

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

December 2005 | Volume 2, No. 3



In This Issue:

President's Column	3
Reports from the Public Health Law Session of the IBA's Annual Meeting: Judith Munson	4
Demetris Vryonides	5
Partner Spotlight: The World Health Organization	6
Member Spotlight	8
Members Update	9
Calendar	10

Join PHLA

Network with other public health practitioners at all levels of government, policy makers, academia, lawyers, and health care professionals who work together to improve the public health through the development of law and policy.

To join, go to <http://www.phla.info>

Advancing the Dialogue on the Intersection of the Public Health's and the Law

Jean C. O'Connor

Summary

This article addresses the need to advance the dialogue about the role of law in public health and proposes a theoretical framework for future analysis of the relationship between public health and the law. The proposed framework moves beyond the restrictive identification of law as solely a tool for promoting the public's health by recognizing the complexity of both disciplines and informs an action-oriented dialogue on teaching, research and practice at the intersection of public health law.

Introduction

The mission of the Public Health Law Association is to promote healthy people and healthy communities through dialogue, partnerships, education, and research in public health law. The fact that there is a critical mass of individuals interested in a peer organization that addresses the intersection of public health and law is a testament to the advances in our common understanding of the conditions that assure health and a statement about the many people in all disciplines who have worked to promote that understanding.

In the United States, the dialogue about how public health and law fit together has been largely limited to two questions: "How does law serve as a tool to promote the public's health?" and "Is administrative law or civil liberties law of greater importance to public health?" These questions are interesting and undoubtedly relevant to all of us. Yet, recent public health events (such as hurricanes Katrina and Rita, the threat of new and deadly avian flu strains, rising rates of obesity, and the increasing social and economic burdens of chronic disease and cancer) indicate that there are many more questions about the intersection of law and public health still to be asked and answered. Recent and on-going public health events also indicate that envisioning the future of the intersection of law and public health requires a wholesale paradigm shift toward an aspirational dialogue that emphasizes common *action* of lawyers, public health professionals, healthcare providers, government employees and advocates to define the appropriate role of law in public health improvement. Toward this end, and with the goal of provoking discussion, I suggest a framework for understanding public health law in such a way that supports new inquiries and that emphasizes opportunities to work together to improve the public's health.

Proposing a New Dimension to the Dialogue— A Framework for Understanding Public Health Law

The first step in moving the public health law dialogue toward action requires wider acceptance by public health professionals of the importance of law and a more specific understanding by lawyers of the goals of public health. So often in public health law, we find ourselves in reductionist or one-upmanship discussion about which profession or theoretical approach takes precedence—law or public health. For example, students who are being trained in both law and public health are asked early to profess their allegiance to one profession or the other, often before they even set foot in a work environment.

continued on page 2...

O'Connor article continued from page 1...

If we are to advance our dialogue about the relationship between law and public health, we must work harder to integrate and recognize the importance of both professions. Public health practitioners often see laws as discrete tools (or barriers) to establish programs to improve or maintain the public's health. They are sometimes fearful of laws and policies because of the perceived conflict between the role of the appointed public official and the political aspects of legislation or judicial decision-making. In a course I teach where the students are experienced public health professionals, many struggle to move beyond rhetoric about activist judges, medical malpractice, and law (and lawyers) as a barrier to their work. Complicating matters further are the many definitions of public health. The Institute of Medicine defines public health as "that which we as a society do to collectively assure the conditions for people to be healthy." Bernard Turncock, in *Public Health: What It Is and How It Works*, cites to other definitions of public health, including public health as: a system or a movement or a social enterprise, professionals who solve certain important health problems, a body of knowledge, the actual health and well-being of the public, or synonymous with human rights endeavors. Yet, despite the difficulty in defining public health or even agreeing who practices public health, most public health professionals are generally concerned with a population-based perspective, an emphasis on prevention or mitigation of particular diseases or conditions, and a commitment to social justice.

Lawyers, on the other hand, tend to see the law as the organizing principle for all aspects of public (and sometimes private) life and thus providing the organizing principles for the practice of any discipline, including public health. Laws are usually defined as either codified social norms or rules enforceable by the state; laws order relationships, respond to events and resolve disputes. Notably, unlike public health professionals, lawyers are not necessarily united by common substantive goals. Instead, they are trained to value an adversarial system of resolving disputes and most focus their professional work on a specific source of law (e.g., constitutional vs. administrative law). As a profession, they are concerned with maintaining the body of laws, protecting due process, practicing ethically, and serving as advocates.

Acknowledging the differences between law and public health—that law is generally about process while public health is about outcomes—is important in understanding how the two fit together. Although in public health law, we often find ourselves trying to convince others of the "natural" fit between the two disciplines, in many ways the two professions could not be more different. Therefore, it seems there is still a need for a better explanation of the intersection of law and public health. I propose a simple framework to understand the intersection of law and public health that accounts for the sometimes incongruous approaches of each profession. The framework requires recognizing the intersection as having two distinct but related dimensions: 1) law as providing the infrastructure and authority for public health practice and 2) law as one source of discrete or systematic public health intervention to improve the public's health.

The idea that law provides, in a very concrete and practical way, the infrastructure for public health is logical. Still, it has not been widely acknowledged in the public health law literature, which often confuses interventions with infrastructure. Recognizing this dimension acknowledges the importance of laws that grant public health practice authority and include statutes that provide the authority for surveillance, quarantine, isolation, and compulsory treatment and vaccination. Examples also include laws that provide for administrative procedure and authority for public health

programs and budgets. And they include constitutional provisions that limit governmental authority by ensuring civil liberties and due process, provisions that have application far beyond public health. Acknowledging this dimension of the intersection highlights the insufficiency of describing law as merely a tool for maintaining the public's health.

The laws that provide the infrastructure for the practice of public health are highly complex. For example, the role law played in Hurricane Katrina and the confusion stemming from the state-federal interactions in responses was critical to, and predictive of, public health outcomes. On the other hand, in most jurisdictions, law provides sufficient infrastructure for public health practice. The future for the partnership between law and public health must not just be about whether public health officials have the power to do things like manage emergencies or order quarantines—it should be about how we do those things. How do we continue criminal justice in the event of a public health emergency? How do international corporations participate in public health solutions? What authorities and partnerships do public health program managers need to most effectively do their jobs? The focus of the dialogue on the legal infrastructure for public health, therefore, should be related to practice and how lawyers and public health practitioners work together in their daily professional lives.

The idea that laws should or could serve as discrete or systematic interventions has been written about extensively.¹ Examples of laws that serve as discrete interventions include: federal statutes that prohibit lead paint, case law that has established liability for cigarette manufacturers, county ordinances requiring fluoridation of water, and licensing regulations that protect the public from unhealthful services or professionals. Similarly, state statutes that address the causes of obesity and overweight, such as zoning or school nutrition, as well as ensuring treatment for obesity, such as a state mandates for insurance coverage of bariatric surgery, are part of a systematic set of interventions to address the causes and effects of obesity and overweight.

The use of law as discrete or systematic intervention has been strongly urged by advocates of public health law. In the article "Law as a Tool for Preventing Chronic Diseases: Expanding the Spectrum of Effective Public Health Strategies" in *Preventing Chronic Disease*,² the authors very astutely call for a greater incorporation of law into models for the prevention of chronic diseases. And, they seem to suggest that the way law should be incorporated into these models should be based on scientific knowledge and should avoid applying the sort of moral panic that sometimes results from research that implicates, without causation, a relationship between certain individual behaviors and poor health outcomes. Yet, little of this work, which requires the cooperation of lawyers, healthcare providers, and biological, social, and environmental scientists, has been done.

Questions for the Future

How does having this framework where law serves as both the infrastructure for public health assurance and as interventions move the dialogue on public health law forward? The proposed framework creates a structure for us to organize the sources of law important to public health and allows us to move beyond law as a tool and beyond the arguments about which type of law is most important to public health practice. The framework also begs some important questions such as: On a jurisdiction-by-jurisdiction basis, which laws and policies that provide the infrastructure for the assurance of public health need refinement? For which public health problems can law be most effectively incorporated into models to reduce the burden of disease and injury? From ethical, political, *continued on page 3...*

O'Connor article continued from page 2...

and scientific perspectives, how should law be incorporated? Are we teaching public health and law students the skills needed to answer these questions, are we researching the answers to these questions, and are we moving our practice towards incorporating the theories and knowledge of the other discipline? Finally, can we move towards action-oriented discussion that focuses on what is in, instead of what is out, in public health law without suffering the over-specialization problems faced by other disciplines?

There will likely be people who disagree with the framework offered here; discourse is exactly what is needed in public health law. For example, CDC recently published a Draft Health Protection Research Guide that “will serve as a blueprint” for CDC research areas. One of those cross-cutting research areas is public health law and while it is significant that law made the research guide, there is clearly much more work for all of us in the public health law community to do to inform the discussion on the future of the work being done at the intersection of law and public health. PHLA, among other sources, provides an opportunity for each of us to engage in that discussion.

¹ See, for example, Goodman RA, Rothstein MA, Hoffman RE, Lopez W, and Matthews GM (eds). *Law in Public Health Practice*. Oxford University Press, 2003.

² Mensah GA, Goodman RA, Zaza S, Moulton AD, Kocher PL, Dietz WH, et al. Law as a tool for preventing chronic diseases: expanding the spectrum of effective public health strategies [Part 2]. *Prev Chronic Dis* [serial online] 2004 Apr [2 Dec 2005]. Available from: URL: http://www.cdc.gov/pcd/issues/2004/apr/04_0009.htm.

Jean C. O'Connor, JD, MPH is a Senior Legislative Analyst with the Center for Health Policy and Legislative Analysis at The MayaTech Corporation and an Adjunct Assistant Professor in the Department of Health Policy and Management at Emory University's Rollins School of Public Health in Atlanta, Georgia. She may be contacted at joconnor@phla.info.

Editor's Note

It has been my pleasure to serve as the Interim Executive Director and Editor of this newsletter during the past year. What I found most satisfying was meeting so many of you. The richness of the membership is its diversity. Although lawyers are in the majority, there are also physicians, nurses, academicians, and researchers. PHLA has members in the public and private sectors. There are students who are just beginning their careers in public health law, and there are those, like myself, who can attest that public health law provided a career full of challenges, opportunities, and rewards. I wish each of you a new year that is healthy and happy.

Susan K. Steeg, JD was an incorporator of PHLA and has served as its Interim Executive Director in 2005. She retired as the General Counsel of the Texas Department of Health in 2004 and practices law in Austin, Texas. She may be contacted at susan.steeg@earthlink.net.

President's Column



Lori H. Spencer



Dear Colleague:

The Board of Directors of PHLA has been engaged actively in planning for both the near and longer term future of the Association. PHLA's “year” is measured by the time between annual meetings, so, at this time, our new year is well under way. The plans for PHLA's year 2005-2006 include sponsoring several high quality teleconferences, continuing to produce our newsletter, actively participating in the planning and execution of the annual public health law conference, sponsoring another student poster competition and identifying candidates to receive our annual awards. This “year” for the first time we will also prepare a comprehensive “year in review” presentation to launch the annual public health law conference and we envision producing a companion piece—whether electronic or hard copy—to serve as an enduring reference.

The Association is also engaged in developing a plan for the long-term financial sustainability of PHLA. We are being helped greatly in this undertaking by the financial support of the Milbank Memorial Fund and personal leadership and guidance from Daniel M. Fox who heads the Fund. We expect to have major components of our plan identified by early in 2006.

All in all, PHLA's year is off to a good start. As for the calendar new year, which arrives in just a few days, on behalf of the Board of Directors, I offer you warmest wishes.

The Health Lawyer, the premier publication of the American Bar Association's Health Law Section, is looking for original articles on interesting topics in public health law, such as avian flu, bioterrorism, and other subjects. This is a great opportunity to raise awareness about issues involving public health and the law and to contribute to this exciting and growing field. Articles are typically 2,000 to 2,500 words long and analyze current trends, legislation or subject areas. Please contact either Marla Durben Hirsch, Esq., Editor, *The Health Lawyer* at 301-2996155, or C. Elizabeth O'Keefe, Esq., 781-402-9000 x4070, Editorial Board, Public Health and Policy. If you are interested in learning more about this publication, suggesting ideas, or contributing an article please visit http://www.abanet.org/health/03_publications/01_health_lawyer.html.

The International Legal Community Gets a Strong Dose of Public Health Law

Judith W. Munson

The very first public health law briefing for the international legal community took place on September 28, 2005 in Prague, the capital city of the Czech Republic. The occasion was the largest annual meeting in the history of the International Bar Association (IBA)¹ with approximately 4200 lawyers from 126 countries in attendance. The three-hour session, sponsored by the IBA Medicine and Law Committee, was entitled “Anthrax, SARS, and Bioweaponry: Is Globalisation Bad for Your Health?” and featured five speakers, each the acknowledged expert on their topic.² It was my pleasure to co-moderate this session with Demetris Vryonides,³ the Vice-Chair of the IBA Committee on Medicine and Law.



Judy Munson introducing the speakers at the Breakfast Event. 1 to r: Dr. Michael Vit, David Byrne, and Gene Matthews

The speakers were:

- **David Byrne**, WHO Special Envoy on the Revision of the International Health Regulations and former EU Commissioner of Health and Consumer Protection
- **Zsuzsanna Jakab**, Director, the Centre for Disease Prevention and Control of the European Union
- **Rutzel Martha**, General Counsel, Interpol
- **James G. Young, MD**, Special Advisor to the Minister, Public Safety and Emergency Preparedness for the Government of Canada
- **Gene Matthews**, Director, Institute of Public Health Law of the CDC Foundation and former Chief Legal Advisor, U.S. Centers for Disease Control and Prevention

The session was enhanced by a special breakfast event immediately preceding the session. Hosted by the City of Chicago’s Prague Sister Cities Committee in honor of the speakers, it was especially pertinent and relevant because the IBA Annual Meeting will be held in Chicago in 2006. The breakfast guests were public health professionals and attorneys—some in public health, some in law enforcement—from Prague and Brno, as well as IBA members



Presentation of gift from Cyprus to speaker Young at Breakfast Event. 1 to r: Demetris Vryonides, Domenic Crolla, and James G. Young, MD

from Chicago. The official welcome on behalf of the City of Prague to the speakers was made by Dr. Michael Vit, the Chief Public Health Officer for the Czech Republic.

The session itself was well attended and received significant press attention. The *IBA Daily News* for Wednesday, September 28, 2005 did a feature story on David Byrne and his presentation.⁴ The *Prague Post* interview of our own Gene Matthews was entitled “Planning for New Disease Threats” and was published on October 5, 2005.⁵

Overall, this public health law session generated a great deal of excitement on the international platform provided by the International Bar Association and has energized the future direction of the IBA Medicine and Law Committee. Stay tuned.

¹ See the International Bar Association website at <http://www.ibanet.org/>

² For a full description of the substantive presentations at the session, see accompanying article by Demetris Vryonides entitled, “Public Health & Law—A Marriage of Convenience?”

³ Demetris Vryonides, is an attorney in Nicosia, Cyprus. He read for the law in the United Kingdom and received his MPH from Harvard University.

⁴ David Byrne, featured on page 10 of the *IBA Daily News*, Wednesday, September 28, 2005 can still be accessed on the Internet at <http://www.ibanet.org/images/downloads/prague/Wednesday.pdf>.

⁵ <http://www.praguepost.com/P03/2005/Art/1006/busi6/php>.

Judith W. Munson, JD, is the Co-Chair of the International Task Force of PHLA. She may be contacted at jwmunson@ameritech.net.



Dr. Michael Vit, Chief Public Health Officer For the Czech Republic, and David Byrne, Former WHO Special Envoy

Public Health & Law – A Marriage of Convenience?

Demetris Vryonides

When I first began to study public health with four other lawyers at the Harvard School of Public Health, we kept looking at each other in classes wondering what in the world we were doing there with 120 or so doctors, scientists and public health practitioners. They spoke a technical language about prevalence of disease we did not easily understand. Eight years later, the importance of bringing legal and public health professionals to speak a common language in our quest to find solutions for the health threats of the 21st century has become close to a career goal.

With rapid advances in science, globalisation, and emerging epidemics, the legal and public health professions are coming together as never before. The inherent affinity—and tension between the two realms is serving to highlight important problems not only on a theoretical level but in the real world as well.

But while the limelight may be new, the relationship between law and public health is not. In many countries around the world the earliest laws that we see in the statute books relate inextricably to public health. Law often defines the role of the state and the derogations that need to be made in the interest of the general health of populations. The lawyer as a social policy animal is increasingly being seen as a tool for stewardship of health systems at a time when creative solutions need to be articulated to face growing public health threats.

Public health is skewed towards introducing measures on behalf of the collective good, while the law provides it with boundaries to protect people's rights and autonomy. Whether it is SARS, avian influenza, or, in recent years, the threat of a global Ebola outbreak or mass attacks of bioterror involving smallpox, anthrax or other pathogens, epidemics cause fear and discomfort to all societies around the world. As societies come to terms with reaching balanced solutions to public health problems, frictions can be seen around the limits of quarantine as a tool against infectious disease, but similar frictions can be seen with the reporting laws for HIV or vaccination mandates.

Recently this balance was the topic of a working session conducted under the auspices of the International Bar Association's Committee on Medicine and Law. The session entitled "Anthrax, SARS and Bioweaponry: Is globalisation bad for your health?" sought to illustrate the vital role of the legal profession in protecting individual citizens and societies from emerging infectious diseases and bioterrorism. The session highlighted the important role of law as a traditional public health tool in a world where globalisation facilitates the rapid spread of disease and bioweapons across borders. The role of law, as a public health tool, operates at different levels with varied degrees of effectiveness.

At the global level, the World Health Organisation's (WHO) International Health Regulations (IHRs) have been revised to ensure maximum security against the international spread of diseases with a minimum interference of world traffic. To present the significant contribution to public health of the revised regulations was the first EU Commissioner on Health & Consumer Protection, Mr. David Byrne. He indicated that fear is created because "diseases such as SARS and avian influenza could be transported across borders more rapidly than ever before." Byrne pointed out that "the regulations

contain a degree of pooled sovereignty" and that by giving a little during the consensus building process, societies actually get a lot.

Byrne explained that IHRs provide a code of conduct for notifying and responding to public health events. This means that their success depends in part on the capacity of member countries to track diseases and act quickly to contain them. Under the revised regulations, countries commit to improve their ability to close ports, airports and land borders and to monitor transport in the event of an outbreak. However, Byrne warned that the ability of countries to comply with requirements to detect, assess and notify the international community about disease depends in part on funding.

Alongside the WHO, the European Centre for Disease Prevention and Control (ECDC), which recently became operational in Sweden, provides a continent wide system of disease surveillance and early warning. The ECDC seeks to protect Europe from infectious diseases such as influenza, HIV/AIDS and SARS by identifying, assessing and communicating current and emerging threats to human health. To present the significant contribution of ECDC to Europe's ability to detect and warn about emerging health threats was the newly appointed Director from Hungary, Ms. Zsuzsanna Jakab, who pointed out that "people must accept some interference in their lives when public health is at stake." Jakab outlined how ECDC is working around the clock to ensure at every level that Europe is being adequately protected from epidemics and emerging health threats. She highlighted the importance of building capacity in each EU Member State to control and prevent diseases, while fostering adequate inter-state cooperation.

Detection and repression of bioweapons is key to ensure the safety of societies and individual citizens from a bioterror attack. Yet in many countries, criminal justice systems are constrained by inadequate legal frameworks to prevent the production and transport of biological weapons across frontiers. INTERPOL through its new bioterrorism programme and in collaboration with a wide range of international and national bodies is helping to build capacity amongst the law enforcement community to counter the threat of bioterrorism. To present the significant contribution of INTERPOL was its legal counsel Mr. Rutsel Martha who outlined the goals of the new capacity building programme that seeks to unlock knowledge and experience between national law enforcement agencies on tackling threats of bioterrorism.

Many public health authorities at country level have recognised the important role of law in health promotion and prevention. The U.S. Centres for Disease Control and Prevention through its Public Health Law Program seeks to build legal preparedness for mass attacks of bioterror involving smallpox, anthrax or other pathogens or other public health emergencies. SARS caused a public health crisis everywhere, but the city of Toronto saw probably the most developed and extensive effort to contain the disease—an effort that showed how critical legal preparedness is for the successful management of a communicable disease outbreak.

To present two unique national perspectives were the former Chief General Counsel of CDC (U.S.A.) and a ministerial adviser on public safety issues involved in the management of the SARS crisis in *continued on page 7...*

A New Era in Public Health Law: the Role of WHO

Geneviève Pinet

We are entering a new era marked by unprecedented attention on public health law as a mechanism for global health co-operation.

The year 2005 is a historical landmark with two achievements that will strengthen global health governance: the adoption of the revised International Health Regulations (IHR) by the World Health Assembly and the coming into force of the WHO Framework Convention on Tobacco Control (FCTC).

These initiatives require not only the consolidation of the public health law system at global level but also the advocacy and tools for developing a stronger public health law infrastructure in countries, many of which still have insufficient legislative infrastructure and limited resources to develop it.

The fundamental role of national health legislation is reflected in the WHO Constitution, requiring each Member State to “communicate promptly to the Organization important laws, regulations... pertaining to health which have been published in the State concerned.”

Under its constitutional responsibility, WHO has operated a vigorous Health Legislation programme for more than 50 years, with 3 main goals:

- **Ensure global information transfer** through the *International Digest of Health Legislation (IDHL) / Recueil international de Législation sanitaire (R.I.L.S.)*. The *Digest/Recueil*, published since 1948 and now accessible as an online database (<http://www.who.int/idhl>), analyses and translates each year some 1000 texts of national, regional and international legislation collected from national official Gazettes. All countries can benefit from this accumulation of health related knowledge and compare their own progress with that of others. Governments are kept abreast of best practices and WHO programmes of national and global trends.
- **Cooperate with countries in the formulation of new or revised legislation.** Several countries regularly enter into more focused and direct technical co-operation and request assistance in the formulation of their legislation. This country specific work is performed in nearly a quarter of Member States every year and involves the WHO Regional and Country Offices.
- **Develop Model health legislation.** The formulation of guidelines and good practice models offers the needed flexibility to choose a legal strategy appropriate to countries' needs and circumstances. Recent examples of such tools include: the Model Communicable Diseases Act and Model

Tuberculosis Regulations; the Legislative Framework for National Blood Transfusion Policy; the WHO Resource Book on Mental Health, Human Rights and Legislation; the Model Electromagnetic Fields (EMF) Law and Regulations; and the Model Public Health Act to Advance the Millennium Development Goals.

Public health law is at its most significant when implemented at the most local level, where it has a real impact on the health and livelihood of all people, and the poor in particular. We know that rules can save lives but we need to work at it in a sustainable way. We need the ability and political will to withstand adverse pressure. This means: political will and clear commitment by governments; the provision of resources (financial and technical); mechanisms to ensure accountability; and the constructive use of partnerships.

For instance, the significance of the new IHR will only be realized when the Regulations are in place and being observed and implemented. Their fundamental approach is that the best way to prevent the international spread of diseases (including those extending beyond the traditional scope of diseases caused by infectious agents only) is by detecting and containing them at the local level.

Equally, the success of the FCTC will depend on the energy and political commitment devoted to implementing it in countries. Hence the challenge is to translate the Treaty into national law and practice. To this end, an introductory guide to tobacco control legislation has been prepared by WHO.

Thus, the global response to threats to health provided by national and international public health law enters a new phase, a phase of implementation. WHO wishes to forge new partnerships and innovative alliances in public health law, convinced that a more participatory approach, integrating a variety of actors, is essential if we are to confront the challenges of the tasks of public health law.

WHO has a significant role to play in the development of national and international health legislation, showing how law can be creatively used to protect and promote health. Two main trends merit our attention:

- the increasing internationalization of health law as a result of increased movements of persons and goods due to the globalization process, and
- the emergence of new ethical and legal issues as direct consequences of progress in medical sciences and technology.

With a view to stimulating positive action as part of the process of advancing the Millennium Development Goals (MDGs), WHO is launching a major project to prepare “a *continued on page 7...*”

Pinet article continued from page 6...

Model Public Health Act.” This is intended as a reference tool for Member States to bring their laws up-to-date with current thinking in public health. Rather than proposing specific statutory provisions for uniform adoption by countries, the project aims at presenting a detailed analysis of the wide range of legally related public health topics that a comprehensive legal system should address, along with recommendations and exemplary responses to these issues. The project is being developed in partnership with the Center for Law and the Public’s Health, a WHO/PAHO Collaborating Center based at Georgetown and Johns Hopkins Universities.

Geneviève Pinet is the Chief, Health Legislation in the Department of Ethics, Trade, Human Rights, and Health Law, Sustainable Development and Healthy Environments, of the World Health Organization. She can be contacted at pinetg@who.int.

Vryonides article continued from page 5...

Toronto. Gene Matthews, currently a board member of the Public Health Law Association, pointed to the importance in a flat world of promoting public-private partnerships with an active role for the business community as a catalyst for change in the public health area. Dr. James Young highlighted the experience of Toronto in managing a major disease outbreak and the modalities that need to be used for effective containment.

This session aimed to bring the relationship between law and public health back into the limelight at a time when the world is being threatened with a pandemic. It did so by showing the unique role of law in bringing about unprecedented change in the public health field. It ended as it began—with collegiality—as the lawyers told the non-lawyers how it is and the non-lawyers explaining to the lawyers how it’s going to be.

Demetris Vryonides, LL.M., MPH, is the Vice-Chair of the Committee on Medicine and Law of the International Bar Association. He is an Advocate in Nicosia, Cyprus and can be contacted at vrydem@yahoo.co.uk.

Teleconference News

On November 17th, PHLA and the International Health Law Committee of the American Bar Association’s International Law Section cosponsored a teleconference titled “International Health Regulations: What the Global Business Community Needs to Know.” The panel included the following international experts:

- David Byrne, Senior Counsel, Wilmer Cutler Pickering Hale and Dorr LLP; Former Special Envoy to the Director-General of the World Health Organization (WHO) on the revision of the International Health Regulations, Brussels
- Martin Cetron, M.D., Director, Division of Global Migration and Quarantine (DGMQ), U.S. Centers for Disease Control and Prevention (CDC), Atlanta
- Christopher L. Hagenbush, Senior Counsel, The Coca-Cola Company, Atlanta
- Linda R. Horton, Partner, Hogan & Hartson L.L.P., Brussels and Washington DC
- Jonathan Todres, Moderator, Chair, International Health Law Committee, American Bar Association’s Section on International Law.

The transcript of the teleconference and related materials are available at www.phla.info.

Contact PHLA

Web: <http://www.phla.info>
Email: membership@phla.info

Call for Student Abstracts

The Public Health Law Association will again sponsor a student poster session June 12-14, 2006 during *The Public’s Health and the Law in the 21st Century: Fifth Annual Partnership Conference*. The inaugural poster session held last summer was well-received. The Call for Student Abstracts is available at www.phla.info and contains the eligibility and submission information as well as abstracts and posters from the 2005 session. The deadline for submission is March 1, 2006. Please contact Jean O’Connor at joconnor@phla.info for further information.

Newsletter Contributions Wanted

PHLA publishes a quarterly newsletter and seeks contributors to submit articles on public health law issues and news items on events that are of interest. For further information, contact editor@phla.info.

Membership Spotlight: Joan Miles



Interview by Kyle Kingsley



Joan Miles has followed a unique path to her current public health leadership role. A former Montana legislator, Montana Supreme Court clerk, and, for the past eleven years, director for a local public health department, Ms. Miles was appointed in September 2005, as the Director for the Montana Department of Public Health and Human Services by Governor Brian Schweitzer. As Director, she oversees a diverse range of activities

among eleven major department divisions, nearly three thousand employees, and a budget exceeding one billion dollars. She is a frequent speaker for local and state organizations, received numerous public health awards and recognitions, and published several articles in policy journals. Ms. Miles received her J.D. degree from the University of the Pacific McGeorge School of Law, her Master's degree in Environmental Studies from the University of Montana, and her Bachelor's degree in Medical Technology from the State University of New York (Albany).

Q: A lawyer and former legislator managing the state Public Health Department is quite rare. What advantages do you believe your law degree and legislative experience give you?

A: For the eleven years that I was a local public health officer, I was definitely the only health officer in the state with a legal background. And I am certainly the first director of the state agency with both public health and legal expertise, and this is something I find incredibly valuable on a daily basis. Our department is the largest in Montana, comprising a fourth of state government. Not only am I responsible for all public health activities, but all human service programs (such as public assistance, adult and child protective services, TANF, disability services), as well as mental health, Medicaid, and institutions. It would be easy for me to get overwhelmed, but I feel that my background has allowed me to step into this position with strong fundamentals, a very broad array of skills, and a methodical approach to problem solving. My legal training helps me sort through and prioritize issues, and then focus on those that are most important. My legislative experience is also incredibly beneficial. Besides serving as a legislator for four years, I have continued to be a very active proponent at the Legislature for strong public health policies. This level of involvement in legislative activities wasn't always by choice, but since I was the local public health officer working in the capital city, I was the logical one to work with the Legislature when public health issues were being considered! My knowledge of the process, the key players, and the issues that have been most important the past few years will be critically important in my new role as Department Director. The challenges facing public health and human services are very complex, but I'm hoping my background gives me a strong opportunity for success in this position.

Q: You have quite a diverse background. Before obtaining your law degree you served a number of years in the Montana legislature in addition to having degrees in medical technology and environmental studies. What convinced you to pursue the law and then enter public health?

A: I seem to be a person that has always wanted to continue learning and find a career that is both challenging and satisfying. The appointment to the position of Director of the Department of Public Health and Human Services feels like a perfect fit. The route I took to get to this position has been long and interesting. I have always had a passion for issues affecting us as individuals, particularly with respect to health and welfare and felt that one of my strengths as a legislator was being able to articulate and advocate for strong public policies. My frustration, however, was when legislators who were attorneys would raise legal arguments and successfully complicate the issues for the rest of us. When we moved to Sacramento for 4 years for a position my husband accepted in 1988, I gave up my seat in the Legislature and decided to pursue a law degree with the intention that if I ever successfully ran for the Legislature again, I wanted to be able to understand and handle the legal arguments. When we returned to Montana, I clerked at the Montana Supreme Court for two years, and just when I was considering what kind of law I wanted to practice, the position of county health officer opened up. I decided this was a great opportunity for me to utilize my environmental and public health background, as well as my legal training and legislative experience. And fortunately for me, the local board of health decided this was a good combination of skills and hired me. Eleven years later, I was honored to be recognized for my accomplishments on the local level and to have the Governor place his faith in me by selecting me as a Cabinet member.

Q: What initiatives are you currently focusing on as Director for the Public Health Department?

A: Montana is involved in a number of public health initiatives that are particularly exciting for me since I will be able to draw on my legal and legislative background to help advance these public policy priorities. These include a modernization of our public health statutes, tobacco prevention, and strengthening our public health infrastructure in the state. Montana is among several states that have undertaken an initiative to review and assess public health laws and regulations. The events of September 11, 2001 as well as threats of new and emerging disease outbreaks have provided the impetus to insure that there is a clear delineation of basic authorities and responsibilities entrusted to our public health system and that our statutes support policies and plans aimed at individual and community health and safety efforts. Our goal is to have public health statute modernization be a major legislative priority when our Legislature next convenes in 2007. Tobacco prevention is also a significant priority for the Executive Branch and public health. Montana recently made great strides in becoming the 8th state to become smoke free, assessing the highest tobacco tax in the Western US, and funding a comprehensive prevention program. With significant resources, the tobacco prevention program now has the opportunity to demonstrate its value. We are also proud of the fact that statewide emergency preparedness capacity doubled in Montana between 2002 and 2004. We are continuing to build this capacity by utilizing preparedness resources to embrace essential public health standards at both the state and

continued on page 9...

Kingsley article continued from page 8...

local level and to test our response capabilities. This is an exciting time for me to come into this agency. We have strong support from our Governor to strengthen our public health system in Montana, and since I have worked on many of these initiatives at the local level, I'm looking forward to applying my experience to help advance these statewide efforts.

Q: In the past you were involved with PHLA's annual conference. What other activities keep you connected to the public health law community?

A: Truthfully, I haven't been involved in enough activities with PHLA! That's something I hope to change. To date, my participation has been limited to the annual conferences, some specific issue-oriented teleconferences, and networking with the folks I've met through PHLA. I'm also an avid reader of the newsletters so I can keep up with what's going on in the public health law field. There is no question that the annual public health law conference is the most valuable conference I attend. I always learn so much and find that the information is timely and applicable to my work. For the past several years I have been co-teaching a public health law and policy course at Montana's annual summer public health training institute with faculty from the University of Washington. The information acquired at the annual conferences has allowed me to improve the syllabus every year and to more fully develop pertinent topics.

Q: Since you successfully transitioned among several different careers, what advice for a successful public health career do you have for students and early careerists?

A: It's a great field—and a timely one—to pursue. So much is happening and the PHLA is bringing a lot of attention to the importance of the law and policies affecting the public's health. I'm probably a good example of the variety of options that exist in the field. There are opportunities to practice law in the traditional sense, or to utilize one's legal training and competencies in other positions affecting public policy such as the position I now hold. For anyone contemplating a career in public health law, I'd recommend reading Lawrence Gostin's *Public Health Law*. It will get you hooked on this fascinating area of the law. I'd also encourage joining PHLA and attending the annual conferences. This is absolutely the best way to get involved with the public health law community and to find out what opportunities might exist.

Kyle Kingsley, J.D., M.H.A. is a student member of the PHLA. He currently is a candidate for a Master of Laws degree at the Institute for Health Law at Loyola University-Chicago. Kyle can be contacted at kakamack@hotmail.com.

Visit us online at
www.phla.info.

New Members



Kevin Bates, Academy for Educational Development, Alexandria, VA
Micah Berman, Tobacco Public Policy Center, Capital U. Law School, Columbus, OH
Walter Carfora, St. Petersburg, FL
Denise Chrysler, Michigan Department of Community Health, Lansing, MI
Brooke Courtney, U. of Maryland School of Law, Glen Burnie, MD
Jane Drummond, Dept. of Health and Senior Services, Jefferson City, MO
James G. Hodge, Jr., Johns Hopkins Bloomberg School of Public Health, Baltimore, MD
Kyle Kingsley, Chicago, IL
George Locklier, Alabama Department of Public Health, Montgomery, AL
Judith Maloney, Bethlehem Health Bureau, Bethlehem, PA
David Ritter, Atlanta, GA
Susan Rowe, Monroe County State Health Center, Stroudsburg, PA
Janet Lansky Shipman, Memphis/Shelby County Health Department, Memphis, TN
Barbara Stader, Allentown Health Bureau, Allentown, PA
Stephen K. Trynosky, State University of New York at Buffalo, Buffalo, NY

Renewing Members

Stephanie Bailey, Director, Metro Public Health Department, Nashville, TN
Jennifer S. Bard, Texas Tech University School of Law, Lubbock, TX
John P. Barkley, North Carolina Department of Justice, Raleigh, NC
Debra N. Bechtel, Catawba County Attorney, Newton, NC
Rod Blake, Geneva, Switzerland
Patricia I. Elliott, Association of State and Territorial Health Officials, Washington, DC
Priscilla B. Fox, Massachusetts Dept. of Public Health, Montpelier, VT
Charisse Gates, American University Washington College of Law, N. Bethesda, MD
Kristine M. Gebbie, Columbia University School of Nursing, New York, NY
Lawrence Gostin, Georgetown University, Washington, DC
Anne E. Janke, Social Security Administration Office of Hearings and Appeals, Minneapolis, MN
Gerald J. Jogerst, University of Iowa College of Medicine, Iowa City, IA
Rodney M. Johnson, Florida Department of Health, Pensacola, FL
Michelle Larkin, Robert Wood Johnson Foundation, Princeton, NJ
Jason W. Manne, Pennsylvania Department of Public Welfare, Pittsburgh, PA
Gene W. Matthews, Public Health Law Institute, Atlanta, GA
Wendy E. Parmet, Northeastern University School of Law, Boston, MA
Robert Pestronk, Health Officer, Genesee County Health Department, Grand Blanc, MI
Peggy Riley, University of Kentucky, Lexington, KY
Lori H. Spencer, Smith Moore LLP, Atlanta, GA
Susan K. Steeg, Austin, TX
Frances M. Veverka, Delaware Health District, Delaware, OH
Donna M. Weinstein, U.S. Department of Health and Human Services Region V, Chicago, IL
Amy P. Winterfeld, National Conference of State Legislatures, Denver, CO

Board of Directors

Lori H. Spencer, JD
President
Smith Moore LLP*

Daniel O'Brien, JD
President-Elect
Maryland Office of the Attorney General*

Jane Speakman, BScN, LLB
Treasurer
City of Toronto Legal Services*

Cynthia Honssinger, JD
Colorado Attorney General's Office*

Linda L. Chezem, JD
Co-Chair, Products & Services Comm.
National Institute on Alcohol
Abuse and Alcoholism
Center for Public Health Law Partnerships*

Lawrence O. Gostin, JD, LLD
Center for Law and the Public's Health
Georgetown and Johns Hopkins Universities

Gene Matthews, JD
Co-Chair, Member and Affiliate Services Comm.
Co-Chair, International Task Force
Institute of Public Health Law*

Angela Monson, MPA
Senator, State of Oklahoma*

Anne M. Murphy, JD
Co-Chair, Member and Affiliate Services Comm.
Illinois Office of the Attorney General*

Jean O'Connor, JD, MPH
MayaTech Corporation*

Wendy E. Parmet, JD
Co-Chair, Products Comm.
Northeastern University School of Law*

Martin P. Wasserman MD, JD
GlaxoSmithKline*

Susan K. Steeg, JD
Interim Executive Director
Editor, PHLA Reporter

Jill D. Moore, JD, MPH
Associate Editor, PHLA Reporter
UNC School of Government*

Socrates H. Tuch, JD, MA
Associate Editor, PHLA Reporter
Ohio Department of Health*

*Organization affiliations used for identification purposes only.

Calendar of Events



December 19, 2005

APHA begins to accept abstracts for its 2006 Annual Meeting
<http://www.apha.org>

January 13, 2006

Deadline for submission of abstracts to the Canadian Public Health Association Annual Conference
<http://www.cpha.ca>

March 1, 2006

Deadline for submission of Student Abstracts to PHLA for The Public's Health and the Law in the 21st Century: Fifth Annual Partnership Conference
<http://www.phla.info>

May 28-31, 2006

Canadian Public Health Association's 97th Annual Conference, "What Determines the Public's Health?" Vancouver, BC
<http://www.cpha.ca>

June 1, 2006

Health Law Teachers Conference, Baltimore, MD
<http://www.aslme.org>

June 12-14, 2006

5th Annual Public Health Law Conference, Atlanta, GA

June 26-28, 2006

American Health Lawyers Association Annual Meeting, Philadelphia, PA
<http://healthlawyers.org>

July 26-28, 2006

NACCHO Annual Meeting, San Antonio, TX
<http://www.naccho.org>

September 12-15, 2005

ASTHO Annual Meeting, Atlanta, GA
<http://www.astho.org>

November 4-8, 2006

American Public Health Association's 134th Meeting, Public Health and Human Rights, Boston, MA
<http://www.apha.org>



P.O. Box 133122
Atlanta, GA 30333
USA
www.phla.info