

The EXPRESS Report

The Working Newsletter for Public Health Law Association Members

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Promoting healthy people and healthy communities through dialogue, partnerships, education and research in public health law

President's Column

Since PHLA began in June 2003, the Board of Directors has been working diligently to establish the association's infrastructure. You -- the members of PHLA-- have been very patient with us during this organizational phase, and we are grateful for your continued support and enthusiasm.

Now that the PHLA infrastructure has been launched, we are placing our highest priority on creating value for PHLA members through development of member tools and services.

One member benefit will be this newsletter, which will be issued on a quarterly basis.

In addition, we will notify you of upcoming events by email and through postings on our website at <http://www.phla.info>.



The Board of Directors met in August to define the priorities for the 2004-2005 year. The top priority was to hire an executive director. Susan K. Steeg, former Secretary of PHLA and General Counsel of the Texas Department of Health, was hired to serve as Interim Executive Director during this next year. The Board also formalized its two standing committees. The Products and Services Committee is co-chaired by Dan

O'Brien and Linda Chezem, and the Marketing and Membership Committee is co-chaired by Senator Angela Monson and Cynthia Honssinger.

During its August meeting, the Board had its first strategic planning session since PHLA was incorporated. We brainstormed ideas and prioritized what we should focus on this year. The three areas of our discussions were generally described as Communications, Partnerships, and Research. These are the outcomes identified for this year :

Communications

1. Hold four teleconferences. Subjects include hospital and infection reporting and other topics that are timely and of interest. (PHLA was a co-sponsor with the CDC and the American Bar Association of the Community Public Health Legal Preparedness teleconference held on December 1st.)

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The Center for Public Health Law Partnerships: Providing Public Health Law Resources for Judges and Law Enforcement Personnel

Amy R. Schofield

The Center for Public Health Law Partnerships was launched in October 2003 with a three-year grant from the Public Health Law Program at the Centers for Disease Control and Prevention. Housed at the University of Louisville's Institute for Bioethics, Health Policy, and Law, the Center is one of two CDC Collaborating Centers for Public Health Law.

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The Center's mission is to improve public health law awareness and preparedness among groups that play important, but often unrecognized, roles in public health, such as judges and law enforcement personnel. Despite the fact that both judges and law enforcement personnel actively enforce public health laws and regulations, most members of these groups have received little, if any, formal public health law training. To address this knowledge gap, the Center is developing public health law resource materials and continuing educational programs tailored to the needs of these groups. As its name suggests, the Center utilizes a growing network of partnerships among academic, nonprofit, and professional organizations interested in public health and public health law to ensure its resources and programs are of maximal practicability and appropriately tailored for their target audiences.

In the coming months, the Center will release two significant public health law resources: a public health law bench book for state court judges and a series of roll call training materials for law enforcement personnel.

The first of these resources is a Public Health Law Bench Book for Indiana Courts. Bench books on various subjects are frequently used by judges as legal resources during courtroom proceedings; some judges use bench books to confirm procedural requirements and the wording of orders, while others annotate their bench books to emphasize statutory requirements or incorporate recent legal precedents. The Center's Public Health Law Bench Book is intended to serve as a readily-accessible reference tool for Indiana judges confronted with public health cases. The Indiana Bench Book outlines state public health statutes and regulations and analyzes relevant state and federal caselaw in the following topical areas:

- Jurisdiction over public health issues;
- Governance and functions of health agencies and boards;
- Public health searches and seizures;
- Public health measures limiting individual liberties;
- Operation of courts amid public health threats; and
- Public health law in a state of emergency.

In each of these subject areas, the Bench Book identifies relevant ethical, policy, and logistical considerations, alerting judges to controversies surrounding historical and current application of public health measures. For example, when discussing Indiana's isolation and quarantine laws, the Bench Book urges judges to incorporate specific instructions regarding confinement location, confinement duration, provision of food and medicine, care of dependents, lost income, cost allocation, and enforcement into each of its isolation and quarantine orders. Where applicable, the Indiana Bench Book includes model court orders to assist judges in rendering decisions that appropriately balance protection of the public's health and individual liberties.

The Bench Book also includes informational materials intended to familiarize judges with public health terminology and the field of public health generally. A Public Health Glossary defines core public health concepts (e.g., contact tracing, epidemiology, prevalence, surveillance), as well as medical terms likely to be used in expert testimony or affidavits offered by public health officials. The glossary also provides basic symptomatology of many infectious diseases deemed to be current and emerging public health threats. An Introduction to Public Health briefly describes essential public health functions, the evolution of public health practice in the United States over the last three hundred years, the role of government in public health, and the often-contentious relationship between public health and individual rights.

The Indiana Bench Book is scheduled for
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A Matter of Ethics: Public Health and Justice Preparedness

Linda L. Chezem

Planning and preparedness in the state justice systems must compete for simple things like judicial time and attention. Judges are usually busy with the daily caseload. They have little time to spare. We know that preparation for the unthinkable is not a simple task nor is it a quick or one time event to accomplish.

Perhaps, the articulation of an ethical aspect will help judges place greater importance on judicial engagement in planning. That aspect is best captured by a quote from Robert K. Greenleaf, "The failure (or refusal) of a leader to foresee may be viewed as an ethical failure. " A judicial failure to foresee the need for planning to deal with a public health emergency is a serious threat to the health of the judges' communities and to permit such a failure would fly in the face of the high ethical standards most judges strive to maintain. This is an important ethical consideration for the judges in determining the best use of their time and how they can best accomplish the necessary planning for court management of emergencies.

There are other ethical considerations. Timely performance of judicial duties means that judges must manage time and caseloads carefully. Ethical boundaries for judges include avoiding the appearance of improper influence upon the courts. Judges will avoid planning sessions that include potential witnesses and parties. Judges are wary of being ambushed when they attend non-court conferences and the attendees include possible

Greenleaf, R.K., *Servant Leadership: A Journey in to the Nature of Legitimate Power and Greatness*, Paulist Press, Mahwah New Jersey, 2002 **continued on page 6...**

PHLA Names Interim Executive Director

Susan K. Steeg, an incorporator of PHLA who served as its first Secretary during 2003-2004, began work in late October as the interim executive director. Ms. Steeg retired from the Texas Department of Health where she worked for nearly 20 years, the last 12 years serving as General Counsel. Her work encompassed the broad range of public health issues, including communicable diseases, chronic diseases, local public health, environmental health, preparedness and response, food and drug safety, and regulation of health facilities and professions. She has extensive experience developing public health laws and policies. Ms. Steeg will work with the Board of Directors and the PHLA committees to implement the strategic plan for this year. This includes improving the website, publishing a quarterly newsletter, developing an annual publication, increasing membership and membership participation, and collaborating with other organizations.

Contact: ssteeg@phla.info

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2. Publish a quarterly newsletter.
3. Improve the website. Include speakers' bureau information, power point presentations, "gray" materials, job bank, and a calendar of events.

Partnerships

1. Identify and outreach to partner organizations. PHLA wants to work with other organizations with mutual interests to create synergy on public health law activities.
2. Identify and outreach with international partners. (A subcommittee has been formed in the Marketing and Membership Committee with Judy Munson and Gene Matthews as the co-chairs.)
3. Collaborate with CDC on the Fourth Annual The Public's Health and the Law Conference in June 2005.

Research

1. Create a public health law research agenda in collaboration with stakeholders.
2. Develop materials for practicing attorneys, legislators, and non-attorney public health practitioners.

Please visit our website under "Resources" to review the complete notes from the strategic planning session. If you have other ideas and comments, please send them to board@phla.info.

I want to thank you for being part of this journey to develop an international association committed to advancing the use and understanding of the law to protect and improve the public's health. Your support is important, and I hope you will participate in PHLA activities during the next year.

Featured Partner:

Association of State and Territorial Health Officials

www.astho.org

Patricia I. Elliott

ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy.

The mechanisms by which the states address public health vary greatly. The structure and relationship of state health agencies to their local counterparts range from centralized systems in which local health agencies are "branches" of the state health agency, to decentralized systems in which local health agencies are independent legal entities from the state health agency. The policy areas and accompanying legal authority resident in a state health agency also differ among the states. While there are uniform activities performed by all state public health agencies, such as epidemiological surveillance of infectious and chronic diseases, there are areas of significant variation. Some states have responsibility for health care financing; others have combined environmental regulatory and health agency responsibility; while still others have food safety authority. In accomplishing their work, states must engage with numerous federal agencies that have corresponding authority at the national level.

The variability among federal, state, and local health agencies demonstrates well the tripartite nature of our governmental public health system. Each level of government has a unique and critical role. Given this variability, coordination and information exchange are vital to the operation of public health. Law is a fundamental component of the public health system, and states have identified some key public health law needs:

Understanding jurisdictional issues, particularly in emergency situations. The scope and extent of federal, state, and local authority varies with the nature and subject matter of the situation. In addressing monkey pox and SARS, questions about the reach of federal agencies' jurisdiction and their relationship to state and local authorities came to the fore. Interstate and intrastate jurisdictional issues, such as recognition of medical and other responders' credentials, and the scope of their potential liability, continue to arise. States are also examining the coverage of national and state-specific mutual aid compacts. Currently, a group of Midwestern states are evaluating regional response issues, including those situations in which a state of emergency is not declared, but resources and personnel are shared among jurisdictions.



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Creating forums for peer exchange. Since the critical public health events of the past few years, states have made great strides in advance planning and training activities, including those related to legal preparedness. However, because it is not possible to anticipate every scenario, the goal is also to establish relationships and mechanisms for the rapid exchange of information and resources among the states, locals, and federal government. During and after significant public health events, ASTHO convenes forums for State Health Officials and their staffs to debrief and share experiences with their peers. These peer networking opportunities are critical to building a system that can be relied on for on-going communications, as well as those in times of crisis.

Identifying and addressing emerging public health law issues. Although the U.S. was spared a large number of SARS cases, the episode revived the issues of quarantine and isolation in the national consciousness. These topics will certainly again surface on a large scale in an influenza pandemic. Beyond emergency situations, there are other emerging public health issues with legal implications for the states. One such instance relates to vital statistics records, a function carried out by many state public health agencies. The creation of alternative parental and partner relationships, as well as changing notions of sexual identity, are challenging states to examine their current laws.

Developing public health legal resources. As often acknowledged by ASTHO, no two states are the same. Their legal traditions are uniquely shaped by history, politics, economics, culture, and geography. Model laws, such as the Model State Emergency Health Powers Act and the Model State Public Health Act, are useful tools to assist states in evaluating their current legal authorities, identifying gaps, and providing draft language to use or adapt. Similarly, when one state has developed legal resources such as regulations, emergency orders, or petitions, these are sample resources that can be shared to benefit other states. In this vein, much has been developed regarding preparedness for public health emergencies. Additionally, states also need public health legal resources developed for a range of other critical public health issues, such as the increase in methamphetamine drug production and use.

Organizations like the PHLA represent an opportunity to create a broader public health legal community that encompasses governmental public health, the private sector, and academia. State public health law will greatly benefit from robust debate, research, and technical assistance available from a wider public health legal community.

Patricia I. Elliott, JD, MPH is the Principal Director and Public Health Counsel of ASTHO

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publication in late December 2004. It is the first of several state-specific public health law bench books the Center will produce in the coming years. The Center's strategic plan contemplates the development of detailed, jurisdiction-specific materials in seven pilot states - Arizona, Indiana, Kentucky, Mississippi, New York, Texas, and Wisconsin. The Kentucky Public Health Law Bench Book is currently in progress, and work on the Arizona Bench Book will begin in January 2005. The Center is also working with court administrators and public health law practitioners in other states that are interested in developing similar public health law resources for their courts.

The Center's second major initiative is a series of public health law training materials for law enforcement personnel, entitled "Partnering for Preparedness: Law Enforcement and Public Health Law." Referred to as "roll call training materials" because they are intended for use during the brief roll call sessions held at the beginning of law enforcement shifts, the series is intended to educate law enforcement personnel about their role in public health law. The series comprises approximately ten modules, each of which identifies a topical area in which law enforcement and public health interests interface and then analyzes pertinent public health laws. Exemplary topics include enforcement of isolation and quarantine orders, public health searches and seizures, information sharing in public health emergencies, and evidence preservation during public health emergencies.

The Center plans to pilot the roll-call training materials in several jurisdictions in Spring 2005, tailoring the series to reflect the practices and legal frameworks of each jurisdiction. The training materials will be distributed in electronic PowerPoint format, accompanied by background materials and instructor versions of each module. The Center will employ a "train-the-trainer" approach to achieve widespread implementation of the training series within each jurisdiction, with Center personnel providing ongoing support to roll call training officers as necessary.

Both the public health law bench books and roll call training materials are intended to provide public health law education for some of the many state and local government agents entrusted with enforcing our public health laws. It is the Center's hope that the public health law resources produced for its pilot jurisdictions will spur the development of innovative public health law educational programs elsewhere as well.

All materials discussed herein will be published on the Center's electronic Public Health Law Clearinghouse (www.publichealthlaw.info) as they become available. Amy Schofield can be contacted at arscho03@louisville.edu.

Amy R. Schofield is the Project Director of the Center for Public Health Law Partnerships at the University of Louisville's Institute for Bioethics, Health Policy, and Law.



Building Effective Health Care - Public Health Legal Partnerships

Montrece McNeill Ransom

- Can the public health official really take over my hospital?
- Are we liable for any injury sustained by a medical volunteer during the emergency?
- Can we compel our employees to stay at work or, for that matter, show up?
- Are we exempt from EMTALA requirements during a public health emergency?

Simply put, during a public health emergency or natural disaster, health care providers, like public health agencies, will have many urgent decisions to make and many legal questions regarding their role and responsibilities. And, like public health agencies, health care providers will inevitably turn to their attorneys for advice and counsel on the myriad of legal questions that will arise in such a situation. Public health attorneys across the country, given the nature of their work, have had spend significant time assessing the laws that will affect their clients, including the legal authority under which they can proceed in an emergency. While the practice of health care law has been traditionally transaction-based contracts, mergers and acquisitions, certificate of need work, etc., in the event of an emergency or disaster, health care attorneys will be expected to be able to provide timely and accurate responses to public health legal questions with little or no time for research and consultation. That said, a key point in preparedness planning for public health emergencies and natural disasters is to ensure that attorneys, particularly public health and health care attorneys, have acquired the necessary skills and competencies to be effective partners and allies in the midst of a crisis.

One effort to help address this problem is the collaborative Community Public Health Legal Preparedness Initiative (the Initiative/CPHLPI). Developed by the Centers for Disease Control and Prevention's Public Health Law Program, in partnership with the American Bar Association's Health Law Section, and the Public Health Law Association, this Initiative has as its nexus an educational template whereby local public health attorneys and officials, as well as health care attorneys and providers, can create day-long educational, practice-oriented workshops. These workshops are customized by a local planning committee and provide an opportunity for these integral players to gain a thorough, shared knowledge of the legal roles and responsibilities of public health agencies and health-care organizations during public health emergencies. Workshops have already been conducted in Atlanta, Houston, and Tulsa, with additional workshops being planned in communities, such as Seattle/King County, Albuquerque, Portland, and El Paso. In addition, with support from the American Bar Association's Center for Continuing Legal Education, an informational teleconference was held on December 1, 2004 to inform health care and public health attorneys of the Initiative, its goals, and how

they can organize and conduct a Workshop in their communities. Background information provided for the teleconference can be located by visiting the Public Health Law Association website at www.phla.info. More information on the initiative can be found by accessing:

<http://www.phppo.cdc.gov/od/phlp/prepinitive.asp>.

This Initiative has also served as a catalyst for a new, collaborative relationship with the American Health Lawyers Association (AHLA), the nation's largest, non-partisan, 501(c)(3) educational organization devoted to legal issues in the healthcare field. Recognizing that true legal preparedness cannot occur without coordination between public and private sectors, the AHLA's Public Interest Committee has produced an "Emergency Preparedness, Response, and Recovery Checklist." The checklist is color-coded to follow to the rubrics of the Incident Command Structure as revised by the Joint Commission on Accreditation of Healthcare Organizations in early 2001. While the Incident Command System does not have a specific public health focus, nor a particular legal focus, the AHLA Public Interest Committee followed JCAHO's recommendation for coordination among sectors by inviting the CDC's Public Health Law Program to provide resources and thoughts on the importance of coordination with public health officials and agencies. The checklist, available to be downloaded at no charge, can be found at: www.ahla.org and will likely prove helpful in CPHLPI Workshop planning.

Montrece McNeill Ransom is an Attorney Analyst and Director of the Community Public Health Leadership Initiative in the Public Health Law Program at the Centers for Disease Control and Prevention.

AHRQ is launching a Bioterrorism Preparedness Listserv®.

The Agency for Healthcare Research and Quality will send items of interest to listserv subscribers periodically about the results of AHRQ's bioterrorism preparedness research, planning, and response projects. AHRQ's bioterrorism research portfolio aims to assess and improve the U.S. healthcare system's capacity to respond to possible incidents of bioterrorism. The portfolio focuses on surge capacity, clinical preparedness, training, and the ability of front-line medical staff - including primary care providers, emergency departments, and hospitals - to detect and respond to a bioterrorist threat. The new listserv will feature concise descriptions of new AHRQ reports and tools along with Web links to the products themselves.

Contact:

www.ahrq.gov/browse/bioterbr.htm



New Members

PHLA has doubled its membership since the June 2004 Public Health Law Conference. Welcome to the following new members.

Stephanie Bailey, Metro Government of Nashville
Rod Blake, Regional Municipality of Halton
Jennifer Bard, Texas Tech University School of Law
Debra Bechtel, Catawba County
Rita-Marie Brady, Rollins School of Public Health, Emory University

Ray Cooke, Office of Public Health
Jamie Chriqui, Mayatech Corporation

Patricia Elliott, Association of State and Territorial Health Officials

William Garrard, State of Indiana, Indiana Court of Appeals

Charisse Gates, American University
Ruth Granfors, Kirkpatrick & Lockhart LLP, Harrisburg, PA
Steven Gravely, Troutman Sanders LLP, Atlanta, GA

Richard Hill, Okeechobee County Health Department
Hamdi Hanaa, Center on AIDS, Drug, and Community Health

Anne Janke, Office of Hearings & Appeals, Social Security Administration

Harvey Kaymen, South Carolina Department of Health and Environmental Control

Paula Kocher, Centers for Disease Control and Prevention

Laura Lester, CDC Foundation
Wilfredo Lopez, New York City, Department of Hygiene and Mental Health

Richard Lynch, Office of the Attorney General, State of Connecticut

Jason Manne, Pennsylvania Department of Public Welfare
Ebony McDuffie, Rollins School of Public Health, Emory University

Kelly Moore, Centers for Disease Control and Prevention

Wendy Parmet, Northeastern University
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Helena Rubenstein, Harvard University School of Public Health

Timothy Schuerch, Alaska Native Tribal Health Consortium
Jason Smith, Public Health Advocacy Institute

Donna Weinstein, Office of General Counsel, US Department of Health and Human Services

Anne Windle, Montgomery County Attorney's Office
Amy Winterfeld, National Conference of State Legislatures

Virginia Yrun, University of Arizona

Howard Zucker, US Department of Health and Human Services

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witnesses and parties. That is why they may send administrators and security personnel rather than attend a conference organized by those other than judicial or bar association groups. Planning has to be accomplished in a fashion that does not appear to compromise the judges' independence or integrity. The state judicial educators are critical partners to any effort to judicial education and planning. The judges trust them to provide an appropriate content and style to the sessions.

The combination of law school education and the current knowledge about state laws that govern management of public health emergencies do not facilitate the judges' ability to be prepared. By law school education, the judges and lawyers are conditioned to look to precedents and statutes for legitimization of the judicial decision. However, we have little recent precedent in the fifty states that is applicable to modern medicine and public health knowledge. The state-by-state application of law and case law require that the preparedness activities will have to be designed for each state. The existing case law and statutes of each of the states suggest different strategies in each of the individual states.

A review of the limits and powers provided to the state and local governments by each state's Constitution as well as an analysis of the trial and appellate rules and practices, other sections of the state's code and the existing case law are necessary. . Until this comprehensive process is completed, the courts' responses will be unsure and subject to less defensible criteria. This state-by-state process of review can produce material with which the judges can engage in preparedness work. A bench book produced with such a review is a product that will assist judges in planning for public health and justice emergency preparedness. A well-prepared bench book will allow the judges to respond quickly and accurately in their rulings.

Efforts to prepare the courts to deal with a mass outbreak or terrorist attack with contagious diseases must take into account the strong influences that militate against judicial willingness to engage in planning for such events as well as the practical extent of judicial capability to garner time and resources. As more administrative "bean counting" has forced the judges into a judicial bureaucracy, the judicial independence is at risk. In many states, judges are subject to administrative review as to how they manage their caseload by administrators or supervising judges. The supervision may include requiring permission to attend meetings or participate in any work that involves emergency preparedness. This bureaucracy of the court system stultifies the ability of the judges to think and act with vigor and creativity. For the judges who harbor a spirit of justice in their hearts and who believe that "without health, there can be no justice", there are real conflicts as to how they can do justice. Working with the judicial educators and creating the bench books provides a part of the solution.

Linda L. Chezem is a member of the PHLA Board of Directors. She served as a trial and appellate judge in Indiana for more than twenty years. She chaired her county's Board of Health and is currently working with the Center for Public Health Law Partnerships at the University of Louisville's Institute for Bioethics, Health Policy, and Law. The views expressed in this article are hers alone.



PHLA Member Spotlight: Jamie Chriqui, M.H.S., Ph.D

Interview by Jean O'Connor

Dr. Jamie Chriqui is a Technical Vice President at The MayaTech Corporation and Director of the firm's Center for Health Policy and Legislative Analysis. In this capacity, she provides technical leadership, resource management, and strategic direction to MayaTech's portfolio of public health policy work. Dr. Chriqui earned her Ph.D. in Policy Sciences with a concentration in Health Policy from the University of Maryland Baltimore County, her M.H.S. in Health Policy from Johns Hopkins University School of Hygiene and Public Health, and her B.A. in Political Science from Columbia University. She has published and presented extensively on state-level laws addressing tobacco control and illicit drug policy issues, as well as on methodologies for assessing the comparative extensiveness of state health laws.

What are The MayaTech Corporation and the Center for Health Policy and Legislative Analysis (HPLA)?

The MayaTech Corporation is a diversified professional and technical services company that, among other things, provides legislative research and analysis, applied research and evaluation.. Our offices are located in Silver Spring, Maryland and Atlanta, Georgia. The HPLA Center staff researches and analyzes statutory and administrative public health law, particularly state-based laws. Many of our legislative projects focus on chronic disease issues, with particular emphases in the areas of cancer control, tobacco control, genetics, and substance abuse issues. For example, we are supporting the Centers for Disease Control and Prevention's Office on Smoking and Health in researching and verifying all of the legislative data contained in their State Tobacco Activities Tracking and Evaluation (STATE) system. We also conduct policy-relevant qualitative and quantitative research, including evaluation studies to examine the influence of public policies on community and individual level behavior change.

Can you describe some of the other projects are you working on now?

MayaTech's research portfolio is quite broad. Currently, I direct a study to examine state statutory and administrative laws governing outpatient substance abuse treatment programs. This project is one component of the ImpacTeen Initiative, a large project that is coordinated by the University of Illinois at Chicago and supported by the Robert Wood Johnson Foundation. I also am involved with some projects for the National Cancer Institute that measure the extensiveness of state laws in a variety of cancer and obesity-related topic areas. For these projects, we are using a methodology for collecting and analyzing data on state laws that MayaTech developed a few years ago in conjunction with NCI and its consultants.

How did you become interested in laws that impact public health?

My educational background is in political science and health policy, with a particular emphasis on domestic policy issues. Branching out into the public health law arena from there was a natural extension for me. Prior to joining MayaTech in 1996, I spent six years at the National Institute on Drug Abuse (NIDA) at the National Institutes of Health where I worked in the NIDA's policy office. Public policy, particularly health policy, is my passion.

How does your work in policy analysis impact public health practice?

My professional goal has always been to make a difference. Throughout my career, I have either been employed by or worked with governments at all levels and I am devoted to helping governments improve the public's health and well-being. For some of the projects that I've worked on at MayaTech, I have collaborated with researchers in other disciplines so we can look at the broader social environment, of which policy is one piece. This has allowed me to examine the impact of the environment as a whole on individual- and community-level behaviors and hopefully further an understanding of how people become and stay healthy.

How can PHLA further the connection between policy, law, and research?

I think that the PHLA is an ideal venue for fostering collaborations between research communities and the public health practitioners that work directly with the public. Many public policy and public health researchers like those at MayaTech are examining public health laws from a research perspective and examining their relative impact on community and individual-level behavior change. PHLA can meet an important need by reaching out to these diverse groups to broaden the dialogue, translate research into practice, and help practitioners and researchers make new connections.

Jean O'Connor is a member of the PHLA Board of Directors. She is a Senior Legislative Analyst with the Center for Health Policy and Legislative Analysis at the MayaTech Corporation in Atlanta, Georgia.

PHLA seeks to attract members from across the United States and around the world. Those who make the law, those who execute or administer it, those who practice and study the law, and others who find interest in the law as a means to improve the public's health are encouraged to join PHLA.

Please visit www.phla.info for membership information

Public Health Law Association
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Calendar of Events

December 17, 2004

Call for Abstracts open for APHA Annual Meeting in New Orleans
(November 5-9, 2005)

www.apha.org/meetings/become_a_presenter.htm

February 23-25, 2005

6th Annual Conference on Emerging Issues in Health Care Law 2005,
Orlando, Florida

www.abanet.org/health/02_programs/index.html

June 3-4, 2005

Health Law Teachers Conference, Houston, Texas
www.aslme.org

June 13-15, 2005

4th Annual Partnership Conference "The Public's Health and the Law
in the 21st Century", Atlanta, Georgia

www.aslme.org

July 12-15, 2005

NACCHO-ASTHO 2005 Joint Conference, Boston, Massachusetts
www.astho.org

See www.phla.info for more events

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