

**Maximizing Service Delivery to Immigrants Through Medical-Legal
Partnership: Success Stories**

Presenters:

Nicolle Trudeau,
Program Director, Refugee Resettlement Services
Lutheran Social Services of the Southwest
5049 E. Broadway Blvd, Suite 126
Tucson, Az 85711
P: 520-721-4444 F: 520-721-4479
ntrudeau@lss-sw.org

Edward G. Paul, MD, FAAFP
Director of Graduate Medical Education
Designated Institutional Officer (DIO)
Yuma Regional Medical Center
2400 S. Avenue A
Yuma, Arizona 85364-7170
Tel: 928-336-3034
Fax: 928-336-7337
epaul@yumaregional.org
Associate Professor Clinical
Family & Community Medicine
University of Arizona College of Medicine

Anne M. Ryan, JD
Director, Tucson Family Advocacy Program
Clinical Assistant Professor
UA Dept. Family & Community Medicine
707 N. Alvernon Way, Suite 101
Tucson, Arizona 85711
Campus Mail: PO Box 245053
Ph: 520.694.1624 Fax: 520.874.7141
anneryan@email.arizona.edu

Samantha J. Morton, JD
Executive Director
MEDICAL-LEGAL PARTNERSHIP | Boston
Boston Medical Center
88 East Newton Street, Vose 5
Boston, MA 02118
samantha.morton@bmc.org
T 617 414 6769
F 617 414 3629

Brief Description:

Medical-legal partnerships are helping create new pathways for immigrant access to legal services. Learn how collaborations between healthcare providers, refugee resettlement agencies, legal aid attorneys, and pro bono volunteers improve access to and quality of legal services for immigrants in key areas including disability benefits and naturalization. Two MLP programs from Arizona and Massachusetts and community partners will (1) introduce the audience to refugee resettlement process; (2) share MLP strategies for maximizing legal service delivery to refugees on health related issues; and (3) share best practices for effectively integrating pro bono partners in MLP advocacy on behalf of immigrants.

Topical Outline

Nicolle Trudeau: Lutheran Social Services of the Southwest

I. Refugee Status

- A. Definition of Refugee
- B. Refugee countries of origin
- C. U.S. admissions process
- D. State distribution/numbers of refugees

II. Refugee Resettlement Process

- A. National VOLAGS
- B. Local resettlement agency affiliates
- C. Resettlement services

III. Partnerships between refugee resettlement, health care and legal service providers

- A. Tips for creating partnerships with refugee resettlement agencies
- B. Benefits of partnership with refugee resettlement agencies

IV. Questions

Ed Paul and Anne Ryan: Tucson Family Advocacy Program (TFAP)

V. MLPs: A Model for Improving Medical and Legal Services for Refugees

- A. Objectives
- B. TFAP services
- C. Family Medicine Clinic services
- D. Case examples
 - 1. Small group exercise
 - 2. Traditional medical treatment plan
 - 3. Multidisciplinary team approach
 - 4. Physician perspective on MLP benefits

VI. Challenges in Medical and Legal Services for Refugees

- A. Refugee Health Care Considerations

1. Significant health differences between refugee groups
 2. Often no or minimal experience with “western medicine” concepts
 3. Communication barriers
 4. Complex medical needs
- B. Legal Service Considerations
1. Magnitude of unmet need
 - a. Increased incidence of disabilities in new refugee populations
 - b. Increased SSI/SSDI cases
 - c. Barriers to physician support
 2. Training for physicians necessary on:
 - a. SS disability process and requirements
 - b. Ways to support disability applications/appeals
 - c. Reasons to support disability applications/appeals

VII. Multidisciplinary Collaborations in SSI/SSDI cases

- A. Collaborations with health care and refugee partners during SSI/SSDI application or appeal stages
- B. Collaborations with partners post SSI/SSDI award
- C. How to identify potential partners
- D. Relationship building tips

VIII. Questions

Samantha Morton: Medical Legal Partnership-Boston

IX. MLP | Boston and Preventive Law in the Immigration Context

- A. Surveyed the current landscape of immigration services in the Boston area – who has what resources, where are their gaps
 1. Significant availability of free or low-cost attorneys in: asylum, domestic-violence based remedies, and family sponsorship
 2. Almost no resources for naturalization, detention/removal, waivers of inadmissibility
 - a. Private attorneys who charge \$\$\$
 - b. Legal Aid and advocacy groups (limited, indeed reduced, resources)
 - c. BIA accredited representatives available via refugee resettlement agencies
- B. Considered the implications of each immigration remedy on the health and stability of family, and the potential success for each case
 1. Detention/removal cases take a lot of resources and are often very complex – the very definition of “emergency law” (analogy to emergency medicine)
 2. Naturalization leads to increased eligibility for public benefits, end of stress around immigration issues, increased access to insurance and disability programs
 3. Inadmissibility waivers:
 - a. Ones based on criminal records tough to do, not always successful

- b. Health-related waivers can make a huge impact on helping folks with chronic disease remain
- C. Talked to pro bono partners and medical champions about what they wanted/were willing to assist with:
 - 1. Medical partners expressed willingness to help with the health-related waivers if we would walk them through it – considered it part of “their job as doctors”
 - 2. Pro bono partners were really excited about naturalization opportunities – long-term case with concrete and generally happy outcome
- D. Set priorities within our immigration practice as naturalization and communicable disease waivers.
 - 1. In the past year, have assisted medical providers with approximately 50 communicable disease waivers.
 - a. Time we put in: 9 hours on mentorship/consults, 12 hours developing the materials, 3 hours on training – because of the preventive focus and the internal systems reform efforts, each case only took about 30 minutes
 - 2. HIV Waiver Toolkit for Health Care Providers (**hard copy will be distributed*)

X. Naturalization: A Case Study in *Pro Bono* Preventive Law Capacity-Building

- A. In the past year, we have assisted 10 patients in naturalizing with help from Goodwin Procter
 - 1. Got buy-in from a pro bono partner firm (Goodwin Procter) to coordinate and maintain a permanent naturalization project, with a promise to take 15 cases/year.
 - 2. In exchange for taking 15 cases/year, MLP | Boston will provide initial materials and trainings (approximately 25 hours the first year), followed by maintenance trainings (5 hours for every year after). (**hard copy of training for pro bono volunteers will be distributed*)
 - 3. Over time, we will be able to serve approximately 15 clients a year with minimal input by MLP – sustainable, long-term partnership
- B. Unique Role *Pro Bono* Can Play
 - 1. Taking time to aggressively advocate for fee waiver and disability-based waivers of civics and English tests, in addition to application and interview process
 - 2. Simultaneous rep. re: public benefits eligibility issues (such as complex SSI rules affecting refugees w/ green cards)
 - 3. More
- C. Other Immigration Areas Suited to MLP Advocacy via *Pro Bono*
 - 1. TPS
 - 2. Medically-based Tourist visa extensions
 - 3. DV-based remedies
 - 4. Asylum

5. More
D. Questions

Notes:

Bibliography & Website Links:

1. <http://www.medical-legalpartnership.org/>
- 2.
- 3.