

Paramedic Method of Editing

The writing expert Richard Lanham offers a strategy for revising at the sentence level (i.e. after revising for structure and content). I like the Paramedic Method because the name has the ring of public health and suggests that we can rescue sick sentences and breathe life back into dead (or deadly) prose. Using this method helps to detect and correct the passive, wordy, unemphatic language so common in bureaucratic and scholarly writing. There are four main steps:

1. **Circle the prepositions (see list below).** One prepositional phrase is fine, two in a row sometimes unavoidable, but three in a row should raise a red flag--that the sentence lacks focus and is full of nouns. Our goal is more (and meatier) verbs, fewer nouns.

aboard, about, above, across, after, against, along, among around, at, before, behind, below, beneath, beside, besides, between, beyond, but (meaning *except*), by, concerning, down, during, except, for, from, in, inside, into, like, near, near, of, off, on, out, over, past, since, through, throughout, till, to, toward, under, underneath, until, up, upon, with, within, without.

2. **Circle the "is" forms.** Using "is" in a sentence gets it off to a slow start, and makes the sentence weak. Replace as many "to be" verbs with action verbs as you can, and change all passive voice ("is defended by") to an active voice ("defends"). Watch for "is", "was", "will be", "seems to be", "have been", and other forms of "to be", which often signal the passive voice. "Is" is not a meaty verb.

3. **Ask: Where's the action? Who's "kicking" whom?** You will likely find the action nominalized, that is, turned into a noun in a prepositional phrase, with no actual actor in sight.

4. **Put this action in a simple active verb.** If this verb has a human subject, all the better.

Example:

Before: **This sentence is in need of an active verb.** (9 words)

After: **This sentence needs an active verb.** (6 words; *Lanham calls the 3 word difference a "lard factor" of 33%*)

This passage is from a draft of a paper entitled, "Drug Donations: Benefit or Burden?" It's typical of an early draft, in which the writer has captured some important ideas but not yet attended to readability.

Drug donations, given by various donors (corporate, governments, and NGOs) are generally a humanitarian response to emergency or disaster situations; they can also represent an integral part of development aid in non-emergency situations. Drug donations can either be beneficial or a burden to recipient countries and organizations depending on the understandings and agreements, or lack of, between respective recipients and donors....

In terms of long-term development aid, drug donations often supplement meager health budgets in developing countries. In countries where annual health expenditure is as low, or lower, as \$8 per capita, drug donations can go a long way. For example, in Ecuador there are 100 community medical centers run by the Catholic Relief Service relying solely on medical supplies and drug donations.

The collection of unsorted and unused drugs, unfortunately, is something many donors do without considering implications and, sometimes, dangerous consequences. Donations of large quantities of drugs without any content specifications result in the recipient loss of valuable time and effort in sorting and classifying. Further, unused drugs are sometimes partially empty or contain only a portion of the contents, which represents a loss of money and time for transporting them. **193 words**

In the editing demonstrated below, the Paramedic Method is the guiding strategy, but not the only one.

Drug donations, ^{from} given by various donors (corporate, governments, and NGOs) ^{donors} are—
^{can be either} generally a humanitarian response to emergency ^{or} disaster situations; they can also represent
an integral part of development aid in ~~non-emergency~~ ^{They} situations. Drug donations can either
be ^{benefit} beneficial or ^{their} burden to recipient countries and organizations, depending on the
understandings and agreements, ^{if any} or lack of, between respective recipients and donors....
^{the context} In terms of long-term development aid, drug donations often supplement meager
health budgets in developing countries. In countries where annual health expenditure is ~~as~~
low, ^{or lower} or lower, as \$8 per capita, drug donations can go a long way. For example, in Ecuador
there are 100 ^{CRS} community medical centers run by the Catholic Relief Service relying solely on
^{donated} medical supplies and drug donations. However, many donors
The collection of unsorted and unused drugs, unfortunately, is something many
donors do without considering ^{the} implications and sometimes dangerous consequences.
Donations of large quantities of drugs without any content specifications result in the
recipient ^{Recipients waste} loss of valuable time and effort in sorting and classifying ^{unlabeled drugs and} ~~Further, unused drugs are~~
^{transporting containers that come to them.} sometimes partially empty, or contain only a portion of the contents, which represents a loss
of money and time for transporting them.