

Episode: *Author Interview: “How Is Access to Legal Resources and Advocacy Foundational to Health Justice?”*

Guest: Yael Zakai Cannon, JD

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Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Yael Cannon, an associate professor of law at Georgetown University Law Center in Washington, DC. She's here to discuss her article, "[How Is Access to Legal Resources and Advocacy Foundational to Health Justice?](#)", in the August 2024 issue of the Journal, [Standards in Medical-Legal Partnerships](#). Professor Cannon, thank you so much for being on the podcast. [music fades]

Yael Cannon: Thank you for having me, Tim.

[00:00:43] HOFF: So, to begin with, what's the main ethics point of your article?

CANNON: The main ethics point is to really center the concept of health justice and the importance of access to legal resources and advocacy as foundational to health justice. So, health justice is the idea that in order to eliminate health disparities, we really need to think about how to leverage law, policy, and institutions to really dismantle those inequitable power distributions and marginalization that are at the root cause of health inequity. And so, legal advocacy becomes foundational to thinking about how we advance health justice as a research framework and as a movement, because people who've been racially minoritized and marginalized in our country disproportionately experience health-harming legal needs.

So, back in the 1990s in Boston, children were coming into the emergency room with really significant asthma attacks, and their pediatricians in the emergency room were giving them the best possible medical care and seeing that those kids were still not getting healthy. When they started talking to parents about the problem, they learned that many of those parents were living in substandard housing conditions that directly trigger asthma. So things like mold and roaches and rodents. And the doctor said to these parents, "You have to get these conditions fixed if you want your child to get healthy." And so, the parents would come back, back into the emergency room with their kid having another asthma attack a few weeks later and say, and they would say, "We tried to reach out to our landlord, and we didn't get a response," or "we tried to reach out to our landlord, and we heard, 'Oh, that's your responsibility to pay for that.' And we don't have the money to pay for that."

[00:02:37] Well, it occurred to these doctors that they did not have the tools in their toolbox to address those issues, that these families were experiencing health-harming legal needs. And they needed legal advocacy to effectively get their landlords to address the housing conditions and ensure that their housing was up to the standards of the housing code. And so, they had this idea of bringing a lawyer onto the treatment team, and there, the idea of a medical-legal partnership was born. So, this is really the idea of leveraging interprofessional collaboration to tackle those social and structural drivers of health that are really at the root cause of health injustice and really thinking about a different model of health care that actually brings a lawyer and legal resources onto the treatment team.

[00:03:28] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from this article?

CANNON: Yeah, great question. I mean, in medical school, physicians are increasingly learning about issues of health equity and of the sort of social and structural drivers of health. But the good news is that collaborating interprofessionally really gives physicians an opportunity to do something about those issues that have, for so long, really kind of felt outside of the toolbox of physicians. And so, bringing lawyers and those with legal knowledge and resources onto the team allows physicians and health institutions to really target where the law is driving health disparities, where the law is harming the health of their vulnerable patients. And that goes so far beyond the housing issues that we've talked about today.

So, there's lots of research showing, for example, that immigration status and access to health insurance that is connected to immigration status has tremendous impact on health, and that there are things that lawyers can do to advocate in the immigration realm to advance health justice. There's deep connections, of course, between interpersonal violence and health. And there are lots of things lawyers can do, like obtaining protective orders and guiding families through custody issues and divorce that can be health promoting for families. There's legal advocacy that can be done around securing public benefits, advocating around employment discrimination, which you can imagine particularly harms pregnant and parenting people. And all of those types of legal advocacy can really leverage that patient encounter to advance health justice.

[00:05:24] And I think the second level that I would emphasize to physicians and to med students and trainees is really that this collaboration can go beyond the patient level and can get at population health and structural issues. Because when we're directly hearing from patient families about the way that the law is working to harm their health and wellbeing, we can see where the law needs to be fixed. And physicians can be part of a team that approaches legislators, provides testimony, provides information to government agencies about how the law is not working, where we have laws on the ground, like those housing codes, that are not being effectively enforced or where we really need entirely new and more revolutionary sort of law reform to actually kind of change legal structures. And medical-legal partnerships have been really successful in helping physicians advocate in that way, advocate for health justice and for health

equity, for having their voice heard, both in the individual lives of their patients and at this broader population health level.

[00:06:38] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

CANNON: Yeah. I mean, I think it's, I would elaborate more on kind of the last two points that I make in the article. One is around the concept of community power building. And we're not going to advance health equity if what we're doing in our advocacy is just sort of as lawyers, for example, creating repeat clients and a system where we as professionals, as physicians or as lawyers, kind of see ourselves as saviors. We need to be in a position to be co-conspirators, to be resource allies, to really promote the power of patients who have been subordinated and marginalized to really understand and advance their own rights to navigate these systems with all the tools and information that they need. But then to actually have greater power building opportunities like those that can be achieved when there's collaboration with grassroots organizers and movements.

And the health justice movement can take note from the work of environmental justice organizers, of reproductive justice organizers, of other justice movements that have really embraced the idea that power is central and that those of us who are professionals working with people with lived experience, really need to not just ensure those people have a seat at the table, but that really, it's their table, and we're really just visiting.

[00:08:15] And then the last thing that I talk about in the article that it would be great to think more about is really the role of academic medical-legal partnerships. And I was mentioning earlier about the sort of increasing focus on social and structural drivers of health and on health and equity at the medical school level, at the residency level. Having those medical-legal partnerships and that interprofessional collaboration and that really experiential work on behalf of patient families is a real opportunity at the medical school and the residency and the learner level, because that is when professional identities and learning is really sort of being formed at its most foundational level.

And at Georgetown Law and Georgetown Medical schools, we have law and medical students collaborating together to provide advocacy on behalf of families who are clients of a pediatric program that provides low-barrier access to health care for families with low income. And so, those medical students are out in the community. They're seeing patients' homes. They're seeing the medical deserts and food deserts and child care deserts that families live in. They're really seeing for their own eyes and hearing directly from families about the role of health-harming legal needs in affecting families' wellbeing, and they are learning what it means to be advocates to address those problems. They are actually sitting, med students are actually sitting in our law school classrooms, looking at the historical and structural contexts that drive our current disparities and racial injustice that we see today. And they are dissecting those things, and they are imagining a different world, and they are encouraging the families that they

serve to imagine a different world and to collaborate with us to pursue that through health justice. [theme music returns]

[00:10:15] HOFF: Professor Cannon, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

CANNON: Thank you, Tim.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.