

Lawyers Help Patients Solve Problems

*National Network Connects
Medical-Legal Programs
Aiding Low-Income Families*

By SYLVIA PAGÁN WESTPHAL

PEDIATRICIAN Barry Zuckerman used to phone landlords and utility companies to berate them. He would call on behalf of low-income patients, arguing that children needed a mold-free apartment or a heated home to stay healthy. But he tired of the dialing and diatribes. "I'd yell," Dr. Zuckerman says, "and that still didn't help."

In the early 1990s, he expressed his frustration to a friend, who urged him to see whether the patients had any legal recourse. "Then I realized what the problem was," says Dr. Zuckerman, chief of pediatrics at Boston Medical Center. "I needed a lawyer."

That is how Dr. Zuckerman came to start a program at Boston Medical, the largest provider of care to the indigent in Massachusetts, in which doctors enlist lawyers to help solve health problems. The lawyers work for families to fight landlords to get moldy or rat-infested—and hence, asthma-provoking—apartments rehabbed. They press utility companies to return service to families of sick children who need medicines refrigerated. And they have helped families who have been turned down for food stamps to get them.

The Family Advocacy Program, started in 1993 with \$35,000 and a single lawyer, has grown into a \$400,000-a-year, donor-funded enterprise with six in-house lawyers and adjunct attorneys from eight law

firms in Boston, who donate their time.

Thirty-three programs like it have been started in 20 states, with several more under development. Many of the initiatives were inspired by the program at Boston Medical. Boosted by a \$2.7 million grant from the W.K. Kellogg Foundation and other philanthropies, the sites are joining that program in a national network, the Medical Legal Partnership for Children, being launched this week and based in Boston.

Through the network, all the sites will be able to apply for grants from the partnership, and new sites will also be able to get funding. The sites will be offered support and advice from the Boston team and will be linked by a new Web site.

"It's very exciting. Dr. Zuckerman has really been a visionary," says Eileen Ouellette, president of the American Academy of Pediatrics.

The medical-aid programs have helped fill a gap created by the stagnation of federal funding for low-income legal aid, says Don Saunders, director of civil legal services at the National Legal Aid & Defender Association in Washington.

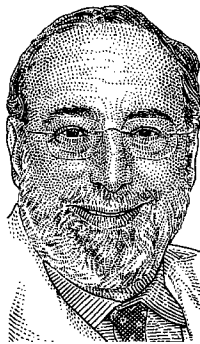
For example, in California's San Mateo County, several legal-aid offices were consolidated into one after funding cuts. That made it harder for one of the program's attorneys, Melissa Rodgers, to find ways to reach clients efficiently. So she set up a family-advocacy program with Lucile Packard Children's Hospital Stanford, in Palo Alto. Doctors and lawyers "have tended not to work together at all, but with certain populations and situations, our missions overlap," says Ms. Rodgers.

Dr. Zuckerman and others say studies have demonstrated a correlation between poverty and illness, so helping families

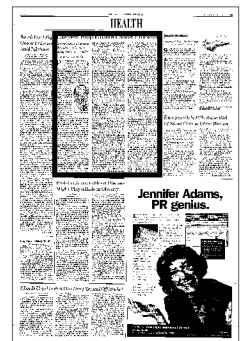
stay out of precarious conditions should ultimately have a positive impact on their health. "I call it a whole-child, whole-family view of pediatrics," he says.

Bridgette White, a working single mother of two teenagers who lives in Dorchester, Mass., says the program has been "wonderful." Ms. White fell behind on payments and had her electricity shut off last summer. She pleaded with the electric company to set up a payment plan to get her lights back on. One of her daughters is partially blind, and she was worried she would hurt herself around a dark apartment. She says the utility company refused to strike a deal with her until lawyers from the Boston program intervened, invoking state legal protection from shut-offs for households with disabled people. By October, Ms. White had her service back. "We have the capacity to read the fine print, and sometimes that's all you really need," says the program's executive director, attorney Ellen Lawton.

Not all landlords are thrilled with the program. Barbara Johnson, who owns a three-family house near Boston, said she had a terrible experience dealing with program attorneys in 2004. The attorneys were demanding she solve a rodent problem they said was contributing to the asthma of a tenant's child. Ms. Johnson said she tried repeatedly to send exterminators to the apartment, but her tenant's boyfriend wouldn't let them in. She says she wound up paying \$1,200 in legal fees and was forced to pay a settlement to the tenants. "I have been a landlord since 1978, and this is the hardest experience I have ever had," she said.



Barry Zuckerman



Ms. Lawton said she couldn't comment on Ms. Johnson's case, as she lacked authorization from her clients. "But we wouldn't be doing our job if we didn't upset the apple cart occasionally in our effort to ensure that families have access to safe housing," she said.

The medical-legal program isn't Dr. Zuckerman's first effort to go national. He says that, every time he takes care of children at the hospital, "I come away with something that bothers me."

Another project he started is Reach Out and Read, which gives children books during their pediatric checkups. Having distributed more than three million books nationwide in its 17 years of existence, the program also has been backed by research showing that it improves literacy among children enrolled.

As with Reach Out and Read, researchers are now trying to measure the actual impact of the medical-legal approach. John Kuder, a Cornell University professor who is doing a two-year study of the Boston Medical Center program, says "you can link together bits of logic and information that suggests it's a very good idea." However, he adds, "other people, including me, need some harder evidence. You really don't know if this is the best way to do it or not."

A Chicago program called Project Access—which teamed doctors with lawyers and social workers to help families get services for babies with serious medical complications—found no major differences in a number of outcomes, including whether families were able to receive supplemental security income or how often they went to the emergency room. A similar project in California, called the Premie Project, also compared families in the program to a benchmark group of families, and, according to Ms. Rodgers, the results suggest a positive impact from the approach, though they haven't been published.

Steve Berman, head of academic general pediatrics at the Children's Hospital in Denver, says that, while the concept has merit, resources for some hospitals might be better spent on something else. "I'm struggling all the time to raise philanthropy money simply to pay salaries of the pediatricians who see these low-income families," says Dr. Berman. "We need to first cover the cost of providing these families with basic medical care."

Dr. Zuckerman, meanwhile, thinks he has found his next big project, which has to do with raising awareness of sickle-cell disease, a condition predominant among blacks. "When he tells me all the things he wants to do, I have to take a deep breath to catch up with him," says Elaine Ullian, chief executive of Boston Medical Center.