

Global Public Health: an introduction Spring 2008

Course number: NINT 5250
Instructor: Dr. Lucille B. Pilling
Day and time: Wednesdays 4-5:50pm
Room:
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International Affairs
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Course Description and Objectives

This course provides an introduction to the major concepts and principles that govern the practice of global public health. The course uses a multidisciplinary approach to discuss the main underlying determinants of poor health and the relationship between health and political, social, and economic development. The focus will be on resource-poor countries. Students are introduced to the evolution of modern approaches to the setting of global priorities, the functions and roles of the major institutional players in global health, and the funding of global health programs.

COURSE LEARNING OBJECTIVES

Students who complete this course will be able to:

- Describe the roles of national governments, civil society, and the international community in addressing excessive morbidity and mortality in resource-poor countries
 - Explain higher rates of morbidity and mortality in resource-poor countries
 - Critique how these institutions and their interactions impact a population's access to and utilization of available health services;
- Analyze the influence of gender, race, poverty, history, culture, environment, and different forms of health systems on the health of populations in resource-poor countries
- Apply a multidisciplinary framework for the analysis of global public health issues.

STUDENT GRADING AND ASSESSMENT

Student grades will be based the following:

First case study paper	15%
Final case study paper	35%
Task force presentations (10% each)	30%
Attendance and informed participation	20%

Course Outline and Readings

Unit 1: Historical, political and economic context of global health inequalities

Week 1: Global health inequalities, and overview of course themes and structure

Session 1 Jan 23 Teaching Goals:

- Provide an overview of the current state of health in different regions of the world, with an emphasis on demographic data

- Show and discuss the burden of disease in different regions and different segments of the population.

Required Readings:

Murray CJ, Lopez AD. Mortality by cause for eight regions of the world: Global Burden of Disease Study. *Lancet*. 349(9061):1269-76, 1997.

Sachs JD, Mellinger AD, Gallup JL. The geography of poverty and wealth. *Scientific American*, March 2001.

The Future of the Public's Health in the 21st Century, National Academy of Sciences Press, Washington, D.C., 2003 (www.nap.edu) - Chapter 1: "Assuring America's Health," p. 19-41, and Chapter 2: "Understanding Population Health and It's Determinants," p.46-95.

Optional Readings:

Murray CJ, Lopez AD. Regional patterns of disability-free life expectancy and disability-adjusted life expectancy: Global Burden of Disease Study. *Lancet*. 349(9062):1347-52, 1997.

Murray CJ, Lopez AD. Global mortality, disability, and the contribution of risk factors: Global Burden of Disease Study. *Lancet*. 349(9063):1436-42, 1997.

Murray CJ, Lopez AD. Alternative projections of mortality and disability by cause 1990-2020: Global Burden of Disease Study. *Lancet*. 349(9064):1498-504, 1997 May 24.

Session 2 Jan 30: History of Economic Development and Health, and Perspectives on Globalization

Session 2 Teaching Goals:

- Review the history of economic and political forces that have led to the establishment of low-income vs. high-income countries since World War II.
- Review the history of colonialism and neocolonialism and implications for economic status of low-income countries.
- Introduce theories of dependency and of globalization.

Required Readings:

Wade, N. "In Dusty Archives, a Theory of Affluence," *New York Times*, August 7, 2007.

Millen, J.V., Irwin, A. and Kim, J.Y. (2000). "Introduction: What is Growing? Who is Dying?" in *Dying for Growth: Global Inequality and the Health of the Poor*, Jim Yong Kim, Joyce V. Millen, Alec Irwin, and John Gershman, eds., Monroe, Maine: Common Courage Press, c2000.

Bogdanich, W and Hooker, J. (2007). "From China to Panama, a Trail of Poisoned Medicine," *New York Times*, May 6, 2007.

Kawachi, I. and Wamala, S. (2007). "Globalization and Health: Challenges and Prospects," chapter 1 in *Globalization and Health*, Ichiro Kawachi and Sarah Wamala, eds. Oxford University Press: London, c2007.

Howard Nye, Thomas W. Pogge, Sanjay Reddy, Reply by Benjamin M. Friedman. (2002). "What is Poverty? In response to Globalization: Stiglitz's Case" *New York Review of Books*, 49(18): 1-4, available online at: <http://www.nybooks.com/articles/15827>.

Optional Readings:

Stiglitz J. Chapter 1: The promise of global institutions. In *Globalization and its discontents*; WW Norton & Company 2002. pp. 3-22.

Global Health Watch 2005-2006. An alternative world health report. London:Zed Books, 2005. ("Part A - Health and Globalization" assigned)

Kickbusch I. Tackling the political determinants of global health. *BMJ*, 2005; 331:246-247.

Stiglitz J. Chapter 2: Broken promises. In *Globalization and its discontents*; WW Norton & Company 2002. pp. 23-52.

PovertyNet Home Page, www.worldbank.org/poverty/
World Bank, accessed 9/27/04.

Session 3 Feb. 6: Poverty and Health in the Developing Context

Session 3 Teaching Goals:

- Describe the relationship between health, development and poverty.
- Students will understand relationships between GDP, health expenditure and population health status in low-income countries.
- Discuss different ways of approaching the problem: what are the real causes of morbidity and mortality?

Required Readings:

Weisberg, J. "The Big Idea-The War on African Poverty: Tony Blair's LBJ problem," *Slate*, June 28, 2005, available online at: <http://slate.msn.com/id/2121685/>

World Health Organization. Part One: Making a difference in people's lives. In *World Health Report 1999*, pp. 1-13.

Black, M. "The History of an Idea," in *The No-Nonsense Guide to International Development*. London, New Internationalist, 2004.

Optional Readings:

Caldwell JC. Mortality in relation to economic development. *Bull World Health Organ*. 2003; 81(11):831-2.

Millen JV, Irwin A, Kim JY. Chapter 1, "Introduction: What is Growing, Who is Dying" and Chapter 5, "Theoretical Therapies, Remote Remedies: SAPs and the Political Ecology of Poverty and Health in Africa" by Brooke G. Schoept, Claude Schoept, and Joyce V. Millen in Kim JY, Millen JV, Irwin A, Gershman J. *Dying for Growth: Global Inequality and the Health of the Poor*. Common Courage Press, Monroe, ME, 2000, pp. 3-10.

World Health Organization. Part One: Making a difference in people's lives. In *World Health Report 1999*, pp. 1-13.

Session 4 Feb 13: Task force presentations - Historical, political and economic context

Summative assignment for Unit I:

Regional task forces will present to the class the experience of countries in their region, based on individual country case study analysis of task force members, addressing the issues below. Regional presentations should emphasize what countries in the region have in common, historically, politically,

economically and in terms of major public health challenges, but highlight significant departures from regional norm.

Public Health profile/review of recent indicators of health (from MICS or DHS)
Government structure(s) – pre-colonial period to present day
Economic situation of region – GDP/capital, production and trade, aid profile, international debt profile
Political alliances, membership in bi- and multilateral organizations

See Blackboard for suggested resources and e-links

Unit II: Global hierarchies of power

Session 5 Feb 20: Global hierarchies of power: Race and ethnicity

Session 5 Teaching Goals:

- Comparing and contrast the construct of race and ethnicity from a historical perspective.
- Become familiar with the concept of race and ethnicity as unit of analysis in health as well as a critical aspect of social order and health inequalities.

Required Readings:

Edward E. Telles, "Racial Classification," in *Race in Another America: The Significance of Skin Color in Brazil*, Princeton: Princeton University Press, 2004, pp. 78-106.

Max Weber, "The Origins of Ethnic Groups," in John Hutchinson and Anthony D. Smith, eds., *Ethnicity*, Oxford and New York: Oxford University Press, 1996, pp. 35-39.

Fredrick Barth, "Ethnic Groups and Boundaries," in John Hutchinson and Anthony D. Smith, eds., *Ethnicity*, New York: Oxford University Press, 1996, pp. 75-82.

Gaertner, Samuel L; Dovidio, John F. Understanding and Addressing Contemporary Racism: From Aversive Racism to the Common Ingroup Identity Model. *Journal of Social Issues*. 61(3) 2005, 615-639.

World Conference Against Racism (2001)

Overview: <http://www.un.org/WCAR/e-kit/background1.htm>

Declaration: <http://www.unhchr.ch/pdf/Durban.pdf>

Optional Readings:

Borrell, L. et. al. "Self reported health, perceived racial discrimination, and skin color in African Americans in the CARDIA study," *Social Science and Medicine*, 2006, 63(6):1415-1427.

If "race" is the answer, what is the question? on "race," racism, and health: a social epidemiologist's perspective: <http://raceandgenomics.ssrc.org/Krieger/>

Williams DR. Race, socioeconomic status, and health. The added effects of racism and discrimination. [Review] [54 refs]. *Annals of the New York Academy of Sciences* 1999;896: 173-88.

Farmer, Paul. Chapter 19, *AIDS and Racism: Accusation in the Center*, in *AIDS and Accusation: Haiti and the Geography of Blame*. 1992. University of California Press.

Physicians for Human Rights. Racism, Discrimination, Health and HIV/AIDS.
<http://www.phrusa.org/research/domestic/race/race&health.html>

Dressler W, Oths K, Gravlee C. Race and Ethnicity in Public Health Research: Models to Explain Health Disparities. In *Annual Review of Anthropology* 2005; 34:231-52.

Session 6 Feb 27: Global hierarchies of power: Gender

Session 6 Teaching Goals:

- Focus on gender as a global structure of power.
- Discuss how gender inequalities translate into health disparities using example of BBC Documentary on maternal mortality
- Become familiar with the concept of gender as unit of analysis in public health as well as a critical aspect of social order and health inequalities.

Required Readings:

Judith Lorber and Lisa Jean Moore, *Gender and the Social Construction of Illness*, Walnut Creek, CA: Altamira Press, 2002. Chapter 1 (Gender and the Social Construction of Illness), Chapter 2 (Women Get Sicker, but Men Die Quicker), Chapter 3 (Hierarchies in Health Care), Chapter 6 (Genital Surgeries) and Chapter 8 (Healing Social Bodies in Social Worlds: Feminist Health Care); pp. 1-52, 93-108, 137-150.

Peter Aggleton, "Just a Snip"? A Social History of Male Circumcision, *Reproductive Health Matters* . 2007;15(29):15-21

Holly Wardlow and Jennifer Hirsch (Eds.), *Modern Loves: The Anthropology of Romantic Courtship and Marriage*, Ann Arbor, Michigan: The University of Michigan Press, 2007. Introduction, pp. 1-26.

Manuel Castells, *The Power of Identity*, Oxford: Blackwell Publishers, 2003. Chapter 4: The End of Patriarchalism (but only pages 192-260).

Optional Readings:

UNICEF/WHO/UNFPA Guidelines for Process Indicators
<http://www.cumc.columbia.edu/dept/sph/popfam/amdd/docs/unguidelines.finalversion.pdf>

United Nations Millennium Project, Final Report of Task Force 4. Selections: Intro, xvi-ii; Ch 2 pp 25-32; 42-45; Ch.3 49-51, 71-81; 88-94; Ch 5 131-135.

Barnes-Brown, D. and J. Butler-McPhee (2007). The RAISE Initiative: building RH capacity through collaboration. *Forced Migration Review* 28: 60-61.

McGinn, T. and S. Guy (2007). Comprehensive reproductive health in crises: from vision to reality - *Forced Migration Review* 27: 70-71.

Standing H. Frameworks for understanding gender inequalities and health sector reform. In Sen G, George A, Pirooska O. *Engendering International Health—The Challenge of Equity*. MIT Press, May 2002.

Hanson K. Measuring Up: Gender, Burden of Disease, and Priority Setting. In Sen G, George A, Pirooska O. *Engendering International Health—The Challenge of Equity*. MIT Press, May 2002.

Das Gupta M. Life Course Perspectives on Women's Autonomy and Health Outcomes, *American Anthropologist*, New Series, Vol. 97, No. 3. (Sep., 1995), pp. 481-491.

Session 7 March 5: Global Hierarchies of Power: Sexuality

Session 7 Teaching Goals:

- Focus on sexuality as a global structure of power.
- Discuss the role of sexuality in creating social inequalities and health disparities.
- Become familiar with the concept of sexuality in global public health as unit of analysis, program and research design.

Required Readings:

Dennis Altman, *Global Sex*, Chicago, University of Chicago Press, 2001. Chapter 1 (Introduction), Chapter 7 (The New Commercialization of Sex).

Denise Henis, "Predictors of Sexual Coercion Against Women and Men: A Multilevel, Multinational Study of University Students," *Archives of Sexual Behavior*, 2007, 36 (3): 403-422.

William Parish, Ye Luo, Edward Laumann, Melissa Kew and Zhiyuan Yu, "Unwanted Sexual Activity among Married Women in Urban China," *Journal of Sex Research*, 2007, 44 (2): 158-171.

Deevia Bhana, "Childhood Sexuality and Rights in the Context of HIV/AIDS," *Culture, Health and Sexuality*, 2007, 9 (3): 309-324.

Ellen Mitchell, Carolyn Tucker-Halpern, Eva Muthuuri Kamathi and Shirley Owino, "Social Scripts and Stark Realities: Kenyan Adolescents' Abortion Discourse," *Culture, Health and Sexuality*, 2006, 8 (6): 515-528.

Jonathan Stadler and Sinead Delany, "The 'Healthy Brothel': The Context of Clinical Services for Sex Workers in Hillbrow, South Africa," *Culture, Health and Sexuality*, 2006, 8 (5): 451-464.

Robert Lorway, "Dispelling 'Heterosexual African AIDS' in Namibia: Same-Sex Sexuality in the Township of Katutura," *Culture, Health and Sexuality*, 2006, 8 (5): 435-450.

Session 8 March 12: Task force presentations – Global Hierarchies of power

Summative assignment for Unit II:

Regional task forces will present to the class the social profile of countries in their region as this relates to vulnerability (or protection) of segments of the population to poverty and ill health. Again, the presentations will be based on country case studies of individual task force members, and will highlight regional similarities and differences in social structures.

Dominant and minority religions, ethnic and cultural groups
Minority rights
Gender issues
Economic disparities within region
Social and educational attainment of various segments of population

- First paper due: Historical, political, economic, social and cultural context of public health in case study country

Unit 3: National and global responses to global health challenges

Session 9 March 26: Global institutional players and strategies

Session 9 Teaching Goals:

- Describe the establishment of international institutions, and introduce their roles in policy-making and financing of public health in low-income country, i.e., the United Nations, The World Bank, the IMF, the WHO, bilateral institutions, and other nongovernmental organizations.

- Describe efforts to better coordinate international aid – SWAPs, PRSPs

Required Readings:

“The Challenge of Global Health” by Laurie Garrett. Foreign Affairs, January/February 2007. and response “From ‘Marvelous Momentum’ to Health Care for All: Success is Possible with the Right Programs” by Paul Farmer and Laurie Garrett. Foreign Affairs, March/April 2007.
<http://www.foreignaffairs.org/20070101faessay86103/laurie-garrett/the-challenge-of-global-health.html>.

“Democratizing the International Monetary Fund and the World Bank: Governance and Accountability. By Joseph E. Stiglitz. Governance: An International Journal of Policy, Administration, and Institutions. Vol. 16, No. 1, January 2003 (PP 111-139).

Chapter 13 “Fixing the aid system” in Investing in Development. Millennium Project Report to the UN Secretary-General 2005.

Optional Readings:

Mugisha F, Birungi H, Askew I. Are reproductive health NGOs in Uganda able to engage in health SWAP? International Journal of Health Planning and Management 2005; 20: 227:238.

Basch, PF. Chapter 3: The organization of international health since 1900. In Textbook of international health, 2nd edition; Oxford University Press, 1999. pp 42-72.

How the World Health Organization Works. <http://people.howstuffworks.com/who3.htm>

Session 10 April 2: Challenges countries face in meeting public health objectives:
 Human resources for health; financing national public health programs

Session 10 Teaching Goals:

- Discuss staffing and manpower management, touching on geographic distribution of staff (urban vs. rural), “brain drain”
- Discuss health financing.

Required Readings:

United Nations Millennium Project, Final Report of Task Force 4. Ch. 4, Transforming health systems (pp. 119-end).

Hongoro C, McPake B. How to bridge the gap in human resources for health. 2004 Lancet, Vol. 364, pp. 1451-1456.

Palmer, N et al. Health financing to promote access in low income settings—How much do we know? 2004 Lancet, Vo. 364 pp. 1365-1370.

Optional Readings:

Berman PA. National health accounts in developing countries: appropriate methods and recent applications. Health Economics; 6:11-30.

The Joint Learning Initiative (JLI) Strategy Report: Human Resources for Health Overcoming the Crisis: Executive Summary. The President and Fellows of Harvard College, 2004, pp. 2-10:
<http://www.globalhealthtrust.org/report/executivesummary.pdf>

Sreekanth Chaguturu and Snigdha Vallabhaneni. Aiding and Abetting – Nursing Crises at Home and Abroad. NEJM 2005: 353(17): 1761-1763.

Lincoln C. Chen and Jo Ivey Boufford. Fatal Flaws – Doctors on the Move. Editorial. 2005: NEJM 353(17): 1850-1852.

Mullan F. The Metrics of the Physician Brain Drain. New England Journal of Medicine 2005; 353;1810-1818.

Segall, M. (2003). "District Health Systems in a Neo-liberal World: A review of five key policy areas," International Journal of Health Planning and Management, 18: 5-26.

Session 11 April 9: Health Systems – framework for national response

Session 11 Teaching Goals:

- Describe structure and role of health care systems in low-income countries at local, district, provincial and national level
- Describe the role of the private sector in health care provision

Required Readings:

United Nations Millennium Project, Final Report of Task Force 4. Ch. 4, Transforming health systems (pp. 95-119).

Optional Readings:

Task Force on Health Systems Research. Informed choices in attaining the Millennium Development Goals: Towards an international cooperative agenda in health-systems research. Lancet 2004. 364: 997-1003.

Travis P. Overcoming health-systems constraints to achieve the Millennium Development Goals. Lancet 2004; 364: 900-06.

Basch P. Chapter 12: Inventing the Health Sector. Textbook of International Health. 1999. Oxford University Press: New York. pp. 370-407.

Asha G. Gendered health systems biased against maternal survival in preliminary findings from Koppal, Karnataka, India. Institute of Development Studies September 2005.

Session 12 April 16: The Millennium Development Goals: progress and challenges

Session 12 Teaching Goals:

- Describe the development of the Millennium Development Goals.
- Describe the current status of the MDGs.
- Describe national and global strategies to reach MDGs.

Required Readings:

Sachs J. Investing in Development: A Practical Plan to Achieve the Millennium Development Goals 2005. www.unmillenniumproject.org/reports pp xviii-52 ONLY.

Optional Readings:

Oxfam. The IMF and the Millennium Development Goals: failing to deliver for low income countries. Oxfam Briefing Paper, September 2003. pp. 1-13 ONLY.

Lee K et al. The challenge to improve global health: financing the Millennium Development Goals. June 2004, Journal of the American Medical Association, Vol. 291, No. 21.

Dyer O. Goals to reduce poverty and infant mortality will be missed. British Medical Journal 2005. 331: 593.

Gwatkin DR. How much would poor people gain from faster progress towards the Millennium Development Goals for health? Lancet 2005; 365(9461): 813-7.

Gwatkin DR, A Bhuiya, CG Victora. Making health systems more equitable. Lancet 2004; 364: 1273-1280

Session 13 April 23 : Task force presentations – National and global responses

Summative assignment for Unit II:

Regional task forces will present to the class the experience of countries in their region, addressing the following issues

- Overall structure of health system
- Human resources for health (ratio of physician or nurse to population, skilled attendance at birth, private practice vs. public service)
- Distribution of health resources (urban/rural, underserved areas or sectors)
- Health care financing
- Development Assistance/MDG progress
- % GDP from external sources
- Aid coordination, SWAPs, PRSPs
- Successful practices or policies
- MDG preparedness
- Future priorities

See Blackboard for suggested resources and e-links

- Final paper due: Needs and resources assessment for case study country to address priority public health challenges

CASE STUDY AND TASK FORCE ASSIGNMENTS

Each student enrolled in Introduction to Global Public Health will choose a country to research and represent throughout the course. Students may choose any country, but the assignments will be made on a first come first served basis, by writing to Dr. Pilling. Students will then be grouped by the region or sub-region of the world where their case study is located into Regional Task Forces for group work and oral presentations to the class and faculty. It is expected that there will be five Regional Task Forces composed of 3-4 members, depending on the class size.

The purpose of the Case Study and Task Force assignments is to take the concepts and theories presented in the readings and lectures and relate them to the specifics of a country and a region of the world. Some of the readings may contain ideas and perspectives most pertinent to one region or another of the world. Some of the case study countries may be exceptions to rules we think of as meaningful in global health and economic development. Relating the readings and lectures to the specifics of a particular country's experience keeps the course both honest and specific.

Key dates:

- Jan 23 Students choose case study country and email choice to Course Director, Dr. Pilling
- Jan 30 Students are grouped into Regional Task Forces
- Jan 30 Students research specifics of their case study country
- Feb 6 Task Force meets during class time to discuss upcoming presentation
- Feb 13 Task Force presentations: Historical, political and economic context

- March 5 Task Force meets during class time to discuss upcoming presentation
- March 12 Task Force presentations: Global Hierarchies of power
- March 12 First paper due: Historical, political, economic, social and cultural context of public health in case study country
- April 16 Task Force meets during class time to discuss upcoming Presentations
- April 23 Task Force presentations: National and global responses
- April 23 Final case study paper due: Needs and resources assessment for public health in case study country

First paper assignment: Students present the history, politics, economic development and social profile of their case study country, along the lines of the elements listed below. Rather than simply present a list of facts about their country (although these details are important), the student should attempt to use the political, historical, cultural and social information to inform and explain the country's current public health profile. What in the country's political-economic structure facilitates the proliferation or control of disease and malnutrition? Which groups are particularly vulnerable to ill health and why? The student should show that he/she has reflected on the readings and ideas presented in class in their analysis of the case study country's health situation.

- Public Health profile/review of recent indicators of health (from MICS or DHS)
- Government structure(s) – precolonial period to present day
- Economic situation of region – GDP/capital, production and trade, aid profile, international debt profile
- Political alliances, membership in bi- and multilateral organizations
- Dominant and minority religions, ethnic and cultural groups
- Minority rights
- Gender issues
- Economic disparities within region
- Social and educational attainment of various segments of population
- This paper should be no longer than 6 pages. Dr. Pilling will read, comment on, grade and return the papers, and students may revise the paper and resubmit as part of the final paper assignment. The first paper's grade determines 15% of the course grade.

Final paper assignment: At the end of the semester, students will submit a final paper on their case study country that includes part or all of the first paper (potentially revised as per the professor's comments) either as an integral part of the final paper or as an appendix of background material referred to in the final paper. The final paper is organized as a needs and resources assessment for public health planning for the case study country. Taking into consideration the country's economic resources, public health infrastructure (including human resources), external aid profile, internal and external policy environment, and public health challenges, what are the most important tasks the country should undertake in the coming 10 years? What changes in the national or global level policy environment would facilitate a marked improvement in the public health of the country? The paper will likely consider such issues as the following:

- Overall structure of health system
- Human resources for health (ratio of physician or nurse to population, skilled attendance at birth, private practice vs. public service)
- Distribution of health resources (urban/rural, underserved areas or sectors)
- Health care financing
- Development Assistance/MDG progress
- % GDP from external sources
- Aid coordination, SWAPs, PRSPs
- Successful practices or policies
- MDG preparedness
- Future priorities
- If the student wishes to be creative, he/she may write this from the point of view of a Minister of Health for consideration by a senior decision maker within the country or outside of the country

(perhaps a significant donor?), or from the point of view of an external consultant to the Minister of Health or Ministry of Planning.

This final paper should be no longer than 16 pages (the 6 or so pages of the earlier paper plus another 10 pages maximum). The paper's grade will contribute 35% towards the final grade for the semester.

Task Force presentations: At three points during the semester, students will meet in their Regional Task Force groups during class time and prepare oral presentations of 15-20 minutes for the class. The Regional Task Forces will present to the class the experience of countries in their region, based on individual case study country analysis of Task Force members, addressing the issues of each of the course units (Historical, political and economic context of global health inequalities; Global hierarchies of power; National and global responses to global health challenges). Regional Task Force presentations should emphasize what countries in the region have in common, historically, politically, economically, socio-culturally and in terms of major public health challenges, but also highlight significant departures from regional norms. The challenges facing the countries as they plan for the future, the specifics of their health systems and of the national and global policy environment, may be similar by region. Again, departures from the norm are also of interest and should be highlighted in the Task Force presentations. Students in the course (and faculty if available) will ask questions of the Task Force members following their presentation for approximately 10 minutes.

Each Task Force presentation contributes 10% towards the semester grade, for a total of 30%. In the Professor's experience, the social pressure surrounding an oral presentation encourages students to perform at their best; therefore, it is expected that each Task Force will receive the full 10 points for each oral presentation. Task Forces that perform exceptionally well may earn their members one additional extra credit point.