Foreword

Robert Gatter
Saint Louis University School of Law, robert.gatter@slu.edu

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ROBERT GATTER*

In 2014, I began a year-long fellowship in public health law education during which I met an extraordinary group of public health educators and scholars. We formed close professional bonds during our fellowship year that resulted in later collaborations, informal gatherings, and friendships.

Following the inauguration of Donald Trump as President of the United States in 2017, we began talking as a group about how new political priorities would threaten public health. Shortly thereafter, I proposed bringing my former group of fellows back together to address those threats as part of the annual Health Law Symposium at Saint Louis University School of Law, entitled Public Health Law in the Era of Alternative Facts, Isolationism, and the One Percent. Most of our original group was able to participate in a day-long event that featured panel lectures and probing question-and-answer sessions. And now the lectures from that symposium are collected for you here.

The central question of the Symposium is how population health has and will be affected by White House policies that favor free-market solutions benefiting the wealthy, disfavor governmental programs that form a social safety net, restrict immigration into America, and play fast and loose with important facts. Not surprisingly, many of the symposium authors conclude that these policies will harm population health. Laura Hermer writes that the Trump administration’s use of Medicaid waivers and its changes to funding contraception and reproductive health services will lead to bad health outcomes, and she urges proponents of a strong safety net to alter their rhetoric to emphasize that access to health services increases personal independence.1 Elizabeth Tobin-Tyler draws a similar conclusion when examining White House efforts to undercut a variety of programs under the Affordable Care Act (ACA) that tended to improve health access for America’s most vulnerable populations, which includes not only Medicaid expansion but also value-based and integrated

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* Professor of Law and Director, Center for Health Law Studies, Saint Louis University School of Law and faculty sponsor of “Public Health Law in the Era of Alternative Facts, Isolationism, and the One Percent,” the 30th Annual Health Law Symposium at Saint Louis University School of Law, held April 6, 2018.

care models. Elizabeth Van Nostrand also examines the current administration’s effort to dismantle the ACA, but she focuses on President Trump’s use of executive orders as a favorite tool in doing so.

Kimberly Cogdell Grainger departs from Medicaid and the ACA but reaches a similar conclusion that Trump administration policies are harming population health. She develops a new Rhetoric-Policy-Health (RPH) paradigm that “illuminates” an “invisible line” connecting divisive rhetoric to poor health outcomes among minorities, and then she uses it to critique the administration’s policies including the Muslim ban and its zero-tolerance immigration standard.

My own contribution to this issue demonstrates that the courts upholding unnecessary Ebola quarantines in 2014 were ill-informed and sloppy with scientific facts about how the disease is transmitted, which undermined population health by discouraging public health workers from volunteering to fight the disease at its source.

Micah Berman’s article stands out because it highlights positive developments under the Trump Administration with respect to tobacco harm reduction. He describes that the FDA, under then-Commissioner Dr. Scott Gottlieb, proposed lowering nicotine levels in cigarettes to non-addictive levels and changed its view of e-cigarettes and other nicotine products. Of course, since the symposium, Dr. Gottlieb announced his resignation, and it remains to be seen how FDA’s tobacco, e-cigarette, and nicotine policies will be affected by new leadership.

Finally, Amy Campbell also offers hope moving forward. She argues that, while federal policy under the current administration undermines a health-in-all-

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3. Elizabeth Van Nostrand, & Tina Batra Hersey, “I walk in, sign. I don’t have to go through Congress.” President Trump’s Use of Executive Orders to Unravel the Patient Protection and Affordable Care Act, 12 St. Louis U. J. Health L. & Pol’y 169 (2018).
policy approach, state and local efforts can still implement such an approach, and she offers initiatives in Memphis as case studies. 9

This collection of articles is the product of hard work by many unsung heroes. Professor Amy Sanders and Program Coordinator Cheryl Cooper devoted themselves to organizing the symposium as evidenced by the fact that the event proceeded without a hitch. The faculty of the Center for Health Law Studies, including our emeritus faculty and several of our adjunct faculty, lent their time and talents to the symposium as well, making it a true team effort. Additionally, the symposium and this Journal issue would not be possible without the ongoing support of Saint Louis University and the Dean and faculty of the School of Law for our health law program. Finally, the Symposium and this Journal issue depend on the tireless efforts of the editorial board and staff of the Saint Louis University Journal of Health Law and Policy. A heartfelt thank you from me to all of you who made this happen.
