, I had breakfast this morning with Colonel Kay Jones who was one of my captains at one time. She's the first commander of a DENTAC and I'm very proud of her. So our not only men, our women officers and enlisted are outstanding and have been.

Question: Sir, how would you rate today's junior officer compared to when you were in that grade?

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Answer: I don't know today. When I was there they were excellent. They were excellent. Those that stayed with us were outstanding. Today I can't rate them other than I have a son that's in the Dental Corps. He's okay.

Question: What guidance would you give today's Dental Corps officer?

Answer: Oh, I think the guidance is to be optimistic. To be optimistic about the profession. To be optimistic, to look for the good and don't look for, the bad things are there but try not to look at that. Try to be optimistic about their career. Look at history. If you go back through history you find that there are peaks and valleys. The only thing different today and the last thirty five years is the fact that the Cold War is gone. So they have to look at history. They'll be optimistic and you'll see some that, those that stay, there's always rewards for staying and, you know, it's a great career.

Question: Sir, how did the dental corps change for the better during your career?

Answer: Oh, I felt like the morale was good. I felt like that the system, I don't know if it was my, you know, that's a difficult question because the Dental Corps evolves over time and there's different things that happen and during my tenure as chief I can't see too much difference during my tenure as chief other than the fact that I went out and marketed the Dental Corps. I felt like the marketing improved the perception of the Dental Corps during my tenure and that's about it. The Dental Corps was functioning. It was functioning. When I was at HSC, when we were there all of that time as it matured I felt like it was rising to a peak and I felt like it couldn't go any higher. Certainly it could but it was at a high level of performance and efficiency when I left. I felt like it was, and certainly has continued.

Question: Sir, what was your most significant contribution to the Dental Corps?

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Answer: You know, contributions are difficult to, difficult to describe. I think probably what I was hoping to do was try to define leadership as I had observed leaders in the past. Not just leaders in the Dental Corps, the Medical Department and the Army, but just leaders in general. I felt like that you had to have credibility as a clinician, as a soldier. I felt like the things I believed about education, about the system, I wanted to be able to portray to the members of the system. I wanted to be able to go out and visit with them and lead. You know, there's a difference between leadership and management, and leadership is what makes the difference in any profession, in any branch of the military, in any branch of the AMEDD. So leadership was what I was interested in. I had great people throughout my career but particularly as a general officer. Brigadier General Billy Johnson was my deputy at one time. I mentioned General Strader. General Brady. We had tremendous people. My staff was tremendous. It's easy to be a leader if you pick good people to work with you. I had the finest staff officer, colonel, the late Colonel Marlin Lewis. He was outstanding. His military education was a little bit better than mine in that I think he had the advanced course but he was a leader too. He was a leader with people. So leadership was what my main thrust was. We had gone through and the system was there and leadership was important to not only demonstrate to the people that worked with me, but the Army.

Question: Sir, what do you think was your key to success?

Answer: I think probably being a people person. Being interested in people. Being able to remember who people, remember people, remember where they served, their abilities.

People was my, that's it. That's it.

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Question: Sir, who was the best leader you worked for or with and what were those attributes that made that leader the best?

Answer: Well, several come to mind. You can't define one leader. Leadership is a million people that have an influence you, you know, starting with your father and your mother and those that you associate throughout the years. General Shira was a big leader, he was a great leader because he had great credibility as a dentist. In the Dental Corps he was outstanding. All of the Chiefs. I was a piece of all the Chiefs, there's no question in my mind. But I also looked at others and I recently, there was a general by the name of Albert Wedemeyer who, you don't know him, he was one of my first patients at Walter Reed, Albert Wedemeyer, he's dead. He's a man that designed the, he designed the invasion of Europe. He's outstanding strategic visionary. I asked him one time about leadership and he says it's an individual who listens, who doesn't shoot from the hip. An individual who takes an interest in his people. An individual who selects his people and takes care of his people and takes an interest in the people that he works with, works for, and supports them. And as I've thought about that, the one individual who comes to mind to me is General Colin Powell. He was a neighbor at, well first he was Brigadier General at Fort Carson. When I was at HSC I got to know him. I ran into him several times. He's had a wonderful career, an interesting career. As Chairman of the Joint Chiefs of Staff he was very supportive of dentistry. But I recently read his book and I can tell you that he was the kind of leader that I think that you can look up to. He overcame tremendous odds as a young soldier coming up through, but he always kept taking care of people, working hard with the soldier, and probably of all the leaders that I think of that really went up high, he's the man. Leadership is the key to success.

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Question: Sir, is there anything else you'd like to add?

Answer: I'd like to thank you for listening. I had a wonderful experience as Chief of the Dental Corps. I enjoyed every minute of that job as well as the career. I didn't plan to stay in the military. I never planned on being a general officer but I had that privilege and that opportunity and that indeed was wonderful. To be able to sit here and chat with you and reminisce and think about those folks that I worked with over the years and the opportunities that I had has been great and I thank you and all of the folks for letting me participate.

Question: Well thank you very much, sir.

Answer: Thank you.

Announcer: This concludes the interview.

### Major General Thomas R. Tempel

Announcer: This is an oral history interview with Major General Thomas R. Tempel, Deputy Surgeon of the United States Army Retired, Chief Army Dental Corps, U.S. Army Medical Department from 1990 to 1994. I, and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corp. Today's date is 13 November 1995.

Question: Sir, what were your assignments that led up to you becoming the Chief of the Dental Corps?

Answer: Okay, let me start off with perhaps the most important one. Following my dental internship at Madigan, I was assigned to Germany, the 768th Medical Detachment, Manheim, Germany. And within about a month of being assigned there I was assigned to

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the 8th Med Battalion, 8th Infantry Division. Probably the most important formative assignment that I ever had to make me a military dentist. That's one.

I'm going to skip the rest of it all the way up through becoming a specialist and then getting involved in research, but I will say that along the way through my assignment in Germany, through my assignment in Washington, perhaps the most important aspect of that time of development was the care and mentorship that I received from majors, lieutenant colonels, and also people like General Shira in those days. Because when I became the Division Dental Surgeon he recognized what I was doing, and cared. So that type of experience is very formative and it never leaves you.

The next most formative thing happened to me also in Germany. That was becoming a clinic chief as a captain and realizing that there was a world beyond my individual world of individual practitioners, that if I did my job right that the clinic would run better. Well then I got my training, I became involved as a guest scientist at NIH for two years. Another formative time because I learned how to challenge people with questions and then look for statistical answers. Although my research career ended when they made me the deputy commander at USAIDR U.S. Army Dental Research, it was still a very important time. And then I would say working through staff assignments following that, being the director of education gave me an appreciation of what staff work was like, and having the opportunity to work for the DA staff and the Chief of the Corps and the CNL Corps staff officer, as lieutenant colonel and a colonel, was rather important to have a perspective.

The following the War College going to a command and having the opportunity to command a TO&E detachment, the 123rd Medical Detachment in Wurzburg,

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Germany. And based on my background in the 8th Medical Battalion, my desire was to take that group out into the field and provide dentistry for soldiers, which we did, and that was important. And then of course coming back as senior Dental Corps staff officer and having the opportunity to work with General Chandler, you know, I think those are the key assignments. Once you're promoted to Brigadier and then become deputy commander of the forces, medical forces in Germany at the 7th MEDCOM, I think that's important but I think the more important ones were the earlier ones.

And I also have to emphasize that during these formative assignments, it wasn't only the senior people that were instrumental in mentoring me and helping me and teaching me. Did I learn an awful lot from an NCO at the Manheim Dental Clinic, because that NCO taught me what it meant to let him do sergeant's work and for me to do the clinic chief's work, and I learned how to sort that out. I also worked with some good junior officers and I have to say that throughout the whole time I even learned from my family. As I had children and my wife, we all learned together and it's a tremendous continuum of learning throughout these processes that you have. So that's what makes you what you are today. But the one thing that doesn't change through all of this is the values that you have. So I will say that through these formative assignments I learned things that were important, but I also reinforced certain values that I had about quality patient care, about ethics and morality and stuff like that that, believe me, are no different today as a general than they were when I was a captain. And here we are.

Question: Sir, what was the world situation when you assumed duties as corps chief and were there any world events during your tenure that influenced you?

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Answer: Well, there were some pretty significant events that happened just prior. Of course in Germany the Berlin Wall came down and then a year or so later I was, you know, we became involved with Desert Shield and as the deputy commander in Europe I worked with then Colonel Cuddy to deploy dental units to the desert and that was a very critical world situation that was going on at the time.

At that time President Bush was the president and we were going through a time where there was the beginning of a foreseen decrease in dollars and people and so this was having an impact on the Medical Department in the Department of the Army. General Ledford was the Surgeon General and having been his Deputy in Germany for a short period of time, when I came back as the Dental Corps Chief we then began to work together to formulate how were we going to develop, how would I help him develop the dental policies needed to survive through this time and to support him to help develop the AMEDD. The world situation was rather tense and then we know that Desert Storm hit and that was an extraordinary level of chaos and uncertainty for that, you know, hundred and some hours that we were charging through the desert. And the sequela for that has been felt ever since because we knew what was going to happen. They were going to judge our future strength and our future ability to provide care on what happened in the desert, and it was kind of an aberration from traditional, you know, warfare in which you mobilize large forces and mobilize the country. This was unique. So that was quite an extraordinary setting to have, you know, when you take over as chief and knowing full well that this political environment is going to affect the level of chaos that we have at the Surgeon General's office.

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What people have to understand about this level of staff work, in a dental unit you're very structured and you know exactly what you're going to do every day, particularly a provider or a clinic chief or even the DENTAC commander or the dental commander for whatever unit it is. But as you get up through and to the Surgeon General's office at DA, we level of uncertainty every day and you exist in a continuum of chaos, that you have to be able to, number one, withstand because people use that to beat you down, to win their side of the argument a lot of times. You have to survive through that, keep your sense of humor and I think during that particular time the level of chaos started to accelerate and that caused General Ledford and then following on with General Lanoue when he became the Surgeon General to say, hey, let's sort this out through certain totally quality management processes. That allows you the intellectual, you know, latitude to begin to compartmentalize some of the areas of chaos and decide which range of chaos you're going to work on today. which ones you're going to discount, which ones can you take on and can you win. And I think because of that we basically have been winning. I think the Army Medical Department and Dental Care System has been winning, even though through this it looks like we're reducing in size and dollars expended, the ratio of what we have to what we were in the past is better.

And that's, you have to equate that with the product of the political time in which you're working and remember the politics of the time is a lot more than dollars, it's a lot more than people, resources that have an impact on you. There's a certain level of contemporary thinking and the other level that was beginning to form up at that time was health care reform, and so you can't deny that all of these forces really set a stage for a very interesting four year tenure that I had as Dental Corps Chief. I have to compliment

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General Lefler for what he left me to work with. Each Dental Corps Chief that I see has left a legacy of very positive things that they've done. I do think that there was a level of stability up until 1990 that we enjoyed and from 1990 on we have dealt with a level of chaos that is rather extraordinary and really unprecedented in terms of forces that could hurt us. But I think because of the quality of the whole Corps, the depth of the Corps, all the leaders at the different levels of leadership, that we've survived that very well.

Question: Sir, what were your major objectives upon assuming duties as the Corps Chief and which were you able to achieve?

Answer: Wow, you know, this is kind of a hard one because it's an opportunity to go back and make up, you know, I can make up some great things I say I have planned to do this. Probably some of the best things happened through serendipity, I'll be very honest. But I have to tell you that in the early stages of from when I was sworn in on December 1, I believe 1990, I keep forgetting the date, that there was a few things that were important to me. Number one, I wanted to maintain the values that the dental system held true. Had displayed such extraordinary shall we say levels of competence. I think more than other elements within the military health care establishment, and having grown up in the military health care establishment my whole life, I was exposed to members from all of the different shall we say subelements of the Medical Department and I guess one of the reasons why I decided to be a dentist when I was just a youngster was because I liked the way the dentist worked and I met some Army dentists and I liked the way they deported themselves and their values. So the values of Army dentistry I think is the one thing that I wanted to maintain. Now, what are those?

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Well, I'm not going to go through the whole extraordinary, you know, subset, but I will say that caring, quality dentistry, fundamental honesty is just, is a way of life for us. We have many people stay in the Army Dental Care System as a career because they like the quality of the work that they do and they like the people that they associate with and to me that's probably the number one fundamental.

I wanted to be sure that we took time to stand back and look at our dental leadership and to make sure that we were mentoring and developing people to follow on to do the senior leadership positions and so I wanted to be sure that that was a part of the early, you know, process in terms of setting Dental Corps policies, in setting dental, in doing things sometimes by example.

Another one is I wanted to be sure we maintained the educational systems that we had in terms of quality. Not only the professional system that has been so well developed and we cherish, meaning the residency training programs, and that includes everything from comprehensive dentistry through all the specialties, and to still encourage people to take their boards, but also meant we wanted to take a look at leader development and the military training that they needed to have their, to properly career develop and enhance the dental care system or to keep it strong.

I also had a very early on, I had a lot of experience as senior Dental Corps staff officer working the space a dental care process, to get the law changed so that we could do that. At that time with General Chandler the Chief, and one of the early ideas was if we could get space a dental care available and authorized, then that perhaps would usher in and further comprehensive care like a dental insurance program and then the dependent dental plan was formed then and then became effective in the late '80s and I

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think we began to perfect it but I wanted to perfect it even more that that and we did work hard on that. The dependent dental plan as you know by 1983 we were able to work with the Department of the Army people, the other services, with the Congress and with the National Military Family Organization to improve the dependent dental plan and I think made that a success. I wanted that to be a very important objective because early on I realized I knew when I took over that primary care was going to soldiers, that we were no longer going to be able to afford to provide care for the family members for free, because what happened the day that I was sworn in or shortly thereafter we found out PBDO41 was taking away 61 dental soldiers and the 61 dental soldiers, that was due to analytical process that they did in 1988 that measured how much family member care we were doing. So based on that they cut us and although I must say that, well I'm going to get ahead of myself. I'll come back to that one for sure.

Another thing I wanted to do, and I think every Dental Corps Chief wants to do this early on is establish the dental goals and objectives and dental vision. I wanted to really write a dental vision and to write some dental values and dental goals that we, you now, could live by. And although I think that that's really been a continuum of progress from the Dental Corps Chiefs, I know, and I won't start naming names back because the Dental Corps Chiefs have developed these and then changed them and I know the minute that I left General Cuddy took the ones that I thought were so wonderful and he changed those and made them better. I wanted to have a vision and set of goals that we could work toward. Those are always published in our policy books.

Let's see. Now all of these are objectives that were really kind of in my mind before I took over. another one was to get the dental corps history moving. We assigned a

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dental officer, a very talented dental officer, John King, full-time to the center for military history within a year and a half of when I took office to wrap up Dental Corps history, and so I think that that's coming along well and I'm hoping that we see that published real soon.

Also, I had this thought in my mind that we should as an objective of our Corps begin to expand our awareness of what's going on and so when we had a opportunity to send a War College fellow to Health and Human Services for one year fellowship, I believe that was Tom Striano came back from Heidelberg to that and the guidance that we gave was let's make sure that this is a worthwhile experience and I wanted him more than anything to get involved in health care reform issues and try to learn from that so we know how we can plug dentistry in and also involve managed care. Let me tell you he is one my teachers now when it comes to that area. I go to him for advice to learn things.

We also sent John Harold over to the Congress to work with the congressmen because, you know, you can have the best program, the best, most cost effective program, and if you can't properly sell it in the political, in the political arena, you're lost. Sometimes it's the matter of defending something that you hold true, sometimes it's a matter of selling a program that you know is important, but to send, John Harold did a tremendous job. He went over there, worked with Congressman Collins and then following him we now have Dave Carr working with Congressman Norwood, who is a very dynamic congressman. He happens to be a dentist. So to have these dental officers exposed to that political arena is very critical to what we do.

Another area that, there's three other areas that were important from the beginning. One was I knew that we were going to have to come to grips with technology

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that was emerging at the time, and although I'm a non-technical, I'm a non-techie, you know, when it comes to automation, I do have an appreciation for how systems work and how systems should integrate and I wanted to be sure that we captured that. I had the opportunity shortly after taking over as Chief because I was asked if I would become the Chief Information Officer for the Surgeon General on top of my Dental Corps Chief. That was before I became deputy. I said okay I will, and I really began rapid learning in that area. To me technology is critical because if you don't understand it then it drives you instead of you using it properly.

Another area that I wanted to sure that we, we have some wonderful people working at the Academy in combat development that we're not close with in Washington and we don't have to be directly supervising them because they're well managed within the Academy, that are doing combat developments and looking at the dental TO&E structure and, you know, we had just come up with formulating this idea of the dental battalions and you know they were able to sell that. I mean it's rather remarkable. But it got dentistry on the map and it showed that the dental folks were willing to, number one, recognize there's a role for them in the TO&E environment. We have to change from, you know, some of the MF2K thinking and the military planning module thinking and get the dentists involved in that and to me that was good.

And the last thing that I consciously wanted to really continue a program that General Lefler started was get the HPSB scholarship. We had I think twelve or twenty going at the time and we set things in motion to build it up. I had hoped to have it up to ninety before I left. I think we got to seventy five but the HPSB is a real lifesaver for recruiting people.

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Those are kind of some of the objectives that sort of come to mind right now that it's sort of a mark flight of ideas but I think anybody that's been working in that arena, this is a part of you so it's not an instant start and I have to tell you very honestly that I'm not going to take the credit for all this. This was a continuing of my thinking that comes from previous Dental Corps Chiefs, that come from very good staff officers that we have and very good people in our working environment. So this was a collection of what I call, you know, applied imagination, total quality concepts where you bring together the best thinkers and these are the things that really started happening very soon after I was sworn in.

Next question.

Question: Okay, sir. What was the most significant change during your period as Corps Chief?

Answer: Wow. You now, this is a very, very hard one because I was very close to the Dental Care System about 1978, how the Dental Corps Chief's office worked with DA, from about '78 through the '80s, and I saw a period of stability where the Dental Corps Chiefs really had the Dental Corps Chief as a full-time job and they cherished that and they did a great job. I think probably the most dramatic significant change that happened to me was accepting second and triple hats of things to do. That's very important because the first thought is, wow, you dilute out what the Dental Corps Chief does, but what in reality happens when I first accepted the job of Chief Information Systems person for the OTSG and tried to pull that together, and then was made the Deputy Surgeon General, that's a third hat, I began to realize that a very significant change is going to happen in my tenure as Chief that didn't happen to the other Corps Chiefs.

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I think at this time of threat my feeling was, during this atmosphere and environment of threat coming to do things to the Dental Corps, to reduce the size of the Dental Corps, to perhaps contract it out or to perhaps reduce the number of dental generals or to reduce our budget, that I felt that I would be in a better position to do the best for the whole AMEDD and the Dental Care System if I accepted those jobs. That's probably the number one and most important change.

The second one was the way we were funded. Used to be we bargained, we fought, we went through the programming cycle at the DA, we went to all the meetings, we fought for dollars. Medical Department did pretty well most of the time but what happened was a change that took all the dollars to provide peacetime health care and put them in Department of Defense in the Defense Health Program. That's the second most significant change because then we had to go through the basic payback process of justifying our money, some of which is on a capitated managed care analytical process. Some of it is based on workload and what we have historically done, but we then had to go to DOD to the health arena to justify our money, but we went to the Army for our people. Major change.

Another major change happened in 1983. I mentioned it briefly and that was that the dependent dental program was altered and made more effective. We took a beginning program, we made it more comprehensive, and I think it's probably one of the better programs in the country today. And that's why we want to keep that program and keep it strong. Very critically important. Notice I said dependent dental plan. I didn't name a carrier. Dental Delta did beautifully with that early on. Delta has carried through magnificently today but then too as a contracting process we're now required to live with

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the product of that process. United Concordia won the contract and doggone it's our obligation to support them and make that work too. So we want to do the best for our family members and we need that. That was another very significant change that happened.

I guess another, you know, I said it was an objective to focus more on soldiers and other critical changes. We've gone from doing over forty some percent family member care throughout the system to now on a given day we're probably doing around ten percent. We do a little more overseas but we are primarily focused on soldiers. But we care just as much about family members but they're cared for through the dependent dental plan. So focus on soldiers has been another real change, a very dramatic change. But really the reality is that's what we're all about. If you're a military dentist, that's our primary job. Take care of soldiers before the war, make sure if they're hurt or if they have dental problems, in any environment we can take care of them and let me tell you on a given day we have dentists in many continents deployed doing that and doing really well.

Technology, you know, we entered another real change, it's coming, is the ability to utilize technology. So we've developed the specifications for a dental automation system that was a follow-on to the Trimus program that we've been doing since the 70's. We've actually bought a product. We have a cost benefit analysis, we have specifications done, they're developing software now. This is an addition to the dental readiness program, the ISM, you know, the installation support module. That technological change, while it's just initiated, it's going and it's going to catch and it's going to work. If it doesn't going to work, because the other systems leave us as legacy systems, we're in

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trouble. And I have told the folks at DOD, look, you have spent your whole effort supporting the military system with CHCS, and look you're giving me all kinds of trouble with this automation system to support dentistry but that is all we have, and dentistry is a very unique and different system than the medical system. We will use the components that are such that you can integrate together and there are many parts of it you can, but we have a whole system that needs to be supported with automation and that's going to happen.

So I think those are really some pretty significant changes. Now notice that I didn't say anything about downsizing. We did go from 1600 dentists down to I guess right around 1300 when I left. Now we should be down around 12 something. But the interesting thing is the number of dentists per soldier is better now than it was in the past. But our problem is having 63A's to do the good dental care. So recruiting is still a problem. Okay.

Question: Okay, sir, although you alluded to some of the technological advances, what other technological advances occurred during your tenure...

Answer: Okay, well...

Question: ...that impacted on operations and doctrine?

Answer: Okay, well CHCS has had an impact because some dental activities are getting CHCS capabilities within their DENTAC and borrowing those things that can be used, you know, the pharmacy system, appointment system and the laboratory system, they are working that in some places. Then the dental automation that we're working, the TRISERVICE Dental Automation Service, just to give you a complete run-down of all of them.

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Another great piece of work, I think Ben Smith was the one that initiated this at Fort Hood many years ago, it became the installation support model that measured dental readiness. You know, the, I keep saying the acronym wrong. DENFAD or something like that. DENNES. You smart guys have to tell me what the real acronym is. I know what it does but I forget to the acronym. That's paid dividends because I have people on the Army staff coming to me and saying, you know, I found out that at this particular post the level of class threes is this. They're really talking our language and it's because the commanders there have educated them.

Okay, another critical change technologically is e-mail. Instantly communication. I am virtually in contact with my office all the time. The beeper can go off, you know, tell me who to call and I can call then up on my cellular phone or I can plug my cellular phone in my laptop and suddenly I have e-mail coming in from the Surgeon General or whoever else I work with, so that has been a real change. A dramatic change and it's a very positive change. We're learning how to use it. And not to mention telemedicine. I lived through the birth of that. In Surgeon General's office I work with a Surgeon General that I think is a genius visionary. He's extraordinary in his capacity to look into the future and to make concepts a reality. Telemedicine was his baby. It's having a national impact on medicine. Teledentistry, thanks to Larry Kudryk, you know, thanks to Bob Andre, Mike Billman, you know, down at Fort Gordon, and their association with people in Germany and all over the world, and with other services, teledentistry is going to be in the forefront of that level to technology and from what I can see they are doing it well and they're also capturing data so they can evaluate the technological value of what they're doing. Because you see there's a tendency for techies to grab this technology and

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have a good time with it and the digital people spending full-time working in front of this keyboard and a screen and yet someone has to evaluate how does that fit in to the overall continuum of what we do? Is it of value? And to get rid of those things that are expensive and not adding benefit to what we do, and keeping the relevant things. That's happening.

I'll tell you another exciting thing. Virtual reality surgery technology. The people at medical research and material command are developing the ability to do surgery from a distance through robotics. While this is in the early stage of development, I'm sure ten, fifteen years from now it's going to be a reality to help our soldiers in a forward combat emergency room with a medic have lifesaving procedures. So we can take what use to be called the golden hour and reduce it to golden fifteen minutes and save more lives on the battlefield through some of this technology. Telemedicine, telemetry and virtual reality surgeon, and we're going to see that in our lifetime and I'm really proud of that.

Question: Okay, sir, what was the most difficult task you faced as the Corps Chief?

Answer: I think it's hard to, I couldn't, you know, this has to be formulated looking back. I didn't know what the hardest task was going to be. I think the most difficult task that I faced over the last four years was to prevent the Dental Corps from being subsumed within the Medical Department. Even though we had Title X, there were budgetary forces happening, there were force reduction forces happening that were going to focus on putting dentistry back under as a component of medical health care. And knowing full well that the values of leadership were quite different in the two systems, and I wanted to capture and maintain the best that we had from the dental system, and so what I did early on was to dissect out the medical care system and dental care system and the people that heard me out, and General Lanoue in listening to him and the folks on Taskforce

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Aesculapius, whenever I had the opportunity to say you know oftentimes we said hey we're all one and the same, we're all soldiers, we're all Medical Department people, we march together in the same direction, we're the same. Said, you know, there are some very important differences in how the Dental Care Delivery System works compared to the Medical Care System. And believe me that was a challenge to get the message through.

I guess part of it you have to understand how I work as a person. I'm not the kind of guy that goes forward on a black horse and with a, you know, sword in hand and whops off heads and stuff. I just don't work that way. I like to plant seeds and I like to facilitate so that's how I began this process of making sure that the Dental Corps didn't get lost. That was probably the number one threat that we had and we're not finished with that, but I'll tell you we can through Taskforce Aesculapius beautifully pure and simply because of the quality of what we do and how that was recognized. So that made the task a little bit easier because when Dr. Clement and General Sider and later Colonel Xenakis and John Miller a dentist working on Taskforce Aesculapius went out and interviewed our customers in the various MACOMS, it was a very common comment, hey, the dental system is working great, don't screw it up. So that allowed us to capitalize on some of those strengths and it gave me the reassurance, you know, that I'd have support and that lent towards the formation of the dental command which the concepts were turned over to General Sculley, or Colonel Sculley and General Cuddy, and before me working with their staff at the MEDCOM, they did a magnificent job of doing this. The dental command I think sets the example as to how a command like that should function. And I'm not prejudiced.

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Question: Sir, what was the most pleasurable aspect of your job as Corps Chief?

Answer: Wow, most pleasurable. That's pretty simple. I think I'll just make one answer to this one. You're saying, probably saying wow, great. No doubt the most pleasurable aspect of being Dental Corps Chief during my tenure was the association that I had with the people that I valued so much, the dental officers, the Medical Service Corps officers, some civilians, senior NCO's, some enlisted soldiers, and I think I mentioned civilians. Working with these people reinforced everything I believed in before and made me want to work harder as the chief not to destroy the system that they have developed to such a high level of quality. They are extraordinary people and they have developed an extraordinary high quality dental care system. I can't I guess, without bias, compare the army with the other services. But I would think it would be very hard to duplicate the quality of these people anywhere else. Now, I know each of the service has a corps that they're proud of but no doubt the most pleasurable aspect of being Dental Corps Chief was working with the quality people and supporting those people, learning from them, and then doing the daily business of Dental Corps system, you know, with them and for them. That really made it great because you have to think of the whole environment. It's more than people. It's their families, you know, it's the facilities in which we work. It's the capability that we have to deploy to take care of people in different environments. So knowing that we can take our values and our quality people and provide that kind of care, either with the peacetime arena or in a wartime arena, and then when you get the feedback that I did from how our dentists performed in Desert Storm, you really are proud. Because, you know, we had the opportunity at one point, when General Cuddy and I, or he was Colonel Cuddy and I was in Germany, we called three commanders, four

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commanders together on a Sunday afternoon and told them they were going to deploy, and I never saw a waiver. These people accepted that challenge, they went back, they mobilized their people, they trained them, they got the equipment that they did. They proved that they were the best of the best and without whimpering went into an environment where we didn't know what was going to happen in terms of biological and chemical weapons, how many casualties we would have, and they really made you proud. They represented the very best we have in the AMEDD. And I have to say that the other AMEDD elements did also. So the dental care system and those qualities that I really value was well represented in the wartime environment and in peacetime environment and I tell you it goes without saying that the fun of being Dental Corps Chief was the people I was with. See, I'm atomic person, I'm not a digital person. You know what that means. And I like the association I have with people. I like to shake their hand, pat them on the back and when people do their job well this was a great pleasure. Sometimes people didn't do their job well and it wasn't a hard job to tell them or to mentor them in how to improve and if they didn't improve to get somebody else to do it better. So we have a great system and that's really what made it fun.

Question: Sir, did you have any significant unresolved issues when you left the position as the Corps Chief?

Answer: Yeah, I have to be very honest that I tried to continue on some programs that Bill Lefler started in recruiting. You know, we expanded interest in the dental schools with retirees. We assigned dental officers to schools to help a recruiting problem and I didn't do that well. When I left that extraordinary unresolved problem, recruiting was a problem and pay is a problem. We worked during our whole time to get the pay package,

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because we thought that would be important for recruiting and believe me it will be. It's important for our dentists to get what they deserve right now anyway. That's unresolved. We do have some progress I think of late to have some revisions done in the pay package. I think the stage is set to make that even better but that's due to the good work that General Cuddy and his folks are doing working with DOD and I don't want to take the credit for that.

I will say that the environment in which we were working from 1990 to 1994, when everything was downsizing, everything was less money, it was not the time to ask for more money. Even when we had a good argument, you get within elements of DOD that would say, hey, you're not going to ask for more money at this day and age. Are you crazy? Well, let me tell you, there are other people in the Medical Department still asking for money and other bonus programs being serviced so to speak from the DOD level, so you doggone right we kept the pressure on but it wasn't solved. But I think the folks are doing a good.

I think those are the two probably, you know, the most critical, to get some more 63A's in and to get the pay package. I could go down a list of things I think should be improved. I mean there are certain elements within our organization that have to be tidied up a little bit, both TO&E and TDA, but I think that should remain probably a separate discussion and there's a lot of work going on in that right now too.

Question: If you were given the opportunity to return to your period as Corps Chief, what would you do differently?

Answer: Well, I guess it's important to say I would try to do better. I don't know that you ever, I guess I would have probably learned earlier on what a general officer is supposed

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to do and learned to delegate better and then focused my attention on what I came to learn as truly general officer levels of responsibility. I'll get criticized for saying that. But let me tell you, in the Department of Army arena there are general officer work and there is colonel level work. I often got to meetings that easily our colonel could go there and be as successful as I would be, and they would be more articulate and know the subject better, but they want a general there. And that has opened doors that gets you into meetings and that allows you to state your position. So I would have perhaps done more general officer level work, and I've been doing that the last two years, but I would have done it earlier, and let the colonels do their work and they're extraordinarily successful. And I will give you one example. When we had the PBD041, the hit, and took away 61 dental officers very early in my tenure, when that happened we were in a meeting such as this and I got the call and I immediately called back to my office and I found out where this came from and I called DOD PA&E. I did not know anybody there and I got a guy name Paul Dickens on the telephone. It turns out he was the PA&E analyst that had done the analytical work in 1988 that said that we're doing so much family dental care, that we should be cut this number of dentists. And I said I would like to be able to come to you and present my side of the story. And he said that's unprecedented, unheard of, you know, you don't do that to DOD. He asked Dr. McNicols his supervisor and we were granted the opportunity to go and brief him. Well, to make a long story short, Joe Webb prepared a briefing that put together where we were in the dental care system, what were all about in terms of dollars and people and direction, and for about 20 minutes of this briefing in DOD PA&E it was absolute, and you can ask Joe Webb, it was like sitting in an ocean of icebergs. That's how they looked at you. And they began to understand the

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logic of our argument. And pretty soon they began to understand the logic of our argument. And pretty soon they began to ask questions and Joe did this sequential briefing and, you know, Paul Dickens at the end of that said, you know, we did not understand that before. We applied a medical model to you folks and based on what you're doing in these procedures this is what we came up with. I have never had problems with that office, and I've worked with them a lot. All of the people in DOD PA&E have an extraordinary potential to do bad things to us in the Medical Department or in the Department of the Army, and they listened to that logical briefing that Joe Webb gave them.

And I realized, you know, I couldn't have done that briefing so well. Joe got together with folks, put together the briefing, they did their own analysis and took their case to the analyst themselves and they learned, number one, that we were honest and telling the truth. And secondly that we really cared about what had happened to us and that we were concerned that it was going to affect our ability to take care of soldiers. And they never really forgot that. I'll tell you, it didn't get us any spaces back but I really think that that understanding that we gained with DOD that day prevented them from doing future bad things to us and that's because a colonel took that level of argument over there and Colonel Webb did a good job on that.

So as it was with Colonel Sculley, developing the concept for the DENCOM, working with his people down here and you can delegate work that you think should be done by a general officer and let the folks do it and then you see the results and make suggestions from there. I think, you know, that's a very important concept, not to micromanage.

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Question: Sir, were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

Answer: I got to tell you I think I have a different perspective on this than other Dental Corps Chiefs because I was the Deputy Surgeon General. I had input in the quiet of General Lanoue's office on every issue. So I don't know that I could really say that I disagreed. There were times when I would express a very strong dissenting view and then General Lanoue ultimately would make a decision and it's very hard for me as a military officer, once I've had my day in court and the other staff elements have had their day in court and then he makes a policy, to say that I disagreed with it. I think that I was very fortunate to be a part of that process and so for that reason I would like to say, you know, I didn't like the policy that we were reduced but that would be, you know, I think that would be rather immature to say that, because I think the reductions that we saw were valid. They're a fact of life and they're happening to everybody the same. But I think the key thing is, in terms of disagreements with the AMEDD, for the first time ever the Dental Corps Chief was, not only the Dental Corps Chief was on a DA level staff operating level, working with the chief of staff, the vice chief of staff and the DAS, Director of the Army staff and the DCSPER and the DCSOPS, and with the Surgeon General, so it's pretty hard to say you didn't like the policies that came out of that.

I think we have an advantage doing that. I think General Cuddy will make a great Deputy Surgeon General. He will come up and continue this on and I think it's of value to the whole AMEDD to have a dentist in that position because they're not only going to look out for the dental care system. They're going to keep the dental care system in perspective with the rest of the AMEDD. And sure we're going to look out for our

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interests and sure there's a little level of parochialism inside me, but we also have a high perspective of the whole process at a very high level. And so you don't really take issue with those things that you do. You have your day in court and then you salute and march forward or you get out. So, pretty easy.

Question: If you could change one thing about the AMEDD organization what would it be?

Answer: You know, we're in such a state of flux I'm going to hedge this one a little bit. We're in such a state of flux because we have recently implemented this extraordinary change with the MEDCOM. We have downsized the Army Surgeon General's office from about four hundred plus people down to about around a hundred. We've moved the center of gravity to San Antonio, and I agree with that. But we're in such an extraordinary state of flux, what we have now are the pieces in place and it's up to us to make them work. So that's how I'll leave that part of the question. We have to work in a nonparochial way in the best interest of, beyond our own parochial interest in each corps to make this reorganization work.

But if I have one concern, and I guess you're looking for some juicy concern. Got to have a little tabloid material, you know, to spice this up a little bit. The one area of concern that I have is that the center of gravity has truly moved from Washington D.C. to San Antonio. But the folks haven't fully appreciated what that means over in the Pentagon yet because the actions still come to us, a lot of things still come to us with the expectation that we can respond within the hour. That happens every day and yet the center of gravity and all the workers have moved to San Antonio. So my only concern right now is that we are sure that we, and we may have to readjust a little bit in order to

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have the power people in Washington to properly represent the AMEDD in the building. And I think that's the one area of concern that I have and we're continually sorting that out. The Surgeon General will say, look, I think we can go down to forty people in Washington and run it all from San Antonio. And from his intellectual perspective, you know, he may be very right. But from the perspective of the person that's responsible, the deputy is responsible on daily basis to make sure these actions flow and that the AMEDD is defended, in the building at DA level and DOD level and sometimes in the Congress on daily basis, and we need to have proper representatives there. Number one are generals because nobody can speak for an issue with more authority than a general sitting at the table with general officers and they listen to us because our people have such well thought out processes and arguments. So we need to be sure that we have the general officers in Washington and the powerhouse brokers, you know, some colonels and other staff officers that can deal with the folks in the building and truly represent the MEDCOM.

So that's probably one of the biggest risks that we have.

Question: Sir, how do you feel about such current issues as AMEDD and army downsizing and the TRICARE Active Duty Member Dental Plan?

Answer: Well, I think the AMEDD downsizing is a fact of life. We worked this in good faith with the army staff. We have provided a model for them that they use to downsize. I think the important thing is to maintain a balance between the Army, Navy and Air Force, more than within the Army. We're not downsizing beyond which we have the capability to take care of our beneficiaries. We would stop at that limit. But to have credibility we had to play. We couldn't say we're exempt. We couldn't say, hey, the dear

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and glorious medical profession can't function without all these people. We need all these civilians and all these doctors, and by doctors I'm talking about the providers, the physicians, the dentists, Medical Service Corps providers and even veterinaries who do what they do. We couldn't say that and have a level of credibility with the time of downsizing. When the Army is coming down to 490,000 people, that's a pretty significant reduction. That's thirty seven percent for the Army, and the AMEDD is reducing thirty one percent. So we did very well. The problem is our beneficiary population only reduced ten percent, if you include all of the family members and the retirees that we take care of out there. So we had that in perspective and we felt that we could take care of that through the TRICARE Medical Plan and some of the managed medical care plans that we have.

So we are truly health care reform in action. We are truly downsized. And I think we're way ahead of everybody but it's very tough right now for people within the medical department to understand that and it's hard to sell that to the providers at a clinic or at a hospital when they see these changes happening, and BRAC closing places. It's very hard to deal with the emotion of BRAC closures and losing places. I think of the extraordinary hospitals that are closing. Look at what's happened in Europe. We downsized and believe me we have done very well, in spite of some adverse publicity that we had. Although there were some things that were found out that were improved, based on help we had from DOD. The people in Germany are providing extraordinary comprehensive medical and dental care. They always have been. A vociferous few got a toe hold but we also found out in that analysis that there were things we could be doing

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better and so we've improved that. So the downsizing has been, you know, in a sense you have to capitalize and make positive out of some of those things.

The TRICARE Active Duty Family Member Dental Plan, let me tell you, is an extraordinary success. It started out as, you know, the Dependent Dental Plan. Delta was the carrier. Ultimately later on, now United Concordia is the carrier. There are questions and there's discussion going on but the key thing is it has been very successful for the families. The families love it. I have never had so many positive statements about a health care plan than I have what we call the TRICARE Dependent Dental Plan. It's been wonderful and when you think about some of the comments you heard this morning that, you know, we used to have the opportunity to wheel and deal. If I was looking, we provided services, you know, for many people, many family members, and these were appreciated, and sometimes this had impact on how we could negotiate and wheel and deal at the Department of Army level and things like that. We no longer have that. And I thought, wow, that's going to be a real loss. But you know what? It hasn't been. I found it to be even more positive because the wife of the Vice Chief, I won't name names, the wife of the Chief of Staff, the wife of the Chairman of the Joint Chiefs of Staff says, you know, this plan is wonderful, and they are themselves members. I remember a lady, a person coming to me when I was on Fort Meyer and they wanted me to facilitate dental care for their wife. I said, you know, I'd love to do that. It's possible that we might be able to do it but we don't have the resources to do it because we're primarily taking care of soldiers, but could I help you with the same plan that my wife is in, you know. So I then gave that person a list of dentists and they went to those dentists and became a member of the plan and I'll tell you it was very positive afterwards.

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What's extraordinary about that is that's a cost share plan where people to get a crown are sometimes paying \$250–300, but see they like it because they know the full freight of that crown would be \$500, so they're getting a bargain and they're getting more care. It's been a learning experience.

TRICARE, there was another part of that that I think I should mention because I remember at a National Military Family, no, I'm sorry, at a Family Action Symposium, because we always went there because there was always dental questions. This was my first year as Dental Corps Chief. I met General Swartz, the AAFES Commander, and sort of half kidding I said, you know, if you ever want to talk about providing dental care, you know, using your infrastructure, talk to us. I said we wouldn't like to do it in the PX, but if we could do it in one of our clinics. So he said well let's talk about it and he invited me out to I believe AAFES is in Dallas. Yea. Anyway, I went out to Dallas and I had my eyes opened and my horizons expanded by the quality of the AAFES business. They were very interested in doing this and I talked with General Cuddy and General Cuddy I think linked up some folks at Dental Command and before long they had worked out a system whereby we could build this clinic, or turn this clinic at Fort Hood over to AAFES. I tell you, I have never been to that clinic but I have had more positive feedback on that one clinic than we have on many other things that we've done. That's dependent dental plan in action. TRICARE Dental Plan in action. May be very hard considering the concerns the ADA might have about doing more of those. But I'll tell you if we have the opportunity and if the situation is right, we ought to do it because that's been a great service. Not only for the family members but the retirees there. And I'll tell you, when you look at the business of what they're doing it's really pretty good. And the contract is

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doing well. If my information is correct, I'm led to believe that around Killeen the dentists haven't suffered. There's more dentists coming in. That the awareness of dentistry is increased so it's made a better environment for the dentist. So I hope that's the way it's working and we can make a case study out of that and use it to sell the idea of doing it other places. But I think if we ever have another remote site that's a great way to go and I give credit to General Swartz. I give credit to the people here at the DENCOM that really put that together and made it happen. I'm not involved in nuts and bolts but you may be involved in the early stages of something and you see something develop like that. It's really, that's another very satisfying thing.

Question: Sir, what is your opinion of the current trends in managed care in dentistry?

Answer: Okay, well living through managed care in medicine, you know, as Deputy Surgeon General and much of our responsibilities are associated with TRICARE and TRICARE contracting, and then always wondering why isn't dentistry part of this or I've even issued what I like to call wakeup calls to the folks to say, hey, get involved in managed care because it's coming. We're already doing a significant amount of what they call managed care. Army medicine is now in health care reform. That is managed care. That is a form of managed care that the President has tried to bring on. We are doing that. I think managed care in dentistry is going to continue to grow. I think this is, I'm talking about managed care in dentistry, not necessarily in military dentistry. We are virtually a managed dental care system and certain concepts of managed care, such as capitation budgeting and utilization management, utilization review is probably going to start impacting more on dentistry, so we need to learn that.

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But I think going back to managed care in the civilian sector, it's going to continue to grow. Why are people going to take money out of their pocket and pay fee for service if somebody, if an employer will help them pay for that? And it's incumbent on us to understand the managed care environment because if we don't as dentists then we will be subsumed by the medical managed care community and they don't care about our quality like we do. I have a dream sort of for what a managed care environment would really consist of. It would be fun to put this together but I will tell you first and foremost is the quality of the care that the patient gets at the chair. Somehow that has to be a part of it, not just cost but cost savings. But that environment has to provide the facilities, the dental equipment and supplies and everything to work as to pay the provider properly. It has to reward the provider for what he or she does. And it has to reward the personnel that support the dentists because the managed care environment involves a lot more than just a dentist or a physician. It involves a whole host of administrative people and auxiliary folks working within that office environment to make it work.

It involves situation where the morale is kept high because they know they're doing quality work and they're getting paid properly, and that they're allowed to have time off to be with their family. I mean to me that's a very critical part of what we're all about. This workaholic, you know, mentality is consuming some of us and that environment has to provide the time for that. It has to give them the opportunity to sit back and look at what they're doing in a total quality environment and pick apart how their working environment, how their working situation is with the team that they work with, and then has to provide a profit. Then it has to provide the data for utilization

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review, you know, risk management, quality assurance and all these things that are now sort of buzzwords that developed benchmarks, you know, in managed care. I don't think there's any doubt that managed care is going to change. It's going to grow and I think it's important. It's incumbent on us and why I'm so happy with the meeting that we're experiencing right now in San Antonio is that the dental folks have put together a great meeting that's covering all the important elements of managed care to teach our people working at the command, dental officer commanders, Medical Service Corps officers, the dental consultants, the dental senior enlisted people. They're learning about this so that they are in a position to judge and to know how they want to react to this program, and then we'll develop the leadership that can then put dentistry in the right perspective, where we can keep quality high and have a high system that's somewhat independent from the medical managed care system. And if you think of all the reasons that we're different from the Medical Care System, you know that it's going to be very easy for a medical system to take us over. But if you have them understand the differences then you can go on in your own direction and develop the dental care system and to me that's really important in managed care. That's why I'm so happy that you've got such a great group of people working in this meeting. And I'm hearing them talk, you know, they're talking the talk and they're beginning to walk the walk of understanding this environment and they need to do that to survive. But it's more than that. They need to do it to really provide quality care because the people in the Dental Care System deserve that.

Question: Sir, what do you expect for the Dental Corps officer of the future?

Answer: Oh my goodness. I'll tell you, I have great hope for the dental officer of the future. I think having sat through a number of very tedious strategic planning

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sessions in Department of Defense, analyzing how the Army, Navy and Air Force provides medical care in their Medical Care System, in peacetime and wartime, I think there's no doubt that there's going to be a requirement for a component for the Army to have a Army Medical Department, the Navy to have a Medical Department, and the Air Force to have a Medical Department. And a key component of that will be the dental, the Dental Corps and the Dental Care Delivery System. Now the question then becomes what size because what size do you need based on your wartime requirements to take care of the soldiers in peacetime, and then how much can you contract out so to speak or provide by other means. I feel very strongly that we're going to have the, we're collecting the data now and we're developing the marketing skills within the AMEDD and with DA and DOD to market our story that we are really more cost effective than costing out, than contracting out. So I really think that I honestly feel that there will be a bright future for a smaller Dental Corps, a very high quality Dental Corps, a technologically, how know, advanced dental care system because it's going to need that to interface with the other parts of the health care system both in peacetime and war. So I think there's a great. If I were starting all over again I would be just as, and if I knew what I knew now, I would say hey it's going to be smaller, competition is going to be harder. I'd probably never make Colonel, you know. I'd be honest, but doggone, I'd give it a shot because I have great confidence that it's going to be a great system in the future. And looking at the quality we have right now there's no doubt about it. They just have to hold their own and we will have a Dental Care System. I do not think that the threat, I may have to eat these words, and part of it may be just hope, but I don't think that there is a room to have a purely purple or triservice dental system because the land forces

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have a specific requirement for medical and dental care, the air component does in terms of serving the air bases, and the Navy at sea. And so you have a specific requirement to provide medical care at sea, on the land and on the land supporting air functions that will require a unique and specific medical department from each of the services and a key part of that is going to be dental and that's why the Dental Corps Chiefs as they are continuing to do, working with DOD to sell what we do, I think that they will prevail and they will sell the case for having the need for the Dental Care System. I believe that so strongly right now but as you know in this day and age and the political winds and change and things can change, but doggone it the way it is right now I wouldn't hesitate to recommend that to people. I still am very strong. I tried as part of our recruiting effort say if every colonel could, if every colonel could recruit just one dental officer out of a dental school somewhere we'd have it made. And I'm very proud to have recruited four or five of them. I won't make any comments on that but I'm very proud of them.

Question: How would you rate today's junior officer compared to when you were in that grade?

Answer: I got to tell you there are certain things about the junior dental officers that I think are consistent with the way we were. I think when you look at the good people out there, let's say the, I'm talking about the average or above average dental officer, because you always find some that are not up to standard. I think you have them, you have people coming in that have really strong values in terms of how they approach their work, how they deport themselves, how they handle themselves if they're married as a family, how they integrate into the community, how they support the dental system, that I really think is great. That's the same it was, I mean we had that when I was

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coming up. There's no doubt about that. But what we have is some very special things among some of these young dental officers that we didn't have. They have the benefit of better education. They have the benefit of understanding and utilizing technology earlier. So I think that we have a very talented group of people. And testimony to this is when you sit on a DA Board and you look at the records of majors or you look at, yea, I had the opportunity to look at the records of our majors and I said wow. When you see the quality of those in and above the zone, and then you see the quality of those in the secondary zone, it's amazing. And what these officers have done to self improve across the board, it used to be that there were isolated incidences of officers doing this, you know, and you sort of stood out. Now they all do it and they're all very fit. They're all very smart and they're educating themselves to stay abreast with dentistry. They do the things that are important in the community. They're doing the EFMB, you know, they're challenging, they're going to Airborne School if they're going to Airborne Unit. Some are going to Special Forces and so they're doing the Air Assault. And I'll tell you, this is not only men but women. And so you see women with these badges and they're holding their own too. So that level of quality I think is consistently what you would expect. They have a little edge on what we were at that time, 20–30 years ago, but you would sort of expect that difference in quality. But it's really there. And they're not a bit ashamed to say that they're proud of what they're doing. And, you know, you can't just talk about dental officers. You have to talk about the NCO's, take a look at the Color Guards. I always watch the Color Guards real close because that's sort of the mirror of that unit. And I've watched, you know, in the Dental Care System when we started doing that more and more see sort of a clumsy display of marching and carrying the flags. I mean today,

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those folks in the Dental Command looked really good and they were proud to be up there. The young lady that was the Sergeant in Charge did a great job, and then the Color Guard, good. And, you know, when you see the dental units marching on the field, they look a lot better now than they did twenty years ago, you know.

So I think that when you say how do you rate today's junior officer compared to when I was in, there's no doubt they're better, but our society is better and the world is better in some respects. There's also some hard problems in the world of course but I'm a positive guy. I look at the positive side but I also don't want to just say officers. I want to say enlisted soldiers too because I'll tell them you they are really, really great right now. I think some of the most memorable times I had in Germany as the Deputy Commander there was when I went to enlisted dining outs. You know, when you get with these enlisted soldiers, sometimes they're so scared to talk to a General and then they realize that you're not a bad person, you're not going to bit their head off, then you can't stop them from talking. And they are the best we've ever had and that's the same for the American soldier. Look at what they did, look what they do in the training centers now in this high tech environment. Look at what these young soldiers did going to Desert Storm. Tells you. And we kept pace with them. So it's a great, I think it's a great success story.

Question: Sir, what guidance would you give today's Dental Corps officer?

Answer: Boy, you know, I think, really I never give, the most guidance, the general guidance that I give a young officer is, hey, do an honest day's work and tell the truth and you're going to be okay. You know, live by the golden rule. I really believe that, you know, I taught my family that. But I think today they need a little bit more

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advice than that. I would advise them to respond to mentorship, to listen to, if they're a captain to a major that's in charge, to learn from them and to sort out the good and the bad and to decide for themselves what in that mentoring process is good and then focus on the good. I think you can't underestimate the value of mentoring and I think mentoring works two ways. I don't think that you can just be a mentor, you know. I think the person him or herself facilitates being mentored by showing that they care about the environment in which they work and then that generates that. Then if you see quality, that causes a mentor normally to respond and support, you know, individuals. It's not favoritism. It's responding to quality people and mentoring is the critical thing. To this day I value the mentoring that I've had from, as I mentioned earlier, a whole lot of people in my career. Some general officers, some sergeants, some civilians and even my kids, you know, my wife and kids even when they were ten years old because they would ask questions and I let them. Okay.

Question: What was your most significant contribution to the Dental Corps?

Answer: I'd like to say that I won't pick out a single thing but it will be a composite of the things that impacted on the Corps. I think what I tried to, if I had, if I guess, if you think personally, you would like to think that somehow you could pull out the best of the people by showing them that you cared and in, you know, all of the critical issues that we had to fight notwithstanding, the threats that we endured. I think probably the most significant thing that I would do, and I would say it would relate to officers and the enlisted primarily, or officers and enlisted and NCO's, would be that by showing them that we cared we brought out the best in them. And if what I have seen is any indicator, the people are showing us their best, not just because of me but because this

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value is displayed by many levels of leadership. I don't think it should be ever, I don't want it to be associated pure and simply with me. I would like to think that by example that that concept is shared by the generals, the two star, the one star, the colonels, you know, the lieutenant colonels, the majors, the captains, the senior NCO's and the enlisted folks and then the civilians that they work with. Each will care. You know, a unit takes on the personality of the commander and I learned that when I was in military school. When I was a company commander a sergeant came to me and said, you know, your company is starting to take on your personality. Then he criticized me and he told me good things and he told me bad things. And I realized that. So I think if there was one contribution it would be because he cared that you were able to bring out the best qualities of people to do their job and that wasn't due to that one person, it was due to a continuum of people that felt that way. Because those are the kind of folks that I put around me.

Question: What do you think was your key to success?

Answer: I think caring about people. Truthfully, sincerely caring about and listening. Because I deal every day in the building with transmitters. I have found that lots of times I can win in a hard negotiation with a purely transmitter if I listen to them a long time and let them talk their way into a corner. But I think caring, deep, honestly caring about the quality of the people that you have, letting them do their work and caring about and supporting them. See because I once was put in a position where I was given a job as lieutenant colonel when normally it should have been a colonel. And the colonel in charge told me, he said, you know, I want you to do this job but if you get in trouble don't expect me to bail you out. That, boy that really set hard. You would have thought

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my first reaction was to tell you, buddy, up yours. I'm not going to do that. But I accepted it as a challenge and I said, you know, I'm never going to let that happen to anybody, that I will pledge my support, and I'll never say this to the people, but they know by virtue of the fact the way I am that I will support them to the very end. And usually people perceive that I think. And I have to, let me tell you that's important. Whether I'm dealing with the Chief of Staff, whether I'm dealing with Dr. Joseph or Dr. Martin in Health Affairs, whether I'm dealing with a staffer on the Hill or a congressman or a senator, I use that same approach, because that's the only way I know how to do it and to try to do it otherwise wouldn't work, but it really does work if it fits into your personality. Like I said earlier, if you've read Negroponte's book, you know, "Being Digital," he talks about there are some people that are digital type people and some people that are atomic that like to have things in their hands and shake hands with people and talk to people as opposed to looking at a computer screen and working the keyboard. That's digital folks. I think the secret is you got to be a combination of the two and I'm probably a little bit more toward atomic.

Question: Sir, who was the best leader you worked for or with and what were those attributes that made that leader the best?

Answer: Wow. I'd like to say the first best, I'm going to qualify that again. First best leader, and I'm not going to name names because that wouldn't be proper. Was an NCO. I saw what that person could do and realized that that level leadership is pretty important. I could name, I could say MacArthur, you know, and Marshall, some of these people, but you see that's too abstract for me. I think I value the leaders that have cared, whoever they were. You can, you know in the War College you study leadership and you

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read, you know, I have read, you know, all the contemporary books on that and I think what I have taken out is things that fit my personality and I think one owes it to themselves to look into leadership a little bit and perhaps study it from an academic perspective and then take out those things that you know will work for you. And from that perspective then you know thyself and then you can truly to thine ownself be true, because unless you know where you're coming from, and then take the best from all those people. I don't want to give, I don't want to give a specific example but I must tell you that I have been associated with examples that are good providers, that are good physicians. I will name one physician that probably was my first best example was my dad. That one I can measure without, you know, being taken to task for. But I've known dentists and I have known, as I mentioned a very dramatic example was a senior NCO. He was E-7, maybe at that time, I'm sorry, he was an E-5. E-5. But I've known people in academia that I value. I think the key is a spectrum of folks that you're associated with. The years I spent in research I knew some scientists that I thought were pretty good in what they did. I have known teachers in both the civilian side of education and in the military side, and then I've known some really good military leaders that I've grown up with and valued in the community.

So, and like I said, what I have valued from them are those attributes that I think are positive, in terms of how much they truly care about people. And, you know, what is the primary Army leadership value? Caring about your soldiers. And so that's really what it's all about, so the people that set the example have taught me. And like I tell you, and I think it's important too to say that I think my primary value as a teacher is not by what I would stand up at the podium and lecture on. It's how you live by example.

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Likewise, it's what I have learned from people, not through an academic process but by observing them in their example. And I will tell you there are very strong qualities of that represented in all the Dental Corps Chiefs here except for me. The Dental Corps Chiefs that are here have provided some element of leadership for me in dentistry, each one of them. So that's why it's important for us, for all the folks here to provide some level of mentorship for people.

I can tell by the group I must be getting awful long winded. Five minutes?

Question: Yes, sir, we have five minutes left. Is there anything else that you'd like to add, sir?

Answer: No. I just think I want to thank you. I want to thank all the technicians that are involved in this because your time is valuable and I hope this turns out. I'm anxious to see the product, not my particular part but the composite, and I think that the idea is noble because, but let me give you another suggestion. It might be worthwhile to do this with some senior NCOs. Might be worthwhile to do this with a Clinic Chief, to get some of the, you know, find some, I think the most formative job in the Dental Corps right now is a Clinic Chief. And I remember that was when I realized that there is more to life than just, you know, doing at that time, you know, amalgams and a few restorations and things. But to get some perspective and then sort it out. It may be hard to do but don't just take what the generals say because the system is where it is today because of the spectrum of folks. You might even turn it on yourself, you know, you could have a lot to offer. Or interview some HSC Commanders or are you going to do that, or is that part of the plan?

Question: I think so at some point.

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Answer: Yeah, at some point. Get a spectrum and don't forget to interview a private. Once in 7<sup>th</sup> MEDCOM, this is a great story to tell you. I was walking around during Christmas and, you know, saying hello to everybody and I ran into a private down in the LOG section. Boy was he nervous. And this poor guy, I noticed he was so nervous so I tried to open him up and I said well tell me where you're from and he was having a hard time figuring out an answer. I said well that's okay, well what was your name again? He forgot his name. And the guy was so nervous. I stayed with him and as we walked through I came back, you know, I saw him in the hallway and suddenly he was relaxed and talking. This guy had more to say about what was going on down here with these people. So remember what you get on the spur of the moment may vary somewhat from what you get after people can settle down a little bit and talk. Especially talk to a private. You know, they'll sometimes really tell you things you don't want to hear. And a patient. Maybe a patient. Don't forget our customers. This is a total quality environment, you know, so get our customers interviewed too. It might be nice to see if some of these things the gorgeous things the Dental Corps Chiefs are talking about really, you know, have an impact down there at the working level. Where it's really important is at the chair where a dentist and a young E-4 dental assistant and a patient are together doing their thing.

Announcer: We'd like to thank you very much, sir. This concludes the interview.

Brigadier General Robert J. Strader

Announcer: This is an oral history interview with Brigadier General Robert J. Strader, United States Army Retired, Deputy Assistant Surgeon General for the Dental

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Services, United States Army Medical Department, and Lieutenant Colonel Thomas J. Leas, United States Army Dental Corps. Today's date is 15 November 1995.

Question: Sir, what were your assignments that led up to you becoming the positions that you attained in the Dental Corps?

Answer: Well, being a Reserve Officer at the time, let me kind of go back and talk to you a little bit about the history of kind of how I got to be where I am or was at that time. My family has been kind of military. My dad was in the Navy during World War I. My brother was in World War II as an Armored Officer and I've worn a uniform ever since a little kid as a Cub Scout and a Boy Scout and still play scout. And was in high school ROTC so I, from a military viewpoint I've kind of always felt strong for the military. I started off during the Korean War in the 49<sup>th</sup> Armored Division National Guard as a tank driver. My brother as my Company Commander. And then volunteered as an enlisted man regular Army and then went through basic training and then I was fortunate enough to go to Leadership School and then on to OCS. So as I left OCS I became an Ordnance Officer. Went to Aberdeen Proving Ground for my basic course and then was the Post Ammunition Supply Officer at Camp Irwin during the Korean Conflict. Decided somewhere along in there I needed to do something a little different and got out of the Army, went back, went to dental school, was in private practice for a couple of years and decided that where I needed to be was in the Army doing the things that I saw other folks do because of some relationships that I had with some folks at Fort Sam and at Fort Hood. During my dental school time, I was still in the Reserve. And went back in and went to Fort Sam and I was going to try to go to Jump School or into oral surgery. Talking with Colonel Pollock at the time, Colonel became General, and he

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advised me if I wanted to go into oral surgery I ought to go ahead and apply or because if I got in a jumping unit then I'd be there for a while, and I was already an old man because I didn't get out of dental school until I was twenty nine. So I was accepted into oral surgery and went through that training program, went to Baylor and then after that I went to Korea during the Vietnam. They were sending folks one time to Korea and then one time to Vietnam as you finished your residency program, so I went to Korea.

Came back and went to Fort Riley and because of family, my children were growing older and my son was getting ready to play football and I just couldn't see myself in Europe while he was playing football here in Texas, so I, literally with tears in my eyes left the active duty. I was Lieutenant Colonel. And stayed in the Reserve and was fortunate in a sense when I moved home to be in a reserve unit of a Civil Affairs Unit and I was the medical officer in a Civil Affairs Unit. The Civil Affairs Unit taught me a great deal because these are the fellows who come in and deal with the mayors of the towns, come in and reconstruct after the Army has gone through and put all the services back together. So it taught us how to communicate laterally with people. You never just go out by yourself, you always include everybody. Had a tremendous communication experience of learning how to communicate with up, down and sideways.

And then got promoted out of a position and then moved to, down to Fort Sam in what we call an IMA position, Individual Mobilization Augmentee, to a fellow by the name of Gene Valkavich, who we were in residency together and he was the DENTAC Commander at that time. I found out we had a general in the Reserve. Never knew we had that, just to show you how communication goes. Didn't know that we had one. And I said, hey, you know, what is that and how does that work, you know? Well, Gene

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mentored me and with some other folks, then I moved down to the Headquarters and General Lefler then became the Deputy and I had helped him as a matter of fact when he was a Captain to get some patients when he was working on his state board. I was in school at the time and he came by and I had met him and he remembered that. Well, I really hadn't remembered that, you know, you get folks coming by getting patients. So I was the, through his influence and some other folks, I held all of the IMA positions at HSC, at the time HSC. And at that time General Overbey, Mike Overbey was the Reserve General and so those are the positions that I held and then the Board was held and I was put into the program. So my assignments in the military have been multiple, regular Army, Reserve, back into the regular Army, back in the Reserve again, but still all Army.

Question: Sir, what was the world situation when you assumed duties as Deputy Assistant Surgeon General for Dental Corps and were there any world events during your tenure that influenced you?

Answer: Well, the Cold War was still going on and we were preparing ourselves for mobilization. If something was going to happen it would probably come down through the famous Foulda Gap. We had reserve units that were capstoned, which is not an acronym but a term where units were preposition, would be prepositioned and we had some TDA units. But the world atmosphere was the Russians are there, the Russians are coming and we need to be prepared for them and the dental play in that is important and so that's kind of the world situation at the time that I came onboard.

Question: Sir, what were your major objectives upon assuming duties as the Deputy Assistant Surgeon General for Dental Corps and which were you able to achieve?

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Answer: Well, let's talk about the Reserve just a little bit because that's important. The Reserve system is really different from the active duty side, especially historically. I will say today that the Reserve today is much, much more integrated than it was historically even when I came onboard in the job that I have, had.

I well remember the first time as a Second Lieutenant in the Reserve while I was in dental school. We came to Fort Sam Houston and the Colonel lined us up and said I don't know about you guys but I'm here for a two week vacation and you do what you want to do and I'll see you at the end of our training period. You talk about a guy now that was crushed as a Second Lieutenant, I thought what in the world have I gotten myself into. I thought we were soldiers and going to do soldierly things. And, therefore, the Active Duty looked at the Reserve as that kind of a person and statements being made you got to watch the Reserve, they're going to steal all the equipment, take it home with them. And at one time those were the kinds of things that did happen. Terrible. Bad. But that's the history and that's where some of the Reserve image came from.

As time was coming along the image was changing and the image was getting better, but so far as the Active is concerned that was kind of the image that they had. Here was the Reserve, yeah, we know they're there, we know they're important but we don't have time for them. There's a little saying that, you know, you put out the fire closest to your feet. The Reserve units were there, they were working on their own separate and apart from the Active side. They were meeting weekly or monthly or however oft times depending on their training schedule, and so they were being trained but the Active side really didn't know about that. They didn't have anything to do with any of that. So they were doing, the Active side was doing their thing and the Reserve

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side was doing, you know, their thing, and the two sometimes met and sometimes they didn't meet. And yet we in the Reserve side of the house kind of felt bad that we weren't accepted more. Well, kind of being a stepchild kind of a thing, but we brought it on ourselves because of the way in which we behaved and the way in which we acted. Some of the folks were in the Reserve as kind of a place in order to get the retirement. Some of them are there, and I think most of them are there, really flag waving and saying, hey, we're here, we know what we're going to do, and all wars are fought of course with the Reserve. You just don't have wars without Reserves. During the Desert Storm if it hadn't been for the Reserve had a hard time working. And that's normal.

And so we have to understand the philosophy and you have to understand not good or bad, that's just the way it is. I'm short and baldheaded. That's not good or bad, that's just the way it is. Well, the philosophy that the Active had and the philosophy that the Reserve had, that's okay. Just have to understand how to integrate that and when the time comes things are going to work out.

Well, when I came onboard Mike Overbey, who was a great guy, who was the General just before me, he worked with his level because he was the President of the ADA and he helped General Lefler and General Chandler, he helped them work some dental issues that really needed to be worked at that level. Well, the situation when I came onboard that was not the case. I didn't have any political savvy with the American Dental Association. Mine was soldiering and being soldiering. So that's kind of where I came into the picture and those were the things that we did.

When I came onboard the Reserves, we had TO&E groups, Troop Program Units. We had some TDA units. All of these people had places to go and place to do and places

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to train and they were going well, and good units. People would go to the field, they knew how to work field equipment, they knew how to do their job. So the Reserve was doing well and there was some integration that was taking place between the Active and the Reserve troop. It had mutual support. And one of the things that General Lefler helped institute was mutual support. Units would come in on weekends and help take care of dependents and help take care of retired folks. Mutually supporting the camps and stations where they would be mobilized. Sometimes they would not be mobilized at those stations but they were close to them and so they came in and worked and helped raise the image of the Reserve and helped the Active duty folks take care of their requirement.

Hand me some more things.

Question: Okay.

Answer: I mean in that same area.

Question: Major objectives upon assuming duties.

Answer: Okay.

Question: Were you able to achieve them in your mind or?

Answer: Yeah, when I came on, the guidance was from General Lefler, do what you want to do. Now what an opening. Somebody who's fairly active and not needing a great deal of guidance to go do, he said I'll pull you back when you get too far outline. He did that from time to time. But he was such a great believer in the Reserve system and saw the integration. Somebody asked me well how did you know to do what you did and I said well you just visionary, you just have to see, you know, what does need to be done. The troop units, it's amazing. Go to St. Louis where ARPERCEN is, that's the

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Reserve Center, go up and ask them how many dental officers do we have? Well they can pull up a list but the list is not accurate. Some of the folks on it were dead. Some of them weren't active anymore. We sent out letters, there were about twenty one hundred dental officers in the Reserve, some of them no longer participated. They didn't know that. It's amazing what you think they would know and they didn't know. Now there were people in the IRR, the Ready Reserve type folks who were not in units, and then there were some folks in troop program units and then there were the TDA folks. They knew who they had but Big Mama didn't know who they had and you had folks who were periodontists maybe in an oral surgery slot because that was the slot that was available to let somebody in. Very top heavy. Lot of full Colonels taking even down into Majors' positions in order to fill the unit. In order to make the statistics kind of look good. There are all kinds of games that people play because somebody is going to come and ask you is your unit ready to go? Oh yeah we're ready to go. But then when you really looked it really was not ready.

The Reserve is divided up into what we call ARCOM'S, Army Commands, Army Reserve Commands. They're commanded by a two star. And these units would be attached to them. Well, the ARCOM's and the Dental Units, most folks think of dentistry in that arena we've got other things to fry and to do, and you guys kind of take care of yourselves, which they did. But there's a whole separate organization. ARCOM's and Active Duty. Well, when I came onboard I felt like my job was to pull all of these assets together, know who we had, be able to say to General Lefler yes you have a Reserve Corps, we know who they are, we know where they are, we know where they train, they train where they're supposed to train, and they're ready to go. They have all the TO&E

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equipment, they have all the information that they need and they have been to these posts, camps and stations. They're communicating with the places where they're going to come onboard. And I felt like that that was my job. Now who told me that? Nobody told me that. But I felt like that that was my job is to try to pull and make sure all those assets were pure as they could be. Knowing that someday the Russians are going to come south, west, and we're going to have to do our part to make that happen. And so that's kind of where I found things when I got there.

Question: Sir, what was the most significant change during your tenure?

Answer: Well, I think some of the things that we're talking about, some of the changes within the Reserve structure, because we were able to influence some of those things. General Lefler, here again his feeling was, Jerry, you go do the things that you think you need to do. One of the things that just down the street from the Capital is the Reserve Officers Association. Nice building. Really a beautiful place. I hadn't been in the Reserve Officer Association very much. And I said, sir, I believe I'll go over there and see what's going on. He said, hey, that's a good idea, go over there. So I went over and found the Chief of the Army Reserve was not there but he was working with these folks over there and the man, the Executive Officer of the Reserve Officers Association, whose name, a guy by the name of Curly Haltman, well he was just as influential across the street as he could be with Congress. I said, hey, that's where the power is, that's where we need to be. We need to have dental influence in the Reserve Officer Association, from the Active side of the house. Now there's a group of folks playing over there and you had dentists over there, but so far as them interacting with the Active and the Reserve, we didn't have that.

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And so I said I need to be the Reserve Officers Association National Dental Surgeon, and so I ran for that office and filled that position two years in a row. The Chief of the Army Reserve is heavily involved in the Reserve Officers Association because they're heavily involved with NATO and the CIOR which is the NATO part of our Reserves. They meet every year around the country. Big social event, big social type things. Also the CIOMR which is the medical part of that. And so I moved into that arena to have influence to where I could meet the people who also helped make the decisions.

So the Reserve, the CAR, the Chief of the Army Reserve was heavily involved in that and General Lefler and the Chief of the Army Reserve knew each other and so we then began to bridge that kind of a political comment. It's just kind of like somebody said not long ago, out of sight out of mind. It's really difficult if you're not sitting at the table where decisions are made, if you're not there somebody is going to make a decision for you. And so the philosophy is I'm going to be at every place that decisions are being made. And so decisions were made because of the relationship with the Reserve Officers Association about Reserve affairs and where moneys, because the Chief of Army Reserve, he's got the money and that's kind of where the money goes. So we sat with him and worked issues that if we had not been there we would not have had that piece of the pie and so that's an area that I saw that we needed to be in and of course General Lefler said go do those things.

I spent probably about six months of every year away from home, being the ambassador for General Lefler and the Dental Corps. I had little watches made. You know in the flying magazines, you know, you always put your, put a logo here. You put

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your logo, so I had the Dental Corps logo made on watches. They weren't but, you know, twenty dollars apiece. And I'd carry pockets full of those around and give them from General Lefler. Say, you know, the Chief of the Dental Corps to you Reserve officers, wants you to have this watch. And so we passed watches around, we passed little things around in the name of General Lefler. In the name of the Chief of the Army Dental Corps. And that made a lot of miles, you know, that really made mileage. There were times, for distance during the Storm, General Lefler would make a speech in Singapore. Couldn't do because the Surgeon General wanted him to stay at home. Well I went and spoke for him in Singapore. Represented the Chief of the Dental Corps. There were other instances, AMSUS, where he couldn't speak and I would make talks for him at AMSUS. And tried to be what I thought this position should have is high visibility. One of the goals was to raise the visibility of this job and to raise the visibility of the Reserve Dental Corps make sure that it was truly integrated. And when folks would come up and whine and say well, you know, they're not treating me right and I'd say, hey, you can either be a whiner or you can get out and do something about it. And what you need to do is go do something about it. Go spend the time that it takes. You know how to be personable. You know how to talk to people. Go talk to them. We're not going to get everything we want but when the balloon goes up we're going to be there and we're going to be ready to do our job. And so those are some of the things that we worked with. The Reserve Officers Association, ambassador going around the world looking at ARPERCEN and trying to make sure that we knew who people were and where they were.

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Question: Sir, what technological advances occurred during your tenure that impacted operations and doctrine?

Answer: Well, you know, Dental Corps wise from a Reserve viewpoint we didn't, we didn't, there's not much there so far as Reserve side, other than what was happening on the Active side of the house. One of the things that in working with the Chief of the Army Reserve in working through the Reserve system, they were working on an accountability because I wasn't the only one that saw that we had problems at AARPERCEN. And they were working on a computer network where in each unit, at the end of the day instead of filling out the forms, running it up through all the various chains of command, finally winding up at St. Louis, you could work this just through the computer at the end of each drill. That could be plugged in and up there. Now whether that's totally complete or not I don't know, but at that time that was the technological thing that was really going to help accountability of the units and who we had.

Question: Sir, what was the most difficult task you faced as Deputy Assistant Surgeon General for Dental Services?

Answer: Well, I don't know that there was anything that was really very difficult. It was just doing. I worked on the Surgeon General's Council and I guess the most difficult thing was my family because I was gone from home. I mean that was difficult. People have said that I was the most visible that they had seen and, you know, I didn't know really what other folks had necessarily done. I just felt like I knew what I needed to do. So I was in Europe a lot and I was in Korea and Japan and touching units and in Hawaii and across the United States. There was an experience, an exercise at Fort Hood called Dusty Bowl. I was the only General Officer sleeping in the field. The medical

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guys went to the hotel. And I said no, I'm going to sleep in the field with the troops. If they're out there that's where I'm going to be. So I showered in the field and ate in the field and played that game because I felt that's what the soldiers want to see. They don't want to see the leadership leave. You know, you get promotions, it's nice to be promoted, it's nice to be a General Officer, it's nice to be a Colonel, but why are you that? You're that because of responsibility. It's not because, you know, necessarily you're just a good guy and we think we're going to honor you. You get rank in order to be able to perform the things that need to be done at that level. And being a General Officer opens doors and need to use that in order to get the things done that you need to have done. It's just another job and at that level you need to have the visibility and do that general work. So that's kind of what I felt like so that's the reason I slept in the field. That's the reason why I went, I walked and I did the things that they did.

Question: Sir, what was the most pleasurable aspect of your job?

Answer: It was all fun. I'm telling you it's just fun. Being a soldier and being able to really impact and see the things that are happening and be a part of that. I thoroughly believe that one man can change the world if he's willing to pay the price and if he will just do it. You've got to have a vision. The thing I liked about my boss General Lefler, he had a vision. And people say well how do you know to do these things, what do you do? Well, you see something that needs to be done go do it. Be visionary. People come up to me and say well they won't let me do this. What you mean they won't let you do it. Go do it. They say well the law says. Well let's change the law. Well that's hard. Well who said it was easy? How are laws made, let's find out how they're made. You know, somebody took that law and they wrote it down on a

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piece of paper and somebody signed it. That's a piece of paper. If the Reserve system or the Active Duty system or something is not right, let's change it. Well that's hard. Well who said it was going to be easy? But isn't it fun to be involved on the cutting edge and being able to see things change because you were there? And I just think that one person can literally, well one man did change the world didn't he? Had to go to the cross to kind of do it but, you know, he's changed the world. But I think that all of us, everybody is important and there are no nonimportant jobs and if everybody does their job and they see what can be done and they go do it they can do it. Thoroughly believe it.

Question: Sir, did you have any significant unresolved issues when you left your position for retirement?

Answer: Well, we still don't have the units honed as well as they ought to be. We don't have the purity of the positions that we have. We still have a heavy weighted Colonel/Lieutenant Colonel Reserve. We need to make it more attractive for captains to come in. We've got to grow the Corps, the Reserve Corps. Those things are still, they will always be going. I mean it's not just in my time frame when I, as my watch. That's a forever. Forever thing. But other than that things were really going well when I left. The Storm was about to be over so that as really good.

Question: If you were given the opportunity to return to your position, what would you do differently?

Answer: Well, I don't know that I'd do anything really different. My wife might be a little more frustrated, I might spend more time. Time is everything and timing is everything, and realizing that you're going to only be in a job for a very short period of time, three to four years is not long. And if you're going to accomplish it you've got to

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really throw your body into it and it's got to be not just kind of a passive situation. It's got to be almost full-time. And it was very costly. It's costly to be in the Reserve. For every person that's in the Reserve you have there's going to some retirement some day, but it costs people to leave for two weeks in the summer. It costs money to be in the Reserve and it cost me a tremendous amount of money. But hey, it's just money, you know. I mean that can be replaced. It's just money. I don't know about my wife. Now she might think a little different than I do on that.

Question: Sir, were you in agreement with the direction of the AMEDD during your tenure as Deputy Assistant Surgeon General for Dental Services?

Answer: You bet, yeah. I think, of course now I worked for Billy Lefler and I totally agreed with the things that he was doing. And Surgeon General also allowed us to do things and I think we made it to where the Surgeon General listened. We were there looking him in the face and coining him. You know the coining deal? I coined him every time I went somewhere. Had a lot of fun with him. And so he listened. So if there were some things that weren't going right, if they could be changed we changed them. If they weren't we were in the process of trying to change them. But basically I agreed with everything that was going on.

Question: Were there any specific Army or AMEDD policy decisions that you disagreed with?

Answer: At the time not really, we had some things to overcome when the Reserves were brought on to Active duty, some of them, some of the units were not treated. You know, very well, some of that is their problem, some of it was the lack of understanding. This is, you know, all of these things can be overcome ahead of time if

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the folks in the Reserve will understand what they need to do to bridge these gaps before the gaps ever get there. If the Unit Commanders would be talking to the Active Duty Commanders and they can have all that worked out ahead of time, but those people in units are also, they have fires at their feet, you know, they have IG inspections and they have all the paperwork and tons and tons of paperwork that they have to do too. But the Reserves have to have a vision of how when they come on Active duty what they're going to do and they need to go out and work that vision before it happens. And then when it does happen it will be just kind of like putting hot butter on bread, it will just spread so good.

Question: Sir, if you could change one thing about the AMEDD organization what would it be?

Answer: Well, today, today the position that I had is gone. My successor was the last one, General Deagan. And somehow that fell through the cracks. I don't know how that fell through the cracks. That fell through the cracks and that ought to be reinstated. If you're going to have leadership, and here again that's what the star gives you the opportunity to get out into the world and make things happen. Now if you've got the star and you don't use it then naturally things are going to happen. But we need that visibility. If we're going to, through the Reserve system, have people look up at their leadership, they need to be able to see that star shining up there so that they too can have the opportunity to be in that position and make things happen. It's more than just a nicety. It's an essential to have and we need that position in the Reserves.

Question: Sir, how do you feel about such current issues as AMEDD and Army downsizing and the TRICARE Active Duty Family Member Dental Plan?

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Answer: Well let's go backwards on that. The AMEDD Family Plan that we need, the TRICARE, we need something to take care of the Active duty folks, the retired folks. The biggest problem that I saw and I think we're making a terrible mistake, I noticed downstairs in the deal we talk about come into the military because of the benefits and health plan. Hey, that's a farce, and we need to tell it as it is, folks. When you're retired you isn't going to get much, there's not much there, and that's wrong. That's wrong. We shouldn't tell folks you're going to have something and not give it to them. That's a lie. We don't lie in the military. Duty, honor, country and, man, honor is extremely important, and we need to fix that. Either that or not offer it, one or the other. We shouldn't tell folks you go through the system and when you retire you're going to be care for, because that's wrong.

What was the first part of that question?

Question: AMEDD and Army downsizing.

Answer: Oh yeah. Oh boy. History. History is so important and those of us who don't understand history are doomed to what? We're doomed to make those same mistakes, and we're making the same dumb mistakes that we've made forever. And I say we. The Government. We're the Government. We need to be writing our congressman, we need to be, this downsizing, say show us the, and I understand that, you show us the threat and we'll design the force to the threat. Crap, we don't know what the threat is going to be. I can tell you this though. I know when I walk down the street I don't know what kind of threat I'm going to have. But I know this, if I got two big old guys sanding right beside me and they got guns ain't not anybody going to mess with you. I won't

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have a threat because it won't show its ugly head. But you walk down the street kind of by yourself late at night time sometime you're liable to find a threat.

After World War I we downsized. After World War II we down. The Korean deal. We were the most ill trained, ill prepared group of guys you ever saw during the Korean deal. Why did the North Koreans kick our butts all the way from the North to the South? Because we were prepared? No, we weren't prepared. We weren't prepared mentally, physically, logistically. It took tremendous to get prepared and we killed a bunch of folks. We killed a bunch of folks because we weren't prepared. After Korea what happened? Well, we went back down again. Here comes the Vietnam thing. What happened there? Well then after Vietnam went down. Then we built up and we did the Storm. Oh how great it is, we're not even going to have any casualties anymore, we don't even need, we don't need, because we're going to have a bloodless war. That's the biggest bunch of garbage I ever heard. Who is going to give us time in the future to build for four or five months in order to go over there and do what we did, and then to have the assets? We're not going to be able to do that.

Now there is someplace that we can save some money. But I'll tell you what, the President who doesn't even know how to salute, and, you know, to me I think that we've got some real problems in leadership. It's not just there, it's other places too. I can say that, you see, I'm retired. Draft dodging just doesn't fit with me and being soldierly just doesn't, not being that just doesn't fit and if the Commander in Chief, he needs to be the Commander in Chief. We don't need him to learn it when he gets there. He needs to know it before he gets there. At least be smart enough to know it. But anyhow.

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Downsizing to the point to where we're going is poor and we're going to kill folks because we're not prepared. And I guess that's enough said about that.

Question: Sir, what is your opinion of the current trends in managed care in dentistry?

Answer: I am presently the Vice President of Medical Staff Affairs at a major hospital and am a member of, a voting member of an HMO. Managed care is here. How we utilize it and what we do with it is the important thing. In the military we've always had managed care. We've always had good quality control in the sense that there's always been somebody looking over our shoulders, making sure that we do what we should do. Managed care in dentistry is going to be here. We just need to be smart enough to do it to where the patient is cared for properly, not at the expense of quality care, whatever that means. But we need to make sure that as we get into managed care that the patient is the one that we're concerned with and not necessarily we in the profession. We do our job the money will come. Anytime that you put money first, it's a mistake as a professional. Put the patient first, the money will come. Put the money first, it may come, but the patient is going to suffer and after all we're in the business, I hate the term customer, but we're in the business of taking care of people, of pain and making sure that people have a quality of oral health that they can enjoy life and that's what we're about. And if we're not in it for that we ought to be doing something else. There's some ditches or something else can be dug. Get out there and do something different. But if you don't have the patients at heart, if that's not why we're in the business we ought to be in something else. So managed care is just another way of making sure I hope that the patients are cared for with the resources that we have and the resources are

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very important. We're altruistic if we don't understand that, yes, we've got to work within the resources that we've got.

Question: Sir, what do you expect for the Dental Corps officer of the future?

Answer: Oh, I wish I could be a Captain today because I think that the downsizing that's here will change, you know, it's going to come back up because we're going to have a threat. I'm not glad we're going to have the threat but that's just life, you know. I was born and I'm going to die. That's just life. Well, here comes life. Life says we're going to have some more wars and there's going to be rumors of wars and that's going to happen and the person that doesn't think that has lost his marbles someplace down the road. That's going to happen. And the Dental Corps where it is today, is suffering in some senses of the word but if I were just getting out of dental school and I could come into the Army, I'd be here tomorrow because of the educational opportunities, because of the opportunity of taking care of people, because of the travel, because of all the other things that are there and the opportunity to influence a system. Now they don't understand that because they haven't lived through what some of the rest of us have lived through. But if I could counsel somebody I'd say, hey, you come in, do your job, get your education, things are going to be good for you. So I think that the Army Dental has got some, as a young dental officer I think he's got great opportunity.

Question: Sir, how would you rate today's Junior Officer compared to when you were in that grade?

Answer: Well, he's probably a lot smarter than I was and I think that he's got a lot more opportunities. At one time when I came in we could either be clinical or administrators. I mean you couldn't do both. And that was a mistake and that's been

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changed. In fact, we used to think of administrators as guy can't do anything else. You know, he can go teach or he can go. That's poor. You know, all we wanted to make sure is we had the capsules of anesthesia. We didn't care how it got there and we didn't know. But we need to know those kinds of things. I think that the opportunity and the education there is there for the young fellow.

Ask me that question one more time.

Question: How would you rate today's Junior...

Answer: Oh yeah, as him.

Question: ... compared to...

Answer: And I think that the guys today are probably smarter. I think they've had more opportunity to learn. Communication is so much better. I mean you have access to information that it would take us a long time to go get, and because of that base, I think that they have a greater opportunity but with a greater opportunity comes greater responsibility. But I think from what I've seen and talked to thee guys they're sharp bunch of guys. I'd hate to be competing with them.

Question: Although you've alluded to it in a previous comment, what other guidance would you give today's Dental Corps officer?

Answer: Reserve as well as Active duty, take advantage of every opportunity. And make those, make your opportunity. We make our own opportunities. There are educational things out there that we can go to better our military education and our clinical expertise. It's there for us to go take. And it's the low fruit on the tree. Just go pick it up. But if you don't go pick it up it's not going to come to you. But I would say, hey guys, get your EFMB. Be a Jumper if you can. Be a Ranger if you can. Be all the

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military things that you can be. Clinically speaking be all that you can be. I think there's a little song somewhere in there, that's the reason we're in the Army, to be all we can be.

Well we can really be, and if we don't it's nobody's fault but our own.

Question: Sir, how did the Dental Corps change for the better during your career?

Answer: Well, it was already pretty good. During my tenure or career?

Question: In your career.

Answer: Oh, in my career.

Question: Yes, sir.

Answer: Oh yeah. Well it got a lot better. When I came on Active duty as a Captain in the Dental Corps, went to a clinic and the Colonel sat in the room and he nipped a little and he had some carrots and he went and fed his horse and, you know, he was a good guy, let me do anything I wanted to do, and supported me. We don't have anymore of those guys around. Education is improved. Opportunities have improved. Communication I think has improved. I think the way in which we do business has improved and we don't have the same dental problems today that we had back then. My right arm used to be really big from lining folks up and hauling teeth out. Man, I mean my right arm was really big taking out. We don't do that anymore. So I think we've improved patient health care and attitude toward.

Question: Sir: What was your most significant contribution to the Dental Corps?

Answer: You'll have to ask somebody else. You know, I just charged as hard as I felt like I could and what I did, if I did something why then somebody else is going to have to tell you what I did. I felt good about what I did, you know. When I got promoted, General Lefler and others came to Abilene, Texas, and promoted me and as we

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were sitting up on the stage he looked over and he says, hey, you better savor this because we won't ever have this again. And that's true. So I savor my experience in the military, from a Private to a General. I savor all of that and I look back at it and I really feel good about it. But significant type things, ask Billy D.

Question: Sir, what do you think was your key to success?

Answer: Well, I had a family that loved me and cared for me and put me in the right direction. I had a brother who was a, like I say, an Armored Officer, wounded in Europe and the encouragement that I received. I think that that played a big role. The mentors that I've had, the people, and there's no question that, you know, I kind of look at yourself and say well gee I didn't do anything anybody else didn't do but I guess when you look at where I wound up you'd have to say that I was at least successful. But I can't tell you I did this and therefore.

Question: Sir, who was the best leader you worked for or with and what were those attributes that made that leader the best?

Answer: Well, I've been around a lot of leaders in my life. You said the best leader. I guess by far the best leader was General Bill Lefler. His vision and the way in which he saw things and the way in which he allowed people to work, never really punitive but always encouraging. I've sat on boards with him and I've watched him work. He really loves people and he really cared for people and had a methodical way of working and to me he was probably the best leader that I've been around. A lot of other folks have been involved in my life but you said the best one I've been around and that's the best one I've been around.

Question: Sir, is there anything else you'd like to add?

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Answer: It's been a pleasure to be here with you and I'm really honored to be here as a matter of fact. I'm, you know, a couple of times removed. I'm one time removed from the position and so I'm really honored to have been here and still want to be all that I can be and be as supportive of the Army and specifically the Dental Corps as I can be and thank you for allowing me the time to be here.

Question: The honor is definitely ours, Sir. Thank you very much.

Answer: Thank you.

Announcer: This concludes the interview.