

THEATER OF OPERATIONS

GTA 08-09-001

Under Medical Force 2000 doctrine, most soldiers with dental emergencies will receive dental care far forward to minimize lost duty time. However, soldiers may be isolated from dental care because of distance, lack of transportation, geographical barriers, tactical situation, or the number of dentists in the theater.

Most dental emergencies in a Theater of Operations can be prevented with appropriate treatment and good oral hygiene practices. To help soldiers maintain oral hygiene, dental floss, toothbrushes, and toothpaste are available in the Ration Supplement, Sundries Pack Type I. These and other oral hygiene aids are also available in the post exchange (Tactical Field Exchange).

Many soldiers, usually those who are dental fitness Class 3, will develop severe dental infections and require hospitalization for many days. For these soldiers the battle may be over before they return to their unit. **A unit can not afford to lose key personnel from leadership positions or low density military occupational specialties because of dental emergencies.**

RECOMMENDATIONS FOR COMMANDERS

Unit commanders can minimize the impact of dental diseases during mobilization and deployment by:

Ensuring that all personnel have a dental record and panoramic radiograph.

Having all unit personnel receive a dental examination and dental fitness classification.

Informing soldiers of the importance of dental fitness and encouraging them to seek dental care and improve their dental fitness level to Class 1 or 2.

U.S. ARMY MEDICAL DEPARTMENT CENTER & SCHOOL

MILITARY IMPLICATIONS OF DENTAL DISEASE

This graphic training aid provides a brief overview of dental fitness, the impact of dental emergencies on unit readiness, and steps a commander can take to reduce the impact of dental diseases on unit operations.

DENTAL READINESS

Soldiers must be physically, mentally, and medically prepared to deploy and operate in a hostile, austere environment with limited support. Under these conditions, a unit can not afford to lose soldiers because of disease and non-battle injuries (DNBI). Although 70% of dental emergencies are preventable, dental diseases have historically accounted for approximately 20% of DNBI.

One lesson learned from Operation Desert Shield/Desert Storm was the importance of dental readiness. During Operation Desert Shield/Desert Storm, over 150,000 Army National Guard and Reserve soldiers were processed by dental facilities in the continental United States. Mobilization processing schedules and dental care resources were severely stressed by the examination and treatment requirements of mobilizing soldiers. Over 33,000 soldiers required dental treatment and over 40,500 soldiers required panoramic radiographs (X-rays). The dental system provides panoramic radiographs for personnel and graves registration use in post-mortem identification.

REFERENCES: AR 40-35
AR 600-8-101

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DENTAL FITNESS CLASSIFICATIONS

The dental fitness classification is the primary measure of soldiers' dental readiness. The commander can use the dental fitness classification of unit personnel as an index of dental preparedness and to identify individuals who will require treatment during mobilization. The Department of Defense Dental Classification Guideline and AR 40-35 outline dental fitness classification as:

- Class 1** Soldiers who require no dental treatment.
- Class 2** Soldiers whose existing dental condition is unlikely to result in a dental emergency within 12 months.
- Class 3** Soldiers who require dental treatment to correct a dental condition that is likely to cause a dental emergency within 12 months.
- Class 4** Soldiers who require a dental examination or panoramic radiograph (X-ray).

The number of soldiers in each dental fitness classification can be used to determine the risk of dental emergencies interfering with unit operations. The importance of reducing the number of soldiers in Class 3 to an absolute minimum is illustrated in the following table:

DENTAL FITNESS <i>CLASSIFICATION</i>	RATE OF EMERGENCY <i>Per 1000 Soldiers Per Year</i>
CLASS 1	67
CLASS 2	145
CLASS 3	530

Mobilization

Mobilization processing described in AR 600-8-101 includes three requirements for dental processing:

Dental record review to determine dental fitness classification and presence of a panoramic radiograph.

Dental records initiation and/or dental examination for soldiers who are Class 4. Panoramic radiographs will be made for soldiers who don't have one on file at the Central Panograph Storage Facility. These activities can be done before mobilization to decrease interference with mobilization processing.

Soldiers with existing dental emergencies and potential emergencies (Class 3 dental conditions) must be referred for treatment by a dental officer. This treatment will correct dental conditions that will interfere with training, deployment, and combat effectiveness.

During mobilization the goal of dental treatment is to prevent dental emergencies during deployment by eliminating existing Class 3 and 4 conditions. These conditions may have been present for months or years without causing any problems. However, combat conditions combined with stress, fatigue, and limited diet will accelerate disease processes and soldiers will develop dental emergencies.

The length of mobilization will determine how much, if any, dental care is provided. During Operation Desert Shield/Desert Storm, mobilization occurred over a long time and most dental Class 3 soldiers were treated. In a rapid mobilization situation, there would be little time for dental treatment and many soldiers may not receive corrective dental care prior to deployment. These soldiers would be at high risk to develop dental emergencies during deployment. **Lessons learned from past mobilizations are:**

- First** There is little time for dental treatment during mobilization and deployment.
- Second** A high level of premobilization dental readiness and dental record preparedness reduces mobilization dental processing and treatment time.
- Third** A high level of dental readiness reduces the number of soldiers who develop dental emergencies during deployment.