

[Developmental editing sample: Memo to author critiquing her first-draft manuscript and laying out a plan for revision. Client: The University of California Press.]

MEMO

To: XXX

From: Sarah Lavender Smith, developmental editor

Re: *Our Overweight Children*—first draft analysis and recommendations

Hello XXX,

It's a real pleasure to be involved with your exciting and timely project, and I look forward to working with you and getting to know you during this editing process. I received your manuscript two weeks ago and have read it twice. What follows is an analysis and series of recommendations to help guide you through the successful completion of a second draft. As I edit and annotate each chapter in the weeks to come, I'll indicate where I think these recommendations apply. My purpose in explaining my thinking now is, first, to provide the foundation for the specific suggestions you'll see in the chapters; and, second, to invite your feedback so that we will be working from a shared vision as we go through the individual chapters. Please do let me know how well the following ideas resonate with your own view of the book.

First, I'll briefly summarize how I see the book's strengths and potential. To that end, I drafted a statement that I hope adequately captures your vision for your book; it's included below for your review. Next comes a prioritized list of recommendations that are broken into three main sections: Content; Organization; Writing Style and Voice. These are macro-level critiques and suggestions that apply to the book as a whole. (Please don't be intimidated by the length of this memo; much of it is due to examples excerpted from your text to illustrate the suggestions.) In a matter of days I plan to follow this memo up with more specific recommendations for reworking the introductory chapter. This introduction is key, as it will present your thesis, set the tone, and provide a roadmap for the chapters to come. In the weeks to come we'll continue with a back-and-forth process of revising the individual chapters.

Let me start by saying how impressed I am with your volume of research and knowledge of this subject. I'm sure your files are bulging! As a parent, and as someone who follows nutrition news and diet and fitness fads, I greatly appreciate your repeated and persuasive call for moderation and long-term, multi-level solutions to prevent and treat childhood obesity. You stand out as a voice of reason and a reliable guide among the crazy extremes that characterize this issue. I also admire your passion; it's clear that your care is deep and genuine for kids who suffer the health problems and social stigmatization associated with being seriously overweight.

The statement below seeks to capitalize on your strengths and capture your vision. It also aims to define the book's intended audience, address their needs, and suggest an outline for the book's organization. The vision statement forms the foundation of the editing

process and will enable us to realize your book’s potential, so I look forward to hearing whether it meets your approval.

Proposed Vision Statement:

America faces a fast-growing epidemic of childhood obesity that threatens the long-term physical and psychological health of the nation’s children. *Our Overweight Children: What Parents, Schools, and Communities Can Do to Control the Fatness Epidemic*, by Professor [XXX] of New York University’s Department of Nutrition and Food Studies, gives readers a clear understanding of this pressing public health crisis and empowers parents, health professionals, and policy-makers with the strategies they need to combat it. Drawing on her thirty-five years as a professional nutritionist, Professor [XXX] brings sound judgment and a call for moderation to the diet debate as she cuts through the maze of often-contradictory reports and recommendations that have left society perplexed about the causes, costs, and cures of America’s weight problem. She explains why there is no “quick fix” and why childhood obesity must be fought on several levels, in the home and throughout the community. XXX shows parents and others who care for children how to model and teach healthy eating habits so that children develop a positive relationship to food and a less sedentary lifestyle. She also demonstrates that the food industry, media, and public policy deserve much of the blame for the fatness epidemic, and she convincingly argues for a campaign to prevent and reduce childhood obesity analogous to the country’s multi-faceted efforts to curb tobacco use.

The title boils the vision statement down to a concise fifteen words—“Our Overweight Children” (the topic; the implication with “our” that it should concern and involve everyone); “What Parents” (primary audience), “Schools, and Communities” (secondary audience) “Can Do to Control” (advice- and action-oriented) “the Fatness Epidemic” (the problem and its epidemic proportions). I think it’s a great title and hope you feel good about it too.

Content

In general, in spite of the organizational challenges identified below, your book covers the breadth of this topic and its complexities well. Listed below are five main suggestions for improving the content by sharpening its appeal to the primary audience and clarifying certain points in your thesis.

1. To make your book more engaging and uniquely valuable for the audience—and to enhance your authority on the matter—consider giving more specific advice and recommendations that are grounded in real-life examples and anecdotes from your experience as a nutritionist. Try to present these recommendations and guidelines in a more consistent fashion, and strive to make them more practical by giving tips for implementing them.

Many, if not most, of your readers will already know of and agree with your general points in theory; they need to learn specifically how to put them into practice—and how to recognize how their own everyday behavior contributes to the problem so they can unlearn and change their bad habits. Many readers will be drawn to your book because they share the frustration of the social worker you describe on p. 148 (a wonderful

anecdote that I'm going to suggest you move up into your intro). In short, like the woman you describe, they want to hear something new and learn how to get results.

Your writing comes alive, and you most effectively illustrate your points, when you include descriptions and dialogue that readers will recognize and identify with. The more examples you can draw from your own professional background, the more your readers will respect your expertise and authority on the matter. Here are a few brief instances where you do a nice job including anecdotes and dialogue: Ch. 5, p. 65, where you quote the daycare teachers at mealtime ("You have to taste each food once," etc.) and then give examples of the better ways they could communicate ("This vegetable is called peas ..."); Ch. 7, p. 111, where you quote parents' responses to *Sugar Busters*; the anecdote from your student recalling his embarrassment at gym class; your client who confessed she has just one friend with whom she can talk about weight issues since it's an embarrassing problem without support groups (p. 123). Any time you can *show* as well as tell your story through first-person accounts, description, or case studies, you will captivate the reader and make your message clearer.

When we discuss the organization and you begin revising the individual chapters, we can talk about ways to present your recommendations in the most concise and useful format. In general, though, you are likely to communicate your advice most effectively if you bolster it with real-life examples and "take-home lessons." For example, you discuss at various points how it's important that parents refrain from being overly restrictive and controlling of what their kids eat. Can you illustrate these points by describing typical, everyday scenarios and suggesting strategies for coping with them? (What specifically might parents do and say, for instance, when in the grocery store and their five-year-old throws a tantrum for Oreos? Should they buy the cookies or not, and what could they do and/or say to prevent that situation from recurring?)

In one section of the book, pp. 150–156, you do a particularly good job showing real-life examples and giving advice. You start with a bulleted list, where you state your top recommendations for preventing childhood obesity, and then you expand each of those points with a discussion of "the theory" and "the practice." This well-written and well-organized section could be even stronger if you expanded the tips and strategies further and made them even more specific and practical. These examples could be enhanced with dialogue where appropriate; parents will nod in recognition and agreement if you describe common ways that parents speak (i.e., "You have to eat three bites of broccoli or else you won't get any ice cream for dessert. Three bites."), then describe what's wrong with that statement and suggest alternative ways the parent could handle the situation.

Using composites—Sarah, Walter, and Jeff—is an alternative to employing real-life examples and case studies. However, to make these characters ring true and to make them most effective, they probably should be used more consistently and described in more telling detail. We meet them in your introductory chapter, are re-introduced in the next chapter as you show how to use the body mass index, and then they disappear until Chapter 8's discussion on raising resilient children. In the days to come, we can discuss ways to improve them or consider substituting them in favor of other examples.

2. Try to state your position more clearly on controversial issues involving action on the community and legislative fronts, and back up your position with research and reasoning. Readers will expect the chapter that puts forth a call-to-action on the community and public policy level to clearly acknowledge the political dimensions and trade-offs involved, and then to show why your recommended course of action is worth the cost. Consider presenting additional examples of effective programs and community/legislative action that have worked in order to inspire readers and to prove that these idealistic long-shot proposals can really make a difference if given the chance.

You clearly demonstrate that this epidemic of childhood obesity is caused by factors that extend way beyond the family and home environment, and that the solution therefore involves society as a whole—communities, schools, the media, government. Your advocacy for change in the public realm needs to be as well-reasoned, specific, and forceful as the recommendations you propose for individual families.

This critique mainly involves Chapter 10 of your first draft, and we can tackle this issue together more fully when it comes time to edit that chapter. But here are some general observations and suggestions to get you thinking about it now.

As you know, school districts all over the country are grappling with whether to ban junk food sales on campus and suffer the loss of revenue associated with vending machines. When this political hot potato is presented (such as on p. 177), readers are likely to expect you to take a stand rather than only saying it's a volatile issue and summarizing the pro/con arguments. Your position—"Instead of only taking away, restore the opportunity for physical activity before children have lost the ability to move at all"—could be stated more clearly, and it leaves readers wondering whether or not they should lobby their school boards to ban vending machines. The section "How Schools Can Help" (p. 170) advocates additional proposals that sound controversial and costly (i.e., "keep schools open longer on a daily and annual basis"); readers might dismiss these proposals as naive or impractical unless the arguments are fleshed out and supported. Could you try to include more examples of programs or actions that are working, such as the "Kidswalk" program you nicely detail on p. 170? (The NY Times, for example, recently profiled a school district in Alabama that's bucking the trend by making nutritious lunches a top priority and buying fresh produce from local farmers to get good-tasting veggies in the cafeteria. Examples like this and Kidswalk provide inspiring models and empower readers with strategies.)

The analogy to the anti-smoking campaign is a forceful one and potentially a key element of your book, hence its mention in the proposed vision statement. However, the analogy could be more clearly drawn and your position more forcefully stated. The nation's anti-smoking efforts have involved heavy taxation, regulation, and litigation; at some points the text appears to argue for similar taxation and regulation of food sales and advertising, but that advocacy is undercut by a call for more public awareness, not "food police" or litigation. On p. 182, a scenario is presented if the nation were to get behind an anti-

obesity campaign similar to the anti-smoking one; it includes, among other things, curbing advertising of soda and fast foods, banning junk food in schools, government support for small farmers, and a “fat tax” on junk food. It’s unclear on the following pages whether you strongly support these steps or are just raising them as interesting possibilities. If you believe an anti-obesity campaign should take a slightly different path than the anti-smoking campaign, then the readers will appreciate more clarity on where the analogy falls short and how and why the two campaigns should differ.

Your proposal for a “Caring About Children Corps” (p. 185), analogous to Teach for America, is admirable but also could be strengthened by addressing the politics and costs of such a proposal. It’s unclear whether the proposal would be privately or publicly funded, mandatory or volunteer. One might argue that the Teach for America program hasn’t made significant strides in turning around the country’s educational shortcomings, and thus the proposal for the Caring About Children Corps might have a similar limited effect and help the government absolve itself of taking greater responsibility for the problem. Finally, the chapter ends with the statement: “The immediate remedy to the childhood obesity epidemic is not rocket science. Mom always said: ‘Go out and play.’ ‘Eat your vegetables.’ ‘Come home to dinner.’” I like the common-sense language and direct writing of that statement, but it seems to shift the responsibility back squarely on the individual and family, thereby diluting the call for immediate action by community leaders and policy-makers.

3. Clarify the link between fat discrimination and the childhood obesity epidemic. Consider streamlining the discussion of this issue by consolidating the two chapters that address it and by tightening the literary review.

Your passion shines through when you describe the emotional pain inflicted by anti-fat attitudes and when you call for greater toleration and an end to fat discrimination. This is an area that has the potential to help set your book apart from others, as you write that most experts in your field tend to ignore or gloss over the role of fat discrimination in childhood obesity. However, readers need the dots to be connected more directly. The connection is made in the second half of Chapter 6 that discrimination and teasing of overweight children exacerbate poor eating habits and make the children less likely to be physically active, creating a vicious cycle that involves “emotional eating” and an even more sedentary lifestyle—but this point is somewhat obscured in pretty clinical language. An understanding of the vicious cycle doesn’t carry over to the final chapter, where the topic is revisited and expanded through a detailed review of children’s literature. A quick read of the final chapter could leave the reader thinking that “being fat is okay and we have to accept obese people as they are”—a viewpoint that could be used by advocates of fat acceptance to counter the rest of the book’s message that we need to “control the fatness epidemic.” The reader needs to be reminded of the link—that society needs to end fat discrimination and accept less-than-ideal body types because social stigmatization and humiliation make the problem worse and harder to treat.

Still, a key question could be explored and answered more fully: How can we make kids feel confident and comfortable with their extra-large body sizes, yet at the same time

motivate them to reach a healthy weight and become physically fit? This is a tough question that parents and other readers are likely to ask, and they will appreciate your guidance on the matter.

You'll see from the recommended book outline (attached separately and discussed under the Organization section) that I've suggested combining this part of Chapter 6 with Chapter 11, with the consolidated chapter falling in the middle of the book. I'll be interested to know what you think of this idea. Your literary review in the final chapter, while interesting, will need paring down in order to fit comfortably with the rest of the book's style; we also will want to move the reader forward to the advice-oriented chapters that follow. You could still make your interesting and original points with a more economical use of the literary excerpts, and we can talk more about how to do this when we edit those sections.

4. Make readers care more about the problem—and enable them to lobby more persuasively for steps toward a cure—by going into greater detail about the health risks and diseases associated with the childhood obesity epidemic.

Readers will appreciate your level of detail in discussing the psychological/social problems associated with being overweight, and they'll want a succinct yet comprehensive discussion of the physical health problems linked to childhood obesity too. The discussion of “adult diseases before their time” (i.e., Type II diabetes, hypertension, heart disease) crops up in a couple of different places but in general receives relatively cursory treatment. A more compelling and thorough presentation of these health problems and their magnitude would convey a greater sense of urgency that obesity merits attention and resources to combat it. Using anecdotes or case studies that show how overweight children suffer from living with these medical problems would make the case even stronger. The proposed outline that accompanies this memo suggests a chapter where this discussion could be concentrated.

5. Make sure your information and recommendations are as up-to-date and relevant as possible.

This last point probably is self-evident, and I know you've been busy updating some of your research. But, since this topic is receiving a great deal of press coverage now, it's good to keep in mind the importance—and challenge—of keeping the book abreast of current news as much as possible. For example, the book risks sounding like old news if it gives extensive coverage of the 2001 obesity conference, given the much-reported national conference on obesity that occurred in early January of this year. Your quotes and info from the surgeon general from the Clinton administration might need updating to include some advice and quotations from the current surgeon general.

Organization

Organizing this book is no easy task—you're tackling a subject with multiple factors that are related and interwoven; plus, those factors are complex on their own and further

muddled by uncertainties. But the audience needs a clear path. We need to organize the book in a way that untangles the factors and minimizes redundancy. Your commendable effort to show how the factors contributing to the childhood obesity epidemic are interrelated has resulted in a repetition of issues (i.e., television watching, supersize portions, “nature *and* nurture,” parents aren’t the only ones to blame) from chapter to chapter and section to section. Different overlapping guidelines are presented in different chapters and sections, leaving the reader without a clear sense of how they relate and how they should be used. Streamlining these and other discussions through better organization and tighter writing will improve the book’s readability and enhance your role as the expert guide who navigates and advocates.

Chapter-Level Organization

Here is one scheme I think would serve the audience best and carry out your vision. I propose presenting the chapters in an order that: (1) succinctly *describes and defines* the problem and its urgency; (2) presents the epidemic’s *consequences and costs* in order to motivate readers to care about the problem and be part of the solution; (3) elaborates on *the causes* of the epidemic; (4) proposes practical steps and recommendations that families can take to *prevent* the problem; (5) helps parents with kids already suffering from excessive weight make informed choices about *treatment options*; (6) proposes steps that society at large—neighborhoods and schools, the media, legislators—can take to prevent obesity and control the epidemic.

I put together a proposed revised outline for the book and am sending it as a separate file for your review and feedback. Here, so you can see it in the context of this memo, is the suggested new table of contents from that outline. It aims to follow the order stated above and to minimize the repetition of issues and recommendations. Also, as you can see, this outline suggests grouping the chapters into three thematic parts.

Please note that these chapter headings are working titles only, and we can brainstorm to try to come up with stronger ones. One of our challenges will be to write chapter headings and subheadings in an active and captivating voice so they suggest actions and/or solutions and clearly relate to the text that follows.

Suggested Revised TOC:

Part 1: A Growing Epidemic

Introduction: Our Overweight Children

(overview of epidemic and your thesis)

Chapter 1: Coming to Terms

(how to define and recognize the problem)

Chapter 2: Obesity’s Physical and Emotional Toll on Kids

(health and psycho/social problems associated with childhood obesity)

Part 2: Why Kids Are Getting Fatter

Chapter 3: Family Matters

(how parental behavior and the home environment contribute)
Chapter 4: Society Weighs In
(how factors outside the home are to blame too)
Chapter 5: Fat Discrimination Feeds A Vicious Cycle
(how anti-fat attitudes are partly to blame)

Part 3: Preventing and Treating Childhood Obesity

Chapter 6: How to Raise Kids With Healthy Eating Habits and Active Lifestyles
(the bulk of your recommendations and advice)
Chapter 7: How to Help Kids Reduce and Manage Their Weight
(review and critique of popular weight-loss books and programs)
Chapter 8: How Schools, Communities, and Policy-Makers Can Help Control the
Epidemic
(call to action for anti-obesity campaign)
Conclusion

This proposed revised outline would do a couple of key things to the book's current structure:

- content from your Chapter 3, "How Many Children Are Overweight? Is It an Epidemic?," would be consolidated in the introduction and Chapter 1;
- content from Chapter 6, "Does Being Overweight Matter?," would go in the first two chapters;
- the fat discrimination section from Chapter 6 would be combined with Chapter 11, "Remedy: What Everyone Can Do," for the new Chapter 5;
- some content from Chapter 8, "Future Remedies: What Is to Be Done? Who Is to Do It?," would go in the Conclusion, while other sections from Chapter 8 dealing with the causes, prevention, and treatment are worked into the new chapters.

Let me know what you think of this proposal.

Organization and Presentation of Recommendations and Statistics

As mentioned above, one of the goals of the revised outline is to present the overlapping recommendations and advice more effectively. The book's advice/guidelines are spread out in various chapters and are inconsistent in tone and format—sometimes general, sometimes detailed; sometimes clinical in tone, other times passionate; sometimes woven in the text and other times summarized in boxes and lists. It's often unclear whether you are endorsing a particular set of recommendations or diet plans, or whether they're being presented for discussion's sake. Mentioned above is an example (pp. 150-156) where you present and explain your recommended guidelines in a clear and readable way—it's an effective use of a bulleted list and subheads; it's clear to the reader that you're advocating it; and you clearly explain the information in practical terms. Another good example is the box on p. 47; it's useful because it clearly relates to and enhances the discussion; it shows, in an understandable chart format, the interrelation between several interwoven factors; and it helps parents focus on the factors they can work on improving (the "nurture" side of the equation) versus factors that are out of their control. By contrast, the

first list of recommended advice (Ch. 5, p. 56) leaves readers wondering how to interpret and what to do with the number-heavy information. Also, these guidelines are repeated in later chapters in slightly different ways. Here is one suggestion to help you improve the presentation of this information:

In general, you could present your material more effectively if you aim to succinctly state your viewpoint or position first, so the reader knows where you're headed with the discussion and why you're presenting the statistics, findings, and guidelines. Spotlight statistics and synthesize information in a way that clearly relates to and illuminates your immediate point.

For example, in the instance above (Ch. 5, p. 56–57), you could do this simply by starting the chapter with your well-written paragraph (“More than ever before in American history, food is abundant and available. ... In fact, we have too much food ...”). You’ve stated your position. Now, consider pulling out from that list (Dietary Guidelines for Americans) those statistics that best support your point; i.e., the McDonald’s Value Meal servings and stats on added sugar that kids consume. Omit the other stats and recommendations from that list, or save them and synthesize them with your recommendations in the prevention and treatment chapters.

This editorial recommendation could help improve the presentation of your critique of the various diet plans and treatment programs in the “treatment” chapter—material currently in Chapter 7. That chapter starts well, with the examples of Vanessa and Judi to illustrate the diet culture. But the reader could more easily follow the ensuing discussion if you summarized your viewpoint toward the front of the subsection, rather than putting it mid-paragraph toward the end. (“Dieting is likely to continue to be a kind of lifestyle code for worrying about body size. Rather than fight it, we can join it and steer the interest and concern toward healthy eating.”) On p. 107 where you highlight the shift in diet advice (“Dieting was redefined as lifetime weight management and healthy living, with cautionary advice to be on the lookout for signs of eating disorders”), you could help the reader interpret this information by more clearly indicating whether you think this shift is a positive or negative development. The paragraph on the following page attempts to do this (“My take on this transition is ...”), but your point could be stated more clearly. Finally, when you get to the point where you begin to critique the books and programs, try to summarize and state your viewpoint earlier on. Readers will then feel like you’re guiding them through the various studies and guidelines that follow and giving them a lens through which to view and interpret the information. (When it comes time to work on this section, I can annotate the text and give more detailed suggestions to better explain my points here.)

Writing Style and Voice

In considering how best to speak to your audience through your writing, it’s once again crucial to keep the audience in mind. As mentioned at the start of the “Content” section, readers will be drawn to your book because they have a sense of the complexity and enormity of the issue. They’re likely to feel frustrated and confused. They want a friendly

expert guide to walk them through the issues and give them hope by presenting recommendations and steps toward solutions in understandable and useful terms. They are intelligent readers and therefore won't want information *oversimplified*, but they want the information presented in a highly readable way. They don't want to be left feeling like they're facing a complicated and hopeless uphill battle.

Connecting with your readers and conveying your points therefore involves writing in a style that is conversational, but also direct and authoritative; personable, but firm and concise. Since the book is aimed at parents more than health professionals and academics, your writing should strive to be non-clinical and non-academic.

I've highlighted some of the many places where your writing is quite strong so you can try to emulate the style and tone of these examples more consistently throughout the book. In the paragraph following the box on Ch. 6, p. 81, where you present your view that obesity is not a disease, you speak with authority in a straightforward way, simply but not oversimplified. In Ch. 4, p. 49, you write, "Obesity tends to run in families because of shared genes and shared environments. We know this from everyday observations and from research studies. The difficulty is in dissecting the relative contribution of nature and nurture." The writing is direct, tight, and carries your voice. Your introductory paragraph in Chapter 8 (p. 123) also strikes the appropriate tone (although the over-arching breadth of the content here might make this paragraph more appropriate for the introductory or conclusion chapters). Contrast these examples with paragraphs like the one on p. 52 where you begin discussing NEAT ("Evidence suggests that as some humans overeat, activation of NEAT may result in passive fat gain. NEAT appears to be a principal mediator of resistance to fat gain when people overeat. Probably genetically driven, NEAT activation, perhaps through behavioral cues, may be a fruitful approach to the prevention of obesity.") This clinical tone and jargon may alienate the reader. The reader is left wondering, what does this information mean, and what do I do with it? As you rework paragraphs like that, remember to think of yourself as the expert guide and interpreter who can explain this information in understandable and useful terms. If the information won't be truly interesting or useful to the reader, then consider omitting it.

This last example leads to another suggestion: **try to minimize your use of qualifiers (i.e., "experts say ...," "some argue ...") because these phrases occasionally diminish your authority and might obscure your point.** Example: Ch. 4, p. 45-46: "Home is also where, some argue, the greatest resistance to childhood obesity could take place" The reader doesn't know whether you agree with this statement and therefore whether he or she should believe it too. If it's your viewpoint, you may wish to omit the qualifier and state it in your voice.

Another example: in a paragraph in Ch. 5, p. 77, you state a key point, yet the reader might not "get it" because it's stated in the passive voice and qualified: "Overriding internal cues to eat or not eat is proposed as a big factor in causing appetite and fullness cues to misfire. During early development of food behaviors, if fullness signals are suppressed, a lifetime of overeating may lie ahead." If your professional experience leads

you to agree with that statement, then you might try to say it more directly and omit “is proposed as.” Perhaps you could rewrite it to say: “Young children’s hunger and fullness cues will misfire if parents serve them large portions and encourage them to ‘clean their plate.’ If they listen to their parents and not their appetites, then these children will override their internal cues to eat or not to eat. A lifetime of overeating may lie ahead.”

I have one final brief suggestion related to writing style and voice that might help you throughout the revision process: **Consider reducing your use of rhetorical questions in the text and in subheadings and chapter headings.** Although the answers to these questions usually are implicit, the rhetorical questions risk leaving the reader hanging. Readers may be uncomfortable with a book that raises more questions than it answers. Instead of, “Is such an all-out campaign too much to expect for the obesity epidemic?” (p. 9), consider saying, “Such an all-out campaign is not too much to expect for the obesity epidemic.” Instead of, “Does having a fat child indicate some defect in the quality of parenting? Or are children *and* parents victims of the toxic environment?” (p. 45), you might try instead: “Children *and* parents are victims of the toxic environment. We should not automatically assume that parents of fat children are defective caregivers.”

In conclusion, I sincerely hope these recommendations have been understandable and helpful. The editorial advice will get more specific as we work together in the coming weeks; this memo seeks to get us started and to keep us focused so we don’t lose sight of the big picture and the main goals. I am eager to hear your reaction to these suggestions (and they are only suggestions; the final plan we work out together is the one that we will follow). Best of luck to you, and I look forward to collaborating with you on this important book!