

LAW & HEALTH CARE

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HEALTH LAW AT THE LOCAL, STATE, NATIONAL AND INTERNATIONAL LEVELS

The field of health law has grown and evolved over the last fifty years from one that was largely state and local in scope to one that spans the national and even international arenas. In its early days, the practice of health law was primarily a matter of state law. States traditionally regulated both health care providers and the health insurance industry, and providers were subject to state tort law. Public health, falling under the state's police powers, was also mainly a state and local issue. In the 1960s, however, with the passage of the Medicare and Medicaid legislation, the federal government entered the domain of health law and has continued to play a major role in the field with the passage of multiple federal statutes. Over the last two decades, health law has also moved to the international arena. As a result, today's health lawyers may practice at the local, state, national or international level. At the University of Maryland, students in the Law & Health

Care Program (L&HCP) have opportunities to take courses and externships, and faculty members are engaged in research and public policy initiatives, at each of these levels of government. In this issue of the *L&HCP Newsletter* we describe these multiple student opportunities and faculty activities.

Health Law at the State and Local Level

While the federal government has moved into health care in a big way, much of health care remains regulated at the state level. The preservation and protection of the public health is one of the duties inherent in a state's police power. Public health law, in fact, may be one of the oldest areas of health law practice. Over the last century, each state has passed legislation seeking to control communicable diseases through sanitation, clean water supply, nutrition and vaccination. *Jacobson v. Commonwealth*

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FROM THE DIRECTOR

The University of Maryland School of Law first offered a course in health law in 1974. Over the last 30 years, the content of that course has changed significantly as health law itself has grown and changed. Health law is now practiced at the local, state, national and even international levels. This issue of the newsletter highlights the involvement of the Law & Health Care Program's faculty, students and alumni at each of these levels.

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Director

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There are a number of law school faculty
who contribute to the diversity of the Law
& Health Care Program through their
teaching and scholarship. We share some
of these faculty's selected publications,
presentations, and appointments in
L&HCP Faculty Notes.

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**Health Law at the Local, State,
National and International Levels**
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of Massachusetts, 197 U.S. 11 (1905), is perhaps the seminal case on the scope of a state's police power in matters regarding the protection of the public's health. The case involved the validity of several Massachusetts statutes addressing compulsory vaccination. The statutes permitted cities to require vaccination during disease outbreaks, and non-compliant citizens could be charged a fine of \$5. The city of Cambridge adopted a smallpox vaccination regulation, which Jacobsen broke when he refused to be vaccinated. He was found guilty and jailed until he paid the \$5 fine. The Supreme Court upheld Massachusetts law stating that, "[a]ccording to settled principles, the police power of a state must be held to embrace, at least, such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety." *Jacobson* has been the basis of state laws allowing states to vaccinate and quarantine individuals for public health reasons and remains good law today. It has been the focus of renewed attention in light of recent state efforts to expand public health powers in order to respond to potential bioterrorist attacks.

In the performance of its police powers, a state also has the authority to regulate and control the practice of medicine. By the 1870s, states began to require physicians to obtain a license to practice medicine. Although early licensure requirements were lax and the statutes were not generally enforced, by the 1890s, states began to put in place more stringent qualifying standards and establish state boards to see that they were enforced. Practicing without a license was punished by fine or imprisonment.¹

Early on, several state licensing statutes were challenged on due process and equal protection grounds. In upholding the constitutionality of a Maryland physician licensing statute, in *Watson v. Maryland*, 218 U.S. 173, 176 (1910), the Supreme Court confirmed the role of the states in regulating medical practice, stating "It is too well settled to require discussion at this day that the police

power of the states extends to the regulation of certain trades and callings, particularly those which closely concern the public health. There is perhaps no profession more properly open to such regulation than that which embraces the practitioners of medicine. Dealing, as its followers do, with the lives and health of the people, and requiring for its successful practice general education and technical skill, as well as good character, it is obviously one of those vocations where the power of the state may be exerted to see that only properly qualified persons shall undertake its responsible and difficult duties."

States have also played a major role in the regulation of hospitals. In 1946, Congress passed the Hill-Burton Act to provide funds for states to build hospitals. Only states that had hospital licensing laws, however, were eligible for the funds. Congress incorporated standards that had been developed by the American College of Surgeons (ACS) into a model licensing law and soon after the passage of the Act, "each state developed its own hospital licensing statute and though each state's licensing requirements differed somewhat, the core provisions were based on the model licensing law, which provided for the adoption of staff bylaws, physician appointment procedures, classification of staff membership, departmentalization, and periodic meetings to review clinical work."² In 1951, the work of the ACS was taken over by the Joint Commission on Accreditation of Hospitals (now called the Joint Commission on Accreditation of Healthcare Organizations) a non-profit organization that accredits health care institutions.³ Today, many states defer to the JCAHO accreditation process for purposes of meeting state licensing standards.

Medical malpractice law also had its roots at the state level, growing out of state common law on negligence. In early medical malpractice cases, physicians were held to a standard of care set by the "ordinary" practitioner. Courts also limited the geographic scope of the standard of care. Under the locality rule, physicians were held to the same standard of care as the ordinary physician practicing in the same community. While

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medical malpractice cases were relatively rare in the 1800s and early 1900s, malpractice suits against physicians increased significantly during the latter half of the 1900s. This increase has been attributed to changes in the way medicine is practiced from one that was relatively “low tech,” (i.e., stethoscope and reflex hammer) to one that is highly dependent on new technologies that are often more intrusive and more likely to lead to injury. Relaxation of legal process rules also made it easier to bring medical malpractice suits. The standard of care and bases for medical malpractice cases have also changed and expanded. Since the 1960s, the locality rule has been gradually abandoned and most states have adopted a national standard. New grounds for medical malpractice and other suits against physicians now include novel informed consent requirements, suits for negligent and intentional infliction of mental distress, and products liability.

States continue to fine tune and develop their medical malpractice laws. Currently, many states are wrestling with whether to make changes to the way medical malpractice cases are handled in order to address recent significant increases in medical malpractice insurance premiums.

Faculty in the L&HCP have long played a role in state health law initiatives. Professor Diane Hoffmann was a primary drafter of Maryland’s Health Care Decision Act in the early 1990s. More recently, she and Professor Roger Wolf have brought various stakeholders in the state together to discuss medical malpractice reform initiatives. Dean Karen Rothenberg was a force behind the state’s genetic privacy and nondiscrimination laws passed in 1997 and 2001. Faculty in the law school’s clinic, along with their students, have been major players in state health law issues ranging from HIV, tobacco control, lead paint, substance abuse, and Medicaid (see article, p. 5). In addition, the University of Maryland Center for Health and Homeland Security, housed at the Law School, has worked closely with the state and local governments to improve the public health infrastructure (see article, p. 6), and the Law School’s Center for Tobacco Regulation not only has been active in state legislative issues, but also has assisted local

governments in drafting and enforcing ordinances aimed at reducing youth access to tobacco products and the negative health impacts of second hand smoke. Apart from these “in house” opportunities, students in the L&HCP have several options when it comes to externships at the state level including field placements at the Maryland Attorney General’s Office, the Maryland Dept. of Health and Mental Hygiene, the Maryland Dept. of Legislative Services, and the State Board of Physicians (see article, p. 9). In this issue, we highlight the recent externship of Brian Bregman (class of ’05) at the Maryland Board of Physicians. Many L&HCP alums also work at the state level on health law issues. Kristin Jones, class of ’97, for example, is Legislative Counsel to House Speaker Mike Busch in the Maryland General Assembly. See article, p. 12, to read about Kristin’s career in the legislative branch.

Health Law at the Federal Level

Since the passage of the Medicare and Medicaid legislation in 1965, health law has also become a matter of federal law. Compliance with Medicare and Medicaid Conditions of Participation, questions regarding coverage and reimbursement, and compliance with federal fraud and abuse laws have created thousands of jobs for health lawyers in law firms, federal agencies, hospitals and other health care institutions. But, these federal insurance and entitlement programs were only the beginning of the federal role in health care. In 1974, Congress passed the National Research Act calling for the establishment of federal regulations for the protection of human subjects in medical research. These regulations created the Institutional Review Board (IRB) system which was to be adopted by every major medical research institution in the country. While this area of health law was not a significant focus of health lawyers early on, in the last decade, in particular, it has become more prominent as a major health law issue as federal regulators have sought to clamp down in their enforcement of the regulations governing human subjects research.

Also in 1974, Congress passed the Employee Retirement Income Security Act (ERISA), which established uniform national

standards for most employee benefit plans and exempted such plans from state regulation. While in its first decade the law had little impact on health law, during the last 20 years health lawyers have been involved in court cases seeking to define the reach of ERISA in preempting state law regulating employee health plans and to determine the limits of ERISA’s preemption of state tort law in medical malpractice cases involving such plans.

The federal government’s role in health care continued to expand with the passage, in 1986, of the Emergency Medical Treatment and Labor Act (EMTALA) and Congressional approval in 1996 of the Health Insurance Portability and Accountability Act (HIPAA). EMTALA imposes specific obligations on Medicare-participating hospitals that offer emergency services to screen patients who request an examination or treatment for an emergency medical condition regardless of their ability to pay for the service. Hospitals are required to stabilize a patient with an emergency medical condition before transferring or discharging him or her.

HIPAA, arguably the single most significant federal legislation affecting the health care industry since the passage of Medicare and Medicaid, was the end result of the controversial health insurance reforms proposed by the Clinton administration. The law addressed a “hodge podge” of topics but most important were the health insurance reform and administrative simplification provisions. The insurance provisions included a number of new protections in obtaining or retaining health insurance coverage for individuals who change or lose their jobs, are self-employed, or who have pre-existing medical conditions. The Administrative Simplification provisions of the Act required DHHS to establish national standards for electronic health care transactions and national identifiers for providers, health plans and employers and addressed the security and privacy of health data. These additional federal statutes ensured continued job opportunities and material for health law courses and law review articles for health law practitioners and legal academics.

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L&HCP faculty have also been active at the federal level, weighing in on federal health policies through their research, consulting, public speaking, and advocacy. Throughout the 1980s, Dean Rothenberg was among early health law academics to advocate for a federal law to deal with the problem of patient-dumping from emergency rooms. Rothenberg has also been active on many federal health policy initiatives related to human subjects research, in particular implementation of guidelines on the inclusion of women and minorities in clinical research, as well as legislation involving genetics. As part of a task force on genetic information and the workplace, she completed a series of studies on legislative approaches to genetic information in both the health insurance and employment contexts which are still being debated today. Professor Hoffmann, wanting to observe federal health policy-making up close, spent a year on Capitol Hill working with Senator Barbara Mikulski on initiatives ranging from health care reform, federal medical malpractice reform, revamping of the Food, Drug and Cosmetic Act, and the White House Conference on Aging. She has remained involved in a number of national health law, ethics and policy issues through her involvement with national organizations including, most recently, the National Hospice and Palliative Care Organization and the American Pain Foundation. Professor Tom Perez, as the former Director of Civil Rights at DHHS, has continued his role at a national level on initiatives to improve access to health care for minority groups in this country. (See article describing the work of Prof. Perez and other L&HCP faculty at the national level, p. 7.)

L&HCP students also have numerous options for externships at the federal level including the U.S. Attorneys Office; the Centers for Medicare and Medicaid Services, Office of the General Counsel; the National Human Genome Research Institute; the Office of the General Counsel at the National Institutes of Health and at the U.S. Dept. of Health and Human Services (DHHS), Public Health Division. In this issue, we highlight the recent experience of Maria Mojica as an extern at the U.S. Attorney's office last semester (see article, p. 10). Many of our alums practice at the national level, including Sandra Pressman, a Senior Attorney in the Office of the General Counsel, DHHS, Public Health Division. (See article, p. 13, to read more about Sandra's career path.)

Health Law at the International Level

International health is a rapidly emerging field of health law and policy. Traditionally, national governments viewed public health as almost exclusively a realm of domestic concern and only a limited area of international cooperation. However, globalization has led to the realization that health status is not entirely a matter of domestic action. Consequently, globalization is creating a heightened need for new health governance structures to promote coordinated intergovernmental action.

Today, the growing field of international health law encompasses treaties and other legal instruments addressing increasingly diverse and complex concerns. These concerns focus on public health matters that span across national boundaries and require cooperation across nations such as biomedical science research, human reproduction and cloning, organ transplantation and xenotransplantation, infectious and non-communicable diseases, international trade and the safety of health services, food and pharmaceuticals, and the control of addictive substances such as tobacco and narcotics. International health law is also increasingly linked with other realms of multilateral concern such as arms control and the banning of weapons of mass destruction, international human rights and disabilities, international labor law and occupational health and safety, environmental law as it relates to the control of toxic pollutants, nuclear safety and radiation protection, and fertility and population growth.

The breadth and depth of international public health law has continued to evolve over the last year in response to important developments in world health conditions. With the after-effects of the Asian tsunami disaster of December 2004, the Avian Bird Flu crisis and other major communicable and non-communicable diseases and threats to global health throughout the world, the international community continues to respond with advances in international health law instruments.

Just this past year, there have been major developments in international

health law including an effort to update and revise the WHO International Health Regulations (IHR), the core international instrument designed to promote multilateral cooperation to counter disease outbreaks. After several years and input from all of the 192 Member States of the WHO, the World Health Assembly adopted the new set of International Health Regulations in May of this year. In the realm of non-communicable disease control, the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), the first treaty ever adopted by WHO, entered into force on February 27, 2005. This groundbreaking treaty, which was negotiated over four years and adopted by the 192 Member States of WHO by consensus in 2003, is designed to promote international cooperation and national action to curtail the global tobacco epidemic. Seventy-eight countries have ratified the WHO FCTC. The United States signed the treaty in May 2004, but has not ratified it. In the area of food safety, the Codex Alimentarius Commission, an international food standards-setting body created by the United Nations Food and Agriculture Organization and WHO, adopted new guidelines in July of this year on vitamin and mineral food supplements and a code of practice to contain antimicrobial resistance. Also, on March 8, 2005, the United Nations General Assembly adopted A/59/516/Add.1, a non-binding resolution that calls upon Member States to adopt measures to prohibit all forms of human cloning. The resolution was adopted in response to a failed international treaty negotiation on this topic.

In the wake of the devastating tsunami disaster at the end of last year, international attention turned to the legal framework that exists to prepare for, detect, and respond to natural disasters. A body of international law has been developed to help states prevent, prepare for, and respond to technological disasters with potential transboundary effects, such as maritime, industrial, and nuclear accidents and emergencies. Although

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CLINICAL FACULTY AND STUDENTS MAKE A DIFFERENCE AT THE LOCAL AND STATE LEVEL

The University of Maryland School of Law's Clinical Law Program is ranked as one of the top in the country. Contributing to the Program's success are several health law clinics. Each of these clinics performs valuable work in our community and has affected healthcare practices and policies at the local and state level. We highlight three of them here.

Students in the AIDS/Child Welfare Clinic have advocated for the rights of persons with HIV/AIDS for years. Created in 1987, the AIDS clinic was one of the first in the country. Directed by Professor Deborah Weimer, the clinic gives students an opportunity to work closely with medical providers and social workers at adult and pediatric HIV medical clinics to provide integrated legal services to people with HIV.

The changing face of AIDS has led the Clinic to develop new models of legal service delivery. In its early years, the AIDS/Child Welfare Clinic largely served the adult populations first affected by the epidemic. Students worked on cutting edge civil rights litigation including discrimination by employers and health care providers and forced HIV testing by both employers and local government agencies. These cases arose largely from fear and ignorance, and as the epidemic continued, education and experience alleviated much of the insensitive and hostile treatment that originally greeted people diagnosed with AIDS.

Recently, students in the AIDS/Child Welfare Clinic have been representing clients in cases challenging the Department of Social Service's inability to respond appropriately in cases where HIV is an issue. For example, DSS removed an infant at birth with no evidence that the child's mother was in any way neglectful. The mother was working full-time (and had been employed in the same position for two years). She owned her own home and had two older children she was caring for with no problem. However, at the birth, the hospital found that she tested positive for marijuana use and reported this to DSS. When DSS workers learned that the mother tested positive for HIV, they removed her newborn because

he was "at risk for HIV" and placed him in a group home for medically fragile infants. The baby has now had two tests indicating he does not have the HIV virus, but he remains in the group home. DSS workers did no investigation to determine the likelihood that he was HIV+ and did not look into the mother's ability to care for the child. They removed him because of stereotyping about mothers with HIV and their ignorance about the current extremely low rate of transmission of HIV to newborns in utero in situations where the mother is in prenatal care and getting appropriate treatment. An upcoming adjudicatory hearing will decide whether being HIV+ and testing positive for marijuana is sufficient to warrant a finding of child neglect.

Ironically, while overreaching and bringing children into care who do not need to be there, DSS has asked the court to relieve it of responsibility for adolescents with AIDS who really need its support to transition to independent living. DSS asked the court to lift its commitment to provide custody and care of an 18-year-old living with AIDS (who had been positive since birth) because she had run away from foster care placements. She had run away because her HIV status had been disclosed by another teenager living in the same home. This client needed more support, not less, to make the transition to independent living. The Court recognized the importance of keeping her in care and gave her an opportunity to demonstrate that she would remain in a foster care placement and work with the Department. The new foster care placement has been a good one, and the client is now eligible for independent living services.

Through the Tobacco Control Clinic, taught by Professor Kathleen Dachille, law students work on areas of interest to the Center for Tobacco Regulation, Litigation and Advocacy. The Center, located at the School of Law and directed by Professor Dachille, was established with funding from the Maryland Department of Health and Mental Hygiene's Office of Health Promotion, Education and Tobacco Use Prevention with monies

from the state's tobacco settlement. The Center is dedicated to providing legal support to communities, community groups, employers, local governments, and state legislators and agencies interested in reducing the negative health consequences of tobacco use.

Students in the Tobacco Control Clinic have contributed significantly to local and state legislative proceedings concerning proposed tobacco control legislation. During the 2005 General Assembly session, students worked on a variety of bills considered by the state legislature. At the request of Delegate Dan Morhaim, students drafted a bill that would require health insurers in Maryland to cover at least some of the cost of nicotine replacement therapy (NRT) products, such as nicotine gum, patches and inhalers, and prescription drugs used to help individuals quit smoking. After drafting the bill and assisting the Department of Legislative Services prepare a fiscal note to accompany the bill, the students testified in both the House Economic Matters Committee and the Senate Finance Committee in support of the bill and made follow-up visits to committee members with information that was requested in the hearings. A compromise was negotiated with the major insurance companies to mandate coverage only for prescription drugs, excluding the NRT, and the bill was passed and signed by the Governor.

Another group of students worked with Delegate Brian Moe and the House Fire Caucus in support of a bill requiring that cigarettes sold in Maryland meet certain fire safety standards. The students worked tirelessly to collect data about cigarette-caused fires, to understand how "fire-safe" cigarettes are manufactured and function, and to garner support for the bill from legislators and public safety advocates. After a practice session before their colleagues, the students testified with skill and vigor before the House Economic Matters Committee and arranged for a national fire safety expert, Dr. John Hall of the National Fire Protection Association, to

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provide technical testimony in support of the bill. Although the bill was withdrawn, the students made an impact on the Committee Chair, Delegate Dereck Davis, who requested that the issue be studied during the interim and presented again in 2006.

As a result of the work of the Tobacco Control Clinic, an important local tobacco control measure was also put in place by the state legislature this past session. In Maryland, counties that lack home rule authority must ask for local legislation from the General Assembly. The Carroll and Garrett County Health Departments approached the Tobacco Clinic for help in gaining passage of a bill that would require tobacco products in these counties to be stored out of the consumer's reach, banning self-service tobacco products. Students drafted the bill and testified in support of the proposed legislation in the Senate Finance Committee and coordinated the testimony of the local health departments. The bill passed handily and will be in effect in Carroll and Garrett Counties in October. At the request of the local health departments, the Center for Tobacco Regulation will assist the counties in designing retailer and community education programs and in developing an effective enforcement plan. Incoming Clinic students will likely take on much of that work.

The Drug Policy Clinic, taught by Professor Ellen Weber, has been very active on the local and state levels. On the local level, the clinic has been working with the Baltimore City Health Commissioner, Baltimore Substance Abuse Systems, Inc., the City Planning Department, and the City Council, to draft, introduce and obtain passage of two zoning bills that would eliminate the city's discriminatory zoning standards for out-patient and residential drug treatment programs. The bills, which were first introduced in 2004, were reintroduced on July 11, 2005 by City Council President Sheila Dixon on behalf of Baltimore Mayor Martin O'Malley. Students are engaged in on-going education efforts with council members and will testify at upcoming hearings before the Council's Land Use Committee.

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UM CENTER FOR HEALTH AND HOMELAND SECURITY: PLAYING AN ACTIVE ROLE AT THE STATE AND REGIONAL LEVEL

The University of Maryland Center for Health and Homeland Security (CHHS) was founded shortly after the terrorist attacks of 9/11 by University of Maryland, Baltimore President David J. Ramsey to coordinate and expand upon the extensive scientific research, health

three years, the CHHS team has grown to include fifteen full time staff members and six research assistants. CHHS' activities span the field of homeland security and include projects designed to assist in the implementation of government initiatives, provide advice on future projects to



Michael Greenberger (6th from left), Director, with staff and fellows of the CHHS

programs, policy development, training, legal analysis, and government consulting done at the University relating to homeland security. What began as a small Center with an eye towards providing policy support to the University has grown into a thriving government resource and active participant in Maryland and the National Capital Region's efforts to prepare and guard against terrorist attacks.

CHHS has grown substantially since its founding under the direction and vision of its director, Michael Greenberger. Professor Greenberger came to the University of Maryland School of Law in July, 2001 after practicing law for more than 20 years in a private firm and then more recently with the federal government in a variety of roles including the Justice Department's Principal Deputy Associate Attorney General.

In May, 2002, when Greenberger assumed the role of director, CHHS was comprised of three full time staff members; however, after little more than

address homeland security concerns, study the effects of homeland security legislation and actions, and disseminate information and educate students and the general public about homeland security issues.

Early in its development, CHHS partnered with the Maryland Emergency Management Agency (MEMA) to assist state and local agencies with the creation of Continuity of Operations Plans (COOP) in response to a mandate by Maryland Governor Robert Ehrlich. As a first step, CHHS staff authored the *Maryland Continuity of Operations Planning Manual*, which provides agencies with a step-by-step method for creating a COOP plan. Now, CHHS is assisting MEMA by providing expert evaluation of proposed agency plans and management of plan development. At present, CHHS is also assisting the Maryland Department of Human Resources (DHR), the Maryland Office of the Governor, the Maryland Department of Budget Management, and the Maryland Department of Health and

L&HCP FACULTY WEIGH IN ON STATE AND FEDERAL HEALTH POLICY ISSUES

Mental Hygiene (DHMH) as well as several county governments to prepare their COOP plans.

Last year, CHHS partnered with DHMH and the Maryland Office of the Attorney General to produce the *Maryland Public Health Emergency Preparedness Legal Handbook*. This document was the first effort to compile in a single volume an easy-to-use reference manual with Maryland and federal statutes, regulations, and case law that would be called into play during a public health emergency.

The Center has also recently been tasked with drafting a concept paper to assist a newly established Gubernatorial Committee—the Health and Medical Surge Capacity Technical Advisory Group (HMSCTAG)—to plan for a sudden, significant increase in demand for medical services in the state.

In addition to its role as an advisor and consultant, CHHS has been an active contributor to the body of scholarship regarding homeland security.

The anthrax incidents in the fall of 2001, the severe acute respiratory syndrome (SARS) outbreak in 2002–2003, and the possibility of a pandemic flu raised concerns about the nation’s ability to physically respond to a major public health threat. In Maryland, state public health personnel asked whether the state’s hospitals and medical systems could adequately care for a large, rapid influx of patients requiring immediate specialized medical services. To address this issue, the Governor’s Emergency Advisory Council formed the HMSCTAG. The *Surge Concept of Operations* paper, which CHHS will prepare, will guide the TAG in the production of a detailed medical surge plan.

CHHS has also advised the Maryland Governor’s Office of Homeland Security on the management of homeland security related programs and has supported the Governor’s Office in the assessment of statewide capabilities, including resources for preparedness, protection, response, and recovery from a terrorist attack.

In addition to its role as an advisor and consultant, CHHS has been an active contributor to the body of scholarship

regarding homeland security. Center staff and students have published articles concerning the use of material witness statutes as a law enforcement preventive detention device; influential terrorism cases and their impact on fundamental rights; and the need for adequate liability protection and injury compensation for purposes of running a successful vaccine program to protect residents from agents of bioterrorism.

CHHS serves as an educator of the public primarily through its website located at www.umaryland.edu/healthsecurity. This site provides up-to-date information on homeland security through selected news articles, legal opinions, and government documents. The website also educates the public through its “Citizen’s Homeland Security

Tool Kit” which provides guidance for individuals and families about how best to prepare for attacks and natural disasters. Center Director Greenberger also frequently appears in the media and comments on important Congressional legislative initiatives. He recently testified before the U.S. House of Representatives Subcommittee on Emergency Preparedness, Science, and Technology on “Project Bioshield: Linking Bioterrorism Threats and Countermeasure Procurement to Enhance Terrorism Preparedness.”

As a part of achieving CHHS’ mission, Professor Greenberger also offers two courses at the Law School: “Homeland Security and the Law of Counterterrorism” and “Homeland Security – The Interdisciplinary Study of Crisis and Health Consequence Management Policy in the Era of Counterterrorism.” The latter course is open to students from all of the University of Maryland, Baltimore (UMB) professional schools and provides students with an introduction to the health implications of a terrorist attack and the strategies employed to counter public health crises.

Not only do L&HCP faculty shine in the classroom, they frequently use their research and scholarship to influence health policy in a positive way. Professor Robin Wilson has turned her research in two areas of law into a vehicle to change health policy. Much of Wilson’s recent research has been on the use of anesthetized and deceased patients without consent for the training of medical students. She became interested in the subject when a female medical student approached her and told her that she was being asked to perform pelvic exams on such patients. Wilson says her “jaw dropped,” and she began to research this practice, which has persisted since the 1900s. Based on her findings, Wilson testified before the Federal Trade Commission and at the Department of Justice Joint Hearings on Health Care and Competition Law and Policy. The day after her testimony, the American Association of Medical Colleges issued a one-page statement labeling the use of anesthetized patients for teaching without knowledge or consent as unethical.

Wilson has also been able to translate a second area of her scholarship in the area of child abuse into public policy. She shared an article she published in the *Emory Law Journal* entitled “The Cradle of Abuse: Evaluating Danger Posed by a Sexually Predatory Parent to a Victim’s Siblings” with colleague David Orentlicher, a law professor at the University of Indiana–Indianapolis who is also a member of the Indiana House of Representatives. Based on Wilson’s research, Orentlicher successfully went on to sponsor a statute in Indiana to institute presumptions of risk to siblings after a parent or other family member has sexually abused one child.

Before Professor Tom Perez joined the faculty at the School of Law, he was the Director of the Office of Civil Rights at

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the U.S. Department of Health and Human Services. Expanding access to health care for minorities has been the focus of Perez's teaching, scholarship and activism. Because of his role in the federal government, Perez was commissioned to author a paper in 2002 that is part of the Institute of Medicine's landmark *Unequal Treatment* report. This report warned of the disparate treatment minorities face in the health care system and outlined a series of measures to level the health care playing field. Perez was able to use his research to affect changes at the national level when he was appointed to serve as a member of the Sullivan Commission on Diversity in the Healthcare Workforce. This nonpartisan 16 member Commission was created to develop a blueprint for increasing racial and ethnic diversity in the health professions. The Commission conducted six field hearings across the United States and examined previous efforts in the workforce diversity area. In September of last year, the Commission released a report entitled, "Missing Persons: Minorities in the Health

Professions," that includes numerous recommendations on to how to increase the number of minorities in the health care workforce. Perez has also been awarded a grant from the Kellogg Foundation to study how the accreditation process in medicine, dentistry, nursing and psychology can be used as a leverage point to increase racial and ethnic diversity in the health professions.

While much of Perez's work has been at the national level, he has also managed to be a leader in state health care issues. Last spring, he organized a conference at the Law School entitled "Bridging the Racial Divide: Eliminating Racial and Ethnic Disparities in Health Status." (See article in *L&HCP Newsletter, Spring 2005*.) He gathered an impressive list of speakers including community leaders, legislators and researchers to discuss this critical issue. As a result of that conference, Perez put together a working group of people interested in pursuing policy change in this area on the state level.

In his role as an academic, visiting Professor Dan Gilman has focused his attention on live health policy issues at the front and center of today's national news. He is in the process of

writing an article titled, "Poison Pills: *Oregon v. Ashcroft* and the Regulation of Dangerous Substances," in which he examines the role of the Drug Enforcement Administration in interpreting "legitimate medical practice" and the impact this has on the Oregon Death with Dignity Act which legalizes physician-assisted suicide. This case, now captioned *Gonzalez v. Oregon*, will be heard by the Supreme Court next term, and Gilman plans to incorporate the Court's opinion into his analysis of the issue.

Gilman is also working on an article dealing with the hot topic of drug reimportation, "Price, Property and Trade in Pharmaceuticals." He argues that price discrimination within and across U.S. borders is such that the cost to U.S. consumers of international price discrimination may not be as large as many have thought. He asserts that extant drug reimportation schemes are not likely to provide substantial long-term price relief to U.S. consumers of drug products. No doubt, Professor Gilman's articles will add to the continuing debate on these topics.

L&HCP FACULTY WORKING AT THE INTERNATIONAL LEVEL

Professor Allyn Taylor's research in the emerging field of international health law has resulted in significant developments in global health policy and law. While a Ford Foundation Fellow in Public International Law at Columbia Law School in the early 1990s, Professor Taylor focused her doctoral dissertation on the much neglected field of international health law. She wrote a seminal article in the *American Journal of Law and Medicine* calling upon the World Health Organization (WHO) to reconsider its neglect of international legal instruments and use international law to advance global health policy and human rights. At the time, the Organization had never encouraged the development of treaty law in any area of public health. Shortly after her article appeared and while teaching at Whittier College School of Law, she was contacted by the Chief of Health Legislation at WHO and was hired as a

legal consultant – the first international lawyer brought into the Organization to examine the role of WHO in promoting international health law.

Taylor's research in international health law was also the foundation for WHO's first convention – the WHO Framework Convention on Tobacco Control (FCTC). Upon the suggestion of the late Professor Ruth Roemer of the UCLA School of Public Health to apply her research in international law to the realm of tobacco control, Professor Taylor developed the idea of a WHO FCTC as part of her dissertation that was subsequently published by the *Yale Journal of International Law*. Later, Taylor and Roemer collaborated on a formal feasibility study calling for the FCTC in a document prepared for the WHO Executive Board. The Member States of WHO adopted the recommendation for a FCTC as organizational policy in 1996. The treaty was negotiated by the 192 Member States of

WHO starting in 1999 and was adopted in 2003. The FCTC formally entered into force in February 2005.

In 1998 Professor Taylor joined the permanent staff of WHO as a senior health policy adviser and was the senior legal adviser for the FCTC until its adoption in 2003. In addition to heading the FCTC legal team for the WHO Tobacco Free Initiative, she also represented the WHO in other international negotiations during her five years as a WHO staff member, including the proposed United Nations Convention Banning the Reproductive Cloning of Human Beings and the United Nations Convention on the Corruption of Public Officials. In addition to WHO, Professor Taylor has worked extensively with other international and non-governmental organizations in the development of

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AT THE STATE LEVEL... THE MARYLAND BOARD OF PHYSICIANS

In the Law & Health Care Program at Maryland, students have a unique opportunity to explore various legal careers that are often inaccessible to law students. As a licensed healthcare provider myself (I've worked as a firefighter and licensed paramedic in Maryland for over nine years), I have always been interested in the licensing and disciplinary processes of paramedics and other providers. My externship at the Maryland Board of Physicians (MBP) allowed me to observe these processes at work. The MBP is the state agency charged with the oversight and regulation of physicians and certain other allied healthcare workers. My semester with the Board allowed me to see and understand how state agencies actually function and carry out their responsibilities. This is enormously valuable for any soon-to-be lawyer who expects to interact with various agencies and government bodies.

Setting up an externship with a relatively small and busy agency like MBP is actually quite difficult. This is because the agency handles such sensitive matters as patient complaints and physician discipline. Also, the legal issues are complex and very fact-specific. However, thanks to the assistance of Dr. Yemisi Koya, a Maryland law alum and Director of the Compliance Division at the MBP, I was able to arrange an externship for an entire semester. I was assigned to the Compliance Division, which receives, investigates, and prosecutes allegations of physician misconduct. But this was not merely an exercise in legal research or memo drafting; it was an inside look into how and why regulatory agencies do their work.

I was amazed by the great deal of discretion afforded to regulatory agencies. As a result, I think lawyers can easily become perplexed as to why certain

action is taken and other action is not. The regulations themselves may not offer much guidance on such questions as: Does off-work drug use constitute "impairment" of a physician's abilities, triggering disciplinary action by the MBP? If so, should the physician's license be suspended or revoked, or is rehabilitation a better alternative? What about other off-work conduct not involved in the practice of medicine? And to what extent does other misconduct have to be involved with a physician's medical practice for the MBP to issue sanctions? These are not easy questions, even for lawyers at the MBP who have been working there for many years. As a student, it was extremely useful for me to see how these attorneys analyze and investigate the matters before them.

In many cases, a complaint may not have merit, or there is insufficient evidence to prosecute. But more interestingly, the Board may also make a *policy* decision not to take disciplinary action. Understanding the rationale and motivations behind these policy decisions provided me with some invaluable insights that will be useful to me as I begin my life as a practicing attorney. This externship was an opportunity to witness the thought processes of the decision makers, to see how and why they decide cases the way they do. It was like having a backstage pass to the jury deliberation room, with the added benefit of being able to ask questions and obtain feedback as to what was important to the Board and its staff when making the decisions.

I was able to work with staff members as they investigated complaints, determined if the facts warranted prosecution, and assessed the regulatory and political consequences of various actions. I was also able to attend meetings of the Board where they discussed disciplinary cases, made policy choices,



Brian Bregman, '05, with Diane Hoffmann,
Director of the L&HCP

weighed the evidence, and deliberated on the appropriate sanctions to impose. Additionally, I studied the procedural due process offered to physician licensees when charges are brought against them: notice, discovery, and a hearing (these, of course, being vital components of a fair regulatory scheme). I was impressed to discover that the MBP holds these procedural safeguards in high regard, giving all licensees as much process as is afforded under the law. This was yet another important lesson for me in this externship—observing the dedicated efforts of the people who are working behind the scenes at many of our government institutions.

My externship at the MBP was a rare chance to see how an attorney can function effectively and persuasively before a state regulatory body. While this might not exactly be "inside" information, it was nonetheless very useful because it allowed me to see how best to advocate for a client before such an agency, something I hope to do in the future. Through this externship, I was able to have unique access to something that attorneys often wish they could have: a view into the mind of the fact-finder and arbiter.

Brian Bregman, '05

AT THE FEDERAL LEVEL... USAO

One of the characteristics that first attracted me to the University of Maryland School of Law was the extent and depth of the Clinical Law Program. However, back then, I had no idea that I would develop a profound interest in both litigation and health law. As this interest became clear, completing the Health Law Certificate was the obvious choice for me. So, after taking a few great classes and completing a number of the seventeen credits required for the certificate, I was excited to begin the experiential part of the program. I was, however, a little apprehensive. After all, I had been bitten by the 'litigation bug' and wanted to incorporate that into my externship experience.

I was assuming (wrongly, I later found out), that most of the health law externships available would not offer the litigation exposure I wanted. I was more than pleasantly surprised when Cindy Tippett, Coordinator of the Law & Health Care Program, recommended I apply to the U.S. Attorney's Office for the District of Maryland. Initially, I wondered whether the intersection between federal prosecution and health law was vast enough to provide sufficient material to satisfy the credit requirements. Again, I had assumed wrongly. During the four months of my externship, I was involved with the development, investigation and pre-trial work of more than three important cases, all of them in entirely different areas of the law. In addition to seeing the practical application of most of the concepts I learned in the classroom, I learned about how health lawyers think and feel about the issues they deal with.

After the interview process concluded late in the fall, I had to go through my first ever background



Maria Mojica, '06

check. I had to remember every previous address, phone number, employer and reference. In addition, I had to call former employers and references just to say "don't panic if the FBI calls you about me." I was fingerprinted multiple times. I completed forms, signed releases and waited. Finally, the call came. I had passed the background check and was expected at the office on Monday. And so it started.

From the very first moment, I was treated like part of the civil division team. I had a great workspace, a computer terminal, phone extension and email account. But more than that, the Division Chief, Virginia Evans, invited me to attend all the bi-weekly attorney division meetings and participate if I wanted to. I was also included by individual attorneys in activities they thought would interest me: depositions, settlement negotiations, investigations by the office and other agencies, and on-going trials. I was told that if there was anything I wanted to do, I should just ask. Which I did. . . a lot!

The interesting thing about the Civil Division is that in essence, it is the government's litigation defense 'law firm' representing the government when, for example, a U.S. Postal truck hits a pedestrian or someone sues the Naval Hospital for malpractice. At the same time, the Civil Division acts offensively, civilly prosecuting medical providers that have defrauded and abused the Medicare/

Medicaid system, have submitted a false claim to the government or violated federal patient privacy laws. A third, smaller side of the operation of the division are *qui tam* actions under the False Claims Act, through which individual citizens ('whistleblowers') can sue the defrauding party on behalf of the federal government. The Office keeps 'track' of the *qui tam* suits and relator claims in order to decide whether to intervene.

The attorneys in the office were always accessible. NO question I had went unanswered. On a particular occasion, one of the attorneys asked if I wanted to join in a settlement negotiation of a malpractice case. I jumped at the chance. I was given a copy of a memo that explained to the magistrate judge our position on the issues (big causation problem) and what we thought were the weak points (very, very sympathetic plaintiffs and truly sad case facts). During the drive to the courthouse in Greenbelt, the attorney asked what I thought about the case. I was a bit surprised that he was *really* asking for my opinion, not simply making conversation or secretly quizzing me on my embryonic knowledge of the medical facts involved in the case and the *prima facie* elements of negligence. He wanted *my* opinion. While I felt good about my accomplishments in law school classes, having this practicing, experienced attorney take into consideration my input and slightly change his approach to the negotiation was even better than getting an A in a course.

During that same negotiation, I experienced what was probably the one moment that will stay with me for a long time. After arriving at the Courthouse and meeting the magistrate judge, both sides met for an initial discussion. The plaintiffs were there, and I initially found myself not being able to look at them in the eye. Maybe I've read too many novels, or my sense of the world is too sharply divided between good and evil, but I couldn't help but feel like I was playing for the bad guys. Here were these people who had something

incredibly unfortunate happen to them, and all I could think of was that somebody needed to pay. On the way back to Baltimore, and after a heated internal debate, I shared my little existential crisis with my supervising attorney. First, he told me that he also felt incredibly bad for the family and that my empathic reaction was normal and healthy. Second, he reminded me that while it might feel like the right thing to do is just make somebody pay, the truly right (and legal) course of action is to make the RIGHT people pay. He was right.

That conversation with my supervisor was the kind of experience I was craving and got at the U.S. Attorney's Office. Not everything that occurred was a soul-stirring experience. After all, the office is part of a government agency: the attorneys are busy, the support staff is busy, and they argue about who is the busiest. But in the end, I have to say, the office is run like a tight ship and the few eager, bright-eyed and bushy-tailed law clerks are greatly appreciated. The environment was always professional but casual, with attorneys sharing good-natured jokes about things like the cheesiness of an opening statement, the outrageousness of a bill for an opposing expert, or the gall of a particular plaintiff's attorney to spring a last minute deposition or sneak in one more witness. There was, however, no water-cooler culture.

Working at the USAO has ultimately cemented my desire to continue in the field of health care law and litigation. It has also impressed potential employers; they want to know what the experience was like and are surprised at the extent of it. More importantly, any less-than-positive preconceptions I had about civil defense work were eradicated by the hard work and passion of the attorneys with whom I worked. They empathized with each plaintiff's plight and had a clear vision of right and wrong. It sounds silly to say, but I met people there that made me think: "That is exactly the kind of lawyer I want to be when I grow up."

Maria Mojica, '06

AT THE INTERNATIONAL LEVEL...WHO

Believing in international law and organizations like the United Nations was, I thought, akin to believing in Santa Claus or the Tooth Fairy: childish and one that could only lead to disappointment. Then I heard about an externship opportunity with the World Health Organization in Geneva. The cosmos was calling my bluff.

When I arrived for work on the first day, I was pleasantly surprised by my greeting at the Office of Health and Human Rights, where I would be working for the duration of my externship. Tanya, my first-level supervisor, was a petite woman not much older than I, and she was fired up about the right to health. During our first meeting, she handed me publications that the Health and Human Rights team had created and told me to read and acclimate myself during my first week. She also outlined my work.

Although my principle task was going to be attending the 61st Session of the Commission on Human Rights and drafting, along with another intern, weekly notes to be distributed within WHO, I would have other tasks before and after the Commission. The Health and Human Rights team had several databases that needed to be updated and, in some cases, reorganized. At first blush, I was not certain how working on these databases would contribute to my learning experience as an intern.

The database on the right to health contained three principle areas: international and regional instruments that include reference to a right to health; national constitutions that refer to such a right; and finally, national case law that references the right to health. My task was not only to reexamine the organization of the database, but also to review some of the documents themselves, as well as the definitions of the types of instruments. For example, I



Mary Martha Kobus, '05, at the WHO

was tasked with researching definitions of the word "treaty." Although this may seem an easy task, there are many ways of viewing a treaty, and there are many terms that can be used interchangeably depending on the definition employed. Agreeing on the meaning of a term, I discovered, was some of the practical work of an international lawyer.

While working on the databases, Asako, another woman working on the HHR team, asked me to do research for her for her upcoming trip to Jordan, where she would be briefing the Iraqi Ministry of Health on health and human rights. It was exciting to research documents relevant to this trip and gratifying to know that in some small way I was contributing to this work.

She also asked me to research and draft a note for a five-year review of a country's compliance with the human rights treaties it has signed. The note submitted by WHO examines the country's human rights through the lens of health. Health and human rights covers not only health care issues, such as vaccines and issues surrounding infectious diseases, but also covers topics like violence against women and trafficking in women and children.

Participating in the Commission on Human Rights was an inspiring experience. The first week, during the "high-level segment," the Commission

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WHO

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was in the main “Salle des Assembles,” or assembly room, of the United Nations. There, diplomats of the equivalent ranking of Secretary of State delivered 15 minute formal speeches about the status of human rights within their own countries and around the world. Many speakers highlighted the crisis in the Darfur region of the Sudan, the ongoing conflict in Iraq, as well as the fighting in Chechnya and the Israel/Palestine conflict.

Although the Commission on Human Rights is a very political forum, the work it sets out to do stems from the ambitions of its founders, most notably Eleanor Roosevelt. She was the chairperson of the first nine sessions of the Commission on Human Rights and was instrumental in drafting the International Declaration on Human Rights. As I recalled from a class in international law, it was Woodrow Wilson, who, after World War I, set the ball rolling for an international governing body in his League of Nations, and then Harry Truman who helped form the United Nations in the aftermath of World War II. Taking notes on behalf of WHO, I felt that I was experiencing a part of history.

This feeling became stronger when, weeks into the Commission, Secretary General Kofi Annan delivered an address to the Commission calling for UN reform and outlining a new Human Rights Council which would replace the existing Commission. The Commission, he said, has become overly political and its goal of protecting human rights around the world is hampered by its size and politicization. It cannot respond quickly enough to human rights crises and people are suffering unnecessarily as a result of its impotence.

As an intern at the World Health Organization, I came to realize how important the United Nations is to people around the world. I saw a small publication of letters received by the WHO requesting aid from people who are suffering from unexplained illness in small villages. I saw how the Iranian delegation sat between the Iraqi and Israeli delegations, and the delegates talked to one another and even made jokes from

Spotlight on . . .

ALUMNI

WORKING AT THE STATE LEVEL. . .

KRISTIN JONES, '97

Last year, when the medical malpractice debate was heating up in Annapolis, one University of Maryland School of Law alum was right in the middle of the action. As Legislative Counsel to Speaker of the House of Delegates Michael E. Busch for the last three years, Kristin Jones has been heavily involved in her share of policy and budgetary issues including health care issues such as medical malpractice reform.

Jones contemplated law school after she completed her coursework in Legal Studies at the University of Massachusetts, Amherst in 1991. Instead, she chose to move home to Maryland, where her over ten-year career in health policy and legislation began. She spent two years as a legislative aid in private lobbying firms. Then, in 1994, Jones became the Director of Government Affairs for an association management firm in Baltimore. The firm



Kristin Jones

managed a number of health-related professional and trade associations. It was in this position that Jones began working primarily with health care lobbyists and became exposed to health policy on the state level. She decided to go to Maryland

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time to time. I heard a woman from Afghanistan speak about violence against women under the Taliban, and how she is grateful that they have been removed from power but saddened that the motivation for their removal was not the injustice to women, but the events of 9/11 in the United States.

I heard a woman from the United States delegation speak about violence against women in Iran, not just as a U.S. citizen, but also as an immigrant from Iran. And I heard an Iranian woman claim that her country was very protective of women's rights.

A man from Cambodia approached me and my cohort about an unexplained blindness that was sweeping a small village in his country. He wanted to meet with members of the WHO staff to find out if someone could be sent to the country to research and possibly help solve this problem.

Most of all, I learned that, like a family lawyer dealing with an emotional client

seeking a divorce, compassion is the watch word in international health and human rights law. I also was gratified to discover that the United Nations, although a large bureaucracy, is staffed by people like Tanya, Asako, and others that I worked with: intelligent, hard-working people who believe in the cause of the UN. They do not believe in it blindly, but rather realize its faults and are willing to work to change it.

Finally, I was thrilled with the world of diplomacy. For all the conflict and adversity we watch daily on CNN, for all the hatred we read about in the newspaper, there are people, thousands of them, who gather to discuss solutions to the world's problems. Rather than affirming my suspicion that the UN was a failing organization replete with old bureaucrats, I left the internship with a feeling of gratitude and a heart softened to the importance of human rights for all.

Mary Martha Kobus, '05

Spotlight on . . .

ALUMNI

WORKING AT THE NATIONAL LEVEL. . .

SANDRA PRESSMAN, '94

Law as an evening student to focus on this new interest. She says of her legal education: "Practical experience and the relationship development that goes along with it are really invaluable when it comes to public policy careers, but for me, Maryland Law was what provided the fundamental skills necessary to perform the technical and analytical work involved in legislative staffing."

Following graduation from law school in the spring of 1997, Jones spent a short time at a law firm before taking a position as a Senior Policy Analyst with the Maryland Department of Legislative Services, the nonpartisan staffing agency that provides legal, fiscal, and research support to members of the Maryland General Assembly. In that capacity, she served as counsel to Mike Busch's House Economic Matters Committee in the Maryland General Assembly and handled legislation on a variety of issues, including the formation of the new children's health insurance program, the CareFirst conversion debate, the 2000 prescription drug subsidy programs, the Maryland Health Insurance Plan for medically uninsured people in the state, and other high profile health issues in Maryland.

When Mike Busch became the Speaker of the House in January of 2003, he asked Jones to join his legislative staff. In this position, Jones has become a jack of all trades. She has learned the ins and outs of the budget process and has gotten to spend a significant amount of time on education policy as well. She says, though, that health law is still her favorite subject. She spent a great deal of time last year involved in the medical malpractice hearings that were held in Annapolis: "The recent debate over rising medical malpractice insurance rates and its impact on access to affordable health care in the state was one of the more complex and frankly, emotional issues I've worked on as a staff person. Policymakers had to grapple with a lack of reliable empirical evidence as to the cause of the crisis and the most appropriate solution, in the face of some very strong and conflicting sentiments on the part of various stakeholders."

A native of the UK, Sandra Pressman received her undergraduate degree from the George Washington University, an MA in the History of Medicine from the Johns Hopkins University School of Medicine, and a JD from the School of Law in 1994.

Pressman began her career over 25 years ago as a medical sciences writer and then managing editor with the federal government's Department of Health and Human Services. From 1978 to 1982, she worked for the Food and Drug Administration, where she coordinated and managed the publication process for the regulation of medical devices from initial classification to publication of final rules. In 1982, she moved to the National Institutes of Health (NIH) where she spent the next ten years doing a variety of writing and editing. She researched, wrote and produced the "From the NIH" column published monthly in the *Journal of the American Medical Association* to brief clinicians on significant NIH study findings. She also wrote feature articles on consumer issues for *Healthline*. As Assistant Editor of *News and Features from NIH*, a medical news service for scientific and lay press, Pressman wrote feature articles and edited technical manuscripts. She also created, researched and wrote "Medical Capsules," a column interpreting and summarizing study results.

It was during her time at NIH that Pressman completed her graduate degree in the History of Medicine and began law school as an evening student in 1990. Pressman says, "I must be living proof that it is never too late to go back to school and have a second career, but believe it or not, I was not the oldest person in my class—I was not even the oldest woman. I think that speaks very highly of the University of Maryland."



Sandra Pressman

After ten years at NIH, Pressman moved to the Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality) where she was the chief liaison between the Division of Communications and the Legal Medicine Program, the federal government focal point for medical/legal issues in health care legislation and policy. Pressman completed her JD in 1994. Since 1997, she has been with the Department's Office of the General Counsel (OGC), where her work involves health care and administrative law.

As a Senior Attorney in the OGC's Public Health Division, Pressman provides legal advice, statutory and regulatory interpretation, and policy guidance to the Smallpox Vaccine Injury Compensation Program and the Ricky Ray Hemophilia Relief Fund Program to ensure compliance with legislative and regulatory requirements for Program eligibility and payment of benefits. She says of her job, "I am very lucky to be assigned to really interesting programs, with great people who are just a joy to work with. We really work as a team, bringing together the medical, legal, and administrative/

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L&HCP FACULTY NOTES...

PROFESSOR IRVING BREITOWITZ

Presentations:

“Cloning and Stem Cell Research: The Limits of Science,” Jerusalem Institute of Halacha and Medicine, Potomac, Maryland (January 27, 2005)

“The Law and Ethics of Stem Cell Research,” Keynote Address, Second Annual TORCH Conference on Jewish Medical Ethics, Houston, TX (April 2005)

“Stem Cell Research and Jewish Law,” International Conference on Judaism and Contemporary Medicine, (panel with Dr. Howard Zucker, Professor of Medicine at Columbia University), New York, NY (May 15, 2005)

“The Medical Malpractice Crisis: Hype or Reality?,” International Conference on Judaism and Contemporary Medicine, (panel discussion with academics, physicians, and state legislators), New York, NY (May 15, 2005)

“Dignity of Life at the End of Life,” symposium participant, Center for the Study of Science and Religion, Columbia University, New York, NY (May 22, 2005)

Law and Ethics of Stem Cell Research: Reflections on Terry Schiavo, Advance Directives and End of Life, CLE Program, State Bar of Missouri (June 7, 2005)

PROFESSOR DAN GILMAN

Presentations:

“Markets and markets: Price Discrimination and the ‘Solution’ of Drug Re-importation,” 29th Annual Health Law Teachers Conference, Poster Session, Houston, TX (June, 2005)

Publications:

“Thou Shalt Not Kill as a Defeasible Heuristic: Law and Economics and the Debate over Physician-Assisted Suicide,” 83 *Or. L. Rev.* 1239 (2005).

PROFESSOR MICHAEL GREENBERGER

Presentations:

Testimony at Hearings Before the House Committee on Homeland Security, Subcommittee on Emergency Preparedness, Science and Technology, 109th Cong., “Project Bioshield: Linking Bioterrorism Threats and Countermeasure Procurement to Enhance Terrorism Preparedness” (July 12, 2005), available at <http://hsc.house.gov/testimony1.cfm>

Presenter, Maryland Public Health Emergency Legal Preparedness Handbook Training Session (April 8, 2005)

Presenter, The Cyril H. Wecht Institute of Forensic Science and Law & Duquesne University School of Law National Symposium: Tracking Terrorism in the 21st Century, Pittsburgh, Pennsylvania (October 21–23, 2004)

Publications:

“The 800 Pound Gorilla Sleeps: The Federal Government’s Lackadaisical Liability and Compensation Policies in the Context of Pre-event Vaccine Immunization Programs,” 8 *Journal of Health Care Law & Policy* 7 (2005)

“Maryland Public Health Emergency Preparedness Legal Handbook,” (2005) (Prepared for Maryland Attorney General and Maryland Secretary of Health and Mental Hygiene)

ASSOCIATE DEAN DIANE HOFFMANN

Presentations:

Panelist, Medical Malpractice – Tort Reform Panel, Department of Health Policy & Management, Fall Policy Seminar Series, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland (November 11, 2004)

Guest, The Medical Malpractice “Crisis,” The Marc Steiner Show, WYPR, Maryland’s NPR News Radio Station (December 7, 2004)

“Human Subjects Researcher Liability,” Presentation for Clinical Trials Coordinators, University of Maryland School of Medicine, Baltimore, Maryland (December 14, 2004)

“The Arrest and Prosecution of Physicians For Prescribing Opioid Analgesics: The Indirect Costs of Prosecutorial Overreaching,” 29th Annual Health Law Teachers Conference, University of Houston (June 3, 2005)

“Ethics and Resource Allocation: Questions of Distributive Justice,” at “Healthcare Ethics in Action” Conference, sponsored by Maryland Healthcare Ethics Committee Network and Franklin Square Hospital Center, Baltimore, MD (June 28, 2005)

Publications:

“Future Public Policy and Ethical Issues Facing the Agricultural and Microbial Genomics Sectors of the Biotechnology Industry,” (with Lawrence Sung) 24 *Biotechnology Law Report* 10–28 (2005)

“Dying in America — An Examination of Policies that Deter Adequate End-of-life Care in Nursing Homes” (with Anita Tarzian), 33 *Journal of Law, Medicine & Ethics* 294–309 (2005).

PROFESSOR TOM PEREZ

Presentations:

“Strategies for Increasing Racial and Ethnic Diversity in the Health Professions in the Post-Michigan Universe,” Conference sponsored by the Association of American Medical Colleges, Los Angeles, California (January 13, 2005)

“The Civil Rights Dimension of Racial and Ethnic Disparities in Health Status” Plenary Address to annual conference of Families USA, Washington, DC (January 28, 2005)

“The Legal Framework Behind Workforce Diversity,” at Bridging the Racial Divide in Health Care: Eliminating

Racial and Ethnic Disparities in Health Status, conference sponsored by the University of Maryland School of Law, L&HCP (March, 11, 2005)

DEAN KAREN ROTHENBERG

Presentations:

“The Standard of Care – *Hall v. Hilbun*,” Anatomy of a Law Suit: Lessons for the Health Care Provider, Johns Hopkins HealthCare Program, Bethesda, Maryland (May 2005)

“Genes on Trial: The Implications of Behavioral Genetics Research on the Individual, Family, Community & Society,” The Impact of Behavioral Genetics on Criminal Law, Law & Contemporary Problems Conference, Duke University School of Law, Durham, NC (April 2005)

PROFESSOR LAWRENCE SUNG

Presentations:

“Challenges of Patenting and Licensing Genomic and Proteomic Inventions,” Fourth Meeting of the Committee on Intellectual Property Rights in Genomic and Protein-Related Inventions, The National Academies of Science, Technology, and Law Program, Princeton, New Jersey (October 2, 2004)

PROFESSOR ALLYN TAYLOR

Presentations:

“The Role of International Law in Advancing Global Public Health and Human Rights: Lessons from the Framework Convention on Tobacco Control,” University of Maryland Global Affairs Lecture Series, Baltimore, Maryland (December 2004)

“The WHO FCTC: Breathing Life into Global Public Health Law.” Invited lecture presented at global health law conference co-sponsored by Columbia University School of Law and the Columbia University School of Public Health Center for Applied Public Health, New York, New York (April 2005)

Publications:

“International Law and Public Health: Strengths, Limitations and Future Challenges,” 98 *American Society of International Law Proceedings* 22 (2004) (Presented at the 98th Annual Meeting of the American Society of International Law, Washington, DC (April 2004))

“The Origins of the WHO Framework Convention on Tobacco Control,” R. Roemer, J. LaRiviere, A. Taylor, 95 *Journal of the American Public Health Association* 936 (June 2005)

PROFESSOR ELLEN WEBER

Publication:

“Civil Legal Need of Individuals In Drug Treatment,” (and co-authors), 28 *Journal of Substance Abuse Treatment* 205 (2005)

PROFESSOR ROBIN WILSON

Presentations:

“Remove the Threat, Not the Child: A Test Case for Professor Garrison’s Public Health Approach,” A Comment on Professor Marsha Garrison’s Paper, Conference on The State Construction of Families: Foster Care, Termination of Parental Rights and Adoption, sponsored by The Center for Children, Families and the Law, University of Virginia School of Law, Charlottesville, Virginia (October 29, 2004)

“Autonomy Suspended: The Use of Patients for Teaching Purposes Without Their Knowledge or Consent,” Association of American Law Schools, 2005 Annual Meeting, San Francisco, California (January 7, 2005)

PROFESSOR ROGER WOLF

Panelist, Medical Malpractice – Tort Reform Panel, Department of Health Policy & Management, Fall Policy Seminar Series, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland (November 11, 2004)

Alumni at the National Level

Cont. from page 13

operational aspects of the program. My ‘client’ programs are nonadversarial in nature, providing compensation to individuals who have been injured. There are always new public health law and policy issues coming up for discussion that have to be worked through.”

Pressman also manages the recruitment of legal interns, including Maryland Law students, for her office. In addition to her full-time job, she has been an adjunct professor for the last five years at the University of Baltimore School of Law, where she teaches Law and Medicine. She has also served as a volunteer mediator for the Maryland District Court for Anne Arundel County since 2000.

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LAW & HEALTH CARE PROGRAM GRADUATES 23

This year at the School of Law's graduation ceremony, twenty-three students were recognized for completing the requirements for receipt of a certificate in health law. This impressive group of students included 15 women and 8 men, 16 day and 7 evening students. Five students will be going on to judicial clerkships following the bar exam. While all 23 of our graduates are stars in their own right, we highlight five of them below.

Jason Christ had already done quite a bit in the real world before coming to law school. He spent a year at the American University in Cairo studying Egyptian Law and the Arabic language, and he worked as a law clerk at Arnold & Porter in Washington D.C. on products liability litigation.

While in law school, Jason impressed a number of his teachers and fellow students. To satisfy the experiential requirement for the health law certificate, Jason took the Civil Rights of Persons with Disabilities Clinic under the direction of Professor Marc Charmatz. According to Charmatz, "Jason always asked the very hard questions in class. I thought my job was to make the law students think, but he got me thinking many times. I was so



Samantha Freed, Lindsay Turner, Jason Christ and Caroline Hecker

impressed with Jason's professionalism that I suggested he apply for a job at the U.S. Attorneys Office. I understand, however, that he has a job with a prestigious DC law firm. Someone is not going to be very happy when he/she sees Jason on the other side of the case."

During his last year in law school, Jason was a research assistant for the Center for Health and Homeland Security, but

perhaps Jason's most active role in the Law & Health Care Program was his work as Managing Editor of the *Journal of Health Care Law & Policy*. According to the *Journal's* Editor-in-Chief, "Jason was a driving force behind the success of the *Journal* for the past two years. He did excellent work, both as an editor and as the business manager. This past year, as the Managing Editor, Jason spear-headed a major push to market the *Journal* and succeeded in obtaining many new subscribers. Jason possesses a natural ability to motivate and lead, and he has used this ability for the good of the *Journal*. He will be successful in all he endeavors." Next year, Jason will be an associate at Epstein Becker & Green, a nationally recognized health law firm in Washington, DC.

Jeremy Coylewright was one of our remarkable evening students. In the fall of 2002, he took one of the health law survey courses with Professor Diane Hoffmann. Hoffmann realized very early in the semester that Jeremy had a passion for improving human rights, reducing racial and ethnic disparities in health care and working for universal health care coverage.

Despite being an evening student, Jeremy was very active during law school. He worked with the Public Justice Center on issues of prisoner health and was on the staff of the *Journal of Health Care Law & Policy*. In that capacity, he published an article entitled "New Strategies for Prisoner Rehabilitation in the American Criminal Justice System: Prisoner Facilitated Mediation." He also served as a legislative intern in Congressman Elijah Cummings' office, where he worked on a variety of projects including one on racial disparities in health care.

While in Congressman Cummings' office, Jeremy took the Legislative Practice Workshop with Professor Ruth Fleischer. During that time, Fleischer got to know him well. She discovered that Jeremy would be starting Johns Hopkins Medical School in the fall of 2005 and that his wife was just completing a joint degree at Hopkins, an MD-MPH. "During the past four years," Fleischer said "in addition to completing three degrees, Jeremy and his wife have managed to have two lovely children. Jeremy wants to be a prison doctor and is also interested in law reform.



Andrew Smith and Darlene Skinner

He and his wife have also been active in helping the poor and he is one of the most idealistic and sweet people I have ever taught. I expect him to change the world."

Dana McDonald, another evening student, already had a very interesting career before coming to law school. She received her Master of Divinity degree from Southwestern Baptist Theological Seminary in 1997. From 1997-1998, she was a chaplain at Terrell State Psychiatric Hospital in Terrell, Texas, and from 1999-2001, she was a Court Appointed Special Advocate for the Baltimore City Circuit Court investigating cases involving child abuse and neglect.

Before and throughout law school, she worked as the Coordinator of Spiritual Development for Gallagher Services, a non-profit agency providing residential and day support for people with developmental disabilities. In that capacity, she recruited, trained and supervised over fifty volunteers, developed and maintained relationships with community groups, trained staff regarding the rights of individuals with developmental disabilities and worked with a committee to develop agency policies in response to HIPAA regulations.

During her first summer in law school, she was a judicial intern for Master Claudette Brown in the Baltimore City Circuit Court. In the fall of 2003, Dana did a practicum in the General Counsel's Office at Johns Hopkins Health System. Her supervising attorney, Meg Garrett, recalled that "Dana was a very bright law clerk. She was a great student who had outstanding writing skills. However, my most vivid memory of Dana came on her

last day.... I was getting nervous that I was going to have to use my nursing skills. Dana was pregnant with her son while she was working with me. We shared a bond-I had a son that was born during exams my second year in law school. Each week I got more nervous about her delivering the baby while working with me. I was all in favor of her doubling up her hours so that she could do some work at home at the end of the semester. Again, she proved to be a great clerk because she actually waited a week after her internship to deliver her son."

In addition to her other accomplishments, Dana was also on the *Maryland Law Review* while in law school. Next year, she will be an associate at Gallagher, Evelius & Jones, where she will be practicing real estate and health law.

Andrew Smith (Drew) was also one of our evening students and had a significant career in the military before coming to law school. From 1990 to 2000, Drew was a commissioned officer in the U.S. Navy, during which time he did a number of amazing things including conducting counter narcotics operations in Cuba, Curacao, Panama and Puerto Rico and flying almost 50 combat missions over Bosnia-Herzegovina and Iraq as a Mission Commander onboard the USS America aircraft carrier. From 1996-1999, Drew worked at the Naval Academy as, among other things, a 4th Company Officer, in charge of 130 midshipmen working towards their Bachelor of Science degrees and a military commission, and as a Naval Aviation Practicum Coordinator, training over 330 graduating seniors naval aviation skills. From 1999-2000, Drew was Joint Forces Air Component Commander on the aircraft carrier USS Harry S. Truman, coordinating the daily flight schedule for over 100 aircraft and 11 ships on their daily mission requirements at sea during combat exercises.

During law school, Drew managed to keep himself very busy with school courses, working full-time at the Baltimore law firm of Ober Kaler as a records supervisor, and as father to 4½ - year-old Billy.

With all of this, Drew still found time to participate in the life of the law school in a significant way. He was the evening class president from September 2001 to

September 2003 and a member of the Student Health Law Organization. Drew also managed to do a practicum during his last semester at a non-profit organization called Health Care for All, where he worked in Annapolis much of the time on several bills aimed at expanding health insurance coverage for people in Maryland. This past year, Drew also wrote a paper on "Maryland's Medical Malpractice Crisis: The Real Diagnosis." The paper was selected as being among the top 20% of papers entered in the annual Epstein, Becker & Green Health Law Writing Competition. Drew has accepted a Presidential Management Fellowship for the coming year and as part of that fellowship, he will be working initially in the FBI-Counterterrorism Division.

Prior to law school, Lindsay Turner, a biology major from the University of Maryland, College Park, spent two years in El Tule, Nicaragua as an Agricultural Extension Agent with the Peace Corps. She authored a grant proposal and received a project assistance grant from USAID to develop training materials and teach Nicaraguan families animal care and product processing.

While at Maryland Law, Lindsay was involved in many activities and academic pursuits. She was a Notes & Comments Editor for the *Maryland Law Review*, a teaching assistant for LAWR I, and a writing fellow. Professor Susan Hankin who supervises the writing fellows commented that "in her work as a writing fellow in the Legal Writing Center, Lindsay assisted numerous students who were working on certification papers. It was no surprise, then, that Lindsay did such an excellent job on her own certification paper, 'The Clinical Researcher's Dual Benefit Obligation: The Inadequacy of Current Federal Regulations to Protect Vulnerable Research Subjects.' Lindsay's intelligent approach to her subject, clear understanding of her thesis, consistent and dedicated work, responsiveness to feedback, and excellent final product made it a real pleasure to work with her on this project."



Professors Ellen Weber, Kathleen Dachille and Robin Wilson, with David Brummett and Deborah Silver

Lindsay was also a research assistant for Professor Tom Perez and was a student in his Civil Rights-Access to Health Care Clinic. According to Perez, "Lindsay played a lead role in restoring health care benefits for hundreds of low income immigrants and their children who had been illegally thrown off the Medicaid rolls." She also received an MPILP grant during the summer of 2003 to intern at the Community Law Center in Baltimore. This year, Lindsay will be clerking for Judge Marvin Garbis at the U.S. District Court for the District of Maryland.

2005 Health Law Certificate Recipients

Roy M. Albert
 Melissa Archie-Burton
 Jamie Batson
 Brian R. Bregman
 Jeanne Brennan
 David K. Brummett
 Ryan Andrews Burch
 Jason Eric Christ
 Jeremy Coylewright
 Samantha Freed
 Caroline Louise Hecker
 Catherine Hodgetts
 Dana McDonald
 Rachael Ann Melby
 Lauren Pak
 Devorah Morton Pasternak
 Deborah Silver
 Darlene A. Skinner
 Andrew Crocker Smith
 Dorcas Ann Taylor
 Melanie Deatra Torain
 Lindsay Leigh Turner
 Matthew Warner

MEET THE NEW EDITOR-IN-CHIEF OF JHCLP

The Executive Board of the *Journal of Health Care Law & Policy* had a difficult decision to make last spring in choosing next year's Editor-in-Chief. This position involves a large time commitment, a huge amount of responsibility, and a lot of work. Ultimately, the Board selected upcoming third year law student Adrian Wilairat. According to last year's Editor-in-Chief, Adrian's background made him "the best person for the job."

Adrian received his BA in history from Tufts University in 2001, where he was the co-captain of the cross country team and an All-New England member of the indoor track team. His senior honors thesis received highest honors, and he received the Russell E. Miller History Prize for excelling in history coursework. Following graduation, Adrian went to work for the U.S. Department of Justice in the Civil Division, Commercial Litigation Branch as a Paralegal Specialist with the Health Care Fraud Team. The strategy and excitement of litigation with DOJ reinforced Adrian's desire to go to law school. Working on Medicare fraud cases sparked an interest in health care law, so Adrian was drawn to the University of Maryland. He also grew up in DC, so attending Maryland Law allows him to see his family frequently.

Adrian came to law school having significant research and work experience in international settings. In the Spring of 2001, Adrian received a fellowship from Humanity in Action, a non-profit foundation that has as its mission to engage student leaders in the study and work of human rights with a specific focus on the protection of minorities, to travel to Denmark to research human rights. Following his fellowship, he traveled to Croatia on his own to conduct research following up on his



Adrian Wilairat, '06

senior honors thesis on the history of ethnic nationalism in the former Yugoslavia. There he interviewed citizens about the Serb minority's reintegration into the country after the 1990s wars. He returned to Tufts to present his findings at a research symposium. Adrian is now a Senior Fellow and Planning Board Member of Humanity in Action, Inc.

Adrian continued his travels abroad the summer before he began law school. He interned in the Office of the Prosecutor at the International Criminal Tribunal for the Former Yugoslavia in the Netherlands. There, he researched mitigating factors on sentencing for an article published in the *Journal of International Criminal Justice* in June 2004. He also researched the Tribunal's statutory provisions on evidence and researched and wrote about Bosnian Serb war crimes.

In addition to his *Journal* duties, Adrian has been active in a number of other law school academic and extra-curricular activities. He is a member of the Moot Court Board and the American Constitution Society. Last spring, he was

a judicial intern for Judge Lynne Battaglia on the Maryland Court of Appeals.

Adrian returned to Europe this past summer, spending eight weeks in Sarajevo, Bosnia and Herzegovina. He received a Maryland Public Interest Law Project grant to intern at the Court of Bosnia and Herzegovina's War Crimes Chamber Project. Based on the belief that alleged perpetrators of genocide and war crimes should be tried in the country where the atrocities allegedly occurred, and due to the sheer number of human rights violations during the breakup of Yugoslavia, the International Criminal Tribunal for the Former Yugoslavia in The Hague transferred jurisdiction over some of the crimes to the national court of Bosnia and Herzegovina. The goal of the War Crimes Chamber Project is for Bosnians and their court to establish the capacity to prosecute, defend, and judge individuals charged with genocide, war crimes and crimes against humanity.

Adrian has big plans for the *Journal* this year: "We're hoping to land some top-notch unsolicited manuscripts on the cutting edge areas of health care law and policy. We would like to increase subscriptions and become more well-known nationally. By having a role in virtually all aspects of *JCHLP* activities, I can play a part in seeing the *Journal* continue to thrive and expand upon its prior successes."

The next issue of the *Journal*, entitled *Bridging the Racial Divide in Health Care: Eliminating Racial and Ethnic Disparities in Health Status*, is due out in early 2006. For more information on subscribing to the *Journal of Health Care Law & Policy* or to order a copy of a particular issue, contact the *Journal* at 410-706-2115 or jhclp@law.umaryland.edu.

Health Law at the Local, State, National and International Levels Cont. from p. 4

natural disasters often trigger responses that involve many states, international organizations, and non-governmental actors, an effective international legal framework to promote prompt and effective multilateral cooperation in response to such catastrophes does not currently exist. In 2000, the International Federation of the Red Cross and Red Crescent Societies (International Federation) argued that despite the existence of some treaty law relating to disaster relief, much remains to be done in this area. The International Federation concluded that there are no universal rules that facilitate secure, effective international assistance, and many relief efforts have been hampered as a result. As SARS did in the case of infectious diseases, the tsunami tragedy has begun to stimulate new thinking in the international community about effective means of international cooperation to detect, prevent and control the impact of natural disasters.

L&HCP faculty member Allyn Taylor has been a player in the international health law arena for over a decade. Her research and scholarship laid the foundation for the World Health Organization's Framework Convention on Tobacco Control, and she continues to work on areas of international health law through her scholarship and research. (See article, p. 11.) With the assistance of Professor Taylor, the L&HCP established an externship at the WHO and sent its first two students to Geneva last spring. Recent graduate Mary Martha Kobus shares her experience working with WHO on p. 11.

Notes

¹ Samuel L. Baker, *Physician Licensure Laws in the United States, 1865-1915*, 39 J. OF THE HISTORY OF MED. & ALLIED SCIENCES 173 (1984).

² Karen A. Butler, *Health Care Quality Revolution: Legal Landmines for Hospitals and the Rise of the Critical Pathway*, 58 ALB. L. REV. 843, 845 (1995).

³ See *id.*

Clinic Faculty & Students Cont. from p. 6

Students in the Drug Policy Clinic have also been working with the City Council, the Mayor's Office of Neighborhoods, the city's Planning Department and other city agencies to address a number of issues related to supportive group homes for individuals with a history of alcohol and drug abuse. Clinic students served on the Supportive Housing Task Force, which was convened by the City Council in the fall of 2004, and took the lead role in developing documents that set out the legal standards that govern the siting and operation of supportive homes. These materials were published in the Task Force report, which has been widely disseminated to community associations throughout the city and used to train city agencies. The Clinic continues to assist the city on issues related to the implementation of the Task Force recommendations, and Professor Weber is serving on an Advisory Board for a new group that will provide technical assistance to supportive group homes and communities in which they are locating.

At the state level, the Drug Policy Clinic has been working with the Alcohol and Drug Abuse Administration (ADAA) and Baltimore Substance Abuse Systems, Inc. to modify state and local practices that limit the availability of residential treatment services for persons participating in methadone treatment. Based on the clinic's advocacy, the ADAA has agreed to implement a uniform statewide policy through upcoming regulations that will prohibit residential programs that receive federal and state funds from denying access to care based on methadone use. Clinic students are now working with the ADAA to address the DEA's limit on the amount of methadone stored by patients at residential treatment programs. This limit means that such programs can only admit four patients on methadone at one time.

The Clinic has continued to monitor the State Department of Public Safety and Correctional Services' work in providing methadone detoxification and maintenance to persons detained at the Baltimore City Detention Center. The clinic's advocacy efforts lead to the inclusion of these requirements in the new medical services contract, which went into effect July 1, 2005. The clinic will monitor the implementation of that effort.

Working at the International Level Cont. from page 8

health policy, including the World Bank, the Pan American Health Organization, the National Campaign for Tobacco-Free Kids and the Overseas Development Council. Of particular note, she was the sole lawyer working with a team of economists from around the world on a key World Bank report on tobacco, "Curbing the Epidemic," and served as the lead author of a chapter on the report on international trade liberalization and tobacco control. The report has played a key role in transforming national and World Bank policy on tobacco. Professor Taylor worked again with the World Bank on the Disease Control Priorities Project in 2003.

Professor Taylor became an adjunct professor in residence at the University of Maryland School of Law in 2002. She teaches International Public Health Law and Human Rights Law at the law school and is the faculty advisor to the School's students who pursue externships at the WHO (see article, p. 11). This fall, she is joining the full-time faculty at the University of Maryland School of Medicine and will be heavily involved in the development of the new School of Public Health. She will be co-teaching Foundations of Public Health, one of the core courses in the Masters of Public Health Program.

Taylor has also written numerous articles and book chapters on international health law and policy concerns, including globalization, global health governance, biotechnology, communicable disease control, tobacco regulation, and health and human rights. Among other things, she is the lead author of a chapter on international health law instruments in the *Oxford Textbook of Public Health*. She initiated the formation of an international health law interest section at the American Society of International Law and chaired the group between 1999 and 2004.

Professor Taylor has sought to expand interest and opportunity in international health law, particularly for Maryland Law students. In addition to her courses in international health law and human rights,

Cont. on page 20

Working at the International Level
Cont. from p. 19

she helped develop an international health law externship program and place several law students with the WHO Division of Health and Human Rights. She has also brought several University of Maryland law students to WHO treaty negotiations at the UN in New York and Geneva.

Professor Taylor continues to be active in using scholarship as a vehicle to advance health policy. Her recent projects include advising the Pan American Health Organization on human rights aspects of tobacco control as well as the Framework Convention Alliance, an organization of more than 160 global non-governmental organizations, on mechanisms to advance global cooperation under the WHO FCTC. She also recently prepared an extensive legal brief for the government of Taiwan

analyzing the legal and policy basis in support of its application to observer status to WHO. Among other things, she looked at the implications of emerging and re-emerging global pandemics, including SARS and Avian Bird Flu, for global health security. In her own research, Professor Taylor has recently written a critical review of the FCTC negotiation process as a lesson for future international health law negotiations for an Oxford University Press book to be published this year. In December, she published an article in the *Journal of Law, Medicine & Ethics* on mechanisms to promote intergovernmental health cooperation in this era of the globalization of public health. She is also currently researching the implications of the failed United Nations cloning negotiations.

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