

CHAPTER 6

EMPLOYMENT OF THE MEDICAL BATTALION (DENTAL SERVICE)**6-1. General**

The medical battalion (dental service) is the major dental service operator in the TO. In the CZ, two-thirds of all dental officers in a generic five-division corps are assigned to area support dental units. The percentage in the COMMZ is even higher where fewer Echelon II medical units with organic dental assets are found.

6-2. Medical Battalion (Dental Service)

The medical battalion (dental service) is found in both the CZ and the COMMZ. In the CZ, the dental battalions are generally subordinate to medical groups of the medical brigade. In the COMMZ, the dental battalions are subordinate to medical brigades, if present, or directly to the MEDCOM. Dental battalions consist of an organic HHD and three to eight assigned or attached area support dental units.

a. Communications Zone. Employment of the dental battalion within the COMMZ is far more variable than in the CZ where the battalion has a direct relationship with the corps to which it is assigned. A major variable is the geographic size of the COMMZ. It may range from a rather well-defined land area to multioceanic areas, as in some Pacific Command (PACOM) scenarios. It is quite possible that elements of the COMMZ dental battalions may be spread over vast distances, or they may be fairly well condensed. Figure 6-1 depicts a notional array of echelons above corps (EAC) dental units deployed in a peninsular theater with an offshore island logistics base. This diagram demonstrates the magnitude of the area which could be covered by a single battalion. In the case of both the CZ and COMMZ, the dental battalion must be collocated with one of its medical companies (dental service) for support. In addition, the HHD, along with its supporting medical company (dental service), is best located close to its parent headquarters to reduce communication requirements and allow active participation in the HSS planning process. As an example, Figure 6-1 demonstrates collocation of the dental battalion HHD with its parent MEDCOM and a subordinate medical company (dental service).

b. Combat Zone. The dispersion of a dental battalion in the CZ is not likely to be as great as in the COMMZ. It will vary, however, depending on the—

- Number of dental battalions assigned to the brigade.
- Density of troop population.
- Geographic area assigned to the corps.

When more than one dental battalion is assigned to the medical brigade, the standard relationship of one medical battalion (dental service) for each medical group is possible. Figure 6-2 is the standard notional representation of the medical battalion (dental service) in the TO. It depicts the probable location of the medical battalion (dental service) and its subordinate units in both the CZ and the COMMZ. Note that Figure 6-2 does not reflect numbers of units assigned, only relative location.

6-3. Medical Company (Dental Service)

The medical company (dental service) is one of the three types of dental units assigned or attached to the medical battalion (dental service) capable of providing dental service. The other two are the medical detachment (dental service) and the medical team (prosthodontics). Of the three area support dental service providers, the medical company (dental service) contains the greatest capability. Principles of employment for the medical company (dental service) are the same for those in the CZ as for those in the COMMZ. It is likely, however, that COMMZ units will be dispersed over a wider area.

a. Configuration. Chapter 3 discusses the basic sections of the medical company and the detachment. The medical company (dental service) consists of a headquarters and support section, a dentistry/prosthetics section, a general dentistry section, and a forward treatment section further divided into six forward treatment teams. The ideal configuration for a medical company (dental service) collocates the headquarters and support section,

dentistry/prosthetics section, and general dentistry section with the forward deployment teams operating independently away from this base over relatively short periods. When the situation requires, the general dentistry section has the necessary clinical capability to operate independently, provided sustainment support is available from the host unit. The general dentistry section and the dentistry/prosthetics section also have the capability to further generate a task-organized forward deployment element with independent power and mobility if the situation requires. The headquarters and support section of the medical company (dental service) provides a relatively high degree of unit self-sufficiency and requires limited external support; however, the capability to project this support to dispersed elements of the unit is not nearly as great. Therefore, elements of the medical company (dental service) located some distance away from the headquarters require considerable support from host units.

b. Employment. The medical company (dental service) offers a variety of employment options ranging from tight collocation in a relatively small area to dispersal over a wide area. In terms of treatment facilities, there can be as few as one 21-chair facility when the unit's clinical capability is massed together, or as many as eight dispersed DTFs, most of them one chair in size, with independent clinical capability. Regardless of the employment option used, two habitual relationships are required or highly recommended. The headquarters and support section should always be collocated with the dentistry/prosthetics section, given the commander's dual role as commander and chief of dental services in that section. This combination of the headquarters and support section and the dentistry/prosthetics section, if not collocated with the medical battalion (dental service) headquarters, should be collocated with a hospital or an HSS command and control organization for communication support.

(1) *Considerations.* The employment of the medical company (dental service) is dependent on a number of factors, the most obvious being the number of troops supported and the range of their dispersion. The basis of allocation is one per 20,000

troops supported for maintaining care; however, the actual number of troops to be supported maybe much greater. It is unlikely that 20,000 troops will be concentrated in one location, particularly in the CZ. In the COMMZ, however, there may be situations where troops are densely concentrated in large numbers such as in marshaling areas and depot facilities. In any event, the number of troops to be supported may often be much greater than 20,000, and the geographic area supported may be quite widespread, based on the dispersion of the supported troops. Another closely related factor is the presence and number of other area support dental units and their type. Additional area support dental units, particularly companies, may allow less dispersion and concentration of assets. In the absence of a dental battalion, the medical company (dental service) and its commander absorb far greater responsibility. Mission, likewise, impacts on deployment. The requirement for provision of emergency or sustaining care only allows greater dilution of assets and more dispersion than if the mission called for provision of the entire spectrum of maintaining care.

(2) *Options.* Employment options for the medical company (dental service) vary greatly from a single unit in support of a large COMMZ troop concentration to one spread over a vast geographic area in support of widely dispersed troops. In the first case, elements of the unit maybe collocated within a single cantonment area. In the latter, DTFs from the medical company (dental service) may be scattered throughout an entire country. The following figures depict a few employment options, all of which can be expanded or compressed to cover the geographic area required. Figure 6-3 illustrates a notional employment of the medical company (dental service) within the CZ. Note that only the forward treatment teams are dispersed from the parent unit. Figure 6-4 illustrates a modified employment of the medical company (dental service) with a complete dispersion of the unit to include task-organized teams from both the dentistry/prosthetics and the general dentistry sections. Figure 6-5 is a more graphic illustration of a dispersed medical company (dental service) within the CZ to include possible relationships with other units. Note that in this illustration a task-organized subteam derived from the dentistry/prosthetics section is involved in a civic action type operation.

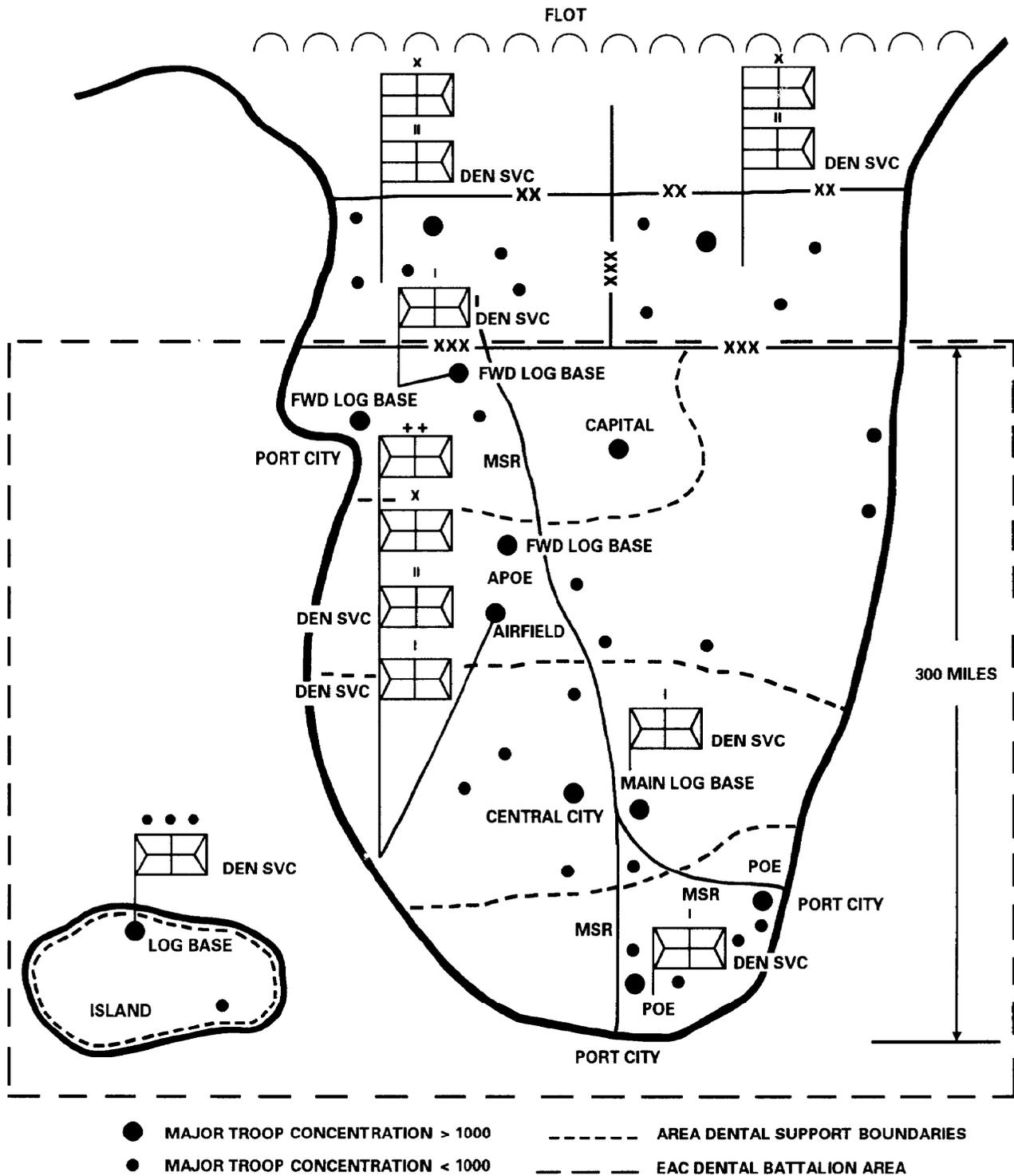


Figure 6-1. Dental battalion HHD.

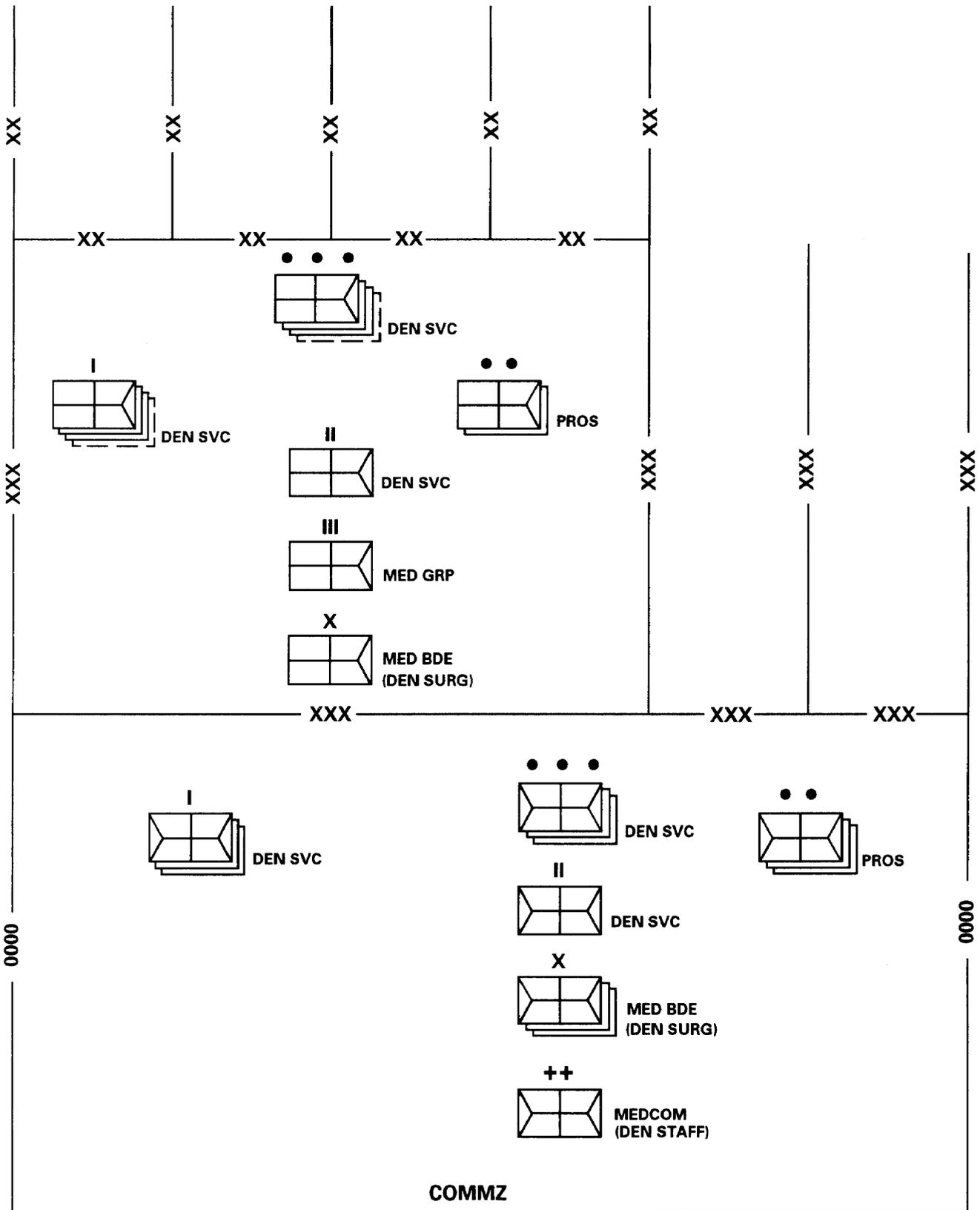
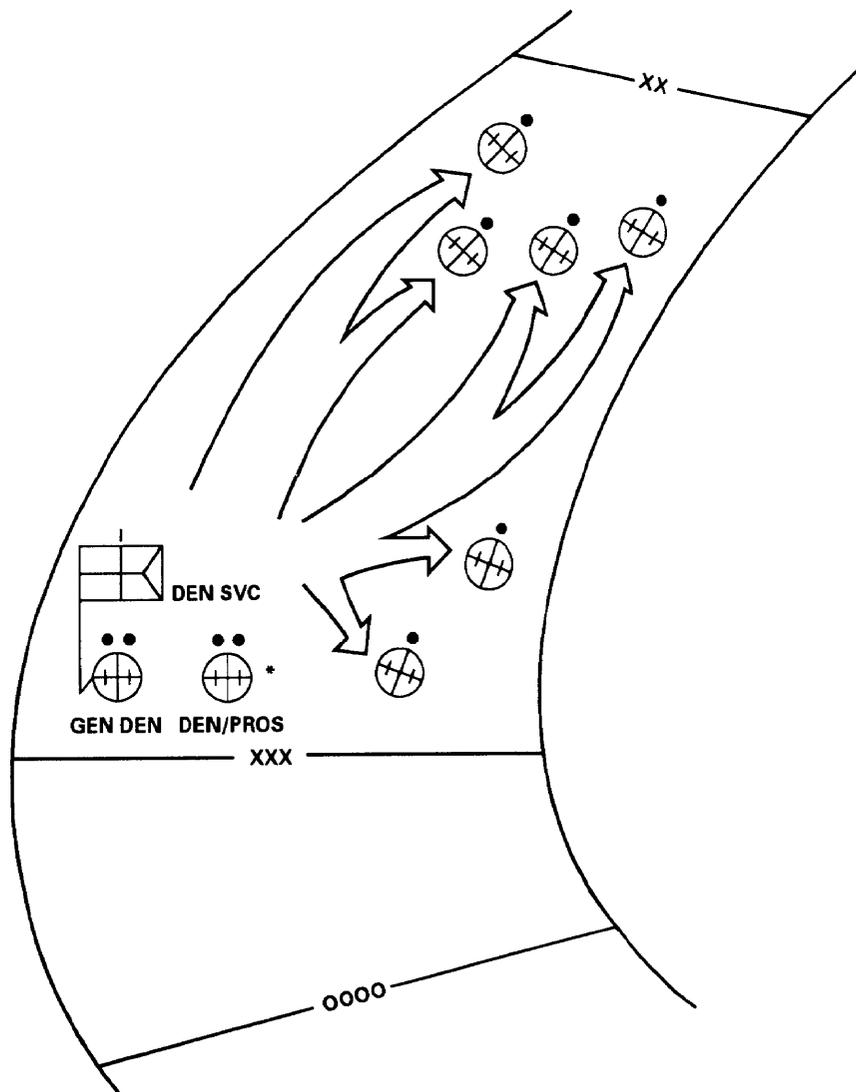
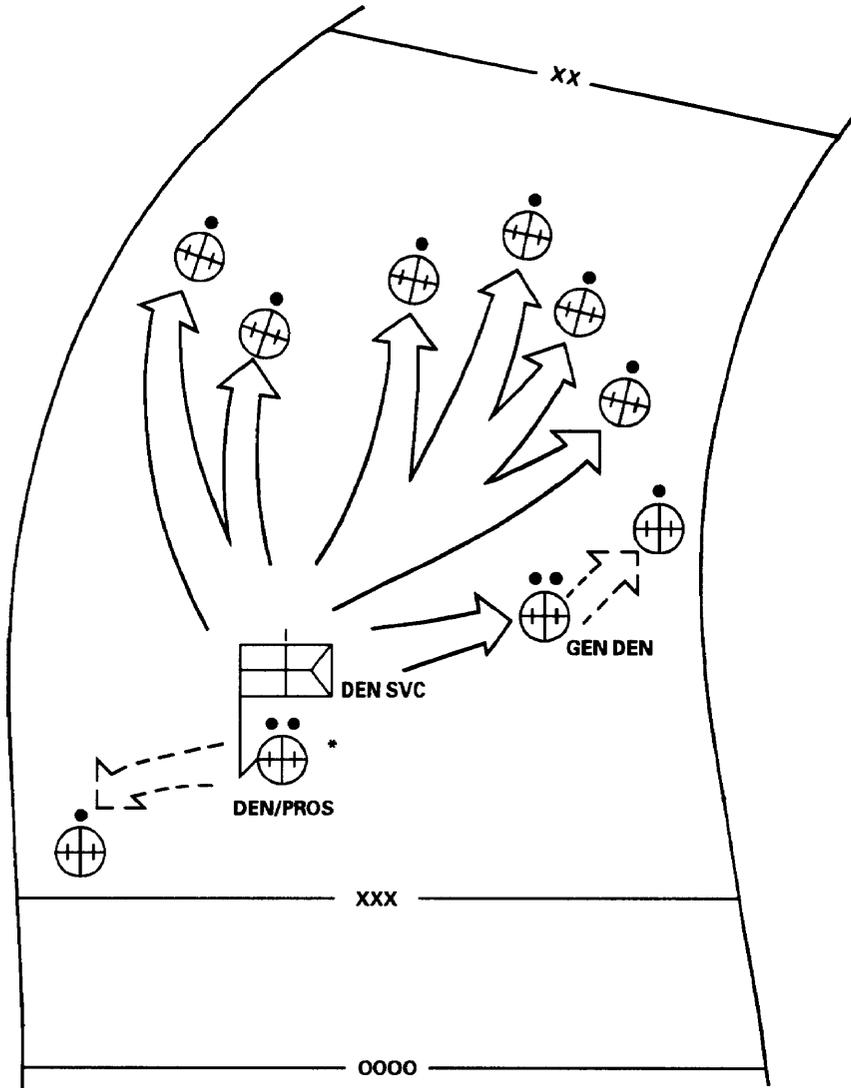


Figure 6-2. Notional employment of medical battalion (dental service).



* Note collocation of company headquarters with the dentistry/prosthetics section.

Figure 6-3. Notional employment of medical company (dental service).



* Note collocation of company headquarters with the Dentistry/Prosthetics Section.

Figure 6-4. Modified employment of medical company (dental service).

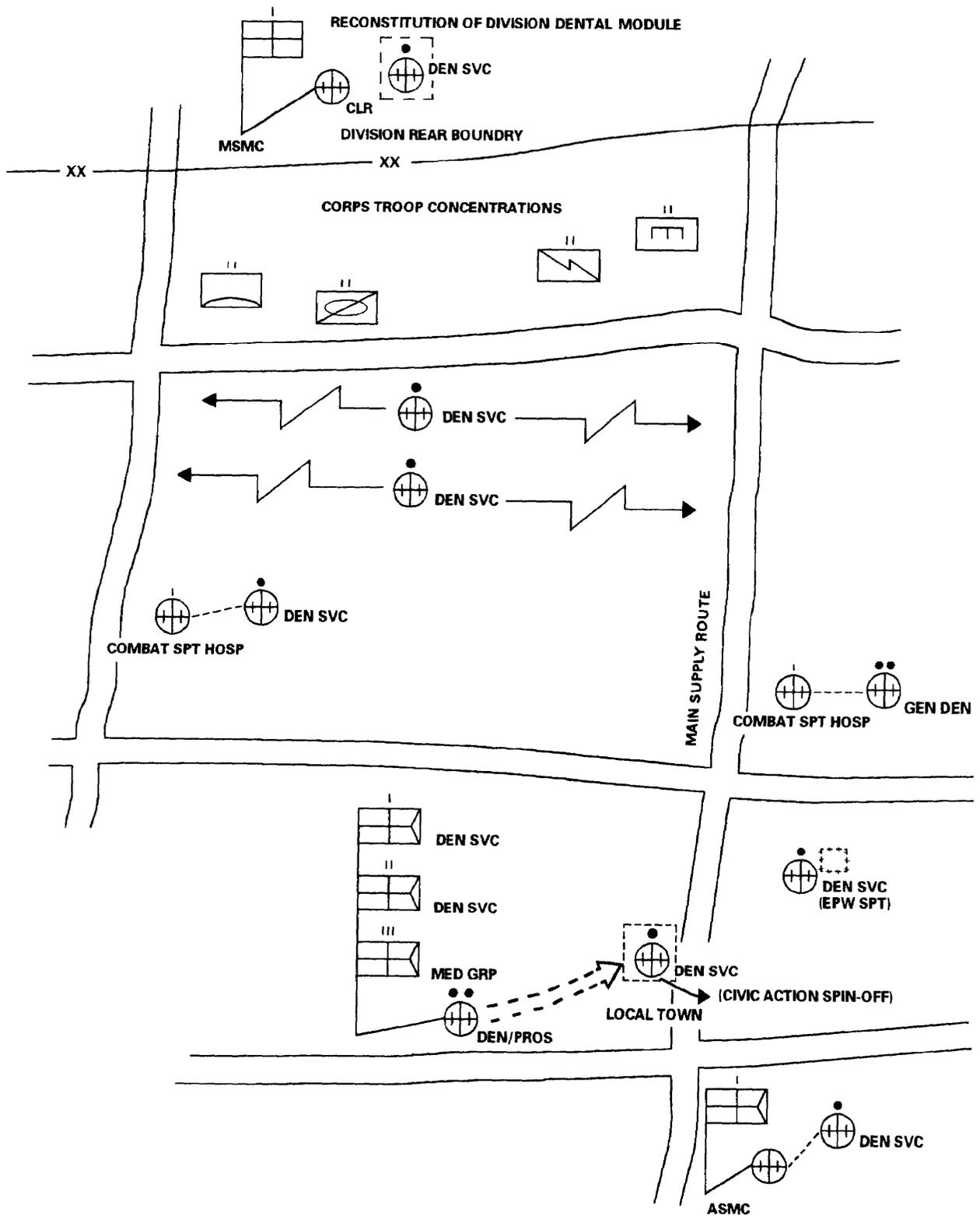


Figure 6-5. Dispersed medical company (dental service).

6-4. Medical Detachment (Dental Service)

a. The medical detachment (dental service) basically mirrors the medical company (dental service) in the type of care it can provide. The major differences are its size (9 chairs versus 21 in the medical company [dental service]) and the absence of the dentistry/prosthetics section with its prosthodontic capability. The basis of allocation for the medical detachment (dental service) is one per 8,000 troops for maintaining care. The support capability of the headquarters and support section is not as great as that of the medical company (dental service); therefore, the medical detachment (dental service) has a greater requirement for outside support. Like the general dentistry section of the medical company (dental service), that of the

medical detachment (dental service) can generate a task-organized team.

b. Considerations for employment of the medical detachment (dental service) are essentially the same as those for the medical company (dental service). Its smaller size and corresponding increased deployability make the medical detachment (dental service) ideally suited for inclusion in small HSS task organizations, contingency operations, and as an early deployer in the build-up stages of deployment. The size of the medical detachment (dental service) also makes it ideally suited for direct support of a division. Figure 6-6 illustrates a notional relationship of a medical detachment (dental service) in direct support of a division within the CZ.

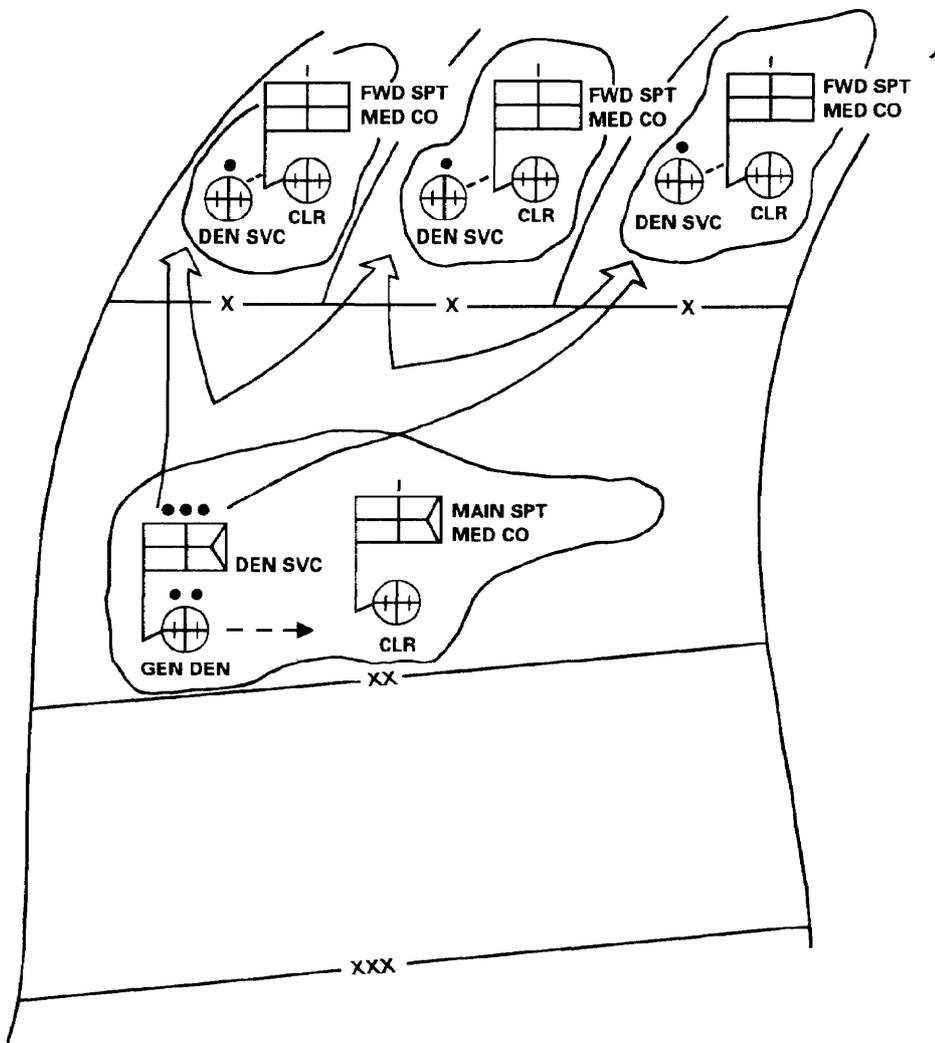


Figure 6-6. Notional employment of medical detachment (dental service).

6.5. Phased Employment of Dental Services

Current capability based on organization and equipment provides dental units, individually and collectively, the flexibility and adaptability to provide dental support at all levels of warfare from the initial stages of the conflict until hostilities cease and US presence is terminated. Medical casualties are

principally a function of combat activity and DNBIs; however, dental casualties are principally a function of time. If a high state of dental readiness is assumed for troops prior to deployment, it follows that requirements for dental service support units in the theater will increase as the theater matures. Figure 6-7 illustrates the increase in dental requirements over time based on past experience.

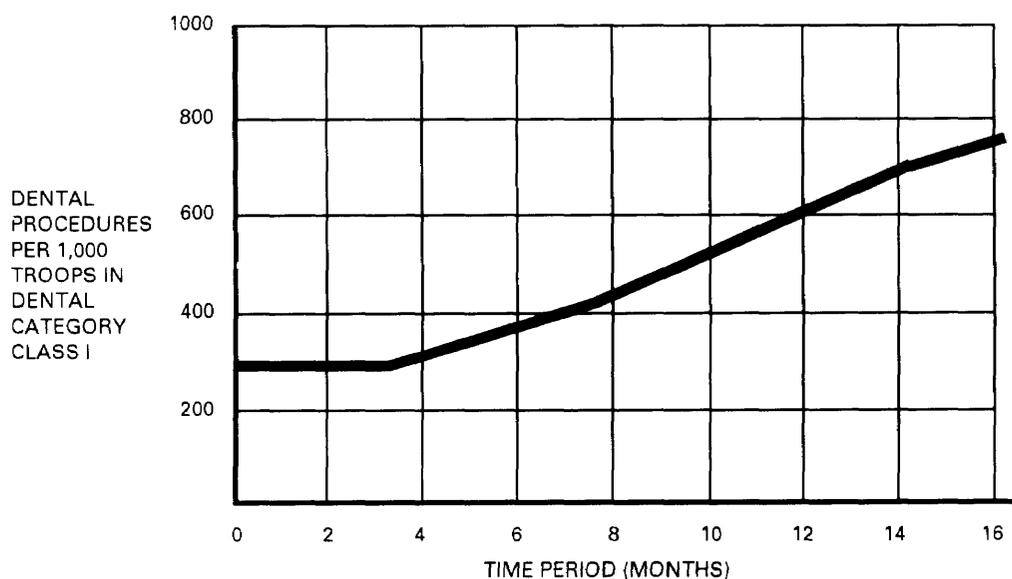


Figure 6-7. Increase in dental requirements over time based on past experience.

6.6. Echelonment of Dental Services

As capability to provide dental services increases, so does the weight and cube of materiel necessary to provide that capability. Emergency dental kits discussed in Chapter 3 are negligible in weight and cube; however, capability is severely limited. Sustaining care DESs are relatively small and readily deployable, but do not provide the full-spectrum of capability found in the much larger maintaining care sets. In the earlier stages of deployment, capability for dental service support must be balanced with the availability of scarce transportation assets and other

priorities. Fortunately, the demand for treatment during earlier stages of deployment is relatively light and can be satisfied by fewer dental assets and lower echelons of care. Figure 6-8 illustrates the phased employment of dental support into a TO as a function of time and phase of combat operations. It also suggests the logical provider for that support. As always, planning is the key to successful development of theater dental support. It is incumbent on dental service planners at all levels to coordinate the employment of dental units in the theater throughout the operation and, in particular, during the pre-deployment planning phase.

TIME	PHASE OF COMBAT OPERATIONS	BDE	DIV	CORPS	EAC
<p style="text-align: center;">↑</p> <p style="text-align: center;">D + N</p> <p style="text-align: center;">D + 1</p>	EXPANSION	1,3 ●	1,3 ●	4,5,6 □ *	4,5,6 □ *
		LODGMET	1,3 ○	1,3 ●	2,4,5 ●
	1 ○		1 ○	2,4 ●	2,4,5 ●
	1 ○		1 ○	2,3 ○	2 ○
	1 ○		1 ○	2 ○	
	DEPLOYMENT	1 ○	1 ○		
		1 ○	1 ○		
		1 ○			

LEVELS OF DENTAL SUPPORT

○ EMERGENCY CARE ● SUSTAINING CARE □ MAINTAINING CARE

- 1 DIVISION DENTAL ASSETS
- 2 AREA SUPPORT MEDICAL BATTALION DENTAL ASSETS
- 3 FORWARD TREATMENT TEAM FROM MED DET (DS) OR MED CO (DS)
- 4 MED DET (DS)
- 5 MED CO (DS)
- 6 MED TM (PROS)
- * MEDICAL BATTALIONS (DS) ESTABLISHED AT THESE LEVELS

Figure 6-8. Phased employment of dental support as a function of time and phase of combat operations.