

## Public Health Threats & the US Constitution: What Responders Need to Know About Equity, Law, and Public Health Authority

### Full Script

### Introduction & Presentation Overview

#### Slide 1

Welcome to the Public Health Law Academy's training **Public Health Threats & the US Constitution: What Responders Need to Know About Equity, Law, and Public Health Authority**. This training is brought to you by ChangeLab Solutions and the Centers for Disease Control and Prevention's Public Health Law Program.

Effective emergency management planning and execution are critical in the face of public health threats. Equally important is our constitutional framework, which ensures that the exercise of public health powers does not unjustifiably infringe on civil liberties in the event of an emergency. This training will provide an overview of the legal issues that arise during infectious disease emergencies. We'll discuss the scope and limits of emergency response action and also address some specific topics, including the implications of due process rights for mandatory vaccination and treatment as well as isolation and quarantine.

#### Slide 2

Before we begin, one of the content developers, ChangeLab Solutions, wants me to remind you that the information provided in this training is for informational purposes only and does not constitute legal advice. ChangeLab Solutions does not enter into attorney-client relationships.

#### Slide 3

Further, the other content developer, the Centers for Disease Control and Prevention, wants me to remind you that while every effort has been made to verify the accuracy of these materials, legal authorities and requirements may vary from jurisdiction to jurisdiction. The contents of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy. Always seek the advice of an attorney or other qualified professional on any questions you may have about a legal matter.

*This script was updated  
in August 2021.*

#### Slide 4

Here's what we'll talk about over the course of this training:

- First, we'll look at how emergency preparedness relates to health equity.
- Then, we'll discuss why public health law is important, especially when it comes to emergency preparedness and response.
- Next, we'll explore the major sources and limits of public health authority, with a particular focus on the US Constitution.
- Finally, we'll discuss what responders need to know when preparing for emergencies and responding to them. Our discussion will include information about social distancing measures like isolation and quarantine, as well as information about mandatory treatment and examination.

There is much more we could talk about with respect to constitutional issues that arise in emergency situations. But because we have a limited amount of time, we're focusing only on these issues.

#### Slide 5

Before diving in, we also wanted to say up front that this training touches on content that may be upsetting – especially when discussing the details of isolation and quarantine cases. We'll provide a content warning with more information before describing the details of those cases.

## Part 1: How does emergency preparedness relate to health equity?

### Slide 6

Health departments play many roles: employers, regulators, data collectors, service providers, educators, and funders, to name just a few. All of these roles and everything that a health department does can advance health equity. As we talk about emergency preparedness, it is critical that we also think about how agencies can respond to health crises in ways that advance rather than hinder health equity. Let's begin by exploring how emergency preparedness relates to health equity.

### Slide 7

Let's start with a foundational question: What is health equity? There are many definitions. One frequently cited definition that captures the complex nature of health and health equity is from Dr. Paula Braveman, one of the nation's leading experts on health equity and health disparities. She explains, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." It means that everyone has access to the resources and opportunities they need to thrive, regardless of characteristics like race, ethnicity, gender, sexual identity, or others. At the core of equity is a focus on fairness, justice, and opportunity.

We want to call out that this is a pretty well accepted definition of health equity that is frequently cited in the literature. But it's worth mentioning that your idea of equity – and your colleagues' and community partners' ideas of equity – might be a little different. Ultimately, however, the goal is for health equity efforts to be effective. And an important first step is working with community partners to develop a shared vocabulary and a shared understanding of health equity and its core principles, which include fairness, justice, and opportunity.

Having a shared understanding is critical because the way we think and talk about inequities will shape how we do the work to achieve health equity. Public health activities that focus explicitly on improving health equity might take a very different direction from those that focus more generally on improving health for everyone.

### Slide 8

When we talk about equity, it is important to note that equity is different from equality. The image here illustrates this difference in a helpful way. The image at the top is an illustration of equality. An intervention focused on equality would apply the same one-size-fits-all solution to everyone, irrespective of need. Equality is illustrated by giving each of the four individuals the same bicycle. That sounds pretty good. But take a closer look.

The bicycle may be a good fit for the two individuals in the middle, but what about the child in a wheelchair on the left? And how about the girl on the right, who struggles to reach the pedals? In this scenario, we can see how an equal approach – even a well-intentioned one – doesn't necessarily benefit everyone equally. The two individuals in the middle might be well on their way, while those on either side are left behind. An equitable approach, on the other hand, means that we're focused on ensuring that people have what they need to thrive. Beyond that, it acknowledges the reality that not everyone starts at the same place. What one person or population needs might be different from what another needs.

When we fail to develop or execute emergency responses with equity in mind, there is the potential for efforts – again, even well-intentioned ones – to not only maintain inequities but, in some cases, actually widen them. We can see in the illustration for equality that providing the same bike to everyone will give the two individuals in the middle the means to take off, while those on either side will be left behind.

### Slide 9

Achieving health equity requires eliminating the drivers of health inequities – like structural discrimination (especially structural racism), income inequality and poverty, disparities in opportunity, disparities in political power, and governance that limits meaningful participation.

We have a lot of ground to cover in today's training, so we won't go into depth on each of these drivers of inequity, but the important point here is that law and policy have been central to creating today's health disparities. They've made resources scarce for many and created unhealthy environments. As prior disasters and disease outbreaks have shown, people aren't all starting from the same place when it comes to navigating emergencies. Because of differences in social and economic conditions, groups that have been socially or economically marginalized – such as people with low income, people experiencing homelessness, people with disabilities, people of color, people who were born in countries other than the United States, and people who are or have been incarcerated – are often at a disadvantage in accessing the necessary resources before, during, or after an emergency.

**Slide 10**

Health department staff and other public officials work hard to address challenges and craft effective solutions in response to emergencies and natural disasters. This approach is important not only for addressing the event at hand but also for addressing inequities that existed *prior* to the health emergency.

Strategies that jurisdictions pilot and implement to respond to an emergency (such as a pandemic) can be extended or can directly inform long-term solutions to address pre-existing inequities.

Decisionmakers, health departments, and community leaders can put safeguards in place to ensure that implementation and enforcement of emergency responses do not exacerbate long-standing disparities.

Acknowledging and addressing health inequities before, during, and after emergencies or pandemics can help address distrust of government – a recognized barrier to emergency response and recovery activities.

## Part 2: Why public health law?

### Slide 11

Now that we've discussed how emergency preparedness relates to health equity, let's explore *why* public health law is important.

### Slide 12

Most of you taking this training are probably familiar with public health as a concept and with some of the scenarios on this slide. Health departments and medical professionals are often on the front lines in responding to these types of emergencies.

Public health is an important component of responding to every type of catastrophic event, including

- Communicable disease outbreaks and pandemics;
- Technological disasters, like radiological or chemical exposures and fires;
- Intentional acts, like the bioterror attack on salad bars in Oregon in 1984; and
- Natural disasters, which can cause additional, complicating emergency conditions. Take, for example, Hurricane Katrina, which brought with it not only a loss of power and lack of safe drinking water but also floodwaters that were a breeding ground for bacteria and mosquitoes.

So where does the law fit in? It provides the *foundation* for the practice of public health in the United States. The law that we will be talking about today comes mostly from the Constitution; we'll get to that in a minute. What I want to introduce here is a central theme of this presentation: balancing of the public's health and the common good against individual freedoms. The emergency response to each of the types of disasters we've just listed requires balancing those interests.

Local, state, and federal laws vary in what they say about emergency responses and what they can and cannot entail, and this balancing is always central. Laws are generally written with the balancing requirement in mind. Today, we will provide you with a better understanding of where that requirement comes from and what it means in the context of some common types of emergency responses.

### Slide 13

Now I'm going to introduce a scenario that we will return to several times during this training.

Imagine that there is an outbreak of measles across the United States.

Thousands of kids are getting sick, and some are dying.

#### Slide 14

For the purposes of this hypothetical, let's meet Wendy, the deputy health commissioner for a city. One day, Wendy gets a call from a parent in the community who says that many children at a local school, where his children are students, are sick with a fever and have developed a rash from head to toe. Immediately, Wendy recognizes the signs of measles.

In addition, the school affected by the possible measles outbreak is run by a religious institution whose community does not believe in medical care or immunizations.

None of the thousand kids who attend the school have been vaccinated against measles.

#### Slide 15

This scenario raises a lot of questions. First, Wendy needs to find out what is going on. Is this really measles? How many kids are sick? What can she do? What authority does she have?

Also, what do the parents think? What if they refuse to vaccinate or treat their kids for religious reasons? Can Wendy force them to vaccinate their children? Can she impose a quarantine or isolate sick kids?

This presentation will provide you with the legal tools you will need to answer questions like these. Keep this scenario in mind as we go through the presentation. We will revisit it several times.

## Part 3: What are the major sources & limits of public health authority?

### Slide 16

To help answer these questions, let's turn to the next item on our agenda: What are the major sources and limits of public health authority in the United States?

### Slide 17

First, we'll focus on the source of the authority – that is, how health departments get the authority to implement and enforce public health policies.

### Slide 18

The US Constitution is a source of public health power and also provides limits on government authority.

As you probably know, the Constitution is the “supreme law of the land” in this country. While we have many other laws – federal, state, and local – the Constitution supersedes them all.

Among many other things, the Constitution

- Establishes the three branches of federal government – the legislative, executive, and judicial branches – and requires a separation of the powers of those three branches; and
- Provides the framework for the core principle we talked about a few slides back: balancing of public health or community interests against individual interests.

In the next few slides, we will explain how the Constitution delegates powers and to which levels and branches of government.

Then we will talk about how the Constitution protects individual rights by *limiting* what the government can do, thus resulting in the all-important balancing.

To learn more about how the Constitution relates to public health law, we encourage you to check out the trainings in our Introduction to Public Health Law series, which are also part of the Public Health Law Academy.

### Slide 19

The Tenth Amendment says that the states retain those powers not expressly granted to the US federal government.

These powers include **police power**, which is the power to enact legislation and regulations that protect public health and safety and promote the common good. When we say *police power*, we don't mean the power held by law enforcement. We are referring to the power held by government to take actions that protect the public, including public health powers.

States can share police power with local governments. Some states, like Florida and Illinois, give local governments extensive authority to exercise police power. Others, like Arkansas, greatly limit the ability of local governments to exercise police power. And in some states – for example, Texas – local governments can choose whether they exercise their extensive police power through local ordinances or whether they follow the state's laws by default.



### Slide 20

One well-known example of local police power is the power of local health officials to initiate isolation and quarantine orders. This is an example of the right of government to take action affecting individuals for the benefit of society.

Other examples of governments' exercise of police power to benefit public health include

- Social distancing measures,
- Public health surveillance,
- Public health reporting, and
- Epidemiological investigations . . .

### Slide 21

As well as

- Vaccination,
- Treatment,
- Powers over property, and
- Evacuation.

Some of these powers may be used by both the federal government and state or local governments; others are exclusive to one or the other, depending on the context.

### Slide 22

Courts generally defer to state and local governments' exercise of police power; however, the exercise of that power must be reasonable. Let's use a foundational court case to illustrate what constitutes a reasonable exercise of power.

### Slide 23

*Jacobson versus Massachusetts* is a landmark court case about the constitutionality of mandatory public health control measures.

The case concerns events stemming from a 1902 smallpox outbreak in Cambridge, Massachusetts. Pastor Henning Jacobson was one of a few people who did not get vaccinated despite a law requiring people to get vaccinated or to pay a fine of \$5 if they refused. Jacobson did not pay the fine and challenged the constitutionality of the law in court.

### Slide 24

In its ruling, the US Supreme Court upheld the mandatory vaccination law. The court declared that the state's police power "does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint. There are manifold restraints to which every person is necessarily subject for the common good."

While this case was about mandatory vaccination, it articulates the general principles and authority behind the basic use of state police power in other public health control situations, such as isolation and quarantine. We will talk more about those later.

One of the most important takeaways from this case is that the state's use of police power to protect public health and safety must be reasonable. That is, the government must always balance collective actions for the common good against respect for individuals' right to personal liberty.

### Slide 25

How have courts defined *reasonable*? There are basic requirements, derived mainly from constitutional principles, for state or local exercise of police power:

- The exercise of police power cannot be arbitrary or oppressive.
- It must be rationally related to public health, safety, or general welfare. It also must be reasonably designed to correct a condition adversely affecting the public good.
- And it cannot violate state or federal laws or constitutions.

### Slide 26

Now that we've identified the source of public health authority, let's discuss some of the limits on this authority. To do this, we're going to dive a bit deeper into the Constitution itself.

Some of you might be very well versed in constitutional principles. If you've taken any of the other course offerings from the Public Health Law Academy, you may find the concepts very familiar. Others of you might not have thought much about them since your high school civics class. Regardless of where you fall on this continuum, it is helpful to review some of the constitutional principles here.

As we'll discuss, understanding the limitations on public health authority is an important piece of understanding (and practicing) public health law. If you are interested in learning more about this topic, we encourage you to check out our training called **Public Health Law: Past and Present**, as well as the one called **Structure of Government**.

### Slide 27

The first 10 amendments to the US Constitution are known as the Bill of Rights, which guarantees the personal liberties to which individuals in the United States are entitled. Many of these amendments will be very familiar.

The Bill of Rights includes

- The First Amendment, which grants freedom of speech and religion as well as the right to assemble;
- The Fourth Amendment, which protects against unreasonable searches and seizures;
- The Fifth Amendment, which will be a big focus for us during this presentation. It guarantees that individuals will not to be deprived of life, liberty, or property without due process of law; and it guarantees the right to equal protection under the law.

The Fifth Amendment also protects individuals against seizure of their private property without just compensation. This situation can arise during emergencies, but due to time constraints, we aren't able to cover it in this training. Here's a very high-level overview: if the need to take private property arises during an emergency, you will need to be careful about when and how it's done, given the constitutional issues that can arise.

Although the Bill of Rights is part of the federal constitution, the Fourteenth Amendment makes it applicable to states.

For example, the Fifth Amendment guarantees that individuals will not be deprived of life, liberty, or property without due process of law; the Fourteenth Amendment prohibits **states** from depriving individuals of life, liberty, or property without due process of law. Before passage of the Fourteenth Amendment, which was ratified after the Civil War, the Supreme Court had interpreted the Fifth Amendment as applying only to the federal government. The Fourteenth Amendment explicitly expanded the due process provision to apply to states.

### Slide 28

Now that we've briefly reviewed the Bill of Rights, here's a quick quiz. Don't worry if you don't know the answer; we'll dive into this in a minute.

Which constitutional amendment or amendments guarantee the right to due process?

- A. The First Amendment
- B. The Fifth Amendment
- C. The Fourteenth Amendment
- D. The First & Fourteenth Amendments
- E. The Fifth & Fourteenth Amendments

### Slide 29

If you picked E, you're correct. As we'll discuss, the Fifth and Fourteenth Amendments guarantee the right to due process.

### Slide 30

**Due process** is a central concept when we're talking about people's rights in the context of emergency preparedness.

Many governmental actions can affect individuals' lives, their liberty, (that is, their self-determination), or their property (that is, their economic interests). Today, we're going to touch on several examples of such governmental actions in the context of emergency preparedness.

The Fifth and Fourteenth Amendments of the US Constitution both say that the government cannot deprive individuals of life, liberty, or property without *due process of law*. The Fifth Amendment makes this a requirement for the federal government, whereas the Fourteenth Amendment makes it a requirement for states.

*Due process of law* – what does that mean? Due process looks at the fairness and reasonableness of government actions that deprive individuals of life, liberty, or property.

In the next two slides, we'll discuss two types of due process: procedural and substantive.

### Slide 31

Procedural due process provides an individual with access to fair and impartial legal proceedings *before* the government deprives that person of life, liberty, or property. Soon, we will talk about due process in more detail in the context of some specific emergency preparedness actions, but right now, we can think about it in the context of a classic example: government benefits.

If someone is receiving a benefit from the government – say, disability benefits – the government cannot just terminate that benefit whenever and however it wants to. Before termination is allowed, the Constitution requires the government to provide written notice explaining that the benefits will be terminated and why, as well as an opportunity to challenge the decision to terminate.

In other words, procedural due process means that the government must follow certain procedures before interfering with someone's life, liberty, or property.

### Slide 32

In contrast, substantive due process looks not at the procedures the government uses but instead at whether the government has a good enough reason for depriving someone of life, liberty, or property.

To decide whether a government's action is justified, a court will evaluate the relative importance of the individual and governmental interests at stake.

The requirements for the government become more stringent as the individual interest at stake becomes more significant. Accordingly, intimate, personal choices – for example, marriage, procreation, or privacy within the home – receive the greatest constitutional protection. In the context of emergency preparedness, this often relates to issues of personal autonomy and the right to make decisions about one's own body and movement – for example, to refuse medical treatment or to make decisions about where and when to travel and move around. The burden on the government to provide a good reason for interference in such highly personal matters is much higher than when it is regulating activities that do not rise to the level of a fundamental liberty interest that deserves special protection.

### Slide 33

We want to pause here to provide a content warning for the following slides, which contain disturbing details from a mandatory isolation case. In this case, the plaintiff was wrongfully incarcerated, against her will, in a county jail, under a quarantine and isolation order. The details of the case illustrate violence, racism, and violations of state law and individual liberties and have been included to demonstrate the egregious violations of the woman's constitutional rights, ostensibly for the purposes of public health. We are committed to the notion that confronting even the most disturbing parts of our public health law history is critical to

- Correcting social injustices in the future by guaranteeing constitutional and human rights;
- Rebuilding trust with the communities we serve as public health practitioners; and
- Ensuring that health equity is centered in all of our public health activities, including emergency response.

### Slide 34

The California case of *Souvannarath versus Hadden* is a disturbing example of violation of a patient's rights to procedural and substantive due process.

This case centered on a policy of Fresno County, California, which stated that any person infected with a communicable disease who resists treatment and becomes a public health hazard could be detained in the Fresno County jail.

The communicable disease at issue in this case was tuberculosis, or TB, a resilient bacterial disease that is airborne and highly contagious and thus represents a significant risk to public health. A patient who fails to take medication for the disease might pass it to other people. Of particular concern is multidrug-resistant TB.

As we go through the series of events from this case, think about the health equity concerns and see if you can identify where the government violated the patient's fundamental rights. As public health practitioners, we need to understand what the Constitution requires us to provide for people. It is also important for you to think about cases in your own jurisdiction in which these or other kinds of human rights violations might have occurred and how you might better center health equity in your own practice and service to the communities you work in.

Here's an overview of what happened in this case: Hongkham Souvannarath, the patient in this case, was a Laotian refugee living in California's Central Valley. She was found to have multidrug-resistant TB, which required administration of medication and treatment at the chest clinic.

### Slide 35

When Souvannarath refused to comply with the program, Fresno County served her with a Notice and Order for Examination – in English, a language she barely spoke – and told her she was required to appear at the chest clinic or risk being detained for continued noncompliance.

When Souvannarath failed to appear at the clinic, she was issued an Order of Quarantine and Isolation, which did not state any specific reason for the detention, nor did it state her rights under TB control laws to request release, a hearing, and court-appointed counsel.

Souvannarath was told she was being taken to a hospital but instead was taken at gunpoint to the county jail.

When she saw and recognized the jail, she refused to get out of the county van until she was told she would be forcibly carried in if she did not submit voluntarily.

She was crying, as were her two daughters who had ridden in the van with her.

At the jail, she was forced to undress and was strip-searched.

For the first three days, she was housed in a cell without water, heat, light, a bed, or a toilet because an officer mistranslated her cry that she was afraid to die as a suicide threat.

Thereafter, she was housed in the infirmary, where she was expected to clean up after other inmates. Some of those inmates threatened her.

She was subject to the same restrictions as those imposed on all jail inmates. Thus, she was allowed only limited visits from family; she could make only collect, surcharged phone calls; she was handcuffed and shackled at her wrists, ankles, and waist whenever she was taken to outside places like the clinic or hospital; and she was chained to the bed when she was in the hospital.

### Slide 36

After hearing an account of these events, the California Court of Appeals ruled in favor of Souvannarath and found that it violated California law to jail noncompliant tuberculosis patients.

This case is important for several reasons. First, it underscores why limitations on public health police powers are so critical: to protect individuals. While the facts from this case may seem like an extreme example or something that is hard to imagine happening in modern times, these events occurred in 1998 and 1999.

Second, limitations on public health authority are especially important in protecting communities – including Black people, Indigenous people, other communities of color, immigrant communities, people with disabilities, and people who identify as LGBTQ+ – who have been disproportionately harmed by abuse of public health police powers for generations.

Before we talk about another case that illustrates why constitutional protections are important for overturning discriminatory policies, let's think through a few due process questions as they relate to this case.

**Slide 37**

Here's the first question: Which of the following government actions mentioned in this case violated due process?

Was it when the government

- A. Provided Souvannarath a Notice and Order for Examination?
- B. Issued an Order of Quarantine and Isolation that did not state any specific reason for detention?
- C. Both of these; so, A and B? Or
- D. None of the above?

**Slide 38**

If you picked B, that's correct. An Order of Quarantine and Isolation must state a reason for detention, as well as other information about the patient's rights.

**Slide 39**

Next question: Which of the following actions were violations of *procedural* due process?

- A. Failing to provide proper notice for detention
- B. Detaining the patient at gunpoint
- C. Quarantining the patient in a jail cell without water, heat, light, a bed, or a toilet
- D. A and B
- E. A, B, and C

**Slide 40**

If you picked A (failing to provide proper notice for detention), that's correct.

While answer choices B and C are both egregious violations of substantive due process, remember that procedural due process relates to certain *procedural* things that must happen before interfering with someone's life, liberty, or property – for example, providing proper notice, notifying an individual of their right to counsel, or providing access to a fair hearing.

**Slide 41**

Another constitutional issue that might arise when dealing with emergency situations is the right to free exercise of religion. The First Amendment says, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof. . . ."

At times, tension arises between the First Amendment's guarantee that individuals can freely practice their religion without interference or penalty and the government's responsibility to promote and protect public health. We'll discuss this topic in more detail in the context of mandatory treatment and vaccination, and it is obviously an issue in the measles scenario we introduced earlier, but right now, I want to discuss the Supreme Court case that set the precedent for when the government may infringe on the free exercise of religion. Although this case has not been explicitly overruled, as of August 2021, this area of law is rapidly evolving, which means that it is an area to monitor, especially when implementing public health mandates that may have implications for religious beliefs and practices.

### Slide 42

The 1990 case of *Employment Division versus Smith* has little to do with emergency preparedness factually, but the Supreme Court's determinations are instructive when we're thinking about the tension between religious rights and the protection of public health.

The facts of the case are as follows: Two men in Oregon were fired for using peyote for sacramental purposes during a ceremony at a Native American church to which they belonged. They then were denied unemployment benefits because they had been discharged for, quote, "misconduct," unquote, and the law prohibited unemployment benefits in that situation. They challenged that denial of benefits, claiming a violation of their First Amendment rights to practice their religion.

Ultimately, the issue became whether the First Amendment required Oregon to exempt sacramental peyote from categorization as a controlled substance, the possession of which is a felony.

The court found that the Constitution did not require Oregon to exempt sacramental peyote use. While it acknowledged the First Amendment rights of the two men, it emphasized that the Constitution does not mandate that laws of general applicability that are meant to protect the public – such as listing peyote as a controlled substance subject to criminal penalties – include religious exemptions.

The court drew a line between religious beliefs and actions taken in accordance with those beliefs, finding *in this case* that the government has the power to regulate actions even if the regulation would impinge on some religious beliefs.

It is important to note that this ruling doesn't mean that the state *couldn't* exempt sacramental peyote use, just that the First Amendment does not require it to do so.

This case has implications that reach beyond its fact pattern; for example, this general principle arises in the context of public health, too. People cannot ignore laws of general applicability – like criminal laws and other laws that apply to all persons – just because they go against their religious beliefs. At the same time, public health mandates and emergency responses should be crafted with well-developed and well-supported rationales. Again, this area of law is rapidly evolving, so it is important to consult an attorney or other qualified professional on questions related to religious beliefs and public health mandates.

### Slide 43

The last constitutional consideration I want to mention is the right to equal protection of the law under the Fifth and Fourteenth Amendments. In case you're wondering whether these are the same amendments that require due process, the answer is yes; some amendments do more than one thing.

Equal protection, in short, prohibits discrimination against a person because they belong to a particular group. In other words, the government must have a valid justification if it's going to treat people differently based on certain protected categories, such as race or gender.



#### Slide 44

I want to pause here to provide a content warning for the following slide, which discusses a racially motivated quarantine imposed on Chinese American citizens. The details of the case depict racism, xenophobia, and violations of state law and individual liberties. These details have been included as an example of blatant violation of the Equal Protection Clause and to help ensure that such an incident never happens again.

#### Slide 45

*Jew Ho versus Williamson* is a case that illustrates how the issue of equal protection can arise in the context of emergency preparedness.

In response to an outbreak of bubonic plague at the turn of the 20th century in San Francisco, the city's Board of Health issued a quarantine order covering 12 city blocks in the Chinatown district, prohibiting movement into or out of the area.

At issue was whether the quarantine was, first, racially motivated and, second, effective to stop the spread of the disease.

The federal district court overturned the quarantine, finding that the confinement of people not yet affected by the plague but in close proximity to those afflicted was more likely to *increase* the spread of the disease rather than reduce it. The quarantine order was, therefore, not a reasonable regulation for preventing the spread of disease.

Additionally, the court found that many of the restrictions were imposed and enforced against only the Chinese American residents within the district, thus violating their equal protection rights under the Fourteenth Amendment. The court said, "The evidence is clear here that this [quarantine] is made to operate against the Chinese population only, and the reason given for it is that the Chinese may communicate the disease from one to the other. That explanation, in the judgment of the court, is not sufficient. It is, in effect, a discrimination, and it is the discrimination that has been frequently called to the attention of federal courts where matters of this character have arisen with respect to Chinese." The administration of law "with an evil eye and an unequal hand," the judge said, is not permissible.

This case again demonstrates that government's police power to control disease is not unlimited. Quarantines must be reasonable – that is, effective in preventing the spread of disease – and cannot unduly infringe on individual constitutional liberties. Here, the court looked at both reasonableness and discrimination. The reasonableness determination factored into whether there had been discrimination in issuing and enforcing the quarantine order.

Recall the words I used when we were discussing *Souvannarath*: communities who have been disproportionately harmed by abuse of public health police powers. This case, unfortunately, is another example of that.

On the following slide, you'll find our next question for you to consider.

**Slide 46**

Imagine that there is an outbreak of a viral respiratory disease in Country X. The disease kills 40 percent of the people infected.

Based on what you now know about the Equal Protection Clause, may the US government issue a quarantine order exclusively for citizens of Country X who come to the United States?

**Slide 47**

The answer is No, or False.

Equal protection prohibits discrimination against someone because that person belongs to a particular group. The government must have a valid justification for treating people differently based on certain protected categories, such as race or national origin. Because *anyone* traveling to or living in Country X during the outbreak is equally likely to have contracted the virus, regardless of race or national origin, the quarantine cannot single out *only* citizens of Country X.

**Slide 48**

The major takeaway from the section we've just covered is that the government's power to engage in disease control activities must be balanced against the rights of affected individuals. That balance is what the Constitution – and, more specifically, the Bill of Rights – requires.

## Part 4: What do responders need to know?

### Slide 49

Now, we're going to move on to our fourth section of the course, "What do responders need to know?" In this section, we'll apply the broad constitutional principles we discussed in the previous sections to specific actions that responders may have to take when responding to a public health emergency.

### Slide 50

The key to any public health action is balancing the good of the public against individual liberty. This need to balance is present regardless of whether the mandated (or recommended) public health action is social distancing, isolation and quarantine, or vaccination for school enrollment.

### Slide 51

Social distancing – also called *physical distancing* – is a common public health control measure that has been used many times in the past as a response to communicable disease outbreaks.

We've used the term *social distancing* in this training so as not to confuse people who may not be familiar with the term *physical distancing*. However, we recognize that although such measures may require us to be physically apart, we need to face a pandemic or large-scale emergency together. Additionally, we recognize the effects of social isolation on stress, mental health, and well-being.

So, what do we mean when we say "social distancing" or "physical distancing"?

### Slide 52

Social distancing measures are designed to limit physical interaction between people in order to avoid the spread of infectious diseases. Examples include

- Closing schools or day care centers (similar to "snow day" protocols);
- Canceling large public gatherings, like concerts or theater events;
- Encouraging nonessential workers to stay home or implementing telecommuting to minimize economic impact; and
- Limiting other types of public contact – for example, in markets or on public transit.

Indeed, many different social distancing measures are available to public health officials to stop the spread of disease. These measures form a spectrum of restrictiveness – that is, some options restrict individual liberties less than others. Public health officials choose the best options based on the characteristics of the disease and the availability of resources. Knowing which options are viable is essential to ensuring that the least restrictive means necessary are used.

### Slide 53

Social distancing measures, such as those mentioned in the previous slide, are often appropriate options to choose before resorting to isolation or quarantine because they have fewer constitutional implications, given that they restrict personal liberty less. **Less-restrictive options** should be considered first.

Each of the options from the previous slide might raise other legal questions, the answers to which are beyond the scope of this training. Those questions should also be considered. For example,

- Who has *authority* to close the school? Health officials or school officials?
- If you cancel public gatherings like a concert, do performers and vendors still have to be paid?

The constitutionality of social distancing measures depends on the science and the facts. The law – and the balancing test – take into account how the disease is transmitted, how contagious it is, how virulent it is, and so on. For example, isolation or quarantine measures for Ebola would be different from those for measles, and both would be different from measures for the common cold.

The important thing to remember is that any distancing measure should be narrowly tailored and take into account the relevant science, as well as any state laws in effect.

### Slide 54

If less restrictive social distancing measures are not feasible or appropriate, given the situation, isolation or quarantine might be required to stop the spread of an illness. Isolation and quarantine involve many important considerations.

### Slide 55

First, let's look at definitions. What are isolation and quarantine?

CDC defines and distinguishes the two terms as follows:

- Isolation separates sick people with a contagious disease from people who are not sick.
- Quarantine separates and restricts the movement of people who were *exposed* to a contagious disease to see if they become sick.

The objective for both actions is the same: to reduce the transmission of disease.

Who can be isolated or quarantined, as well as the criteria for isolation and quarantine, generally depends on state law.

### Slide 56

There's also the question of who has the **authority** to require isolation and quarantine. Many people have a role in issuing isolation and quarantine orders, and their authority depends on state laws, as well as on the situation. In general,

- Epidemiologists and scientists study diseases and how they are transmitted from person to person and recommend isolation and quarantine measures.
- Health officials generally issue the order, but this power varies from state to state. Some states allow local governments to issue isolation and quarantine orders; in others, only the state can issue such orders. States also vary with respect to which government entities – health departments versus legislatures, for example – can issue orders. Tribes have the authority to take actions that promote the health, safety, and welfare of their own tribal members. Tribal health authorities may enforce their own isolation and quarantine laws within tribal lands, if such laws exist. To learn more, visit the Tribal Legal Preparedness Project at <http://tlpp.pitt.edu/>.
- Finally, judges can issue their own order to uphold, modify, or dismiss an order issued by the health department.

All of these roles make it important that everyone involved in initiating isolation and quarantine orders communicate and work together.

### Slide 57

What is the *federal* government's role in isolation and quarantine? That depends on the context.

Usually, a state or local government issues an isolation and quarantine order. However, the secretary of the US Department of Health and Human Services, through CDC, can detain, medically examine, or conditionally release people suspected of carrying certain communicable diseases at any international border, including at international airports, or at borders between states.

Close coordination between states and CDC, therefore, is critical. And indeed, in some instances, it's easier for CDC to work with state health officials and have them issue an isolation or quarantine order themselves.

It's important to note that the federal authority to screen, isolate, and quarantine applies only to communicable diseases that have been designated in a presidential executive order – such as cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers (like Ebola), SARS, or influenza with the potential to cause a pandemic.

### Slide 58

Now that you've heard about who has authority to impose isolation or quarantine measures, we're going to talk about what the Constitution requires when those measures are used.

The government has legal authority to require social distance measures, isolation, and quarantine, but it must guarantee due process, and it must ensure that neither the isolation nor the quarantine violate any other constitutional provisions, such as equal protection.

### Slide 59

So, what does basic due process for isolation and quarantine require?

Here and in the next few slides, we'll briefly discuss each of the requirements. There are many parallels with the criminal justice system and with other instances in which due process is required, such as the termination of disability benefits, as mentioned earlier.

The first requirement is a rational or reasonable basis for detention. The government has to be able to prove that the person is infected (for isolation) or was exposed to a disease (for quarantine).

The government can use supporting affidavits and factual findings as proof. How much proof is enough depends on the disease and its communicability and incubation period. It's important for public health officials to document everything and to make sure that science supports the actions being taken.

### Slide 60

Second, the government has to show that, based on the science of how the disease spreads, the conditions of isolation or quarantine are the *least* restrictive means necessary to prevent further spreading. For example, the least restrictive means might be confinement in a person's residence or other public or private premises, rather than in a government facility.

It's also important to note that in many or most cases, people will voluntarily comply with isolation or quarantine orders, especially if the orders are reasonable. So just because all of these things are required, it doesn't mean they all will happen in every instance of isolation or quarantine.

### Slide 61

The third requirement – the right to notice – is procedural. This requirement involves the procedure by which a person is notified that they need to be isolated or quarantined.

Recall the series of violations that we discussed earlier in the Fresno case. The patient, Hongkham Souvannarath, was a Laotian refugee and spoke little English, yet she was served a Notice and Order for Examination in English, a non-native language for her. When she failed to appear at the clinic, she was issued an Order of Quarantine and Isolation, which did not state any specific reason for the detention, nor did it include her rights under tuberculosis control laws.

If ordered into isolation or quarantine by a health official, an individual should receive an isolation or quarantine administrative order that provides notice and an explanation of due process procedures.

### Slide 62

The fourth requirement – the right to counsel – is also procedural.

The right to counsel means that you can have an attorney represent you if you decide to contest the government's decision to place you in isolation or quarantine.

Whether you are *guaranteed* counsel, however, depends on state law. Only some states require an attorney to be present or say that a public defender will be appointed if needed.

In the case of a contagious disease outbreak, courts have provisions that allow individuals to participate in legal proceedings without having to appear in person. The same provisions apply to attorneys representing clients under these circumstances.

### Slide 63

Finally, individuals have a right to a hearing upon request. A hearing provides an opportunity to challenge the factual basis for an isolation or quarantine order.

The right to a hearing requires that arrangements be made for all the affected parties to appear at the hearing. It might be possible for the hearing to be held virtually.

However, state laws generally allow an ordering official to detain a person before the hearing, if

- A delay would jeopardize public health, and
- An emergency hearing is scheduled very soon – for example, within 48 hours after the detention begins.

Individuals have a constitutional right to challenge their detention through a *habeas corpus* petition before a federal court, after other appeals have been exhausted.

- In some states, health departments issue administrative quarantine orders and sometimes handle initial hearings, and state courts handle any appeals. In other states, the courts directly issue the initial quarantine order, in which case the hearing and appeals are before the judiciary.
- Some states have an administrative appeal mechanism that must be exhausted before a person can seek judicial review.

Recall the *Souvannarath* case we discussed earlier, in which a patient with tuberculosis was incarcerated for not following a quarantine and isolation order. She was denied all five of the basic due process rights we've just discussed.

### Slide 64

What happens if residents within a community refuse to follow social distancing measures such as isolation and quarantine or stay-at-home orders?

Such orders are effective only if they are enforceable. However, as some of the cases we've just discussed illustrate, enforcement of public health measures – including consequences like fines and jail time – can disproportionately harm marginalized communities, exacerbating health inequities.

In addition, some jurisdictions pursue *charge stacking*, in which a charge for violating a stay-at-home order is stacked on top of a charge for a separate minor offense, resulting in an unduly harsh sentence or a higher fine. This practice can result in regressive fines and is counterproductive from a public health perspective because it may increase incarceration rates at a time when the risk of infection is substantially higher for people who are incarcerated and people who work in correctional facilities.

Fortunately, state and local health departments – and other key community partners and policymakers – can take steps to minimize or counteract inequities that may result from unjust enforcement (or lack of enforcement) of public health laws during an infectious disease outbreak. For example,

- Educate the public about health guidelines and educate enforcement officers by issuing guidance documents that clarify enforcement strategies and reduce the use of criminal penalties for violation of public health orders. For example, if there is a stay-at-home order, health departments – in partnership with county sheriffs' offices, police chiefs, or mayors – can issue guidance documents to avoid confusion and maintain transparency in enforcement of these orders. These guidance documents might recommend that law enforcement officers use alternatives like warnings and public education and that they impose criminal penalties only as a last resort.
- Reduce court fees and fines. Local courts can minimize or suspend the enforcement of fines, fees, and court debt obligations that can cause economic hardship or affect people's ability to meet their basic needs during a pandemic or other emergency.
- Redirect enforcement activities toward businesses and institutions. Localities can carefully consider the focus of enforcement actions and can prioritize enforcement against businesses and institutions that violate public health orders like stay-at-home ordinances, instead of targeting individuals who may have less ability to pay civil or criminal penalties.

These are just a few examples. To learn more about these and other equitable options for enforcement, see ChangeLab Solutions' guide *Equitable Enforcement to Achieve Health Equity*, available on their website at [www.changelabsolutions.org](http://www.changelabsolutions.org).



**Slide 65**

Once people are isolated or quarantined, the government is obligated to ensure that they have certain basic things, including

- Food, medical care, safety, and items to meet sanitary needs;
- Separation of isolated people from quarantined people;
- Medical treatment during confinement;
- Habitable accommodations; and
- Protection from known threats.

It's also important to ensure that religious, dietary, and similar considerations are taken into account.

**Slide 66**

So, let's review. What five requirements usually constitute due process for isolation and quarantine? We're going to give you a minute to see if you can list them.

**Slide 67**

The answer is (1) providing a reasonable basis for detention, (2) using the least restrictive means, (3) providing written notice, (4) notifying the person of their right to counsel, and (5) providing a hearing upon request.

Next, you'll answer some true-or-false questions about these five requirements, based on what you've just learned.

**Slide 68**

True or false? Whether a detention has a reasonable basis can depend on the science.

**Slide 69**

The answer is True. The government must be able to show that scientific facts (for example, the disease's communicability) support the actions taken.

**Slide 70**

True or false? When possible, a person subject to isolation or quarantine should be given the choice of confinement in their own home.

**Slide 71**

The answer is True. Often, the least restrictive means of accomplishing isolation or quarantine is confinement in a person's own residence.

**Slide 72**

True or false? The right to counsel means that you can have an attorney present if you want one.

**Slide 73**

This is also true. Having the right to counsel means that you can have an attorney represent you if you decide to contest the government's decision to place you in isolation or quarantine.

### Slide 74

True or false? It is a violation of due process to detain someone before they are given a fair hearing.

### Slide 75

The answer here is False. If public health is jeopardized, state laws generally allow detainment prior to the hearing. However, this does not negate the right to a timely hearing.

### Slide 76

Let's go back to our scenario with Wendy and the measles outbreak in a school.

Think beyond the due process list we just went through. Let's start from the beginning of this investigation and walk through what must happen in order to allow isolation or quarantine in this case.

What considerations must the government address in order to isolate the children who are sick or quarantine those who have been exposed to their sick classmates?

### Slide 77

The answer to the question on the previous slide can take the form of a checklist, which should include questions like

- Is there an actual threat to the public's health?
- Is isolation or quarantine reasonable, effective, and the least restrictive means of addressing that threat?
- Is the public health agency providing adequate notice of isolation or quarantine and of the right to counsel, a hearing, and an appeal?
- Is there access to adequate food, shelter, clothing, and medical care for those isolated or quarantined?

### Slide 78

Now let's turn to mandatory examination and treatment.

Government power to mandate examination and treatment of individuals has even more potential to infringe on individual rights than isolation and quarantine. Like isolation and quarantine, mandatory examination or treatment raises major issues of individual liberty that must be considered.

In most instances, a state will be able to obtain consent for an examination when an individual might have been exposed to a communicable disease.

It's when a person refuses, and the government seeks to *require* that person to be examined or treated, that due process comes into play.

### Slide 79

A government might have the power to require such an examination. For example, under Iowa state law (I.C.A. §135.144), the health department may, in a public health disaster, order physical examination, testing, and collection of specimens, unless the tests are “reasonably likely to lead to serious harm to the affected individual.” And if a person refuses such an examination, the state may apply an alternative sanction, like isolation or quarantine.

Some states may be able to exercise these powers without declaration of emergency, and many states have exceptions for religious or other objections to medical treatment.

Much also depends on the type of disease and forms of testing implicated. For example, there are specific, rapid examinations – like chest X-rays or sputum smears – which can determine whether a person with tuberculosis is contagious. But with other types of infectious diseases, the person may be contagious prior to onset of symptoms or a rapid test may not be available.

In Colorado, communicable disease regulations permit medical examination of people for diseases other than HIV/AIDS, but *only* with their consent.

### Slide 80

Again, as with isolation and quarantine, it’s important to know *who* can invoke the power to require treatment. Similar to isolation and quarantine powers, mandatory treatment powers vary state by state. Depending on the laws of the state, mandatory treatment powers could rest with the governor or state public health officer, the city or county council or mayor, or a local public health official.

The federal government has no general authority to mandate vaccination. However, the Department of Defense and the State Department can require vaccination of uniformed service personnel and certain other government employees.

However, it’s important to know that in our current social context, even though laws may allow officials to mandate treatment of individuals, societal views on individual liberty and individual rights may make public health officials hesitant to force people to be treated against their will.

### Slide 81

Another central question about mandatory treatment is, When is it permitted?

Typically, it depends on the health threat. For example, some jurisdictions have language limiting mandatory treatment to infections and contagious diseases. Therefore, it is important to consult a jurisdiction’s laws in the context of the situation at hand to determine which public health powers can be used by response personnel.

### Slide 82

Remember *Jacobson* – the case about mandatory treatment in the early 1900s? The court engaged in that ever-important balancing of the needs of the public and the rights of the individual and found that Massachusetts was permitted to require vaccination. Note, however, that the mandate was enforced with a fine, not forced vaccination. It is permissible to penalize those who refuse but not to physically force treatment on them.

A more modern example is *Best versus Bellevue Hospital*, a 2004 New York case. A patient with tuberculosis was confined when he sought to leave the hospital and refused to cooperate with treatment, even though he was living communally and thus could potentially spread the illness to many others.

In response, he filed a lawsuit against the city, city hospital, and city health department. The city, hospital, and health department ultimately prevailed, after four hearings and seven administrative, state, and federal judicial orders over a span of two years. The patient was held while the case was being reviewed.

While this New York case is somewhat unusual in the number of procedural hearings and orders issued, it is an example of the courts supporting public health officials when procedures are followed and the substantive grounds for the control measure are sound.

The issue here is really the reasonableness of the government's determination. The degree of threat to the public factors into that reasonableness determination, as does the risk to the individual and his right to make his own decisions about his care and treatment. And of course, there are the same procedural issues that we saw for isolation and quarantine.

### Slide 83

Another issue that can arise with respect to mandatory treatment has to do with the treatment of children against their parents' will.

Courts have recognized parents' right to make decisions about their children as a fundamental liberty. But courts have also recognized the role of government in protecting children who are not old enough to make their own decisions. Sometimes those two rights conflict.

### Slide 84

The 1944 case of *Prince versus Massachusetts* – when coupled with *Jacobson* – provides precedent for the prevailing rule in vaccination cases that parents' religious freedom must give way to the state's interest in protecting the public's health and that of individual children.

The case involved Sarah Prince, a Jehovah's Witness, who was convicted for violating Massachusetts's child labor laws when she permitted her 9-year-old niece, of whom she was the guardian, to sell religious pamphlets on the streets in the evening.

Interestingly, even though *Prince versus Massachusetts* has important implications for the Free Exercise Clause in the context of public health, the facts of the case pertained to the violation of child labor laws.

The child labor laws Prince was charged with violating prohibited boys under the age of 12 and girls under the age of 18 from selling literature or other goods on public thoroughfares.

The question before the court was whether a statute prohibiting childhood labor violates free exercise or equal protection guarantees when applied to proscribe a child's distribution of religious pamphlets.

The court recognized both the child's and the parent's religious freedom in the context of a family but held that free exercise guarantees do not preclude regulation of family practices in order to protect a child's well-being.

In passing, the court in this case specifically recognized that, and I quote, "Acting to guard the general interest in youth's well being, the state as *parens patriae* may restrict the parent's control by requiring [many things]. . . . [A parent] cannot claim freedom from compulsory vaccination for the child more than for himself on religious grounds."

Indeed, the court said, "Parents may be free to become martyrs themselves. But it does not follow [that] they are free . . . to make martyrs of their children."

The next slide poses a slightly different question, based on these same concepts, for you to answer.

### Slide 85

Turning back to our scenario, what do you think the issue is likely to be when Wendy goes into the local school and asks people to vaccinate their kids because of the measles outbreak?

Can she require vaccinations for children, regardless of their parents' wishes?

The answer is yes. While this power is rarely used, the government *can* require children to be vaccinated, even in the face of opposing religious beliefs.

### Slide 86

The hypothetical scenario of a measles outbreak involving a certain religious group in a city was, in fact, a real case. And the court ruled in favor of government intervention. The incident took place in Philadelphia, and parents were ordered to have their children vaccinated.

**Slide 87**

Now, a variation on the same issue:

True or false? Children can be required to be vaccinated in order to attend school, regardless of their parents' wishes.

**Slide 88**

The answer is True. Even in the face of opposing religious beliefs, the government can require children to be vaccinated in order to attend school.

**Slide 89**

All states allow students to attend school without getting standard vaccinations if they have a medical reason for the exemption. Most states (approximately 45) exempt kids for religious reasons and/or on account of their parents' personal beliefs.

It's important to note that the Constitution does *not* require states to provide religious exemptions. As of October 2019, California, Maine, Mississippi, New York, and West Virginia allow exemptions from school vaccination requirements only for medical reasons.

## Final Takeaways & Acknowledgments

### Slide 90

What are the final takeaways from this training?

First and foremost, when responding to public health emergencies, it is important for agencies to think about their response from an equity perspective so as not to worsen existing health inequities.

Second, an understanding of public health law is a central component of emergency preparedness and response.

Third, the US Constitution provides the primary source of authority for public health actions but also places limits on that authority.

Finally, the government's power to engage in disease control activities must be balanced against the rights of affected individuals. To do so adequately, government personnel must consider the scientific evidence supporting their actions and ensure that due process is provided to those who are subject to mandatory restrictions.

Given that each of these elements requires an understanding of complex legal issues in your jurisdiction, we encourage you to contact a local attorney to find out more about how state and local laws will affect public health response in your area.

### Slide 91

If you're interested in taking a deeper dive into the legal issues and considerations that arise in attempting to stop the spread of a highly infectious communicable disease, we encourage you to check out CDC's free online **Public Health Emergency Law** training as well as their **Law and Epidemic Emergency Preparedness** training. These trainings consist of competency-based units and cover legal issues to consider before, during, and after public health emergencies.

Both are available through the Public Health Law Program at [www.cdc.gov/phlp](http://www.cdc.gov/phlp).

### Slide 92

Before we conclude, I want to connect the content we discussed today with public health competencies. You might be familiar with the Public Health Emergency Law Competency Model. The Public Health Emergency Law – or PHEL – Competencies are a set of competencies in public health emergency law for mid-tier public health professionals. Ideally, the PHEL Competencies will be used to advance the inclusion of law-based content in all public health emergency training, resources, and tools. Including this law-based content would ensure that more state and local mid-tier public health professionals could improve competency in this critical area.

For example,

- State, tribal, local, and territorial preparedness coordinators and other public health professionals can use these competencies when they update or revise related job descriptions.
- Mid-tier public health professionals can use this model as a self-assessment tool.
- The competencies can also be used to help determine which specific laws might be implicated by each competency and to identify ways to ensure that relevant professionals are provided with opportunities to increase their knowledge, skills, and abilities in public health emergency law.

This presentation provides lessons that will help in achieving Competency 3.1, which is to implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews. (Note that this training does not discuss evacuation, closure of public places, or curfews.) This presentation also addresses Competency 3.2, which is to recognize the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.

To obtain more information and to view the competencies, you can visit the website for CDC's Public Health Law Program at [www.cdc.gov/phlp](http://www.cdc.gov/phlp).

### Slide 93

Now that you have learned about the constitutional protections related to many public health issues, think about what questions you would bring to a health department attorney to help you understand the legal requirements in your jurisdiction. Getting these questions answered will go a long way toward making sure that your public health emergency response plans align with your jurisdiction's legal requirements.

### Slide 94

This training was made possible by a Cooperative Agreement with the CDC. The views expressed in the training do not represent the official policies of the US Department of Health and Human Services.

### Slide 95

To learn more about public health law, visit [www.publichealthlawacademy.org](http://www.publichealthlawacademy.org).

Are there any questions?