

Oral History Interviews, Volume 2

US Army Dental Corps

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Special thanks to the Army Medical Department Center and School Audio Visual Studios for hosting and producing these interviews, and to the interviewers, Colonel James R. Honey and Colonel Timothy K. Jones for conducting the interviews.

A1701-08-0111

US ARMY GENERAL OFFICER'S ORAL HISTORY INTERVIEW
MAJOR GENERAL (RET) JOHN J. CUDDY

Good morning. This is an oral history interview with Major General John J. Cuddy, the twenty-second Chief of the US Army Dental Corps from 1 December 1994 to 1 December 1998. Major General Cuddy also held numerous AMEDD general officer positions culminating in the Deputy Surgeon General. He was interviewed by Colonel Timothy K. Jones.

Major General Cuddy, good morning, sir.

MAJ GEN Cuddy: Good morning, Tim, how are you?

TIM: Very good, thank you.

1. What was the world's situation when you assumed duties as a general officer and were there any world events during your tenure that influenced you?

MAJ GEN Cuddy: I think you have to go back just a little bit before that when I first came into the Army in 1969. Of course, Viet Nam was cutting back, so we lived through all those issues of building up the force again and taking down the force, and then building it back up, it was an interesting time. But by 1990's, the first Gulf War occurred. That certainly had a big influence on what happened to the Army Medical Department especially in Europe. I was really quite familiar with circumstances because of the fact that we had deployed the VII Corps, and they never came back. The units went back to the states, or disbanded, or reflagged. This had a big impact on how we were going to provide care in Europe. During the war of course we had, I think, three large reserve hospitals committed to us and that whole issue of how do you use the reserves and the backfill became a learning lesson for us, and I assume was something later in life that was used. After that we had the issue with "drawing down.". If I remember correctly, I think we were at twelve divisions, and we went down to ten. So the medical support for Europe became number one issue, and of course what do you do about re-stationing of all those sort of problems. The Berlin wall came down when we were over there too. So Europe kind of fell apart. I should say we went from looking to fight a big war to trying to figure out how to take care of all of the people that were there.

2. Sir, you held a variety of AMEDD general officer positions in your tenure. What were your most significant activities and successes? Let us start with first as a Deputy Commander of the 7th Medical Command.

MAJ GEN Cuddy: I think it was what I alluded to earlier that the biggest challenge was when I was assigned to the Seventh Medical Command. But I was only in the front end of it, Mike Scotti and Bob Brady, who followed me over there, finished it. It was the

redefining how we were going to provide care to all the disparate parts of Europe as we closed caserns and brought back the medical troops and the fighting troops and redistributed them to different installations. It posed the problem of how do you provide that care and keep and meet everybody's expectations and that was probably the biggest thing we had to deal with over there. Later on I went up to the schoolhouse, and I worked for Cid LaNoue, and worked the reorganization of the Army Medical Department. I was there from day one when Cid gave the marching orders, and I was in Washington D. C. working for Ron Blanck when we merged the two staffs. So I got to see the whole spectrum of how we reorganized the Army Medical Department from the individual MEDCENS into the Regions and how we lined up the dental support and the vet support and the logistic support. While at the schoolhouse there was always a threat that TRADOC was going to put their arms around us and bring us into their command. I believe that was a real threat for probably eighteen months or longer, and General LaNoue was able to fight that off. When I was selected as Deputy, I was more or less the go-to-guy with regard to the dollars, and allowed to manage the budget. Therefore, I dealt with the regional commanders and the chiefs with regards to the dollars and that kept me pretty busy. The other issue of the day was I worked "on the Hill" for whatever issue we had to get. We were over there a lot talking to the different congressional committees and doing that sort of work. My big accomplishment was getting offices back into the Pentagon. We put two general officers back into the Pentagon under General Blanck's tenure. Actually when he came on board, you have to understand where Blanck came from, he came from Walter Reed. He was pretty connected in the National Capital Region, and his sensing was that we had kind of alienated "Mother Army" by not being in the building. All of the medical command staff was at Skyline. His first direction was to figure out how to make that work. So in the end we got a little cubbyhole, and I think it is a little bigger cubbyhole today.

3. Sir, any notable issues when you were Commander of Fort Sam Houston?

MAJ GEN Cuddy: I think the notable issue was the Base OPS issue, quite candidly, when we took over from 5th Army. General LaNoue allowed me to do that, which was a really great honor. When we took the flag, we found out they had put no money into the infrastructure for a long period of time. So it became an issue of not only worrying about all the medical centers and the medical clinics that we owned under the umbrella of the Medical Command, but also had to find money whatever way we could, to fix the light, sewer systems, and the streets of Fort Sam Houston. I am sure it is an ongoing issue, and I am sure it is just something that every Army post has to be concerned about. If you didn't have guys that pulled triggers on your post/camp/station, they didn't give you money .

4. Sir, how did these AMEDD general officer positions affect your relationship with the Army Dental Corps?

MAJ GEN Cuddy: Well, starting with my predecessor General Tempel, because of the reorganization, we had to wear two hats. He was Chief of the Corps and became the Deputy Surgeon General. As a result, therefore, you had to sort of power down the day-

to-day operations of the Corps to only the policy decision side of the house. The day-to-day operations for the Dental Corps subsequently all had been pushed down to the DENCOM and the Dental Corps senior staff officer. Europe had someone that did it for them over there. He was in the 30th Medical Brigade. Of course, Korea was an independent entity, and it took care of itself, and Japan was kind of out there. Thus, the day-to-day operations were really done by the Colonels. And the general was simply one that, when he needed to know, he would be briefed. That is probably the best way to describe it to you. As a result, we put in place some people that really were empowered to do day to day operations. My senior staff officer was told that he basically did the policy parts for the Dental Corps and would come to see me when he wanted to have a policy implemented, but he did all the "nuts and bolts". My assignments officer simply was empowered to make the assignments for us, and in most cases we never argued about them. The DENCOM ran the dental day to day in the states, and then we had someone down here, the Dental Corps Executive Officer, who did overall coordination.

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

MAJ GEN Cuddy: I think my major objective was to "stop the bleeding" of the Corps. If you looked at where we were, at one time we were about 1600 officers give or take a few. We dropped down to about 1200 something, when I took it over it was around 1160 or 1140. The issue of the day was, we were going south, and we were not being able to retain quality mid career soldiers nor the people on the senior ends who had all the experience. We were having trouble recruiting. And Tim, we had at that time, I think, somewhere around 50 to 100 contracts dentist sitting out there, and they were getting pretty expensive because we were paying somewhere between \$120,000 and \$140,000 apiece for them. So my objective was to put together a group of young colonels to study the issue. And my guidance was very simple, just figure out how to come back to me and tell me what was going to work so that we can recruit some more quality people and retain the ones we have. After a period of time, and I would say two or three months, basically the big decision was the Heath Promotion Scholarship Program (HPSP) for recruitment, and an accession bonus if we could get it, some kind of bonus for the young officers (probably a retention bonus for the lack of a better term), and then a long-term bonus for the mid grade and senior officer. Once we had the azimuth, the problem became finding the money. It took us probably eight to ten months working with the DCSPER, the M&RA and the Army CAR, cause you had to have all three lined up to get HPSP. The CAR owns the slots so you had to talk him out of, well at that time we wanted 80 x4 so that is 320, so he had to give us 320 slots over a four year period. The M&RA had to find the money and the DCSPER, was the person who had to find the positions in the lieutenant-type positions somewhere in the Army. So it became somewhat of a struggle to do all that. Bob Leeds was involved and so was Joe Webb. They were the primary people that carried the water, and it culminated actually when the Deputy DCSPER went to bat for us and was able to convince the M&RA to find the money and find the slots and then from there it kind of evolved into what it is today. In the end it was somewhat fixed but not totally. We still had to sell it, which has been and

continues to be an issue I believe. We were able to get the HPSP because there was enough within the AMEDD, that they had not used, it was a matter of redistributing them, and that is where the DCSPER came in handy. Actually, our need for help were reduced, once we got the money and the "slots". Then you had to POM it when I left it was in the O2 POM. I followed it a little bit, and I believe it is in the out POM, and so I think the money is there. That was probably the big nut.

6. Sir, what were your major objectives upon assuming duties as the Deputy Surgeon General and what were you able to achieve?

MAJ GEN Cuddy: Well Deputy Surgeon General is an interesting job. It depends upon the personality of the people you are dealing with. I worked initially for Cid LaNoue. I was told actually down here in my house in San Antonio that I, as Commander of the Center School, was going to be the deputy and the transition person between him and General Blanck. Cid LaNoue was a person who was bright, a little bit of an introvert, did not like to go to meetings too much, so I became the point man for the Army Medical Department. I would attend most of the meetings, ran the budget, which was very helpful because once you own the money, everybody follows you sort of whether they like to or not. And then Ron Blanck came along, and Ron is more of an extrovert, so you just had to be somewhat of a chameleon and change positions, and I became the guy behind the scenes doing the day to day stuff, and Ron was out working "the building" and working DOD. As far as accomplishments, the accomplishments are better as Deputy Surgeon General. Cid LaNoue's big deal was to get the reorganization to a point so that the next person who came in could take a look at it, "tweak it", and then we would set it in concrete, as much as you can set something like that in concrete. The other issue he had was trying to establish a working relationship with DOD. Prior to that, the three services didn't really get along very well. An admiral by the name of Ed Martin was over at the DOD, and Health Affairs kind of drove all three Surgeon Generals together. And if you understand how the money flows, the money flows from DOD to the services so you had to really play at the table if you wanted your money. I felt that those were the two big things that were going on during LaNoue's time. When Blanck came along he wanted to actually do a further look at the reorganization. He was fairly pleased with the regional concept. We "tweaked" it on the margins a little bit, but not much, and then he did the hard thing to do and that was to merge the two staffs between San Antonio and the National Capitol Region. No matter how many times we would walk into the room and tell people, "Look you are not going to lose any positions, nobody is going away, all we want to do is realign the duties and what you are going to have do." There was a resistance, but in the end, you out wait people or you move them and it kind of blended together. And I believe that is pretty much what you have today.

7. Sir, what was the most significant change during your period as an AMEDD general officer?

MAJ GEN Cuddy: Oh, I think the reorganization is the most significant change. It changed the duties of the general officers significantly. It forced them to act like generals instead of colonels. I will use the Medical Corps as an example. It forced them

to think in terms of how do you provide care to a large catchment area. You cannot do it all in-house. You are going to have to buy some support outside. How do you deal with contractors to make that work and how do you get the best buy for the buck. More tri-service things occurred, be it training, or be it just across the whole board actually. Some more VA ventures occurred. Trying to leverage dollars and people. Actually the VA with regard to this fact, are a bigger buyer than DOD, if we could merge and buy some things together, we could drive the cost down. Drugs were an example. We did some drug buys that did that. Those are probably the big things that occurred.

8. What technological advances occurred during your tenure that impacted operations and doctrine?

MAJ GEN Cuddy: The first thing that happened is we connected everybody together with televideo conferencing. I had one in my office. You could walk in, punch a button, and talk to somebody half way around the world if you wanted too. So it will give you that instant communication, and I assume it is more advanced today. The whole concept of the electronic dogtag was developed during that time frame in the development outside of the house, and we worked long and hard on that up at the MED RD. So I think it was just the introduction of technology, and 1) how it enhances your ability to provide care, and 2) provide you the force multiplier you need when you do not have the bodies.

9. Sir, what was the most difficult task you faced as Corps Chief?

MAJ GEN Cuddy: Probably before I was Corps Chief, the most difficult task was sitting on the board that told officers they had to go away. That was probably the toughest job I had as a senior colonel. As the Corps Chief, probably the toughest job I had was kind of letting go of all the day-to-day operations. You know you spend your whole life to get where you are going and you kind of like to run it your way, but I just really didn't have time to do that. And the third thing was, probably we were never successful in getting a reserve general officer in the dental side of the house back. We had lost it under General Tempel, and it is a fact that General Reimer would not replace it, and we fought long and hard to get one. I mean we went through every one of the Chiefs, the Vices, the DCSPER, the CARS. They all agreed, but nobody would give a body up, and it was a matter of finding the position somewhere that they would be willing to give up so we could put a general officer against it. Later on towards the end, of course, Ron Silverman was able to get a star, but that was commanding a hospital. So that is probably the biggest disappointment I had is we did not have a reserve general in the reserve side of the house.

10. Sir, what was your most difficult task as the Deputy commander of the 7th Medical Command?

MAJ GEN Cuddy: I would believe that it was a little bit before we deployed the medical assets from Europe. I was colonel promotable. I guess I was the deputy then. We got a call on, I think, it was either Saturday or Sunday from 7th Army OPS, and he said we

are going to deploy the Corps, and you guys need to get together and develop the medical force package. I got the boys and girls together with the MEDCOM OPS Office Colonel Ed Bradshaw. We all met and started talking about it, and we did not know which Corps was going, but we all assumed it was the V Corps. Well, then much to our surprise when we finally got the order, and it said it was the VII Corps. We had to rethink that a little bit, but in the end that was tough, getting the Corp out of there, getting the hospitals into the theater, and the dental support, the vet support, and all that sort of thing, because we had to really scramble to find all the assets that we needed to make that work. And then the backfill of the reserves was another whole issue that we had to deal with because they really thought they were going to theater, they did not think they were coming to us as a backfill. We took reserve hospitals, split them up, and put them throughout Europe. They were not very happy campers initially, but we provided support to them. The best part was bringing the deployed force back home. All of the medical units came back to Europe.

11. What was your most difficult task in Health Services Command?

MAJ GEN Cuddy: The reorganization probably was the most difficult task.

12. What was the most difficult task as commander of AMEDD Center and School?

MAJ GEN Cuddy: Finding the money was probably most difficult. The one good thing I had was I wore two hats. I was the deputy of the MEDCOM and I had the money. General LaNoue allowed us to move money around to fix the schoolhouse as much as we could. We also had some DOD money we could move. But finding the money was probably the hardest part. The schoolhouse, like every place, had not been paid a lot of attention too. We built the NCO Academy while Cid and I were here. We fixed some of the running tracks. We did some other things to buildings. But it all takes money, and the most difficult part is finding the money.

13. What was the most difficult task as Deputy Surgeon General?

MAJ GEN Cuddy: Probably sorting out the DOD fights -- the Navy, Air Force, Army, and VA cultures. They are all very different in some respect, and they all think their culture is the right culture, and so when you try to do collegial things and work together, that gets in the way. It was the DOD conflict that became a little bit of an issue, and we had to work on it every day. Normally the flags could agree, and when it got to the colonels, well that is when we had a problem. Then you had to bring them in and they had to come to an understanding of this is how we are going to do business. If you can't be in the canoe, then get out of the canoe and start to swim to the shore because this is where it is going. And my two counterparts (the deputies) and I, during LaNoue's tenure, spent a lot of time on that. During General Blanck's tenure, it was The Surgeon Generals themselves that did it, and then we (the deputies) became the people that had to make sure it worked.

14. Sir, what was the most pleasurable aspect of your job as the Corps Chief and the AMEDD General Officer?

MAJ GEN Cuddy: I think the people. Being with the people was really great. I mean I spent a lot of time walking around talking to people, seeing what was going on. When I had a bad day at the schoolhouse, I would get my little aide, we would get in the car and drive down, and I would walk through the training area down here to see what was going on. It probably disrupted them a little bit, but that was okay. And just to see how these young men and women would come in, and they were seventeen and eighteen years old, and they do not know their right leg from their left leg. Within a short period of time, they are really very good looking young Americans, and they had a goal in life. So I think that is probably where it is. It was growing people. We spent a lot of time on the Dental Corps side of the house trying to build a cadre of people that were senior, would eventually become the senior colonels, and could move into various significant positions within the Army Medical Department. Because it became very evident up front, to me anyway, and I don't think I would have 100% consensus from my fellow dentists, that if you just stayed in dentistry, we would probably not be around for the long-term. The Dental Corps, as I had mentioned before, had some people go to Command General Staff and off to War College, we had the opportunities to push for different senior staff positions within the Army Medical Department outside of dentistry.

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

MAJ GEN Cuddy: Yes, the reserve issue was unresolved. The recruitment and retention issue was really unresolved. The recruitment end of it, we had in place the right amount of dollars, the right strategy I thought anyway. Not to sound bragadocious, but I think we had the right strategy up front. We could not get the dollars, I believe, Joe (General Webb) got the dollars in the end. We couldn't get the dollars for the long-term retention bonus; we just couldn't get it. Congressional Committees would give us the authorization to do it; they just would not give you the money. And then the money had to come out of Big Army, and Big Army was unwilling to provide that money. In the end, I know that Joe took care of the issue, and it did work. So I think that that was one of my disappointments, I did not have that in place. And the reserve issue, not being able to get a reserve general was really something that we had worked very hard on, and we thought we had a number of times, but we did not get there. So I think that was another fairly significant disappointment for us.

16. Did you have any significant unresolved issues when you left your position as Deputy Surgeon General?

MAJ GEN Cuddy: Well, we were just implementing Tricare in the National Capitol Region, so that was unresolved. We were certainly in the middle of somewhat of a fight over the dollars that were going to be distributed to the services. Because as I said to you before, DOD asked for the money, it comes to the DOD comptroller, it goes to the DOD, the DOD puts their POM out there and says this is how much money I need, and

it drops back down to the Army, and they take it out of the Army budget, and it is just a bypass. Army don't have anything to say about it. It's gone. So it was a balance between, we knew what the Army could afford, and what we needed to do, and it became somewhat of a contentious issue on how many dollars we were going to get, how much the Navy and Air Force were going to get, and I am sure it's how it goes on today. I mean everybody has different opinions about how much they need. The attempt to be more integrated, for lack of a better word, with the VA, we did some things. As I said to you earlier, we did some sharing of hospitals, we did some buy-ins together, but there was a lot to be harvested there, and we could never break that nut. There was too much culture difference between them and us. I think that was a disappointment because we had spent a lot of time on this issue. Those three come to mind, and I am sure there are others.

17. If you were given the opportunity to return to your period as an AMEDD general officer and Dental Corps Chief, what might you do differently?

MAJ GEN Cuddy: I saw that question. I don't know. You could always guess 20-20 in hindsight, but I really do not have a good answer for that question. I don't know. I mean you had to go with the flow, you had to be there with the times, you had to be there with the people involved and it is a very people oriented operation, frequently with regard to how things occur and what happens, so I would have probably like to have more money. I mean at one time for instance, when they BRAC'd Fitzsimmons, we were going to bring the medical repair people down to Fort Sam Houston. There was one other group that was going to come here, and the optometrists technicians were going somewhere over in Virginia. We had BRAC money to take the old Beach and totally renovate it. And we had it. It was right in our hands. And we lost it at the last minute because of political play by the Air Force. They wanted these training opportunities at Sheppard, and everything went up in smoke. It's a game, and you can't get too excited about it. You just have to move on and try to win the next inning. So those are the kinds of things I think you are probably always disappointed about and would like to change a little bit if you look back.

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

MAJ GEN Cuddy: Absolutely. There were probably a number of the Dental Corps officers who were not in agreement with it, and there were certainly a number of medical officers that were not in agreement with where we were going. But the issue of the day was, and probably still is to some degree today, is that, had we not become more streamlined and more efficient in showing we had the ability to (a) provide peacetime care, (b) mobilize in time of war, and (c) be pretty flexible and cost efficient, we were back to the old quality cost access tri-level that LaNoue used to talk about. If you were not able to show all that, I truly believe that what would have happened to us is that the schoolhouse would belong to TRADOC, there was a move to actually do that and blocked. Actually, I think at the vice or the chief's level. There was a move to take our logistics, all our great medical service corps officers on the log side of the house, and

move them down to CASCOM at Fort Lee. That was an ongoing battle, and I am sure General Ursone and General Hill can tell you about those sometime if you are interested. There was also a move to take the medical care and, actually move it under FORSCOM, it would be a subset of FORSCOM. The individual post, camps, and stations then would have more of a direct say in what they have, and when they have it. All of those things did not occur because of General LaNoue and his relationship with both the Vice and the Chief. He came up with this reorganization plan and said we can do this, and here is where we are, and this is what it is going to look like. You may or may not recall when General Sullivan came down, and we stood up to command and he called it the first re-engineering initiative within the Army. I can recall briefing it to the General Officers' Four-Star Board because General LaNoue, I don't know where he was (he was gone), but he sent me, and you know General Sullivan was really someone who pushed this and allowed this to occur so we can thank "Mother Army" for it. I think you can also thank the fact that we had a leader in the Army Medical Department at that time that had pretty good vision, had great vision actually, and he was a good consensus builder. He had a board of directors and so, when he had a new idea, he would bring all two-stars in, and they were all two-stars. One-stars did not get to play. Two-stars came in, he threw out the ideas, and they would wail, cry, and carry on like everybody does, and in the end he won them over, and then we would move on to the next issue. So I think by his building consensus, he was able to make this whole thing work.

19. Sir, were there any specific Army or AMEDD Policy decisions that you disagreed with?

MAJ GEN Cuddy: On the Army side, probably didn't disagree with them, but felt that up until I believe this encounter that we had going on over in Iraq and Afghanistan, the Army really didn't understand the AMEDD and what the Army Medical Department brings to the battlefield. As a result, I think frequently we would have issues during the POM because my fights at the Army level were always for money, money, and people. They would certainly line up and not provide us, in some cases, the money that we needed in the POM in the out years to fund certain items that we thought were relevant, and we needed. Now, when you got to the senior Army leadership, when you got to people like General Shinseki, who had actually been wounded in Viet Nam and who had his life saved by an Army medic and spent a year out at Tripler and understood what we did, then there was support. So when we got to the big table, and everything was being decided, we did have some people there that did help us out, and in the end we did get what we wanted, or we did get as much as we were going to get. So I think on the Army side, it was just the fact that the young colonels did not understand who we were, that they were fighting for their money, and we were fighting for ours. As far as policy, I don't know of any policy that we had great issues with. We, of course, became at some point in time the DOD force protection guy with the great anthrax issue, and we were stuck with putting all that together, and that is a whole other story that you ought to probably one day capture on tape from somebody because that is a great story. That is something that was started from nothing and ended up to be a worldwide tracking system. It was quite amazing what our people were able to do, and that was really

leveraging technology. If somebody just walked in and needed information on this subject within a short period of time, we could tell where everybody was in the world, and if they had their shots or did not have their shots. One of the other lessons that we actually learned out of the Gulf War was we did not know where injured people were when they left the battle. Cell phones, people are picking their cell phones up and calling their Mom and Dad and said "I'm wounded and I'm on my way to somewhere in Europe", and we didn't know where. We had to fix that. Not take their cell phones away obviously, but fix the idea of how that all works. So there were many things that occurred during that time frame that was kind of intermixed with policy and procedures.

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

MAJ GEN Cuddy: That is a tough question. I am probably too close to it. I think it has to continue to evolve. I just recently got back from a meeting, which General Schoemaker was kind enough to invite the old deputies back. The Army has a tough issue, and I think this is where you will see some things happen. Maybe we do not need to be as many regions because of the way we deliver care today, and the fact that the Corps Commander is no longer "the god" that he was at one point in time with regards to resources. The re-stationing out of Europe is going to drive us to thinking about reorganizing. So I believe we are going to see this as an evolving thing. It is going to take another turn, some things are going to happen, and we will just have to see what that is. But I think that if you look at the basic structure of it, you look at the DENCOM, you look at the way the MEDCENS are aligned, you may want to realign them a little differently, but certainly the way they are put in place, the VETCOM and the schoolhouse and certainly Med R&M, DENCOM and CHPPM, you can make tweaks on the fringes, but, you know, the old saying don't kick a sleeping dog when it seems to be working. So I think I would leave it pretty much alone.

21. Sir, how do you feel about such corps issues as AMEDD and Army downsizing although recently we are growing about 65,000 in the Army but overall trend of downsizing and an increase in insurance plans, Family Member Dental Insurance and Retiree Dental Insurance?

MAJ GEN Cuddy: Well, I think it is a matter of balance and resources. If you build the Army, and we are apparently at some rate, I hear different numbers or whatever it is over the next four or five years, you certainly are going to have to build the infrastructure, and in our case I am really talking about the medical infrastructure, to provide the care to the young troops and make sure that they have the quality care that they are entitled too. We have pretty well strained, I think, the system to provide medical care to the retiree and his family member. And so it is pretty evident that once you retire, it may be in the end state a little bit like when at age 65 you have some kind of, in most cases it is Medicare Part A and B, and you go on the outside and get a supplemental and take care of yourself. That's probably where we will end up, and it is going to be a matter of resources. I can tell you as you look at the number of people that are graduating from dental schools and the number of people that are graduating from medical schools, the mix of those people and all those issues that have been there for a

number of years and have just kind of fermenting in a cauldron so to speak, we have to try to reach in and grab some people and there is going to be less and less of them. So, we are going to have to change the way we deliver care to some subset of our population.

22. What is your opinion of the current trends in managed care in medicine and dentistry?

MAJ GEN Cuddy: Well, I think both have had their day quite candidly. It is how you define managed care. If you define managed care as wellness, then I think it is a good thing. If you define managed care as limiting your opportunities to have the care you need and going through a bunch of hoops to get to the next level, then I think it is a bad thing. I personally work in a place now that has a few managed care contracts with it; we kind of ignore them and do what we have to do to take care of people. I mean that is done on an individual basis. So I think managed care has forced us to take a good look at the cost, and that is the thing that is driving everybody to look at it. It is the dollars. But I think you have to redefine the word. It is not a bad word, but it has had a bad rap, and it should be more of like wellness care or something like that in my view.

23. Sir, what do you expect for the dental corps officer of the future?

MAJ GEN Cuddy: Oh, I think he will look a great deal like the one we have today except that he will probably have to be a little more technically competent. I mean, you look where we are today in the technological side of the house, and dentistry is probably the one place where we haven't made some great advances. I mean, that we have done some things like our digital x-rays; we certainly haven't done much with lasers. There is some work with it but not a lot. There are some other issues with regard as to how you do some pretty fancy crown and bridge procedures like CERAC, but again I mean it is just not quite there yet. So my guess is he or she is going to have to be well grounded in the basics. The second is to have a pretty good knowledge of technology because that is what is going to drive us.

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

MAJ GEN Cuddy: You know the few I know are great Americans. They are motivated, they are driven, and they have probably more of an azimuth than I had when I was there. I really just worked for a guy who kind of slapped me up the side of the head and told me this is the way you are going to have to go boy, and I respected him, listened to it, and made it happen. That was actually down here at the schoolhouse. I was teaching in the Dental Science Division. So I don't think my generation was as motivated and as goal oriented, maybe initially, as some of the young kids today. I mean, they come out of school and they know where they want to go and what they want to do. Not all of them but some of them. So I think that's the difference. They have a better concept of where they want to be in life, and we kind of came out and said okay now we are a dentist and what do we do next.

25. What guidance would you give today's Dental Corps officer?

MAJ GEN Cuddy: I don't give guidance. I give a little advice; I don't give guidance. My advice would be to be a continual student. To balance the medical, dental in this case, and your military careers because you got to have both to survive in the Army of the future, and I think it also makes you a better, by doing both, I think it gives a little better concept of who your customer is, what his expectation is, and you establish a relationship that certainly allows you to get to that end state in a quicker way than in the past. They have to be willing to move. I mean that has always been an issue. It is a bigger issue probably today than in the past. I can probably count on my hand eight or ten times on the people that either the husband or the wife worked, and we went to move them, and one of them would not move. They had a good job and did not want to move. I understood that, but you cannot stay in the same place forever. I think that is the issue. It is the mobility part of it that can become somewhat of a distracter in some cases for the Army.

26. Sir, how did the Dental Corps change for the better during your career?

MAJ GEN Cuddy: Well, I think we got smarter young men and women. I think they are more professional. I believe they understood the value of both services, you know being both in the Army and being in the Dental Corps. My sensing was they saw the big picture. They had to be part of the AMEDD family and the Army family. They were not just dentists that went to work and came home. And I think of commitment to probably spend a little more time providing that care than the people in the past have been maybe is evident. I think that was started by General Kuttas, actually, when he started this productivity push and that continued to the people in the future. So I never told anybody what he or she had to do. I just gave commanders a budget and said you have to meet the dollars, have a great day, and go do it. And so I think that is the thing that has changed is that people take responsibility, understand what their role is, and that they go do it.

27. Sir, what was your most significant contribution to the Dental Corps?

MAJ GEN Cuddy: Probably the recruitment and retention dollars I would think. We did kind of introduce a new treatment mold, the Dental Corps re-engineering initiative. I don't know where that is today, but I do think that we probably were able to deliver care a little bit more like the civilian mold only more efficiently. So that was one of the other things that I think we did pretty well.

28. And your most significant contribution to the AMEDD?

MAJ GEN Cuddy: I would guess it would be in the organizational side of the house. My role in the reorganization both initially and then the role later on when we merged the two staffs. Mine was more of a nondirective role. Mine was more of the guy that went around and talked to people and tried to get them to buy-in the big picture and how it

worked. I can vividly recall the meeting we had down here in San Antonio where General LaNoue was up in Washington D.C. and he was telling all the two-stars, and actually the one-stars were in the room at that time, this is what we are going to do. And there were two or three of them that were starting to have a little trouble buying into it, in open forum. We stopped the VCR, and I just had a little conversation. It was pretty basic. If you like the job, and you like where you are at, I suggest you join the group. If you do not, then I think you ought to go up and see the boss, and you and he ought to have it out, but not over the television. And the two outriders really came around, and we kind of made it all work. So that was my role. My role was to kind of remind them who they were, why they were here, and they were not the boss. The boss was the boss, and this is the way we are going to do business.

29. Sir, what do you think was the key to your success?

MAJ GEN Cuddy: The people that mentored me. I mean, candidly. I came into the Army direct. I never went to basic. I arrived at Fort Hood in late May or June of 1969, and I ran into an officer by the name of Sid Trawick who in two days taught me how to put a uniform on, how to salute, and what to do. I was fortunate I worked in a hospital, Darnell, with a bunch of very young aggressive general dentistry residents, mostly Majors, a couple of LT Colonels, and they took a liking to me. They took a kid that didn't have any idea what dentistry was about, other than I had successfully passed a couple of boards, and they made me into a pretty good starter kit. Then I went to a residency, and once again ran into an officer that ran this program by the name of Phil Bleicher. He took a liking to us, a couple of us. His buddy was a person by the name of George Kuttas. He was the senior dental corps person. So the next thing I know I am going to Iran where I got to kind of do my thing for a couple of years. Then I came back, taught at the schoolhouse, and was actually at the schoolhouse where I worked for Wally Baze initially and Jim Brudvik later, and my direct report was Paul Krier. All three of them told me okay now is the time for you to set your dentistry side of the house aside and get the Basic and Advance courses. I got a Masters Degree when I was down here too just because they let me. I mean you know it wasn't just a matter of we'll cover for you and we will make sure that your classes are all taken care of as no you have to teach and you have to do this, but here's what we would like for you to do. So I think it was the mentored program. Additionally, there was Ray Schiele and Tom Tempel, these were all the people that touch you throughout life, and all of a sudden, there you are.

30. Sir, who was the best leader you worked for or with and what were those attributes that made that leader the best.

MAJ GEN Cuddy: I worked for a lot of great people. Krier, the person I talked about before, was a great dentist. He was a people person. He knew how to deal with people. I would say that as far as when I became a general officer, it is probably Cid LaNoue, it could be Ron Blanck, but I think Cid LaNoue was the one that really, I thought, had the best vision. He did not always have the best execution because of his personality sometimes, but he certainly had the great vision. And as we said earlier, I do not think we would be where we are today with the Army Medical Department without him. After

Cid, I think working for Ron, you kind of got the feeling of, well Cid kind of ruffled all the feathers and got them all upset up there a little bit, but that was good, and then Ron kind of came in afterwards and kind of smoothed it all down and then solidified it to where it is today. So I would put Cid first and then Ron second. Tom Tempel a great man who certainly took good care of my career, another great visionary guy, a very smart person, so I got to put him over on the dental side, but as far as overall the General Officer side of the house, it would probably have to be Cid.

31. Sir, is there anything you would like to add that was not specifically asked in the interview questioning?

MAJ GEN Cuddy: No. And I do appreciate you taking the opportunity to kind of reminisce about old times and what went on, and I hope this is fairly accurate, but you know my mind is old so we will have to see. So again, I thank you.

Thank you, sir. This concludes the Oral History Interview of Major General John J. Cuddy.

A170-08-0110

US ARMY GENERAL OFFICER'S ORAL HISTORY INTERVIEW
MAJOR GENERAL (RET) PATRICK SCULLEY

This is the oral history interview of Major General (Retired) Patrick Sculley. He officially became the twenty-third Chief of the US Army Dental Corps on 1 December 1998 and held that position until 01 August 2002. He was interviewed by Colonel James R. Honey.

Sir, welcome to this interview session today. It has been a great opportunity to work with you, and I have a few more questions for you today.

1. Sir, what was the world's situation when you assumed duties as the Corps Chief and were there any world events during your tenure that pinpoints you?

MAJ GEN Sculley: Well, it was 1998. I had been selected for my second star, but the Senate confirmation had not been completed. I was asked to come to Washington D.C. in late November 1998. I will use that as marking the beginning of my tenure, although it was not until 1999 that I formally was sworn in as the Chief of the Army Dental Corps and as Deputy Surgeon General. In 1998, you will remember, it was the time when President Clinton was being impeached, Newt Gingrich had resigned, we were much engaged in the Balkans, and the two American Embassies in East Africa had been bombed, and so we probably should have had a clue what the future was going to hold for the United States. But, I think, we were preoccupied with the political problems in Washington, in fact, the divisiveness that the country has experienced in the political situation has extended forward from those days, as have the problems of terrorism.

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

MAJ GEN Sculley: I really had many objectives: I wanted to protect and advance the prerogatives of the Army Dental Corps. I wanted to make sure that all of those entitlements for the Dental Corps in Title 10, that matters pertaining to dentistry must be referred to the Corps Chief, were protected. I also wanted to do something about recruitment and retention of dental officers. We were sliding in that regard and so I wanted to focus on that. Of course, I always wanted to focus on our three cornerstones: quality care, dental education, and also spend some emphasis and some time with dental research as well. Last, I had a personal desire to work on the Medal of Honor for Ben Solomon. I wanted to see that the award and that recognition for his tremendous sacrifice during World War II were finally granted.

3. Sir, what was the most significant change during your period as Corps Chief?

MAJ GEN Sculley: There were really two changes. The first is that I had a change of Surgeon Generals in the middle of my tenure. General Blanck was much more

empowering, which gave me more leeway in regard to my duties as Deputy Surgeon General and the work that I did with the other services. General Peak held this authority much closer to his vest, and so it was a little bit harder for us to work as a team with the other services, because we always had to come back to General Peak with most of the discussions before a decision could be made. Whereas, with General Blanck the decision could be made at the time the discussions were originally held, because he was so much more empowering. Both men did a marvelous job as Surgeon General, and I enjoyed working with both of them, but there was just a difference in style. The other thing was, of course, the change when 9-11 came along and really set terrorism as the major adversary the United States would be dealing with for the next many years, and so that was a significant change.

4. What technological advances occurred during your tenure that impacted operations and doctrine?

MAJ GEN Sculley: Well, it did not happen in my tenure, but the budding use of the web and information technology really changed the operations tempo. Everything had to be done right then. It used to be that you could take a regulation, do some work on a regulation, staff an issue, and it took weeks and there was time to think about it. Now staffing of regulations, policy, and the like, is done in a very, very short period of time because things are sent electronically across time and space, so that changed things. Also, I think we got better and better at providing care far forward, and I think we have seen that play out in Iraq, now that we are doing the surgery far forward and then evacuating our service members to Landstuhl much quicker than we had in the past. And so, those are significant changes in the way we worked.

5. Sir, what was the most difficult task you faced as Corps Chief?

MAJ GEN Sculley: I reflected on this in general. There were a lot of things that were difficult, but I think that the one that continued to be difficult throughout my entire tenure was recruitment and retention. We worked very hard on pay issues, trying to improve the pay of dental officers. We knew that if we could not get more pay then we were going to have a hard time recruiting and retaining young dentists, because they could be paid so much more on the outside and not have all the difficult challenges that go along with being an Army Dental Corps officer, like deployments. And so, we were working very hard on recruitment and retention.

6. What was the most pleasurable aspect of your job as Corps Chief, Sir?

MAJ GEN Sculley: I loved the time with the dental family. I think about the experiences of going over to Garmisch, Germany for the dental training conference. I particularly remember the evenings in the Bavarian Fest Hall, all the families were there, the little kids were up dancing, and the people were sitting around those long tables just talking. The dental family really enjoys each other's company, and that was very special.

7. Did you have any significant unresolved issues when you left the position of the Corps Chief?

MAJ GEN Sculley: I mentioned recruitment and retention. That is still an issue. I know we are struggling with that today. A lot of advances have continued in terms of pay and benefits for dental officers, but it is still a challenge to bring the brightest and best dentists into the Dental Corps and keep them.

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

MAJ GEN Sculley: I think I would take more time to smell the roses. It all went so fast and I was so busy that I really did not have time to enjoy the camaraderie as much as I would have liked.

9. Were you in agreement with the direction of the AMEDD during your tenure as Corps Chief?

MAJ GEN Sculley: Yes, I was. In general, we were very busy deploying managed care and improvements to Tricare. Those were things that needed to be done. Back in the 90's, there was a feeling that our seniors and family members were not getting a fair shake with managed care. And it was thought that this was one of the problems that was causing recruitment and retention problems across the broader Army. So it was important that we focus on that. And, I think that things like Tricare-for-Life did a wonderful job in showing the retirees that we still cared and that we are going to continue to be a provider for them to the best of our ability. So, I think it was very important.

10. Were there any specific AMEDD or Army policy decisions that you disagreed with?

MAJ GEN Sculley: I cannot think of anything off the top of my head other than perhaps we try to do leaderships on the cheap. In other words, we reduced the number of general officer positions that we had. It was not an AMEDD policy per se, but it was driven by the broader Army. But we needed a certain number of general officers to do all the work. Most of the generals were "double hatted", "triple hatted", and that is not the way to go. I think we could have done better if there were more general officers, and I would have loved it if we had a dedicated one-star dental billet for a dental general officer. It would have been great development for somebody on their way to becoming Corps Chief, and it would have aided the AMEDD because we had already demonstrated that dentists could perform well in the Corps-immateral positions.

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

MAJ GEN Sculley: The one-staff concept works very well, but it would have been nice if the one-staff was in one place. Having MEDCOM staff down here in San Antonio, Texas and the Surgeon General staff up in Washington D. C. makes it difficult. It would be nice

if we could get together face to face more often. Now, we have found ways to work around it, but I still think that presence is very important, and if we could all be in one location, I think that would be an improvement.

12. How do you feel about such current issues as AMEDD and Army downsizing, TRICARE, and the Active Duty Family Member Dental Plan?

MAJ GEN Sculley: I think we have gone very far in terms of downsizing. I think that we would be better served if we had more officers on active duty, but I think that would be a problem for us. I am not sure we could recruit and retain them. But we certainly do not want to get any smaller. I think you need a certain size of the active force to be effective. Now as far as insurance goes, we needed to have the Tricare Family Member Dental Program. We could no longer take care of family members in the active duty dental clinics. There just were not enough dental officers, enough space available to provide this care. So we needed some mechanism to provide them access to care. So I think it was the important thing to do.

13. What is your opinion of the current trends in managed care and dentistry, sir?

MAJ GEN Sculley: I worry that managed care is more managed costs in some quarters. It would be better if more of the money was going to provide dental care and less of the money was going to administrative overhead. I think that is what is happening in some places with insurance programs and the like. Everybody has to be paid to provide this benefit. I am not knocking that, but it is the balance between how much is going to dental care, to the dentist who provides the service, and to the administration. Is that balance right? And so, I worry about managed costs as much as I do managed care.

14. What do you expect for the Dental Corps officer of the future?

MAJ GEN Sculley: I think he or she is going to be very busy, and I think the way to success is the way it always has been - our officers are going to have to be first, great dentists, clinically competent, having to tend to their education, and then they are going to have to be great soldiers. I hope they get the expert field medical badge, pay attention to those field skills, because I think deployments will be a common feature for our dental officers for decades to come.

15. How would you rate today's junior officers compared to when you were in that grade?

MAJ GEN Sculley: I just recently had the opportunity to attend the Dental Corps Birthday Ball in El Paso, I met some of the young officers out there, and they are a wonderful group. They are working hard and providing a great service. I would say though that the difference is that there is so much didactic knowledge to be passed on to today's dental student that they work very, very hard on that in the dental school, and I don't think they get as much time on the clinical skills as we did when I was coming up

from dental school into the Army. And so, I think today's younger dentist needs a little bit more clinical training which we can provide in our internship programs, or as we call them today the one-year programs. But officers come in with tremendous didactic knowledge, more so, than we did when we came on active duty.

16. What guidance would you give today's Dental Corps officer?

MAJ GEN Sculley: Do the best in everything you can. I have already mentioned that I think it is important for them to work hard on their clinical skills, but also to work very hard on their soldiering skills, and then enjoy the time. They are never going to have a better time than with that peer practice that they enjoy in Army dentistry.

17. Sir, how did the Dental Corps change for the better during your career?

MAJ GEN Sculley: There were many changes. Probably the most important was the fact that Title 10 and policy allowed for dental officers to be in units that were commanded by dental officers. I am thankful that the prerogatives of the Corps Chief were legislated in Title 10 - that all matters pertaining to dentistry must be referred to the Corps Chief. I think that is very, very important. When I came on active duty in 1973, our morale was pretty low, productivity was low, we were in lousy buildings, and TDY dollars never came to Army Corps Dental officers. It seemed like the medical colleagues were always traveling, but the dentist never got a chance to travel. It was not a good time for us, but things changed much for the better after the Title 10 changes in the 70's. Later on in the 1990's we created the US Army Dental Command and had a command for Garrison dental activities all the way up to a senior colonel working directly for the Surgeon General with technical guidance from the Chief of the Army Dental Corps, that was a marvelous advance.

18. What was your most significant contribution to the Dental Corps?

MAJ GEN Sculley: Jim, I could say helping give birth to the US Army Dental Command, but the more I think about this over time, I think the most important contribution I made was the impact I may have had on younger officers. People like yourself, General Czerw, Colonel Hamilton, Larry Hanson, Ted Wong, and all the others, my buddies, John Miller, Bob Leeds, Darwin Fretwell. The fact that I was able to positively influence their career and have a chance to mentor them, was really, I think, my most important contribution. Because now I see all the wonderful things they have done in their life and continue to do for the Army Dental Corps.

19. Sir, what do you think was your key to success?

MAJ GEN Sculley: I think I just hinted at it. I had great followers. I had wonderful people that worked for me. Beyond that, it was hard work. I was willing to put in the time that I needed. It was long days as Chief of the Corps, plus the other jobs I was doing.

My wife, Peggy, was a wonderful support throughout my career. She tended the home fires, and we had wonderful children. Thankfully, I had their support all along the way.

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

MAJ GEN Sculley: I do not think I can say that there is a single leader who was the best. Probably the best leader was a combination of many people with lots of attributes that encouraged me and gave me insights that I tried to emulate as I went along. I think of line leaders like Generals Carl Vuono and Dennis Reimer who were both in the 8th Infantry Division back when I was stationed in Bad Kreuznach. They were wonderfully strong leaders. They were great when it came to training. They were compassionate, they took the time to be available to others, and that set a wonderful example. In the Army Dental Corps, I worked most closely with the three Corps Chiefs that preceded me, Generals Leffler, Tempel, and Cuddy. They were each great leaders, and again they showed the hallmarks of compassion, strength, and presence. They always took the time to be available to the younger officers. They always had a kind word for people, but yet they got the job done, and so they set a wonderful example for me.

21. Sir, as you know in the news, the Army has experienced the Walter Reed challenges. If you have any comments on that, it would be great.

MAJ GEN Sculley: I am glad you called it the Walter Reed challenge rather than the Walter Reed scandal. Every time I hear the word scandal associated with the wonderful name of Walter Reed, it sends a chill up my spine. It is just wrong. I do not think that we were treated with balance in the reporting on this. I am glad that any problems that our young service members were experiencing in their time there at Walter Reed or in the Med Hold Company were identified, and were taken care of. And I am glad that funds are flowing to the AMEDD now to do a better job for our soldiers. But I think in the news reporting on this and some of the discussions on Capitol Hill, leaders lost sight of the fact that the AMEDD was very, very busy and doing a marvelous job. The survivor rates over in Iraq and Afghanistan from combat wounds are the best ever. Our disease non-battle rates are the lowest ever. These are tremendous advances and that was taking hard work. You have to remember what happened to the AMEDD during the 90's. We had been downsized, part of the force had been privatized, and quite frankly, I think we were underfunded for a good period of that time or at least our funding went to the implementation of managed care, which we talked about a few minutes ago. The money that we had, we spent on people, technology, and pharmaceuticals, and the last place we put our funds was in facilities. And we are soldiers, maybe the facility is not the best in the world, but we can deal with that. You know there were other places for us to put our funds. So you hear about this building outside the gates of Walter Reed where the Med Hold were, that it was not a very nice building. Well, it was not a very nice building in the 80's when I stayed there, and nothing there had changed to make it any better. It is too bad we had a building like that, but you have to realize that that was not where we were focused in the 90's. We had these other very important things to put our funds to and the Army Medical Department did a wonderful job doing it. So I just think that the

Walter Reed challenge was not treated in a balanced manner by those people who looked at it. But the positive aspect is that now money is flowing, attention is on these issues, and we are doing a better job for our soldiers. I think the Wounded Warrior Units and the like are a marvelous advance, and I am grateful for them. And thank you for asking that question, Jim. It gave me a chance to get that off my chest.

22. Sir, we also have the Joint Unified Medical Command issue that is being looked at AMEDD and service wide. Do you have any comments or thoughts regarding that issue?

MAJ GEN Sculley: Well, I am not sure where that is going to go. We have been talking about some variation of this throughout my entire military career, and it has not happened yet. Maybe now is the time it will happen. The one thing I would say is I think it is very important that you preserve service culture in any change or any organizational change that you might make. It is important that soldiers see soldiers for their health care. Now, I know we come together, and we do a lot of things in a tri-service manner, but seeing that culture there is good. The same for the Navy, Sailors want to see Navy medical care providers when they are on their ships and such. So I think that you preserve the culture at the front lines, but you can bring it back together further from the front.

23. Sir, you have had the opportunity to command in a variety of command situations. Can you comment on some of your command experience that you have had at CHPPM for instance as well as DENCOM and other commands?

MAJ GEN Sculley: The DENCOM and the CHPPM were alike in many respects, because they were both born out of the AMEDD reorganization that created MEDCOM back in the 90's. The DENCOM activation was a marvelous advance for Army dentistry. I was the Director of Dental Services in the old HSC and I was working very hard to create this dental command. When the dental command was formed, I was given the opportunity to become their commander and my job then was to get buy-in from everybody. We had won the battle to create the DENCOM. But then we had to win the hearts and minds of our own senior dental officers who were going to have to work within this new structure. So part of my job was marketing the command to our own people, ensuring them that this new advance was going to help to advance and protect the prerogatives of the Army Dental Corps. And marketing a new concept is what I did when I went up to the Center for Health Promotion and Preventive Medicine, too. I was the second commander, but they were still sort of trying to figure out how they were going to do business and what their focus was going to be on. Again, I got up there and looked at the command, and I realized what they needed to do was have somebody market the tremendous capabilities that they had to provide occupational and environmental, health services and the like. And so I marketed their capabilities to my line colleagues, which really, I think, enhanced the image of that Center for Health Promotion and Preventive Medicine. It has always been a great organization back to the days when they were the Army Environment Hygiene Center. But they needed to look forward now as a CHPPM, and we had to get them rallying around this new command

structure. And so, marketing what they did was a very important part of my command leadership.

24. Sir, can you elaborate on the marketing piece? I know previously that we discussed the leading up to the deep battle. Can you explain please?

MAJ GEN Sculley: I would be happy to, Jim. It was an analogy that I remember from my days at the Command and General Staff College. Back in the 80's we were talking about the "deep battle". That if we were going to be successful against the Soviet Union and Warsaw Pact that outnumbered us in terms of troops and tanks, we were going to have to strike deep in terms of space and time and by so doing we would interdict them and keep them from piling up momentum at the forward edge of the battle area. Well, health care is a lot like that. If you wait until people are sick and they come into your health care facilities, that is very, very expensive. It takes a lot of people to take care of those folks. We could get overwhelmed at our "forward edge of the battle area", the health clinics. So it is important to strike deep in terms of space and time relative to healthcare, and that means health promotion and wellness programs and prevention to interdict disease, before you have lots of sick people. So occupational health programs to keep people at the places they work including service members were important. We have a very dangerous work environment, and it is important that we have good occupational health programs that keep soldiers from being injured or sick so they are not piling up at our hospitals. The other benefit I extolled for commanders as I talk to them about this - deep battle against disease and injury - was that we are also making sure that we are taking care of the health and welfare of the command, and making sure that our service members are available to accomplish their mission. So all the pieces fit together, and it was an analogy that line commanders could understand because they all were aware of this deep battle, which later became our air-land battle.

25. What was the hardest decision you ever had to make?

MAJ GEN Sculley: Well, I have had to discipline a few soldiers over time. I had to relieve a commander. This was not a dental commander. This was in my time at the CHPPM. I had to reach out and relieve a commander, who had a DUI, in the middle of the night, but it had to be done. He could not lead this deep battle against disease and injury when he had a DUI, so I had to relieve this commander at that time. It was a difficult decision. It was overseas, and I had to work with another commander who was in his chain overseas. We made it happen.

26. Sir, do you have any other focus areas at this point.

MAJ GEN Sculley: No, Jim, I think we covered them. As always, you were thorough in your questions.

27. I recall when we finished our audio session and portion, you discussed all the folks who came up to thank you through the meetings you currently attend, etc. Maybe we could cover that.

MAJ GEN Sculley: Yes, that is a nice place to end. Again, I hinted at this when we talked about what made me successful as a commander. It was the followers. During my career, there were many opportunities that things happened that were just part of breathing in and breathing out. It was part of taking care of the people that were working with me. Events sort of receded in my memory. Now when I go to meetings and conferences or a dental ball, someone will come up to me and say, "General Sculley do you remember ten years ago when I was having this issue and you helped me". For the most part until they remind me, I do not remember the issue. But very clearly, it was very important to them and, as time goes by it becomes more important to me because it helps me realize that these small interactions on a daily basis had such an impact on the officers that served me. And that is why they served me so well. I think the lesson for any leader is that, if you take care of your people, they are going to help you take care of the mission, and that is what happened to me, Jim.

28. Sir, thank you very much for the opportunity to take part in your oral history and thank you for your service.

MAJ GEN Sculley: Thank you, Jim, I appreciate it.

US ARMY GENERAL OFFICER'S ORAL HISTORY INTERVIEW
MAJOR GENERAL (RET) JOSEPH G. WEBB JR.

This is the oral history interview of Major General (Retired) Joseph G. Webb Jr. He officially became the twenty-fourth Chief of the US Army Dental Corps on 01 August 2002 and held that position until 10 July 2006. He also assumed duties of Commanding General Pacific Regional Medical Command and Tripler Army Medical Center, Tricare Pacific Lead Agent and Commander PROFIS of the 18th MEDCOM. This marked the first time that a dental officer was placed in command of an Army Medical Center. In June 2004, Major General Webb also became the US Army Deputy Surgeon General and was assigned to the Surgeon General's Office in Falls Church Virginia. He was interviewed by Colonel Timothy K. Jones.

1. Good morning, Sir, what was the world's situation when you assumed the duties as a General Officer and were there any world events during your tenure that influenced you?

MAJ GEN Webb: NATO enlarged and was accepting a number of new countries like Bulgaria, Estonia, Latvia, Slovakia, and Slovenia. There was the beginning of the circulation of the Euro. The US had been hit by a number of corporate scandals, things like Enron, Exxon, and Orcom. So there were a lot of things going on, and then in August of 2002 I was sworn in as the twenty-fourth Chief. In 2003, we had things like the SARS epidemic that ravaged thirty-two countries. We saw the Space Shuttle Columbia crash here in Texas killing seven astronauts. A number of other things were going on; worldwide terrorism was still there. In 2004, 2005 we saw that there were a number of terrorists' activities, witnessed by attacks in places like Spain, England, New Delhi, Amman, and Bali. Then in the 2005-2006 time frame we had a number of natural disasters hit, things to include Hurricanes Katrina and Rita that hit our gulf coast as well as the tsunami that ravaged the Pacific. All of these things impacted us, either directly or indirectly, in one way or another. You know the US uses three main tools for its strategy. Some of these events shaped the national military strategy, some just required a humanitarian response and some impacted our economy. But we do not play (in the military) very much in the political tools of diplomacy or economics, but obviously, we are a major player in the military tool, meaning that we maintain a strong military to deter aggression, and are prepared to use the military force when and where we have to. So that is kind of what was going on in the world when I was a General Officer.

2. Sir, you held a variety of AMEDD general officer positions in your tenure, what were your most significant activities and successes as Commander of Tripler and the Pacific Regional Medical Command and as Deputy Surgeon General?

MAJ GEN Webb: As you mentioned, my assignment and selection for the command at Tripler and the Pacific Medical Command really marked a milestone for the Army Dental

Corps. We had proven that we could successfully command other major subordinate commands within MEDCOM, things like DENCOM, CHPPM, Center and School and even serve as the Deputy Surgeon General, but never before had we had anyone selected to command a major medical center or a medical region. Of course, during this time, I had a tremendous staff and they were able to keep us on target providing great patient care. Some of the other success stories I guess while I was there would include things like being a good VA DOD Integration Center, making some strides in IMIT, maintaining good coordination with the other Services, and we also had a role in supporting the US Army Pacific. And in that role, I think we did accomplish some really significant things. The one most important thing that stands out in my mind was that through our military activities on the medical side we were able to establish the first military-to-military interaction with North Viet Nam since the end of that war. Then as Deputy Surgeon General, there were similar kinds of issues to deal with, obviously a little bit more complex, but in general the same type of strategic activities.

3. Sir, how did these AMEDD general officer positions affect your relationship with the Army Dental Corps?

MAJ GEN Webb: As a Brigadier General, I served three years down here in San Antonio as the Assistant Surgeon General for Force Sustainment; I had responsibility for areas like information management, information technology, facilities, installation, environment, and contracting. I learned a lot during that particular tour. But I did not have a lot of direct contact with the Army Dental Corps or Dental Care System. Then when I became Chief, I also had some other jobs to attend to, so I really relied heavily on the rest of the staff, the rest of the Corps to do the things that needed to be done. Of course, you had DENCOM doing the day-to-day business for the TDA piece, you had the senior staff officer at the Surgeon General's office to deal with policy, and then we had established a dental senior executive committee to mind the store and do some of the strategic planning and integration to run ideas past and do a lot of the work. So although I was really busy with a lot of the other activities of the other hats that I had, there were a number of great Colonels that were able to really run the Corps.

4. Sir, what were your major objectives upon assuming duties as the Corps Chief and which were you able to achieve, and as Deputy Surgeon General?

MAJ GEN Webb: I think my objectives were probably similar to every former Chief, the current Chief and probably future Chiefs. Our ultimate goal was to have a world-class system for taking care of soldiers in peacetime and war. Of course, that is a complex type of situation that involves things like recruiting, retention, education and training, research and clinical care. It requires every piece of the organization to function properly to bring about what people really call a success.

5. Sir, what was the most significant change during your period as an AMEDD general officer?

MAJ GEN Webb: Well there really was a lot of change. We started a BRAC process and this BRAC process was really unlike any other BRAC that we had done in the past. It extended way beyond just a simple base closure here and there. We established integrated groups, DOD groups, and we had a medical group for that, Army, Navy, Air Force Health Affairs Joint Staff representatives that looked across all of the installations and all of the functions for which medical was responsible. Coming out of that process, we made a number of recommendations: things to reduce coverage in some areas, to close some facilities, to consolidate in a number of places, and in a situation or two actually to increase the size of our facilities and staff, and it covered not just hospitals but all of our clinics, and in addition all of our educational processes. We did that while the Army was in the middle of the Army Transformation, going to the Army Modular Force to focus more on Brigade Combat Teams, which was in itself a very complex process. Thrown on top of that, of course, was the repositioning that the Army was going through, moving more troops from Europe back to CONUS. So you had all of these things going on at the same time. For us it was an extremely complicated process, and for the entire Army I am sure it was also. But trying to get facilities or even temporary facilities or plans for permanent facilities done, to have the care and the facilities there on location available before the population arrived, was a real juggling act. In addition, we had a Quadrennial Defense Review and in that, we also took a DOD approach. DOD medical had a particular section to make recommendations to the QDR. Those recommendations are just now starting to be implemented and there were some interesting recommendations that were made and some of which will be able to be accomplished and will be a good thing for Army, Navy, and Air Force medicine. Now some of them are going to be very difficult, Tim.

6. Sir, what technological advances occurred during your tenure that impacted operations in doctrine?

MAJ GEN Webb: Well, of course information management/information technology has been in a boom for years. In the AMEDD, you know, we had developed a CHCS process and then went on to CHCS 2, which was changed to AHLTA and all of that had been going on, and in addition we were making efforts to integrate more with the VA, and a lot of that was within technology, but a lot was also within clinical care. Other developments that I think we had in technology came out of research on products that had a real good use for soldiers, and in fact, perhaps, one good thing about the war was that it sped up the process time going from conception to the reality of being able to deliver a product to our soldiers.

7. Sir, what was the most difficult task you faced as Corps Chief and as commander of Tripler and the Pacific Medical Regional Command and as Deputy Surgeon General?

MAJ GEN Webb: I think as Chief or as Commander or as Deputy, the difficult things were always managing the day-to-day processes, setting the priorities, and doing the balancing act. There was never enough time to do anything the way we liked to do it. You know we like to have the 100% or sometimes even the 200% solution, but there

was never time to do that. A common phrase that started developing was “the 80% solution,” but in reality sometimes it was a 60% solution, and this was in spite of the fact that we had a great staff doing the work -- people that were willing to work long hours, that were smart, energetic. We were still unable to put everything we needed to into the time frame that we had. Our priorities were changed for us and sometimes even by us on a daily basis, consuming time to put out local fires that really should have been focused on strategic planning, which was obviously a large part of my job. But in spite of all the challenges, we got through it. Our goal was to provide world-class patient care, and I think we did a good job of doing that.

8. Sir, what was the most pleasurable aspect of your job as Corps Chief and AMEDD general officer?

MAJ GEN Webb: That is an easy question to answer, Tim. Really by far the most pleasurable part of the job was interacting with members of the Army Dental Care System. We are a talented, competent hard-working group, but we also know how to have fun, to enjoy each other. It was always a pleasure working with such a competent group.

9. Sir, did you have any significant unresolved issues when you left the position as the Corps Chief or as the Deputy Surgeon General?

MAJ GEN Webb: When you look at the objectives that we talked about, I think it is easy to see that a lot of those things are never completely resolved. Some of them you think you have nailed down and you know years later that they could unravel. So very little is ever put to rest in concrete. As Chief, there were a number of issues for which I felt we did not make good progress. Recruiting and retention comes to mind. We put a lot of effort into recruiting. We had scholarships to give away, we had signing bonuses, we offered the opportunity for early training, we had junior officers that would go and help USAREC at dental schools, but in spite of that, we were unable to reach our recruiting goals for a number of years. Retention was a similar problem for young officers. Some of the measures that we put in place to retain officers worked actually better for senior officers than it did for junior officers. So there were things like that, that remain unresolved even today. As the Deputy Surgeon General, there were obviously a lot of things that were unresolved. The BRAC process that we started will not be completed even by 2012 when we are required by law to have it completed. That is going to be a very, very complex situation and a lot of effort has got to go into that to do it right. The Army Modular Force and global repositioning that the Army is doing and its impact on us isn't going to be felt for awhile. We are feeling it now in a number of locations but the overall resolution of where we should finally be in an end state has yet to be determined and the same goes for the Quadrennial Defense Review. It is going to be probably a decade before we really see how that is going to shake out. So unresolved yes, but realistically unresolved.

10. Sir, if you were given the opportunity to return to your period as an AMEDD general officer and Dental Corps Chief, what would you do differently?

MAJ GEN Webb: I would focus more on recruiting and retention. I would pay a little bit more detailed attention to the Army Dental Care System. I would try to do a little bit better job of motivating our members. We do a pretty good job of leader development and on the job training, but motivating enough senior officers to assume leadership positions has been a challenge for us, not just in the Army Dental Corps but in other places. So those are some of the things that I would focus on a little bit more.

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

MAJ GEN Webb: In general, yes I was in agreement. And I say that not because I was largely responsible for the developing policy, but because I think we were going in the right direction. We were trying to do what was best not only for our organization but for the Army. And so, yes I was in agreement with where we were going.

12. Were there any specific Army or AMEDD policy decisions that you disagreed with?

MAJ GEN Webb: I was in general agreement. We worked hard to educate the Army on what our capabilities were and how we should be organized. And, Tim, you remember when we were going through the Army Transformation, trying to convince the Army that the structure that we had developed for our people was the best structure -- not the structure that the Army had proposed, putting medical under the logistics piece, which had been a threat in the past and will be a threat for the future. So I was in basic agreement with the Army and the AMEDD. The policies that I had some disagreement with nearly always came from the Department of Defense, and particularly as it impacted us from DOD Health Affairs.

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

MAJ GEN Webb: I would dual hat the Deputy Surgeon General as the Deputy Commander for MEDCOM. That is in reality how he or she functions. I would review all of the command and general officer positions to see if they were appropriately allocated. For example, if you have a major subordinate command that has a global mission and a sizable budget, and perhaps a unique mission such as DENCOR, should that command be commanded by a general officer? I think that all of that should be under review. I think probably the final change that I would make within the organization would be at least to look at our regional command structure. It probably needs a little tweaking to have it operate most effectively.

14. Sir, how do you feel about such current issues as AMEDD and Army downsizing although we are currently in an Army initiative to grow about 65,000 soldiers, and such things as the Tricare Active Duty Family Member Dental Plan and the Retiree Dental Insurance Program?

MAJ GEN Webb: Downsizing is always painful. I do not think you could find an organization that would say they have too many people. Although the AMEDD actually did that one time when we were going through Task Force Aesculapius. But by and large, people have more work to do than they have staff to do it. Now we have gone through a number of these processes both in reductions in total numbers, and in military-to-civilian conversions. In my opinion, we have gotten to the point to where we probably have too few military in uniform within the AMEDD to function most efficiently. Now we have hired a number of contractors. We have a lot of talented civilians that have come in and assisted in filling in some of the former military positions. But there have been functions, missions actually, we have never been able to contract out, things such as our wartime mission, and those are positions that I think never should be contracted out. I think the Family Member Dental Plan and the Retiree and Reserve Dental Plans are great plans. I think they give you great products for a reasonable price, particularly the Family Member Plan, which is heavily subsidized by the government. My only regret there is that we ever had to go to the plan. I wish that we were still able to provide for that portion of our patient population within our facilities, because I think we did a very good job of doing that.

15. Sir, what is your opinion of the current trends in managed care in medicine and in dentistry?

MAJ GEN Webb: I am not real sure that I completely understand what managed care really means. It became, at one point, more of a focus on managing the cost and expenses within health care. One thing it did for us, I think, is that it made us focus a little bit more on the business process of delivering health care, and whether it be through an insurance program or through the business processes that we needed to develop within our own organization. So I think managed care was a good initiative, a thing that prodded us to start thinking a little bit more about our business. I think now that we really need to start focusing a little bit more on outcomes assessment, and other initiatives to really look at making sure that we deliver the product that is efficient and effective.

16. Sir, what do you expect for the Dental Corps officer of the future?

MAJ GEN Webb: What I expect for the officer of the future is that we will continue to provide a quality practice, that we will have good facilities, good equipment, and good opportunity for training, that we will provide reasonable pay and benefits, and that we will have a very good retirement plan for those who choose to stay on. What I expect from the officer of the future and of today is a solid day's work for the day's pay and professionalism both as a dentist and as a soldier. I think the Army Dental Corps has always attracted talented, smart people. I do not think there is going to be ever much change in that. The differences I think in dentistry and in dentists aren't really very much in materials either. Yes, we have had some pretty good materials developed, but by and large, our techniques in materials are unchanged. Some of our procedures have improved and some procedures that we do or that we did not do as much when I was younger, things like implants. The demographics have changed. We have a lot more

females in schools now and consequently in our young officer population. And my opinion is that women make excellent dentists. And I think our students today are much more computer literate than we were when we were younger officers. But the quality, the desire, the drive is pretty much unchanged.

17. Sir, what guidance would you give today's Dental Corps officer?

MAJ GEN Webb: I would say take advantage of every day and every opportunity. I would advise our senior leaders to be good mentors to step up to leadership positions. I would advise our young officers to make the most of every assignment that they have. As a captain and a major, you have opportunities to be assigned in places that you will not later in your career. So take advantage of those, make the most of it. You might not necessarily be assigned to a place that you think you are going to like, but there is always something there to take advantage of, and so I would encourage you to do that, to make the most of everything that comes your way, to take the opportunity to get specialty training through the military, through the Army, and we have great training programs. Then I guess the final thing that I would give guidance on would be to develop some kind of plan, a plan for your life or at least for your career. Sit down sometime and think about what you really, really want to do, where you want to be in ten to fifteen to twenty years and then look at the things that you need to do to help yourself get to that point. There will be a lot of things that will be out of your control. You will not be able to stick to that plan, I guarantee you. But at least if you go through that process you will have some idea in your own mind, at a point in time, of what you think you want to do. Of course, I would encourage all the junior officers to consider making the military a career.

18. Sir, how did the Dental Corps change for the better during your career?

MAJ GEN Webb: There were really a number of significant changes. The one thing that really has not changed is the people. The people are still good, fine people trying to do the best they can to do a great service to the nation.

19. Sir, what was your most significant contribution to the Dental Corps?

MAJ GEN Webb: You know it usually takes some passage of time before you see whether your efforts were really successful or not. So I do not know today how to say this or that was the most significant thing that I did. I do know that there were a number of processes going on. For an organization like the AMEDD to be successful, it requires that all pieces of it work together and each piece be successful.

20. What was your most significant contribution to the AMEDD?

MAJ GEN Webb: When you look back on a career and try to see what you have accomplished, you will understand that a lot of things happen during your tenure. For example, things during my tenure as Chief that happened, good or bad, were not necessarily directly attributable to me as an individual. Some of these initiatives had

been started long before I became Chief and most of the good things that happened were due to great staff work. Some not so good things happened, and I will take the blame for that.

21. Sir, what do you think was your key to success?

MAJ GEN Webb: Success is something that is very difficult to quantify or define, and it is something that is personal. Some people are successful in their own eyes, and some are not. Some people may not feel they're successful yet, and in historical terms they will turn out to have been viewed as being very successful. For the organization to be successful, we had to function well enough to provide the best care that we could in peacetime and war, and all of the pieces of the organization had to function properly for that. So success is kind of a nebulous thing.

22. Sir, who is the best leader you worked for or with, and what were those attributes that made that leader the best?

MAJ GEN Webb: I was fortunate enough to work with a lot of very effective leaders. Of course, he and she all had their individual strengths and weaknesses. But I think part of being a good leader is to be able to recognize strengths and weaknesses, both in yourself and in others, and then take advantage of that. Get help where you need the help. For example, not all good leaders were good managers. Now having said that, there have been a number of people in senior leadership positions that were not good leaders. And the other piece is that there are a number of very, very good leaders who never had the opportunity to reach their potential. They did well in everything but were not given the opportunity to move up to the next level. So success is something that can be viewed differently by different people. I think people tend to follow leaders that they view as a strong leader. Now, whether the same definition of being a strong leader is the same for you as it is for me, it is not, it is not going to be. But, however somebody defines a strong leader, they will tend to follow them. But I think they also tend to follow leaders that they believe care for them. I think there are a number of attributes that effective leaders share, things like integrity, communication, compassion, a lot of the same values that we see spelled out in the Army Values.

23. Sir, is there anything you would like to add during this interview from your tenure as an AMEDD general officer that was not specifically asked in one of the questions?

MAJ GEN Webb: I am not sure that I can put this into words that are understandable, but I want to say in conclusion that when I came into the military, I was not a very good dental officer. I was an adequate dentist, just having come out of school. I was an adequate dental officer because I had had some training through ROTC and so forth. I did not understand the military very well, and I certainly did not appreciate soldiers in the way that I needed to. My intent to come in the military was just to serve my two-year obligation from ROTC, which I took just so that I would not be drafted. It took me a number of years to really appreciate what soldiers do for us. They do things that we would be unwilling to do, by and large. And so we owe them a great debt of gratitude.

We cannot pay them enough, we cannot give them enough benefits, and certainly, we are not in charge of that. But we do have a job to support soldiers, and it is our responsibility, not just because it is our job, but because of what soldiers do for this nation. It is our job to take good care of them, the best that we can. There is not another job that I can think of available to us that is more rewarding than taking care of the people who take care of our nation.

24. Sir, thank you. This concludes the oral history interview with Major General (Retired) Joseph G. Webb Jr.