



Is There a Lawyer in the House?

*School of Law graduates instrumental in creating
National Center for Medical-Legal Collaboration*

By Maura King Scully

SHE HAD TO CHOOSE BETWEEN HEAT AND FOOD. So Marla (not her real name), a single mother of two, chose food. Marla works full time, but when her child support payments stopped abruptly, she couldn't make ends meet. She got behind on utility payments, and her power was shut off. Marla tried working out a payment plan with the electric company, but was unsuccessful in navigating the bureaucracy. That was June. It's now September, and with the cold weather's approach, she confesses to her pediatrician at Boston Medical Center that she's concerned for the health of her daughters, one of whom is blind.

Her pediatrician immediately refers her to a specialist who contacts the utility, and within days, restores Marla's power

and arranges an appropriate payment plan. That specialist is a staff lawyer at the Boston Medical Center's Family Advocacy Program (FAP). And the call made to turn back on Marla's electricity is all in a day's work for the program's six attorneys, including Director Ellen Lawton '93, Anne Gillespie '91 and George-Marie Jasmin '04.

"We work on a case consultation model, similar to how clinicians operate," says Lawton of the path-breaking program. "If a pediatrician hears an irregular heartbeat, she can page a cardiologist to come, listen and advise. FAP does the same thing with lawyers," she notes, allowing them to act preventively in the delivery of legal services.

TRACK RECORD

Established in 1993, FAP has helped more than 4,000 families since its inception, providing legal remedies for social problems

such as substandard housing, inappropriate special education placements and loss of benefits, like food stamps and SSI. It has also been replicated across the country, with nearly 30 programs springing up over the past decade, from California to Connecticut. Throughout that time, FAP directors, including Lawton and her predecessors, Josh Greenberg '93 and Jean Zotter '95, have served as unofficial consultants to these programs, offering practical advice and sharing resources.

In April, this informal arrangement became official with the launch of the National Center for Medical-Legal Collaboration at Boston Medical Center. Made possible by \$3 million in grants from the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation, the center will develop and disseminate best practices in medical-legal collaborations as well as consolidate national and local policy advocacy.

Josh Greenberg, FAP's inaugural director, now director of state and federal relations at Children's Hospital Boston, calls the national center "terrific." "Practicing law in a medical setting is like a cross-cultural experience. How do you read medical records? How do you bridge issues of confidentiality?" he asks. Creating a national center devoted to answering these questions for doctors and lawyers, he notes, "is tremendously important. This has the ability to infiltrate the medical delivery system in substantial ways."

THE HEALTH-LAW CONNECTION

It's precisely this promise that drew the Kellogg Foundation to commit \$2.4 million over five years, according to Program Director Dr. Albert Yee. "What intrigued us was how medical care could impact social and economic factors affecting child health," he says. "The [FAP] model is one of collaboration, with the medical and legal professions coming together to learn, contribute, collaborate. If the medical side pursued it alone, it would be overly medicalized; with legal alone, you'd miss out on medial impacts, outcomes. Here, the partnership informs better policy. The whole really is much greater than the sum of its parts."

"Medical-legal collaborations just make sense," notes Mallory Curran, director of the medical-legal collaboration program at MetroHealth Medical Center in Cleveland, Ohio. "Where are children going to be? At the pediatrician. With this model, we're able to benefit from the trust relationship with the health care provider and go where people who really need our help are already."

Curran credits Boston's FAP with helping her launch such a collaboration at MetroHealth. "In May 2001, I was in law school and read an article in *The New York Times* about the Boston Medical Center program. It was like reading about my

dream job," she recalls. "I contacted Ellen [Lawton] right away and told her I wanted to start a program like this in Cleveland." Through FAP's medical founder, Dr. Barry Zuckerman, Lawton put Curran in touch with MetroHealth, Cleveland's safety net hospital. "'When can you start?' was their first question," Curran recounts.

"FAP shared everything they had — types of trainings, resource sheets. They encouraged me and provided lots of technical support over bumps in the road," she says. "I can't overstate the role that Boston played. They've been tireless in

bringing word to places all over the country, organizing conferences, long before they were regarded as a national model. They're an inspiration in what they've been able to achieve."

Jay Sicklick, director of the medical-legal partnership project at the Center for Children's Advocacy in Hartford, Conn., tells a similar story of launching the programs he

MALLORY CURRAN

now oversees at St. Francis Hospital and Medical Center and the Connecticut Children's Medical Center.

"Between Josh Greenberg and Jean Zotter, I absorbed a significant amount of information: subtle common sense, suggestions, concrete materials to help us get started," he explains. "I was a poverty lawyer — I wouldn't have approached it the same way without their guidance. I would have approached it like a traditional legal services office; put up a sign, had referrals. It would have worked, but I wouldn't have been accepted into the medical fabric."

Following Greenberg's and Zotter's advice, Sicklick learned to "speak doctor": he developed a case-based presentation style, with lots of take-home bullet points and a laminated resource list. "We wouldn't have had nearly the impact on the culture without the integrated model we picked up from Boston," he says.

FORWARD THINKING

Hopes for the National Center for Medical-Legal Collaboration are high. "Through the center, we can link sites together so they can learn from each other, and provide more thorough technical assistance," says Lawton. "We think this will dramatically, positively shift how services are provided."

Yee at Kellogg agrees. "The center has the potential to transform how pediatric care is provided to children from low-income families. That's what's really exciting about all of this. If I could dream, it would become a new national standard for children's health."

And if Yee has his way, the next time a pediatrician at a safety-net hospital comes across a social problem with a legal remedy, she'll ask, "Is there a lawyer in the house?"

The answer will be a resounding, "Yes!"