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Introduction to the Medical-Legal Partnership Symposium Issue

Susanna D. Evarts & Nathan Guevremont, Co-Editors-in-Chief

Since the first medical-legal partnership (MLP) opened in 1993 at the Boston Medical Center,¹ MLPs have increasingly become integrated into community health centers around the United States. And MLPs are in the business of growth: more than 300 MLPs are currently operating in the United States, and 59 percent of those are fewer than five years old.² MLPs are collaborations between physicians and civil attorneys in which the attorneys are integrated into the health care team, and work with the patient to address civil legal needs that impact the social determinants of a patient's health. The MLP model emerged from the recognition that many non-clinical circumstances had a direct impact on the patient's health outcomes. For example, an individual suffering from asthma will be thwarted in her quest to manage it if she lives in an apartment with a mold infestation. An attorney working with the medical team can develop legal interventions to help the patient move or get the mold treated, thereby transforming the patient's living environment into one in which she can actually heal.

In March 2017, The Solomon Center for Health Law & Policy at Yale Law School held a symposium on MLPs, featuring panels with leaders in the MLP field. This issue contains articles written by some of the symposium's panelists on the present and future of MLPs. The event provided an opportunity to reflect on the systemic factors that impact the growth and development of MLPs nationwide, and to address specific ways in which MLPs have been utilized successfully.

Yael Cannon, visiting Associate Professor at the Georgetown University Law Center and Co-Director of the Georgetown University Medical-Legal Partnership, writes about the potential for interdisciplinary collaboration to help medical providers screen children for mental health needs. As Cannon explains, children experience childhood trauma, are more likely to suffer from mental and physical ailments as adults. One way in which physicians have been able identify and help children living in abusive environments is by partnering with law-school clinics through an MLP. Collaborating with attorneys and legal professionals not only helps to provide assistance to patients at a clinic, but also provides an opportunity

1. Barry Zuckerman et al., *Medical-Legal Partnerships: Transforming Health Care*, 372 THE LANCET 1615, 1616 (2008).

2. MARSHA REGENSTEIN ET AL., THE STATE OF THE MEDICAL-LEGAL PARTNERSHIP FIELD: FINDINGS FROM THE 2016 NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP SURVEYS 9 (2017).

to identify and remedy systemic threats to the health of vulnerable populations. The collaboration between physicians and attorneys leverages their ability to effect change at the state levels.

Tamar Ezer, Associate Research Scholar in Law and Schell Visiting Human Rights Scholar at Yale Law School, argues that MLPs should broaden their focus to include an emphasis on community empowerment. The three core elements of MLPs—direct legal assistance, health care provider training, and policy-change advocacy—should be expanded to include an emphasis on community development and engagement. By conducting rights-literacy trainings, utilizing the power of community-based paralegals, and actively involving the community in the program design, MLPs can become a more effective tool to advance the rights of marginalized groups, and shift the framework from being needs-based to being rights-based.

Jesselyn Friley, a recent graduate of Yale Law School and participant in the school's MLP program, identifies a gap in MLP literature on the role that health care providers have by appearing as witnesses in administrative proceedings. The article provides an overview of the types of administrative proceedings in which medical professionals can provide testimony, and explains potential problems that health care providers may have when serving as expert witnesses in administrative proceedings. The article provides suggestions for how MLPs can improve collaboration with physicians.

Finally, Ellen Lawton, Lead Research Scientist and Co-Principal Investigator at the National Center for Medical-Legal Partnership at George Washington University, and Joel Teitelbaum, Associate Professor of Health Policy and of Law at George Washington University and Co-Principle Investigator at the National Center for Medical-Legal Partnership, provide a historical account of MLPs' origins, detailing collaborations, and occasional clashes, between attorneys and physicians since the 1800s. With this historical perspective, the authors argue that the law must play a central role in the modern fight to achieve health equity. They emphasize the importance of legal strategies to address structural barriers to health, arguing for increased emphasis on multidisciplinary training of medical professionals and additional funding for civil legal aid. The MLP movement and collaborations between attorneys and physicians provide a significant opportunity to integrate health care quality and civil rights perspectives on health equity.

No interdisciplinary collaboration is static, and the MLP movement is no exception. As it expands, matures, and solidifies, the tensions and opportunities that the authors identify will only become more salient. We hope that this special issue will contribute to ongoing dialogue between medical professionals, lawyers, public health researchers, and policy-makers. While the future of American health care reform is unclear, the spirit of cooperation and teamwork between attorneys and physicians embodied in the MLP model will be essential no matter what system emerges.