

# PANDEMIC INFLUENZA BENCHGUIDE:

LEGAL ISSUES CONCERNING QUARANTINE AND  
ISOLATION



2007

A PROJECT OF THE FLORIDA COURT EDUCATION COUNCIL'S  
PUBLICATIONS COMMITTEE

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## ACKNOWLEDGEMENTS

This benchguide was prepared under the leadership of The Honorable Mark King Leban, Eleventh Circuit, chair of the Florida Court Education Council's Publications Committee. The Publications Committee especially acknowledges and thanks The Honorable Janet E. Ferris, Second Circuit, for her leadership in the development of this benchguide and for her authorial and editorial contributions to it; her dedication to this project has been inestimable. In addition, the committee recognizes the significant contributions of Susan Leseman, publications attorney for the Office of the State Courts Administrator and committee staff, toward the coordination and development of this project.

The Publications Committee is also grateful to the various authors for their contributions to the benchguide: The Honorable Kathleen Kroll, Fifteenth Circuit; Mr. John Ingle, senior attorney, Office of the State Courts Administrator; Ms. Kristi Bergemann, staff attorney, Fourth DCA; Ms. Nancy Isenberg, staff attorney, Second Circuit; Ms. Susan Faerber, staff Attorney, Third DCA; and Mr. Brian Sites, law clerk, Office of the State Courts Administrator. For collaborating with the committee on this important project, the Third and Fourth DCAs also deserve special recognition.

In addition, the Publications Committee wishes to thank the editors for their constructive suggestions: The Honorable Robert Benton, First DCA; The Honorable Melanie May, Fourth DCA; Mr. Walter Carfora, board certified health attorney; and Ms. Kim Tendrich, attorney, Florida Department of Health.

And, for their production assistance, the committee wants to thank Ms. Beth C. Schwartz, Ph.D., court publications writer; Ms. Sandra Shiver, senior secretary; and Ms. Michelle Mahana, secretary, all of the Office of the State Courts Administrator.

Finally, the committee acknowledges Linda L. Chezem and the *Public Health Law Bench Book for Indiana Courts* for their thorough compilation of contemporary public health law and for their generosity in sharing it.

## PURPOSE

This benchguide was designed to serve as an educational resource for the courts in the event of a pandemic influenza or an analogous situation. Due to the quickly evolving area of public health law, a benchguide of this sort must, necessarily, continue to be revised in response to these changes. Therefore, since this benchguide cannot hope to be definitive, readers are encouraged to check cited legal authorities before relying on them or on the proposed orders and checklists that derive from these legal authorities.

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## PREFACE

If the courts fail to open or to function for any reason, the revered concept of “access to justice” becomes meaningless. To ensure that access to justice is, in fact, a reality, it is essential to make sure that the courts have in place deliberately-designed strategies for addressing potential court-closing emergencies of all kinds. Surprisingly, Florida’s court system has not always had operational emergency strategies: it was the tragedy of September 11, 2001, that prompted then Chief Justice Wells to instruct the Florida courts to devise emergency preparedness measures. Out of that tragedy was born a commitment to emergency preparedness that has been a hallmark of all Florida’s chief justices since then.

Soon after 9/11, former Chief Justice Wells created the Work Group on Emergency Preparedness, charging it with “develop[ing] a plan for the State Courts System to better respond to emergency situations.” Through the efforts of this group, which eventually came to be called the Unified Supreme Court/Branch Court Emergency Management Group, the courts continue to work toward the two primary goals that the chief justice articulated: to “deal with crises in a way that protects the health and safety of everyone at the court facilities” and to “keep the courts open to ensure justice for the people.”

Over the last few years, the Court Emergency Management Group has been primarily occupied with weather-related crises. At the same time, the prospect of an influenza pandemic has become one of the group’s most critical concerns—especially given the possibility that an influenza epidemic could conceivably disrupt court operations for up to 18 months. A pandemic of this magnitude could have almost unimaginable consequences, making it the sort of public health emergency that the courts have not had to deal with in almost a century—when Florida had a far more rudimentary court system. A flu pandemic, for instance, could launch a significant absenteeism rate (estimates say that up to one third of all judges and court personnel could be absent due to illness or death), which means that mission-essential functions could suffer dramatically. Also, although a pandemic influenza wouldn’t physically harm public utilities and services or court facilities and infrastructure, normal operations could certainly be curtailed due to an inevitable lack of staffing resulting from quarantine, isolation, illness, and death. Further, the enforced quarantines and isolations by public health officials could have weighty legal ramifications: the Court Emergency

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Management Group anticipates that imposed confinements could instigate a consequential increase in emergency matters and case filings. In addition, given the inevitably stiff restrictions on face-to-face contact that could ensue, the courts, already dealing with a stressed caseload, would likely have to make use of new, legal, technology-driven methods for enabling normal court operations to go forward (e.g., telephone, teleconference, videoconference).

Anticipating such a scenario, the group, in March 2006, presented the Supreme Court with *Florida State Courts Strategy for Pandemic Influenza: Keeping the Courts Open in a Pandemic*, a strategy document endorsed by all seven justices, who then directed the courts to initiate efforts immediately to complete all applicable tasks described in the report (available online at [http://www.flcourts.org/gen\\_public/emergency/index.shtml](http://www.flcourts.org/gen_public/emergency/index.shtml)). The fundamental goals of the strategy are consistent with all the emergency preparedness measures that have been undertaken since 9/11: the courts are expected to “deal with crises in a way that protects the health and safety of everyone at the court facilities” and to “keep the courts open to ensure justice for the people.”

The strategy outlines two tactical objectives: the short-term tactical objective is to “have the capacity to perform mission essential functions and [to address] public health related cases for up to 90 days with possibly limited face-to-face contact and significant impact to key personnel”; the long-term tactical objective is “within 90 days,” [to] have the capacity to perform all criminal matters, including jury trials, all emergency civil matters, and all mission essential functions with possibly limited face-to-face contact and significant impact to key personnel.”

The strategy also maps out the ideal process for responding to a pandemic, taking into account a host of possible circumstances. And it identifies seven planning tasks and over 30 specific subtasks that must be addressed right away; these planning tasks focus on engaging state and local public health and other officials; preparing for legal matters; updating court technology continuity and disaster recovery plans; educating court personnel and stakeholders about the threats a pandemic poses; improving both internal and external communications plans; strengthening court emergency teams and addressing other personnel questions; and considering non-traditional approaches to jury management. Each court is responsible for working out its own tactical plan, which must be completed by November 30, 2006. The

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*Pandemic Influenza Benchguide: Legal Issues Concerning Quarantine and Isolation* addresses one of the requirements of the strategy: under “Task 2: Prepare for Legal Considerations in a Pandemic,” is subtask 2d: “Ensure that judges and attorneys are aware of the legal issues associated with isolation/quarantine including the development of a bench book.” The Publications Committee of the Florida Court Education Council, which was responsible for this subtask, designed this benchguide to be a purposeful, concise, and practical repository of information that judges and attorneys can utilize in court proceedings. It begins with general information about the history of quarantine law, executive powers (presidential as well as gubernatorial) in public health emergencies, federal and Florida statutory provisions relating to public health emergencies, and executive branch procedures in a Florida public health emergency. Then it shifts to the specific role of the Florida courts in a public health emergency, focusing on practical, procedural issues such as habeas corpus proceedings, warrants, arrests of people who disobey quarantines, civil proceedings to enforce administrative orders regarding quarantines and isolations, mandatory vaccinations, and the enforcement of curfew orders.

The Publications Committee conceptualized this benchguide as a resource that addresses the extant statutory and regulatory issues associated with quarantine and isolation: it provides links to relevant Florida Statutes and Florida Administrative Code Rules and, when helpful, to the Centers for Disease Control, [panflu.gov](http://panflu.gov), and other governmental websites; and it presents legal authorities that may be useful to judges as they strive to keep their courts open during a flu pandemic. However, it is necessary to point out that public health law is clearly a developing area of law. Recent public health crises—e.g., threats of bioterrorism, of emerging infectious diseases, and of latent pandemics—have made it essential to evaluate current public health laws, to determine their potential applications and their limitations, and to readdress those laws as necessary to meet today’s contingencies. Undeniably, much in the way of public health law remains to be written, and this benchguide, in addressing what has already been set down, also calls attention to what has not yet been written. As a result, this benchbook was constructed to function as a work in progress that will be updated continually to reflect the law as it develops in this emerging field.

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## INTRODUCTION TO PANDEMIC INFLUENZA

### **What is a Pandemic Flu?**

The Department of Homeland Security, in its 2006 *National Strategy for Pandemic Influenza: Implementation Plan*, defines it as “[a] worldwide epidemic when a new or novel strain of influenza virus emerges in which humans have little or no immunity, and develops the ability to infect and be passed between humans.” More generally, a pandemic is defined as a worldwide epidemic.

Pandemics may come from a variety of sources; however, the path of an influenza pandemic is generally well-understood. Influenza viruses are of three types: the generally stable and mild C type; the more severe and somewhat mutagenic B type; and the most severe and highly mutagenic A type. Influenza A type regularly causes seasonal epidemics and, less commonly, may cause pandemics.

Influenza evolves by two mechanisms, one a short-term survival mechanism and the other, a long-term survival mechanism. The short-term mechanism is simple: as the virus copies itself, it does not detect slight errors in its genetic code. The result is a similar viral strain, yet one that is sufficiently different to evade immune system defenses. The long-term mechanism, however, is the mechanism most feared: when a host is infected with both human and avian influenza viruses, the two may swap genetic code, creating a new hybrid that is both potent and easily transmitted.

Pandemics frequently occur in waves of sickness, and the virus may increase in potency between outbreaks. For example, the mortality rate of the pandemic of 1918-1919 increased tenfold with the arrival of the second wave. Experts estimate that these waves generally last two to three months. Currently, scientists estimate the occurrence of pandemics to be about every 35 years, though the interval varies.<sup>1</sup>

### **Quick Facts on Influenza**

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<sup>1</sup> Tynan, Bill. “Pandemic Influenza: The Perfect Storm.” State Emergency Response Team, ESF-8. Pre-Governor’s Executive Leadership Table Top Exercise: Pandemic Influenza Planning Meeting. State Emergency Operations Center, Tallahassee. 3 Feb. 2006.

- the typical period between infection and the onset of symptoms is two days
- persons who have become ill may transmit the infection as early as one day before the onset of symptoms
- the risk of infection is greatest the first two days of illness
- children play a substantial role in the transmission of influenza

### **Pandemics of the Past**

Pandemics are not a new threat: there have been documented pandemics since at least the sixteenth century. While pandemics vary in severity, a pandemic of recent history, 1918, sometimes termed the “Spanish flu,” is generally regarded as the most deadly disease event in human history, killing over 40 million people in less than a year. This 1918 pandemic also had another notable characteristic: while most deaths from influenza occur in the very young or very old, the deaths from this pandemic were primarily in those aged 15-35, with 99% of deaths in those under 65.

Two additional influenza pandemics have occurred since the outbreak in 1918. One occurred from 1957-1958, but the combined impact of the World Health Organization Global Influenza Surveillance Network, advanced medicinal capabilities, and a greater understanding of the influenza virus greatly lessened its impact. Notably, the 1957-1958 virus was much milder than that of 1918. Total deaths from the pandemic were estimated at two million people. A second pandemic occurred in 1968, though it was even milder than that of 1957, with estimates of mortality at approximately one million deaths.

### **Why Should We Plan Now?**

The proceeding discussion should itself answer this question; if it does not, the recent developments in an existing strain of influenza and its impact on the world provide an equally compelling answer.

In 2004, over 120 million birds died or were destroyed as a result of a current avian influenza type, the H5N1 strain. This number is higher than the combined total bird deaths of all prior highly pathogenic outbreaks recorded throughout the world over the last four decades. Furthermore, the 2004 deaths occurred in just three months. In the subsequent months, H5N1 has expanded to include other wild birds as well as domesticated ducks, and

its host range now also includes mammals. The H5N1 strain has been found in tigers, and several isolated cells of human infection have occurred. To date, over 200 persons worldwide have been infected by H5N1. Experts have estimated that, in the event of a pandemic, as many as 200,000 to two million persons in the United States alone might die. The rate of absenteeism may reach as high as 40% as a result of those actually ill, those caring for ill family members, and those who refuse to go to work for fear of infection. According to the Congressional Budget Office, an outbreak on the scale of the 1918 pandemic could result in a loss of 5% of gross domestic product, or a national income loss of approximately 600 billion dollars.

In the words of the World Health Organization, “Taken together, these changes in the ecology of the disease and behaviour of the virus have created multiple opportunities for a pandemic virus to emerge...Experts readily agree...that H5N1 has demonstrated considerable pandemic potential.” While no one can state with complete certainty that a pandemic will occur, the signs point to it being a prudent time to begin careful and thorough preparation.

### **World Health Organization and Department of Homeland Security Stages**

Both the World Health Organization and the Department of Homeland Security have defined different stages of a pandemic. The stages are reproduced below.

World Health Organization Phases		Federal Government Response Stages	
<b>Inter-Pandemic Period</b>			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused a human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.		
<b>Pandemic Alert Period</b>			
3	Human infection(s) with a new	0	New domestic animal outbreak in

	subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.		at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
<b>Pandemic Period</b>			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Reproduced from *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources* (PDF), page 21; available at [www.dhs.gov/xprevprot/programs/editorial\\_0760.shtm](http://www.dhs.gov/xprevprot/programs/editorial_0760.shtm)

**Authority**

*National Strategy for Pandemic Influenza: Implementation Plan*, Department of Homeland Security (2006)

*Avian Influenza: Assessing the Pandemic Threat*, World Health Organization (2005)

The federal government has also recently created a Pandemic Severity index which will be used to rate a pandemic’s potency (based primarily on fatality ratio) on a scale of 1 to 5. This index is loosely analogous to hurricane categorization. The index is described as follows:

This guidance introduces, for the first time, a Pandemic Severity Index, which uses case fatality ratio as the critical driver for categorizing the severity of a pandemic [see below]. The index is designed to enable estimation of the severity of a pandemic on a population level to allow better forecasting of the impact of a pandemic and to enable recommendations to be made on the use of mitigation interventions that are matched to the severity of future influenza pandemics.

Future pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5). The Pandemic Severity Index provides communities a tool for scenario-based contingency planning to guide local pre-pandemic preparedness efforts.

**Table 1. Pandemic Severity Index by Epidemiological Characteristics**

Characteristics	Pandemic Severity Index (PSI)				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1-<0.5	0.5-<1.0	1.0-<2.0	≥2.0
Excess Death Rate (per 100,000)	<30	30-<150	150-<300	300-<600	≥600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	≥1.8 million
20 <sup>th</sup> Century U.S.Experience	Seasonal Influenza (illness rate 5-20%)	1957,1968	None	None	1918 Pandemic

Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States– Early, Targeted, Layered Use of Nonpharmaceutical Interventions, Centers for Disease Control (February 2007)

[www.pandemicflu.gov/plan/community/community\\_mitigation.pdf](http://www.pandemicflu.gov/plan/community/community_mitigation.pdf)

**Links to Additional Information**

<http://www.pandemicflu.gov/> (managed by the Department of Health and Human Services)

<http://www.cdc.gov/flu/avian/> (managed by the Centers for Disease Control and Prevention)

<http://www.doh.state.fl.us/> (managed by Florida’s Department of Health)

## CHAPTER 1

### AN INTRODUCTION TO PUBLIC HEALTH LAW IN THE CONTEXT OF A PUBLIC HEALTH EMERGENCY

#### § 1.1 Quarantine Law and Due Process

#### § 1.2 Warrants and Crimes in a Pandemic Influenza Emergency

A pandemic in the United States would raise many legal issues in a variety of contexts. Some of the legal issues likely to arise are obvious, while others are less so. Quarantine and isolation law, for example, would almost certainly be tested in a pandemic. But other legal concerns may make their way to the courts: disputes over eminent domain (seizure of property to use as a clinic or morgue), equal protection (discrimination on the basis of illness), employment law (absenteeism at work and health accommodation issues), and the scope of administrative powers (authority of entities to respond to a pandemic) are just a few examples of legal issues that have been litigated in prior public health emergencies. While some pandemic law issues may be novel, many disputes will likely fall within existing precedent of the federal and state court systems. Even the law of quarantine, which is unfamiliar to most lawyers and judges, has been invoked in the context of illnesses like sexually-transmitted diseases and tuberculosis. We can therefore assume that many of the legal theories and claims litigated during past public health emergencies will be used in a modern public health emergency, and we can look to existing precedent for guidance. This chapter will provide a brief introduction to two areas of pandemic law that represent some of the more difficult legal questions for the courts.<sup>ii</sup>

#### § 1.1 Quarantine Law and Due Process

The power to quarantine individuals in order to protect the public from disease or illness is a clearly established power of the states. *See Jacobson v. Massachusetts*, 197 U.S. 11 (1905) (upholding a mandatory vaccination program designed to address smallpox); *see also Compagnie Francaise de Navigation à Vapeur v. State Board of Health, Louisiana*, 186 U.S. 380 (1902) (holding quarantines do not unconstitutionally infringe on Congress's Commerce Clause power). However, quarantining someone represents a

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<sup>ii</sup> This section is not a comprehensive or exhaustive description of any of the areas of pandemic law. Instead, it is a narrative introduction with several helpful citations for those seeking to read more elsewhere.



substantial intrusion on privacy and liberty rights, especially since it may be restricting how that person spends the final days or hours of his or her life. Thus, even in a public health emergency, the requirements of procedural due process are applicable to some extent. *Cf. Mathews v. Eldridge*, 424 U.S. 319 (1976) (discussing the requirements of procedural due process); *Zinerman v. Burch*, 494 U.S. 113 (1990) (same). A pandemic, especially one that is highly virulent, will force the hard question of how much process is required in the context of acting to save countless civilian lives.

Quarantines have been recognized as a valid state power across the United States, and there can be little doubt that they are a necessary and powerful tool in preventing the spread of communicable disease. *See, e.g., City of Seattle v. Cottin*, 144 Wash. 572, 258 P. 520 (1927) (recognizing the power of the state and city to create health and quarantine officers and pass related laws); *Moore v. Draper*, 57 So. 2d 648, 649 (Fla. 1952) (“That the preservation of the public health is one of the duties devolving upon the state as a sovereign power will not be questioned.”); *State v. Hay*, 35 S.E. 459, 461 (N.C. 1900) (“the public welfare is the highest law [and] is the foundation principle of all civil government”) (internal quotation omitted). Quarantine laws are given great deference in the courtroom. In *Varholy v. Sweat*, 15 So. 2d 267 (Fla. 1943), the Florida Supreme Court upheld a quarantine statute, and concluded that the test to be applied to such laws is “whether they have some actual and reasonable relation to the maintenance and promotion of the public health and welfare, and whether such is in fact the end sought to be attained.” The Court also noted that all reasonable presumptions would be indulged in favor of the validity of such acts.

It is, however, equally clear that quarantine laws have limits; they cannot, for example, be imposed in a discriminatory manner. *Yick Wo v. Hopkins*, 18 U.S. 356 (1886) (striking down an ordinance targeting Chinese laundries); *Jew Ho v. Williamson*, 103 F. 10 (C.C.N.D. Cal. 1900) (No. 12940) (striking down a bubonic plague quarantine because it was prejudicial towards Chinese). The legality of a quarantine order will necessarily require some threshold evidentiary showing of actual risk of contagion. *See Smith v. Emery*, 11 A.D. 10, 42 N.Y.S. 258 (N.Y. App. Div. 1896) (requiring an evidentiary showing of actual risk of exposure to punish for violation of a quarantine). Additionally, the law requires that some process be afforded to allegedly ill persons subject to quarantine or isolation. In *Greene v. Edwards*, 263 S.E.2d 661 (W. Va. 1980), for example, the West Virginia Supreme Court held that under a statute permitting the confinement of

tuberculosis patients, the persons being confined must be afforded adequate notice of the underlying basis of commitment, the right to counsel, the right to be present, the right to cross-examine and to present witnesses, the standard of proof of “clear, cogent and convincing evidence,” and the right to a verbatim transcript of the proceeding for appeal purposes.

Between those clearly prohibited quarantines (i.e., discriminatory quarantines) and the acknowledged power of the state to impose quarantines, there are limitless shades of gray. Courts addressing the petitions of individuals seeking to escape quarantine will be faced with difficult decisions. *E.g.*, *City of New York v. Antoinette R.*, 165 Misc. 2d 1014, 630 N.Y.S.2d 1008 (N.Y. Sup. Ct. 1995) (addressing a patient who had failed to complete her tuberculosis treatment regimen but alleged she had an epiphany and expressed a sudden willingness to cooperate with treatment if she was let out of quarantine).

#### Additional Cases on Quarantine Law:

- *In re Smith*, 146 N.Y. 68, 40 N.E. 497 (N.Y. 1895) (holding that the health officer has the power to restrain a citizen’s personal liberty but that there must be “facts ... justifying” the need for such a restraint) ;
- *People ex rel. Barmore v. Robertson*, 302 Ill. 422, 134 N.E. 815 (1922) (upholding a potentially endless quarantine of a woman carrying typhoid);
- *Matter of Bradley v. Crowell*, 181 Misc. 2d 529, 694 N.Y.S.2d 617 (N.Y. Sup. Ct. 1999) (requiring the “clear and convincing” evidence standard in communicable tuberculosis commitment);
- *People v. Adorjan*, 60 N.Y.S.2d 651 (N.Y. Ct. of S. Sess. 1946) (holding that insufficient evidence that a particular dog had rabies required the release of the dog from quarantine);
- *Huffman v. District of Columbia*, 39 A.2d 558, 562 (D.C. 1944) (rejecting a health department policy assuming that “members of the public who have been reported [as ill] can be supposed to have the disease until proven otherwise”);
- *City of Newark v. J.S.*, 279 N.J. Super. 178, 652 A.2d 265 (N.J. Super. Ct. Law Div. 1993) (holding that illness alone does not permit confinement, but that a homeless person suffering from active tuberculosis could be confined because other accommodations were insufficient);

- *In re Washington*, 292 Wis. 2d 258, 716 N.W.2d 176 (Wis. Ct. App. 2006) (involuntary commitment statute did not entitle tuberculosis patient to confinement least restrictive of patient’s freedom)
- *Application of Halko*, 246 Cal. App. 2d 553, 54 Cal. Rptr. 661 (Cal. Ct. App. 1966) (upholding four consecutive quarantine orders of approximately six months each for a patient with tuberculosis);
- *State v. Snow*, 230 Ark. 746, 324 S.W.2d 532 (1959) (holding the state failed to meet the preponderance of evidence standard in seeking to commit an individual with tuberculosis, but issuing an “immediate mandate in order that further proceedings may be taken” by the state against the individual);
- *Ex parte Martin*, 83 Cal. App. 2d 164, 188 P.2d 287 (Cal. 3 Dist. Ct. App. 1948) (upholding a quarantine even though it involved 13 individuals sleeping in a jail made for six and sleeping four to a bed).

## § 1.2 Warrants and Crimes in a Pandemic Influenza Emergency

In addition to the standard criminal charges and warrant requests that will come before courts during a pandemic, the judiciary will likely face novel criminal and warrant issues. For example, how much individualized suspicion will be required to quarantine or detain an individual suspected of being exposed to or infected with influenza? Existing Fourth Amendment jurisprudence, as discussed in Chapter 5, provides a strong framework for this analysis. *See National Treasury Employees Union v. Von Raab*, 489 U.S. 656 (1989) (holding probable cause not required for combating a threat that “rarely generate[s] articulable grounds for searching any particular place or person”); *cf. See v. City of Seattle*, 387 U.S. 541 (1967) (holding that warrants are required to inspect buildings for safety code violations). However, existing Fourth Amendment standards were not premised on or tested in the special context of a pandemic. The classic question in Fourth Amendment law of “reasonableness” may be altered when, on the government’s side of the balancing, there is a substantiated interest in preventing the spread of a highly dangerous illness.

In addition to new warrant questions, courts may see an increase in otherwise uncommon criminal issues, such as arrests for violation of quarantine. *See* § 381.0025(1), Fla. Stat. (“Any person who violates ... any quarantine ... is guilty of a misdemeanor of the second degree.”) In addition to crimes specifically involving public health issues, other criminal provisions might be triggered in unexpected ways. *Cf. United States v.*

*Sturgis*, 48 F.3d 784 (4th Cir. 1995) (holding that a prisoner who bit two correctional officers and was aware he was HIV positive was properly convicted of assault with a “dangerous weapon.”). Similarly, as state and federal government officials respond to the various problems a pandemic will create, they may turn to novel protocols that are ultimately challenged in court. *Cf. Reynolds v. McNichols*, 488 F.2d 1378 (10th Circ. 1973) (holding constitutional the choice given to a recently-arrested prostitute who, while detained in jail, was given the option to take penicillin for a sexually-transmitted disease and be immediately released, or not take the medication and remain in jail).

Finally, even time-honored elements of the legal system may be found inapplicable in light of the special concerns a pandemic presents. *See Varholy v. Sweat*, 15 So. 2d 267 (Fla. 1943) (denying bail to a woman quarantined for having a venereal disease because bail would defeat the purpose of a quarantine); *cf. Shambow’s Estate v. Shambow*, 15 So. 2d 837 (Fla. 1943) (holding the right to a jury trial is waivable, thereby setting the stage for subsequent cases on waiving a right to a 12- person trial, a waiver that may at times be essential if jury members are too sick or too afraid to report for duty); *Blair v. State*, 698 So. 2d 1210 (Fla. 1997) (upholding proceeding with five jurors instead of six when one juror became sick, and recognizing the general right to waive even constitutional rights).

For an excellent, concise report that addresses federal and state public health laws pertaining to the quarantine and isolation of individuals, constitutional issues that may surface in the event that individual liberties are constrained in a quarantine scenario, and issues of federalism that may develop when federal and state authorities coincide, see *Federal and State Quarantine and Isolation Authority* (A Congressional Research Service Report for Congress, updated August 16, 2006), at <http://www.fas.org/sgp/crs/misc/RL33201.pdf>

Moreover, this report discusses “The possible role of the armed forces in enforcing public health measures...specifically whether the Posse Comitatus Act would constrain any military role, and other statutory authorities that may be used for the military enforcement of health measures.”

## **CHAPTER 2**

### **EXECUTIVE POWERS IN A PUBLIC HEALTH EMERGENCY – STATUTORY AND REGULATORY LAW**

§ 2.1 Introduction

§ 2.2 Emergency Powers of the President and Other Federal Officials

§ 2.3 Emergency Powers of the Florida Governor and Other State Officials

#### **§ 2.1 Introduction**

The underlying premise of this benchguide is to assume that a major pandemic has hit the state of Florida, with consequent disruptions of our accustomed ways of doing things, bringing a whole new list of knotty legal issues both internally, as the courts must operate under severe limitations, and externally, as new causes are brought by litigants for resolution by the courts. For uniformity of presentation, this benchguide has focused on the currently looming threat of a mutated version of the avian influenza, H5N1, because there is a good deal of information and informed speculation concerning this possible pandemic. However, many of the legal issues would be the same if the public health crisis arose from another infectious disease or even from an act of bioterrorism or accidental release of dangerous organisms.

A good bit of this benchguide is based on assumptions about the most likely immediate responses of the executive branch to a public health crisis because it is the branch that has the responsibility to initiate immediate action to cope with the emerging health problems and try to prevent the spread of infectious diseases, and, if the problems become widespread, to take the lead in marshaling and allocating scarce health care resources and humanitarian aid as fairly and intelligently as is possible. The legislative branch at the state level is in session for only 60 days per year; in the early days of a rapidly evolving crisis, the courts could not wait for a special session, and the executive branch would have to proceed on the basis of the powers it presently has. Among the measures being discussed by public health authorities for possible implementation during a pandemic are: quarantine, ordering that a person who has been exposed to infection be restricted from contact with others until an incubation period has passed to see if he or she develops the disease or not; isolation, ordering that a person who is actively infected be restricted from contact with others until he or she

is no longer contagious [this term is used only by federal personnel]; limiting travel either from or into an area that is free from cases of the disease; and closing public or private buildings where people congregate in numbers (and are thus likely to transmit infections), such as schools, theaters, taverns, libraries – and courthouses. The term ‘quarantine’ is sometimes used loosely to describe all of the foregoing measures, e.g., quarantining an area or a building. All of these measures are based on a disease model in which the disease is passed from person to person at relatively close range, though not necessarily involving direct contact. Influenza is such a disease.

Although this guide will focus in later chapters on Florida statutes and regulations, this chapter contains a brief outline of federal powers and authorities. If a pandemic becomes nationwide or regional in scope, it can be expected that the federal government will inevitably have some involvement, which could vary from providing information, supplies and assistance to states, all the way to a federal takeover of all state and local response efforts.

### ***Basic Sources and Limitations on Executive Powers***

This chapter focuses on the statutory and regulatory powers of the Florida and federal executive branches to respond to a public health emergency such as a pandemic involving a highly contagious and virulent disease like a mutated avian influenza. At both the state and federal levels, there are two sets of statutory and regulatory provisions that might come into play during a pandemic or other public health emergency. They were enacted at different times for different purposes, but either or both might be selected as the basis for governmental responses. The first type is the traditional public health law, administered by medical and public health personnel, dealing with sanitation, immunizations, communicable diseases, quarantine, and the like. The second type is the more generic ‘emergency response’ or ‘disaster preparedness’ type of law, administered by the Federal Emergency Management Agency, the Florida Division of Emergency Management, and former civil defense officials, providing a wide range of powers (and often grants and loans) upon a declaration by the president or governor, in response to a natural catastrophe such as a flood, hurricane, or wildfire, or a manmade one, such as 9/11 or an insurrection. On the state level, the laws empowering the executive to act are based on the police power, which has been described as “the sovereign right of the State to enact laws for the

protection of lives, health, morals, comfort, and the general welfare.”<sup>iii</sup> At the federal level, the justifications are couched in terms of such things as the commerce clause, since the existence of any general police power residing in the federal government is highly debatable. Although wide latitude is allowed the state legislature in enacting laws under the police power, and wide latitude is accorded the executive branch in implementing such laws to protect the safety and lives of the people in emergency conditions, such latitude does not extend to violating constitutional guarantees of due process, both substantive and procedural.

## **§ 2.2 Emergency Powers of the President and Other Federal Officials**

### ***Legal Basis for a Federal Rule or Order Imposing Quarantines or Isolation, Limiting Travel, or Closing Public or Private Buildings***

Under the Disaster Relief laws, 42 U.S.C. 5121 et seq., and the Emergency Assistance laws, 42 U.S.C. 5191 et seq., the president and the director of Federal Emergency Management Agency have significant roles to play in ‘major natural disasters’ such as hurricanes, tornadoes, etc., that cause significant property damage. Since a pandemic does not meet the criteria for that type of catastrophe, it would apparently only qualify for the lesser category of an “emergency,” defined as

any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States. 42 U.S.C. 5122(1)

Under these laws, the Federal Emergency Management Agency and other federal disaster agencies would be assisting states but probably not issuing orders to the populace

However, the surgeon general and the secretary of health and human services would have substantial roles and powers in a pandemic under federal public health laws and regulations. The only real statutory role for the president is in designating by executive order which communicable diseases are serious enough to warrant imposition of quarantine measures if

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<sup>iii</sup> *Holley v. Adams*, 238 So. 2d 401, 407 (Fla. 1970).

they emerge. The president has designated avian flu, among others, as such a disease. Of course, the president appoints the secretary and the surgeon general, and it would not be surprising if announcements of actions taken by the secretary or the surgeon general came from the White House, but that is more politics than law.

The surgeon general, with the approval of the secretary, is authorized to

make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. 42 U.S.C. 264(a).

further,

On recommendation of the National Advisory Health Council, regulations prescribed under this section may provide for the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a communicable stage and

(1) to be moving or about to move from a State to another State; or

(2) to be a probable source of infection to individuals who, while infected with such disease in a communicable stage, will be moving from a State to another State. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary. 42 U.S.C. 264(d); 42 C.F.R Part 70.

The Surgeon General may also, with the approval of the President, impose regulations prohibiting the entry into the United States of any cargo or persons from any country or place if doing so is necessary to decrease the danger of a communicable disease being introduced into this country. 42 U.S.C. 265; *see also* 42 C.F.R. Part 714.

The Secretary of HHS may declare a public health emergency, and “may take such action as may be appropriate to respond,” which primarily triggers grants and the implementation of plans allowing the use of federal health resources to assist the states in coping with the emergency. 42 U.S.C. 243, 247d.



The surgeon general’s authority to make “such regulations as in his judgment are necessary” is extremely broad, and it is possible that such regulations could come down to the level of requiring public buildings such as courthouses to close down for a time, but this is considered unlikely as long as the state authorities are responding adequately to the emergency. Officials at the Centers for Disease Control have stated that they have no plans or intentions of imposing federal control over state health authorities in the event of a pandemic. This reticence may be based on respect for comity or uncertainty about the source of federal jurisdiction to take such steps; it may also stem from fears that federal assumption of control would lead to federal liability for all the costs of the response efforts nationally.

### **§ 2.3 Emergency Powers of the Florida Governor and State Officials**

#### ***Legal Basis for a Rule or Order by the Governor of Florida Imposing Quarantines, Isolation, Limiting Travel, or Closing Public or Private Buildings***

Under Article IV, section 1 of the Florida Constitution, the governor is vested with “supreme executive power,” is the commander-in-chief of the military forces of the state, and “shall take care that the laws be faithfully executed.” The governor has the power to call out the militia (which is not just the National Guard, but is composed of all able-bodied inhabitants of the state who are, or who have declared their intent to become, citizens of the United States in order to preserve the public peace, execute the laws of the state, suppress insurrection, or repel invasion. Article X, § 2(a), Fla. Const. None of these provisions gives much specific guidance, so it is necessary to look to the statutes.

One provision of the Florida Statutes appears to limit the governor’s powers slightly (“Any health regulation that restricts travel or trade within the state may not be adopted or enforced in this state except by authority of the department [of Health],” section 381.0011(6)(b), Florida Statutes), but that language is undercut by some of the broad statutory powers discussed next. Under various provisions of chapter 252, Florida Statutes, titled Emergency Management, the governor may issue executive orders declaring a state of emergency, which shall activate the emergency mitigation, response, and recovery aspects of state and local emergency management plans in the affected area, and which shall be authority for the deployment and use of any forces or materials to which the plan applies. Among the governor’s

powers that may be exercised if deemed necessary during an emergency pursuant to section 252.36, Florida Statutes, are:

- To issue, amend, and rescind executive orders, proclamations, and rules having the force and effect of law;
- To assume direct operational control over all or part of the emergency management functions of the state or to delegate same;
- To suspend the provisions of any regulatory statute regarding the conduct of state business or the rules of any state agency;
- To utilize all the available resources of the state government and of each political subdivision;
- To commandeer or utilize any private property found necessary to cope with the emergency;
- To direct or compel the evacuation of all or part of the population from any stricken or threatened area;
- To control ingress and egress to and from an emergency area, the movement of persons within the area, and the occupancy of premises therein;
- To take measures concerning the conduct of civilians, pedestrian and vehicular traffic, public meetings and gatherings, and the evacuation and reception of civilian population;
- To “take such action and give such direction to state and local law enforcement officers...as may be reasonable and necessary for the purposes of securing compliance with [this chapter] and the orders and rules made pursuant thereto.”
- To employ such measures and give such directions to the Department of Health ... as may be reasonably necessary for securing compliance.

In addition to the governor, the Division of Emergency Management and local governments may issue orders and make rules under chapter 252. Existing laws inconsistent with those rules or orders are suspended to the extent of such conflict. § 252.46(2), Fla. Stat. Violation of any provision of chapter 252 or of any rule or order made pursuant thereto is a second degree misdemeanor; the law enforcement authorities of the state and its subdivisions are directed to enforce those orders and rules. §§ 252.47, 252.50, Fla. Stat.

***Legal Basis for a Rule or Order by the Florida Department of Health Imposing Quarantines, Isolation, Limiting Travel, or Closing Public or Private Buildings***

The state health officer, who is the secretary of the Florida Department of Health, section 20.43(2)(a), Florida Statutes, may

- issue public health advisories
- declare public health emergencies after consulting with the governor. § 381.00315, Fla. Stat.

During a public health emergency, the state health officer may

- “take actions that are necessary to protect public health.” Among those actions are
  - ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases.

Any such order of the state health officer is immediately enforceable by a law enforcement officer. § 381.00315(1), Fla. Stat.

The Department of Health is authorized

- to make rules. §§ 381.0011(6),(13); 381.0014; 381.003(2); 381.0031(6); 381.006, 154.04(1)(c)4., Fla. Stat. (see Chapter 64D-3, Florida Administrative Code)
- to declare, enforce, modify, and abolish quarantine of persons, animals, and premises as needed for the control of communicable diseases, including
  - restrictions on travel of persons,
  - access of the department to quarantined premises,
  - the vaccination and treatment of quarantined persons, and
  - the disinfection of quarantined persons, animals, or premises. § 381.0011(6), Fla. Stat.
- to exercise the power of eminent domain. § 381.0013, Fla. Stat.

The legislature has attempted to further bolster the broad powers granted to the Department of Health:

- The rules adopted by the department shall, as to matters of public health, supersede all rules enacted by other state

departments, boards or commissions. § 381.0014, Fla. Stat.

- The authority, action and proceedings of the department in enforcing the rules adopted by it...**shall be regarded as judicial in nature and treated as prima facie just and legal.** § 381.0015, Fla. Stat. (emphasis added).
- It is a misdemeanor of the second degree to violate any of the provisions of chapter 381, or to violate any rule adopted by the department pursuant to it; or to violate any quarantine; or to interfere with, hinder, or oppose any employee of the department in the discharge of his or her duties; or to impersonate an employee of the department; or to maliciously disseminate any false rumor or report concerning the existence of any infectious or contagious disease. § 381.0025, Fla. Stat.
- To enforce chapter 381 and its rules, the department may commence proceedings to enforce the performance of any act required by any person, officer or board; may apply to any trial court judge empowered to issue warrants in criminal cases and request the issuance of a warrant [the statute does not specify what kind of warrant, or what kind of showing is required, e.g., probable cause], and “**the judge shall issue a warrant...to assist in any way** to carry out the purpose and intent of this chapter.” § 381.0012, Fla. Stat. (emphasis added).

However, this is not to say that the courts must acquiesce in the legislative directions quoted in bold above regarding warrants and the ‘judicial’ nature of the department’s actions. The federal and state constitutions require that no warrant shall issue except upon probable cause, and this requirement trumps a contrary direction in a state statute. Similarly, the state constitution has a separation of powers provision, and the most that the legislature could ascribe to the actions of the Department of Health would be to characterize them as ‘quasi-judicial,’ Article V, section 1; an executive branch agency, no matter what the emergency, is not performing acts that are ‘judicial in nature.’

Despite the statutes that do exist, there are no detailed procedures in the statutes or the rules concerning how or by whom Department of Health orders are to be issued, served, or enforced--or challenged by those affected. Ordinarily applicable procedures under the Administrative Procedure Act,

chapter 120, Florida Statutes, would not provide meaningful relief for several reasons, including timeliness. The Department of Health has suggested that someone whose liberty interests are affected could challenge a quarantine order by habeas corpus, but there is very little sign of an adequate system in place to represent the Department of Health at such hearings and no system in place to provide legal representation to indigent petitioners. For that matter, even petitioners who could afford counsel in an ordinary situation may have problems finding an attorney who is familiar with quarantine issues and is not ill or also subject to a quarantine or isolation order.

***Legal Basis for a Rule or Order By a County Public Health Department Imposing Quarantines, Isolation, Limiting Travel, or Closing Public or Private Buildings***

The county health departments are hybrid creatures: they are at the same time part of county government and part of the Department of Health. §§ 20.43(5), 381.001(4), 154.01, 154.04, Fla. Stat. The relationship between the Department of Health, the county health departments, and the counties is governed to some extent by the statutes; the remainder is a matter of ‘partnership,’ §§ 381.0010(4) and 154.001, Fla. Stat., ‘cooperation,’ §§ 154.01(1) and 154.03(1), Fla. Stat., and contract, §§ 154.01(3),(4), and 154.05, Fla. Stat. The personnel of the county health departments are employed by, and work under the supervision of, the Department of Health. § 154.04(2), Fla. Stat. The Department of Health has delegated to the county health department director (a physician) or county health department administrator (a non-physician), or their designated representative, the same power, within his or her county, to give public notice of quarantine and to initiate and terminate conditions of quarantine as the state health officer. Fla. Admin. Code R. 64D-3.037 and 3.038. Accordingly, much of the same commentary from the previous section would apply to this section as well. The rules do not speak to the possibility that the county health department of county A might adopt some measure that is greatly at variance with a measure adopted by similarly situated county B; presumably, the state Department of Health would resolve the conflict.

***Legal Status of an Order (Assuming the Issuing Authority Has Jurisdiction to Enter It) Directly Impacting the Operation of the Courts, e.g., an Order Requiring All Public Buildings, Including Courthouses, to Close Entirely or to Restrict Public Access for a Period of Time***

The court system would probably be required to obey a quarantine order regarding premises (e.g., courthouses or judicial offices), the same as if it were a private enterprise. There is no judicial immunity from infection by a pathogen, and the public health protection reasons for such an order would apply with equal force no matter how vital a function the courts perform. It would provide little benefit to the public if the courts dispensed justice along with exposure to a deadly disease. The same would apply to an individual quarantine or isolation order directed at a judge or other member of the judicial branch.

In the case of a binding regulation or order from a competent authority, whether federal, state, or local (“binding order”), impacting the operation of the Florida courts, it is recommended that an administrative order be entered to implement same and to make provisions for the impact of the order on the affected court(s), the officers and employees of the court, and the rights and responsibilities of citizens summoned by or seeking access to the courts. If the binding order were statewide in scope, or covered a broad region, the chief justice might enter an order; if only one county were affected, the chief judge might be the appropriate one to address the local impact. In any event, if courthouses were closed as a result of the order, the chief justice would enter an order tolling the running of limitations periods, speedy trials, etc., pursuant to rule 2.205(a)(2)(B)(iv), Florida Rules of Judicial Administration. Such orders are customarily entered and made retroactive after the facilities reopen, as in the case of hurricanes, but it is possible that such an order could be made prospectively.

## CHAPTER 3

### FLORIDA EXECUTIVE BRANCH PROCEDURES AND PLAYERS IN A PUBLIC HEALTH EMERGENCY

- § 3.1 Introduction
- § 3.2 Florida Department of Health vs. County Health Departments
  - § 3.2(a) Surveillance
  - § 3.2(b) Quarantine
  - § 3.2(c) Access to Persons and Premises
- § 3.3 Executive Branch Quarantine Orders
  - §3.3(a) The Due Process Problems Arising from Pandemics and Quarantines
  - §3.3(b) Why Allow Any Hearings?
  - §3.3(c) General Rule of No Jurisdiction
  - §3.3(d) Exceptions – Vehicles for Circuit Court Review

#### § 3.1 Introduction

There are significant uncertainties concerning exactly what procedures Florida’s executive branch would follow in the event of a major public health emergency such as a pandemic. First, the Florida Department of Health has not decided, as of the date of publication of this benchguide, exactly what procedures it will follow, or what forms it will utilize in implementing the procedures that it decides upon. It anticipates doing emergency rulemaking to fill in the gaps when and if an emergency arises. Second, with states looking to the U.S. Centers For Disease Control for leadership and guidance in this area, the Centers for Disease Control released “Nonpharmaceutical Interventions for Pandemic Influenza, National and Community Measures” in February 2007.<sup>iv</sup> This report represents a significant shift in emphasis away from the previous paradigm of coercive techniques such as legally enforceable quarantines, and towards public education and exhortation aimed at voluntary measures. These measures include ‘social distancing,’ coupled with local government actions such as closure of schools and child-care facilities and cancellation of public gatherings. It is unknown to what extent this new approach, if it continues,

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<sup>iv</sup> World Health Organization Writing Group. “Nonpharmaceutical Interventions for Pandemic Influenza, National and Community Measures.” *Emerging Infectious Diseases*. Jan. 2006. Available from <http://www.cdc.gov/ncidod/EID/vol12no01/05-1371.htm>.

will persuade state leaders to change their previous contingency planning. It could mean fewer orders, and less work for the courts in reviewing orders.

Third, the measures undertaken by public health authorities in response to a pandemic will depend in part on its severity, geographic extent, and duration, all of which are unknowable before the fact. Finally, the response of government to such an emergency will depend to some extent on the willingness of leaders to make hard decisions in a time of fear and uncertainty, and to take steps that will necessarily be very disruptive of everyday life and be very costly to individuals, the government, and the economy as a whole. Whatever decisions are made will be criticized by some as excessive, and by others as insufficient – and no doubt the courts will be hearing those criticisms expressed by litigants aggrieved by executive branch decisions. One thing to bear in mind is that there are very few ‘experts’ in this area of the law – the Florida Department of Health has not issued a quarantine order since 1947; the procedures will be new and untested; and everyone involved – the public health officials, law enforcement, emergency management agencies, attorneys on all sides, and most judges – will be feeling their way through unfamiliar territory in the middle of a dire public health emergency.

In the face of these uncertainties, the approach of this benchguide is to address the worst-case scenarios – a severe pandemic, with a vigorous and early executive branch response. This response would include:

- utilizing mandatory quarantine orders as one of the means for controlling the spread of infection
- giving mandatory vaccinations or other medical treatment,
- closing public and private facilities
- banning of public gatherings and events,
- issuing other emergency orders dealing with the secondary effects of the crisis such as curfews and rationing, and
- drafting workers in essential services such as public safety and utilities



If none of these measures ever needs to be implemented in the near future due to an outbreak of mutated avian influenza, we can count ourselves as truly fortunate. However, it will still be a useful exercise to think about the issues discussed herein, to wonder “what if...?”, and to try to develop better ways of handling these problems if they do occur someday.

### **§ 3.2 Florida Department of Health vs. County Health Departments**

The county health departments in each of the 67 counties are hybrid entities: they are county agencies for some purposes, and part of the state Department of Health for other purposes, but all their employees are employed and paid by the state Department of Health. *See, e.g.*, §§ 20.43(5); 154.001 – 154.067; 381.001(4); 381.0019; 381.0062(2)(b); 381.0072(1)(a) and 381.008(2), Fla. Stat. In the event of a pandemic, the determination that there was indeed a pandemic and the decision to declare a public health emergency in the first instance would most likely be made in Tallahassee, but implementation of any measures in response to the situation would almost certainly be in the hands of the county health departments, because they have the ‘troops’ to take needed action and because they are the ones with the familiarity about their local conditions and facilities. There is bound to be some degree of oversight from the state level, but its extent is unknown at this time. The county health departments would almost certainly be exercising their powers as part of, or pursuant to delegations of authority from, the state Department of Health.

There are two separate statutes authorizing the imposition of quarantine. Under section 381.0011(6), Florida Statutes, it is the duty of the Department of Health to “declare, enforce, modify, and abolish quarantine of persons, animals and premises...for controlling communicable diseases or providing protection from...a threat to public health.” There must be rules spelling out the conditions and procedures for imposing and releasing a quarantine, and the Department of Health has arguably complied with this requirement by adopting its rules 64D-3.037 and 64D-3.038, Florida Administrative Code.

Pursuant to section 381.00315(1)(b), Florida Statutes, the state health officer, after consulting the governor and notifying the ‘chief of domestic security’ in the Department of Law Enforcement, may declare public health emergencies. Upon such a declaration, the state health officer (who is also the head of the Department of Health and thus could exercise or delegate the exercise of the power to declare quarantines under section 381.0011(6)) may

“take actions that are necessary to protect the public health.” Among such actions are “ordering an individual to be examined, tested, vaccinated, treated or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health.” Persons who do not consent to be vaccinated, treated, etc., for reasons of health, religion, or conscience, have the option of being quarantined instead, unless there is no practical method to quarantine the person. In that case, the state health officer may “use any means necessary to vaccinate or treat the individual,” and any order by the state health officer rendered to implement this provision is immediately enforceable by a law enforcement officer.

The Department of Health has adopted rules on the subject of quarantine, which may be found in chapter 64D-3, Florida Administrative Code. Rule 64D-3.038(1) requires that quarantine orders be in writing and contain an expiration date or specify conditions for ending the quarantine. Rules 64D-3.037(1) and 64D-3.038(1) state that the state health officer, or the county health department director or administrator or their designee, shall have the authority to give public notice of quarantine, to issue quarantine orders, and to initiate or terminate conditions of quarantine. Rule 64D-3.038(7) provides that quarantined persons or animals may only be transported or moved from the location where they are being quarantined in accordance with conditions set forth in orders by the state health officer or the county health department director or administrator, or their designees.

The public health strategy for the response to an emerging influenza pandemic is based on (1) surveillance – testing and reporting by health care providers and agencies to detect the onset and spread of the disease; (2) preventing or containing the spread of the infection as much as possible, either by vaccines or prophylactic use of antiviral drugs or by diminishing contacts between infected or possibly infected people and those who have not been exposed to the infection (quarantine); and (3) providing whatever level of medical care and support is feasible for those who are infected. Some of these efforts will involve public education and requests for voluntary cooperation, but there will be some instances where mandatory measures will be needed, and those will be the most likely instances where persons affected will be seeking review or relief in the courts.

### **§ 3.2(a) Surveillance**

Section 381.0031, Florida Statutes, requires all physicians, hospitals, and licensed laboratories that diagnose or suspect the existence of a disease determined by the Department of Health to be of public health significance, to immediately report same to the department. The information remains confidential and the making of the report is not a violation of the confidential relationship between the practitioner and patient. The Department of Health may inspect and copy records relating to cases reported. There are similar provisions in statutes relating to communicable diseases and school immunizations, tuberculosis, and sexually transmissible diseases. §§ 381.003; 392.53, 392.61, and 384.25, Fla. Stat.

Two types of controversies might come to the courts from these surveillance activities. The first is that a provider might refuse to make the required reports out of concerns for the patient's privacy, or out of some general antipathy towards governmental "bureaucracy" or "interference with professional judgment." It is clear that these do not constitute valid excuses for failure to report under the statutes and regulations. There is a specific exemption in the federal Health Insurance Portability and Accountability Act privacy regulations for reporting required for public health purposes. 42 CFR 164.512(b).

The second type of controversy that could arise from surveillance activities would be a case in which the public health authorities thought it necessary for an individual to be examined or tested for symptoms or other evidence of the disease, the individual declined, the county health department issued an order requiring the individual to submit to examination, the individual refused, and the county health department sought the assistance of the courts in enforcing its order. Alternatively, the county health department has obtained the assistance of a law enforcement agency, whose officers are prepared to force the individual to comply with the county health department order, and the individual seeks injunctive relief from the circuit court restraining the county health department and the law enforcement agency from taking any further action regarding the order.

Substantively, the Department of Health or state health officer, and, by extension or delegation, the county health department, have the authority in appropriate cases to require testing for communicable diseases in the context of quarantine measures. §§ 381.0011(6)(a)2. and 381.00315(1)(b)4., Fla. Stat., and Fla. Admin. Code R. 64D-3.037 and 64D-3.038(1) and (2).

**§ 3.2(b) Quarantine**

The word ‘quarantine’ has a much more expansive meaning under Florida law than the common understanding of the word. Under the terms of rule 64D-3.038(1), Florida Administrative Code, “Quarantine orders shall... restrict or compel movement and actions by or regarding persons, animals or premises consistent with the protection of public health and accepted health practices....” Subsection (2) of that rule says: “For the purpose of orders regarding quarantine, the term “actions” encompasses isolation, closure of premises, testing, destruction, disinfection, treatment, protocols during movement and preventive treatment, including immunization.”

Since there is not expected to be any effective vaccine or other means of immunization from an emerging influenza for at least six months after its appearance, and since the existing antiviral drugs are not expected to have any better success rate against pandemic influenza than their 50% effectiveness against current strains of influenza, initial public health strategy leans heavily towards preventing people from becoming infected in the first place. Transmission of influenza viruses takes place predominantly during close (three feet or less) proximity with an infected person; actual touching is not necessary, as the virus travels in tiny droplets from an infected person’s exhalations and is inhaled or, less commonly, absorbed through the skin or picked up by the hands and moved to the mouth or eyes of the uninfected person. The virus does not live very long outside a host’s body when floating in the air or deposited on an inanimate object.

It therefore follows that, if infected persons can be kept physically separate from uninfected persons, the disease will not have a chance to spread, and this is the goal of “classic” quarantine. This is complicated by two facts: (1) a person who has been infected will not show signs of illness until a certain point, but will be contagious for as much as a day or a day and a half before symptoms appear; and (2) some people contact a mild case of the disease and never show any symptoms at all, even though they are contagious for a substantial time, as much as two or three weeks. Thus, if a community has any cases of the disease at all, any quarantine protocol is probably going to be a bit ‘leaky’ and not stop all transmission of the malady. However, quarantine measures, along with other steps, can greatly retard the spread of the disease and reduce the number of cases. Mandatory quarantine is most effective in the early stages of a pandemic. After a certain ‘critical mass’ of

the population is infected, the Department of Health plans to shift its emphasis away from quarantine and towards other control measures.

One type of quarantine is aimed at isolating infected persons from contact with others until the infected persons are no longer contagious. A second type of quarantine is designed to isolate a person who has been exposed to the disease until an incubation period has passed and the exposed person has not developed symptoms of the disease. There will be many cases where both types of orders are in effect in the same house or dwelling – one ill person subject to the first type of order, and an uninfected family member staying in the home to care for the ill person, but subject to the second type of order because of having been exposed to the infected person. One of the Department of Health’s strategies is to try to persuade persons in both categories to enter into voluntary quarantine agreements, which would essentially be consent orders and would be binding on the person once agreed to. If persuasion does not work, a mandatory order would be an option. A quarantine order directed to a person would typically direct the person to remain at home (or, in very severe cases, in a hospital or other setting) until the danger is past, or until a date in the future when the person has either developed the disease or not. Public health personnel would check in by telephone or in person with persons subject to the orders, to make note of temperature readings or other symptoms, as well as to see that needed supplies of medicine, food, and other necessities are delivered. If a person needs to leave the premises where the person is quarantined, this may be done in accordance with an order from the public health officials.

There are foreseeable complications when the rights of third parties are entangled in quarantine – is a landlord whose rent has not been paid going to be forbidden to evict a quarantined tenant? Where is a homeless person going to be quarantined if not sick enough to be hospitalized? If the homeless person lists his or her address as the homeless shelter, will he or she be quarantined there if it means that the other 300 persons who sleep there and the volunteer staff will have to be quarantined also?

If individual quarantine orders do not prove effective, the emphasis would shift to restricting or forbidding large gatherings of individuals in close enough proximity that transmission of the virus would be probable. Prime examples would be spectator sports and performances at theaters or arenas. Schools, both public and private, would be among the first to be shut down, because children are both very vulnerable, and highly efficient disease

spreaders. This same principle could apply to restricting the operation of restaurants, bars, public transportation, courthouses, shopping malls, offices, stores, and almost any venue where two or more people gather. Again, the Department of Health would try to achieve voluntary compliance with such measures, but could use its powers to issue mandatory quarantine orders directed at closure of premises or at limiting the movement of persons with respect to gatherings.

### **§ 3.2(c) Access to Persons and Premises**

One other aspect of Florida quarantine law worthy of mention is the issue of access to persons and premises subject to quarantine orders. The Department of Health's rules provide:

- The persons in charge of all premises upon which a person or persons or animals are quarantined shall allow access to the county health department director or administrator, the state health officer, or either of their designated representatives to assure that provisions of this chapter and orders applicable to the cases involved are observed. Rule 64D-3.037(2), Florida Administrative Code.
- Subjects or objects of quarantine orders shall be accessible at all times to the Department or its designees for purposes related to declaration, enforcement, maintenance, modification or abolition of such orders.... Rule 64D-3.038(3), Florida Administrative Code.

These provisions could be read as the department bootstrapping itself into general trespass powers or even warrantless search powers. The statute only refers to "Access by the department to quarantined premises." § 381.0012(6)(a)5., Fla. Stat. The person in charge of premises within which a person is quarantined may not be named in the quarantine order, may be unaware of the order's existence, and may even be unaware that the quarantined person is present on the premises. It is entirely possible that a representative of the local county health department may be appearing in the county or circuit court asking for "a warrant" pursuant to section 381.0012(4), Florida Statutes, requiring the person in charge of the premises to permit the official to enter on a continuing and regular basis to check on the status of an ill person quarantined therein.

### **§ 3.3 Procedural Vehicles for Circuit Court Jurisdiction to Review Final Orders of an Executive Branch Department**

#### ***The Administrative Procedure Act***

The Department of Health is a department of the executive branch of state government and is thus an ‘agency’ within the meaning of the Administrative Procedure Act. §§ 20.43 and 120.52(1)(b)1., Fla. Stat. That being the case, when it or its delegates issue orders which affect the substantial interests of persons, e.g., life, liberty, or property, the Department of Health is subject to the provisions of the Administrative Procedure Act, specifically section 120.569, Florida Statutes, which says: “(1) The provisions of this section apply in all proceedings in which the substantial interests of a party are determined by an agency.” Chapter 120 is a relatively self-contained system for administrative rulemaking and adjudication, and the circuit courts seldom become involved in the workings of the agencies as they implement chapter 120.

#### **§ 3.3(a) Due Process Problems Arising from Pandemics and Quarantine**

As a practical matter, in the context of a pandemic, the health authorities would have to issue many orders that take effect immediately. The prevention of the spread of the disease could not await the leisurely process of serving an administrative complaint, waiting 20 or so days for the respondent to request a hearing, transmitting the matter to the Division of Administrative Hearings for the assignment of an administrative law judge, scheduling and giving notice of a hearing, conducting a hearing, submitting a recommended final order to the department head, considering exceptions thereto, and the rendition of a final order by the agency head. *See* §§ 120.569, 120.57(1), Fla. Stat.

Due process of law requires that a person deprived by government of some protected right be given notice and an opportunity to be heard. However, the opportunity to be heard need not always be given before the deprivation. There is ample precedent approving legislative determinations that hearings may be offered post-deprivation in some circumstances. *Dixon v. Love*, 431 U.S. 105, 97 S.Ct. 1723, 52 L.Ed.2d 172 (1977); *Connor v. Carlton*, 223 So. 2d 324 (Fla. 1969). What is needed is something in the nature of an emergency temporary injunction without notice, with an opportunity for a hearing without delay after the service of the order. If an agency order were

entered with no right to a hearing, either before or after the rendition of the order, it would be subject to summary reversal on appeal. The appellate court would not even have to reach the constitutional issue. Pursuant to section 120.68(7), Florida Statutes:

The court shall remand a case to the agency for further proceedings... or set aside agency action... when it finds that:

- (a) There has been no hearing prior to agency action and the reviewing court finds that the validity of the action depends upon disputed facts; or
- (b) The agency's action depends on any finding of fact that is not supported by competent, substantial evidence in the record of a hearing conducted pursuant to ss. 120.569 and 120.57....

However, the Administrative Procedure Act in its present form is ill-suited to providing an adequate procedural framework for the exigencies of a pandemic. There is a provision in the context of a proceeding involving state-issued licenses that permits an agency, upon a finding that immediate serious danger to the public health, safety, or welfare requires same, to order the emergency suspension, restriction, or limitation of a license, but only if the agency promptly initiates a regular proceeding which will give the respondent licensee an opportunity for a hearing. § 120.60(6), Fla. Stat. There is no parallel provision giving a post-deprivation hearing in a non-licensing context. The only relevant part of the Administrative Procedure Act is subsection (n) of section 120.569(2), Florida Statutes, which reads:

- (n) If an agency head finds that an immediate danger to the public health, safety, or welfare requires an immediate final order, it shall recite with particularity the facts underlying such finding in the final order, which shall be appealable or enjoined from the date rendered.

Taken at face value, this provision makes no provision for any administrative hearing before or after an “immediate final order” and it would thus make any such order vulnerable to reversal on appeal, as mentioned above. Needless to say, it could have a strongly adverse effect on the executive branch’s efforts to control a pandemic if the appellate courts summarily vacated the executive branch’s quarantine orders. The remedies suggested in this subdivision are not perfect procedural vehicles, and they



have not been extensively tested on appeal, but they could serve to provide sufficient procedural due process to allow the system to function during a pandemic. We can hope that something better will be forthcoming from the legislature before the crisis is upon us.

### **§ 3.3(b) Why Allow Any Hearings?**

It has been suggested that providing any type of hearing or other relief from emergency orders during a pandemic would be a luxury that society could not afford if the public health is to be protected. After all, it is self-evident that if disease is spread by close contact, then a quarantine order preventing close contact between an infected individual and the uninfected populace at large is a rational means of preventing the spread of disease and protecting the public. What would be the purpose of a hearing? The response of the judicial system, as always, must be that the justice system's core protections are most needed in times of tribulation. We are talking about checks and balances on a system run by imperfect human beings. Even if some executive agency order is totally justifiable in the abstract, the government officials involved may have named the wrong person or address, or misinterpreted a lab result or witness statement, or even misunderstood a rule or a directive from the state health officer.

### **§ 3.3(c) General Rule of No Jurisdiction**

The circuit courts are rarely presented with a case in which it is proper to review the merits of a final order rendered by a department in the executive branch of state government. This is because, in ordinary administrative proceedings in which there has been an opportunity for the respondent to request and receive a hearing before any final agency action is taken, jurisdiction for judicial review of the merits of an administrative final order is lodged exclusively in the district courts of appeal. Art. V, § 4(b)(2), Fla. Const.; § 120.68, Fla. Stat. However, there have been identified three narrow exceptions to this general rule.

### **§ 3.3(d) Exceptions – Vehicles for Circuit Court Review**

The first exception applies in the case of an agency order which has the effect of significantly restraining an individual person in the exercise of personal liberty. Quarantine orders restricting the movements of an individual would certainly fall under this category. Such orders are

reviewable by the writ of habeas corpus, which is covered in another chapter. In fact, it has been argued that habeas is the sole remedy; that it would be outside the jurisdiction of an administrative law judge to conduct a hearing and enter an order regarding the quarantine of an individual; that an administrative law judge has no power to determine issues of constitutional law or release from confinement. No citation is offered in support of these arguments, which run contrary to the plain language of chapter 120, but it is a moot point since chapter 120 as presently constituted does not provide a means for an administrative hearing on an immediate quarantine order, either before or after the rendition of the order.

It should be noted that habeas corpus is not a substitute for an appeal, and all the merits of the administrative order would not necessarily be before the court in a habeas proceeding, but the core issue of the legality of the individual's detention would likely be the most important one the parties would want settled. The limitation of this remedy is that it would only be available if an order restricted the liberty interests of an individual; if an order affected a corporation, or an individual's property, livelihood, familial or religious interest, or other protected interest, habeas would not lie.

The quoted language from section 120.569(2)(n), Florida Statutes, provides the second hypothetical vehicle to get into court. An "immediate final order" is appealable or enjoinable from the date rendered. Thus, a respondent could elect to challenge this type of order either in circuit court, by seeking to enjoin its operation, or by appealing the order to a district court of appeal based on whatever record the agency had made. This election of judicial remedies is quite unusual in administrative practice, and is limited to only "immediate final orders." If the respondent seeks injunctive relief in the circuit court from the terms of an immediate final order that had been entered without any hearing, it seems reasonable to assume that the legislature intended that the scope of the circuit court hearing could encompass more than the traditional common law "irreparable injury/no adequate remedy at law" tests for injunctive relief, and could in fact serve as a substitute for the hearing that the respondent was not afforded before the order was entered. It could equally be argued that being subjected to deprivations of constitutionally protected interests without the opportunity for a hearing meets the test for an irreparable injury, and, given the short-term nature of quarantine orders compared to the length of the appellate process, there would be no adequate remedy at law provided by an appeal—the order would be moot and no damages would be possible due to sovereign

immunity. Unless relief were afforded very quickly, it would be meaningless.

The third exception could arise from any administrative matter in which the state agency that has rendered a final order has filed a petition for enforcement in the circuit court pursuant to section 120.69, Florida Statutes. If the petition is filed during the time period (30 days from rendition of the order) within which the respondent could file an appeal (‘seek judicial review’), the respondent may assert as a defense that the agency’s order is invalid, which effectively puts the merits of the order at issue. § 120.69(5), Fla. Stat. If the final order in question were an immediate final order, as most orders during a pandemic emergency are likely to be, the defense of invalidity could afford the respondent an opportunity for a *de novo* hearing in circuit court to test the sufficiency of the agency’s factual and legal determinations underlying its order.

**CHAPTER 4****THE ROLE OF FLORIDA COURTS IN A PUBLIC HEALTH EMERGENCY: LEGAL ISSUES**

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**§ 4.1 Introduction**

In trying to anticipate the kinds of litigation Florida's trial courts might face in a pandemic influenza public emergency, the overriding objective was to address those legal issues directly related to the outbreak. While the courts will function at normal or reduced levels until that is no longer possible,

litigants must continue to have access to the courts to hear matters related to their interactions with the government during such a difficult time. Court access may have to be provided outside the courthouse; hearings may have to be convened by telephone, and an audio recording of the proceedings may be the only way to preserve a record. The unusual types of proceedings, and the unusual manner in which they may have to be conducted suggest that Florida's courts will have to be creative and flexible in addressing our citizens' concerns. We can anticipate, then, that persons subject to quarantine orders issued by public health officials, persons whose animals face destruction to protect public health, individuals arrested for violation of quarantines, businesses shut down to protect public health, and other similar matters will be brought to the courts for resolution. There is general consensus that habeas corpus proceedings provide one avenue of relief for quarantined individuals, leading to the conclusion that the courts must be familiar with the requirements for habeas relief. Other litigants may choose injunctive or mandamus actions to prevent, or to require, some action, and judges will have to address those actions on an emergency basis. This benchguide is intended to provide information on some of these types of proceedings, and to gather relevant case law in each area. The research is not exhaustive, however, and judges may want to supplement the benchguide as they see fit. Judges should also keep in mind that the Publications Committee's best efforts to predict the kind of litigation courts will confront is still only a prediction, and our courts will need to adjust appropriately to quickly changing conditions.

## **A. HABEAS CORPUS IN THE CONTEXT OF A PANDEMIC INFLUENZA EMERGENCY**

### **§ 4.2 Habeas Corpus, Generally**

In the context of a public health emergency, there are two situations for which the courts must be prepared with regard to habeas corpus relief.

First, the courts must be prepared to handle normal habeas corpus petitions from persons challenging their incarceration when a large percentage of court personnel, including judges, are ill or not able to preside at the courthouse. In most circuits, habeas corpus petitions are handled as emergencies, and are expedited. Because habeas petitions challenge an individual's detention by the government, there is an obvious need to expedite resolution of such petitions, and section 79.01, Florida Statutes,

mandates that habeas corpus actions must be ruled upon “forthwith,” and “without delay,” pursuant to Article I, section 13 of the Florida Constitution. Local operational plans for covering court functions should specifically address the emergency handling of habeas petitions, and should try to ensure that such petitions are considered in a timely manner.

Second, if a public health emergency results in Department of Health quarantines of persons to prevent the spread of disease, quarantined persons might challenge quarantine orders in the courts by petition for habeas corpus relief. Section 381.0011(6), Florida Statutes, generally describes the Department’s authority to declare quarantines for the purpose of controlling communicable diseases. Likewise, if the Department of Health attempts to limit the movement of persons by seeking injunctive relief in the circuit court pursuant to section 381.0012, Florida Statutes, a person subject to such an injunction might defend with a claim that he or she is being unlawfully detained and therefore entitled to issuance of a writ of habeas corpus.

One other class of persons who might seek habeas relief are those charged with violating quarantine orders. Such individuals are subject to arrest under section 381.0025(1), which is a second degree misdemeanor. Individuals arrested for quarantine violations would likely be brought to the county jail or other quarantine facility, and could seek release on bail for the misdemeanor offense. The court would then have to consider whether pre-trial release conditions would adequately protect public health, or whether release, with or without bail, should be denied. Although there is little case law dealing with the right to bail in such situations, the Florida Supreme Court case of *Varholy v. Sweat*, 15 So. 2d 257 (Fla. 1954), provides some guidance, and is more fully discussed below. *See* section 4.3.

While the writ of habeas corpus may be suspended “in the case of rebellion or invasion,” the Florida Constitution does not provide for the suspension of the writ of habeas corpus in the event of a public health emergency or any other public safety emergency. *See* Art. I, § 13, Fla. Const.

In ancient English jurisprudence, several types of writs of habeas corpus existed, each for a separate purpose. However, today in American law, only two forms of habeas corpus survive. First is “habeas corpus ad testificandum,” which exists in Florida as the order to jailers to produce a prisoner under a subpoena for testimony before the court. Fla. R. Civ. P. 1.410; Fla. R. Crim. P. 3.361; *see also Bolender v. State*, 422 So. 2d 833

(Fla. 1982). Second is “habeas corpus ad subjiciendum et recipiendum,” the “great writ,” commonly referred to today as simply “habeas corpus.”

The Florida Supreme Court noted in *State ex rel. Deeb v. Fabisinski*, 152 So. 207, 210 (Fla. 1933), that “the great writ of habeas corpus is the one mentioned in Magna Charta in the year 1215; the writ which alone was the subject of the acts of 16 Chas. I and 31 Chas. II. It was the writ referred to in the Declaration of Independence and secured to the people of this country by the Constitution of the United States and the Constitutions of the different states.” The particular constitutional provisions are Article I, Section 9 of the United States Constitution, and Article I, Section 13 of the Florida Constitution.

The modern habeas corpus remedy “is not an action or suit, but is a summary remedy open to the person detained. It is civil rather than criminal in nature and is a legal and not equitable remedy.” *State ex rel. Deeb v. Fabisinski*, 152 So. 207, 209 (Fla. 1933). This common law writ was “designed as a speedy method of affording a judicial inquiry into the cause of any alleged unlawful custody of an individual or any alleged unlawful, actual deprivation of personal liberty.” *Porter v. Porter*, 53 So. 546, 547 (Fla. 1910).

Accordingly, a person whose personal liberty is actually curtailed by a quarantine order or other government action has the right to challenge such government action via a petition for writ of habeas corpus to the courts of this state.

### **§ 4.3 Examples of Habeas Corpus Actions for Release from Quarantine**

Public health laws like chapter 381, governing public health generally, chapter 384 (sexually transmitted diseases), and chapter 392 (tuberculosis) provide public health officers with the authority to restrict the liberty of exposed or infected persons under certain circumstances. Although chapters 381 and 392 do not specifically address the availability of habeas corpus actions to persons quarantined under those chapters, chapter 384 does. *See* section 384.281(5), Florida Statutes. It is interesting to note that both chapters 384 and 392 provide detailed procedures that must be used by health officials when they seek to isolate, hospitalize, or place an infected person, and such actions cannot be taken without circuit court approval. Both chapters also provide for “pre-hearing detention” orders that may be

obtained from a circuit court in certain circumstances, but such orders are subject to immediate review. Since chapters 384 and 392 provide for pre-isolation or quarantine proceedings in circuit court, it is unlikely that many persons quarantined or isolated pursuant to their provisions would seek relief through habeas; section 384.281(5) does, however, address the issue of habeas relief by permitting “[a] person detained under this section... [to] apply for a writ of habeas corpus attacking the detention.”

Unfortunately, chapter 381 does not provide for the same pre-issuance, circuit court proceedings for quarantine orders related to public health emergencies like an influenza pandemic. Since chapter 381 does not provide for pre-detention due process, persons subject to quarantine orders would be likely to utilize habeas corpus petitions to challenge such orders, and the general provisions and case law precedent governing habeas corpus would apply. There is very little precedent, however, to guide the courts in resolving habeas petitions that challenge public health emergency quarantine orders in crises like an influenza outbreak.

Although not directly on point, there are a few reported cases that have considered the use of habeas corpus in public health situations. In *Varholy v. Sweat*, 15 So. 2d 267 (Fla. 1943), a county prisoner, Ms. Varholy, was charged with misdemeanor drunk and disorderly conduct. Ms. Varholy was also subject to a quarantine order of a public health officer due to her testing positive for a sexually transmitted disease (see current section 384.28 et seq., Florida Statutes.) Varholy filed a petition for writ of habeas corpus challenging the trial court’s failure to release her on bail on the criminal charge due to the quarantine order. The trial court’s action was affirmed. The court stated that to “grant release on bail to persons isolated and detained on a quarantine order because they have a contagious disease which makes them dangerous to others, or to the public in general, would render quarantine laws and regulations nugatory and of no avail.” It should be noted that section 384.281(4), which was enacted long after the *Varholy* case was decided, contains a provision for “bail determination” for persons held under pre-hearing detention orders issued by the circuit court. *Varholy* is nonetheless an important acknowledgment by the Florida Supreme Court that public health considerations may be so compelling that they overrule the right to bail in some circumstances.

In *Moore v. Draper*, 57 So. 2d 648 (Fla. 1952), a person under an “emergency hold” order due to his testing positive for tuberculosis



challenged his detention via habeas corpus petition. *See* § 392.57, Fla. Stat. Like chapter 384, section 392.60, Florida Statutes, provides for appeal of such health department order, and recognizes a “petition for immediate release.” The court in *Moore v. Draper* denied habeas corpus and upheld the detention, finding the applicable statute a valid exercise of the public health agency’s duty to protect the public.

In *Moore v. Armstrong*, 149 So. 2d 36 (Fla. 1963), a tuberculosis patient challenged his compulsory hospitalization via habeas corpus petition. § 392.25, Fla. Stat. (now § 392.56, Fla. Stat.). Habeas corpus was denied, without prejudice to the plaintiff’s ability to file again in the future if he deemed himself cured. *See also* § 392.60, Fla. Stat.

## § 4.4 Statutory Provisions for Habeas Corpus

### *Generally*

Chapter 79, Florida Statutes, governs habeas corpus proceedings in general. Section 79.01, Florida Statutes, provides in pertinent part:

When any person detained in custody . . . applies to . . . any circuit judge for a writ of habeas corpus and shows by affidavit or evidence probable cause to believe that he or she is **detained without lawful authority**, the court, . . . or judge to whom such application is made shall grant the writ forthwith, against the person in whose custody the applicant is detained and returnable immediately before any of the courts, justices, or judges as the writ directs. (emphasis added).

### *Specific Situations Recognized by Statute*

The Florida Statutes address habeas corpus proceedings in several specific circumstances:

- The involuntary commitment of developmentally disabled persons. Ch. 393, Fla. Stat.
- The habeas corpus provision in section 393.11(13), Florida Statutes.

- The involuntary commitment of mentally ill persons. Ch. 394, Part I, Fla. Stat.
- The habeas corpus provision in section 394.459(8), Florida Statutes.
- The involuntary commitment of sexually violent predators. Ch. 394, Part V, Fla. Stat.
- The habeas corpus provision in section 394.9215, Florida Statutes.

As was previously mentioned, in chapters 384 and 392 dealing with the forced isolation of those infected with tuberculosis and sexually transmissible diseases, those isolated persons may appeal the detention orders of the Department of Health and may “petition the court for immediate release.” §§ 384.285 and 392.60, Fla. Stat.

## **§ 4.5 Who Represents the Parties?**

### ***Government***

Section 27.06, Florida Statutes, provides that the state attorneys of Florida “*shall*” represent the state in all habeas corpus actions against state agencies. Notice of the action is given to the state attorney in the court “wherein the statute under attack is being applied, the criminal law proceeding is being maintained, or the conviction has occurred.” § 27.06, Fla. Stat. However, absent statutory provision to the contrary, the state attorney is not obligated to represent a private facility detaining mental health or Baker Act committed persons. Op. Atty. Gen. 74-53 (1974). As a practical matter, each circuit should determine whether the state attorney will in fact represent the Department of Health or the county health units, or whether the county attorney’s office or the attorney general’s office intends to appear on behalf of such entities to defend the quarantine orders.

### ***Petitioners***

#### **Petitioners of means**

There is no statutory or constitutional provision of a right to counsel at public expense for non-indigent persons seeking habeas corpus relief. Successful petitioners are free to seek attorney's fees and court costs at the conclusion of the litigation.

### **Indigent Petitioners**

Although most authorities generally agree that persons wishing to challenge the lawfulness of their detention pursuant to a quarantine order should have appointed counsel if they are indigent, Florida law does not provide an easy answer to the question of who should provide that representation. *See Lassiter v. Department of Social Services*, 452 U.S. 18, 25 (1981) (“In sum, the Court’s precedents speak with one voice about what ‘fundamental fairness’ has meant when the Court has considered the right to appointed counsel, and we thus draw from them the presumption that an indigent litigant has a right to appointed counsel only when, if he loses, he may be deprived of his physical liberty.”). Since Florida’s public defenders are statutorily authorized to represent persons subject to involuntary commitment under chapter 394 (“The Baker Act”) and chapter 393 (developmentally disabled persons), it is logical to assume that they could undertake representation of quarantined individuals during a public health emergency. *See also* §§ 384.28, 384.281, Fla. Stat. (right to counsel for indigent person alleged to be infected with a sexually transmissible disease and for whom hospitalization, placement, residential isolation, or prehearing detention order is sought) and §§ 392.55, 392.56, Fla. Stat. (right to counsel for indigent person alleged to be infected with active tuberculosis and for whom physical examination and treatment, hospitalization, placement, or residential isolation is sought). The public defenders’ authority to represent people in civil proceedings, however, has been restricted by statute, and is specifically described in section 27.51, Florida Statutes. The statute specifically provides for representation by the public defender of persons under arrest or charged with

- a felony;
- a misdemeanor prosecuted by state attorney;
- a violation of chapter 316 punishable by imprisonment (traffic laws);

- a violation of local laws in addition to a state charge or as contracted with local authorities.

Public defenders are also charged with representing

- delinquent children (section 27.51(1)(c), Florida Statutes);
- persons subject to proceedings for involuntary commitment under chapter 394 (Part I of chapter 394 - “The Baker Act” and Part V of chapter 394 - “Jimmy Ryce Act”); and

persons subject to proceedings for involuntary commitment under chapter 393, Florida Statutes (developmentally disabled persons).

It is therefore not clear that the public defenders could voluntarily agree to provide representation to persons wanting to challenge actions taken by public health authorities, whether that action was a quarantine, mandatory vaccination, isolation, or other order impacting an individual’s civil or constitutional rights. In an emergency, however, the public defender might be willing to accept an appointment, under the court’s inherent authority to appoint counsel, until a statutory change could be considered by the legislature. It is also possible that voluntary legal aid organizations would be willing to provide such representation, but the logistics of notifying and arranging for volunteer lawyers during a chaotic period might prove unworkable. Each circuit should thoroughly discuss these issues with the public defender, and any other organization willing to commit to providing representation in an emergency, and decide on a plan for appointing lawyers for indigent persons.

### ***Indigent Persons with Other Claims***

Section 27.51, Florida Statutes, specifically prohibits the public defender from representing even indigent persons in civil actions brought under the rules of civil procedure or in a rule challenge under Chapter 120, Florida Statutes, unless specific statutory authorization exists. In *Graham v. Vann*, 394 So. 2d 176 (Fla. 1st DCA 1981), the court found that the public defender could represent indigent prisoners in a suit challenging prison conditions, but those prisoners were serving sentences for criminal convictions, unlike persons subject to quarantine.

## § 4.6 Filing Fees

The Florida Constitution provides that habeas corpus shall be available “**freely and without cost.**” Art. I, § 13, Fla. Const. (emphasis added). Consequently, habeas corpus actions are not subject to the payment of a filing fee under section 28.241, Florida Statutes, or any other statute imposing filing fees on persons initiating legal action.

## § 4.7 Venue

Venue for habeas corpus actions lies in the county in which the petitioner is detained. § 79.09, Fla. Stat. For involuntarily committed persons, venue is “in the county where the patient is being held” under section 394.459(8)(b), Florida Statutes, and “in the circuit court for the county in which the facility is located” under section 394.9215(1)(a), Florida Statutes. Petitions for habeas corpus from prisoners detained in other counties should be transferred to the circuit court in the county in which the prisoner or detainee is held if he or she will be entitled to immediate release if he or she prevails. *Heard v. Florida Parole Commission*, 811 So. 2d 808 (Fla. 1st DCA 2002); *Stanley v. Moore*, 744 So. 2d 1160 (Fla. 1st DCA 1999).

## § 4.8 Pleadings: The Complaint

### *Basic Contents*

A complaint for habeas corpus relief must contain:

- (1) the facts on which the petitioner relies for relief,
- (2) a request for the relief sought, and,
- (3) if desired, argument in support of the complaint with citations of authority. Fla. R. Civ. P. 1.630(b); *see also Sneed v. Mayo*, 66 So. 2d 865 (Fla. 1953) (allowing the complaint to be informal, such as a letter from a prisoner).

## § 4.9 Parties

### *The Respondent*

The respondent in a habeas corpus action is the “person in whose custody the applicant is detained.” § 79.01, Fla. Stat. *See also Alachua Regional Juvenile Detention Center v. T.O.*, 684 So. 2d 814, 816 (Fla. 1996) (proper respondent in habeas corpus action is party with actual custody of petitioner and who is in the position to physically produce the petitioner). In challenges to quarantine orders, the matter of who, or what entity, is the proper party respondent may not be clear, since the order may require an exposed or infected person to remain at home. It might be preferable, in such circumstances, to require that petitioners always name the public official, or public entity, that issued the quarantine or isolation order as at least one of the respondents; since a person may be held at a hospital or other facility pursuant to a county health department quarantine order, the presence of both entities before the court may be required for a complete adjudication of the issues.

The judge is not a proper respondent. The judge who entered a detention order is not a proper party respondent in an action for habeas corpus. *T.O. v. Alachua Regional Juvenile Detention Center*, 668 So. 2d 243 (Fla. 1st DCA), *aff’d.*, 684 So. 2d 814 (Fla. 1996).

### ***The Petitioner***

The petitioner in a habeas corpus action may be the friend, wife, husband, parent, or guardian of the person illegally detained. *See Seccia v. Wainwright*, 487 So. 2d 1156 (Fla. 1st DCA 1986). The petitioner filing on behalf of another must establish some reason why the prisoner could not file on his or her own behalf. *See Minerva v. Singletary*, 4 F.3d 938 (11th Cir. 1993).

The public defender has standing in certain cases to file a habeas corpus action on behalf of indigent persons, but only with statutory authority. § 27.51(1)(d), Fla. Stat.; *see also Administrator, Retreat Hosp. v. Johnson in and for Broward County*, 660 So. 2d 333 (Fla. 4th DCA 1995).

The petitioner may not be a class, and class action is not appropriate for habeas corpus relief. *See State ex rel. Williams v. Purdy*, 242 So. 2d 498 (Fla. 3d DCA 1971)

## **§ 4.10 Substantive Allegations**

When a petitioner files a complaint for habeas corpus in circuit court, the court must assess the legal sufficiency of the allegations and decide whether an Order to Show Cause (“writ of habeas corpus”) should be entered. Fla. R. Civ. P. 1.630(d). To establish a prima facie case for habeas corpus, the complaint must allege:

1. the petitioner is currently involuntarily detained;
2. by the respondent;
3. the restraint or detention is unlawful (with specific factual and legal support); and that
4. the respondent is entitled to immediate release.

*See DeAngelo v. Strickland*, 426 So. 2d 1264 (Fla. 1st DCA 1983) (complaint properly dismissed when no allegation that petitioner was being currently and illegally detained); *Moore v. Singletary*, 624 So. 2d 849 (Fla. 1st DCA 1993).

### ***Verified Complaint***

The complaint must be verified, because section 79.01, Florida Statutes, requires that the complaint must show “by affidavit or evidence” probable cause to believe that the petitioner is illegally detained. § 79.01, Fla. Stat.; *Polk v. Crockett*, 379 So. 2d 368 (Fla. 1st DCA 1979). Verification is governed by section 92.525, Florida Statutes. Section 92.525 provides that “[t]he requirement that a document be verified means that the document must be signed or executed by a person and that the person **must state under oath** or affirm that the **facts or matter stated or recited in the document are true**, or words to that import or effect.” § 92.525(4)(c), Fla. Stat. (emphasis added). Documents may be verified by: signing under oath before a judge, clerk of court, deputy clerk of court, or notary public, or by signing a written declaration that provides: “Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true,” followed by the signature of the person making the declaration. § 92.525(2), Fla. Stat.

## § 4.11 Issuance of the Order to Show Cause

If the complaint states a prima facie case for habeas corpus relief, and the petitioner is held in the county of filing, the court, via an ex parte proceeding, shall issue a writ of habeas corpus. Fla. R. Civ. P. 1.630(d)(5). If the petitioner is held in another circuit, the case should be transferred to the circuit court in and for the county in which the person is detained. The terminology “writ of habeas corpus” in the rule is archaic, and an “Order to Show Cause” why the person should not be immediately released is currently in use. A copy of the complaint (made by the judicial assistant or clerk of court if petitioner fails to send copy) must be attached to the Order to Show Cause so that the lower court or agency may respond.

### *Response to the Writ (Response to Order to Show Cause)*

The respondent agency shall respond to the writ (Order to Show Cause) “as provided in Rule 1.140.” Fla. R. Civ. P. 1.630(e). Rule 1.140 provides that the respondent shall serve an answer within 20 days after service. Rule 1.140 also provides for a reply by the petitioner within 20 days of the response to the Order to Show Cause. Of course, the court may set shorter deadlines in the Order to Show Cause.

This procedure differs from the procedures set out in section 79.03 et seq., Florida Statutes. The procedure as set forth by the Supreme Court presumably takes precedence over the procedures in the statutes.

Section 79.03 requires service of the writ (Order to Show Cause stage) by the sheriff of the county in which the petitioner is detained upon the officer or other person alleged to have immediate custody of the petitioner. The person upon whom the writ is served is then required to “bring the body of the prisoner [petitioner]. . . before the court . . . **without delay and at the same time certify to the cause of the detention.**” § 79.04, Fla. Stat. (emphasis added). Three days after service is the time limit for bringing the body of the petitioner before the court. § 79.05, Fla. Stat. The court must then “inquire without delay into the cause of the petitioner’s detention, and shall either discharge the petitioner or remand him or her to custody, as the law and evidence require . . .” § 79.08, Fla. Stat. If habeas corpus is denied and the court remands the petitioner to custody, appeal of the order does not stay the custody pending appeal, and the person remains in custody until the denial of habeas corpus is reversed on appeal. § 79.10, Fla. Stat.



### ***Contents of Response***

The response (or “return to writ”) must allege the respondent’s right to restrain or hold custody of the person detained. *Moody v. State*, 99 So. 665 (Fla. 1924). If the claimed right is based on a document, a copy should be attached. Fla. R. Civ. P. 1.130(a). Under the procedure set out in chapter 79, in addition to filing an answer, the respondent must also produce the body of the detained person in court on the return day. § 79.04(1), Fla. Stat.

### **§ 4.12 Petitioner’s Reply to the Return**

The petitioner may attack the sufficiency of the response to the order to show cause by a motion to quash or a motion for discharge notwithstanding the answer. § 79.04(2), Fla. Stat. Either motion raises a question of law that is determined in accordance with principles of substantive law. The motions are equivalent to a motion for judgment on the pleadings.

### **§ 4.13 Deciding the Case**

Although many normal habeas corpus petitions can be resolved without a hearing, most habeas proceedings directed to quarantine orders are likely to require a hearing. Since there will be extraordinary time pressures in resolving challenges to quarantine orders, the time frames set forth in the rules of procedure should be shortened, and the hearing may be the only opportunity to receive necessary information and evidence. Because the pleadings may not be as fully developed as the rules of procedure contemplate, a complete record (or recording) of the hearing is exceptionally important. It should be remembered that the scope of inquiry in a habeas corpus proceeding is not limited to the allegations of the complaint. The court may inquire into any matter that affects the legality of the detention. § 79.04(2), Fla. Stat.; *Crooms v. Schad*, 40 So. 497 (Fla. 1906). This is the only civil proceeding in which the legal sufficiency of a pleading cannot be directly attacked or in which the parties are not limited to the issues raised in the pleadings or tried by consent.

### **§ 4.14 Final Judgment**

After the hearing or trial, a judgment must be entered

- (1) discharging the petitioner from involuntary detention or
- (2) remanding the petitioner to involuntary detention under the process originally authorizing his or her detention. *See* § 79.08, Fla. Stat.

**In order to protect the petitioner’s confidential health care information, the petitioner’s identity should not be disclosed in petitions, orders, and other court records. The petitioner’s identity may be revealed to public officials such as law enforcement officers and authorized representatives of appropriate state agencies in the event that the petitioner’s identity is necessary to protect the public health. Please see the following instructive public health statutes.**

### **Florida Statutes**

[Section 384.282, Florida Statutes, Naming of Parties](#)

[Section 392.545, Florida Statutes, Naming of Persons Subject to Proceedings](#)

[Section 384.29, Florida Statutes, Confidentiality](#)

[Section 392.65, Florida Statutes, Confidentiality](#)

[Section 381.0031, Florida Statutes, Report of Diseases of Public Health Significance to Department](#)

## **§ 4.15 Checklist for Habeas Corpus Hearing**

**Purpose: to be used by judge for review of Quarantine (Exposed) / Isolation (Ill) Department of Health Orders.**

### **GENERAL REQUIREMENTS:**

- 1. You are an acting circuit judge, a circuit judge, a district court of appeal judge, or a supreme court justice.
- 2. The petition is filed in the jurisdiction of the quarantined person/animal/property.

- 3. No filing fee is required.
- 4. No administrative agency review is required.
- 5. Speedy review is important (summary review).
- 6. Petition must be verified.  
**Note: Can be sworn before a judge.**
- 7. Petition may be filed by a family member, legal guardian, or friend.

**DEPARTMENT'S ORDER:**

- 1. The order is signed by county health department director (medical doctor.) or administrator (lay person).
- 2. The order concerns people or real property.  
**Note: Goods/animals are handled by Department of Agriculture.**
- 3. The person or property is sufficiently identified.
- 4. The medical need is articulated. The person or property poses “serious and present danger of harm to others.”
- 5. The time period of the quarantine is defined.
- 6. Sufficient notice of time and place of this hearing was given.
- 7. Personal service was made.

**HEARING:**

- 1. There is means for making a record (recording device).  
**Note: No free copy unless indigent.**
- 2. Court, personnel, parties, etc., are protected for health.
- 3. Who can be present?  
 \_\_\_\_\_ Department of Health Representative  
 \_\_\_\_\_ Petitioner  
 \_\_\_\_\_ Counsel for Department [Dept. Atty. / Atty. General / County Atty. / State Atty.]  
 \_\_\_\_\_ Counsel for Petitioner [Private / Legal Aid (civil) / Public Defender (criminal)]  
 \_\_\_\_\_ Public / Press

**Note: There is a right to counsel. If petitioner is indigent, supply counsel. (Quarantine is a deprivation of a petitioner’s liberty.)**

- 4. The medical rights of the petitioner are protected.
- 5. The Department carried the burden of proof, “clear and convincing evidence.”
- 6. The Department did not carry the burden of proof, “clear and convincing evidence.”

### **THINGS TO CONSIDER:**

- \_\_\_\_\_ 1. Was there exposure to contagious illness or is the petitioner ill (if reviewing isolation order)?
- \_\_\_\_\_ 2. Is non-compliance conduct evident?
- \_\_\_\_\_ 3. Will petitioner’s “freedom” endanger the public?
- \_\_\_\_\_ 4. What is the severity of the “disease”?
- \_\_\_\_\_ 5. What is the treatment method?
- \_\_\_\_\_ 6. How is the infection spread?
- \_\_\_\_\_ 7. What is the time frame of the course of the illness?

**Key: Match the restrictions to the threat.**

**Goal: Prevent the spread of a communicable disease.**

**Note: Check for bias in drawing a quarantine perimeter.**

**Ask the petitioner why the quarantine order is unfair.**

### **COURT ORDER:**

- 1. The order must be written.
- 2. The order must state detailed facts.
- 3. The order must define closure / area of quarantine-“restrict or compel movement or action” to “protect society.”  
**Note: Must be “least restrictive possible.”**
- 4. The order must give remedy. “Get medical test / obtain vaccine / finish treatment” by “any qualified person authorized by Department.”

- 5. The order must make provision for “necessities” of food / safety / medical care to petitioner.  
**Note: But the provision of these necessities must not endanger others or degrade other services.**
- 6. The order must state expiration date or return date to court.
- 7. The order must state the penalty for violation of order – second degree misdemeanor.
- 8. The order must state the means of appeal.

## **B. CRIMINAL PROCEEDINGS**

### **§ 4.16 Arrests of Persons for Disobeying Quarantines: The Nature of the Offense**

As was previously noted, the power to quarantine in Florida arises from section 381.0011, Florida Statutes, which reads in pertinent part:

It is the duty of the Department of Health to: ... (6) Declare, enforce, modify, and abolish quarantine of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health, except as provided in ss. 384.28 [sexually-transmitted disease quarantine protocols] and 392.545-392.60 [tuberculosis quarantine protocols].

Once an individual has been properly quarantined pursuant to this section, violation of that quarantine order is governed by section 381.0025(1), Florida Statutes:

(1) Any person who violates any of the provisions of this chapter, any quarantine, or any rule adopted by the department under the provisions of this chapter is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

*Id. See also* §§ 381.0025(2) (governing interference and hindrance of the department of health or impersonation thereof) and 381.0025(3) (governing the malicious dissemination of “any false rumor or report concerning the existence of any infectious or contagious disease”). Although arresting officers may wish to take additional precautions in arresting persons

suspected of having avian influenza, all indications are that such arrests will otherwise be governed by standard arrest protocols including *Miranda* rights, probable cause requirements, and other applicable standards.

#### **§ 4.17 Arrests of Persons for Disobeying Quarantines: Entitlement to Bond**

Under Article I, section 14 of the Florida Constitution, individuals charged with non-capital offenses that are not punishable by life imprisonment are eligible for pretrial release on reasonable conditions. However, a quarantine order itself is not subject to bail, and issues related to bail would arise only if the quarantined individual is arrested for violating the quarantine order. *See Varholy v. Sweat*, 15 So. 2d 267 (Fla. 1943). Florida law does not clearly address violation of a quarantine order, but since a violation is a only a misdemeanor, the defendant would potentially be eligible for pretrial release. In *Varholy*, the Florida Supreme Court allowed the detention, without bail, of a person quarantined for a sexually transmitted disease. Relying on *Varholy*, it is anticipated that persons held in jail for the misdemeanor violation of a pandemic influenza quarantine order could be denied bail if there is no other way to protect public health. Judges should carefully consider the facts involved in each case to ensure that persons arrested for violating quarantine orders are not held, without bail, unnecessarily.

#### **§ 4.18 Arrests of Persons for Disobeying Quarantines: First Appearance Practical Tips**

As with all personal contact during a pandemic, judges and other court staff should take appropriate precautions during the first appearance of a person charged with disobeying quarantine. Such precautions may very well include handling the first appearance by video or telephone, with the defendant isolated from others at the jail or detention facility. By isolating the defendant from other defendants and from the judge, counsel, and court staff, the likelihood of communicating influenza by saliva, coughing, and sneezing will be at least somewhat reduced. The core of effective prevention will be advance planning that considers the potential for exposure by every individual involved in the process, and planning that addresses avoiding such exposure. Each circuit should discuss, and address in detail, issues like the handling of first appearances of both quarantined and non-quarantined individuals, the handling of emergencies including habeas corpus proceedings, and other issues related to handling court proceedings during a

public health emergency. There is obviously no one, correct way to handle these issues, but each circuit must ensure that it has a comprehensive plan for doing so. For more guidance regarding the management of hearings and the preparation of a record, please see chapters 6 and 7 of this benchguide.

## **CHAPTER 5**

### **OTHER LEGAL ISSUES FOR THE COURTS IN PUBLIC HEALTH EMERGENCIES**

#### **A. WARRANTS**

- § 5.1 Florida Quarantine Law: Codified Authority and Requirements
- § 5.2 Florida Quarantine Law: Precedent
- § 5.3 Quarantine Law as Under the Fourteenth Amendment
- § 5.4 Warrants for Seizing Individuals for Quarantine Purposes
  - § 5.4(a) Inspection Warrants
  - § 5.4(b) Consensual Encounters, Investigatory Stops, and Warrantless Encounters
  - § 5.4(c) Arrest Warrants
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- § 5.5 Warrant Exceptions: Exigent Circumstances
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#### **B. MANDATORY VACCINATIONS**

- § 5.9 The Legality of Mandatory Vaccinations

#### **C. ENFORCEMENT OF CURFEW ORDERS**

- § 5.10 General Provisions of Curfew
- § 5.11 In Whom the Power is Invested
- § 5.12 Implementation
- § 5.13 Court Proceedings: Court of Jurisdiction
- § 5.14 Enforcement
- § 5.15 Penalties for Violation of Curfew Orders



## A. WARRANTS

### § 5.1 Florida Quarantine Law: Codified Authority and Requirements

Florida law includes provisions applicable to the imposition of quarantines in the event of public health emergencies, such as the potential influenza pandemic. Section 381.00315, Florida Statutes, provides for the declaration of public health emergencies by the state health officer<sup>v</sup> and sets forth the responses to a crisis that can be selected by the state health officer.

Section 381.00315(1)(b) defines “public health emergency” as “any occurrence, or threat thereof, whether natural or manmade, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters.” The scope of the section includes pandemic influenza, an infectious disease.

Of the four responses to a public health emergency available to the state health officer, one is relevant to the issue of quarantine. Section 381.00315(1)(b)4. provides that one of the actions which can be chosen by the state health officer is:

Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.

- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to quarantine. If there is no practical method to quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

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<sup>v</sup> As defined in section 20.43(2)(a), Florida Statutes, the state health officer is the Secretary of Health and the head of the Department of Health.

- c. Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under section 381.0012.

Rule 64D-3.038, Florida Administrative Code, further discusses public health emergencies and supplements section 381.00315(1)(b)4. Quarantine is defined to include isolation and closure as set forth in section 381.0011(6), Florida Statutes, and rule 64D-3.038, Florida Administrative Code. Fla. Admin. Code R. 64D-3.038(2). The rule also defines “practical method of quarantine” as “a location where a person infected with or exposed to a communicable disease that threatens public health will have food, clothing, and shelter as necessary while isolated from contact with people who have not been infected with that disease or immunized against that infection.” Fla. Admin. Code R. 64D-3.028(19). Finally, the rule provides that “the subject individual may choose isolation in their domicile and such closure as needed to ensure that isolation, unless the Department determines that the subject individual’s domicile is not a practical method of quarantine.” Fla. Admin. Code R. 64D-3.038(4).

Additionally, rule 64D-3.038, Florida Administrative Code, which discusses Department of Health quarantine requirements in general, provides that: “Orders regarding quarantine shall be in writing, include an expiration date, and restrict or compel movement or actions by or regarding persons, animals or premises consistent with the protection of public health and accepted health practices except as otherwise governed by subsection (6).”

Section 381.0012, Florida Statutes, sets forth several methods for enforcement of quarantine orders as provided in section 381.00315(1)(b)4., one of which is relevant to the issuance of warrants. Section 381.0012(4) provides: “The department may appear before any trial court judge empowered to issue warrants in criminal cases and request the issuance of a warrant. The trial court judge shall issue a warrant directed to any sheriff, deputy, or police officer to assist in any way to carry out the purpose and intent of this chapter.” The language of the section suggests that noncompliance with health officials and quarantine orders during times of public health emergency is to be treated like a criminal offense for purposes of the Fourth Amendment, thereby placing the full panoply of warrants, not just administrative warrants and warrantless emergency circumstances, at the disposal of law enforcement directed to monitor compliance with orders

issued by health officials. In fact, section 381.0025(1), Florida Statutes, criminalizes such noncompliance:

Any person who violates any of the provisions of this chapter, any quarantine, or any rule adopted by the department under the provisions of this chapter is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

In addition to the remedies provided in chapter 381, Florida Statutes, final orders of an executive branch agency such as the Department of Health are enforceable under the provisions of section 120.69, Florida Statutes. This statute calls for a petition to be filed in circuit court seeking enforcement by way of declaratory relief, injunctions or other equitable relief, and fines and forfeiture.

## **§ 5.2 Florida Quarantine Law: Precedent**

Fortunately, there has not been a declared public health emergency since Florida began adopting the revised statutes and rules governing such emergencies in the wake of the September 11, 2001, terrorist attacks and ensuing anthrax scare. As a result, there are no Florida cases interpreting the statutes and rules as they regard issuing quarantine orders and obtaining warrants for their enforcement. As such, it appears that general federal and state constitutional law will apply to the issuance of warrants to seize persons (and enter property to effect such seizures) for quarantine purposes in the event of a public health emergency. However, because the issue of warrants for quarantine purposes in public health emergencies has not been specifically addressed by the courts (nor has an individual been quarantined in Florida since 1947 according to the Department of Health), how the Fourth Amendment could apply to such circumstances and how it has applied in analogous circumstances must be considered.

## **§ 5.3 Quarantine Law as Under the Fourth Amendment**

The Fourth Amendment to the United States Constitution provides: “The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated.” “A ‘search’ occurs when an expectation of privacy that society is prepared to consider reasonable is infringed.” *United States v. Jacobsen*, 466 U.S. 109,

113 (1984). “A seizure of the person within the meaning of the [Fourth Amendment] occurs when ‘taking into account all of the circumstances surrounding the encounter, the police conduct would “have communicated to a reasonable person that he was not at liberty to ignore the police presence and go about his business.”’” *Kaupp v. Texas*, 538 U.S. 626, 629 (2003)(quoting *Florida v. Bostick*, 501 U.S. 429 (1991)). The Fourth Amendment applies to the states through the Fourteenth Amendment. *See Mapp v. Ohio*, 367 U.S. 643, 655 (1961).

Under Article I, Section 12 of the Florida Constitution, the right to be free from unreasonable searches and seizures “shall be construed in conformity with the Fourth Amendment to the United States Constitution, as interpreted by the United States Supreme Court.” “However, in the absence of a controlling U.S. Supreme Court decision, Florida courts are still ‘free to provide its citizens with a higher standard of protection from governmental intrusion than that afforded by the Federal Constitution.’” *Soca v. State*, 673 So. 2d 24, 26 (Fla. 1996).

## **§ 5.4 Warrants for Seizing Individuals for Quarantine Purposes**

There are three types of warrants that could be employed for purposes of seizing individuals for quarantine purposes in the event of a public health emergency. Inspection warrants may be used to identify those subject to quarantine and to secure premises. Arrest warrants may be used to seize persons located in public places, vehicles, and private premises. Search warrants may be used to enter private premises to seize persons.

### **§ 5.4(a) Inspection Warrants**

Inspection warrants are addressed by section 933.20, Florida Statutes. Such warrants are directed to public officials to command “an inspection required or authorized by state or local law or rule relating to municipal or county building, fire, safety, environmental, animal control, land use, plumbing, electrical, health, minimum housing, or zoning standards.” Inspection warrants can be issued for a “place, dwelling, structure, or premises” to enforce health laws or regulations, but may not be used to obtain access to “owner-occupied family residences.” § 933.21, Fla. Stat. As such, it appears that inspection warrants cannot be employed to access residences occupied by owners to ascertain whether a subject of quarantine is present, but could

be used to access residences occupied by non-owners or other buildings or lands to check for infected or exposed individuals.

However, for cause to exist to support the issuance of an inspection warrant, the inspection must be routine (which it would not be in the case of an emergency) or there must be a “reason to believe that a condition of nonconformity exists with respect to the particular place, dwelling, structure, or premises which condition would constitute a violation of a state or local law or rule relating to municipal or county building, fire, safety, environmental, animal control, land use, plumbing, electrical, health, minimum housing, or zoning standards.” § 933.22, Fla. Stat. Therefore, in order to employ an inspection warrant for purposes of locating individuals for quarantine, it must be determined that a health law or regulation is being violated as to a particularized location (in other words, inspection warrants are not a basis for sweep searches).

Sections 933.23-933.26, Florida Statutes, set forth the procedural requirements for inspection warrants. Of note, section 933.26 provides some information relevant to executing an inspection warrant in an emergency situation:

An inspection pursuant to a warrant shall not be made by means of forcible entry, except that the judge may expressly authorize a forcible entry when facts are shown which are sufficient to create a reasonable suspicion of a violation of a state or local law or rule relating to municipal or county building, fire, safety, environmental, animal control, land use, plumbing, electrical, health, minimum housing, or zoning standards which, if such violation existed, would be an immediate threat to health or safety or when facts are shown establishing that reasonable attempts to serve a previous warrant have been unsuccessful. When prior consent has been sought and refused, notice that a warrant has been issued shall be given at least 24 hours before the warrant is executed. Immediate execution of a warrant shall be prohibited except when necessary to prevent loss of life or property.

### **§ 5.4(b) Consensual Encounters, Investigatory Stops, and Warrantless Arrests**

Turning to individuals at large in public places and vehicles or located on private premises, there are three levels of encounters between law

enforcement and citizens: consensual encounters, investigatory stops, and arrests. *Popple v. State*, 626 So. 2d 185, 186 (Fla. 1993).

The first level of encounter is a consensual encounter. “During a consensual encounter a citizen may either voluntarily comply with a police officer’s requests or choose to ignore them. Because the citizen is free to leave during a consensual encounter, constitutional safeguards are not invoked.” *Id.* In the event of consensual encounters occurring during a public health emergency, individuals could be examined by law enforcement and seized for quarantine if they voluntarily choose to comply with an officer’s request in this regard (and it is hoped that most individuals will voluntarily comply with the dictates of health officials and law enforcement authorities should there be a public health emergency); however, individuals unwilling to comply would be free to ignore law enforcement, walk away, and force law enforcement to seek other means of examination and seizure for quarantine.

The second level of encounter is an investigatory stop. “At this level, a police officer may reasonably detain a citizen temporarily if the officer has a reasonable suspicion that a person has committed, is committing, or is about to commit, a crime. In order not to violate a citizen’s Fourth Amendment rights, an investigatory stop requires a well-founded articulable suspicion of criminal activity. Mere suspicion is not enough to support a stop.” *Id.*

Section 901.151, Florida Statutes, also known as the Stop and Frisk Law, addresses investigatory stops of individuals, also known as *Terry*<sup>vi</sup> stops. Section 901.151 permits such stops when a law enforcement officer has reasonable suspicion that an individual has committed, is committing, or will commit a violation of a criminal law or ordinance. Although section 901.151, Florida Statutes, does not expressly permit law enforcement to stop an individual for purposes of ascertaining whether he or she is the proper subject of a quarantine order in the event of a public health emergency, law enforcement can likely do so based on the authority of sections 381.0012(4) and 381.0025(1) which treat noncompliance with quarantine orders as a criminal offense (or based on the community caretaking doctrine as discussed below). The officer must have reasonable suspicion that the individual is the subject of a quarantine order, which may be problematic when quarantine orders are few or scattered throughout the state as opposed

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<sup>vi</sup> *Terry v. Ohio*, 392 U.S. 1 (1968).

to blanket orders covering an area the officer is patrolling.

The third level of encounter is an arrest. An arrest “must be supported by probable cause that a crime has been or is being committed.” *Popple*, 626 So. 2d at 186. An arrest can be effectuated without a warrant in the circumstances enumerated in section 901.15, Florida Statutes. These circumstances address the commission of felonies, misdemeanors committed in the presence of law enforcement, and other specified offenses. As such, it appears that arrests based on probable cause in public places are not expressly intended to address the seizure of persons for quarantine purposes but could be used to do so based on the authority of sections 381.0012(4) and 381.0025(1) which treat noncompliance with quarantine orders as a criminal offense (especially if noncompliance with quarantine orders can be deemed a misdemeanor committed in a law enforcement officer’s presence). Again, the officer will need probable cause to believe a particular individual is subject to a quarantine order.

#### **§ 5.4(c) Arrest Warrants**

Arrest warrants are addressed by section 901.02, Florida Statutes, which provides for an arrest warrant to be issued when a trial judge “reasonably believes that the person complained against has committed an offense within the trial court judge’s jurisdiction.” “In order to obtain a warrant for an arrest, a law enforcement officer must present a written affidavit or sworn complaint to the committing magistrate demonstrating probable cause to believe that the accused has violated the criminal law of the State.” *Crain v. State*, 914 So. 2d 1015, 1020 (Fla. 5th DCA 2005). Again, it appears that arrest warrants based on probable cause are also not expressly intended to address the seizure of persons for quarantine purposes but could be used to do so based on the authority of sections 381.0012(4) and 381.0025(1) which treat noncompliance with quarantine orders as a second degree misdemeanor. In seeking an arrest warrant, the officer may have more information at his or her disposal as to whether the individual is already the subject of a quarantine order.

Additionally, warrantless arrests effectuated in private residences to enforce quarantine orders may be possible based on consent or the exigent circumstances exception to the warrant requirement (or the special needs doctrine, both discussed below). *See Payton v. New York*, 445 U.S. 573, 590

(1980) (“In terms that apply equally to seizures of property and to seizures of persons, the Fourth Amendment has drawn a firm line at the entrance to the house. Absent exigent circumstances, that threshold may not reasonably be crossed without a warrant.”). However, the exigent circumstances exception does not permit warrantless arrests in homes for misdemeanor offenses, and as such, may be of limited applicability in enforcing quarantine orders (the violation of which is classified as a misdemeanor by section 381.0025(1)). See *M.J.R. v. State*, 715 So. 2d 1103, 1104 (Fla. 5th DCA 1998) (“[T]here is no authority given to a police officer to enter a suspect’s home to effect a warrantless arrest for a misdemeanor. Stated differently, no exigent circumstance existed to justify the warrantless arrest of appellant in his home.”).

Furthermore, it should be noted that section 901.19(1), Florida Statutes, applies to arrests effectuated in buildings, including private dwellings, and provides:

If a peace officer fails to gain admittance after she or he has announced her or his authority and purpose in order to make an arrest either by a warrant or when authorized to make an arrest for a felony without a warrant, the officer may use all necessary and reasonable force to enter any building or property where the person to be arrested is or is reasonably believed to be.

This provision should facilitate and guide the enforcement of quarantine orders by law enforcement.

Regarding entry onto private premises to seize individuals for quarantine, “[i]t is a ‘basic principle of Fourth Amendment law’ that searches and seizures inside a home without a warrant are presumptively unreasonable.” *Payton v. New York*, 445 U.S. 573, 586 (1980). Additionally, administrative searches, like searches attendant to a criminal investigation, entail “significant intrusions upon the interests protected by the Fourth Amendment” so that “such searches when authorized and conducted without a warrant procedure lack the traditional safeguards which the Fourth Amendment guarantees to the individual.” *Camara v. Municipal Court of the City & County of San Francisco*, 387 U.S. 523, 534 (1967).

#### **§ 5.4(d) Search Warrants**



There are three requirements for the issuance of a valid search warrant: **issuance by a neutral and disinterested** magistrate, **probable cause**, and **particularity in the description** of the items to be seized. *Dalia v. United States*, 441 U.S. 238, 255 (1979). (emphasis added). Search warrants in general are addressed by section 933.02, Florida Statutes, which provides for a search warrant to be issued in delineated circumstances mostly related to criminal investigations. As such, these search warrants do not appear to be intended to expressly encompass enforcement of a quarantine during a public health emergency (especially because violation of a quarantine order, although a misdemeanor, does not seem to be an offense of the type listed as justifying a search warrant). However, one circumstance in which search warrants under section 933.02 can be issued is at least somewhat analogous to those presented when quarantine is necessary to abate a public health emergency. Section 933.02(4)(d) provides for the issuance of a search warrant when property is being held or possessed “[i]n violation of a quarantine for citrus canker pursuant to s. 581.184.”<sup>vii</sup> Section 933.07, Florida Statutes, provides that probable cause is necessary for the issuance of a search warrant in instances of criminality under section 933.07(1) and that a court proceeding is necessary for the issuance of a search warrant in instances of citrus canker quarantine under section 933.07(2).

Search warrants specifically directed at private dwellings are addressed in section 933.18, Florida Statutes, which provides for a search warrant to be issued for the search of a private dwelling in delineated circumstances mostly related to criminality or other offenses not including misdemeanors or public health emergencies. As such, this provision regarding search warrants also does not appear to be expressly applicable to enforcing quarantine orders.

However, although search warrants are typically sought in cases involving criminal offenses, they can be sought for administrative purposes, and the probable cause standard for their issuance still applies, but subject to a slightly different formulation. The United States Supreme Court discussed such administrative searches in *Camara v. Municipal Court of the City & County of San Francisco*, 387 U.S. 523 (1967), and described them as follows:

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<sup>vii</sup> Citrus canker quarantine enforcement may also be accomplished by the use of an agricultural warrant under section 933.40, Florida Statutes.

Unlike the search pursuant to a criminal investigation, the inspection programs at issue here are aimed at securing city-wide compliance with minimum physical standards for private property. The primary governmental interest at stake is to prevent the unintentional development of conditions which are hazardous to public health and safety. Because fires and epidemics may ravage large urban areas, because unsightly conditions adversely affect the economic values of neighboring structures, numerous courts have upheld the police power of municipalities to impose and enforce such minimum standards even upon existing structures. In determining whether a particular inspection is reasonable—and thus in determining whether there is probable cause to issue a warrant for that inspection—the need for the inspection must be weighed in terms of these reasonable goals of code enforcement.

*Id.* at 535. Furthermore, “[s]uch standards, which will vary with the municipal program being enforced, may be based upon the passage of time, the nature of the building (e.g., a multifamily apartment house), or the condition of the entire area, but they will not necessarily depend upon specific knowledge of the condition of the particular dwelling.” *Id.* at 538. As such, public health officials may be able to obtain administrative search warrants (which are treated as at least similar to inspection warrants by most case law in the country) for quarantine purposes in Florida in the event of a public health emergency, even without particularizing affidavits to identifiable individuals who may be infected or exposed, to search an entire neighborhood to seize any individual found within subject to quarantine.

### **§ 5.5 Warrant Exceptions: Exigent Circumstances**

Although warrantless entries into private residences are generally unreasonable, there are five basic exceptions to the warrant requirement: “(1) consent, (2) incident to a lawful arrest, (3) with probable cause to search but with exigent circumstances, (4) in hot pursuit, and (5) stop and frisk.” *Gnann v. State*, 662 So. 2d 406, 408 (Fla. 2d DCA 1995). The stop and frisk exception was discussed above as part of the section on seizures of persons at large. Also, as discussed in that section in regard to consensual encounters, if an individual were to consent to a law enforcement officer entering a home to enforce a quarantine order and seize a person for quarantine purposes, such an entry would be permissible. However, the most relevant exception to the warrant requirement in cases of public health emergency is the exigent circumstances exception.

“The kinds of exigencies or emergencies that may support a warrantless entry include those related to the safety of persons or property, as well as the safety of police. Of course, a key ingredient of the exigency requirement is that police lack time to secure a warrant.” *Rolling v. State*, 695 So. 2d 278, 293 (Fla. 1997). “In other words, where safety is threatened and time is of the essence, we have recognized that ‘the need to protect life and to prevent serious bodily injury provides justification for an otherwise invalid entry.’” *Riggs v. State*, 918 So. 2d 274, 279 (Fla. 2005). In order to employ this exception, law enforcement or other authorities must rebut the presumption that warrantless entries of private premises are unreasonable, by demonstrating that the totality of the circumstances indicates that the need for entry is imperative and that there is insufficient time to secure a warrant. *Id.* at 278-279. Under this exception, it is “[i]mmaterial whether an actual emergency existed in the residence; only the reasonableness of the officer’s belief at the time of the entry is considered on review.” *Seibert v. State*, 923 So. 2d 460, 468 (Fla. 2006).

The United States Supreme Court has only found exigent circumstances to exist in a narrow handful of circumstances: pursuing a fleeing felon, preventing the destruction of evidence, searching incident to a lawful arrest, and fighting fires. *Riggs*, 918 So. 2d at 279. The Florida Supreme Court has found exigent circumstances in at least one additional circumstance which the United States Supreme Court has discussed in dicta, a feared medical emergency. *Id.* The Florida Supreme Court has upheld warrantless entries in several circumstances of medical concern, including to identify a chemical that poisoned several children who were in critical condition, to prevent a feared suicide attempt, and to ascertain the welfare of an individual who failed to attend a class, had a broken window, and let his mail accumulate. *Id.* at 280. The Florida Supreme Court concluded in *Riggs* (which involved medical concern for the caregiver of a small child who was wandering naked around an apartment complex in the middle of the night): “Our decisions therefore confirm that authorities may enter a private dwelling based on a reasonable fear of a medical emergency. In those limited circumstances, the sanctity of human life becomes more important than the sanctity of the home.” *Id.* at 281.

As such, it seems that law enforcement may be able to enter private dwellings to seize individuals for quarantine purposes without a warrant based on the exigent circumstances exception assuming that the

circumstances are reasonably considered to be exigent (even if not so exigent in reality) as judged by the totality of the circumstances, and that the exception can be applied to a wide scale public health emergency rather than an isolated incident of concern (especially where based on the issuance of quarantine orders directed at particular individuals). *Id.* at 279 (“As is often the case under the Fourth Amendment, “[t]he reasonableness of an entry by the police upon private property is measured by the totality of existing circumstances.””).

United States Supreme Court precedent also supports the constitutionality of administrative searches without warrants in circumstances of public health emergency. In *Camara v. Municipal Court of the City & County of San Francisco*, 387 U.S. 523 (1967), the Court noted that the Fourth Amendment did not “foreclose prompt inspections, even without a warrant, that the law has predominantly upheld in emergency situations.” *Id.* at 539. Several examples of such circumstances given by the Court, representing health dangers, support the application of its holding in the event of an influenza pandemic: unwholesome food, compulsory smallpox vaccination, and health quarantine. *Id.*

### **§ 5.6 Warrant Exceptions: Special Needs and Community Caretaker Doctrines**

Although not amongst the classical exceptions to the warrant requirement, there are two other bases on which law enforcement or civil health authorities may be able to justify the entry into a private residence to seize an individual for quarantine purposes, the special needs doctrine and the community caretaking doctrine.

Under the special needs doctrine, a warrantless search unsupported by probable cause may be constitutional ““when special needs, beyond the normal need for law enforcement, make the warrant and probable-cause requirements impracticable.”” *Vernonia Sch. Dist. 47J v. Acton*, 515 U.S. 646, 653 (1995)(citation omitted). The standard for determining when the special needs doctrine applies is “where a Fourth Amendment intrusion serves special governmental needs, beyond the normal need for law enforcement, it is necessary to balance the individual's privacy expectations against the Government's interests to determine whether it is impractical to require a warrant or some level of individualized suspicion in the particular context.” *National Treasury Employees Union v. Von Raab*, 489 U.S. 656,

666 (1989). For example, the government’s need to discover latent or hidden hazardous conditions on private premises “is sufficiently compelling to justify the intrusion on privacy entailed by conducting such searches without any measure of individualized suspicion.” *Id.* at 668. As such, special needs searches could potentially be employed in public health emergencies to discover infected and exposed individuals subject to quarantine orders located on private premises, even without particularized suspicion, assuming that the circumstances render the warrant and probable cause requirements impracticable.

The community caretaking doctrine addresses those law enforcement functions that are “totally divorced from the detection, investigation, or acquisition of evidence relating to the violation of a criminal statute.” *Cady v. Dombrowski*, 413 U.S. 433, 441 (1973).<sup>viii</sup> A caretaking search, such as that of a towed vehicle containing a gun that was vulnerable to theft by vandals, focuses on “concern for the safety of the general public” and is “not unreasonable solely because a warrant [has] not been obtained.” *Id.* at 447. It is feasible that a similar search could be employed to facilitate the seizure of infected and exposed individuals for quarantine without the issuance of a warrant. However, it is questionable whether the community caretaking doctrine could support the search of a private residence, as community caretaking cases typically involve vehicles. *See Riggs v. State*, 918 So. 2d 274, 280 n.1 (Fla. 2005)(noting that the United States Supreme Court’s analysis in *Cady* was limited to vehicles and recognizing the historical constitutional difference between vehicles and private premises). As such, this doctrine may be better employed to seize individuals who are at large in their vehicles (as discussed earlier).

## **§ 5.7 Seizure of Bodily Fluids**

Under the Fourth Amendment, a warrant is generally required for the seizure or search of persons, as discussed above. Seizing bodily fluids is generally governed by the same Fourth Amendment standards, and the default for seizing bodily fluids is that a warrant is required.

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<sup>viii</sup> The Florida Supreme Court noted in *Riggs v. State*, 918 So. 2d 274, 280 n.1 (Fla. 2005), that some courts treat *Cady* as an exigent circumstances exception case rather than a community caretaking doctrine case.

Seizing bodily fluids includes up to three situations protected by the Fourth Amendment: (1) seizure of the person; (2) seizure of the physical sample; and (3) a search (analysis) of the sample. First, in order to take bodily fluids (such as blood samples, urine samples, or throat and nose swabs), some seizure of the person is necessary. Second, once the person is seized, an intrusion must be made: into the skin for blood samples, into the person's privacy by requesting a urine sample, and so on. Finally, analyzing the physical sample is itself considered a search. *Arizona v. Hicks*, 480 U.S. 321, 324-25 (1987).

As in other Fourth Amendment law, there are some circumstances under which a warrant is not required. While it is possible that other warrant exceptions based on exigent circumstances might be triggered in a pandemic,<sup>ix</sup> the most likely exception applicable to the seizure of bodily fluids is the “special needs” doctrine. *See National Treasury Employees Union v. Von Raab*, 489 U.S. 656 (1989) (holding probable cause not required for combating a threat that “rarely generate[s] articulable grounds for searching any particular place or person”). Under the “special needs” doctrine, when special needs beyond the normal need for law enforcement make the requirement of probable cause impracticable, the reasonableness of a search or seizure of bodily fluids will not turn on solely whether a warrant was issued or probable cause existed. *Id.*

Different types of physical samples trigger different levels of Fourth Amendment protection. For example, characteristics exposed to the public, such as voice samples and fingerprints, are not constitutionally protected under the Fourth Amendment. *See U.S. v. Dionisio*, 410 U.S. 1, 14-15 (1973). Other characteristics somewhat exposed are still protected, such as fingernail samples. *See Cupp v. Murphy*, 412 U.S. 291 (1973) (a man who voluntarily came to the police department after the strangulation death of his wife was subjected to a “severe, though brief intrusion” when the police took fingernail scraping samples from him against his wishes). Finally, some characteristics are clearly protected, such as urine samples and blood samples. *See National Treasury Employees Union v. Von Raab*, 489 U.S. 656 (1989) (urine samples of customs officials protected); *but see Love v.*

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<sup>ix</sup> *See Schmerber v. California*, 384 U.S. 757 (1966) (holding exigent circumstances existed because, in a drunk driving case, the blood alcohol level evidence was diminishing with time, and thus obtaining a warrant was unreasonable); *cf. Cupp v. Murphy*, 412 U.S. 291 (1973) (holding fingernail samples were constitutionally taken when a man was trying to destroy physical evidence under his fingernails after coming voluntarily to police following the strangulation death of his wife).

*Superior Court*, 226 Cal. App. 3d 736 (Cal. App. 1st Dist. 1990) (discussing that blood tests are minimally intrusive and have become routine). However, despite any level of protection the characteristics may have, chemical analysis to obtain physiological data from the samples invokes privacy interests. *Arizona v. Hicks*, 480 U.S. 321, 324-25 (1987).

The “special needs” doctrine seems particularly applicable to use in a pandemic. For example, in *National Treasury Employees Union v. Von Raab*, 489 U.S. 656 (1989), the government sought to detect drug use among customs agents by requiring blood and urine samples from employees in certain jobs. The Supreme Court held that no warrant was required because the hazards the blood and urine sample policy was avoiding were of the type that “rarely generate articulable grounds for searching any particular place or person.” The prevention of these “latent or hidden conditions” justified the intrusion of a search without individualized suspicion so long as the prevention mechanism was a sufficiently “productive mechanism to justify [its] intrusion upon Fourth Amendment interests.” *Id.* In *Skinner v. Railway Labor Executives’ Association*, 489 U.S. 602 (1989), the Court considered similar regulations for the Federal Railroad Administration that, among other things, required blood and urine tests of employees involved in train accidents. The Court noted that a warrant requirement would largely prove unhelpful, as the standardized method of testing and minimal discretion vested in those administering the test program left “virtually no facts for a neutral magistrate to evaluate” in contemplating issuing a warrant. Pandemics present similar characteristics: “latent and hidden” symptoms are not always present when an individual is contagious, and standardized physical sample protocols could leave “virtually no facts for a neutral magistrate to evaluate.”

However, the “special needs” doctrine is premised on the existence of special needs beyond the normal need for law enforcement. Thus, if physical samples are taken in a situation in which the “special need” behind the program was intimately tied to the state’s interest in law enforcement, the “special needs” doctrine will likely not apply. *See Ferguson v. City of Charleston*, 532 U.S. 67 (2001) (holding a hospital’s warrantless testing for cocaine use during pregnancy unconstitutional because the hospital was working too closely with local law enforcement). All cooperation in which health officials report information to law enforcement is not unconstitutional, however. *Id.* (stating that mandatory reporting by health professionals of information gathered in the regular course of treatment does

not violate the Fourth Amendment if the health professional did not set out specifically to collect such evidence for law enforcement purposes).

Florida's Department of Health is currently equipped to use the special needs doctrine, or other applicable exigent circumstances as described above, under section 381.00315(1), Florida Statutes. This section governs a state health officer ordering testing, vaccinating, or treating diseases during a "public health emergency" as defined by section 381.00315(1)(b):

"Public health emergency" means any occurrence, or threat thereof, whether natural or manmade, which results in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters.

During such an emergency, section 381.00315(1)(b)4 allows the state health officer, pursuant to subsections (1)(b)4. to:

[o]rder an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.

Additionally, such orders by the state health officer are immediately enforceable by a law enforcement officer under section 381.0012, which empowers the department to, among other things, seek warrants. Thus, if the state health officer were to use these capabilities in a manner unrelated to the state's traditional interest in law enforcement, under the special needs doctrine the state health officer probably would not need a warrant to obtain samples in "[o]rdering an individual to be examined [or] tested[.]" § 381.0035, Fla. Stat.<sup>x</sup> However, regarding tuberculosis, section 392.55(3), Florida Statutes, states that a warrant is required to seize individuals with an active case of the disease and the requirements for such warrants are as follows:

(a) A hearing has been held with respect to which the person has received at least 72 hours prior written notification and has received a list of the proposed actions to be taken and the reasons for such

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<sup>x</sup> See also Fla. Admin. Code R. 64D-3.038.



action. However, with the consent of the person or the person's counsel, a hearing may be held within less than 72 hours.

(b) The person has the right to attend the hearing, cross-examine witnesses, and to present evidence. After review and consultation by the court, counsel for the person may waive the client's presence or allow the person to appear by television monitor where available.

(c) The court advises the person of the right to have legal counsel present. If the person is insolvent and unable to employ counsel, the court shall appoint legal counsel to the person pursuant to the indulgence criteria in s. 25.72. § 392.55(4)(a)-(c), Fla. Stat.

A physician may, however, pursuant to section 392.565, Florida Statutes, involuntarily hold an individual with active tuberculosis upon filing with the state health officer a certificate stating "that the person appears to meet the criteria for involuntary examination or treatment and stating the observation upon which the conclusion is based." This statute also requires that there be "reason to believe that the person is not likely to appear in a hearing scheduled under s. 395.55 or s. 392.56." Florida provides that for an emergency hold of a person with active tuberculosis, that the department of health may petition a circuit court and make various evidentiary showings as to the person's threat to the public if not held. *Cf. Washington v. Glucksberg*, 521 U.S. 702, 720 (1997) (suggesting that competent individuals have a constitutional right to refuse any medical treatment, even life-saving or life-sustaining treatment, citing *Cruzan by Cruzan v. Director, Missouri Dept. of Health*, 497 U.S. 261, 277 (1990), "the common-law doctrine of informed consent is viewed as generally encompassing the right of a competent individual to refuse medical treatment").

## **§ 5.8 Summary**

In summary, law enforcement and public health authorities may have several methods at their disposal for effectuating searches and seizures for purposes of quarantining infected and exposed individuals during a declared public health emergency, such as the potential influenza pandemic. The methods of enforcing a quarantine during a public health emergency may include: inspection warrants, consensual searches of persons at large and private premises, investigatory stops, arrests and arrest warrants, administrative search warrants for private premises, searches of private premises under the exigent circumstances exception to the warrant requirement, searches of private residences subject to the special needs doctrine, searches of private

residences and persons at large under the community caretaking doctrine, and others which may be developed under federal and state constitutional law if legal regimes addressing public health emergencies become tested.

## **B. MANDATORY VACCINATIONS**

### **§ 5.9 The Legality of Mandatory Vaccinations**

It is within the police power of the state to require mandatory vaccinations. *See Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11, 25 S.Ct. 358, 49 L.Ed. 643 (1905); *see also Zucht v. King*, 260 U.S. 174, 43 S.Ct. 24, 67 L.Ed. 194 (1922) (citing *Jacobson* for the same); *e.g.*, *State Dept. of Agriculture and Consumer Services Division of Animal Industry v. Denmark*, 366 So. 2d 469 (Fla. 4th DCA 1979) (stating it is within the police power of the state to prevent the spread of communicable diseases in animals). The legislature may empower a state board of health to specify the method of vaccination, and so long as the board exercises this power in a reasonable manner and does not prescribe an arbitrary method for vaccination, the method specified will likely be upheld. *Moore v. Draper*, 57 So. 2d 648 (Fla. 1952) (“[T]he courts will not interfere with the [preservation of public health under a state’s police power] except where the regulations adopted for the protection of the public health are arbitrary, oppressive and unreasonable. The court has nothing to do with the wisdom or expediency of the measures adopted.”) (internal citation omitted); *e.g.*, *Allen v. Ingalls*, 182 Ark. 991, 33 S.W.2d 1099 (1930) (same, citing and discussing additional cases).

The state cannot force any individual to receive a vaccination if it would be unsafe for that individual. *See Jacobson*, 197 U.S. 11. Statutes may or may not provide for an exemption based on religious or conscientious objection to mandatory vaccination and, in the event they do, the statute must not discriminate between members of organized churches and religious groups or individuals that are not so organized. *E.g.*, *Dalli v. Board of Ed.*, 358 Mass. 753, 267 N.E.2d 219 (1971) (addressing an exception to vaccination for objectors who subscribed to the beliefs of “a recognized church or religious denomination” and thus gave preferential treatment to recognized religions).

Florida has enacted a provision to address prevention of communicable diseases such as by vaccination programs. § 381.003(1), Fla. Stat. Under

such programs, vaccines could be used to treat individuals during a pandemic. As with all mandatory vaccination schemes, an exception for health is required in such a program even though none is specifically codified in section 381.003. *See Jacobson*, 197 U.S. 11. However, section 381.003, Florida Statutes, is not likely to be the source of any vaccination or treatment program in a pandemic because a pandemic would likely qualify as a public health emergency under section 381.00315, Florida Statutes.

During a public health emergency, section 381.00315(1)(b)4., Florida Statutes, permits the state health officer to order examination, testing, treatment, or vaccination of individuals. If individuals so ordered do not comply, “for reasons of health, religion, or conscience,” the state health officer may also order quarantine. If examination, testing, vaccination, or treatment is ordered, it must be performed by a “qualified person authorized by the state health officer.” § 381.00315(1)(b)4., Fla. Stat. Pursuant to section 381.00315(1)(b)4.b., any individual who “poses a danger to the public health” that cannot be quarantined by any “practical method” may be vaccinated or treated by the state health officer “us[ing] any means necessary.” Despite the extremely liberal language of this subsection, the state health officer should presumably be bound to some standard of reasonableness. Finally, any order given by the state health officer “to effectuate [section 381.00315(1)(b)4.] shall be immediately enforceable by a law enforcement officer...” *Id.*

In summary, Florida presently has the necessary statutes to effectuate a mandatory vaccination program during a public health emergency. In the event a pandemic does not qualify as a public health emergency –although it likely would–, or in the event the state seeks an alternative statutory basis for vaccinations, section 381.003(1) provides some such basis.

For additional discussion of mandatory vaccination and related cases and statutes, see:

- *Corpus Juris Secundum*, § 36 (discussing vaccinations)
- 94 A.L.R. 5th 613 (discussing parental religious objections to child vaccination)
- Fla. Jur. 2d § 21 (discussing communicable diseases)
- Section 381.005(2), Florida Statutes (requiring hospitals to implement an influenza immunization program during specific times of year)

- The National Childhood Vaccine Injury [Compensation] Act, 42 U.S.C.A. § 300aa-1;
- George J. Annas, *Puppy Love: Bioterrorism, Civil Rights, and Public Health*, 55 Fla. L. Rev. 1171 (2003) (discussing Florida’s public emergency statutes);
- *Moore v. Draper*, 57 So. 2d 648, 650 (Fla. 1952) (stating that “religious freedom cannot be used as a cloak ... to spread [a communicable] disease” in the context of a quarantine); and
- *Varholly v. Sweat*, 15 So. 2d 267 (Fla. 1943) (discussing public health regulations in Florida in the context of quarantine)

## C. ENFORCEMENT OF CURFEW ORDERS

### § 5.10 General Powers of Curfew

The governor has the authority to declare a state of emergency and to impose a curfew pursuant to chapter 252, Florida Statutes; the governor and the Division of Emergency Management have the authority to carry out and delegate authority to direct and control the declared emergency to protect the health and safety of the people of Florida. See § 381.003, Fla. Stat.; *Smith v. Avino*, 91 F.3d 105 (11th Cir. 1996), *abrogated on other grounds by Steel Co. v. Citizens for a Better Environment*, 523 U.S. 83 (1998); see also *Aptheker v. Secretary of State*, 378 U.S. 500 (1964). See generally David G. Tucker and Alfred O. Bragg, III, *Florida’s Law of Storms: Emergency Management, Local Government, and the Police Power*, 30 Stetson L. Rev. 837 (Winter 2001).

The Department of Health or the state health officer has the authority to impose a curfew if it is viewed, respectively, as a method of quarantine, or as a permissible action pursuant to the state health officer’s public health emergency actions. See §§ 381.011(6)(a)7., 381.011(6)(b), and 381.00315 (1)(b), Fla. Stat.

Section 870.043, Florida Statutes, expressly addresses the authority of a sheriff or a designated city official to declare a state of emergency when there is a substantial defiance of and resistance to a lawful exercise of public authority and the authorities believe that there is a clear and present danger of a general public disorder, widespread disobedience of the law, and substantial injury to persons, which constitute an imminent threat to public peace or order and to the general welfare of the jurisdiction. Section

870.045, Florida Statutes, permits the designated authorities to establish curfews pursuant to the declaration of a state of emergency.

### **§ 5.11 In Whom the Power Is Invested**

Section 252.36, Florida Statutes, empowers the governor to declare an emergency and to issue, amend, and rescind executive orders, proclamations, and rules that have the force and effect of law. In addition to other actions, the governor may control the ingress and egress to and from an emergency area as well as movement of persons within an emergency area. § 252.36(5)(g), Fla. Stat. The governor may also take measures concerning the conduct of civilians and the movement and cessation of movement of pedestrians and vehicles. § 252.36(5)(k), Fla. Stat. This authority may be delegated to local city and county officials.

The Department of Health has the authority to declare, enforce, modify, and abolish quarantine of persons and premises in order to control the spread of communicable diseases. § 381.011(6), Fla. Stat. This authority includes the power to restrict the movement of people. § 381.011(6)(a)2, Fla. Stat. The state health officer has the power to issue a public health advisory and to declare a public health emergency after, to the extent possible, consulting with the governor and notifying the chief of domestic security initiatives. § 381.00315(1)(b), Fla. Stat.

Section 870.041, Florida Statutes, authorizes local officials to declare an emergency in the event of overt acts of violence or the imminent threat of violence within a county or municipality and the governor has not declared a state of emergency. *See* § 870.042, Fla. Stat. (designating authorities permitted to declare an emergency and to exercise emergency powers).

### **§ 5.12 Implementation**

Section 252.36, Florida Statutes, empowers the governor to declare an emergency and to issue, amend, and rescind executive orders, proclamations, and rules that have the force and effect of law. Section 252.46, Florida Statutes, authorizes and empowers entities designated by the governor or in the state comprehensive emergency management plan to make, amend, and rescind orders and rules necessary for emergency management purposes. It also provides that such orders and rules have the full force and effect of law after adoption. All inconsistent existing laws and rules are suspended to the

extent they conflict with the emergency rules and orders. § 252.46(2), Fla. Stat.

The Department of Health shall adopt rules specifying the conditions and proceedings for imposing quarantine. § 381.011(6)(a)(1), Fla. Stat. During a public health emergency, the state health officer may take necessary actions to protect the public health by issuing Declarations of Public Health Emergency. § 381.00315, Fla. Stat. Section 120.54, Florida Statutes, authorizes state agencies to adopt emergency rules bypassing the regular process. Sections 870.044-.047, Florida Statutes, provide for the permissible emergency measures, declaration of emergency and duration and termination of the emergency. Section 870.046, Florida Statutes, provides for publishing emergency measures by news media publication, posting, and loudspeakers.

### **§ 5.13 Court Proceedings-Courts of Jurisdiction**

The circuit court in an affected area has jurisdiction to issue injunctions to enforce emergency rules and orders. § 381.00126(2), Fla. Stat. Any trial court judge so empowered may issue warrants in criminal cases in the appropriate circuit. § 381.0012(4), Fla. Stat. The circuit court also reviews emergency declarations and rules without the necessity of exhausting administrative remedies. § 20.54(4)(a)(3), Fla. Stat.

During an emergency involving protection of life or an exercise of the police powers, summary proceedings do not violate due process guarantees as long as the parties have the opportunity to be heard. *See Larson v. Warren*, 132 So. 2d 177 (Fla. 1961); *E.I. DuPont De Nemours & Co. v. Lambert*, 654 So. 2d 226 (Fla. 2d DCA 1995). The scope of review in any challenge to the emergency curfew's constitutionality "is limited to a determination whether the [executive's] actions were taken in good faith and whether there is some factual basis for the decision that the restrictions . . . imposed were necessary to maintain order." *Smith v. Avino*, 91 F.3d 105, 109 (11th Cir. 1996).

### **§ 5.14 Enforcement**

Section 252.47, Florida Statutes, provides that law enforcement authorities of the state and political subdivisions shall enforce the orders and rules issued pursuant to sections 252.31-252.90, Florida Statutes. Section 381.0012(1), Florida Statutes, provides that the Department of Health may

commence, maintain, and defend any action to enforce or involving the department's powers and duties.

Section 381.0012, Florida Statutes, provides that the department may seek injunctions to restrain violation of the chapter requirements, issuance of warrants directed to any sheriff, deputy, or police officer to assist in carrying out the purpose and intent of chapter 381, and request assistance from appropriate state and county officials in enforcing the laws and rules adopted under chapter 381. Section 381.0012(5) mandates that designated and other appropriate city and county officials assist the department in enforcing the health laws and rules under chapter 381.

Section 381.00315(1)(b)4.b., Florida Statutes, provides that any order of the state health officer effectuating actions taken pursuant to a public health emergency shall be enforceable by a law enforcement officer under section 381.0012, Florida Statutes. Section 870.04, Florida Statutes, lists the persons or entities entitled to disperse persons who are illegally assembled. Section 870.042, Florida Statutes, designates the local authorities empowered to exercise emergency powers.

### **§ 5.15 Penalties for Violation of Curfew Orders**

Section 252.50, Florida Statutes, provides that any person in violation of the emergency rules and orders is guilty of a second degree misdemeanor punishable as provided in section 775.082 or section 775.083, Florida Statutes.

Section 381.0025(1), Florida Statutes, provides that a person who violates a quarantine order is guilty of a second degree misdemeanor punishable as stated in section 775.082 or section 775.083, Florida Statutes. Section 381.0025(2), Florida Statutes, states that a person who hinders or opposes a department employee in the discharge of his or her duties is guilty of a second degree misdemeanor punishable as stated in section 775.082 or section 775.083.

Section 870.048, Florida Statutes, provides that any violation of sections 870.041-.047 or of any emergency measure is a misdemeanor of the first degree, punishable as stated in section 775.082 or section 775.083, Florida Statutes.

**CHAPTER 6****RECORDS OF TRIAL COURT PROCEEDINGS AND REVIEW OF TRIAL COURT ORDERS AND JUDGMENTS DURING A PANDEMIC HEALTH EMERGENCY**

- § 6.1 Introduction
- § 6.2 Appeal of Trial Court Order to District Court of Appeal: Notification
- § 6.3 Appeal of Trial Court Order to District Court of Appeal: Conveying of the Record
- § 6.4 Appeal of Trial Court Order to District Court of Appeal: Issuance of Opinions and Orders

**§ 6.1 Introduction**

Judges are accustomed to conducting the court's business at the courthouse. Following hurricanes, some courts have had to relocate to different facilities to operate properly, with the understanding that as soon as the court is repaired, the court will return to its home. In a public health emergency like a pandemic influenza outbreak, the courthouse structure will not be affected, but there may be no safe way to conduct proceedings there. If public health officials determine that it is unwise or unsafe to allow people to congregate at the courthouse, or if a substantial number of the court's staff are ill, the court may not be able to conduct its business at the courthouse. It is essential that every circuit have a detailed plan that explains how the court will function if access to the courthouse is restricted. In addition to the operational issues that have to be confronted, the courts will also have to be prepared to receive pleadings, compile records, appoint counsel, conduct hearings, enter final orders, and convey documents to the appellate court without physical access to the courthouse. The appellate courts are addressing some of the issues that directly affect appellate review, and will be providing guidance to the circuits within their jurisdiction. Trial courts must create a process for handling not only their trial court's litigation, but for conveying the matter to the appellate court, and should test that process thoroughly to identify weak points. These are not easy issues, and few of them have documented solutions. Most importantly, judges and court staff must thoughtfully discuss all options and at least develop workable plans for conducting court business away from the courthouse. With these difficulties in mind, judges should do whatever is necessary to protect citizen access to the courts, even if the manner of doing so is unorthodox.



**§ 6.2 Appeal of Trial Court Order to District Court of Appeal:  
Notification<sup>xi</sup>**

An emergency notification of appeal method must be established. To ensure uniformity, this matter could be addressed by emergency rule or administrative order of the district court of appeal or the Florida Supreme Court. Possible methods may include e-mail, facsimile, regular mail, overnight mail, courier, or internet.

**§ 6.3 Appeal of Trial Court Order to District Court of Appeal:  
Conveying of the Record**

An emergency method of transmittal of the record to the district court of appeal must be established. To ensure uniformity, this matter could be addressed by emergency rule or administrative order of the district court of appeal or the Florida Supreme Court. Possible methods may include e-mail, facsimile, regular mail, overnight mail, courier, or internet. Difficulties with using electronic delivery could include the exhibits and physical evidence in the record. Exhibits and physical evidence could be conveyed photographically via e-mail or internet or by videoconference display. Parties can also stipulate to the record. Rule 9.200(a)(4), Florida Rules of Appellate Procedure, provides:

The parties may prepare a stipulated statement showing how the issues to be presented arose and were decided in the lower tribunal, attaching a copy of the order to be reviewed and as much of the record in the lower tribunal as is necessary to a determination of the issues to be presented. The parties shall advise the clerk of their intention to rely on a stipulated statement in lieu of the record as early in advance of filing as possible. The stipulated statement shall be filed by all parties and transmitted to the court by the clerk of the lower tribunal within the time prescribed for transmittal of the record.

In the event that no report of the proceedings was made or the transcript is unavailable, rule 9.200(b)(4), Florida Rules of Appellate Procedure, provides:

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<sup>xi</sup> In an emergency such as a pandemic influenza, appellate procedures will likely be modified to permit different types of court access and records.

If no report of the proceedings was made, or if the transcript is unavailable, the appellant may prepare a statement of the evidence or proceedings from the best available means, including the appellant's recollection. The statement shall be served on the appellee, who may serve objections or proposed amendments to it within 10 days of service. Thereafter, the statement and any objections or proposed amendments should be submitted to the lower tribunal for settlement and approval. As settled and approved, the statement shall be included by the clerk of the lower tribunal in the record.

#### **§ 6.4 Appeal of Trial Court Order to District Court of Appeal: Issuance of Opinions and Orders**

Emergency method(s) of issuance of orders and opinions must be established. To ensure uniformity, this matter could be addressed by emergency rule or administrative order of the district court of appeal or the Florida Supreme Court. Orders and opinions could be conveyed via e-mail, facsimile, regular mail, overnight mail, courier, or internet.

**CHAPTER 7****MAINTAINING DESIGNATED ESSENTIAL COURT FUNCTIONS DURING THE EMERGENCY**

- § 7.1 Possibility of Emergency Rules from the Florida Supreme Court
- § 7.2 Emergency Orders from the Florida Supreme Court
- § 7.3 Maintaining Designated Essential Court Functions

**§ 7.1 Possibility of Emergency Rules from the Florida Supreme Court**

It seems reasonable to expect that the Florida Supreme Court would issue emergency rules in response to a public health emergency such as pandemic influenza. *See Fla. R. Jud. Admin. 2.140(d)*. Almost all aspects of typical court proceedings would likely be affected by the destructive impact of a pandemic flu on the public and daily life functions and activities. Some subjects of emergency rules could include:

1. Computation of time
2. The form of pleadings and motions
3. Service and filing of court documents
4. Continuances
5. Recording of proceedings
6. Confrontation rights
7. Open sessions of court
8. Form of the court record
9. Use of communication equipment
10. Oath (notary public or other person authorized to administer oaths must be present to witness)
11. Expedited review procedures
12. Composition and transmittal of records of the lower tribunal
13. Issuance of orders and opinions

## § 7.2 Emergency Orders from the Florida Supreme Court

It seems reasonable to expect that the Florida Supreme Court would likely issue emergency orders in response to a public health emergency such as pandemic influenza. The chief justice has “the power, upon request of the chief judge of any circuit or district, or sua sponte, in the event of natural disaster, civil disobedience, or other emergency situation requiring the closure of courts or other circumstances inhibiting the ability of litigants to comply with deadlines imposed by rules of procedure applicable in the courts of this state, to enter such order or orders as may be appropriate to suspend, toll, or otherwise grant relief from time deadlines imposed by otherwise applicable statutes and rules of procedure for such period as may be appropriate, including, without limitation, those affecting speedy trial procedures in criminal and juvenile proceedings, all civil process and proceedings, and all appellate time limitations.” (Rule 2.205(2)(iv), Florida Rules of Judicial Administration).

## § 7.3 Maintaining Designated Essential Court Functions

The *Florida State Courts Strategy for Pandemic Influenza* provides that the “short-term and long-term tactical objectives are augmentations of existing [circuit/local] continuity of operations plans. These augmentations are designed to address the unique situation brought about by an influenza pandemic and may or may not apply to other emergency situations.” Relevant excerpts from the plan follow.

### **Short-Term Tactical Objective (Up to 90 Days)**

In the first 90 days of the continuity of operations plan activation due to the outset of an influenza pandemic, the tactical objectives are to:

1. Have the capacity to perform all mission essential functions, as should be currently defined in each court’s continuity of operations plan; and
2. Have the capacity to address all emergency matters and cases generated due to issues associated with the quarantine and isolation of individuals and other public health related cases brought by public health officials. These short-term objectives may need to be performed under a situation where no, or only limited, face-to-face contact is possible and with significant impact to judges, attorneys, parties, clerks and deputy clerks, sheriffs and deputy sheriffs, court

administrators and staff, state and local public health officials, jurors, etc., due to illness or death.

While traditionally continuity of operations plans allow for 30 days under which mission essential functions are performed, the limitation on face-to-face contact may require an addition[al] 60 days under which operations are limited to only mission essential functions.

Transition to full operations should be initiated as soon as possible. If full operations cannot be initiated within 90 days, efforts to achieve the long-term tactical objectives described below should be initiated within 90 days of continuity of operations plan activation.

***Long-Term Tactical Objective (90 Days and Longer)***

Within 90 days of continuity of operations plan activation, the tactical objective is to have the capacity to perform all criminal matters, including the capacity to conduct jury trials, have the capacity to address all emergency civil matters, and have the capacity to perform all other mission essential functions under a situation where no, or only limited, face-to-face contact is possible and with significant impact to judges, attorneys, parties, clerks and deputy clerks, sheriffs and deputy sheriffs, court administrators and staff, state and local public health officials, jurors, etc., due to illness or death.

***Planning Assumptions for the Florida State Courts:***

The following planning assumptions should be considered when developing court emergency preparedness plans to achieve the tactical objectives listed above:

- An increase in cases with individuals seeking relief and other matters may occur;
- Court operations may be detrimentally impacted by the pandemic for up to 18 months;
- Response and recovery will be bottom-up with local court officials being primarily responsible for the response and recovery efforts in

- their area with only limited support from federal and state government officials;
- At a minimum, each court should ensure they have the capacity to perform their mission essential function, as defined in their continuity of operations plan, and all emergency matters and cases generated due to issues associated with the quarantine and isolation of individuals and other public health related cases brought by public health officials for the first 90 days of continuity of operations plan activation;
  - If due to the nature of the pandemic, full operations cannot be restored within 90 days of continuity of operations plan activation, each court should ensure they have the capacity to:
    - Perform all criminal matters, including the capacity to conduct jury trials within 90 days of continuity of operations plan activation;
    - Address all emergency civil matters within 90 days of continuity of operations plan activation; and
    - Perform all other mission essential functions within 90 days of continuity of operations plan activation;
  - Of the judges, attorneys, parties, clerks and deputy clerks, sheriffs and deputy sheriffs, court administrators and staff, state and local public health officials, jurors, etc., necessary to perform the mission essential functions, one third will not be available due to illness or death;
  - Face-to-face contact between judges, attorneys, parties, clerks and deputy clerks, sheriffs and deputy sheriffs, court administrators and staff, state and local public health officials, jurors, etc., necessary to perform mission essential functions may be dramatically limited or unavailable; and
  - The court facilities, court infrastructure, public utilities and services, and most, if not all, residences will be physically intact during the response and recover from the pandemic but services may be limited due to isolation, quarantine, illness, or death within the impacted communities.

## CHAPTER 8

### ISOLATION AND QUARANTINE DURING A PANDEMIC INFLUENZA: STRATEGIES, SOLUTIONS, TIPS

- § 8.1 Strategies for Practical Problems Arising from a Pandemic Influenza
- § 8.2 “The Day SARS Came to Town: The Court’s Role in Preventing Epidemics,” Judge Ian B. Cowan (Summary)
- § 8.3 “Quarantine and Isolation: Lessons Learned from SARS: A Report to the CDC” (Institute for Bioethics, Health Policy and Law, University of Louisville School of Medicine, Nov. 2003) (Summary)

#### § 8.1 Strategies for Practical Problems Arising from a Pandemic

In a pandemic, the first line of defense of every entity—the judiciary included—will be isolation and sanitation. Thus, every court should have in place detailed procedures that minimize the level of physical contact between individuals, both court personnel and visitors to the courthouse. Informal procedures could include increased hand-washing immediately prior to handling documents, the wearing of protective garments such as latex gloves, and general sanitary precautions such as not touching one’s face without thorough hand-washing first. Formal procedures could include an increased reliance on computer versions of files, a preference for electronically filed (by computer or by fax) documents, the issuing of sanitary garments such as N-95 respirators (surgical face masks), and the regular sanitization of surfaces that multiple individuals come in contact with (such as counsel tables and podiums, jury boxes, courthouse doors, and so on). At its core, a pandemic depends on basic methods of transmission, and by minimizing the risk of these various transmissions, judicial personnel will have a viable first line of defense against illness.

Beyond this initial, general defense, however, it is clear that specific problems will arise that merit additional, more dramatic alterations of judicial functions. This section addresses these problems.

#### *General Tools for Before or During a Pandemic*

Because state, federal, and international health entities are concerned about the potential of a pandemic, courts should begin taking actions now. Some actions are likely already underway such as continuation of operation plans.

However, additional steps may both improve the well being of judicial branch employees during a pandemic and decrease stress that already exists because of the threat of a pandemic. The following are a few recommendations judicial administrators should consider:

- Before or during a pandemic, hold employee educational seminars on pandemics and health habits. At such seminars, discuss ways to avoid contracting an illness such as influenza, including a review of simple preventative measures. For example, encourage employees to exercise regularly, to get plenty of rest, to cover coughs and sneezes, and most importantly, to regularly wash hands for 15 seconds or more and to avoid touching the eyes, ears, nose, or mouth. Practicing and encouraging these health habits now, before a pandemic, will increase the chances that employees will engage in them during a pandemic.
- If a pandemic arrives, strongly encourage employees of sick relatives and sick family members to stay home. Even if an individual is not yet sick, he or she may be carrying the illness on his or her clothes. Employees who are sick should also be strongly encouraged, if not required, to stay home.
- Encourage employees to stay informed. In addition to providing any of the above information or seminars, make sure employees have links to additional information such as those provided in the introductory chapters of this guide.
- Encourage employees to prepare at home for a pandemic. There are several things that every person can do now, before a pandemic, to decrease the chances of contracting an illness during a pandemic. One such way is to stock up on basic food and medical supplies so that leaving the home during a pandemic is not as necessary. Several state and federal websites now provide checklists for individual planning, and employees should be strongly encouraged to obtain and follow these lists (see Chapter 1 for some such links).
- Before or during a pandemic, engage in enhanced facility maintenance. For example, by using a damp cleaning supply for dusting (instead of dusting with a dry duster or dry towel), the chances of aerosolized germs spreading is decreased. Additionally, by



engaging in (or encouraging employees to engage in) frequent cleaning of doorknobs, telephones, railings and other public surfaces, the chance of contagion is reduced. However, if a person engages in any of these practices, it is important that the person doing the cleaning wear protective clothing such as disposable gloves and, if desired, an N-95 respirator mouth and nose mask (which are available commercially to the public as well).

- During a pandemic, courts might even wish to consider delegating an individual or individuals whose sole task is continuously cleaning the court facilities' most public surfaces.
- Finally, before a pandemic arrives, courts should review existing insurance and health policies as well as illness and other human resource policies that are likely to be important during a pandemic. By preparing a quick factsheet on these policies and how they interact with a pandemic, once a pandemic arrives the court may rapidly disseminate information to concerned employees.

### ***Last Lines of Defense***

Hopefully, in any pandemic, the illness of the general public and particularly of key judicial officials will be minimal. However, should such key officials become sick, the myriad tasks of the courts may become difficult to perform. If technological innovations fail for whatever reason (such as lack of internet availability, out-of-service phone lines due to illness of information technology personnel, etc.), courts will have to turn to more rudimentary, though still complex, options. This section discusses some such options.

These options are not presented as recommended, first line of defense approaches to a pandemic. Instead, they are presented as options courts may turn to when other plans for prevention have failed or, in drafting a plan, when other options seem flawed. Many of these options, though available as fallback programs, require action to be taken both prior to and during the early stages of a pandemic. Thus, court personnel should consider these approaches in advance and not reserve this section as a “flip to in case of emergency” option.

### ***Reduction to Essential Functions***

Less a fallback procedure than a likely mandate, in a pandemic, courts should be prepared to scale back their operation to essential functions. For example, while some civil actions may potentially be of the sort that can be postponed and tolled, petitions for habeas relief from those quarantined cannot be ignored for obvious time-related reasons. Still, many actions may be postponed such that courts reduce the extent of contact their personnel has with other individuals. By reducing to essential functions, courts both minimize the risk of contagion and also reduce the likelihood of judicial absenteeism.

The great difficulty, however, will be determining which functions truly are essential and which tasks, though not essential, can still be performed despite a focus on essential functions. In the event of a pandemic, courts should look to the Florida Supreme Court and any emergency rules the Court enacts for guidance in determining which functions are essential and which non-essential functions could still be discharged.

### ***Judicial Islands***

In the SARS outbreak of recent years and prior pandemics in the United States, pockets of individuals managed to completely avoid infection. For instance, there have been reports of a small island military base entirely avoiding illness during a prior pandemic. This same isolationist philosophy could serve a court well, if it could create a sufficiently isolated environment. If isolated from general society, judicial personnel could carry out their essential functions with less risk of infection.

In attempting to rely on judicial islands, however, courts face several difficulties. First, it will be difficult to achieve true isolation as court personnel will wish to return to their families after work, thereby defeating any strict isolation. It seems unlikely that courts would simply begin to house every judicial staff member's family for the duration of a pandemic (potentially over a year). And even if courts did house personnel and their families, infection might still enter through the delivery of essential supplies. Second, the various methods of spread of a pandemic illness may make isolation difficult to achieve; if a virus were airborne, for instance, courts would need an isolated air supply as well. Third, protocols for isolation would need to be created immediately such that they could be implemented completely at the first sign of a pandemic. Otherwise, judicial personnel might get sick and contaminate the island of isolation. Finally, the best

isolation situation is unlikely to be available: courts are unlikely to have access to the technology necessary to truly achieve isolation, such as (among other things) an airtight courtroom with internal air filtration and partitions separating individual parties from others.

If isolation could truly be achieved in such a manner that court personnel had no physical or shared-air contact with the outside world, it would offer the greatest protection against a pandemic. And certainly, a less foolproof implementation of isolation procedures would offer some added measure of protection to courts; wearing a surgical N-95 mask is a type of “isolation” in that it restricts the flow of contaminated air to the wearer, and it would certainly be helpful. In sum, courts wishing to pursue judicial isolation should make plans immediately and carefully consider any weaknesses in their isolationist methods. Judicial islands offer the best and only potentially foolproof protection, though their implementation would be difficult at best.

### ***Riding the Circuit***

In the event individual courts are unable to handle the needs of their jurisdictions, Florida courts could turn to the historical practice of “riding the circuit.” Judges from different circuits could travel to different designated locations in Florida and hold court, such that the essential functions of every jurisdiction were preserved even if individual courts were entirely incapacitated. This solution does not address the prevention of illness but, instead, is a response to an isolated total incapacitation of a court. However, judges and personnel riding the circuit would face presumably the same risk of infection as any other judicial personnel, and thus this option solves one problem (localized incapacitation) but is vulnerable to all other pandemic concerns discussed elsewhere in this chapter.

### ***Biological Immunity***

In a pandemic, certain individuals will likely possess an inherent resistance to the illness. In particular, those who have already become ill but recovered should have an increased resistance to the pandemic illness. These personnel offer a baseline of judicial employees who may be able to carry on the essential functions of the courts with a reduced threat of illness.

However, reliance on these personnel requires several elements that may prove difficult. First, such individuals would presumably wish to confirm

they had in fact recovered from the pandemic illness, not from some other illness they coincidentally got during the pandemic. Such confirmation may not be readily available by health professionals given the constraints of medical technology. Second, recovery from the pandemic illness may not provide total immunity to subsequent waves. Thus, those who recover still face some risk of repeat infection. Third, those who recover may still be absent from work due to the illness of family members or a lasting debility from their own illness or circumstances. Fourth, even if immune to subsequent infection, those recovered could still carry infection to those not immune. Finally, it may be difficult for someone coordinating such a baseline work force to determine who has been sick and who has not.

In summary, biological immunity does not offer a foolproof protection. However, a court may wish to loosely track who has been sick and who has not, in the event such immunity is the last option available to the court in performing its essential functions. In relying on potentially immune individuals, courts should continue to strongly emphasize the importance of taking protective sanitation steps.

What follows is our summaries of some literature that deals with various public health emergencies and gives strategies, solutions, and tips to consider in handling legal, practical, or logistical problems that could arise in a pandemic influenza. The sources are identified at the beginning of each summary.

**§ 8.2 “The Day SARS Came to Town. . . ,” Judge Ian B. Cowan**  
(Summary)

[http://aja.ncsc.dni.us/courtrv/cr39\\_4/cr39-4Cowan.pdf](http://aja.ncsc.dni.us/courtrv/cr39_4/cr39-4Cowan.pdf)

- Ontario has a provincial statute that “allows the medical officer [of health] to bring an application before a judge by way of a motion, supported by affidavit evidence that he has ordered a person into treatment or quarantine for medical reasons and that the subject of the order is refusing to do this. There is provision for the judge to order the person into quarantine or treatment as well as punitive provisions in the event they do not comply. The police can be ordered to assist in apprehending a person who does not comply. The time periods for motions and appearances were all to be done in accordance with the rules of practice for provincial offenses.”

- Quarantine subjects can be “detained by the police and taken to quarantine facility at an area hospital” where hearings are conducted by telephone, with the subject calling the court. Legal aid lawyers can be present throughout the telephone hearing in order to advise the subject on legal issues.
- When it became clear that it was medically necessary to quarantine people suspected of having SARS in order to contain its spread, they were directed to a place of quarantine (their home or a hospital), and a telephone hearing was held from there. They could have a lawyer or agent attend-but not in person; the courtroom of a nearby building served as the hearing room, and the lawyer or agent was situated at that location.
- People generally complied with orders to go into quarantine. Although, in isolated cases, students left quarantine to write examinations or workers went back to work early, on the whole, people seemed to realize the importance of being quarantined.
- The airport will likely be a front line of defense with inspection, detection, and quarantine facilities.
- The court will need facilities to deal quickly with persons refusing to be quarantined or treated for suspected viruses.
- Videoconference hearing facilities will have to be in place, and legal counsel will have to be available to protect the legal rights of subjects.
- Article includes a useful description of the “Protocol for Health Protection and Promotion Act Applications in the Davis Court by the Medical Officer of Health.”

**§ 8.3 “Quarantine and Isolation: Lessons Learned from SARS: A Report to the CDC”** (Institute for Bioethics, Health Policy and Law, University of Louisville School of Medicine, Nov. 2003) (Summary)

<http://archive.naccho.org/documents/Quarantine-Isolation-Lessons-Learned-From-SARS.pdf>

Executive Summary:

- “Although public health laws were on the books in all of the jurisdictions we studied before the outbreak of SARS, the legal authority to order quarantine was limited to specific diseases. Hence,

the SARS epidemic required amending the existing legal authority....Officials in Taiwan now believe that its aggressive use of quarantine contributed to public panic and thus proved counterproductive. In virtually all jurisdictions, there were some incidents of violation of quarantine. In Toronto, the two groups most likely to violate quarantine were teenagers and health care workers.”

- “The SARS epidemic demonstrated the lack of surge capacity for isolation and treatment in hospitals and the lack of adequate residential facilities for quarantine....an alternative might be standby hospital facilities available for use in the event of an emergency....Quarantine areas also need to be identified for other special facilities, including jails, prisons, and military installations....Many of the hospitals in the US are privately owned, hence advance consideration of issues of cost and compensation is important. There must be a plan for ensuring the viability of institutions shouldering the burden of patient care and for allocating financial responsibility among governmental entities.”
- “Law enforcement was very important in controlling SARS. For example, in Toronto law enforcement personnel were used to enforce the isolation of patients with SARS at hospitals, to serve quarantine orders, to conduct spot checks on people in quarantine, and to track down people who broke quarantine....While voluntary compliance with quarantine was high in the countries we studied, it is not clear that a largely voluntary approach would work in the US with its cultural notions of individuality, due process, and skepticism of government. Securing large numbers of quarantine orders, however, would severely strain the resources of public health agencies, prosecutors, and the courts.”
- “Public health law training should be provided to all health care providers and government officials charged with obtaining and enforcing orders for quarantine and isolation of individuals, including police officers, prosecutors, public health officials, and judges. Public health law training also should be incorporated into law school curricula.”
- “Appellate courts with jurisdiction to hear appeals of quarantine and isolation cases should review their procedures for emergency appeals so that a trial court’s granting or denying an order of quarantine may be appealed immediately, before an individual is wrongly denied his or her liberty or wrongly permitted to infect other people. In

jurisdictions that issue quarantine orders administratively, procedures for emergency judicial review need to be in place.”

- “A large-scale quarantine requires a wide range of services to be provided to confined individuals...food and supplies were delivered by public and private social service agencies. Special precautions were required for waste disposal and mortuary services...All these ‘ancillary’ services must be provided with regard for cultural and religious diversity.” Report raises the question, who should pay for these services?
- “Policies need to be developed on the appropriate site for quarantine of individuals who have mental illness, mental retardation, substance abuse problems, or other conditions that make home quarantine infeasible.”
- “Frequent communication by a single, or a very limited number of credible spokesperson(s) throughout an epidemic is essential to improving public understanding of and maintaining public support for quarantine, isolation, and other public health measures.”

#### Chapter 1

- The use of so many different quarantine measures, often without apparent regard to the particularized risk for which control was sought, may have served to undermine public credibility. It is clear that a more considered, careful, and evidence-based approach to quarantine and isolation is needed.”
- “A variety of means were needed to ensure compliance” of the minority of individuals who resisted compliance: “For example, in Singapore, three telephone calls were made per day to the home of each individual in quarantine to confirm that the individual was there.
- People who were known to work at night were called at night. Electronic cameras were used to verify that people were at home, and people in quarantine were required to take their temperature on camera. Anyone initially violating quarantine had an electronic tag put on his or her leg (there were 26 cases). In all of the countries, police officers were charged with locating and confining individuals who violated quarantine.”

#### Chapter 2

- Violation of a quarantine and isolation order is a federal criminal misdemeanor.

### Chapter 3

- “Under Section 361(b) of the Public Health Service Act, the list of diseases for which quarantine or isolation is legally authorized must be specified in an Executive Order signed by the President.”
- “Because of the CDC’s concurrent jurisdiction with the states on quarantine and isolation, it will play a back-up role as a safety net where the state fails to act, but the CDC and US attorneys’ offices (which would be responsible for obtaining judicial orders) lacks the staff to replace the states in leading quarantine and isolation efforts. In other words, if a state is unable to obtain an order of Q or I against an individual in a state court, the CDC acting through the local US attorney, would have the legal authority to obtain such an order in federal court under federal law, but the federal government does not have the resources to replace state public health officials to obtain and enforce (via the federal marshal service) numerous orders.”
- “The US Supreme Court’s landmark 1905 decision of *Jacobson v. Massachusetts* is significant not only for its upholding the constitutionality of compulsory vaccination, but also for the Court’s statement about the need for a scientific basis for the use of coercive public health measures. In the case of SARS, this implies that the power to detain individuals must be utilized carefully and consistent with the best available scientific knowledge.”
- “Involuntary detention by the federal government for SARS or any communicable disease would have to consider a possible constitutional challenge. With notions of liberty and privacy protected by the US Supreme Court as constitutional rights, federal and state officials must apply Q and I laws with an eye toward a constitutional challenge by an individual. At a minimum, there must be, in the case of involuntary isolation, a written order directed at the individual. There must be adequate evidence to justify the conclusion that the individual represents a threat and meets a previously established ‘case definition.’....The requested order must be specific and time limited, and there must be an opportunity to be heard by a neutral fact-finder and eventually a judge. It is probably constitutional for the hearing to follow detention in the case of isolation of a probably infected person, provided the hearing is held promptly after detention and the detainee has the right to representation and appeal to a court.”



- “Quarantine, on the other hand, requires a slightly more complicated constitutional analysis because of two factors. First, the individual, by definition, is not yet infected. Second, quarantine could apply to a large number of people, rather than focus on a particular individual. Courts also might apply greater scrutiny to quarantine orders because at least some justices have recently used a broader ‘liberty’ analysis rather than the more limited rights analysis to invalidate a state criminal statute.”
- There is “great variation among state and local laws regarding Q and I...Some states have detailed regulations for each disease, along with concurrent jurisdiction between state and local legislative bodies. It is not clear in some of those jurisdictions whether the NY-type detention of a suspected case of SARS would be possible without interpreting old statutes and new regulations, none of which refer to SARS.”
- “Lawyers for public health departments at the state and local levels who draft Q and I orders that conform to statutory and constitutional requirements face another obstacle. The rules of procedures of trial and appellate courts in many states, even provisions for expedited proceedings, could lead to unacceptable delays. For example, if a trial judge refused to sign an order for Q or I, it is not clear how long it would take for the public health authorities to appeal. If the normal time for an ‘expedited appeal’ in the state is seven days, this may be totally inadequate to contain the spread of infection (in the case of a wrongfully denied order) or to redress a deprivation of liberty (in the case of a wrongfully issued order.) Because Q and I case law in most jurisdictions is so old, today’s judges may be unaware of the time needs of effective public health containment in a global economy. More generally, the role of the judiciary in state public health law needs careful study because courts are crucial in ensuring the proper balance between public health needs and the civil liberties and dignity of individuals and the community.”
- “In the end, Q and I in the US must be studied from the perspective of state administrative law. Principles of delegation and the scope of judicial review may be used to limit an overly broad public health statute or to bring coherence to an overly detailed one. The overlap between state and local jurisdiction in public health matters in a given state is not simply a matter of municipal law, but requires reading into any decision involving Q and I principles of constitutional law that balance the rights of individuals with the community’s interest in public health. Thus, whether a local public health official could

legally detain a person suspected of having SARS and seek judicial review after the detention is a matter of untangling statutory authority, principles of state administrative law, and constitutional principles that constrain government control over individuals.”

- “What US legal principles would apply to the compelled public use of private property [for Q and I] in a public health emergency? All sovereign states possess the power of eminent domain, the power to appropriate private property for public use....The key constitutional provision is the ‘takings clause’ of the Fifth Amendment, applicable to the federal government, and extended to the states through the Fourteenth Amendment. These provisions set the three constitutional prerequisites for application of eminent domain...”

## Chapter 4

### Canada

- “Any person detained under section 8(2) of the Quarantine Act must be immediately informed by the quarantine officer of the reason for the detention and the person’s right to appeal to the Deputy Minister of Health or his or her designate.”
- “A quarantine officer may detain—for a period of time not to exceed 14 days—any person described under section 11 who refuses the medical examination, or a person who undergoes the medical examination and who the quarantine officer suspects has a dangerous disease. A quarantine officer who intends to detain a person under section 11 must, subject to the Minister of Health’s approval, ‘make an order in prescribed form for the detention.’ For detentions longer than 48 hours, a quarantine officer must provide the detainee with a copy of the order, and inform the detainee of the right to a hearing. Additionally, the Minister of Health must within 48 hours of the order make an application with notice in writing (with a copy served upon the detainee) to a judge of a superior court of the province in which the detainee is held, to confirm the quarantine officer’s order of detention. The judge must hear the application within one day of the application, and must make an order to revoke, vary, or conform the detention order. If the application is not made within the requisite 48-hour period, the quarantine officer must immediately release the detainee.”
- “In lieu of detention, a quarantine officer may permit the person described in section 11(1) to proceed directly to his or her destination in Canada, but only if the person agrees in writing to surveillance by a

- public health officer for the destination location for a period not exceeding 14 days; submits to being vaccinated against the dangerous disease; or both.”
- “If required by a quarantine officer to enforce any provision under the Quarantine Act, ‘peace officers’ must provide necessary assistance. Persons who violate any provision of the Quarantine Act or any regulation made under the Act, for example, by failing to comply with any order of a quarantine officer made under the Act or failing to comply with the signed undertaking (in lieu of detention) are guilty of an offense punishable on conviction.”
  - A local medical officer of health has considerable authority with regard to communicable disease management, and it may be executed through the use of a written order. “Orders must contain sufficient information so that members of the class understand that the order is directed to them, including: the reason for the order; the terms or requirements of the order, including the period within, by or for which compliance with the order is required; and information about where inquiries about the order may be directed, such as information about how to request a hearing.”
  - If a person fails to comply with an order, “a medical officer of health may apply to the Ontario Court of Justice for an order that the person be taken into custody and detained in a hospital or other facility; be examined by a physician to determine if the person is infected with a virulent disease; and, if found to be infected, be treated for the disease.”
  - It’s dangerous to have “too many ‘talking heads,’” especially when their opinions diverge. There’s a need for a “coherent official or governmental communications strategy aimed at dispelling the sense of deepening crisis.”
  - Q and I measures should involve a uniform, coordinated response—but that’s only possible if a state’s public health functions are organized in a highly centralized way.

### China

- “Q and I of individuals with various types of infectious diseases, and those suspected of having those diseases, are authorized in Article 24. There are specific provisions allowing the local government to restrict assemblies, to close factories, stores, and schools, and to temporarily confiscate residential dwellings in the event of a properly declared

emergency or epidemic. Provincial governments have the authority to stop the movement of goods and people during a declared outbreak. The law even has provisions dealing with human resource requirements during an outbreak, the handling of corpses infected with diseases, and for requiring pharmaceutical companies to supply medicine in a timely fashion.”

- This elaborate set of provisions for prevention and control of infectious diseases also contains measures for enforcement, ranging from administrative penalties to fines and criminal sanctions.”
- In China, the most significant legal action involved the approval of the listing of SARS as an infectious disease by the Ministry of Health; as a result of this legal action, the provisions of the Prevention and Treatment Law could be used to control the spread of SARS, including the use of Q and I.
- Quarantine stations were established at railway stations and airports for people suspected of having SARS.
- “On May 15, 2003, the Supreme People’s Procuratorate and the Supreme People’s Court issued a judicial interpretation of how criminal law could be used by prosecutors and police to enforce the prevention and control measures established for emerging infectious diseases such as SARS.”
- China has “specific guidelines for when particular provisions of the criminal code can be used. For instance, infected persons or those suspected of having the disease who refuse voluntary isolation or quarantine can be sentenced to up to 10 years in prison under Article 114 of the Criminal Code if their spread of the pathogen is viewed as purposeful and endangers public health. Even more stringent punishments are authorized for those who sell fake prevention drugs or violate the national standards of medical production during an epidemic. Persons who obstruct state officials or Red Cross staff engaged in prevention and control activities, such as quarantine or forced isolation, can be imprisoned for up to three years.”
- “Beijing, which had over 47% of all the cases of SARS in the country, also used its provincial authority to designate certain areas as isolation areas for SARS. According to the statistics provided by the Supervision Office of SARS Prevention and Control of Beijing City, 30,173 persons were isolated and quarantined in 18 districts (counties) through June 21, 2003. Among them, 12,131 persons were isolated or

quarantined collectively and 18,042 persons were isolated or quarantined individually.”

- In Inner Mongolia, punishments are very severe for infected persons who leave an isolation ward and go into a public area (“endangering public security with dangerous means” and “violating infectious disease prevention and treatment”) or for people who disrupt the work of the government when it is constructing or setting up quarantine stations or who obstruct state officials from carrying out their duties of SARS prevention and treatment work.

### Hong Kong

- “Legal authority for Q and I is found in Chapter 141 of the Prevention of the Spread of Diseases Regulations. Persons arriving from infected places other than by sea and air may be medically inspected or examined by a health officer. Additionally, section 22 allows any vessel arriving in Hong Kong to be visited by a health officer. A health officer has the discretionary authority to detain in a quarantine station any person seeking to land in Hong Kong who upon arrival is found to have an infectious disease. The Commissioner of Police is directed to furnish assistance to any health officer for the purpose of enabling the exercise of these powers.”
- “The government also instituted home quarantine for households of individuals with SARS. Further, close contacts of confirmed SARS patients were placed under a 10-day home quarantine and monitored by public health nurses through telephone and unannounced home visits. As an alternative to home quarantine some close contacts were placed in isolation camps outside the city of Hong Kong. The camps were holiday villages run by the Leisure Department of the government.”
- “Compliance with home quarantine was enforced by inter-departmental teams of police and officials from immigration, social welfare, home affairs, and the health department. Hong Kong imposed strict penalties for breaking quarantine orders. Penalties for violations include fines [a fixed amount plus an additional amount for every day the offense continues].... Increased penalties apply to subsequent offenses. If a second offense occurs within one year, imprisonment may result in lieu of or in addition to the fine. Additionally, an individual may be stopped and detained by any health officer or police officer and if his or her name and address are not provided, he or she may be arrested.”

- Hong Kong developed effective coordinating efforts among numerous government agencies, media outlets, mass transit systems, medical facilities, multi-disciplinary response teams, etc. Also, Hong Kong coordinated with China to address transit points between the borders. Hong Kong also instituted a massive public education program and broad-based educational campaign to increase awareness of SARS symptoms and to address “hygiene standards and measures in various categories and settings such as the home, food supply, medical, school, industrial, hotel, and sewage. The objectives included setting standards and renewing a culture of public hygiene, instilling a sense of individual responsibility for hygiene, and improving the image of Hong Kong internationally.”
- “According to Professor Lee Shiu Hung of Hong Kong University, many of the measures taken (e.g., contact tracing, wearing of masks, strict personal hygiene measures, and temperature screening) were effective in raising the public awareness, but enforcement of some measures was an issue. Professor Hung suggests that because the disease spread so rapidly, preparedness was an issue with shortages of masks and other protective gear for health workers, inadequate control measures, and poor communication with the public leading to panic.”

#### Singapore

- In Singapore, it was found that “casual contact, such as encounters in elevators, taxis, and hallways, had resulted in contagion” from SARS.
- “The country’s ability to initiate rapid and sweeping public health and legal measures was facilitated by Singapore’s political and legal systems and, more particularly, its existing public health structures and laws.”
- “Singapore bases its authority to Q and I individuals on two key pieces of legislation, the Infectious Disease Act and the Environmental Public Health Act as amended in 2002.”
- Singapore relied upon the Infectious Disease Act—as amended in 2002—and the Environmental Public Health Act in its effort to stem the spread of SARS. Both the Ministry of Health and the Ministry of the Environment were instrumental in educating the public and in enforcing Q and I measures.
- Because SARS was an “unprecedented public health crisis,” legislative amendments were expedited through Parliament in five categories: “home quarantine orders, quarantine of premises,

- prevention of persons acting irresponsibly in a manner leading to the spread of infectious disease, compliance with disease control measures, and the handling of corpses when SARS is the suspected cause of death.”
- “During home quarantine persons were required to permit an electronic camera to be placed in their home and to be able to be contacted at all times. The Ministry of Health contracted with CISCO, Singapore’s leading commercial security firm, to serve the quarantine orders, install ePic web cameras in homes of those under quarantine, and provide some of the enforcement of home quarantine....Persons under home quarantine were called randomly and directed to turn on the web cameras to verify their presence at home. This measure was in part taken in reaction to persons breaking home quarantine despite increased monetary penalties and the threat of jail time....Random checks were also permitted under home quarantine.”
  - “A number of penalties were put in place through the amended Infectious Disease Act for breaking a home quarantine order. The Ministry of Health put together a form addressing the breach of home quarantine orders. The form specified that the breach of a home quarantine order is an offense under Section 15(3)b; that anyone discovered breaking a home quarantine order will be required to wear an electronic monitoring tag at all times for the remainder of the home quarantine period; that the employer or person in quarantine will not be eligible for the Home Quarantine Allowance; and that a second violation of the quarantine order could result in detention and isolation in a hospital or other government-assigned location. Additionally, a person could be arrested without a warrant for breaking an order, and a first offense was punishable by a fine up to SGD \$10,000 and/or imprisonment for six months. Subsequent offenses could be punished by fines up to SGD \$20,000 and/or imprisonment for up to one year.”
  - “When patients were released from a hospital where a SARS case had been treated, they were placed under telephone surveillance for 21 days. Additionally, as noted above, all discharged SARS patients were placed under mandatory home quarantine for 14 days.”
  - “Because Singapore’s SARS cases were first identified in the hospital setting, keeping SARS out of the community was key to preventing its spread. Strategies considered most effective in this area include a strong surveillance system, contact tracing, and enforcement of quarantine with penalties.”

- “Public reaction to SARS control efforts in Singapore has been shaped by an extensive public education campaign initiated early on in the SARS outbreak. The Ministry of Health provided general advice to the public regarding symptoms and the need to seek immediate medical attention. Additionally, the Prime Minister delivered a number of public speeches on “Fighting SARS Together” and the civic duty and responsibility of Singaporeans to behave responsibly and abide by government measures.” Toolkits were distributed (containing digital thermometer, two surgical masks, instruction pamphlets); daily press statements were released to give updates on the status of the outbreak; a SARS hotline was established; and an official government SARS website was created and regularly updated.
- “The potentially harsh economic effects of quarantine were mitigated by a Home Quarantine Order Allowance Scheme. According to the official Singapore government SARS website, the program was administered by the Community Development Councils and was intended to defray the costs of home quarantine for self-employed persons and small businesses (those with 50 employees or less) that had to close as a result of SARS.”
- “The government advised employers that the home quarantine period should be treated as paid hospital leave for their employees under the Employment Act....Employers were given the allowance for their employees at the end of the quarantine period.”
- “All individuals under home quarantine were offered assistance with grocery shopping, hotline numbers to call in case of emergencies or questions, and free transportation by a dedicated SARS Ambulance should they develop SARS symptoms.”
- “According to news reports, a total of 26 people broke quarantine. The government established special facilities for quarantine violators to spend the remainder of their quarantine period. In at least some cases, penalties were imposed.”
- A Gallup Poll “inquired about behavioral changes during the SARS outbreak, revealing that more than half of the respondents avoided or minimized visits to crowded places, one-fourth followed stringent personal hygiene measures, and 7% instituted self-imposed home quarantine.”

#### Taiwan

- The Council of Grand Justices interprets the Constitution and unifies the interpretation of laws and ordinances. Under the Constitution of



the ROC, the law cannot restrict Constitutional freedoms except under very limited circumstances such as when public order may be threatened. ‘Restrictions on constitutional freedoms are valid only if contained in legislation necessary to prevent restrictions against the freedom of others, to respond to emergencies, to maintain social order, or to enhance social interest. In any case, arrest, trial, and punishment must be implemented strictly in accordance with proper legal procedures. If human rights are violated by the government, the victims are entitled to compensation by the state.’”

- “On May 6, 2003, the SARS Contingency Committee, Department of Health/Taiwanese CDC, published a list of common violations of SARS-related laws or regulations and their subsequent penalties. The list pertained to infractions by the general public, medical staff, and healthcare facilities. It included: refusing, avoiding, or hindering compliance with health screening measures, the execution of spot-checks by health authorities on passenger or cargo transportation, or the enforcement of home or group quarantine, failure to comply with an isolation treatment order or violation of instructions from the health authorities during the quarantine period and/or entering a designated isolation area without authorization; physician failure to report SARS cases within the time period designated by law; healthcare institution failure to inform referring hospitals of the health condition of the referred patient, deliver proper care to patients with infectious diseases, and prevent infection, and/or turning people away without reason; medical personnel failure to adopt proper infection control while caring for patients, risking the spread of infection; failure to place the body of a deceased SARS patient in a closed coffin and cremate the body within 24 hours; refusal to work upon the request of the governments’ use of empty buildings, equipment, vehicles, ships, airplanes, etc. for disease control purposes; suspecting infection with SARS but failing to abide by government orders, risking the spread of disease to others; and violation of the inspection and importation regulations regarding the control of infectious diseases or spreading a virus in a manner that puts the public in danger.”
- “To determine compliance with home quarantine orders, the Department of Health conducted a telephone survey of 100 individuals under quarantine. The survey indicated that 85% of respondents were at home when called and 70% were found to have never left their homes.”

- “Very few of those under quarantine were later diagnosed with probable or suspected SARS, and far fewer actually had a confirmed diagnosis of SARS. The report concluded that ‘more study is needed to determine whether the logistics and costs of quarantine warrant its use.’”
- The policy was subsequently modified. “The new approach adopted by the Taiwanese Center for Disease Control is ‘no fever, no quarantine.’ This action was taken based upon the fact that during the SARS outbreak, more than 95,000 people were placed under quarantine and only 12 were found to be potential SARS cases, with only two being confirmed cases of SARS. The enormous cost of such an approach led to the modification.”

#### Socialist Republic of Vietnam

- “Vietnam’s 1992 Constitution states: ‘A citizen’s rights are inseparable from his duties. The State guarantees the rights of the citizens; the citizen must fulfill his duties to the State and society....’ In Article 61 a statement that all citizens are ‘entitled to a regime of health protection’ is complemented by a statement that all citizens have the duty to ‘observe all regulations on disease prevention and public hygiene.’”
- The Vietnamese government’s response to SARS was prompt and included public acknowledgement of the epidemic from the outset. The use of isolation and quarantine was a key measure to the containment of the spread of SARS.”

#### Chapter 5: Related Legal Issues

- “With the exception of Canada, most of the countries with serious SARS problems were in Asia. Is it legal or ethical to refuse to treat individuals who are Asian or of Asian descent? Do health care providers have a legal or ethical duty to maintain their practices in a time of medical emergency?”
- “Section 504 of the Rehabilitation Act of 1973 and Titles II and III, of the ADA prohibit disability discrimination by recipients of federal financial assistance (section 504), government entities (Title II), or public accommodations (Title III)...Temporary and minor impairments are not considered disabilities under the ADA.”
- “Another limitation of the *Bradgon* decision is that a health care provider is not required to render services if doing so would create a direct threat to the health of the provider....In the case of SARS, the

large number of health care workers who became infected, many despite infection control measures, would make the risk of transmission apparent. Therefore there would be no violation of the ADA to refuse to treat a SARS-infected person.”

- “Another law with possible applicability in an epidemic is the Emergency Medical Treatment and Active Labor Act (EMTALA).... EMTALA could come into play if a hospital refuses to treat patients with SARS or other infectious diseases.”
- “Title II of the Civil Rights Act of 1964 prohibits health care entities from discriminating on the basis of race or national origin.”
- “Employees are always worried about losing their jobs. In the case of SARS, even though the quarantine period is only 10 days, employees who are quarantined might be concerned that they will not have their job after their period of quarantine. Would it be legal for an employer to discharge or replace an employee because of absences during a period of quarantine?”
- “The claim of disability discrimination is unlikely to be successful because an individual in quarantine is unlikely to be covered under the ADA....Because most patients have SARS for a limited period of time, resolution of the issue of coverage under the ADA could turn on the individual’s degree of residual impairment after recovery from SARS.”
- “It is not clear whether an asymptomatic person in quarantine would be protected by the FMLA.”
- “Health care workers who were in isolation because they were infected with SARS on the job would be entitled to workers’ compensation. Asymptomatic, potentially exposed workers who were quarantined, however, are unlikely to be eligible for workers’ compensation because they have not suffered from any occupational injury or illness.”
- “Wage replacement payments to quarantined individuals were widely recognized in other countries as being essential to ensure compliance with quarantine. In the U.S., there is currently no generally applicable legal mechanism to provide for the payment of wages or other compensation to workers who were in quarantine.”
- “For individuals quarantined at home and who perform no additional services for their employer during their quarantine, there is no legal basis for compensation. For example, these individuals are not

- entitled to unemployment insurance because, in all fifty states, there is a requirement that the individual must be ‘able to work.’”
- “New legislation may be necessary to ensure that quarantined individuals will not violate their confinement in an effort to earn a living. Legislation also may be necessary to protect individuals from the consequences of a quarantine-caused loss of income, such as a moratorium on evictions and repossessions.”
  - “The ability of public health systems to respond to SARS and to implement in a timely manner necessary measures for quarantine and isolation depended on the following three elements:
    - To respond promptly and effectively to SARS, affected countries needed public health laws that established a mechanism for regulating travel into and out of affected areas....
    - To minimize the toll from SARS through Q and I, affected countries needed the public health infrastructure to coordinate the public health response among all levels of government domestically and internationally....
    - To implement successful programs of Q and I, affected countries needed ancillary services and logistical support, including law enforcement and other measures to ensure compliance, wage replacement systems, delivery systems for food and medical supplies, and public education and communication measures to inform and gain the support of the public.”
  - “Public health measures adopted in response to an emergency that restrains civil liberties should be reviewed periodically and should not be extended to other conditions unless previously established criteria are satisfied.”
  - “Although public health laws were on the books in all of the jurisdictions before the outbreak of SARS, the legal authority to order quarantine was limited to certain specific diseases. The SARS epidemic required amending the existing legal authority. For example, in Toronto, the Ontario public health regulation was amended within 24 hours of the discovery of SARS to declare it a reportable, communicable, and virulent disease. In Hong Kong, the Quarantine and Disease Prevention Ordinance was amended to add SARS to the list of notifiable diseases.”

- “Once it adopted quarantine measures, China exceeded the other countries we studied in the extent of the quarantine it imposed. Not only were individuals subject to quarantine and isolation, but entire hospitals, districts of cities, villages, universities, and residential areas were subject to collective quarantine. The use of mass quarantine proved to be effective in China, but it is not clear that such measures would be constitutional or politically acceptable in the U.S.”
- “Taiwan illustrates the delicate balance between public health and political considerations in quarantine. During the SARS epidemic 131,132 people were placed under quarantine, but only 12 were found to be potential cases of SARS, and there were only two confirmed cases of SARS among those quarantined. Officials in Taiwan now believe that its aggressive use of quarantine contributed to public panic and thus proved counterproductive. In September 2003, the Taiwan Department of Health announced its new quarantine policy: “no fever, no quarantine.” This means that, in the future, there will be isolation of symptomatic individuals, but no quarantine of contacts. It remains to be seen what effect, if any, the new policy will have if there is a new epidemic of SARS or another infectious disease.”
- “In virtually all of the jurisdictions we studied, there were incidents of violation of quarantine. In Toronto, the two groups most likely to violate quarantine were teenagers and health care workers. In Hong Kong, many residents of the Amoy Gardens complex violated quarantine and had to be located. In Singapore, the Infectious Diseases Act of 1976 had not been used before SARS. After the SARS outbreak, the law was quickly amended to provide for a fine of up to SGD \$10,000 and imprisonment for up to six months for violating quarantine. A total of 26 individuals were found to have violated the quarantine law, and one individual was sentenced to six months imprisonment. This was an individual whose photograph at a local bar appeared on the front page of a leading newspaper. He had his quarantine order in one hand and a beer in the other. A special facility was established to house quarantine violators. In Toronto, one quarantine violator was known to have gone to work, where he infected a co-worker. The police were investigating the incident and were prepared to bring criminal charges when the alleged violator died.”
- “The decision whether to order a large-scale quarantine requires a complex analysis of scientific, political, and social considerations. Public health officials need to be able to present comprehensive,

- understandable assessments of the options to government officials in a timely manner. Contingency planning for emergencies through simulations and establishing vertical and horizontal lines of communication are extremely valuable in ensuring a prompt response to a public health emergency.”
- “Public health laws need to be flexible enough to permit appropriate responses to new epidemics and new circumstances, and public health officials and professionals need to be familiar with the statutory and regulatory procedures for invoking their (or the governor’s) authority for quarantine and isolation as well as the mechanisms to enforce directives.”
  - “Legal authority and public health strategies need to be in place for dealing with individuals who violate the law, and judges and law enforcement officials should be educated about the relevant enforcement provisions of public health laws. Studies need to be undertaken to determine if incentives or penalties promote compliance with quarantine.”
  - “Law enforcement was very important in controlling SARS in every jurisdiction we studied. For example, in Toronto, law enforcement personnel were used to enforce the isolation of patients with SARS at hospitals, to serve quarantine orders, to conduct spot checks on people in quarantine, and to track down people who broke quarantine. Specially equipped emergency medical service personnel also were used to transport quarantined individuals to designated hospitals in the event they became symptomatic.”
  - “Traditional law enforcement functions also were affected by SARS. In Singapore, the police were directed not to arrest individuals with SARS who were engaged in certain illegal acts, including entering the country illegally and gambling, because they did not want infected individuals to be “driven underground” where they would spread the infection and not be subject to isolation or treatment.”
  - “As mentioned earlier, “voluntary compliance” with quarantine was extremely successful in the countries we studied. It is not clear whether a largely voluntary approach would be as easy to implement in the U.S., where notions of individuality, due process, and skepticism of government are more deeply ingrained. Securing large numbers of quarantine orders, however, would severely strain the resources of public health agencies, prosecutors, and the courts. Judicial education about public health laws, advance notice of filings,

- and clear understanding of federal, state and local responsibility are essential.”
- “Appellate courts with jurisdiction to hear appeals of quarantine and isolation cases should review their procedures for emergency appeals so that a trial court’s granting or denying an order of quarantine may be appealed immediately, before an individual is wrongly denied his or her liberty or wrongly permitted to infect other people. In jurisdictions that issue quarantine orders administratively, procedures for emergency judicial review need to be in place.”
  - “Quarantine resulted in the home confinement of thousands of individuals who were well enough to work and who needed to work to support themselves and their families. Because the success of quarantine depended on compliance by the affected individuals, all of the countries we studied took some steps to provide for income replacement and employment security of individuals in quarantine.”

## CHAPTER 9

### PANDEMIC INFLUENZA BENCHGUIDE LINKS (INCLUDES LEGAL AUTHORITIES)

#### State/County/Local Government Websites

- Indiana's Public Health Law Bench Book  
<http://www.publichealthlaw.info/INBenchBook.pdf>
- Buncombe County, North Carolina, Forensic Epidemiology Quarantine Task Force, Final Report, June 2003  
<http://www2a.cdc.gov/phlp/docs/BuncombeCounty.pdf>
- Planning and Managing Isolation & Quarantine, Seattle & King County, Washington, Isolation & Quarantine Legal and Law Enforcement Tools & Samples  
[http://www.isolationandquarantine.com/law\\_tools.shtml](http://www.isolationandquarantine.com/law_tools.shtml)
- Seattle-King County Public Health Emergency Benchbook  
<http://www.courts.wa.gov/emergency/?fa=emergency.publicHealthBenchBook>
- Legal Authority of Michigan Department of Community Health to Respond to SARS Outbreak  
[http://www2a.cdc.gov/PHLP/docs/Twoemos%20-%20plusform%20s\\_1.pdf](http://www2a.cdc.gov/PHLP/docs/Twoemos%20-%20plusform%20s_1.pdf)
- Miami-Dade County Health Department Pandemic Influenza Preparedness and Response Plan  
[www.dadehealth.org/downloads/Pandemic%20Plan%2001%2018%2006%20pdf.pdf](http://www.dadehealth.org/downloads/Pandemic%20Plan%2001%2018%2006%20pdf.pdf)
- The Florida State Courts Strategy for Pandemic Influenza  
[http://www.flcourts.org/gen\\_public/emergency/index.shtml](http://www.flcourts.org/gen_public/emergency/index.shtml)
- Florida's Dept. of Health Pandemic Flu Summit  
[www.doh.state.fl.us/Disease\\_ctrl/epi/conf/training/PanFluSummit.htm](http://www.doh.state.fl.us/Disease_ctrl/epi/conf/training/PanFluSummit.htm)



- Florida's Pandemic Influenza Action Plan Website  
[www.doh.state.fl.us/rw\\_Bulletins/panfluplanindex.html](http://www.doh.state.fl.us/rw_Bulletins/panfluplanindex.html)
- Florida Department of Agriculture & Consumer Services, Division of Animal Industry  
[http://www.doacs.state.fl.us/ai/main/avian\\_flu\\_main.shtml](http://www.doacs.state.fl.us/ai/main/avian_flu_main.shtml)
- Florida Department of Health Pandemic Flu Summit  
[www.doh.state.fl.us/Disease\\_ctrl/epi/conf/training/PanFluSummit.htm](http://www.doh.state.fl.us/Disease_ctrl/epi/conf/training/PanFluSummit.htm)
- Florida's Action Plan for Pandemic Influenza  
[http://www.doh.state.fl.us/rw\\_Bulletins/FIPanFluv104Final.pdf](http://www.doh.state.fl.us/rw_Bulletins/FIPanFluv104Final.pdf)
- Florida Department of Health Pandemic Flu Annex  
[http://www.doh.state.fl.us/rw\\_Bulletins/panfluplanindex.html](http://www.doh.state.fl.us/rw_Bulletins/panfluplanindex.html)
- Florida State Courts Guidance on Personal Protective Equipment (PPE). As no federal or state guidance is currently available on the use of personal protective equipment in a courtroom setting, the Florida Courts are referring to those guidelines issued for health care and other industries. This page offers links to such sites.  
[http://www.flcourts.org/gen\\_public/emergency/ppe.shtml](http://www.flcourts.org/gen_public/emergency/ppe.shtml).
- The Model State Emergency Health Powers Act  
<http://www.publichealthlaw.net/Resources/Modellaws.htm>
- Institute For Bioethics, Health Policy & Law, "Quarantine and Isolation: Lessons Learned from SARS – A Report to the Centers for Disease Control and Prevention," November 2003  
<http://www2a.cdc.gov/phlp/docs/Quarantine-Isolation-Lessons-Learned-From-SARS.pdf>
- Public Health Law Judicial Reference Guide for Kentucky Courts  
<http://www2.cdc.gov/phlp/docs/KY%20Benchbook-Final.pdf>

### **Federal Government Websites**

- Federal Planning & Response Activities  
This website provides the federal response to Pandemic Influenza,

- including The National Strategy for Pandemic Influenza, U.S. Department of Health & Human Services Activities, Other Federal Agency Activities, and a Section for Federal Employees  
[www.pandemicflu.gov/plan/tab1.html](http://www.pandemicflu.gov/plan/tab1.html)
- The National Strategy for Pandemic Influenza  
[www.whitehouse.gov/homeland/pandemic-influenza.html](http://www.whitehouse.gov/homeland/pandemic-influenza.html)
  - National Strategy for Pandemic Influenza: Implementation Plan  
[www.whitehouse.gov/homeland/pandemic-influenza-implementation.html](http://www.whitehouse.gov/homeland/pandemic-influenza-implementation.html)
  - Pandemic Planning Update II - “Provides states updates on five key areas: monitoring & surveillance, vaccines, antiviral medicines, state & local preparedness, and communications”  
[www.pandemicflu.gov/plan/pdf/PanfluReport2.pdf](http://www.pandemicflu.gov/plan/pdf/PanfluReport2.pdf)
  - U.S. Dept. of Health & Human Services Pandemic Influenza Plan  
[www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf](http://www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf)
  - USDA’s Avian Influenza Efforts  
[www.usda.gov/documents/PandemicPlanningReport180.pdf](http://www.usda.gov/documents/PandemicPlanningReport180.pdf)
  - USGS National Biologic Information Infrastructure- Avian Influenza Surveillance Information  
<http://wildlifedisease.nbii.gov/ai>  
This site, maintained by the USGS Wildlife Information Center, provides information and global mapping for cases of avian influenza from 1996 to the present.
  - Bureau of Justice Assistance, “Preparing the Justice System for a Pandemic Influenza: Resources”  
[http://www.ojp.usdoj.gov/BJA/pandemic/pandemic\\_main.html](http://www.ojp.usdoj.gov/BJA/pandemic/pandemic_main.html)
  - U. S. Department of Labor, Occupational Safety and Health Administration (OSHA), “OSHA Guidance Update for Protecting Employees from Avian Flu Viruses,” 2006  
<http://www.osha.gov/dsg/guidance/avian-flu.html>

- CDC National Vaccine Program Office: FluAid Home-FluAid is software designed by the CDC to assist state and local authorities in planning for a pandemic situation by providing locality specific estimates of potential impact (deaths, hospitalizations, outpatients, etc.)  
<http://www2a.cdc.gov/od/fluaid/>
- CDC “Interim Recommendations for Infection Control in Health-Care Facilities Caring for Patients with Known or Suspected Avian Influenza,” May 21, 2004  
<http://www.cdc.gov/flu/avian/professional/infect-control.htm>
- CDC “Fact Sheet on Legal Authorities for Isolation/Quarantine,” April 23, 2003  
<http://www.cdc.gov/ncidod/sars/factsheetlegal.htm>
- CDC: Questions and Answers on the Executive Order Adding Potentially Pandemic Influenza Viruses to the List of Quarantinable Diseases  
[http://www.cdc.gov/ncidod/dq/qa\\_eo13295.htm](http://www.cdc.gov/ncidod/dq/qa_eo13295.htm)
- CDC: Legal Authorities for the Control of Communicable Diseases  
<http://www.cdc.gov/ncidod/dq/lawsand.htm>
- CDC: The History of Quarantine  
<http://www.cdc.gov/ncidod/dq/history.htm>
- Pandemic Influenza: Discussion and Planning Recommendations  
[http://www.doh.state.fl.us/rw\\_Bulletins/PANFLU\\_WhitePaper\\_11-21-05.pdf](http://www.doh.state.fl.us/rw_Bulletins/PANFLU_WhitePaper_11-21-05.pdf)
- Animal and Plant Health Inspection Service  
[http://www.aphis.usda.gov/ws/ca/avian\\_influenza.htm](http://www.aphis.usda.gov/ws/ca/avian_influenza.htm)
- Centers for Disease Control and Prevention  
<http://www.cdc.gov/flu/avian/gen-info/facts.htm>
- National Wildlife Health Center  
[http://www.nwhc.usgs.gov/disease\\_information/avian\\_influenza/index.jsp](http://www.nwhc.usgs.gov/disease_information/avian_influenza/index.jsp)

- CDC “Interim pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early, Targeted, Layered Use of Nonpharmaceutical Interventions,” February 2007  
[http://www.pandemicflu.gov/plan/community/community\\_mitigation.pdf](http://www.pandemicflu.gov/plan/community/community_mitigation.pdf)

### **International Organizations and Non-Governmental Organizations’ Websites**

- WHO Global Influenza Preparedness Plan  
[www.who.int/csr/resources/publications/influenza/WHO\\_CDS\\_CSR\\_GIP\\_2005\\_5/en/](http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/)
- WHO “Ten Things You Need to Know About Pandemic Influenza”  
<http://www.who.int/csr/disease/influenza/pandemic10things/en/index.html>
- WHO “Infection Control Recommendations for Avian Influenza in Health-Care Facilities,” 2006  
[http://www.doh.state.fl.us/rw\\_Bulletins/WHO\\_AvianFlu\\_control\\_practices.pdf](http://www.doh.state.fl.us/rw_Bulletins/WHO_AvianFlu_control_practices.pdf)
- “Officials 'Stumped' by Indonesian Bird Flu,” Anthony Deutsch, Associated Press Writer, May 24, 2006  
<http://www.breitbart.com/news/2006/05/24/D8HQ4A501.html>
- “The Influenza Pandemic of 1918,” Molly Billings, June 1997  
<http://virus.stanford.edu/uda/>

### **Federal Statutes**

[42 U.S.C. 68, The Public Health and Welfare, Disaster Relief](#)

[42 U.S.C. 243, General Grant of Authority for Cooperation](#)

[42 U.S.C. 247, Federal-State Cooperation](#)

[42 U.S.C. 264, Regulations to Control Communicable Diseases](#)

[42 U.S.C. 265, Suspension of Entries and Imports from Designated Places to Prevent Spread of Communicable Diseases](#)

[42 U.S.C. 5121, Disaster Relief, Congressional Findings and Declarations](#)

[42 U.S.C. 5122, Disaster Relief, Findings, Declarations and Definitions](#)

[42 U.S.C. 5191, Disaster Relief, Procedure for Declaration](#)

### **Florida Statutes**

[Chapter 20, Executive Branch, Organizational Structure](#)

[Chapter 79, Habeas Corpus](#)

[Chapter 154, Public Health Facilities](#)

[Chapter 252, Emergency Management Act](#)

[Chapter 381, Public Health: General Provisions](#)

[Chapter 392, Tuberculosis Control](#)

[Chapter 384, Sexually Transmitted Diseases](#)

[Chapter 775, Florida Statutes, Definitions; General Penalties; Registration of Criminals](#)

[Chapter 870, Florida Statutes, Affrays; Riots; Routs; Unlawful Assemblies](#)

[Chapter 901, Florida Statutes, Arrests](#)

[Chapter 933, Florida Statutes, Search and Inspection Warrants](#)

[Section 120.54, Florida Statutes, Rulemaking](#)

[Section 768.28, Florida Statutes, Sovereign Immunity for State Officers and Employees](#)

**Florida Administrative Code Links**

[Chapter 64D-3: Control of Communicable Diseases and Conditions Which May Significantly Affect Public Health](#)

## APPENDICES

### APPENDIX A

#### PROPOSED SAMPLE FORMS\*

#### PROPOSED PETITION FOR WRIT OF HABEAS CORPUS PROPOSED FINAL ORDER GRANTING PETITION FOR WRIT OF HABEAS CORPUS PROPOSED FINAL ORDER DENYING PETITION FOR WRIT OF HABEAS CORPUS

In order to protect the Petitioner's confidential health care information, the Petitioner's identity should not be disclosed in petitions, orders, and other court records. The Petitioner's identity may be revealed to public officials such as law enforcement officers and authorized representatives of appropriate state agencies in the event that the Petitioner's identity is necessary to protect the public health. Please note that the following proposed orders state that a pseudonym shall be used for the Petitioner's true name. Please see the following instructive public health statutes.

#### Florida Statutes

[Section 384.282, Florida Statutes, Naming of Parties](#)

[Section 392.545, Florida Statutes, Naming of Persons Subject to Proceedings](#)

[Section 384.29, Florida Statutes, Confidentiality](#)

[Section 392.65, Florida Statutes, Confidentiality](#)

[Section 381.0031, Florida Statutes, Report of Diseases of Public Health Significance to Department](#)

\*It is suggested that judges have templates of these forms prepared for ready use.

**PROPOSED PETITION FOR WRIT OF HABEAS CORPUS**

THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

Petitioner,

v.

CIVIL DIVISION

Case No.:

200 \_\_\_\_ -CA- \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_,<sup>1</sup>

\_\_\_\_\_,<sup>2</sup>

of the Department of Health, State of Florida,  
or the Department's designee,  
Respondent.

\_\_\_\_\_ /

**PETITION FOR WRIT OF HABEAS CORPUS**

1. This Court has jurisdiction pursuant to Art. I, § 9, of the United States Constitution, Art. I, § 13, of the Florida Constitution, and Chapter 79, Florida Statutes.
2. The Petitioner has been ordered quarantined and is being confined by order of the Florida Department of Health or its designee:

***(check one)***

at his/her home at (address) \_\_\_\_\_

**OR**

at (facility) \_\_\_\_\_ located at

(address) \_\_\_\_\_

\_\_\_\_\_ by the

Administrator (name), \_\_\_\_\_

<sup>1</sup> Person signing order of quarantine if petitioner is confined to home or administrator of facility at which petitioner is confined.

<sup>2</sup> Name of facility if quarantined at location other than home.



APPENDIX A

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3. The Petitioner believes that he/she is being deprived of his/her freedom illegally. The Petitioner believes that his/her confinement is illegal because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The Petitioner is unable to afford counsel and requests counsel to be appointed to represent him/her in the above captioned cause.

5. The Petitioner requests that confidential health care information that is contained in this petition, subsequent related filings, and subsequent orders be protected from public disclosure by substituting a pseudonym for the Petitioner's name.

**WHEREFORE**, Petitioner respectfully requests that this Court (check those that apply):

- Appoint counsel to represent the Petitioner in this cause.
- Enter an order setting a return hearing on this Petition for the Respondent to show by what legal authority the Respondent holds Petitioner.
- I can be notified of the hearing of my Petition at  
telephone number \_\_\_\_\_ and/or  
fax number \_\_\_\_\_ and/or  
cell phone number \_\_\_\_\_ and/or  
by email at \_\_\_\_\_
- I do not have a telephone, cell phone, or internet access. I must be notified at the address listed above.

I HEREBY CERTIFY that the above stated matters in the Petition are true and correct to the best of my information, knowledge, and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**PROPOSED FINAL ORDER GRANTING PETITION FOR WRIT OF HABEAS CORPUS**

THE CIRCUIT COURT OF THE \_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

Petitioner,

v.

CIVIL DIVISION

Case No.:

200 \_\_\_\_ -CA- \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

of the Department of Health, State of Florida,  
or the Department's designee,  
Respondent.

\_\_\_\_\_ /

**FINAL ORDER  
GRANTING  
PETITION FOR WRIT OF HABEAS CORPUS**

**THIS CAUSE** came before the Court on the petition of the Petitioner,

\_\_\_\_\_, for a writ of habeas corpus. After considering the petition and the evidence, presented in light of the record and the applicable law, hearing argument of counsel, and being otherwise fully informed in the premises, the Court finds that:

1. The Petitioner alleges that he/she is being illegally confined by virtue of a quarantine order entered by an official of the State of Florida's Department of Health. By reason of the order of quarantine he/she is confined

to his/her home at \_\_\_\_\_

to the facility known as \_\_\_\_\_

located at \_\_\_\_\_

\_\_\_\_\_ in the custody of \_\_\_\_\_, the Administrator.

2. The Court finds that the order of quarantine was legally insufficient and based on a mistake of law and/or fact in that \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPENDIX A

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Wherefore, it is

**ORDERED AND ADJUDGED** that

1. The order in Case No. \_\_\_\_\_  
quarantining the Petitioner \_\_\_\_\_ is hereby vacated.

2. The Petitioner is ordered released from confinement forthwith.

3. All records pertaining to this case shall be styled in a manner to protect the Petitioner's name from public disclosure. A pseudonym shall be used for the Petitioner's true name. The Petitioner's identity may be revealed to public officials such as law enforcement officers and authorized representatives of appropriate state agencies in the event that the Petitioner's identity is necessary to protect the public health.

**DONE AND ORDERED** in \_\_\_\_\_, \_\_\_\_\_ County,  
Florida, on this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_.

\_\_\_\_\_  
Circuit Judge

Copies furnished

**PROPOSED FINAL ORDER DENYING PETITION FOR WRIT OF HABEAS CORPUS**

THE CIRCUIT COURT OF THE \_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

Petitioner,

v.

CIVIL DIVISION

Case No.:

200\_\_-CA-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

of the Department of Health, State of Florida,  
or the Department's designee,  
Respondent.

\_\_\_\_\_ /

**FINAL ORDER DENYING  
PETITION FOR WRIT OF HABEAS CORPUS**

**THIS CAUSE** came before the Court on the petition of the Petitioner, \_\_\_\_\_  
\_\_\_\_\_, for a writ of habeas corpus. After considering the petition and the  
evidence, presented in light of the record and the applicable law, hearing argument of counsel, and  
being otherwise fully informed in the premises, the Court finds that:

1. The Petitioner alleges that he/she is being illegally confined by virtue of a quarantine order  
entered by an official of the State of Florida's Department of Health. By reason of the order of  
quarantine he/she is confined

to his/her home at \_\_\_\_\_

to the facility known as \_\_\_\_\_

located at \_\_\_\_\_

\_\_\_\_\_

APPENDIX A

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in the custody of \_\_\_\_\_, the Administrator.

2. The Department of Health has proved by clear and convincing evidence that the Petitioner poses a threat to the public's health and no less restrictive means of protecting the public health exists in that \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wherefore, it is

**ORDERED AND ADJUDGED** that

1. The relief requested by the Petitioner is denied.

2. The order of quarantine in Case No. \_\_\_\_\_ shall remain in effect until the Petitioner is released by the Florida Department of Health or its designee.

3. Violation of this quarantine is a second degree misdemeanor and punishable as provided in sections 775.082 or 775.083, Florida Statutes.

4. All court records pertaining to this case shall be styled in a manner to protect the Petitioner's name from public disclosure. A pseudonym shall be used for the Petitioner's true name. The Petitioner's identity may be revealed to public officials such as law enforcement officers and authorized representatives of appropriate state agencies in the event that the Petitioner's identity is necessary to protect the public health.

5. If no one else can do so, the quarantining authority must ensure that the Petitioner is provided with basic life necessities such as food, water, medicine, and medical treatment since the Petitioner cannot leave the area of confinement until the order of quarantine is lifted.

6. The Petitioner has the right to appeal this order to the district court of appeal.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County, Florida, on this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_.

\_\_\_\_\_  
Circuit Judge

Copies furnished

## APPENDIX B

# FLORIDA DEPARTMENT OF HEALTH'S, GENERAL COUNSEL'S OFFICE, WHITE PAPER ON THE LAW OF FLORIDA HUMAN QUARANTINE

Contents Page

I. Executive Summary

II. Introduction

III. Instructive History of State Public Health Police Powers

IV. Florida Quarantine History

V. Legal Support for Quarantine as Disease Control Tool

1. Antiviral Medications and Prioritizations
2. Vaccine and Prioritizations
3. Behavior Modification: Isolation, Quarantine, Travel Restrictions

VI. Review of Quarantine Orders

1. Administrative Side of DOH Authority
2. Internal Review by DOH, Compared with CDC's Proposed Quarantine Review
3. Judicial Review by external tribunals -- why Article V, Fla. Const., Court Review Is Correct

VII. Conclusion

VIII. Abbreviations

ALJ – Administrative Law Judge of DOAH (*infra*)

APA – Florida Administrative Procedures Act

CDC – US Centers of Disease Control

CHD – County Health Department

DACS – Florida Department of Agriculture and Consumer Services

DC – District of Columbia (Washington DC)

DOAH – Florida Division of Administrative Hearings

DOD – US Department of Defense

DOH – Florida Department of Health

HHS – US Department of Health & Human Services

SARS – Severe Acute Respiratory Syndrome

SNS – Strategic National Stockpile

WHO – World Health Organization

I. Executive Summary:

For purposes of this White Paper, infectious diseases fall in two basic groups: those we know a lot about and those we know little about. Commentators for years have observed that ‘emerging disease’ is the public health threat of the present and future. Pandemic influenza falls in the category we know little about. Response to pandemic influenza is disease control activity of the Florida Department of Health (DOH).

Where a great deal is known about an infectious disease, for example, tuberculosis, there are often specific practices and procedures calculated to control disease at acceptable risk to the uninfected population. But where little is known, the legal tools available to DOH may be limited to the quarantine statute.

The Legislature gave DOH broad discretion in protecting the public health by preventing spread of disease through quarantine. Those powers and that discretion are consistent with US Supreme Court decisions, from the formation of the country down through present days – the courts decline to impose additional requirements on the health agency’s policy decisions in health matters, and they defer to the health agency’s expertise in reaching a public health strategy or response.

Judicial participation in Florida quarantine is post-deprivation review. The Florida scheme for quarantine comports with controlling law and decisions applying that law. Suggestions indicating the Florida scheme is ‘outdated’ are academic in nature and are made despite clear precedent and legal authority. In other words, they appear to be socially motivated and not legally sound.

Quarantine may play a role in panflu disease control, but it likely will be a very small role. In defeating dangerous disease threats DOH needs the voluntary cooperation and assistance of the citizens. DOH cannot defeat the disease unless we work with the people – not against them. Consistent with law and the duty to protect the public health, DOH will meet due process requirements in a way calculated to respect the individual while saving the maximum number of lives.

II. Introduction:

The DOH General Counsel Office understands the exercise of quarantine within the framework of two recent events – the Anthrax cases of 2001 (bio-terror) and SARS (emerging disease), identified in Asia November 2002 and spread to Toronto with a serious second ‘wave’ in May 2003.

The Anthrax cases, following on the heels of the September 11, 2001 terror attacks, began with a fatality at the AMI Building in Palm Beach County FL, September 19, 2001.<sup>1</sup> The AMI Building was both a crime scene and a public health hazard, and was immediately closed (quarantined) by order of the Palm Beach County Health Department (CHD). As of January 2007, it remains closed under quarantine, pending verification of cleanup efforts. On September 28, 2001 an assistant to NBC news anchor Tom Brokaw

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<sup>1</sup> Date of arrival of first Anthrax letter: September 19, 2001. Date of first death: October 5, 2001.

noticed Anthrax lesions on her arm. By October, anthrax was found in DC postal facilities, congressional offices and the White House. The modern era of US bio-terror preparedness and response had begun.

SARS pathology still is not completely understood, although the viral agent was identified and categorized by World Health Organization (WHO) in March 2003 – nearly five months after the syndrome was identified. Between March and July 2003, over 8000 probable cases of SARS were reported from around 30 countries. Due to lack of case definition, an early outbreak in Toronto, Canada, was mistakenly considered over, and SARS resurfaced in May 2003 with widespread governmental response to population movement control. Toronto quarantine measures were cast as non-compulsory, though practitioners candidly admitted, “Well, it was voluntary so long as you complied.” The mythology of public health would lead people to believe that public health defeated SARS, but it is equally plausible that SARS simply evolved into a non-pathogenic organism (lost interest in us).

The current focus of public health quarantine likewise has moved on to preparedness for a potential pandemic influenza, eclipsing bioterrorism concerns of the US except for the law enforcement sector. ‘Pandemic’ is a term of medical art meaning: “a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.”<sup>1</sup> It is difficult to predict how quarantine might be used in Florida, due to the dearth of reliable facts on panflu, which remains hypothetical except for the unquantified likelihood of eventual appearance. Nevertheless, since approximately November 2005 the federal government has strongly promoted panflu preparedness with checklists, guidance documents, and planning dollars.

There is a great deal of loose talk circulating regarding the obligations and limitations of public health authorities in responding to pandemic influenza. As lawyers, we view that loose talk as social agenda or commentary (opinion). It doesn’t matter that many law review articles assert public health laws are now ‘antiquated’ and that new laws must be enacted to state with specificity who will do what, and when, in response to a health crisis. As lawyers, we look to the statutes and the cases applying those statutes. We are not political or management advisers, unless asked. When the Florida and US Supreme Courts take a position, we are professionally obligated to respect that and to view that guidance as binding. We advise our clients to follow the law as it is, not as others wish it to be.

### III. Instructive History of State Public Health Police Powers:

State and local governments have had wide-ranging power to respond to diseases since the colonial period.<sup>2</sup> Until the advent of antibiotic treatments, infectious diseases such as cholera, yellow fever, and plague worked a severe drain on society and caused the

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<sup>1</sup> U.S. Department of Health & Human Services, <http://www.pandemicflu.gov/#>.

<sup>2</sup> Novack, *The People’s Welfare: Law and Regulation in Nineteenth Century America*, University of North Carolina Press (1996).



public health authority to come into existence.<sup>1</sup> The US Supreme Court recognized state public health powers to regulate steamships on navigable waterways,<sup>2</sup> to tax passengers (but not foreign passengers) arriving in the U.S.,<sup>3</sup> and interstate shipments of cattle if narrowly tailored.<sup>4</sup> States could not consistently use public health powers to regulate milk,<sup>5</sup> or tobacco labeling.<sup>6</sup>

#### IV. Florida Quarantine History:

By 1885 county health departments were formed throughout the State of Florida to ensure compliance with local quarantine laws.

The [county] boards [of health] are invested with functions of a public nature, to be exercised for the public benefit, and consequently they are not liable, in an action of tort, for damages sustained by a vessel which was wrongfully ordered into quarantine by them; no such liability being expressly imposed on them by the statute, and the general power to sue and be sued not being sufficient to authorize the action.<sup>7</sup>

In 1952, the Florida Supreme Court commented favorably upon a Florida public health statute allowing for compulsory confinement of persons suffering from tuberculosis:

The health of the people is unquestionably an economic asset and social blessing, and the science of public health is therefore of great importance....

That the preservation of the public health is one of the duties devolving upon the state as a sovereign power will not be questioned. Among all the objects sought to be secured by governmental laws none is more important than the preservation of public health.... The constitutional guaranties that no person shall be deprived of life, liberty or property without due process of law, and that no state shall deny to any person within its jurisdiction the equal protection of the laws, were not intended to limit the subjects upon which the police power of a state may lawfully be asserted in this any more than in any other connection.<sup>8</sup>

There is additional historical precedent for the health department closing Florida properties under quarantine. In the New World Tower matter, circa 1988, a downtown Miami skyscraper suffered a major fire resulting in the spread of dangerous PCB chemicals in burnt building materials. The Miami-Dade CHD declared a quarantine of certain building floors until nationally recognized experts established that the building

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<sup>1</sup> See 1798 yellow fever epidemic, reported at *Smith v. Turner*, 48 U.S. (7 How.) 283, 340-41 (1849) (argument of counsel), available at [http://caselaw.lp.findlaw.com/scripts/printer\\_friendly.pl?page=us/48/283.html](http://caselaw.lp.findlaw.com/scripts/printer_friendly.pl?page=us/48/283.html).

<sup>2</sup> *Gibbons v. Ogden*, 22 U.S. 1 (1824).

<sup>3</sup> *Smith v. Turner*, 48 U.S. (7 How.) 283, 573 (1849).

<sup>4</sup> *Hannibal & St. J.R. Co. v. Husen*, 95 U.S. 465 (1877).

<sup>5</sup> *Miller v. Williams*, 12 F.Supp. 236 (D. Md. 1935); *Otto Milk Co. v. Rose*, 99 A.2d 467 (Pa. 1953); *contrast James v. Todd*, 103 So.2d 19, 24, 267Ala.495, 502 (Ala. 1957).

<sup>6</sup> *Cippolone v. Liggett Group, Inc.*, 505 U.S. 504 (1992); *Lorillard Tobacco Company v. Reilly*, 533 U.S. 525 (2001).

<sup>7</sup> *D.S. Forbes v. Board of Health Escambia County*, 9 So. 862 (Fla. 1891).

<sup>8</sup> *Moore v. Draper*, 57 So.2d 648 (Fla. 1952).

was safe for re-occupancy. The building owner was cooperative due to liability considerations connected with exposure to toxins.

On April 4th, 2003, President Bush issued an Executive Order providing for the apprehension, detention or conditional release of individuals to prevent the introduction, transmission, or spread of suspected SARS.<sup>1</sup> On April 9th, a six year old was placed in home isolation for ten days by the Okaloosa CHD under suspicion of having SARS.<sup>2</sup> That same month, the Miami-Dade CHD persuaded a jewelry salesman (SARS suspect case) to voluntarily sequester himself for 10 days. During that time period, the Miami-Dade CHD persuaded a homeless person suspected of SARS to confine himself to a motel setting for a similar 10 days.

There were no formal, involuntary orders issued in any of these cases. A person would have to go back to the days when HIV was known as Green Monkey Virus to identify other human quarantine cases, and the last certain Florida involuntary order was issued approximately in 1947. There is no one working today in the Florida system who participated in events that far back in history.

#### V. Legal Support for Quarantine as Disease Control Tool:

In 1943 in the Jacksonville, Florida area, Pauline Varholy was confined to the county jail, awaiting transfer to a health department hospital. She petitioned the circuit (trial) court of Duval County for a Writ of Habeas Corpus, and, together with the Sheriff, health officials responded with facts indicating venereal disease and a curative plan of the health department. The trial court denied the petition for writ, and Ms. Varholy appealed directly to the Supreme Court of Florida, protesting detention and excessive bail. The Supreme Court said:

Generally speaking, rules and regulations necessary to protect the public health are legislative questions, and appropriate methods intended and calculated to accomplish these ends will not be disturbed by the courts. All reasonable presumptions should be indulged in favor of the validity of the action of the Legislature and the duly constituted health authorities. But the constitutional guarantees of personal liberty and private property cannot be unreasonably and arbitrarily invaded. The courts have the right to inquire into any alleged unconstitutional exercise or abuse of the police powers of the Legislature, or of the health authorities in the enactment of statutes or regulations, or the abuse or misuse by the Boards of Health or their officers and agents of such authority as may be lawfully vested in them by such statutes or regulations.

However, the preservation of the public health is one of the prime duties resting upon the sovereign power of the State. The health of the people has long been recognized as one of the greatest social and economic blessings. The enactment and enforcement of necessary and appropriate health laws and regulations is a legitimate exercise of the police power which is inherent in the State and which it cannot surrender. The Federal government also possesses

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<sup>1</sup> White House Executive Order, April 11, 2003, sec. 36(b), Public Health Service Act (42 U.S.C. 264(b)).

<sup>2</sup> Miami Herald, [www.herald.com](http://www.herald.com), Wednesday, April 9, 2003, page 3A.

similar powers with respect to subjects within its jurisdiction. The constitutional guarantees of life, liberty and property, of which a person cannot be deprived without due process of law do not limit the exercise of the police power of the State to preserve the public health so long as that power is reasonably and fairly exercised and not abused.

The legislative authority in this legitimate field of the police power, like as in other fields, is fenced about by constitutional limitations, and it cannot properly be exercised beyond such reasonable interferences with the liberty of action of individuals as are really necessary to preserve and protect the public health. It has been said that the test, when such regulations are called in question, is whether they have some actual and reasonable relation to the maintenance and promotion of the public health and welfare, and whether such is in fact the end sought to be attained. Not only must every reasonable presumption be indulged in favor of the validity of legislative action in this important field, but also in favor of the validity of the regulations and actions of the health authorities.<sup>1</sup>

This is a long quotation, but the Varholly case teaches several important issues, all germane to this White Paper: Quarantine already has passed constitutional muster in Florida; habeas is the proper remedy to challenge it; circuit court is the right place to bring the challenge; constitutional rights to liberty are not absolute and may have to bend to the public health police power; the proper constitutional test is rational relationship; the courts generally will not entertain challenges to the discretion of public health officers; quarantine is not a criminal matter, therefore bail is not available. The Varholly opinion comports with opinions of the US Supreme Court.

As Professor Edward Richards has observed, “If the courts review all agency decisions de novo, thus rehearing the experts and substituting their decisions for the agency, then the government will lose the value of agency expertise and flexibility.”<sup>2</sup> The business of setting the proper standard for judicial review is controversial, “since agency deference prevents opponents of public actions from being able to contest these actions.”<sup>3</sup> So what is the correct form of judicial review? Most commentators agree the seminal public health case is Jacobson v. Massachusetts,<sup>4</sup> a mandatory smallpox vaccination case from 1904. With language that some lawyers describe as ‘sweeping,’ the Supreme Court pronounced that the price of civilized society was the surrender of some individual autonomy, that Jacobson was not entitled to rely on the protection provided by vaccination of his neighbors (no free ride on ‘herd immunity’), and that Jacobson could not challenge the legislative policy decision with evidence of risks inherent in the vaccine – no collateral attack on the legislative decision. In a later decision, the Court restated its deference standard, saying,

The judicial function is exhausted with the discovery that the relation between means and end is not wholly vain and fanciful, an illusory pretence. Within the field where men of reason may reasonably differ, the legislature must have its way.<sup>5</sup>

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<sup>1</sup> Varholly v. Sweat, 153 Fla. 571; 15 So.2d 267; 1943 Fla. LEXIS 700 (1943).

<sup>2</sup> Richards, Public Health Law as Administrative Law, <http://biotech.law.lsu.edu/map/Page8.html>.

<sup>3</sup> Id.

<sup>4</sup> Jacobson v. Commonwealth of Massachusetts, 197 U.S. 11 (1905).

<sup>5</sup> Williams v. Mayor of Baltimore, 289 U.S. 36 (1933).

The Florida Legislature has directed DOH to exercise quarantine authority, stating, “It is the duty of the Department of Health to declare, enforce, modify, and abolish quarantine of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health.”<sup>1</sup> Authority to give notice of quarantine is delegated to the CHD Directors and Administrators.<sup>2</sup> Quarantine presently is routinely used to respond to rabies problems in counties around the state.

The legislature criminalized violation of quarantine orders,<sup>3</sup> and requires certain officials connected with the criminal justice system to assist DOH in enforcement.<sup>4</sup> It even described DOH public health actions as “prima facie just and legal,”<sup>5</sup> and as judicial in nature – though no one is certain exactly what that means other than a legislative pronouncement that public health action is very, very important.<sup>6</sup>

It is well-settled that courts should defer to an agency’s interpretation of its enacting statutes and rules in determining how to implement them.<sup>7</sup> Interested persons are encouraged to read the DOH statewide pandemic influenza plan for further practical-level information about how quarantine might be a useful tool to mitigate a pandemic event.<sup>8</sup>

#### 1. Antiviral Medications and Prioritizations

Handling and distribution of antivirals (Tamiflu, Relenza) falls within the domain of DOH Pharmacy Services.<sup>9</sup> Florida has a minimal stockpile of antivirals, though more may be made available through the federal Strategic National Stockpile (SNS) in the future. Under the current HHS and CDC protocols, Florida has been allocated part of the SNS held by the federal government. In any event, antivirals would have to pass through many hands before arriving in Florida – WHO, HHS, CDC, perhaps DOD and others –

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<sup>1</sup> Sec. 381.0011(6), F.S. Note, DOH General Counsel Office does not consider sec. 381.00315, F.S. as general quarantine authority because the statute powers take effect only “upon declaration of a public health emergency.”

<sup>2</sup> Rule 64D-3.005(1), F.A.C.

<sup>3</sup> Sec. 381.0025(1), F.S.

<sup>4</sup> Sec. 381.0012(5), F.S.

<sup>5</sup> Sec. 381.0015, F.S.

<sup>6</sup> See, e.g., “[A statute providing] that the finding of the health officers shall be final is a sufficient evidence of legislative intent to leave the whole matter to the health officers without restraint on part of the courts.” *State ex rel. McBride v. Superior Court for King County*, 103 Wash. 409, 174 P. 973 (Wa. 1918), *citing with approval* *State ex rel. Aberdeen v. Superior Court*, 44 Wash. 526, 87 P. 818. Washington State Code, sec. 5546 Rem. Code 1915.

<sup>7</sup> *Chevron U. S. A., Inc. v. Natural Resources Defense Council*, 467 U.S. 837 (1984) (where statutory grant of authority is broad or general, courts defer to agency regulation that reasonably implements legislative intent); *Agrico Chemical Co. v. State Dept. of Environmental Protection*, 365 So.2d 759 (Fla. 1<sup>st</sup> DCA 1979) *cert. den.* 376 So.2d 74 (‘substantial interests’ for purposes of APA); *Pershing Industries, Inc. v. Dept. of Banking & Finance*, 591 So.2d 991, 993 (Fla. 1<sup>st</sup> DCA 1991) (where agency interpretation is one of several permissible, it must be upheld despite existence of reasonable alternatives).

<sup>8</sup> FL DOH Pandemic Influenza Annex ver. 10.4 (Oct 06), Appx 7 Rapid Response & Containment, [http://www.doh.state.fl.us/rw\\_Bulletins/FIPanFluv104Final.pdf](http://www.doh.state.fl.us/rw_Bulletins/FIPanFluv104Final.pdf).

<sup>9</sup> See, e.g., sec. 381.0203, F.S., DOH Central Pharmacy.

with multiple opportunities for diversion of Florida's allotment. Of course there is a complex and vigorous regulated-but-private market for pharmaceuticals, mostly through private medical services.<sup>1</sup>

HHS has promulgated a prioritization scheme for dispensing antivirals. As lawyers, we can expect to defend our government clients from lawsuits scheming to improve some persons' priority position at the expense of other persons' positions.

## 2. Vaccine and Prioritizations

It is not possible to create a vaccine to counter a lifeform that has not appeared on our planet yet. Since the current annual world-wide vaccine production capacity is 900 Million doses, and that capacity already is in use, there is significant lag time from strain identification to useful, administrable vaccine. When there is, the vaccine like antivirals will be a source of some litigation, for identical reasons. Vaccines are regulated by DOH<sup>2</sup> as well as the Food & Drug Administration and other federal entities.

## 3. Behavior Modification: Isolation, Quarantine, Travel Restrictions

Florida law speaks of quarantine authority only. Federal actors routinely speak of quarantine and isolation. As a legal matter, Florida quarantine includes isolation, testing, treatment and preventive treatment, destruction, vaccination and inoculation, closure of premises and disinfection.<sup>3</sup> Isolation or quarantine of an individual constitutes a seizure,<sup>4</sup> but the US Supreme Court has approved state detention of persons for health purposes without the level of due process found in criminal proceedings.<sup>5</sup> Criminal law concepts and analysis, while informative, are not controlling in the setting of public health matters.<sup>6</sup> Also, DOH has overlapping jurisdiction with the Florida Department of Agriculture and Consumer Services (DACCS),<sup>7</sup> particularly as to animals and premises. Similar jurisdictional overlap certainly exists with Florida Fish and Wildlife Conservation Commission and other Florida state agencies as to wildlife, waterfowl, aquaculture, commercial animal venues, and so forth. DOH defers to sister agencies that clearly are lead in subject matter areas, and will cooperate and support those other-agency actions.

The lesson of history about community quarantine (self-quarantine), based on the 1918 pandemic influenza experience, is that large-scale quarantine is ineffective. Certain islands effectively maintained their quarantine; others failed despite efforts.<sup>8</sup> The subject matter collectively referred to as 'social distancing' attempts to capture efforts at

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<sup>1</sup> See Ch. 465, F.S. (pharmacies generally).

<sup>2</sup> See, e.g., sec. 381.003(3), F.S.

<sup>3</sup> Sec. 381.0011(6), F.S.; Rule 64D-3.007-.010, F.A.C.

<sup>4</sup> Michigan v. Summers, 452 U.S. 692, 696 (1981).

<sup>5</sup> Addington v. Texas, 441 U.S. 418 (1979); Bell v. Wolfish, 441 U.S. 520 (1979).

<sup>6</sup> Chezem, Public Health Law Bench Book for Indiana Courts, sec. 3, pg. 24 ("The application of criminal procedure principles to public health action is . . . often complicated by numerous factors, including the differing philosophies underlying the two bodies of law and the lack of societal condemnation attached to many persons deemed threats to public health.")

<sup>7</sup> Sec. 570.07(2), (15), (19), (21); 570.36(2); 585.002(1); 585.003(1)(a)-(b); 585.007(2); 585.01(10), (13), (18); 585.08(1), (2)(b), (3)-(5); 585.145; 585.147; 585.15; 585.16; 585.22; 585.23; 585.40, F.S.

<sup>8</sup> Markel, US Naval Training Station, Yerba Buena Island, San Francisco CA, <http://www.iom.edu/Object.File/Master/37/379/Markel%20IOM%20Lecture.pdf> .

minimizing disease transmission without involuntary orders and other forms of governmental coercion.<sup>1</sup> Social distancing may be loosely defined as keeping your distance from your neighbor, or alternatively, as maintenance of a three-to-six foot space between people. There is no specific law on social distancing, although the general police powers may provide authority.<sup>2</sup> Quarantined persons may apply for a travel or transportation permit.<sup>3</sup>

VI. Review of Quarantine Orders:

Influential commentators have written about the ‘revolutionary shift’ in judicial review of governmental (public health) matters<sup>4</sup> beginning approximately in the 1960s. In particular, there is a suggestion that due process rights have somehow obsoleted the existing law on quarantine. This is not the case.

1. Administrative Side of DOH Authority

Florida DOH is an executive branch agency created by the Florida Legislature.<sup>5</sup> Like all executive branch agencies, many of its actions are subject to Florida’s Administrative Procedures Act (APA).<sup>6</sup> DOH has a specific mandate to enact quarantine rules on certain topics<sup>7</sup> and a general mandate for rulemaking on any provision of law conferring duties upon it,<sup>8</sup> and has enacted such rules.<sup>9</sup> DOH already has statutory authority to quarantine, therefore enactment of further rules is not a predicate to exercise of its quarantine authority to protect the public health from known and emerging threats.

2. Internal Review by DOH, Compared with CDC’s Proposed Quarantine Review

The federal scheme (proposed): On Nov. 22, 2005 CDC released its draft quarantine rule (crafted for Quarantine Stations, international travel via airlines and ship lines, and potential interstate movements). The CDC proposed rule still is not finalized as of January 2007, pending consideration and response to critical comments during the federal rulemaking process.<sup>10</sup> CDC’s quarantine rule contemplates 1) a 3-day provisional quarantine with no review, 2) a subsequent (also could be stand-alone) formal quarantine order with internal administrative review, and 3) judicial review via petition for writ of habeas corpus.<sup>11</sup>

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<sup>1</sup> FL DOH Pandemic Influenza Annex ver. 10.4 (Oct 06), Appx 8 Community-Based Control and Mitigation Interventions, [http://www.doh.state.fl.us/rw\\_Bulletins/FIPanFluv104Final.pdf](http://www.doh.state.fl.us/rw_Bulletins/FIPanFluv104Final.pdf).

<sup>2</sup> See, e.g., sec. 870.04; 870.043; 870.045, F.S.

<sup>3</sup> Rule 64D-3.008, F.A.C.

<sup>4</sup> Gostin, Public Health Theory and Practice in the Constitutional Design, p. 43, <http://papers.ssrn.com/abstract=293348>.

<sup>5</sup> Sec. 20.43, F.S.; Ch. 381, F.S., generally.

<sup>6</sup> Freund, Administrative Powers Under Health Legislation, [\*Administrative Powers Over Persons and Property, A Comparative Survey, Ch. 25\* \(University of Chicago Press, 1928\)](#).

<sup>7</sup> Sec. 381.0011(6), F.S.

<sup>8</sup> Sec. 381.0011(13), F.S.

<sup>9</sup> Rules 64D-3.007 et seq., F.A.C.

<sup>10</sup> Proposed rule pending; comments period closed March 1, 2006. <http://www.cdc.gov/ncidod/dq/nprm/viewcomments.htm>.

<sup>11</sup> 42 U.S.C. Parts 70, 71. [http://www.cdc.gov/ncidod/dq/nprm/docs/42CFR70\\_71.pdf](http://www.cdc.gov/ncidod/dq/nprm/docs/42CFR70_71.pdf). Comment period extended through March 2006.

The federal 3-day provisional quarantine is intended to ‘freeze’ movements of persons with suspected communicable disease. The provisional quarantine must be based on objective scientific evidence (e.g. high fever, respiratory distress, chills) and epidemiologic criteria (e.g. travel to or from an affected area and/or contact with known cases). Therefore three days is needed to investigate and gather further scientific evidence. The formal quarantine must be “an additional order based on scientific principles such as clinical manifestations, diagnostic or other medical tests, epidemiologic information, laboratory tests, physical examination, or other available evidence of exposure or infection.”<sup>1</sup> Persons subject to provisional and formal quarantine orders may refuse treatment, prophylaxis or vaccination, but must otherwise cooperate with the orders.

The administrative review of the CDC formal quarantine order must be conducted by a knowledgeable person appointed by the CDC Director, and the scope of the review hearing would be limited to the factual and scientific evidence concerning the CDC decision to quarantine – not to review legal or constitutional issues.<sup>2</sup> Those issues are properly argued and tested as part of a habeas proceeding before a judicial officer.

The Florida scheme (proposed): Review of quarantine orders may be internal, external, or both. DOH proposes its own internal review process patterned on the federal proposal, specifically, a review of the factual basis for an individual's quarantine order. That review should be performed by the Deputy State Health Officer or designee, within 48 hours of the request for review, and written decision back to the individual and the CHD within a total of 72 hours. The internal review would not consider or entertain any legal issues, but would consider the factual basis for quarantine. Such a review would satisfy the minimum constitutional due process rights set out in *Matthews v. Eldridge*<sup>3</sup> and would be consistent with the nature and duration of a health emergency – at least one such as pandemic influenza, the only known scenario where DOH might impose quarantines more widely than it has in the past, such as for specific incidents of rabies or anthrax exposure.

DOH does not intend to ‘manage’ or in any way restrict the relief sought by persons subject to a quarantine order. And although DOH is an executive branch agency subject to Florida’s APA, there is a valid argument that liberty restrictions are beyond the scope (outside the jurisdiction) of APA proceedings generally and the Division of Administrative Hearings specifically, absent a specific grant of legislative authority.

Review of quarantine orders through Ch. 120 proceedings is inappropriate because quarantined petitioners cannot meet the ‘substantial interests’ prong of the standing test.<sup>4</sup> Specifically, petitioners cannot show an injury of a nature which the proceeding is designed to protect. A quarantine controls movement to slow or stop the spread of disease, is designed to protect the health of the public rather than the individual, and is action outside DOH’s ordinary regulatory jurisdiction. Quarantine declarations,

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<sup>1</sup> *Id.*

<sup>2</sup> *Id.*

<sup>3</sup> *Matthews v. Eldridge*, 424 U.S. 319, 335 (1976) (due process requires consideration of 1) private interest, 2) risk of error from procedure, and 3) governmental interest).

<sup>4</sup> *Agrico Chemical Co. v. DER*, 406 So.2d 478 (Fla. 2d DCA 1981), *rev. den.* 415 So.2d 1359, cited *supra* FN 25.



predicated on objective scientific criteria, are not agency action designed to protect an individual's liberty interests, but instead are designed to protect the public health. Moreover, APA proceedings are lengthy in comparison to a quarantine which may last only days; that is, there will be no resolution of material facts in dispute before the quarantine expires or is modified; neither DOH nor DOAH have jurisdiction to determine Constitutional issues; and DOH has exclusive authority among executive branch agencies to modify or lift its quarantines.

3. Judicial Review by external tribunals -- why Article V, Fla. Const., Court Review Is Correct

We agree with the federal government position in that every person in the US is entitled to petition for writ of habeas corpus <sup>1</sup> to test whether he or she is wrongly held, regardless of any state or federal agency administrative reviews. Petitioners are not entitled to counsel at public expense,<sup>2</sup> though the public defender may be appointed for indigent petitioners.<sup>3</sup>

Consistent with the Varholly opinion, habeas actions should be heard by Florida Constitution, Article V courts. Florida circuit judges are more likely familiar with the many considerations that surround restrictions of liberty, and their courts are the correct forum for such extraordinary writ proceedings.<sup>4</sup> Administrative law judges of the Division of Administrative Hearings (DOAH) lack jurisdiction to consider constitutional issues <sup>5</sup> and to entertain extraordinary writs.

Even if review of DOH quarantine orders fell within APA, the failure to exhaust administrative remedies would be a waivable defense to a petition for writ of habeas corpus. It is the opinion of the DOH General Counsel office that in habeas proceedings, the Department would routinely waive the defense of failure to exhaust administrative proceedings as part of its effort to get to the merits of the petition. Either way, the fundamental point is that decisions of administrative courts are binding on reviewing courts only as to the factual determinations, not as to the conclusions of law. An administrative hearing officer, including DOAH judges, has no general jurisdictional authority to grant liberty to a detained person matter how they got there, no matter what the facts are.<sup>6</sup>

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<sup>1</sup> Art. 1, Sec. 9, US Const. habeas proceedings are civil in nature, not criminal. *Hilton v. Braunskill*, 481 US 770, 107 S.Ct. 2113, 2118 (1987); Art. I, sec. 13, Fla.Const.

<sup>2</sup> *Keegan v. State*, 293 So.2d 351 (Fla. 1974).

<sup>3</sup> *State ex rel. Smith v. Jorandby*, 498 So.2d 948 (Fla. 1984).

<sup>4</sup> *Varholly v. Sweat*, 153 Fla. 571; 15 So.2d 267; 1943 Fla. LEXIS 700 (1943).

<sup>5</sup> *Gulf Pines Memorial Park, Inc. v. Oaklawn Memorial Park, Inc.* 361 So.2d 695, 699 (Fla. 1978) *reh. den.* Sept. 11, 1978, *citing*: *Department of Revenue v. Young American Builders*, 330 So.2d 864 (Fla. 1st DCA 1976). *Shinholster, et al. v. Graham*, 527 F.Supp. 1318, 1322 (N.D. Fla. 1981).

<sup>6</sup> *But see*, Florida Baker Act (mental health commitments), sec. 394.451-394.4789, F.S. Under the Baker act, the patient litigates through habeas while the institution litigates through an administrative path. The patient may question the cause and legality of detention ("placement") via habeas corpus at any time. Sec. 394.459(8)(a), F.S. After initial placement, the institution may petition in administrative court for continued commitment. Sec. 394.467(7)(b), F.S. The DOAH ALJ may order continued commitment for up to 6 months. Sec. 394.467(7)(d), F.S.



VII. Conclusion:

The commentary and objections raised about Florida quarantine authority have been raised and answered in the past, by the Florida Supreme Court and the US Supreme Court. There is no law controverting or overturning the Florida Department of Health's general authority in that regard, indeed the opposite is true. DOH has a lawful obligation to use its discretion and expertise to protect the public health to the maximum extent possible within the broad bounds of its statutory authority and constitutional limitations.

**APPENDIX C**

**PUBLIC HEALTH GLOSSARY**

<b>acute</b>	Of rapid onset; brief. An acute condition may, but need not necessarily, be severe. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>adenopathy</b>	Swelling or diseased enlargement of the lymph nodes. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>antigen</b>	A protein, typically foreign, that elicits a specific immune response.*
<b>antigenic drift</b>	Point mutations leading to changes in antigenicity of the major H and N antigen subtypes of an influenza virus.*
<b>antigenic shift</b>	Change in circulating major antigen (H and N) determinants either through exchange and reassortment of genetic material or adaptation to human transmission.*
<b>asymptomatic</b>	Without symptoms. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>attack rate</b>	The proportion of susceptible individuals exposed to a specific risk factor in a disease outbreak that become cases. For an infectious risk factor, the attack rate is the number of secondary cases occurring within the accepted incubation period divided by the number of susceptible individuals in a closed group exposed to the primary (index) case.*
<b>carrier</b>	(a) A person who harbors pathogenic organisms of a communicable disease but who does not show clinical evidence of the disease; or (b) A person to whom evidence points as the source of one (1) or more cases of any communicable disease but who refuses to submit

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\* Florida Division of Disease Control Technical Assistance Group. Florida Department of Health. Pandemic Influenza: Discussion and Planning Recommendations. Draft Version, 7 Sept. 2005.

clinical specimens to the Department or county health department for examination; or (c) A person who, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to be a carrier and who refuses to submit to examination when ordered to do so for good cause shown by the State Health Officer or county health department director or administrator or their designee; or (d) A person reported to the Department or the county health department to be a carrier by the health authorities of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member; or (e) An animal which, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to harbor pathogenic organisms of a communicable disease without presentation of clinical evidence of disease.

CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.

**case**

An instance of disease; a patient.

STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

**case**

An instance of a suspected or diagnosed disease or condition in a person or animal.

CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.

**communicable  
disease**

An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly, through an intermediate plant or animal host, vector or the inanimate environment.

STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

**census**

A sample that includes every individual in a population or group.\*

<b>clinical utility</b>	<p>The likelihood that a test will, by prompting an intervention, result in an improved health outcome. The clinical utility of a test is based on the health benefits of the interventions offered to persons with positive test results.</p> <p>STEDMAN’S MEDICAL DICTIONARY (27th ed. 2000); NAT’L CANCER INSTS., U.S. NAT’L INSTS. OF HEALTH, <i>Cancer Genetics Overview</i>, at <a href="http://www.cancer.gov/cancertopics/pdq/genetics/overview/HealthProfessional/page3#Section_29">http://www.cancer.gov/cancertopics/pdq/genetics/overview/HealthProfessional/page3#Section_29</a> (last visited November 29, 2006).</p>
<b>clinical validity</b>	<p>The predictive value of a test for a given clinical outcome (e.g., the likelihood that cancer will develop in someone with a positive test). Clinical validity is, in large measure, determined by the ability of a test to accurately identify people with a defined clinical condition.</p> <p>STEDMAN’S MEDICAL DICTIONARY (27th ed. 2000); NAT’L CANCER INSTS., U.S. NAT’L INSTS. OF HEALTH, <i>Cancer Genetics Overview</i>, at <a href="http://www.cancer.gov/cancertopics/pdq/genetics/overview/HealthProfessional/page3#Section_27">http://www.cancer.gov/cancertopics/pdq/genetics/overview/HealthProfessional/page3#Section_27</a> (last visited November 29, 2006).</p>
<b>communicable</b>	<p>Capable of being transmitted from one organism or person to another.</p> <p>STEDMAN’S MEDICAL DICTIONARY (27th ed. 2000).</p>
<b>communicable disease</b>	<p>An illness that is transmissible by direct or indirect contact with the sick, their bodily excretions or cell secretions, or a disease vector.</p> <p>STEDMAN’S MEDICAL DICTIONARY (27th ed. 2000).</p>
<b>constitutional symptoms</b>	<p>General indications of disease pertaining to the body as a whole.</p> <p>STEDMAN’S MEDICAL DICTIONARY (27th ed. 2000).</p>
<b>contact</b>	<p>A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had opportunity to acquire the infection. This will include household members or</p>

persons who frequent the dwelling of the case or carrier. For sexually transmitted diseases contact means a sex/needle sharing partner.

CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.

**contact** A person who has been exposed to a contagious disease. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

**contact tracing** Identification and location of persons who may have been exposed to an infectious disease, which may result in surveillance of those persons. Contact tracing has been used to control contagious diseases for decades. A disease investigation begins when an individual is identified as having a communicable disease. An investigator interviews the patient, family members, physicians, nurses, and anyone else who may have knowledge of the primary patient's contacts, anyone who might have been exposed, and anyone who might have been the source of the disease. Then the contacts are screened to see if they have or have ever had the disease; in certain cases, the process of contact tracing will be repeated for identified contacts as well. The type of contact screened depends on the nature of the disease. A sexually transmitted disease will require interviewing only infected patients and screening only their sex partners. A disease that is spread by respiratory contact, such as tuberculosis, may require screening tens to hundreds of persons.

CTRS. FOR DISEASE CONTROL & PREVENTION, DEPT. OF HEALTH & HUMAN SERVICES, *Severe Acute Respiratory Syndrome (SARS): Appendix 2 – Glossary*, at <http://www.cdc.gov/ncidod/sars/guidance/core/app2.htm> (last modified Jan. 8, 2004); THE MEDICAL & PUBLIC HEALTH LAW SITE, LOUISIANA STATE UNIVERSITY LAW CTR., *Contact Tracing*, at <http://biotech.law.lsu.edu/books/lbb/x578.htm> (last visited June 7, 2004).

**contagious disease** *See communicable disease.*

<b>cyanosis</b>	A dark bluish or purplish discoloration of the skin and mucous membrane due to deficient oxygen content in the blood. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>demographic information</b>	The personal characteristics of age, sex, race, residence, and occupation. Demographic information is used in descriptive epidemiology to define the population at risk.*
<b>disease</b>	An interruption, cessation, or disorder of a body function, system, or organ; a departure from a state of health. OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>disease agent</b>	A microorganism whose presence or absence results in disease. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>disease vector</b>	<i>See vector.</i>
<b>dyspnea</b>	Shortness of breath, usually associated with disease of the heart or lungs. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>edema</b>	1. An accumulation of an excess amount of watery fluid in cells, tissues, or body cavities. 2. A fluid-filled tumor or swelling. OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>effectiveness</b>	The extent to which a treatment achieves its intended purpose in an average clinical environment. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>efficacy</b>	The extent to which a treatment achieves its intended purpose under ideal circumstances. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>endemic</b>	Denoting a temporal pattern of disease occurrence in a population in which the disease occurs with predictable

regularity and only relatively minor fluctuations in its frequency over time.

STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

- enteric disease** An infection or condition transmitted by ingestion of such agents as *Campylobacter jejuni*, *Cyclospora cayetanensis*, *Cryptosporidium parvum*, *Escherichia coli* O157:H7 and other pathogenic *E. coli*, hepatitis A, *Giardia lamblia*, *Salmonella* species, *Shigella* species and *Vibrio cholerae*.  
CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.
- enterovirus** A large and diverse group of viruses, including poliovirus types 1 to 3, that inhabit the digestive tract.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- epidemic** (*Syn: outbreak*) The occurrence of more cases of a particular type of disease, chronic condition, or injury than expected in a given area, or among a specific group of people, over a particular period of time; [*adj.*] A rapid increase in the levels of an infection. Typical of the microparasitic infections (with long lasting immunity and short generation times) an epidemic is usually heralded by an exponential rise in the number of cases in time and a subsequent decline as susceptible numbers are exhausted. Epidemics may arise from the introduction of a novel pathogen (or strain) to a previously unexposed (naive) population or as a result of the regrowth of susceptible numbers some time after a previous epidemic due to the same infectious agent.\*
- epidemic or outbreak** The occurrence in persons in a community, institution, region, or other defined area of one (1) or more cases of an illness of similar nature clearly in excess of normal expectancy.  
CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.
- epidemic period** The time span of an epidemic.\*

<b>epidemiology</b>	The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control of health problems. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>epidemiology</b>	The study of the distribution and determinants of health conditions or events in populations, and the application of this study to control health problems.*
<b>epizootic</b>	The occurrence in animals in a community, institution, region or other defined area of a group of cases of an illness of similar nature in excess of normal expectancy. CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.
<b>exposure</b>	Coming into contact with a cause of, or possessing a characteristic that is a determinant of, a particular health problem.*
<b>fomite</b>	An object (e.g., clothing, towel, utensil) that possibly harbors a disease agent and may be capable of transmitting it. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>health authorities</b>	The State Officer or any local county health department director or administrator or their designee; any chief health official of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member. CHAPTER 64D-3, FLORIDA ADMINISTRATIVE CODE.
<b>hemoptysis</b>	Spitting of blood from the lungs or bronchial tubes as a result of pulmonary or bronchial hemorrhage. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>hemagglutinin</b>	One of the two major surface proteins. Important for virus attachment to cells of the respiratory epithelium. Subtypes include H1 to H15. H1, H2 and H3 are the only described determinants involved in sustained human-to-human transmission.*



- high-risk group** A group of people whose risk for a particular disease, health condition, or type of injury is higher than that of the rest of their community or population.\*
- horizontal transmission** Transmission of a disease agent from an infected organism or individual to another, susceptible organism or individual.  
STEDMAN'S MEDICAL DICTIONARY (27th ed 2000).
- hyperthermia** Extremely high fever, often occurring as a side effect of therapeutic regimens.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- hypothermia** A body temperature significantly below normal body temperature (98.6°F/37°C for humans).  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- identifiable health information** Information in any form (e.g., oral, written, electronic, visual, pictorial, physical) that relates to an individual's past, present, or future physical or mental health status, condition, treatment, service, products purchased, or provision of care and (a) reveals the identity of the individual; or (b) there is a reasonable basis to believe the information could be used, alone or with other information, to reveal the identity of the individual.  
PUBLIC HEALTH STATUTE MODERNIZATION NAT'L EXCELLENCE COLLABORATIVE, TURNING POINT, *Model State Public Health Act: A Tool for Assessing Public Health Laws* 13 (Sept. 2003).
- immune response** Any response of the immune system to an antigen, including antibody production. The immune response to the initial antigenic exposure (primary immune response) is generally detectable only after a lag period of several days to 2 weeks; the immune response to a subsequent stimulus by the same antigen (secondary immune response) is more rapid.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

- immune system** An intricate complex of interrelated cellular, molecular, and genetic components that provides a defense (immune response) against foreign organisms or substances and aberrant native cells.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- immunity** 1) A state in which a host is not susceptible to infection or disease, or 2) the mechanisms by which this is achieved. Immunity is achieved by an individual through one of three routes: *natural* or *innate immunity* genetically inherited or acquired through maternal antibody, *acquired immunity* conferred after contact with a disease, and *artificial immunity* after a successful vaccination.\*
- immunogenicity** The ability of a vaccine to stimulate the immune system, as measured by the proportion of individuals who produce specific antibody or T cells, or the amount of antibody produced.\*
- immuno-suppression** A reduction in the capacity of the immune system. Caused by infection (e.g., HIV), drug treatment, pregnancy and malnutrition, among others. Imunosuppressed (sic) individuals are commonly referred to as *immunocompromised*.\*
- in vitro*** In an artificial environment, such as a test tube or culture media.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- in vivo*** In the living body.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- incidence** The number of specified new events (e.g., new cases of a disease) during a specified period of time in a specified population.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

<b>incidence</b>	A rate that measures the frequency with which a health problem, such as a new injury or case of illness, occurs in a population. In calculating incidence, the numerator is the number of new cases occurring in the population during a given period of time, and the denominator is the total population at risk during that time.*
<b>incubation period</b>	The period of time between a disease agent's entry into an organism and the organism's initial display of disease symptoms. During the incubation period, the disease is developing. Incubation periods are disease-specific and may range from hours to weeks. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>incubation period</b>	The time that elapses between infection and the appearance of symptoms of a disease.*
<b>index case</b>	The patient that brings a family, group, or community under study. OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>infectious agent</b>	A microorganism that causes infectious disease through transmission. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>infectious disease</b>	A disease resulting from the presence and activity of a microorganism. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>infectious period</b>	The time period during which infected persons are able to transmit an infection to any susceptible host or vector they contact. Note that the infectious period may not necessarily be associated with symptoms of the disease.*

<b>influenza-like illness (ILI)</b>	The presence of fever >100° F, with a cough or sore throat.*
<b>isolation</b>	The separation, for the period of communicability, of known infected persons in such places and under such conditions as to prevent or limit the transmission of the infectious agent. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000); LAWRENCE O. GOSTIN, PUBLIC HEALTH LAW: POWER, DUTY, RESTRAINT 210 (University of California Press 2000).
<b>isolation</b>	The separation and the restriction of movement of persons who are ill. Isolation can occur in the home, a hospital, or other facility.*
<b>latent period</b>	<i>See incubation period.</i>
<b>lymph node</b>	One of numerous round, oval, or bean-shaped bodies that form part of the immune system. Lymph nodes produce a fluid (lymph) that is circulated throughout the body to remove impurities. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>morbidity</b>	State of ill-health produced by a disease.*
<b>mortality rate</b>	The proportion of individuals in a population that die in a given period of time, usually a year and usually multiplied by a 10n population size so it is expressed as the number per 1,000, 10,000, 100,000, individuals per year. These proportions are often broken into cause-specific and age-specific proportions and are often standardized so different groups can be compared and the population at the middle of the time interval is often used as the denominator.*
<b>mortality rate, age-adjusted</b>	A mortality rate that has been statistically modified to account for the effect of different age distributions in different populations in a study.*

<b>mortality rate, age-specific</b>	A mortality rate limited to a particular age group. In calculating age-specific mortality rates, the numerator is the number of deaths in the age group, and the denominator is the number of people in that age group.*
<b>mortality rate, cause-specific</b>	The mortality rate from a specified cause.*
<b>mucous membrane</b>	A tissue lining found in various bodily structures, including the nose, eyes, and mouth. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>necrosis</b>	Death of one or more cells or a portion of a tissue or organ due to irreversible damage. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>neuraminidase</b>	One of the two major surface proteins of the influenza virus. Less important for attachment but probably important for propagation and virulence. Subtypes N1 to N9.*
<b>notifiable disease</b>	A disease that, by statutory requirements, must be reported to the public health or veterinary authorities when the diagnosis is made because of its importance to human or animal health. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>novel virus (strain)</b>	A virus that is new to the human population, a mutation from an existing virus.*
<b>outbreak</b>	A sudden rise in the number of new cases of a disease, usually during a specified period and in a specified population. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000); MERRIAM-WEBSTER ONLINE, at <a href="http://www.m-w.com/">http://www.m-w.com/</a> (last visited November 29, 2006).

<b>outbreak</b>	<i>(Syn: epidemic):</i> Because the public sometimes perceives "outbreak" as less sensational than "epidemic," it is sometimes the preferred word. Sometimes the two words are differentiated, with "outbreak" referring to a localized health problem, and "epidemic," to one that takes in a more general area.*
<b>outcome(s)</b>	Any or all of the possible results that may stem from exposure to a causal factor or from preventive or therapeutic interventions; all identified changes in health status that result from the handling of a health problem.*
<b>pandemic</b>	An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population.*
<b>pathogenicity</b>	The proportion of people who are infected by an agent and then develop clinical disease.*
<b>population</b>	The total number of inhabitants of a given area or country. In sampling, the population may refer to the units from which the sample is drawn, not necessarily the total population of people. A population can also be a particular group at risk, such as everyone who is engaged in a certain occupation.*
<b>predictive value (Rf)</b>	The likelihood that a given test result correlates with the absence or presence of disease. A positive predictive value is the ratio of patients with the disease who test positive to the entire population of individuals with a positive test result; a negative predictive value is the ratio of patients without the disease who test negative to the entire population of individuals with a negative test. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>prevalence</b>	The number of cases of a disease existing in a given population at a specific period of time (period prevalence) or at a particular moment in time (point prevalence). STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

<b>prophylaxis</b>	Acting against or preventing a disease.*
<b>proportion</b>	A dimensionless number between 0.0 and 1.0 (if a probability) or, equivalently, between 0% and 100% (if a percentage) consisting of one count as the numerator divided by another count as the denominator.*
<b>prostration</b>	Extreme physical weakness or exhaustion. OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>public health agency</b>	Any organization operated by federal, tribal, state, or local government that principally acts to protect or preserve the public's health. PUBLIC HEALTH STATUTE MODERNIZATION NAT'L EXCELLENCE COLLABORATIVE, TURNING POINT, <i>Model State Public Health Act: A Tool for Assessing Public Health Laws</i> 15 (Sept. 2003).
<b>public health emergency</b>	An occurrence or imminent threat of an illness or health condition that: (a) is believed to be caused by (i) bioterrorism, (ii) the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin, or (iii) a natural disaster, chemical attack or accidental release, or nuclear attack or accidental release; or (b) poses a high probability of (i) a large number of deaths in the affected population, (ii) a large number of serious or long-term illnesses in the affected population, or (iii) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population. PUBLIC HEALTH STATUTE MODERNIZATION NAT'L EXCELLENCE COLLABORATIVE, TURNING POINT, <i>Model State Public Health Act: A Tool for Assessing Public Health Laws</i> 15 (Sept. 2003).

**public  
health law**

The study of the legal powers and duties of the state to assure the conditions for people to be healthy (e.g., to identify, prevent, and ameliorate risks to health in the population) and the limitations on the power of the state to constrain the autonomy, privacy, liberty, proprietary, or other legally protected interests of individuals for the protection or promotion of community health.

LAWRENCE O. GOSTIN, *PUBLIC HEALTH LAW: POWER, DUTY, RESTRAINT* 4 (University of California Press 2000).

**public health  
official**

The head officer or official of a state or local public health agency who is responsible for the operation of the agency and has the authority to manage and supervise the agency's activities.

PUBLIC HEALTH STATUTE MODERNIZATION NAT'L EXCELLENCE COLLABORATIVE, TURNING POINT, *Model State Public Health Act: A Tool for Assessing Public Health Laws* 15 (Sept. 2003).

**public health  
surveillance**

The systematic, ongoing collection, analysis, interpretation, and dissemination of health data. The purpose of public health surveillance is to gain knowledge of the patterns of disease, injury, and other health problems in a community so that we can work toward controlling and preventing them.\*

**pulmonary**

Relating to the lungs.

STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

**pyrogenic**

Causing fever.

STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

**quarantine**

The restriction of the activities of healthy persons who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period if infection should occur.



STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000);  
LAWRENCE O. GOSTIN, PUBLIC HEALTH LAW: POWER,  
DUTY, RESTRAINT 210 (University of California Press 2000).

- quarantine** The separation and the restriction of movement of persons as yet not ill who have been exposed to an infectious agent and may become ill or infectious. Quarantine can occur in the home or other designated facility.\*
- R0** The basic reproduction number, R0, is the number of secondary cases produced by one case in a completely susceptible population. It depends on the duration of the infectious period, the probability of infecting a susceptible individual during one contact, and the number of new susceptible individuals contacted per unit of time. It varies between populations because of different contact rates.\*
- rate** An instantaneous or "velocity" measure that can range from 0.0 to infinity, has the dimensions of number of individuals per group - unit of time (e.g., 2.5 cases per dogmonth), and is the number of individuals in the at-risk group that experience the event during one time unit (per hour, day, week, month, year, ...). A rate is a ratio of the number of events in a group of individuals at risk for the event divided by the total time units contributed by the individuals at-risk of the event and is not a proportion. Proportions are often miss-identified (sic) as "rates."\*
- ratio** A numerator divided by a denominator that usually does not include subjects of the numerator and is not restricted to values between 0.0 and 1.0 as are proportions.\*
- risk** The probability that an individual will be affected by, or die from, an illness or injury within a stated time or age span.\*
- reportable disease** *See* **notifiable disease**.

<b><i>Salmonella</i></b>	<p>A genus of bacteria found in humans and animals, especially rodents. <i>Salmonella enterica</i> is a common species that causes gastroenteritis, enteric fever, and food poisoning in humans. Salmonellosis is characterized by the onset of diarrhea, fever, and abdominal cramps within 12 to 72 hours after infection and usually lasts 4 to 7 days. <i>Salmonella typhi</i> causes typhoid fever in humans. <i>Salmonella</i> bacteria are transmitted through the ingestion of contaminated food or water. Infection with <i>Salmonella</i> is treatable with antibiotics. Most persons recover with treatment, but, in severe cases, the infection may spread to the bloodstream, resulting in death.</p> <p>STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000); DIV. BACTERIAL &amp; MYCOTIC DISEASES, CTRS. FOR DISEASE CONTROL &amp; PREVENTION, DEPT. OF HEALTH &amp; HUMAN SERVS., <i>Salmonellosis</i>, at <a href="http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis_g.htm">http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis_g.htm</a> (last modified June 9, 2003).</p>
<b>sample</b>	<p>1. A relatively small quantity of material, or an individual object, from which the quality of the mass, group, species, etc., which it represents may be inferred. 2. A selected subset of a population.</p> <p>OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).</p>
<b>sample</b>	<p>A selected subset of a population. A sample may be random or nonrandom and representative or non-representative.*</p>
<b>screen</b>	<p>To systematically apply a test or exam to a defined population.</p> <p>PUBLIC HEALTH STATUTE MODERNIZATION NAT'L EXCELLENCE COLLABORATIVE, TURNING POINT, <i>Model State Public Health Act: A Tool for Assessing Public Health Laws</i> 16 (Sept. 2003).</p>
<b>seasonality</b>	<p>Change in physiological status or in the occurrence of a disease, chronic condition, or type of injury that conforms to a regular seasonal pattern.*</p>

<b>sensitivity</b>	The ability of a system to detect epidemics and other changes in the occurrence of health problems; the proportion of people with a health problem who are correctly identified by a screening test or case definition.*
<b>sensitivity</b>	The ability of a test to correctly identify those with a given characteristic or disease. LEON GORDIS, EPIDEMIOLOGY 59 (W.B. Saunders Co. 1996).
<b>sentinel surveillance</b>	A surveillance system using a prearranged sample of sources (e.g., physicians, hospitals, clinics) who have agreed to report all cases of one or more notifiable diseases.*
<b>Severe Acute Respiratory Syndrome (SARS)</b>	A viral respiratory illness first identified during a global outbreak in 2003 that originated in China. SARS is usually characterized by a high fever (temperature greater than 100.4°F/38.0°C), headache, an overall feeling of discomfort, and body aches. Some infected individuals also display mild respiratory symptoms, and about 10 to 20 percent of patients have diarrhea. Approximately 2 to 7 days following onset of the illness, infected individuals often develop a dry cough, and many infected individuals will go on to develop pneumonia. SARS is transmitted through close person-to-person contact. The SARS virus appears to be most easily transmitted by respiratory droplets produced when an infected person coughs or sneezes. These expelled droplets may be deposited directly on the mucous membranes of the mouth, nose, or eyes of persons who are nearby or transferred thereto by persons who touch a contaminated surface or object. It remains uncertain whether the SARS virus is able to spread more broadly through the air or in other ways.

CTRS. FOR DISEASE CONTROL & PREVENTION, DEPT. OF HEALTH & HUMAN SERVS., *Basic Information About Ricin*, at <http://www.cdc.gov/ncidod/sars/factsheet.htm> (last modified Jan. 13, 2004).

<b>species</b>	A group of organisms that generally bear a close resemblance to one another in the more essential features of their organization; members of the same species may breed effectively to produce fertile offspring. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>specificity</b>	The ability of a test to correctly identify those without a given characteristic or disease. LEON GORDIS, EPIDEMIOLOGY 59 (W.B. Saunders Co. 1996).
<b>specificity</b>	The proportion of people without a particular disease, chronic condition, or type of injury who are correctly identified by a screening test or case definition.*
<b>sputum</b>	Saliva, mucus, blood, or other fluid spit from the mouth. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>stochastic model</b>	A mathematical model, which takes into consideration the presence of some randomness in one or more of its parameters or variables. The predictions of the model therefore do not give a single point estimate but a probability distribution of possible estimates.*
<b>Strategic National Stockpile (SNS)</b>	A federal cache of medical supplies and equipment to be used in emergency and disaster situations.*
<b>surveillance</b>	The collection, analysis and dissemination of data.*
<b>symptom</b>	A condition of the body reported by an individual when suffering from a disease; here used more loosely to include <i>signs</i> : any evidence used in diagnosis or identification of infected individuals.*

<b>syndromic</b>	Based on clinical signs and symptoms.*
<b>test</b>	A test is anything that produces evidence from a patient at any stage in the clinical process. From the clinical epidemiology perspective, the following are examples of a "test": history taking (presence or absence of a component), clinical exam results (presence or absence of a sign), imaging findings (presence or absence of a feature on a radiograph), or response to therapy (as anticipated or not).*
<b>transmissible agent</b>	A biological substance that causes disease or infection through conveyance from one organism to another. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000); PUBLIC HEALTH STATUTE MODERNIZATION NAT'L EXCELLENCE COLLABORATIVE, TURNING POINT, <i>Model State Public Health Act: A Tool for Assessing Public Health Laws</i> 16 (Sept. 2003).
<b>transmission</b>	The conveyance of disease from one organism to another. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>transmission (of infection)</b>	Any mode or mechanism by which an infectious agent is spread to a susceptible host.*
<b>vaccine</b>	A drug intended to induce active artificial immunity against a pathogen. Vaccines may be <i>live</i> or <i>dead</i> . Live vaccines are usually attenuated versions of the wild type pathogen.*
<b>vector</b>	An invertebrate animal (e.g., tick, mite, mosquito, bloodsucking fly) capable of transmitting an infectious agent among vertebrates. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
<b>vertical transmission</b>	Transmission of a disease agent from an infected individual to its offspring. STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

- viremia** The presence of a virus in the bloodstream.  
STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- virulence** The measure of severity of a disease, expressed as the proportion of people with the disease who become extremely ill or die.\*
- virus** A term for a group of infectious agents that are incapable of growth or reproduction apart from living cells. A complete virus usually includes either DNA or RNA and is covered by a protein shell. Viruses range in size from 15 nanometers to several hundred nanometers. Classification of a virus depends upon its physiochemical characteristics, mode of transmission, host range, symptomatology, and other factors. Many viruses cause disease.  
OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).
- zoonosis** A disease transmitted from one kind of animal to another or from animals to humans.  
OXFORD ENGLISH DICTIONARY (2d ed. 1989); STEDMAN'S MEDICAL DICTIONARY (27th ed. 2000).

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