

APPENDIX E

DENTAL SUPPORT IN LOW INTENSITY CONFLICT**E-1. General**

a. This appendix addresses the roles of dental services in MEDOLIC that do not involve support to US Forces in armed conflict. Planning for the traditional role of dental services (that of providing dental support to US Forces) follows the guidelines presented in FM 8-26 and other emerging doctrine on HSS to combat operations. Dental support to US Forces engaged in armed conflict is tailored to—

- Tactical situation.
- Size and type of troop populations.
- Anticipated length of deployment.
- Knowledge of the dental fitness of the units involved.
- Knowledge of endemic or environmental factors that may influence oral health.

b. The unique role dental services have in LIC is in support of operations not involving direct US military force. United States Army dental assets may be employed during medical operations conducted in LIC. This may include the evaluation and treatment of significant oral, dental, and/or maxillofacial disease or conditions; the assessment of the HN dental infrastructure; or the dental professional care issues. This assessment and care may include either the HN civilian or military populations.

c. In developing countries, oral infections like periodontal disease and dental caries are endemic. The prevalence of oral developmental conditions like cleft palate is very high. Further, severe maxillofacial injury occurs, often a result of armed conflict. Developing countries typically have an inadequate dental care infrastructure to prevent or treat these conditions. In most operations involving FID or the USAID there is a role for dental service support.

d. Although direct delivery of care to HN populations during HCA operations is an easily

implemented and highly visible display of US support, it has only a short-term benefit. Other dental support roles that have long-term benefits include—

- Assessing of HN to identify oral, dental and maxillofacial problems, and dental health capabilities.
- Assisting in building dental support infrastructure.
- Training dental professional and auxiliary personnel.
- Providing dental technical assistance.
- Assisting in developing military medical capability to prevent and treat oral, dental, and maxillofacial conditions.
- Providing assistance in planning for forensic dental operations.

e. Resources to accomplish the objectives listed are uniquely different than those in the tables of organization and equipment (TOE) for field dental support to wartime. Tailoring of dental assets, both manpower and materiel, with capabilities beyond those of typical field dental units, is necessary. These differences should be included in planning and appropriately resourced.

E-2. Dental Service Support

a. Dental assessment is important to understanding the dental health care needs of the population. Data and information from dental professional literature, WHO, PAHO, the American Dental Association (ADA) Council on ADA Sessions and International Relations, and AFMIC should be combined with information provided by the diplomatic mission in the HN to assist in determining dental requirements for the mission. If possible, personal observation by a dental officer should be accomplished prior to completion of operational plans. In some cases provision of a

comprehensive description of the dental situation is, in itself, of assistance to the supported country or insurgent population.

b. The senior dental officer involved should provide the assessment and recommendations to the command surgeon. Recommendations should be made as to the dental care goals and objectives; concept of operations; the manpower, materiel, and funding requirements; standards of care; and milestone time lines. Continued dental participation in the planning process is important.

c. Continued involvement or consultation from a specialist in dental public health in assessment, planning, and evaluation of programs is desirable.

d. The involvement of HN or insurgent personnel early in the plan development is essential. These personnel can ensure that the legal, social, cultural, and religious implications of the plan are considered. During implementation, the HN or insurgent group should be highly visible. The US personnel should play a supporting role.

e. Host nation resources to consider in dental planning might include—

- Military dental situation.
- Dental schools.
- Government dental licensure authority.
- Nondental health personnel who are or can be involved in dental programs (community health nurses).

- Civilian dental practitioners.
- Dental auxiliary training and use.
- Dental supply sources.
- Dental laboratories.
- Public health programs.
- Public and private school systems.
- Mechanisms for dental care financing.
- Water distribution systems (for fluoridation capability).
- Commercial marketing of oral health products.
- Media capability for mass awareness programs.
- Religious organizations' involvement in social and health-related activities.

f. Dental programs and operations can be conducted in conjunction with other medical operations. They can also be conducted as separate activities.

g. Periodic program evaluation to assess the results of operations should be included in operations plans. The dental annex to after action reports should be forwarded to the senior dental officer in the chain of technical or command authority. Lessons learned should be provided to personnel involved in doctrine and training development.