These two questions introduced an article that appeared in the University of Maryland Law School’s alumni newsletter in 1988 about the law school’s Law & Health Care Program (L&HCP). While these were novel legal questions twenty years ago, the law surrounding these two questions has developed considerably over the last two decades. Looking at these questions together, however, reveals two essential truths about health law—it is a field that strives to answer some of life’s most pressing and intimate questions, and it is a field that is constantly changing to reflect current issues and concerns in health care. In the 25 years since the L&HCP was started and since those questions were first asked, the Program has grown along with the field of health law by expanding its course and clinical offerings to address the latest issues in health law. In this issue of the newsletter we trace the evolution of the Program, the people who have been its beneficiaries, and the work of its faculty.

The genesis of the L&HCP was the arrival of Karen Rothenberg to the law school in 1983. Rothenberg, who is now Dean of the law school, had previously worked in the Washington, D.C. law firm of Covington & Burling on health policy and federal regulatory issues. Taking advantage of the law school’s proximity to the University of Maryland’s health sciences schools (medicine, nursing, pharmacy, dental, and social work), Rothenberg’s first goal was to build ties between the schools and to build the health law curriculum from the one existing health law course. Five years after arriving at the law school, eleven health law courses were open to students, including such pioneering courses as “Civil Rights of the Handicapped,” “Legal and Ethical Issues in Biotechnology,” and “AIDS: Creating a Public Health Policy.”

In 1987, Rothenberg was joined at the law school by Diane Hoffmann, who had an M.S. in health policy and management and health law experience at the firm of Dewey Ballantine. Hoffmann arrived at the law school with a joint appointment at the Program for Public Issues in Biotechnology, which was part of the Maryland Biotechnology Institute. In addition to focusing on biotechnology, Hoffmann...
was immediately asked to serve on the Executive Committee of the University’s Geriatric and Gerontology Education and Research Program. This early focus on the legal issues of the elderly would be the genesis of much of Hoffmann’s later scholarship, policy, and advocacy work. Another early faculty member who helped shape the L&HCP was David Hyman, who was at the law school from 1994-2004. Hyman, who is now Director of the Epstein Program in Health Law and Policy at the University of Illinois Law School, is a nationally recognized scholar in the regulation of health care, health care financing and delivery, and empirical law and economics.

In 1988, Rothenberg and Hoffmann began working together to build the L&HCP, with Rothenberg serving as the Director. In that same year, the two described their goals for the L&HCP in that semester’s JD—a stronger health law collection in the library, more health-related student placements, continuing education programs, assistance to the state legislature, and perhaps even a master’s program or specialty tract in health care law at the law school.” Looking back now, with the exception of a master’s program (which is now in the developmental stage), all of those dreams have been realized. Four years later, in 1992, the JD reported that the “elements of the program have solidified into a broad-based curriculum which includes two core courses, multidisciplinary courses held in conjunction with the other professional schools on campus, a health law clinic, two externships and over a dozen Asper fellowships [supervised law-related work for credit].” In 1997, the Program began to offer students the opportunity to earn the Health Law Certificate, which over 250 students have received to date.

The ability of the Program to offer clinical opportunities in health law was an early goal of Rothenberg and Hoffmann. They saw health law clinics as a way to give students the opportunity to provide hands-on legal assistance to individual clients and community organizations and as a way to provide tangible assistance to members of the Baltimore community struggling with health-related legal problems. During the fall 1991 semester, a three-year grant from the Department of Education allowed the law school to invite Associate Professor David Chavkin to teach Health Care Law and run the health law clinic. Chavkin had served as a Deputy Director of the Office for Civil Rights at the U.S. Department of Health and Human Services and as a Managing Attorney at the National Health Law Program before joining the L&HCP.

In 1993, the law school also hired Joan O’Sullivan to help run the health law clinic. O’Sullivan, whose death the law school mourned in 2007, had worked for the Maryland Legal Aid Bureau’s Senior Citizen Law Project in Annapolis as Managing Attorney from 1977 to 1993. Her experience representing thousands of low-income seniors created one of the early objectives of the clinic—practicing health law as it applies to the poor elderly, especially regarding the right to choose medical treatment, the rights of nursing home residents, and the rights of questionably competent clients in guardianship proceedings.

Another early focus of the clinic was HIV/AIDS. The law school created one of the first clinical law programs to address the legal issues faced by people living with HIV/AIDS. Early on, the clinic recognized that the disease, while devastating to the gay community, was also ravaging the lives of low-income individuals, primarily women—a group that was relatively powerless to demand proper medical and legal services on their
own behalf. Among the various duties undertaken by the law school students was encouraging clients to notify their partners of their HIV/AIDS status so that those partners could seek medical attention and protect their loved ones. In an unforeseen consequence of this work, several clinic clients experienced domestic violence as a result of the notification of their partners of their HIV status. The HIV/AIDS clinical professor, Richard North, asked Rothenberg to collaborate in studying the problem and making policy recommendations. In a 1991 edition of the AIDS & Public Policy Journal, North and Rothenberg developed a cost-benefit analysis framework to help providers navigate this issue.

In 1993, Rothenberg and North conducted a two-part project, funded by AmFar (the American Foundation for AIDS Research), which examined the link between domestic violence and the disclosure of HIV status. During the first part of the project, they surveyed health practitioners and counselors to discover their current practices, attitudes and perceptions about the connection between violence and disclosure of HIV status. For the second part of the project, the law school hosted a groundbreaking conference on domestic violence and AIDS. The conference brought together health care providers, counselors, public health officials, women with HIV/AIDS, and public policy makers from the CDC and state agencies. Their research ultimately led to the incorporation of domestic violence screening recommendations into the HIV Partner Counseling and Referral Services (PCRS) Guidance published by the CDC in 1998. In March 2007, Rothenberg traveled to South Africa and addressed members of the University of Capetown Law School community on the nexus between HIV/AIDS and domestic violence. In an example of life coming full circle, Rothenberg recently received a request from AmFar asking her, as one of the organization’s early grant recipients, to reflect on the impact the grant made on her scholarship and, more generally, on national AIDS policy.

In 2001, the health-related offerings of the clinic were further developed by the addition of Tom Pérez (now Maryland’s Secretary of Labor, Li-

Rothenberg and Hoffmann (2008)

censing and Regulation) as the Clinic’s Director. Perez had served as the Director of the Civil Rights Division at the Department of Health and Human Services prior to joining the law school and was determined to create additional clinical opportunities for students to help clients with health-related legal problems. While here, he developed the innovative Civil Rights: Access to Health Care for Vulnerable Populations Clinic. Other health law-related clinics developed since the inception of the L&HCP include:

- the Drug Policy and Public Health Strategies Clinic
- the Health Care Delivery and Child Welfare Legal Issues Clinic: The Challenge of the AIDS Epidemic
- the Civil Rights of Persons With Disabilities Clinic
- the Tobacco Control Clinic

As much as the L&HCP has changed over the years, there has been some remarkable consistency that has served to create a sense of continuity and loyalty among L&HCP faculty, students, and alumni. Not only are Rothenberg and Hoffmann still at the law school, but two of the Program’s adjunct faculty members, Ellen Callegary and Lewis Noonberg, have been teaching students since the early 1990s. Ellen has taught a number of courses including Law & Psychiatry and, most recently, the Civil Rights of Persons with Disabilities Clinic and Lewis Noonberg, a Partner at DLA Piper, has taught the Antitrust in Health Care seminar. There has also been a common theme running through much of L&HCP faculty scholarship over time. Many of the issues for which L&HCP faculty are now recognized as national experts developed out of early faculty experiences and initiatives in health policy, the development of legislation and health care practice advocacy.

As a result of her early work on legal issues affecting the elderly, Hoffmann developed an interest in the role of health care ethics committees, end-of-life care, and legal issues related to the treatment of chronic pain. In 1991, she established an Institutional Ethics Committee Resource Network. This initiative developed out of legislation passed in Maryland that mandated that all hospitals (and later nursing homes) establish ethics committees. The Network was created to meet the needs for the latest research and thought on bioethics and ethics committees and to provide a forum for ethics committees in the state to share and exchange information. The Network is now known as the Maryland Healthcare Ethics Committee Network (MHECN) and is a membership organization for institutions with health care ethics committees in the state of Maryland. MHECN is directed by Hoffmann and run through the law school by Anita Tarzian, R.N., Ph.D. It now has over 40 members including over half of the hospitals in the state and numerous other health care facilities (including rehabilitation centers and long term care facilities). The Network publishes the Mid-Atlantic Ethics Committee Newsletter, holds several conferences each year and hosts a journal club.

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In 1992-93, Hoffmann spearheaded a legislative effort to draft a new law in Maryland that would eventually form the basis of the the Maryland Health Care Decisions Act (the Act). Signed into law in 1993, the Act made important advances in the areas of advance directives, surrogate decision-making, patient safeguards, and standards for guardians and courts. In academic year 1994-95, Hoffmann took the opportunity to work outside of the L&HCP to pursue her scholarly interest in health care reform and aging policy issues by serving as Acting Staff Director and Senior Fellow at the Senate Subcommittee on Aging—a subcommittee of the Committee on Health, Education and Labor chaired by Senator Barbara Mikulski (D-MD).

In addition to health care reform, Congress was also struggling at the time with issues related to the regulation of managed care. As a result of several meetings on the Hill related to managed care and emergency care, Hoffmann began to research the topic on her return to the law school. This research was the genesis of an article she wrote in the late 1990s that was published and distributed to policy makers at the national level during the debate over the passage of the Patients Bill of Rights.

Similarly, Rothenberg had the opportunity to take a sabbatical and a leave from the L&HCP. During her time away, she worked at the National Institute for Child Health & Human Development (1991) and the Office of Research on Women’s Health at NIH as the Special Assistant to the Director (1995-1996). These early experiences grew out of, and continued to develop, Rothenberg’s interest in health policy issues, especially those relating to the impact on women of reproductive genetic testing. Rothenberg has since become a national expert in genetics and public policy. She was a force behind Maryland’s genetic privacy and nondiscrimination laws passed in 1997 and 2001. Most recently, she testified before the U.S. House of Representatives’ Subcommittee on Health, Employment, Labor, and Pensions on January 30, 2007 in support of H.R. 493, The Genetic Information Nondiscrimination Act of 2007 (which was signed into law in May 2008).

Since its inception, the L&HCP has actively supported research and scholarship aimed at solving some of the most pressing and timely issues in health law and policy. As Rothenberg explained back in 1992 in JD, “[i]t is critical that the L&HCP make a significant contribution to research in health care law nationwide.” That goal has been, and continues to be, met. Over the years, L&HCP faculty members, in conjunction with scholars in other academic disciplines, have taken the lead in a number of areas.

Emergency Care
In addition to Hoffmann’s work on emergency care and managed care, throughout the 1980s Rothenberg was among early health law academics to advocate for a federal law to deal with the problem of patient-dumping by emergency rooms. Her advocacy was part of an effort that led to the passing, in 1986, of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Access to Health Care for Minorities
Former Clinic Director Tom Pérez was commissioned to author a paper in 2002 that is part of the Institute of Medicine’s landmark Unequal Treatment report. Pérez used his research to affect changes at the national level as a member of the Sullivan Commission on Diversity in the Healthcare Workforce. In September 2004, the Commission released a 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.

Legal and Policy Obstacles to Pain Treatment
Hoffmann has been funded by the Mayo Foundation and the Donaghue Medical Research Foundation to conduct a number of studies on legal and policy obstacles to the adequate treatment of pain. Her work has encompassed insurance obstacles to the treatment of pain, the role of state medical boards in responding to complaints about physicians prescribing of opioids, and the criminalization of opioid prescribing. Professor Deborah Hellmann has also looked at the prosecution of physicians for opioid prescribing. (A description of her recent work appears on page 10).

Substance Abuse
The work of Professor Ellen Weber and the students in her Drug Policy Clinic has led to the passage of zoning bills that eliminate the city’s discriminatory zoning standards for outpatient and residential drug treatment programs. Weber and her students have also worked with city officials to address a number of issues related to supportive group homes for individuals with a history of alcohol and drug abuse and to modify state and local practices that limit the availability of residential treatment services. In 2007, based on Weber’s efforts, the Depart-
ment of Justice opened an investigation into Baltimore City’s zoning standards for residential drug treatment facilities. Weber has also studied child welfare interventions for drug-dependent pregnant women.

**Tobacco Control**

Professor Kathleen Dachille and the students in her Tobacco Control Clinic have contributed significantly to local and state legislative proceedings concerning proposed tobacco control legislation. Dachille’s recent successes include work that led to the passage of the Maryland Clean Indoor Air Act, which prohibits smoking in all public places and workplaces; and the Firefighter Protection and Cigarette Fire Safety Act, a bill that requires cigarettes sold in Maryland to meet certain fire safety standards designed to reduce accidental fires caused by cigarettes.

**Patient Autonomy**

Former Professor Robin Wilson (now at Washington & Lee University Law School) brought national attention to the issue of using patients for teaching purposes without their knowledge or consent. In addition to writing and lecturing on the subject, she testified before the Committee on Health, Welfare and Institutions of the Virginia House of Delegates regarding a bill to prohibit unauthorized pelvic exams and at the Federal Trade Commission and Department of Justice at joint hearings on the use of anesthetized and deceased Patients to train medical professionals. She also served as a legislative consultant to Delegate Robert Bell of the Virginia House of Delegates to help draft legislation that would require specific consent for pelvic exams performed for teaching purposes.

**Health Quality and Patient Safety**

In 2006, Hoffmann and Virginia Rowthorn, Managing Director of the L&HCP, were commissioned by the Center for Medicare Advocacy (and funded by a grant from the Commonwealth Foundation) to review the current Medicare Quality Improvement Organization (QIO) system and suggest ways in which Medicare can be more responsive to beneficiary complaints about quality of care received in hospitals, nursing homes, and other health care facilities receiving Medicare funds. Hoffmann and Rowthorn participated in a key stakeholder meeting to develop recommendations to improve the QIO complaint system.

As noted earlier, one of the early goals of the Program was to create externship opportunities so that students could obtain credit by working for non-profit and governmental agencies dealing with health care issues. The externship program has provided tangible benefits to the L&HCP beyond providing students with practical experience in health law. It has served as a way for students to network and secure positions upon graduation, strengthened ties with health law alums who now supervise externs, and enabled L&HCP faculty to forge new relationships with health law organizations in Maryland and beyond. In the early years of the Program, students had three externship opportunities—the National Health Law Program in Washington D.C., the University of Maryland Hospital’s General Counsel’s Office, and BlueCross/Blue Shield of Maryland. Since that time, the Health Law Externship Program has grown exponentially and is now the largest externship program in the law school with its own program coordinator and a two-credit health law workshop required of all externship students. Students now have over 20 externships to choose from, including the opportunity to work in Geneva at the World Health Organization and UNAIDS.

Since the early days of the L&HCP, the Program has been supported by a strong student organization—the Student Health Law Organization. SHLO, as it is affectionately known, has a series of events that it holds annually, such as a “Meet the Professors” meeting and a “What is Health Law?” panel of health law practitioners. It also sponsors innovative health law activities that are as varied as the students who have led the organization. A 1994 edition of the L&HCP newsletter tells of a SHLO-sponsored “Control Your Own Destiny Day,” in which students encouraged and assisted the law school community in the preparation of living wills, durable powers of attorney, and donor cards. Last spring, SHLO sponsored a tour of University of Maryland Hospital System’s Shock Trauma center, a forum on health care reform, brown bags lunches with experts in various health law-related fields, and service activities at local community organizations.

As the Program has developed, it has created opportunities for the discussion of timely health law issues through conferences and publications. Since its inception, the Program has sponsored speakers’ series, panel discussions and conferences on major issues in health law. In one of the Program’s early speaker series, Marian Secundy, co-chair of the Ethics Group of the Presidential Task Force on Health Care Reform, spoke on the ethical implications of Health Care Reform. This presentation coincided with the Clintons’ effort at health care reform. In a demonstration of the Program’s continuing dedication to serving as a forum for timely issues, in April of this year, the L&HCP and MHECN held a similar conference.

*Cont. on page 6*
entitled, “The Ethics of Health Care Reform,” to discuss the ethical issues underlying the reform proposals of this year’s presidential candidates. In recent years, the Program has held conferences on such varied topics as drug importation, medical malpractice reform, disparities in access to health care, money and medicine, and avian flu. This year, the Program will host a conference on obstacles to the use of pharmacotherapies to treat alcohol and other drug addictions.

One of the primary vehicles through which the L&HCP has been able to attract nationally-recognized health law and policy experts to speak at the law school is through the endowed Stuart Rome Lecture Series. The Rome Lecture was established in January 1984 to honor the memory of Stuart Rome, a prominent attorney, community activist, and art patron in the Baltimore area who died in 1983. Some of the Rome lecturers have included Larry Gostin (Georgetown University), Robert Burt (Yale University), Alta Charo (University of Wisconsin), Nancy-Ann DeParle (former Director of CMS), Paul Steven Miller (University of Washington), William Sage (University of Texas) and Alex Capron (USC). This fall’s Rome Lecturer will be Professor Richard Bonnie from the University of Virginia School of Law.

In 1998 the Program created the Journal of Health Care Law & Policy to provide a forum for students to work with academics and practitioners on the leading issues on health, law, policy and bioethics. The Journal frequently publishes symposium issues based on health law conferences held at the law school. This affords the Program an opportunity to seek a wider audience for the timely and cutting edge issues discussed at Program conferences.

A significant boon to the Program since its establishment has been its affiliation with several interdisciplinary centers at the law school that engage in advocacy, research and policy development on issues of State and Federal importance—the Center for Dispute Resolution (C-DRUM), the Maryland Intellectual Property Legal Resource Center (MIPLRC), the Center for Health and Homeland Security (CHHS), and the Legal Resource Center for Tobacco Regulation, Litigation & Advocacy (the Tobacco Center). These centers provide opportunities for students to engage in both practical legal work, research, and scholarship, and have also offered the Program opportunities for collaboration through conferences, roundtables, and other educational opportunities. Two of the centers, CHHS and the Tobacco Center, are primarily focused on public health law and policy. CHHS uses scientific research and legal expertise to develop and coordinate emergency response programs and the Tobacco Center advocates for tobacco regulation and enforcement at all levels of government. These two centers provide faculty and students with the opportunity to study how the law provides concrete solutions to some of today’s most pressing public health issues.

One of greatest sources of pride for the Program’s faculty over the years has been watching its health law graduates take leadership positions in the field of health law and policy. One of the first students to graduate from the Program was highlighted in the Program’s first newsletter in fall 1993. Arthur Cohn ’91 and his position at the NIH Office of Technology Transfer were the focus of a section of the newsletter entitled, “Success Stories.” Since that time, our students have gone on to prominent positions in state and federal government, private practice, advocacy and trade organizations.

The growth of the L&HCP has even surpassed the dreams of Rothenberg and Hoffmann. It now boasts 11 faculty members who teach or write about health law issues, more than a dozen adjuncts, and over 250 students who have received the health law certificate. As early as 1994, the L&HCP was ranked by U.S. News and World Report as one of the nation’s top health law programs, and has been in the top five since then. Rather than rest on its laurels, the Program continues to evolve as the field of health law grows and changes.

As the world grows smaller and the importance of global health grows, the law school has added courses in International Public Health, Health
Jack Schwartz  
Health Care Law & Policy Fellow

Jack Schwartz isn’t a stranger to the law school. Before joining the Law & Health Care Program as a Health Care Law & Policy Fellow, Schwartz was a popular adjunct faculty member. His “day job” while he served as an adjunct at the law school was at the Maryland Office of the Attorney General. Schwartz served as an Assistant AG for 26 years, first as Director of Opinions and Advice, and, most recently, as Director of Health Policy. In the latter capacity he was instrumental in developing state policy relating to end-of-life care, advance directives, and surrogate decision making.

Schwartz represented the Attorney General on the State Advisory Council on Quality Care at the End of Life, the Maryland Stem Cell Research Commission, and the Maryland Task Force to Study Electronic Health Records. He currently serves on an institutional review board at the National Cancer Institute, a Data and Safety Monitoring Board for the National Institute on Aging, and the advisory board of the Maryland Healthcare Ethics Committee Network. In recent years, he was a member of the American Bar Association’s Commission on Law and Aging, a senior consultant to the National Bioethics Advisory Commission, and a member of a national advisory committee for the Robert Wood Johnson Foundation.

Schwartz completed his undergraduate work at the University of Maryland Baltimore County and his legal degree at Yale Law School. Prior to joining the Attorney General’s Office in 1982, he held a series of senior staff positions at the Federal Trade Commission in Washington, D.C.

Schwartz has a joint appointment with the law school and the School of Medicine in the Department of Epidemiology and Preventive Medicine. At the law school, he will teach Health Care Law & Policy in the fall, a seminar entitled, “Legal and Policy Issues in End-of-life Care” in the spring, and work with Director Diane Hoffmann on the development of the L&HCP.

Leslie Meltzer  
Health Law & Bioethics Fellow

Leslie Meltzer comes to the law school from across town. She just completed a two-year stint at the Johns Hopkins Berman Institute of Bioethics, where she was the Greenwall Fellow in Bioethics and Health Policy. Meltzer earned her J.D. at Yale Law School, her M.Sc. in the History of Medicine at University of Oxford, and her B.A. summa cum laude in both History and Medical Ethics at the University of Virginia. She is currently a doctoral candidate in the Department of Religious Studies (bioethics specialization) at the University of Virginia.

Meltzer’s undergraduate and Masters theses focused on research ethics, an area of interest that she has pursued in her service on the Yale Institutional Review Board, at the NIH Office of Human Subjects Research, and as Chair of the American Society for Bioethics research ethics subcommittee. In her doctoral research, Meltzer is exploring the concept of “dignity,” its various interpretations in bioethics and throughout history, and the degree to which it has any moral force as a normative concept. Drawing on her philosophical, legal, and theological training, she will examine how dignity is used at the edges of life, how it differs from notions of personhood, autonomy and identity, and whether rationality and/or sentience are prerequisites to possessing dignity.

Meltzer’s fellowship is is being partially supported by the Dr. Richard H. Heller Fund. She will teach the bioethics seminar in the Spring.
Making a Difference

While the L&HCP takes great pride in spearheading and working on policy initiatives at all levels of government, a source of particular gratification has been the ability of the program’s faculty members through their clinical work and scholarship to touch the lives of clients, patients, and students, and assist in the advocacy efforts of community organizations. In this issue, we profile Cynthia Toussaint, a woman living with chronic pain whose advocacy efforts were inspired by Professor Diane Hoffmann’s work in the area of pain management; Carlos Hardy, whose efforts to help individuals with histories of alcohol or drug abuse have been made possible by the work of Professor Ellen Weber’s Drug Policy Clinic; and Damon Freeman, an alum whose life was changed because of his experience in Professor Deborah Weimer’s HIV/AIDS clinic.

Making a Difference . . . in Individual Lives

In August 2002, a friend of Cynthia Toussaint sent her a copy of a New York Times article entitled “In Search of Relief: Hurting More, Helping Less?”1 This article, which addressed the complex issue of women in pain, left Toussaint feeling “blown away.” After suffering from chronic pain for years and experiencing inexplicable and frustrating barriers in her search for relief, she found the article to be “the last piece to my pain puzzle.” She suddenly understood that her experience was not unique—in fact, what had happened to her was happening to women in pain all across the country on a regular basis.

The New York Times article was inspired by the work of Diane Hoffmann, Professor of Law and Director of the Law & Health Care Program, and Anita Tarzian, Coordinator of the Maryland Healthcare Ethics Committee Network. Their article, “The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain,”2 explained the troubling paradox that women experience more pain than men but are more likely to be disbelieved or dismissed by their health care providers than men. Hoffmann was funded by the Mayday Foundation to conduct a number of studies on legal and policy obstacles to the adequate treatment of pain.

Toussaint, who is now 47, has had a condition called Reflex Sympathetic Dystrophy (RSD) for 27 years. It began following a simple hamstring tear that happened while Toussaint was pursuing her career as a ballerina. The injury never healed and, instead, evolved into an excruciating, burning pain for which she could not find relief. For the next 13 years, health care providers told her that her condition was “all in her head” while the pain spread throughout her entire body. Needless to say, Toussaint’s career as a ballerina was over. She was left totally disabled with neither a diagnosis nor effective treatment. In their article, Hoffmann and Tarzian showed that Toussaint’s experiences were typical of the way women in pain are often treated by the medical establishment.

After many desperate years, Toussaint was able to find a pain management specialist who immediately diagnosed her with RSD and, years later, fibromyalgia. Although her health improved, her condition had progressed unchecked too long for a cure to be effective, leaving her in constant physical pain and relying on a wheelchair. However, being able to put a name to her pain was a great relief to Toussaint, who turned her abundant energy and enthusiasm into advocacy on behalf of all women in pain.

In 2002, Toussaint founded an organization named “For Grace.” The original mission of For Grace was to raise awareness about RSD also known as CRPS (Complex Regional Pain Syndrome.) After reading Hoffmann and Tarzian’s article, however, Toussaint expanded her advocacy efforts and adopted a new, broader mission—“to ensure the ethical and equal treatment of all women in pain.” As Toussaint has pursued her mission, she has sought out Hoffmann as an ally and fellow advocate. After first reading Hoffmann and Tarzian’s paper, she wrote and posted a “Women In Pain” petition on For Grace’s website. With little “marketing” of the petition, she quickly received several thousand signatures and testimonials of support from other women who were receiving inadequate pain diagnosis and treatment due to their gender. With that feedback, she spearheaded a California Senate Informational Hearing in 2004 in Sacramento to examine and spotlight gender pain disparity and invited Hoffmann to testify, along with patients, healthcare providers, and pain advocates. The hearing was a great success and garnered both political and media support for Toussaint’s cause.

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Making a Difference . . . in the Work of Community Organizations

Carlos Hardy is the executive director of the Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-MD). When asked to describe the importance of his organization’s collaboration with the University of Maryland’s Drug Policy Clinic, Hardy says, “it lets us put a pit bull in the fight.” He quickly adds, “I say that with love,” in order to show his affection for Professor Ellen Weber, his ally and the director of the Clinic. Hardy, who has more than 14 years of experience working in the addiction field as an advocate and activist, has been working with Weber since late 2003.

The Drug Policy Clinic employs a range of public health and civil rights strategies to assist individuals with alcohol or drug addiction and the programs that serve them. Students in the clinic represent individual clients who face discrimination based on their drug histories and work on legislative and policy projects designed to expand access to drug treatment and other services essential to rehabilitation. Weber, who joined the faculty in 2002 after serving as the Senior Vice President for the Legal Action Center, a public interest law firm that specializes in drug, AIDS and criminal justice issues, uses her extensive connections in the addiction field to create opportunities for her students to collaborate with professionals from other University of Maryland schools, treatment providers, lawyers, and community-based organizations.

In late 2003, Hardy was the Regional Drug Treatment Director for the Citizens Planning and Housing Association (CPHA). The association has a 65-year history of community organizing in Baltimore. One of the most difficult issues CPHA has been, and still is, dealing with is the pervasive “Not In My Backyard” (NIMBY) phenomenon that makes it difficult for treatment and housing facilities to open in residential neighborhoods. Early on, CPHA identified the need to seek common ground with community groups.

Making a Difference . . . in Students’ Lives

Damon Freeman, J.D., Ph.D., is now an Assistant Professor at the University of Pennsylvania School of Social Policy & Practice. He specializes in African American intellectual history, critical race theory, social policy and social movements and has been recognized for his work on school desegregation cases and anti-poverty programs from the 1950s through the 1970s. But, in 1991-92, he was a 23-year old, second-year law student who took part in Professor Deborah Weimer’s HIV/AIDS clinic in order to meet the law school’s Cardin Requirement. Unique among law schools nationally, the law school requires every student to provide legal services to people who are poor or otherwise lack access to justice as a prerequisite to graduation.

In 1987, the law school created one of the first clinical law programs in the United States to address the legal issues faced by people living with HIV/AIDS. Weimer, who had an extensive background in public interest law, joined the faculty in 1988. Since the HIV/AIDS clinic was developed, Weimer’s students have represented individuals with HIV/AIDS on various matters including employment discrimination or Family Medical Leave Act claims, CINA (child welfare) cases, and cases relating to custody or guardianship of children. Clinic students also work on policy advocacy, and with medical providers and social workers to find solutions to client concerns.

To put Freeman’s experience in context, in 1991-92, Magic Johnson had not yet revealed his HIV-positive status, AIDS was a terminal illness, no drug therapy was available, and there was a great deal of fear among the general public about how the disease was transmitted from one person to another. In the first week of the semester, Freeman found himself at the bedside of a woman dying from AIDS at the University of Maryland Hospital helping her prepare a will. He also visited his clients in their homes to interview them and gather facts for their legal cases. During the semester, one of his clients died.

The experience, which Freeman called a “total immersion,” was very hard, very emotional, and life-changing. It quickly became obvious to him that most of the clinic’s clients were single African-American mothers from segregated parts of Baltimore. He also learned that their HIV status was just
Richard C. Boldt

In his most recent article, “Confidentiality of Alcohol and Other Drug Abuse Treatment Information for Hospitalized Trauma Patients,” Professor Richard Boldt discusses the obstacles that exist to integration of alcohol and other drug (AOD) abuse treatment services into the health care delivery system. Efforts to integrate AOD treatment into mainstream health care delivery have been stalled despite the urging of some public health and other health-care experts that integration is necessary and highly effective. These experts have encouraged the adoption of a standard under which all patients presenting for medical care would be screened for alcohol and other drug use disorders. Notwithstanding this urging, one of the few settings in which this practice has become somewhat routine is emergency departments and trauma centers. Boldt notes that the available data suggest that this practice of providing screening and either brief interventions or referrals for more intensive AOD treatment can produce dramatic results.

Despite these encouraging statistics and broad support among trauma surgeons and other emergency medical personnel, many trauma centers and emergency departments still do not provide systematic screening and intervention services for all patients. Several experts in this area have suggested that federal confidentiality statutes and regulations governing treatment information inhibit the willingness and ability of providers to engage in systematic screening, intervention and referral activities. Boldt’s article explores the confidentiality issues raised by the growing movement to provide AOD screening and interventions in emergency departments and trauma centers. He looks at current federal AOD confidentiality law and regulations to determine whether, and under what circumstances, those special health privacy rules might apply to these kinds of screening and intervention activities and whether, as advocates urge, amendments to these laws are necessary. Boldt concludes that it would be putting the cart before the horse to move very far down the road of statutory or regulatory amendment in anticipation of an integrated system that does not yet exist, so long as stigma and legal jeopardy continue to result from the untoward disclosure of this patient information.

Donald G. Gifford

Professor Don Gifford’s soon-to-be-published book, Snuffed-Out Hopes and Lead Balloons: The Failed Promise of Public Health Tort Actions Against Product Manufacturers, argues that the basic principles of tort law, developed in an era in which courts encountered very different types of injuries than they encounter today, are inadequate to address the product-caused public health injuries of today—such as tobacco-related illnesses and childhood lead poisoning. Gifford, an expert in mass products torts, concludes that parens patriae litigation against product manufacturers offers only an illusory solution to public health problems and cannot be stretched as far as public health officials would like. More importantly, neither court judgments nor settlements are likely to be effective in solving public health crises. He points to the vast scope and complexity of the remedial proposal proposed by the Rhode Island Attorney General in recent lead pigment litigation which, he argues, would have made court-mandated prison reform or school desegregation look comparatively easy. Gifford concludes that we probably expect too much from the judicial process when we ask it to solve product-caused health crises and to bail out legislatures that have failed to fulfill their responsibilities.

Diane Hoffmann

Professor Hoffmann has devoted a significant amount of her scholarship to legal obstacles to the treatment of pain. In her latest article, “Treating Pain v. Reducing Drug Diversion and Abuse: Recalibrating the Balance in our Drug Control Laws and Policies,” (1 St. Louis University Journal of Health Law & Policy 231 (2008)), she addresses the criminal arrest and prosecution of physicians who prescribed large volumes of opioid analgesics to treat patients with chronic pain. Over the last decade, federal and state prosecutors have arrested and charged several hundred physicians with criminal violations related to their prescribing of opioid analgesics. She argues that while many of these arrests were appropriate, in a number of troubling cases, there are strong reasons why criminal arrest and prosecution of these physicians is misguided. She attributes the unjust outcomes to a significant imbalance in our drug control laws and policies, in particular, the standard in the federal Controlled Substances Act and implementing regulations used by prosecutors. Under the standard, a physician is guilty of criminal conduct if he or she prescribes without a “legitimate medical purpose” and outside “the usual course of his professional practice.” The standard, she argues, is uncomfortably close to a civil malpractice standard. Moreover, applying this standard not only harms the physicians who are wrongly charged but also the patients of these physicians and other individuals who suffer from chronic pain.
pain. Because physicians fear criminal sanctions for prescribing opioids, pain sufferers may not be able to receive adequate pain care. Hoffmann makes a series of arguments based on legal, ethical and policy grounds as to why the current criminal standard is inappropriate and suggests an alternative standard that she argues more accurately calibrates the balance between the dual goals of pain treatment and reduction of drug diversion and abuse.

Deborah Hellman

Professor Deborah Hellman, who teaches and publishes frequently in the area of bioethics, has also been studying the prosecution of physicians for drug trafficking under the Controlled Substances Act. In a recent article, “Prosecuting Doctors For Trusting Patients,” Hellman explores the recent phenomenon of prosecuting doctors for distributing or dispensing controlled substances in an unauthorized manner for simply being willfully blind to the fact that their patients were reselling the drugs. In her article she argues that, while willful blindness may be an apt substitute for knowledge in the traditional drug courier scenario, doctors may be willfully blind for reasons rooted in their role as physician such as loyalty and confidentiality. These factors may limit the doctor’s ability to investigate a patient and may direct the doctor to adopt an attitude of trust. Hellmann believes that understanding the framework in which a doctor interacts with patients is important - it illustrates something overlooked about a philosophically complex area of criminal law theory and helps to answer the question: when is the willfully blind actor as equally culpable as the knowing actor. She concludes that recent prosecutions of doctors which rely on willful blindness as a substitute for knowledge erroneously hold these doctors criminally responsible for conduct that is morally justified and as such commit a grave moral wrong.

In Individual Lives
Cont. from p. 8

Following the Senate hearing, For Grace partnered with the Southern California Cancer Pain Initiative and City of Hope to host an inaugural “Women In Pain Conference: Gender Matters.” This conference was held on May 30, 2008. Hoffmann spoke at the conference, which was noteworthy for highlighting both policy and personal issues.

Toussaint’s most recent success is the airing of For Grace’s new public service announcement, which features her brother-in-law, actor Jack Coleman, one of the stars of NBC’s hit show Heroes (http://www.forgrace.org/documents/psa08.mov).

Although she still suffers from debilitating pain, Toussaint has no plans to retire from her advocacy work. She ran for State Assembly in the 42nd district in California in 2006. She used her campaign as a platform to get to know California legislators and to attract media attention to pain as a major health concern. Her story appeared in the New York Times in 2006.3 Toussaint also plans to hold the “Women In Pain Conference: Gender Matters” throughout the United States. As part of that effort, she will spearhead legislative information hearings in each host state, complimented by a resolution proclaiming a Women In Pain Awareness Month.

In their article, Hoffmann and Tarzian recommended that medical schools endorse and teach students patient interview skills that best elicit the concerns of patients in pain, and that greater scrutiny on the part of quality care evaluators such as the Joint Commission on the Accreditation of Healthcare Organizations, to be given to the care of women in pain. Toussaint’s goal is to see these recommendations become policy but she would go even further. She’d like medical schools to have mandatory gender-based pain courses and she would like other states to follow California’s lead in requiring physicians to take pain management continuing medical education courses for their license renewals.

As Toussaint continues down her path, she will continue to rely on Hoffmann’s work as the foundation and inspiration for much of her advocacy work. The two have formed a powerful duo in the fight to help women in pain and their collaboration provides a meaningful lesson in how experts in health law can use their skills to make positive change in the lives of individuals by exposing, and working to solve, complex health law and policy issues.

References
Focus on . . . L&HCP Alums Who Represent Health Care Providers

Nikki Reeves ’99
Partner, King & Spalding LLP

Before starting law school, Nikki knew she wanted to work in the area of health law. She had already worked at Kaiser Permanente and GlaxoSmithKline, but she wasn’t sure which area of health law would grab her. Then she took Introduction to Food and Drug Law. Her professor, Frank Palumbo, encouraged Nikki to submit her class paper on direct-to-consumer prescription drug television advertising (which FDA has just begun to permit drug manufacturers to do at the time) to the Food and Drug Law Institute’s Food and Drug Law Journal. The article was selected for publication. That early achievement in the area of food and drug law led Nikki to pursue a career in FDA law. While in law school, she interned with GlaxoSmithKline’s regulatory affairs and federal government relations groups. She also had the opportunity to intern at FDA through the law school’s Law & Health Care Program. After graduating with the Health Law Certificate, she joined the FDA/Health Care practice at King & Spalding in Washington, D.C. and has been with K&S ever since. She was elected partner in 2006.

In her position, Nikki’s area of focus is FDA regulatory compliance counseling for pharmaceutical and medical device manufacturers. She advises her clients on a broad range of FDA regulatory compliance matters from clinical trials to product advertising/promotion to FDA enforcement actions. She routinely speaks at Food and Drug Law Institute and American Health Lawyers Association conferences. Most recently, in July, she spoke at a conference in Philadelphia on the risks for pharmaceutical manufacturers associated with disseminating information about their clinical trials to healthcare providers, investors, and the public.

What does the future look like for this health law alum? She plans to continue to help grow King & Spalding’s 30-lawyer FDA/Healthcare practice—and balance that with being a new mom to her 8-month old son.

Christine Morse ’99
Principal, Ober|Kaler

Christine did not have a commitment to any particular area of the law when she began law school. She worked as a summer associate at Ober|Kaler in the summer of 1998, fully intending to practice either litigation or business law. However, Christine was quite aware of the caliber of the health law lawyers and the health law practice at Ober, so she was open to taking assignments from and meeting with them. After her experience at Ober and back at the law school for her third year, Christine took the health law survey course and a bioethics seminar to get a better background in health law. She was delighted when she was offered the opportunity to join the health law practice group at Ober as a first year associate and realized she was being given an extraordinary opportunity.

Christine’s primary area of focus is Medicare/Medicaid fraud and abuse. Her client base is fairly diverse—physicians, physician groups, hospitals, hospital systems, pharmacies, nursing homes and other long term care facilities, durable medical equipment suppliers, laboratories, and pharmaceutical companies. She does a good deal of front-end advising (particularly relating to the anti-kickback and Stark laws), but is more frequently involved in investigations—either internal investigations that are initiated by the client or investigations that result from government inquiries (subpoenas or qui tam suits). As defense counsel in health care law, she interacts a great deal not only with health care professionals, but also with other lawyers (in both the private and public sectors). Because her clients are frequently lawyers, she finds that the level of practice is quite sophisticated.

Christine’s advice to students who are interested in health law is to take Administrative Law. She commented that regulatory lawyers spend so much time wading through the quagmire of regulations (as well as other agency “guidance”), that it would be bewildering to go into health law without
having this foundation. She found that the learning curve as a “young” lawyer in health law is pretty steep, especially when working with lawyers who really know their stuff. At times she felt as though people she was working with were actually conversing in a foreign language. To climb the learning curve, she tried to maximize her exposure to different areas of health law and took the opportunity to “tap into” the knowledge base of the people and resources around her.

Christine’s plans in the future? Continue raising her five children and building her health law practice, of course.

Looking Back, Moving Forward
Cont. from p. 6

and Human Rights, and, most recently, Comparative Health Law. During Spring Break 2007, a delegation of students, faculty, and alumni traveled to China for a week of both tourism and meetings with Chinese government officials and the World Health Organization. The Program is planning a similar trip to Costa Rica for next Spring Break.

Beyond its growing global focus, the Program is developing in other ways. This year for the first time two Fellows have joined the L&HCP (see page 5). In addition, an LL.M program that will include a health law specialization has been approved by the law school faculty and is being considered for approval by the University.

As Program faculty and students take the opportunity this year to reflect on the Program’s first quarter of a century, they are also looking ahead to the future and excited about the new issues that health law and policy will bring.

In the Work of Community Organizations
Cont. from p. 9

drafting a consensus document called Common Ground—Not Battle Ground: Good Neighbor Principles for Licensed Drug Treatment Providers and the Communities Where They Are Located. Published in 2004, this landmark document articulates, perhaps for the first time in the nation, a set of principles that can guide communities and treatment providers to identify treatment opportunities and resources for community residents, and where residents support local programs and people in recovery.

Throughout the Common Ground process, the issue of zoning emerged as a critical issue and CPHA looked to the Drug Policy Clinic for its expert legal advice. At the time, a special City Council ordinance was needed to place a treatment program in the community—a very complicated and time-consuming process. The clinic, representing the city’s coalition of publicly funded treatment providers, worked with CPHA to fight the process, and was able to ensure through new legislation that outpatient treatment facilities are now exempt from it.

In 2000, in response to a marked drop in the number of individuals receiving drug treatment services under the State’s Medicaid managed care program, treatment providers, other managed care organizations, and the Maryland Department of Health and Mental Hygiene (DHMH) developed a comprehensive protocol to ensure easier access to services and more reliable treatment authorization and reimbursement practices. The protocol, however, has been plagued by adherence problems because the standards are not contained in regulations and enforcement has been weak. NCADD-MD stakeholders again collaborated with Professor Weber and Clinic students, holding meetings with providers and DHMH staff to get feedback on the protocol, and developing recommendations for improving the protocol and addressing other issues that hamper the delivery of services under Medicaid. The Clinic also worked with NCADD-MD to spearhead a legislative effort to study Medicaid managed care policies relating to the treatment of addiction. As part of this effort, the clinic conducted a study on behalf of NCADD-MD on the gaps in services for youth. The bill was pulled from consideration by the Maryland General Assembly, but DHMH Secretary John Colmers created a Medicaid Substance Abuse Workgroup, of which the Clinic is a member, to study the issue.

Hardy noted that neither CPHA nor NCADD-MD would be able to pursue their aggressive policy agendas without assistance from the Clinic because, he believes, a legal approach is often necessary to achieve systemic change in the areas of alcohol and drug treatment policy. He said that while advocacy groups like CPHA and NCADD-MD know the policy issues at stake, they don’t necessarily have the legal background and resources to fight for policy changes in the courts or legislatures. And, he noted, the NIMBY lobby always has legal assistance on their side.

In addition to the tangible, substantive assistance the clinic provides to local community organizations, it develops a new generation of advocates that will take on the issues that Hardy holds dear. Every year he is delighted that Hardy nurtures the clinic’s dedication to improving the lives of their clients. He calls it “quid pro quo”—he teaches them the policy issues and they teach him the legal issues. And, as a long-time community organizer, he believes that the ability of individuals to come together and share their areas of expertise is the key to long-term change.
At a dinner reception held on May 14, 2008, at the School of Law, L&HCP Director Diane Hoffmann and Managing Director Virginia Rowthorn awarded the Health Law Certificate to a record 34 graduating students. This ceremony marked the 11th year that the Program has been awarding the Health Law Certificate to students who have concentrated their legal studies in the area of health law. The recipients, in addition to completing their graduation requirements, also fulfilled the rigorous requirements for the concentration in health law, which include health law courses and seminars, an experiential learning component, and a writing requirement. Many of these students went far beyond the minimum requirements to earn the certificate. Many completed more than one health law externship, and virtually all of them took part in non-curricular health law activities such as the Health Law Moot Court, the Journal of Health Care Law & Policy, and the Student Health Law Organization (SHLO).

The recipients this year are representative of the breadth of health law as an academic discipline and as a career path. With their varied interests and backgrounds, these students brought a wonderful depth to the law school’s health law community and, as alums, will undoubtedly enrich the community of health law practitioners. Each recipient is special in their own way, and all of them will be invaluable ambassadors for the Program as they start their legal careers. Below, we focus on five certificate students whose various backgrounds and career aspirations highlight the breadth of health law and its future practitioners.

**Tiffany Brown**

Tiffany Brown is one of the many students who arrived at the law school having already earned an advanced degree in a health-related field. Tiffany earned her Masters Degree in Public Health at the University of Alabama, Birmingham and, during law school, Tiffany worked as a Regulatory Health Project Manager in the Division of Medical Imaging and Hematology Products in the Office of Oncology Drug Products at the Center for Drug Evaluation and Research at the FDA. In that position, she ensured that Investigational New Drug Applications were in compliance with federal laws, regulations and policies. She studied at the law school for four years as an evening student and as a lawyer, will continue to work at FDA as Regulatory Counsel for the Center for Biologics Evaluation and Research.

One of the difficulties that evening students have is completing the experiential learning component of the health law certificate because of time constraints on their already full lives. Through her contacts at the FDA, Tiffany was able to secure an externship position in the Office of the General Counsel with the Associate Chief Counsel for Drugs. This experience gave Tiffany an inside look at the legal side of FDA practice and a step up when she applied for a legal position in the organization.

**Katie Calvert**

Katie Calvert embraced law school when she applied for a legal position on side of FDA practice and a step up given Tiffany an inside look at the legal Counsel with the Associate Chief position in the Office of the General Regulatory Health Project Manager in Carbondale, Illinois, in which she skillfully argued a case relating to the issue of conscientious objection on the part of a pharmacist. She did all this while maintaining a high grade point average and finishing in the top 3% of her class.

**Anjali Downs**

Anjali had years of experience in the health care field before entering law school. After graduating from the University of Maryland in College Park with a B.S. in Psychology in 1999, Anjali earned a Masters in Public and Community Health in 2002. Prior to coming to the law school, Anjali worked for many years at Georgetown University Health Education Services in Washington as a health promotion counselor, sexual assault victim advocate, and, most recently, as a Health Promotion Resource Specialist.

Anjali threw herself into the Law & Health Care Program when she arrived...
at the law school. She was a member of the Journal of Health Care Law and Policy and SHLO and externed in the Office of the General Counsel at Johns Hopkins Hospital. Anjali was also a research assistant for Professor Donald Gifford on a model municipal program for preventing childhood lead poisoning—a project that utilized both her background and expertise in public health and her professional skills as a lawyer.

In her second summer of law school, Anjali was a summer associate for Epstein Becker & Green in Washington, D.C., where she just started as a first year associate.

Anna Kuperstein

Anna Kuperstein was one of two certificate students who received both the Health Law Certificate and the Environmental Law Certificate. Anna graduated from the Massachusetts Institute of Technology with a B.S. in Mathematics, Writing and Humanistic Studies in June 2005, and she received many prizes for her writing ability. Her writing skills served her well in law school as the Notes and Comments Editor for the Journal of Health Care Law and Policy. Anna was a student in Professor Kathleen Dachille’s Tobacco Control Seminar and later in her Tobacco Control Clinic which led to her interest in tobacco regulation. A note that she wrote entitled “Tobacco’s Weakest Link: Why Tobacco Farmers Are Essential Players in the Fight Against Big Tobacco” will be published in the Journal later this year. In the summer of 2007, Anna was a legal intern at the World Health Organization’s Tobacco Free Initiative in Geneva, Switzerland. As part of her internship, she was able to attend the Second Conference of the Parties to the WHO Framework Convention on Tobacco Control in Bangkok, Thailand.

After a trip down under to Australia and New Zealand earlier this summer, Anna began her career as a first year associate at Keller and Heckman in Washington, D.C.

Cristina Meneses

Cristina Meneses was very active both in and out of the Law & Health Care Program. She was well known among students and faculty for her tireless advocacy and concern for those in our society who are vulnerable and disadvantaged. Prior to law school, Cristina earned a M.S. in Gerontology and worked with senior citizens for several years. Her work as a gerontologist made her very sensitive to the consequences of racism, sexism, and poverty on the health outcomes of her patients. This experience convinced her that a legal degree would be the best way for her to take on the disparate treatment some people receive based on their financial status or race.

Cristina was a very active member of the student body—Vice President

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Health Law Certificate Recipients
Cont. from p. 15

of her class from 2005-2006 and Vice President of the Student Bar Association her 3rd year. She also was the leader of several student organizations, including the Latino Law Student Association and Triangle. She did all this in five semesters—having spent one semester at the World Health Organization in Geneva at the Tobacco Free Initiative.

Starting this fall, Cristina will begin her career as an attorney at Georgia Legal Services.

Alaap Shah

Alaap is another certificate recipient who compiled an impressive resume even before starting law school. He graduated from Union College in 2001 with a B.S. in Biochemistry and later received an M.P.H. in Health Policy and Management from the Columbia University Mailman School of Public Health.

Alaap was very active both in the health law program and in other pursuits. He was the Notes and Comments Editor for the *The Journal of Health Care Law and Policy*, Co-President of the Maryland Intellectual Property Student Association, and a member of SHLO and the Asian Pacific American Law Students Association. In the summer after his second year, Alaap externed in the Public Health Division of the U.S. Department of Health & Human Services for Sandra Pressman, an attorney and graduate of the law school.

Alaap, along with fellow alum Anjali Downs, is now working at Epstein Becker & Green in Washington, D.C. in their Health Care and Life Sciences Practice Group.

In Students’ Lives
Cont. from p. 9

one of the many problems his clients were facing—that HIV/AIDS was part of a bigger problem. In Freeman’s mind, the final insult was that no one was addressing the disproportionate impact the epidemic was having on this group of women.

Freeman’s main intellectual curiosity has always been the intersection of race and power in the 20th century. He studies these issues writ large but could clearly see the force of these issues in the lives of his clinic clients back in the early 90s. Freeman’s experience in Weimer’s clinic is something that he calls, “one of the toughest and most difficult life experiences I ever had and one that made a profound impression on me.” Freeman recently reached out to Weimer to explore possibilities for collaborative scholarship relating to the history of AIDS in Baltimore.