



August 4, 2014

Dan Ruben
Executive Director
Equal Justice America
13540 East Boundary Road
Building II, Suite 204
Midlothian, VA 23112

Re: Reflections from Qing Qing Miao, 2014 Summer EJA Fellowship Recipient

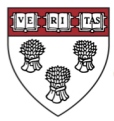
Dear Mr. Ruben:

I am writing to express my sincere gratitude to you and the funders of Equal Justice America for supporting my summer internship at Harvard Law School's Center for Health Law & Policy Innovation (CHLPI). At the time that I applied for this legal position and for EJA's 2014 Summer Fellowship, I expressed my interest in attending law school without a clear conception of my purpose for learning the trade. What would be my overarching motivation for completing three more years of rigorous, competitive schooling if I did not believe that I could apply a fine set of analytical skills to generate targeted, structural social change? This was the question conditioning my ten-week experience at the legal services clinic, and I could not have answered it without EJA's generous support. Thank you for maintaining this program for students like me who desire not only to realize, but also to partake directly, the application of law in crafting policy that serves to correct health and income disparities.

My reflection of my experience at CHLPI will be organized in the following manner: First, I will provide context to the clinic's history, the nature of the work (which includes the dynamics between interns and between interns and their advisors), and its areas of expertise. Following my brief provision of background information, I will divide my reflection into focused discussions of my technical and subjective experiences in the three projects that I handled: (1) The PATHS project (Providing Access To Healthy Solutions), (2) The Social Determinants of Health: Food is Medicine, and (3) The Mississippi Joint Use Toolkit. Finally, I will reflect on how my work here has influenced my considerations for future professional pursuits.

CHLPI is one of the clinics of Harvard's Legal Services Center that conducts work promoting legal and regulatory policy reforms for the purpose of improving health outcomes within underserved populations. The clinic partners with advocacy groups, government officials, and health-orientated foundations to undertake a diverse range of projects covering mental health, Hepatitis C, diabetes, HIV, and patient data privacy. Under the supervision of talented and dedicated clinical instructors, fellows, and director, Robert Greenwald, my colleagues and I took on at least two projects. For one of my projects, I was particularly lucky to conduct collaborative work with Nina Souliopoulos, a rising second year law student who taught me how to analyze the issues underpinning legal debates, such as the one that arose for Hobby Lobby. I was equally as fortunate to work under two sharp, compassionate clinical instructors who inspired me to consider how to align my skills with my interests to best serve my community.

For the first four weeks of the internship, Nina and I were heavily engaged with the launch of the PATHS report about diabetes prevention and management. We flew to North Carolina twice for two launches in Raleigh and Asheville – writing news releases, posting on CHLPI's blog, and facilitating presentations during the process. Our most essential task was to document North Carolinian stakeholder sentiment about the state of diabetes healthcare reform, to convert this feedback into a stakeholder survey, and to facilitate follow-up technical support in furthering their reform goals. The PATHS project gave me insights into not only the social nature of health disparities, but also a more nuanced understanding of the political barriers barring underserved populations from equal access to healthcare. Just as diabetes is a chronic disease of the body, inadequate federal and state funding is a chronic dilemma of healthcare. Diabetes itself is an incredibly complex, culturally embedded disease that disproportionately afflicts the poor and minority groups. Although my



impression is that it will not prompt as fierce of a health campaign as cancer has (perhaps because cancer is more race and income blind), I was inspired to witness the diverse professionals who attempted to identify a common ground upon which to fight the disease.

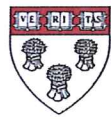
After PATHS, my work transitioned seamlessly into The Social Determinants of Health: Food is Medicine. Unlike the first project, which involved more operational work, this second project was more intellectually engaging. Specifically, it helped me to realize how society could introduce a paradigm shift in the way we conceive of medicine as preventative, not ameliorative. The Food is Medicine project itself is a partnership between CHLPI and home-delivered meal vendors in Medicaid-expanding states; it operates on the evidence-based concept that delivering medically-tailored meals to the most vulnerable – and incidentally most medically expensive – patients will reduce long-term healthcare costs, which can relieve burdens imposed on federal funding. As an undergraduate who is concentrating in the History of Science, the concept of treating food as medicine was exciting because it intersects my studies in the structural pressures (in this case, legal policy work) that can alter what people recognize as “food,” “healthy,” and “medicine.” I was thoroughly fulfilled to research and draft policy memos for our partners (the home-delivered meal vendors) to identify funding sources for their services.

My last project, the Mississippi Joint Use Toolkit, provided me perspective into the cultural acuity that a public policymaker needs in order to propose effective solutions to healthcare challenges. Before I started the internship, CHLPI had just completed its Joint Use Toolkit for Massachusetts. The purpose of the instructional document is to guide third party organizations in their development of shared use agreements (contracts with another entity to share public spaces). Working with a CHLPI fellow based in the Delta, I helped to revise and complete the early draft for Mississippi’s version of the toolkit. I was excited about the purpose of this document; it encourages schools to collaborate with third parties to open their facilities to kids, which would give them safe and familiar spaces to play, exercise, and integrate into the community. I distinctly remember the cultural lesson I learned during my first phone call with my offsite fellow: I had prepared a series of questions regarding the geographical profile, culture, and interests of the Delta’s population and made some assumptions that helped me discover my own stereotypes. The toolkit will serve a population residing in a built environment not nearly as developed as any place I had ever lived. The Delta is rural, and I just assumed that residents enjoyed similar conveniences such as close proximity between resident areas and schools and accessible public transportation. After better understanding the population that the toolkit would serve, I was able to draft one that was more culturally appropriate and easier to use.

As I finish my reflection during my last day in the office, I look forward to continuing my involvement with all three projects in the upcoming weeks. For PATHS, we have developed working groups with our interested partners but have yet to craft a tangible plan for providing technical assistance. For Food is Medicine, I am hoping to develop a template for home-delivered meal vendors to efficiently research the Medicaid landscape in their states. My work with CHLPI this summer has given me an incredible – and near existential – sense of duty as an individual who is bestowed with health and educational resources and blessed to receive the support of organizations like Equal Justice America. I do not take any of these privileges for granted, and I hope I can make the best use of them moving forward in my professional pursuits.

Sincerely,

Qing Qing Miao
Harvard University, College of the Arts and Sciences
Class of 2016



August 4, 2014

Dan Ruben
Executive Director
Equal Justice America
13540 East Boundary Road
Building II, Suite 204
Midlothian, VA 23112

Re: Supervisor evaluation of Qing Qing Miao

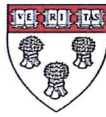
Dear Mr. Ruben,

I appreciate the opportunity to write about our experience with Ms. Qing Qing Miao. Ms. Miao served as an intern at the Center for Health Law & Policy Innovation at Harvard Law School from May through August of 2014. She is a responsible, intelligent, diligent, and professional colleague. Our entire office staff was incredibly pleased and deeply impressed with her performance.

Ms. Miao was one of only two undergraduate interns we accepted this year, as our program is heavily focused on law and policy and we generally only open positions to law students. However, immediately upon arrival, Ms. Miao demonstrated the ability to deliver work on par with her law student peers. She was initially staffed on two very different projects and, proving herself capable of quickly completing high-level work on both, was assigned to many others over the course of the summer. The projects demanded different skill sets. For example, in the course of our work on diabetes, Ms. Miao traveled with the Center to North Carolina and represented our organization by giving a presentation on policy reform that would improve health care delivery for people living with the disease. She practiced her presentation many times and successfully incorporated feedback from her supervising attorneys. In the end, we were confident letting her deliver the material to an audience of over 60 diabetes providers, patients, and advocates. She also actively engaged with the audience in a group strategy forum, jumping in where she saw she could be helpful and making personal connections with our community partners.


Ms. Miao also produced several high-quality memos for our nonprofit clients on complex Medicaid and Medicare regulations in different states, truly owning the material and identifying opportunities for the clients to use the program structures to advance their missions. Throughout this work, she displayed a willingness to step back and look at the larger picture and to think critically about how individual tasks and other project work served the Center's mission of improving health care for low-income people living with chronic disease.

We thank you for supporting Ms. Miao in her work with us; she has made a wonderful contribution to our organization and has been instrumental to our project work. Please do not hesitate to contact me for more information on Ms. Miao's experience.



CENTER FOR HEALTH LAW
& POLICY INNOVATION
Harvard Law School

Sincerely,

Sarah Downer, Esq.

Clinical Instructor on Health Law and Policy
Center for Health Law & Policy Innovation
Harvard Law School
617.390.2713
sdowner@law.harvard.edu