

CHAPTER 7

DENTAL OPERATIONS IN LOW-INTENSITY CONFLICT

Section I. INTRODUCTION

7-1. General

a. Low-intensity conflict has recently emerged as an area of high probability for future involvement of the US military. Low-intensity conflict encompasses a broad spectrum of activities that require a great deal of flexibility and innovation on the part of those involved. Army Medical Department units will not only provide health care to US Army forces, but will also directly support the LIC mission through participation in humanitarian and civic assistance (HCA) programs and CA efforts.

b. The following is a brief discussion of LIC and dental support for LIC operations; however, a more complete understanding is required in planning and executing LIC operations. For additional information on LIC, refer to FMs 8-42 and 100-20.

7-2. Overview

a. Definition. Low-intensity conflict is a political-military confrontation between contending states or groups below conventional war and above the routine peaceful competition among states. It frequently involves protracted struggles of competing principles and ideologies. Low-intensity conflict ranges from subversion to the use of armed force. It is waged by a combination of means employing political, economic, informational, and military instruments. Low-intensity conflicts are often localized, generally in the Third World, but contain regional and global security implications.

b. Low-Intensity Conflict Imperatives. The LIC imperatives below apply to all operators in the LIC environment including HSS.

- *Political dominance.* Political objectives drive decisions at the strategic level. It is important for the leadership at the tactical level to recognize the importance of political objectives in planning and executing the tactical mission.

- *Unity of effort.* Military leaders must integrate their efforts with other governmental agencies so that all gain mutual advantage.

- *Adaptability.* Planners and executors must be able to change or modify structures or methods to suit the situation at hand.

- *Legitimacy.* This is the willing acceptance of the right of a government to govern, or for a group or agency to make and enforce decisions. It is the perception that authority is genuine and effective and that it uses proper agencies for reasonable purposes.

- *Perseverance.* Military operators must patiently, resolutely, and persistently pursue national goals and objectives for as long as necessary to achieve them.

c. Low-Intensity Conflict Operational Categories. Low-intensity conflict is divided into four broad operational categories:

- *Support for insurgency and counterinsurgency.* The security interests of the US may lie with either an incumbent government or with the insurgents. What primarily distinguishes insurgency from counterinsurgency and from the other categories is the principal objective they are supposed to achieve. The primary objective in insurgency is to overthrow the government. The primary purpose of counterinsurgency is to prevent the overthrow of the government. Both insurgency and counterinsurgency rely on political motivation. Operational techniques in insurgency and counterinsurgency require a multidimensional approach. It is important to be included early in the mission planning. Early planning will maximize the effectiveness of HSS resources. In counterinsurgency, HSS can alleviate major causes of discontent (health and quality of life issues).

- *Combating terrorism.* The aim of combating terrorism is to protect installations, units, and individuals from the threat of terrorism. Combating terrorism is an umbrella term covering antiterrorism (defensive actions for force protection) and counterterrorism (offensive measures against terrorists) actions taken to oppose terrorism throughout the operational continuum. In combating terrorism, programs are designed which provide coordinated action before, during, and after terrorist incidents.

From an operational perspective, combating terrorism is a campaign directed toward a strategic goal of removing the threat.

- *Peacekeeping operations.* Peacekeeping operations are military operations which maintain peace already obtained through diplomatic efforts. A peacekeeping force supervises and implements a negotiated truce. The force operates strictly within the parameters of its terms of reference, doing neither more nor less than its mandate prescribes. A distinguishing feature of these operations is that the force is normally forbidden to use violence to accomplish its mission. In most cases, it can use force only for self-defense.

- *Peacetime contingency operations.* Peacetime contingency operations often take place away from customary support facilities. These operations often require deep penetration and temporary establishment of long lines of communication (*LOC*). These operations may be conducted in a medically demanding or potentially hostile environment. They form a large operational category that includes many diverse actions (ranging from humanitarian assistance to land, sea, or air strikes against centers of hostility). Peacetime contingency operations may require the concentration of violent action, or the exercise of restraint and the selective use of force.

Section II. DENTAL ROLE IN LOW-INTENSITY CONFLICT

7-3. General

Dental support assets have the potential to be important contributors during LIC operations. Their primary role is to support US and allied forces in accomplishing the mission. They can also contribute by participating in dental-related HCA and CA operations. As with other HSS, appropriate use of dental assets is dependent on the mission and closely related to the four general categories of LIC described in paragraph 7-2.

a. Dental Support for Insurgency and Counterinsurgency.

(1) Dental assets are more likely to be employed in support of counterinsurgency operations than in support of insurgency operations. In addition to providing dental care to both US and allied forces, dental assets can be used to conduct HCA programs in concert with the HN.

(2) As with any HCA program, dental operations contribute to the internal development of the HN, thus combating political mobilization by opposing forces. Dental health programs demonstrate to the local community an important measure of accomplishment and progress on the part of the HN. Inexpensive, yet enduring, means of improving the dental health of the population include—

- Assistance in the planning and establishment of local dental health care delivery systems.

- Training programs for HN dental care providers. These training programs should be directed not only toward direct dental care, but also toward a methodology for evaluating the community's oral health and developing programs for improving the level of oral health.

- Community oral health education programs.

(3) Dental care provided as part of an HCA operation is a highly effective, yet inexpensive means of producing an immediate impact on a target population. Unlike many medical ailments which may take days or months to resolve, permanent relief from the pain caused by a toothache (a common malady in Third World countries) can be obtained very quickly. Simple dental treatment offers the potential for immediate payback in the form of good will and cooperation from the affected population. Dental HCA activities need not be limited to oral surgical procedures and extractions. The organic assets and mobility of dental units allow the provision of more sophisticated and enduring care such as restorations and simple prosthodontics, with minimal increase in resource expenditure. In any case, care should be

exercised in electing those procedures which can be completed with minimal probability of postoperative complication. Regardless of the level of treatment provided, oral health education should be an integral part of the overall program.

(4) Dental units are capable of conducting HCA operations independently or in concert with other health care assets. Dental personnel can also augment nonmedical units, such as engineers and CA units, and are particularly effective in augmenting the HCA operations of Special Forces units. Once again, planning is important to the success of dental HCA operations. Dental operations in LIC require a high degree of flexibility and initiative on the part of the dental planners. Care must be taken to balance the operational requirements of taking care of US soldiers with the favorable impact dental HCA operations can have on the overall LIC effort. The senior dental officer present must be prepared to advise the command surgeon and the operational commander as to the best possible use of available dental assets. The overriding consideration in the planning of dental HCA operations is to ensure that operations are conducted in concert with the HN and are consistent with the HN's dental health and security objectives.

b. Dental Role in Combating Terrorism.

(1) Humanitarian and civic assistance operations typically attract large numbers of people, presenting lucrative targets for terrorist attacks. Dental personnel must be made aware of the terrorist threat and take preventive measures. Planning must include analysis of possible terrorist threat, available intelligence for the area of operations, and provision of adequate nonmedical security forces.

(2) Dental personnel need to be prepared to assist in any mass casualty situation which may be generated as a result of a terrorist incident.

(3) Appropriate response to a terrorist act should be a matter of SOP for all dental personnel and should be well rehearsed in unit training.

c. Dental Support for Peacekeeping Operations.

(1) The primary function of dental

support in peacekeeping operations is to maintain the dental health of the peacekeeping force. Dental care is provided to all members of the peacekeeping contingent. Categories of care should, as a minimum, include emergency and sustaining care. Provision of dental treatment in the maintaining category of care is desirable as resources and the situation permit.

(2) Conduct of dental or combined medical and dental HCA operations must be consistent with the peacekeeping charter and approved by the command authority. Austere medical resources require maximum use of dental assets in preparing for mass casualty situations.

d. Dental Support for Peacetime Contingency Operations.

(1) Most peacetime contingency operations such as raids, peacemaking operations, demonstrations, and other combat-related operations call for traditional CSS-oriented dental support.

(2) In contingency operations such as disaster relief, dental personnel assets may be employed in direct support of the affected population. In these roles, dental personnel must be prepared to provide emergency dental services and to augment the MTF in mass casualty situations.

7-4. Employment of Dental Personnel

a. Availability and employment of dental care capability is closely related to the particular category of LIC operation and dependent on the specific mission. Dental care capability is generally included in the force structure to support US troops. However, when the opportunity arises for participation in HCA programs, or when dental resources are dedicated to HCA operations, employment is largely a matter of innovation and creativity on the part of the commanders and their dental planners. Dental care resources may be employed separately in dedicated dental HCA operations. Dental care resources may be as limited as the organic dental officer and assistant in the division medical company, or the organic medics on a Special Forces "A" team, or as many as an entire medical company (dental services).

b. Dental personnel are capable of contributing to a broad spectrum of programs from small dental civic-action programs in local villages to interface at the highest level of HN dental care system infrastructure. The following is a partial list of activities and programs for which dental assets could be used:

- Provide dental treatment to members of the local population.
- Conduct oral hygiene classes and provide hygiene treatment in local communities.
- Assist in the establishment of community dental health programs.
- Assist in the development and/or establishment of an HN military dental health care system.
- Assist in the training of local dental care providers.
- Provide consultation and assistance on HN dental health care programs (for example, designing and administering a survey to determine the level of oral health of a population).

c. For dental programs to be successful, certain guidelines which parallel the LIC imperatives must be followed:

(1) Dental programs must be coordinated with the HN dental system infrastructure from the local to the national level to ensure unity of effort, compliance with HN standards, and to enhance the legitimacy of the HN dental system to the population.

(2) Dental programs should be in concert with the political objectives of the country.

They should be carefully coordinated with other governmental agencies through the command surgeon and/or the US embassy country team.

(3) Activities should be directed toward long-term benefit for the supported population. They should not exceed the capability of the HN to continue the service once US forces have departed.

(4) Activities should be conducted in partnership with the HN, and credit for accomplishment should be reflected on the HN and not the US.

7-5 Dental Support Planning for Low-Intensity Conflict Operations

a. Dental staff participation should begin early in the planning of HSS for LIC operations. Chapter 4 addresses planning and recommended formats for estimates, plans, and orders. These also apply to LIC operations. A dental-specific LIC medical mission reconnaissance checklist would be a valuable planning aid. The example shown in FM 8-42 could be adapted to fit dental requirements.

b. When the mission calls for HCA operations, some additional considerations must be addressed in the planning process:

- Endemic oral diseases.
- Status of oral health care in the HN.
- Organization of the HN dental health system.
- Host-nation dental health objectives.