

CHAPTER 2

ORGANIZATION OF FIELD DENTAL SUPPORT**Section I. INTRODUCTION****2-1. General**

Dental service support is an integral part of the theater HSS system and shares in the overall AMEDD mission to conserve the fighting strength. The responsibility of the field dental care system is to maintain the soldiers' oral health by preventing and treating dental disease and injury. To accomplish this, dental support in the TO is organized into a flexible system which can respond to rapidly changing conditions across the continuum of dental care. Approximately two-thirds of the dental assets in the theater are organized into

dental units whose primary mission is to provide dental service. The remainder are organic to Echelon II medical companies and Echelons III and IV hospitals.

2-2. Types of Dental Support

There are three types of dental support in the TO—unit, hospital, and area. They are defined primarily by the relationship of the dental assets with the supported patient population. Each type of support is described in this chapter.

Section II. UNIT DENTAL SUPPORT**2-3. General**

UNIT dental support is provided by dental personnel organic to Echelon II medical units. Dental modules, briefly described in Chapter 1, are organic to the area support squads in the medical companies of divisions, separate brigades and armored cavalry regiments (ACRs), and the medical element of the SFG. Dental modules are also found in the area support squads of the ASMCs located throughout the CZ and COMMZ. The dental modules which are the basis of unit dental support have the capability to provide sustaining care as discussed in Chapter 1. Their primary objective, however, is to RTD the soldier as rapidly as possible consistent with the tactical situation. At times, circumstances may allow provision of expedient emergency care only, while at other times circumstances may allow the full range of sustaining care.

specialist (91E10) is also assigned as part of each of these modules.

b. The modules in separate brigade/ACR medical companies and SFGs have a CPT (63A) and a SPC (91E10). Similar to the division, the dental modules in separate brigades/ACRs are in the area support squads of the medical company/troop of the support battalion/squadron. The dental module in the SFGs is located in the medical platoon of the service companies.

c. Each unit support dental officer also functions as the dental surgeon for his supported unit—a special staff position. In the division, the 63B comprehensive dentist of the main support medical company is the division dental surgeon. The unit dental surgeon's responsibilities are discussed in greater detail in Section V of this chapter.

2-4. Unit Dental Support Organization

a. Dental modules are organic to the area support squad in the medical companies of each division, separate brigade/ACR, SFG, and area support medical battalion (ASMB). Each division has one comprehensive dentist (MAJ 63B) in the dental module of the main support battalion medical company and a general dentist (CPT 63A) in the dental module of each forward support battalion. A dental

2-5. Concept of Operations

a. Unit dental personnel are not present in sufficient numbers to provide dental care to all the members of their supported units on a continuous basis without support from area support dental units. Therefore, depending on the situation, it may be necessary to return personnel to their units with other than definitive treatment (for example, temporary as opposed to permanent restorations).

The primary concern of unit dental personnel is to RTD the soldier as expeditiously as possible in a condition to continue his duties. Unit dental support relies on corps-level area dental support units for provision of higher categories of care (maintaining). Modules of area dental support units also augment or reconstitute unit dental elements when necessary.

b. Dental casualties in maneuver battalions are evacuated from forward areas to the battalion

aid station. Here they are evaluated and, if required, are further evacuated to the clearing station of the medical company to be seen by the dental officer assigned to the area support squad. This officer will examine the patient and provide treatment necessary to return him to duty. If the treatment required is beyond the capability available, the patient will be evacuated or referred to the supporting corps area dental support unit or hospital, consistent with the patient's condition and the tactical situation.

Section III. HOSPITAL DENTAL SUPPORT

2-6. General

HOSPITAL dental support is provided by dental personnel organic to the combat support hospital (CSH), table of organization and equipment (TOE) 08705L; the field hospital (FH), TOE 08715L; and the general hospital (GH), TOE 08725L. Under MF2K, the mobile army surgical hospital (MASH), TOE 08765L, has no capability for dental support. Prior to the L-edition TOE, the dental sections organic to the hospitals were different from one type hospital to another. Under the L-edition TOEs, all hospital dental sections are identical.

2-7. Organization

a. The primary mission of hospital dental sections is to minimize loss of life and disability resulting from severe oral and maxillofacial injuries and wounds. When casualty care work load permits, dental resources provide dental treatment to hospital patients and staff. In addition, treatment is provided to patients referred by other dental and medical facilities when required oral and maxillofacial care is beyond the capability of the referring facility.

b. All three types of hospitals with organic dental capabilities (CSH, FH, and GH) are organized under the modular concept. Each has a hospital unit, base (HUB) and one or two additional hospital components. A CSH has an additional hospital unit, surgical (HUS). A field hospital has an additional hospital unit, holding (HUH). A general hospital has an additional HUS and an additional hospital unit, medical (HUM).

c. The dental capability of all three hospitals is found in the HUB and consists of four personnel—

- An oral surgeon (MAJ 63N).
- A comprehensive dental officer (CPT 63B).
- A preventive dentistry specialist (SGT 91E20X2).
- A dental specialist (91 E10/91E20).

d. The maxillofacial surgery capability in these hospitals can be augmented by attaching a medical team, head and neck surgery, TOE 08527LA. This team includes an oral surgeon (MAJ 63N). As with other units under the modular concept, the dental sections of the different hospitals are interchangeable. Significant pieces of equipment in the dental section of these Deployable Medical Systems (DEPMEDS) -equipped hospitals include—

- A dental hygiene materiel set.
- Two hospital dentistry materiel sets.
- A dental x-ray set.
- Three chair and stool units with lights.
- Three treatment units and compressors.
- Supporting items of equipment.

Section IV. AREA DENTAL SUPPORT

2-8. General

AREA dental support is provided by dental personnel and equipment organized into dental service units capable of providing all categories of dental care up to and including maintaining care. These units are the medical company (dental service), TOE 08478L; medical detachment (dental service), TOE 08479L; and medical team (prosthodontics), TOE 08588L. They are assigned to and under the command and control of the medical battalion (dental service), TOE 08476L (Figure 2-1).

As the name suggests, area dental support is provided within a designated geographic area of responsibility. However, within this area of responsibility, area dental support units may be tasked to provide direct support (DS) to unit or hospital dental support elements. They may also be tasked to reconstitute unit dental support modules with like modules within their own unit. Area dental support represents a major share of the dental capability within the TO. The remainder of this manual will focus primarily on area dental support and the units which provide it.

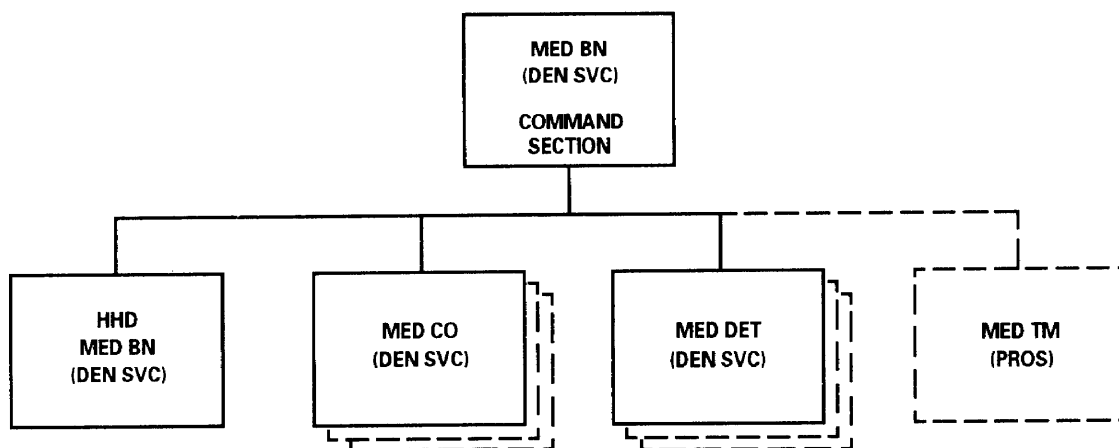


Figure 2-1. Medical battalion (dental service).

2-9. Headquarters and Headquarters Detachment, Medical Battalion (Dental Service) TOE 08476L

The headquarters and headquarters detachment (HHD) of the medical battalion (dental service) is the MF2K equivalent to the H-edition TOE unit, team AI, dental service headquarters. It is almost identical in size and capability.

a. Organization. The HHD is composed of three officers and seven enlisted members organized into two sections (Figure 2-1). The command section (two officers and one enlisted) has the commander (COL 63R), the executive officer (MAJ 67H), and the battalion's senior dental noncommissioned officer

(NCO) (SGM 91E). The operations/administration section is composed of the medical operations officer (CPT 67H); the battalion nuclear, biological, and chemical (NBC) NCO (SFC 54B); a medical equipment repairer/supervisor (SSG 35U); the battalion personnel services NCO (SSG 75B); a medical supply sergeant (SGT 76J); the detachment clerk (SPC 75B); and a patient administration specialist (SPC 71G).

b. Mission. The HHD provides command and control to assigned and attached dental organizations. It also provides administrative, logistics, and personnel support to the headquarters and technical guidance to subordinate units on medical equipment maintenance and Class VIII supply.

(2) The dentistry/prosthetics section has a prosthodontist (63F) and three general dental officers (63A), a dental facility NCO (91E), preventive dental specialists (91EX2), dental laboratory personnel (42D), and supporting dental specialists (91E). The medical company (dental service) commander also acts as chief of the dentistry/prosthetics section.

(3) The general dentistry section has a comprehensive dental officer as chief, three general dental officers, a dental facility NCO, preventive dental specialists, and supporting dental specialists.

(4) The forward dental treatment section is organized into six independent dental modules with organic power and transportation.

b. Mission. This unit provides emergency, sustaining, and maintaining dental care.

c. Assignment. This unit is assigned to the HHD, medical battalion (dental service), TOE 08476L.

d. Capabilities. This unit provides maintaining care, including prosthodontic specialty care, for 20,000 troops, or sustaining care for 30,000 troops on an area support basis. It is composed of from one to eight field dental treatment facilities (DTFs) consisting of one or two base DTFs providing maintaining

care, and up to six dental treatment modules which can reinforce or reconstitute the division dental modules when necessary, or provide sustaining care for small or forward troop concentrations. The unit also provides unit maintenance of organic equipment for the HHD, medical battalion (dental service), TOE 08476L. It is capable of augmenting the advanced trauma management (ATM) capabilities of other medical treatment facilities (MTFs) during mass casualty situations.

e. Basis of Allocation. One per 20,000 troops supported.

f. Mobility. This unit is capable of transporting 50 percent of its personnel and equipment in a single lift using organic vehicles.

2-11. Medical Detachment (Dental Service), TOE 08479L

The medical detachment (dental service) is the MF2K equivalent to the H-edition TOE unit, team HB, dental service augmentation, general dentistry; however, it is larger and has much greater capability.

a. Organization. The medical detachment (dental service) has 6 officers and 22 enlisted members organized into three sections (Figure 2-3).

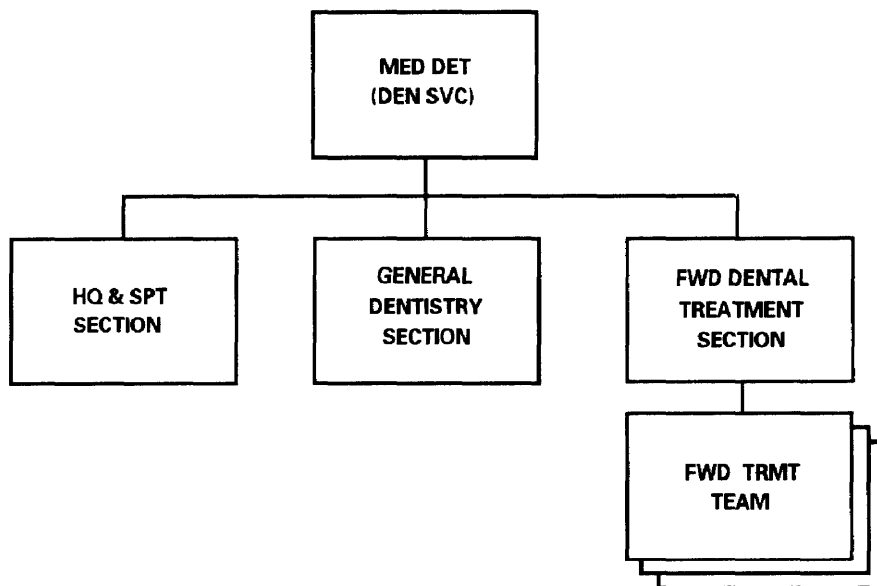


Figure 2-3. Medical detachment (dental service).

(1) The headquarters and support section (1 officer and 10 enlisted members) is roughly similar to that of the company, but smaller in size. The commander is a MAJ (63B) and the chief dental NCO is an SFC (91E). There is no executive officer. This section includes personnel for administration; health service logistics; and automotive, power generation, and medical equipment maintenance; but no field feeding capability. The detachment has no assigned cook or unit supply NCO.

(2) The general dentistry section has the unit commander as chief, two general dental officers, a facility NCO, preventive dental specialists, and supporting dental specialists.

(3) The forward dental treatment section is organized into three independent dental modules with organic power and transportation.

b. Mission. This unit provides emergency, sustaining, and maintaining dental care.

c. Assignment. This unit is assigned to the HHD, medical battalion (dental service), TOE 08476L.

d. Capabilities. This unit provides maintaining care for 8,000 troops, or sustaining care for 12,000 troops on an area basis. It is composed of from one to four field DTFs. These consist of a base DTF providing maintaining care and up to three dental treatment modules to reinforce or reconstitute the division dental modules when necessary, or provide sustaining care for small or forward troop concentrations. The unit is capable of augmenting the ATM capabilities of other MTFs during mass casualty situations.

e. Basis of Allocation. One per 8,000 troops.

f. Mobility. This unit is capable of transporting 50 percent of its personnel and equipment in a single lift using organic vehicles.

2-12. Medical Team (Prosthodontics), TOE 08588L

The medical team (prosthodontics) is the MF2K equivalent to the H-edition TOE unit, team HC, dental service augmentation, removable prosthodontics; and team HD, dental service augmentation, fixed prosthodontics. It is about the same size and has similar capabilities; however, it incorporates the consolidation of the removable and fixed prosthodontics specialties (63F).

a. Organization. The medical team (prosthodontics) is composed of a commander (prosthodontist) and four enlisted members, including a dental laboratory NCO, two dental laboratory specialists, and one dental specialist.

b. Mission. This unit provides additional prosthodontic dental support when required by augmenting existing dental and hospital organizations.

c. Assignment. This unit is assigned to the medical brigade (CZ) or medical brigade (COMMZ) with further attachment to a medical battalion (dental service).

d. Capabilities. This unit provides additional fixed and removable prosthodontics support for up to 40,000 troops.

e. Basis of Allocation. As required, based on stated capabilities.

f. Mobility. This unit is capable of transporting 33 percent of its personnel and equipment in a single lift using organic vehicles.

Section V. DENTAL STAFF

2-13. General

Coordination of the collective efforts of unit, hospital, and area dental support activities with the overall

HSS operation is accomplished through dental representation on appropriate command and control staffs, usually in the form of a command dental surgeon. The dental surgeon is a special staff officer

under the coordinating staff supervision of the Adjutant (SI)/Assistant Chief of Staff (Personnel) (GI). In the medical brigade, the dental surgeon is a separate TOE position. In divisions, this position is filled by the comprehensive dental officer assigned to the main support battalion of the division support command (DISCOM). A dental unit commander who also serves as dental surgeon is described as being “dual-hatted.” In some cases, the dental surgeon position is not clearly identified and becomes an ad hoc arrangement. In all of these cases, the dental surgeon works closely with the command surgeon to accomplish his mission. Staff advocacy is a critical element in the development of a coordinated dental service support system throughout the TO. Chapter 5—Command, Control, and Communications—discusses staff functions in much greater detail.

2-14. Responsibilities

a. The dental staff officer provides input to the commander on policy, procedures, and plans that concern oral health and dental care. He prepares the dental estimate and assists in preparing the dental portion of the HSS operation plan (refer to FM 8-55 for information concerning the preparation of HSS estimates and plans). He assists in writing the dental support portion of operation orders (OPORDs). He provides technical guidance on dental matters to subordinate dental resources. He monitors the oral health of the supported population, the readiness of unit dental assets, and the tactical and strategic situation of supported units. He also assesses HSS plans to determine dental resource requirements. Specific duties may include surveillance of—

(1) The oral health and dental readiness of supported units.

(2) Severe oral and maxillofacial surgery cases in hospitals.

(3) Status of dental resources in the area of responsibility.

(4) Operational requirements of supported troops (for example, number and types of units supported or in the area of responsibility; number

of troops in supported units or area of responsibility; tactical and strategic situation; location and distribution of supported units; and expressed needs of commanders).

(5) The provision of dental services to enemy prisoners of war (EPW), refugees, and others.

b. The dental staff officer also serves as advisor to the commander on dental matters. On the basis of the information from surveillance, he makes recommendations concerning oral health and dental delivery for plans, OPORDs, and policy.

2-15. Dental Staff Officer Positions

a. Division. The senior dental officer in a division is assigned to the main support battalion. In addition to his patient care responsibilities, he acts as the division dental surgeon and exercises technical supervision over the dental assets in the division forward support battalions. Dental officers in the forward support battalions serve as dental surgeon to the supported maneuver brigades.

b. Separate Brigades, Armored Cavalry Regiments, and Special Forces Groups. The dental officer in the medical element of these units also serves as dental surgeon for the parent unit.

c. Medical Brigade (Corps: TOE 08422L1; COMMZ: TOE 08422L2). A dental surgeon (COL 63R) is located in the command section. He exercises technical control over dental assets in hospitals and dental units subordinate to the medical brigade. Dental surgeons of corps medical brigades are dual-hatted as the corps dental surgeon and provide technical supervision for unit-level dental support (in divisions, separate brigades, and ACRs) as well as for dental assets assigned within the brigade. The medical brigade dental surgeon is complemented by a senior dental NCO (MSG 91E50) assigned to the security, plans, and operations section.

d. Medical Command (TOE 08611 L). There are three dental staff officers in the headquarters company.

(1) The medical command (MEDCOM) dental surgeon (BG) establishes and disseminates

Army theater policy on dental matters. He exercises technical control over all dental units in the TO through the medical brigade dental surgeons. He directs the dental service element of the headquarters and provides dental staff support to the MEDCOM commander.

(2) The MEDCOM assistant dental surgeon (COL 63R) is located in the dental service element of the headquarters. He assists the MEDCOM dental surgeon by recommending policies and procedures and providing dental coordination with other staff elements.

(3) The MEDCOM preventive dentistry officer (LTC 63H) supports the MEDCOM

dental surgeon and assistant dental surgeon in all staff actions. Specific duties include—

- Providing oral health surveillance information in support of policy and procedure development.

- Developing plans and orders concerning oral fitness and preventive dentistry programs.

- Recommending treatment policies.

- Developing programs for dental support of humanitarian and civic action operations.