

# Public Health Law and Communication during Crises

Kagaba Amina G.

Faculty of Business, Kampala International University, Uganda

## ABSTRACT

Public health law plays a crucial role in safeguarding populations during crises by providing a regulatory framework for disease control, emergency preparedness, and ethical decision-making. Effective communication is essential in managing public health emergencies, as it ensures the timely dissemination of critical information, fosters public trust, and mitigates misinformation. This paper examines the intersection of public health law and crisis communication, analyzing legal frameworks, ethical considerations, crisis communication strategies, and the impact of social media on public messaging. Case studies of past public health crises highlight the importance of government accountability, public engagement, and legal preparedness in crisis management. The study concludes that robust public health laws, coupled with strategic communication approaches, are essential for an effective public health response in emergencies.

**Keywords:** Public health law, crisis communication, emergency preparedness, misinformation, social media, legal frameworks, ethical considerations.

## INTRODUCTION

Public health has a strongly normative basis in the sense that it is defined by the measurement or evaluation of health based on a goal, a select norm, or other criteria. Public Health derives from an array of health and other laws, including local ordinances, state statutes or regulations, and federal statutes or regulations. Public Health Law has a regulatory foundation and responsibility for the health of populations. Public health law extends to various areas of regulation, including environmental health, communicable diseases, mental health, and occupational safety and health. It is found at the intersection of law and public health and concerns the scope of governmental responsibility in protecting and promoting population health. To understand how law and public health interrelate, it is first necessary to understand the core components and characteristics of public health, the nature of law and government, and the different ways in which law and public health have been conceptualized. Public health surveillance is the ongoing systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice. Public health is one of the centrally important activities of the state. It is important to consider the range of ways in which health itself and its measurement or evaluation can be defined and how public health as an activity can be justified or legitimated. Public health as an activity (by services and/or regulation) is almost invariably enacted to address, ameliorate, or prevent problems of health that give rise to normative concerns of some type [1, 2].

### The Role of Communication in Public Health

During a public health crisis, some key actions are designed to increase public safety and health while minimizing morbidity and mortality. Communication is an essential function in public health and is important for the delivery of critical health services. In the context of public health, communication includes the provision of text, audio, or video material and such services as bulletin boards, podcasts, and SMS messaging services. Public health officials can use websites and podcasts to disseminate information while guaranteeing free and consistent access to key facts and recommendations. In covering all the basic information that is required to communicate the impacts and health needs that might result from a public health emergency, it creates a focus on community partnership and collaboration with schools and other

community entities to assist with health education. Information is the key to being prepared for an emergency. In an emergency, simple tasks will (a) give people a sense of control. (b) Keep people motivated to stay tuned to what is happening. (c) Prepare people to take action if and when they need to do so. The odds of a negative public response increase when poor communication practices are added to a crisis. Potentially harmful practices to avoid include (a) Inaccuracy. (b) Mixed and conflicting messages from multiple sources. (c) Late release of critical information. (d) Failure to address or correct rumors. (e) Overly reassuring and unrealistic communication. (f) A lack of empathy. (g) Public power struggles, conflicts, and confusion. (h) Perception that certain groups are getting preferential treatment. In addition, it should also consider that traditional sources of information, such as broadcast television, are still used by the majority of the population for emergency alerts and notifications. Broadcast technology can reach a wider range of socioeconomic groups as it is public service broadcasters' responsibility, and alternative communication methods can be effective for those with age-related changes or disability, particularly the hard of hearing [3, 4].

### **Legal Frameworks for Public Health**

This article examines the relationship between six legal characteristics of states and the prevalence of six public health issues across American states over three years (2004, 2006, and 2008). This dataset brings together in novel configurations legal regulations drawn from six domains of public health law (emergency preparedness, food safety, immunization, alcohol, tobacco, and public smoking), related population health outcomes, and a measure of public willingness to adopt salutary health behaviors. The findings suggest that for policies in many of these areas, public health might be improved by enhancing the stringency of state-level public health laws where such laws are not stringent. However, greater legal stringency does not consistently lower the prevalence of unhealthy behaviors or raise the prevalence of healthier behavior. This suggests a need for further population-oriented models of how law operates in public health contexts, caution against simplistic expectation of a health "feedback loop" connected directly to law's normative language, and challenge pessimistic theory and metaphors about law's limits as an effective health intervention [5, 6].

### **Crisis Communication Strategies**

During the early months of the COVID-19 pandemic, the world recognized the importance of understanding and mitigating the effects of the spread of Coronavirus. However, a nonlinear increase in the number of problems caused by information was also realized on this path. As of the early days of the pandemic, several significant international health organizations issued regular "pandemic updates" and "crisis guidelines." These updates, however, were by no means enough to combat the spread of the disease. In this sense, mendacity, information pollution, fake news, and so on have added an extra burden on scientific and public health studies on the pandemic. Hence, one of the more common and continuing discussions of the COVID-19 process was the problem of "Infodemic". When the spread of the pandemic is treated as a global issue, it becomes evident from the very early days that the pandemic should also be approached globally, both scientifically and during the organization of the information. In this respect, although COVID-19 affected geographies and populations around the same period, countries and societies showed approximately the following trend in the unfolding process of pandemic spread. At first, with the positive thought that "we are special", it was predicted that "it won't affect here"; then, as a consequence, pandemic preparation steps were started; however, as the number of cases increased nonlinearly, maybe late or without much preparation, transition to crisis management processes, as well as informing the public, were turned to prevention measures and compliance policies. Crisis communication is the public exchange of critical information concerning the surrounding risk, crises, emergencies, or disasters. Specifically, it is the transmission of knowledge from local authorities to the public who critically need it, particularly when risks emerge. Balance, readers' decisions, and patience are important in times of confusion, difficulty, and paranoia. Recipients involved in the response to emergencies, disasters, accidents, etc., can be individuals, families, or organizations. To receive ample data and be informed, this exchange is facilitated by the message and relationship between the sender and the public. Special attention to the identified target audience and taking account of the media are typically taken into consideration [7, 8].

### **Case Studies in Public Health Crises**

This collection provides an overview of how public health law aids government agencies during health emergencies, treating it as a crucial resource to prevent events from escalating into catastrophes. A public health emergency affects a significant portion of the community and requires a heightened state of

preparedness or response. In many jurisdictions, specific diseases are classified as notifiable based on their potential human-to-human transmission, impact, and identification ease, mandating health professionals to report relevant information within set timeframes. The paper analyzes various public health crises marked by violations of public health law, whether through legislative inaction or perceived overreach. It highlights challenges in controlling disease outbreaks while maintaining public order. A balance must be achieved between civil liberties and the need to address pandemics or acute public health threats. Historical records show that infection control practices existed over 3000 years ago in ancient civilizations, which included household isolation during communicative outbreaks. Three primary forms of infringement arise: first, public disorder due to insufficient information about quarantine enforcement; second, negative stereotyping, where segments of the population engaged in racial profiling against those presumed to be disease carriers; and third, child welfare concerns necessitating understanding of decriminalization, proportionality, harm minimization, and the child's best interest. Legal actions may raise concerns that existing communicable disease statutes infringe upon best practice standards in child welfare contexts [9, 10].

### **Ethical Considerations in Public Health Law**

Public health law is ethically complex. On its face, public health law's mandate to protect and promote the health of the public is ethically unobjectionable; few would argue with the need to prevent harm to the public's health. But even in the best of times, public health law brings into the field of moral conflict other goods such as privacy and individual liberty, and, in hard times, public health law may clash with goods such as material possessions, blood, and life itself. The Demands of Justice: Ethical concerns the demands of justice. Who should receive the scarce medical resources required to manage an outbreak of pandemic disease? Should it be "first come, first served," so that whoever reaches a life-saving hospital bed first gets it regardless of who they are or how sick or frail they might be? Or should those funds be used instead to purchase preventative interventions because this will, in the long run, save more lives? Given that populations affected by the pandemic are likely to be impoverished, disenfranchised, and marginalized, how should the needs of these populations for basic services, income support, and assistance be balanced against the needs of the healthy or the sick but electorally significant? The Principlist Approach: So, what should public health law do when ethical imperatives conflict with one another? One proposed starting point is a broad commitment to social justice, though exactly what that entails and how it should be understood in practice is contested. More typically, recent ethical work on public health responses to pandemic disease has drawn on what's known as the "principlist" approach. This holds that the morally right action is that action that respects, and stands to maximize the overall balance of, four fundamental goods or prima facie principles: autonomy, beneficence, non-maleficence, and justice [11, 12].

### **The Impact of Social Media on Public Health Communication**

The combination of multiple CDC trainings, two CDC Exercises, and extensive knowledge in the area of disaster communications has shown that it is possible to integrate social media into the Core Public Health Functions within a State Health Department (SHD). The training and exercises have also shown that limited resources and time are needed to achieve it. Public health preparedness organizations at all levels need to begin to address this issue rapidly or fall further behind in their attempts to engage and inform the collective audience. However, it is also clear that caution must be held as the hype around new media has run high and continues to do so. The assumption that social media will or is replacing traditional media in disaster communications is incorrect. This is not to say that already established social networks are "better" forms of communication, as almost all are non-verified and inconsistent sources of information, problem areas for horror vacui that feed the demand instead of the supply of credible disaster information sources. Nonetheless, both public health officials and target audiences increasingly look to these new media as trustworthy sources of situational awareness during disasters and health-related scares. Professional response organizations will benefit from a greater understanding of these modalities during disasters to better inform and engage those in the impact and others at risk [13,14].

### **Public Health Messaging and Misinformation**

Across the globe, people are receiving messages about public health. Like the rest of us, they do not know what information to believe. Misinformation is one problem that always follows people during times of concern. While fault lies with those who engage in social media hoaxes and news satire sites, mistrust is also bred by the oft-strained relationship between government and the governed. Certainly, this has implications for public health law and communication during crises. As government agencies around the world struggle to make effective messaging heard, some guidelines are useful to address misinformation.

Clear communication and prompt releases, prioritizing preparation and simplicity, featuring multiple and diverse speakers, actively and sincerely addressing rumors, maintaining benevolence, avoiding bumbling authority, and controlling panic all help to ensure the public is more likely to trust messengers placing concern in wider news coverage. Among disaster experts, it is a standard belief that in times of emergency, two-thirds of the information flowing to and from the emergent are rumors. A blog released by the World Health Organization after the 2009 H1N1 pandemic pragmatically pointed out that preparedness can counter many of the rumors. A very preliminary study of U.S. hospital preparedness campaign kits assessing effectiveness showed that many complied with these recommendations. However, debunkings must be carried out in consultation with community figures and not through the government issuing a directive. Public health officials may also want to consider addressing a myth that is creating a precrisis predisposition [15, 16].

### **Legal Responsibilities of Public Health Officials**

During a public health emergency, the state and local health departments are on the frontline in the detection and control of public health threats. The emergency health powers of the state and local health departments are numerous and include voluntary and involuntary quarantine of individuals. Citizens can help prevent the spread of disease by understanding their responsibilities and cooperating with health officials. In application, the interaction between public health officials and privately owned hospitals can be challenging. Communicable disease outbreaks on rare occasions will tax the system, however, a series of high-profile infectious disease emergencies has demonstrated that preparation needs to be made for the inevitable crisis. Clinical and public health personnel should communicate openly and honestly with each other to promote trust and an effective response. During an emergency requiring the limitation of public assemblies or the imposition of standard precautions, persons transporting patients may be assigned a data form similar to the CDC Ebola following sheet. The purpose of communication is to enable individuals to take steps to protect themselves and their families in the event of an outbreak. Good communication during a public health crisis is important. In an emergency, simple tasks will give people a sense of control, keep people motivated to stay tuned to what is happening, and prepare people to take action if and when they need to do so. Based on the backlash to events starting in 2001 and recent experiences, the odds of a negative public response will increase when poor communication practices are added to a crisis [17, 18].

### **Community Engagement and Public Trust**

Engaging the Media – Share information about the positive points of the community and include information from local organizations. Share stories about the efforts of neighbors to assist neighbors. Starting or highlighting these stories can quickly build trust with the media and the public, who, in return, are already aware and informed of the good aspects of a community from a recent emergency, rather than only the negative and problems. This will build more trust and cooperation and a quicker recovery from the current disaster and a quicker resilience and recovery after the next disaster. Give People Things to Do – In an emergency, simple tasks will: 1. Give people a sense of control. 2. Keep people motivated to stay tuned to what is happening. 3. Prepare people to take action if and when they need to do so. In many communities, when a large fire broke out, emergency workers could not quickly reach every building in time. Most homes had a regular garden hose. One simple thing to add to every building was a length of garden hose that had male and female fittings on each end, and was designed to screw on to a standard garden hose outlet. These were made of bright yellow specially for use under emergency, and were noticed by visitors, reminding them of the instructions on how they could help. Notice was taken that people under emergency stress often forget items or details such as simple instructions; reminding helpers before they were needed most made them more effective in an emergency. No Harm – Many things will increase the odds of a negative public response to a crisis. It should be noted that poor communication practices need not be one of these. Many factors may affect public perception in a crisis, but it has been seen in several cases that the likelihood of a negative public reaction increases when poor communication practices are added to a crisis [19, 20].

### **International Public Health Law**

Colleagues from the Emergency and Disaster Nursing Workgroup met in Geneva on the occasion of the Third International Nurse Practitioner/Advanced Practice Nursing Network Conference. The most recent version of the International Health Regulations was published in 2008. The European Parliament's Committee on the Environment, Public Health, and Food Safety held a seminar on 11 February 2015 to discuss an international agreement to improve research and innovation. There have been many variations

in public health law, and it is generally difficult to get a reliable and constant picture. International public health law as a reaction to the health protection system has generally been systematized first, but there are many possibilities here. Public health law generally refers to health regulation practices and regulations involving the issue of health and health protection. These practices and rules took shape in ancient Mesopotamia, where the Babylonian Code of Hammurabi covered a broad spectrum of health rules as well. A similar level of legal regulation could be widely observed in other early states such as ancient Egypt, Minoan and Mycenaean Crete, Assyria, the Hittite Empire, Persia, and ancient Israel. Even though these early health measures and rules are of mixed quality and coverage, it is still clear that they concern a variety of areas, such as food supply, water quality, housing, bathing, cultivation, livestock breeding, and hygiene regarding sexually transmitted diseases [21, 22].

### **Role of Government in Crisis Management**

It is a well-established fact that when differences cannot be resolved and the environment is highly uncertain, hostile feelings escalate among the parties involved. It is also acknowledged that under these conditions, opportunities for long-term compromise disappear. While some scholars insist on agenda-setting procedures as important for the management of crises and subsequent communication arrangements, some argue that well-designed communication systems may become an important arena exactly when crises break. Critical comments provide a much needed "reality reconstructing" perspective within public relations, the understanding of the organization-public relationship(s), leadership, crisis management, and crisis communication planning. It is also suggested that findings may provide constructive help to the European Commission and national public relations associations [23,24].

### **Public Health Policy Development**

There is no better time for countries to engage in public health law reform and public communication infrastructure strengthening than when they are not currently in the whirlwind of crisis. As events unfold, facts must be quickly and carefully ascertained and disseminated to the press and the public. Rumors will fly and spread rapidly, especially in an age of information technology, and will result in such consequences as the public disregard of 'official' safety recommendations. In contrast to rumors, factual information should be provided on a regular and consistent basis, if necessary, updated or corrected. The delineation of uncertainties may follow or accompany a statement or the facts and should continue with each adjustment of the official position. Public communication is a central component of a coordinated response to any public health crisis. Complementary content, delivery, and the messengers of the strategy must be coordinated by public health officials. Sacrificing credibility by providing false assurances only makes matters worse. Speaking with a voice that is one of a cacophony of different and often conflicting messages from many sources can make the situation seem chaotic and hopeless. It is critically important that formal public statements are delivered through a single source and also the public be informed of this through brief, informative, and timely messages. In the absence of corrective information, bad news stories and rumors will grow and spread, aggravating the overall level of anxiety. The beginnings of these false reports should be quickly addressed. In so doing, it may be possible to curtail the damage they cause. Readers all viewpoint later [25, 26].

### **Regulatory Frameworks for Health Emergencies**

Often, the legal response to emergencies is in the form of exception laws that empower governments to meet disasters by suspending normal standards of conduct—in other words, to allow what is otherwise unlawful. This approach to emergency preparedness depends on defining enormous powers and responsibilities in advance, often in codes hundreds of pages long. When a crisis hits, fully trained personnel need to apply these laws. However, even the most professional legal staff find it challenging to orient themselves in complex laws, and most governments, at least at the level of local administration, are not so well-prepared. Top-down systems have other drawbacks. Many first response officers, such as firefighters, ambulance staff, and volunteers, do not have much control over what citizen they come into contact with and what the problem is, and must exercise their discretion. When "hard" systems are in place, these professionals may be drawn into an adversarial relationship with the law instead of acting as instruments of the law. Finally, the first response may be beyond the reach of the law because disasters can destroy or damage infrastructure, destroy documents and communication lines, and generally disrupt social functioning. During the Indian Ocean tsunami disaster in December 2004, countries affected found they were at a loss for communications for days afterwards as cell phone towers were downed. With feelings of insecurity heightened in a population, turning to violence in the aftermath of a large event is not an irrational response. A social control system, traditionally the front line for policing parades,

protests, or football matches, may also find itself swamped as the level of disorder overwhelms their equipment and numbers, and officers start to be injured or even killed [27, 28].

### **Training and Preparedness for Public Health Crises**

Give people things to do—In an emergency, simple tasks will give people a sense of control. In addition, these tasks will keep people motivated to stay tuned to what is happening and prepare people to take action if and when they need to do so. Training and preparation are key to effectively communicating during an emergency or disaster. Preparing for effective communications during disasters: lessons from a quality improvement project - The “Improving the Quality of Care in Small Hospitals” projects in Burkina Faso, Cote d’Ivoire, Mali, and Senegal have been successful in improving the processes and outcomes of emergency obstetric care. To achieve broad stakeholder praise and sustained improvements, individual projects used both interpersonal and mass communications. This summarizes the communications and public relations strategies employed by these projects with the hope of applying these lessons in further quality improvement endeavors. In a public health crisis, people will act on the messages they receive. Therefore, the right messages must be given. In addition, careful messages help counteract rumors and panic. Therefore, the messages must be planned and purposeful, as well as accurate. Not harm—The odds of a negative public response increase when there are poor communication practices are added to the mix of a crisis. Then, it becomes critical to address the role that emergency risk communication (ERC) plays in public health emergency preparedness and response. Finally, a series of manuals, toolkits, and training are helping integrate social media into the disaster communications planning and operations of public health officials [29, 30].

### **CONCLUSION**

Public health law and crisis communication are interdependent elements in effective public health crisis management. While legal frameworks provide structure and authority to implement health measures, communication strategies ensure public cooperation and compliance. Poor communication, misinformation, and lack of transparency can undermine public trust and exacerbate crises. The COVID-19 pandemic underscored the necessity of balancing legal interventions with clear, empathetic, and evidence-based messaging. Moving forward, policymakers must integrate legal preparedness with comprehensive crisis communication strategies to enhance public resilience and foster community trust. Strengthening legal mechanisms, promoting ethical decision-making, and leveraging multiple communication platforms will be vital in mitigating future public health threats.

### **REFERENCES**

1. Varela AR, Waqanivalu T, Schulenkorf N. Physical activity in low-and middle-income countries. Siefken K, editor. New York, NY, USA: Routledge; 2021 Oct 4.
2. Price A, Hilbrecht M, Billi R. Charting a path towards a public health approach for gambling harm prevention. *Journal of Public Health*. 2021 Feb;29:37-53.
3. Su Z, McDonnell D, Wen J, Kozak M, Abbas J, Šegalo S, Li X, Ahmad J, Cheshmehzangi A, Cai Y, Yang L. Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices. *Globalization and health*. 2021 Dec;17:1-8. [springer.com](https://www.springer.com)
4. Malik A, Khan ML, Quan-Haase A. Public health agencies outreach through Instagram during the COVID-19 pandemic: Crisis and Emergency Risk Communication perspective. *International Journal of Disaster Risk Reduction*. 2021 Jul 1;61:102346. [sciencedirect.com](https://www.sciencedirect.com)
5. Wolf DA, Monnat SM, Wiemers EE, Sun Y, Zhang X, Grossman ER, Montez JK. State COVID-19 policies and drug overdose mortality among working-age adults in the United States, 2020. *American journal of public health*. 2024 Jul;114(7):714-22. [aphapublications.org](https://www.aphapublications.org)
6. Pataro IM, Oliveira JF, Morato MM, Amad AA, Ramos PI, Pereira FA, Silva MS, Jorge DC, Andrade RF, Barreto ML, Costa MA. A control framework to optimize public health policies in the course of the COVID-19 pandemic. *Scientific reports*. 2021 Jun 28;11(1):13403. [nature.com](https://www.nature.com)
7. Sellnow TL, Seeger MW. *Theorizing crisis communication*. John Wiley & Sons; 2021 Feb 17.
8. Wang Y, Hao H, Platt LS. Examining risk and crisis communications of government agencies and stakeholders during early-stages of COVID-19 on Twitter. *Computers in human behavior*. 2021 Jan 1;114:106568.
9. Mugabe VA, Gudo ES, Inlamea OF, Kitron U, Ribeiro GS. Natural disasters, population displacement and health emergencies: multiple public health threats in Mozambique. *BMJ global health*. 2021 Sep 1;6(9):e006778. [bmj.com](https://www.bmj.com)

10. Ray M, Tornello AR, Pickart F, Stripling M, Ali M, Vargas LG. A jurisdictional risk assessment for the whole community: A new, systematic approach to participatory decision-making in public health emergency preparedness using the analytic hierarchy process. *Journal of Multi-Criteria Decision Analysis*. 2024 Jan;31(1-2):e1820. [wiley.com](https://www.wiley.com)
11. De Angelis L, Baglivo F, Arzilli G, Privitera GP, Ferragina P, Tozzi AE, Rizzo C. ChatGPT and the rise of large language models: the new AI-driven infodemic threat in public health. *Frontiers in public health*. 2023 Apr 25;11:1166120. [frontiersin.org](https://www.frontiersin.org)
12. Deiana G, Dettori M, Arghittu A, Azara A, Gabutti G, Castiglia P. Artificial intelligence and public health: evaluating ChatGPT responses to vaccination myths and misconceptions. *Vaccines*. 2023 Jul 7;11(7):1217. [mdpi.com](https://www.mdpi.com)
13. Lopes MH, Miyaji KT, Infante V. Zika virus. *Revista da Associação Médica Brasileira*. 2016;62(1):4-9.
14. Leff MS, Martini M, Baron S, Hannon PA, Walton A, Linnan LA. The Potential for Total Worker Health® Approaches in State and Territorial Health Departments: A National Mixed-Methods Study. *Journal of Occupational and Environmental Medicine*. 2023 Jan 1;65(1):53-9. [\[HTML\]](#)
15. Altay S, Berriche M, Acerbi A. Misinformation on misinformation: Conceptual and methodological challenges. *Social media+ society*. 2023 Jan;9(1):20563051221150412.
16. Cook J, Ecker U, Lewandowsky S. Misinformation and how to correct it. *Emerging trends in the social and behavioral sciences: An interdisciplinary, searchable, and linkable resource*. 2015 May 15;1:17.
17. Sallam M, Salim NA, Barakat M, Al-Tammemi AA. ChatGPT applications in medical, dental, pharmacy, and public health education: A descriptive study highlighting the advantages and limitations. *narra j*. 2023 Mar 29;3(1):e103.
18. Filip R, Gheorghita Puscaselu R, Anchidin-Norocel L, Dimian M, Savage WK. Global challenges to public health care systems during the COVID-19 pandemic: a review of pandemic measures and problems. *Journal of personalized medicine*. 2022 Aug 7;12(8):1295. [mdpi.com](https://www.mdpi.com)
19. Sellnow TL, Seeger MW. *Theorizing crisis communication*. John Wiley & Sons; 2021 Feb 17.
20. Sauer MA, Truelove S, Gerste AK, Limaye RJ. A failure to communicate? How public messaging has strained the COVID-19 response in the United States. *Health security*. 2021 Feb 1;19(1):65-74.
21. Sauer MA, Truelove S, Gerste AK, Limaye RJ. A failure to communicate? How public messaging has strained the COVID-19 response in the United States. *Health security*. 2021 Feb 1;19(1):65-74.
22. Gilmore AB, Fabbri A, Baum F, Bertscher A, Bondy K, Chang HJ, Demaio S, Erzse A, Freudenberg N, Friel S, Hofman KJ. Defining and conceptualising the commercial determinants of health. *The Lancet*. 2023 Apr 8;401(10383):1194-213. [stir.ac.uk](https://www.stir.ac.uk)
23. Zhang T, Yu L. The Relationship between government information supply and public information demand in the early stage of COVID-19 in China—an empirical analysis. *InHealthcare* 2021 Dec 31 (Vol. 10, No. 1, p. 77). MDPI.
24. Pring ET, Malietzis G, Kendall SW, Jenkins JT, Athanasiou T. Crisis management for surgical teams and their leaders, lessons from the COVID-19 pandemic; A structured approach to developing resilience or natural organisational responses. *International Journal of Surgery*. 2021 Jul 1;91:105987. [sciencedirect.com](https://www.sciencedirect.com)
25. Kuhlmann S, Franzke J. Multi-level responses to COVID-19: crisis coordination in Germany from an intergovernmental perspective. *Local Government Studies*. 2022 Mar 4;48(2):312-34.
26. Zeemering ES. Functional fragmentation in city hall and Twitter communication during the COVID-19 Pandemic: Evidence from Atlanta, San Francisco, and Washington, DC. *Government Information Quarterly*. 2021 Jan 1;38(1):101539.
27. Corradetti C, Pollicino O. The “War” against Covid-19: state of exception, state of Siege, or (constitutional) Emergency Powers?: the italian case in comparative perspective. *German Law Journal*. 2021 Sep;22(6):1060-71.
28. White J. Constitutionalizing the EU in an Age of Emergencies. *JCMS: Journal of Common Market Studies*. 2023 May;61(3):781-96.

29. Merchant RM, South EC, Lurie N. Public health messaging in an era of social media. *Jama*. 2021 Jan 19;325(3):223-4.
30. Nan X, Iles IA, Yang B, Ma Z. Public health messaging during the COVID-19 pandemic and beyond: Lessons from communication science. *Health communication*. 2022 Jan 2;37(1):1-9.

<b>CITE AS: Kagaba Amina G. (2025). Public Health Law and Communication during Crises. EURASIAN EXPERIMENT JOURNAL OF HUMANITIES AND SOCIAL SCIENCES, 7(1):41-48</b>
--