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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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DISCRIMINATION IN AMERICA

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

I confess I identify as an oral surgeon who is a bibliophile. My role as a teacher of surgery and health care ethics ensures that my activities in both spheres are symbiotic, not mutually exclusive. My philosophical approach to studying and teaching health care ethics has led to the formation of an extensive personal reference library comprised of hard-to-find original and well-respected secondary sources. The bibliophile in me occasions a familiar problem. The sheer quantity of my acquisitions intended for my library outstrips the space I have for their shelving and anticipated eventual hopeful utilization: too many books – too little time.

My decidedly non-bibliophile wife Noreen has instituted a practical solution. The purchase of a new book requires the de-acquisition of another. This policy was an easy solution for her but difficult for me. And as I was soon to learn, given my local library's book sale new donation policy, Noreen's de-acquisition policy has been made even harder. Imagine my chagrin as I removed highly respected contemporary Catholic theologian Mark Massa's text out of the bag, which was rejected. Same with works by Hume, Aristotle, and William James, theology and philosophy books were unwelcome; such works could not even be given away. No way around it, the volunteer at the library was quite emphatic.

Initially, I was shocked that a volunteer-staffed fundraising division of our highly regarded community library could be biased (forgetting for a moment that the great Scottish philosopher David Hume was a notorious religious skeptic). However, my vocal protest was short-lived when the book-sale volunteer explained why my donation was unwelcome. Simply, it was the market. Even at the book

sale venue, shelf space is limited, and theology and philosophy books do not sell.

Thanks to the familiarity that I have gained from teaching the ADA Ethical Code, specifically the Code of Professional Conduct's Section 4.A. under the Principle of Justice, which prohibits discrimination based on the "patient's race, creed, color, gender, sexual orientation, gender identity, national origin or disability,"¹ I realize one of the very few forms of discrimination that remains acceptable in our nation directly relates to market economics. Analysis of an often-criticized key clause, also located in the code's Section 4.A., explains this.² It permits a dentist to "exercise reasonable discretion in selecting patients for their practices."³ Discreetly left unstated, this opt-out clause permits a dentist to decline to accept a new patient based on their perceived inability to pay for essential professional services. When flipped around, inverted, and analyzed, the reason my planned donation of Massa, Aristotle, Hume, and James' works was "opted-out" at the library was also purely a matter of dollars and cents, owing to the vagrancy of the market.

¹ American Dental Association. "Principles of Ethics & Code of Professional Conduct." Revised November 2020. <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/ada_code_of_ethics.pdf?rev=86acaa6fb0d0467f8a380a3de35e8301&hash=89BAA88FB9305B8F134414E337CAE55A>

² Otto, Mary. *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*. The New Press, 2017, p.117. Otto points out that this clause allows "latitude in patient selection." Otto quotes Bruce Peltier, a professor of psychology and ethics at the University of Pacific's School of Dentistry, Peltier notes: "The concept of careful patient selection does not seem to imply any duty to patients and their needs whatsoever." Otto considers what makes the provision of health care special, explaining that Peltier's comment reveal "the boundaries between caregivers and salespersons, customers and patients have become blurred."

³ American Dental Association. "Principles of Ethics & Code of Professional Conduct." Revised November 2020. <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/ada_code_of_ethics.pdf?rev=86acaa6fb0d0467f8a380a3de35e8301&hash=89BAA88FB9305B8F134414E337CAE55A>



The ADA Council, which oversees the profession's ethical code, and the Friends of the Library Board are well within their right to enact such policies. Such policies are currently procedurally correct in our classic liberal society. However, to deliberately overstate it, so was once slavery and discrimination based on gender. Important things we-as-a-society together come to value will ultimately influence needed change in law, policy, and procedure.⁴ Values, as do intentions, do matter. Research it. Just survey a baby boomer posing the following hypothetical question. Ask them, assuming they required medical treatment, whether they prefer to enlist a technically equally competent Marcus Welby or instead, a Gordon Gekko-type physician to provide them with care. I would be amazed if I could not correctly predict their answer. Seeking to maximize profit is an inconvenient reality regarding donating and buying used books. In contrast, economic discrimination as it regards *both* successful and denied access to needed health care, has consequences that can be tragic.

Such a reality is food for serious thought and a good reason to call one to action. When seeking a remedy to facilitate resolving access to needed healthcare inequities, it would be wise to survey different perspectives while remaining aware there is no perfect answer. However, when seeking religious and philosophical arguments to support expanding access to needed health care, the book-sale venue at my local library is not where to begin your investigation.

⁴ The late noted Supreme Court Justice Benjamin Cardozo explains this process writing, "There are times...when the virtue of benevolence loses its indeterminate quality, and connotes the existence of a correlative claim of right. To that extent it is annexed to the domain of justice, and is incorporated into the jural norm." See Cardozo, Benjamin, *The Paradoxes of Legal Science*, Columbia University Press, 1928, p.45.



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

The humanities are studies about human culture, such as literature, philosophy, history and the realities of the lives of individuals. But when we consider the population of a particular nation, the tendency is for us to speak of then as a large singularity; such as the residents of France, Italy, Japan, Canada and the U.S. We may break them into racial groupings; as white, black or Asian; native born or immigrants; employed or not employed. But for many, specifically Native Americans, are lost in the tangles of history that denies an awareness of the overall magnitude of their particular current difficulties. Now add the further reality that: “American Indians/Alaska/Natives (AI/AN) people with disabilities are among the most underserved and neglected populations in the nation.”¹

“The high level of poverty among AI/AN populations; limited federal funding available for tribal communities for housing, education, or health care; and limited access to important infrastructure such as roads, sidewalks, and public transportation create a difficult and challenging environment for people with disabilities” (emphasis added).³

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³ Centers for Medicare and Medicaid Services. "AI/AN Age and Disability." 1 December 2021. <<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/ai-an-age-and-disability>>

- The Bureau of Indian Affairs (BIA), reports that there are currently **574 federally recognized tribes**.⁴
- **Most Native Americans live in cities**, not reservations.⁵
- According to the U.S. Census, 24% of AI/AN have a disability, compared to 19% of the general population.⁶
- Native American children and their families historically have inadequate prenatal care, higher rates of premature birth and exposure to environmental stressors. In 2019, disability rates in the United States were highest among AI/AN children (5.9%) and lowest among Asian children (2.3%).⁷
- In 2019, the median household income for American Indians and Alaska Natives was \$49,906, as compared to \$71,664 for non-Hispanic white households.⁸

Increasing Numbers of Native Americans

The population identifying as American Indian and Alaska Native alone (or in combination with one or more other races) more than doubled since 2000. Between the 2010 and 2020 census, the AI/AN alone or in combinations increased 85% from 5.2 million 9.7 million residents.⁹

⁴ National Council on Disability. "Understanding Disabilities in American Indian & Alaska Native Communities Toolkit Guide." February 2023.

<https://ncd.gov/sites/default/files/NCD_Understanding_Disabilities_in_American_Indian_508.pdf>

⁵ Whittle, Joe. "Most Native Americans live in cities, not reservations. Here are their stories." 4 September 2017. <<https://www.theguardian.com/us-news/2017/sep/04/native-americans-stories-california>>

⁶ National Congress of American Indians. "Disabilities."

<<https://www.ncai.org/policy-issues/education-health-human-services/disabilities>>

⁷ Yumeen, Sara. "Why Native American children have higher rates of disability." 5 April 2021. <<https://abcnews.go.com/Health/native-american-children-higher-rates-disability/story?id=76841563>>

⁸ Department of Health and Human Services. "Profile: American Indians and Alaska Natives." 24 February 2023.

<<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>>

⁹ USA facts. "How the Native American population changed since the last census." 11 November 2021. <<https://usafacts.org/articles/how-the-native-american-population-changed-since-the-last-census>>



Much of this “reported increase” is a reflection of the national tendencies to identify specific subdivisions of the population as reported by the Census Bureau.

The Census Bureau lists hundreds of Native American identities based on tribal groupings as well as specific villages or reservations. Cherokee is the largest individual tribal identity, with one million Americans at least partially identifying with the group. The Navajo Nation (the youngest tribal grouping) is the second-largest grouping at 418,000 followed by Choctaw at 256,000.

The Native American population is younger than the overall US population. While the median age of all Americans is 38.5 years, the median age for anyone claiming at least partial Native American identity is 32.9 years. Those identifying with the Cherokee tribe have the oldest median age of any triable groups at 31 years.⁷ Native Americans are also **less likely** to be 65 or older than Americans overall. Seventeen percent of the country is 65 or older compared to 11% for Native Americans.

A large study of individuals 55 years and older examined the prevalence rates of functional limitation, mobility disability, and self-care disability. It found that AI/AN people had the **highest prevalence rates** of functional limitations compared to either African Americans or Whites, and higher rates of all three disability types than Whites.¹⁰

¹⁰ Centers for Medicare & Medicaid Services. "AI/AN Age and Disability." 1 December 2021. <<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/ai-an-age-and-disability>>

Barriers to Disability Services

Tribal and Western cultures do not necessarily align on the concept of disability. The Americans with Disability Act defines “disability” as a recorded physical or mental impairment that substantially limits major life activities by an individual regarded as having that impairment. On the other hand, tribes treat life, health, wellness and disability in differing ways, with many tribes accepting and tolerating the disabling characteristics of an individual.¹¹

“Practical considerations negatively affect tribal members with disabilities: disjointed coordination among federal and tribal agencies; limited knowledge or understanding of tribal communities; limited enforcement of laws protecting people with disabilities on tribal lands; and limited local tribal planning to protect and support people with disabilities. More specifically, transportation is hindered by general remoteness, limited public transportation services, lack of accessibility, and lack of licensed drivers.”¹²

¹¹ Rocky Mountain ADA Center. "How does the ADA apply to Tribal Nations and what resources are available within region centers." May 2020.

<<https://rockymountainada.org/resources/research/how-does-ada-apply-tribal-nations-and-what-resources-are-available-within-region>>

¹² Ibid.



Native Americans are now vaccinated against covid-19 at higher rates than any other racial or ethnic group in America, according to the Kaiser Family Foundation. Effective distribution and a high uptake drove this vaccine victory; but it is a rare success. Native Americans died of covid-19 at nearly twice the rate of white Americans. Their life expectancy is 4.4 years below the American average and they have the highest rates of pre-existing health conditions out of any ethnic or racial group in America. Unlike other groups, Native Americans are entitled to health care from the federal government, but the system is poorly run and funded.¹³

Specifically - Oral Health

Native Americans suffer from the poorest oral health of any population in the United States, with staggering rates of untreated tooth decay among children and untreated decay and gum disease among adults.

- Preschool-aged Native American children had four times more cases of untreated tooth decay than white children—43 percent compared with 11 percent.
- **68%** of Native Americans ages 35 to 44 had untreated decay in 1999, the most recent year for which nationwide data are available. This is more than twice the 2011 rate of 27 percent among all adults in the U.S. Forty-three percent of Native Americans in this age group had both untreated decay and periodontal disease.
- **97%** of adults on the Pine Ridge Reservation in South Dakota—one of the largest in the country—had untreated decay in 2011, and 68 percent had gingival disease.

¹³ The Economist. "Native American Health." 26 April 2021.

[<https://www.economist.com/the-economist-explains/2021/04/26/how-do-native-americans-get-health-care?utm_medium=cpc.adword.pd&utm_source=google&ppccampaignID=17210591673&ppcadID=&utm_campaign=a.22brand_pmax&utm_content=conversion.direct-response.anonymous&gclid=CjwKCAjw79iaBhAJEiwAPYwoCDLeVBkfOji4g7lMAG7CexFUxSTMciEbPmvTbEaTdunML08GY7xchoCnfUQAvD_BwE&gclsrc=a.w.ds>](https://www.economist.com/the-economist-explains/2021/04/26/how-do-native-americans-get-health-care?utm_medium=cpc.adword.pd&utm_source=google&ppccampaignID=17210591673&ppcadID=&utm_campaign=a.22brand_pmax&utm_content=conversion.direct-response.anonymous&gclid=CjwKCAjw79iaBhAJEiwAPYwoCDLeVBkfOji4g7lMAG7CexFUxSTMciEbPmvTbEaTdunML08GY7xchoCnfUQAvD_BwE&gclsrc=a.w.ds)

- Support for oral health in tribal communities is limited. The U.S. Indian Health Service spent an average of only \$99 per person on dental care in 2009, compared with average per capita spending of \$272 nationwide.
- **2.4 Million** of Native Americans suffer from poor oral health because of a lack of available dentists. In 2014, more than 2.4 million Native Americans lived in counties with dental care shortage areas, and half of all Native American children lived in a shortage area.¹⁴

“Since 2004, Alaska Native tribal governments have used midlevel dental providers to address the dental care needs in their communities. Dental health aide therapists (DHATs) provide preventive and routine restorative care, such as filling cavities and performing uncomplicated extractions. DHATs train for two years and can work in the same location as their supervising dentist or in remote locations, with supervision and consultation provided by the dentist using telehealth technology...More than 40,000 Alaska Native people living in 81 previously unserved or underserved rural communities have regular access to dental care thanks to the addition of DHATs to dentists’ teams. **No malpractice claims have ever been filed against a DHAT**” (emphasis added).¹⁵

¹⁴ Pew Trust. "The Oral Health Crisis Among Native Americans." 23 July 2015. <<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2015/06/the-oral-health-crisis-among-native-americans>>

¹⁵ Corr, Allison. "America's Oral Health Is Improving Thanks to Better Prevention, Expanded Access to Care. Pew's 14-year dental project has contributed to significant gains." 14 March 2022. <<https://www.pewtrusts.org/en/research-and-analysis/articles/2022/03/14/americas-oral-health-is-improving-thanks-to-better-prevention-expanded-access-to-care>>



Overview

So much of our viewpoint of Native Americans is associated with historic pictures produced by Hollywood and television series that we tend to anticipate that our next contact with this population will be with a modernized version of the past. It would be like expecting the present day residents of the east coast areas of the country would be modernized pilgrims with varying significant numbers of individuals with disabilities.

The increasing awareness of the needs of the current day population of Native Americans with disabilities mirrors the overall increasing awareness in the general population; but with contrasting circumstances. If the humanities are studies about human culture, such as literature, philosophy, history and the realities of the lives of individuals, then we must not overlook the particular circumstances of Native Americans with disabilities.



MY MOTHER'S BEAUTY OTHERWORLDLY

IMBESAT MAHEEN SYED, D.H.A.¹

You were the first soul I ever loved,
Your Scent like the scent of heavens.

Your voice,
Like the sound of a calm ocean to my ears.

Your beauty,
That of Aurora.

Your touch,
Like rain on my skin.

I was from you,
You were from me.

So inseparable,
That time space and reality could not do us apart.

They thought they could separate you and I,
But wrong are limited minds, here we are together
forever.

¹ Resident of surgery, innovator, writer, poet, and artist. D.H.A., College of Physicians and Surgeons, Pakistan.

When I started gurgling,
I named you,
and you carried the name given by your infant
forever as your identity.

You're now free from suffering, pain and grief.
In this physical realm I'll transcend suffering, pain
and grief.

For our love will trump all,
it will demolish the obstacles,
it will drown those who pained us,
it will burn bright and blind those who could not
bear our light.

Your beauty will shine through my soul,
Your love will live through the chapters of my life.

In loving memory of my mother.

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