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Public Health Law Teaching In Law Schools

Edward P. Richards

Introduction

This essay deals with public health law as practiced by public health agencies, and the broader topic of understanding the legal relationships between government agencies and individuals. As governmental agencies, public health departments are governed by the same administrative law principles as other government agencies. This must be the starting point for teaching and understanding public health law.

A Brief History of Public Health Law

Public health law was a vital practice area with an active bar and strong scholarship from the colonial period through the 1950s. Starting in the late 1800s, there were many manuals for health officers, which combined basic public health practice with public health law information. These were essential tools in the sanitary revolution that nearly tripled the US urban life expectancy from its level in 1850. However, as polio, the last of the great public health diseases, was controlled with the then new Salk vaccine in the late 1950s, the interest in public health and public health law diminished. As has been well documented elsewhere, both public and academic interest in science and policy shifted to chronic diseases and personal medical care.

I began my work in public health law in the late 1970s, while still in law school. My scientific training prior to law school had included many of the core areas of public health. The catalyst for my interest in public health law was my wife's work at the time, running one of the country's largest sexually transmitted infections programs. In 1979 there were only a handful of legal academics interested in public health law, and these were senior scholars whose work had begun decades earlier during the great campaigns to control tuberculosis and improve sanitation. The major public health book was Tobey's Public Health Law, which was last revised in 1947. (Republished at: <http://biotech.law.lsu.edu/cphl/history/books/tobey/tobey.htm>) The only public health law related topic that was being discussed was tort liability for vaccines in the aftermath of the Swine Flu immunization campaign.

When AIDS was discovered and its epidemiology was worked out in the early 1980s, public health and public health law were suddenly important academic and public topics. The high rates of AIDS in the male gay community, and its clear association with high frequency sexual activity in the gay bathhouses, attracted the attention of civil rights lawyers and legal academics. These professors and advocates saw public health law as individual liberties law, using the same approaches as had been used in the deinstitutionalization movement in mental health law in the 1970s and in the civil rights movement of the 1950s and 1960s. AIDS became the paradigm for public health law and public health and safety issues were subsumed in concerns about individual privacy. Law reviews filled with articles dealing with AIDS and HIV, mostly from a civil rights perspective, and legal publishers rushed out AIDS law books and teaching materials.

Until recently, this view of public health law as individual liberties law, derived from the AIDS experience, has dominated the academic discourse on public health law. As a public *continued on page 2...*

Richards article continued from page 1...

health law teacher and advisor to public health policy makers, I found this approach profoundly limiting. First, without regard to one's views on HIV control strategies, an individual liberties approach to public health law has little to tell us about core public health areas such as sanitation, environmental health, animal control, and nuisance abatement. Second, it undermines public support for proven disease control measures such as mandatory childhood immunizations. Most importantly, moving to a system biased in favor of weak agencies and broad judicial review increases the costs in dollars and personnel to do routine public health enforcement. This agency cost, borne by under funded agencies, weakens the public health infrastructure.

Public Health as Administrative Law

As I studied and wrote on public health law, I realized that it was a special case of the larger body of administrative law. While most law students and lawyers think of administrative law as just being rule making and adjudications under the Administrative Procedure Act, this is just a small part of administrative law. One of the most profound changes in the U.S. legal system in the past 75 years is the development of the administrative state and the supporting United States Supreme Court decisions establishing the power of agencies. Paralleling the growth of state and federal government that began with the New Deal and World War II, administrative law is broad set of principles governing the relationship between agencies and the people. While the Court recognizes that agencies must respect the due process and equal protection rights of individuals and corporations, it also recognizes that the government has broad powers to limit these individual rights as necessary to protect the public health and safety.

Administrative law is a particularly appropriate starting point for public health law because public health agencies were among the first administrative agencies in the United States. The colonies used their police powers to abate nuisances, impose quarantines, and generally protect the public health and welfare as it was understood in that period. It was this exercise of the police powers, as described by counsel in the classic Supreme Court case of *Smith v. Turner*, 48 U.S. 283, 340-41 (1849), that the founders had in mind when they left the police powers to the states in the Constitution. On the federal side, one of the first major acts of the new Congress was to establish the public health service and a system of quarantine stations. Many of the key constitutional cases establishing administrative law deal with public health and safety, and these are the underpinnings of areas such as environmental law.

Administrative law reviews the organization of government, the separation of powers and the delegation of legislative authority, and the political control of agencies. In particular, through key cases such as *Mathews v. Eldridge*, 424 U.S. 319 (1976), students are introduced to the critical role of agencies in balancing individual rights against the cost of due process, and the impact of increasing due process rights on the ability of governmental programs to provide critical public services. These concepts have profound effects on public health practice. Students also learn about judicial deference to agencies and why the courts discourage the routine review of agency actions. This is in specific contrast with the civil liberties approach to public health law, which advocates extensive judicial review of government actions.

Post-9/11, public health law has become emergency preparedness and bioterrorism law, with SARS adding the spice of possible massive quarantines for an emerging communicable disease. This poses new conflicts for public health agencies as they face pressures to rewrite

public health laws to deal with bioterrorism, while at the same time expanding individual liberties protections. Many of the proposed and enacted emergency powers laws are not well grounded in administrative law principles and can be expected to lead to protracted litigation and liability for health agencies if they are ever used in a major public health emergency (http://biotech.law.lsu.edu/blaw/bt/MSEH-PA_review.htm). As more pressure is put on public health agencies to become part of Homeland Security and cooperate with law enforcement, it is critical that public health lawyers understand the United States Supreme Court's principles for administrative agencies if they are to protect the basic character of public health practice.

An Alternative Approach

Making public health law teaching in law schools more relevant to public health law practice requires new public health law teaching materials and educating law professors about the broad reach of public health law. The starting point is teaching students and public health professionals about the basic principles of administrative law. The Public Health Law Association and the CDC's Public Health Law Program can play an important role in this education process. An example is the Administrative Law short course at the 2004 CDC Public Health Law meetings. The PHLA's new poster session for law students at the annual public health law meetings is a good example of a strategy to involve law students in the larger public health world.

Public health law practitioners must also speak up and help law teachers and students understand that the core work of public health is state and local government law that involves much more than individual liberties law. Students need opportunities to work in state and local health departments so they will see public health law in action and appreciate that government has an important role in protecting the health of the community and of individuals. For example, something as simple as spending a few days working with animal control can show a student the complexity of the public health mission and how important these usually invisible activities are to maintaining the public's health.

Resources

The Program in Law, Science, and Public Health at Louisiana State University Law Center, is involved in a long term project to develop public health law practice and teaching materials that emphasize state and local public health law practice. This effort grows out of my own work, started more than 10 years ago, to develop free, publicly accessible public health law materials. The inspiration for this project was the public software movement and the potential of the Internet to make information widely available at little cost. The Medical and Public Health Law Site, started in 1995, (<http://biotech.law.lsu.edu/>) is now the oldest and largest public health law library on the Internet.

Over the next 2 years the Program will greatly expand this library and will add law school teaching materials on public health law as administrative law to the existing course materials on health care business and tort law. The objective is to allow law professors and other teachers of public health law to have free materials available that they can use in their classes without worrying about copyright violations. The public health law practice materials for public health lawyers will be expanded to include practice guides as well as core public health cases.

Edward P. Richards, JD, MPH is the Director of the Program in Law, Science, and Public Health and the Harvey A. Peltier Professor of Law at the Paul M. Hebert Law Center at Louisiana State University.

Partner Spotlight



National Association of County and City Health Officials (www.naccho.org)

Donna L. Brown, JD, MPH
Government Affairs Counsel

The National Association of County and City Health Officials (NACCHO – pronounced with a long “a” sound to distinguish it from an unhealthy snack food) is the national non-profit organization representing local public health agencies. NACCHO’s mission statement drives all of its work and is worth quoting verbatim: NACCHO works to support efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems.

The history of NACCHO dates back to the 1960s, with the formation of the National Association of County Health Officials (NACHO), an independent affiliate of the National Association of Counties. As the U.S. federal, state, and local public health systems continued to expand, NACHO combined with the U.S. Conference of Local Health Officers, an organization then representing health officers of cities that was affiliated with the United States Conference of Mayors, to form the National Association of County and City Health Officials (NACCHO) in 1994. This unified organization more closely represents all local governmental public health agencies, including counties, cities, city/counties, districts, and townships. In 2001, NACCHO expanded its scope to include Tribal public health agencies serving Tribal communities on reservation lands. Today, active membership in NACCHO continues to grow and comprises about 1,200 local public health agencies, serving more than 75 percent of the U.S. population.

Public health law is an area that is both old and new to local public health departments. Local health directors are long accustomed to addressing the issues associated with the enforcement of local ordinances concerning such matters as restaurant sanitation and solid waste disposal. Common lore – wholly undocumented – is that more health directors have lost their jobs over septic system regulation than any other issue.

In the post 9/11 world, legal issues relating to the containment of infectious disease and emergency preparedness have become vastly important at the local level. Many health departments have been examining anew their responsibilities and authorities with respect to such issues as mass dispensing of pharmaceuticals and isolation and quarantine. They have also been developing multiple new relationships with other local entities engaged as first
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President's Column



Anne Murphy

Dear Colleague:



Many of us are gathering this month in Atlanta for the CDC’s 4th Annual Partnership Conference: “The Public’s Health and the Law in the 21st Century”. As I am confident is the case for many of you, this conference has become one of the highlights of my year—the quality of the programming is superb, and the opportunities for national and international networking are unprecedented.

For all of us involved with PHLA, this year’s conference not only serves as a forum for PHLA meetings and business, but also reflects PHLA’s growth and development as an association. PHLA has assumed responsibility for implementing the Public Health Emergency Legal Preparedness track within the conference, and is sponsoring a student poster session, a reception and awards presentation on Tuesday evening, and the keynote address by David Byrne (Special Envoy on the Revision of International Health Regulations for the World Health Organization). Indeed, this conference serves as an annual benchmark for PHLA—the very idea of the association emerged from the first annual conference in 2002.

Over the past year, we have retained an Executive Director and expanded the PHLA’s infrastructure. A strategic plan has been developed and is being implemented. We have dramatically expanded our international presence and focus. A membership newsletter has been developed, and our highly successful educational teleconference series has continued. We have created a visible presence for PHLA in the philanthropic community. Over the upcoming year, the PHLA Board hopes to bring you an expanded website, legal guidelines and resources, and expanded educational programming.

At the annual PHLA Membership Meeting to be conducted at 12:30 p.m. in Atlanta on June 13, I will hand over to my successor the reins as President of PHLA. It has been an extraordinary year. I offer my heartfelt thanks to the other PHLA Officers, the Board of Directors, and our Executive Director Susan Steeg. I acknowledge the support and assistance of the CDC, NACCHO, ASTHO, APHA, AHLA, Milbank Memorial Fund and GlaxoSmithKline. These organizations have been generous in supporting PHLA.

We thank each of you for your continued support of PHLA, and look forward to seeing you in Atlanta.

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 Susan Steeg at ssteeg@phla.info.



New Members

Sarah Gareau, Arnold School of Public Health
Michael Kyne, Region of Peel, Canada
Michelle Lewis, Weill Medical College of Cornell University
Elizabeth O'Keeffe, Brinkley Walser, Lexington, North Carolina
Mona Peterson Rosow, Halleland Lewis Nilan & Johnson, PA,
Minneapolis, Minnesota
Mimi Singh, Region of Peel, Canada
Demetris Vryonides, Nicosia, Cyprus
Wendi Wright, Chicago Department of Public Health

Renewing Members

Robert Eadie, Metro Public Health Department, Nashville, Tennessee
Gene Matthews, Public Health Law Institute
Judith Munson, Chicago, Illinois
Daniel O'Brien, Maryland Department of Health and Mental Hygiene
Lori Spencer, Smith Moore LLP, Atlanta, Georgia

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responders, including police, fire, emergency management, and hospitals. Local preparedness planning requires an examination and clear collective understanding of the legal, as well as the functional, roles of each partner in emergency response.

A great need that the Public Health Law Association addresses is bridging gaps of professional language and culture between the disciplines of public health and law. Many health department personnel are anxious to find ways to help the attorneys who serve them, most of whom have responsibilities to multiple county or city agencies, understand more about public health practice. Conversely, they can benefit from a deeper understanding of the sources and limits of their exercise of public health legal powers.

The 2004 shortage of influenza vaccine provided some highly useful information about the uses of public health powers at the local level. A number of states issued orders prohibiting administration of flu vaccine to persons not in CDC-designated high priority groups. Some localities that enjoy a similar power also issued such orders. The local experience was that, regardless of the complexity, or even impossibility, of ever actually enforcing such an order, its very existence altered the behavior of medical care providers and the public. Moreover, this exercise of authority was regarded positively by the private medical care sector, because it helped them deflect the dissatisfaction of patients not in priority categories. In these instances, the law, whether it was state or local, was an effective tool not because it necessarily would have been practicable to take many enforcement actions. Rather, the existence of the legal power helped health departments and medical care providers to collaborate in an extraordinarily trying episode.

NACCHO's work is oriented exclusively toward the objective of helping local public health departments do their jobs more effectively and adapt to evolving roles and responsibilities. Needless to say, in an era where the nation's public health sector is being asked to do more with less, the challenges are great. It is incumbent on all organizations that serve public health to help public health practitioners learn efficiently what they need to know and to communicate innovations and best practices that will help them avoid "reinventing the wheel." We commend the Public Health Law Association as a sound investment.

Contact PHLA

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2005 Award Winners Announced

The "Awards for Excellence in Public Health Law" will be presented by PHLA at an evening reception on June 14, 2005, during the Public Health Law Conference in Atlanta, Georgia.

Frank P. Grad, Professor Emeritus of Legislation at Columbia Law School, is the recipient of the Distinguished Career Award. This award recognizes an individual whose career was devoted to using law to improve the public's health. Professor Grad's efforts in public health law have spanned nearly 50 years. He participated in the development of the New York City Health Code which has become a standard for modern health law. He is the author of *The Public Health Law Manual*, now in its third edition, a classic authority on public health law.

The Honorable Mike Huckabee, Governor of Arkansas, is the recipient of the 2005 Achievement in Public Health Law Award. This award recognizes an outstanding achievement in the use of law as a means to promote healthy people and healthy communities. Governor Huckabee launched the Healthy Arkansas initiative that includes a project to promote health behavioral changes related to weight management and smoking cessation. His leadership is a model for the development, use, and application of law as a means to promote healthy people and communities.

Membership Spotlight: Ross Silverman, JD, MPH



Interview by Jean O'Connor

Ross Silverman is an Associate Professor and the Director of the Program in Health Policy in the Department of Medical Humanities at Southern Illinois University (S.I.U.) School of Medicine. He also holds an appointment in the S.I.U. School of Law. In August 2005, Professor Silverman will present the Domestic Profile on Population and Public Health Law Administration and Legislation for the United States at the First World Conference on Public Health Law & Ethics in Seoul, South Korea. Professor Silverman earned his B.A. with Honors in History from Indiana University and his J.D. and M.P.H. from Boston University. His scholarship has examined the legal, bioethical, and policy of the fields of public health, bioterrorism, patient safety, medical licensure, and eHealth and he has published in numerous peer-reviewed articles. Professor Silverman has served the state of Illinois on advisory committees concerning public health, patient safety, sC.H.I.P. outreach, and access to care. He is serving his second term as a member of the A.P.H.A. Governing Council and currently serves as the Program Chair for the A.P.H.A. Health Law Forum Special Interest Group.

Q: You earned your J.D. from Boston University and then a year later, you earned your M.P.H. How did you choose to pursue law and then public health?

A: I grew up in a family oriented toward medicine and science; however, I have always been much more of an arts and letters person. My undergraduate degree, from Indiana University, is in history, and I was very active in politics while I was in school. So law was a natural next step for me. While I did not enter Boston University School of Law with any specific intent of pursuing a career in health law, it all clicked for me in my 2nd year of law school, when I took a course on health law, became a Case and Note Editor for the American Journal of Law and Medicine, and entered the JD/MPH dual degree program. I was inspired by some of the faculty at BU to pursue a career in public health law and later, because I have always had an interest in working in a university setting, to pursue an academic career in public health law and policy.

Q: What does the role of Director of the Program in Health Policy at S.I.U. School of Medicine entail?

A: My position could probably best be described as both working in the law and translating the law for policy-makers, students, and those in practice. When I arrived at S.I.U., there was no formal program in health policy, and it does not have a formal School of Public Health. Fortunately, S.I.U. has been very flexible in supporting my work in public health and through the process of creating a program in health policy. Consequently, our program has a robust presence through all four years of the undergraduate medical school curriculum, and the students are able to better see how these outside influences may impact both their ability to deliver health services, and

their community and their patient population's ability to receive care. The program covers a wide range of subjects, and includes coursework on topics such as Health Care for Vulnerable Populations; Medicare, Medicaid and sC.H.I.P.; Medical Licensure and Discipline; Rural Health Policy; Medical Malpractice; Patient Safety; and Health Policy and the Media. The University also has a dual J.D./M.D. program, which has allowed me to teach a few health policy topics in even greater depth.

Q: Your work has included a wide-range of topics such as patient safety, medical licensure, bioethics and healthcare information technology. In particular, you have published extensively on telemedicine and e-health—what drew you to that topic?

A: For two years, I served as Special Counsel to the Massachusetts Board of Registration in Medicine, which handles the licensing of physicians. Many of the legal issues associated telemedicine and e-health are related to physician licensing and cross-jurisdictional issues. When I was working for the Board of Registration I thought, like many other people, that the internet would lead to the rapid advancement of delivery of health services through e-health technologies. However, that has not turned out to be the case for a variety of reasons, some of which are related to the law but some of which are related to the need for live clinical interaction between physician and patient.

Q: You are currently the Program Chair for the A.P.H.A. Health Law Forum Special Interest Group. P.H.L.A. shares many goals with A.P.H.A. but also has its unique goals—why did you decide to join?

A: In the last few years, there has been a significant increase in interest in public health law and policy. September 11 and the anthrax attacks of October 2001 sparked a robust debate about the limits of public health powers and really recharged the field. P.H.L.A. is specific to public health law and brings together those from academia and those engaged on a daily basis in the interpretation and enforcement of public health laws.

Q: Do you have any advice for individuals who are interested in an academic career in public health law?

A: Probably the most important thing for people who are interested in academia or the practice of public health law to realize is that opportunities arise out of letting people know you are interested. In many cases, getting involved in a professional organization or a conference is as simple as reaching out and expressing a willingness to get your hands dirty. The fact that the field has had such an explosive rise in interest over the last two decades also means that the leaders in the field—such as the people who have written the text books you use in school—are living, breathing, kind and caring people. Come to the conferences (such as the PHLA conference), and introduce yourself to them. The field of public health law is one of great collegiality.

Jean O'Connor, JD, MPH, 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.

The Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities: Using Law, Policy, Ethics, and Human Rights to Support Domestic and International Public Health

James G. Hodge, Jr. and Lesley Stone

The Center for Law and the Public's Health ("Center") was established at Georgetown and Johns Hopkins Universities in October, 2000 with funding support from the Centers for Disease Control and Prevention (CDC). Additional major funders include the Health Resources Services Administration (HRSA) and the Alfred P. Sloan Foundation. The Center is the first of two CDC Collaborating Centers for Public Health Law (the December, 2004 edition of the Express Report provides information on the activities of the Center for Public Health Law Partnerships at the University of Louisville).

The Center combines the resources and talents of scholars at one of the nation's preeminent law schools, Georgetown University Law Center, and the top-ranked Johns Hopkins Bloomberg School of Public Health in the pursuit of three interrelated goals:

- to serve as a primary resource on public health law, policy, ethics, and human rights for public health practitioners, lawyers, legislators, policy-makers, advocates, and the public;
- to improve understanding about how the law affects the prevention of disease and injury through research, education, training, collaboration, and dissemination of information; and
- to promote the development and implementation of an effective public health law infrastructure and improvements to community health through law.

The Center works towards these goals through (1) scholarly and applied research and writing (culminating in the production of state-of-the-art assessments and legal memoranda, as well as books, articles, and other literature); (2) extensive international, national, and regional training and presentations on a wide range of issues in public health law; and (3) development of model laws, checklists, and other tools used by law- and policy-makers in public health.

The Center and its scholars are currently undertaking a range of projects in domestic and international arenas. On the domestic front, current projects and research areas include:

- Legal issues concerning the advance registration of volunteer health professionals for emergency purposes;
- Continuing efforts to ensure legal preparedness for a bioterrorism event;
- Assessment of the legal strategies for reallocating limited vaccine supplies at the federal, state, and local levels;
- The effects of zoning at the local level and the built environment on communal health; and
- The use of law as a tool for improving the health of children in schools.

As recently announced in a prior issue of the Express Report, the Center has been requested by HRSA to assess the legal and regulatory issues underlying HRSA's project to develop state-based emergency systems for the advance registration of volunteer health professionals (ESAR-VHP). These systems are designed to assess and register state and territorial VHPs to facilitate their interstate and intrastate activities during emergencies. Led by James G. Hodge, Jr., and Lance A. Gable, HRSA Project Director, the Center prepared

HRSA's recently-completed report, ESAR-VHP: Legal and Regulatory Issues which addresses legal issues such as (1) state authority to declare public health or general states of emergency; (2) civil and criminal liability of volunteers and entities accepting or providing volunteers; (3) licensing/credentialing of volunteer health professionals; and (4) workers' compensation. The Center has also prepared an Advanced Tool Kit for state ESAR-VHP coordinators and legal advisors to assess specific legal issues.

In addition, the Center continues to be engaged in its national work on bioterrorism legal preparedness. It has previously worked on state preparedness for public health emergencies through its draft Model State Emergency Health Powers Act (MSEHPA). Prepared in the aftermath of September 11, 2001 and the anthrax exposures that fall, the MSEHPA has been used by states to compare their existing law to model provisions that balance the protection of individual rights with the health of the community. The MSEHPA and the comprehensive Turning Point Model State Public Health Act (drafted by Center colleagues Hodge and Lawrence Gostin) have led to reforms of existing public health laws at the state and local levels.

Continuing the pursuit of legal preparedness in the event of a bioterrorist event, the Center now plans to examine federal legal structures concerning public health emergencies. With support from the Sloan Foundation, Lawrence Gostin and Center colleagues will broadly analyze the extent to which federal emergency powers overlap with, conflict with, or complement each other in the federal system. The federal legal infrastructure forms a complex and confusing web of legal powers distributed across multiple agencies. Many efforts to consolidate or amend federal emergency health powers have focused on law enforcement or national security approaches rather than a public health approach. The Center will analyze specific issues relevant to federal emergency health powers, such as federal quarantine powers and the interaction between public health and law enforcement. A white paper will be produced that includes recommendations for improving federal legal preparedness for high consequence events.

A third topic of work on the domestic front is the Center's work with CDC, ASTHO, and NACCHO to examine the legal environment surrounding the reallocation of influenza vaccines when supplies are limited. Flu vaccine shortages in 2004/2005 raised questions for health agencies around the nation as to the allocation and distribution of a limited resource. Hodge and others at the Center are working to address key legal issues and provisions surrounding vaccine allocation, including the legal requirements for reallocation of scarce resources under federal or state laws.

In addition to these projects that reflect more traditional intersections between law and public health, the Center is engaged in other research that promises population health benefits. For example, Center colleagues, Stephen P. Teret, Director, and Julie Mair, Scholar, are working with CDC to explore the effects of zoning on public health.
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In a forthcoming monograph, they examine the links between obesity and zoning that allows for the easy availability of inexpensive food that is high in fat and low in nutritional value (fast food).

The Center is also working with CDC's Division of Adolescent and School Health to study the impact of laws on the health of children in schools. For example, departments of public health rely on school vaccination laws (that require all children attending school to be vaccinated for a range of infectious conditions) to help ensure national childhood vaccination standards. Yet, there are many other ways that school-based laws and policies may positively improve child health (e.g., injury prevention, physical education requirements, public health education). The Center's future work in this area will scope the legal environment for promoting public health in schools through law.

In the international arena, Center colleagues are contributing to multiple projects.

For example, the Center has been instrumental in the first meeting of the Global Exchange for Population Health Law (Exchange) in London in February, 2005. The Exchange is designed to further research, practice, and collaboration in public health law from a comparative and international perspective. The group plans to form a global network of interested individuals to share information about the role of law in improving the population's health. The goal is to include insights from multiple regions of the world and all types of legal systems. The Exchange was convened by Daniel M. Fox, President of the Milbank Memorial Fund, John Wyn Owen, Secretary of the Nuffield Trust, and Center Director Lawrence Gostin.

Gostin and Hodge are working closely with the World Health Organization (WHO) to develop a comprehensive legislative approach for international public health laws. As part of the WHO's Millennium Development Goals (which present core international health objectives to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases), the WHO recognizes the importance of national or regional public health laws. It seeks to stimulate improvements in the public's health through the development of a comprehensive legislative approach to address essential elements of public health action. This approach will incorporate core principles of human rights, ethics, science, and practice within a sound infrastructure that enables public health improvements. The WHO and the Center are working together to develop an initial blueprint for the approach. This blueprint may ultimately lead to the production of model, universal provisions of public health law for WHO Member States to use in considering public health legislative reforms.

Finally, multiple Center colleagues (Gostin, Hodge, Burris, Fidler, Lazzarini, Stone, and Gable) are continuing to work on various health and human rights initiatives, including the production of existing and new texts on health and human rights, examination of key issues such as the scope of the human right to health, and presentation at numerous international and national conferences on related issues.

The Center welcomes your input and interests on these and other activities. For more information or to contact us, see the Center's website at www.publichealthlaw.net. You can also reach the Center through James G. Hodge, Jr. at jhodge@jhsph.edu.

James G. Hodge, Jr., JD, LL.M is the Executive Director of the Center and can be contacted at jhodge@jhsph.edu. Lesley Stone, JD, is a Senior Fellow at the Center and can be contacted at las47@law.georgetown.edu.

Materials Needed For Practice Guide

The Products and Services Committee has selected tuberculosis control as the topic for PHLA's first practice guide. The Guide will feature short summaries of the law for issues including surveillance, confidentiality, voluntary and mandatory interventions, informed consent, due process, and liability. The guide will contain case law resources and illustrative forms from selected jurisdictions. Please submit materials such as pleadings, briefs, forms, and cases to ssteeg@phla.info or mail to PHLA, P.O. Box 133122, Atlanta, GA 30333 USA.

PHLA Holds 1st Annual Poster Session

PHLA is hosting its first annual poster session for graduate students to present their research findings on topics at the intersection of law and public health at this summer's conference The Public's Health & the Law in the 21st Century. The poster presenters are students in programs in law, medicine, public health, ethics, criminal justice, and health policy. They were selected through a competitive abstract review process conducted by PHLA and represent the Fulbright Program and twelve major universities, including Boston University, University of Houston, Emory University, Columbia University, University of Kentucky, University of California Los Angeles, and New York University. At designated times during the Conference the students will present their posters in the main exhibit hall to approximately 400 attendees from across the country and the world. The poster topics will range from obesity to elderly drivers to state efforts to implement the Model Emergency Health Powers Act.

Special Thanks

GlaxoSmithKline has generously contributed \$2,500 for scholarships to students participating in the 1st Annual Poster Session during the Public Health Law Conference.

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*Organization affiliations used for identification purposes only.

Calendar of Events



June 13-15, 2005

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

June 26-29, 2005

American Health Lawyers Association 2005 Annual Meeting, San Diego, California
www.ahla.org

July 12-15, 2005

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

August 4-9, 2005

American Bar Association Annual Meeting, Chicago, Illinois
www.abanet.org

August 15-19, 2005

1st World Conference on Public Health Law and Ethics, Seoul, Korea
www.waml2005.com

September 18-21, 2005

Canadian Public Health Association 96th Annual Conference, Ottawa, Ontario
www.cpha.ca

September 25-30, 2005

The International Bar Association Annual Meeting, Prague, Czech Republic
www.ibanet.org

November 5-9, 2005

American Public Health Association 133rd Annual Meeting and Exposition, New Orleans, Louisiana
www.apha.org

November 10-12, 2005

The European Public Health Association Annual Meeting, Graz, Austria
www.eupha.org



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