



Pro Bono ≠ Lawyer

Working with Other Professionals in a Pro Bono Capacity: Health Care Professionals

The legal community uses the Latin words "*pro bono*" to describe volunteering our professional time, putting it in the same category of legal jargon as "*ex parte*," "*nolo contendere*," and "*in rem*." Pro bono is short for "*pro bono publico*" or "for the public good," and pro bono work is not limited to attorneys. There are many other professionals that volunteer their time and use their skills for the public good.

Many types of immigration cases, from immigration petitions to removal cases, require the need to work with other professionals to work-up a case. In working on I-601 waivers, for example, practitioners often need letters from the client's and their family member's doctors and therapists to document the severity of the extreme hardship they would suffer. For employment-based cases, attorneys may request letters from experts in their fields opining on anything from the necessity of a certain skill set in their field or the prowess of the client in that field to demonstrate that it is in the national interest for the client to have permanent residency.

It is also possible to engage pro bono assistance from other professionals to gather the evidence needed to support a case. One prominent example CILA has seen comes from the citizenship applications context. CILA sat down (virtually) with Crystal Ortega, who is a Senior Attorney at the [Cabrini Center for Immigrant Legal Assistance at Catholic Charities for the Archdiocese of Galveston-Houston](#), to talk about the project she spearheaded. The population Ortega worked with in the citizenship program were usually refugees or asylees and often older in age. Normally to qualify for U. S. Citizenship you need to be able to speak, read, and write English and pass a civics exam. There are exceptions to these requirements, based on age, lengths of permanent residency, and/or certain health conditions. This last exception is the one many clients in the Cabrini citizenship program needed, but it requires a doctor to certify the relevant medical conditions on a N-648 form.

Ortega created a pro bono medical evaluation program with a doctor who worked at Baylor College of Medicine in Houston, Texas. He specialized in geriatric medicine, so he had knowledge of and interest in the client population needing the medical citizenship waivers. The doctor had availability on the weekends to volunteer his time, so Ortega would arrange for the client to come to Cabrini's offices and meet with him in a private office or conference room. Ortega stated that "because he had an interest in the clients, the waivers were better [when compared with those from the client's primary care physician]. All of the waivers he worked on were approved." While the doctor's expertise was central to the evaluation, he was open to feedback as to how to make the waivers stronger and really took the advice to heart.

It may seem that the above example is unusual, given the doctor's specialty and level of interest. How could the average pro bono coordinator find someone like that? Ortega met the doctor at a community event (pre-pandemic, of course). He listened to the story of these clients and knew he might be in a position to help. Recruitment and public engagement are topics for another article, but talking about your work and your clients (in a respectful and confidential matter) and showing others why you do the work you do can be one of our most powerful recruitment tools. So get out there (eventually) and talk!

One other example can be found in a program run by the [Houston Immigration Legal Services Collaborative](#), or HILSC. HILSC noticed that its partner legal service providers were all experiencing a similar issue. It was getting more and more difficult to get approvals for immigration cases and for many, especially asylum cases, a quality forensic evaluation was the key to winning the case. But HILSC's partners reported that it was difficult to find clinicians with experience working with specific immigrant populations. If one could be found, the cost of the evaluation would be much more than the client or legal service provider could afford. To help fill the gap, HILSC created a "low bono" forensic evaluation program, with a grant from the Robert Wood Johnson foundation. CILA chatted with Thalia Flores Werner, LCSW and Mental Health Consultant for HILSC, who now administers the program, about how it works.

Flores Werner herself was the first clinician to do a forensic evaluation under the program. She says that, ideally, a good forensic evaluation, especially for a child, should encompass more than one visit with the client—it can take more than 20 hours to fully document a clinical case for legal use. Flores Werner indicated that it also helps for the clinician to understand the impact of immigration policy. Thus, clinicians who undertake these cases need to have a specialized skill set. The HILSC program originally developed out of a collaboration between HILSC and the [Baylor Asylum Clinic](#). They were putting on trainings to help clinicians to gain the forensic evaluation skill set. HILSC then wanted attorneys to be able to connect with these specialized clinicians, so they set up a referral system. Attorneys [fill out a form on HILSC's website](#) with their requirements, then HILSC screens it and sends an email to the network of clinicians HILSC maintains. Depending on who responds, HILSC sends a list of interested clinicians to the attorney and the attorney can choose. The whole process can take anywhere from 2 days to a week.

According to Flores Werner, building the network has been one of the more challenging parts of the program. Another was ensuring the quality of the evaluations clients were receiving. To help with both issues, Flores Werner and HILSC created a mentorship program for clinicians interested in immigration related forensic evaluations. There are two tiers of mentorship offered by the program. The first is for those clinicians that are fully licensed and see clients but have no experience with forensic evaluations. The second tier is for clinicians that are already in HILSC's network but want to develop their evaluation skills further. In the first tier, mentees are given the opportunity to learn a new skill to enhance their practice in return for completing two forensic evaluations under mentorship; the mentors observe the mentees' clinical interviews and give



advice and feedback. Those in the second tier also receive mentorship in exchange for completing two forensic evaluations.

The mentorship component of the forensic evaluations program both expands the network of clinicians available to HILSC and allows for some standardization to be developed as to what a quality forensic evaluation looks like. As a grant funded project, the initial two-year grant for the forensic evaluation program is up in early 2021. Flores Werner indicated that HILSC is looking for funding to continue, but even if it wraps up, Houston immigration legal service providers will now have a list of clinicians trained and willing to perform forensic evaluations for their clients.

In the two examples above, one was an informal, low infrastructure use of non-legal professional pro bono and the other was a funded and structured program. Both options are viable, depending on need and resources, and provided invaluable assistance to clients' immigration cases. The examples chosen both involved professionals in the health care field, a doctor and licensed clinical social workers, but there are other professionals who can also provide valuable services for our clients. Let's think outside the box and brainstorm more pro bono possibilities!

