



editors' NEWSLETTER

american association of dental editors

www.dentaeditors.org

PRESIDENT'S REPORT

by Dr. John O'Keefe



More than just a business

Approving the content of advertisements that appear in our journal is one of my editorial responsibilities. While I recognize that advertisements may contain partial information, I believe that they should not deceive the reader. Recently I was asked to approve what two expert advisers and I considered to be a deceptive advertisement. I pushed back demanding changes to the text. These changes were eventually made to my satisfaction, but not without quite a deal of dialogue.

I was challenged by two people involved in this drama who asked why I was asking for changes to an advertisement that had already been accepted by publishers of commercial dental publications. My response was that our journal doesn't necessarily have to be held to standards that are acceptable to others. I feel that our journal, like the profession that sponsors it, is not just a business, but that it has to show leadership and sets an example – even when there might be negative financial implications.

Perhaps my view is old-fashioned in an era where there is more emphasis in some quarters of our profession on individualism than on collegiality. I believe our profession is currently wrestling with a dilemma of whether to be a health profession or a beauty business. Disquiet in dental leadership circles that the pendulum is swinging too far in the direction of us being a beauty business led the American Dental Association and the American College of Dentists to host an Ethics Summit on Commercialism in Dentistry in 2006.

The two-day meeting brought together leaders from many of the organizations that represent our profession in North America. The conference attendees identified manifestations of excessive commercialism that they are witnessing on a regular basis and that may be eroding the public trust in the profession.

Participants were asked to identify factors

contributing to this excessive commercialism. Those ranked highest were: 1) society stresses financial success and a “me first” attitude; 2) traditional professional ideals are insufficiently emphasized; 3) debt from dental school adversely affects the professional behavior of young dentists and promotes commercialism; 4) continuing education courses depict and promote dentistry as a commercial endeavor; and 5) practice management courses overly emphasize profit and business success.

Many were concerned that this commercialism discourse will have harmful consequences on dentistry's current position in society — one



San Fran Bay and the Golden Gate ... site of the next AADE Conference on September 26–27, 2007. (Photo courtesy of SFCVB...photo by Phil Coblenz) www.dentaeditors.org will keep you posted

founded on being a science-based healing profession. Attendees bemoaned the fact that the public doesn't seem to place the same value on expertise as the profession does. As we move away from being a health care profession to providers of esthetic services, we will be pressured to operate more on our customers' terms rather than our own. This trend will entail a lowering of the value placed on being a “profession.”

The meeting attendees proposed an action plan

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San Francisco is the site of our 76th AADE Conference to be held September 26-27 at the S. F. Marriott Hotel, ADA Headquarters for the annual convention. 13 million people travel on the 9 mile cable track system each year. (Photo courtesy of the San Francisco Convention and Visitors Bureau ... photo by Phillip H. Coblenz)

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Sea lions at Pier 39 with Alcatraz in the background. See this for yourself during the 76th AADE Annual Conference while in San Francisco. (Photo courtesy SFCVB ... photo by Jeff Greenberg) Watch your mail for info on 2007 AADE Conference.



Thoughts on being an editor ...

by Virginia A. Merchant, MS, DMD, CDE

I became an editor 6-1/2 years ago when I was invited to become editor of the *Detroit Dental Bulletin*. I had not sought the position but have found the experience to be challenging and on the whole enjoyable.

Writing for me is work. It is true labor. Words normally do not flow readily from my pen or onto my computer screen. I am much better at critiquing the writing of others than doing it myself. I can rewrite, but getting it down the first time is usually a struggle.

I had an excellent English teacher in high school. I did well on my essays and felt relatively comfortable writing. I developed a good appreciation for grammar and punctuation; I even enjoyed diagramming sentences!

My freshman year in college presented a very different experience. My English professor, who on one occasion lauded my high school teacher who had also been her student, graded my writings very differently than my high school teacher had. I was disappointed at best. I had thought that I could write reasonably well, but she assured me otherwise.

Since I did not intend to make writing a

career, my English professor's disdain for my writing was not a major concern. I later realized that my professor did not appreciate writing that was basically factual with little embellishment. I managed to do better than most in the writing I did for my biology and chemistry courses. I even managed over the years to write a number of scientific papers further enhancing my ability to put words on paper, words based on facts, words that conveyed a process or the results of a research study.

In 2003, I was asked to take on another editorial position, editor of the University of Detroit Mercy School of Dentistry's alumni magazine, *The Leading Edge*. This was a real challenge. A number of individuals had edited the publication, and it had had its ups and downs. Fortunately, I was able to garner support to make some significant changes. What began as a one-time professional redesign led to the ongoing services of the designer, which has been a real coup to the impact of that publication. Together we are able to produce a quality publication that continues to garner accolades from its audience.

I enjoy coming up with story ideas. I don't necessarily enjoy carrying them out, especially if I am dependent on someone else to put them together. I am continually amazed at the poor quality of material I get for publication—especially for the dental society publication. I don't know whether the authors think what they write is acceptable or just assume that someone will fix it. Unfortunately, that someone is me, unless I just send it back and say "no."

The biggest problem I have is getting people to meet deadlines, a seemingly incomprehensible concept for some. When I began with the *Detroit Dental Bulletin*, everything was submitted as hard copy and had to be keyboarded. It took some insistence initially, but I have finally managed to get most submissions electronically, including pictures, which makes my job much easier.

The best part for me is getting the new issue from the printer and knowing that all my time and effort paid off. The finished product makes most of the frustrations along the way seem insignificant and continues to give me the incentive to stay with the job.



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to counter the excessive commercialism of dentistry and to ensure that perceptions of the general public and policy-makers toward our profession will not be irreparably tarnished.

Some notable recommendations included: creating realistic expectations for patients about what outcomes good dental care can provide; reinforcing the message that oral health is an important component of overall health; mounting a significant campaign to promote comprehensive oral health care; getting more young dentists involved in organized dentistry; increasing incentives for practicing in underserved communities; advocating for increased reimbursement levels for underserved populations; and increasing expectations that dental care is based on



San Fran's new F-Line Trolley at Fisherman's Wharf. Make the trip to the 76th AADE and take a ride all the way to Castro Street. (Photo courtesy of SFCVB ... photo by Jerry Lee Hayes)

scientifically grounded claims.

This is an ambitious agenda, but one that these leaders feel is necessary for the future of our profession. This agenda is important to us, as editors play a crucial role in plotting the course that our

profession will take in the future. As AADE executive director, Detlef Moore, regularly reminds me: we write the history of the profession. The leadership and example we display in setting the tone and direction of the publications we oversee have a major influence on how our profession sees itself and on how others view us. I believe our AADE provides an ideal forum for discussing these important issues.



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Editor's note: The entire report on the 2006 Summit on Commercialism, which John described, is available on the AADE Web site at: www.dentaleditors.org

The AADE Features Dr. Jack Conley of California

LEGENDS by Susan E. Lovelace, CAE



Every field of endeavor has its legends: baseball's Mickey Mantle, golfing's Jack Nicklaus, music's Glenn Miller, exploration's Jacques Cousteau ... dental editing's Jack Conley!

Think about it – almost 22 years as editor for the largest ADA constituent, with two monthly publications (scientific journal and newsletter) through five managing editors and countless redesigns, and winner of more awards than we can remember, both in dentistry and in competition with non-dental publications. Yet the soft-spoken, self-effacing dentist is likely to declaim when named a legend, deferring credit to publication staff. I was his managing editor for six plus years, and can vouch for the work he did. Following are his thoughts about the world of dental editing.

Q: How did you get started as a dental editor?

A: Over a six-year period, three (CDA) *Journal* editors in a row were cut loose mid-term. I had been involved in organized dentistry for many years, in many positions. During my sixth and final year as a CDA trustee, the third editor was terminated at a BOT meeting. I was walking down a long hallway from the meeting room when I felt a hand on my shoulder, with the question, “Jack, have you ever considered becoming editor?” That was President Art Dugoni (another legend!). I said no, and then spent a month considering the possibility. I didn't have previous experience as an editor, but a fair amount of experience writing, due to 17 years of teaching and completion of a Master's degree in education. So I put my name in, and was barely successful in receiving a majority vote! The rest, of course, is history!

I am pleased that my entry into dental journalism was actually by choice, not the way that many get into it, by arm-twisting or a mandatory term moving through the progression of officer chairs.

Q: Now that you have retired as editor, how does it feel seeing someone else running your old show?

A: I am quite comfortable with it. I think I have an outstanding successor, and the bottom line is that he has the same excellent staff I always enjoyed. I enjoy

reading the *Journal* and do not make critical judgments as to changes. Even during my years, staff periodically updated the graphics or the look of the publication, which has always been a prime motivating factor for the readership to pick up the *Journal* and look inside! The one thing I miss is the regular interaction of working with the staff. As for the deadlines, and the problem solving (on deadline) when manuscripts didn't measure up in the peer-review process, or were late in submission, I don't miss that stress a bit!

Q: How did you integrate editor duties with “real life”?

A: I don't know! When I first took the position I wondered whether I would survive for a year or two. My first editorial took more than an eight-hour day to write and edit. Over time, though, the time needs of all of my activities adjusted to a smooth flow. When I look back, I do wonder sometimes how I did it as I balanced a full-time teaching commitment, a private dental practice,



Dr. Conley (left) working with the current editor of the *Journal of the California Dental Association*, Dr. Alan Felsenfeld, at the CDA convention. Photo by Charr Crail/CDA

the editorial duties, a personal life, and the ex officio CDA officer duties that came with the editor position! The secret probably was that my staff team and I were always available to communicate when necessary. As the years moved forward, fax and e-mail aided tremendously in reducing the time and the stress of the total process. To make a long story short, the longer I was in the position the easier and more efficient it became.

Q: What do you consider your greatest accomplishment as an editor?

A: The decision to establish a theme for

each monthly issue, most often on a scientific or clinical area of dentistry, was key to the success of the *Journal*. Moving to a peer-review process was also extremely helpful. Prior to the '80s, academicians tended to look down on association journals. Association journals primarily reported news of dentistry and actions taken by volunteers; scientific articles were short and not peer reviewed. In my first few years as editor, soliciting manuscripts from dental faculty was difficult because we didn't have an established reputation as a peer-reviewed publication. That changed as the *Journal* became recognized throughout the country and internationally.

Q: Do you have any advice for the new dental editor?

A: I would encourage newer dental editors to join the AADE and attend the annual educational programs, even if they are serving in a limited one-year “chair” position in their component or constituent society. The members of AADE are a wonderful fraternity of individuals willing to share ideas that have improved their publications. The New Editor's Workshop and annual AADE meetings can help encourage new editors to continue in the mission of educating and informing their dental colleagues.

We need more well-informed dental editors to help create an understanding by the membership-at-large of what the organized profession is continually doing to represent them. A short one- or two-year term as an editor is not sufficient to understand the value of the role the editor plays within the profession. In my experience, it takes more than a few years working within the system to fully understand, interpret and articulate the accomplishments of an organization.

Finally, a dental editor needs to respect and rely upon the ideas brought forth by experienced professional staff. I learned early that experienced staff understands far better than most dentists what makes a publication attractive and readable. We need to let them do their job without interference.





A Few Minutes With Dr. Arthur Dugoni

Questions Offered by Selected Members of the AADE

Dr. Arthur A Dugoni serves as the Honorary Chair of **Dental Education: Our Legacy – Our Future**. In this role, Dr. Dugoni will serve as an adviser to the Steering Committee in charge of managing the effort. Dr. Dugoni has been the dean of the School of Dentistry at the University of the Pacific (UOP) since 1978 and is a former president of the American Dental Association and the American Association of Dental Schools. An orthodontist from San Francisco, he served as director of the American Board of Orthodontics from 1979 to 1986 and as President in 1986.

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1. Our Legacy – Our Future is challenging the dental community to face the issues of faculty shortages, aging facilities, diversity, costs and lagging government support by enticing dentists to support your efforts. How do we as editors assist this effort?

Your role is imperative to this initiative in a number of ways but primarily through your role as communicators. You have an innate ability to tell a story, report the news and inform your public through information that's pertinent to their lives, their well being and the future of oral health care. Because dental education is the foundation of our profession, this awareness initiative is extremely relevant to your readers. They must be informed of the challenges facing their profession and the changes needed to address these issues.

a. Say for instance, with the shortage of faculty?

As premier dental communicators, you can help us to deliver the facts:

- There are more than 275 faculty vacancies within U.S. dental schools. And more than half of the current dental school faculty are 50 years of age or older. When this group retires in 10-15 years, dental education will have severe faculty shortfalls. This is why we need to concentrate on meeting these challenges now, so we can preserve our legacy to safeguard the future. Finally, faculty salaries are increasing at a rate of only three percent a year, which barely covers inflation. The income of educators is significantly lower than private

practice income. This drives many to leave and prospects to go into private practice dentistry rather than into a career in education.

b. What are some of the problems with infrastructure; please be specific?

- Upgrades to the physical infrastructure of our dental schools, including building renovations and updated equipment are desperately needed. One of the more frustrating effects in the continuous advancement of technology is that it's becoming obsolete soon after development. However, in the case of dental education, many facilities are falling woefully behind, with students potentially graduating with training in antiquated methods, equipment and facilities.

c. Why would you include education delivery models in your mission statement?

- While a small percentage of dental schools are utilizing available technology to lower some educational training costs, we need more innovative solutions to attack the root problems of these costs. It's about becoming more efficient and effective and ultimately becoming better doctors.
- We need to take the blinders off and go beyond the walls of our own, individual schools to find solutions and even share resources and faculty. We should explore ideas like community-based service learning, evidence-based curricula, new faculty practice models, and modified lengths of our training and clinical programs. It won't be enough to just throw additional money against the existing educational system without looking at ways to change how that learning is delivered and ultimately applied.

d. Why is access to care as much of a priority as the other challenges that are more specific to dental education?

- The future of the public's oral health depends on availability and access to dentists, specialists and dental scientists who advance and embrace the latest in care delivery. Our dental education system must ensure that this network of care will exist and be

further enhanced. We play a very special role as the primary caregivers and safety net for the nation's underserved populations. After all, one of the dental school's responsibilities is to provide competent patient care as well as to educate dentists, specialists, and allied health professionals who are competent, caring and aware of the diverse needs of underserved populations.

- Dental schools not only ensure that we have qualified future generations of dental team members to serve the general public, but also provide critically needed care for patients who have no other access to oral health care. Through university dental clinics and outreach efforts to community-based clinics, dental schools play an essential and important role in community care and instill a sense of responsibility and sensitivity to provide patient care to those in need.
- Dental schools also possess a nucleus of tertiary care specialists who accept referrals, serving as a key resource for the practicing dental community. Continuing education programs offered by dental schools update the general practitioner and dental specialists, elevating the standards of dental care throughout the community.

e. Why should we focus on diversity?

- This country embraces the history of its original citizens who founded and formed our culture and lifestyle. But we need to become more aware of the newer and equally important ethnicities representing millions of our population. We must build a dental work force that mirrors our population and currently this is not the situation. Both the faculty and the students attending dental schools do not reflect the cultural diversity in our country. We must do more to reach out and attract more minority students and faculty into dental education.

2. How do we keep this issue on the front burner for the years it will take to begin a positive swing upward again?

I agree ... this is a challenge, because

we must keep dentists engaged in supporting this cause for years to come. Yet the urgency of the situation is happening now. We realize it will take time to redesign and reconstruct this system; therefore, we need to engage professionals across dentistry to start supporting this initiative. The message we want to send loud and clear is that dental education is the foundation that safeguards the integrity of our profession. It's the framework for advancements in care and scientific discovery. A strong dental education system creates a dynamic dental profession, ensuring that our legacy as trusted medical professionals is protected for future generations.

We are benchmarking our success every step of the way, so we can communicate progress and developments we make along the journey to show our partners and dentists that they are making a difference. I challenge you as editors and communicators to continue to write about these issues and help us to highlight the transformational changes as they occur. Every publication and every issue must address the action and results of the *Dental Education: Our Legacy – Our Future* initiative.

3. Nonprofit publications have limited space for articles on the same topic every issue. Will larger dental publications, specifically those published for profit, feel the pressure to produce and support your efforts?

We hope that publications – whatever their size – don't feel pressured into supporting *Our Legacy – Our Future* goals. Rather, we want them to focus on the issues because they are important to their readers and they can play a key role in informing, and encouraging discussion and collaboration on these issues. And trust me, publications of all shapes and sizes will, and are, being asked to do their part. *Our Legacy – Our Future* is about improving and maintaining the profession through its vital educational system. Without this solid foundation, we would not be the learned, respected profession we are today. We can't make these much needed improvements without openly discussing and addressing them with all communities of interest.

4. We all benefit from maintaining a high level of care in the nation - dentists, assistants, hygienists, lab technicians, toothpaste companies, dental manufacturers and supply companies, etc. What is the financial goal of the Legacy project? How much, by when, from whom, etc.?

Over 25 years, our partners collectively

will raise more than \$1 billion. But we can't wait that long to start. If we're going to reach this goal, we must start now and everyone, practicing dentists, educators, research scientists, industry leaders, allied health professional and patients, must be significantly involved.

5. When is the best time of year to bring this info to the attention of the profession?

Now, of course! We are faced with extreme challenges and the only way to tackle them is to educate people on the reality of what our dental education system is facing. A persistent and consistent message is the sandpaper that will remove all doubt and create a synergism toward achieving the goals of *Our Legacy – Our Future*.

6. How might the decision to create a new level of care provider within dentistry affect dental education and Legacy's goals for financial support of established dental education?

I believe we all agree that additional well-trained and educated allied dental personnel are needed to help us deliver optimum dental care to all citizens. There are a number of models being proposed and some will be pilot tested during the next few years. Dental education can be involved in the actual training of these new midlevel providers as well as in preparing dental students to work with these new providers. In fact, the ADA Foundation recently awarded a \$334,000 grant to help develop the Community Dental Health Coordinator training program.

7. Who may editors contact to answer questions they have? Websites don't often answer specific and often troubling questions with enough detail.

There are several resources available to you as an editor. If your main *Our Legacy – Our Future* partner contact on your campus or within your association can't answer your question or you're looking for additional information, please call the *Our Legacy – Our Future* media relations line at 412-562-1212. Our media relations team will put you in touch with the appropriate person to answer your questions and can also provide additional resource materials.

The *Our Legacy - Our Future* Web site is very thorough and an excellent resource for partners. Discussion panels are setup so partners can assist in speaking with one another as an information exchange and several of the collateral pieces for this program are available electronically.

8. A devil's advocate asks: Why save

dental education? Why not just let market forces lead the way?

Many predict the decline of our profession into that of a "trade" if we don't strengthen the core ... the bedrock of dentistry – dental education. Each day, we learn through scientific advances about the importance of overall systemic health and how each system of the body is integrated and essential for optimum health. Now, more than ever we need to continue our role as oral physicians who advance science and research, advance care and advance dentistry. We simply can't do that without a reinforced, invigorated dental education system.

9. Why is this campaign important to Dr. Art Dugoni?


Dentistry and dental education are my life and have been my driving force for so many years. It's been my commitment to the community in which I live and work. I've seen the effects of improper care and negligence and naturally understand the strong need to have a system in place that secures the health of the people. Dentists are an integral part of the entire medical community. And as doctors we have a sense of responsibility and obligation to bring the best care to our patients and the best education to our students and professional colleagues.

My education is what made me who I am today. My beliefs, my values, my priorities were all finely tuned and shaped from my experiences in each and every stage of my education. We are fortunate to be part of a wonderful profession – together we will make it a great profession.

10. What has happened within the campaign so far?

Again, *Our Legacy – Our Future* is not a "fundraising campaign" itself. It is an awareness effort to support the fundraising efforts of our partner dental schools. We have seen an incredible amount of support for this initiative as more than 95 percent of American dental schools have joined this effort, and 31 additional foundations and associations have recognized the pressing need for a national, collaborative effort such as this one.

I want to thank and continue to encourage each and every partner to utilize the tools and resources available to them through *Our Legacy – Our Future* to strengthen their own efforts and help us reach our goal – to advance the profession of dentistry by safeguarding its educational system.

* Partner figures are updated as of 2/22/07 

Part II of this interview in our summer AADE Newsletter



Using Feedback for Effective Communication: The Peanut Butter and Jelly Sandwich Test

by Eric K. Curtis, DDS, MAGD, ELS, CDE

When my daughter, Anica, was in the fourth grade, she came home from school one day and described how her teacher, Mrs. De Leon, demonstrated to her class the importance of coherent communication. Mrs. De Leon started by giving a lesson on writing clearly. Then she asked each pupil to take out a sheet of paper and pencil and write a set of instructions. "Tell me exactly how to make a peanut butter and jelly sandwich," she said.

Mrs. De Leon collected each student's paper. "Now we'll see how well I can follow your directions," she announced. She shuffled the papers and placed them neatly in a stack on her desk. Next, to the students' amazement, she opened a drawer and pulled out in quick succession a loaf of bread, a jar of peanut butter, a squeeze bottle of grape jelly, a butter knife and a roll of paper towels, which she arranged on the desktop next to the papers. Mrs. De Leon called each child, one by one, up to her desk. Reading aloud the student's own instructions, she made each child a sandwich.

The children discovered, personally and graphically, how confusion may result from fragmented phrases and lapses in logic. One fourth grader got only a smear of peanut butter on her bread, and one just got jelly. Another kid was handed two pieces of bread alone. Yet another, to the gleeful howls of his classmates, got peanut butter spread across the palm of his hand. ("You put on the peanut butter," the boy had written. "Put it on what?" Mrs. De Leon asked as she grasped his wrist.) Out of nineteen students, only three went back to their desks with a complete sandwich of peanut butter and jelly correctly layered between two slices of bread.

Our readers aren't so different from those fourth graders. What do dental publication readers really understand about what we editors try to tell them? If we gave people a test, asking them to explain back to us what they get out of our articles and essays, how many would get only peanut butter? Educators know that one important proof of learning lies in how well students can explain the material they are digesting. At heart is the fact that good communication always includes an effective transfer of knowledge. As journalist Sydney Harris said, communi-

cation is not about giving out, but getting through.

Mrs. De Leon's demonstration suggests three lessons in communications for dental editors. First, establish common ground. Even within the narrow focus of dentistry, don't make too many assumptions about what your listeners know. Don't hesitate, for example, to define current buzz words as you discuss them, including, these days, evidence-based dentistry, bisphosphonate-associated osteonecrosis and bioterrorism, and acronyms such as DHAT (Alaska's dental health aide therapist).

Second, practice precise communication. Apply the time-tested three-part formula for getting your point across in an editorial. Tell them what you're going to tell them. (Introduce your story or argument.) Tell them. (Deliver your argument.) Tell them what you told them. (Summarize your argument.)

Third, administer a peanut butter and jelly sandwich test. Ask for feedback. Compare what you think you are saying with what your readers think you are saying. Consider taking your story to two people, one a colleague who understands the topic and the other an agreeable friend or spouse unfamiliar with it. Ask each person how the story stacks up.

Use a criteria-based check list, such as the one given to writing students at the University of North Carolina at Chapel Hill:

1. Factual content: Is my argument based in fact?
2. Interpretation and analysis: Do I have a point? Does my argument make sense? Is it logical and consistent? Is it supported by enough evidence?
3. Organization: Are my ideas in a useful order? Would a different arrangement of the information be more comprehensible or have more impact?
4. Flow: Do I have good transitions? Does the introduction prepare the reader for what comes later?
5. Style: Is my writing style appealing? Do I avoid the passive voice? Are there too many "to be" verbs?
6. Grammar: Am I using commas correctly? Do my subjects agree with my verbs?



Dr. Eric Curtis received the ADA/AADDE Distinguished Editor Award for 2006 from Dr. Bob Brandjord, ADA President, during the 2006 Las Vegas Conference.

7. Errors: Is everything spelled right? Are there typos?

Another check list to consider is this five-point "peer editing sheet" from Mount Holyoke College:

1. What is the main point of the paper? Is the main point clear?
2. What, specifically, is most interesting about the paper?
3. What areas were confusing or could be improved?
4. Does the beginning grab your interest?
5. Does the paper end with enough closure? With the right amount of summary?

You can also give yourself feedback by putting your paper away for a day or two, then pulling it back out and asking yourself the same questions. (Ask yourself this more intuitive question as well: Are you satisfied? Truman Capote once advised that a story must feel "natural." "The test," he said, "of whether or not a writer has divined the natural shape of his story is just this: After reading it, can you imagine it differently, or does it silence your imagination and seem to you absolute and final? As an orange is final. As an orange is something nature has made just right.")

Make the changes that your own answers to such questions, along with the feedback of trusted readers, dictate. Then relax. Have a peanut butter and jelly sandwich.



Eric Curtis, emeritus editor of the journal of the Arizona Dental Association, is a past president of the American Association of Dental Editors.



Leftovers

by Dr. Michael Nash, AADE Editor

Notes on writing, editing and dental politics ...

"If you catch an adjective, kill it. No, I don't mean utterly, but kill most of them—then the rest will be valuable." Mark Twain (1835-1910)

An editor by definition is the one who edits material for publication and writes editorials. This has never really described what I have done as editor for various publications. For twelve years now I have written mostly humorous non-editorial pieces to fill leftover space following hours of toil over setup and design with articles submitted from contributing authors I recruited in the first place, advertisements I beat the bushes to acquire and social/political soirées that I attended, extensively photographed, and then reported. "And ... loving it!" as Agent 86 Maxwell Smart admonished on Saturday evenings in my youth.

In 1990, organized dentistry afforded me the opportunity to write and do so regularly as the humorist for our state dental publication. I became an author over the next six years simply by concisely filling leftover space after other articles and ads had been placed in this 28-page publication. As the only actively utilized member of the publication council, I learned that our journal was in dire straights. It suffered both from the lack of quality printable materials and viable financial support.

In 1995, I ran and won a hotly contested campaign for the editorship. There was serious talk among the political elite after the election about reducing the quarterly to 20 pages. Toil, sacrifice, and commitment over the next five years found this same journal averaging 60 pages per quarter and printed in blazing color. We were on a roll.

It was plainly stated on more than one occasion in my first year as editor that my main worry was keeping the board happy by managing the journal under budget. "You wanted this puppy, so run with it or pen her up. You handle all the issues personally and we'll get along just fine." For eight years, the board and I met quarterly and all was basically peaches and cream. I never felt like the editorship of our association was being scrutinized by

the excessively political. I simply wrote my articles, enticed others to do theirs, took thousands of photographs and spent weeks every year producing nice journals. I blended at board meetings and remained apolitical.

"It is better to keep your mouth closed and let people think you are a fool than to open it and remove all doubt." (Mark Twain)
"Worse still is to write your notions down and give adversaries tangible evidence of your stupidity." (Mike Nash)

In my fifth and final two-year term, I learned that politics was indeed involved and that I was quite naïve for ever thinking otherwise. I fit about as well into our political scene as mud flaps do on a Rolls-Royce. Over my previous eight years as editor, I subsisted by following the sage advice offered by a friendly veteran of dental politics, "It's far easier to beg forgiveness than it is to ask permission." I never voiced my opinion on anything except issues affecting the publication. Naïvely, I believed my apolitical stand to be my best path of least resistance. One of our ADA delegates summed up politics in general better than I can write. He'd attended an impromptu meeting with the state legislature along with others from our executive committee to discuss Sunset Review. A minute or so into the discussion, this dentist begged the question, "Does the house's proposal seem logical to you?" One crusty representative answered abruptly, "Son, when you entered the capitol building logic remained outside. From that point forth, there's only politics!"

"If I could kick the person in the tail that caused me the most problems, I could not sit down for a week." (Will Rogers 1879-1935)

Dental politics got a tad nasty in late 2004. After much soul searching, I informed everyone that I would not seek a sixth two-year term. Our political leaders had recently decided that the editor's job could now best be accomplished with a communication committee's supervising scrutiny. Change was coming whether I agreed or not. I had no problem with a committee to control the editor, but it

would be utilized with my successor. Rather than waiting for the fat lady to sing, I made the best intuitive decision of my life and left the opera on a high note. I had already enjoyed the longest tenure of any of the previous 12 editors.

My dad offers the best take on how I feel about committees having himself suffered through 30 years of government work ...

"A camel is a horse assembled by committee. The mammal desired ... one built for speed, grace and beauty ... becomes a non-symmetrically humped, furry, cantankerous critter designed by nature for arid climates that no one in the swampy South knows how to drive. Spits, too!"

Editors in most organizations are political. If not, why did the definition of editor above include writing editorials... opinionated articles? I failed to realize this fact in a timely fashion and suffered for it. Live and learn.

Finally, I'll quote Will Rogers ...
"Never miss a good chance to shut up."



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