For the last decade, L. Kate Mitchell has advocated for the health of people for whom access to care doesn’t come easily. For the last year, her life’s work has brought her to the Health Justice Project clinic at Loyola University Chicago School of Law.

Mitchell started as director of the clinic in August following a three-year stint at the Pediatric Advocacy Clinic of the University of Michigan Law School. She heads up a small team at the clinic, which is part of a medical/legal partnership with LAF, formerly known as the Legal Assistance Foundation of Metropolitan Chicago, and Erie Family Health Centers.

Erie refers patients and those who visit the clinic with health-harming civil legal needs to LAF for intake. The foundation accepts some cases, sends some to the Health Justice Project for representation and provides advice and referrals to other agencies to the others it’s unable to assist. The number of referrals ranges between 600 and 1,000 annually. There were nearly 650 referrals last year.

The clinic is staffed by Loyola law students who represent Erie patients in a variety of civil legal matters under the supervision of faculty supervisors. In the 2017-2018 academic year, the clinic represented 15 clients in a litany of health-harming civil legal needs, ranging from disability benefits cases, Medicaid and other public benefits to immigration, guardianship, divorce and housing cases.

“Many of the clients we serve have multiple unmet legal needs and we provide holistic services to try to improve the health and well-being of our clients and their families,” Mitchell said.

Mitchell talks to us about how she got into her career and what she hopes for the future of the Health Justice Project.

This interview has been edited for length and clarity.

CL: What got you into this type of work?
Mitchell: As my mom tells it, I made the decision when I was 6. We were watching a program on the civil rights movement and I expressed interest in wanting to know how we could fix it. She told me to consider becoming a lawyer, and that was the beginning. I knew I wanted to do public interest law, civil rights work to kind of find my place in the public interest community. That was beneficial because there are a lot of people to collaborate with. Also, this is the first time I’ve worked with pediatricians in medical/legal partnerships. Now I partner with a federally qualified health center that serves a large volume of immigrant patients and undocumented patients. I’ve had to grapple with new issues related to access to health care for immigrants and undocumented patients and the struggles that their families are facing.

CL: Did you have goals for the clinic when you started?
Mitchell: I feel really lucky to be in a clinic that’s part of a health law institute, so I really wanted to work to bring some health law work to the clinic. Medical/legal partnership projects tend to cover a wide range of poverty and law-related casework as they address health-harming legal needs or social determinants of health for patients. But there are also issues related to less access to health care and people in poverty are more likely to face complex medical needs and rare medical conditions.

I want to make sure we expand our reach and try to access health care for as many vulnerable patients as we can. So, I’ve been reaching out to find partners in the community to engage in that work with.

CL: Is there anything you wish the public better understood about the work that you do?
Mitchell: Not everyone understands the very clear link between health and poverty. Poverty causes health issues, and people with more complex health issues are more likely to be in poverty. Having chronic health issues can also result in someone becoming impoverished. Both things are really inextricably linked to each other. The way we link access to health care and health insurance to each other in this current political climate is a backward way of looking at how health and employment impact each other.

Our current Medicaid program was developed based on a research project that demonstrated that a lot of people who have been drafted into the military weren’t able to serve in the armed forces because they weren’t healthy. Based on that research, the U.S. government learned that early intervention for health care for kids would impact lifetime health and that’s basically why we have our modern day public health system. We’ve known it for a long time but I don’t think it’s always influenced our policies and practices because people didn’t comprehend the link.