Minneapolis is home to two medical-legal partnerships (MLPs). Founded in 1993, the Deinard Legal Clinic partners Stinson Leonard Street (formerly Leonard Street and Deinard) and the Community University Health Care Center (CUHCC). The Deinard Legal Clinic is one of the oldest MLPs in the country. Since Stinson Leonard Street founded the CUHCC MLP, hundreds of MLPs have sprung up across the United States, including as of last October an MLP between Mid-Minnesota Legal Aid and Whittier clinic, a Hennepin County Medical Center family practice in south Minneapolis. The medical/legal partnership at the Whittier clinic was made possible by the generous support of Stinson Leonard Street, the Family of Hyman Edelman, and Equal Justice Woks. The Whittier MLP was created after years of conversations between Legal Aid and HCMC about how to place a lawyer on site at one of their clinics.

Most MLPs follow a similar model to those of the Minneapolis MLPs: an attorney works in a medical clinic, usually one that serves an impoverished or otherwise marginalized community, providing legal services in an effort to improve health outcomes. It can seem like a counterintuitive idea initially. Don’t lawyers sue doctors? Is an MLP just an opportunity for a lawyer to find medical malpractice clients? But in fact, MLPs are the result of a deeply intuitive understanding about the overlap between the goals of medicine and the law, especially when serving people living in poverty.

Dr. Amos Deinard, a pediatrician and Executive Director at the CUHCC clinic from 1984-1999, a faculty member at the University of Minnesota Medical School, and the founder of the Deinard Legal Clinic, said that his inspiration for bringing a lawyer to work with high-risk patients came about after working with a group of dedicated, extremely proactive social workers at the Minneapolis Health Department’s Maternal and Child Health clinic from 1969–1984. The social workers were an integral part of the care team, but there were some medical situations that even a doctor and social worker could not address. “It dawned on me there was only so much a proactive social worker could do,” he said. “There were some landlord/tenant situations where a lawyer was needed to hit the landlord over the head with a two by four.” It would not work to simply refer the patient to a law office downtown to meet with a pro bono attorney. “If I sent a patient to a downtown address, I guarantee no one would make it,” he said, citing barriers like transportation and parking fees. Dr. Deinard realized instead that there was incredible potential if the lawyers came to the patients at the clinic where they were already seeing trusted doctors and social workers.

Living in poverty wears away at health in ways that are insidiously complex. A neighborhood medical clinic providing access to quality medical care, to vaccinations and checkups and screenings, can go a good distance towards improving health outcomes, but a doctor can’t necessarily address the huge gap in access to other, non-medical resources that also has profound health outcomes. Access to well-maintained housing, to fresh and affordable food, to health insurance, to high-quality education, and to the benefits conferred by a legal immigration status are distributed across society in a manner that is profoundly unequal. This
inequality manifests itself in the health of residents in poor neighborhoods like Phillips and Whittier. Integrating a lawyer into a medical clinic that serves these neighborhoods addresses those issues of access that aren’t strictly medical in nature, but which have a health impact nonetheless.

Some of the common issues seen at the Whittier clinic are landlords who refuse to remediate dangerous housing conditions, clients unable to find housing because of an eviction on their record, improper benefits denials that leave patients without necessary food or cash support, and problems with immigration status that lead women to stay in dangerous relationships because their partners threaten to report them to Immigration and Customs Enforcement (ICE).

**The Need for Medical-Legal Collaboratives**

To understand how health, poverty, and law are so tightly wound together, it might help to get a better sense of the Whittier clinic as a place and then provide some specific cases that have been handled by the MLP. Whittier sits at 28th and Nicollet in a building that opened its doors in 2010. The clinic is located at the end of East Street, next to an abandoned car wash separating it from the nearby Kmart. The lot on which Whittier sits, an entire city block, had previously been occupied by the office space, garage, and meat processing facility for an industrial food warehouse company, and the existing brownfield site was remediated for the clinic’s construction. The clinic itself is a beautiful building with clean lines and plentiful windows, surrounded by high grasses and peaceful grounds. Inside the spacious, light-filled lobby you can usually find a short line of patients speaking English, Spanish, Somali, and any other number of languages. Families with young children, pregnant women, and elderly patients in wheelchairs all make their way through the clinic to appointments with doctors, asthma and diabetes specialists, social workers, community health workers, financial counselors, and a legal aid attorney.

A visitor to the clinic cannot help but be struck by how inviting, well-ordered, and respectful it feels. But even with this orderliness and care, one is reminded of the reason that the clinic is there: the health outcomes for the people served here are considerably worse than those who live even a few miles away. People living in the Whittier neighborhood, the parents and the elderly and the little children making their way through the clinic, would likely live about 10 years fewer, be more likely to be hospitalized from complications with asthma and other lung conditions, as well as be more likely to suffer from and have complications related to diabetes than the parents, the elderly, and the children in wealthier neighborhoods.

As the Fellow assigned by Legal Aid to the MLP at Whittier Clinic, I have grown to know the patients and their children. The statistics surrounding these families and communities—and their seeming inevitability—are heartbreaking. These parents and their children will become sicker earlier in life and more frequently. They will have less time with their families, less time to pursue their dreams. However, from within the Whittier MLP Office, these realities no longer seem so inevitable. The Whittier MLP would not exist if there were not doctors, nurses, residents, social workers, community health workers, financial counselors, and many others who have joined together to address these health disparities from a new angle.

Nonetheless, these disparities sometimes seem insurmountable in the face of the clients’ futile and repeated interactions with various systems, including the legal system that should protect, rather than ignore, the health implications of their legal struggles. Most of the patients who attend Whittier live in poverty and in poor neighborhoods. Almost every single one of the patients who have been referred to Legal Aid, over 300 in the first year, qualified for Legal Aid’s income guidelines. That means that they live at or below 125 percent of the poverty level. For a single adult, that’s about $14,500 a year. For a family of 5, that’s about $35,000 a year.

**Common Cases Handled by the Whittier MLP**

Sometimes the way that poverty makes Whittier patients sick is written pretty clearly on their bodies. Doctors refer patients who have sores from bug bites or coughs from mold infestations to the MLP. “My landlord says I have to pay $2,000 if I want an exterminator to get rid of the bed bugs,” the patient might say, or, more frequently, “My landlord just ignores me when I tell him that the mold is making my child’s asthma worse, but I can’t afford to move.”

Or they roll up their shirtsleeves, their pant legs, to show bruises caused by their partner. “He tells me he’ll report me to immigration and I’ll never see my kids again. I’m afraid to leave.”

Sometimes the way that a patient’s health has been affected by their legal troubles is not as readily apparent. One client of the MLP is diabetic. His nurse referred him after his blood sugars went haywire. “What is going on?” she asked him. “You’ve always taken such good care of yourself.” What he said shocked her. The amount of the food support that he relied on to eat had been dramatically cut. He did not know why, despite having made many phone calls and even visiting the benefits office in person. All he could afford to buy was a single microwaveable meal a day. Initially, he seemed angry but was holding it together. He did not tell me just how badly these months of food scarcity had affected him, nor did he look visibly sick. Only after we figured out the error that had caused his benefits to be so drastically miscalculated and assisted in having his food support restored did he share how much havoc that lack of food had wreaked on him. He was diabetic and the sudden loss of food damaged his kidneys so badly that he had feared that he would need a kidney transplant.

Sometimes a patient’s situation has not manifested itself as a disease or diagnosis yet, but it becomes pretty clear that if things don’t change, there are going to be serious health consequences. One homeless patient
was referred because her minimum wage paycheck was being garnished, making it hard for her to afford the apartment rental application fees she needed in order to move with her disabled brother out of their car and into an apartment. When asked how they had made it through this past winter, she said, “We slept in my car.”

“Even during those long cold snaps?”

“Yes,” she said. “We’d wake up and there would be frost inside the windows.”

The image that stands in my mind for the deep-rootedness of these problems and their difficulty is of a client sitting on a courtroom bench as she waited for her expungement motion to be called. She was usually lively and animated, but that day she sat silently, her shoulders steeply bowed, head resting in her hands. She had been evicted several years ago after a bout of pneumonia left her hospitalized, unable to work, and unable to pay rent. This was the only mark on her housing record but it was enough to leave her unable to find a landlord willing to rent to her, forcing her to stay with an abusive partner, and then finally flee to a domestic violence shelter where she was living with her child.

The rental market in Minneapolis is particularly tight right now, with incredibly low vacancies especially in affordable housing. Landlords can decide not to rent to someone based on a single eviction, regardless of the underlying circumstances; or they can demand higher rents or double deposits, something that Whittier patients usually cannot afford.

My client is usually quick to make a joke and quick to laugh; but today, while she is waiting, it becomes clear in her posture how heavy a weight has been pressing down on her since the last time she was in court and lost her housing. Today it is as if she has gathered herself up and packed herself somewhere far away. Her shoulders hunch over in the bench and she rests her forehead in her hand. She looks like she is silently weeping or praying or both.

It is that moment where I went from thinking of this case from my perspective as a lawyer, mentally rehearsing the argument I was about to make, to a startling and uncomfortable realization of how much my client has riding on this. One bad bout of pneumonia made her this vulnerable, left a mark on her record that will make it incredibly difficult to find housing for at least seven years, which is the length of time an eviction can be reported to tenant screening agencies. Evictions remain on public court records indefinitely. Her ability to find an apartment and to make a home again for her family is at stake in this hearing. How could this constant anxiety about whether she and her child will have safe housing tomorrow, next week, next month not start to wear down her body and her emotional well-being.

Beyond this constant anxiety, many Whittier Clinic patients also struggle with chronic illness, like diabetes or asthma. Where do you store your insulin, give yourself your shots, and monitor your blood sugar if you do not have reliable access to a refrigerator or even a private room? How does all of this not show up sooner or later as some kind of illness or exacerbation of an illness? One of the most striking realizations I had that day as I waited beside her, my hand resting awkwardly on her back, rising and falling with her quick breaths, was that all that we could accomplish with an expungement was to help her going forward. There was nothing to be done at that point to take back those years of damage. Those years had settled themselves deeply into her already and their impact on her health would be long-lasting.

So many of the legal problems Whittier MLP Clinic clients face that erode their health did not need to be problems at all, or at least did not need to set off a cascade of other problems. Why should a short term
illness be transformed into years of housing insecurity? In some cases, the patients may feel that they are punished for being poor. The patient with the eviction on her record by her own admission owed the landlord rent for the months she was sick. She wanted and was trying to pay him back but she could not repay quickly enough. While there was certainly a debt to be worked out between the two of them, the stark legal consequences it imposed on her seemed utterly disproportionate to whatever fault she may have had or harm she caused. And this does not even touch on the fact that in all likelihood only people already living in poverty are likely to find themselves in housing court and carrying around the burden of an eviction.

Consider the patient who had diabetes and had his food support cut. His serious disabilities meant that he had to rely on food support, and an error in the calculation of his food support, the result of a misinterpretation of a policy, resulted in less food and serious consequences for his health.

Legal records marred by poverty or mistaken readings of rules and regulations; the consequences of these should not be sickness and potentially an early death, but in the poorer neighborhoods of Minneapolis, they are a contributing factor.

The barriers to health Whittier patients face are large and deep-rooted, but the goals of Whittier and Legal Aid are also ambitious. Both Whittier and Legal Aid already serve thousands of people every year who are living in poverty. When the resources of these agencies are combined, when the providers have intimate knowledge of their patients lives, and when clients gain trust in the Whittier clinic; when all these come together with the Legal Aid’s resources—and importantly, when all of this comes together in a single location as part of a single team—each organization’s ability to reach and help people is enhanced. Over time, the hope is that patients’ long-term health improves because of access to an on-site attorney and also because Legal Aid’s understanding of meeting community needs will be enriched by the clinic staff’s professional perspective as they fight to keep both patients and the community strong and healthy.

There are already many doors by which a potential client can access Legal Aid. They might see a sign at a social services agency, hear about it through a friend, or be referred by one of the many partners we have in the community. Whittier offers one more doorway to Legal Aid’s services. When a clinic provider is able to give a patient with a legal problem not just a phone number to Legal Aid but instead walk them down the hall to an attorney, this magnifies the way both organizations are able to help the people of the Whittier neighborhood. The opportunities increase for reaching clients earlier in the cycle of their legal issue, before their benefits have been cut, before an eviction has been filed, and before a legal problem becomes a health problem. The opportunities also improve to think collectively about the nuances of the problems facing Whittier’s residents and to think collectively about how to address these.

Legal Aid’s understanding of meeting community needs will be enriched by the clinic staff’s professional perspective as they fight to keep both patients and the community strong and healthy.

To return to the Whittier Clinic building: it sits on a former brownfield and now makes a beautiful and profoundly necessary use out of an abandoned site. Every year, tens of thousands of patients walk through its doors into the airy waiting room. There are a lot of challenges that those patients and their providers face, and right now the MLP sees a sliver of those. But despite that, it is hard to be pessimistic working in an environment like Whittier. Concerned, serious, occasionally outraged—yes—but not pessimistic. There is the constant sensation of movement, of providers and patients and now a Legal Aid attorney meeting to try to figure out whatever problem presents itself today. For the patient whose eviction was causing profound challenges to finding stable housing, she won her expungement motion. Immediately after leaving court, expungement paperwork in hand, she visited her housing case worker to renew her housing search.  

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