In this issue:

Focus On:

Extenships ................................................ 1

Cindy Tippett Hired as Coordinator of the Law & Health Care Program .......... 2

Focus on New Faculty & Visitors
Robin Wilson ........................................... 5
Fred Provorny ......................................... 5
Dan Gilman .............................................. 5

New Master of Public Health Program Offered at the University of Maryland, Baltimore .......... 6

Recent and Upcoming Conferences
Tobacco Regulation Workshop ............. 7
DNR Orders: Still Hazy After All These Years .................... 8

Focus on Faculty
Wilson Part of Nanotech Team .......... 9
Perez Continues Work on Health Care Disparities ....................... 9
Dean Rothenberg Joins Panel on Terrorism & Trauma .............. 10

In the Health Law Clinic
The Tobacco Control Clinic .................... 11

Spotlight on Externships
DHHS Office of the General Counsel ..... 13

Spotlight on Alumni:
Cary M. Adams, ’76 ......................... 14
Dr. Martin P. Wasserman, ’77 ............ 15
Barbara Fuller, ’96 ............................ 16

L&HCP Faculty Notes ......................... 17

Student Health Law Organization News .. 18

2004 Graduates of the L&HCP ............... 19

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Focus on . . .

Externships

On Monday morning, Samantha Freed slipped into Room 310 just as the Health Law Practice
Workshop class was getting underway. She quickly set up her laptop on the desk as Professor Hoffmann was introducing the
two guest speakers for a class on health law in-house counsel positions—Jaime Doherty and Lisa Ohrin. Between the two of them,
Doherty and Ohrin had had at least a half dozen in-house counsel positions in health
care organizations. Doherty was formerly in the general counsel’s office at Johns Hopkins Health System, and prior to that he had
worked extensively in managed care at a large proprietary hospital chain. Ohrin had worked in-house at a national nursing
home chain and at several hospitals, most recently at Beth Israel Deaconess Hospital in Boston. The two shared their experiences
and described the structure and organization of in-house legal services, the role of in-house counsel in supervising use of
law firms for certain issues, conflicts that arise between administration and legal counsel within a health care organization,
and some of the substantive issues with which they dealt in their positions. The latter ranged from fraud and abuse to
reimbursement for health care services to questions about whether a health care organization can set up a lottery for fund raising purposes. As Samantha listened to the two lawyers talk, she was impressed with the range of issues to which they had to respond. The fast pace of an in-house counsel position sounded incredibly challenging but also a bit overwhelming. She wondered if she would ever be able to handle such a job or whether that was the type of environment where she would want to work.

Cont. on page 2

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From the Director

In this issue of the L&HCP Newsletter we highlight several of our experiential learning opportunities—our extensive externship program and our Tobacco Control Clinic (just one of several health law related clinics). In addition, a new feature of this issue is a Focus on Health Law Alumni. Since its inception in 1999, over 120 law students have graduated with a certificate in health law. But, we also have many other graduates, some from a time before the Law & Health Care Program existed, that have had notable careers in health law and policy. In this newsletter we highlight the careers of three of them.

Diane Hoffmann, JD, MS
Director
Cindy Tippett Hired as Coordinator of the Law & Health Care Program

The Law & Health Care Program is pleased to announce that Cindy Tippett, a 2000 graduate of the School of Law, returned last June to be the Coordinator of the Program and Director of Health Law Externships. Cindy came to law school with a background in science. She has a masters degree in biology and has taught anatomy and physiology at the college level for the last seven years. When Cindy was here at Maryland, she was the executive editor of the Journal of Health Care Law & Policy and received certificates of concentration in both health care law and environmental law. Following graduation, she became an associate at the litigation firm of Zuckerman Spaeder in Baltimore where she practiced civil litigation and white collar criminal defense for three years. Cindy now joins the L&HCP after spending some time at home with her 20-month-old son. A large part of Cindy’s job involves working with students interested in health law. She is available to advise students about course selection, certificate requirements, career options, and externship and practicum placements.

Focus on Externships
Cont. from page 1

She left the class to run to her next class, Commercial Law, but kept thinking about what the speakers had said earlier in the day. She liked the excitement of an in-house position but wondered whether she was more suited to a position at a public interest organization or in government.

The next morning, she donned her navy suit and drove to the Maryland Attorney General’s Office a few blocks from the law school. She made her way to her office in the Department of Health and Mental Hygiene where she is externing this semester. While she enjoyed reading and hearing about the practice of health law from experienced attorneys in the health law workshop, she felt that it was no substitute for having the opportunity to work with real health law attorneys and do real health law.
She had been at the AG’s office for a little over a month and had already written a research memorandum, interviewed witnesses, met with the investigation team and attended policy meetings related to licensing and discipline of health care professionals. She was thrilled with the experience she was getting and knew she was both improving her research and writing skills and getting valuable experience that she could put on her resume when it came time to look for a job in health law after graduation. She enjoyed both the work and the environment at the AG’s office. People were friendly but professional. They took their job seriously but also had time for family and pursuit of other activities. She thought to herself that she could be very happy in this kind of environment.

In addition to learning about health law through a rich and varied curriculum of health law courses, University of Maryland law students, like Samantha Freed, have the opportunity to participate in over a dozen health law externships or practicums. These field placements allow them to get out of the classroom and experience health law in a real world practice setting. An externship or practicum is one of two ways in which students may fulfill the experiential component of the Certificate of Concentration in Health Law. They may also participate in one of several health law clinics. Through the practicum and externship program, students interested in health law may earn credit by working for organizations and government agencies dealing with health care issues.

Typically, students who elect to complete a health law externship in the spring or fall spend 10 to 20 hours at their placements. An externship is a valuable way for students to gain actual work experience, network with practicing attorneys, find out if a particular work setting is right for them, and, in some cases, it can lead to a job offer following graduation. The Law & Health Care Program maintains an extensive list of health law placements which allows each student to follow his or her own individualized interests. The location of the Law School in Baltimore and its proximity to Washington, D.C. allows students to choose from options in both state and federal agencies, as well as in-house counsel positions in some of the country’s leading health care institutions and a variety of advocacy and trade associations. If a student would like to extern in a government setting, he or she may choose from the Maryland Attorney General’s Office, the General Counsel’s Office at the Centers for Medicare and Medicaid Services, the Food and Drug Administration, the National Institutes of Health, the Public Health Division at the U.S. Department of Health and Human Services, or the U.S. Attorney’s Office for the District of Maryland. If a student is interested in an in-house position with a health care institution, he or she may choose from the general counsel’s offices at Johns Hopkins’ Health Systems, Medstar Health, or the University of Maryland Medical System. Students interested in public interest and advocacy may select from placements at AIDS Action, the Bazelon Center for Mental Health, the Center for Medicare Advocacy, Legal Services to the Elderly, or the National Health Law Program. If health care licensing and regulation is a student’s area of interest, he or she can do an externship at the Maryland Board of Nursing, the Maryland Board of Physicians, the Maryland Health Care Commission, the Maryland Hospital Association, or MedChi, the state medical society. There is even a 13-credit externship opportunity with the World Health Organization in Geneva, Switzerland. The list goes on, and if a student finds that they would like an experience at a placement that is not on the list, the Program will work with the student to arrange it.

Students who seek to satisfy the experiential component of the Certificate requirement through completion of a practicum or externship must also enroll in the Health Law Practice Workshop, which is offered in the fall of each year. The Workshop, co-taught this fall by Associate Dean Diane Hoffmann and Coordinator of the Law & Health Care Program Cindy Tippett, provides an opportunity for students to share their experiences and to explore ethical, legal and practical challenges raised by health lawyering in a variety of settings including hospitals, insurance and managed care organizations, government, law firms and advocacy organizations. In several classes, health law attorneys participate in the Workshop and share their perspectives on the pressures and dilemmas they face in carrying out their practice. Attorneys who work, or have worked, in the following settings will visit the class this fall: hospital in-house counsel, the corporate compliance office of a physician practice, health law firms, the Maryland Department of Health and Mental Hygiene, the Centers for Medicare and Medicaid Services, the Public Health Division of DHHS, the

Cont. on page 4

www.law.umaryland.edu/maryhealth/index.htm - Law & Health Care Newsletter
Focus on Externships

Cont. from page 3

World Health Organization, the Maryland legislature, AIDS Action and BIO, a trade association for biotech companies. A week in advance of each class, students are provided with materials to read, case studies to prepare, and questions to consider. Students discuss not only specific legal issues that the attorneys encounter, but also the political, policy and ethical issues they confront. Class is interactive and discussion is encouraged.

In addition to listening to speakers, students learn about and discuss their own personal work style and issues about supervision and the type of supervisor with whom they are most comfortable. Class readings and discussion also help students think about the culture and politics of the organization in which they work. Students are also required to complete several research memos based on health law issues that might arise in an externship setting. These assignments require the students to become familiar with many of the legal resources commonly used by health law attorneys such as CMS program memoranda and OIG fraud alerts. Finally, students receive tips for finding jobs in the health law field.

The eleven students enrolled in the Workshop this fall have diverse backgrounds, several in health care. For example, the class includes two registered nurses and one paramedic. Melissa Archie-Burton received her Bachelor of Science in Nursing from the State University of New York at Buffalo in 2000 and continues to practice at Union Memorial Hospital in Baltimore. She decided to come to law school in order to have more autonomy in her career. She completed her externship this past summer at the Maryland Attorney General’s Office, Health Policy Division, to find out if she would ultimately like to work in a government setting.

Kristin Cline was an oncology nurse at Johns Hopkins Hospital and Sloan Kettering. She is interested in doing her externship this spring at the Maryland Attorney General’s Office, Medicaid Fraud Control Unit. Brian Bregman, a paramedic, is interested in health care licensure and disciplinary issues. He will do his externship at the Maryland Board of Nursing next semester where he will be able to follow cases from the time a complaint comes in through the hearings and appeals process.

There are also two students in the class with Masters degrees in Public Health. Mona Shah received her MPH from Emory University before coming to law school. She completed her externship this past summer at the U.S. Department of Health and Human Services, Public Health Division. (See page 13 for Mona’s account of her experience.) Bisma Al-Humadi received her MPH from George Washington University. She hopes to do her externship in the Office of the General Counsel at Johns Hopkins.

Mikaela Rosman became interested in health law through a totally different avenue. As someone who has had to deal with the health care system through the eyes of a patient, Mikaela has a strong interest in using the law to improve patient care. She would like to do an externship in the Johns Hopkins General Counsel’s Office “to understand the legal aspects, the risk management actions being taken, and other situations that are key to patient care.”

After ten years in the Navy flying airplanes, Drew Smith came to law school to pursue health care law. He will be the first Maryland student to do an externship at the U.S. Attorney’s Office for the District of Maryland, where he will assist with the prosecution of health care fraud.

Samantha Freed self-designed her undergraduate major in biomedical ethics at Tulane University before coming to Maryland for its Law &

Cont. on page 6
This fall, several new faculty and visitors with interests in health law and related areas, such as biotechnology and food and drug law, joined our Law School community.

**Robin Wilson Joins Faculty**

After visiting with the School of Law last fall, Robin Wilson has joined the law school’s faculty as an Associate Professor of Law. Wilson received her B.A. and J.D. degrees from the University of Virginia. After law school, she clerked for the United States Court of Appeals for the Fifth Circuit. Professor Wilson joined the faculty at the University of South Carolina School of Law in 1998 after several years in practice with the Houston firms of Fulbright & Jaworski and Mayer, Day, Caldwell, and Keeton. A specialist in health law and family law, her research and teaching interests also include insurance law and biomedically ethics. She has published in the *Cornell, Emory, and North Carolina Law Reviews*, and recently her article "Uncovering the Rationale for Requiring Infertility in Surrogacy Arrangements" was published in the *American Journal of Law & Medicine*. She has also published in numerous other peer reviewed medical and social science journals and has presented her research in Italy, Poland, Japan, Canada, Norway, Denmark, Australia, England, Wales, France, New Zealand and throughout the United States. Professor Wilson presently serves as the Chair-Elect of the Section on Law, Medicine and Healthcare of the American Association of Law Schools, and she has been asked to do a column for the *Journal of Law, Medicine & Ethics* called “Reviews in Medical Ethics.” This year she is teaching Insurance Law, Principles of Bioethics, Health Care Law: Regulation of Legal and Financial Relationships, and Health Care Law & Policy. In addition, she is serving as faculty advisor to the *Journal of Health Care Law & Policy*. Most importantly, Professor Wilson is mom to nine-year-old Glen!

**Fred Provornoy Appointed Director of the MIPLRC**

Fred Provornoy joins the faculty as a Visiting Professor and Director of the Maryland Intellectual Property Legal Resource Center (MIPLRC). Professor Provornoy comes to Maryland after serving on the faculty at the Albany School of Law. At Albany, he was the Harold R. Tyler Professor of Law and Technology and the founding Director of the Science and Technology Law Center. He brings to the IP Center almost thirty years of experience in intellectual property law, complex business transactions, venture capital, and technology transfer. As Director of the Law Center, he created a legal assistance program that operated throughout New York State to provide affordable and high quality legal services to emerging technology companies. Using law students supervised by law firms that volunteered for that purpose, the Law Center handled issues ranging from business formation to complex international joint ventures. Under Professor Provornoy's direction, the Law Center also conducted an extensive series of educational programs offered statewide for entrepreneurs, faculty, professional service providers, and others that covered legal and funding issues confronted by emerging technology companies. Earlier in his career, Professor Provornoy served on the faculty at Syracuse University College of Law. He has also taught at Brooklyn Law School and the University of Baltimore School of Law and practiced in his own firm as well as major firms in New York City, Washington, D.C. and Baltimore. For ten years, he was an Assistant Company Counsel for Monsanto Company in St. Louis. Provornoy graduated *summa cum laude* from New York University and *magna cum laude* from Columbia Law School. At Columbia, he was an editor of the *Columbia Law Review* and a Columbia University International Fellow. He has an office in Montgomery County where the Intellectual Property Legal Resource Center is located and at the Law School. The Center, located in an incubator for high tech start-ups, serves incubator and other emerging biotech and high tech companies.

**Dan Gilman Visits at Law School**

Dan Gilman will be visiting at the law school for the next two years. Prior to joining us as a visitor, Professor Gilman was an associate in the Food, Drug, Devices and Agriculture Group at Hogan & Hartson in Washington, D.C. and an adjunct professor at Georgetown University Law Center where he taught Law & Economics. Gilman received his B.A. from Dartmouth College in 1982 and his Masters and Ph.D. in Philosophy from the University of Chicago in 1983 and 1988, respectively. After receiving his Ph.D., he spent a decade teaching philosophy and behavioral neuroscience, first as a Visiting Assistant Professor at Washington University in St. Louis and then as an Assistant Professor at Penn State University, College of Medicine, Dept. of Humanities. He began law school at Georgetown University Law Center in 1998 while also serving as a guest researcher in the laboratory of Neuropsychology at the National Institutes of Health. While at Georgetown, he received the Olin Prize in Law & Economics and the Olin Fellowship in Law & Economics. His recent publications include an essay in *The Georgetown Law Journal* entitled “Of Fruitcakes and Patriot Games,” a critique of Posner’s Theory of Social Norms, and “Protecting Protected Speech: First Amendment Taxonomy and FDA’s Regulation of ‘Enduring Materials,'” published in the *Food & Drug Law Journal*. This year Professor Gilman is teaching LAWR/Torts, Law & Economics, and a new seminar on Scientific Research and the Law.
New Master of Public Health Program Offered at the University of Maryland, Baltimore

The University of Maryland, Baltimore has just established a new Master of Public Health Program (MPH) based in the Department of Epidemiology and Preventive Medicine in the School of Medicine. The purpose of this program is to provide students in the professional schools of the University (Law, Medicine, Nursing, Pharmacy, Dentistry, Physical Therapy, and Social Work) with the opportunity for formal training in public health. Four students, including one law student, entered the program this fall. Law students may apply to the joint J.D.-MPH program.

Students in the program may choose from six areas of concentration:
- Epidemiology and Biostatistics
- Environmental and Occupational Health
- Infectious Diseases and Global Health
- Public Health Informatics
- Veterinary Public Health
- Public Health Policy and Practice

All students take a core of courses designed to provide the basic knowledge necessary for the understanding of public health. Students also must take several required courses in their chosen concentration area. The required capstone experience can be satisfied through a written project done in conjunction with an internship in an area of public health as practiced in a state, federal or other organization, giving students the opportunity to observe and apply their knowledge base in the world of public health practice.

Cori Annapolen, a second year day student in the School of Law, began taking MPH courses this fall. Cori graduated from Emory University in 2003 with a degree in sociology. She came to law school to pursue a concentration in health law. When she heard about the new MPH program, she immediately applied: “I am extremely interested in the nexus between law and health care and therefore hope to pursue a career in health law. I believe that an MPH in conjunction with my J.D. will provide me with the knowledge necessary to successfully pursue a career in that field.”
**Recent and Upcoming Conferences**

**Tobacco Regulation Workshop**

Approximately 25 attorneys, state regulators, legislative staff, and advocates from various states gathered to discuss hot topics in tobacco control at the Tobacco Regulation & Control Center’s June 18th Workshop: State Regulation of Tobacco Products. “Hot topics” included fire-safe cigarettes, ingredient disclosure laws, and “reduced-risk” tobacco products.

Fire-safe, or reduced-ignition propensity cigarettes are designed to minimize the likelihood of accidental fires caused by unattended cigarettes. Although there are other ways to create such a cigarette, the primary approach is to add extra bands of paper at certain points around the circumference of a cigarette. Those bands act like speed bumps, so the cigarette will not burn past the bands unless the user draws upon the cigarette, potentially snuffing out an unattended or dropped cigarette before it has a chance to ignite carpet, upholstery or fabric. Effective June 28, 2004, all cigarettes sold in the State of New York must meet fire-safe standards set by the Office of Fire Prevention and Control. (See Tobacco Regulation Review, Vol. 3, Issue 1, page 8, for more information about New York’s law.)

Workshop participants benefited significantly from hearing about the process by which New York enacted the fire-safe cigarette law and promulgated regulations and plans to enforce them. Russ Sciandra of the Center for a Tobacco Free New York provided details and advice about the New York process and how other states could accomplish the same result. Workshop attendees discussed the details of the New York regulations, analyzing what would work and what might not work in different jurisdictions based on political and economic considerations.

Ultimately the group agreed that model legislation and regulations would be helpful to public health and public safety agencies and advocates across the country. Work is underway at the Center to produce such models.

The most complex, and perhaps most controversial, discussion of the Workshop concerned the tobacco industry’s new, “reduced risk” tobacco products. Workshop participants learned about two significant new products: RJR’s Eclipse and Vector’s Quest. The Eclipse cigarette is marketed as a product that “may present less risk of cancer” and “reduces secondhand smoke by 80%.” (For more on Eclipse, go to www.eclipse.rjrt.com/ECL/eclipse_difference.jsp.) Quest is marketed as “the first cigarette brand that allows adult smokers the choice to either reduce their level of Nicotine or to gradually step to Nicotine Free smoking.” (For more on Quest, go to www.questcigs.com.) Additionally, smokeless tobacco products, such as Star Scientific’s Ariva, are being marketed as substitutes for cigarettes, often sending the message that the product is a safer alternative, particularly with respect to secondhand smoke. Mitch Zeller of Pinney Associates educated the group about how these products are designed, manufactured and marketed, instigating a lengthy and spirited discussion of whether and how states can or should take action to prevent, or at least regulate, the introduction and distribution of such products in the marketplace.

Attendees debated whether public health advocates should work to prevent the marketing of a product that may reduce the negative health effects of smoking to the smoker as well as to the non-smoker. Some argued that no cigarette will ever be “safe” and that so-called “reduced-risk” products reduce efforts at cessation and may cause an increase in smoking initiation. Others suggested that if a tobacco product truly could be designed to reduce the negative health effects of smoking, public health advocates should encourage the development and marketing of such products. The workshop attendees are committed to continuing this dialog, which may be affected by the success or failure of federal legislation granting the Food and Drug Administration authority to regulate tobacco products.

The group also spent some time discussing existing state and federal laws requiring that cigarette manufacturers disclose the ingredients of their products. Such information may be helpful to measure changes in products over time as well as to

*Cont. on page 8*
Recent and Upcoming Conferences (cont.)

Tobacco Regulation Workshop
Cont. from page 4

determine the composition of reduced risk products.

While advocates view disclosure as desirable, confidentiality laws severely restrict the government’s ability to make use of the information disclosed. Barry Sharp of the Texas Department of Health, Bureau of Chronic Disease and Tobacco Prevention, explained how Texas’ ingredient disclosure law was passed and how it is virtually impossible for regulators to gain access to, let alone make use of, the information disclosed by tobacco manufacturers. All agreed that another significant hurdle to making productive use of the disclosed information is the limited budget of every state food and drug agency.

The thorough and informative discussions at the Workshop contributed to participants’ understanding of the issues and provided an impetus to continue to work together on these problems. That work will include, at a minimum, drafting model fire-safe cigarette legislation, sharing information on regulatory efforts in each state, and collaborating to do legal research on the viability of fire-safe cigarettes, ingredient disclosure, or other laws regulating the manufacture of tobacco products.

DNR Orders: Still Hazy After All These Years

On Wednesday, November 17, 2004, the Maryland Healthcare Ethics Committee Network (MHECN)—an initiative of the Law & Health Care Program—is sponsoring a one-day conference focusing on issues related to “do-not-resuscitate” (DNR) orders.

Physicians write DNR orders to prohibit cardiopulmonary resuscitation (CPR) attempts for patients who prefer to die without “heroic measures” to prolong life, or who are not expected to benefit from CPR attempts. Yet, despite many years of wrestling with DNR-related questions, there remains ample confusion about what a DNR order means, its relationship to advance directives, the extent to which it is a patient’s or surrogate’s choice, and how it fits in with end-of-life care.

In the early 1960s, CPR was first advocated as an intervention to resuscitate victims of acute, life-threatening yet reversible conditions such as cardiac arrest in a previously functioning individual. Pioneers of the technique cautioned physicians not to implement it indiscriminately—it was not an intervention that could stave off an inevitable death. However, the technique soon became a default procedure for all hospitalized patients. Without the DNR order, patients whose hearts stop perfusing or who stop breathing trigger the “Advanced Cardiac Life Support” protocol, which involves attempts to reinstate the patient’s cardiopulmonary function—typically with mechanical ventilation, chest compressions, electrical cardiac defibrillation, intravenous fluids, and life-support medications. With the advent of hospice care and the “natural death movement” of the 1970s through the 1990s, attention was drawn to the inappropriateness of attempting CPR for patients who were expected to die and who preferred a less invasive, more peaceful death. Yet, problems remained, such as failure on the part of physicians to write DNR orders for appropriate patients, confusion over whether DNR orders indicated that other life-sustaining interventions (e.g., medications to raise blood pressure, intensive care unit transfer, etc.) should also be withheld, or whether a patient could have a “partial DNR” (i.e., intubation/mechanical ventilation without defibrillation/cardioversion). In addition, evidence that CPR attempts don’t work for certain groups of patients (such as those with advanced malignant cancer) raises questions about whether physicians should write DNR orders for such patients based on “medical ineffectiveness” criteria (i.e., without “permission” from patients/surrogates).

The conference, “Still Hazy After All These Years—DNR Orders: Problems and Solutions,” seeks to identify the source of problems related to DNR orders while also examining solutions to those problems, such as one hospital’s move away from a DNR order to a “Resuscitation Status Sheet.” The latter is an order written for all hospitalized patients that identifies what resuscitation measures, if any, should be implemented in the event of a cardiopulmonary arrest. It typically provides more options than a traditional DNR order form. The conference will be held at Charlestown Retirement Community in Catonsville, MD, and is being jointly sponsored by Erickson Retirement Communities, St. Agnes Hospital, and the Health Facilities Association of Maryland. To download a brochure or register online, visit www.law.umaryland.edu/conferences.asp. For more information, call (410) 706-4457.
Wilson Part of Nanotech Team

Professor Robin Wilson is part of a team of 12 faculty who recently received a $1.35 million National Science Foundation grant to study the social implications of nanotechnology. Wilson remarks that she is often asked, “What is nanotechnology?” For those with this question, the Office of Science & Technology Program describes nanotechnology as “the study of materials and systems whose structures and components exhibit novel and significantly improved physical, chemical, and biological properties, phenomena, and processes due to their nanoscale size.” Structures and devices on the nanoscale—between 1 and 100 nm—are thousands of times smaller than the diameter of a human hair. This minute size confers novel properties that will likely have applications in disease diagnosis, treatment, and prevention; artificial intelligence and robotics; human enhancement; environmental clean-up; military applications; energy production and management; materials manufacturing and an array of other areas.

Investment in nanotechnology has accelerated at a dizzying pace, with billions of dollars pouring into its development worldwide. In 2001, the United States implemented the National Nanotechnology Initiative (the “Initiative”), which spans agencies ranging from the Departments of Defense, Energy, Transportation, Agriculture, State, and Treasury to the Justice Department, EPA, the National Institutes of Health and the National Science Foundation. The Initiative pours nearly a billion dollars annually into nanotechnology research.

As with other recent massive technology undertakings, consideration of the legal, ethical and social implications of nanotechnology has been a priority of federal granting agencies. According to Wilson, because nanotechnology involves manufacturing things too small to see with the naked eye, whose behavior we cannot now predict, it poses significant ethical, regulatory and social challenges. Pressing issues include nanoparticle accumulation in living organisms and the environment and questions of toxicity. These crucial issues provide a lens for considering broader questions raised by nanotechnology such as what is the correct amount of regulation necessary to simultaneously encourage investment while preventing catastrophes, and how precisely do we determine this when the technology is in its infancy? Such issues will be the focus of Professor Wilson’s research. She will also be one of three editors of a symposium issue of the Journal of Law, Medicine & Ethics that will be published in early 2006 on nanotechnology's "darker side," including an examination of toxicity and other issues.

Note:


Perez Continues Work on Health Care Disparities as Member of Sullivan Commission

Expanding access to health care and improving the overall health status of people of color has been the principal focus of Professor Tom Perez’s teaching, scholarship, and activism. In 2002, Professor Perez was an author of a commissioned paper that is part of the Institute of Medicine’s landmark Unequal Treatment report. This report warned of the unequal treatment minorities encounter in the health care system and outlined a series of measures to level the health care playing field for minorities.

More recently, Professor Perez served as a Member of the Sullivan Commission on Diversity in the Healthcare Workforce. Chaired by Dr. Louis Sullivan, the former Secretary of Health and Human Services under President George H.W. Bush, this non-partisan 16 member Commission was created to develop a blueprint for increasing racial and ethnic diversity in the health professions. Other members of the Commission include former Congressman Louis Stokes, Jack Rowe, the Chief Executive Officer of Aetna Insurance Company, Eric Holder, the former Deputy Attorney General of the United States, and a number of other leaders who are in the front lines of health care delivery and health professions training.

The Commission conducted six field hearings across the United States, examined previous efforts in the workforce diversity area, and on September 20, 2004 released a comprehensive report entitled “Missing Persons: Minorities in the Health Professions,” that includes numerous recommendations as to how to increase the number of minorities in the health care workforce.

According to Perez, “The American health care system is exceptional in many respects. However, for millions of vulnerable people across America, basic quality health care is beyond their reach. For people of color in particular, the health care system remains separate and unequal, and the Sullivan Commission report again documented that troubling reality.”

There are many factors that explain why the health care system remains separate and unequal for people of color. The Sullivan Commission report focuses on the issue of workforce diversity and concludes that “the fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of
health insurance for tens of millions of Americans.” This is a stunning conclusion. Most experts tend to focus on economic issues in explaining the persistence of racial and ethnic disparities in health status. Economic issues, including but not limited to the lack of access to adequate health insurance or any health insurance, undoubtedly play a critical role in the health disparities discussion. But this Report makes a compelling case that we can improve health access and outcomes in minority communities across America if we take aggressive steps to ensure that our health care workforce better mirrors the diversity of the communities that are served.

Diversity is a key to excellence in health care, yet, the diversity gap in the health care workforce is wide. Together, African Americans, Latinos, and American Indians comprise over 25 percent of the U.S. population, but only 9 percent of the nation’s nurses, 6 percent of its physicians, and 5 percent of its dentists. Similar under-representation persists in many Asian and Pacific Islander communities across America.

The Report puts forward 37 separate and wide-ranging recommendations to address this diversity gap and ensure that minorities are no longer “missing persons” in the health professions. The improvements must start at the earliest ages with a wholesale revamping of the K–12 pipeline. The prevailing culture at health professions schools must adapt to the changing culture of our nation. Perhaps most importantly, commitments must be made at the highest levels of government, business, health care professions schools, and other stakeholders to play a critical role in effecting change. Perez asserts that “Leadership is a necessary, albeit insufficient, condition for progress in this area. Duke University School of Medicine is a prime example of the importance of leadership. In 1966, Duke was one of the last two schools in the South to admit an African American student. Today, Duke University School of Medicine is a national model of diversity and is the home of the Sullivan Commission. Leadership and sustained commitment can lead to change.”

Professor Perez’s participation on the Sullivan Commission and participation in the preparation of this Report are examples of his ongoing commitment to improve the health status of people of color. Perez is continuing his involvement with the Sullivan Commission, Duke University School of Medicine, and the Kellogg Foundation to develop an implementation plan that ensures that the Report does not gather dust.

**Rothenberg Joins Panel on Terrorism & Trauma**

From September 20–22, 2004, the University of Maryland, Baltimore hosted a conference entitled “Terrorism & Trauma: A Transatlantic Perspective.” The conference, co-sponsored by the University of Maryland, Baltimore, the Royal Society of Medicine and the Association of Academic Health Centers, brought together international experts from the United Kingdom and the United States in a trans-Atlantic forum dealing with terrorism, trauma and its aftermath. The conference included a focus on legal challenges faced by the affected jurisdictions and immediate and long term challenges to the public health. A highlight of the conference was a panel presentation on governmental responses to health security. The panel, moderated by UM Law Professor Michael Greenberger, included presentations by Dean Karen Rothenberg and Professor Lawrence Gostin from Georgetown University Law Center.

Rothenberg’s presentation: “Panic or Reason: What Should Drive United States Policy on Bioterrorism?” was, in large part, a critique of the Model State Emergency Health Powers Act (The Model Act) which gives Governors broad power to respond to a health emergency. According to Rothenberg, the Model Act, which has been adopted in part in Maryland and a number of other states, raises some significant policy concerns. Through a series of hypotheticals, Rothenberg highlighted these concerns, arguing that the Act goes too far in the powers it gives to government officials without balancing them with concerns about privacy and individual liberties. She argues that state and federal laws and policies adopted to address terrorism should be based more upon reason than panic and that guiding principles of such policy should include accountability of government decision-makers, trust in public health officials, and respect for human values.
The School of Law offers, as part of its regular curriculum, a nationally ranked clinical law program in which faculty members who are practicing attorneys supervise law students in the representation of actual clients. For those students with an interest in health law, the clinic represents clients in cases involving, among other things, health care for children, legal issues of the disabled, mental illness, AIDS, and the elderly. Clinics in which health law clients are served include Civil Rights of Persons with Disabilities; Drug Policy and Public Health Strategy; Health Care Delivery and Child Welfare; The Challenge of the AIDS Epidemic; Tobacco Control; and Juvenile Law, Children’s Issues and Legislative Advocacy. This issue of the L&HCP Newsletter focuses on the Tobacco Control Clinic.

During the Spring 2004 semester, students in the Tobacco Control Clinic took their skills and training to Annapolis, assisting legislators and public health advocates interested in pursuing tobacco control legislation. Working with State Senators and Delegates, students focused on issues such as the accessibility of tobacco products at the retail level and on the Internet, the fees paid by tobacco retailers for their licenses and the appropriate discipline for tobacco retailers who sell to minors. The students conducted research on their legislative proposals, drafted bills to accomplish their goals, prepared written testimony for the appropriate committees, educated bill sponsors on the issues, coordinated advocates’ testimony, and testified in support of the bills. Although none of the bills passed in 2004, the students not only learned a great deal from the experience, legislators also received new and interesting information on tobacco control that may make future attempts at legislation more successful.

Students Sharon Pusin and Samantha Freed worked on statewide and county-specific product placement laws. House Bill 915, sponsored by Delegate Carol Petzold, would have eliminated self-service tobacco product displays statewide, allowing the Comptroller to take action against a retailer who displays tobacco products in violation of the prohibition. House Bill 850 would have prohibited self-service tobacco displays in Carroll and Garrett Counties, allowing the local health officer to take action on violations. Because Carroll and Garrett Counties lack home rule powers, it is necessary for them to pursue such legislation at the General Assembly.

Pusin and Freed testified to the House Health and Government Operations Committee about the importance of tobacco product placement laws in reducing youth access to tobacco. They responded to tough questions from legislators about why the State should impose such limitations through a law when a significant number of retailers already follow such placement restrictions to reduce theft or because of local requirements. Having provided excellent responses, the students celebrated the favorable Committee vote on the statewide bill. Unfortunately, the bill did not fare as well before the Senate Finance Committee, where Pusin was asked again to testify. The Senate Committee issued an unfavorable report leading to the altered bill’s demise.

Annie Garibaldi and Michael Clisham worked with Delegate Jon Cardin on bills that would have increased the fee collected for a tobacco retailer license and allowed the Comptroller to suspend or revoke licenses of retailers who sell tobacco to minors. If passed, House Bill 48 would have increased the tobacco retailer fee from $30 to $100 per year, with the funds directed to the Comptroller for use in regulating tobacco sales. In her testimony and in response to Committee questions, Garibaldi explained to the House Economic Matters Committee that the additional funds would allow the Comptroller to expend more resources on identifying and punishing retailers who sell tobacco to minors. In turn, Clisham explained to the same Committee that license suspension or revocation is an important tool that the Comptroller should be able to use in punishing retailers who have been identified by police or county enforcement agencies as violating youth sales prohibitions. House Bill 500 would have allowed the Comptroller to take such action even on referral from a local agency. Clisham responded to Committee questions about why simply punishing the clerk, rather than the owner, is not sufficient and why, if local agencies can impose fines on owners, license suspension or revocation is necessary. Although both Garibaldi and Clisham had drafted clear bills and provided comprehensive and articulate written and oral testimony, receiving accolades from Committee members for their work, both bills failed to receive a favorable vote from the House Economic Matters Committee.

Cont. on page 12
At the request of sponsor and long-time tobacco control advocate Senator Ida Ruben, clinic student Jackie Ford drafted and provided written and oral testimony in support of Senate Bill 528. That bill would have prohibited Internet or direct mail tobacco sales, reducing youth access to tobacco and preventing the loss of State tobacco and sales tax revenue. Despite support by Maryland’s Comptroller, who would enforce the provisions, the Senate Finance Committee failed to pass the bill out of Committee.

Without exception, students in the Tobacco Control Clinic rated their legislative experience as exciting and valuable. Reflecting on his experience, Clisham commented: “Testifying in support of H.B. 500 was a highlight of my legal education. Sitting before the Committee and delivering my testimony, I was struck by the importance of my role.” The students learned much about the legislative process—the good and the not-so-good. Aptly, Garibaldi noted a significant, and frustrating, difference between legislative advocacy and litigation: “One cannot rebut the other side’s testimony and comments.”

In preparation for the 2005 General Assembly Session, students enrolled in the Tobacco Control Legal Theory & Practice (LTP) class during the Fall 2004 semester are conducting research and will draft new tobacco control bills for legislators and public health advocates. Innovative ideas for legislation include regulating candy-flavored tobacco products, mandating that all cigarettes sold meet fire-safe standards and requiring coverage for tobacco cessation therapy, pharmaceuticals and other tools in all health insurance policies in Maryland. Outside the legislative context, LTP students are also working with the Department of Social Services to determine the best approach to regulating foster children’s exposure to secondhand smoke. No doubt the work completed this semester will allow the Spring 2005 Clinic students to take these ideas and initiatives to the next level.
DHHS Office of the General Counsel

In this article, UM Law Student Mona Shah discusses her experience this past summer as an extern at the DHHS Office of the General Counsel.

This summer I never thought I would find myself sitting in a room for eight hours at the Institute of Medicine in Washington, D.C. in the midst of scientists, epidemiologists, and biostatisticians. Listening to presentations on influenza pandemic preparedness, I sat trying to make sense of the scientific jargon being thrown around, definitely feeling a little bit out of place. As I sat with two other attorneys from my office, I began to see how the law affects all aspects of health care and how the law intersects with science and the public health. In the midst of presentations on how much influenza vaccinations should be produced this year, there was a distinct reason why the attorneys from my office were present, and I became excited as I understood why. This was just one of many experiences I had working in the Public Health Division of the Office of the General Counsel at the Department of Health and Human Services as my externship placement this summer.

Since the first day of law school last year, I could not wait until I could participate in the classes and programs the Health Law concentration had to offer. My sole purpose in deciding to go to law school was to pursue a career in health law, and one of the primary reasons I chose the University of Maryland was because of the school’s Law & Health Care Program. Having received my MPH in Health Policy before coming to law school, I was already exposed to several interesting health policy issues. However, I understood that obtaining a legal perspective on how the law is created was critical in order to make the kind of significant changes in the health care sector I desired. Whether advocating for patient rights or improving access to health care, for as long as I can remember, I have had an inner passion for health care issues. In the summer of 2003, while my friends were watching American Idol, I would come home and sit and watch the Medicare Prescription Drug Program debates at night on CSPAN.

Last year, whether I was reading a case in Torts or Property, if there was some health law component to the case, I would always find it more exciting and interesting. When I learned I could complete a health law externship the summer after my first year, I jumped at the opportunity. I was especially interested in working for the federal government and getting a perspective from that end, since I already had experience with non-profit and lobbying organizations. The experience I had in the Office of the General Counsel at HHS proved to be invaluable. What most surprised me in the end was not what I learned from the specific projects I was assigned, but what I gained from being in that particular environment and speaking to the attorneys with whom I worked. I especially enjoyed working in the Public Health division because of the variety of clients and issues with which lawyers in that division deal. I was exposed to everything from organ transplantation and smallpox vaccinations to human subject research and clinical trial litigation. Before this summer, I did not know anything about the Indian Health Service and some of the policy and legal issues staff within IHS confront, or what it is exactly that the General Counsel’s office in any federal government agency does. After my summer at OGC, I now have a clear sense of what it is like to work for the government; the type of legal work involved, the culture, and the influential extent of political appointments. All of these were aspects I had wondered about when thinking about where I wanted to be after law school.

I appreciated the substantial work I was given, the independence, and the willingness of all of the attorneys I worked with to discuss their personal experiences and provide advice to a soon to be lawyer. It was especially nice to find out that there were four other Maryland alums working in my office. I noticed the attorneys came from all different backgrounds. Some had spent their entire careers serving the government while others previously spent time at a private firm before moving to the public sector. Regardless of their backgrounds, all of the attorneys seemed to be passionate about the issues they worked on and really enjoyed their work. Although the atmosphere was relaxed, there was still an aura of hard work and diligence.

The program was also well-designed to foster learning. I was asked to research issues dealing with the interpretation of ambiguous language in statutes, write memos on administrative law doctrines, and assist with a breach of contract case with the National Health Service Corps Scholarship Program. I was also exposed to complex ethical and policy issues and how they are dealt with within the agency. For example, I attended a

Cont. on page 19
Over the years, the School of Law has graduated numerous students who have gone on to practice in the diverse field of health law. In this article, we report on the career paths of three University of Maryland graduates who have had notable and fascinating careers in the exciting area of health law and policy. They include a partner in a northern California law firm, an MD JD who was formerly the Secretary of Health and Mental Hygiene for the state of Maryland, and an expert in health policy who has spent much of her time thinking about legal and policy issues associated with the National Human Genome Project.

CARY M. ADAMS, ’76

Cary Adams attended the University of Maryland School of Law in the early ’70’s when professors like Bill Reynolds, Peter Quint and Ted Tomlinson were considered “junior faculty.” Now, almost thirty years later, Adams is a partner in his own California law firm, is very active in projects which have a tremendous impact on his community, and was one of the early “health law” specialists in northern California.

While in law school, Adams was the editor-in-chief of the Maryland Law Review and received the Roger Howell Award. He graduated in 1976 as a member of the Order of the Coif. Following graduation, Adams clerked for Federal Judge Frank Kaufman in Baltimore for a year before joining Arnold & Porter in D.C.

At Arnold & Porter, Adams represented pharmaceutical companies against the FDA, did some regulatory work, and handled airline route proceedings and economic proceedings. Adams and his wife were looking to move to the west coast, so in 1982, when the California law firm of Memel, Jacobs, Pierno, Gersh & Ellsworth asked Adams to come to Sacramento to represent a hospital client that was subject to the same type of economic proceedings that Adams had handled in D.C., they went. Once in California, the partner running the firm’s Sacramento office left the firm, so Adams took over. Ultimately, that firm dissolved in 1987. Adams took his healthcare practice to Diepenbrock, Wulff, Plant & Hannegan, LLP from 1987 to 1998 where he served as chair of the Healthcare Practice Group and later the Business Department.

In 1998, that firm dissolved as well. Twelve of the partners with eight associates formed Adams’ current firm, Murphy Austin Adams Schoenfeld LLP. The firm has grown to 30 attorneys, and Adams leads the firm’s successful Healthcare Practice Team. Adams’ healthcare industry clients have included health systems, teaching hospitals, health plans, long term care providers, psychiatric providers, home health providers, surgery centers, trade associations, state agencies, physician groups, IPAs, specialty HMOs, and pharmaceutical companies.

In addition to practicing law, Adams has taught health law at McGeorge School of Law and in graduate management programs at USC and UC Davis. His pro bono work has included assisting in the formation of and advising C.A.R.E.S., the Center for AIDS Research, Education & Services.

Adams has been particularly passionate in recent years about his involvement in the Sacramento Area Regional Technology Alliance (SARTA) and the Sacramento Angels. SARTA is a tech-focused nonprofit corporation established in 2001 to support entrepreneurial programs, companies and technology investment in the northern California region. The Sacramento Angels is a group of individuals who invest in early-stage northern California companies. Adams says, “We are looking to attract investment capital to our region and help entrepreneurial businesses get going. It’s an interesting and promising phenomenon.” Because of the work of these groups, new companies are being formed in Sacramento based on technology developed at UC Davis. The Angels awarded Adams its Outstanding Achievement Award in 2003 for his service as founding chairman of these two organizations.

In his spare time, Adams enjoys spending time with his wife of 35 years, his two daughters and two granddaughters. Although he is separated from the Law School by time and geography, Adams keeps up with happenings here and with family in Annapolis. He is impressed with how far the School has come: “It’s been advancing steadily since I graduated in 1976. I’ve been especially impressed with the Law & Health Care Program. It has really evolved into a first rate program.”
Dr. Martin Wasserman’s long and distinguished career in public health.

Dr. Martin Wasserman is probably best known to most of us as the former Secretary of the Maryland Department of Health and Mental Hygiene, a post he held from 1994 to 1999 under former Governor Paris Glendening, but that is just a small part of this Maryland Law School alum’s long and distinguished career in public health.

Dr. Wasserman received his M.D. from Johns Hopkins University in 1968. It was during a rotation in Keems Canyon, Arizona treating Native Americans during his senior year of medical school that Dr. Wasserman first got turned onto public health. He did his pediatrics training through chief residency at the University of Rochester in New York from 1968 to 1971. Following residency, he went to Gallup, New Mexico for two years, where he treated Navajo children while serving in the Indian Health Service. He was certified by the American Board of Pediatrics in 1973.

Before initiating a nearly 25-year career in state and local government health department leadership, Dr. Wasserman served in the federal government in a variety of leadership positions, including Chief Medical Officer and Director of the National Health Service Corps and the Chief Medical Officer of the Health Services Administration, U.S. Department of Health, Education and Welfare.

From 1974 to 1976, Dr. Wasserman was the Director of the Pediatric Outpatient Clinic and Emergency Room at the University of Maryland Medical Center, and from 1976 to 1977, he was the Chief Executive Officer and Medical Director of Mt. Washington Pediatric Hospital. Amazingly, it was during these years that Dr. Wasserman attended University of Maryland School of Law as an evening student. Dr. Wasserman decided to go to law school because of child abuse cases he had seen as an intern: “Both the medical and the legal side wanted to protect the child, but the legal side allowed the child to go back to the home.” He graduated in 1977 with honors. He remembers entering the bar exam thinking, “Why am I doing this?” But, as he says, “There really aren’t choices at that point. You’re committed.”

Dr. Wasserman is one of the many health care professionals that have come to Maryland for a legal education. Having both perspectives is an advantage in Wasserman’s opinion: “In the worlds in which I have operated, medicine and law stand distant and apart. By personally serving as a bridge between the two, I try to use each as a tool to influence the other, or at the very least, ultimately improve the health of the public.”

Dr. Wasserman began his career in health department leadership in 1978 as Director of Health and Human Services in Arlington, Virginia and then went on to similar positions in both Montgomery and Prince Georges County, Maryland. In 1994, he was appointed by Governor Paris Glendening to be the Secretary of the Maryland Department of Health and Mental Hygiene. As Secretary, he saw himself as having a “border to border responsibility to protect the people of Maryland.” During his tenure, he was responsible for creating HealthChoice, Maryland’s Medicaid managed care program; leading a clinical investigative team to respond to the symptoms in Maryland’s waters caused by *Pfiesteria*; and developing Maryland’s aggressive tobacco control activities. Wasserman says, “In retrospect, we had a lot of hard challenges, but we met them in fair and compassionate ways. I wouldn’t give that up.”

Following his term as Secretary, Wasserman chaired the Governor’s Task Force to End Smoking in Maryland and was Director of the Office to End Smoking in Maryland. He was also a visiting professor at the Johns Hopkins University School of Hygiene and Public Health. In 2000, Wasserman traveled to the west coast to serve as the head of the Oregon State Division of Health. While there, he increased the state’s immunization rates and oversaw the development of new HIV/AIDS policies.

In 2002, Dr. Wasserman returned home and took a job as Medical Director for Immunization Practices and Scientific Affairs in GlaxoSmithKline’s Vaccine Division, which “allows [him] to practice public health from a different perspective.” GlaxoSmithKline is the leading producer of worldwide vaccines and the third leading producer in the U.S. market. Dr. Wasserman deals with policies to bring new vaccines to market. One of the issues Dr. Wasserman is tackling in his new position is the lack of a national vaccine policy for adults ages 18 to 64. He explains that we have federal funds for childhood vaccines and for vaccines “illness by illness” under Medicare, but we have no vaccine delivery system for the ages in between. His goal is “vaccinations throughout the lifespan without disparities based on race or socioeconomic class and without reservations.” He believes that misinformation about vaccines needs to be corrected, so the public does not fear safe vaccines. Again, Dr. Wasserman’s legal training is helping him in this task. He draws on his communication and

Cont. on page 16
Barbara Fuller, ‘96

Barbara Fuller had almost twenty years of experience working in health care settings before deciding to go to law school. She began her career in 1975 as Director of Medical Records for a health maintenance organization in D.C. called the Group Health Association. Fuller, a Registered Health Information Administrator (RHIA), was responsible for the organization, management and quality of health information management services in a department with 145,000 active medical records and 102 employees in eight different locations. It was here that she first encountered Karen Rothenberg, who was a special assistant to the CEO at the time. Fuller and Rothenberg worked together on some medical risk management issues facing the HMO. Subsequently, Rothenberg left to go to law school, and Fuller remained at the HMO for another 15 years.

In 1991, Fuller became a health information management consultant for the medical record systems at three health care centers: George Washington University Health Plan, Principal Health Care, Inc., and Hamilton Health Center. In 1994, Fuller spent one year as a member of the Healthcare Information Infrastructure Business Panel of the Advanced Technology Program at the National Institute of Standards and Technology where she reviewed proposals for innovative and unique ways to address the computer-ization of healthcare information.

From 1994 to 1996, Fuller joined Johns Hopkins Medical Services Corporation as a health information management consultant for multiple Hopkins health care centers. It was during this period that Fuller went to law school: “I was always fascinated by the law and wanted to do it right, so I decided to go to law school.” Fuller applied to several area schools, but the obvious choice was Maryland. Her old friend Karen Rothenberg was in charge of the health law program, and Fuller knew from past experience that “Karen’s program would be the best.” Fuller says of Maryland, “I owe a lot to this program.”

Following graduation, Fuller became a legal and policy analyst on contract with the Hereditary Susceptibility Working Group of the National Action Plan on Breast Cancer (NAPBC) and was responsible for coordinating collaborative initiatives with the National Human Genome Research Institute (NHGRI) of the National Institutes of Health. She also worked on NAPBC projects jointly sponsored with the NIH/DOE Working Group on the Ethical, Legal and Social Implications of Genetic Research regarding the use of genetic information in the workplace and the use of genetic information in health insurance.

In 2001, Fuller began work in the policy office at NHGRI. For the last couple of years, she has been both branch chief and ethics counselor. As branch chief, she has monitored state and federal laws that protect consumers from genetic discrimination and patent laws that affect genetic research. As ethics counselor, she has dealt with employee ethics, conflicts of interest, and financial aid disclosures. Just recently, Fuller has been promoted to Assistant Director for Ethics and will be devoting all of her time to NHGRI’s ethics program. When asked what the best part of her job is, Fuller says, “As attorneys, we have the ability to help people out of tense situations. Although I’m not working as a traditional attorney, I find it very gratifying to be able to work through difficult issues and assist in reaching reasonable outcomes.”

In her spare time, Fuller likes to cook, read, and spend time with her physicist husband, who made it possible for her to go to law school. Her son, a graduate of the University of Maryland School of Medicine, is a nephrologist in North Carolina.
L&HCP Faculty Notes . . .

PROFESSOR IRVING BREITOWITZ
Presentation:

PROFESSOR KATHLEEN DACHILLE
Presentations:
“Fire-Safe Cigarettes,” State Regulation of Tobacco Products Workshop, University of Maryland School of Law, Baltimore, Maryland (June 18, 2004)

“Cigarette Ingredient Disclosure Laws,” State Regulation of Tobacco Products Workshop, University of Maryland School of Law, Baltimore, Maryland (June 18, 2004)

“Tobacco Control Past, Present and Future,” National Trends and Legal Aspects of Tobacco Prevention, University of Arkansas-Fayetteville Tobacco Control Center (May 12, 2004)

“Maryland Tobacco Control Laws and Policy: The Role of the Medical Community in Advancing the Agenda,” University of Maryland School of Medicine (September 30, 2004)

PROFESSOR DAN GILMAN
Publications:

PROFESSOR MICHAEL GREENBERGER
Presentations:
“Eliminating Legal, Regulatory, and Economic Barriers to Biodefense Vaccine Development,” Symposium Co-Organizer and Presenter, Baltimore, Maryland (June 9, 2004)

Invitations and Awards:

“Developing a National Vaccine Strategy,” Member, Chemical and Biological Arms Control Institute’s (CBACI) Working Group, Washington, DC (July 26, 2004)


ASSOCIATE DEAN DIANE HOFFMANN
Presentations:
“Are we impeding Hospice Care in Nursing Homes? Challenges, Opportunities and Strategies,” Annual Management and Leadership Conference on Hospice and Palliative Care, sponsored by the National Hospice and Palliative Care Organization, Washington, DC, September 30, 2004

“Pain and the Law” Conference on “Meeting Challenges in the Decades of Pain” sponsored by Partners for Understanding Pain, Washington, DC (September 17, 2004)

Poster Presentation: “Judicial Thinking About Novel Uses of Genetic Tests,” Annual Health Law Teachers Conference, Seton Hall University School of Law, June 2004

Publications:
Hoffmann with A. Tarzian, “The Role and Legal Status of Institutional Ethics Committees,” Annals of Bioethics (forthcoming)

PROFESSOR TOM PEREZ
Publications:
The Sullivan Commission, “Missing Persons: Minorities in the Health Professions” (September 2004) (Perez is a member of the Commission)

DEAN KAREN ROTHENBERG
Presentations:

“Genetics, Law and Public Policy: Where We Have Been, Where We Are, Where We Are Going,” University of Virginia, Charlottesville, Virginia (June 11, 2004)

Awards:

Appointments:
Advisory Board, Center for Genetics Research Ethics and Law (CGREL) at Case Western Reserve University (June 2004)

PROFESSOR ALLYN TAYLOR
Publications:

PROFESSOR ELLEN WEBER
Publications:

Awards:
Baltimore City Substance Abuse Directorate Leadership Award for 2004

Cont. on page 18
On September 22nd, the Student Health Law Organization held its annual “What Is Health Law?” Panel. The purpose of this event is to expose students to a few of the many areas of health law. Over dinner, eight practicing attorneys from different health law settings spoke to approximately 35 students about their respective areas of health law and answered questions about their field, the issues they face, and their career paths. Speakers this year were Nancy Gregor from the Office of the General Counsel at Johns Hopkins Hospital; Ellen Callegary from Callegary & Steedman; Daniel O’Brien from the Maryland Attorney General’s Office, Department of Health and Mental Hygiene; David Benor from the U.S. Department of Health and Human Services, Public Health Division; Erin Hopwood from the Maryland Department of Legislative Services; Nayna Philipsen from the Maryland Board of Nursing; Chuck Milligan from the Center for Health Program Development and Management at UMBC; and, Tracey Harvin from Legal Services to the Elderly.
# 2004 Graduates of the Law & Health Care Program

The Law & Health Care Program is proud to announce that 29 students graduated this past year with certificates of concentration in health law. We wish them well as they start their careers.

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## Focus on Externships

Cont. from page 6

practicum experience at the Maryland Board of Physician Quality Assurance, “I am delighted with my placement. I have not done traditional law clerk type work, but I don’t care. I have been to meetings and hearings that 99.9% of attorneys will never be able to see. I am doing real substantive work... I am glad that I am not in the library looking up cases all day. This is the working side of the law, and I like it.”

## Mona Shah

Cont. from page 13

meeting at which staff discussed what kind of oversight should exist for medical research conducted on patients categorized as brain dead. One highlight of my externship was the opportunity to meet and talk with the General Counsel of HHS, Alex Azar. I was impressed with his candidness and appreciated the advice he had for the legal interns. Over a relaxed lunch, I was surprised that he openly recommended working at a law firm before coming to the government. It was also fun to be given a tour of Secretary Tommy Thompson’s office and meet legal interns from other HHS divisions and hear what kinds of projects they were working on.

After completing this externship, I have a much clearer sense of what aspect of health law I would like to pursue directly after law school, and perhaps where I see myself even ten years from now. I am still very much interested in public health and health policy issues as they relate to health law, however I realize that my skills may best be built initially in a firm setting. Nonetheless, I also see myself working for the government at some point in my career and appreciate the quality of life it has to offer. I would recommend the externship program to any student.
Comments and letters should be forwarded to the above address.