



Association of Army Dentistry (AAD)

Spring 2022 Newsletter

BOARD OF DIRECTORS:

Ronald J. Lambert
COL, USA (Ret)
President and Chairman

Joseph A Britton
COL, USA (Ret)

Michael F. Cuenin
COL, USA (Ret)

Theresa S. Gonzales
COL, USA (Ret)

Larry J. Hanson
COL, USA (Ret)

George Hucal
COL, USA (Ret)

Wanda Kavanaugh
U.S. Army Civilian (Ret)

Karen Keith
COL, USA (Ret)

Francis E. Nasser, Jr.
COL, USA (Ret)

Michael P. Rethman
COL, USA (Ret)

Richard D. Shipley
COL, USA (Ret)

Thomas R. (Rob) Tempel
MG, USA (Ret)

M. Ted Wong
MG, USA (Ret.)

At its 12 January 202 ZOOM meeting, the following officers were re-elected: COL (Ret) Ron Lambert, President and Chairman of the Board; COL (Ret) Art Scott, Executive Officer; COL (Ret) John Storz, Treasurer; and COL (Ret) Robert Stieneker, Secretary. The board recently approved the position of Vice President and elected MG (Ret) Ted Wong to fill that position.

Departing board members include COL (Ret) Priscilla Hamilton, COL (Ret) Nasrin Mazuji, and COL (Ret) Peter Tan. The AAD is extremely thankful for their service and their many contributions to this organization. Newly elected board members include COL (Ret) Michael F. Cuenin, COL (Ret) Karen Keith, and COL (Ret) Francis E. Nasser, Jr.

The board approved financial support for the annual Corps Chief's awards, which recognizes individuals in eight categories. Additionally, the board approved a donation of \$1,000 to the AMEDD Museum. These donations are consistent with the mission of the AAD to advance Army Dentistry by promoting morale and esprit de corps; supporting activities focused on recruitment and retention; providing dental education, and coaching/ mentoring; recognizing those who serve and have served the Nation via Army Dentistry; and fostering an appreciation of Army Dentistry history and accomplishments.

I wish to thank our members for continuing their memberships and supporting our mission. Please reach out to colleagues who are not members and encourage them to join the AAD.

Ron Lambert, COL, USA (Ret)
President and Chair, Association of Army Dentistry

Membership

Phishing and Spam Emails

The Association of Army Dentistry's Treasurer, COL (Ret) John Storz sent out the following message about a phishing email received by our members:

"Several members have reported that an email was sent on 24 March 2022 asking them to reply if they wanted to obtain a copy of the AAD mailing list. This is not a legitimate company and there is no database maintained on the web that contains the information that they purport to have. This email message should be deleted without opening or responding to it. The AAD will work with our website administrator and emailing service to address this issue."

Additionally, an information paper, *Simple Safeguards: How to Stay Safe from Identity Theft and Cybercrime*, was forwarded to members in late March.

Army Dentistry Monument

COL (Ret) Robert Stieneker

The long and winding monument road appears to be coming to an end. The long-awaited approval from the Secretary of the Air Force for the Army Dentistry Monument occurred on 21 October 2021. That approval resulted in a request for approval of a temporary construction easement by the Joint Base San Antonio Facilities Board on 17 December 2021 that will allow our contractors to get onto post and perform monument construction. That request was approved by the board and is currently pending final staffing with the 502d Air Base Wing prior to work commencing.

Atlas Bronze, Kearns, Utah, was selected as the sculptor for the project. They are busy preparing a clay model of the sculpture depicting a dental officer, dental specialist, and soldier patient, which will be the centerpiece of the monument. The clay model serves as the precursor prior to fabrication of the actual bronze statue. (Please see below).

Ms. Paulina Shrader, U.S. Army Medical Department Video (MEDVID), has created five of the nine monument audiovisuals (AVs). The remaining four will be completed in April and then all nine will be turned into QR coded bronze plaques for embedment in the monoliths.

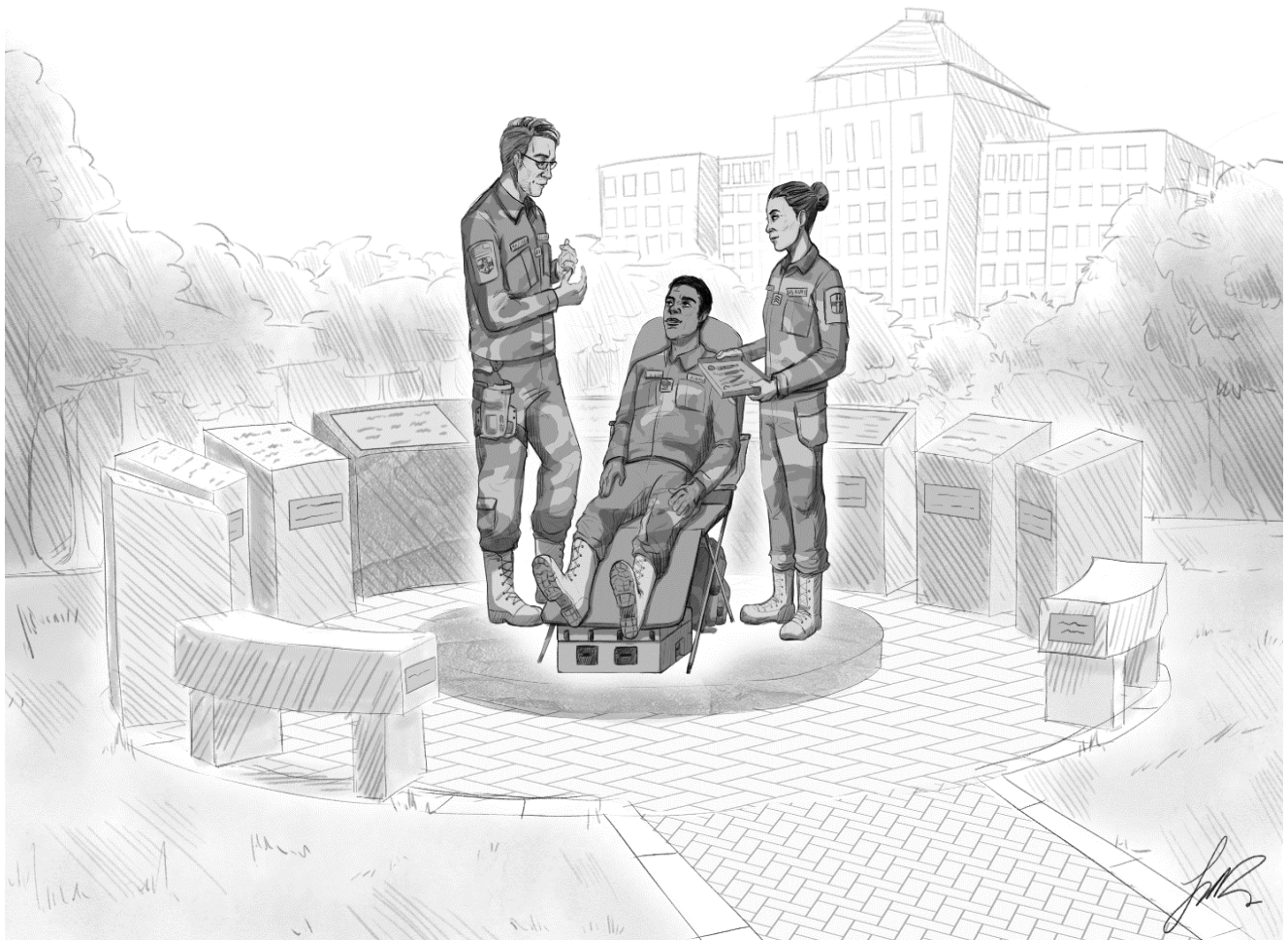
The AAD has received many generous donations from members, and we are well on the way to funding the project. For those members who wish to assist in funding the project, please consider providing a tax-free donation to the AAD's Army Dentistry Monument Fund. All donations are greatly appreciated and will be acknowledged with a letter for tax purposes.

Contribution levels that will be recognized on bronze plaques on the monument are as follows:

Marshall Society - \$10,000 and above
President's Circle - \$5,000 to \$9,999
Founders Circle - \$2,500 to \$4,999
Friends of Army Dentistry - \$1,000 to \$2,499
In Remembrance - \$1,000

Donations should be mailed to the following address:

Association of Army Dentistry
914 P Street, NW
Washington, DC 20001



OUR HOUSE – UKRAINE

Our House, Pylypovichi, Ukraine

AAD member BG (Ret) Jerry Strader requests that the AAD spread the word about **Our House** in Ukraine and their efforts to assist in the relief effort there through the young men and women of Our House.

Our House was created by Tony and Shana Morrow of Abilene, Texas, when they moved to Ukraine to begin a program for orphanage “graduates” that would prepare them for adult life. Their passion for assisting orphans began in 1996 when they began going to Ukraine in summers to work in orphanage camps.

Our House exists to provide a home in which orphanage graduates live and experience Christianity daily, learn life and technical skills, achieve the highest level of education desired (examples include those enrolled in or who have graduated from Bachelor’s and Master’s programs), attain a self-supporting profession or trade, and have a good foundation on which to build a solid future. Graduates not only are successful in the Ukraine, but also the Czech Republic and Poland.

In June of 2021 Tony and Shana returned to Abilene, leaving the leadership of **Our House** to Oryna Makarova. Then, Russia invaded Ukraine on 24 February 2022. On March 4, Tony flew to Poland to help evacuate his “kids” to a safer place in western Ukraine. Pylypovichi, the village where **Our House** was located, was not safe any longer.

Since his arrival in Poland, Tony has raised money to buy a bus to evacuate refugees to a safer place, helped gather and transport food and supplies from Poland into Ukraine, and helped refugees cross into Poland. The mission remains for the foreseeable future to provide safety and raise money to buy food and clothing for needy refugees. The kids of “**Our House**” are actively involved in all these efforts, assisting residents in Mukachevo, Ukraine, and beyond where they have sought refuge.

If you would like to contribute to assist Ukrainians in their time of acute need, please send your donation to the address below. If writing a check or using a credit card, please annotate on the FOR line: AAD for **Our House -Ukraine**. For Credit Cards, please send donations to the website below: select continue as guest, select the Fund **Our House - Ukraine** and in the memo section, write **Association of Army Dentistry**.

<https://secure.subsplash.com/ui/access/JWKHN5#/>

Central Church of Christ
1401 South Madison Street
Amarillo, TX 79101



Evacuating Refugees



Food from Poland to go to Ukraine.



Our House – Ukraine Group Photo



Our House – Ukraine Group Photo

The 111th Anniversary of the U.S. Army Dental Corps.



**U.S. Dental Corps
Branch Plaque and Branch Insignia**



DUI
(actual present)



Coat of Arms
The Institute of Heraldry
(TIOH drawing)

**U.S. Army Medical Department
Distinctive Unit Insignia and Coat of Arms**

Branch Plaque

The plaque design has the branch insignia, letters, and rim in gold except the Medical Service Corps is silver. The background is maroon.

Branch Insignia

A gold color metal caduceus, 1 inch in height. (With the exception of the Medical Corps, each Corps is identified by black enamel letters centered on the caduceus indicative of their Corps.) The insignia for Medical Service Corps is silver.

In 1851 "a caduceus embroidered in yellow silk on a half chevron of emerald green silk" was worn by Hospital Stewards of the Medical Department. The caduceus in its present form was approved in 1902. Rooted in mythology, the caduceus, historically an emblem of physicians symbolizes knowledge, wisdom, promptness, and various aspects of medical skill.

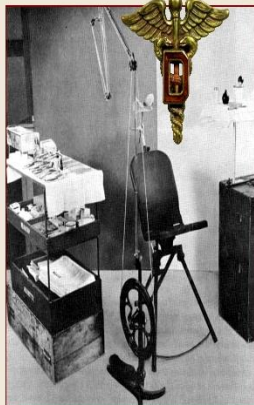
Birthday

27 July 1775. Army Medical Department and the Medical Corps trace their origins to 27 July 1775, when the Continental Congress established the Army hospital headed by a "Director General and Chief Physician." Congress provided a Medical Organization of the Army only in time of war or emergency until 1818, which marked the inception of a permanent and continuous Medical Department. The Army Organization Act of 1950 renamed the Medical Department as the Army Medical Service. On 4 June 1968, the Army Medical Service was redesignated the Army Medical Department. The U.S. Army Dental Corps (DC) of commissioned officers was established on March 3, 1911, with the passing of H.R. 31237, Amendment 49 and President Taft's signing it into Public Law No. 453, 36 Stat. 1054.

World War II Dental Equipment



In camps, at training centers, and rest areas, this dental outfit, M.D. Chest, No. 60, will be set up (chest above and chest contents right).



This new equipment consists of a single medical chest and contains chair, engine, instruments and supplies. The all-metal chair can be set up in less than a minute. The foot engine is the same cord-type engine that was universally used a score of years ago. The instruments have been carefully selected and are made of stainless steel. many of the latest instruments and supplies are furnished in the field outfit.



The dental officer takes his individual dental kit with him when accompanying his regiment into combat. This equipment consists of a small bag with shoulder sling (above left) and the enlisted assistant carries two similar bags. (above right) the contents of these three bags provide instruments and supplies necessary for extractions and other simple emergency dental treatment.

These kit bags also carry a large number of first aid packets, dressings, hemostats, suture needles, suture material, scissors, tissue forceps, scalpels, morphine, and adhesive tape for the first aid treatment of gun-shot wounds of the face and jaws and other battle casualties.



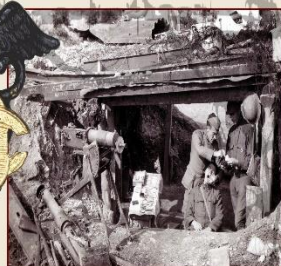
U.S. Army dentists perform an operation at U.S. Army Base Hospital No. 45, Toul, France, in World War I, ca. 1918.



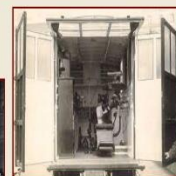
WWI dental chair with foot engine.



1LT A.R. Sorbel operating with field dental equipment at the dental clinic, Camp Hospital No. 42, bar-sur-Aube, France.



Lieutenant Ernest R. Latham, dental surgeon, 306th Field Signal Battalion, 80th Division, provides treatment in a dugout near Bethincourt, France, October 5, 1918. Note the stack of captured weapons on the left.



Rear view dental X-ray truck, enlarged photo right.



Dental motor car (dental ambulance), Camp Upton, New York, 1918.

Dental Corps

When the United States entered World War I, the Army Dental Corps had 86 Regular officers. By November of 1918, the number of dental officers peaked at 4,620 with 1,864 stationed in Europe. The first missions of the corps were to expand with qualified members and to examine the millions of Soldiers entering military service.

From July 1917 to May 1919, dental officers provided 1,505,424 restorations, 384,427 extractions, 60,387 crowns, and 13,140 dentures. Additionally, dental maxillofacial surgery teams provided much-needed reconstructive operations to the wounded. Seven dental officers and seven enlisted dental assistants were killed in action. Eight dental officers died of disease, and thirty-six dental officers and enlisted dental assistants were wounded in combat.

World War I dentist, 1LT Robert O. Smith was attached to the 356th Infantry Regiment, 89th Infantry Division. He received the Distinguished Service Cross for extraordinary heroism in action near the Meuse River, France, over November 6 - 11, 1918. "After all the medical officers of the battalion had been wounded, Lieutenant Smith for six days efficiently performed their duties, repeatedly moving his first-aid station forward, and administering to the wounded under perilous shell fire. After caring for the wounded, he personally searched the field of action for further casualties."

USAMEDCOM, HHC, Graphics

Active Component News

Army Dental Corps Bulletin

The Army Dental Corps Bulletins have been revised and are now available to the public. The link to the Bulletins on the AAD's website is below:

<https://www.associationofarmydentistry.org/dental-corps-bulletin/the-dental-corps-bulletin-february-2022-vol-6-no-1/>

The Chief of the Army Dental Corps Talks Dental Health & Readiness



Army Brig. Gen. (Dr.) Shan Bagby talks about the 2022 Army Best Medic Competition, the importance of diversity in the dental corps, and some tips service members should keep in mind about dental health.

2/22/2022 By: Claudia Sanchez-Bustamante, Military Health System Communications

Army Brig. Gen. Shan K. Bagby, Chief of the Army Dental Corps and Commanding General of Army Regional Health Command-Central, spoke with the MHS Communications team to discuss the importance of dental health for service members' readiness, the impact of COVID-19 on his team, the importance of diversity in the military, and his recent visit to the 2022 Army Best Medic Competition.

MHS Communications: You recently attended this year's Army Best Medic Competition (ABMC). How does this type of event prepare soldiers for Army medicine?

Army Brig. Gen. Shan Bagby: The ABMC challenges the Army's best medical personnel in a demanding, continuous, and realistic simulated operational environment that requires competitors to be agile and adaptive, just as they would have to be in a real-world tactical environment. It is designed to be both physically and mentally challenging as well as testing the competitors' tactical medical proficiency and leadership skills. This event shows the strength and adaptability of Army Medicine to support the Army and the Joint Force.

MHS Communications: Particularly during the ongoing COVID-19 pandemic, why is this competition so relevant for medical soldier teams and their training?

Brig. Gen. Bagby: COVID-19 has not stopped the Army's mission, soldiers around the world must be ready to fight tonight. Our medical soldiers must not only be medically ready but also be ready medical soldiers. Preparing for training and competing in this type of event further prepares our soldiers to be just that – ready at a moment's notice to support the warfighter both here and abroad. Army medics allow warfighters to do their jobs knowing they're in good hands if wounded and keeping our fighting force mission ready.

MHS Communications: Why is physical fitness such an important aspect of this competition and Army medicine?

Brig. Gen. Bagby: Physical fitness is important for any soldier. Being physically fit provides strength, stamina, and survivability for our soldiers to meet the Army mission to deploy, fight, and win our nation's wars by providing ready, prompt, and sustained land dominance by Army forces across the full spectrum of conflict as part of the Joint Force.

MHS Communications: Black health and wellness is this year's theme for Black History Month. What's the importance of increasing diversity in the dental corps?

Brig. Gen. Bagby: Having a diverse workforce is critical to the success of Army Medicine and our Army. Creating an environment where everyone is welcome ensures we can continue to recruit, train, and retain the best. Our organizations, like our society, are best served when we create an environment where people can contribute in a way that enables collective success.

MHS Communications: MHS Communications is highlighting Dental Health Month throughout February. As a dentist and service member, can you talk about the importance of dental health in overall military medicine?

Brig. Gen. Bagby: Military dental officers are highly trained health care professionals that provide dental care to soldiers in garrison and far forward on the battlefield. Military dentistry is integral to military medicine. Oral health is fundamental to the overall readiness and health of the fighting force. For example, published reports reveal a wide range of dental emergency rates in military personnel from 111 to 437 per 1,000 personnel per year. Dental emergencies impact readiness and reduce combat power, both in training and in deployed environments. Studies have shown that soldiers have a greater than 75% chance of experiencing a dental emergency within one year if they are classified as dentally unready; 19% chance of experiencing a dental emergency within one year if they are dentally ready and have minor oral disease, but less than 1% chance of experiencing a dental emergency within one year if they are dentally ready to deploy.

MHS Communications: Can you provide some of the key tips or themes related to dental health you wished all soldiers knew or kept in mind?

Brig. Gen. Bagby: Absolutely. Soldiers should know:

- Dental cavities, or tooth decay, is a preventable disease.

- Diet and oral habits like tobacco are influencers of oral health.
- Tooth decay occurs when the outer layer of the tooth, which is called the enamel, is eroded by acid produced by bacteria.
- Tooth decay is very prevalent in military aged young adults (those 20 years of age or under) and can impact mission readiness.
- Tobacco usage (smoking, dipping) and consumption of sodas and high-caloric beverages can be devastating to oral health and prevent a soldier from being mission capable and deployable.
- If consuming sugary drinks, use a straw to limit contact with the teeth.
- Brush at least once a day, but optimally twice a day. If unable to brush your teeth with a toothbrush, ensure that you rinse and wipe all tooth surfaces with a cloth.
- Drink fluoridated water and calcium-fortified beverages to help strengthen teeth.

MHS Communications: In your perspective, how do you think the COVID-19 pandemic has impacted the medical community in general and/or the dental community in particular?

Brig. Gen. Bagby: COVID-19 had a huge impact on the medical and dental community. From the way we see patients to the way we protect ourselves against the illness, we all have had to make changes to how we do business. Generally speaking, we have increased the use of virtual health capabilities, made modifications to many services such as drive-up pharmacies and testing centers. We've ensured any necessary adjustments to clinical areas were made to accommodate physical distancing as well as many other things.

Most importantly, however, are our people. The providers and support staff have put in countless hours at testing centers and within our military [hospitals and clinics] caring for the hundreds of thousands of beneficiaries who rely on us every day for their care. Our soldiers have deployed into some of the hardest hit areas providing support to civilian hospitals and cities fighting COVID-19. And then, we are also fighting COVID-19 within our ranks, just as everyone else around the world.

The men and women who make up Regional Health Command-Central and Army Medicine are a dedicated, compassionate, professional, and resilient team of people. Each and every day, they walk into work ready to take care of their patients and each other. So, while COVID-19 may create a change to how we do things, we will remain ready at a moment's notice to take on the next mission that comes to us.

<https://health.mil/News/Articles/2022/02/22/Bagby-Interview>

Reserve Components News

COL Lichelle Aldana

United States Army Reserve Dental Corps members attend the Battalion Brigade Pre-Command Course (BBPCC) at Fort Leavenworth, KS in February 2022.

LTC Safuratu Aranmolate, DDS, is a board-certified pediatric dentist with offices in Worcester and Canton, Ohio. She received her dental degree from The Ohio State University in 2003 and completed her pediatric training at Case Western Reserve University in 2005. LTC Aranmolate is commanding the 311th Field Hospital in Blacklick, OH.

COL Gabriel Isioye, DDS, is the commander of the 818th Hospital Center in Utica, NY. His dental practice is in the Bronx, NY. COL Isioye received his dental degree from the University of Lagos, Nigeria and from New York University College of Dentistry.

COL Anna Lichelle Aldana, DDS, is the commander of the 455th Dental Company, Area Support at Fort Devens, MA. She received her dental degree from Baylor College of Dentistry in 1993. Her dental practice is in Salem, MA.

The two-week training at BBPCC integrates Compo 1, 2, and 3 brigade and battalion level Commanders and Command Sergeants Major. The course aims to foster a shared understanding of Army policies and programs, develop strategic leadership for command teams, and provide guidance on developing Soldiers and junior Officers in their commands.



(L-R) LTC Aranmolate, COL Isioye, and COL Aldana pictured during BBPCC at Eisenhower Hall, Fort Leavenworth, KS.

Leadership Corner

MG (Ret) Russ Czerw

Discipline from a 360-degree View

Being placed in a leadership position is one of the most honorable and rewarding opportunities one has the chance to do within the military or in any organization. With that honor comes tremendous responsibility, especially when it comes to using the authority from that position to make disciplinary decisions involving those you lead.

One of the tools I utilized when taking disciplinary actions against a Soldier was a 360-degree view of the situation at hand. When a case is brought in front of a leader, human nature can sometimes lead the decision maker to weigh the evidence brought to them by the chain of command more favorably than perhaps what is said by the defendant. As a decision maker it is important to weigh all the evidence equally and to look for any special circumstances that may be involved in the case.

Case in point: A Sergeant (SGT) appeared before me for disciplinary actions for some offenses he committed to include failure to repair, conduct unbecoming as well as a few other chargeable offenses. The charges were not extremely serious, but the chain of command recommended maximum punishment which could have possibly led to the Soldier being discharged. The prosecuting attorney was also in support of maximum punishment.

After hearing the charges and recommendations made by the chain of command, I dismissed everyone with the exception of the unit's First Sergeant (1SG). I asked the 1SG about the SGT's recent behavior. He told me that the SGT's behavioral changes began once the unit returned home from a long deployment to Afghanistan. I asked the 1SG what type of Soldier the SGT was before and during the deployment and was told he was a model Soldier who could always be depended upon to complete a task or mission. I asked if the SGT had been seen by a mental health counselor since his return and was told he didn't think he had. I asked the defendant to appear before me with the 1SG present and had a long discussion that led me to believe this Soldier needed counseling. He admitted he was a changed person since his return and that he indeed had issues both at work and at home. He had not seen anyone for counseling.

I dismissed the SGT and spoke to my Command Sergeant Major and we were both in agreement on a decision. I brought the chain of command back into the room and told them I was withholding judicial proceedings and that the SGT was to be taken to see a mental health counselor as soon as possible. I sensed the chain of command and the attorney were not happy with my decision, but they were compliant with my orders. After a few months of counseling the SGT was doing much better and was more focused on turning his life around. His

personality and demeanor changed for the better and he was determined to make Staff Sergeant.

Interesting enough, the attorney who recommend maximum punishment had never been deployed on a combat mission. About 2 years later, the attorney sought me out and we discussed the SGTs case and my final decision to give him disciplinary measures that kept him in the Army and gave him some hope to recover his career. The attorney, having recently returned from an 18-month Afghanistan deployment, told me that they now could understand my decision because they were now a witness to how a deployment could change even the best of Soldiers.

If this SGT had been a problem Soldier prior to his deployment, the outcome could have certainly been different. As a leader at every level, you will not always make the “right” decision that everyone agrees with, but you are obligated to look at all the evidence and based on that 360-degree look, make the best decision possible.

Russell Czerw, DDS
Major General, US Army (Retired)
25th Chief, US Army Dental Corps

Army Dentistry History

Celebrating Black History Month in Dentistry

Dr William Thomas Jefferson

Born in 1864, Dr William Thomas Jefferson began his dental studies at 22. He graduated from the American College of Dental Surgery in Chicago in 1891 and soon after opened his own practice in Chicago. During the war with Spain, Captain William T. Jefferson served as the commander of D Company, Eighth Illinois Infantry, a segregated National Guard Unit. In addition to his command responsibilities as a line officer, he also found time to provide dental care for his regiment while stationed in Cuba. This quite possibly made him the first Black dentist to provide dentistry in the U.S. Military, although it was as a line officer and not as a dental officer. Unfortunately, by the time Dr Jefferson was eligible to apply for the position of a Dental Surgeon in the U.S. Military, another candidate had been chosen for the state of Illinois. Despite this, Dr. Jefferson continued to serve in the National Guard and advocated for more Black men in these positions until his death in 1925.¹

References

1. Hyson JM. African American dentists in the U.S. Army: The origins. *Military Medicine*. 1996;161(7):375-381. doi:10.1093/milmed/161.7.375
2. *A History of Dentistry in the US Army to World War II*. Hyson, John M., DDS; Whitehorn, Joseph W.A., PhD; Greenwood, John T., PhD; 2008, pages 450-451.



Photo courtesy of Harvard.

Dr. William Anderson Birch

An early pioneering African American dentist was Dr. William Anderson Birch of Indianapolis, Indiana. Dr Birch was a US Army hospital corpsman serving in the Philippines. Dr. Birch was born in Madison, Indiana, on May 10, 1878. In 1895, he began studying dentistry under a Dr. W.A. Heckard in Madison. He graduated from Indiana Dental College on April 28, 1900, and enlisted as a private in the US Army hospital corps, for 3 years on August 6, 1900, at age 22. His occupation was listed as a "dentist." He was originally assigned to Jefferson Barracks, Missouri, and was then sent to the San Jose, Batangas, Philippines. Dr. Birch was one of a small group of dentists who, as enlisted hospital corpsmen, provided their respective regiments with dental care prior to the formation of the official Dental Corps in 1901.

Dr Birch applied for appointment as a contract dental surgeon in 1901, which was approved by the Chief Surgeon, Department of North Philippines in 1902. As a hospital corpsman serving in the U.S. Army, Dr. Birch, under the provisions of the 1901 dental act, was entitled to be appointed a contract dental surgeon "without examination." All "dental-college graduates" who had been "detailed for a period of not less than twelve months to render dental service to the Army" in a satisfactory manner were eligible.

As part of his list of recommendations, his Detachment Commander, Dr Thomas Miller, US Army, stated that Dr Birch was "a thoroughly good soldier of exemplary habits, industrious and capable," and that, since joining the detachment, he had done "considerable dental work," which had been "entirely satisfactory." Dr. Robert Oliver (the Army Dental Corps' second ranking dental officer at the time), Dr Birch's professor at Indiana, also endorsed his application. Unfortunately, Dr Birch's application was eventually not approved by The Army Surgeon General. Dr. Birch is probably the first African American to serve as an Army Dentist, although officially as an enlisted corpsman.

African-American Dentists in the U.S. Army: The Origins

John M. Hyson, Jr., DDS MS

Military Medicine, Volume 161, Issue 7, July 1996, Pages 375–381

Women's History Month

Dr. Leonie Von Meusebach- Zasch

Dr. Leonie Von Meusebach- Zasch is considered the first female dentist to be employed by the U.S. government. On April 19, 1906, Dr Zasch applied to Dr. Marshall, the dental surgeon at the Presidio of San Francisco, for an appointment to treat the San Francisco earthquake victims. The Army had established several refugee camps in the area. The next day, April 20, she was appointed and stationed at the Army emergency hospital set up in front of the U.S. Army General Hospital, Presidio. She worked in the hospital and several refugee camps "putting in temporary fillings and relieving toothache in general "for the refugees living in tents. She averaged 20 patients a day and one of the camp surgeons, Captain Walter D. Webb, thought that she was doing "good work" and recommended that she be retained. Dr Zach was employed by the Army until July 2, 1906.

Female Dentists in the U.S. Army: The Origins

John M. Hyson, Jr., DDS, MS

Military Medicine, Volume 160, Issue 2, February 1995, Pages 57–62

Dr. Helen E. Myers

Dr. Helen E. Myers was the first woman commissioned in the US Army Dental Corps under the Army Female Department Act of 1949 (HR 4384). Dr. Myers, of Philadelphia and Lancaster, Pennsylvania, received her DDS degree from Temple University in 1941. She was ordered to active duty on March 21, 1951, as a captain and assigned to Fort Lee, Virginia. In the photo below, Major Robert Weeks congratulates Captain Myers on her first assignment at Fort Lee.

Myers provided dental services to Army troops in Italy and Japan. Both before and after her military service, she practiced oral surgery, exodontia, and prosthodontics - sharing an office with her dentist father in Lancaster, Pennsylvania. A lifelong pilot and member of the Lancaster Civil Air Patrol, Myers died when her plane crashed after an equipment malfunction. She never married.

<https://www.sindecusemuseum.org/helen-e-myers>



A History of Dentistry in the US Army to World War II. Hyson, John M., DDS; Whitehorn, Joseph W.A., PhD; Greenwood, John T., PhD; 2008, page 499.

VOLUNTEERS

The AAD is actively seeking volunteers for Social Director(s) to help plan and execute events, including the Army Dentistry Monument dedication at JBSA, San Antonio, TX this fall, as well as someone with expertise in information technology (IT) to assist with our IT requirements. If you are interested, please contact the AAD at assoc.army.dentistry@gmail.com

Social Media

Please visit the AAD's Facebook page to receive the latest news from throughout the Army Dental Care System and Army Medicine. Please check it out now!

<https://www.facebook.com/AssociationofArmyDentistry>

In Memoriam

James Kulild, COL, USA (Ret)

04/06/1947 – 01/18/2022

A friend and colleague of many of us, Jim passed away in January as a result of complications from Covid-19 pneumonia. After his distinguished 28-year military career, COL Kulild returned to his alma mater at the University of Missouri Kansa City (UMKC) School of Dentistry and initiated an Advanced

Specialty Education Program in Endodontics. As an AAD member, an engraved brick in the AMEDD Museum Courtyard in honor of COL Kulild has been purchased by the AAD. To read more about his distinguished military service and ground-breaking career after retirement, please follow the link below.

<https://www.associationofarmydentistry.org/wp-content/uploads/2022/02/Kulild%2C%20COL%20Ret%20James%2C%204-6-1947%20-%20-%201-18-2022.pdf>

Adrian Livingston Patterson, COL, USA (Ret) 05/17/1949 – 02/01/2022

COL Patterson lost his battle with Alzheimer's Disease on February 1, 2022. After a distinguished 23-year military career, culminating as the Chief of the Oral and Maxillofacial Surgery Residency Program at Walter Reed, he entered private practice in Burke and Reston, Virginia, until his retirement in 2018. To read more of his distinguished military career and life in retirement, please follow the link below:

<https://www.associationofarmydentistry.org/wp-content/uploads/2022/02/Patterson%2C%20COL%20Ret%20Adrian%20Livingston%20Patterson%2C%2005-17-1949%20--%2002-01-2022.pdf>

John Joseph Vatrál, COL, USA (Ret) 07/07/1931 – 03/22/2022

Colonel John Vatrál, of Columbus, Georgia, passed away at the age of 90 on March 22, 2022. An Army trained oral surgeon, he ultimately became Chief of Oral Surgery at Fort Benning. After his retirement, he entered private practice through St. Francis Hospital in Columbus. The link to his obituary is below.

<https://www.associationofarmydentistry.org/wp-content/uploads/2022/03/Vatral%2C%20COL%20Ret%20John%20Joseph%2C%2007-07-1931%20--%2003-22-2022.pdf>

Quinn H. Becker, LTG, USA (Ret) 06/11/1930 – 03/13/2022

Lieutenant General Quinn H. Becker, M.D., passed away on March 13, 2022, at his home in San Antonio, Texas. LTG Becker's distinguished 32-year military career, culminated with his selection in 1985 as the 36th Army Surgeon General. Throughout his career, LTG Becker was known as a "field doctor" and for emphasizing medical readiness of the force, his legacy to the Army. To learn more about his distinguished military and civilian careers, please follow the link below.

<https://www.associationofarmydentistry.org/wp-content/uploads/2022/03/Becker%2C%20LTG%20Ret%20Quinn%20H.%2C%206-11-1930%20--%203-13-2022.pdf>

The AAD also received word of the death of COL (Ret) Dan Theberge, who passed away in early December at the age of 66. Unfortunately, we do not have his obituary to share with our members.

We post the obituaries that are brought to our attention; if there are others that you wish to share on our website, please forward them to the AAD. The link to the obituaries on our website is at the following web address:

<https://www.associationofarmydentistry.org/about/in-memoriam/>

Conclusion:

The AAD would like to thank each of you for your continued membership and support of our charitable mission.

Please keep our men and women in uniform in your thoughts and prayers as they continue their missions around the world - God Bless America!

Editor, AAD Newsletter, Ron Lambert, COL, USA (Ret)

AAD Officers

Ron Lambert, COL USA (RET) - President

Art Scott, COL USA (RET) – Executive Director

Bob Stieneker, COL USA (RET) - Secretary

John Storz, COL USA (RET) - Treasurer

Association of Army Dentistry

914 P Street, NW

Washington, DC 20001

(202) 588-5723

assoc.army.dentistry@gmail.com



The Association of Army Dentistry

VISION

"The Association of Army Dentistry honors our past, prepares for the present, and inspires the future of Army Dentistry."

MISSION

"The mission of the Association of Army Dentistry is to advance Army Dentistry by promoting morale, esprit de corps; supporting activities focused on recruitment and retention; providing dental education, and coaching/mentoring; recognizing those who serve and have served the Nation via Army Dentistry; and fostering an appreciation of the history and accomplishments of Army Dentistry."

STRATEGIC PILLARS

1. Morale and Esprit de Corps.
2. Recruitment and Retention.
3. Dental Education.
4. Coaching and Mentoring.
5. Honoring Service.
6. Army Dentistry History.