An Oral History Interview with Major General (Retired) Ted Wong

26th Chief, U.S. Army Dental Corps (2010–2014)

Association of Army Dentistry Personal History Project

Interview conducted July 9, 2026, by BG (Ret) Shan K. Bagby, 28th Chief of the U.S. Army Dental Corps, and COL (Ret) Ron Lambert, as part of the Association of Army Dentistry's ongoing effort to preserve the accounts of the Corps' senior leaders. The transcript has been lightly edited for readability and to spell out acronyms on first use.

Abstract

In this interview, Major General (Retired) Ted Wong traces his path from a Southern California upbringing shaped by his family's immigration story, through Reserve Officers' Training Corps (ROTC) that led him into Army dentistry almost by accident, to his eventual selection as the 26th Chief of the U.S. Army Dental Corps. He discusses the mentors who shaped his career at each stage, from his first command in Germany through the Army-Baylor Master of Healthcare Administration program and command in Korea. He describes the operational and institutional environment he faced as Corps Chief between 2010 and 2014, a period marked by the winding down of operations in Iraq, the counterinsurgency fight in Afghanistan, growing pressure on the Reserve Component, and early discussion and steps for integrating Army Medicine into the Defense Health Agency. Wong reflects on the limits of dual-hatted command, the autonomy tradeoffs facing the Dental Corps relative to its Navy and Air Force counterparts, the programs and people he is proudest of, including the dental reset program

and the Brooke Army Medical Center (BAMC) integration, and the leadership lessons and open questions he carries from three decades in uniform.

Biographical Sketch

Major General (Retired) Ming T. "Ted" Wong, DDS, MHA, served as the 26th Chief of the U.S. Army Dental Corps from 2010 to 2014, the first Chinese American to hold the position. A Southern California native, he is the son of Po-Ping Wong, DDS, a longtime Garden Grove, CA dentist and 1965 graduate of the UCSF School of Dentistry. Ted earned his undergraduate degree from UCLA, where he also completed Army ROTC, and his DDS from UCSF in 1984. He later earned a Master of Healthcare Administration from Baylor University and a Master of Strategic Studies from the U.S. Army War College.

Commissioned through ROTC, Wong's early career included a one-year dental internship at Fort Sill and an assignment in Stuttgart, Germany, where he first served as an officer-in-charge. His subsequent assignments included command in Taegu, South Korea; the Dental Clinic Command at the Presidio of Monterey; the North Atlantic Regional Dental Command and Walter Reed Dental Activity; and, from 2008 to 2010, the U.S. Army Dental Command, where he was the first Asian American to serve as its commander. In 2010 he was promoted to major general and appointed Chief of the U.S. Army Dental Corps, concurrently serving as Deputy Commanding General for Readiness for the Western Regional Medical Command and Commanding General of William Beaumont Army Medical Center. In 2011 he was selected by The Surgeon General Lieutenant General Eric Schoomaker as the first deputy director of the newly formed San Antonio Military Health System following the merger of Brooke Army Medical Center and Wilford Hall, and he commanded the Southern Regional Medical Command from 2011 to 2013. He closed his military career as Commanding General of the Northern Regional Medical Command at Fort Belvoir, Virginia, retiring in 2014.

Wong's military decorations include the Distinguished Service Medal with oak leaf cluster, Legion of Merit with two oak leaf clusters, the Meritorious Service Medal with six oak leaf clusters, and the Army Commendation Medal with two oak leaf clusters. Following completion of a prosthodontics residency, Wong earned Board Certification in Prosthodontics. He also was inducted as a member of the Order of Military Medical Merit. Following his military retirement, he held executive positions with UnitedHealth Group until 2020. He has since served on the Board of Directors, and later as president, of the Association of Army Dentistry and the UCSF Dental Alumni Association, and in 2023 received the UCSF School of Dentistry's Medal of Honor, its highest honor for living alumni.

Interview

A Family Legacy, A Circuitous Path

Bagby: Could you talk about your path into dentistry, your path into the Army, and how you became Corps Chief? What drew you to this career?

Wong: This whole process has made me reflect on my time in the Army, and I appreciate you both doing this project. Looking back, my path into this career was sort of happenstance. I've had a rewarding career, both professionally and personally, but the path to where I ended up was a journey of many turns and detours, not the result of any long-term plan I formulated as a dental student or a young officer. It came down to having great opportunities, outstanding mentors, and great colleagues and teammates, officers, noncommissioned officers (NCOs), enlisted soldiers, and civilians. My parents instilled in me a drive to always do my best and to give back to society. And you can't do it alone; you need a supportive wife (Jeannie) and family, and I was blessed with that. People talk about having great luck, but for me luck

was a combination of preparation and opportunity. You always have to prepare yourself for potential opportunities, and then you have to get the opportunity itself. If you're lucky, you get both.

We're all products of our experiences, our environments, our DNA. I come from an immigrant family. My parents both lived in China during World War II as young children, so they experienced adversity and being uprooted again and again. When they got the opportunity, they moved to the United States to escape communism and build a better life. Their experiences taught me about resilience, adaptability, and hard work. There's some military history in our family as well. My paternal grandfather, Gaston Wong-Keung, was a lieutenant general in the Chinese Nationalist Army. I only met him twice, since he was living in Madagascar at the time, but he had a reputation for loyalty, integrity, and service to the nation. On my mother's side, my grandfather, William W.L. Hsieh, whom I knew well growing up, was a railroad executive in China who managed portions of the national railroad system. He was known for his high character and honesty, always being above board, so when there was a problem the government often turned to him because they knew he couldn't be bought off. He was awarded the Meritorious Civilian Service Medal for his support to the Allies during World War II, a decoration my uncles later located and had reissued after it had been lost during the family's many moves.

My path into dentistry was largely due to my father's influence. He practiced dentistry for forty years and was active in the community through the Lions Club and dental alumni associations. My mother was a constant presence in our lives as a full-time spouse and mother, and she instilled compassion in us. My father was more the disciplinarian; my mother was the more compassionate, gentler influence. We were taught to embrace our Chinese heritage, take pride in it, and expect to work harder than others to achieve.

When I told my father I wanted to be a dentist, he said, "That's great, congratulations. How are you going to pay for it?" He suggested I take the military route and apply for the Health Professions Scholarship Program (HPSP), and to improve my chances, go through the ROTC program first. So I signed up for the ROTC program at UCLA. By the time I applied for the scholarship, the Army had suspended the HPSP program during the post-Vietnam drawdown, but I was already committed to ROTC, so I came in anyway. In the end it was a great decision. I gained leadership training and experience from ROTC, I understood Army culture, and I received credit for four years of dental school toward my pay, which put me ahead of where I would have landed otherwise. Had I gotten out after my initial obligation, it wouldn't have been nearly as financially rewarding as staying in for thirty years. And I was joined by my brothers Ming and Andre, who served as officers in the US Army Medical Service Corps and US Army Dental Corps, respectively.

Initially, I thought I'd do my three years and get out. I started with the one-year dental internship at Fort Sill, a great clinical and professional experience. We came in with a class of eight residents and I still maintain close friendships with three of them. Our mentors encouraged us to go to Germany after graduation, and five or six of us ended up going overseas. I chose a small, three-person dental clinic in Stuttgart, trying to balance good clinical experience with a location conducive to travel, since I had just married my wife, Jeannie, and had sold her on the idea of a three-year honeymoon before we'd get out.

One memorable highlight was the US Army Garmisch Dental Conference, an annual Dental Corps professional event in the German Alps. One way to guarantee a spot to attend was to submit a table clinic, so I did, and ended up winning the table clinic award. That's how I first met Major General Bill Lefler, who presented me the award. In my last year in Germany, my dental commander, Colonel San Filippo, called me in and asked if I would step into the Officer In Charge (OIC) position at Kelly Barracks, a two-person clinic. My first reaction was uncertainty about assuming that much responsibility and how much extra time it would require, so I asked him if I could to talk to my wife and call him back. He made clear it wasn't really a request, so I immediately accepted. It turned out to be a great experience. I learned how to manage people and clinic operations, including going through an Inspector General (IG) inspection,

and it started changing my outlook on the Army. I thought, maybe I should stick it out and pursue residency training.

Building a Career: From Clinician to Commander

Wong: Before attending the prosthodontics residency that took me back to Fort Sam Houston, I attended the Combined Arms and Services Staff School at Fort Riley, which I didn't fully appreciate at the time, but it taught me a great deal about how the Army operates. After completing the prosthodontics residency in the early nineties, I was really motivated by the experience in using osseointegrated dental implants which were coming into broader use, so I thought I'd pursue the education route and eventually leave the Army to teach at a university. But the Army was drawing down after the Cold War, and personnel needs shifted my plans. I stayed at Fort Sam for my first year of utilization, then took the Chief of Dental Lab Branch position, normally a colonel-level (O-6) billet that I filled as a major (O-4), because the Chief of Staff of the Health Services Command, Dental Directorate at the time recommended me for it.

I ran the dental lab branch for two years, an interesting introduction to the education side of the Army Medical Department (AMEDD), while also getting back to the clinic periodically to prepare for my prosthodontic boards. It was also an introduction to Tri-Service integration as we were in initial stages of combining enlisted training at the AMEDD Center and School. From there, the Army Dental Command, (DENCOM) was standing up under then-Colonel (P) Sculley, and I was asked to be the first DENCOM fellow, which also included managing recruiting initiatives during a period when we were struggling to maintain accessions and end strength among junior officers. That was a professionally significant assignment; it showed me how the Army Dental Care System worked as a whole as well as gaining insights into our recruiting and personnel management processes.

After that, General Pat Sculley and Colonel Leo Rouse recommended I move to the command side rather than pursue an education track, so I took a lieutenant colonel Modified Table of Organization and Equipment (MTOE) command in Taegu, Korea, with the 665th Medical Detachment (Dental Service). I asked why they encouraged me to pursue the command side when they'd already invested in me as a clinician, and General Sculley told me something that stuck with me: as a clinician, you treat one patient at a time—as a commander or senior staff officer, you can improve things on a broader scale and put your own stamp on making things better for Soldiers. I bought into that. Before the Korea command, I completed the Army-Baylor Master of Healthcare Administration program with a residency at Tripler Army Medical Center, following the example of people like Ron Lambert, Frank Nasser, Priscilla Hamilton, and others who had gone through the program and shown the value of applying their knowledge to improving the Army Dental Corps. I wanted to understand managed care and how the civilian health system approached efficiency and effectiveness, since the AMEDD was starting to adopt similar practices. My only real regret looking back is that I never deployed, though working with a MTOE unit helped fill some of that gap on the operational side. Being Corps Chief was never the goal in itself; I would have had a rewarding and fulfilling career even if I had never been selected. However, attending Senior Service College, serving in the Dental Directorate Chief's role at the Office of The Surgeon General (OTSG), and taking command at the regional and DENCOM commands all helped prepare me for that eventual selection.

Mentors Who Shaped the Way

Lambert: You mentioned mentors along the way. Who were the most influential?

Wong:

I was fortunate to learn from many senior officers and enlisted leaders during my career and it'd be hard to mention them all. I will highlight Colonel San Filippo, my commander in Germany, who gave me my

first leadership opportunity as OIC at Kelly Barracks and supported me throughout my tenure. He was a soft-spoken leader, who exemplified taking care of people and made it a point of developing them and giving them opportunities to excel. He opened my eyes to the idea that I wasn't just a dentist wearing a uniform. General Sculley and Colonel Rouse were key leaders, for whom I worked, who encouraged me to pursue the executive management track after my DENCOM assignment. When I was in consideration for general officer, Major General Russ Czerw was a great source of advice; and since he was the first of us to go from colonel (O-6) to two-star general, it helped to hear what his path and experiences were like. The retired Corps Chiefs, Webb, Sculley, Cuddy, Tom Tempel, and Lefler were always available to provide advice and counsel. And my Battle Buddy SELs were another source of sage counsel; people like Moreno, Fitzgerald, Drumm, Brady, Huffman, and Scott.

Bagby: What did you learn about being a good mentee, someone receptive and curious, that you'd pass on to others?

Wong: You have to be receptive to what people tell you and honestly assess how it applies to you. If it doesn't fit who you are, you file it away for the future. If it speaks to your character or potential, you need the courage to act on it. Trust is central to all of this; if you don't trust the person giving you advice, why are you in that relationship at all? I realized early that the people advising me had my best interests, and the Corps' and the Army's interests, in mind. When someone tells you to take a job you're not sure you can do, you have to believe they'll be behind you, because their reputation is on the line too. I've always had people in my corner, and when something didn't go well, they were there to help me figure out what to do next.

Becoming Corps Chief: The Environment and the Mission

Bagby: You became DENCOM commander, and then Corps Chief, at a time of significant change in the AMEDD. Can you talk about what was happening in the Army and how it shaped your priorities as a general officer?

Wong: The Army had been at war for almost a decade. Operations in Iraq were winding down and the counterinsurgency fight in Afghanistan was ramping up, and the Army was learning hard lessons about operational tempo, deployment rotations, and how to leverage the Reserve Component sustainably. The Army developed an Army Force Generation Cycle to deal with predictable deployment cycles, provide the right equipment, and facilitate the ability to deal with full spectrum operations. All the while we were implementing Sexual Harassment/Assault Response and Prevention programs, Base Realignment And Closure, and medical integration. On the personnel side, the pool of available personnel for deployment was shrinking, and a growing number of Soldiers were caught in what became the Integrated Disability Evaluation System (IDES), and they transitioned from medical hold units to Warrior Transition Units. There was significant focus on effectively processing Soldiers through the IDES process in order to reduce the number of Soldiers who were in non-deployable status. That created real pressure points, some of them dental. There were tremendous coordinated efforts between the AMEDD, Department of Defense (DoD), the Army, the Reserve Component, and the Veterans Administration aimed at streamlining the IDES process. As the Army's system for health, we were challenged with providing routine healthcare in our healthcare treatment facilities, ensuring the medical readiness of the force, caring for complex battle injury patients, supporting the Army's efforts to reduce suicides and care for a growing behavioral health patient population, and providing deployable medical assets. At the same time, the Army Medical Department was pushing hard on the business side of health care (improving access to care, managing costs, imbedding behavioral Health and Physical Therapy assets with operational units, etc.), and the idea of integrating all the Services' non-operational healthcare functions into the Defense Health Agency was gaining traction after decades of talk that it would never actually happen. As an AMEDD Senior Leader,

these were the issues and challenges I dealt with during my tenure as Corps Chief. Luckily, I was supported by outstanding colleagues and talented command and staff team members.

As Corps Chief at that time, I could only devote about ten percent of my time to Corps business; the rest was consumed by my duties as a commanding general or regional commander. I had to set direction and rely heavily on strong colonels in the field: the Corps Specific Branch Proponent Officer for the Dental Corps, the Deputy Corps Chief and Chief, Dental Directorate at OTSG, the Chief, Dental Branch, Human Resources Command (HRC), the commanders at DENCOM and the Regional Dental Commands, the many superb Dental Senior Enlisted Leaders, and the experienced civilians in our Dental organizations. Without those dedicated people, it would have been very difficult. Our core focus was maintaining relevance to the Army and the AMEDD: making sure our Soldiers were dentally ready and that we could field dentally-ready forces for operational deployments, while still providing effective and efficient oral health care in our facilities. We were also fighting the same leader development challenges on the officer side that the broader Army was facing: not enough people stepping into key command and staff assignments, while trying to branch dental officers into non-core AMEDD positions. Retention and recruiting were improving but still an important focus. My limited time spent with the Dental Family was among the best times of my career, whether social or professional events.

We learned a lot about leveraging the Reserve Component, both for deployments and for backfilling at fixed sites. One issue that came up under DENCOM was Reserve Component dental readiness. We were effective at getting Reserve Component Soldiers ready for deployment quickly, but on their return we were sometimes sending Soldiers who hadn't received care during deployment straight back into the system, creating a large non-deployable Reserve Component population. We built a redeployment dental reset process to prevent that from happening, which I think was the right thing to do.

Bagby: Wasn't that around the time Go First Class was initiated?

Wong: Go First Class came after my tenure, under Major General Rob Tempel's team. It was something we had all talked about: one-stop appointments for exams, cleanings, and even fillings in a single visit. There were always implementation challenges, but Rob was able to make it work, and it made a lot of sense.

Concurrent Duties: Commanding While Leading the Corps

Bagby: Can you talk about your concurrent duties as Corps Chief?

Wong: I started as Commanding General at William Beaumont Army Medical Center and Deputy Commanding General for Readiness at the regional level. That meant learning to manage a full-scope medical treatment facility and, at the regional level, medical readiness programs more broadly. It was a great introduction to life outside the Army Dental Care System; suddenly I was dealing with business metrics, behavioral health, and the IDES program. I only held that assignment for a year before moving to Southern Regional Medical Command.

Southern Regional Medical Command was probably one of the best and challenging assignments of my career. I was dual-hatted as Commanding General at BAMC during a major expansion of our BAMC clinical space, while also managing the regional subordinate commands and working closely with our Air Force counterparts in San Antonio on healthcare integration. I enjoyed working with Air Force Major General Byron Hepburn, who led the Air Force side of the San Antonio Military Health System. Balancing Army priorities with integration was genuinely challenging: the Air Force had already downsized Wilford Hall to an outpatient facility and had strong ideas of its own on how its personnel would work within BAMC, and reconciling differing service policies, particularly around scope of

practice for certain personnel, wasn't simple. At the patient level, though, none of that mattered; people just wanted to provide the best care possible, and that was the silver lining.

I finished as the Commanding General Northern Regional Medical Command and managed regional healthcare delivery in the Northeast area as well as coordinate care as we integrated DoD healthcare in the National Capitol Region. It was definitely challenging times being in the National Capitol Region during significant changes in the DoD, the Army, and the AMEDD.

The Hardest Part of the Job

Bagby: From a leadership perspective, what was the most difficult part of being Corps Chief?

Wong: Not being able to focus one hundred percent on the Dental Corps. Being a regional medical commander and hospital commander was so time consuming that I had to lean heavily on the senior DC colonels in the field, giving them as much support and guidance as I could and trusting them to make the right calls, since they were closer to the issues day to day. They were very good about raising issues that needed general officer involvement and handling everything else themselves, while keeping me informed.

Unfinished Business

Bagby: Is there anything you feel strongly about that you weren't able to accomplish, or consider unfinished business?

Wong: Looking back, we were in a potential transition period between what the Army Dental Care System had been and what it might have needed to become. Our predecessors had been very effective in securing the autonomy the Corps needed at a time when dentistry was considered secondary to the broader medical system, but I think the signs by then suggested things weren't as constrained as they had been in the seventies. I watched the Navy dental system get its legs cut out from under it, moving in a short period from a standalone command structure to a service within a hospital or larger medical command, only to rebuild over time with real institutional support. Eventually, they regained representation in the Flag Officer ranks, supported by the Navy senior leadership. The Air Force retained more of a standalone structure, with some integration at the squadron level. We were probably closer to the Navy's original model. I don't know whether we should have voluntarily given up some autonomy sooner in exchange for more support for a smoother transition to a Corps immaterial career for dental officers, or whether the threat to our structure simply wasn't as visible at the time. It was a constant challenge growing officers to work outside the Army Dental Care System, while filling key command and staff positions within the Army Dental Care System.

It also would have been useful to figure out, sooner, how to stay competitive for general officer positions once we could no longer rely on Title 10, the federal statute that had guaranteed a two-star Corps Chief. As the Army and the DoD began cutting general officer positions and looking for places to cut, dental readiness alone wasn't a strong enough argument to counter that trend. I wish I had pushed for a clearer internal strategy on that front. That challenge ended up landing on MG Tempel's and BG Bagby's desk.

What He's Proudest Of

Bagby: What do you think was your most significant contribution, and what are you most proud of as Corps Chief?

Wong: That's a tough one. Personally, what matters most to me, and this became clearer after retirement, is knowing I made a positive difference in people's lives, whether patients or personnel. I've mentored and interacted with a lot of people over the years, and I didn't always know whether my advice made a real difference, since people draw on many sources. But I've had people come back and tell me it mattered. A dental assistant of mine, a very motivated young soldier who wasn't sure which direction to go, ended up becoming a very successful Army physician assistant, eventually working in the presidential clinic at the White House. Another was a dental lab technician who aspired to become a dentist and later became a senior leader in the Corps; she credited advice from that early period with giving her the motivation to move forward. And there was a young sergeant (E-5) I could have come down hard on, and instead gave her a second chance; she went on to become a successful MSC officer through Officer Candidate School (OCS) and the Army's Green to Gold program, which commissions enlisted soldiers.

Programmatically, I'm proud of the dental reset program: building something from nothing and seeing it succeed because of the people who implemented and planned it. And the BAMC integration, adding nearly a million square feet of clinical space, integrating hundreds of USAF and Navy personnel, while managing where everyone would go, with a dozen other distractions happening at the same time, is something I still point to as an example of managing change well.

Enduring Leadership Lessons

Bagby: What enduring leadership lessons do you think current leaders can still apply?

Wong: For the dental community, you have to be good at your job and be confident in it, but you also have to know you're part of an organization that's more than clinical dentistry. As General Sculley once put it, you're part of the Profession of Arms and the Profession of Dentistry, and you have to be good at both. Stay committed to why you joined the Army Dental Corps and keep that in front of you. Above all, be a person of high character; of everything that makes a good leader, character matters most. People will follow someone who doesn't know everything as long as that person has high character, but they'll be reluctant to follow someone competent who is self-serving, unethical, or dishonest. And take care of your people, since people are the most valuable resource in an organization.

Don't be afraid to step outside your comfort zone; say yes to things you never expected to do. Learn from good examples of leadership, and from the not-so-good ones. Build relationships in every direction, up, down, and laterally, because this is a team business and you can't do it alone. Don't expect to get everything you think you deserve; do things for the greater good, not just for yourself. And for senior leaders especially, don't make snap decisions unless there's a real deadline forcing your hand; it's fine to sit with a decision, ask questions, and talk to people who've dealt with similar situations before. Compromise isn't a dirty word. You're not always going to get everything you want, and getting part of what you want, without compromising your integrity, is usually better than getting nothing at all. And extend grace, to yourself and to others.

Looking Back With the Benefit of Distance

Bagby: Your tenure as Corps Chief was 2010 to 2014. Time and distance have a way of clarifying things you couldn't see in the moment. Has your perspective on your career, or your time as a general officer, changed since you retired? Does anything stand out more clearly now?

Wong: I've always tended to assume the best intent in people. Looking back, I probably should have been more inquisitive about decisions made at a higher level, not to be an obstructionist, but to ask sharper questions that might have prompted a more critical look at whether we were doing the right thing, or whether we could have done things more effectively. I don't have one specific example, but that's a general sense I have now.

I also think about how we could have more effectively set the Corps up for leader development, so officers were better positioned to compete for Corps-immaterial jobs. It's always easier to manage Corps policies with support from the top, whether that's a one-star or a two-star position.

Closing Reflection

Bagby: What else would you like to reflect on in closing?

Wong: Beyond what we've covered, I'd point to the Army Dental Corps' 100th anniversary celebration in 2011 as an amazing event. We brought together seven or eight hundred people to honor our history, celebrate what we were doing well at the time, and hopefully inspire future generations to keep the Corps moving forward. It encapsulated the best of aspects of the Army Dental Care System, like our achievements over the 100 years; our dedication to serving Soldiers, the Army, and the Nation; our innovation in responding to crises; and our camaraderie. The Association of Army Dentistry played a huge role in carrying out that celebration, and being part of it remains one of the highlights of my career.

Times will always bring change, and we have to adapt, even when change doesn't happen as quickly, smoothly, or completely as we'd like. We have to keep pushing, keep doing the right things for the right reasons, and do them well; that's how we've been successful. Staying true to our core values should be the foundation to our actions. Our retention and recruiting numbers have continued to improve, and our rank structure has become more typical rather than the inverted pyramid it once was. Now the challenge is motivating people to move into areas of the AMEDD that Dental Corps officers may not have historically considered. Whatever we, as an Association, can do to engage with our younger and mature officers and help with their development and support the Corps is worth doing, as well as supporting the Enlisted and Civilian team members.

Lambert: Thank you for a very introspective interview, and for reflecting on a career you can be proud of.

Wong: It was a pleasure, and thank you both for doing this. I've read previous oral histories in this project, and each one offered pearls of wisdom. They show there are always going to be issues to solve, and there are common threads in how people approach solving them.