

## **Journals, Editors & their Organizational Sponsors**

We're busy! In the hurry of the day we eat on the run, phone talk while whizzing down the highway, E-mail while avoiding snail mail with well thought out letters and scroll read "cyberimages" at our computers, rather than sitting in front of the fire enjoying the printed page.

### **Journals**

An honest assessment of the journals we receive would say that most are published for the writers and not for the readers. Our journals provide a peer reviewed opportunity to publish the results of research accomplished. All well and good! The repositories of information lying in those reports become building blocks for further research, expanding the past into new unexplored scientific territories and verifying the original work in greater detail by further exploring the premises and theories set forth.

But we are not waiting with held breath for the next journal to arrive to see if the plot thickens. We're not looking for the tidbits that will quickly improve our everyday practices. When our journal does arrive we may explore the table of contents to see if anything is fitting our particular interest, or see if anything might trigger a future interest; but more likely, we'll just file the journal for some unknown future use, probably a reference. The journals our organization memberships and their dues bring us soon will head for our office shelves; and finally with luck, they may grace the resident study rooms in our advanced program clinics. We

know practically that if we need a reference for a new study we are pursuing, a well defined literature search will turn it up, and we'll be at the library digging it out or quickly be requesting the reprints that will be more readily usable.

For students in training it's a different story. They live in the journals past and present, quickly duplicating or abstracting the required articles for their "lit" review's required reading. The wealth of information in the journals becomes the major source of knowledge all specialists in prosthodontics will gain through training.

Is there a problem with the journals? Very little. We are extremely fortunate in our specialty and in dentistry to be blessed with the best!

### **Editors**

What do editors do? Well for certain, they are necessary for selecting, organizing and directing the reviewers. They should set and maintain a standard of form and quality for the journal. Each journal will have its own appearance and style, and the editor will influence each. The editor serves as a go-between for the authors and the publisher and the organizational sponsor. The editor should stay in contact with other editors to insure that his or her journal is providing its readers with material of worth; material not duplicated by other journals and materials that reflect the intent of the organizational sponsor. Membership and participation in the American Association of Dental Editors will round out these requirements.

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## Editing

When editors begin to edit is when push comes to shove. We can see “bad stuff” in our journals. Are we aware of it, or have we just gotten used sloppy writing? The editor or the reviewer is supposed to catch the author at submission, review and make correction recommendations, mark up a galley proof and return it for a revision. This is for our, the reader’s, benefit. The first editor of *the Journal of Prosthetic Dentistry*, Carl Boucher, was a master at making the poor parts of submissions right.

By example, the following troublesome statements are from a recent article in a journal in prosthodontics:

•“a complete denture that will be harmonious with the patient’s oral craniofacial system.” The word “harmonious” is not descriptive of anything in dental science, and it sounds as if we’re in the music business. Are oral craniofacial structures a “system?”

•“The optimal occlusal vertical dimension (OVD)”

•“an appropriate OVD”

• using a splint to “diagnostically restore the vertical dimension”

•and “a less-than-ideal vertical dimension”

**Are we heading for an unknown vague target, “the vertical dimension”, with varying adjectives to describe it? There was no clear definition of “any” vertical dimension.**

• The author wrote about “sets of dentures” and “either set”?

**Do we make sets of dentures like we buy “sets” of dishes?**

• The author said “the dentures were relined with a tissue conditioner” **Are we concerned with the tissues, or the denture base that requires alteration? Good writing should be specific - using a tissue conditioning material for a planned affect on the tissues is correct. If the denture requires “relining”, a suitable procedure should be described.**

In one of general dentistry’s premier journals the editor overlooked a gross mismanagement of the language. The problem basically is not bad grammar, but rather is bad combinations of grammar that are not understandable when read. The editor recently let an author say:

“Unfortunately the current advocacy by the ADA’s Council on Dental Education and Licensure (CEDL) to abolish the provision requiring that a practitioner “be in full-time practice or full-time education for a minimum of

five years immediately prior to applying” for licensure by credentials will unfavorably impact this alternative to clinical licensure examination which 74% of the licensing jurisdictions currently provide.” **What?**

Authors should be cautioned to minimize nouns and verbs and compounded clauses if a clear understandable reading is the objective. Editors have the obligation and the task to mark up authors who do not know how to write. Editors should not rewrite, but return submissions for grammar and English correction by the author, much as they do for statistical correction. We readers should demand it.

## Editorials and the “I” Word

A few of our journals include editorials. Never is the purpose of an included editorial stated. Are they opinions, critiques on technique or research, the editor’s voice or statements unrelated to the journal? *The Journal of the American College of Dentists* states in its mission that “The Journal is not a political vehicle and does not intentionally promote specific views at the expense of others. The views and opinions expressed herein do not necessarily represent those of the American College of Dentists or its Fellows.” With that strong disclaimer, one wonders why they even have a journal or editorials in it?

If there is one, the chief objection to editorials is editors expressing their own needs and concerns. Disclaimers or not, the editor is speaking in and from the sponsor’s journal. If the editor commonly expresses a personal viewpoint verified by the common use of the “I” word, the journal’s purpose is definitely diluted, unless the journal specifically states that one of its primary purposes is to put forth personal opinions, especially those of the editor. Eight editorials published in the *Journal of Prosthodontics* from 1999 into 2002 contained the personal pronoun “I” 89 times, with a high mark of 31 (March 1999) in a single editorial. The organization’s members and the journal’s subscribers pay dearly to get one man’s opinion, and they get it frequently.

Better, the pronoun “I” is not seen in the *ProsStars Newsletter*. A respected subscriber recently wrote “the newsletter provides thoughts and a forum in a way that is not available by any other source. Your newsletter comes from a prospective unencumbered by special interests.” So be it! ■

## The Supreme Court, The University of Michigan Quota Case, and Dental School Admissions

Dental school deans, their admissions officers and admissions committees are and have been addressing the racial makeup of their school's entering class each year. In some way, by written or unwritten policy, by precedence and by relying on statistical history the problem is addressed. The Supreme Court of the United States is now in session to decide just how these previous policies of admission stack up, and how will they be handled in the future. Even though the press says nothing of the dental schools or dental school placements in advanced specialty education programs, the Supreme Court decision will definitely affect them. A general observation is that dentistry and its specialties are quiet and hesitant to become involved. Rightly so; if not asked, don't respond! If there is no problem, don't make one! But before dentistry has to act, some thought should be given to the following:

If ethnic diversity is seen as a necessity in colleges, universities and professional schools, it becomes evident that affirmative action, quotas and racial preference techniques are answers not working. Hence the suits before the Supreme Court. Is the objective to provide student diversity equal to population diversity as it is in the states where our schools are located?

The great problem is maintaining high academic standards while providing the broadest possible access.

Can Hispanics and African Americans meet the eligibility requirements for dental school entry, based only on college grades and standardized test scores?

Michigan's law school admits students who average 165 on the Law School Admission Test coupled with having a grade point average of 3.5. In the fall of 2002, 4,461 applicants nationwide met these criteria. The Law School Admission Council verified of that total, 29 were black and 114 were Hispanic.

If race and ethnicity are eliminated from the admissions process by university policy, state law, or citizen referendum does the ratio of acceptance for the Hispanic, African American and/or Native American applicant change? Why?

Does an admissions process which puts a top level of students from every college (the same percentage level applied to each and every college the applicants come from, eg. the Texas 10 per cent plan) level the playing field for all?

Can high achievers be identified in ways different from good grades and high scores in qualifying tests?

The Supreme Court's 1978 interpretation of the Constitution in *Bakke* held that the use of race as a factor in admissions is legally permissible.

The Supreme Court (Justices Brennan, White, Marshall and Blackman) based the *Bakke* decision on the fact that economically advantaged blacks score less well on entry tests than do disadvantaged whites.

Does using race as a favorable factor in the admission's process violate the Constitution's 14th Amendment which gives equal protection under the law?

Will the Supreme Court decision apply only to state schools? How about the private schools of dentistry?

The argument for an open affirmative action policy: if quotas are set, race is clearly recognized as one dominant factor in the selection process; but coincidentally a high academic standard will be preserved.

The statistics commonly seen relative to the problem address entries into law or medical schools. Are we seeing statistics related to candidates vying for entry into dental schools or specialty training programs in any media? Why not?

Maybe this isn't a "race" problem at all! Maybe it's a kindergarten to 12th grade education problem. Maybe nationwide in the K to 12 education route teachers and administrators don't have the same level of expectations for black and Hispanic students as they do for whites. Maybe blacks and Hispanics congregated and isolated in schools where they live tend to "standardize" themselves at lower levels, accepting and being accepted at levels lower than those seen in schools diversified because of where the school is located. Let's begin to think that the solution lies in lower grade educational processes, as opposed to the existing failures we now see; failures resulting from past political and civil rights movements.

We in dentistry know for certain that if there are disparities for the underprivileged (financially or educationally) in colleges and universities the problems are greatly magnified at the dental school level. The problems become further compounded in the advanced specialty training programs. The further along you are in the education pipeline, the more difficult implementing diversity becomes.

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**A letter published in the January 24, 2003**

**Washington Post, Letter to the Editor**

Regarding President Bush's opposition to race-based admissions policies. Minority populations are underserved [sic] with respect to dental care in large part because of the small numbers of African American, Hispanic and Native American dentists. Less than 3 percent of U. S. dentists are African American. African Americans accounted for only 3.3 percent of dentists graduating from U. S. dental schools in 2002.

With affirmative action programs in place, the percentage of African American graduating dentists increased from 2.8 percent in 1973 to 5.38 percent in 1996. Further, approximately half of those dentists were produced by two of the 54 dental colleges in the United States: Howard University College of Dentistry and Meharry Medical College School of Dentistry, both historically black colleges.

The decline of affirmative action programs within dental education appears destined to continue de facto racial segregation within dental education and reduced dental care for undeserved minority population.

*Dr. Ron Brown, associate professor  
Howard University College of Dentistry*

**A personal letter of response sent from the  
ProsStars Editor directly to Dr. Brown**

After sitting on the Admissions Committee at the School of Dentistry in the Georgetown University for four years and conducting applicant interviews three days of some weeks during that time; and after selecting advanced program students in prosthodontics in the College of Dentistry in New York University for five years, I have given a great deal of thought to minority student applicants in dentistry and the dental specialties.

Your statistics were well stated and most probably were correct. However I'm almost certain that a jump from 2.8 percent to 5.38 percent in African American graduating dentists during a 23 year period (1973 to 1996) cannot be directly attributed to any affirmative action program. Again, to your credit, you didn't say that. You said only that the "programs were in place." In that 23 year span there was a great awakening to the vitality and worth of the U. S. black population, i.e. more rights, more education, more recognition, more inter-relating on a personal basis, more desire created to advance as any segment of the population could advance.

I do know that I saw very few, repeat "very few" blacks, Hispanics and no Native Americans as applicants at either dental school. Was this the fault of the school or due to the absence of quotas at the schools? No! It was due to the fact that the feeder schools didn't have any, or had only a few African Americans, Hispanics or Native Americans in their systems. But I'm not sure that the feeder school's lack was due to an absence of quotas.

Let me tell you about two examples that help my thinking:

I. In my dental school class (1952 to 1957), University of Pennsylvania School of Dentistry) we had one black student. Irv Reed was an outstanding student. He was one of the most polite and well mannered students in the class. He was "Ivy League" all the way, and popular. He was tall and good looking. To my knowledge he never was challenged by fellow students, the

school's administration or patients on the basis of race. He graduated well positioned in the class and went on to a very successful practice of dentistry on Broadway Avenue in New York City, where he subsequently retired and died.

II. In my first tour of duty in the Navy (1957) I met a fellow officer at another duty station by the name of George Blue Spruce. George was an outstanding naval officer. He was productive, well liked, sociable, and progressive in every way. He represented his race well, without ever alluding to it for any reason. I stayed in contact with George for many years, even as he rose to be head of the Indian Health Dental Service here in Washington, D.C. He was totally respected at every level in dentistry including the highest offices of the ADA and academia. I never once heard any qualification, good or bad laid on him with respect to his race.

My thinking about these two individuals is that short of some economic advantage they might each have had, they were what they were based on positive qualities that any other candidate might have. Race wasn't it; and in fact I know they would have shunned in disgrace any indication that their successes and achievements came because they were "quotaed" in or fit a pattern of need in the society.

We should recognize that dentists are trained to return oral and facial problems to optimal function. We are not trained to solve social or economic problems, nor should we be. It can be said that if you threw an army of dentists at the under served population, it wouldn't matter what that army's racial makeup was. What would matter would be the numbers and skills of the providers. In addressing the problem let's emphasize as well that compensation is due to providers at the end of the line of treatment in any population, served or under served, and this must be a primary draw for any person of any race wanting to become a dentist.

I know that preparation for professional level education is a very complicated matter and further, entering specialty training in dentistry is yet more complicated. High academic achievement, the ability to pay, demonstrating a personality that fits the demands of dentistry and showing the potential to complete should gain applicant acceptance. I chose those of Korean, Chinese, Jewish, and several Middle Eastern origins who later excelled in specialty training at NYU. I know that inflicting race quotas was not part of their selection process. But I know also that had a quota process been used, the results (serving the needs of under served populations) wouldn't have been any better.

I will add in conclusion by saying that if I was the president of the University of Wyoming (my undergraduate school) I would strive to select applicants to my university in the same proportion (or greater) that their race occurs in the state's population, based additionally upon their ability to pay or the state's funding financing for them. They would have this chance, and I would strive to help them satisfactorily complete their college education in every positive way. Something I would not factor in would be their ability to play basketball.

Thanks Ron for the opportunity to have this valuable discussion with you.

Noel D. Wilkie, D.D.S.