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FSU program forges medical, legal partnership

By Jan Pudlow
Senior Editor

The van's paint job said "Florida State University College of Medicine," but the eight students who piled out at the Neighborhood Health Services clinic were law students.

"Welcome to paradise!" said the van's driver, Dr. José Rodríguez, an associate professor at the medical school. The red brick building used to be the Lincoln School for black students in Tallahassee's segregated days, he explained, and now houses medical services of last resort for people without health insurance.

Dr. Rodríguez has plenty of experience serving the poorest Americans. After completing his residency in the Bronx, his first clinical job was at Jacobi Medical Center, the public hospital system of New York City.

At the clinic at 438 West Brevard Street in Tallahassee's Frenchtown neighborhood, where new patients wait two months to get an appointment with Dr. Rodríguez for primary care, he said "virtually 100 percent are living at 200 percent of the poverty line or below."

These law students are trailblazers in a new clinic at FSU College of Law's Public Interest Law Center called the Medical Legal Partnership. Director Wendi Adelson said she "looked for passion and dedication to public interest law," when winnowing 30 eager student applicants down to eight for the law clinic that will help medical patients with disability and immigration issues.

"The idea is that you have lawyers and doctors and law students and med students having a meeting of the minds and working together collaboratively on their same patients and clients," Adelson said. "We are going to have grand rounds, where medical students will come to the class and where they will interact and discuss whatever joint problems their clients are facing."

On this September morning, Rodríguez promised the law students, who would meet their new clients the next day, that they would hear plenty of problems to solve.



A New Kind of Client

"I can't wait to see some of my patients come in with good news, because, unfortunately, they don't have a lot of good news," Rodríguez said. "One of the things this economy has done is made this place crazy. We were a safety net, and we only took care of people who were uninsured, and we don't turn anybody away.

"And then they started firing people everywhere. So I have people who used to work at the university, used to work for the state. And who knew that people don't save money? So, immediately, when that happens, they don't even have the money to pay the COBRA (Consolidated Omnibus Budget Reconciliation Act, to continue their insurance without their job). So they are without health insurance, and they're here," Rodríguez said. (See, [*"Troubled times create a new class of uninsured."*](#))

"I think the official statistic is that somewhere between 10 to 15 percent are homeless. After that, there's probably double that amount who are these people who live on people's couches, the informal homeless staying with sisters and brothers. I hear that all the time."

Maneuvering the Maze

Adelson paired the law students into four groups, each with a Spanish speaker so they can communicate with an array of patients, some traveling from surrounding rural counties, such as Gadsden County's migrant farm workers.

Speaking both Spanish and Portuguese, second-year law student Pedro Lopes, from São Paulo, Brazil, worked with farm workers on health and immigration issues last year.

"I really miss working directly with people, and this is an issue that made me come to law school in the first place," Lopes said of wanting to participate in this law clinic.

Third-year law student Elizete Velado, from New Jersey who speaks European Portuguese and Spanish, said with a laugh: "I am pretty committed to doing good work and not making very much money. Ideally, I'd like to work either for a legal services firm or possibly work on the policy end of law, changing the law for the better."

The only student in the group who's worked on a disability case before is third-year law student Matt Shook, from Mississippi.

"Any time I think of merging medicine and law, it's not a good thing," Shook said, referring to medical malpractice cases. "But this is a different take on it, and it's a way you can help people in need, from both a medical standpoint and a legal standpoint."

The first stop inside Neighborhood Health Services is the Florida A&M University Health Department Pharmacy, run by Dr. Shelley Tavernier, where medications are distributed at reduced costs or free of charge.

"Can I show you some law students?" Rodríguez asked. "We are going to work together to help our patients with their legal side as well as their medical side."

"Don't sue me!" Dr. Tavernier said with a laugh.

"Actually, these are the good lawyers! They will defend us!" Rodríguez said.

"We are trying to help the patients that have disability issues with their disability paperwork," Adelson explained.

"They all get rejected the first time," Tavernier said. "We try to counsel them when we see they are noncompliant. We can look at the frequency of when they pick up meds. If we don't see anybody for three months, they typically come in and say, 'I feel really bad. I need my medicine.' 'Oh yeah, you haven't had

it in three months. You're supposed to feel bad."

Next, the students were greeted in the hallway by Dr. Otis Kirksey, head of outpatient pharmacy at FAMU and chair of the board of directors at the Neighborhood Health Services that offers primary healthcare, mental healthcare, vision and dental screening, social work services, breast and cervical cancer screenings, as well as specialty clinics in cardiology, gynecology, optometry, and orthopedic, thanks to hundreds of volunteers and physicians who donate their services.

Kirksey said he's happy to have the law students' help because so many patients at the clinic need to be on disability, a classification that brings better continuity of care.

"There are some tremendous challenges our patients experience going through the system that keeps kicking them back," Kirksey said. "We see so many who really deserve it, but it's a maze for them to go through. So this is really a blessing. We really appreciate it."

Many patients, he said, are hospitalized a lot, so it's very difficult for them to keep their jobs. "We don't turn anyone away. It's a sliding scale based on income. But if you don't have any income, we will still see you. The challenge is you provide them with medical care, you provide them with a prescription, and even though FAMU provides prescriptions at a reduced rate, some can't even afford the co-pay. So what do you do? Not give them the medication? No. We write them a voucher to get them the medication, and the clinic takes a hit on that. But that's just our philosophy," Kirksey said.

"Now that you guys are going to be here and help them get access, we can provide a comprehensive holistic approach."

A Dose of Reality

The law students met the social worker, peeked into the empty examination rooms, and gathered in a cramped break room, where Dr. Rodríguez prepared them for the many challenges they will face.

As for trying to qualify patients for disability benefits, he said there are lots of forms to fill out and a presumption of fraud, so "100 percent of our patients get denied" the first time around.

"Some of them have really, really bad pain issues. Now that doctors are scared to write pain meds (because of the new law cracking down on pill mills), they are just in bed all day."

The clinic's new stricter "means testing" will require patients without income documentation to pay \$70.

"Now, most of our patients can't pay the \$5 co-pay," Rodríguez said. "I think there is going to be a significant amount of them who can't prove anything. How do you prove how much money you have if you don't work?"

The wait for optometry services, he said, is 18 months.

"I tell my patients, 'I can put you on the waiting list. But you're better off going to Walmart and paying the \$40 bucks to get your eyes tested.'"

The law students tell Dr. Rodríguez they have already set up appointments.

"I'm thrilled that all of you have appointments tomorrow. But don't be surprised if you are going to be here by yourselves," Rodríguez said.

"A lot of times you will have to chase them down. And they will appreciate it. Don't ever think you are going to offend them by chasing them down. . . .

"It's hard to keep all your balls in the air when you don't have a lot of money. . . . We have a high no-show

rate. On the positive side, you are going to be working with people who are extraordinarily grateful. That will fuel you through the difficulties.”

First Impressions

Two weeks later, third-year law student Daniela Hogue of Pembroke Pines had plenty of experience with no-shows.

“Unfortunately, out of the four referrals that my partner and I have received, we were only able to see one client so far! When you’re serving indigent populations, it’s often challenging to get a hold of them to even start the process of giving them some help. One of our potential clients is homeless. He is currently living in a homeless shelter. I set up an intake appointment with him a week in advance, for today, the 16th, at 9 a.m. I called back yesterday to confirm, but his cell phone was no longer in service. I left a message for him at the homeless shelter to remind him of his appointment,” Hogue recounted.

“My partner and I waited at the health center for an hour this morning, but unfortunately our client did not show up.

“Another referral we received we were also unable to reach because the phone number she gave was disconnected. It is frustrating to see this, because I know that these individuals are really in need of legal services, but if we can’t contact them, then there’s nothing we can do.”

Professor Adelson requires her law students to keep journals of their clinic experiences. Two weeks after the law students’ first visit to the health clinic, Professor Adelson shared one of her student’s reaction to his first intake with a Neighborhood Health Services client:

“It was an early introduction to how difficult — mentally and emotionally, as well as procedurally — these cases can be. My background working with a community is from nonprofits that took a very activist and involved posture. Our relationships became very personal because our goals were to build community and familiarity rather than professionalism. I think my biggest challenge will be to swallow my default inclinations and become more accustomed to adopting the necessary distance that comes with the rules of professional responsibility,” the student wrote.

“At any rate, the sheer lack of reasonably accessible resources for a human being that can no longer function is still shocking to me.”

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