

What I Talk about When I Talk about Charity Scott

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I applied to law school as a means to an end. To “fix the system,” to make a difference, to advocate for meaningful change that improves health and well-being of others. Charity Scott accomplished, in her academic career, what I have not. At least thus far, I have chosen to follow a different path, dipping in and out of my original mission. Charity, by contrast, was focused and centered, never deviating from her integrity, purpose, kindness, advocacy, and brilliance. She gracefully married the intellectual enterprise of legal education with an unwavering mission to improve individual lives — of students, colleagues, clients, practitioners, and public servants. She was among pioneers in the health law field. She pioneered the medical-legal partnership model. She made a difference.

After finishing college in New York City, I worked for three years on the far North Side of Chicago as a caseworker in the community mental health system, working with adults with severe and chronic mental illness. In social work, there is this starfish analogy: We stand at the edge of the ocean and spend the day throwing beached starfish back into the sea, hoping they will survive. There are thousands of them. Many wash back ashore, and we toss them in again. Every once in a while, we cast one out, and it is carried in the current and makes it way to its ocean home. We live for those successes. They sustain us against the otherwise relentless sense of frustration and futility. But I wanted to do more, I wanted to shift the tide and battle the surf, not just stand on the beach hoping that one, or some, of my starfish would survive.

I elected to attend my home-state, flagship, public law school, the University of Georgia (UGA). With a law degree, I imagined, I would gain advocacy skills that would position me to make a bigger impact in the mental health system, to help hundreds, if not thousands of starfish.

What I — and most of the legal profession and legal academy — did not identify at that time in the mid-1990s is that powerful model, the medical-legal partnership (MLP), would perfectly position legal advocates to both rescue more starfish and improve the currents in which we all swim. I should footnote the preceding statement: Charity Scott, for one, identified

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that possibility. She began advocating to bring legal assistance to patients in hospitals in the early 1990s, according to former Atlanta Legal Aid Society Executive Director, David Gottlieb.¹ MLP both predates and transcends current academic literature on social determinants of health,² health justice,³ and health equity,⁴ and was founded on the recognition that individual health is the result on not only physiological, hereditary, and environmental factors but wide ranging social and economic factors, many of which may be addressed through legal, rather than medical, interventions.

The precursor of Georgia State University's (GSU's) MLP, later formalized as the Health Law Partnership (HeLP) Legal Services Clinic (HeLP Clinic) launched in 2004 as a unique collaboration of legal services with medical providers.⁵ That was two years before the National Center for Medical Legal Partnership launched.⁶ Many early MLPs focused on children,⁷ but the model quickly expanded to serve other populations.⁸ Some, but not all, involved law school clinics. The GSU College of Law's Health Law Partnership (HeLP) Legal Services Clinic was founded in 2007 by Charity Scott and Sylvia Caley.⁹ I first became involved with MLP in 2008, while a faculty member at the University of Kansas (KU) School of Law. Charity and Sylvia were my earliest mentors and muses as we launched our MLP at Kansas.

Following law school, I was very fortunate to have the option to pursue "big law" jobs and took the bait to detour from my original public interest law intentions.¹⁰ I was happy enough with the practice of law but held a lingering sense that I was acting a part in someone else's play. As luck and life would have it, I was invited back to UGA in a teaching fellowship, with the clear charge to not count on a permanent position at UGA but rather to find a tenure-track job somewhere else. Even in that nascent teaching fellow posture, I immediately was embraced by the health law academic community, who encouraged me to attend my first American Society of Law, Medicine, and Ethics (ASLME) Health Law Teachers Conference. It was there that I first met Charity and so many other scholars who continue to mentor and inspire me to this day. Charity exuded an aura of deep knowledge, wisdom, compassion, and experience while remaining always approachable, accessible, and responsive. She took her work seriously without taking herself too seriously. She always had — and held — space for others.

At the Health Law Professors Conference, I was welcomed, included, respected, and supported. Charity, along with Sidney Watson and others, was instrumental in leading the annual Jay Healy teaching session of the conference. In those sessions, I was afforded a glimpse of the dynamic classroom experience that

Charity provided to 33 years of GSU students. She later would generously invite me to contribute to her regular "Teaching Health Law" column in the *Journal of Law, Medicine, and Ethics*.¹¹ Based on those encounters, I was hooked. Now I just had to find a job. Fortunately, I had the great privilege to join the law faculty at the KU, where I was a proud Jayhawk for eight years. I also was the lone health law faculty member there and, thus, like so many of my health law colleagues across the academy, relied heavily on the ASLME community for support, collaboration, and guidance.

Accordingly, it was to that group that I turned when KU stumbled into forming an MLP.¹² As soon as I heard about the initiative, which was partnering with the KU Medical Center in Kansas City, Kansas, and included a terrific collaboration between medical students ("JayDocs") and law students ("LawHawks"), I wanted to be a part of it. It felt like coming home. It was a way to be back on the beach, among the starfish.

Charity and team had great advice for overcoming foundational challenges in approaching a potential medical partner, who, by occupational rearing, would be highly suspicious at the suggestion to have a lawyer housed inside of their medical facility and participating medical consultations or grand rounds. It was standing tradition at KU spring commencement for the medical school graduates to "boo" the law school graduates. Explaining how these two historically adverse professions could not only cohabitate but collaborate takes finesse. The GSU HeLP team also generously shared myriad resources from their toolkit that helped us build our program. Our MLP gained momentum, establishing partnerships with safety net primary care clinics and, subsequently, the KU Medical Center and the sole community hospital in Lawrence, Kansas. That would not have been possible without Charity and her team.

MLP emerged not only as a new clinical legal education model but as a font of legal scholarship, and Charity was prolific and expert in that space as well.¹³ The MLP convened symposia and conferences. In time, there was an MLP casebook, to which many of us working with law school clinics contributed, including Sylvia Caley, Lisa Bliss, and pioneering HeLP medical partner from Emory, Robert Pettingano,¹⁴ with a piece focused on "Client and Patient Relationships: Understanding Cultural and Social Context." Charity's MLP writings echoed themes in her larger body of scholarship, focusing on ethics within and across professions; accreditation and other professional standards; conflicts avoidance and resolution; bioethics, particularly for vulnerable individuals; pedagogy and the student experience; and, towards the end of her career, mindfulness.¹⁵ In the mindfulness space, she once again

was ahead of the curve, well before the American Bar Association and other professional organizations prioritized law student and lawyer mental health and well-being.¹⁶

My own scholarly and academic administration interests led me in different directions, away from direct involvement with MLP, health justice, or social welfare. I published an academic press book on health status discrimination¹⁷ and a new health law casebook,¹⁸ and other traditional law review articles and commentaries. I served as Associate Dean for Faculty Development for the law school and for the past four years as Associate Provost for Faculty Affairs for the university. While I do have the privilege of serving others, in particular, other faculty scholars, clinicians, instructors, and extension and outreach agents to make their mark, by facilitating the administrative structures that support that critical work and engagement. I also get to sort out complex policy and compliance questions for a sector that benefits society: higher education, rather than health care. My path is not as clear or bright as Charity's, my impact is more diffused. But I also have the privilege of more time and more opportunities. I hope that I am wise and kind enough in navigating those to reflect some modicum of the light that Charity Scott shone on my career.

Note

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