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HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

**19 FEB 1998**

**MEMORANDUM**

**FOR:**

ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

**SUBJECT:**

Policies on Uniformity of Dental Classification System, Frequency of Periodic Dental Examinations, Active Duty Overseas Screening, and Dental Deployment Standards

Reference:

- (a) 10 U.S.C. § 10206 (a)(2)
- (b) Department of Defense Directive 1200.7, Para. D.1.
- (c) AR 40-501 Para. 8-3, 9-3
- (d) BUPERSINST 1001.39B, Para. 201
- (e) AFI48-123, Para 14.3

Recently I directed the Dental Service Chiefs to develop recommendations for implementation of consistent policies on a uniform dental classification system, frequency of periodic dental examinations, overseas screening of Active Duty personnel, and dental standards for deployment. Following a thorough review of their recommendations in terms of dental readiness goals and their application to Active Duty and Reserve forces, I am directing that the following policies be implemented.

It is DoD policy that:

(a) [Department of Defense Policy 97-020](#), Policy for Standardization of Dental Classifications, shall be applicable to both Active Duty and Reserve components.

(b) Active Duty and Selected Reserve personnel require a periodic dental examination on an annual basis.

(c) All personnel scheduled for permanent change of station assignment to overseas locations shall be screened for dental disease. Personnel found to be in Dental Class 3 or 4 shall not be reassigned until treatment placing them in at least Dental Class 2 is completed. Under extreme circumstances waivers may be granted, but they shall be accomplished only using rigorously defined, and uniformly applied criteria and protocols.

(d) Dental records shall be screened prior to extended deployments. Personnel shall not deploy in Dental Class 3 or 4. Under extreme circumstances waivers may be granted, but they shall be accomplished only using rigorously defined, and uniformly applied criteria and protocols.

Compliance with these policies will improve consistency regarding dental readiness among Active Duty and

Reserve components, and will ensure that Reserve Component personnel meet their responsibilities to certify annually their fitness for duty [see Ref (a) thru (e)]. I clearly understand that these policies may not be immediately attainable. Mechanisms must be developed to ensure screening for National Guard and Reserve personnel, and that the Services and Health Affairs need to assure adequate program resources are available to ensure compliance with this readiness requirement. is met. Health Affairs has already made significant changes to support these goals. Health Affairs has added \$25 million per year in FY 97 to the Dental Programs of the Army and Navy to augment current efforts to attain the 95% target for active duty personnel. Health Affairs is making the transition from using dental panographs for forensic identification to the use of much more reliable DNA, which is now required for deployments, thus eliminating concerns about dental records accompanying personnel on deployments. Health Affairs has implemented an inexpensive TRICARE Selected Reserve Dental Program (TSRDP) which provides a mechanism for the selected reserve to reach a similar goal. The TSRDP program provides access to readiness oriented care for insured members of the Selected Reserve. Voluntary enrollment provides access to semiannual examinations from civilian providers without a copayment.

I certainly recognize that full execution of these policies will require innovative strategies that necessitate phased implementation. For example, the Services should develop mechanisms to include receiving civilian records of dental examinations, which may be used by military dentists to identify personnel dental readiness status. Also, overseas and deployment waiver criteria must now be developed and applied

I know that by working creatively together we can create a seamless, high level dental readiness program across the spectrum of our fighting forces. I request that you provide initial implementation plans to this office within 90 days with target dates reflecting estimated completion within three years. My point of contact in this matter is Dr. Marvin Bennett, who may be reached at (703) 697-9181.



Edward D. Martin, M.D.

Acting Assistant Secretary of Defense

cc:

Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force

**HA Policy 98-021**

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Last update: 1/11/1999