

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

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The Tension Between Privacy and Public Health

Helena Gail Rubinstein

On September 10, 2001, Americans were preoccupied with privacy. The first decade of the 21st Century was to be heralded as the decade in which comprehensive, uniform national restrictions were finally placed on the use of identifiable data. The patchwork of federal and state laws and contract rights that sometimes protected the confidentiality of information and sometimes did not were to be things of the past. During the final decade of the 20th Century, Americans chafed at the sale of their prescription data by pharmacists to pharmaceutical companies. The fear that hackers, or even worse, one's employer, could gain access to sensitive personal health records was ever present. Implementation of the HIPAA privacy regulations was eagerly awaited.¹

On September 12, 2001, privacy fell victim to fear that one's neighbor might blow up your building, or worse yet, unleash a dirty bomb or a fatal biological agent. In reaction, Congress quickly passed the USA Patriot Act on October 26, 2001. Shortly thereafter, the national spirit was further dampened by the detection of anthrax in Florida and Washington, D.C. People began to question whether privacy might be a luxury in the 21st Century.

Some might argue that the USA Patriot Act has nothing to do with the judicious use of sensitive public health information to protect the greater good. They might view the Patriot Act simply as an overreaching invasion on personal liberty. However, others might respond that this is a distinction without a difference, believing that no good can come from putting sensitive personal data in the hands of Big Brother.

Three years later public interest in the right to privacy, as measured by the widespread level of concern about the USA Patriot Act, is high again, but the events of late 2001 have created a renewed interest in and demand for public health preparedness. In fact, the events of late 2001 may have stirred a groundswell of public interest in improving the state of our nation's public health infrastructure at all levels and for purposes other than bioterror defense. This article presents a framework for squaring the nation's interest in a strong public health sector with its ambivalence about sharing sensitive data with the government.

Public health is based upon data. The basic sciences of public health, epidemiology and biostatistics, are the core requirements of every public health curriculum, preparing future practitioners for careers in which they will be able to evaluate data and ascertain trends. For example, to analyze the incidence of nosocomial infections in a particular region, one must collect data regarding the number of all hospitalizations in that region and all such infections. To assess, say, the effectiveness of helmet or seatbelt laws, data must be collected on compliance and injury. To determine the percentage of a population utilizing at least one prescription drug in a particular month, data would be collected on utilization claims. In summary, to determine the answer to a public health question, the appropriate data must be accessible. HIPAA's privacy rule, reflecting the need for individually identifiable health data in the practice of public health, permits disclosure of such information without individual authorization to public health authorities who are *continued on page 2...*

¹ Helena Gail Rubinstein, If I Am Only for Myself, What am I? A Communitarian Look at the Privacy Stalemate, 25 Am. J. Law & Med. 203 (1999).

Rubenstein article continued from page 1...

authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to public health, surveillance, investigation, and intervention.

So where is the tension between privacy and public health? Today public health appears to be on a collision course with privacy advocates who assert that when data are collected, privacy is compromised. Despite new laws protecting the use of private health information, privacy advocates are concerned this information still can be obtained and identified. There are other reasons individuals may assert their privacy interests against the public health. Courts have been asked to balance the rights of the one against the rights and needs of the many in cases involving inoculations², quarantine³, immigration⁴, confinement of the mentally ill⁵, protecting the polity while creating substantive and procedural due process rights for individuals against government action.

We are two nations, and not only by divisions between what are called the blue and red states. We seem to be one nation before an event and a different nation afterwards. Prior to the September 11, 2001 terrorist attack, we were a privacy-besotted nation, as several polls can demonstrate. However, after the September 11 attack, our elected officials immediately bargained away our privacy, specifically, many protections under our Bill of Rights, hoping that would assure our security. In the cold light of reason, months or even years following the immediate shock of the event, we might find that we are not comfortable with the bargain we made. Polling statistics from Professor Robert J. Blendon & John M. Benson show that during normal times, Americans support a “broad range of civil liberties,” but when the public faces a threat, it will support more encompassing limits on those same civil liberties⁶. Although in 1997, 78 percent of respondents said they valued the right to individual privacy and 72 percent said they valued freedom of speech, considering it essential, two months following September 11, 2001, 61 percent of respondents approved limiting the right of freedom of speech to someone who expressing support for terrorists, wanting to prohibit such speech on college campuses.

Perhaps this explains much of the discord regarding the Patriot Act. Enacted a mere month after the worst terrorist act in American history, Americans voiced their support before they had the opportunity to regain their equilibrium after the shock of the terrorist attack; thus, there had been little, if any meaningful debate. What Member of Congress wants to be labeled unpatriotic? The law went into effect – ostensible to protect us – but most likely too soon for Americans meaningfully to assess the civil rights ramifications of this legislation. Now, with more distance from the tragic event, and the public’s returning to its privacy-valuing culture, Americans may be recognizing that their approval of the Patriot Act could be a Faustian bargain.

As the tragedy from Sarin in Japan’s subway; the bombings of Madrid’s commuter rail, the hotels in Egypt and Bali; and frequent suicide bombings throughout the world have demonstrated, we are in an increasingly unsafe world. While we attempt to live a life of normalcy, we do so in the shadow of risk factors – bioterrorism

and nuclear explosions, and outbreaks of disease. Although 100 years ago, the Cambridge Board of Health could not anticipate the smallpox epidemic that gave rise to the court case by Reverend Jacobson, who refused to be vaccinated, our circumstances today are far different.

We live in an all-news all-the-time world, so when a terrorist attacks in the farthest reaches of the planet, we are informed immediately. Yet, in some instances, we do have the opportunity to make decisions about legislation before, in preparation rather than after, it is intended to be instituted. If, prior to the need for quarantine, we propose legislation to address updating quarantine laws, which might be helpful in such cases as a modern-day smallpox epidemic, we can dispassionately discuss the pros and cons of any such potential legislation without calling anyone unpatriotic who opposes our view. Moreover, by discussing an issue when there is not an emergency, we can publicize the issue and persuade more constituencies to share their viewpoints, thus assuring that the issue is well debated and the final legislation is approved by a broader constituency. This is what, due to the immediacy of its passage, the Patriot Act lacks. Indeed, the Turning Point Initiative, funded by the Robert Wood Johnson and W.K. Kellogg Foundations, is working with 23 state and 41 community partnerships to modernize public health statutes and create good public health policy. This project clearly is based on the importance of having our public health laws in place prior to our need for them lest we face the next public health crisis.

To initiate potential legislation before there can be another modern-day disaster, the Congress should study *Jacobson v. Massachusetts* for the communitarian framework of its decision-making, using it as a guidepost. The *Jacobson* Court upheld Massachusetts’ right to enact a compulsory vaccination law under its police power, rejecting Reverend Jacobson’s argument that the individual has the right to bodily integrity and thus, the right to refuse the injection. The U.S. Supreme Court based its decision on a communitarian argument, recognizing that a citizen is not merely a rights-bearer; he does not live alone in a society, but lives in a society with correlative rights and responsibilities, each member owing a duty to the other and to society as a whole. Society, in turn, operates under a social compact in which “a community has the right to protect itself against an epidemic of disease which threatens the safety of its members.”⁷ One hundred years later, the communitarian framework remains a good benchmark for reviewing legislation and public health issues for the polity.

Helena Gail Rubinstein, JD, MPH, is a doctoral student at the Harvard School of Public Health in the department of Health Policy and Management. She can be reached at hbrubinst@hsph.harvard.edu

TB Control Practice Guide

The Products and Services Committee is developing a Tuberculosis Control Practice Guide that will be targeted to both public health practitioners and public health lawyers. If you are interested in volunteering to work on this project, please contact Susan Steeg at ssteeg@phla.info.

² *Jacobson v. Massachusetts*, 197 U.S. 11 (1905)

³ *Barmore v. Robertson*, 134 N.E. 815 (Illinois, 1922)

⁴ Lori Olsezewski, S.F. Protect Planned Over INS Detaining of Dutch Man with AIDS, San Francisco Chronicle, April 6, 1989 viewed at <http://www.aegis.com/news/sc/1989/SC890405.html>.

⁵ *Addington v. Texas*, 441 U.S. 418 (1979)

⁶ Robert J. Blendon and John M. Benson, Polling Indicators About Civil Liberties in Time of War, Indicators 58-72 (Fall 2002)

⁷ *Jacobson*, 197 U.S. at 27.

Partner Spotlight



American Public Health Association Student Assembly

With over 4,500 members, the Student Assembly of the American Public Health Association is the nation's largest student-led organization dedicated to furthering the development of students, the next generation of professionals in public health and health-related disciplines. Formerly known as the Public Health Student Caucus, the Student Assembly is student-led and represents students of public health and other health-related professions. The Student Assembly is dedicated to enhancing students' educational experiences and professional development by providing information, resources, and opportunities through communication, advocacy, and networking.

The Student Assembly supports the development of the next generation of public health professionals by:

- Increasing student representation in APHA
- Developing and disseminating educational and professional development resources
- Creating and promoting opportunities for student involvement within the Student Assembly, APHA, and other health-related organizations
- Providing and sustaining vehicles for communication
- Advocating for student issues and public and health-related policy
- Facilitating networking among students and professionals

The National Mentoring Program in Public Health is a project of APHA Student Assembly. Mentoring is a way to link a learner (mentee) with a teacher (mentor). The program pairs public health students with public health professionals across a variety of disciplines. Currently, the National Mentoring Program is under construction and a new, online version will be ready in late spring.

More information on the Student Assembly's committees and programs can be found at www.phsc.org.

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.

The Health Law & Policy Institute University of Houston Law Center

Stacey A. Tovino

The Health Law & Policy Institute of the University of Houston Law Center was founded in 1978. Located in close proximity to the Texas Medical Center, the world's largest medical complex, the Institute is widely regarded as one of the top health law programs in the country and has been ranked number one by a national survey of experts in three of the last five years and seven of the last ten years. Currently co-directed by Vice Dean and Professor of Law Seth J. Chandler and Associate Professor of Law Joan H. Krause, the Institute is guided by an advisory board consisting of leading academicians, practitioners, and representatives of area institutions and the public. The Institute also takes full advantage of a sophisticated network of permanent, visiting, adjunct, and research faculty to offer a number of joint degree programs, a master's program, a journal dedicated to health law and policy issues, health law externships, a health law student organization, and participation in local and national health law competitions.

The mission of the Institute has always been to provide law students with an outstanding education in health law and policy issues, to make available non-biased, non-partisan health law and policy research relevant to key policymakers, and to serve the public through publications, presentations, and other activities. To that end, the Institute currently offers over thirty different health law course titles, with over twenty different courses typically taught within a single academic year. The Institute also offers students seven areas of concentration and practice, including public health law, health law and policy, bioethics, civil rights/discrimination, medical malpractice, corporate health law/health finance, and criminal aspects of health law.

Public health coursework has always been a mainstay at the Institute. During the 2003-04 academic year, for example, the Institute offered an Advance Public Health Law & Ethics intercession course taught by Professor Lawrence Gostin of Georgetown University Law School and Johns Hopkins University School of Public Health. This Spring, as for the past two years, the Institute is offering a Public Health Law seminar taught by the Institute's own Assistant Professor Richard Saver. Professor Saver takes an interdis-



disciplinary approach to his seminar, integrating traditional textbook readings, law review articles, and judicial opinions with governmental agency reports and articles from medical, bioethics, public health, and health policy journals. Students use these readings as a springboard to explore a variety of relevant topics such as constitutional issues and public health; surveillance, public health information, and personal privacy; interventions to control infectious disease; direct regulation of property and economic behavior; health promotion and free expression; bioterrorism and homeland security issues; tobacco control; and current tort and public health issues. Within these broad topics, Professor Saver encourages his students to focus on numerous sub-topics including, but not limited to, constitutional *continued on page 7...*



New Members

Maurice Ashe, Public Health Institute
Randy Aussenberg, John Hopkins School of Public Health
Catherine Berry, Florida Department of Health
Regina Boyle, California Primary Care Association
Daniel Brown, University of Houston Law Center
Kelley Clancy, Alexian Brothers Hospital Network
Brian Emerson, British Columbia Ministry of Health Services
Raquel Fosados, University of Southern California
Andrea Garcia, American Medical Association
Anada Gunn-Sanders, University of North Texas
Christine Hagar, Harvard School of Public Health
Michelle Hartmann, Massachusetts Department of Public Health
Richard Hill, Okeechobee County Health Department
Sujin Kim, University of Maryland School of Law
Andy Le, George Washington University
Laurie Moore, Grey Bruce Health Unit
Michael Renner, Tobacco Use Prevention and Control Foundation
Edward Richards, LSU Paul M. Herbert Law Center
Carol Roddy, UAMS Regional Programs
Lainie Rutkow, John Hopkins School of Public Health
Brent Sherard, Wyoming Department of Health
Ross Silverman, SIU School of Medicine
Jacqueline Smith, University of Texas, School of Public Health
Jane Speakman, City of Toronto Legal Services
Stefanie Steines, John Hopkins Bloomberg School of Public Health
Lori Stoltz, Goodman & Carr, LLP, Toronto, Canada
Socrates Tuch, Ohio Department of Health
Demetrius Vryonides, Nicosia, Cyprus

Renewing Members

Susan Allan, Oregon Public Health Director
John Barkley, North Carolina Department of Justice
M. Beth Benedict, Center for Medicare and Medicaid Services, HHS
Georges Benjamin, American Public Health Association
Cheryl Bullard, South Carolina Department of Health and Environmental Control
James Downes, Harris County Attorney's Office
Robert Eadie, Metro Public Health Department
Kristine Gebbie, Columbia University School of Nursing
Karen Gerlach, Robert Wood Johnson Foundation
Lawrence Gostin, Georgetown University
Gail Horlick, Centers for Disease Control and Prevention
Gerald Jogerst, University of Iowa College of Medicine
Rodney Johnson, Florida Department of Health
John Keressi, Lorin County Health Department
Patricia Kuszler, University of Washington School of Law
Richard Lynch, Connecticut Attorney General's Office
Allen McDonogh, Office of General Counsel, HHS
Angela McGowan, Centers for Disease Control and Prevention
Russ Metler, CDC Office of Technology Transfer
Anthony Moulton, Public Health Law Program, CDC
Daniel O'Brien, Maryland Department of Health and Mental Hygiene
David Palm, Nebraska Department of Health and Human Services
Jake Pauls, Jake Pauls Consulting Services
Robert Pestronk, Genesee County Health Department
Mary Southerland, Hamilton County Government
Doug Springmeyer, Utah Attorney General's Office
Susan Steeg, Public Health Law Association
Frances Veverka, Delaware General Health District
Aimee Wall, UNC School of Government

Center for Law & the Public's Health ESAR-VHP Project

Most state and local public health emergency response plans envision the participation of significant numbers of medical and public health volunteers to fill surge capacity and provide necessary expertise. After complications arose in the use of medical volunteers following 9/11/01, Congress authorized the Health Resources and Services Administration (HRSA) to develop emergency systems for the advance registration of volunteer health professionals (ESAR-VHP). These state-based systems are designed to assess and register state and territorial VHPs to facilitate their interstate and intrastate activities during public health and other emergencies.

As HRSA quickly realized, complex legal and regulatory issues underlie the provision of health services by volunteers during emergencies. In September, 2005, HRSA asked the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities (Center) to assess many of these legal and regulatory issues through written and other guidance to HRSA and its national and state partners. Led by James G. Hodge, Jr., Center Executive Director and PI, and Lance A. Gable, Project Director, the Center researched and prepared HRSA's recently-completed report, ESAR-VHP: Legal and Regulatory Issues. This comprehensive report addresses many legal issues impacting the development of ESAR-VHP, including (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 seeks comments to the report as it provides technical assistance to pilot states implementing their systems.

For more information, or to obtain a copy of the report, contact James G. Hodge, Jr., Principal Investigator (jhodge@jhsph.edu) or Lance A. Gable, Project Director (gable1@law.georgetown.edu).

Contact PHLA

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Membership Spotlight: Socrates H. Tuch, Esq.



Interview by Jean O'Connor

Socrates Tuch is an Assistant Counsel in the Office of the General Counsel within the Ohio Department of Health where he provides legal advice to the Division of Prevention, serves as the Privacy Officer and on the Institutional Review Board for the Department of Health. He has a wide range of legal experience in topics such as a contracts, immunity issues, ethics, health records, and administrative law. Prior to joining the Department of Health, Mr. Tuch was an Assistant Ohio Attorney General and he served as a law clerk with the Ohio Tenth District Court of Appeals and the Franklin County Court of Common Pleas. He earned his JD from Capital University Law School (Columbus, Ohio) and his Master of Arts in Speech Communication and his Bachelor of Arts in Political Science from the California State University (Northridge, California).

Q: As a legal advisor to a State Health Department, what types of activities do you do on a daily basis?

A: I work with multiple programs within the Division of Prevention within the Department of Health. My work can be broken down into three major categories: 1) I assist the programs I advise by interpreting the law so that the program managers are able to make decisions about the operation, finances, and direction of the program; 2) I assist programs in implementing policy choices given the parameters set out by the law; and 3) I assist programs in navigating the law in order to best protect or promote the public's health.

For example, the Bioterrorism program is one of the programs I advise and when the Model Emergency Health Powers Act was made public in December 2001, there was interest in Ohio as to whether it needed to be implemented in Ohio. One of the things we found in the process of evaluating the Model Act and comparing it with state law was that the public health laws in Ohio had not really been systematically updated since the flu pandemic of 1918. At the direction of the Governor's office, the Department drafted a bill that incorporated essential parts of the model not already reflected in Ohio law. I was honored to be one the bill's original drafters. The bill was introduced too near the end of the session to be passed. However, the bill was reintroduced, and passed, the following session.

While certain provisions of the bill generated some concern among some groups, the Department was able to work with the groups and the legislature to draft statutory language that addressed most of the concerns. Part of my work at the time included looking various provisions and analyzing their legal ramifications. Since then, I have participated in the Department efforts to look at the relevant administrative code section in order to update it to reflect new statutory language.

Q: Before you became a lawyer, you had another career in communications. You have also taught a law course in Appellate Advocacy. How has that background in communication been important to your legal work in public health?

A: Before going to law school, I was an Assistant Editor with a peer-reviewed communication journal and taught courses in public speaking and interpersonal communication. The ability to communicate is essential to being an effective lawyer in general—the better the communication skills, the better the lawyer. As a rhetorician, I know that meaning and the context in which that meaning is conveyed are central considerations to being an effective communicator. This is somewhat technical, but linguistic meaning is four-dimensional; meaning occurs at the convergence of denotation, connotation, audience or listener, and time. In terms of public health law, the effective lawyer must communicate the “public health” position on a given issue and simultaneously communicate the public health problem. Public health is pervasive, or all around us, but its operations are often invisible to the public it serves. Whether the audience is the legislature or a judge, the public health lawyer must often answer the question “what is public health” while addressing the issue at hand and to do so without confusing the audience or the issue. I have found that a sensitivity to linguistic meaning greatly furthers this goal.

Q: Law is often adversarial while public health is commonly thought of as being focused on consensus. Do the differences in professional cultures present a challenge in practicing law in health department?

A: Law and public health do have different styles, but communication and breaking down technical language barriers is very important to working together. For example, in Ohio the failure of healthcare providers to report infectious disease cases is a public health problem. The Department recommended legislation that imposed penalties on healthcare providers who fail to report reportable diseases. Previously, injunctions alone were used and they did not seem to be effective. When the penalty legislation was enacted, the Department possessed the power to administratively fine healthcare providers of all types up to \$750 per single incident of non-reporting. However, being accustomed to generally doing things by consensus and developing community support, this new regulatory authority represents something of a cultural shift among some public health practitioners. However, the attorneys, who are more comfortable with regulations, are actively engaged in defining the parameters of this authority. In the process, both groups are learning to speak the others' language and work with the other's style.

Q: You are a member of the PHLA Products and Services Committee and one of the projects you are leading for that Committee is a “Practice Guide.” What is that project and why is it important?

A: The Practice Guide (currently in early development stages) will allow both public health practitioners and those outside the field of public health, to have quick and easy access to the law and will provide a framework of how the law relates to particular public health topics. In public health, we deal with science-based community health interventions, but this work must occur within the bounds of the law, which is not scientific. The idea behind the Practice Guide is to give everyone an in-road into each other's worlds; it will serve as a starting point for dialogue on the relationship between specific public health issues and law.

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.



Global Exchange for Population Health Law

Lawrence O. Gostin, JD, Director of the Center for Law & the Public's Health and a member of the PHLA Board of Directors, and Susan K. Steeg, Executive Director of PHLA attended the first meeting of the Global Exchange for Population Health Law held in London, England on February 18th. The meeting was convened by Daniel M. Fox, PhD, of the Milbank Memorial Fund, John Wyn Owen, CB, Secretary of the Nuffield Trust (UK), and Professor Gostin. Other participants were public health practitioners, policy makers, and lawyers from the UK, China, Korea, Switzerland, and Australia. The purpose of the Global Exchange is to further research, practice, and collaboration in public/population health law as it is made and implemented within countries and from a comparative and international perspective.

Seated (L to R): Geneviève Pinet (World Health Organization), Susan K. Steeg (Public Health Law Association), Geneviève Howse (LaTrobe University), Sarah M.Y. Choi (Hong Kong Department of Health), Ki-Hyun Hahm (Seoul, Korea)

Standing (L to R): Ping-Yan Lam (Hong Kong Department of Health), Robyn Martin (University of Hertfordshire), Peter Donnelly (Scottish Executive Health Department), David J. Hunter (UK Public Health Association), Myongsei Sohn (Yonsei University), Daniel M. Fox (Milbank Memorial Fund), Lawrence O. Gostin (Georgetown University Law Center), Rod Griffiths (Faculty of Public Health), Graham Bickler (UK Health Protection Agency), John Wyn Owen (Nuffield Trust).

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 www.phla.info.

Teleconference News

On March 30th, PHLA and the Public Health and Policy Interest Group of the American Bar Association's Health Law Section cosponsored Hospital Infection Reporting: Science and Policy Considerations. Five states have passed legislation, and many states are considering legislation to require the mandatory reporting of healthcare-associated infections (HAIs). The panel included the following national leaders addressing the development of laws and guidelines for the reporting of HAIs:

Patrick J. Brennan, MD
Professor of Medicine,
University of Pennsylvania School of Medicine
Chief, Healthcare Quality and Patient Safety,
University of Pennsylvania Health System
Chair, Healthcare Infection Control Practices
Advisory Committee

David Carvalho
Deputy Director, Office of Policy, Planning, and Statistics
Illinois Department of Public Health

Representative Bob McCluskey
Colorado State Representative

Lisa McGiffert
Director, Stop Hospital Infections Project
Consumers Union

Lori H. Spencer, Moderator
Smith Moore LLP
PHLA President-Elect

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

Health Law and Policy Institute article continued from page 3...

limits on governmental public health activities; disease reporting laws; partner notification; public health information privacy laws; immunizations, testing, and screening; isolation and quarantine; compulsory medical treatment; special issues relating to AIDS and SARS; licenses, inspections, and nuisance abatements; regulation of property and professions; commercial speech restrictions, labeling, and governmental health communication campaigns; smallpox vaccination issues; the war on obesity; and nuisance suits and gun manufacturers. Professor Saver's students also engage in original research and apply their analytical skills to current issues in public health by writing research papers addressing various topics such as the recent efforts to control Mad Cow disease, religious-based and other exemptions to state law vaccination requirements, and the legal and ethical issues associated with the flu vaccine shortage.

In addition to taking public health law coursework and attaining a concentration in public health law, students at the University of Houston Law Center also have the opportunity to concurrently obtain a JD degree and a Master of Public Health (MPH) degree. The concurrent degree program is offered in conjunction with The University of Texas School of Public Health at Houston, the oldest and most respected school of public health in Texas. Students who are admitted to both programs receive joint credit for courses approved by both institutions and may earn both degrees in four years of full-time study, one year less than it would take to earn the degrees separately. Students in the JD/MPH program typically complete the first year and a summer in the law program at the University of Houston Law Center, and begin to pursue their JD and MPH degrees concurrently in the second year. The MPH portion of the program allows students to concentrate their studies on areas such as health services delivery, occupational and environmental health, epidemiology, biometry, access to insurance, patient safety issues, and other public health concerns. Since 1990, approximately nineteen students have graduated with the degrees of JD/MPH, and seven students are currently enrolled in the program.

The JD/MPH is not the only concurrent degree program offered through the Institute. The Institute also offers a five to six-year JD/Ph.D. concurrent degree program in conjunction with the Institute for the Medical Humanities at the University of Texas Medical Branch in Galveston, Texas (UTMB). Coursework taken at UTMB allows students to explore the relationships between medicine and history, religion, philosophy, literature, illness narratives, art, and bioethics. This broad-gauged inquiry provides a foundation for graduates to enter medical and graduate teaching, clinical ethics consultation, and health policy analysis in local, state, national, and international academic and public forums.

In addition, the University of Houston Law Center and Baylor College of Medicine have recently approved a six-year JD/MD joint degree program. Students who are accepted for admission to both schools will spend the first two years taking medical coursework at Baylor, the next two years taking law coursework at the Law Center, the fifth year at Baylor, and the final year at both schools. The schools estimate that between two and six students will be admitted in the program's first year.

In addition to its concurrent degree programs, the University of Houston Law Center also offers a Master of Laws (LLM) in Health Law. The LLM program provides attorneys the opportunity to return to an academic setting to obtain specialized training or to update their knowledge in health law. LLM students must complete twenty-four credit hours, including at least eighteen credit hours in health law courses.

To further cement the Institute's academic commitment to health law and policy, the Houston Journal of Health Law & Policy was established in 1999. Staffed by upper-class students at the University of Houston Law Center, the Houston Journal of Health Law & Policy provides a peer-reviewed forum for the interdisciplinary exploration of the full range of issues in health law and policy. The Journal's fall issue includes professional articles on a variety of topics, along with student articles, while the spring symposium issue focuses on an emerging and important issue in health care law and policy. Symposium topics have included children's health (2001), biotechnology (2002), federal-state conflicts in health care (2003), mental health issues in the criminal justice system (2004), and the mass media's influence on health law and policy (2005).

Health law students also may earn academic credit by serving in externship positions in non-profit or public entities with an accompanying classroom component through the University of Houston Law Center's Health Law Clinic. Numerous placements are available in the Houston area, including hospital general counsel offices, risk management departments, government agencies, legislative bodies, and non-profit advocacy groups. Second- and third-year law students in good standing at an ABA-accredited law school also are eligible to apply to spend a semester at the University of Houston Law Center, enroll in a semester of health law courses, participate in the Health Law Clinic, or enroll in other courses at the University of Houston Law Center, the University of Texas Medical Branch in Galveston, or the University of Texas School of Public Health.

The Health Law Organization (HLO) is one of the largest and most active student organizations at the University of Houston Law Center. HLO provides opportunities for students to meet informally and to discuss health law issues as well as work with faculty on projects that promote learning in health law and policy. HLO also sponsors speakers, initiates charity fundraisers, provides information and networking for students on career opportunities in health law, and promotes social activities for health law students.

Students at the University of Houston Law Center also have the opportunity to compete with students from public health, nursing, dental, pharmacy, and social work programs of affiliated universities through the annual Texas Medical Center Interdisciplinary Health Care Team Competition. Students also compete in several national health law and policy competitions and have won both individual and team awards.

In June 2005, the Institute and Baylor College of Medicine will celebrate the creation of their new JD/MD program by jointly hosting the Annual Health Law Teachers Conference sponsored by the American Society of Law, Medicine & Ethics. The conference, which will be held at Baylor College of Medicine, is expected to draw over 100 professionals who teach health law or bioethics in schools of law, medicine, public health, health care administration, pharmacy, nursing, and dentistry.

Stacey A. Tovino, JD, is a Research Professor at the Health Law & Policy Institute, University of Houston Law Center. He can be reached at satovino@central.uh.edu.

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Calendar of Events



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

August 15-19, 2005
1st World Conference on Public Health Law and Ethics, Seoul, Korea
www.wam2005.com

September 18-21, 2005
Canadian Public Health Association 96th Annual Conference, Ottawa, Ontario
www.cpha.ca

November 5-9, 2005
American Public Health Association 133rd Annual Meeting and Exposition,
New Orleans, Louisiana
www.apha.org



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