

Dream Team Helps Poor Families

Doctors And Lawyers Work Together To Solve Problems That Harm Health

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Dr. Monique Deveaux went to medical school at Yale and spent years in a suburban private practice, but when this seasoned pediatrician hung out her shingle in one of Hartford's poorest neighborhoods she encountered problems she felt completely ill-equipped to treat.

She knew from her training to suspect that one of her patients had a brain tumor. But how could she persuade a recalcitrant insurance company to pay for his care?

She knew the rodent droppings in one family's mouse-infested apartment were bad for the children's health. But how could she push the landlord to clean up?

"They don't teach it to you in medical school and they don't teach it to you in residency," said Deveaux, a pediatrician at Community Health Services, a clinic in Hartford's North End. "I came here to do things for the community, but I don't know what to do except lobby on the Capitol steps."

But in the past year, Deveaux has been able to leave her soapbox behind and concentrate on medical treatment that is delivered with a stethoscope. Now, when issues arise that require more than a medical diagnosis, Deveaux calls a specialist: Jay Sicklick.

Sicklick, a former legal aid lawyer, set up an office at Connecticut Children's Medical Center in 2000 to help families and pediatricians address legal and community issues affecting health care.

His program, known as the Family Advocacy Project and funded by private foundation grants, has spread into every public pediatric clinic in Hartford. As a result, virtually every low-income family in the city now has access to free legal help.

The idea that doctors need lawyers to make meaningful improvements to the health of low-income children was a pretty radical concept when Dr. Barry Zuckerman suggested it in Boston more than a decade ago.

Zuckerman, chairman of pediatrics at Boston Medical Center, was tired of sending asthmatic children home to apartments that were moldy and infested with roaches only to have them return to his clinic wheezing a few hours or days later.

He realized that all the inhalers and steroids he could prescribe for children wouldn't do much good until, for example, a landlord fixed the leaky pipe that was soaking the carpet and causing asthma-inducing mold to grow in the room where a child slept or watched TV.

He could spend fruitless hours on the phone dealing with landlords while patients with earaches and sore throats piled up in his waiting room. But when he hired the hospital's first lawyer in 1993, things started to change.

"The data shows you're denied food stamps, you have bad asthma, there are mold and mites - a lawyer contacts the landlord and the problem gets fixed," Zuckerman said.

By 1999, articles about Zuckerman's pioneering project began to appear in legal journals. The idea intrigued Martha Stone, director of the Center for Children's Advocacy, a project based at the University of Connecticut Law School that promotes children's legal rights.

About the same time, Dr. Paul Dworkin, vice president and chief medical officer at Connecticut Children's Medical Center, began to wonder if his old friend Barry Zuckerman's idea could be applied in Hartford.

A year later, Jay Sicklick, who was teaching first-year students at UConn Law School and looking to get back into practice, opened his office at Connecticut Children's Medical Center.

His program, funded by a \$260,000 grant from the Hartford Foundation for Public Giving, became the nation's second medical-legal advocacy program using the Boston model. There are now 25 similar programs across the country and that number is expected to grow.

The Kellogg Foundation last month approved a \$2.5 million grant to Zuckerman's Family Advocacy Center in Boston, which will allow creation of similar programs at 15 new locations. Zuckerman said he also planned to use a portion of the money to lobby for changes in lopsided social policies.

For example, he said, fuel subsidies in New England are so low that low-income families can be forced to choose between food and heat. In the winter, clinics begin to see incidents of growth retardation in children whose families scrimp on food to pay fuel bills.

"We'd like to set up a national network to deal with policies so we're not just putting our fingers in the dike," Zuckerman said.

Like the lawyers in Boston, Sicklick started out working with the kind of cases that confront most legal aid lawyers: landlord-tenant disputes, denial of food stamps, battles to get special-education services.

One client he remembers especially is Damaris Pedraza, who was a freshman at Hartford Public High School when a lawyer in the school referred her to Sicklick.

Born with spina bifida, Pedraza has no use of her legs. She was having trouble getting to school because, although the school bus stopped at the curb every morning, there was often no one to help her down the four or five porch steps from the apartment where she lived with her grandmother on Sigourney Street.

Instead of offering an aide to get Pedraza and her wheelchair on and off the bus, the school system offered to send books home so she could keep up on the days her uncle was not available to carry her to the bus.

Sicklick stepped in and Pedraza, who has since graduated and attends Capitol Community College with dreams of becoming a lawyer, got the aide she needed to put her on the school bus. Later, Sicklick also helped her family file and win a fair housing case against the Sigourney Street landlord.

In his first five years, Sicklick has helped a lot of clients like Pedraza. And it quickly became clear that many of the problems families faced fit similar patterns.

Unfair denials of Social Security benefits, illogical state policies that denied payment for life-saving but non-prescription items such as nutritional supplements to families covered by Medicaid, and refusal by private managed-care plans to pay for certain procedures topped the list.

If doctors were educated about these and other issues, an army of professionals might work together, rather than just one lawyer trying to repair the crumbling social foundation of people's lives one family at a time.

So Sicklick hired another lawyer to represent families at the children's hospital and he offered his services to four other clinics that treat low-income children in the city. Then he started teaching doctors how to use the law to improve their patients' health.

In addition to serving individual clients, the Family Advocacy Project has evolved into an integral part of training for resident physicians learning to become pediatricians in Hartford.

Sicklick and his colleague, Gladys Nieves, regularly give lectures to residents and practicing physicians on housing and education law, adolescent privacy rights, Social Security and Medicaid regulations, insurance rules and policies, food stamp eligibility and other aspects of social welfare law.

"This program has a major impact on the training of future pediatricians," said Dworkin, who supervises residents at the children's hospital. "We have a case management conference every Friday. Prior to this, it would be unusual to discuss psychosocial or legal problems in dealing with a patient."

Now it is routine.

The goal, Sicklick said, is to change the way pediatricians think. Doctors are very good at treating organ systems, but they are completely unprepared to take on the social systems that can make people sick or interfere with recovery.

His latest venture is to add six questions to those that doctors ask during their standard medical history and physical. None of the questions addresses anything that a well-educated doctor is prepared to treat.

Do you have enough food?

What are your housing conditions like?

Do you have enough money in the house to pay for necessities?

Have you had any problems with your medical insurance?

Do you believe your child is being properly educated?

Do you feel safe in your house?

In the past there was no reason for a doctor to ask those questions. What could the doctor, already behind schedule with five minutes to see each patient, 10 patients backlogged in the waiting room and a list of phone messages to return, do to help?

But with training, a physician may be able to make the one necessary phone call and have a hungry family's food stamps re-instated. And if not, the doctor can always refer the patient to one of the lawyers.

Deveaux said her clients light up when they learn there's a lawyer down the hall at the Albany Avenue clinic who will help them without charge. But with Sicklick's training, she also has been able to handle some issues herself.

The other day the mother of a patient called Deveaux to complain that her apartment was infested with mice and she was planning to withhold the rent. After a brief consultation with Sicklick, Deveaux learned that the mother could pay her rent to the housing court instead of the landlord until the apartment was cleaned.

Deveaux told the mother the steps she would have to take to protect her rights. The brief telephone conversation empowered the mother to take action and spared Deveaux the need to write a letter to the landlord. Deveaux said the process empowered her as well.

"I'm talking to the patient, I'm not [just] holding their hand saying we'll get through this. I know what the laws are."

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