



SciencesPo.

U.S. HEALTH POLITICS

Euro-American Campus, Reims, Spring 2013

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Mondays, 10.15am–12.15pm

Jan 14, 21, 28; Feb 4, 11, 18, 25; Mar 11, 18, 25; Apr 8, 15

Room L02

Health care in the United States is neither cost-efficient nor fair. The American health care system is byzantine, neither private nor public; its performance is mixed, neither appreciated nor unsupported; and its history is complex, neither completely unique nor immediately familiar. A vast industry of reformers, lobbyists and electoral candidates feeds on such paradoxes, at the junction of health, wealth and politics. Some buzzwords of the health care nexus sound fairly serious (“comparative cost-effectiveness”), others less so (“death panels”), and some are just incomprehensible without some background (“socialized medicine”). On the face of it, the baroque ballet of health care struggles is a mess.

The aim of this course is to understand the dynamics at play behind the slogans. To that end, it is designed to introduce the past and present configuration of U.S. health politics. The first component of each session reviews a broad range of political factors that apply to U.S. health care reform in the contemporary period, from political institutions to public opinion. These factors are examined again in the second component of the course sessions through detailed case studies. The course will cover a broad range of topics until it reaches the most recent instance of health care reform, the Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010.

Why study U.S. health politics? Health policy ultimately deals with how we collectively confront pain and death, and the aggregate costs of that operation are often colossal. The political procedure of health care reform is a centrepiece of U.S. presidential mandates, especially in the recent period under Clinton and Obama. There are further aspects to consider: the logics at play in health policy form a worldwide trend and are also observable in other sectors of governmental action; moreover, the impact of scientific research and technological change are nowhere more important than in the health sector. For all these reasons, we have a lot of work ahead of us. Start by reading this syllabus, and welcome to the course.

REQUIREMENTS

No previous knowledge in either health or policy studies is required for taking this course, but curiosity in both of them will be necessary to complete it and make the most out of it.

We will not be able to cover every single aspect of U.S. health politics, but we will cover what I hope is a fair deal of them. At the end of the course, you will be familiar enough with U.S. health politics to discuss past and current reforms confidently. The course also intends to develop more general skills in political strategy and analysis, so some amount of theory and abstract thought is expected from all students.

To get a taste of what the course will focus on, please turn to the following:

Catherine Hoffman, "National Health Insurance—A Brief History of Reform Efforts in the U.S.," Kaiser Family Foundation, 2009.

<http://www.kff.org/healthreform/upload/7871.pdf>

Jonathan Oberlander, "The Politics of Health Reform: Why Do Bad Things Happen To Good Plans?," *Health Affairs*, 2003.

<http://content.healthaffairs.org/content/early/2003/08/27/hlthaff.w3.391/suppl/DC1>

COURSEWORK

The coursework for this course rests on reading academic and policy publications, which will be discussed in the first hour of each session. Students will be required to review articles or book chapters as a 15-minute oral presentation twice in the semester, and then to write a 3,000-word review of the book by the end of the course.

The presentations and final review make up 30% of the final grade each, plus 10% for attendance and participation. Further instructions on coursework will be delivered in class, along with a short reminder on academic ethics. We will also elect a student representative who will be in charge of many serious and time-consuming tasks like representing us at the United Nations General Assembly.

There is a set of instructions for presentations and essays at the very end of this syllabus: read them in full and make sure that you ask any questions in class *way before* any deadline. As with your other classes, *you* are in charge of making sure that you are aware of the full set of instructions and regulations that rule over your course of study.



Seniors and the disabled "will have to stand in front of Obama's 'death panel' so his bureaucrats can decide, based on a subjective judgment of their 'level of productivity in society,' whether they are worthy of health care."

[Sarah Palin](#) on Friday, August 7th, 2009 in a message posted on Facebook

READINGS

The course does not use handbook readings directly and focuses instead on a selection of academic and policy papers. If you find the time to read more than required for the course, though, some classic textbooks for U.S. health politics are:

James A. Morone *et al.*, eds., *Health Politics and Policy*, 4th ed., Delmar Cengage Learning, 2008.

Carol S. Weissert and William G. Weissert, *Governing Health: The Politics of Health Policy*, 3rd ed., Johns Hopkins University Press, 2007.

If you had to read only two books before, after or during the course, as a complement to the compulsory readings, I would recommend those:

Daniel M. Fox, *The Convergence of Science and Governance. Research, Health Policy, and American States*, University of California Press, 2010.

Paul Starr, *Remedy and Reaction. The Peculiar American Struggle over Health Care Reform*, Yale University Press, 2011.

If you are very interested in the topic, you will want to read from the following journals:

Journal of Health Politics, Policy & Law (JHPPL), the journal endorsed by the Health Politics and Policy Section of the American Political Science Association (APSA); volume 36 issue 3 is a special issue on the last reform.

<http://jhppl.dukejournals.org/>

Health Affairs, “a journal read by policy analysts, policy-makers, academics, researchers, and others with an interest in following health policy issues” (Weissert and Weissert, 346).

<http://content.healthaffairs.org/>

And if blogs are your thing, try these:

Health Policy and Reform, an online supplement by *The New England Journal of Medicine*.

<http://healthpolicyandreform.nejm.org/>

The Monkey Cage, a blog by political scientists, with good coverage of health care politics.

<http://themonkeycage.org/blog/category/health-care/>

Note: please refrain from using search engines mindlessly by picking whatever comes up on the front page with a few unoriginal keywords. There is nothing wrong with Google and Wikipedia, but you really want to be learning how to use Google Scholar by now, as well as other services like Pinboard.in to find and keep bookmarks. Your ability to identify sources and establish how reliable they are will feed very deeply into what kind of postgraduate student you will become in a few years.

OUTLINE

All sessions feature some core readings that should be read by all students before class. The most essential session readings are underlined. Presentations feature additional readings for the presenters to cover. Essays can draw on other sources, but should refer principally to those cited here.

Part 1. Introduction

1. HEALTH CARE

Readings:

David M. Cutler *et al.*, “The Determinants of Mortality,” *Journal of Economic Perspectives* 20(3): 97–120, 2006.

Peter A. Muennig and Sherry A. Glied, “What Changes In Survival Rates Tell Us About US Health Care,” *Health Affairs* 29(11): Web First, 2010.

Additional readings (for students with no prior exposure to the topic):

Robert W. Fogel, *The Escape from Hunger and Premature Death, 1700-2100*, Cambridge University Press, 2004, ch. 1–2.

Daniel M. Fox, “The Determinants of Policy for Population Health,” *Health Economics, Policy & Law* 1(4): 395-407, 2006.

2. POLITICAL ECONOMY

Readings:

Katherine Baicker and Amitabh Chandra, “Myths And Misconceptions About U.S. Health Insurance,” *Health Affairs* 27(6): w533–w543, 2008.

Steffie Woolhandler and David U. Himmelstein, “Paying For National Health Insurance—And Not Getting It,” *Health Affairs* 21(4): 88–98.

Presentations:

- **‘Money for Nothing’: Medical Costs.** Katherine Baicker *et al.*, “Saving Money or Just Saving Lives? Improving the Productivity of US Health Care Spending,” *Annual Review of Economics* 4: 33–56, 2012; David Cutler and Dan P. Ly, “The (Paper)Work of Medicine: Understanding International Medical Costs,” *Journal of Economic Perspectives* 25(2): 3–25, 2011.
- **‘Take Out Some Insurance’: Medical Coverage.** Jonathan Gruber, “Covering the Uninsured in the United States,” *Journal of Economic Literature* 46(3): 571–606, 2008; *ibid.*, “Incremental Universalism for the United States: The States Move First?,” *Journal of Economic Perspectives* 22(4): 51–68, 2008; Jonathan Oberlander, “The Politics of Paying for Health Reform: Zombies, Payroll Taxes, and the Holy Grail” *Health Affairs* 27(6): w544-w555, 2008; Andrew Wilper *et al.*, “Health Insurance and Mortality in US Adults,” *American Journal of Public Health* 99(12): 2289–2295, 2009.

3. VIEWS AND VALUES

Readings:

Stuart N. Soroka and Elvin T. Lim, “Issue Definition and the Opinion-Policy Link: Public Preferences and Health Care Spending in the US and UK,” *British Journal of Politics and International Relations* 5(4): 576–593, 2003.

Michael Tesler, “The Spillover of Racialization into Health Care: How President Obama Polarized Public Opinion by Racial Attitudes and Race,” *American Journal of Political Science* 56(3): 690–704, 2012.

Presentations:

- **The People Have Spoken: Public Opinion on Health Care.** Robert J. Blendon and John M. Benson, “Americans’ Views on Health Policy: A Fifty-Year Historical Perspective,” *Health Affairs* 20(2): 33–46, 2001; *ibid.*, “Understanding How Americans View Health Care Reform,” *New England Journal of Medicine* (Health Policy and Reform Supplement), 2009; Robert J. Blendon, John M. Benson and Amanda Brulé, “Understanding Health Care in the 2012 Election,” *New England Journal of Medicine* 367(17): 1658–1661, 2012; Douglas Kriner and Andrew Reeves, “Responsive Partisanship: Public Support for the Clinton and Obama Health Care Plans,” working paper, 2012.
- **Scaring the Crap Out of America: Death Panels!** Daniel J. Hopkins, “The Exaggerated Life of Death Panels: The Limits of Framing Effects in the 2009-2012 Health Care Debate,” working paper, 2012; Brendan Nyhan, “Why the “Death Panel” Myth Wouldn’t Die: Misinformation in the Health Care Reform Debate,” *The Forum* 8(1): a5, 2010 [see also his *Economist* blog post at http://www.economist.com/blogs/democracyinamerica/2010/05/health-care_reform].

Part 2. Players

4. MEDICAL AND MARKET FORCES

Readings:

- Gary Claxton, “How Private Health Care Coverage Works: A Primer,” Kaiser Family Foundation Report, 2008.
- Rosemary A. Stevens, “History and Health Policy in the United States: the Making of a Health Care Industry, 1948–2008,” *Social History of Medicine* 21(3): 461–483, 2008.

Presentations:

- **Physician Power: The Birth of the American Medical Association.** Paul Starr, *The Social Transformation of American Medicine*, Basic Books, 1982 [ch. 1–4, 6].
- **Corporation Power.** Colin Gordon, *Dead on Arrival: The Politics of Health Care in Twentieth-Century America*, Princeton University Press, 2003, ch. 6; Constance A. Nathanson, “Interest Groups and the Reproduction of Inequality,” in James A. Morone and Lawrence R. Jacobs, eds., *Healthy, Wealthy, and Fair: Health Care and the Good Society*, Oxford University Press, 2005,

ch. 6; Jill Quadagno, “Why the United States Has No National Health Insurance: Stakeholder Mobilization against the Welfare State, 1945–1996,” *Journal of Health and Social Behavior* 45 (Special Issue): 25–44, 2004 [her book is *One Nation Uninsured*, Oxford University Press, 2005].

5. WHAT HAPPENS IN WASHINGTON

Readings:

Mark A. Peterson. “Health Reform and the Congressional Graveyard,” in James A. Morone, and Lawrence R. Jacobs, eds., *Healthy, Wealthy, and Fair: Health Care and the Good Society*, Oxford University Press, 2005, ch. 7.

Weissert and Weissert, ch. 1–2.

Presentations:

- **Congressmen With An Agenda.** Frank R. Baumgartner, Bryan D. Jones and Michael C. MacLeod, “It Doesn’t Get Worse Than This. Institutional Dilemmas of Policymaking in Health Care,” unpublished manuscript, 1997; Joseph Godfrey and Bernard Grofman, “Pivotal Voting Theory: the 1993 Clinton Health Care Reform Proposal in the U.S. Congress,” in Matthew Braham and Frank Steffen, eds., *Power, Freedom, and Voting. Essays in Honour of Manfred J. Holler*, 2008, ch. 8; Vincent G. Moscardelli, “Harry Reid and Health Care Reform in the Senate: Transactional Leadership in a Transformational Moment?” *The Forum* 8(1): a2, 2010.
- **Presidents Who (Need) Care.** David Blumenthal and James A. Morone, *The Heart of Power: Health and Politics in the Oval Office*, University of California Press, 2008 [ch. 5, 8, 10–11].

6. STATE-LEVEL POLICIES

Readings:

Scott L. Greer, “The States’ Role under the Patient Protection and Affordable Care Act,” *Journal of Health Politics, Policy & Law* 36(3): 469–473, 2011.

Joseph White, “Three Meanings of Capacity: Why the Federal Government is Most Likely to Lead on Health Insurance Access Issues,” *Journal of Health Politics, Policy & Law* 28(2-3): 217–244, 2003.

Presentations:

- **Case Study: Massachusetts.** Kaiser Family Foundation, “Massachusetts Health Care Reform Plan - An Update,” 2007; Sharon K. Long and Paul B. Masi, “Access And Affordability: An Update On Health Reform In Massachusetts, Fall 2008,” *Health Affairs* 28(4): w578–w587, 2009; Jon Kingsdale, “Implementing Health Care Reform In Massachusetts: Strategic Lessons Learned,” *Health Affairs* 28(4): w588–w594, 2009; Sharon K. Long and Karen Stockley, “Sustaining Health Reform In A Recession: An Update On Massachusetts As Of Fall 2009,” *Health Affairs* 29(6): 1234–1241, 2010; Sharon K. Long, Karen Stockley, and Heather Dahlen, “Massachusetts Health Reforms: Uninsurance Remains Low, Self-Reported Health Status Improves As State Prepares To Tackle Costs”, *Health Affairs* 31(2): 444–451, 2012.

- **Case Study: Oregon.** Daniel M. Fox and Howard M. Leichter, “Rationing Care in Oregon: The New Accountability,” *Health Affairs* 10(2): 7–27, 1991; Lawrence D. Brown, “The National Politics of Oregon’s Rationing,” *Health Affairs* 10(2): 28–51, 1991; Lawrence Jacobs, Theodore Marmor and Jonathan Oberlander, “The Oregon Health Plan and the Political Paradox of Rationing: What Advocates and Critics Have Claimed and What Oregon Did,” *Journal of Health Politics, Policy & Law* 24(1): 161–180, 1999; Jonathan Oberlander, “Health Reform Interrupted: The Unraveling of the Oregon Health Plan,” *Health Affairs* 26(1): w96–w105, 2007.

Part 3. Architecture

7. MEDICARE AND MEDICAID

Readings:

Kaiser Family Foundation, *Medicare: A Primer*, 2010.

Kaiser Family Foundation, *Medicaid: A Primer*, 2010.

Presentations:

- **Medicare: Creation.** Theodore M. Marmor, *The Politics of Medicare*, 2nd ed., Aldine, 2000 [ch. 1–6].
- **Medicare: Survival.** Andrea Louise Campbell and Kimberly Morgan, “Policy Feedbacks and the Medicare Modernization Act of 2003: The Political Ramifications of Policy Change,” APSA paper, 2006 [distributed]; “Special Issue: The Politics of Medicare,” *Journal of Health Politics, Policy & Law* 32(2), 2007 [read all articles but last].

8. HEALTH INEQUALITIES

Readings:

Julia Lynch and Sarah E. Gollust, “Playing Fair: Fairness Beliefs and Health Policy Preferences in the United States,” *Journal of Health Politics, Policy & Law* 35(6): 849–887, 2010.

Nancy Krieger *et al.*, “The Fall and Rise of US Inequities in Premature Mortality: 1960–2002,” *PLoS Medicine* 5(2): e4, 2008.

Presentations:

- **Inequality.** James A. Morone, and Lawrence R. Jacobs, eds., *Healthy, Wealthy, and Fair: Health Care and the Good Society*, Oxford University Press, 2005 [ch. 1–6].
- **Fairness.** Norman Daniels, *Just Health: Meeting Health Needs Fairly*, Cambridge University Press, 2008 [ch. 1–4].

9. REGULATORY ISSUES

This session covers three types of regulatory issues. The first hour will cover tobacco regulation and smoking bans in particular, using comparative data from Europe and the United States (the authors to read on the topic are Paul Cairney, Donley Studlar and Dimiter Toshkov). Presenters will cover two other issues.

Presentations:

- **Regulating Drugs.** Daniel P. Carpenter, *Reputation and Power: Organizational Image and Pharmaceutical Reputation in the FDA*, Princeton University Press, 2010 [ch. 1–3, 6].
- **Waging War on Fat: Tackling Obesity.** Rogan Kersh and James Morone, “How the Personal Becomes Political: Prohibitions, Public Health and Obesity,” *Studies in American Political Development* 16(2): 162–175, 2002; *ibid.*, “Obesity, Courts, and the New Politics of Public Health,” *Journal of Health Politics, Policy & Law* 30(5): 839–868, 2005 [also cover the two articles by Saguy and Riley and Oliver and Lee that follow in that special issue].

Part 4. Reform

10. GET INSURED OR DIE TRYING: ‘HILLARYCARE’

Readings:

Paul Starr, “What Happened to Health Care Reform?” *The American Prospect* (20): 20–31, 1995; *ibid.*, “The Hillarycare Mythology,” *The American Prospect* (October): 12–18, 2007 [read both].

Robert J. Blendon *et al.*, “What Happened to Americans’ Support for the Clinton Plan?,” *Health Affairs* 14(2): 7–23, 1995.

Presentations:

- **Hillarycare: Genesis.** Jacob S. Hacker, *The Road to Nowhere: The Genesis of President Clinton’s Plan for Health Security*, Princeton University Press, 1997 [ch. 1, 4–5]; Hugh Heclo, “The Clinton Health Plan: Historical Perspective,” *Health Affairs* 14(1): 86–98, 1995.
- **Hillarycare: Armageddon.** Theda Skocpol, *Boomerang: Clinton’s Health Security Effort and the Turn against Government in U.S. Politics*, Norton, 1996 [ch. 3–6]; Sven Steinmo and Jon Watts, “It’s the Institutions, Stupid! Why Comprehensive National Health Insurance Always Fails in America,” *Journal of Health Politics, Policy & Law* 20(2): 329–372, 1995 [see also Joseph White’s comment on the article in the same issue].

11. THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Readings:

Kaiser Family Foundation, “Summary of New Health Reform Law,” 2010.

Jonathan Oberlander, “Long Time Coming: Why Health Reform Finally Passed,” *Health Affairs* 29(6): 1112–6, 2010.

Presentations:

- **PPACA: The Story.** Lawrence R. Jacobs and Theda Skocpol, *Health Care Reform and American Politics: What Everyone Needs to Know*, Oxford University Press, 2010 [ch. 1–3]; Washington Post staff, *Landmark*, Public Affairs, 2010 [read at will].

- **PPACA: The Facts.** Lawrence R. Jacobs and Theda Skocpol, *Health Care Reform and American Politics: What Everyone Needs to Know*, Oxford University Press, 2010 [ch. 4–5]; Vicente Navarro, “The Politics of Healthcare Reforms in U.S. Presidential Elections,” *Harvard Health Policy Review* 9(1): 35–42, 2008; Jill Quadagno *et al.*, “Reforming Health Care,” *Boston Review* 30(6), 2005.

Note: to fully qualify as a health care legislation geek, you will need to compare the reconciliation bill passed in March 2010 and the original House health bill from November 2009 with the IBM Many Bills Explorer (or read a forthcoming special issue of the Journal of Health Politics, Policy and Law on “The Supreme Court’s PPACA Decision”). Also search your favourite U.S. politics sources to find blog posts like “The Probability that Health Care Reform Will Be Repealed” (John Sides, The Monkey Cage, 30 August 2010) or essays like “Why the Health Care Challenge is Wrong” (Richard Dworkin, New York Review of Books, 2012).

12. COMPARATIVE PERSPECTIVES

Readings:

Joseph White, “National Case Studies and Cross-National Learning: U.S. Health Care, 1993–2006,” *Journal of Comparative Policy Analysis* 11(3): 401–425, 2009.

American College of Physicians, “Achieving a High Performance Health Care System with Universal Access: What the United States Can Learn from Other Countries [incl. correction],” *Annals of Internal Medicine* 148(1): 55–68, 2008.

Presentations:

- **Comparative Private Practice Medicine.** Paul Dutton, *Differential Diagnoses: A Comparative History of Health Care Problems and Solutions In the United States and France*, Cornell University Press, 2007 [ch. 1, 7–9].
- **Comparative Health System Reform.** Carolyn Tuohy, *Accidental Logics: The Dynamics of Change in the Health Care Arena in the United States, Britain, and Canada*, Oxford University Press, 1999 [ch. 1–4].

Final readings:

Daniel Carpenter, “Is Health Politics Different?” *Annual Review of Political Science* 15: 287–311, 2012.

Aaron Wildavsky, “Doing Better and Feeling Worse: The Political Pathology of Health Policy.” *Daedalus* 106(1): 105–23, 1977.

*Thanks for attending!
Please submit feedback on the course,
and best wishes for the future* □

ORAL PRESENTATIONS

Presentations should last 15 minutes. The only way to respect such a time frame is to rehearse your presentation at least once before giving it to the class. Presentations should follow a simple outline that helps the audience understand your argument.

Assume that the audience knows nothing about the topic, except for the information contained in the session readings. Your presentation should develop an informative and structured argument around a research question that offers an intellectual challenge about the issue under examination.

Your topic is part of a course session, with two other presentations (mine and the other student group's). Identify recurring themes in your sources (the readings), select their most important aspects, and present them in short lists of simple, three-sentence items. Skim other session readings and avoid redundancy.

Your research question (or *problématique*) should identify a puzzle or paradox that emerged from both your readings. The puzzle or paradox should address a generic health policy issue by contextualising it through a case study. Each section of your presentation should provide part of your answer.

Your introduction should introduce the speakers and then briefly state what the issue under scrutiny is, what makes it hard to handle from a knowledge and policy perspective, and how the different sections of your argument aim at answering that research question. Finish your talk by summarising your findings.

Your support material should make your talk accessible. You are encouraged to print a handout for the class: include the title of your presentation as well as your full names and sources, a detailed outline of your argument, and any additional graphs and tables. You might want to use slides along with that.

If you are planning to use slides, remember to bring them on a USB key, make sure that they are readable on a relatively small screen, and simplify them so that they offer the right amount of information for the audience to read as they simultaneously listen to you. My rule of thumb is “3 items, 6 lines” per slide.

The discussion is an important part of your talk (and thus of your grade too). You might use the first five minutes to take a first round of questions, and then answer them selectively. After that, you might open the floor for ten minutes of general discussion. Always give priority to students who have not yet spoken.

When speaking in public, things get more complicated to handle. Make sure that you have simple notes printed in Arial or Helvetica in 14pt instead of long and small-written paragraphs. Use simple sentences in plain English that you can improvise if needed: *never rely on reading your notes.*

□ ***Class rules for all students*** during presentations: keep silent during the talk, and give a brief round of applause at the end. Prepare short questions in advance: if you did not understand a particular part of the argument, or if you have grounds to disagree, ask the presenters for details or additional points.

□ ***Class rules for myself*** during presentations: I will show a sign when you have only three minutes left, and then one minute left, for your talk. During the discussion, I will intervene to add some points of my own. If you later email me your handout and slides, I will send feedback and a tentative grade in return.

□ ***A final note on language.*** This course is entirely taught in English: take it as an opportunity to train yourself in that language. I will *not* grade your accent or your pronunciation. I only take into account the amount of effort that *every* student manifests in order to be fully understandable to the rest of the class.

RESEARCH ESSAYS

Your research essay discusses the readings assigned to one of the course sessions in which you presented. This includes all readings from the session. There is no obligation to add references other than the ones listed in the course syllabus for that specific session, although you should certainly feel free to do so.

The discussion should focus on the scientific approach to your session topic: what is our *knowledge* of the topic, and what *methods* were used in assembling it? Along with the facts, what are the *theories* that structure the topic, and how do they underline the *political* dimension of health care and public health?

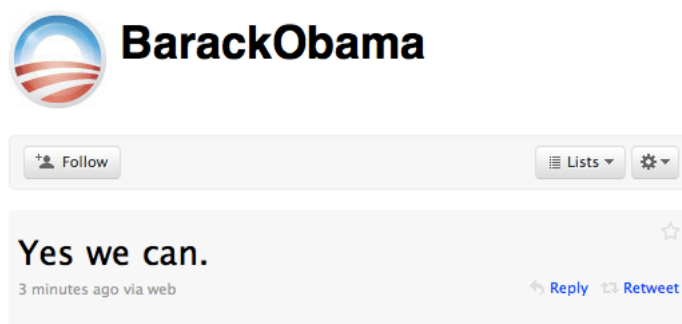
The outline of your essay is entirely left to you: like your presentation, it should be balanced and clear to the reader. You should add a title to your essay, as well as a final paragraph that includes critical thoughts on the topic, as well as on the methodological relevance of the course readings regarding that topic.

Scientific style is impersonal and neutral in tone— a style that you should learn to produce for your own work. Take inspiration from the course readings, which are all written in that format. The spelling, grammar and syntax of your essay should have been checked *at least twice*.

Academic references should appear every time you use material from the readings. Use an inline author-year citation format – “As Starr (1982: 107–9) indicates, ...” – with the full formatted list of references appearing at the end of your essay. Refer to the course readings for examples of academic citation styles.

Official reports from international organizations (e.g. the OECD and the World Health Organization), national agencies (e.g. CBO, CMS, FDA, etc.) and think tanks (e.g. the Commonwealth Fund) should also be acknowledged in the bibliography if you end up citing them.

Finally, please remember that the essay has a word limit of 3,500 words and a submission deadline, both of which are intangible. Please include a word count with your essay, and send it by email as a PDF file named **USHPOL_Your_Full_Name.pdf**. Ask for additional guidance in class if necessary.



Barack Obama's Twitter account on March 22, 2010.