

Dan Ruben
Executive Director
Equal Justice America
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Midlothian, VA 23112

September 7, 2007

Dear Mr. Ruben,

The health care system and its malfunctions currently occupy a position of prominence in American political debates. Between *Sicko* and the impending election, the crisis of the uninsured, the rising costs of healthcare, the inequities in access, and many other serious issues have become dinnertime conversation across the nation. When the legal system is included in the discussion, it is usually as a contributing factor to the problem (we have all heard the rising costs attributed, rightly or wrongly, to greedy tort lawyers and unnecessary litigation). This summer I saw a different side to the interaction between the legal and health care worlds: I saw doctors and attorneys working together to resolve the multifaceted problems facing low-income individuals.

Some of our clients had legal issues because they had medical ones, and some of them had medical issues because they had legal ones. In the first category was a young woman whose development of a spinal disorder meant she could no longer work. Still young, not yet 35, this woman had been working steadily throughout her adult life and had even managed to save a small amount of money. When a devastating and unpredictable illness claimed her body, her self-sufficiency was at an end and she had to come to terms with and learn to navigate the complicated set of government programs that would become her sole economic support in the years ahead. Our office was able to help her plan that transition, manage and discharge her debts and ensure that she received assistance from the programs to which she was entitled, a feat that too often requires the expertise of a poverty lawyer to accomplish successfully.

In the second category were a number of clients whose substandard housing conditions caused asthma and other progressive pulmonary conditions, both in the adults and the children of the household. While these clients fought with their landlords about repairs and exterminations, they and their children became ill. Only with the help of an advocate could these clients get their landlords, as often as not in government-managed buildings, to comply with basic housing law.

In both categories, it was essential and mutually beneficial that the doctors and the lawyers work together. We, the attorneys, would not have been able to win our cases without the collaboration of our clients doctors, whose letters and medical evidence were necessary proof in many situations. We needed their testimony for determining housing priority, for example, or for building a Social Security case. They, the doctors, needed us to solve the underlying problems preventing their patients from recovering or complying

with their treatment. How can a child recover from asthma when its source, mold or rodent infestations, was a daily presence in her life? How can a person take her medication when she has been improperly denied Medicaid coverage? How can a person suffering from depression be expected to recover whatsoever if she has been denied housing and is bouncing from shelter to shelter?

This summer, meeting with clients and hearing their diverse narratives of how they came to need an advocate, I learned that a poverty law attorney must transcend the neat categorical and doctrinal boxes presented in law school if she is to be of much service to her clients, whose problems intersect with and reinforce each other across disciplines, even warring ones like law and medicine.

I would like to thank you and Equal Justice America for supporting this summer, which has strengthened and invigorated my commitment to the public sector. I carry my clients' stories and faces with me now as reminders of why I came to law school, and I sincerely appreciate EJA's enablement of the immensely rewarding experience that I had with LegalHealth.

Sincerely,

Elizabeth Gerber
Harvard Law School, 2009