



## DSHS GRAND ROUNDS

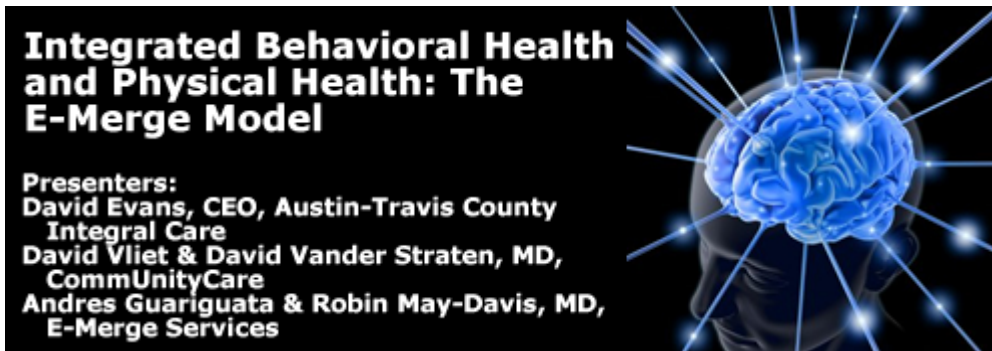
the right line for a Healthy Texas

Questions? E-mail [grandrounds@dshs.state.tx.us](mailto:grandrounds@dshs.state.tx.us)

### Past Presentations – Spring 2010

- May 5, 2010 - Integrated Behavioral Health and Physical Health: The E-Merge Model
- May 12, 2010 - Pandemic Flu Preparedness: Lessons Learned
- May 19, 2010 - The Breaking Point: Dealing with Traumatic Events
- May 26, 2010 - Quarantine: Historical and Futuristic Perspectives
- June 2, 2010 - Health Information Exchange
- June 9, 2010 - Neurobiology of Addiction: The Implications for Research and Treatment
- June 16, 2010 - Public Health Ethics and Conflict Resolution

May 5, 2010, 11:00-12:30 CDT



#### Integrated Behavioral Health and Physical Health: The E-Merge Model

TRAIN Course ID: 1017414

**Presenters:** David Evans, CEO, Austin-Travis County Integral Care (ATCIC); David Vliet, CEO, CommUnityCare; David Vander Straten, MD, Chief Medical Officer, CommUnityCare; Andres Guariguata, LCSW, Director, E-Merge Services; Robin May-Davis, MD, Staff Psychiatrist, E-Merge Services

**Description:** In 2002, the City's of Austin Community Care Services Division (now CommUnityCare) and Austin-Travis County Integral Care (ATCIC) began a collaboration to bring mental health services into the Federally Qualified Health Centers in Travis County. Although these services were initiated utilizing a traditional psychotherapy model it was quickly evident that an innovative approach was necessary. The development of services focused on improving health outcomes by addressing unmet behavioral health needs of clients was the necessary methodological change required to meet patient needs. This change in approach resulted in the development of integrated behavioral health services known in Travis County as E-Merge. Through E-Merge, Behavioral Health Consultants (BHC) and Psychiatric Consultants function as integral members of the clinic's primary health care team. The goal of this approach is to provide integrated and coordinated services with the patient's needs being the essential focus of all the clinical team's efforts.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker; 1.5 of Licensed Professional Counselor (LPC); Licensed Chemical Dependency Counselor (LCDC); 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian; and Certificate of Attendance.

**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us). CE credit is only available for those attending the live event, not the recording.

**Suggested reading:**

1) Bridging Mental Health and Public Health. Satcher D, Druss BG. *Preventing Chronic Disease*. 2010 Jan;7(1). Available at [http://www.cdc.gov/pcd/issues/2010/jan/09\\_0133.htm](http://www.cdc.gov/pcd/issues/2010/jan/09_0133.htm).

- 2) Current Strategies and Barriers in Integrated Health Care: A Survey of Publicly Funded Providers in Texas. Sanchez K, Thompson S, Alexander L. *General Hospital Psychiatry*. 2010 Jan-Feb;32(1):26-32. (For a copy of the full-text article, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).)
- 3) Integrated Primary Care: An Inclusive Three-World View through Process Metrics and Empirical Discrimination. Miller BF, Mendenhall TJ, Malik AD. *Journal of Clinical Psychology in Medical Settings*. 2009;16(1):21-30. (For a copy of the full-text article, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).)
- 4) A Shared Worldview: Mental Health and Public Health at the Crossroads; Giles WH, Collins JL. *Preventing Chronic Disease*. 2010 Jan;7(1). Available at [http://www.cdc.gov/pcd/issues/2010/jan/09\\_0181.htm](http://www.cdc.gov/pcd/issues/2010/jan/09_0181.htm).

May 12, 2010, 11:00-12:30 CDT



**Pandemic Flu Preparedness: Lessons Learned**

**TRAIN Course ID:** 1021474

**Presenters:** Adolfo Valadez, MD, MPH, Assistant Commissioner for Prevention and Preparedness Services, Texas Dept. of State Health Services; Robert Kaspar, MD, Infectious Disease Officer for the State of Texas, Texas Dept. of State Health Services and Clinical Associate Professor, University of Texas Health Science Center, San Antonio

**Description:** Join Adolfo Valadez, MD and Robert Kaspar, MD for a discussion of the epidemiology of the 2009 novel H1N1 outbreak; effectiveness of prevention strategies; healthcare accessibility; treatment protocols; and how lessons can be applied to future pandemic flu outbreaks.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker; 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian; and Certificate of Attendance.

**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us). *CE credit is only available for those attending the live event, not the recording.*

**Suggested reading:**

To request a full-text copy of any of the articles below, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

- 1) Containing the Novel Influenza A (H1N1) Virus. Glezen WP. *Clinical Infectious Diseases*. 2010 Mar 15;50(6):869-70.
- 2) Early Administration of Oral Oseltamivir Increases the Benefits of Influenza Treatment. Aoki FY, et al. *The Journal of Antimicrobial Chemotherapy*. 2003 Jan;51(1):123-9.
- 3) Evaluation of Multiple Test Methods for the Detection of the Novel 2009 Influenza A (H1N1) during the New York City Outbreak. Ginocchio CC, et al. *Journal of Clinical Virology*. 2009 Jul;45(3):191-5.
- 4) Impact of the Novel Influenza A (H1N1) during the 2009 Autumn-Winter Season in a Large Hospital Setting in Santiago, Chile. Torres JP, et al. *Clinical Infectious Diseases*. 2010 Mar 15;50(6):860-8.
- 5) Mandate to Protect Patients from Health Care-Associated Influenza. Pavia AT. *Clinical Infectious Diseases*. 2010 Feb 15;50(4):465-7.
- 6) Resistant Influenza A Viruses in Children Treated with Oseltamivir: Descriptive Study. Kiso M, et al. *Lancet*. 2004 Aug 28-Sep 3;364(9436):759-65.
- 7) Seasonal Influenza in Adults and Children--Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America. Harper SA, et al. *Clinical Infectious Diseases*. 2009 Apr 15;48(8):1003-32.

May 19, 2010, 11:00-12:30 CDT

## The Breaking Point: Dealing with Traumatic Events

### Presenters:

Bren Manaugh, MSW, LCSW, Director, Quality and Clinical Systems Development, Center for Health Care Services, San Antonio  
Chance Freeman, Branch Manager, DSHS Disaster Behavioral Health Services  
Paul Tabor, M.Miss, Critical Incident Stress Management Coordinator, DSHS Disaster Behavioral Health Services



### The Breaking Point: Dealing with Traumatic Events

TRAIN Course ID: 1021668

**Presenters:** Bren Manaugh, MSW, LCSW, Director, Quality and Clinical Systems Development, Center for Health Care Services, San Antonio; Chance A. Freeman, Branch Manager, Disaster Behavioral Health Services, Mental Health and Substance Abuse Division, Texas Dept. of State Health Services; Paul A. Tabor, M.Miss, Critical Incident Stress Management Coordinator, Disaster Behavioral Health Services, Mental Health and Substance Abuse Division, Texas Dept. of State Health Services

**Description:** Traumatic events are not easy for anyone to understand or accept. The emotional impact of war, natural disasters, victimization, and other forms of trauma can have devastating effects on the mental and physical well-being of individuals of all ages and backgrounds. As our awareness of the impact of crises and disasters on people and the communities grows, so does the need for effective crisis response capabilities. Crisis intervention programs are recommended and even mandated in a wide variety of community and occupational settings. This presentation will share best and evidence-based practices to crisis response and how these models can inform effective interventions at all levels.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker; 1.5 of Licensed Professional Counselor (LPC); 1.5 of Licensed Chemical Dependency Counselor (LCDC); 1.5 of Marriage and Family Therapist; 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian; and Certificate of Attendance.

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### Suggested reading:

To request a full-text copy of any of the articles below that do not have web links, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

- 1) Practice Guidelines: Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder. American Psychiatric Association. Psychiatry Online. See [http://www.psychiatryonline.com/pracGuide/pracguideChapToc\\_11.aspx](http://www.psychiatryonline.com/pracGuide/pracguideChapToc_11.aspx)
- 2) Consensus Statement Update on Posttraumatic Stress Disorder from the International Consensus Group on Depression and Anxiety. Ballenger JC, et al. *Journal Clinical Psychiatry* 2004; 65 Suppl 1:55-62. See [http://156.35.33.98/psiquiatria/publicaciones/documentos/1998/1998\\_Ballenger\\_Consensus.pdf](http://156.35.33.98/psiquiatria/publicaciones/documentos/1998/1998_Ballenger_Consensus.pdf)
- 3) Practice Guidelines for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder. Benedek, DM, et al. *Guideline Watch* (March 2009): American Psychiatric Association. See <http://focus.psychiatryonline.org/cgi/reprint/7/2/204>
- 4) Addressing Histories of Trauma and Victimization in Treatment. Clark, C. (2002). In Davidson, S. and Hills, H. (eds.) Series on Women with Mental Illness and Co-Occurring Disorders. 4. Delmar, NY: National GAINS Center. See <http://www.gainscenter.samhsa.gov/pdfs/Women/series/AddressingHistories.pdf>
- 5) Responding to the Needs of Justice-involved Combat Veterans with Service-related Trauma and Mental Health Conditions: A Consensus Report of the CMHS National GAINS Center's Forum on Combat Veterans, Trauma and the Justice System. Delmar, NY: CMHS National GAINS Center, 2008. See [http://www.gainscenter.samhsa.gov/text/veterans/Responding\\_to\\_Needs\\_8\\_08.asp](http://www.gainscenter.samhsa.gov/text/veterans/Responding_to_Needs_8_08.asp)
- 6) The Expert Consensus Guideline Series: Treatment of Posttraumatic Stress Disorder. Foa EB, et al. *Journal Clinical Psychiatry* 1999; 60 (Supplement 16). See <http://www.psychguides.com/ptsdgl.pdf>
- 7) Five Essential Elements of Immediate and Mid-term Mass Trauma Intervention: Empirical Evidence. Hobfoll SE, et al. *Psychiatry* 2007 Winter; 70(4):283-315.
- 8) Treatment of PTSD: An Assessment of the Evidence. Institute of Medicine. Washington, DC: National Academies Press, 2007. See <http://www.iom.edu/Reports/2007/Treatment-of-PTSD-An-Assessment-of-The-Evidence.aspx>
- 8) Cognitive Processing Therapy for Veterans with Military-related Posttraumatic Stress Disorder. Monson CM, et al. *Journal Consulting Clinical Psychology* 2006;74: 898-907.

9) Community Resilience as a Metaphor, Theory, Set of Capacities, and Strategy for Disaster Readiness. Norris FH, et al. *Am J Community Psychol.* 2008 Mar; 41(1-2):127-50.

May 26, 2010, 11:00-12:30 CDT

A promotional graphic for a course. On the left, a black box contains the title "Quarantine: Historical and Futuristic Perspectives" in white, followed by "Presenter: Miguel A. Escobedo, MD, MPH, Medical Officer, El Paso Quarantine Station, Centers for Disease Control and Prevention". On the right, several yellow "QUARANTINE" caution tapes are crisscrossed over each other.

**Quarantine: Historical and Futuristic Perspectives**

**TRAIN Course ID:** 1022391

**Presenters:** Miguel A. Escobedo, MD, MPH, Medical Officer, El Paso Quarantine Station, Centers for Disease Control and Prevention

**Description:** Quarantine and isolation have long been used as public health practices to stop or limit the spread of disease. Currently there are 20 U.S. Quarantine Stations, located at ports of entry and land border crossings throughout the United States. Three of these stations are located in Texas. Please join Dr. Miguel A. Escobedo for a look at how quarantine has historically been used to limit the spread of infectious diseases and how it can be used in the future to identify emerging diseases.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker; 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian; and Certificate of Attendance.

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**Suggested reading:**

To request a full-text copy of any of the articles below that do not have web links, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

- 1) Tuberculosis Investigations Associated with Air Travel: U. S. Centers for Disease Control and Prevention, January 2007-June 2008. Marienau KJ, et al. *Travel Med Infect Dis.* 2010 Mar; 8(2):104-12.
- 2) Reporting Patterns and Characteristics of Tuberculosis Among International Travelers, United States, June 2006 to May 2008. Modi S, et al. *Clin Infect Dis.* 2009 Sep 15; 49(6):885-91.
- 3) Unauthorized Border Crossings and Migrant Deaths: Arizona, New Mexico, and El Paso, Texas, 2002-2003. Sapkota S, et al. *Am J Public Health* 2006 Jul; 96(7):1282-7. See <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483852/pdf/0961282.pdf>
- 4) Quarantine Stations At Ports Of Entry: Protecting the Public's Health. Sivitz LB, Stratton K, Benjamin GC, editors. Washington, D.C.: National Academies Press; 2006. See [http://books.nap.edu/openbook.php?record\\_id=11435](http://books.nap.edu/openbook.php?record_id=11435) (Link to HTML chapters is on the right side.)
- 5) A New Paradigm for Quarantine and Public Health Activities at Land Borders: Opportunities and Challenges. Waterman SH, et al. *Public Health Rep.* 2009 Mar-Apr;124(2):203-11.

June 2, 2010, 11:00-12:30 CDT

A promotional graphic for a course. On the left, a black box contains the title "Health Information Exchange" in white, followed by "Presenters: Kimberly Dunn, MD, PhD, School of Health Information Systems, UT Health Science Center at Houston; Joe Schneider, MD, MBA, FAAP, Chief Medical Information Officer & Medical Director, Baylor Health Care System; Stephen Palmer, Director, Office of e-Health Coordination, HHSC". On the right, a photograph shows a laptop computer with a stethoscope resting on its keyboard. The laptop screen displays two medical scan images.

**Health Information Exchange**

**TRAIN Course ID:** 1022504



**Presenters:** Kimberly Dunn, MD, PhD, School of Health Information Systems, University of Texas Health Science Center at Houston  
Joe Schneider, MD, MBA, FAAP, Chief Medical Information Officer and Medical Director, Clinical Informatics, Baylor Health Care System, Chair of the Texas Medical Association Committee on Health Information Technology; Chair of the Medicaid Health Information Exchange Advisory Committee; Stephen Palmer, Director of the Office of e-Health Coordination, Texas Health and Human Services Commission

**Description:** Health information exchange (HIE) is the mobilization of healthcare information electronically across organizations within a region, community, or hospital system. The goal of HIE is to allow comprehensive management of medical information and its secure exchange between health care consumer, providers, and payers. HIE supports broader access to and retrieval of clinical data to support clinical decision making, advance research, and improve patient care. Among the benefits of HIE to the consumer are: higher quality care; reduction in medical errors; and lower health care costs. Benefits to public health include: early detection of infectious disease outbreaks around the country; improved tracking of chronic disease management; and evaluation of health care based on value. This discussion is to help clinicians and public health personnel better understand the implications of HIE, clinical ramifications, issues of security and privacy, and the opportunities to advance core public health issues.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker; 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian; and Certificate of Attendance.

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**Suggested reading:**

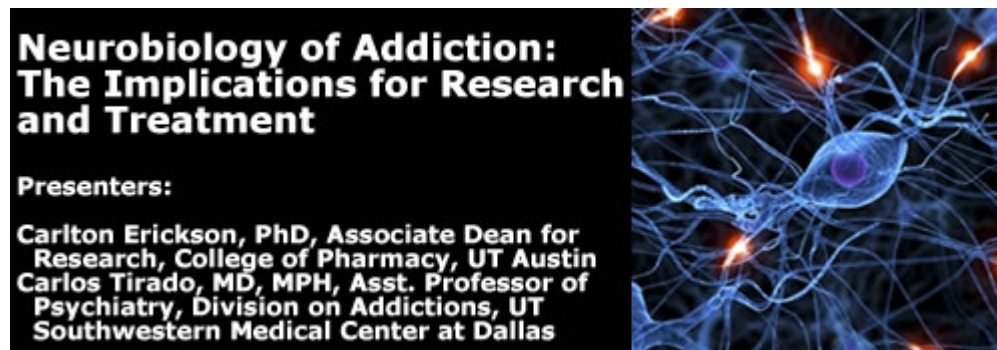
1) *Computational Technology for Effective Health Care: Immediate Steps and Strategic Directions*. Willam W. Stead and Herbert S. Lin, editors; Committee on Engaging the Computer Science Research Community in Health Care Informatics; National Research Council.

Washington, D.C.: National Academies Press, 2009. See [http://www.nap.edu/catalog.php?record\\_id=12572](http://www.nap.edu/catalog.php?record_id=12572)

2) Electronic Health Records in Ambulatory Care--A National Survey of Physicians. DesRoches CM, et al. *N Engl J Med*. 2008 Jul 3;359(1):50-60. See <http://content.nejm.org/cgi/content/full/359/1/50>

3) Use of Electronic Health Records in U.S. Hospitals. Jha AK, et al. *N Engl J Med*. 2009 Apr 16;360(16):1628-38. See <http://content.nejm.org/cgi/content/full/360/16/1628>

June 9, 2010, 11:00-12:30 CDT



**Neurobiology of Addiction:  
The Implications for Research  
and Treatment**

**Presenters:**  
Carlton Erickson, PhD, Associate Dean for  
Research, College of Pharmacy, UT Austin  
Carlos Tirado, MD, MPH, Asst. Professor of  
Psychiatry, Division on Addictions, UT  
Southwestern Medical Center at Dallas

The image features a dark background with a glowing blue and orange neural network. A central neuron is highlighted with a purple nucleus and bright orange highlights at its synapses and axon terminals. The overall aesthetic is scientific and futuristic.

**Neurobiology of Addiction: The Implications for Research and Treatment**

**TRAIN Course ID:** 1022618

**Presenters:** Carlton K. Erickson, PhD, Associate Dean for Research, College of Pharmacy, University of Texas at Austin  
Carlos Tirado, MD, MPH, Assistant Professor of Psychiatry, Division on Addictions, University of Texas Southwestern Medical Center at Dallas

**Description:** Neuroscience is clarifying the causes of compulsive alcohol and drug use while also shedding light on what addiction is, what it is not, and how it can best be treated. Current neurobiological research complements and enhances the approaches to addiction traditionally taken in social work and psychology. Please join Dr. Carlton Erickson and Dr. Carlos Tirado to learn the roles brain function and genetics play in addiction; discuss current and emerging treatments for chemical dependence; and understand new research findings on the neurobiological basis of addiction.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker (SW); 1.5 of Licensed Professional Counselor (LPC); 1.5 Licensed Chemical Dependency Counselor (LCDC) ; 1.5 Licensed Marriage and Family Therapist (MFT); 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian (RS); and

Certificate of Attendance.

**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us). *CE credit is only available for those attending the live event, not the recording.*

**Suggested reading:**

To request a full-text copy of any of the articles below that do not have web links, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

- 1) Alcoholics Anonymous Affiliation during Early Recovery. Caldwell PE, Cutter HS. *J Subst Abuse Treat*. 1998 May-Jun;15(3):221-8.
- 2) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey. Anthony JC, et al. *Experimental and Clinical Psychopharmacology*. 1994;2:244–268. See [http://www.umbrellasociety.ca/web/files/u1/Comp\\_epidemiology\\_addiction.pdf](http://www.umbrellasociety.ca/web/files/u1/Comp_epidemiology_addiction.pdf)
- 3) Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. McLellan AT, et al. *JAMA*. 2000 Oct 4;284(13):1689-95.
- 4) Epidemiological Estimates of Risk in the Process of Becoming Dependent upon Cocaine: Cocaine Hydrochloride Powder versus Crack Cocaine. Chen CY, Anthony JC. *Psychopharmacology* (Berl). 2004 Feb;172(1):78-86.
- 5) Epidemiological Patterns of Extra-Medical Drug Use in the United States: Evidence from the National Comorbidity Survey Replication, 2001-2003. Degenhardt L, et al. *Drug Alcohol Depend*. 2007 Oct 8;90(2-3):210-23. See <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2739901/?tool=pmcentrez>
- 6) Neurokinin 1 Receptor Antagonism as a Possible Therapy for Alcoholism. George DT, Heilig M, et al. *Science*. 2008 Mar 14;319(5869):1536-9.
- 7) Prevalence of DSM/ICD-Defined Nicotine Dependence. Hughes JR, et al. *Drug Alcohol Depend*. 2006 Nov 8;85(2):91-102.
- 8) The Quality of Health Care Delivered to Adults in the United States. McGlynn EA, et al. *N Engl J Med*. 2003 Jun 26;348(26):2635-45. See <http://content.nejm.org/cgi/content/full/348/26/2635>

June 16, 2010, 11:00-12:30 CDT



**Public Health Ethics and Conflict Resolution**

**TRAIN Course ID:** 1022772

**Presenters:** Patricia Gray, JD, University of Houston Law Center and former member in the Texas House of Representatives

**Description:** Please join Patricia Gray, JD, to discuss ethical issues confronting leaders and health professionals. Ethical dilemmas are caused by a convergence of forces including client/patient requests, expectations, personal values, sense of professional duty, and social responsibilities. Ms. Gray will share approaches for how to work through an ethical controversy and case studies from her experience in Texas.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); 1.5 of Continuing Nursing Education (CNE); 1.5 of Social Worker (SW); 1.5 of Certified Health Education Specialist (CHES); 1.5 of Registered Sanitarian (RS); and Certificate of Attendance. This event will offer 1.5 hours of ethics credit for physicians and social workers.

**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us). *CE credit is only available for those attending the live event, not the recording.*

**Suggested reading:**

- 1) *A Medical Ethics Framework to Support Decision-Making in the Allocation and Distribution of Scarce Medical Resources during Pandemic Influenza: A Report to the Texas Department of State Health Services on behalf of The Texas Pandemic Influenza Medical Ethics Work Group.*

Jeffrey L. Levin, M.D., M.S.P.H., Chair and Professor of Occupational Medicine, The University of Texas Health Science Center at Tyler, May 14, 2010. See <http://www.dshs.state.tx.us/txflu/PIMEWG-Report-for-Public-Comment-051410.pdf>.

2) *Principles of the Ethical Practice of Public Health*, Version 2.2. See <http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf>.

3) *Public Health Law: Power, Duty and Restraint*. LO Gostin. Berkeley, CA: University of California Press, 2000. Available for check out in the DSHS Medical and Research Library at (512) 776-7559 or e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us) (call number KF 3775 G682p 2000)



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