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The Journal of Dental Humanities is dedicated to presenting thought provoking material connecting dentistry to the humanities, and the social sciences. The journal places a priority on publishing quality material that supports the objective of dental professionals who seek to provide a patient-centered approach to health care. The mission purpose of the Journal of Dental Humanities aligns with the position that a functional democracy requires ethical, highly skilled professionals who are engaged, active members within their community and the larger society.

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Steven P. Perlman, D.D.S., M.Sc.D., D.H.L. (Hon.)*



DR. RICHARD BAYLEY, SAINT ELIZABETH ANN SETON AND THE VIRTUE OF “CARING”

ROBERT P. IOVINO, D.D.S., M.A.

When seeking needed dental treatment, what characteristic should one look for in a dentist? I was asked this question once in an interview on radio and to this day I regret my way too abstract answer. In it I referenced Beauchamp & Childress’ influence on the ADA Code’s ethical principles, etc. A better answer would have been to simply say, look to find a dentist whose motivations are centered around the desire to provide “care.”

The open access peer reviewed Internet Encyclopedia of Philosophy (IEP) has a section devoted to “care ethics,” considering it to be more often thought of as being a “practice or virtue” that “builds on the motivation to care for those who are dependent or vulnerable.”¹ You may question: Does care ethics have a place in a health profession whose ethical code currently revolves around principles? Undeniably, the resounding answer is yes! First, the dental patient in an operator is *both* dependent and vulnerable. Second, by necessity, the act of rendering “care” to another has a strong “hands-on” component. The IEP notes “care ethics affirms the importance of caring motivation, emotion and the body...as well as reasoning from particulars.” It is an abstract description of what the best dentist you could hope to find to minister to you does routinely in their office every day.

¹ Sander-Staudt, Maureen. "Care Ethics." Internet Encyclopedia of Philosophy. Accessed 31 May 2022. <<https://iep.utm.edu/care-ethics/>>

Recently, care ethics has been more fully developed as a theory often associated with modern feminist ethics; however, the practice/virtue of rendering care has a very long history. To illustrate this point, Stephen Davidson's paper "Knowledge and Service – The Legacy of a Loyalist Doctor" about Richard Bayley, MD (1745-1801) is reprinted with permission within the *Journal of Dental Humanities*. The motivation/desire to provide "care" is an underlying theme in Davidson's Bayley-Seton story. Davidson's remarkable story of Richard Bayley, MD, his daughter Elizabeth Ann Bayley-Seton, and the Order of the Sisters of Charity Elizabeth founded illustrates how the very "hands-on" practice of providing "care" is a virtue transmitted via mentoring and habituation across generations. This priority to provide "care" is precisely the motivation that dedicated dental school faculty essentially seek to transmit, or impart, to their students in the clinic and their classroom each, and every, day.

Dr. Richard Bayley's medical training and colonial New York City medical practice included an interest in anatomy and research. However, Dr. Bayley's efforts to advance medical science periodically upset both mercantile and popular lay sentiments of his day (The NY Doctor's Riot sparked by his anatomy laboratory/museum at New York Hospital, and protests related to the economic impact of NY's Quarantine Law that he authored are clear examples.). Despite this, Bayley was recognized and admired by his contemporaries for tirelessly laboring to aid and care for *all* New Yorkers, be they rich or poor. Bayley's participation in founding the New York Dispensary to aid and care for the needy, and his medical research and public health initiatives to seek to discover the cause, and mitigate the effects, of Yellow Fever that periodically plagued New York are examples of his civic service. In 1796 in recognition this service Governor John Jay appointed Dr. Bailey to be New York State's first Health Officer. In 1801, while directing the Quarantine Station on Staten Island, and providing support and care for a quarantined shipload of recently arrived ill Irish immigrants Dr. Bayley himself contracted an infectious disease and died. His second oldest daughter Elizabeth Ann, who



resided on Staten Island at that time, was a witness to her father's storied medical career, courageous ministrations and death.²

Through his example and actions Dr. Bayley exerted a profound influence upon his daughter Elizabeth Ann.³ Blessed with an equally inquisitive and acute intellect, Elizabeth also strived to care for others. While married and residing in New York City Elizabeth was among the founders and charter members of Graham's Society for the Relief of Poor Widows with Small Children (1797). Later as a widow, Elizabeth was the founder of the Maryland based Sisters of Charity.⁴ Elizabeth-Bayley Seton died in 1821. Two years after their founder's passing the Sisters of Charity began to provide formal health services, first at the University of Maryland's Baltimore Infirmary. The Order of the Sisters of Charity would go on to open numerous hospitals, including, in 1849, New York City's third hospital (After The New York Hospital and Bellevue), the highly respected St. Vincent's Hospital. It was there at St. Vincent's for over a century-and-a-half, most demonstrably during a cholera epidemic in 1849, a typhoid epidemic in 1852, the Influenza Pandemic of 1919, and the AIDS Pandemic of the 1980's and 90's, where the Sisters of Charity continued Dr. Richard Bayley and his daughter Saint Elizabeth Seton's fine tradition of providing *all* the people of New York City with "*care.*"⁵

² Vigorito, Michael. "Dr. Richard Bayley – Physician, Educator, and Researcher." The Watering Place. Accessed 31 March 2022.

<https://blogs.shu.edu/mvdh/people/dr-richard-bayley-physician-educator-and-researcher/>

³ "Mother Elizabeth Ann Seton." Health Care Hall of Fame Past Inductees. Modern Healthcare. Accessed 17 May 2022.

<https://www.modernhealthcare.com/awards/health-care-hall-fame-inductees-mother-elizabeth-ann-seton>

⁴ "Saint Elizabeth Ann Seton." We are Vincentians – the Vincentian Foundation Network. Accessed 17 May 2022. <https://vincentians.com/en/saint-elizabeth-ann-seton/>

⁵ "Saint Vincent's Catholic Medical Centers." Wikipedia, The Free Encyclopedia. Accessed 30 May 2022.

https://en.wikipedia.org/wiki/Saint_Vincent%27s_Catholic_Medical_Centers



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⁶ "Richard Bailey." Wikipedia, The Free Encyclopedia. Accessed 30 May 2022.
<https://en.wikipedia.org/wiki/Richard_Bailey>

⁷ "Elizabeth Ann Seton." Wikipedia, The Free Encyclopedia. Accessed 30 May 2022.
<https://en.wikipedia.org/wiki/Elizabeth_Ann_Seton>

KNOWLEDGE AND SERVICE – THE LEGACY OF A LOYALIST DOCTOR¹

STEPHEN DAVIDSON

Ignatius Loyola, the founder of the Jesuits, is credited with saying “Give me the child until he is seven, and I will give you the man.” The maxim is based on the belief that the first years of life are so crucial that what happens in them will determine the character of a person for the rest of his or her life. Could a father have such an influence on his children? Even if he were a loyalist in New York during the American Revolution? Let’s consider the story of Richard Bayley, a loyalist doctor.

Born in Fairfield, Connecticut in 1745, Richard Bayley was a descendant of Huguenots, Protestants who had fled France to find sanctuary in the New World. The Bayleys initially settled in New Rochelle, New York, a town that — even during the revolution— was noted for its loyal citizens.

Few details of Bayley’s early life have survived. He received a good education, being raised on the classics, a variety of studies, and the French language. When he was 21 years old, Bayley had an apprenticeship with John Charleton, one of New York City’s best-known physicians. He then sailed to England in 1769 where he studied with William Hunter, a famous anatomist, for three years.

¹ Reprinted with the permission of the author. Davidson, Stephen. "Knowledge and Service – The Legacy of a Loyalist Doctor." Loyalist Trails. United Empire Loyalists Association of Canada, 2015-14, 2015-15. <<https://uelac.ca/loyalist-trails/loyalist-trails-2015-14/#Doctor>>

His training complete, Richard Bayley returned to New York in 1772 to establish himself professionally and to settle down. He entered into a medical practice with his old mentor and married the daughter of the Anglican rector of St. Andrew's Church on Staten Island. His bride Charlotte was also the sister of his partner, John Charlton.

Although the storm clouds of revolution were gathering along the eastern seaboard, Richard Bayley's thirst for knowledge could not be diminished by political strife. He once again sailed for England in 1775 for further studies in anatomy.

When Bayley returned to New York, he decided not to remain with the loyalists who were safe behind British lines but enlisted in the British army as a surgeon. For the next year, he served under General William Howe in Newport, Rhode Island. Amidst all of this confusion, Richard and Charlotte somehow had three daughters: Mary, Elizabeth, and Catherine. When news reached Bayley that Charlotte was ill, he submitted his resignation and returned home, but for all of his medical skill there was nothing he could do. Charlotte died in 1777. Soon after, his youngest daughter also died.

Bayley did not return to military service. A 33 year-old widower with two small daughters, the young doctor courted and married Charlotte Amelia Barclay. Just eighteen years old, the second Mrs Bayley was the eleventh child of the loyalist businessman Andrew Barclay.

Having found a mother for his two daughters, Bayley returned to private practice, caring for British soldiers and New Yorkers alike. Some felt that the loyalist's bedside manner could have been more genuine. A contemporary remarked "that he was more interested in the scientific investigation of their cases than in the treatment of their diseases." During the revolution, there were rumours in the city that the loyalist doctor actually conducted "horrendous and inhumane" experiments on the wounded soldiers that he treated. Bayley continued to conduct research in both epidemiology and human anatomy.



In 1781, Bayley wrote to William Hunter in England about cases of croup (angina trachelis) with suggestions for how to cure the condition. This infection of the larynx produced a harsh bark-like cough and was often confused with diphtheria. Bayley was eventually able to prove that diphtheria was not the same condition as strep throat and created a new treatment for diphtheria. Following the revolution, his techniques quickly became the standard method for helping diphtheria patients.

While Bayley was enjoying success in his field, the armies of his king were not. When it became apparent that the rebellious colonies would be granted independence from the British Empire, the loyalists of New York City feared retribution at the victors' hands. William Smith, a New York loyalist who would eventually become the chief justice of Quebec, wrote a letter to the New York governor on behalf of his friend Richard Bayley. He wanted to be sure that a "certain set of men" would not "indulge their malevolence" against the loyalist doctor. In the letter, he provided testimonies of Bayley's character to demonstrate that he was "not violent towards America."

Bayley and his family were allowed to remain in New York City; they did not join the tens of thousands of loyalist refugees who boarded ships for Nova Scotia, the Caribbean, Quebec, and England throughout 1783. It is interesting to note that Bayley's loyalist convictions never wavered. Three years after the British commander in chief, Sir Guy Carleton, orchestrated one of the greatest refugee evacuations in history, the loyalist doctor and his second wife named their newborn son Guy Carleton Bayley.

Despite having produced four children together, Richard and Charlotte did not get along, and they eventually separated. The loyalist doctor put his efforts into re-establishing his practice and giving medical lectures at New York Hospital.

Although Bayley had escaped violence at the hands of patriot mobs at the end of the revolution, he nevertheless felt the fury of

rioters in 1788. Bayley had been collecting an anatomical museum at the New York Hospital for a number of years. When boys saw an amputated arm hanging out a hospital window, they rushed to tell their parents. This was the final straw for those who knew about Dr. Bayley. The old rumours about his “experiments” on wounded soldiers combined with the sighting of the amputated limb to convince a growing mob that the doctor and his students must be robbing graves “in order to mangle the bodies of the dead.”

The angry crowd charged into the hospital’s dissecting room, destroying furniture and breaking instruments. They brought Bayley’s anatomical collection “out into the streets and served to make a bonfire”. The loyalist doctor was able to escape the mob without injury. No wonder the day was later referred to as the Doctor’s Riot.

Four years later, when King’s College became Columbia College, it formed a medical faculty and gave Bayley the chair of anatomy in 1792. Fortunately, his lecture duties did not stand in the way of researching new surgical technique; the loyalist doctor became the first physician to successfully amputate an arm at the shoulder joint.

Bayley’s interests were not all of an academic nature. He maintained a lifelong interest in public health, helping to found the New York Dispensary in Greenwich Village that ministered to the city’s poorest citizens. When yellow fever broke out in 1795, it was Bayley who discovered how the epidemic spread, and created new quarantine laws for the city. Ever the researcher, his paper “History of Yellow Fever in New York in 1795” was a major contribution to combatting the disease.

Bayley’s success in battling yellow fever led to his appointment as New York City’s Health Officer. In 1799, he was put in charge of Staten Island’s new quarantine station for those with contagious diseases. Among Bayley’s responsibilities was the inspection of immigrant passengers and crews entering the city’s ports. Bayley’s 25 year-old daughter, Elizabeth, was one of his assistants. Following an encounter with Irish immigrants who were dying of



yellow fever, Bayley contracted the disease and died on August 17, 1801.

The loyalist Richard Bayley made a positive impact on his times and his city. His influence continued on through his children, and in particular his daughter Elizabeth.

Elizabeth Bayley was just nine years old when the American Revolution came to an end. The city that she had always known as a bastion of the British Empire was now part of the new United States of America. All that had been a normal part of her loyalist childhood was turned upside down as her family adjusted to the new realities of a republican New York City.

Part of the routine of Elizabeth's childhood was working alongside her stepmother, Charlotte (Barclay) Bayley, as she participated in the charity work of the Anglican Church, distributing food and necessities to the poor in their homes. Elizabeth would also have helped in the care of the four children that were born to Charlotte and her father, Dr. Richard Bayley.

When Elizabeth's father and stepmother ended their marriage, Charlotte Bayley wanted nothing to do with her husband's first two daughters. Having lost her mother when she was three and her stepmother in her teens, Elizabeth was then separated from her father when he sailed for England to pursue further studies. Elizabeth and her sister were put in the care of their uncle, William Bayley who lived in New Rochelle. Isolated from parents, Elizabeth found solace in her faith, reading devotional classics, poetry and her Bible.

Elizabeth's loneliness ended when she came to the attention of William Seton II, the son of a loyalist businessman. The senior Seton had been the last Royal Public Notary for New York. As a successful merchant, his import trade provided him with the resources to buy land in Halifax, Nova Scotia before the outbreak of the revolution. Seton lost this real estate during the war. Some historians believe that because he opted to stay in New York rather than leaving with other

loyalists, the authorities in Halifax did little to help him retrieve his lost property. (One source asserts that Seton's lost property eventually became the site of Nova Scotia's legislature.) Had he taken his family to Halifax, his son would never have met Elizabeth Bayley, the daughter of another loyalist who remained in New York City.

Young William and Elizabeth were married on January 25, 1794 and moved into a home on Wall Street. Despite the demands of being the wife of a prominent man and the mother of his five children, Elizabeth followed the example of her humanitarian parents and threw herself into the charity ministries of Trinity Episcopal Church. Within three years of becoming Mrs. Seton, she helped to found the Society for the Relief of Poor Widows with Small Children.

As noted earlier, Elizabeth also assisted her father in his role as health officer for New York City, assessing the well being of immigrants as they arrived in the city. She was 27 years old when her father succumbed to yellow fever, but Richard Bayley's death did not deter her from helping those less fortunate.

Elizabeth's husband William suffered from tuberculosis. His New York doctors recommended that he spend the winter of 1803-1804 in the sunnier climate of Italy. Seton had a trading partner, Antonio Filicchi, in Pisa Italy, and so the couple decided to journey there with their oldest daughter.

However, when the Setons' ship arrived off the coast of Italy, it was put into quarantine for a month as a precaution against yellow fever that had been raging through New York. In the end, William Seton died in Pisa in December of 1803.

Elizabeth sought solace with the Filicchi family and was drawn to their strong Roman Catholic faith. Praying for enlightenment, Elizabeth returned to New York City in the summer of 1804. In less than a year's time, she was convinced that the Church of Rome was the true faith and was received into the Catholic Church.



Elizabeth's Episcopalian relatives and in-laws were shocked at her conversion, and all but two of her family ostracized her. Her husband's trading firm was bankrupt, so the loyalist's daughter was left to her own resources to support herself and her children. She decided to found a private school for girls, but the anti-Catholic biases of her day caused parents to withdraw their daughters when they learned of Elizabeth's conversion. It seemed that Mrs. Seton's only option was to move to Lower Canada where she would be welcomed as both a Roman Catholic and a loyalist's daughter.

However, just before Elizabeth packed up her belongings to join other loyalists, she met a French priest who was a Sulpician Father. His order had fled the chaos of the French Revolution to establish the first Catholic seminary in the United States. In 1809, Elizabeth accepted the Sulpicians' invitation to establish a school for girls in Emmitsburg, Maryland, the first of the Catholic parochial schools in the United States.

However, the legacy of social concern left to her by her father and stepmother would not let her ignore the needs of the poor. Elizabeth founded the first American congregation of religious sisters, the Sisters of Charity of St. Joseph, to care for destitute children. Elizabeth Bayley, the daughter of a loyalist daughter — Mrs. William Seton, the wife of a loyalist's son—would now be known as Mother Seton for the remainder of her life.

Elizabeth died of tuberculosis on January 4, 1821. But like her loyalist father, her influence did not end with her death. Within a decade of her passing, the Sisters of Charity were operating schools, hospitals, and orphanages in states as far west as the Mississippi River. In the 21st century, there are six different Roman Catholic communities who trace their origins to Mother Seton's Sisters of Charity. One of those orders established Mount St. Vincent in Halifax, Nova Scotia — the city in which Elizabeth Seton's father-in-law had once owned property — while another founded a House of Prayer in Quebec — a city that almost became a home for Elizabeth and her children.

The work of a woman who dedicated her life to education and the poor was eventually recognized in 1975 when Pope Paul VI canonized Elizabeth Seton as the first American-born saint, proclaiming her the patron saint of seafarers. While she was celebrated as “the first flower in the calendar of saints” and “an American”, her loyalist heritage was not mentioned on the day of her canonization.

The intellectual legacy of Elizabeth’s father was preserved in his medical papers, lectures, and an anatomical museum, but Richard Bayley’s spiritual legacy of concern for the downtrodden found its fulfillment in his daughter. Those first years that Elizabeth spent in New York City during the American Revolution helped to shape the woman who Roman Catholics are convinced was chosen by God to do His work in America. But that would have come as no surprise to the founder of another Roman Catholic order. Ignatius Loyola is credited with observing, “Give me the child until he is seven and I will give you the man” — or, as in Elizabeth Bayley Seton’s case — the woman.



HUMANITIES & DEMOGRAPHICS: CARING FOR PEOPLE WITH DISABILITIES

H. BARRY WALDMAN, D.D.S., M.P.H., PH.D.¹,
STEVEN P. PERLMAN, D.D.S., M.Sc.D., D.H.L.(HON.)²

Providing care for individuals with disabilities requires an increased awareness of the overall population with disabilities and the particular characteristics of the individual for whom care is to be provided. An increasing awareness of the humanities, i.e. a broadening view of the interactive relationships between individuals and the general society in which they live, is essential as efforts are made to increase an awareness of delivering the needed care.

In the past, except for an aged grandparent, individuals with disabilities “did not exist.” They were sequestered in out-of-town institutions and in the backrooms of homes. Health professionals had little to no formal educational experiences to provide needed services for these individuals.

Changes began in the final decades of the last century. Geraldo River’s 1972 report on the “horrors” in Willowbrook Sate School in New York State for individuals with mental and physical disabilities became the national catalyst to awaken the public to the desperate needs for change.³

¹ SUNY Distinguished Teaching Professor, Department of General Dentistry, Stony Brook University.

² Global Clinical Director, Special Olympics, Special Smiles, Clinical Professor of Pediatric Dentistry, the Boston University Goldman School of Dental Medicine.

³ "Willowbrook: The Last Great Disgrace." *Geraldo*, created by Geraldo Rivera. ABC, 1972. <<http://www.preservepennhurst.org/default.aspx?pg=1642>>

The eventual increasing awareness of the numbers of youngsters and the not so young with disabilities filled professional journals and the general public literature. Movies, television and computer reports now provide a staggering rain of information about the growing population of individuals with disabilities and their needs. Nevertheless, the health profession schools did not adopt formal requirements for preparing the next generation of health providers to care for individuals with disabilities.

For example, it was only by a nefarious act by one of the writers of this paper (HBW), that U.S. dental hygiene schools are now required for accreditation purposes to provide didactic and clinical experiences for the care of individuals with disabilities.⁴

Who are the people with disabilities?

24% of adults (61 million individuals) in the U.S. live with a disability. More specifically:

- 13.7% have a mobility disability.
- 10.5% have a cognitive disability.
- 6.5% have difficulty carrying out independent activities.
- 5.9% have hearing disabilities.
- 4.6% have vision disabilities.
- 3.5% have self-care limitations.
- Over three million children (4.3% of the under 18 years population) have disabilities.
- Disabilities affect 2 in 5 adults age **65** and over.

⁴ Waldman, H. Barry. "I'm a liar and proud of it. Or, my introduction tom reality." Exceptional Parent Magazine, 423:20-21, December 2012.



- *1 in 3 adults (18-45 years) with disabilities do not have a usual health care provider.*
- *1 in 3 adults (18-44 years) with disabilities has an unmet health care need because of cost in the past year.*
- *1 in 4 adults (45-64 years) with disabilities did not have a routine check-up in the past year.⁵*
- *People with disabilities have higher rates of obesity, heart disease and diabetes; and tobacco use.⁶*

It is in the care of individuals with disabilities that the humanities play an increasing role in defining the special issues related to them, their families, third party arrangements, rural and urban residence locations and then in the actual provision of the needed services. For example:

“Nine percent of adults aged 25 to 54, or 11 million Americans, reported at least one of six disabilities in 2016. Some patterns by place and demographics are already well-established: disability is disproportionately concentrated in the Southeast, Midwest and Appalachian areas (**the so-called “disability belt”**), and people with disabilities **disproportionately include people with low levels of education and incomes.**” (sic)⁷

⁵ Okoro, Catherine, Natasha Hollis, Alissa Cyrus and Shannon Griffin-Blake.

"Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016." *Morbidity and Mortality Weekly Report*. 2018;67:882–887. 17 August 2018.

<https://www.cdc.gov/mmwr/volumes/67/wr/mm6732a3.htm>;

Centers for Disease Control and Prevention. Disability and Health Data System.

<http://dhds.cdc.gov>;

Centers for Disease Control and Prevention. Media release: "CDC: 1 in 4 US adults live with a disability." 16 August 2018.

<https://www.cdc.gov/media/releases/2018/p0816-disability.html>>

⁶ Centers for Disease Control and Prevention. "Disability impacts all of us." 27 August 2018. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>>

⁷ Rose, Martha and Nicole Bateman. "Disability rates among working-age adults are shaped by race, place, and education." *The Brookings Institution*. 15 May 2018.

<https://www.brookings.edu/blog/the-avenue/2018/05/15/disability-rates-among-working-age-adults-are-shaped-by-race-place-and-education>>

“Disability rates range considerably among the country’s 100 largest metropolitan areas, from just under 4 percent up to 13 percent.”⁸

“Places with the lowest disability rates have strong economies and well-educated populations, such as San Jose, Los Angeles, and San Francisco in California; Madison, Wisc.; Austin, Texas; and Washington, D.C.”⁹

Variations among children

- The percentage of children with a disability in the United States increased between 2008 and 2019, from 3.9 percent to 4.3 percent.
- The most common type of disability among children 5 years and older in 2019 was cognitive difficulty.
- Childhood disability rates were lower among foreign-born children (3.2 percent) than among native-born children (4.2 percent).
- Children in poverty were more likely to have a disability than children above the poverty threshold reported in 2008 and 2019. The prevalence of disability significantly increased for both groups over this period.¹⁰
- The nearly 7 million students with disabilities in the U.S. make up 14% of national public school enrollment,¹¹

⁸ Rose, Martha and Nicole Bateman. "Disability rates among working-age adults are shaped by race, place, and education." The Brookings Institution. 15 May 2018. <<https://www.brookings.edu/blog/the-avenue/2018/05/15/disability-rates-among-working-age-adults-are-shaped-by-race-place-and-education>>

⁹ Ibid.

¹⁰ Young, Natalie. "Childhood Disability in the United States: 2019." U.S. Census Bureau. 25 March 2021. <<https://www.census.gov/library/publications/2021/acs/acsbr-006.html>>

¹¹ Schaeffer, Katherine. "As schools shift to online learning amid pandemic, here's what we know about disabled students in the U.S." Pew Research Center. 23 April 2020. <<https://www.pewresearch.org/fact-tank/2020/04/23/as-schools-shift-to-online-learning-amid-pandemic-heres-what-we-know-about-disabled-students-in-the-u-s/>>



Variations by gender

Women have greater longevity than men and represent a larger proportion of the expanding older population. Several health, diseases, behavioral and sociodemographic factors contribute to the higher prevalence of disability in women than men. Compared to men, women have a longer duration of life lived with disability, in part due to higher prevalence of non-fatal chronic conditions, constitutional factors such as lower muscle strength and lower bone density, and higher rates of life-style factors such as sedentary behavior and obesity.¹²

Men and women with disabilities are faced with issues of body image, relationships, sexuality, employment and financial stability. Even in an age when women are fully present in the workforce (although still earning less money on the dollar than men), men with disabilities continue to cope with the image of the ‘primary earner’, and ‘the provider’. But men still find they must live up to the images that confront them on a daily basis – the image of the ‘well-made’ man, the physically fit sexy single man, and the solid married, family man.¹³

¹² Leveille, Suzanne G., H.E. Resnick et al. "Gender differences in disability: evidence and underlying reasons." April 2000.

<<https://pubmed.ncbi.nlm.nih.gov/10902052>>

¹³ Disability Credit Canada Inc. "Gender and disability - Men with disabilities." 15 April 2017. <<https://disabilitycreditcanada.com/men-with-disabilities>>

Variations by race and ethnicity

A smaller share of people in their prime working years (25-54) are employed now than in past decades, and some have wondered whether disabilities¹⁴ and health problems¹⁵ have played a role in that decline. People with disabilities have much lower employment rates¹⁶ than people without disabilities, and it is cited as one of the most common reasons for not working.¹⁷

At the national level, (among working-age adults) Native Americans have the highest disability rate among working-age adults (16%), followed by blacks (11%), whites (9%), Hispanics (7%), and Asians (4%).¹⁸

¹⁴ Abraham, Katharine and Melissa Kearney. "Explaining the Decline in the U.S. Employment-To-Population Ratio: A Review of the Evidence." University of Maryland Department of Economics. 8 February 2018.

<https://www.econ.umd.edu/sites/www.econ.umd.edu/files/pubs/abraham-kearney-epop1-feb2018.pdf>

¹⁵ Kruger, Alan. "Where Have All the Workers Gone?" 4 October 2016.

<https://www.bostonfed.org/-/media/documents/economic/conf/great-recovery-2016/alan-b-krueger.pdf>

¹⁶ U.S. Bureau of Labor Statistics. "Persons with a Disability: Labor Force Characteristics Summary." 24 February 2022.

<https://www.bls.gov/news.release/disabl.nr0.htm>

¹⁷ Dalirazar, Nasrin. "Reasons People Do Not Work: 2004." U.S. Census Bureau. 3 September 2007. <https://permanent.fdlp.gov/LPS112507/p70-111.pdf>

¹⁸ Rose, Martha and Nicole Bateman. "Disability rates among working-age adults are shaped by race, place, and education." The Brookings Institution. 15 May 2018.

<https://www.brookings.edu/blog/the-avenue/2018/05/15/disability-rates-among-working-age-adults-are-shaped-by-race-place-and-education>



Variations among the elderly

“We live in a society where youth is revered and old age feared. Every ad for an anti-ageing product says, ‘old is ugly’; every forgetful old-timer joke feeds a cruel dementia stereotype; every ‘grey tsunami’ headline suggests living longer, healthier lives is a natural disaster that will destroy everything.”¹⁹

More than 46 per cent of older persons – those aged 60 years and over—have disabilities and more than 250 million older people experience moderate to severe disability. Often, older persons with disabilities are the most adversely affected, facing further age barriers in society. Among older adults, unmet health care needs because of costs are most commonly reported by those with self-care disability. Mobility disability was the most common disability, reported by approximately 1 in 7 adults, followed by cognition (1 in 10), independent living (1 in 15), hearing (1 in 17), vision (1 in 21), and self-care (1 in 27).²⁰

Individual awareness within a broadening view

The combination of the humanities and demographics is an essential stage in developing an appreciation of the extent of the need for the general care of individuals with disabilities. The next essential step is to adapt the needed services for each of these individuals with disabilities in their particular setting.

One cannot truly comprehend the full impact (on the almost 45 million women, men and children with disabilities), the individuals themselves, their families, friends by considering only the economy of

¹⁹ "The Real Old." EveryAGECounts.

https://www.everyagecounts.org.au/the_real_old

²⁰ Okoro, Catherine, Natasha Hollis, Alissa Cyrus and Shannon Griffin-Blake. "Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016." *Morbidity and Mortality Weekly Report*. 2018;67:882–887. 17 August 2018.

<https://www.cdc.gov/mmwr/volumes/67/wr/mm6732a3.htm>

the nation. While economics may be the obvious first factor, the prevailing emotional realities, demands on the full range of health, educational and social personnel, hospitals, nursing homes, assisted living facilities, special school programs and beyond will continue to increase. Only by a continued comprehensive understanding of the impact on individuals, their families, education, employment potential, the general economy and so forth in a range of reports, can we expect to plan for the future.



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Journal of Dental Humanities
351 Meetinghouse Lane
Southampton, New York 11968

Telephone – (631) 283-5626

www.journalofdentalhumanities.com

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351 Meetinghouse Lane
Southampton, N.Y. 11968