

Writing 151B: Editing Exercise #1

Please edit the following piece, adapted from a New York Times best-selling book. Edit for Punctuation, Grammar, Clichés, Numbers, as well as stylistic errors. Include a short “Notes to the Author” page if you do not have enough space to write the notes in the margins.

In the mid-1990s, the city of Baltimore^{^ Maryland} was attacked by an epidemic of syphilis. ~~In the space~~^{Within} of a year, from 1995 to 1996, the number of children borne^g with the disease increased by 500%^{percent} ~~a number big in size~~. If you look at Baltimore's syphilis rates on a graph, the line runs straight for years and then, ~~when it hits~~^{at} 1995, ~~rises~~^{it} almost at a right angle.

What caused Baltimore's syphilis ~~problem~~^{epidemic} to tip? According to the Centers For Disease Control, the ~~problem~~^{cause} was crack cocaine. It goes without saying that crack is ~~known to cause a dramatic rise in the kind of risky sexual behavior that leads to the spread of things like HIV and syphilis.~~^{which can increase the tendency of ...} ~~It brings far more people into poor areas to buy~~^{and, in turn, increase the spread of diseases} drugs, which then increases the likelihood that they will ~~take an infection home with them to their own neighborhood.~~^{crack cocaine changes the patterns of social connection between neighborhoods!} ~~It changes the patterns of social connections between neighborhoods.~~^{Crack} Crack, the CDC said, ~~was the little push that the syphilis problem needed to turn into a grand slam homerun of an epidemic.~~^{says}

John Zenilman³ of John Hopkins University in Baltimore, an expert on sexually transmitted diseases, has another explanation: the breakdown of medical services in the city's poorest neighborhoods. "In 1990-1991, we had thirty-six thousand patient visits at the city's sexually transmitted disease clinics," Zenilman says. "Then the city decided to gradually cut back because of budgetary problems. The number of clinicians ~~medical-personal~~⁴ went from seventeen to ten. The number of physicians went from three to

essentially nobody. Patient visits dropped to twenty-one thousand. There also was a similar drop ⁽⁵⁾ in the amount of field ⁼ outreach staff. There was a lot of politics—things that used to happen. It was a worst-case scenario of city bureaucracy ^u not functioning. ~~They would run out of drugs.~~ ⁽⁶⁾

~~When there were 36,000 patient visits a year in the STD clinics of Baltimore's inner city, in other words, that was sufficient enough to keep the disease from spreading too much. But like a bad rash. At some point between 36,000 and 21,000 patient visits a year, according to Zenilman, the disease shot out of control. It began spilling out of the inner city, up the streets and highways that connect those neighborhoods to the rest of the city. All of a sudden, people, who might have been infectious for a week before getting treated, were now going around infecting others for 2 or 3 or 4 weeks before they got cured. Regardless, the breakdown in treatment made syphilis a much bigger issue than it had been before.~~

In other words, thirty-six thousand
were
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spun
leading out of it, and into neighborhoods
had to wait two to four weeks for a cure
allowed syphilis to reach epidemic status
This

There is a third theory, which belongs to John Potterat, one of the country's leading epidemiologists. He ^{blames} is of the opinion that the physical changes ^{in those years that affected} affecting East and West Baltimore ^{in those very same years are to blame,} the heavily depressed neighborhoods on either side of Baltimore's downtown, where the syphilis ^{epidemic} problem was ^{most pronounced} ⁽⁷⁾ centered. In the mid-1990s, he points out, the city of Baltimore embarked on a highly publicized policy of dynamiting the old 1960s-style public housing high-rises in East and West Baltimore. Two of the most publicized demolitions ^{of} Lexington Terrace in West Baltimore and Lafayette Courts in East Baltimore ^{that housed} were huge projects, housing hundreds of families, ^{and} that served as centers for crime and infectious disease. At the same

time, people began to move out of the ^{deteriorating} old row houses in East and West Baltimore, ~~as those began to deteriorate~~ as well.

What is interesting about these three explanations is that none of them is at all dramatic. The CDC ^{believes} ~~was of the belief~~ that crack ^{cocaine} was the problem. ^{as though crack cocaine} But it wasn't like crack came to Baltimore for the first time in 1995. ⁽¹⁾ It had been there for years. ~~What they were saying is~~ ^{It was just} that there was a subtle growth in the ^{prevalence of crack cocaine} severity of the crack problem in the mid-1990s, and that change was enough to set off the syphilis epidemic. Zenilman, likewise, ^{is not} ~~wasn't~~ saying that the STD clinics in Baltimore were buried six feet under. ⁽²⁾ They were simply scaled back, the number of clinicians cut from seventeen to ten. Nor ^{is} ~~was~~ Potterrat saying that all Baltimore was hollowed out. All it took, he ^{says} ~~said~~, was the demolition of a handful of housing projects and the abandonment of homes in key downtown neighborhoods to send syphilis ^{surging through the city} ~~over the top~~. ⁽³⁾ It takes only the smallest of changes to shatter an epidemic's equilibrium.

The second ^{and} perhaps more interesting fact ^{or causings} about these explanations is that all of them ^{describe} ~~are describing~~ a very different way of tipping an epidemic. The CDC ^{discusses} ~~is talking~~ about the overall context ^{of} for the disease ⁽⁴⁾—how the introduction and growth of an addictive drug can so change the environment of a city ^{discusses} that it ~~can cause~~ a disease to tip. Zenilman ^{discusses} ~~is talking about~~ the disease itself. ⁽⁵⁾ When the clinics were cut back, syphilis was given a second life. ^{and} What was once ^{just} an acute infection at this ^{grew into a} pointing time comprised a chronic infection. ^{weeks long burdens} It had become a lingering problem that stayed around for weeks.

~~Potterrat was disinterested in those not suffering from syphilis.~~ Potterrat, for his part, ^{focuses} ~~was~~ focused on the people who ^{carried} ~~were carrying~~ syphilis. ^{a disease that he says was found in} Syphilis, he was saying, was a disease ~~carried~~ by a certain kind of person in Baltimore ⁽⁶⁾—a very poor, probably drug using ⁽⁷⁾

sexually active individual. If that kind of person was suddenly transported ~~from her old~~
~~neighborhood to a new one~~ to a new part of town, ^{perhaps} where syphilis had never been a
~~problem before~~ the disease would have an opportunity to tip.

There is more ^{than} ~~than~~ one way to tip an epidemic, in other words. Epidemics are a
function of the people who transmit infectious agents, ^{a function of} the infectious agent itself, ^{or function of} and the
environment in which the infectious agent is operating. And when an epidemic tips, ^{it is because there has been} when
it is jolted out of equilibrium, ~~it tips, because something has happened~~, some change ~~has~~
~~happened~~ in one ^{or more} ~~(or two or three)~~ of those areas. These three agents of change I call the
Law of the Few, the Stickiness Factor, and the Power of Context.



Notes to the author

Yiu-On Li · April 12, 2023 ·  WRIT 151B

General

- Consider using fewer clichés and more formal language in your piece. Readers may find such an approach more suitable for the rather grim subject matter. I have provided some alternative wordings in my marks.
- Consider shortening some phrases so that readers can reach the end of sentences faster, which may encourage them to keep reading. For example, “in the space of” can be shortened to “within,” “sufficient enough” can be shortened to “enough,” and “was of the opinion” can be shortened to “believed.” I have provided some alternative wordings in my marks.
- I have performed basic fact-checking for this essay, but I am no expert on syphilis. Please double-check all dates, names, facts, and other such details before publishing.

Specific

0. Readers may find it overly casual to refer to syphilis as a “problem.” So here, as in other places in the piece, I have suggested an alternative, more formal wording.
1. In this sentence, I have suggested several more neutral wordings that contain fewer clichés. While the occasional casual wording and cliché can entertain, clarify, and spotlight, readers may find such turns of phrase to be disorienting and insensitive in a serious context, such as in a discussion of disease and death. I have given similar alternatives for other sentences in this piece.
2. I have suggested a removal of “grand slam homerun of,” because readers may find it disorienting to see a worsening epidemic compared to a magnificent tennis-baseball-combination game.

3. Consider spelling “John Zenilman” as the full name: “Jonathan Zenilman.”
4. I have suggested a removal of the bracketed text “medical personal,” because readers will likely already know that clinicians work in the medical field. It is true that readers will likely not understand the distinction between a clinician and a physician without consulting a dictionary, but the distinction here does not seem to affect the point of the sentence: the number of medical staff dropped.
5. Consider truncating the quote past “There also was a similar drop.” The earlier examples of decreasing staff, which provide concrete numbers, are perhaps stronger. And while bureaucracy is an interesting topic to touch on, it is not revisited later in the piece; the earlier reason of “budgetary problems” may be enough for readers to understand the political side of the decision to reduce staff. Truncating may also allow readers to better focus on the first part of the quote, which, in any case, is what the following paragraph summarizes.
6. If you decide not to truncate in accordance with note 5, consider deleting “They would run out of drugs.” Readers may find this mention a bit of a *non sequitur*, as it does not seem to relate to either the decrease in medical staff or the ineffectiveness of city government. In addition, readers may connect “drugs” to “crack cocaine,” which may not be what you want.
7. Readers may find the transition from “either side” to “centered” to be a bit of a rollercoaster in terms of position. As such, I have suggested replacing “centered” with “most pronounced.”
8. Readers may find “crack” used by itself to be overly casual. So in this sentence, as in other sentences in the piece, I have suggested adding “cocaine” after “crack.”
9. Readers may find the transition from “downtown” to “over the top” to be a bit of a rollercoaster in terms of position. As such, I have suggested replacing “over the top” with “surging through the city.”