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(AAD)**



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Association of Army Dentistry (AAD)

Fall 2026

I hope that the summer was restorative and peaceful for



everyone. May the fall bring cooler temperatures, calmer climates and beautiful colors! The AAD continues to follow the many changes and opportunities within Army Medicine and the Dental Corps. We also continue to work on initiatives – the Board and several members are diligently working toward

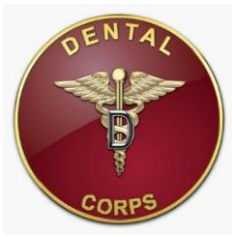
developing a scholarship program. Look for details in the upcoming months. And we are also awaiting the opening of the AMEDD Museum after a long journey of renovation. Our Dental Corps monument is impressive – and the many exhibitions within the museum are very relevant. Worth us visiting once it reopens!

So many of our personnel are doing so many fantastic things – we would like to highlight any accolades or events that you would like to share! Our website is phenomenal and is always being updated. It includes a superb timeline of our history; oral histories that are so powerful and many resources to read and share! We have individuals who have transitioned from the Army to academics, to private practice and to careers completely different from dentistry! This is our organization – where we can provide mentorship, guidance, history and recognition. Please reach out to us – spread the word and share the stories! The AAD is a fantastic way to connect, reconnect and get involved! We want to hear from everyone – officers, NCOs and enlisted personnel, civilians, spouses and families!

Enjoy a glorious fall and seek ways to make a difference daily!

COL (Ret) Karen Keith
AAD President and Chair of the Board

Active Component News



AAD Honors the "Molar Militia" at the 2026 Nijmegen 4Days March

By COL (Ret) Frank Nasser, AAD Executive Director

The Association of Army Dentistry (AAD) proudly recognizes the exceptional soldiers and Army Medicine professionals of the "Molar Militia" for their outstanding achievement in completing the 2026 Nijmegen 4Days March, held July 21–24 in the Netherlands.

One of the world's premier military endurance events, the Nijmegen 4Days March challenges participants to march 40 kilometers (25 miles) each day for four consecutive days while in uniform. Male participants under the age of 50 must carry a minimum 10-kilogram (22-pound) rucksack throughout the event. Many women also choose to carry weight, throughout the event. Those who complete the march earn authorization to wear the prestigious Holland 4Days Cross Medal on their military uniform.



The Molar Militia represented the very best of Army Dentistry. The team included seven active-duty Army dentists, three 68E Dental Specialists, an Air Force dentist, an Army OB/GYN physician, a Medical-Surgical Nurse and a Medical Service Corps officer. Joining them were an active-duty Army dentist from Fort Campbell, Ky., and a U.S. Army Reserve dentist, who completed the march as individual participants alongside the team.

Participants included:

Army Dental

- MAJ Fritz Dawson (Team Lead)
- LTC Martin Smallidge
- MAJ Lucas Pepper
- MAJ Ross Vandercreek (USAR)

- CPT Kayleigh Hanson
- CPT John Shin
- CPT Trevor Millward
- CPT Brent Harney
- CPT Kohl Valle

68E Dental Specialists

- SFC Brenda Cortez
- SSG Haydee Cruz Carballo
- SPC Nicolas Romano

Army Medicine & Joint Team Members

- MAJ Andrea Deese, USAF
- COL Sarah Rabie
- CPT Kayla Moschetti
- 2LT Spencer Brooks

The accompanying photos tell the story of the journey – from the team's first day together, across miles of Dutch countryside, through moments of fatigue and perseverance, to the pride of crossing the finish line after 160 kilometers (100 miles) over four days.

The AAD proudly salutes every member of the Molar Militia. Your endurance, professionalism, teamwork, and commitment exemplify the values of the Army Dental Corps and demonstrate that Army Dentistry delivers readiness wherever the mission leads.

Congratulations to the 2026 Molar Militia on an outstanding accomplishment, and thank you for representing Army Dentistry, Army Medicine and the United States Army with distinction.

This We'll Defend.

Member News

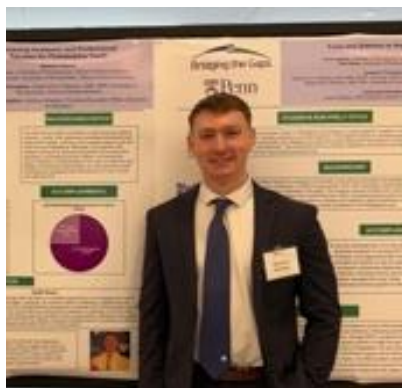
Oral History Interview with Major General (Ret) Ted Wong

BG (Ret) Shan K. Bagby, 28th chief of the U.S. Army Dental Corps, and COL (Ret) Ron Lambert interviewed MG (Ret) Ted Wong, 26th chief, U.S. Army Dental Corps (2010-2014) on July 9, 2026. This is the latest in a series of interviews of previous U.S. Army Dental Corps chiefs. These interviews are part of the Association of Army Dentistry's ongoing effort to preserve the accounts of the Corps' senior leaders. [Read the full interview.](#)



Health Professions Scholarship Program News

By 2LT Maison Kennedy



As I begin my fourth and final year at the University of Pennsylvania School of Dental Medicine, I have had the opportunity to reflect on how much my experiences in dental school and with the U.S. Army have shaped the type of provider I hope to become. This year has been especially meaningful as I continue to develop my clinical skills while preparing for the transition from dental student to Army dental officer. One of the most exciting developments this year was my recent selection for an Army-funded periodontics residency at the Dental College of Georgia. Periodontics has become an area of dentistry that I am

very passionate about because of its combination of medicine, surgery and long-term patient care. At Penn, I have been fortunate to further explore this interest through advanced experiences and exposure to more complex surgical care.

My involvement with the Army has also given me a different perspective on what it means to practice dentistry. As an HPSP student, I have been able to see how dentistry contributes not only to an individual patient's health, but also to the readiness and well-being of service members. My experiences interacting with Army dentists and learning more about military dental practice have reinforced my desire to pursue specialty training while continuing to serve. Being selected for periodontics residency represents an exciting bridge between these two paths. After graduating from Penn Dental Medicine, I will transition from dental school into active-duty service and begin the next stage of my training.



From left to right: 2LT Maison Kennedy (Army), LT Adam Kates (Navy), LT Ethan Ta (Navy), Capt Kathryn Mason (Air Force), LT Joy Kim (Navy), Captain Sean Meehan (Navy, Retired), ENS Nihar Thakkar (Navy)

For now, my focus remains on making the most of my final year at Penn. There is still a great deal to learn before graduation, but it is exciting to know where the next chapter will take me. I am grateful for the opportunities that both Penn Dental Medicine and the Army have provided and look forward to carrying the lessons from both into residency, and ultimately into caring for Soldiers and their families.

Learn more about the [Health Professions Scholarship Program](#) and how it helps dental students as they look toward a career with the U.S. Army Dental Corps.

Thinking about the Unthinkable

By Susan Allen

A couple of years ago, I wrote one of my first articles for the AAD Newsletter. It included information that was pertinent to new and “more seasoned” Army families alike. The feedback at the time was positive despite the sensitive nature of the article. Being fully prepared for the death of a loved one is impossible, but preparing for that kind of significant life event is worthwhile. I hope that reprinting this information is both informative and helpful.

Reprinted from the Winter 2023 AAD Newsletter.

Several decades ago, I received a letter from my dad with his iconic greeting “Dear Patricia, Susan and Cindy.” He was notorious for using one letter to all three of his daughters when he thought the topic warranted our undivided attention. At the time, my parents were in their 60s and the three of us were all in our 40s. We certainly were not ready to contemplate or prepare for the death of either of our parents. And yet, here was a letter detailing everything my dad thought we needed to know and do in case he and/or my mom died.

Although I chided him for his premature efforts to prepare us for an event we hoped would not occur for many years, I filed the letter in a folder labeled “In Case of Death.” My dad went on to live until the age of 90, and my mom lived four years beyond his death. Their wills designated me their executrix. Looking back at those days following each of their deaths, I was pleased that I had decided to keep my dad’s letter. It was the perfect guide, making it easier for me to help my mom after her husband of 60+ years died and easier to finalize their estate after she died.

Paying it forward

I learned a lot from my dad over the years, but this letter had the most lasting impact. I now understand that he just wanted us to be prepared when mourning makes clear thinking difficult. Today, my husband, Gary, and I each have our own versions of his letter – documents that express our wishes and list pertinent information that will be necessary in case of our deaths.

Our documents include:

- The names, addresses and phone numbers of individuals and organizations to notify
- Contact information for legal, tax and government entities to notify (*lawyers for our family trust, accountants, DFAS, Social Security, Medicare, retirement organizations, etc.*)
- Insurance information (*names, addresses, account numbers*)
- Banking and investment information (*names, account numbers*)

- Mortgage and utility information for our homes (*accounts that may need to be closed or have contact information changed*)
- Location of important documents
- Information for our obituaries and where we would like them to appear

Where to turn for help

Family and friends are the first – and most obvious – support system when anyone faces the loss of his or her spouse. Military spouses, however, are fortunate to have additional resources available to them regardless of where they live. Those who live near a military installation may have even more resources.

Military Connect (<https://milconnect.dmdc.osd.mil>): Run by the Department of Defense and the Defense Manpower Data Center, this is a general clearinghouse of information and may be a good first step if you are not certain where to turn.

DFAS (1-888-332-7411 or <https://www.dfas.mil/retiredmilitary/survivors/retiree-death>): It is important to notify DFAS, especially if the service member elected the Survivor Benefit Plan (SBP) option. Retired pay stops the day the service member dies. The SBP annuity begins the next day. The process may take a while, but once DFAS knows of the service member's death, the rest should be automatic. The DFAS website contains a lot of valuable information for surviving spouses.

Army Retirement Services Office (<https://soldierforlife.army.mil/retirement/rso>): Support services for survivors of deceased service members are available through Army Retirement Services.

DMDC/DEERS Support Office (1-800-538-9552): Contacting DEERS is the first step in obtaining a new ID card and maintaining your healthcare benefits.

Veteran's Affairs (www.benefits.va.gov): Notifying the VA is important if the deceased service member was receiving VA benefits. The VA may help cover funeral and burial costs. Veterans also may be entitled to funeral honors.

AAFMAA (1-888-707-1850): If the deceased service member had insurance through AAFMAA, one of their advisors can assist you in many aspects of the notification and claims process.

It took a little effort to put together our "In Case of ..." documents, but our goal was simple – make it a little easier for our daughters when the time comes. Just like my dad did so many years ago.

Guest Author

From Army Dental Assistant to Dental Assisting with Tanana Chiefs Conference in Alaska

By SSG(Ret) Vickie Wells



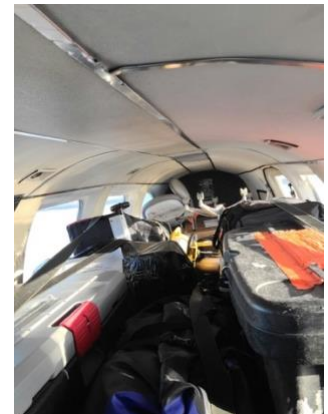
My career as a dental assistant in the Army provided me with the knowledge, skills, and professional values that have greatly contributed to my success as a dental assistant with the Indian Health Service (IHS), specifically through the Tanana Chiefs Conference (TCC). Tanana Chiefs Conference's vision is to create "Healthy, Strong, Unified Tribes," and its guiding principle of Ch'eghwtsen' emphasizes providing accessible and trusted world-class services with unconditional love, compassion, dignity and respect.

The training and experiences I gained while serving in the military prepared me to work effectively in diverse environments, manage complex logistical operations, deliver high-quality patient care and adapt to the unique challenges of serving Alaska Native communities. The foundation I built in the Army continues to influence my daily work and has helped me become a confident healthcare professional and an essential member of the Rural Dental Services team.

During a typical day, I coordinate all of the dental gear (600 pounds) to send to our villages. I work closely with the Bio-medical teams and even learned to repair some equipment when we are in remote areas. I also coordinate with the airlines that transport our equipment, ensuring that it is on the ground when we are ready to begin dental care. Additionally, I have the honor of coordinating care with the tribal leaders in each of the villages. I also not only take care of the GSAs, to include servicing them and keeping them roadworthy, but I also train all incoming staff to ensure they can work independently in the villages.

One of the most significant benefits of my Army experience was learning the importance of planning, organization, accountability, and mission readiness. As a dental assistant in the military, I learned that successful patient care depends not only on clinical skills but also on having the right equipment, supplies, and personnel available when and where they are needed. These lessons directly support my current responsibilities at TCC, where I coordinate the sending, receiving, tracking, and repair of village travel equipment used by dental teams throughout the travel season. Maintaining accountability of valuable dental equipment requires attention to detail and strong organizational skills, both of which were reinforced throughout my military service.

I also train new dental assistants who will participate in the village travel season. The Army



Dental equipment tightly packed aboard the plane

also taught me the importance of thorough documentation and accountability. In my current role, I maintain manifests, waybills, shipping records and billing documentation related to village travel equipment and supplies. These responsibilities require accuracy and attention to detail to ensure equipment reaches its destination and returns safely.

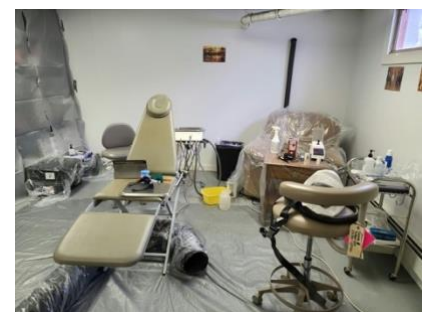
A significant portion of my position involves managing supplies and equipment needed for village travel. I monitor inventory levels, review expiration dates, coordinate replacement of outdated equipment and assist with acquiring new supplies when necessary. I also revise packing lists, PPE requirements and travel check-off sheets to support efficient travel operations.

Finally, my military service reinforced the importance of professionalism, compliance and ethical responsibility. In my current position, I follow all applicable policies and procedures while ensuring the privacy and confidentiality of patient information in accordance with HIPAA and other federal and state regulations.

My experience as a dental assistant in the Army has been instrumental in shaping my career with Tanana Chiefs Conference. The clinical skills, leadership abilities, logistical coordination, documentation practices, adaptability, teamwork and commitment to service that I developed in the military have prepared me to support Rural Dental Services and the communities we serve. I love working with our beneficiaries to help with their dental needs. I work with a staff of 55 in our Fairbanks clinic and we service 18,000 beneficiaries throughout 28 villages. The largest village has a population of 500 people, and the smallest has only four. Living in Alaska has brought so much peace into my life and has made me very happy. Although the winters can be harsh, I love the people and Alaska. I wouldn't want to live anywhere else.



The team even helps load and unload the plane for transport



One of the many clinics at which SSG (Ret) Wells and her team work.



Alaska is a remote but truly beautiful workplace.

About the author: SSG (Ret) Victoria (Vickie) Wells retired from the U.S. Army after serving in various duty stations around the world. Since that time, she has been working with the Tanana Chiefs Conference (TCC), part of the Indian Health Service. In her spare time, she does a lot of fishing, camping, kayaking and ATV riding in the back country and loves to explore the state she calls home. Her two sons live in Alaska as well. One son has just retired from the U.S. Navy while the other is a realtor.

Ed. Note: This article is the first in a series that we plan to publish in the AAD Newsletter, highlighting members of the Army Dentistry Family, and what they have been doing since retirement. Many individuals have continued working in the dental field, whereas others have ventured far from their original profession. If you would like to share how your life has evolved since retirement, have an interesting story to tell, or would like to recommend someone, please contact us at:

assoc.army.dentistry@gmail.com.

Army Dentistry in the News

Army Dentistry Featured in *Military Review*

Executive Summary

The Hidden Casualty Load: Integrating Dental Emergencies into Large-Scale Combat Operations Planning

By BG (Ret) Shan Bagby

The September-October 2026 edition of *Military Review* includes the article "The Hidden Casualty Load: Integrating Dental Emergencies into Large-Scale Combat Operations Planning," authored by a team of active and retired Dental Corps officers and led by LTC Ross Cook. Four consecutive chiefs of the U.S. Army Dental Corps are among the authors. *Military Review* is the professional journal of the U.S. Army, which is published by Army University Press. It reaches the maneuver, doctrine and planning communities, rather than the medical community alone.



The article addresses a gap in exercise design. Warfighter exercises, the Army's largest command-level war games, do not model dental casualties. Because the casualty picture omits the category, commanders never confront a triage or evacuation decision involving a dental patient, and planners never test capacity against that load.

The historical record tells a different story. USCENTCOM documented 34,318 intratheater dental evacuations between 2009 and 2023, with 58 percent moving by ground vehicle. French forces in Mali reported dental emergencies as 16 percent of all medical evacuations. In large-scale combat operations without assured air superiority, those soldiers compete for the same contested ground routes as ammunition, fuel and trauma casualties.

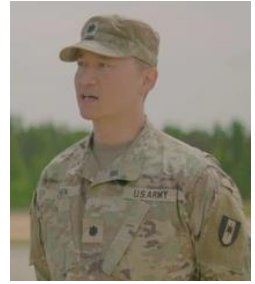
The return on forward dental capability is the counterweight. Where that capability is available, 96 percent of affected soldiers return to duty within one or two visits. Combat power is restored in hours, rather than lost for days to evacuation.

The authors recommend that exercise designers model dental at 15 to 20 percent of disease and non-battle injury, so commanders weigh the tradeoff during rehearsal rather than during execution. [Read the full article.](#)

Innovation Is a Command Problem

By LTC Yu-Sheng (Dave) Chen

This article is reprinted with permission from the [August 3, 2026, issue of "From the Green Notebook."](#)



Military organizations operate with finite money, time, manpower, equipment, and leader attention. Picture those resources as a single pie. Every slice allocated to one priority inevitably comes at the expense of another. Today's readiness, tomorrow's modernization, and taking care of people all compete for the same finite pie.

Innovation complicates those tradeoffs. It may solve an immediate problem, build future capability, or consume scarce resources without delivering either. Yet while countless articles encourage military leaders to innovate, far fewer address a commander's responsibility to govern innovation.

Innovation is not guaranteed to generate readiness, therefore, every innovation effort must justify the resources it consumes. Every innovation effort also competes against other priorities and introduces some level of risk. Military units often evaluate innovation by asking whether a new capability solves the problem in front of them. That is an important question, but it is not the only question. A capability can work exactly as intended and still prove to be a poor investment later. The commander's role is not simply to encourage innovation, but to ensure innovation serves the unit rather than the other way around. Commanders must provide direction, establish priorities, and ensure innovation efforts remain aligned with the mission.

While my experience comes primarily from expeditionary military medicine, the underlying challenges are not unique to medical formations. Across the force, leaders routinely face the same tension between innovation, readiness, and limited resources. Based on my experience as a commander, as well as lessons learned from other leaders, three common icebergs repeatedly appear when leaders attempt to navigate the sea of innovation. Any one of them can turn a promising initiative into a tragedy if leaders fail to properly steer the ship through a sea full of opportunities and risk.

Iceberg #1: Better Is Not Always Worth It

Technology advances every day. If leaders intentionally or unintentionally fall into the habit of chasing the newest device, the latest software, or the next highly rated product simply because it is better than the current one, they risk crippling their organization under the weight of their own modernization efforts. This tendency is especially common in medical units. We are fortunate to have talented providers who continuously pursue education, research, and professional development to improve patient care. As a result, many innovation proposals are supported by the latest research, the newest technology, or positive experiences from the private sector. Most are well-intentioned. Many are backed by peer-reviewed evidence. The

leaders advocating for them are often motivated by concepts such as modernization and putting soldiers first.

There is nothing inherently wrong with that. The danger emerges when leaders stop asking whether the improvement is worth the investment.

As commanders, we must see the entire formation, not just the capability being presented. Is the newer version significantly better, or merely marginally better? Will it dramatically improve outcomes, or simply save one minute during a procedure without changing the final result? More importantly, does that improvement justify the cost?



There are many mouths to feed within a unit. A modernization effort that costs a fortune to improve one section's performance from 92 percent to 95 percent may be a poor investment if another section is struggling to reach 75 percent and requires resources to accomplish its mission. Commanders must constantly evaluate opportunity cost. Every dollar, hour, and ounce of leader attention invested in one project is unavailable for another.

A unit can acquire the latest equipment while failing to strengthen the formation as a whole. This challenge is not unique to medicine. Across the force, leaders must ask the same question: Does this improvement justify the resources it will take from other priorities?

The commander's responsibility is not merely to identify what is better. It is to determine what matters most.

Iceberg #2: Capability Without Infrastructure

In military medicine, there is no shortage of opportunities for modernization. In fact, as of today, I still have equipment and supplies sitting in my unit's warehouse that I previously only saw in textbooks from dental school 15 years ago. This is not a nostalgic compliment—it is a reminder that some of our equipment is long overdue for replacement. However, before leaders enthusiastically pursue the next capability upgrade, they often overlook a critical question: Can the current infrastructure actually support the upgrade?

During my current command, I discovered several modern dental systems sitting unused in storage. On paper, they offered impressive new capabilities. In reality, they demanded an infrastructure our expeditionary environment could not reliably support. A dental crown crystallization furnace, for example, is only one piece of a much larger system requiring digital scanners, design software, milling equipment, computers, and the electrical power to operate them all. Individually, each component appears manageable. Together, they place significant

demand on the same limited power grid supporting every critical function inside a field dental operation.

Now consider the environment. Sterilizers, X-ray systems, field sinks, ultrasonic cleaners, lighting, and water distillers are already competing for power from a single authorized 15 kW Tactical Electric Power (TEP) generator. Experienced NCOs carefully sequence equipment use and monitor demand to keep the system running, but even disciplined load management cannot always prevent power interruptions. Add a furnace, scanner, and milling machine into that same tent, and the question is no longer whether the capability works. The question becomes whether your infrastructure can support it without compromising everything else.

The moment you irreversibly burn out your generator, your mission is over.

That is the difference between a clinician's focus and a commander's perspective. A capability that performs flawlessly inside a modern hospital may fail completely in an austere environment where electricity, maintenance support, transportation, or trained personnel become limiting factors. Before investing in a new capability, commanders must first determine whether their infrastructure can sustain it.

While this example comes from expeditionary dentistry, the lesson extends across the force. New capabilities often arrive faster than the infrastructure required to support them. A capability that exceeds the system supporting it can quickly become a liability rather than an advantage.

Check your infrastructure before you check out your shopping cart. Otherwise, the capability you worked so hard to acquire may become the very thing that chokes your mission.

Iceberg #3: The Future Day of Reckoning

In another article, [Single Point of Failure: Rethinking Medical Sterilization on Tomorrow's Battlefield](#), I proposed the M-D-S Trifecta – mobility, durability, and sustainability – as a framework for evaluating expeditionary capability. Any innovation effort that cannot satisfy those three requirements should be carefully scrutinized before adoption. While all three matter, the sustainability and durability portions are often where the true bill eventually comes due.

Sometimes, the acquisition cost may actually be the smallest bill you will ever pay.

Across the military, new capabilities often generate second-and third-order sustainment requirements that receive far less attention than the new capability itself.

Many innovation efforts focus heavily on what a new capability can do today while overlooking what it will require tomorrow. New capabilities frequently bring new equipment, specialized maintenance requirements, unique repair parts, software updates, training requirements, and vendor dependencies. Before adopting a new capability, leaders should ask several questions.

Can maintenance personnel realistically support it? If not, will they be trained to do so? How much and how long is the training? Do you need to buy special tools to maintain your equipment? Does the equipment depend entirely on civilian manufacturers for repair? If deployed, can maintenance support be obtained within a realistic timeframe? Even if repair capability exists, how difficult will it be to acquire replacement parts? Are those parts readily available, or are they controlled by a single manufacturer?

Durability presents a similar challenge. Using medical equipment as an example, most modern medical equipment is designed to sit safely inside a hospital and generate value in a controlled environment. It is rarely designed to be loaded into trucks, packed into connexes, transported across rough terrain, exposed to desert heat, frozen in winter conditions, soaked in humid, mold-friendly environments for months, and repeatedly moved from one location to another. Any soldier who has watched equipment being loaded for deployment understands that movement is not always gentle. In fact, almost never gentle. If a capability cannot survive the realities of field operations, then leaders must honestly question whether it is truly expeditionary.

The challenge becomes even greater when innovative systems depend on stable internet access, cloud-based software, or frequent vendor support. Those assumptions are unrealistic during large-scale combat operations. A capability that performs flawlessly in garrison may become ineffective the moment communications are disrupted or support networks become unavailable. During large-scale combat operations, you should not ask whether your communications will be compromised. You should ask when.

As leaders and planners, we must look beyond the immediate benefits of an innovation effort and examine the long-term sustainment burden it creates. The question is not whether the capability works today. The question is whether it can survive tomorrow. Otherwise, a promising innovation effort can easily become a one-time dog-and-pony show whose greatest accomplishment is generating a storyboard rather than generating combat power.

Two Sides of the Same Coin: Risk and Readiness

So far, I've focused heavily on the boundaries commanders should consider when evaluating innovation. However, an uncomfortable question deserves equal attention:

What if the commander is part of the problem?

Many good ideas have died because saying "no" is often easier and safer than accepting risk. Excessive gatekeeping can be just as damaging as reckless enthusiasm. Some leaders embrace every new idea without asking hard questions. Others reject innovation simply because doing things the way they have always been done feels safer. Neither approach serves the organization.

Instead of asking whether an idea is new, exciting, or technologically impressive, commanders should ask different questions. *Does it solve a meaningful problem? Can the organization*

realistically sustain it? Does the expected benefit justify the cost? A disciplined evaluation process is not about killing ideas—it is about separating promising ideas from expensive distractions.

That is why I believe organizations should establish a recurring innovation board as part of their long-range training calendar. Its purpose is not to approve every idea or reject every idea. Its purpose is to create a forum where subject matter experts challenge assumptions, expose hidden costs, and provide informed recommendations before resources are committed.

The final decision still belongs to the commander. However, a transparent process makes it more difficult to dismiss a promising idea simply because it feels risky—and equally difficult to support one simply because it sounds exciting.

Over time, the Army has taught me an important lesson: do not rely on individuals alone. Good leaders eventually leave. Bad leaders eventually leave. What endures are the systems and standards organizations establish. The goal is not to create a culture that blindly accepts every idea or rejects every idea. The goal is to build a system that consistently evaluates innovation through the lens of readiness, sustainability, and mission requirements.

Innovation is a coin with two sides. One side carries the risk of wasting limited resources. The other carries the possibility of improving readiness today or tomorrow.

Before we flip that coin, shouldn't we all want a system that reduces risk while improving readiness?

One Last Slice

Innovation is essential for both today's readiness and tomorrow's modernization. But innovation without stewardship can easily become a distraction, waste, or liability. Commanders do not need to understand every technical detail, but they must ask the right questions: Does this capability solve a meaningful problem? Is it worth the resources it consumes? Can the organization support and sustain it? The commander's responsibility is to encourage good ideas while ensuring innovation remains aligned with readiness, mission requirements, and the needs of the formation. Innovation must serve the unit—not the other way around —because the pie is never big enough for every project.

About the author: Lieutenant Colonel Yu-Sheng (Dave) Chen is a board-certified comprehensive dentist (63B) in the U.S. Army and currently serves as the commander of the 257th Dental Company Area Support, 44th Medical Brigade, Fort Bragg, North Carolina.

In Memoriam

In memory of our fellow service members, civilians and friends who gave so much to Army Dentistry and to our Nation. Together we celebrate their accomplishments and contributions. If you know of someone who served in or support U.S. Army Dentistry and who has passed, please send the obituary by email to: assoc.army.dentistry@gmail.com, or mail to: Association of Army Dentistry, 18203 Rim Drive 101 #1146, San Antonio, TX 78257.

Axinn, Sherman, COL, USA (Ret)

8-2-1935 – 7-28-2026

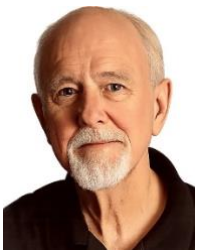


Sherman Axinn, 90, of Ocala, FL., passed away on July 28, 2026. He was a career U.S. Army Dental Corps officer, prosthodontist, educator and longtime member of the Army dental community. Dr. Axinn was also an active contributor to the professional dental literature. Following his military career, Sherman and his wife, Carolyn, eventually made their home in Ocala, Florida.

[COL \(Ret\) Axinn Obituary](#)

Anderson, David, LTC, USA (Ret)

1-7-1951 – 7-15-2026



David Charles Anderson, 75, of Minneapolis, Minn., passed away on July 15, 2026. He retired as a board-certified prosthodontist in 2000 and joined a private practice in Columbia, SC before continuing work in Green Bay, WI. He was a man of character, integrity and warmth, and known for his quick wit and infectious smile. He was a dedicated service member, a mentor to many, and most of all a beloved husband and father. [LTC \(Ret\) Anderson Obituary](#)

Remembering Our Past – Honoring Those Who Served

The Association of Army Dentistry (AAD) is committed to preserving the legacy of Army Dentistry and honoring those who served in the past. Through the help of the American Dental Association (ADA), the AAD has begun to collect the names of U.S. Army dentists who were killed in action or died of non-combat injuries or medical conditions during World Wars I and II, the Korean War and the Vietnam War. The original entry to the ADA building at 211 E. Chicago, in Chicago, Ill., included a courtyard known as the War Memorial Court, which was dedicated to military dentists who were killed or died during these wars. The names of these dentists were carved on three marble tablets located on the back wall of the court. The War Memorial Court also included a large, three-figure sculpture representing the family, which was dedicated in a formal ceremony on Aug. 14, 1969. The ceremony included a military honor guard, an invocation by Cardinal John Cody, Archbishop of Chicago, and a bugler sounding taps. The chiefs of the Army, Navy and Air Force dental corps also participated in the memorial ceremony for the 160 dental officers who were memorialized on the plaques. MG Robert B. Shira, chief of the U.S. Army Dental Corps at that time, was in attendance.

In November 2006, during a major renovation of the ADA lobby, the family sculpture was removed and temporarily stored in a warehouse. The renovation enclosed the east and west courtyards of the building behind a glass wall and the War Memorial Court tablets were removed. After the renovation was completed in April 2008, the sculpture was reinstalled in its current location in the front west exterior corner of the building, to the right of the entrance. The tablets, which had sustained damage from being displayed outdoors for many years, were reinstalled later in the enclosed courtyard. When the ADA headquarters moved to its current location at 401 N. Michigan Ave., the tablets were again placed in storage. The memorial is now a digital display, which is located across from the ADA Board Room. The AAD thanks the ADA for its long-standing support of military dentistry and for its assistance in honoring those who died in service to our country.

Included below are a few Army dentists who have been identified by the ADA. You will notice that we are missing some birth dates and dates of death. If you have any information about these individuals, please forward it by email to assoc.army.dentistry@gmail.com. The AAD will recognize more of these dentists in future issues of its newsletter and on the In Memoriam archive on the association's website at www.associationofarmydentistry.org.

Alexander, Albert L.

Date of death: 1941-1945

Allen, Joe Hammon, CPT, USA 12-16-1913 – 09-07-1943



CPT Joe H. Allen was born in Enid, Okla. Following graduation from Western Dental College in Kansas City, Mo, in 1937, Allen worked as a dentist for the U.S. Public Health Service in New York City and then in San Francisco. He entered the Army Air Corps on June 28, 1940, as a 1st lieutenant and was later promoted to captain. Allen served as a dental officer in the U.S. Army Medical Corps in the Philippines. Following the fall of Bataan in April 1942, Japanese forces captured Allen and other U.S. Army personnel. Allen survived the 65-mile Bataan Death March and spent more than two years in Japanese prisoner-

of-war camps, including the Davao Penal Colony. As the liberation of the Philippines approached, Japanese forces began transferring POWs. Allen was shipped out on the Shinyo Maru, one of several Japanese "hell ships," which secretly carried POWs to Japan to work in prison camps. Because the Shinyo Maru was unmarked and Allied forces did not know it carried Allied POWs, the American submarine USS Paddle torpedoed the ship off Sindangan Point, Mindanao, the Philippines, on Sept. 7, 1944. Out of the 750 American POWs in the cargo hold, 668-688 were killed by the torpedo explosion, trapped as the ship sank or shot by Japanese guards as they tried to escape the hold and swim to shore. [Read more about CPT Allen.](#)

Appel, Maurice, CPT, USA

04-03-1893 – 07-05-1944



Barry, Frederick C.

Date of death: 1941-1945

Bernheim, Julien Rex, COL, USA

3-13-1879 – 3-6-1943



COL Julien Rex Bernheim was the son of Jacob Aron Bernheim and Babette Levi. Bernheim graduated from the College of Dentistry at the University of California in 1900. He served as a contract dental surgeon in the Philippines and was later stationed at Fort Slocum, New York. He transferred to Fort Logan, Colo. in 1912, where he served during World War I. On June 15, 1928, Bernheim was named director of the Dental Division at the Office of the Surgeon General and the fifth chief of the U.S. Army Dental Corps. He served in that capacity from 1928 to 1932. After retiring, Bernheim was recalled to active duty for WWII. He died of a non-combat illness on March 6, 1943. He is buried at the National Cemetery in San Francisco, Calif. [Read more about COL Bernheim.](#)

Baker, Miles Luther, MAJ, USA

09-16-1898 – Unknown

Bethea, William Linton

11-06-1894 – 08-21-1944



William Linton Bethea was born on Nov. 6, 1894, to Emmett and Lulu Bethea, in Greensboro, Ga. In 1912, Bethea completed high school and entered dental school. After graduation, he joined the Georgia 5th Infantry of the Georgia National Guard as a 1 st lieutenant in the Dental Corps. The unit was federalized on July 31, 1916, and deployed to Camp Cotton in El Paso, Texas, to protect the U.S. border from incursions by Poncho Villa. The unit returned to Georgia in March 1917. Bethea was promoted to captain on April 13, 1918. During World War I, he shipped overseas with the Medical Department of the 118 th Field Artillery Regiment/31 st Division. On March 21, 1919, Bethea was reassigned to the American Expeditionary Forces (AEF) Staff Headquarters. He was promoted to major on May 3, 1919. Returning to the states on July 5, 1919, aboard the Vessel Caserta sailing from Marseille, France, Bethea was discharged from the Army on Aug. 22, 1919. Baker remained in the Army Reserve and in 1920 he was practicing dentistry at the Veteran's Hospital in August, Ga. In the late 1930s he transferred to the Veteran's Hospital at Fort Bayard, N.M., a tuberculosis hospital and research center. During World War II, Fort Bayard was reactivated to house German prisoners. On Feb. 25, 1944, Baker was ordered to active duty as a captain in the U.S. Army Dental Corps while still at Fort Bayard. On Aug. 21, 1944, he suddenly died of a non-combat medical condition while still at Fort Bayard. [Read more about MAJ Bethea.](#)

Note about the historical significance of Fort Bayard

The Army established Fort Bayard, in the southwest corner of New Mexico, in 1866 to protect miners and other settlers along the Apache Trail. Soldiers from Company B/125 th Colored Infantry Regiment built the original structures and garrisoned the fort from 1866 to 1900. In 1899, the U.S. Army Surgeon General George Miller Sternberg chose Fort Bayard for the first Army tuberculosis hospital and research center. It was transferred to the Surgeon General's department in 1900. In 1920, it transferred to the U.S. Public Health Service to administer a

veteran's tuberculosis hospital and then became part of the Veteran's Bureau in 1922. During WWII, the fort was reactivated as an Army installation to house German prisoners of war.

Bobrov, Sol A. Date of death: 1941-1945

Boland, Martin F. Date of death: 1941-1945

Brantlinger, Francis Date of death: 1941-1945

Brewer, Harlow I. 08-30-1912 – 10-31-1942

Harlow I. Brewer was born in Nebraska and attended the University of Nebraska College of Dentistry. Following graduation he established a private dental practice in Blair, Neb. After joining the U.S. Army just before the outbreak of World War II, CPT Brewer was stationed in the Philippines. Brewer became a prisoner of war following the Japanese invasion of the Philippines and the fall of Bataan and Corregidor. He was held at the infamous Cabanatuan POW camp, where he served as a dental officer in the Field Section Dental Clinic of Camp #1. Brewer died during captivity. After the war, Dr. Don Waggener, a close friend and dental school classmate of Brewer who was assigned to identify deceased service members, positively identified Brewer's remains using his dental records. [Read more about CPT Brewer](#)

Brooks, Robert John 11-17-1892 – 01-16-1943

Robert J. Brooks was born on Nov. 17, 1892, in Wauwatosa, Wisc. He graduated from Marquette University School of Dentistry. He served in World War I as an enlisted soldier and in World War II as a dental officer. MAJ Brooks suffered a massive heart attack and died on Jan. 16, 1943, while on leave from Fort McCoy, Wisc. [Read more about MAJ Brooks](#).

Brt, Otto K Date of death: 1941-1945

Butcher, John West 02-16-1916 – 02-04-1944

John W. Butcher graduated from Dunbar High School in Washington, D.C. and received a bachelor's degree from Howard University. In 1941, he earned his Doctor of Dental Science degree from Howard University College of Dentistry. After graduation, he served as a dental intern at the Guggenheim Dental Clinic in New York City. He was called to active duty in the Army on Oct. 15, 1942, and assigned to Fort Huachuca, Ariz., as a 1 st lieutenant in the Dental Corps. Hi completed desert training in Indio, Calif., and was subsequently assigned to Fort Gordon, Ga., where he was promoted to captain. He died in Hospital Sudbury, Derby, England on Feb 4, 1944. [Read more about CPT Butcher](#).

From the Admin Desk

By Frank Nasser, COL (Ret), AAD Executive Director



Each fall, we reach out to our members and Newsletter readers with a simple but important message: Help Us Grow!

The strength of the Association of Army Dentistry comes from its members. Your support helps us preserve the history and traditions of Army Dentistry, build morale and esprit de corps, recognize outstanding service and keep the Army Dentistry family connected.

There is strength in numbers – and this year, we're adding a little extra incentive to our Fall Membership Drive. Recruit three new AAD members and receive a full year of AAD membership – FREE!

Already paid up? You can use your free year as a Gift Membership for someone else.



Think about the people you served with, worked with, trained with or mentored over the years. A personal invitation may be all it takes to bring someone into the AAD. Membership is open to all who support Army Dentistry and the goals of the Association, including active-duty and reserve component officers, enlisted soldiers and NCOs, retirees, spouses, surviving spouses, family members and civilians.

And if you were once an AAD member but let your membership lapse, come on back! Growing the AAD isn't just about finding new members – it's also about reconnecting with old friends and keeping our Army Dentistry family together.

We need volunteers, too!

Growing our membership is only part of the mission. We also need members willing to get involved. We're looking for volunteers to help with several committees and projects, particularly our developing Scholarship Initiative and Social Activities Committee. A little of your time can make a big difference. Lead a project, serve on a committee, help with an event or simply lend your expertise when needed.

So, this fall we're asking every member to consider doing two things:

1. Invite someone to join
2. Consider becoming more involved yourself.

Stay connected by following the AAD on [Facebook](#), [Instagram](#) and our [website](#).

Download the [Membership Form](#) or contact use at assoc.army.dentistry@gmail.com if you're interested in a Gift Membership or in volunteering?

From the Editors



This month, your AAD is announcing a new initiative to benefit Army Dentistry families. Beginning in the Summer of 2027, the AAD will award scholarships to select high school seniors and graduate students who meet published eligibility requirements. The Scholarship Committee and the AAD Board of Directors are finalizing the details. Watch for more information about the program and the application process in future newsletters and emails, and on the AAD website.

Remember, this is YOUR newsletter. We welcome ideas and input for every newsletter to keep content fresh and interesting. Do you have a story to tell about your Army dental career or your transition to civilian life that you would like to share? Please send to: Association of Army Dentistry at assoc.army.dentistry@gmail.com.

Jay Etzenbach, COL (Ret), Editor
Ron Lambert, COL (Ret), Editor Emeritus
Susan Allen, Copy Editor

Champion Advocacy. Strengthen Army Dentistry.

AAD ADVOCACY PROGRAM

Dedicated to promoting policy and resources that enhance the readiness, professional development, and quality of care provided by Army Dentistry teams.

- Legislate & Fund
- Force Readiness
- Advance Training & Certs
- Secure Resources & Partnerships

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The AAD is your organization!

*The Association of Army Dentistry is a non-profit 501(c)(3) organization.
We are a philanthropic organization dedicated to honoring the past, supporting the present
and inspiring the future of Army Dentistry.*



The Association of Army Dentistry



VISION

“The Association of Army Dentistry honors our past, supports 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.”

AAD STRATEGIC PILLARS



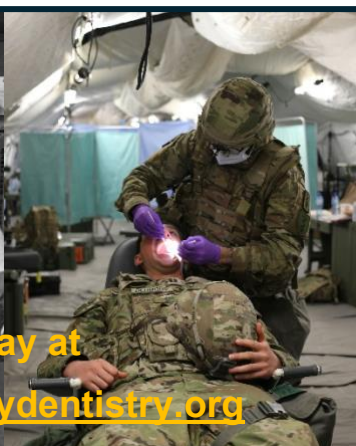
Association of Army Dentistry

Honoring the Past, Supporting the Present, Inspiring the Future

Past



Present



Future



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