

Ignatian Ideal of service for others begins with student research

The centrality of the SHC mission: The central component in my Global Health Governance course (POL 377) is an evolving research project that contains three distinct installations, each with its distinct learning objective (as described in the paragraph that follows). On balance, this assignment strengthens students' commitment to social justice and the value of human dignity while forming undergraduates to become responsible leaders in service to others. Treating students as empty vessels suppresses *cura personalis*. Indeed, passive learners are unlikely to develop a taste for leadership in service. In contrast, this research assignment seeks to awaken students to a possibility of a life-long journey of service to others and points towards concrete job opportunities (including numerous jobs in humanitarian organizations that work to alleviate suffering among the underprivileged) to do so. POL 377 was designed by me to satisfy the Integration (SJ) overlay.

Learning goals and assessment: The first learning objective is to show students that public health is not simply a matter of individual choice, the sophistication of modern health care facilities, or the workings of insurance companies, but rather as a matter of human security and solidarity. This substantive learning outcome is measured by how well students internalize and explain the complexities of social and economic determinants, environmental changes, and cross-sectional conflicts that fuel distinct health crises (in particular, the ones that students chose to write about in the first installation of their papers). From the standpoint of the Ignatian pedagogy paradigm, exploring multiple health crises across the world allows for an indirect experience; and selecting a particular health crisis students feel strongly about (ex, obesity among the underprivileged, lack of mental health care infrastructure in certain geographic locales, and neglected tropical diseases in heavily indebted poor countries) fosters a personalized connection to the world.

Secondly, students analyze an important humanitarian organization involved in solving the health crisis which they analyzed in the first installation of this assignment. Generally put, students examine how and to what extent do international humanitarian organizations alleviate human suffering in regard to specific health crises. We are especially interested in the questions of organizational legitimacy, effectiveness, cooperation or competition with similar organizations in the field, sources of funding and operational sustainability, and, ultimately, the ability to succeed in the stated organizational mission. We are also interested in capturing the surrounding organizational landscape. The learning outcome is measured by the accuracy and completeness of student analysis. From the standpoint of the Ignatian pedagogy paradigm, this portion of the assignment increases students' knowledge of the extant health organizations' activities and promotes an in-depth reflection of how, why, and to what extent the demands of justice in the field of health governance are currently fulfilled by these organizations.

Third, a practical ("real-world ready") learning outcome of the assignment is measured by how well students demonstrate their ability to think/act as health advocates and offer credible/workable advice for nongovernmental health organizations. From the standpoint of the Ignatian pedagogy paradigm, this learning outcome is about turning understanding into action, i.e., about developing an ability to formulate advice that is useful for alleviating the suffering of human beings but also acceptable and workable for those organizations that operate in the field. On a side note, I am impressed that at least three (3) of my students who took this assignment in previous years decided to dedicate themselves in service to others and joined humanitarian nonprofit organizations.

Ignatian pedagogy: My individual take on Ignatian pedagogy is that "Jesuit education emphasizes the self-activity of the student and attempts to make him/her the primary agent in the learning situation." ("Reflections on the Educational Principles of the Spiritual Exercises," p. 18). I think this is an important principle to be applied in all upper-division seminars at SHC. On the practical side, it is not enough simply to give students prompts and then expect them to turn in great work written in solitude. To practice Ignatian pedagogy, I give students flexible models on how to conduct effective research without compromising their individual passions and intellectual interests. To this end, I engage students in a series of collaborative workshops during which students conduct initial research, share their research strategies and findings with one another, ask questions, and offer fellow classmates constructive criticism. These workshops precede each of the three installations of the overall research project and provide immediate feedback to all participants.

Evolving project, part 1: Prepare and deliver a short paper that summarizes the available information on the country/health crisis theme that you find most important. For example, if you are interested in HIV/AIDS, you might look at South Africa, India, or Brazil. If you are interested in air pollution, it would be good to examine what is going on in New Delhi and Beijing. I define health crises loosely, you may examine environmental crises, animal-borne diseases, industrial pollution, biothreats, hazardous waste, drug shortages, malnutrition, childhood mortality, maternal health, lifestyle diseases, and inequality, among other pressing issues, including complex humanitarian crises. The purpose is to provide a fact-based paper that a decision-maker with limited time needs to understand the issue and what is at stake.

Evolving project, part 2: This is the second component of your evolving course project. The take-home analysis of domestic and international organizations and other stakeholders involved in dealing w/the crisis which you analyzed in your first paper for the course. The purpose is to learn about the multitude of important health actors, their interests, agendas, values, implementation capacity, and political environments in which they operate. Pick several health institutions for in-depth analysis (e.g., MSF, the Clinton Foundation). You will also consider these organizations as your potential client (this is a bridge to your next paper).

Evolving project, part 3: The final take-home paper is the third and final installation of your course project. The purpose is to compare and evaluate alternatives available to the relevant decision-maker for solving public health challenges. You might wish to influence the decision-makers' policy platform, but remember to remain client-oriented. I encourage you to evaluate the effectiveness of solutions to problems and ponder questions of implementation, as well as ethical concerns. You should draw on material outside of the required course readings. Appropriate citations and footnoting are expected.

Evolving project, final product: The final product is a cumulative paper, and it must incorporate your previous submissions. Your total paper will be a minimum of 14-18 pages long; 12-point font; double spaced; 1" margins. To satisfy the writing requirement designated to this course, your written submissions will be evaluated on the content and quality of your writing, as well as the ability to revise and improve your previous submissions. In essence, this is your final exam.

Format: parts 1, 2, 3 each will be roughly 5 to 6 pages long in text; 12-point font; double spaced; 1" margins. Required resources include professional articles, policy papers, and reports from nongovernmental service and advocacy organizations. My feedback on each installation must be incorporated in the final version of your cumulative course paper. As any research paper, this assignment builds and/or reinforces such vital skills as examining assumptions, posing questions, searching for relevant data, and writing effectively.

☛ PROMPTS for the assignment (shortened)

Instructions to Part 1

The nature of the public health crisis

Dimensions of crisis: a threat to basic values + urgency + uncertainty.

What kind of crisis: sovereign state security, population security, or vital systems security?

Type of event: Potentially catastrophic event, an unavoidable danger, or a potentially manageable?

Site of vulnerability: the state, substate unites, international arena?

Basic information of mortality & prevalence

Demographic characteristics, such as age, sex, race, ethnicity, place of birth, & residence?

Who suffers most: universal, specific groups, or underprivileged and marginalized populations.

Basic characteristics of the crisis in strictly biomedical terms:

Types of disease: previously unknown, neglected, emerging, outbreak generally unusual & unexpected.
The degree & type of exposure, the mode of transmission (disease vector, airborne, contact).
Severity: High/low virulence + high/low transmissibility + absence/presence of effective treatments.
Technical intervention: Is there a cure, vaccine, treatment, vaccine adjuvant? Is it readily available?
Complications: Is the medicine carrying a risk of adverse & life-threatening effects?

What are the determinants of the health crisis under investigation?

Different “environments” may trigger, aggravate or inhibit the scope of the health crisis.
Environmental disturbance, social-economic status, political tensions, health-institutional, “culture”.
Is the crisis more about personal behaviors and choices than the factors outside human control?
Broader living conditions such as structural inequality, poor health infrastructure, the density of population

Implications

What are the possible implications for the health care system?
What are the possible political, social, and economic implications?

Instructions to Part 2

General features of organizational analysis:

- 1/What type of organization are you investigating (ex, philanthropic, research, advocacy etc)
- 2/What is your organization's mandate, mission, values (ex, service, distribution of resources, awareness-raising)
- 3/How is your organization governed? (ex, who are the main stakeholders?)

Involvement in health governance:

- 1/What are the main health challenges you focus on
- 2/Where does your organization do its work primarily? (ex, global, transnational, national, local)
- 3/Describe a concrete campaign or activity with reference to the stated mission and mandate

Assessment:

- 1/Performance/ratings: is your organization effective + provide direct evidence, if any.
- 2/How does your organization fits in a broader organizational landscape? (ex, cooperation, rivalry, complement)
- 3/Prospects for the future (ex, continue current campaigns, terminate activities, change priorities, etc)

Instructions to Part 3

Your main objectives are as follows:

- to give advice to a specific decision-maker (individual, institution, network)
- to advance your client's interests (you are openly client-oriented)
- to tell your client what to do so that your client can act on its mission, values, and agenda
- to tell your client how to intervene in a health crisis and on what terms
- avoid offering a systematic evaluation of alternative solutions from a neutral standpoint
- avoid writing a fantasy document disconnected from reality (politicians can do that for you)
- avoid engaging in an issue-advocacy (no ideology, public good, social justice) unless warranted by your client

Your responsibility is:

- 1/to help your client *accumulate requisite resources*:
 - offer convincing evidence that a problem is tractable
 - risk factors in health should be unambiguous (compare drugs with climate change)
- 2/to help your client *generate attention*:
 - develop a consensual understanding of the crisis (especially among your prospective coalition)
 - overcome a potential contestation around the solution (especially the cultural or social determinants)

- rationales must be urgent otherwise can push it to the next generation of leaders
- evidence of neglect of a target population (weak in power and positive in image)
- ethical imperative: a matter of rights and equity usually offer convincing reasons to act

3/ to help your client *build a winning coalition*:

- bring onboard additional health actors: What do they want? What can you offer?
- the tight core of health care professionals might be never able to expand beyond the health sector
- researchers, advocates, interest groups, community elders, political leaders, IOs, NGOs
- most of the actors from the middle and low-income countries
- issue-framing & appeal to ethos alone will not do the trick

• RUBRIC	(Shortened)	100 points total
Criterion 1:	Clear, concise, insightful, and informative paper	20 to 0 points
Criterion 2:	Empirical and prescriptive richness (data & advice)	20 to 0 points
Criterion 3:	Apply main concepts correctly and consistently	20 to 0 points
Criterion 4:	Finding, vetting, and using professional sources of information	20 to 0 points
Criterion 5:	Style, grammar, and editing	10 to 0 points

Dr. Vlad Kravtsov
10/25/2021