

Course Transcript for August 24, 2012, Day 2

Ethical and Legal Aspects of Disaster Response: Legal Preparedness
Instructor: Barbara L. Folb, MM, MLS, MPH

Host: Debra Cavanaugh

Welcome back to Part 2 of Ethical and Legal Aspects of Disaster Response: Legal Preparedness. Today, we have Barbara Folb, a Public Health Informationist from the Health Sciences Library at the University of Pittsburgh, presenting to you today. I will turn it over to Barb and we will get started.

[Slide 1]

Presenter: Barbara Folb

Thank you very much, Deb. As Deb said, I am an Informationist doing a lot of work with our Public Health School at the University of Pittsburgh. That work has led to my interest in this current topic. We have a number of lawyers on staff that have been interested in legal aspects of public health and are looking at how the state legal environment and federal legal environment either support public health practice or doesn't support it. This includes aspects that have to do with preparedness.

So, that is the way that I got into this topic, and I have also been very fortunate to get a lot of support from those people at the University of Pittsburgh as I went ahead and made this presentation.

[Slide 2]

Presenter: Barbara Folb

The agenda for today is fairly simple. We are going to start off with a few definitions and background information that will help us through the rest of this class. There will be some talking about the class reading as we go along, and there will be a few little quizzes. If you did not read it, take part in the polls anyway. Maybe it'll be fun for you.

After we get through the intro, we will get into the core elements of legal preparedness. I have organized a talk around the Moulton article from 2003, which was assigned for class reading. I did that because he lays it out into four elements that I can use to present information resources related to each one for you.

As we go to class today, it is similar to yesterday. Feel free to put any question that you might have into the chat box and we will take care of them as we go along. Also, if you have any technical questions, you can put those in as well. Deb is going to be handling those for you.

[Slide 3]

Presenter: Barbara Folb

Here are the objectives for today. By the end of the class, you should be able to describe the legal structure supporting disaster planning and response. You will be able to recognize interaction between ethics and law in disasters. Yesterday, we got more of an in-depth look at ethics. It is the smaller part of today's topic but it does tie together very nicely. You will have an idea about how you might want to plan a search for legal information. And, you will also be able to describe how some of the key historic events that have happened in recent times have shaped our present approach to disaster law.

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Presenter: Barbara Folb

Okay, keep this in mind as you go along. To become a legal researcher, you often have to go to school and take classes in legal research. I have not done that, so I will not teach you to be a legal researcher by the end of the class. We as librarians cannot practice medicine, but can show people where the resources are and let them draw their own conclusions. When you're helping people find information that is legal, you can't advise them on what it means. Just lead them to the information. So, no practicing law without a license.

[Slide 5]

Presenter: Barbara Folb

[ACTIVITY]

We are onto the first polling questions. The first two questions that I have here are to help me get an idea about your experience with legal information. So, let's see. Siobhan, are you going to do the quiz here? Or Deb? It should be up in the pods. There we go.

So it is open and you can go ahead and vote.

Okay, now I am not surprised by the results here. It looks like most people said seldom or never. And what that means is that when we do get a question that involves legal information, it takes us out of our comfort zone. It means that we have to use resources that we may not use on an everyday basis. You can find a lot of information in say PubMed that has legal information in it, but it is not everything. I encourage you to explore other resources as you need to going through these things.

Okay, let me close the poll now.

[Slide 6]

Presenter: Barbara Folb

[ACTIVITY]

Does your workplace have a manual or guide for emergencies or disasters that includes legal information? So go ahead and open that one up. There we go.

Okay. It looks like again the majority of people are not sure whether they have such a resource in their organization. If you are at a hospital, I would imagine that you do and most universities as well have disaster plans in place. Chances are because everything that you do in response to a disaster has some sort of a legal base, there is probably legal information in there. I would encourage you to find such documents and see if you can add them to your collection of the library, or if there is any way that you can support their ongoing maintenance and development with your own research skills. Okay, let's move on now.

Let's go ahead and close the poll. Great, thank you.

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Presenter: Barbara Folb

Okay, now we are to the definition part. For those of you who do not work in public health, I want to encourage you to look closely at this definition and see that public health is defined very broadly and it includes health care system, communities, and individuals. You are represented somewhere in this definition. This is the definition of public health emergency preparedness. Basically, it is the idea that all of these various components of the public health system are ready to prevent, protect against, quickly respond to, and recovery from health emergencies.

They are particularly focused on things that overwhelm routine capabilities which are the part of a definition of what an emergency or disaster is.

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Presenter: Barbara Folb

I put that one in because when Moulton, in his article, started to define what public health legal preparedness was; he defined it as a subset of public health preparedness. This is a very broad scope. This goes out to the world community, in this case. In essence, he is saying that if you are prepared and have met some legal benchmarks that say that your system is ready to plan and respond and recover from disasters or emergencies.

Those legal benchmarks can include a lot of things. For example, those can include having correct laws on the book that allow you to take the actions needed, having people who have the skills to use them appropriately, and other aspects as well. And we will talk about some more as we go along.

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Presenter: Barbara Folb

Many of these classes have started with a disaster definition. I have chosen not to put a definition in because there are many definitions out there. A good legal definition is not so much about describing a disaster as saying, "What are the conditions that allow us to invoke a disaster and then trigger the release of funds and personnel and support to respond to it?" You want a good legal definition that clarifies conditions under which these things can happen. In recent times, in addition to defining disasters, many states have revamped or added a definition of a public health emergency to their state statute.

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Presenter: Barbara Folb

This was the class reading that we had. I chose this reading, even though it is a little bit on the older side, because I thought it was a really good background piece about the state of public health law in response to disasters.

The person who is the first author there, Moulton, between 2000 and 2010, was the director or co-director of the CDC Public Health Law Program. He was there from the very beginning when they set their research agenda and when they started to design what kind of training they wanted to do. So, what is in the article not just reflects what is going on in 2003, but it can also point you in the direction of things that have happened since then. It is a good background article.

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Presenter: Barbara Folb

One of the key things that I want you to think about as we go along is what Moulton says about the relative availability of preparedness information. In 2003, he said it was rare. As we go through this, that is exactly the case today. Maybe there are some things more than they were at the time. Notice there is a couple of things that he points out as being legal resources. First, bench books we will talk about more as we go along. These are for judges. Judges have bench books on a number of topics that help them deal with requests that come through their courts. A public health emergency bench book might include examples of forms that could be used in starting a quarantine order and information about basic public health conditions they might not be familiar.

The other thing that he said here are manuals for lawyers that work for government or hospitals that have to help those entities' plan for and respond to disasters. Of course, we would be interested in also having these kinds of resources for the health care community and for public health providers.

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Presenter: Barbara Folb

[ACTIVITY]

Okay, now we come to our first quiz question about the reading. So, let's get the poll open for this one. Moulton named four core elements for legal preparedness. Which one of these four is not

one of those? Let's see, can we make the box a little bit bigger? I am not seeing the whole poll. That is better, thanks.

Okay, we have about 21 votes so far. Anybody else have something to say? Keep in mind; I don't know who you are. You could even guess wildly, if you want to.

Okay, I think we will go ahead and close the results now. Okay. So, the majority of people said ethics. There are a couple of votes in there for competencies and cross-jurisdictional, cross-sectoral coordination, information, and laws.

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Presenter: Barbara Folb

[ACTIVITY]

And the actual answer, which is on the next slide, is ethics.

Okay. Now, yesterday we talked a lot about ethics. Ethics are actually very important to law. Obviously, when people are making laws, they are trying to make ethical decisions about what they want to allow and not allow. But, ethics are not a synonym for law. Competencies are one of the things that Moulton talks about. It is part of the law to have competencies to implement it. Cross-jurisdictional, cross-sectoral coordination is one of the key byproducts of having good laws in place for public health preparedness.

Information supports the practice of legal preparedness, and of course the laws and statutes are an obvious part of that.

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Presenter: Barbara Folb

I have a little diagram here that I got from the crisis standards of care document that Patty recommended yesterday. This is the 2012 one from the Institute of Medicine. At the bottom, there are two slabs that support the whole structure. One of which is ethics, and the other is legal authority and environment.

If it is not real clear on your screen, you can always go find the actual report and look at it in more detail. We are not going to talk too much about all of these things down in the middle. Those are there to support the acquisition of crisis standards of care by all of the entities that are in the pillars of the top.

One other thing I want to point out before we move on is that on the top you have two slabs. One is for federal government and one for local and state government. In fact, it is not an accident that the local and state governments slab is bigger than the federal governments slab. And that is because under our system of government, there is more legal authority to implement public health law at the state level than there is at the federal level.

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Presenter: Barbara Folb

A little bit more about the ethics health law and disasters. First off, it seems that at times, what is happening with the law is that there is a struggle between two different sets of ethics. The individual level ethics, which we are used to thinking of people in the United States having the right to regulate themselves and make their own decisions versus the communitywide better good. We want to have the community able to protect itself from diseases. We also want individuals to do what they would like to do. So, in between those two, there is a conflict at times. The way that is handled in the law is that the law will have a law that allows for quarantine or isolation or social distancing reducing the spread of disease. But at the same time, it should have due process built into it by which the individual has their own say once one of these things has been imposed. They will have the opportunity to request that it be lifted. That goes into the courts and they will take care of that. There are also the ideas under our Constitution that property rights are protected. Let's say you have a hurricane that comes through and a building is damaged but has not fallen. The community should be able to go in and remove that danger, whether or not the property owner feels that is the correct course of action.

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Presenter: Barbara Folb

We are going to talk about the core elements of public health preparedness now, or legal preparedness.

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Presenter: Barbara Folb

The first one is laws.

[Slide 18]

Presenter: Barbara Folb

[ACTIVITY]

This brings us to our next and longest polling question. According to Moulton, which of the following are considered to be law? So, we will open up the poll and see what people have to say. We are going to have to make it big to be able to get all of those in. That is good.

Okay, it looks like we've got about half of the people voting at this point. Let's go ahead and close this. The majority of people picked only A, B, E and F.

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Presenter: Barbara Folb

[ACTIVITY]

Actually, the answer is all of the above. Now, this might sound very odd. If I have not read the article very carefully, I might have only said A, B, E and F myself, because those are the most obvious things that look like laws. But, Moulton says the memorandum of understanding that a public health agency or hospital puts together is supported by and enabled by, or perhaps required by law.

Essentially, it is an operationalization of the existing law. The same thing goes for mutual aid agreements between states. You may be aware of the EMAC Law which allows for states to make these mutual aid agreements. If I'm in Pennsylvania and a disaster happens in Ohio, the mechanisms are in place for me to have people sent there and money goes back and forth as needed.

Those are also under the law and in operationalization. That is how Moulton defines it. There could be an argument made that the A, B, E and F are the core part. And by the way, other people have gotten this wrong. Don't feel bad if you did not get it.

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Presenter: Barbara Folb

Building blocks of law. Moulton left out constitutions in the list. The Constitution is a very important document that sets the environment within which all of the other statutes and

regulations happen. So, the building blocks of law are the constitutions of both the federal and state governments, statutes with laws passed by legislatures, regulations or rules, and that is a synonym there. So for example, if I passed a law in Pennsylvania, and then it goes to an agency that is in charge of implementing that law, and they will put out regulations and rules that need to be followed by people who have to comply with the law or respond to it.

Court rulings that look at laws and say whether they are constitutional or not also have the force of law. For example, we recently saw the Affordable Care Act going up to the Supreme Court and it upheld most pieces of it. That has also happened with other pieces of public health legislation along the way through the years. Again, once it is done, the court ruling has the force of law, called Common Law.

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Presenter: Barbara Folb

A very important thing that you need to know about that has a lot of influence on how public health happens in the United States is the concept of federalism. What that means is that under the U.S. Constitution and the Bill of Rights, states have sovereignty over those matters that are not specifically granted to Congress, the President, or the federal judiciary.

What that means for public health is that public health is not mentioned in these things anywhere. Most public health powers fall down to the state level.

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Presenter: Barbara Folb

Those powers are usually referred to as police powers because they ensure that the state has the right to regulate the behavior of people and organizations. Change what you might want to do otherwise.

For example, in the regulation of persons, you could require children to have vaccinations before they go into the school system in order to preserve the health of the community. You could regulate businesses and tell them what kinds of things they can and cannot do to improve public health or to improve other aspects of life in the community.

Again, states can prevent or mitigate dangers and nuisances. State can also take those powers and delegate them down to the local level of government.

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Presenter: Barbara Folb

Of course, the federal government has something to do with public health. The way that they get into this comes through other more general powers that the federal government retains, for example, the taxing and spending power. The federal government can go and collect taxes from states, and then as they redistribute the money, they can put conditions on getting it. For example, they could require states to create a strategic national stockpile distribution plan in order to receive some money. A very famous case in this area that is not really public health preparedness but was kind of public health related was in 1984. The federal government said, if you would like to get all of your federal highway money, you had to raise the drinking age to 21. At that time, there were a number of states that have an 18 year drinking age. All of the states ultimately complied with that requirement. If they had not complied, they would have lost 5% to 10% of their highway funding. That was ruled to be constitutional.

Under the general welfare, for example, in the area of defense, if the federal government wants to ensure that the troops are healthy and there was an outbreak of a disease, they could take actions. The federal government could take actions to ensure that less of the troops got infected with the disease.

Regulating commerce means that the federal government is allowed to have a say when goods are crossing state lines within the United States, or they are coming in or out of the United States.

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Presenter: Barbara Folb

So, in that way, you think about, well, how would that influence health? It is straightforward. If you think about it, diseases can travel. Let's say you have cantaloupes with a disease on them, like we have been seeing lately, the federal government can come in and work to stop that from happening.

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Presenter: Barbara Folb

Here is an example that illustrates quite nicely this kind of divide between the federal and the state as far as public health legal powers: notifiable diseases. A list of notifiable diseases is put out every year at the federal level. It is published in the MMWR. States participate in creating and revising that list every year. Each state also has the opportunity to make its own list of notifiable

diseases. It might not be the same list that the federal government requires. Oddly enough, while they are participating in making the federal list, the states are not required to then send the information and statistics onto the federal government. Under the federalism doctrine, the power is with the states. While most of them comply and send the data and it is put into a national pool of data, it is not required by law for them to do that. It's a little bit counterintuitive about how that works.

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Presenter: Barbara Folb

You may be familiar with a famous report that was put out in 1998 by the Institute of Medicine on the future of public health. Among many other things that they have said was the public health laws at the state level were not up to date and they were not ready to protect the health of the community. Public health agencies do not have the right amount of authority or responsibility. The structure was not set up to deal with contemporary problems. If you look at the date on this—1988—one of the main contemporary problems that they would have been concerned about at that time was HIV, something that started to happen early in the '80s. At that point in time, public health was in decline.

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Presenter: Barbara Folb

This is a description of what it looked like. Prior to the anthrax attack in 2001, there was a low level of state and local laboratory capacity to identify infectious diseases that might be bioterrorism agents.

They also had difficulty coordinating with other agencies, in part, because they had very low access to computers and the Internet. Having done some work in our own county health department at that point in time, I can say that not everybody had a computer and the Internet was not at the same level of quality or penetration into the workforce as you would find at a university.

Public health agencies said bioterrorism is a pandemic condition. They did not really know what their role would be if such a thing happened. The general public was rather confused about what public health did. Back in the '80s when I had little kids and was living in Wisconsin, I did not know that much about public health. As far as I was concerned, the local county health department was where you went to get your kids vaccinated, but I did not know what else they did.

At the same time, the workforce was not trained for terrorism response. They were trained to deal with average, every day public health events that they were used to dealing with.

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Presenter: Barbara Folb

Now we said in our goals that we were going to talk about things that had changed the law. One of the really important things was the anthrax attacks that happened shortly after 9/11. Because, they put it right out there, as plain as day, that in order to be prepared for all of the different hazards that can happen, we have to be prepared for infectious disease hazards. So, in response to the anthrax attacks, a number of things happened right away.

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Presenter: Barbara Folb

One of the first was a Model State Emergency Health Powers Act was created. This had actually been under way before the anthrax attacks, but then after it happened, they rushed along the timeline and put out the first draft by December of that year. What this really is; is not a law that in full form has been enacted in any particular state, but it was meant to be a kind of checklist. So, as a state, I could go and look at the Model State Emergency Health Powers Act, compare it to my own existing laws and say, “How good am I? Do I have the right kind of authorities in place or should I replace what I have with what is in the Model Act?”

Now, keep in mind there was a lot of pushback about this. People had not really looked at quarantine laws for a long time and were shocked by some of the things that they felt were a gross invasion of individual liberty and privacy. Something to keep in mind is that everything that was in there had actually been derived from existing laws in other states. They had just come and gone and pulled the best of the best out and put it together.

Once they received that pushback, they went and created a second version and made it more explicit that this was not prescriptive, rather this was more diagnostic. They could go and use it as a checklist, instead of having to enact the whole thing. The most common changes that states made afterwards, and by the way, I think it was about 40 states that have some language that reflects the Model Act, or that they included a definition of public health emergency which might have been lacking before that.

States became clearer about the emergency reporting structure: who had to report what to whom and in what conditions. They took their isolation and quarantines laws and updated them. Another thing that is a big topic for many people was liability. They looked at liability laws—who is immune from liability prosecution under emergency conditions.

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Presenter: Barbara Folb

I have a document that I would like to share with you now. Oh, there is a question here from Alicia. There is a list somewhere of the states that have adopted parts of the act. In fact, that is a Network for Public Health. I have that in the Moodle link as a place that you can go and it will tell you which states have adopted what parts of it.

What I want to do now is I want to go ahead and share the desktop so that I can show you a document that I made about federal law changes.

[DISCUSSION]

What I have here is a word document which is also posted on Moodle as well. What I did was I took some of the major laws and events that influenced changes in the laws and put them into a timeline. When you go and look at this you will be able to see what the state of the law was prior to 9/11 and the kinds of things that existed.

There is a major document and report that went along with this so that you can see where the Institute of Medicine report is and a number of other events that happened pre-9/11. And then, you start to get into some of the laws that were passed in response to these kinds of events.

It is a fairly lengthy document. I encourage you, if you are interested in how the law has been affected by things that have happened along the way, to take a look at it. It gives you a nice little overview of the whole process.

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Presenter: Barbara Folb

Some of the key public health preparedness laws that have come about as responses to various things that have happened include the Public Health Security and Bioterrorism Act of 2002. Among the key things that were involved there were increasing the public health capacity. This is where you start to see them saying, we need to have more skills, not only in healthcare workers but also in public health in diagnosing and responding to bioterrorism incidents.

They also want to develop medical countermeasures for all hazards: chemical, biological, radiological, and nuclear as well. It amended the Public Health Act in a lot of ways, including putting in the advanced registration for people who might respond to a disaster. All states now

have a place where medical volunteers or potential medical volunteers can go and register and have their credentials in place, prior to having anything like that happen.

There are a number of other things that happened such as the creation of the Assistant Secretary for Public Health Emergency Preparedness, which is now the ASPR Office. Referred to yesterday when Patty was talking about getting funding from ASPR. Within the Department of Public Health and Human Services, they oversee all of the preparedness health activities.

A number of other things I've got down here are the presidential directive. Presidential directives also have the force of law and happen immediately. The Congress does not have to ratify them. The president puts them out when things happen. For example, under number 8, there was financial support and assistance for states to develop equipment standards for first responders and there were national training programs established.

Project Bioshield in 2004, this was the one that supported the purchase and stockpiling of vaccines, drugs against bioterrorism agents, such as smallpox. Again, there are a number of things related to this.

[DISCUSSION]

I would like to share another screen with you again. This website is the Homeland Security Digital Library. I am showing it to you because the library has a very nice collection of many of the documents related to preparedness, including ones that have to do with health.

If you want to see all of the presidential directives related to preparedness or key legislation, this would be an easier way to get to them than going into FDsys and searching directly for the laws. Also, I did a little searching here to give you an idea of some of the things that are in here. I did a search for hospitals and emergency management plan for the last two years. Take a look. You can see that they have a lot of county level comprehensive emergency plans. Somewhere in there, they actually will mention hospitals.

Another place you can go, I know in my own work with public health professionals, oftentimes they want to see what someone else has already done in a particular topic area. They don't want to reinvent the wheel. If you can pull up somebody else's emergency management plan and share it with them that should make them happy. Now, there are things within the Homeland Security Digital Library that ask you to register to use them. Cindy Love asked me to tell you don't be worried about that; you don't need some high-level security clearance in order to do that. They want you to use the resources. So, go ahead and register if you think you have a use for it.

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Presenter: Barbara Folb

That was a really short look at some of the things that have happened as far as individual laws that have come up in response to different disasters and terrorism attacks. One of the interesting things to think about is what has the impact of all of these federal laws been? To find out, go to the Trust for America's Health. Every year, it puts out a report talking about how ready we are.

What I have here is the Pennsylvania screenshot. Key health data about Pennsylvania and they have readiness indicators there. Now, this is from 2010. You can see for the majority of indicators, they are getting a positive vote, yes. There's only two that are no. Just to give you an example of how this has changed over time. In 2003, there were only 13 states that had a preparedness plan. In 2012, all 50 states did. In 2003, only two states had what was considered to be an adequate strategic national stockpile distribution plan. In 2010, all 50 states did. Again, they were required to do so by law.

In 2005, there were only 10 states that had increased or maintained their public health laboratory capacity. In 2010, 49 states had. Moving over to the hospital side of it, 75% of health and human services hospital preparedness program participants have met 90% of preparedness goals. So, it is very important to keep in mind that you can measure the impact of these laws and that people may want that information from you. So, you might want to consider this as a resource.

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Presenter: Barbara Folb

International law is not the main focus today, but I want you to know that there are international health regulations. The World Health Organization put out the second edition of these in 2005. In 2007 they went into effect. There is a little over 190 nations that participate in these.

The key overall goals are to reduce the risk of the international spread of disease. At the same time, they want to make sure that the impact of whatever actions are taken is minimal on trade and travel of individuals. Some of the things included in these regulations are provisions to improve the capacity of developing nations to report. And, also to detect diseases that have potential for spreading internationally.

An improved reporting structure for those events goes into the World Health Organization. I encourage you to take a look at them if you are interested in that and I also encourage you to sign up for the September 6 and 7 class on "Health and Disasters: Understanding the International Context" in which this will be the whole point of the class.

[DISCUSSION]

Barb, before you move on, you have a question.

“Were there any laws enacted regarding West Nile virus?” I do not actually know. Public health laws can either be written very specifically to say, “This is what we are going to do to respond to a specific disease or condition,” or they can be written very broadly and say that public health authority has the right to take measures to reduce the spread of disease. It may be that they did not need specific laws about West Nile virus because they could take action under existing broader laws.

Again, you have to look at the state level to see what is there. You may want to consider looking into state laws for wherever you live to see what they have about that. Some of the things we are going to get into later on are some of the resources that we can use to make those kinds of searches.

If you want to talk about this more after the class, I would be happy to talk to anybody who wants to contact me.

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Presenter: Barbara Folb

Having reviewed the laws a bit, let's talk about what the current issues are. Most of these come from the 2012 article that was written by Hodge. He has written extensively about public health and laws, especially preparedness laws. You will see his name over and over again if you do searches in this area. I also have on the Moodle site for the class a bibliography of many of the resources I found while preparing for this class and you will see a lot of his things in there as well.

First of all, the current issues: Are quarantine and isolation laws an unneeded violation of personal rights? There are still some discussions about this. Do our modern medical systems allow us to deal with these without imposing these harsh measures on people?

Just a little bit more to define what quarantine and isolation are, so that you know what we are talking about; quarantine basically means that you are roped off in an area and no one can go in and no one can go out. It does not matter whether you were exposed to the disease or not, you are confined to a particular place. Isolation is applied when a person has been exposed to or infected by a disease that is considered to be dangerous. Let's say SARS. That person is put into isolation to limit the spread of the disease.

One of the things that are very important is that if you put somebody under isolation, it has to be in an area where they can receive treatment. It can't be punitive; it can't be in a prison. It should be in a hospital or other similar facilities. It should be for the minimum amount of time necessary in order to accomplish the goal of putting them in isolation. Some people feel that this is unnecessary. The discussion goes on today.

Currently, going on to the next one, some states allow for declaring a general disaster at the very same time that they declare a public health emergency. So, if I am a responder under both situations, I might have some confusion about what my primary role is and who I am reporting to as that goes on. Some of those authority overlaps need to be cleared up. A really important one: Is the legal workforce prepared to provide legal advice in real time? Anybody who has been involved in a disaster response knows that conditions are unique for every single one, and may require interpretation on the fly. Do we have lawyers who are ready to do that?

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Presenter: Barbara Folb

A couple more current issues. This is an important one that can apply not just too medical people but let's say people who are involved in search programs and are volunteering in the community. There is no uniform liability protection for all responders under all conditions. There may be some inconsistencies there. It's extremely important if you are involved in any kind of emergency response to check what your legal protections are.

For example, there are Good Samaritan laws. These apply in the very initial stages of an emergency. Let's say you know, you see somebody on the sidewalk that is having a heart attack and you take action to help them. A Good Samaritan law can protect you under that circumstance. But, if an emergency drags on, say something like Katrina is going on for months and people are still responding and helping out, the Good Samaritan law no longer applies because it is not an emergency that is happening right now in front of you. It is a longer, more prolonged response. Then you have to see what happens after that. There is a document that I put into the Moodle site that talks about SERT and liability from FEMA. It is a very up-to-date document. If you have questions about that for your own local use, I would consider looking at that, if I were you.

Now another thing that is important to think about is state professional scope of practice laws. Do they have enough flexibility to allow surge response? Do we have enough people that can give people flu shots if we needed to vaccinate a whole community? Finally, how do we measure the preparedness? This is an ongoing question. Some of the people I work with are involved in national-level discussions about what are appropriate, doable measures for legal preparedness.

[Slide 36]

Presenter: Barbara Folb

We are going to move on to our next core competency. And this is competencies. The gentleman in the picture is participating in an exercise at the Atlanta airport in which they are imagining that a person is coming in on an airplane that has a disease like SARS and he is going through a

checklist. One of the ways that you check for competencies or improve them is to have exercises such as that one.

[Slide 37]

Presenter: Barbara Folb

So, a person who is competent will know where the applicable law is. They will be able to put their hands on it and apply it correctly in a given situation. Now, what you're supposed to do with it and the level of skills that you are supposed to have differed depending on what your job is and the level at which you are working. There are documents out there that talk about competencies, and it will be specific to a job, rather than just general.

[Slide 38]

Presenter: Barbara Folb

This is an interesting study, something to keep in mind. This is a qualitative study. They went out and interviewed people working in public health and emergency management. They wanted to know whether people understood and really knew the legal environment in which they worked or were they unaware of it. Most of them were aware that there were legal underpinnings to what they do, but majority of people acted on what they thought was the legal environment, rather than really knowing what it was. So, there is still room for improvement here—room for training people in public health and emergency management in order to have them respond appropriately.

[Slide 39]

Presenter: Barbara Folb

You may want to look for competency standards. There are journal articles out there that discuss the various competency standards that have been put forth and/or adopted. The year 2008 must have been a banner year for competencies. There is the Gebbie article and Hodge article. I recommend the table in the Hodge article for a table of competency sources that does a nice comparison of them.

The National Public Health Performance Standards Program is standards for looking at and evaluating the state and local health departments. While they cover the whole gamut of public health, they do include some standards for preparedness and legal preparedness. Finally, you have the CDC Public Health Preparedness Capabilities National Standards for state and local planning and that is a document that you can go and take a look at on your own time.

[Slide 40]

Presenter: Barbara Folb

Training is out there to support acquisition of these competencies. The CDC Public Health Law Program has some resources, including a series of PowerPoint and associated classes meant to be delivered by a lawyer to a public health audience. I took a look at them myself while putting this class together. You don't have to be a lawyer to read and understand them. I encourage you to look at those.

A lot of centers for public health practice are still in existence, but some have gone away at this point, funded over the last 10 years or so. Most of them did a lot of education. And, they have put together this guide to education resources. You will see in addition to other topics, they are educating the public health workforce about legal education.

The National County and City Health Officials Organization has put together something called Public Health and the Law: An Emergency Preparedness Training Kit. It is good for using together and going out and doing some training with.

[Slide 41]

Presenter: Barbara Folb

There are a number of online training systems. TRAIN is a Public Health Foundation resource. There are a number of states that participate and put their trainings into it and their online training archives. You as an individual can go and register to use the site and view trainings. If you need certification or continuing education credits, that is built into those as well.

I did take a look at the TRAM system which is at John Hopkins. I recommend at least one offering. It has a nice, concise history of legal authorities and public health. I think it was from about 2006. Another training you may engage in is tabletop exercises or live training involves using these legal resources.

[Slide 42]

Presenter: Barbara Folb

We are going to move onto the next core element which is coordination. Now, the diagram that I have put on the top here is a diagram that was generated out of a software tool here at Pittsburgh called the Legal Network Analyzer. If you watched the video I put up on Moodle which was a little

conversation between me and Elizabeth who is the co-investigator on this project, then you have already seen a description of what it is.

Basically, they have made a database which has the laws from 12 states related to public health preparedness and emergency preparedness. They did a huge systematic view in LEXIS-NEXIS to put everything together. As a part of that, they went and coded all the laws for a number of parameters. What agencies are involved? What do they have to do under what conditions? This diagram is kind of a social network diagram showing in the state of Pennsylvania, which agencies and organizations have to work with each other in order to create an emergency management plan.

Another interesting thing that you can do with this resource to which I have a link to on the web is you can go and say, choose two states and compare them and see how similar or different they are.

[Slide 43]

Presenter: Barbara Folb

Coordination, if you have been involved in preparedness, from other standpoints this will sound very familiar. Coordination goes in several directions. It goes up and down and between the layers of an organization, from the local up to the international level, and horizontally between disciplines. Public health has to talk to emergency management, law enforcement, and so forth.

This has always been a challenge and will always be a challenge because organizations naturally are silos. You have to work hard to break those down. Things that are in a law require you to work together. They actually help to improve that coordination.

[Slide 44]

Presenter: Barbara Folb

Here are a couple of the issues you may run into. Let's say I am very competent; I know what I'm doing; I know all of the laws I have to follow. But, I have to partner with another agency. If that other agency is not at a similar level of competency, we will not quite be ready to coordinate.

Another thing that is a challenge is who is in charge? Who can do what is very situational? There is an article that I am citing here about the case of a gentleman who had multidrug-resistant TB and chose to ignore the laws that request to stay put, and he went on an international trip, crossing many borders. One thing that this article highlights is the difficulties in keeping up not just with where he was, but who was in charge and implement them. Once he was finally back into the states, the chain of custody where he went from was the CDC to the state of Georgia to the

hospital where he was in the local county, public health agency. But, in an emergency situation, it might be very challenging to coordinate as the geographic level and complexity changes.

[Slide 45]

Presenter: Barbara Folb

This is a big element for us. This is the core element of information.

[Slide 46]

Presenter: Barbara Folb

[ACTIVITY]

The next slide that I have is I believe another poll, so let's go to that. I'll bet you'll all get this right. According to Moulton, which of the following is true about information sources supporting legal preparedness?

Wow, we have a neck and neck race here. Everybody better vote to break the tie. Okay, anybody else? Okay. Let's go ahead and close the poll at this point.

[Slide 47]

Presenter: Barbara Folb

[ACTIVITY]

Most people voted for, they are scarce. And indeed, that is true. So, that is what Moulton said, anyway. They are scarce. I might argue that there may not be enough of them right now, but there are more of them. But, they are still challenging to find. What I want you to keep in mind about that is, you know, where might these information sources be? There is not really a central repository. There is not a PubMed type tool available to find them. Something to keep in mind is very often legal preparedness resources are created under grants. And grants have a limited lifetime.

So, they have to consider what happens at the end of the grant. Do the resources that were created go up on the CDC website or do they linger on in some kind of archival form on the Web? For example, the Turning Point Project, which ended in 2006 and had a model state law as well for public health. You go to their website, they say, "Okay, we ended in 2006; here is our stuff, it is

still here in archives.” But, there are other sites that you will go and look at that have not been updated in years but yet the resources are still there. It is hard to determine what their status is.

[Slide 48]

Presenter: Barbara Folb

One of the challenges is actually finding out what the most current resource is. These are some of the things that Moulton said people need. They need repositories of public health law. Laws that affect public health at both the state and federal levels are not just in one neat statue called the Public Health Act. They are scattered throughout other portions of the code of laws in every jurisdiction.

It can be challenging to pull them all together. The project I showed you that made this social network analysis do make an effort to bring as many of the laws together as they can. But, it is a challenge. Moulton said people need current awareness of new laws and other needs. Things are changing all the time. For example, on the American Hospital Association's website, take a look at the news ticker for laws that Congress is considering, laws that have been passed, and implications for hospitals.

Moulton said people need laws “best practices.” What he means by that are the lessons learned from practical experience. For example, they did a tabletop exercise in Illinois in which they came up with a list of things that did not work so well for them from a legal standpoint. Then they can say, “Here are the things that did work” and generate best practices out of it.

Moulton said people need manuals and bench books for attorneys.

[Slide 49]

Presenter: Barbara Folb

How do you find these repositories? What I usually do is make a mental list of who the organizations are that might be likely to have this, Government agencies that have some responsibility in this area may have some sort of legal repository. Training centers or research centers at universities and other more independent organizations may be likely sources. Professional interest groups that help in the law, say something like an American Health Lawyers Association.

I showed you the Homeland Security Digital Library so we will not look at it again. But they've got that policy and strategy thing that you can look at and I think it goes over the federal laws.

[Slide 50]

Presenter: Barbara Folb

I want you to go to look at one of these repositories, take a good look at the date on these things and make sure they are up-to-date and consider how complete they are. Let's say you are looking at one of the statutes and need to know the court cases that happened, so you need to look in more than one place.

Consider whether they are the right form for the purpose at hand. What I mean by that is when you pass a law, it shows up as the freestanding law and that slip law is marked up and talking about what statutes in the existing US Code are going to be affected by it. But it is not the final form in which people actually act on it. You may want to look at the codified law, such as the public health law as it exists now with the various changes over the years.

Something else to think about when you look at a repository is who is their audience? Something that is appropriate for health lawyers may not be appropriate for hospital administrators.

[Slide 51]

Presenter: Barbara Folb

This slide here I took from a study that was done in 2011. They asked people, primarily in New York, which of the following areas would be important to include in a resource guide for multijurisdictional collaboration for preparedness. Hopefully it is big enough on your screen to see the things that I highlighted. You can see that the top concern was with liability protection and the second one was legal authority to enter into agreements. So, you can see as you go through it that legal questions are extremely important when it comes to this multijurisdictional collaboration for preparedness.

[Slide 52]

Presenter: Barbara Folb

This is a document up on the Web that actually was the result of the project but that survey was done for. So, it is a cross-border issue analysis. And while they say in the document that it is a living document, you can see the data up on it in the top that it was a 2009 publication the last time it was updated. Still, I think it is a useful document for you to look at if you are interested in the legal aspects of working across state lines.

[Slide 53]

Presenter: Barbara Folb

Someplace else that you might want to consider if you are looking for repository kind of information is DIMRC at the National Library of Medicine who is also one of our sponsors for the day. They collect information about legal aspects of preparedness as part of its ongoing current awareness tool.

I don't know if all of you are getting the newsletters that come out once a week. They are very useful if you are keeping up to date with new things on the Internet. Now, I'm just going to share the screen again.

[DISCUSSION]

Let me pull up the resource guide just to show you what it looks like. Let's see here, move the mouse over here. Okay. The computer that I had that was showing me what the participants are seeing has decided to go to sleep for some reason so I cannot see it. If there is any problem with viewing the screen let me know.

I went into DIMRC and I did a search within the research guide for disaster medicine in public health which is an archive for things that have been put in the newsletter. I searched for law, legal, legislative, and a lot of different terms that relate to law and came up with 231 resources.

An example you can see here identifying vulnerable older adults and legal options for increasing their protection during all-hazards emergencies. You will find a number of interesting things. You can go in and do a more specific search based on a topic that interests you.

I highlighted the place that you click in order to get to that, and there are other resources. Another great thing that they have up there that will help you do a search is they have a list of mesh terms related to disasters.

[Slide 54]

Presenter: Barbara Folb

Identifying government law repositories. Look for agencies that regulate disaster response, for example, ASPR that we have mentioned already. They have pages in there about legal aspects of preparedness and response. Another thing to consider is, like I already mentioned that I like to do is to talk to other experts in the field. So, do you know a law librarian? Do you have a law library in your area? Consider using them as resources.

[Slide 55]

Presenter: Barbara Folb

There are some non-governmental law repositories out there. When I try to find them, I will use various techniques. For example, I found a number of people who have been publishing in this area and I looked with whom they are affiliated, such as centers for laws in the public health. That is one way to find it. Sometimes I will go into the CDC Public Health Law Program. One of the things it offers is technical assistance. So, you as a person in health care or public health, if you are interested in some aspect of public health law, they have a form that you can fill out on the website that I have listed there, and they will respond to you. I actually worked with them while I was putting this presentation together and they were extremely helpful and very happy to hear from me. They are extremely excited that librarians are interested in this topic so I think you'll find them responsive.

You may want to look and see who is funding these efforts. The Robert Wood Johnson Foundation, the Kellogg Foundation, and the CDC Center that we have mentioned already are frequent sponsors of grants that are meant to study or improve legal preparedness. I will frequently look at the American Public Health Association annual conference proceedings. There is also a Public Health Law Conference every year. I have been talking to them and trying to encourage them to put up their proceedings in a more permanent manner, it shows up piecemeal on the NACCHO website. Each year they announce what they are going to do, you will see what is going to be on the proceedings.

Finally, check the Network for Public Health Law is a really great resource. One of their main purposes is to support public health practice within the entire United States. So, there is a central organizing group and there are regional groups. On the website, there is a place for you to request assistance. If you are working with a public health agency and it needs some expert assistance in interpreting or using the law, this is a resource to use.

[Slide 56]

Presenter: Barbara Folb

Here is an example of something that I found up on the website. This goes over the whole Michigan Public Health Code, and you can take a look at these kinds of things.

[Slide 57]

Presenter: Barbara Folb

Consider looking at associations that will put this kind of resource up for you. So again, the County and City Health Officials I mentioned earlier. There is also an organization that the people who belong to it are usually health officers at the state level or territorial level. They have a number of resources up there about legal aspects of preparedness.

Again, the American Health Lawyers Association is also an interesting thing to compare the kind of resources that they put up because they'll have a different emphasis depending on who their audience is.

[Slide 58]

Presenter: Barbara Folb

What you really want to do is go out and look for the laws as they were passed, or if, you know, the ones that have been put into the US Code having been codified. In this class, we are not going to go into all of the nitty-gritty details of how you do that. That is for another time, another day.

[Slide 59]

Presenter: Barbara Folb

But, I would highly recommend it if you want to look at it on your own time. This book about fundamental government information has some very nice sections that will discuss how to use FDsys, how to use other resources that lead you right to the law, and the court cases and such.

Also, consider trying to talk to your law librarian friends or looking into resources provided by the American Association of Law Libraries.

[Slide 60]

Presenter: Barbara Folb

Here is a nice shortcut to finding the websites. I am going to share a screen.

[DISCUSSION]

This is for finding the resources that are available at the state level. Justia.com is one of several sites. The Cornell Legal Research Institute—that may not be there name exactly—but Cornell does have a law site that also links too many of the state and local resources about law. This one I just pulled up is Pennsylvania. You can see the kind of topics they have here. And then they go down under legal resources, you can get to constitution, court cases, the general website, the governor,

legislature, and so forth. You can see some individual courts down there. Another thing that can be challenging to find: there can be preparedness laws at a local level. City websites and city codes are also listed there. I don't know how complete the listing is, though.

[Slide 61]

Presenter: Barbara Folb

[DISCUSSION]

Alicia, here is your answer. This is a summary metrics for state decisions about the August 1, 2011 Model Act. There is also a link in here that takes you to the text of the Act in both its original version in the second version, which was more of a checklist.

[Slide 62]

Presenter: Barbara Folb

We already talked about the Legal Indicators Project. That is how I made a diagram that I showed you on the coordination slide. The link that goes here goes to the database and the full text of public health preparedness laws from 12 states. It is searchable by keyword. Basically, when you go into it, you can search by keyword, or you can ask for what they call notes on different pieces of the public health system. Let's say I want to find all of the laws in Pennsylvania related to hospitals. I could do that. It brings up a list that takes me up to the full text of the law. Then you could also use the visualizer. If you ever try to use the visualizer to make those diagrams, keep in mind it is a prototype. As a prototype, it is a little bit fussy. It needs to have certain things installed. It only works with Firefox when I first tried to use it and it requires some plug-ins. If you want to use it and run into problems, contact me and I will help you with it.

[Slide 63]

Presenter: Barbara Folb

If you want to keep up on what is new in legislation or regulations, there are places that have some compilations. The CDC puts out a public health law newsletter. It is e-mailed once a month. I think you need to go back to the actual site to see everything that is there. It covers public health in a very broad way, not just preparedness. But, it's a good place to go to see what kinds of things might be coming down the pike. There is the American Hospital Association's emergency readiness site. They have a news ticker that may have things about pending legislation.

If you want to keep up in a more thorough way, you want to see what regulations are being put forth, based on legislation, you will want to look at the Federal Register, which is the daily business record of the federal government in which all proposed rules go up for public comment and then go up again in their final version. There is also a site called Regulations.gov, which is meant for people to use to make comments during the public comment period. You can go in there and search for regulations that are coming.

You can go into the FDsys system and find what has gone through maybe one House of Congress but maybe not the other and track what is going on.

[Slide 64]

Presenter: Barbara Folb

Another information need that is frequently mentioned is toolkits. In these toolkits, you are generally going to find not an actual text of a law, but tools that have been created that comply with the law or show how people can understand to use the law. So, this is just an example here from Washington State. It is an isolation and quarantine response planning toolkit.

[Slide 65]

Presenter: Barbara Folb

We talked about best practices a bit already, and that they are typically derived from practical experience. The Rees article from 2008, which I have in the citations at the end, is a good source of more information.

[Slide 66]

Presenter: Barbara Folb

Some of the places that you're going to find it, maybe after action reports from public health emergency exercises, applied research, lessons learned, and benchmarking projects that might be out there. Consider those as resources that may have best practices.

[Slide 67]

Presenter: Barbara Folb

Here are a few examples that are out there on the Web: The Social Distancing Law Assessment Project, the CDC and ASTHO did this jointly. The project has been posted on both the CDC and ASTHO Website. The CDC pulls it together in one package, so that is the one that I recommend.

There is another site that ASTHO also has some useful practices to consider. Another example is the American Health Lawyers Association Lessons Learned from the Gulf Coast Hurricane.

[Slide 68]

Presenter: Barbara Folb

Bench books. This is the Pennsylvania Public Health Law Bench Book cover. There are bench books for a number of states besides Pennsylvania that were created, with CDC funding at some point. When I was putting this together, the lawyers that I talked to said, "Oh, those are all on the CDC website." I looked and could only find the Pennsylvania one on the CDC website directly. So, I contacted them and the director told me that one of the first things he did when he took over the Public Health Law Program was that he asked for a revision of the website.

So, they have gone through and removed a bunch of things that they will be putting back up in a better organizational scheme. You can do a general Internet search because many of them are also posted on state websites. There are also a number of guides for attorneys. So, if you need to work with attorneys that might be something to consider.

[Slide 69]

Presenter: Barbara Folb

Now, as I did the searches for this particular topic, there are a handful of journals that came up over and over again. It might be a place you would want to start. For example, the Journal of Law, Medicine and Ethics is a key resource. Disaster Medicine and Public Health Preparedness is also frequently published on these topics, as is Biosecurity and Bioterrorism.

All of them, except for American Journal of Public Health and Biosecurity, require a subscription to see all the issues. Those other two journals are in PubMed Central with a one-year or two-year embargo, respectively.

[Slide 70]

Presenter: Barbara Folb

Okay, we are going to skip this exercise in the interest of time but it is something that you might want to consider on your own. If you are working on a multi-organizational team developing a local pandemic influenza response plan and you want to understand the legal environment for that within your location, think about what resources you might consider consulting for this project and why you would choose them. Again, that is for your own time.

[Slide 71]

Presenter: Barbara Folb

If you are doing searches in PubMed, disaster-related mesh has been nicely pulled together on the DIMRC website for you. All you have to do if you want to do a search that was strictly a mesh search would be to plunk in the term jurisprudence and let it explode because all of the things that have to do with law are treed under that. There is also a subheading you might want to add in doing other searches—legislation and jurisprudence. So for a tightly put together mesh search, it is straightforward.

[Slide 72]

Presenter: Barbara Folb

However there are a few challenges. The first one to consider is whether you need to include law terms at all. If you're looking for something that has a large legal component, it may not be indexed that way. It may discuss the law when you get into the article a little ways, but it may not have that right up front in the abstract or the title.

So, consider the breadth of the search you have to do when you try out different kind of search strategies. One example is a project that was published in 2007. They were interested in looking at how the law was affecting health after the Gulf Coast hurricanes in 2005. They did a search against LEXIS-NEXIS for hurricane and health and then went into the actual results to see whether there was a legal component or not.

[Slide 73]

Presenter: Barbara Folb

Okay, you have survived to the final quiz, congratulations.

[Slide 74]

Presenter: Barbara Folb

[ACTIVITY]

I just have a few questions we are going to ask here. The first one, we'll open it up. Under the U.S. system of law, what level of government has the most public health authority?

Okay, it looks like it is open. And people are voting.

Okay, we are going to go ahead and close the poll now. Let's see here. Okay, so the majority of people said the state level, a few votes for federal and local.

[Slide 75]

Presenter: Barbara Folb

[ACTIVITY]

The actual answer is indeed the state level.

Okay, so remember under federalism, anything that is not assigned to the federal government falls to the state. There is no mention of public health within either the Constitution or the Bill of Rights, so, most public health regulation happens at the state level. This is a key thing to keep in mind when we discussed the state of public health today, especially preparedness across borders because you are going to be dealing with different legal environment as you cross borders between states. And as we all know, disasters don't respect such borders.

[Slide 76]

Presenter: Barbara Folb

Okay, sorry about that. They are testing the fire alarms in the building, I can't turn it off. Okay, while you listen to this fascinating announcement here, we'll just go ahead and do the second poll.

Okay, so which of these statements is most true about emergency health public law and ethics? It looks like we are getting some votes.

Let's see, I don't know if everybody can see it big enough. I can't see the bottom of D in the poll. There we go. Okay. Let's go ahead and close it. Very good 100% is right.

[Slide 77]

Presenter: Barbara Folb

[ACTIVITY]

The laws attempt to balance the ethically derived rights of individuals and the community. Okay, very well. Let's go ahead and close that one and I think I have maybe one more here.

[Slide 78]

Presenter: Barbara Folb

[ACTIVITY]

Okay, disaster planners can benefit more from reading the original text of a law than from reading a summary from their legal counsel on their question. True or false for this one?

Okay, we've got about 22 people voting. The majority of people said false.

[Slide 79]

Presenter: Barbara Folb

[ACTIVITY]

I would say that is the correct answer. Think about it this way. If you are a disaster planner, you may not be adapted at interpreting the law. So what you want in order to take action is something that is concise and tells you what you can and cannot do under the law. So, legal counsel plays a key role in making sure that preparedness law is implemented correctly and that people are competent in order to use it by providing it in a more digestible form.

[Slide 80]

Presenter: Barbara Folb

So, we are coming to the end here. I just wanted to recommend for you that follow up on this class. You may want to take some of the other classes in the series, including the one I have mentioned already, the international one coming up in September. And also consider taking some of the classes that are in an archival form; you can view the recording online and then get credit for them as well.

On Moodle, I have put a number of documents up.

[DISCUSSION]

Let me share that with you. Let me show you what that looks like. So, let's share the desktop for that. Let's see here. Okay, I hope you can all see that. So, up here we have posted the pre-class readings and the video I talked about with my colleague Elizabeth. And some other documents here. So, this is the bibliography of all of the things that I looked at or found when I was preparing, the PowerPoint in the class, the timeline document, and then a number of the organizations that we have discussed today. I have links to them up here on the website. Some of the Institute of Medicine reports, both the crisis and legal topics, and some general legal resources, further training and assistance, the ethical resources that Patti posted are in there as well. Okay let's close that.

[Slide 81]

Presenter: Barbara Folb

The only thing left in the PowerPoint after that, what I want to be sure to show you are the acknowledgments. All of these people helped me, I'm not going to read all of their names to you right now, but every single one of them provided me with information. I could not have done the whole thing without them. So, great thanks to all of you, you know who you are. Okay and the rest of the slides I will let you look at on the Moodle site if you are interested. It contains all of the references cited in the PowerPoint and image credits as well.

[DISCUSSION]

Are there any questions or anything I can answer right now before we close off for the day?

Okay, so Deb is mentioning the link to the online evaluation sent through the important information e-mail so be sure to fill that out so that you can get credit for having listened to the class. Yes, you should have ongoing access to the Moodle site, I think.

Okay, to all of those people who want to say thank you, I will say you are very welcome. I appreciate you being here for this class. I enjoyed putting it together for you and I hope that you will continue to use the information later on.

For the CEU question, if you fill out the survey that is in that e-mail that Deb sent out, once you fill out that survey, and Deb, I don't know if you can get on the phone. Will that actually then send them to a way to put their name in so that they can get the CEU credits?

That is correct, Siobhan, once they take the online evaluation, they will be directed to a webpage on MLA.net where they add their name to the certificate and download the certificate and print it off.

Who sent it out?

It went out in the informational e-mail that had the link to the class today.

Oh, okay. All right, thank you. Thanks.

Okay, I am going to end the meeting. Thanks so much.

[Event Concluded]