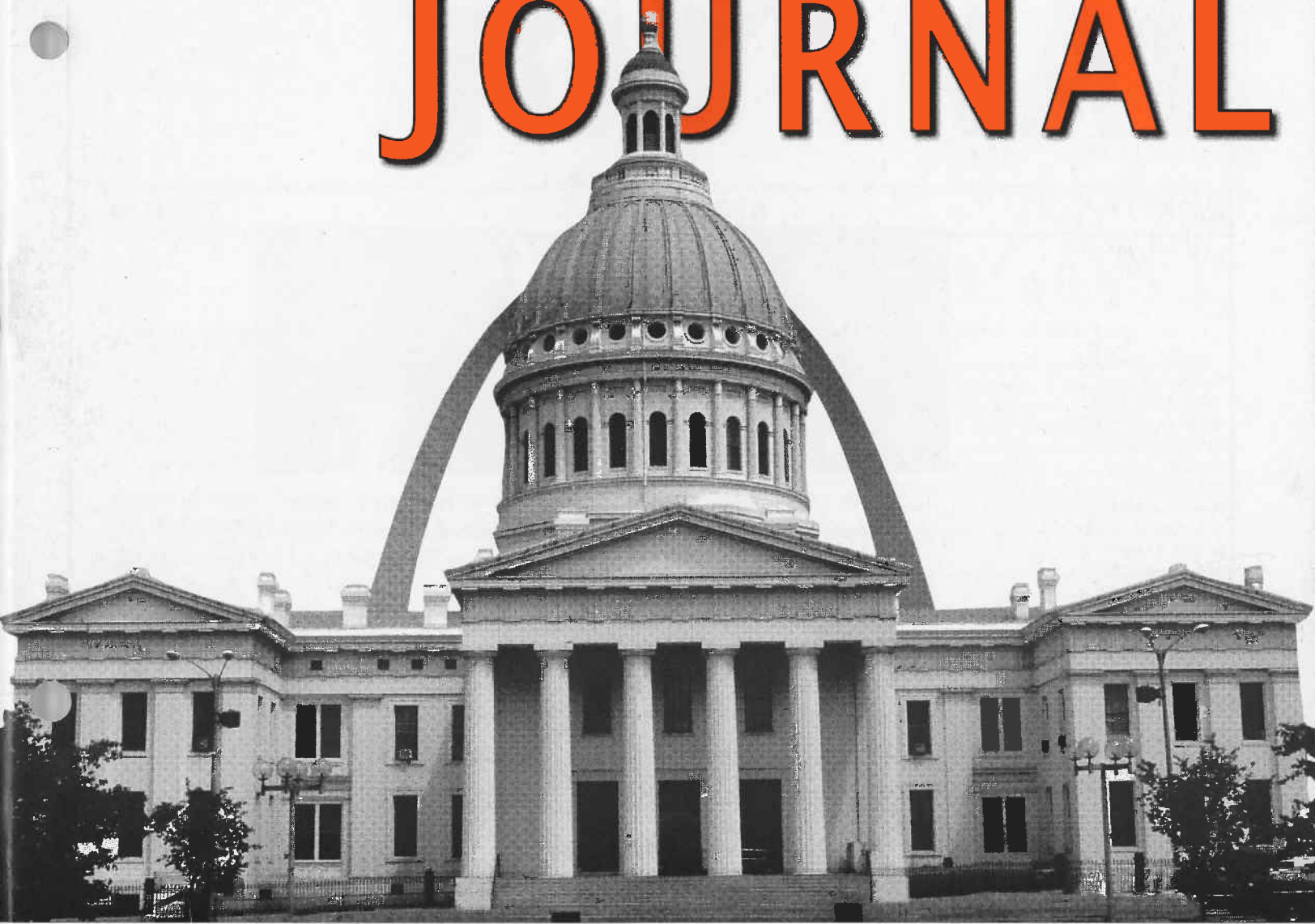


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When Doctors and Lawyers Work Together Communities Benefit



You may recall a previous column here in which I wrote about the medical profession. That article focused on the failure of medical professionals to maintain control of their profession by assuring access to medical care. This was a companion piece to my column in the *St. Louis Lawyer*, published in the same month, and provided a different perspective on the need for support of *pro bono* legal services. Unfortunately, it would seem I may have made my point at the expense of further deterioration of medical-legal relations. Therefore, in the spirit of solidarity (and fence-mending), let us now discuss an issue which has strengthened that relationship, the Medical-Legal Partnership (MLP).

An MLP brings together healthcare and legal professionals who share a common goal: to promote the well-being of their patients and clients. These partnerships leverage the resources and expertise of two knowledgeable service professions in order to alleviate the social and environmental stressors that affect the health of our nation's neediest individuals and families.

By working together to improve their patients and clients' health, doctors and lawyers benefit communities in many ways. For example, keeping children healthy reduces school absences and reduces the amount of time employed parents spend taking their child to a doctor.

How do MLPs help? The concept of a Medical-Legal Partnership (MLP) is the brainchild of Barry Zuckerman, M.D., Chief of Pediatrics

at Boston Medical Center. He came up with the concept after repeatedly seeing patients who failed to recover from ear infections because their apartments lacked heat, and patients who were unable to control their asthma because their residences contained mold. In working with these patients, Zuckerman came to understand that legal remedies can be used to lessen or even prevent his patients' need for healthcare. Putting his idea into action, Zuckerman founded the Medical-Legal Partnership for Children at Boston Medical Center in 1993, and subsequently created the National Center for Medical-Legal Partnership.

Over the past 17 years, MLPs have moved beyond Boston. They now exist in 37 of the 50 states and account for more than 80 programs at just over 180 sites across the country. All of the MLPs bring lawyers into the healthcare setting to help patients and their families navigate through the maze of regulations involving such health-related concerns as food-stamp eligibility, utility shut-offs, mold removal, and landlord-tenant issues.

An MLP is a health and legal services delivery model which recognizes that the legal system already holds solutions for many problems associated with social determinants of health. By integrating legal assistance into the medical setting, an MLP helps underserved communities.

Healthcare reform has been a primary topic of political discussion for the last year. But over the last

few decades, we have adopted laws that provide access to healthcare, adequate nutrition, safe housing, and other basic needs to millions of low-income Americans. As recent and historic efforts reflect, legislatures, healthcare providers, and advocates increasingly recognize that social factors have a significant influence on health and well-being and that medicine alone cannot solve the health problems of those who struggle daily with hunger, safety, and other material hardships.

Medical schools teach doctors to heal, not -- for the most part -- to address social issues. As a result, doctors may not be equipped with the skill set useful for solving health problems that poor housing conditions, food and energy insecurity, and educational and employment factors cause or exacerbate. MLPs enable doctors to refer their patients with those and other social stressors to a legal advocate, who can provide the "preventative medicine" needed to avoid potential health problems. For example, a child with asthma living in a moldy apartment will never breathe symptom-free, no matter how much medicine is administered. But, with the assistance of a lawyer, the child's parents can compel either the government or their landlord to remove the mold.

A variety of government programs are designed to address situations that can lead to health problems. However, many low-income individuals and families across the country continue to lack practical knowledge

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and, thus, access to the benefits these programs afford.

Traditional medicine and law have treated vulnerable populations in isolation, despite the strong links between certain social situations and health. Studies have shown that adverse social conditions, such as substandard housing and insufficient heat, make people vulnerable to poor health. At the same time, research also reveals that poor health makes people vulnerable to adverse social conditions. This "cycle of vulnerability" often consigns our nation's most disadvantaged households to a lifetime of poverty, poor health, and other negative conditions.

An MLP can break this cycle. It recognizes the inextricable link between unmet basic needs and health, and it gives individuals and families the tools needed to address the factors that perpetuate poor health in underserved communities. MLPs are founded on the principle that early legal intervention can prevent social stressors from exacerbating health problems in the same way that a transactional legal practice prevents litigation. By bringing doctors, lawyers and other professionals together, an MLP helps patients and their families escape the cycle of vulnerability and put them on a track toward better health and well-being.

The MLP works to improve the health and well-being of vulnerable populations, in part, by shifting the service-delivery model of both law and healthcare. Traditional legal aid operates in an "emergency room" model, providing crisis-driven service to clients who are able to both identify their needs as having legal remedies and connect with a local legal services agency. By the time someone reaches legal aid, she is likely to have an urgent legal need, such as an eviction. An MLP engages and trains healthcare providers to recognize and refer these problems earlier so that legal staff can intervene in a

preventive, "primary care" model.

Traditional healthcare acknowledges the effect of social stressors on patient health, but stops short of recognizing the role legal remedies play in curbing poor health. Identified social problems are referred to other professionals and advocacy is considered secondary to the practice of medicine. An MLP not only emphasizes the role legal intervention can play in promoting better health, it also helps to re-orient healthcare providers to view advocacy as a key component in the delivery of healthcare.

An MLP program known as Children's Health Advocacy Project or CHAP has been established in St. Louis. CHAP is a partnership between Legal Services of Eastern Missouri, Grace Hill Neighborhood Health Center, SSM Cardinal Glennon Children's Medical Center, St. Louis Children's Hospital, St. Louis University School of Law, local *pro bono* attorneys, and the Missouri Foundation for Health. The CHAP program follows the national model by addressing the issues on three fronts. First, CHAP engages in direct legal representation of patient and client. The program's attorneys seek legal solutions for barriers to health such as inadequate housing, inaccessibility to public benefits and special education services, and family instability. Second, CHAP is integrated with the residency programs at St. Louis University School of Medicine and Washington University School of Medicine. These training sessions teach healthcare providers to spot legal issues, become better advocates, and understand the basics of the law. Finally, CHAP partners with healthcare providers to identify and address systemic, recurring legal barriers to health through litigation.

I would be remiss in discussing MLPs in St. Louis without acknowledging Missouri's "first family" of medical-legal partnership. Dr. Patri-

cia B. Wolff practices pediatric medicine locally with the Forest Park Pediatrics. She is an active participant in CHAP and has literally saved lives via the program. She has also traveled to Haiti to treat children regularly since 1988, and, more recently, proactively addressed some of the nutritional and economic issues in that country. Dr. Wolff is married to Missouri Supreme Court Judge Michael A. Wolff. Judge Wolff is a former attorney for multiple legal aid organizations. In addition to his many law-related activities, he also served on the faculty of the Department of Community Medicine, Saint Louis University School of Medicine, and the School of Public Health, Saint Louis University.

Locally and nationally, MLPs highlight the exceptional difference that lawyers and doctors can make in the lives of their patients/clients and for society as a whole. I encourage every person who reads this article to consider helping CHAP or another medical-legal partnership by talking about the concept with the doctors you know. Together, we can make a difference.

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