MEDICAL LEGAL PARTNERSHIPS: A KEY STRATEGY FOR MITIGATING THE NEGATIVE HEALTH IMPACTS OF THE RECESSION

Randye Retkin, Esq.
Julie Brandfield, Esq.
LegalHealth
New York Legal Assistance Group
New York, NY

Margo Hoppin
NYU School of Law
New York, NY

Overview

The current recession poses a serious threat to the health and well-being of millions of Americans. The six years of economic expansion before the recession began in 2007[1] did not benefit millions of low-income families who live in social and economic circumstances that severely compromise their health. The current downturn is putting millions of people newly at risk for serious health consequences, while simultaneously straining government, hospital and legal services resources.

Many low-income patients with serious health problems need help "navigating the complex legal system that often holds solutions to many social determinants of health."[2] Strategic and timely free legal assistance can advance individual and public health goals, helping to safeguard against food, housing and energy insecurity, secure access to healthcare, and mitigate other obstacles to improved health.[3]

The medical-legal partnership ("MLP") model, a method of care in which doctors and lawyers work together to prevent or overcome many of the nonmedical problems that affect patients' health, channels limited legal services resources to vulnerable clients.[4] MLPs effectively combine and deploy increasingly limited legal aid and hospital resources and therefore offer a key strategy to abate some of the worst human consequences of the recession.

Negative Health Impacts of the Recession

Socioeconomic Determinants of Health

The connection between socioeconomic status and health outcomes is well-established.[5] People who have less income and less education develop serious chronic diseases,[6] mental illness[7] and other health problems at significantly higher rates than their educated, high-income peers, and they suffer worse physical consequences from their ailments.[8]

According to the Institute of Medicine ("IOM"),[9] the lack of health insurance is itself "hazardous" to a person's health.[10] In a series of recent studies, the IOM found that the uninsured do not receive needed medical care, despite the availability of some "safety net" options.[11] "Safety net" healthcare options (institutions and programs which provide patients with needed care regardless of their ability to pay) have become significantly *less* available in the recession, as shrinking budgets have forced cut-backs and closures at hospitals, state and local health departments and community health centers across the country.[12]

The IOM studies also found that uninsured patients who are sick or injured have worse health outcomes, and are more likely to die prematurely than the insured.[13] According to the studies, insufficient access to medical care is a primary reason for the disparate outcome. For example, uninsured adults with cardiovascular disease are less likely to know that they have the disease, and more likely to experience poor health outcomes; similarly, uninsured cancer patients are more likely to be diagnosed at a later stage in the progression of the cancer.[14] The IOM found that uninsured chronically ill adults are significantly more likely to delay needed treatment and medication, or to skip them entirely, and that this produces worse health outcomes, greater limitations in daily life, and premature death.[15]

The research also showed that one person's lack of health insurance could put the health and financial stability of her entire family at risk.[16] Because the likelihood of having health insurance varies directly with household income,[17] low-income patients are often in a particularly precarious position.

Rising Unemployment and Health Coverage Losses

The United States began losing jobs in December of 2008, and continued to do so at an alarming rate.[18] In June of this year, the unemployment rate reached 9.5 percent,[19] the highest rate since 1983.[20] The number of unemployed people in the United States rose by 7.2 million between December, 2007 and June 2009, bringing the total to 14.7 million people.[21] As is typically the case, unemployment rates are higher among socially disadvantaged groups. For example, in June 2009, the unemployment rate among people with less than a high school diploma was 15.5 percent, compared with 4.7 percent among people with a bachelor's degree or higher.[22]

The worsening employment situation is creating new and deeper poverty. According to a recent analysis, if the unemployment rate reaches 11 percent by 2010, the number of Americans living in poverty will rise by 12.4 million, more than seven million will fall into "deep poverty" (meaning they live on an income that is less than half of the federally-defined poverty line) and more than seven million will lose their health insurance.[23] Research has also shown that with every 1 percent rise in unemployment in the United States, approximately 1 million people become uninsured.[24]

continued on page 30

continued from page 29

While food insecurity, lack of healthcare, and substandard living conditions are common experiences for those living in poverty, many middle-income families are facing excruciating choices between basic necessities for the first time. In interviews with 27 low and middle-income families across the country, all of whom had at least one full-time worker in the family, the Kaiser Commission on Medicaid and the Uninsured found that securing and paying for healthcare was a widespread and mounting concern in the recession.[25] The study found healthcare costs strained – and in some cases decimated – already over-burdened family budgets, and that *both* the insured and uninsured are delaying or avoiding healthcare services because of cost. According to a recent study, the share of personal bankruptcies attributable either to medical debt or significant financial loss due to illness and healthcare costs rose by 49.6 percent between 2001 and 2007, and the likelihood that bankruptcy was due to a health-related problem increased by 238 percent over the same period.[26]

Increased Use of Hospitals and Clinics by the Socially Vulnerable

Nationwide, hospital outpatient departments ("OPD"s) and community health clinics serve a disproportionately high number of socially vulnerable patients. Medicaid recipients make an average 24.2 visits per 100 persons annually to OPDs for preventative care services alone (the privately insured make 3.6 visits per 100 persons annually).[27] Federally Qualified Health Centers[28] serve 18 million patients every year, 71 percent of whom live on family incomes at or below the federal poverty line, and 91 percent of whom live at or below 200 percent of the federal poverty line.[29] Uninsured patients constitute 39 percent of health center clients, and an additional 35 percent receive Medicaid. [30]

In the wake of the economic crisis, the number of patients seeking care from public hospitals and health centers has increased sharply,[31] and emergency departments have experienced a sharp increase in the number of patients who require acute care. An increasing number of patients are presenting at public hospitals and health centers seeking care for which the hospitals will receive no form of compensation;[32] according to a recent report from the American Public Health Association, anecdotal evidence from staff at community health centers, free clinics, public hospitals and emergency departments reveals that "the demand for care from the uninsured has exploded" since the start of the recession.[33]

A Battered Social Safety Net

Demand for Community Services has Exploded

At the same time that more patients turn to outpatient clinics and community health centers for care, those institutions are undergoing deep cuts in personnel and programs.[34] A recent survey of 1,078 community hospitals conducted by the American Hospital Association found that 90 percent of hospitals have made cuts because of the recession, nearly half have reduced staff size and 20 percent have eliminated services.[35] Despite these cost reduction efforts, 70 percent of the respondents reported that declining financial health will impact their ability to provide services in the future.[36] For example, in March 2009 New York's Health and Hospital Corporation ("HHC"), the largest municipal healthcare system in the country, announced that it would lay off 400 workers, close 20 community and hospital-based programs and reduce spending by $105 Million due to state cuts in Medicaid, rising costs, and an increasing number of uninsured patients.[37] In April, HHC announced that there would be more lay-offs and an additional $210 Million spending cut.[38]

Crucial community services provided by privately-funded organizations around the country, such as food pantries and emergency food programs, also are experiencing an unprecedented surge in demand for their services just as they cut back on portions and supplies. In some communities, programs are closing altogether.[39]

Even when government-funded services for low-income families are available, they are delivered through a system that is "so complex and unwieldy that many parts … are rendered inaccessible."[40] As the *New York Times* recently reported, even the most basic components of public assistance – healthcare, housing, cash assistance and food stamps – function nationally as a "hit or miss system of relief" in which accidents of geography and complicated administrative procedures frequently determine whether and how aid is provided.[41]

Long before the economic downturn began, civil legal assistance from Legal Services Corporation ("LSC")-funded programs,[42] private non-profits and *pro bono* contributions did not come close to meeting the legal needs of low-income clients.[43] In 2005, LSC found that fewer than one in five legal needs experienced by low-income Americans were addressed with the assistance of a lawyer.[44] In the face of widespread bankruptcy, foreclosures, high medical and consumer debt, unemployment, lack of insurance and poverty, LSC-funded programs across the country are receiving "a wave of new clients seeking help."[45]

Because of a steep decline in IOLTA funds[46] that began in 2008,[47] and a reduction in philanthropic contributions and pro bono services by some law firms,[48] the resources to provide free civil legal assistance are shrinking. These trends are forcing difficult decisions about how to spread thin resources and reach the most vulnerable clients.

Observations from the Field – An Urban MLP's Experience

LegalHealth, a New York City-based MLP that served 3,388 low-income

clients in 2008, is learning firsthand about the ways in which the economic crisis has become a healthcare crisis. Echoing the experiences of doctors and social workers across the nation, front-line healthcare professionals at LegalHealth's 14 partner hospitals report that in the last year patients have presented with more severe medical problems after delaying treatment because of cost. They also report that emergency room visits are up, a trend driven both by an increased incidence of acute medical needs and an increasing number of uninsured patients seeking basic medical care. Alan Aviles, President and CEO of New York City's Health and Hospitals Corporation, reports an eight percent increase in the number of uninsured patients visiting its public hospitals between 2007 and 2008. Aviles anticipates that the trend will accelerate as patients lose employment-based health insurance.[49] Healthcare professionals who work with attorneys at LegalHealth's hospital-based legal clinics report that more patients are presenting with unmet legal needs.[50]

Sandra Chaiken, Director of Social Work for the North Bronx Healthcare Network ("NBHN"),[51] has observed that recession-related stresses are having a direct impact on patient health. Social workers in the NBHN's two hospitals and community health center – the sole public healthcare providers in the North Bronx – are at the center of the diabetes epidemic among low-income New Yorkers. They report that patient involvement in diabetes self-management, a key to reducing diabetes-related morbidity, is declining noticeably as diabetic patients become so preoccupied with meeting basic family needs that they are unable to attend to their own health. NBHN social work staff also has noticed an increase in violence and sexual assault among their patients since the recession began, echoing the observations of social workers nationwide.[52]

LegalHealth has seen the corresponding effect in its caseload. From January to June 2009, LegalHealth received 35 percent more domestic violence referrals than it did during the first half of 2008.[53] As the recession has deepened, other trends in the types of cases referred to LegalHealth's clinics show ample evidence of economic distress as low-income patients and their families have increasing difficulty procuring basic necessities. For example, food stamp cases increased by 190 percent in the final quarter of 2008 compared to the same period in 2007, and Medicaid cases increased by 23 percent in the second half of 2008 compared to the second half of 2007. A greater proportion of LegalHealth clients were elderly in 2008, a trend that LegalHealth expects to continue as elderly patients face the increasing cost of living with decreased fixed incomes and diminished assets.[54]

Social workers witness the impact of the economic crisis on patient health because, as Ms. Chaiken has observed, public hospitals and healthcare centers in New York City function both as a "sanctuary" for people in high-need communities and as a gateway to other safety net organizations in the community.[55] Because public hospitals are mandated to provide care to all patients, regardless of ability to pay, immigration status and place of residence, they are seen as a safe place to go for help – even if the problem is not exclusively medical. The hospital setting is the point of entry promoted by the MLP model to implement legal interventions with low-income patients in part because it enables hospital resources to be efficiently deployed to meet patients' health and psychosocial needs while the onsite public interest lawyer can address those problems that have a legal remedy.

Medical-Legal Partnerships Leverage Limited Resources

MLPs are an effective way of combining limited resources to have a positive impact on socially vulnerable patients, particularly during a severe economic downturn. When doctors and lawyers collaborate, the doctor can help identify, and the lawyer can help resolve, the cauldron of complex legal issues that affect the health and well-being of low-income clients. Through training, lawyers teach doctors how to "observe the health effects of socio-economic factors or detect when such factors detract from their patients' care."[56] When such factors are identified, doctors can turn to their legal partner to provide the knowledge, resources and assistance to remove or mitigate adverse circumstances.[57]

Working together enables doctors and lawyer to address problems more effectively than either could do alone. A case recently handled by LegalHealth and its healthcare partners at St. Luke's Hospital in New York City demonstrates the efficiency of collaboration. A 50 year old woman with breast cancer, glaucoma and diabetes was living in a shelter, sharing a filthy communal bathroom and shower. Because she had been in cancer treatment for several months, her immune system was compromised and she was prone to infections. Her eye surgeon could not proceed with the surgery for glaucoma so long as the patient was living in unhygienic conditions at the shelter.

Recognizing that the patient needed a lawyer to change her living conditions, the surgeon referred the patient to LegalHealth. The LegalHealth attorney worked with her oncologist and eye surgeon to gather the medical evidence regarding the patient's suppressed immune system, the need for the glaucoma surgery, and the importance of a clean living situation to her recovery. With this crucial medical evidence, the attorney submitted documentation to the Department of Homeless Services and promptly obtained a transfer for the patient to an apartment-style shelter with her own bathroom. Days later, the client was scheduled for her surgery.[58]

Partnering lawyers with community healthcare providers not only channels limited legal resources to a particularly vulnerable and high-need population, but also reduces barriers that can prevent patients from accessing needed legal services. For patients with acute health

continued on page 32

continued from page 31

problems, for example, transportation often presents such a barrier; making legal services available in the same location that clinical treatment is provided eliminates that problem. In addition, because the MLP model builds on the trust between healthcare professionals and their patients, obstacles like fear, mistrust and a lack of awareness about legal services can also be overcome if a trusted intermediary – such as a doctor, nurse or social worker – directs the patient to an onsite lawyer.

LegalHealth has conducted two studies regarding the effect of legal interventions on clients with chronic and serious illnesses. A 2006 study conducted by doctors at St. Luke's-Roosevelt Hospital and LegalHealth staff found that asthma patients who received legal interventions experienced significant improvements in the severity of their condition, and fewer emergency room visits, than patients who did not receive legal assistance.[59] In a 2007 study of 51 LegalHealth clients living with cancer, 83 percent of the respondents reported that legal assistance reduced stress and worry, 51 percent reported that their financial situation improved, 23 percent reported that legal assistance enabled them to maintain their treatment regimen, and 22 percent reported it enabled them to keep their medical appointments.[60] (As an interesting side note, 78 percent of the clients in the cancer study reported that having cancer created their legal difficulties.)

The MLP model has proliferated since the 1993 creation of the Medical Legal Partnership for Children ("MLPC"), which served low-income pediatric patients and their families at Boston Medical Center.[61] Seeking to promote the development and expansion of similar programs, the MLPC launched a National Center in 2006, which subsequently became the National Center for Medical-Legal Partnership ("NCMLP") in 2009.[62] As of March of 2009, 81 programs[63] serving patients in over 180 hospitals and health centers across the country were affiliated with the NCMLP.[64]

Recognizing the success of the MLP model, the American Bar Association ("ABA") adopted a resolution in 2007 to encourage the development of MLPs.[65] In 2008, the ABA launched the Medical-Legal Partnerships Pro Bono Support Project, noting that these programs represent "one of the most important innovations in legal service delivery for vulnerable populations in recent years" and encouraging law firms and lawyers to support the growth of MLPs across the United States.[66]

Conclusion

MLPs have a vital role to play in the recession. As people lose jobs, income, health insurance, food and housing security, legal assistance can help the most vulnerable patients mitigate the impact of the economic crisis on their physical and mental health. The MLP model is a proven and strategic investment of limited medical and legal resources. By creating new MLPs, expanding existing ones and leveraging pro bono resources as law firms face a slow down in business, doctors and lawyers can abate some of the harshest human consequences of the recession and its aftermath.

Special thanks to Cathy Bacich, Esq. for her invaluable research and editorial assistance.

Randye Retkin, Esq., is Director and founder of LegalHealth. She previously served as Director of Legal Services for Gay Men's Health Crisis, the nation's oldest and largest organization serving people with HIV/AIDS. Ms. Retkin is nationally recognized for fostering collaboration among professionals working with the chronically ill and for helping these people access medical and legal care. Ms. Retkin co-authored one of the first major articles on collaborative care for the chronically ill: "Attorneys and Social Workers Collaborating in HIV Care: Breaking New Ground," Fordham Urban Law Journal (1997). She also co-authored "Complexities in HIV Consent in Adolescents," Clinical Pediatrics (July/August 2005) and the recent "The Attorney as the Newest Member of the Cancer Treatment Team," Journal of Clinical Oncology (May 2006). She is a founder of the New York Immigration Coalition and co-author of New York's Standby Guardianship law. She may be reached at 212-613-5080 or *rretkin@nylag.org*.

Julie Brandfield, Esq. is the Associate Director of LegalHealth. Ms.Brandfield has spoken at numerous conferences on partnering with healthcare professionals and co-authored "Complexities in HIV Consent in Adolescents," Clinical Pediatrics (July/August 2005) and "The Attorney as the Newest Member of the Cancer Treatment Team," Journal of Clinical Oncology (May 2006).

Before joining LegalHealth in 2002, Ms. Brandfield was as associate at Debevoise & Plimpton. She may be reached at 212-613-5083 or *jbrandfield@nylag.org*.

Margo Hoppin interned at LegalHealth in 2008 and 2009. She has a bachelor's degree in Social Studies from Harvard College and will graduate from the New York University School of Law in 2012.

Endnotes

1 The Business Cycle Dating Committee of the National Bureau of Economic Research determined that current recession in the U.S. economy began in December of 2007. "Determination of the December 2007 Peak in Economic Activity." Business Cycle Dating

Committee, National Bureau of Economic Research, *available at:* http://www.nber.org/cycles/dec2008.html.

2 Mission Statement of the ABA Medical Legal Partnerships Pro Bono Support Project, http://www.abanet.org/legalservices/probono/medlegal/home.shtml (last visited June 08, 2009).

3 *See, e.g.,* David I. Schulman, Ellen Lawton, Paul R. Tremblay, Randye Retkin & Megan Sandel. *Public Health Legal Services: A New and Powerful Vision?*, 15(3) GEO. J. ON POVERTY L. & POL'Y (2008), *available at* http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1112868; Randye Retkin, Julie Brandfield, Ellen Lawton, Barry Zuckerman & Deanna DeFrancesco, *Lawyers and Doctors Working Together – A Formidable Team*, 20(1)The Health Lawyer 33-35 (Oct. 2007).

4 *Id.*

5 *See, e.g.,* ROBERT WOOD JOHNSON FOUND., OVERCOMING OBSTACLES TO HEALTH (Feb. 28, 2008), *available at* http://www.rwjf.org/files/research/obstaclestohealth.pdf; Rati Ram, *Income Inequality, Poverty and Population Health: Evidence from Recent Data in the United States*, 61(12) SOCIAL SCIENCE & MEDICINE 2568-76 (Dec. 2005), *available at* http://www.ncbi.nlm.nih.gov/sites/entrez.

6 U.S. Dep't of Health and Human Serv. National Center for Health Statistics, *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2007*, 10(240) VITAL & HEALTH STAT. (2009), *available at* http://www.cdc.gov/nchs/data/series/sr_10/sr10_240.pdf.

7 *See, e.g.*, Christopher G. Hudson, *Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypothesis*, 75(1) Am. J. Orthopsychiatry 3-18 (2005), *available at* http://www.apa.org/journals/releases/ort7513.pdf.

8 *See, e.g.,* ROBERT WOOD JOHNSON FOUND., *supra* note 5; RAPID PUB. HEALTH POLICY RESPONSE PROJECT, GEORGE WASHINGTON SCH. OF PUB. HEALTH AND HEALTH SERVS., EXAMINING THE HEALTH CONSEQUENCES OF THE 2008-09 RECESSION (Jan. 2009), *available at* http://www.gwumc.edu/sphhs/about/rapidresponse/download/Rapid_HlthRecs_Final.pdf.

9 The Institute of Medicine is a non-profit organization, created in 1970 under the charter of the National Academy of Sciences. Its mission is to "serve as adviser to the nation to improve health" by providing unbiased and evidence-based information and recommendations on health and science policy. The IOM works primarily through committees of leading scientists who volunteer their time. Committees issue studies and reports on a wide variety of subjects related to the nation's health, and these reports are in turn extensively reviewed and evaluated by external experts before publication. For more on the IOM, please see: *www.iom.edu.*

10 INST. OF MED., AMERICA'S UNINSURED CRISIS: CONSEQUENCES FOR HEALTH AND HEALTHCARE (forthcoming 2009) (manuscript at IX), *available at* http://books.nap.edu/openbook.php?record_id=12511&page=R1.

11 *Id* at 49.

12 Susan S. Abramson, MHS. "Holes in the Net: Surveying the Impact of the Current Economic recession on the Health Care Safety Net". American Public Health Association. (April, 2009), at *available at:* http://www.apha.org/NR/rdonlyres/DC0A82C1-606B-4F67-B3DD-3E14A9FB3C9B/0/1SafetyNet.pdf. The "health care safety net" includes some public, non-profit and teaching hospitals, community health centers and primary care physicians, state and local health departments, urgent care centers, and mobile clinics. *Id,* at 3.

13 INST. OF MED., *SUPRA, at 49, 64.*

14 *Id.* at 72

15 *Id.* at 5, 7, 8.

16 *Id.* At 121.

17 CARMEN DENAVAS-WALT, BERNADETTE D. PROCTOR AND JESSICA C. SMITH, U.S. CENSUS BUREAU, INCOME, POVERTY AND HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2007 23 (2008), *available at* http://www.census.gov/prod/2008pubs/p60-235.pdf.

18 Laura A. Kelter "Substantial Job Losses in 2008: Weakness Broadens and Deepens Across Industries," Bureau of Labor Statistics. Monthly Labor Review (March, 2009), *available at:* http://www.bls.gov/opub/mlr/2009/03/art2full.pdf

19 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, THE EMPLOYMENT SITUATION: JUNE 2009 (2009), *available at* http://www.bls.gov/news.release/pdf/empsit.pdf.

20 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, EMPLOYMENT STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION, 1940 TO DATE (2008), *available at* http://www.bls.gov/cps/cpsaat1.pdf.

21 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, THE EMPLOYMENT SITUATION: JUNE 2009, *supra,* at 1.

22 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, THE EMPLOYMENT SITUATION: JUNE 2009, *supra, supra* note 1915, at table A4.

23 JAMES KVAAL & BEN FURNAS, CENTER FOR AMERICAN PROGRESS RECESSION, POVERTY AND THE RECOVERY ACT; MILLIONS AT RISK OF FALLING OUT OF THE MIDDLE CLASS 2 (2009), *available at* http://www.american-progress.org/issues/2009/02/pdf/recession_poverty.pdf. Kvaal and Furnas use a methodology developed by the Center for Budget and Policy Priorities in their analysis.

24 RAPID PUB. HEALTH POLICY RESPONSE PROJECT, *supra* note 8, at 2.

25 MICHAEL PERRY, JULIA CUMMINGS, JULIA PARADISE & TANYA SCHWARTZ, KAISER FAMILY FOUNDATION, SNAPSHOTS FROM THE KITCHEN TABLE: FAMILY BUDGETS AND HEALTHCARE 5-9 (2009), *available at* http://www.kff.org/uninsured/upload/7849.pdf. *See also* DEBORAH LORBER, THE COMMONWEALTH FUND, HOW MANY ARE UNDERINSURED? TRENDS AMONG U.S. ADULTS, 2003 AND 2007 (2008), *available at* http://www.commonwealthfund.org/usr_doc/Schoen_howmanyareunderinsured_1144_itl.pdf?section=4039.

26 David U. Himmelstein, Deborah Thorne, Elizabeth Warren & Steffie Woolhandler, *Medical Bankruptcy in the United States, 2007: Results of a National Study*, AM. J. OF MED. (forthcoming 2009) (manuscript at 4, 5, Table 4), *available at* http://download.journals.elsevierhealth.com/pdfs/journals/0002-9343/PIIS0002934309004045.pdf.

27 Kimberly Middleton, Ester Hing & Jianmin Xu, *National Hospital Ambulatory Medical Care Survey: 2005 Outpatient Department Summary*, 389 ADVANCE DATA FROM VITAL & HEALTH STATS. Table 9, 19 (2007), *available at* http://www.cdc.gov/nchs/data/ad/ad389.pdf.

28 Federally Qualified Health Centers ("FQHC") and FQHC look-alikes are public and private non-profit health centers that provide primary health services, and in some cases additional health services, to low-income and medically underserved populations. *See:* NAT'L ASS'N OF CMTY. HEALTH CTRS., AMERICA'S HEALTH CENTERS: FACT SHEET 1 (Mar. 2009), *available at* http://www.nachc.org/client/documents/America's_Health_Centers_updated_3.09.pdf

29 *Id.*

30 *Id. See also* SARA ROSENBAUM, BRAD FINNEGAN & PETER SHIN, KAISER FAMILY FOUND., COMMUNITY HEALTH CENTERS IN AN ERA OF HEALTH SYSTEM REFORM AND ECONOMIC DOWNTURN: PROSPECTS AND CHALLENGES 1 (2009), *available at* http://www.kff.org/uninsured/upload/7876.pdf.

31 Abramson, *supra*, at 2.

32 *See, e.g.,* AMERICAN HOSPITAL ASSOCIATION, THE ECONOMIC CRISIS: THE TOLL ON THE PATIENTS AND COMMUNITIES HOSPITALS SERVE (2009), *available at* http://www.aha.org/aha/content/2009/pdf/090427econcrisisreport.pdf, *See also*: Abramson, *supra* at 2.

33 Abramson, *supra* at 2.

34 *See, e.g., id.*; CBS, The Recession's Impact: Closing The Clinic (Apr. 5, 2009), *available at* http://www.cbsnews.com/stories/2009/04/03/60minutes/main4917055_page2.shtml.

35 AMERICAN HOSPITAL ASSOCIATION, THE ECONOMIC CRISIS: THE TOLL ON THE PATIENTS AND COMMUNITIES HOSPITALS SERVE (2009), *available at* http://www.aha.org/aha/content/2009/pdf/090427econcrisisreport.pdf.

36 *Id.*

37 NY1 News, City's Public Health System to Cut 400 Jobs (March 19, 2009), *available at* http://www.ny1.com/content/top_stories/95904/city-s-public-health-system-to-cut-400-jobs/Default.aspx.

38 Avery Johnson & Kelly Evans, *Recession Now Hits Jobs in Healthcare*, WALL ST. J., Apr. 12, 2009 at A6, *available at* http://online.wsj.com/article/SB123958719598112571.html.

39 Nick Turse, *America's Food Banks Need a Bailout*, SALON, Mar. 16, 2009, http://salon.com/news/feature/2009/03/16/turse/.

Telephone Interview with Sandra Chaiken, Director of Social Work, North Bronx Healthcare Network (May 27, 2009). *See also* Observer.com, Recession Eats Into Food Bank Initiatives as Demand Grows, THE NEW YORK OBSERVER, Dec. 19, 2008, http://www.observer.com/2008/real-estate/financial-crisis-eats-food-bank-initiatives.

continued on page 34

Medical Legal Partnerships

continued from page 33

[40] *Medical Legal Partnerships: Transforming Healthcare*, THE LANCET, November 8, 2008, at 1.

[41] Jason DeParle, *For Recession Victims, Patchwork State Aid: Many Find That Luck and Geography Can Play a Bigger Role Than Need*, N.Y. TIMES, May 10, 2009, at A1, A20.

[42] The Legal Services Corporation ("LSC") is a private, nonprofit corporation established by Congress in 1974 to "promote equal access to justice" in the United States by disbursing grants to nonprofit programs that deliver free civil legal assistance to low-income Americans, and by providing technical assistance, evaluation and oversight to the programs it funds. In 2008, the LSC funded 137 nonprofit legal aid programs, which provided services in 918 offices across the country. See "2008 Annual Report", Legal Services Corporation. *Available at:* http://www.lsc.gov/pdfs/LSC_2008_Annual_Report.pdf. *See also*: http://www.lsc.gov/about/lsc.php

[43] *See, e.g.*, DEBORAH L. RHODE, ACCESS TO JUSTICE (Oxford University Press 2004).

[44] HELAINE BARNETT, LEGAL SERVICES CORPORATION, DOCUMENTING THE JUSTICE GAP IN AMERICA 9 (2005), http://www.lsc.gov/press/documents/LSC%20Justice%20Gap_FINAL_1001.pdf

[45] News Release, American Bar Association, Majority of Americans Hard-Hit By Recession, Stand Firm Behind Federal Funding for Legal Assistance (Apr. 20, 2009), *available at* http://www.abanet.org/abanet/media/release/news_release.cfm?releaseid=643. *See also* Sarah Ovaska, *Legal Aid in Demand and in a Bind*, THE NEWS AND OBSERVER (Feb. 10, 2009), http://www.newsobserver.com/news/story/1400207.html.

[46] Interest on Lawyers' Trust Accounts ("IOLTA") programs are a primary source of funding for programs that provide free civil legal services. Attorneys pool funds that cannot earn net income for their clients (i.e. small or short-term deposits which would not earn interest in excess of the costs incurred to collect the interest) into a single, interest-bearing trust account. The interest earned on the trust account funds state IOLTA program (there is an IOLTA program in each of the 50 states, the District of Columbia, and the U.S. Virgina Islands), which disburses the money for charitable causes. IOLTA programs nationwide disbursed $240M in grants in 2007. *See:* http://www.abanet.org/legalservices/iolta/ioltback.html

[47] Jane E. Curran, *Recovery: What IOLTA Programs Can Do Now to Maximize Revenue and Protect Revenue in the Future*, 13.2 DIALOGUE: NEWS AND PERSP. FROM THE ABA DIVISION FOR LEGAL SERVICES 7 (2009), *available at* http://www.abanet.org/legalservices/dialogue/downloads/dialsp09.pdf.

[48] Mark I. Schickman, *From the Chair*, 13(2) DIALOGUE: NEWS AND PERSP. FROM THE ABA DIVISION FOR LEGAL SERVICES 3 (2009), *available at* http://www.abanet.org/legalservices/dialogue/downloads/dialsp09.pdf.

[49] Interview with Al Aviles, President and CEO, New York City Health and Hospitals Corporation, in N.Y., N.Y. (Jan. 28, 2009).

[50] Interview with Dr. Mary O'Sullivan, Director, Smoking Cessation Program at St. Luke's-Roosevelt Hospital Center, in N.Y., N.Y. (Jan. 16, 2009).

[51] The North Bronx Healthcare Network ("NBHN") is one of six regional networks in New York City's Health and Hospitals Corporation, and is the sole public provider of healthcare services in the North Bronx. NBHN comprises Jacobi Medical Center, North Central Bronx Hospital, and one community health center. *See* Jacobi Medical Center, The North Bronx Healthcare Network, http://www.nyc.gov/html/hhc/jacobi/html/third_level/geninfo/nbhn.html (last visited June 08, 2009). Ms. Chaiken has served as Director of Social Work since November 29, 1999.

[52] Press Release, Nat'l Assoc. of Soc. Workers, Social Workers Speak On the Economy (Apr. 2009), *available at* http://www.socialworkers.org/pressroom/2009/sweconomiccrisis.pdf.

[53] New York Legal Assistance Group and LegalHealth internal data (on file with author). The New York Legal Assistance Group is a nonprofit law office dedicated to providing free civil legal assistance to low income New Yorkers.

[54] LegalHealth internal data (on file with author).

[55] Telephone Interview with Sandra Chaiken, *supra* note 3931.

[56] Retkin, Brandfield, Lawton, Zuckerman & DeFrancesco, *supra* note 3.

[57] *Id.*

[58] Email from Laura Eichhorn, LegalHealth Attorney, New York Legal Assistance Group, (Apr. 27, 2009 11:06 EST) (on file with author).

[59] Schulman et al., *supra* note 3, at 41.

[60] *Id.*

[61] National Center for Medical Legal Partnership, http://www.medical-legalpartnership.org (last visited August 20, 2009).

[62] *Id.*

[63] For more information about the MLP's affiliated with the National Center for Medical-Legal Partnership, see "Medical Legal Partnerships – March 2009", National Center for Medical-Legal Partnership, *available at*: http://www.medicallegalpartnership.org/sites/default/files/page/March%202009%20MLP%20Map%20Handout(1).pdf.

[64] National Center for Medical Legal Partnership, http://www.medical-legalpartnership.org (last visited August 20, 2009).

[65] American Bar Association House of Delegates, Recommendation 120A (Aug. 13-14, 2007), *available at* www.abanet.org/leadership/2007/annual/docs/hundredtwentya.doc.

[66] Letter from H. Thomas Wells Jr., President, American Bar Association, to colleagues of the American Bar Association (Oct. 21, 2008), *available at* http://www.abanet.org/legalservices/probono/medlegal/docs/wells_letter.pdf.

REMINDER:

ABA Health Law Section members can access past issues of *The Health Lawyer* on the Section's website. To access back issues and *The Health Lawyer's* full index, go to www.abanet.org/health/03_publications/01_health_lawyer.html