



# COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

*How a Community  
Helped Ignite a  
Healthcare Revolution*



*1971 - 2016*

By Kitty Dumas



■ Patients step into the CHI van that transports them to and from CHI health centers. (1974)

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By Kitty Dumas

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**W**oven into the history of Miami and America, the story of Community Health of South Florida, Inc. (CHI) is important and compelling. From a community's struggle for civil rights, farmworker rights and human dignity, CHI was created and evolved into a successful non-profit healthcare model, an example of impressive growth and medical achievement. Along with other community health centers established in the 1960s and early 1970s in South Florida and across the country, CHI's history is filled with little-known examples of courage and perseverance that in many ways helped change the nation. In this, the 51st anniversary of community health centers, the largely unsung history of CHI is representative of the experiences of other communities that fought for healthcare services long denied to them because of poverty and racial discrimination.

The community health center movement, which ultimately resulted in the largest primary healthcare system in the United States, was created and championed by a small group of people from the medical community and local activists who fought the status quo for their children and families, neighbors and communities.

CHI, which now serves 75,000 patients across two counties, would not exist without the vision, activism and commitment of two extraordinary people: Doris Ison, a South Dade former farm and factory worker who had been denied equal access to education and healthcare because of her race, and Dr. Lynn Carmichael, who created the Department of Family Medicine at the University of Miami, and is known nationally as one of the fathers of family medicine.

Ison wanted to save the lives of children and working people of color, some of whom were farmworkers. Her efforts were part of the national movement for the rights of poor and disenfranchised people across America.

Throughout his career, Dr. Carmichael focused on caring for people who had little or no access to healthcare, because of poverty and race. I had the pleasure of meeting him, and knew about his community health center initiative and his pioneering work to establish both the discipline and

the training for family medicine in the form of teaching health centers.

It is ironic that community health centers were first developed in the 1940s in the midst of apartheid in South Africa. The goal of the group, led by physicians Sidney and Emily Kark, was not only to care for patients, but to change the health status of the population from which those patients came. The Karks succeeded, and went a step further, establishing a training institute to produce African health educators, nurses and others needed for the project. Ultimately, they affiliated the program with a department of family and social medicine at the University of Natal Medical School, which opened in 1950 as the first in South Africa for non-white students. As a medical student studying the program, I was inspired by their example to take a leading role in helping establish the first community health centers in America in Massachusetts and Mississippi. The influence of the Karks could also be seen in Dr. Carmichael's work in not only helping create community health centers, but connecting them to a teaching facility.

There are now community health centers in 42 nations across the globe, now linked in a new International Federation.

A 1977 photograph in the *Homestead News Leader* shows Ison chatting with a young, smiling Sen. Edward M. Kennedy (D-Mass.), as he visited CHI. The image is a reminder of how far we have come as a nation and the significance of the community health center movement. The movement was a precursor to efforts that gave us the fight for national affordable healthcare. National healthcare was for decades viewed as an impossible dream. We are reminded of the commitment and passion of Doris Ison, the community activist who spoke truth to power and in so doing helped make CHI a reality.

Sen. Kennedy's long relationship with the healthcare movement began in the 1960s, as a new senator, shortly after the death of his brother, President John F. Kennedy. In 1965, as part of President Lyndon B. Johnson's War on Poverty, funding was approved for our first two neighborhood health center pilot projects, Columbia Point, in his native Boston and one in Mound Bayou, Miss. Not long after the Columbia Point center opened, it received a visit from Sen. Kennedy,

*Dr. H. Jack Geiger is known as “a father of the community health center movement in America.” He helped establish the first two centers – in Mississippi and Massachusetts – after convincing federal officials to include funding in President Lyndon Johnson’s War on Poverty legislation. Active in the civil rights movement, Dr. Geiger saw the dire need for healthcare access in the American South as a physician treating civil rights workers during the violence of Freedom Summer in 1964.*



who was so impressed that he fought for an appropriation of \$51 million to develop 30 new centers. In what would become an historic achievement so early in his political life, he began a storied career fighting for access to healthcare.

The community health centers were so successful that the program continued to expand. Sen. Kennedy later worked to broaden care to migrant communities, resulting in an extension of the Migrant Health Program, originally signed into law by President Kennedy. For the first time, the legislation authorized grants to community-based organizations to operate migrant health clinics, like the one originally developed in South Dade by Rudy Juarez, a champion of farmworker rights.

By 1973, there were 200 health centers in America, including CHI, then known as Community Health of South Dade, Inc. Today, according to the National Association of Community Health Centers, more than 1,300 centers serve 23 million people at some 9,000 locations throughout the 50 states and U.S. territories.

Nearly 40 years later, the cause of healthcare was an important issue for a young senator from Illinois who shared Sen. Kennedy’s vision. That young senator, Barack Obama, would become president and make healthcare access a major focus of his presidency.

What is the impact of community health centers like CHI? Communities can have a say in the type of healthcare patients receive. Half the people serving on their boards are also users of

the center’s healthcare services. Quality healthcare delivered to communities regardless of income, health insurance status, health condition, race or culture, has meant fewer infant deaths, shorter emergency room lines and longer life expectancies. However, the impact of CHI and other centers also means that families do not have to spend a day traveling across town by public transportation to see a doctor.

The National Academy of Medicine and the U.S. Government Accountability Office (GAO) recognize the nation’s health centers for reducing health disparities and effectively managing the care of people with chronic conditions including cardiovascular disease and diabetes. In addition, healthcare costs in the nation’s network of health centers is 41 percent lower per year than the cost of care by other providers, according to the American Academy of Family Physicians’ Robert Graham Center.

Delivering quality services that fulfill the basic human needs of people benefits communities – improving public health and well-being, strengthening neighborhoods and creating jobs. The tremendous success of CHI and other centers offers proof of the effectiveness and wisdom of the community health revolution, and its lasting impact on the future of healthcare in America.

Dr. H. Jack Geiger  
*Arthur C. Logan Professor Emeritus of Community Medicine  
City University of New York Medical School  
May 17, 2016*



*Pediatrician Magali Selem, MD, FAAP continues CHI's tradition of family-centered healthcare established in 1971 with two community health centers. The Community Health of South Florida, Inc. healthcare system now includes 11 primary care facilities and 31 school-based centers in Miami-Dade and Monroe counties.*

# *A Message from the President & CEO*

**F**or nearly half a century, Community Health of South Florida, Inc. (CHI) has provided communities with a most precious commodity – access to quality healthcare.

We began as part of the local and national community health center movement of the 1960s and 70s. Our mission was to care for low-income people with little or no access to quality healthcare, and improve the health and quality of life of large swaths of the population. The movement revolutionized healthcare in America and in Miami-Dade County, and we are proud to have been part of it.

Today, we provide care to everyone – the traditionally underserved and people who can afford to go elsewhere for medical services. Established as the healthcare system for South Dade, CHI has grown from two centers in 1971 to 11 state-of-the-art primary care facilities in both Miami-Dade and Monroe counties and 31 school-based centers in Miami-Dade. Our excellent physicians, nurses and staff are committed to the communities we serve.

We are also recognized as a model of excellence and management best practices. In 2016, CHI became the first Federally Qualified Health Center in the nation to be awarded the coveted Governor's Sterling Award, the highest recognition a company can receive for excellence in performance in the state of Florida.

In 2014, we became the first community health center in Florida designated by the U.S. Department of Health and Human Services' Health Resources Services Administration (HRSA) as a teaching health center. With funds through the Affordable Care Act, we began our program in 2014 with 13 medical residents. Our centers are in designated areas of critical healthcare need. Training doctors who will return to provide care is fundamental to significant improvement in the health of our communities.

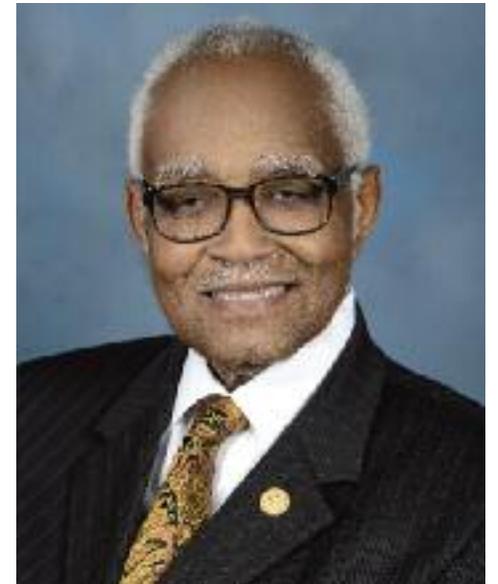
Our success, and that of other community health centers across America, is an outcome that historians, media and business experts probably would not have predicted. Establishing successful healthcare centers in communities of poor people while consistently delivering quality care is no

small feat.

In its early years, CHI faced what might have proved to be its undoing: a continual quest for public funding in changing economic and political climates and the challenge of providing good financial management with limited resources. In addition, as the healthcare provider for a multicultural, multiracial community – even by Miami-Dade County standards – we were challenged with meeting critical healthcare needs and doing so with cultural sensitivity and compassion in an ever-changing racial and cultural landscape. Winning the trust and respect of our patients has been an important part of providing care. Today we serve patients from more than 30 different cultures.

From what would have been extraordinary challenges for any organization, CHI survived and ultimately thrived. Blazing a trail through neighborhoods and rural areas where medical services were few and far between, our physicians, nurses and staff began a tradition of caring for patients as they would their families. In the aftermath of Hurricane Andrew, our doors remained open – the only healthcare facility in South Dade that continued to treat patients in those first critical days. That commitment to our community, to treating our patients with dignity and compassion, and to excellence in care and in the management of our facilities, was a catalyst for incredible growth that continues today.

We are grateful to the people of South Dade and across South Florida who fought for access to healthcare and continue to believe in the promise of CHI. Their legacy propels us to greater achievement and service. In keeping with that legacy, we believe that excellence in healthcare for all people is more than a vocation. It remains our mission.



A handwritten signature in dark ink, reading "Brodes H. Hartley Jr." in a cursive style.

Brodes H. Hartley Jr.  
President and CEO  
Community Health of South Florida, Inc.



1895



1900



1918

## *A History of Advocacy & Service*

### **1894 - 1895**

Two long cold spells, known as the Great Freeze, kill crops and cattle across the Southeast. A large number of white farmers and African-American laborers migrate to South Dade.

### **1896**

Henry Flagler's Florida East Coast Railroad from Jacksonville to Miami is completed.

### **1900**

Arthur Mays arrives in South Dade.

### **1903**

Goulds community is established.

### **1913**

Doris Ison arrives in South Dade from Cat Island, Bahamas.

### **1914**

Arthur and Polly Mays establish a church and school for African-American children.

### **1918**

Christian Hospital, the first hospital for blacks in Miami, is established.

### **1930's**

After the county refuses to build a hospital in South Dade, Talmadge Roux and Arthur Mays raised money and built Lincoln Memorial Nursing Home, including a small clinic in the front.

Jesse James Robinson, Sr., first black employee at First National Bank in Homestead and successful businessman, establishes the first ambulance service in South Dade.

### **1940's**

Dr. H. Jack Geiger observes the success of a community health center model in South Africa.

### **1942**

In response to a serious labor shortage, the United States entered into a bracero or labor agreement with Mexico, which sent 300,000 farm and transportation workers to America.

At least 4.5 million guest workers were brought to the U.S. over 22 years, some to South Dade.

### **1959**

A new, larger Christian Hospital facility is built in Brownsville neighborhood.

### **1960's**

Doris Ison begins advocating for healthcare access for the poor in South Dade.

### **1964**

Dade County Medical Association votes to integrate its membership.

Lunch counters including Jackson Memorial Hospital are integrated by Dr. George Simpson and others.

Members of the Medical Committee for Human Rights, including Dr. Geiger, travel to Mississippi during Freedom Summer to treat civil rights workers. They provide care for black residents denied care under segregation.

President Lyndon B. Johnson declares his War on Poverty with legislation which included creation of the Office of Economic Opportunity (OEO) and Head Start, among other programs.

Dr. Geiger, Dr. Count D. Gibson Jr., chair of the Department of Medicine at Tufts University, convince officials at the OEO to fund two community health centers.

### **1965**

First community health center opens in Columbia Point, a Boston housing project, and the second in Mound Bayou, Miss.

Sen. Edward M. Kennedy pushes for \$51 million under the Economic Opportunity Act to develop 30 new centers.

### **1966**

Dr. Lynn Carmichael receives a federal grant to establish the first community health center in Miami, Family Health Center in Liberty City.

Dr. Carmichael recruits Dr. George Simpson, the first black board-certified surgeon in Florida, as medical director.

### **1969**

An estimated 8,500 to 10,000 migrants live and work in Dade County, most in South Dade.

Rudy Juarez, community organizer, former farmworker and founder of Organized Migrants in Community Action (OMICA), moves to Miami.

Juarez and attorney Joseph Segor secure a federal grant to open a medical center for farmworkers, which was later named Martin Luther King Jr. Clinica Campesina at the urging of Doris Ison, who serves on the board.

Dr. Carmichael, Juarez and OMICA join Doris Ison and supporters in the African-American community to advocate for a hospital for South Dade.

Health Planning Council identifies four major areas of South Dade as Health Scarcity Areas: Perrine-Richmond Heights, Goulds, Naranja-Leisure City and Homestead-Florida City.



1971



1974



1976



**1964**



**1969**



**1971**

Dade County commission recommends the development of a primary healthcare system in South Dade.

The county contracts with the new University of Miami Department of Family Medicine and its chair, Dr. Carmichael, to deliver care.

**1971**

Community Health of South Dade, Inc. (CHI) incorporates as the healthcare system for South Dade County and opens the South Dade Community Health Center in trailers located in Goulds.

CHI, as the county's healthcare system for South Dade, includes two facilities – Martin Luther King Clinica Campesina and the South Dade center.

Dr. Carmichael recruits renowned Yale professor and physician, Dr. Jerome Beloff, to join the faculty of UM's Department of Family Medicine and Pediatrics, and to become medical director of CHI.

**1972**

CHI hires first executive director, George Emmett Rice.

**1973**

Typhoid epidemic strikes labor camp. CHI provides treatment, works with government agencies, helping prevent spread of the disease.

**1974**

South Dade center moves from trailers into a new 80,000-square-foot facility.

Doris Ison testifies before the U.S. Senate Special Committee on Aging about problems experienced by the elderly due to lack of transportation.

**1976**

South Dade center is renamed Doris Ison Community Health Center.

**1977**

Sen. Edward M. Kennedy visits CHI.

Forrest Neal is hired as executive director.

**1979**

CHI contracts with Dade County Public Schools to provide school-based services, beginning in Homestead.

**1980**

John Trenholm is named executive director.

**1984**

Brodes H. Hartley Jr. joins CHI as executive director in May.

Ambulatory unit is named in honor of Dr. Edwin S. Shirley.

**1988**

Ambulatory Walk-In Center is converted to an Urgent Care Center as a joint venture with the Public Health Trust.

**1992**

CHI is the first healthcare facility to open after Hurricane Andrew strikes South Florida Aug. 24, devastating communities served by its facilities, including Perrine, Goulds, Homestead, Florida City and Naranja.

**1994**

CHI joins with Economic Opportunity Health Center and Coconut Grove Health Center to establish an integrated service network, which would become Health Choice Network, Inc.

**1997**

Names first women medical directors, Dr. Priscilla Knighton at Doris Ison Community Health Center and Dr. Madhvi Sisodia at MLKCC.

**1998**

Receives Joint Commission accreditation, recognized nationwide as a symbol of healthcare quality and excellent performance.

Community Mental Health Center becomes Behavioral Health Care Center.

Naranja Health Center opens.

**2005**

Dr. Saint Anthony Amofah joins CHI as medical director.

**2007**

CHI opens Marathon Community Health Center.

**2013**

Opens centers in Coconut Grove and South Miami.

**2014**

Tavernier Community Health Center opens in the Keys.

CHI becomes the first community health center in the State of Florida to house a teaching health center.

**2015**

CHI's West Kendall Health Center opens.

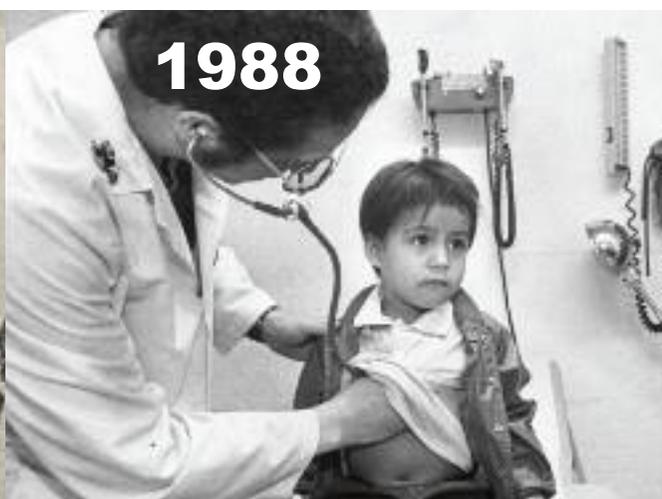
**2016**

CHI celebrates 45 years of providing quality healthcare to the people of South Florida.

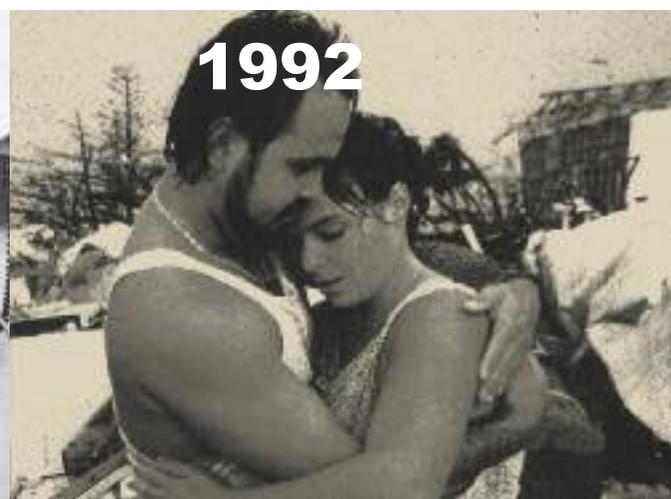
CHI becomes the first Federally Qualified Health Center in the nation to be awarded the Florida Governor's Sterling Award for performance excellence.



**1977**



**1988**



**1992**



*From Whence  
We Came*

PART 1



**DORIS ISON**

*Community Activist, Former Farmworker and  
Board Member, Community Health of South Florida, Inc.*

*“When I came here there were no schools, no doctors and no churches. In 1917, when I was 9 years old, they built Neva King School, but I couldn’t go. I didn’t understand why, and I was hurt.”*

*She would ultimately be the oldest of six siblings. Ison described for a reporter how her mother died at age 36 when an intestinal flu worsened and there was no place nearby to go for treatment. She was hemorrhaging but had to wait for a doctor to drive from Homestead to their home in Florida City.*

*“I’ve always felt my mother could have been saved if only I had a hospital to take her to,” she told The Miami News.*

# WAITING...

About 7:30 a.m., the line begins to form. Black and brown faces attached to ailing bodies and troubled souls. They have little or no money and no health insurance. Mothers with sick children, the elderly, migrant field workers, factory workers, maids, all waiting for something many have never experienced – a doctor visit. A visit to a doctor's office could cost as much as \$18, and hospitals that will take them are 30 miles away, which seems even farther without transportation. Here they pay according to income, and come prepared to wait. By the time the health center opens its doors, about 60 people are waiting in line. Once inside, the waiting begins again. With limited examination rooms and few doctors and nurses compared to the number of patients here for care, the wait is sometimes long.

The days stretch into evening for the five doctors and a handful of nurses and nurse practitioners who see an average of 8,000 patients a month between this small facility and another nearby.

What might appear to be a scene from life in the Third World is a day in the life of poor people in Dade County, Florida, circa 1975, home of the famous Fontainebleau Hotel in Miami Beach, playground for Hollywood movie stars like Frank Sinatra. By 1975, the Jackie Gleason Show had ended a successful run across town in Miami Beach, at what became known as the Jackie Gleason Theater. Watergate was over, and President

Gerald R. Ford was in the Oval Office. Martin Luther King Jr. had been assassinated seven years before. America was finding its way through what was supposed to be a post-segregation world, and thousands of Mexican-Americans in search of a better life had made their way to migrant farms in the United States, including Dade County.

Here at the southern end of the county, known as South Dade, a community with large concentrations of poor people, years of advocacy – part of a national healthcare movement – had produced the Community Health of South Dade, Inc., healthcare system (CHI). Its first community health center, only the second in the county, was part of a growing list of centers across the country funded by federal and local dollars. The long lines and crowded waiting rooms look like desperate times, but represent a marked improvement in quality of life for the people waiting for healthcare, who now have something they never had before – access. However, in 1975, the struggle for expanded quality healthcare services and for survival is just beginning – for them and for CHI. One could argue that the struggle to get here was decades and generations in the making, starting in the late 19th century, when poor laborers first began making their way to South Dade, a largely untamed land that must have looked like an opportunity for a better life. The community they helped build would bear fruit as well as inequalities to overcome.

# A WORLD APART

*Cultures, Segregation, Farm Economy  
Create Foundation for South Dade*

**W**hen Henry Flagler's Florida East Coast Railroad, running from Jacksonville to Miami, was completed in 1896, southern Miami-Dade County was largely open landscape, wild and vast, an expanse of grass, mangroves, palms, pines and the dreaded mosquito. The nearly yearlong warmth and fertile land held special promise of a new life for farmers along its path and in other parts of the Southeast.

The opening of Flagler's railroad offered them a means of escape from disaster.

In the winter of 1894-1895, the year before the completion of the railroad, the agricultural industry of the southeastern United States was almost wiped out by a devastating freeze. The event, two extended cold spells that hit the South, was so cataclysmic, Americans called it the Year of the Ruin. Later this severe weather event that killed crops and cattle and left farmers destitute became known as the Great Freeze.

By the 1900s, the population of the county was still increasing along the path of the railroad, as Flagler set out on a failed attempt to extend rail service to Key West. The settlers from the north who helped establish the racial and ethnic

landscape of what is now South Dade were white and black, both driven to move by hard times.

White farmers from Georgia, South Carolina and north and central Florida migrated to south Miami-Dade County to escape the Great Freeze. Black farm laborers followed them, significantly increasing the permanent African-American population around the turn of the century. While most were laborers, some blacks also operated their own farms.

At the same time blacks from the Bahamas, looking for opportunities with the new railroad, also made their way to South Dade. Bahamian migration to Florida was not new. It rose and fell with the island's economy. Black islanders had migrated to the Keys in the 1830s and then to the lower east coast around 1890. They served as seasonal workers in the early agricultural labor force. South Florida had much the same rocky soil as the Bahamas. They often brought their own plants and taught settlers how to farm the land.

South Dade was showing signs of what it would become thanks to Flagler and pioneers who focused on agriculture. Dr. Henry Perrine, noted horticulturist and physician, was the first to introduce mangoes and avocados to the area in 1833 when Florida was still a territory. The U.S. government granted him use of 36 miles of land where he would grow tropical plants and trees with potential commercial value.



*April 13, 1896, the first train arrived in Miami carrying Henry Flagler and other dignitaries.*

*Settlers were a tenacious lot, who teased farms out of land that was sometimes less than fertile and built institutions and a way of life.*

He was killed when Seminoles attacked the family in their home, but his wife and children managed to escape. Years later, his son Henry Perrine Jr. struggled and failed to develop the rocky land he named Perrineville as other settlers laid claim. When the fate of the land became tied with his pursuit of the Florida East Coast Railway, Henry Flagler intervened. He entered into an agreement with Dr. Perrine's heirs to develop it. Dr. Samuel H. Richmond, surveyor for Flagler's railroad oversaw the deal and settlement of the land. To encourage people to put down roots, the railroad offered to refund the train ticket to anyone who would settle in Miami. Dr. Richmond also distributed many tropical plants and trees to settlers including guava, lemons, limes, orange and mango.

Settlers were a tenacious lot, who teased farms out of land that was sometimes less than fertile and built institutions and a way of life.

With its rural agricultural landscape and farming economy, the southern end of the county was a world apart, having attracted more "country people" looking to build lives for themselves from the land. Even today, on a trip south on U.S. 1 toward the city of Homestead, green fields become more common the deeper one travels into South Dade.



In the early part of the 20th century, race relations in South Dade also set the community apart from the rest of the county. While the community, like the state and the nation remained segregated, and a chapter of the Ku Klux Klan existed in South Dade, working relationships between blacks and whites were common on the farms, unlike in the more populous communities.

Many farmers who employed black laborers were not wealthy plantation owners with palatial homes. The economic divide between farmers and workers was not vast, and white farmers could be seen working the field alongside blacks hired to plant and harvest crops.

Yet, in a community that was itself a world apart from the rest of the county, blacks, despite the success of some, were as a group still further isolated from mainstream life by segregation and poverty. In addition to the challenge of earning a living, education and healthcare became the focus of black pioneers attempting to find a measure of success in South Dade.

Before this influx of African-Americans arrived on the heels of the Great Freeze, black faces in the area north of the Florida Keys were few and far between. Decades, even centuries before, black Bahamians, some escaping eco-

nomic collapse or an abusive work system akin to sharecropping in the American South, had made the short voyage across the ocean to Florida. In the Florida Keys some black Bahamian settlers worked on pineapple plantations, while some operated their own farms and businesses. E.W.F. Stirrup (1873-1957), known as Coconut Grove's most successful businessman, originally emigrated to Key West at 15 to work for his uncle as a carpenter's apprentice for ten years. He eventually moved to the Grove in 1899, looking for independence from his family and a chance to keep more of what he earned.

Several black settlements were springing up in towns in south Miami-Dade County by 1900 including Larkins (now called South Miami), Homestead, Perrine and Florida City.

From the start, the southern end of Miami-Dade County known as South Dade, developed a personality and flavor very different from the rest of the county, which boasted populous settlements that drew people looking for city life and an ocean to boot.

Wide open spaces, homesteads far from one's neighbor, was a selling point that called to both entrepreneurs and people who saw their fortunes in the land.



■ Bahamian settlers stand in front of Ralph Munroe's boathouse for this historic photo. Many of their descendents still live in Coconut Grove.

In 1900, black and white settlers set up homesteads around the area now known as Goulds. Initially most black settlers to the area were from the American south, central and northern Florida, Georgia and other southern states after the Great Freeze. More black migrants from the Bahamas soon followed. Blacks who were not farmers or landowners worked for the railroad or for white homesteaders.

William Johnson, a black man, filed for a homestead on a section extending from what is now Southwest 216th Street to the area extending just beyond 224th Street. The property included the land that later became downtown Goulds. D.D. Cail, also a black man, purchased the northwest section of Johnson's homestead and developed a restaurant, rental housing and a large packing house south of 220th Street on Dixie Highway.

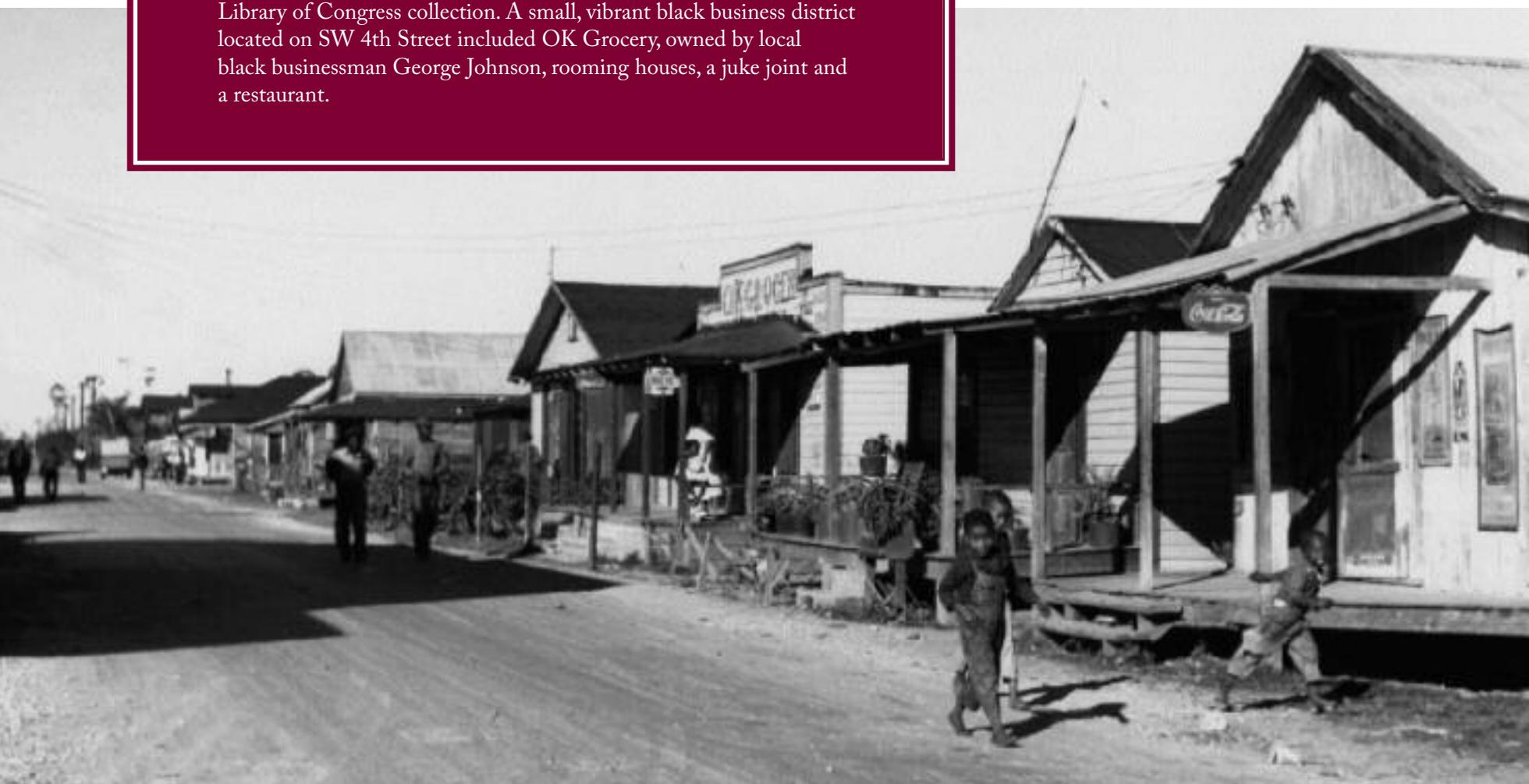
Also called Black Point, Goulds was estab-

lished in 1903 with the arrival of the Florida East Coast Railway. Lyman B. Gould, who was in charge of cutting ties for the railroad, operated a siding (a short stretch of railroad track used to store rolling stock or allow trains on the same track to pass) below Southwest 216th Street. The town that sprang up there was originally called Gould's Siding.

There was no shortage of pioneering black settlers aggressively focused on building strong institutions for the black community in the Goulds area. William Randolph, who also was a homesteader in 1900, held a tract of land from 214th Street to 216th Street on the west side of the tracks and from 216th Street to 221st Street on the east side. Randolph believed so strongly in land ownership for blacks as a means of attaining some level of control over their own destinies that he sold off pieces of his property cheaply or in some cases gave it away.

## PIONEER LIFE

This image of black life in Homestead in 1939 was captured by noted American photojournalist Marion Post Wolcott, and is now in the Library of Congress collection. A small, vibrant black business district located on SW 4th Street included OK Grocery, owned by local black businessman George Johnson, rooming houses, a juke joint and a restaurant.



Other important black pioneers included Gus Boles, believed to be the richest black man in the community; Jasper Harrington, who worked on the Florida East Coast Railroad from Jacksonville to Miami; and Arthur and Polly Mays, who opened the only black medical facility and also helped establish the first school for black children in south Dade County. The Arthur and Polly Mays Conservatory of the Arts still bears their names.

In a segregated society, African-Americans established their own institutions and industry in south Miami-Dade, making a mark on the community as blacks were doing in the city of Miami. In the bustling settlement known as Miami's Colored Town were stores and newspapers run by and catered to African-Americans who were not welcome in white establishments.

Arthur Mays was born in 1887 in Flovilla,

Georgia. At 13, he arrived in South Dade, where he found work as a house boy for a local family before moving to the Naranja area, where he bought a farm of his own. He married Polly in 1908. Mays had only six weeks of schooling while his wife had a fourth grade education. They helped each other learn reading and mathematics. They organized a church and started a school there in 1914. They donated land to build a school for black children. In 1926, they led efforts to push the county school board to establish Goulds Elementary School. When he discovered that many children lacked transportation and could not attend, Mays bought a bread truck from the Holsum Bakery, then located in Homestead, and transported the children. Meanwhile, Polly was driving black children to the only black high school in the county, Carver in Coconut Grove.



### *Arthur and Polly Mays*

*Pioneers, Arthur and Polly Mays organized a church, a school and later helped establish the first medical facility for African-Americans in South Dade, one of the first of its kind in Miami.*

*After discovering that many black children lacked transportation, Mays bought a bread truck from the Holsum Bakery, then located in Homestead, and drove them to school.*

*Meanwhile, his wife, Polly, was transporting students to the only black high school in the county, Carver in Coconut Grove.*



1926

It was into this segregated world of South Dade that Doris Ison arrived in 1913 from Cat Island in the Bahamas. She was 6 years old when her father, Hezekiah Taylor, moved the family to Florida City permanently. The county's southernmost municipality, then called Detroit, located just miles from Goulds, was where the Mays family lived. There were few blacks living there, and no schools, churches or doctors for them. The black institutions, including a business district, were located in Homestead and were shared by the neighboring black community in Florida City.

Jesse James Robinson Sr., a successful businessman and the first black employee of the First National Bank in Homestead, established the first ambulance service for African-Americans in South Dade around 1930. It was the only ambulance service for blacks between the Florida Keys and Miami. Robinson would transport patients who needed urgent care to Kendall, Dade County Hospital or Christian Hospital, Miami's hospital for African-Americans.

The town of Homestead was divided by the railroad tracks of the Florida East Coast Railway. Across the tracks on Fourth Street was the Southwest Section, which was also the "colored section." On the east side of the tracks from Flagler to U.S. 1 was the white section.

While Arthur and Polly Mays were advocating for expanded educational opportunities for black children in Goulds and Homestead, similar efforts were beginning in Florida City. However, they would come too late for Ison. She learned at an early age the consequences of isolation and inaction and the power of advocacy to affect change, a lesson that no doubt lit a fire that would ignite a movement in South Dade.

*There were few blacks living there in Florida City, but no schools, churches or doctors for them. The black institutions, including a business district, were located in Homestead and were shared by the neighboring black community.*



## FARMWORKER HOUSING IN GOULDS

*This is the earliest known photo of farmworker housing in South Dade. Appearing in the South Dade News Leader on Feb. 5, 1926, the photographer captioned the photo, "a bunch of tents lived in by negroes who work for the Blue Goose Packing House, Goulds, FLA." The February 5th Edition of the News Leader reported that Luther Chandler and Charles T. Fuchs Jr. had abandoned a tent city in Goulds for tomato harvesters and packers.*

# TROUBLED WATERS

*Inequality Shapes the Future*

**F**or nearly three quarters of the 20th century, African-Americans across the nation were denied equal access to health care – turned away from medical facilities because of the color of their skin, or in some cases treated in separate “colored-only” facilities. In 1966, the year after the Civil Rights Act was signed into law, African-Americans had an average life span of seven years less than the average life span of whites. In the South, the average life span for blacks was 17 years shorter than whites.

In 1964, when President Lyndon B. Johnson declared his War on Poverty, Americans had seen disturbing images on the evening news – hungry, sick children, both black and white, with distended bellies, photographed not in Third World countries but in the Deep South and Appalachia.

The civil rights movement focused on gaining the right to vote and desegregation of public institutions. Public institutions, included hospitals and other healthcare facilities. Though not as public and fraught with violence as the famous march to Selma, Alabama, school desegregation and sit-ins at Southern lunch counters, the fight for access to medical care for the sick and dying was ongoing.

Impoverished whites in rural America also suffered from limited access to healthcare, along with Native Americans and poor Hispanic immigrants living in urban centers and migrant labor camps. Living far from the nearest medical facility or with no money to pay for care, the question of survival for America’s poor was made more uncertain. However, with a legacy of segregation affecting every aspect of African-American life, the issue of healthcare in the black community was a particularly challenging hurdle.

In Miami-Dade County and across the state of Florida, people of color and the poor – African-Americans, blacks from the Caribbean and Hispanics and poor whites – were part of a silent national crisis.

Regardless of socioeconomic status or education levels black baby boomers in Miami have poignant memories of a time before community health centers. Stories of sick children who died while being transported to (then Dade County Hospital) were told in black households across the county. Noted Florida historian Dr. Marvin Dunn and author of the book *Black Miami in the Twentieth Century*, grew up in Opa-locka. He recalls those stories and the challenge for black families, including his own.



*The nation's poor were part of a silent national healthcare crisis.*



1964

## **CIVIL RIGHTS ACT**

On July 2, President Lyndon B. Johnson signed the Civil Rights Act of 1964, in a nationally televised event attended by Martin Luther King, Jr. and others in the civil rights movement, who had long fought for these protections. The bill prohibited racial discrimination in education and employment and outlawed racial segregation in public places including schools, hospitals, buses, parks and swimming pools. King called it a “second emancipation.”

*“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.”*

The Rev. Martin Luther King Jr. speaking in 1966 to the Medical Committee for Human Rights in Chicago.

“The strain on my mother and father was the same as for people in the South Dade area. It was distance. Before they built the North Dade Health Center, my mother had to take us all the way to Jackson on a bus. This was a day trip from Opa-locka, where we lived. If you were black, that’s the only place you could go, and for a long time blacks couldn’t go to Jackson. They’d send you to Christian, the black hospital.”

Before the 1960s, “Jackson didn’t allow blacks to be admitted except for extremely urgent situations, and even then they were kept in a separate wing.”

To address the lack of access to educational opportunities and restaurants and stores that would not serve them, African-Americans established their own institutions. They attempted to do the same with healthcare.

Christian Hospital, the first hospital for blacks in Miami, was founded in 1918 with the help of a white woman, Mrs. Clarence Bush. Mrs. Bush had attempted to secure admission for her black maid in the county hospital, now known as Jackson Memorial Hospital, but the hospital refused. Mrs. Bush donated \$5,000 and five acres of land at 1218 Northwest First Place to a group of African-Americans to help build the hospital.

Located in Overtown, the hospital established by Dr. William B. Sawyer and other community leaders was a 12-bed wooden facility. However, in 1959, a new, larger Christian Hospital facility was built in Brownsville. The 50-bed hospital included modern equipment and furnishings. Dr. Sawyer practiced medicine from 1908 to 1950. He also built and owned the Mary Elizabeth Hotel and Alberta Heights, the first black-owned residential development in Miami.

The hospital thrived until white-owned hospitals opened their doors to black patients and doctors. The county’s only black hospital closed in 1982, after its occupancy rate fell to 39 percent.

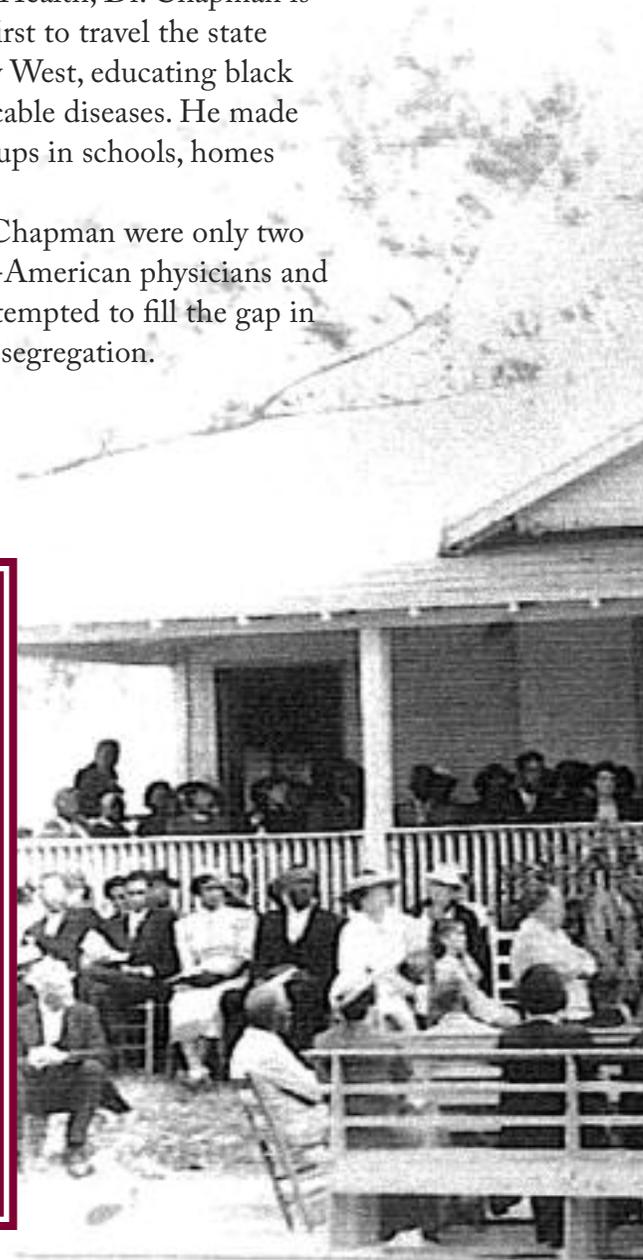
Dr. William A. Chapman Sr. was also a pioneer doctor. The first black appointed to the Florida Department of Health, Dr. Chapman is thought to also be the first to travel the state from Tallahassee to Key West, educating black people about communicable diseases. He made his presentations to groups in schools, homes and churches.

Dr. Sawyer and Dr. Chapman were only two of a number of African-American physicians and business leaders who attempted to fill the gap in medical care created by segregation.

1918

## CHRISTIAN HOSPITAL

*Christian Hospital was founded in 1918 to provide care to blacks denied treatment in white hospitals. It opened with a grand celebration (right). Established in Overtown by Dr. William B. Sawyer, and other community leaders, the hospital was a 12-bed wooden facility. In 1959 a new 50-bed hospital was built in the Brownsville community.*

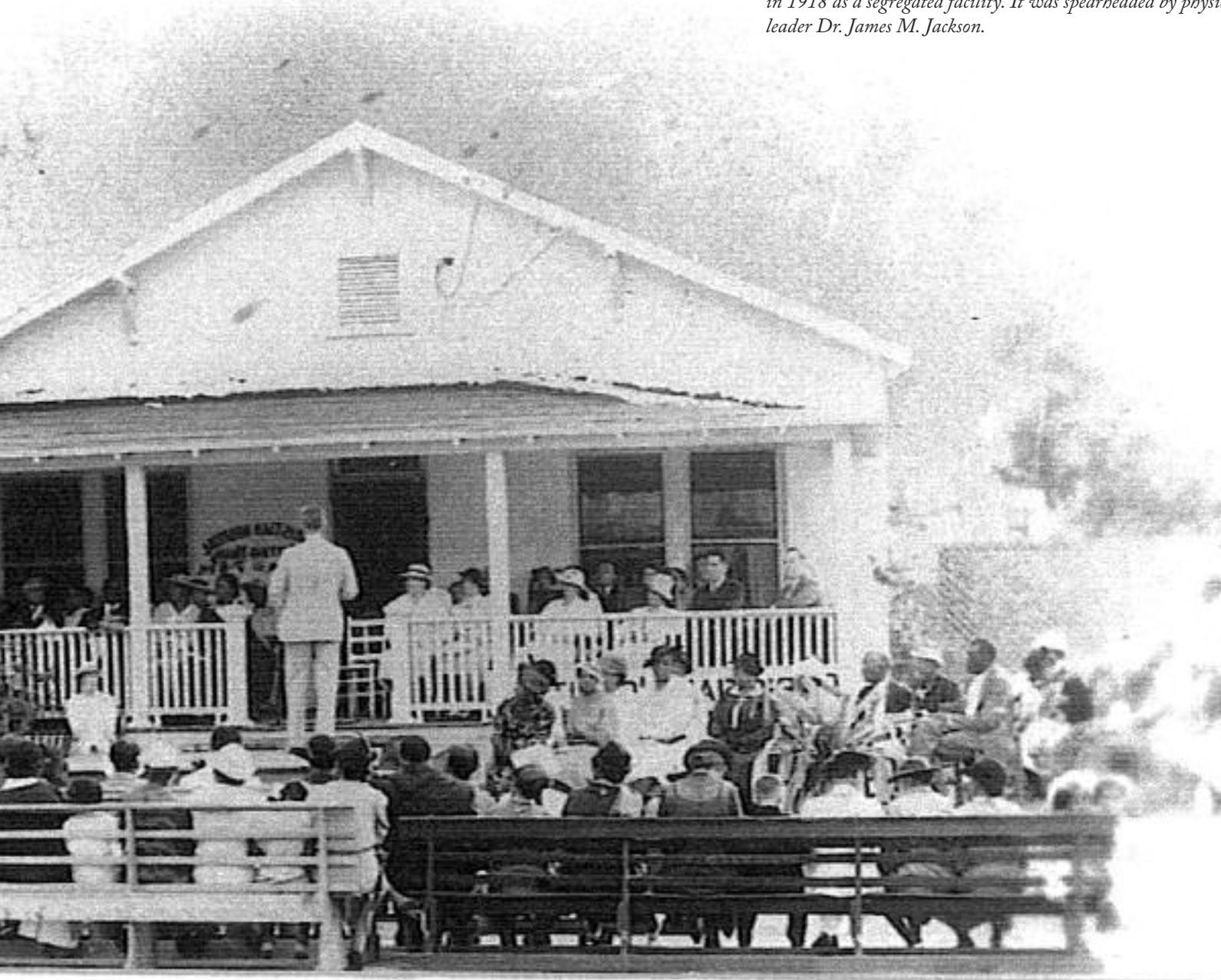




■ The new 50-bed Christian Hospital opened in 1959.



■ Miami City Hospital, today known as Jackson Memorial Hospital, opened in 1918 as a segregated facility. It was spearheaded by physician and civic leader Dr. James M. Jackson.



In South Dade, pillars of the black community – Arthur and Polly Mays, D.D. Cail and Talmadge Roux – had already established a church in Goulds in 1914, Mt. Pleasant Missionary Baptist Church. The church also served as a school, attempting to educate 82 black children with one teacher. Their continued efforts to expand and provide better education – raising money, advocating before the Miami school board – ultimately resulted in construction of Mays Elementary-Junior-Senior High on five acres of land that had belonged to William Randolph.

Roux and the Mayses then focused on health-care. They fundraised, holding dinners, raffling cars and selling shares. When they attempted to persuade the county to build a hospital in the area, they were told that the project was not feasible because not enough whites lived in Goulds. They could, however, build a nursing home. They began construction on Lincoln Memorial Nurs-

ing Home, which would include a small clinic in front. However, they did not have enough money to complete the building. As a non-profit, the Mayses and Roux could not secure a mortgage. To finish the job, they mortgaged their homes, and then borrowed \$35,000 for an addition.

The facility was staffed with registered nurses, licensed practical nurses, nurses' aides and a doctor who made regular visits to see patients. Patients from Jackson Memorial Hospital were housed there for convalescence.

Even with small facilities being built to provide healthcare for African-Americans, how would they get to clinics and hospitals for treatment in emergencies? Blacks opened their own ambulance services.

In South Dade, Jesse James Robinson Sr., a respected Homestead businessman and the first black employee of the First National Bank of Homestead, established Robinson's Ambulance service in the late 1930s.

## *Robinson Ambulance Service*

■ *Jesse James Robinson Sr., respected Homestead businessman and the first black employee of the First National Bank of Homestead, established Robinson's Ambulance Service in the 1940s with his brother, Joe.*



Prior to becoming a businessman, Robinson did odd jobs for many prominent whites in South Dade, including Dr. James Archer Smith, who first opened a 10-bed hospital in Homestead in 1940.

“We operated the ambulance service here very successfully, but unprofitably. We took care of practically all of the migrant labor, the local people, expecting mothers, murderers – you name it – shot up, cut up, 24 hours a day, around the clock,” Robinson said in his book, *Jesse Robinson of Homestead*. “I see so many young people today, their grandmothers I carried to the hospital.”

He was spending all the money he earned to keep the service going. Ultimately, Robinson closed the service, because people could not afford to pay.

Despite the best efforts of African-American leaders to provide healthcare to blacks in Miami-Dade County, the facilities could not meet the demands for services, and most of the population could not pay for services. Black business leaders also lacked the funds of white facilities to hire physicians and acquire the latest equipment and technology.

While South Florida mirrored the nation, the situation in the South was far worse, attempts at access to healthcare often being met with intimidation and violence.

It would take the civil rights movement and ultimately the work of a small group of American physicians to begin to break down the walls of segregation and establish a new movement. It ushered in a new era of expanded access to healthcare – the community health center movement.

*“We operated the ambulance service here very successfully, but unprofitably. We took care of practically all of the migrant labor, the local people, expecting mothers, murderers – you name it – shot up, cut up, 24 hours a day, around the clock.”*

Jesse James Robinson Sr.

# 1930's



## JESSE JAMES ROBINSON SR.

*Jesse James Robinson Sr., pictured here in his Easter Sunday suit, is still remembered for his extraordinary drive, versatility and tenacity as a pioneering businessman. Upon his family's arrival in Homestead from South Carolina in 1926, Robinson, then 12 years old, made his reputation as an enterprising delivery and shoeshine boy. As an adult, he cleaned offices, worked the cash register at a bar, and was the first black employee of First National Bank in Homestead, where he worked first as a janitor and security guard, transporting money in his car with a pistol by his side.*

*In 1957, during the height of segregation Robinson decided to build a large rooming house. In 1959, when the St. Louis Cardinals were scouting the area for accommodations for black players during spring training, they visited his home. "I was awarded a two-year contract to house all the black players on the team." Robinson continued to work at the bank for 48 years, while he pursued his business ventures, including ownership of a funeral home and ambulance service with his brother Joe.*

# THE BIRTH OF COMMUNITY

## *Physicians on the Front Lines*

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The role of physicians is seldom talked about in the history of the Civil Rights Movement. Yet, doctors from across the country, braved the violence and constant threats of the segregated South to care for sick and injured civil rights workers denied healthcare because of race or their involvement in the movement. Their heroic stance in the midst of a war zone on U.S. soil not only made a contribution to ending segregation in health care and other areas of society, but ultimately led to the birth of community health centers in America.

Established in New York in June 1964, the Medical Committee for Human Rights (MCHR) grew out of the Medical Committee for Civil Rights, the physician group that organized the MCHR as the medical contingent of the 1963 March on Washington.

The group began its work in 1964 during Freedom Summer. Under the entrenched system of segregation known as Jim Crow, many hospitals and white physicians in the South refused to admit or treat African-American patients, regardless of their condition. It could take hours to find a doctor who would treat sick or wounded civil rights workers of any race in the South, but particularly blacks. With the arrival of more than 1,000 civil rights workers, community activists and college students in Mississippi in 1964 to register blacks to vote, a group of physicians organized to provide them with medical care. The group of more than 100 northern doctors, nurses, psychologists and other health professionals, both black and white, traveled to Mississippi. The physicians took leave from careers in private practice, public hospitals or teaching in medical schools.

That summer, and over the next two years, MCHR doctors worked like army medics in some of the most famous marches of the movement, carrying canvas medical bags marked with a red cross.

Among the first MCHR physicians to arrive in Mississippi were Dr. H. Jack Geiger, a young professor at the Harvard School of Public Health; Dr. Elliott Hurwitt, chief of surgery at Montefiore Hospital in New York; and Dr. John L.S. Mike Holloman, a leading black physician in Harlem. They worked alongside Dr. Robert Smith, one of the few black doctors licensed to practice in Mississippi. While the volunteers were not licensed to practice in the state, they provided emergency first aid. They worked without pay, caring for the wounded protesters who were victims of Klan and police violence, treated the sick and visited protesters in jail. They also became a presence in black communities, providing care to residents some of whom had never been treated by a doctor, establishing prenatal and health information programs. They set up emergency care centers for the wounded in black

churches, marched alongside protesters and became targets of violence themselves.

Shocked by the “separate and unequal” medical care blacks received in Mississippi, MCHR members, while continuing work assisting civil rights workers, became advocates for improving the state’s healthcare system and making quality healthcare available to everyone regardless of race. The organization expanded its advocacy into Alabama and Louisiana.

While the MCHR had been organized specifically to provide care during Freedom Summer, after the experience members opted to make the organization permanent. Headquartered in New York, MCHR established chapters in major cities across the nation and its membership included high-profile, respected names in healthcare including Dr. Benjamin Spock and Dr. Paul Dudley White, former personal physician to President Eisenhower.

MCHR made a significant contribution to the civil rights movement and to expanding healthcare, by ultimately pushing medical associations in Southern states to admit black doctors. Members took on segregation and discrimination within their own ranks, annually picketing the national meeting of the American Medical Association (AMA). Until the late 1960s, the AMA allowed its affiliated state associations to deny membership and therefore hospital privileges to black physicians.

While the MCHR disbanded in 1980, following subsequent years of conflict within its ranks over controversial policies of the day, it left its mark on the nation. Through its work, community healthcare and affordable healthcare became national goals. In addition, the group’s efforts showed tangible statistical results. Studies found a dramatic decrease in the infant mortality rate among blacks in Mississippi – a drop of 65 percent between 1965 and 1971 – as a result of the work of these physicians, proving the power of community based care.

*The group began its work in 1964 during Freedom Summer. Under the entrenched system of segregation known as Jim Crow, many hospitals and white physicians in the South refused to admit or treat African-American patients, regardless of their condition.*

# HEALTH CENTERS

## *The Leaders and the Movement that Paved the Way*

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Known as a founder of the community health center movement in America, physician and professor, H. Jack Geiger, has often spoken about the ironic origins of the concept: apartheid era South Africa and the American civil rights struggle of the 1960s.

Community health centers, which included community-centered primary care, were first developed in South Africa in the 1940s by a group led by physicians Sidney and Emily Kark. Some 45 centers served Africans, Indians and some poor whites. The idea was not only to care for the medical needs of individual patients, but to change the health status of the population from which those patients came by impacting issues that contributed to poor health – poor nutrition, inadequate housing, substandard drinking water, lack of education and unemployment.

Geiger, in his final year of medical school, received a scholarship from the Rockefeller Foundation – which had helped fund the centers in South Africa – to study their work for four months. The experience, he said, changed his life. He thought he would be using what he learned in the Third World, but on returning home, discovered Third World health and living conditions in the United States – among blacks in the South, whites in Appalachia and other rural areas, Native Americans on reservations and Hispanics in urban centers and migrant communities.

Geiger, who had been involved in the civil rights movement since his teens, put the concept to work in Mississippi starting during the violence of Freedom Summer of 1964. He and other physicians who were volunteering to treat civil rights workers, provided care to black residents who were denied care under segregation. They also established prenatal and health information programs.

He found funding for a clinic in Mileston, Mississippi, but while it was successful, he realized that it barely began to address the need. Neither would he be able to find wealthy donors to fund every clinic. Based on his experience in South Africa, he and other staff members developed a plan for a community health center model that included nutrition programs and preventive medical care.

Geiger then decided to ask a medical school in the North to come to the Mississippi Delta to operate a comprehensive community health center program that would incorporate health, community organization and ultimately social change.

He received the help he was looking for from fellow physician Count D. Gibson Jr., chair of the Department of Medicine at Tufts University, also credited as a founder of the national community health center movement because of his pivotal role. Gibson and Geiger convinced officials at the Office of Economic Opportunity, a new federal poverty agency, created by President Lyndon B.

Johnson's 1964 War on Poverty, to fund two health centers sponsored by Tufts: Columbia Point, in a Boston housing project, and Mound Bayou, in the Mississippi Delta. When Johnson signed the Economic Opportunity Act, Drs. Geiger and Gibson received \$1.2 million under the Act to establish the centers. Geiger became head of the Delta Health Center in Mound Bayou and Gibson ran Columbia Point. The centers opened in 1965.

Not long after the Columbia Point center opened, it received a visit from Sen. Edward M. Kennedy, who was so impressed that he fought for an appropriation of \$51 million to develop 30 new centers. In what would become a historic achievement so early in his political life, Kennedy began a storied career fighting for access to healthcare. The community health centers were so successful that the program continued to expand. Kennedy later worked to expand care to migrant communities, resulting in an extension of the Migrant Health Program, signed into law by his brother President John F. Kennedy. For the first time, the legislation authorized grants to community based organizations to operate migrant health clinics. By 1973, there were 200 health centers in America, including Community Health of South Dade, which would later expand beyond Miami-Dade County and require a name change – Community Health of South Florida, Inc.



■ *Dr. H. Jack Geiger and Dr. John W. Hatch during construction on the Delta Health Center, 1968*

# RISING UP

## *Civil Rights, Healthcare Discrimination Create a Leader*

**A**lthough he didn't know Doris Ison well, Joseph Segor, respected Miami attorney and pioneering advocate for national farm worker and civil rights, does have one vivid memory of her. A private, candid moment in time, it is both a picture of Ison in her element as a community activist and the back story of a South Dade institution.

There was Ison, the plump, middle-aged, community activist and an unofficial leader of the black community in South Dade, and Rodolfo "Rudy" Juarez, the charismatic founder of Organized Migrants in Community Action (OMICA), a major figure in the migrant farmworker movement in Florida and one of the foremost migrant farmworker leaders in the country, seated next to each other on a sofa discussing a matter, which to an outsider might have seemed trivial. Yet it was of symbolic importance to the people each represented, poor black and brown communities whose plights had long been ignored by local and federal governments. What to name the newly established migrant health clinic for which Juarez and Segor had secured federal grant money?

Segor recalls a friendly meeting between the two. Despite different cultural backgrounds, races, genders and even generations, Ison and Juarez

had something in common. Both were fighters, who despite a lack of formal education, had risen to levels of respect and power in their respective communities. Both were from poor families, knew farm work first hand and the dangers that come with a lack of access to medical care. Juarez was a former farmworker himself. Ison was an immigrant, born in the Bahamas and had worked in the fields, picking vegetables in her youth. She was then a seasonal worker peeling tomatoes in a canning factory in Florida City, and had worked as a domestic.

Ison had visited the migrant farms and camps, and seen the poverty, sick children, farmworkers ill from exposure to pesticides, and thrown her support and time behind efforts to help. As a longtime advocate for healthcare access for African-Americans and now a supporter of the primarily Mexican migrant farmworkers, Ison was chair of the clinic's advisory council and a member of the board of directors.

However, Ison and other black activists before her had been trying to secure community and government support for a clinic for African-Americans in South Dade for years. Now three years after the assassination of Dr. Martin Luther King, Jr., Ison wanted a name for the migrant clinic that would be a symbolic nod to the black community that supported it. Juarez, who understood the necessity for a show of unity, agreed.



OMICA leader Rudy Juarez (far left) leads farmworker rights protest.

*Now, three years after the assassination of Dr. Martin Luther King, Jr., Ison wanted a name for the migrant clinic that would be a symbolic nod to the black community that supported it. Juarez, who understood the necessity for a show of unity, agreed.*

## WORKING TOGETHER

*There was Ison, the plump, middle-aged, community activist and an unofficial leader of the black community in South Dade, and Rodolfo “Rudy” Juarez, the charismatic founder of Organized Migrants in Community Action (OMICA), a major figure in the migrant farmworker movement in Florida and one of the foremost migrant farmworker leaders in the country, seated next to each other on a sofa discussing a matter, which to an outsider might have seemed trivial. Yet it was of symbolic importance to the people each represented, poor black and brown communities whose plights had long been ignored by local and federal governments.*



Rudy Juarez, (center), and Doris Ison, (front), listen to speakers.



■ *Martin Luther King Jr. Clinica Campesina was the first federally funded health clinic established to serve migrant farmworkers in South Dade.*

Limited funding and great need had placed the two communities in competition for scarce resources, and animosity could light a potential powder keg.

In a moment that could arguably have happened only in South Dade, the two struck a deal, and the Martin Luther King Jr. Clinica Campesina Health Center was born.

In a 1976 interview with a reporter from *The Miami News*, Ison said, “I remember one day I went over to the South Dade Labor Camp and saw all those sick children with whooping cough. I knew then that I had to try to help. There was no care at all for migrants.”

“The establishment of that migrant clinic is one of the best things I had my hand in.”

Those who knew her and remember Ison’s work say that the passionate woman in the signature straw hat, had her hand in every effort to secure needed services for the poor, elderly and disenfranchised people in South Dade regardless of color. However, none would be as well-known as her advocacy for those without access to healthcare and for CHI.

“I’ve been involved in community affairs all my life. But the one thing that concerns me is health,” she told *The Miami News*. “All I know to do is ask for the things people need.”

Years after her death, Ison’s name is still well-known in South Dade, and familiar across Miami among those who remember the struggle for basic

services for the poor during the 1960s and 70s.

Her story and how she was able to affect change as a community activist is less understood today. Ison was not the leader of the NAACP or other civil rights organizations. She did not stage protests at City Hall. Yet, she is credited with tipping the scales of justice and fairness over and over again for poor people in South Dade.

Dr. George Simpson, the first board-certified African-American surgeon in the state of Florida, did not know Ison, but is familiar with her work in South Dade. Dr. Simpson, is also the first medical director of Miami’s first community health center, Family Health Center and a former head of the NAACP in Miami.

Ison, he said, was a woman in the grand tradition of strong black female activists who were grassroots organizers in South Florida, including Georgia Ayres and Helen Bentley, women who “had a lot of guts, a lot of spirit and fought the system and were successful in many ways.” They latched on to a cause and never stopped fighting.

They attended community and government meetings, chaired community organizations, called meetings, activated community support and often held leadership roles in their churches. They achieved gains primarily through perseverance, building strong coalitions and by engendering the loyalty of their communities.

# Ninth Annual WOMEN'S DAY OBSERVANCE

SUNDAY, APRIL 16, 1967



Those who knew her say that Ison's level of involvement was all the more astonishing because she never learned to drive. Yet she always found a way to get to meetings. Driven by friends or family, she often arrived before everyone else. Before the establishment of CHI, Ison even talked local doctors into volunteering their time to see needy patients in their offices.

A woman of strong religious faith, Ison taught Sunday school at New Mt. Zion Baptist Church in Florida City. She chaired the South Dade Development Council and served on the board of Farmworkers and Migrants United. Despite her lack of formal education, she would go on to serve on the board of Florida Agricultural and Mechanical University.

Historian Marvin Dunn said his mother Corine Williams Dunn, a community activist in the northern part of the county, was also part of this small group of women. Dunn grew up in Opa-locka.

"My mother knew Doris, went to meetings with Doris. She spoke of her often," he said.

Ison continued on the board of the MLK Clinica Campesina, but her focus remained on establishing an institution that would provide healthcare services for everyone based on need. Anyone, including African-Americans at or below the poverty line, would then have access to care.

"After I saw what the clinic could do for the poor and the near-poor," she said, "I helped organize a coalition of people from different health organizations in the area and we put together the idea for the CHI system."

*"Ison was a woman in the grand tradition of strong black female activists who were grassroots organizers in South Florida, including Georgia Ayres and Helen Bentley, women who had a lot of guts, a lot of spirit and fought the system and were successful in many ways."*

Dr. George Simpson, first board-certified African-American surgeon in Florida

# 1967

## NEW MT. ZION BAPTIST CHURCH

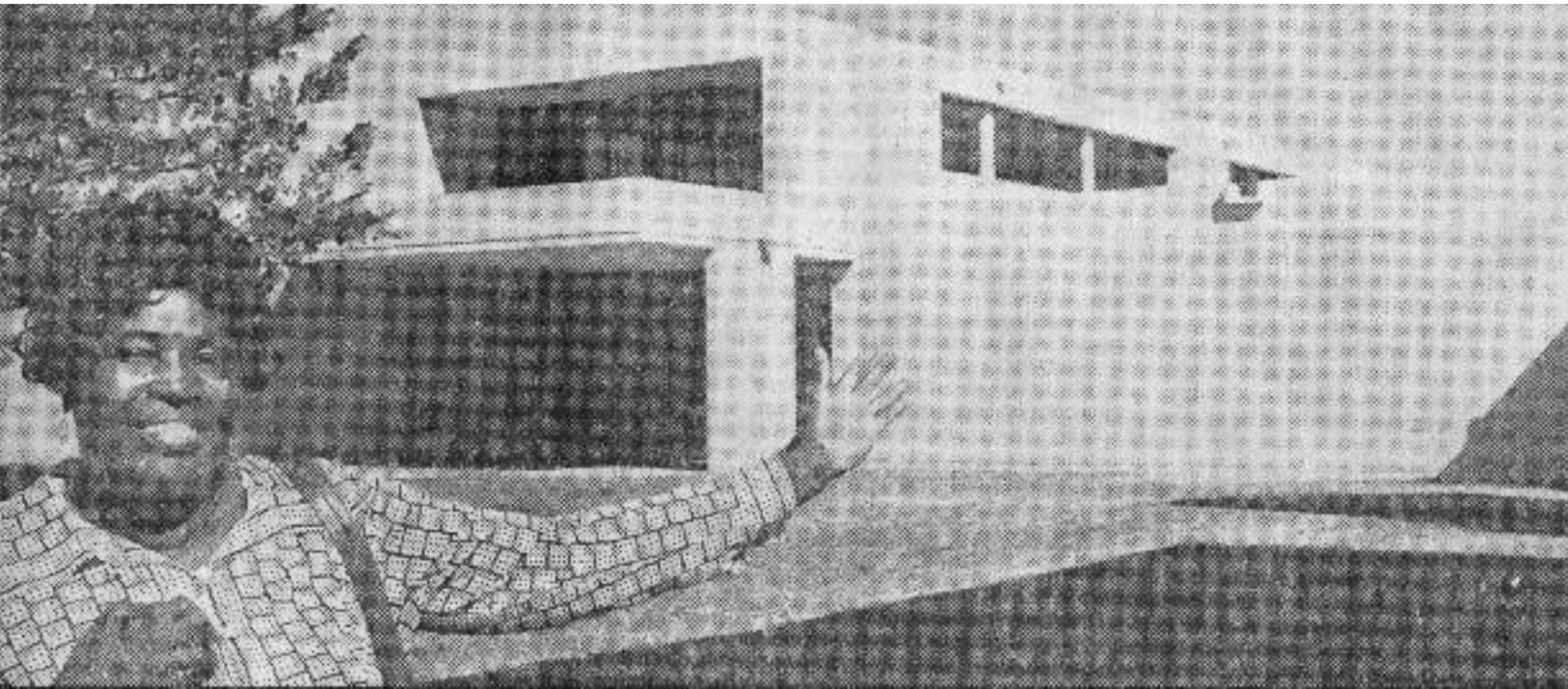
*An anchor in Doris Ison's life was her church, New Mt. Zion Baptist Church in Florida City.*

*"She was a praying woman, very faithful to her beliefs," said her niece Carolyn Taylor-Pates, a former CHI board member. Ison is pictured above standing far left, wearing her Sunday best including a dark "church hat" at Mt. Zion's Ninth Annual Women's Day Observance, April 16, 1967. Taylor-Pates said Ison served as superintendent of Sunday school, was involved with the community chorus and was mistress of ceremonies at church events. Sundays were church days, she said.*

*Brian Lucas, Ison's grandson, remembers that despite her lack of formal education, Ison was a voracious reader, often reading the Bible.*

*"Being a very religious person, she was either reading or praying or fussing. That's what I remember so vividly about my grandmother." Her faith and commitment to her church gave her strength and a desire to help others, he said.*

*"She was not someone who had self-pity. She appreciated everything she had in life. She lived life to the fullest, and wanted to do everything she could to make life better for others."*



■ Doris Ison stands in front of the new Community Health of South Dade, Inc., 10300 S.W. 216th St. In 1976, the Dade County Commission approved naming the building the Doris Ison South Dade Community Health Center.

CHI became only the second community health center established in Dade County, Dr. Simpson said. With the creation of CHI, Ison and farmworker leader Rudy Juarez served together again, as members of the board of the new health system, until Juarez resigned because of differences over the approach to migrant care.

Within two years, CHI would take over operations at MLK Clinica Campesina, a process that resulted in a struggle between the African-American and Mexican-American migrant communities in South Dade. However, time has shown that the decision resulted in the expansion of healthcare far beyond what anyone might have imagined – except perhaps for Ison, the woman who seemed to think that anything was possible.

In 1976, the board of CHI voted unanimously to name the non-profit's new \$4 million facility for her – the Doris Ison South Dade Community Health Center. Ison was 67, having spent most of her adult life as an activist without defining herself as such.

What drove her to rise up and push for change, she said, were the injustices she experienced in her own life – segregation, poverty and lack of access to either education or healthcare.

“The night they told me they were going to name the center after me, I cried,” she said. “I haven’t cried like that since I heard the school bell ring. I wanted to go to school... My mother said I wasn’t going to school... because I was black.”

In 1976, as CHI planned the naming ceremony, Ison became a local media darling, interviewed by reporters across the county, including *The Miami Herald* and *The South Dade News Leader*. In those interviews, Ison got the opportunity to tell her story.

*“The night they told me they were going to name the center after me I cried,” she said. “I haven’t cried like that since I heard the school bell ring. I wanted to go to school... My mother said I wasn’t going to school... because I was black.”*

Doris Ison

Born in 1908, she moved to Florida City from the Bahamas at the age of 3. At the time, her father was working as a section man for the Florida East Coast Railroad. The family returned to the islands, but came back to Florida City, then called Detroit, when she was 6.

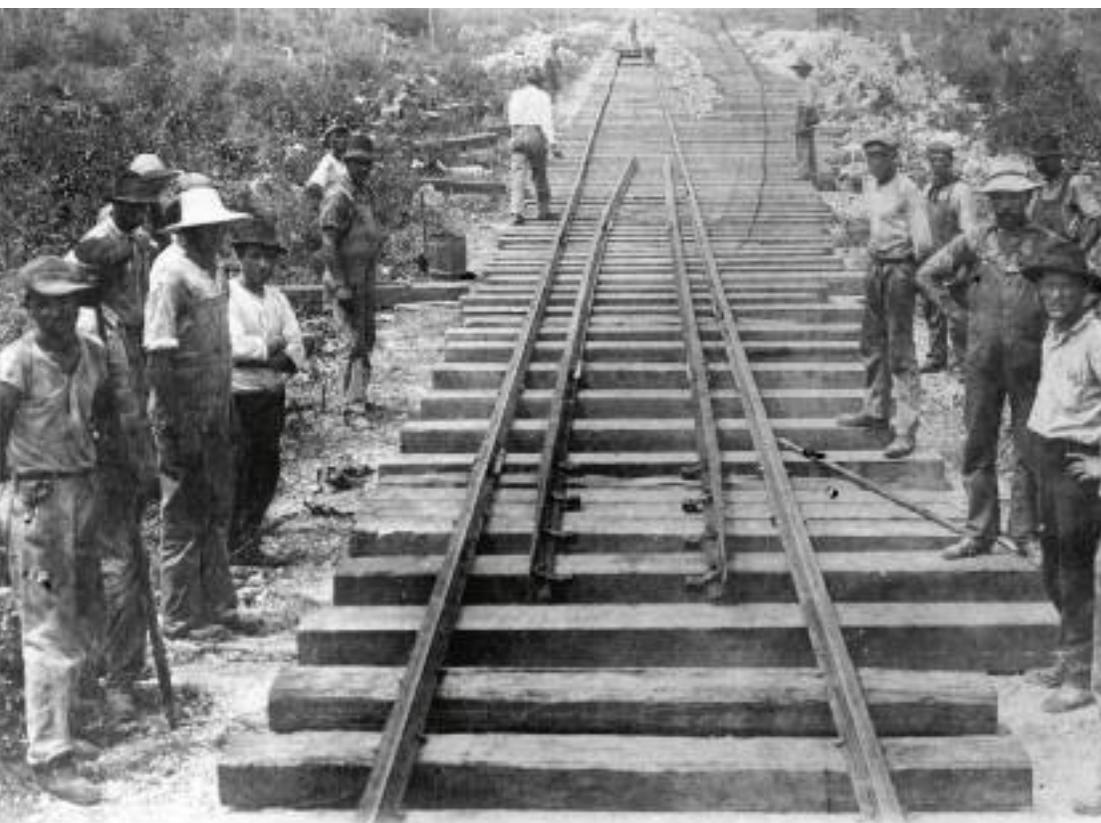
“When I came here there were no schools, no doctors and no churches,” she said.

“In 1917 when I was 9 years old, they built Neva King School, but I couldn’t go. I didn’t understand why, and I was hurt.”

“I don’t have much of a classroom education,” she told the *News Leader*. “I only went to school for two and a half years,” she told a reporter. She would ultimately be the oldest of six siblings. Ison described for a reporter how her mother died at age 36 when an intestinal flu worsened and there was no place nearby to go for treatment. She was hemorrhaging but had to wait for a doctor to drive from Homestead to their home in Florida City.

“I’ve always felt my mother could have been saved if only I had a hospital to take her to,” she told *The Miami News*.

■ Section men, Florida East Coast Railroad working in Key Largo



1908-1989

DORIS ISON

*Doris Ison, a South Dade community activist, was a driving force behind the expansion of healthcare access to poor and underserved people in south Miami-Dade County in the early 1970's. The racially and culturally diverse community, including black and Mexican farmworkers, had traditionally been denied care because of income and race.*

*Despite limited formal education, Ison was a skilled strategist who engaged public officials and physicians, built coalitions and inspired her community. Forced to travel 40 miles for care at Jackson Memorial Hospital, Ison argued, people were dying en route and for lack of preventive treatment. Some had never seen a doctor. She fought for preventive medicine through a primary care model, when the concept was less understood.*

*Her efforts resulted in the creation of the Community Health of South Florida Inc. (CHI) primary healthcare system in 1971, and the location of a \$4 million center on 216th Street in the Goulds neighborhood. In 1976, the center was officially renamed the Doris Ison Community Health Center. CHI was the second community health center established in Miami-Dade County.*

*While healthcare was her primary focus, Ison also pushed for better schools and transportation. In 1974, she testified before the U.S. Senate Special Committee on Aging, about the impact of the lack of transportation on poor elderly residents in South Dade. She was an active member of the board of directors of CHI and other institutions including FAMU.*

After her mother died in 1924, as the eldest, young Ison cared for the family. She worked in the fields picking squash, beans and tomatoes and earned \$4.50 per week for babysitting.

Still in her teens, she married in 1926, and her first daughter was delivered by a midwife. That same year, as a young wife and mother, Ison took on her first community challenge when what became known as the Great Miami Hurricane of '26 devastated the Miami area, killing nearly 400 people and resulting in millions of dollars in damage.

The segregated school she attended for a short time was demolished. Ison sold peanuts and sent children to the fields to cut palmetto roots to raise \$1,000. She also left field work herself that year to can tomatoes for six cents a bucket, sometimes filling 50 a day.

Soon necessity turned her attention to healthcare.

"We never had any good healthcare for black folks in Homestead or Florida City until we got the CHI system," she told the *News Leader*.

"There were no doctors when I first came here. There was a wonderful man who came later, Dr. John Tower. He rode on a horse and came to see about you when you were sick."

Ison told a *Miami Herald* reporter that later well-known local physician James Archer Smith cared for her younger sister, Marjorie, when she had typhoid fever as a toddler. Decades later, a Homestead hospital would bear his name.

"He told my mother to give my sister a steam bath and wrap her up. If she could break the fever, she could live." The toddler survived.

"We had James Archer Smith Hospital later, but it was all-white at that time. Black people couldn't even go there for emergencies. Black folks had to go all the way up to Kendall or Jackson.

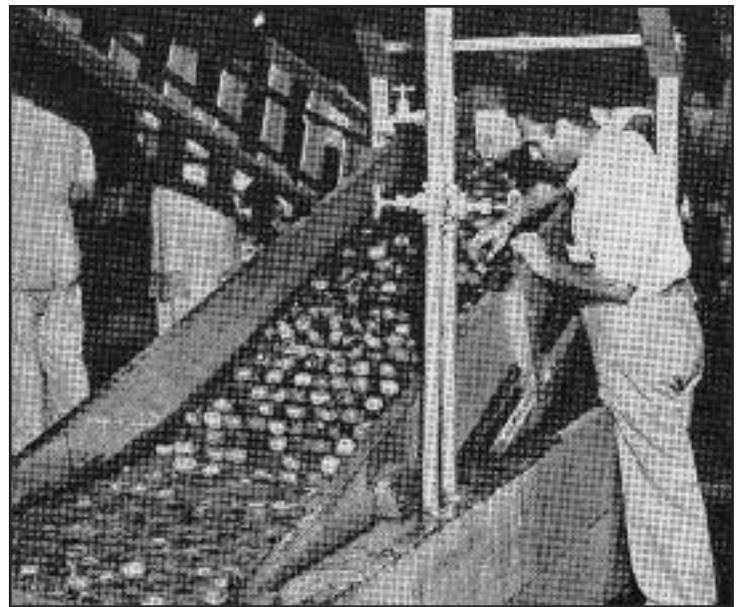
Even if they were bleeding to death they couldn't stop at James Archer. Many of our people were born on the way to the hospital and many of them died.

"I just wish that people would stop calling CHI a "poor folks clinic" and realize that it's everybody's clinic."

In February 1974, she testified before members of the Senate Special Committee on Aging, about the lack of transportation for the poor in South Dade, where she was questioned by Sen. Lawton Chiles, the future governor of Florida. Three years later, Ison was to meet Sen. Edward M. Kennedy when he came to Miami and visited CHI.

Ison, still lively and animated, remained a strong voice on the CHI board and in other organizations until ill health forced her to play a supporting role. By then, she had left an indelible mark on South Dade that continues to impact people's lives today.

"If I live in this world and help nobody," Ison said, "I've lived a useless life."



■ *Washing tomatoes before they are peeled for canning.*

*"If I live in this world and help nobody,  
I've lived a useless life."*

Doris Ison, community activist

## *Bahamas to South Dade*

Doris Ison's family and many of her neighbors were part of the large migration of black Bahamians to Miami. Some 10,000 to 12,000 Bahamians – about one-fifth of the population of the islands at the time – immigrated to Florida from 1900 to 1920. Increased agricultural production in Florida and rising import taxes on Bahamian farm products crippled the island's economy. The short distance to Miami, and regular steamship service between Florida and Nassau, presented an affordable escape.

Blacks from the islands constituted more than half the city's black population, making Miami second only to New York City in the number of foreign-born blacks. Upon their arrival, they faced segregation and discrimination, and joined African-Americans in pushing for change.

For her book, *Villages of South Dade*, local historian Jean Taylor interviewed members of South Dade pioneer families. Ison talked about her childhood. Her parents, Hezekiah and Enel Taylor, first came to South Dade in 1910 from Nassau.

They traveled to Miami by steamer, the *Frances C.*, with their first child, Doris, born in 1907, and settled in Florida City, then known as Detroit. After a year, the family returned to Nassau. However, they came back for the next harvesting season, leaving Doris with her godparents. Hezekiah Taylor worked harvesting the groves in Redland. When work was slow, he found jobs as a section hand and car knocker for Flagler's railway. Doris joined the family in July 1913. By then, she had three younger brothers, Joe and twins James and John.

There were only a few black families in the area, including homesteaders Lawrence Mark McClain and his wife Rebecca, who owned 160 acres. The Taylors moved to Homestead and rented a one-room house owned by the railroad. They soon bought land from McClain and built a small home at what is now 4th Court between 4th and 5th Streets. Jean Taylor wrote:

*Doris then wanted to go to school, as she was six years old. Her mother explained that the school was for white children. Doris argued that she played with Helen and Tessie so she should go to school with them. Her mother's answer was to go to her trunk and get out a slate and chalk. She had brought a few books from Nassau including Pilgrim's Progress and the Bible. By the time Doris was nine she could read and write and read everything she could get her hands on.*

At 12, she had an opportunity to attend a school for blacks, but her father feared that she would be harmed walking through the woods.

*There were a lot of unruly young men in the area, and Hezekiah Taylor was afraid to let his daughter go back and forth alone. Doris stayed home and learned to cook and do housework.*



■ Doris Ison enjoys a celebration with daughters Thomasina Simpson (middle) and Nathalee Barnaby Barnes (right).

# THE PROTÉGÉ

*Miss Ison is as responsible as anyone for me sitting here as mayor today.*

Otis T. Wallace, Mayor of Florida City

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Ask the mayor of Florida City, Otis T. Wallace, how he came to know Doris Ison, and he will tell you a story. Long before he was mayor of Florida City, Mayor Wallace, now 63, was a young boy being raised by his grandmother, whose back door faced that of her best friend, Doris Ison. Several times a week, Mabel Beedles and Ison, both natives of the Bahamas, sat in each other's living rooms or front porches sharing the events of their lives and discussing the topics of the day. The discussions always seemed to involve the everyday indignities and inequities faced by low-income people – inequities Ison was not going to sit still for.

“I got my first glimpse of politics hearing those two characters talk,” Mayor Wallace said. “I got a firsthand indoctrination into the world of social services and politics right there in my grandmother's living room.”

As a boy, he said, he listened and understood that Ison was taking on issue after issue, attending meetings, speaking to officials in local, county and even the federal government.

“Long before she became as well-known, if there was an issue about people getting services they needed, you could depend on Miss Ison to have that straw hat on and be in the middle of it,” he said. “That [straw hat] was her trademark, particularly if she was out. She walked a lot.”

Mayor Wallace credits Ison in large part with his desire to enter politics, and for the success of his political career.

“Miss Ison is as responsible as anyone for me sitting here as mayor today. She was an inspiration

to me,” he said. “Seeing her fight for people gave me my thirst to serve as well. The thing about Miss Ison is that she would stand up when it was not fashionable to do so. She stood up at a time when you could be threatened for standing up, jobs were threatened, physical harm was threatened. Nowadays you can say what you want to say with comfort, but back in those days there was a price to be paid for standing up sometimes. Miss Ison seemed to ignore those things.”

A lifetime of fighting for others had given Ison something few people in the community had – power. As humble as she was, he said, she was not hesitant to use it, including as a kingmaker of sorts.

“My first campaign for city commissioner, Miss Ison was on the corner near the voting precinct... That was her spot, and she'd have on her straw hat. She would distribute my literature, and I was proud to be called one of her boys.

“People respected her. As a young man running for office the first time, having the support of Miss Ison gave me some instant credibility, because the general feeling was if he's all right with her, he must be all right, whether I know him or not.”

Mayor Wallace was elected to the city commission at the age of 24, and mayor at 32. He's been mayor ever since.

Part of Ison's strength as a leader, he said, was her willingness to be vocal.

“There would be a lot of silent supporters who were around her, but if there was an agency that needed a good talking to, you could depend on Miss Ison to grab the mike and go up there.”

*“I got my first glimpse of politics hearing those two characters talk,” Mayor Wallace said. “I got a firsthand indoctrination into the world of social services and politics right there in my grandmother’s living room.”*

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In addition, Mayor Wallace said, Ison’s approach was genuine and her motives were not in question.

“She had a way about her. The way she spoke, people listened and she spoke from the heart. She never had any financial interest or any personal interest in the cause that she fought for. That gave her credibility. She was always fighting for somebody else.

“There would be organizations that would fight, professionals that would fight, but when it came down to the people themselves speaking, that’s where she was at her best. She spoke for people from among them as opposed to someone trying to help them from an organizational standpoint. She spoke with the people’s voice directly.”

Mayor Wallace said he recently thought of Ison “with all the hoopla about the Confederate flag.” Headlines and controversy surrounding the flag following the mass shooting of nine members of a black church in South Carolina took him back, he said, to a time in South Dade when Confederate symbols were ever-present.

As a freshman at South Dade High School, Mayor Wallace was in the band. The band uniform was a Confederate soldier’s costume, a Confederate flag was emblazoned across the mouth of the tubas, and the fight song was “Dixie.”

“I talked to Miss Ison and my grandmother about the way it made me feel. And I was telling my grandmother, I can’t wear this thing. This looks ridiculous, and for a black kid to be wearing this, it’s just not right. Miss Ison agreed, and she encouraged me to fight the fight. We fought and protested as kids, and Doris Ison was right in the middle of that with me too.

So you talk about the things that people are doing now, Doris Ison was involved in it in ‘68, ‘69.”

While Ison may have made it look easy, he said, her work in every arena including as a healthcare advocate for CHI was an ongoing challenge.

“She was one of the people responsible for making sure we got that wonderful facility by fighting for it in the early days. People just think it materialized, but it materialized because of a lot of hard work by people like Miss Ison. That’s why she ended up having that building named after her. She richly deserved it.”



ERS  
OR  
DREN  
HELP

We Can not let  
OUR KIDS go  
HUNGRY  
HEL This Migrant  
MOTHERS

UNRCCO

UNRCCO

UNRCCO



*A Dream  
Realized*

PART 2

# BORN IN THE FIELDS

*Oppression Gives Rise to Healthcare Movement*

**W**hile Doris Ison was building a life – raising her children, moving from field to factory and coming into her own as a community activist – hundreds of thousands of people were in the midst of migration, searching for what she had found – a chance at something better. Ison's world would be directly impacted by two history-making journeys: the Great Migration of African-Americans from the South to the North, and the migration of poor Mexican farmworkers to the United States and ultimately to South Dade.

The Great Migration from 1910 to 1960 of 6 million African-Americans, the largest in history of any ethnic or racial group, ultimately helped fuel the civil rights movement. Finding a measure of freedom unimaginable in the South, masses of blacks changed the way they saw themselves and what was possible for them in America.

Meanwhile, in Mexico, oppressive laws and brutality ensured that poor farm laborers and their families would remain in grinding poverty, without the possibility of attaining a better life. Paid so little for their labor, workers could never earn enough to buy their own land. Without

labor laws to protect them from owners of massive farms, some the size of whole American states (many farms were owned by American and British landowners), a migration of poor Mexican laborers to America was ensured.

From 1910 to 1930, about 1 million Mexican migrants came to the U.S., about 750,000 legally and the rest illegally, according to the U.S. Bureau of the Census. Additionally, another 750,000 are estimated to have died in the Mexican Revolution, which began in 1910, fought primarily over the issue of land distribution.

However, South Dade did not see a dramatic population increase in immigrants from Mexico until after World War II. In response to a serious labor shortage, in 1942 the United States entered into a bracero, or labor agreement, with Mexico, which for the first time sent 300,000 farm and transportation workers to America. Some 4.5 million guest workers were brought to the U.S. during the program's 22-year span. While the postwar U.S. economy was booming, in Mexico times were hard as the country experienced a population explosion (from 20 to 90 million people from 1940 to 1990), continuing unrest and devaluation of the peso. From 1940 to 1970, at least one million Mexicans were admitted to the U.S. legally, plus 4 million more from 1970 to 1990.



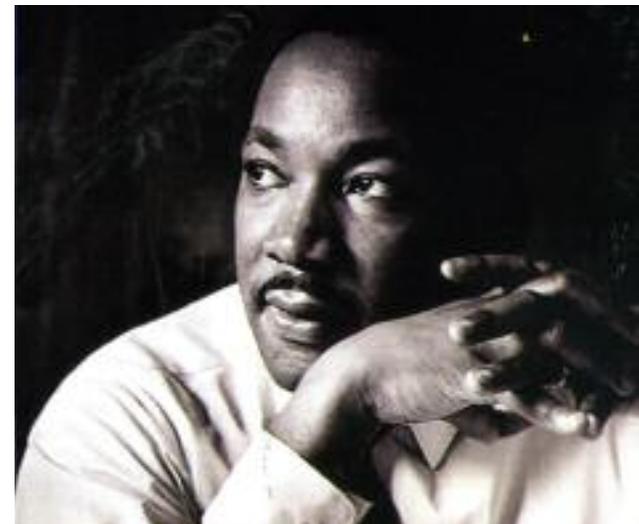
*Thousands of immigrant farmworkers arrived in South Dade fleeing hardship in their native countries.*

Escaping poverty and hopelessness in a country that could not sustain them, thousands of Mexican immigrants flowed into Florida, hundreds of whom would become Ison's neighbors in South Dade.

Escape was something African-Americans and blacks from the Caribbean, including Ison, understood. However, the arrival of Mexican-Americans to South Dade meant that not one, but two disenfranchised groups would now be competing for scarce resources. In Texas and California, African-American and Mexican-American communities maintained relationships challenged by issues of resources and identity. Yet a relationship of admiration had formed between the groups' best-known leaders who would one day become icons – Martin Luther King Jr., and Cesar Chavez, Mexican civil rights leader, former farmworker and founder of what became the United Farm Workers union (UFW).

Although the two men never met, they corresponded. Chavez admired King, eagerly looked for news of his activities in the newspaper and used his tactics of non-violent peaceful protest in his efforts to secure protections and fair wages for farmworkers. Likewise King supported Chavez's farmworker rights movement including a hunger strike on behalf of farmworkers, sending Chavez a telegram expressing his solidarity.

According to the 1969 Florida Migrant Child Survey conducted by the University of Miami, nearly 62,000 farmworkers resided in Florida during the peak season of January and February of that year. While estimates vary, state and local agencies estimate that between 8,500 and 10,000 of those lived and worked in Dade County, most in South Dade. The survey found that half were African-American, a third Hispanic and ten percent white.



*As brothers in the fight for equality, Dr. King wrote to Cesar Chavez,*

*"I extend the hand of fellowship and good will and wish continuing success to you and your members... You and your valiant fellow workers have demonstrated your commitment to righting grievous wrongs forced upon exploited people. We are together with you in spirit and in determination that our dreams for a better tomorrow will be realized."*



■ *State and local agencies estimated that between 8,500 and 10,000 farmworkers lived and worked in Dade County in 1969, most in South Dade.*

At a time when fair labor practices and access to healthcare for the poor, particularly migrant guest workers, were almost non-existent, farmworker organizations associated with the UFW took up the cause. Sunny Florida's year round production of fruits and vegetables and influx of workers made the state ripe for development of a strong farmworker rights movement.

During the 1960s a time of national unrest over civil rights issues, Florida had one of the most active farmworker rights movements in the country, supported by legal challenges to the status quo, said Joseph Segor, pioneering civil rights lawyer and one-time executive director of the Migrant Services Foundation, which provided legal services to migrants.

"We became the second-most controversial Legal Services program in the country second only to Cal Rural (California Rural Legal Services)," said Segor, who, as a lawyer for the American Civil Liberties Union, had also been one of a group of attorneys who represented civil rights workers in the South.

In 1969, Rudy Juarez, a charismatic Tampa-based

community organizer and founder of Organized Migrants in Community Action (OMICA), moved to Miami, bringing OMICA with him. While Juarez, a former farmworker, focused on fighting for fair labor practices for workers, healthcare was a priority. He wanted to develop a clinic for migrants and their families on-site at the camps in Florida City. Low wages, the squalor of labor camps and exposure to dangerous pesticides made healthcare access a major concern.

He took his idea to Segor, whose main client had become OMICA. He and Juarez applied for a federal funding for the clinic. The federal Public Health Service was looking to open a clinic for migrant agricultural workers in South Florida. Both Palm Beach and Dade counties were in the running. Segor advocated for South Dade, and ultimately the site was chosen. Segor became the attorney for the clinic and incorporated it as a nonprofit. He and Juarez secured the federal grant to get the small clinic up and running.

"We set the clinic up," Segor recalled. "Doctors got hired. Rudy was president of the board. One of the concepts I discussed with Rudy, was that the board would be an opportunity for poor, minority people to learn how things work – how to run a meeting, how funding comes, all the things you need to know to be able to manipulate this society – not everything, but it would be an education."

Healthcare access in South Dade was ultimately born in the fields, the result of the efforts of Juarez and Segor.

"I was the lawyer," Segor said, "I wasn't the leader. I felt it was very important to remain that way. I couldn't come into minority communities and suddenly be the big white hope. It was sometimes frustrating because I had certain leadership feelings in me. But I had a very important role. They needed a lawyer who cared about them, and I was there. Rudy was the leader."

Juarez led the group through what would become its most challenging years. In addition to fighting for the rights of farmworkers and the challenges of organizing a local movement, he ran into the frustration of a black community that had experienced decades of segregation. With scarce community resources and services allocated to their community despite the efforts of community leaders, an exasperated black community wondered how these new arrivals had managed to secure funding and services, and continued to push for healthcare access for themselves.

“In fact there was conflict,” Segor said. “You have two groups of poor people competing over limited resources. It can get nasty.”

Doris Ison, concerned about the lack of care for migrants, served on the board of the clinic alongside Juarez. Nurses worked on site at the clinic, and doctors made regular visits. After two years of successful operations, an unexpected development threatened the clinic and angered many in the Chicano community.

“Along comes CHI,” Segor said, “and they want to take over the clinic. We were opposed – Rudy, myself and probably several others. I don’t know what Doris’s position was, but she was probably more for the takeover. The main clinic was going to be set up around Perrine with Odell Johns chairman of the board.”

Juarez, described by Segor as a brilliant community organizer, worried about the future of the clinic they had brought to South Dade and the fate of healthcare for farmworkers who were primarily Mexican.

“At first we resisted, particularly because we wanted an opportunity for the Chicanos to be on the board, and it was local to Homestead,” he said. A takeover would mean that the clinic would ultimately not be under either migrant or CHI control,” he said.

“The center of power would move away to the county, and we really wanted to keep the center of power local. But it became obvious that we couldn’t hold out, and we didn’t want a race war. Rudy in that respect was a great leader. He refused to get involved in a race war.

“The black community was much larger and much more dug in to the power structure here. This occurred on several levels and with the clinic in particular. We acquiesced, and obviously the corporation ended. The CHI board was created and Rudy was on the board.”

CHI ultimately built a system to reach the entire community, which the small migrant clinic could not have done under its mandate, Segor said.

“They wanted to serve, and they wanted a more comprehensive program,” he said. “Administratively, it made sense.”

However, at the time, ceding power to an unknown entity tied to the same county government – one that had a history of segregation and less than responsive reaction to the plight of minority communities – did not appear to be in the best interest of Mexican farmworkers.

CHI did take control of healthcare services to the migrant labor camps, and expanded healthcare to the entire community. However, the battle between OMICA and CHI over care for migrants, including legal challenges, would last for more than a decade.

Brodes H. Hartley Jr., current president and CEO of CHI, joined the centers in 1984, almost 15 years after the community battles that ultimately created CHI. However, while many of the participants have died, the memories of strife linger.

“I was told that in the early years there was almost a war between the Mexican community and the black community,” Hartley said. “That’s how Martin Luther King Clinica Campesina got its name.”

*With scarce community resources and services allocated to their community despite the efforts of activists like Ison, an exasperated black community wondered how these new arrivals had managed to secure funding and services, and continued to push for health care access for themselves.*

## Joe and Rudy in the Arena

While the names Joseph Segor and Rudy Juarez are not familiar to most people in South Florida, each man in his own way led a battle for civil rights and equality for poor people of color in Florida – primarily Mexican farmworkers. Both were forces of nature, moving from one civil rights cause to the next, often finding solutions in the midst of injustice and chaos. Two very different men, they would join forces in a relationship that, among other accomplishments, ultimately laid the foundation for the development of CHI.

Although he never held elected office, Segor's impact on the lives of poor and disenfranchised communities in Florida, and particularly Miami-Dade County, is still felt today. Born in Brooklyn to a middle-class family, Segor, now 79, grew up in Miami Beach, graduating from Miami Beach High. His entry into the world of civil rights happened through a chance encounter.

"I graduated from law school in 1960, but I couldn't get a job because I was supposed to go

into the army. So I went down to the Kennedy for President headquarters and volunteered," he said.

He was given a job alphabetizing 3x5 cards. One day, he said, an elderly man walked in and introduced himself as Max Friedsen and asked what he was doing.

"I tell him I'm waiting to go into the army so I'm volunteering, and he said, 'Are you a member of the ACLU?' and I said no. I barely knew what the ACLU was. So he reaches into his pocket, pulls out an application and signs me up."

"It's funny how there are turning points in life," Segor said. "That was, unknown to me at the time, an absolute turning point."

After a six month stint on active duty with the U.S. Army, he returned and went into private practice. He also became active on the legal panel of the ACLU.

"We were the lawyers who protected the civil rights movement. Most of them (in Florida) were out of Miami."



## RUDY JUAREZ LEADS FOOD BOYCOTT

*Rudy Juarez, leader and founder of Organized Migrants in Community Action (OMICA) calls for a boycott of a federal food handout, arguing "...we want to give the right nutrition to our children." Workers voted to boycott.*

Segor worked on a number of cases, one that ultimately went to the Supreme Court, assisting lawyers who were major figures in the civil rights movement. He became friendly with Howard Dixon, who also served on the ACLU panel and as general counsel for the NAACP during the 1950s. Also on the panel was the legendary Tobias “Toby” Simon, who represented Rev. Martin Luther King Jr., and others in the movement.

In 1966, members of the ACLU panel selected Dixon to become founding director of Legal Services of Greater Miami, which came out of President Lyndon B. Johnson’s War on Poverty. Dixon hired Segor as assistant director. The program enjoyed broad support, crossing racial lines to the anti-poverty groups who were primarily African-American.

Meanwhile, Segor said, Simon and a group of activists in the Tampa area decided to apply for a grant for a large migrant legal services program that would cover about a dozen counties.

“I was the low man on the totem pole so I got the assignment to do the application for a grant for a rural legal services program,” Segor said. “Well, I will tell you, I’m a city boy... If you asked me where vegetables come from, I would have said the supermarket and that’s about all I knew about agriculture at that point.”

Segor raced to learn all he could about farming and farmworker issues and put together a program before competing communities beat him to funding for rural legal services. Funding covered counties in the famous Immokalee-Homestead corridor.

“I got a board together, found people who knew at least a little about farm work, did a lot of reading and got called to Washington.”

The then Office of Economic Opportunity, headed by Sargent Shriver, had decided to give the program a two-year grant instead of one. The program was on its way, and Segor scrambled to hire lawyers and investigators who would support attorneys by helping them build cases.

*Segor, who knew little about farming, raced to learn all he could about farming and farmworker issues and put together a program before competing communities beat him to funding for rural legal services. Funding covered counties in the famous Immokalee, Homestead corridor. “I got a board together, found people who knew at least a little about farm work, did a lot of reading, and got called to Washington.”*

■ *Joseph Segor, former attorney for farmworker and civil rights organizations, is a founder of Centro Campesino Farmworker Center, Inc. in Florida City.*



Using the California program (known as Cal Rural) as a model, Segor chose the best and the brightest for Florida. The “crew” Segor put together included many young lawyers who went on to national prominence, including Michael “Mickey” Kantor, who ran the Clinton-Gore campaign before ultimately serving as Secretary of Commerce.

“I had made the decision that our investigators would not just be investigators, they would be community organizers. I was rather naïve about that, because I didn’t realize how hard community organizing really is,” Segor said. “None of us had any background.”

Segor went to the Tampa area to give a talk to members of an activist group called the Community Action Fund about setting up legal services in the community.

“I said I was looking for investigators, people to hire, and a fellow comes over to me and introduces himself as Rudy Juarez.”

Juarez was working as an effective community activist for the organization, and he was interested. His home in Okeechobee was not far from the Legal Services office in Belle Glade. Segor hired him. It was 1967.

Rodolfo “Rudy” Juarez, a second-generation migrant farm worker, had attended 13 schools before dropping out in third grade. Yet, Segor said, Juarez was eloquent in both English and Spanish, and had a gift for leadership.

He founded Organized Migrants in Community Action (OMICA).

“He built that organization into a dynamic advocate for the rights of farmworkers,” Segor wrote in a tribute to Juarez published in 2011 in the *Miami Herald*.

OMICA became the second-most influential farmworker program in the country after Cal Rural... (California Rural Legal Services) “We were doing well,” Segor said.

Two years later, Juarez moved to Miami, bringing with him OMICA, and his skill and tenacity as a community organizer.

In his *Miami Herald* tribute, Segor described some of Juarez’s greatest accomplishments in Miami. The first occurred in 1971, a hard fight in the midst of one of his bitter disappointments –

the loss of the migrant clinic to CHI and Dade County control.

*March was cruel to Florida in 1971 with a freeze and a dreadful crop disaster. Rudy assembled several hundred farmworkers and along with Ramon Rodriguez, a young farmworker leader from Immokalee, loaded them on buses and led them to Key Biscayne, where President Nixon was vacationing in luxury. The workers tried to deliver a written message, but the President would not receive them. At dusk, although ordered to leave, the workers would not give up. They relocated to the nearby beach, huddling together in blankets throughout the night. Newspaper and television reporters covered this story, and in the morning, the workers attended a Roman Catholic mass and then boarded buses to return to their homes in labor camps. Gov. Reubin Askew answered the farmworkers’ appeal by asking President Nixon for help, and the president responded with food commodities and food stamps for farmworkers, jobless benefits and even employment for some who helped distribute the disaster relief.*

Segor described how Juarez took on medical officials in 1973 during a typhoid outbreak in the labor camps.

*He demanded and received hospital beds for farmworkers during a raging typhoid epidemic in the South Dade Labor Camps when medical officials planned to treat workers in their homes.*

Segor’s *Miami Herald* column entitled “Rudy, We Sorely Miss You,” invoked Juarez’s name as a call to action during a hard freeze in 2011 that killed Florida crops, but meant no food to eat for many farmworkers. Juarez died in January 2011.

With so many dramatic confrontations and victories, other far-reaching achievements seem mundane in comparison. Among the listed accomplishments was his role in founding Centro Campesina. Juarez founded the center in 1975 with Segor and former CHI board president Fernando “Chappy” Pro to address the need for affordable housing and other services for farmworker families.

Before that, he helped bring desperately needed healthcare to farmworkers in the migrant camps, laying the foundation for care for tens of thousands of people across South Florida.



1969

RODOLFO "RUDY" JUAREZ

*Rodolfo "Rudy" Juarez was a second-generation farmworker with little formal education who, in the 1960s, became one of the most powerful farmworker leaders in America.*

*Fearless and charismatic, Juarez took on local, state and federal governments, rallying migrants and other farmworkers behind a fight for better wages, safe working and living conditions and access to quality healthcare. He established Organized Migrants in Community Action (OMICA) in the Tampa area in the 1960s. When he moved to Miami, he brought OMICA with him.*

*Juarez, along with Joseph Segor, attorney for OMICA and civil rights organizations, secured a federal grant to establish a migrant health clinic in South Dade. The clinic was renamed Martin Luther King Jr. Clinica Campesina, and became part of the CHI healthcare system in 1971.*

■ Centro Campesino Farmworker Center, Inc. was founded in 1972.



# THE REVOLUTIONARY

*Dr. Lynn P. Carmichael, one of the fathers of Family Medicine, created the first community health center in Miami.*

**I**n 1954, a young doctor named Lynn Carmichael arrived in Miami with his bride, Joan. Having completed military service in the Korean War, Dr. Carmichael was in search of a place where he could learn the skills necessary to be a good general practitioner. It wasn't something taught in medical schools. He had some experience, but he knew it wasn't what he needed.

After medical school at the University of Louisville, he had completed an army internship at a military hospital in San Antonio, Texas, before heading overseas. He served as a battalion surgeon in an infantry regiment toward the end of the war, around the time of the bloody Battle of Pork Chop Hill. Born in Kentucky and raised in a small town in Indiana, Dr. Carmichael went to work caring primarily for poor people in South Dade, in a small hospital established by the county as an outpost in response to the continual community outcry for healthcare services.

In 1991, Dr. Carmichael talked about his extraordinary life and career in a series of interviews, published in *Family Medicine*, the official journal of the Society of Teachers of Family Medicine.

"I realized that my experience in Korea really hadn't done much to prepare me to be a

doctor of any kind in the civilian sense," Dr. Carmichael said. "At that time, there were no training programs for family doctors, so I looked for other options.

"Kendall Hospital was operated under management, principally for the benefit of the indigent people who lived in southern Dade County. There was a fairly large indigent population down there, largely because of agriculture. Most were farmworkers. Most were black. They were very poor. And there was this little 125-bed hospital, really out in the country. I went there."

However, Kendall could not be described as a full-service hospital. The needs were great, and the work could be grueling. Yet to Dr. Carmichael, working among the poor was not a new concept. He once said that his desire to be a family doctor had been "reinforced" in medical school at the University of Kentucky, which traditionally produced doctors who worked in the Appalachian hill country among some of the nation's poorest.

"At Kendall there was no full-time staff other than the house officers. There were five of us. We delivered the babies; we kept a clinic going 24 hours a day; we took care of the patients in the hospital. For specialty care we were dependent on voluntary physicians who drove the hour down from Miami," he said.



*Community health centers revolutionized healthcare by bringing access to poor communities.*

On the heels of his experience as a battalion surgeon in the Korean War, Dr. Carmichael found the environment at Kendall Hospital somewhat familiar.

“It was like being back in a war situation again. It was a front-line activity, and you never knew what was coming through the door,” he said. “We really learned by doing. We had some incredible experiences.”

The next year, Dr. Carmichael, still in his mid-20s, left Kendall Hospital and went into private practice in Coconut Grove, where he began the pioneering work that would ensure his place in history as one of the “fathers of family medicine.”

In the midst of those hectic years as one of few voices in the nation advocating teaching family medicine, Dr. Carmichael also found a way to deliver healthcare to the poor. Over the next decade, he would be responsible for the establishment of community health centers to provide healthcare to poor and minority communities in South Florida.

It is often said that the civil rights struggle gave birth to the community health center movement in America, with Dr. H. Jack Geiger as its father. In South Florida, arguably both the father and attending physician was Dr. Carmichael. With the national concept already in place, the creation of the centers also grew out of relentless

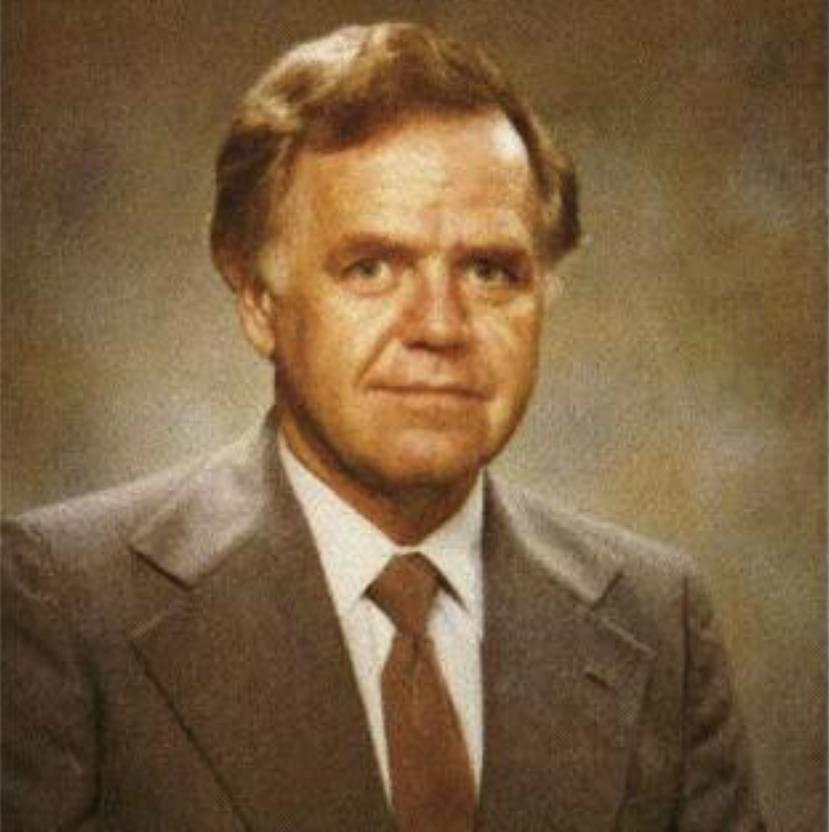
advocacy by Dr. Carmichael within the medical community. He wanted formal medical training in the practice of family medicine – a radical concept within the profession during the 1960s, when the push was toward medical specialties.

The story of how a revolutionary idea within the medical community ended up increasing access to healthcare for poor people begins like the idea itself – in Dr. Carmichael’s childhood. It was a family physician who took care of him throughout his childhood, providing, he said, some of his earliest positive memories. He wanted to be like the doctor who was available whenever he had a problem.

When he set up his practice in Coconut Grove, he learned that no one really knew what family practice was. He thought it might be something akin to an emergency room, where people came when they were sick and received care. He had no idea what to expect.

Instead he found something else. He discovered the value of opinions and information from family who came to the appointment with the patient.

He also discovered the importance of building a relationship with the patient – an extended family type of relationship which included regular visits.



1969

**DR. LYNN CARMICHAEL**  
"THE FATHER OF FAMILY MEDICINE"

*Known as the father of family medicine in America, Dr. Lynn Carmichael established the Department of Family Medicine and Community Health at the University of Miami, the first academic family medicine department in the nation. He was also a pioneer in developing the team approach to care and in the community health center movement. Under Dr. Carmichael, the department established a community health center in Overtown in 1969, the first in the county and one of the first in the South. In 1971, his department also developed the medical program at Community Health of South Florida, Inc., where he served as a member of the board of directors and as medical director.*

*Born in Kentucky, and raised in a small Indiana town, Dr. Carmichael graduated from medical school at the University of Kentucky, known for sending its residents to work in the hills of Appalachia, among the state's poorest. Moving to Miami in the 1940s, he went to work at Kendall Hospital in South Dade, whose patients were primarily black and under-served.*

*In his career in private practice, and as a professor, he continued his focus on improving the health and quality of life of the community. His approach to care – developing long-term relationships with patients, focusing on treating the patient rather than the disease, and including family members in the treatment process – was viewed as radical by the medical establishment. Today, family medicine and his approach are the standard in quality care.*

"The next thing I learned was that people came back to see me. I was developing a continuing relationship with them. This continuing relationship wasn't focused on diseases or problems, because my patients kept coming in with different kinds of problems. My patients were what I was taking care of, not their particular illnesses," he said.

"I had like most people in medicine, been raised with the idea that diseases existed and that our job was to treat diseases... What exist are people who have different kinds of health problems. We don't treat disease; we take care of people. And because people are very different from each other, the treatments are never the same. So I began to look at the person and not the disease."

Dr. Carmichael became involved with the medical community and approached the dean of the University of Miami School of Medicine with his idea to train physicians for general medical practice. The dean said there was little he could do. Dr. Carmichael began communicating with a few physicians nationally who believed as he did. In 1962, he spent a week in the Family Health Care Program at Harvard Medical School, which led to a year long job with a Boston pediatrician.

During that year, spent away from his family and making a small salary for a father of three, he worked and developed a program for teaching family medicine. Back home in Miami, in 1964, he went back to the UM dean. After securing grant money, including a large donation from a patient, he brought his program into the medical school. He became the first family doctor in the country to be brought into a medical school to teach physicians about family practice. The student program began in 1965.

"Family medicine developed as a social movement, a reform movement within medical education and the delivery of care," he said. "Just like other reform movements or revolutions, at first people opposed it. When they found they couldn't destroy it, they then attempted to co-opt it.

An active member of the local medical community in Miami, Dr. Carmichael was a pioneer in creating community health centers, and both he and his residents provided medical care in poor urban neighborhoods, migrant labor camps, jails and other underserved areas in the region. In 1965, he founded the Department of Family Medicine

and Community Health as the first academic family medicine department in the United States.

A year later, Dr. Carmichael set another precedent when he established the first Family Practice Training Program at Jackson Memorial Hospital.

Dr. Carmichael had applied for a grant through the University of Miami to open a community health center in Liberty City.

“He got his grant in 1966. He was the driving force in starting it down here, and once it was started it spread to other areas,” said Dr. George Simpson, a former member of the faculty at the University of Miami Miller School of Medicine and the first board-certified African-American surgeon in Florida.

In the 1960s, Dr. Carmichael's ideas were viewed as radical, and were unpopular among many in the medical community.

“Organized medicine in the white community opposed it,” Dr. Simpson said. “The medical community in general opposed expansion of health-care to the underserved. Most of the state and national medical associations opposed it... just like later they would oppose Medicare.”

Given the focus of the man responsible for its creation, it was aptly named the Family Health Center. It is now known as the Jesse Trice Community Health Center and still respected for quality care and advocacy. Dr. Carmichael hired Dr. Simpson as the first medical director. By the end of 1968 or early 1969, the center was treating patients.

Dr. Geiger, who had brought the idea of community health centers to the United States from South Africa in 1964, knew of Dr. Carmichael's groundbreaking work. It employed the same strategy of attacking the problem of healthcare access and poverty as Dr. Geiger's mentors, the Drs. Kark. Dr. Carmichael established a teaching facility in the Department of Family Medicine, and quickly linked it to community health centers to produce more physicians who could some day continue to expand access to quality care.

Soon Dr. Carmichael would also join forces with Ison and other community leaders in the development of the county's second health center – Community Health of South Dade, Inc. (CHI).

“We owe such great debts,” Dr. Geiger said,

“to the Karks and their South African colleagues, to the civil rights movement, to the War on Poverty – and most of all, to the combination of community activists and pioneering physicians like Dr. Lynn Carmichael, who made institutions like CHI come to life.”

*“Family medicine developed as a social movement, a reform movement within medical education and the delivery of care. Just like other reform movements or revolutions, at first people opposed it. When they found they couldn't destroy it, they then attempted to co-opt it.”*

Dr. Lynn Carmichael



■ Dr. Lynn Carmichael (left), receiving a plaque for his work from the Dade County Board of County Commissioners in May 1967.

## The History Maker

A look at the life of Dr. George Simpson reveals a man who not only made history himself, but throughout his life and career seemed to have been close to history-making events and extraordinary people like himself, looking to break new ground.

Around the time Dr. Carmichael was beginning his career in Miami, Dr. Simpson was in Mound Bayou, Mississippi, working at a small clinic for African-Americans as part of his surgical training at Meharry Medical College in Nashville, Tennessee. Meharry is one of the nation's oldest historically black medical schools. Black people, including medical residents, were not allowed in white hospitals. It was at Meharry that Dr. Simpson, a native New Yorker, met Dazelle Dean, a young medical student from Miami and the great granddaughter of Miami pioneer E.W.F. Stirrup. In the early 20th century, Stirrup became Coconut Grove's most successful businessman of any race. Born in the Bahamas in 1873, he built many of the Grove's first homes for members of the black community. She would become Dr. Simpson's wife and the first black pediatrician in Miami.

Dr. Simpson recalls that he was at Mound Bayou in 1955 when Emmett Till, a 14-year-old black boy, was brutally murdered by a group of white men in the town of Money, about 40 miles away. Till's death, after word spread that the boy had whistled at a white woman, invigorated a languishing civil rights movement.

Years later, Mound Bayou would become the site of one of the first community health centers in the country. Dr. Simpson was also familiar with the name Dr. Jack Geiger, one of the fathers of community health centers.

"Jack Geiger was a classmate of mine at City College in New York," Dr. Simpson recalled, although he did not work with him in Mississippi in the 1960s.

Dr. Simpson moved to Miami with his bride, and became the first board-certified surgeon in the state of Florida. Dr. Simpson is quick to correct any assumption that he was the first black

surgeon in the area. There were others before him, he said, but they were not able to achieve certification as a result of segregation.

While the couple practiced medicine, Dr. Simpson was also active in the cause of civil rights both with the NAACP and within the medical profession.

In addition to fighting for desegregation in public facilities including schools, restaurants and hospitals, he wanted equal opportunity within his own profession and access to healthcare for African-American communities.

Born and raised in the North but trained in the South, Dr. Simpson had experienced the difference. While Miami was not New York, it was hardly the Deep South.

"Florida in many ways was different than many areas in the South and even in the North," Dr. Simpson said.

"In Miami we didn't have to have a court battle to integrate the hospitals. They did it on their own without the court battle. There was opposition, of course, but it was unusual and a commentary on the status of Miami at that time. Miami in particular was one of the very few if not the only area that did not have to go to court."

That approach to integration extended to Miami's medical community as well, he said.

"I remember Dr. John O. Brown, who was a civil rights worker in this area, and myself were members of the Dade County Medical Association, but it was not integrated at that time. We could go to meetings but we couldn't go to the dinner meetings, because the restaurants were segregated."

"So I said, 'John Brown, you're the president of CORE [Congress of Racial Equality] and I'm the president of the NAACP; we're going to bring this up at the next meeting.' So at the next meeting, we were all set to challenge and bring forth that this organization had to be integrated, but before we could get up, one of the white members got up and made the motion and it was passed. We got beat to the punch," Dr. Simpson said. "That was about 1961 or 1962 – no earlier than that."

## DRS. GEORGE & DAZELLE SIMPSON

*Dr. George Simpson is the first board certified African-American surgeon in the state of Florida, and was instrumental in the desegregation of lunch counters during the 1960s, including at Jackson Memorial Hospital. Dr. Simpson was also the first medical director of Miami's first community health center, the Equal Opportunity Family Health Center, (now known as the Jessie Trice Community Health Center) which opened in 1969. His wife, Dr. Dazelle Simpson is the first African-American pediatrician to practice in Miami. The two met at Meharry Medical College in Nashville, and have been married for more than 65 years. She is the granddaughter of E. W.F. Stirrup (1873-1957), Coconut Grove pioneer. Originally from the Bahamas, Stirrup was one of the most successful businessmen of his day.*



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*While the couple practiced medicine, Dr. George Simpson was also active in the cause of civil rights both with the NAACP and within the medical profession.*

*In addition to fighting for desegregation in public facilities including schools, restaurants and hospitals, Dr. Simpson wanted equal opportunity within his own profession and access to healthcare for African-American communities.*

Dr. Simpson was part of integration efforts at Miami lunch counters and helped with integration efforts in the dining hall at Jackson Memorial Hospital.

“Miami has been sheltered from the harsher aspects of integration. We had our problems here, but we never had the violence,” he said. “We never had the extreme resistance exhibited in other areas of the country.”

As an active member of the county and state medical community, Dr. Simpson met Dr. Carmichael, who by then had founded the first academic family medicine department in the United States at the University of Miami, and established the first Family Practice Training Program at Jackson Memorial Hospital. Dr. Carmichael wanted to extend care to poor and underserved communities, and provide for residents the kind of experience he had received.

Dr. Simpson, juggling the responsibilities of a medical practice and a family, had also attempted to bring healthcare services to South Dade, years before. Most residents could not afford even basic services, and the clinic closed.

However, through the efforts of Dr. Geiger and others, President Johnson’s War on Poverty had made expansion of healthcare to the underserved possible on a national level.

Together, the two pioneers made history again when Dr. Carmichael established the first community health center in the county and hired Dr. Simpson as medical director. In 1969, the Family Health Center opened at Gladeview School, an abandoned school on NW 62nd Street. It was later moved into trailers at 27th Avenue and 57th Street, before a new building was constructed.

While the idea of a community health center was revolutionary in itself, the notion that psychological, economic, social and cultural conditions affect health was even moreso. The center hired social workers to go out and gather information about the community it served.

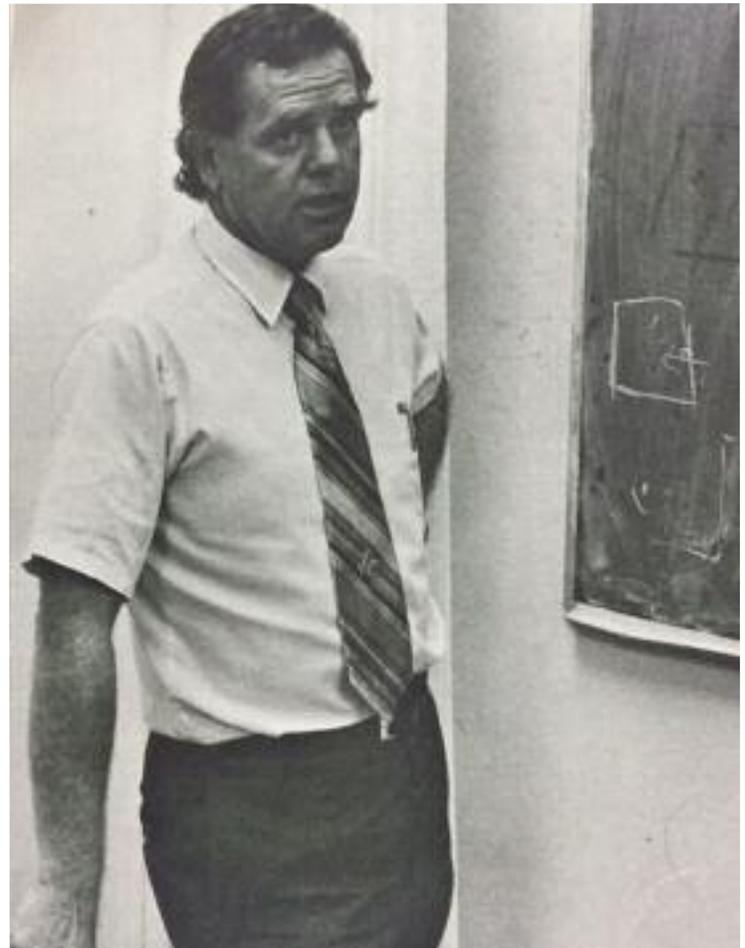
It became a force in the neighborhood, and included a training program that helped local residents learn nursing skills and earn their high school equivalency diplomas. Many were employed by the center, which became the largest

employer in Liberty City. Family Health was the first center of its kind in the state to include alcoholism treatment in its mental health programs. Dr. Simpson headed the center until 1976. He is also a former member of the faculty at the University of Miami Miller School of Medicine and was director of UM’s family medical clinic.

Dr. Simpson, would become chairman of the board of the Family Health Center. Years later, he would see his old college classmate, Dr. Geiger again – at a national meeting of community health centers.

*Together, the two pioneers made history again when Dr. Carmichael established the first community health center in the county and hired Dr. Simpson as medical director.*

■ Dr. Lynn Carmichael was a leader in the national community health center movement.





■ Residents in the UM Family Medicine training program focused on the impact of lifestyle factors on health, including lack of access to good nutrition.

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*As an active member of the county and state medical community, Dr. Simpson met Dr. Carmichael, who by then had founded the first academic family medicine department in the United States at the University of Miami, and established the first Family Practice Training Program at Jackson Memorial Hospital. Dr. Carmichael wanted to extend care to poor and underserved communities, and provide for residents the kind of experience he had received.*

# GETTING TO THE PROMISED LAND

*Unlikely Allies Join Forces to Bring Community Healthcare to South Dade*

**S**ymptoms of decades of racial discrimination were etched into the fabric of life in South Florida in the 1960s – glaring disparities between whites and non-whites in income, housing, education, health and healthcare. Access to primary care and life-saving treatment depended upon where you lived and the color of your skin.

As in other Southern states, desegregation of schools and other public places in Florida was not achieved by a simple request from the federal government. The state's governor tried to block attempts at integration. Elected in 1967 as the first Republican governor since Reconstruction, Gov. Claude T. Kirk, a former Democrat who defected to the Republican party to run for the office, defied a federal court order to desegregate Florida schools. While his attempt only served to delay the process, the message was clear. It was in this atmosphere of uncertainty – resistance and impending change – that the battle for healthcare access for poor and minority communities was waged.

The struggle was not only about access, it was about forcing county government to provide necessary healthcare to all residents it purported to serve.

William J. Spratt Jr. began his career in 1972 as an administrative intern for the county, ulti-

mately working his way up to assistant administrator in the Office of Health Services. A partner with the Akerman law firm, where he represents large healthcare companies, Spratt spent more than a decade in the county's healthcare arena. As an insider, he watched the process that expanded healthcare to poor and minority communities, the birth of CHI and the aftermath.

“The people in South Dade in particular were a bit perturbed, because they were paying taxes for healthcare goods and services, but they didn't have any healthcare goods and services unless they took that 35-mile trip from South Dade to Jackson Memorial Hospital. And even then they found an overcrowded hospital with long wait times. Often you'd take half a day to get there. You'd sit around waiting for an appointment for two to three hours only to find that the doctor was no longer seeing patients. He had to go to an emergency or he had to go to a seminar.”

There was also a racial divide in society in general, he said. Although Spratt lived in Cutler Ridge, he attended school at Palmetto Junior and Senior High, located in what was to become the Village of Pinecrest.

“That was a very segregated time. Mays Junior and Senior High Schools were much closer to where I lived, but I was bused up to Palmetto because I was white, and that's what you did for white folks.”



*The civil rights struggle gave birth to the community health center movement in America.*

Among the most powerful and consistent catalysts for change were community activists, primarily black women (Doris Ison, Helen Bentley, Corine Williams Dunn and Jessie Trice among them), who made the issue of healthcare inescapable for local and state public officials. Rather than the marches and sit-ins seen elsewhere in the South, this debate, like the community in which it took place, was different. Here, where the door to change was partially open, the battle was a political game that included the power of the ballot box, lobbying, and tireless verbal jousting at every opportunity – county commission meetings, legislative and other community hearings and political campaigns. It also included another key ingredient – building friendships and coalitions with whites who were connected and sympathetic, or could be persuaded. Not a process for the impatient, community activism was a lifetime pursuit, where victory was not always apparent, and never meant getting everything you fought for.

Linda Quick, who retired in December 2015 as president of the South Florida Hospital and Healthcare Association, also remembers the struggle that ultimately resulted in the creation of CHI. The process, which lasted for years, included a who's who of Miami leaders, many of whom are now local and national historical figures.

In particular, Quick, who had worked in the healthcare arena for more than 40 years, remembers the woman who led the grassroots struggle for healthcare in South Dade. Coincidentally, just weeks before Quick received a phone call from a writer inquiring about her, Quick had been reminiscing with another healthcare advocate about Doris Ison.

Outside the mainstream of organized politics and black leadership, which traditionally meant ministers, educators or business owners, Ison was the unelected leader of a people's campaign.

A familiar face to government officials, business leaders and heavyweights in the healthcare field, she testified regularly before the county commission and other policy-making panels. Ison would also speak at state legislative hearings held in Dade County. She would regularly ask for funding, resources, help accessing federal funds, and to be included in state health plans, Quick said.

*The struggle was not only about access, it was about forcing county government to provide necessary healthcare to all residents it purported to serve.*



## DR. JEAN JONES PERDUE

*Dr. Jean Jones Perdue was the first woman named Doctor of the Year by the Dade County Medical Association. Originally from Virginia, Dr. Perdue moved to Miami, where she began a practice in 1934 in internal medicine and cardiology in Miami Beach and the greater Miami community. Dr. Perdue believed in expanding healthcare access to poor and minority communities. She supported and encouraged the efforts of Doris Ison and others to bring healthcare to underserved communities.*

*Dr. Perdue was a founding and life member of the Miami Heart Institute. The Jean Jones Perdue Clinical Research Pavilion at the Miami Heart Institute and the Jean Jones Perdue Medical Center were named for her.*

“She would do things like challenge the officials to ride three hours on the bus to get to Jackson,” she said. “It was very clear in her attitude that until you’re in my shoes, don’t tell me it’s just a bus ride away until you’re willing to take that bus.”

Ison, who had not received consistent healthcare or preventive care in her life as a farm and factory worker or as a domestic, “was the picture of non-health,” Quick said. Heavy enough to be defined as obese by today’s standards, Ison ultimately suffered from diabetes.

She allied herself with other activists and leaders in South Dade, including controversial black leader and businessman Odell T. Johns; Rudy Juarez, president of Organized Migrants in Community Action (OMICA); and whites well-known in the healthcare field, like Dr. Carmichael. Whereas Johns and Juarez were often described as inspiring speakers, Ison, though not dynamic, was plain-spoken, sincere and forceful in her argument. The trio was ultimately effective.

“Another champion of hers [Doris Ison] was Dr. Jean Jones Perdue,” Quick said. “She was a champion for all the health centers and all poor

people. Dr. Perdue was a tiny little woman, the opposite of Doris, and one of the first women in the country to finish medical school.”

The Purdue Medical Center, now a long-term care facility affiliated with Jackson Memorial Hospital, was named for her, as were several other medical facilities. A well-known cardiologist who moved to Miami from Virginia, Dr. Purdue also was physician to some of America’s wealthiest families, including the R.J. Reynolds family and the Harvey Firestone family, who spent winters in South Florida.

Ison, in the tradition of effective activists and politicians, laid the groundwork that made her a political force and a strong advocate for her community.

“She was adamant, determined, asked great questions, and had enough local clout that people were afraid of her,” Quick said, “because she could turn out the vote when you were running for office.”

The problems that moved Ison to add healthcare to her advocacy agenda had never been adequately addressed by government. She and other advocates regularly heard about life-threatening events faced by their neighbors and their own

families, because there were no doctors, health centers or high-quality public hospitals in the community.

Kendall Hospital, the small facility Dr. Carmichael discovered upon his arrival in Miami, served as the public hospital for the south end of the county until the late 1960s.

“That was kind of the black hospital,” Spratt recalled. “White people didn’t go there.”

Yet, after spending most of her adult life advocating for healthcare and other services for poor people in her community, Ison was nearing what looked like the promised land. Despite a tumultuous social and political backdrop, nationally and in state and local governments, at least on the issue of healthcare, forces were finally aligning to her way of thinking. President Johnson had set aside funding in his War on Poverty for community health centers for poor communities.

Dr. Carmichael, who began his medical career in Miami at Kendall Hospital serving patients like Ison who were black and poor, was using his considerable clout and strong will to establish a community health center in Miami.

A clinic for migrant farmworkers had been established at a South Dade labor camp, as a result of work by Juarez and civil rights attorney Joseph Segor. As a former farmworker herself, she had joined forces with Juarez to advocate for the rights of farmworkers to a living wage, better working and living conditions and healthcare.



■ Nurse cares for a baby at Kendall Hospital, which closed in the 1960s. A public hospital, it served primarily African-Americans and other minorities. Dr. Lynn Carmichael was an attending physician there in the 1950s.

■ “Kendall Hospital was operated under management, principally for the benefit of the indigent people who lived in southern Dade County. There was a fairly large indigent population down there, largely because of agriculture. Most were farmworkers. Most were black. They were very poor and there was this little 125-bed hospital, really out in the country. I went there.”

Dr. Lynn Carmichael



In 1964 and 1966, voters had approved referenda authorizing Dade County to build a new hospital in South Dade. Ison and other activists in South Dade were attempting to seize the moment.

In 1968, as a result of an ongoing public outcry, the Greater Miami Chamber of Commerce, at its annual Goals Conference, established the Health Planning Council of South Florida, made up of a who's who of Miami leaders, some of whom would become local historical figures. The original board, Quick said, were primarily business, health, clergy and education leaders. Among them was Monsignor Bryan O. Walsh, internationally known as the Father of Operation Pedro Pan, in which Cuban parents sent their children to America to escape Fidel Castro's regime. The initiative brought thousands of children to America, cared for them and found them adoptive families. Also on the board were the president of Burdines, the area's largest department store, and the heads of the AFL-CIO, Jackson Memorial and Baptist Hospitals and the Dade County Medical Society.

In the atmosphere of the times, the forcefulness of the activists, particularly Ison, was extraordinary.

"She was not one to mince her words, not one to be afraid," said Florida City Mayor Otis T. Wallace. "I never saw her afraid of anything."

While most people might have been reluctant to go head to head with educated, well-to-do members of the white establishment, particularly given her lack of formal education, Ison was not.

"She didn't think twice about what her educational achievement was," Mayor Wallace said. "She just did what she had to do. There were a whole lot of educated people who were so educated they were afraid to do anything. The educated thing to do would have been to lay down."

Ison and Juarez were united in their efforts to bring healthcare to South Dade.

"Their (the farmworkers) major complaint was that to be sick meant not to earn money," Quick said. "The people they worked for didn't pay them if they weren't in the field. So at the same time a lot of them were doing organizing."

"It's an interesting coalition if you will, people that wouldn't have normally come to mind as partners, but they were definitely partners in the process for advocating for getting that money,

getting that building and opening that center."

"The interesting thing about the partnership with the farmworkers was that they had the transportation, so they would bring a minivan or VW buses. They weren't as reliant (as Ison's contingent) on public transportation."

Transportation would become a major issue on her agenda over the next decade. While Ison and Juarez brought grassroots support, Odell Johns, was the recognized black leader of South Dade, by both black and white communities. A power broker, with strong backing in the black community, and a skilled orator, he and his supporters arguably formed the backbone of the efforts in South Dade. He also brought supporters and lobbied behind the scenes. Johns had a bully pulpit, and was not shy about using it. The businessman was known in the halls of power at the county for his fiery rhetoric that often raised eyebrows across the racial spectrum.

"He was known in County Hall as 'the mouth of the south,' because basically anything that happened in South Dade County, Odell was in the media, being quoted on it," Spratt said. "And if he wasn't in the media being quoted on it, he was on a street corner, holding a rally."

Johns' daughter, Linda Stevenson, a teacher at Cutler Ridge Middle School, said her father, who suffered from diabetes, was relentless in his focus on expanding healthcare to South Dade, and supported Ison in her efforts.

The problems Ison, Johns, Juarez and others outlined to local and state government officials were soon quantified.

One of the first findings of the Health Planning Council identified four major areas of South Dade as Health Scarcity Areas. Perrine-Richmond Heights, Goulds, Naranja-Leisure City and Homestead-Florida City.

Bad news that people in the community already knew just kept coming, bolstering the Council's process and capturing public attention. The 1970 census, released during the summer of that year, reported the population of South Dade as about 161,000. At the same time, the area was the fastest-growing area of Dade County, with a projected population growth of 39 percent to about 226,000 people.

While the area seemed to grow overnight, services including healthcare and transportation did not. An already deplorable situation was made worse by a continuing influx of migrants and other poor people looking to better their lot.

Nearly 30 percent lived in impoverished communities. Almost 25 percent lived in households with at least one child under 18, and headed by women. About 51 percent of the population was under 25 years old. Much of the housing in South Dade, particularly in the area stretching from Goulds to Florida City, was substandard – some of the worst in the entire county.

Traditionally, there was a lot of political support in County Hall for maintaining what officials viewed as an adequate level of funding at Jackson Memorial Hospital. However, little support existed for expanding public healthcare or public hospital facilities beyond the four corners of the Jackson Memorial complex, Spratt said.

“Yet, at the same time there were people all around the county, whether it was up in Opa-locka or Carol City, in Hialeah, in Westchester, in Florida City or Cutler Ridge, who needed health care and who were unable to get it,” he said. “And of course the South Florida hospitals were impacted because they were asked to provide all of the emergency care that the people needed. The reason why they needed emergency care was because they couldn’t get primary care.”

In 1970, as a result of the Council’s process and findings, the Dade County Commission recommended the development of a primary healthcare system in South Dade. What was unresolved was exactly what that meant and where the facilities would be located. In November of that same year, a \$9 million bond issue to establish a public hospital in South Dade was defeated.

The defeat was yet another rejection by the community of any efforts to build a hospital in South Dade that would offer quality care to everyone including the underserved. However, while the community would not get its hospital, it would get primary care. The question was, where would the money come from, and where would the facility be located?

County officials began drafting what be-

came known as the Decade of Progress Bond Issue, which included funding for many of the public services Miami residents enjoy today – transportation, a public library system, waste disposal facilities, a zoological park and healthcare facilities.

On November 7, 1972, voters approved a referendum authorizing the issuance of the County’s Public Improvement Bonds, also known as the Decade of Progress Bonds, in the amount of more than \$553 million.

Some \$88,600,000 was earmarked for healthcare facilities, the third-largest pot of money in the bond issue. The funds were for “the acquisition, construction, enlargement, replacement, modernization and improvement of buildings and facilities, and the construction of parking garages and site improvements at the Jackson Memorial Hospital Complex, community health centers and mental health centers, and the acquisition of necessary land, furnishings and equipment.” Jackson would ultimately get the lion’s share.

Federal funding was also secured to build a facility, which would finally replace the Kendall Hospital and clinic, and be the core facility for the primary healthcare system in South Dade. Those funds included dollars made possible by the 1946 Hill-Burton law, which provided grants and loans to health facilities for construction and modernization. These facilities in turn provided “a reasonable volume” of services to the poor and made service available to everyone in the immediate area. (In 1997, the program stopped providing funds.)

Meanwhile, plans for the system’s first center, the South Dade Community Health Center, continued in earnest among three powerful individual partners in the effort: Dade County, the Health Planning Council and the University of Miami’s Department of Family Medicine, recently founded by Dr. Lynn Carmichael. Dr. Carmichael wanted to bring his family medicine model of care to the new community health centers as he had done with the Family Health Center.

The Department of Family Medicine recruited physicians and other medical personnel from the Kendall Clinic and the Family Medicine Department.

The county closed Kendall Hospital. In the interim, while a new facility was under construction on 216th Street in Goulds, arrangements were made to operate its clinic out of several connected trailers.

The Council formed a consumer-dominated board of directors for the new system of care and established it as a private nonprofit corporation, the Community Health of South Dade health care system. The Council helped the board recruit and hire qualified staff. Led by Dr. Carmichael, UM's Department of Family Medicine recruited physicians and other medical personnel from the Kendall Clinic and from the Family Medicine Department.

Within a couple of years after the establishment of the Family Health Center, a second community health center was being established in South Dade. Kendall Hospital operations would be folded into the new neighborhood health center.

"We sponsored their operation, and in fact we donated some trailers which we had originally used, for them to start their operation in South Dade," said Dr. George Simpson, medical director of the Family Health Center.

It was an enormous victory for Ison, Johns, Juarez and the community of South Dade, but particularly for Ison, who through her own political genius, had elbowed her way into the halls of power on behalf of her community.

As a founding board member, Ison remained at the center of the process of developing the center and expanding its reach. In the aftermath, the victory only increased her political clout. In a poor community with several factions of leaders and supporters, Ison, who received scant press coverage or acknowledgment, stood out.

"One thing about her that was different," said Mayor Wallace, "she went to the source. It's one thing to have a community meeting, but it's another thing to put yourself on the line."

"She could charm the regular folks in the city and go downtown to any forum and do the same. A lot of fighters can't charm. They can fight but can't charm.

"She wasn't afraid to face the lion. That's where she differentiated herself. That's often the case with leaders. You have a situation where everybody's with you, but when you're charging up that hill, that crowd thins some."



*"She would do things like challenge the officials to ride three hours on the bus to get to Jackson. It was very clear in her attitude that until you're in my shoes, 'don't tell me it's just a bus ride away until you're willing to take that bus.'"*

Linda Quick  
Former President of the  
South Florida Hospital and  
Healthcare Association

■ *The trailers were transported down U.S. 1 South to SW 216th Street, to what became Community Health of South Dade, only the second center in the county.*

# BUILDING CHI



*When health is absent,  
wisdom cannot reveal itself,  
art cannot manifest,  
strength cannot fight,  
wealth becomes useless, and  
intelligence cannot be applied.*

**Herophilus**



# THE MOUTH OF

*Odell T. Johns, Chairman of the Board*

Long after his death in 1997, Odell T. Johns remains a controversial and enigmatic figure. He is remembered as a talented and powerful political strategist, a power broker and businessman who deftly used the political system to the advantage of the South Dade community.

However, it was partially a darker side of him – the outspoken, often unfiltered and egocentric personality – that also made him successful. He played a pivotal role in the establishment and the running of CHI throughout the first half of its history. After using his considerable political clout to push for locating the large healthcare facility, then known as the South Dade Community Health Center, in Goulds, he became its chairman of the board in 1977, a position he held for 20 years. Johns was involved in the hiring of every CHI executive director and medical director, including the current president and chief executive officer, Brodes H. Hartley Jr., hired in 1984. It was Johns who personally made the call to Hartley, asking him to consider taking the job.

Employees remember Johns walking the halls like a military sergeant looking for infractions. Overly focused on minutiae, some say, he also was a committed fighter for funding for CHI, which always depended on a number of funding sources to survive.

As an African-American man, Johns endured the barriers of segregation to become a successful businessman and a leader of the black community in South Dade.

Shortly after Johns was born in 1931, his father, an army sergeant, moved the family to South Dade from Fort Benning, Georgia. He graduated from Booker T. Washington Senior High School in 1949, before earning a bachelor's degree at Florida A&M, where he was a member of the school band, the Marching 100 and Alpha Phi Alpha fraternity. Upon graduation, he joined the U.S. Army, and reached the rank of second lieutenant before returning to FAMU on the G.I. Bill to attend law school. He was a member of

the first law school graduating class at FAMU.

According to a feature article about South Dade politics published in *Miami New Times* in 1995, Johns described how he chose to become a bail bondsman. After he and some fellow students ended up in jail after a bar fight at a dance hall, he calculated how much money their bondsman made, and decided that was a lucrative career path for him.

The article outlined Johns' rise in Goulds and included his characteristically candid comments. Upon returning home to Miami in 1959, he moved in with his father. Ultimately, he married and looked for a place to live. After deciding against Brown Sub (Brownsville) close to downtown, because the price was too high, he looked South at Richmond Heights, where he found lower prices, but smaller spaces.

"Then I came down through Goulds, and I met Mr. Arthur Mays. He said, 'They're building some houses over yonder.' He said, 'You ought to go over and take a look at them.'" Mays and his wife, Polly, were black pioneers in the community who in 1914 started the first school for black children in South Dade.

Johns bought a bungalow for about \$10,000. He opened Odell's Bail Bonds in 1966. A few years later he founded Odell's Insurance Agency.

"When I first came to Goulds, I perceived the place as a little dirt-road, bean-picking community," Johns told *Miami New Times*. "I had them to beautify Allapattah [Road]. That road was not paved, the red lights weren't there. I'm also the first chair of the CAA advisory board [the Goulds citizen's advisory council for the Metro-Dade County Community Action Agency]. I was on the first Legal Services board. The type personality I am is not the type from Goulds. I was raised in Overtown.

"Basically it was a slight challenge [to initiate civic improvement]. I felt I had something to offer the community and that was my way of paying back what I get from the black community at large."

# THE SOUTH

**“They came to try to lynch him, because he was so outspoken. In the late ‘60s, they burned a cross in the front yard, and put bullet holes in the back of his car. They wanted him silenced. He wasn’t afraid of them. This happened right there on Allapattah and 112th Ave.”  
No one was ever prosecuted for the incidents.**

Linda Stevenson, daughter of Odell Johns





Johns' first wife, a schoolteacher, died following severe injuries she received while attempting to break up a fight. His daughter, Linda Stevenson, who was in seventh grade, said the family was in shock, and Johns was left with two children to raise. He ultimately remarried.

Stevenson said her father was a difficult, driven man, who drove everyone as much as he drove himself. He often stayed up into the wee hours working on business matters including CHI. An accomplished orator who honed his skills through hours of practice, he expected the same of his children, sometimes requiring them to stay up until 2 a.m. practicing public speaking.

In the midst of the fight for healthcare access for South Dade, a potentially dangerous civil rights battle erupted in South Dade, further cementing Johns' role as leader of the community.

Johns made a name for himself far outside of Goulds when he became involved (along with Doris Ison and others) in what became a pivotal

political and civil rights issue for South Dade – the Confederate flag and other symbols of the Old South. Stevenson said her father's habit of speaking out no matter what the issue, coupled with his involvement in the NAACP, placed his life in danger.

"They came to try to lynch him, because he was so outspoken," she said. "In the late '60s, they burned a cross in the front yard, and put bullet holes in the back of his car. They wanted him silenced."

"He wasn't afraid of them," she said. "This happened right there on Allapattah and 112th Avenue."

No one was ever prosecuted for the incidents.

When integration finally came to South Dade Senior High in 1969, the school teams were called the Rebels, the Confederate flag was raised in the front of the building and students wore confederate-style uniforms in the marching band. Freshman student Otis Wallace, now mayor of Florida City, helped form Students Organized for Unity and Liberty (SOUL).

Wallace, who played trombone, refused to wear the uniform, and received a failing grade for the decision. Some parents and concerned residents, including Ison and Wallace's grandmother, Mabel Beedles, went to bat for the students.

With this challenge, the flag showed up all over South Dade and beyond. White students arrived at school with guns in the back of their pickup trucks. A dummy painted black and hanging from a flagpole met minority students when they came to school one morning. Black parents' jobs were threatened.

Johns met with parents on both sides of the issue as well as the school board. He did not meet with members of SOUL, and proceeded to act as leader of the movement, speaking for both students and parents. This presumption rankled students at the time.

"He never asked how we felt," Wallace said. "He was the most powerful man in the area, and I didn't know him until then. We were just kids."

"Mr. Johns was a great guy in some ways, but he was fairly tyrannical. He was an educated man who was listened to. If somebody wanted to come into South Dade and talk about black issues, he was the man – educated, very impressive speaker and one of the quote, unquote chosen leaders of

the black community. He deserved it.”

His attempts to broker a compromise in the battle over the school’s attempting to force black students to wear Rebel uniforms and acquiesce to use of the other symbols ran smack into Doris Ison’s view that there was no compromise on the issue, Mayor Wallace recalls.

“She said ‘Right and wrong is not something that has to wait.’ He was talking about ‘Let’s do it over a period of time. We’ll phase it in,’ and she said ‘What’s right is right today and tomorrow.’”

At first, the school board refused to accede to SOUL’s demands. Members suggested that black students return to Mays High. After continuing pressure, primarily from Johns and Ison and following community unrest including rioting, it was clear the issue was not going away. In the summer of 1970, the board removed the symbols.

The issue, while elevating Johns further, also pointed to the difference between the two leaders.

“They were both good people, but they were different,” Wallace said. “One was educated and accepted by the establishment, ‘That’s the black we can talk to. He talks well.’”

“Then she had the earthy part of it that the people supported. He had to learn to live with that, because she wasn’t going away.”

After the success in South Dade, Johns took on other civil rights causes, including the long public battle to force the Metro-Dade Police Department to hire and promote more black officers.

Known in County Hall as “the mouth of the South,” Johns was a political player, understanding what it took to bend the system his way, and using it to bring improvements to South Dade.

“That’s just the way he was,” said William Spratt Jr., who as a county employee, worked with Odell and CHI for more than a decade. “He had a great deal of power, because he controlled most of the precincts in South Dade County indirectly, basically getting out the black vote in particular. So politicians would go to Odell and kiss his ring in order to make sure that he got voters to the polls, and that they were pushing the right levers.”

Everyone agrees that Johns used whatever powers he held to ensure the establishment of CHI, including assisting Ison.

“I fought like the devil to have that center

(CHI) in Goulds,” Johns told *Miami New Times*. Over the years, Johns continued to use his influence and connections to champion CHI, pushing for funds to keep the institution running.

“Whenever there was an issue in South Dade,” Spratt said, “they [activists representing CHI’s interests] had a couple of ways of bringing that issue to the forefront. One was obviously the quiet, private way, through their commissioners.”

However, understanding that in those days, commissioners were more focused on the needs of the white community in the suburbs, activists had to find other ways of being heard.

“They had a back channel as well to try to keep it in the fore,” he said, “and Odell and Doris Ison and some of the other leaders of the black community in South Dade were pretty good at doing that.”

Johns had a close relationship with former deputy County Manager Dewey Knight, who was universally liked and respected in the community and in County Hall.

“I think it kept the issue before the county commission, because Odell had a direct line to Dewey Knight. People listened to Dewey in County Hall.”

As a young man, Spratt was curious about this colorful character.

“When I found out he had an employment agency, I asked him, ‘So wait a minute. I thought you were a bail bondsman.’ He said, ‘Son, I work with black folks. Black folks are either in jail or looking for a job.’ That’s Odell Johns.”

However, Johns used that same unfiltered language effectively when advocating for CHI before public officials and in the press. Several years after the creation of CHI, Johns would ask the county for additional budget assistance, beating back assertions that the health system had misappropriated funds in the past. An audit would prove him right.

“There has not been any misappropriation at CHI. If there was, I’m mad as hell, because I didn’t get my cut,” Johns told a reporter with the *Miami Herald*. “CHI is a very well-run organization. CHI is doing a very good job,” Johns said. “The problem is, we are under the most trying of circumstances.”

# THE FOUNDATION

*George Rice, Executive Director*

In 1972, when George Rice took the job of executive director of CHI, the new health care system was only months old. He had no office, a large evolving service mandate, and a budget being pieced together like a patchwork quilt. Rice was also technically an outsider. A native of Harpersville, New York, he came to CHI from Birmingham, Alabama.

Rice was in the best and worst of positions. He could begin almost from scratch. The surrounding community saw CHI as a godsend, and key supporters included high profile businessmen, politicians, clergy and physicians led by Dr. Lynn Carmichael. However, in Miami, he also found a host of government agencies he would be beholden to, and political, business and community leaders to please – some of whom sat on CHI's board of directors.

In an effort to build in a system of checks and balances, CHI's leadership structure was originally designed to be shared between the president of the board of directors, then James C. Lee, who would answer to the governing board, and the executive director, who would be responsible for running CHI. The board would elect its president and hire the executive director. Rice was hired by the first board, which included Doris Ison. The healthcare system would not only give residents access to healthcare, but a say in what services people needed and how they would be administered. Fifty-one percent of its board were constituents, users of its services, but many had little or no business, healthcare or leadership experience. South Dade was a community unto itself, located in a racially and ethnically diverse rural community with competing agendas sitting like powder kegs, waiting to explode. Finally, relatively few community health centers existed in the America of 1972. CHI was only the second established in Miami-Dade.

However, what would no doubt be a pressure filled job, was not an entirely new experience for

Rice. With more than 30 years in the healthcare field, often serving the underserved, he had helped establish and guide healthcare agencies in other communities.

By 1977, when Rice left – fired in the midst of strong criticism by the board for “inadequate fiscal accountability” – the CHI health system had a \$5.5 million annual budget and nearly 300 employees and was serving more than 10,000 patients per year at two facilities. Operations at Martin Luther King Jr. Clinica Campesina in Homestead, established through the efforts of a strong farmworker rights organization, was now under the CHI umbrella, as the designated health care system for South Dade. The county had constructed a new \$4.5 million South Dade Community Health Center to be run by CHI. It would become the Doris Ison Community Health Center. Rice's efforts were focused on bringing mental health care and dental services to CHI.

However, serious lingering problems with poor accounting operations that led to highly publicized mistakes, also became an embarrassment to CHI. About a year's worth of bills totaling up to \$200,000 were never charged to patients. They were placed in a storeroom, where 2,000 were sold to a scrap paper company. In May, 1976, when the debacle was discovered by Dade county auditors, the details were covered in the *Miami Herald*, under the headline “Clinic Never Sent Bills, Sold Some for Scrap.” Rice argued that the patients who were not billed could not have paid anyway, and that \$3.3 million in county funding did not provide for hiring night clerks to bill patients.

“We had to set priorities,” Rice said. “We concentrated on patient care, providing an emergency room staffed 24 hours a day for South Dade, and giving services people had never had before without going to Jackson Memorial Hospital.” Within six months, Rice's employment had been terminated by the board.

# BUILDER

Despite the acrimonious end to Rice's tenure at CHI, his solid accomplishments in the midst of a challenging financial, social and political landscape are remembered. In the context of history, he is known for helping to establish what would become the largest community healthcare system in South Florida.

Rice, a Syracuse University graduate, had a master's in social work from the College of William and Mary. In the 1940s, Rice served two years active duty as prison administrative officer in the U.S. Navy Correctional Services, attaining the rank of lieutenant.

Linda Quick, former president of the South Florida Hospital and Healthcare Association, remembers Rice for his strong focus on building and growing CHI by securing additional funding, money that allowed the healthcare system to evolve and expand relatively quickly.

"It was to his credit that they got a lot of the money they received," Quick said, including securing the designation and funding to become a federally qualified mental health center. There were even fewer federally qualified mental health centers than community health centers.

"It was an accomplishment," she said. "George Rice needs to be credited with that."

■ *George Rice introduces U.S. Department of Health Education and Welfare Secretary David Mathews to CHI staff in 1976.*



**“We had to set priorities. We concentrated on patient care, providing an emergency room staffed 24 hours a day for South Dade and giving services people had never had before without going to Jackson Memorial Hospital.”**

**George Rice**

# THE PIONEER

*Dr. Jerome Beloff, CHI's First Medical Director*

In 1965, when Doris Ison was lobbying for a new healthcare facility for the people of South Dade, Dr. Jerome Beloff was a thousand miles away, immersed in his new role as a professor at Yale Medical School.

A pediatrician, he had come to Yale from a busy private practice in Meriden, Connecticut, the community where he grew up. He was also chief of pediatrics at Meriden Hospital when he was asked to take the job at Yale. Dr. Beloff not only got a chance to teach, but to develop important research and a new way to treat families.

In fact Dr. Richard Weinerman, who had hired him and with whom he worked every day, was now a close friend. The two men also worked with Dr. Lynn Carmichael, who had come up from Miami to focus on family medicine and a team approach designed to treat the entire family. The concept was built on the idea that the health of one person impacts the health and well-being of the household. It was the kind of environment in which new ways of thinking about the practice of medicine were celebrated. Professors worked closely together, and spouses became friends.

Dr. Beloff would have been a plum hire for any medical institution, but he had no intention of going anywhere.

In a chronology of his life that Dr. Beloff completed as preparation for an autobiography, he described his time at Yale.

*In 1965, I was invited to join the faculty by Dr. Richard Weinerman, in the Departments of Pediatrics and Public Health. There I advanced to the position of Tenured Associate Professor of Pediatrics and Public Health, where I enjoyed the challenge of a faculty position for teaching, research and practice... At Yale, I developed a model comprehensive family health care program. The team concept of physician, nurse practitioner, and social worker was developed to care for all members of the family in a comprehensive coordinated way. It was used as a demonstration model of care of real families and for teaching senior*

*medical students at Yale these concepts.*

In 1966, Dr. Beloff also met his wife, Rosalie "Wuz" Shore, who was studying social work, which figured into his own work.

*Wuz went on in her studies and received a master's degree in social work, relating closely to my team work.*

*In 1967, the AMA asked a group of physicians to develop the standards for a primary care specialty to be called the specialty of Family Practice. Drs. Beloff, Weinerman, Carmichael and others were involved. The specialty was officially established in 1969 and has grown in size and importance.*

However, a few years later everything changed in an instant, and Dr. Beloff found it difficult to go to work every day.

*In 1970, my close friends Dick and Shirley Weinerman were killed in a Swiss Airline explosion caused by terrorists. This was a terrible upset for me as Dick was my closest friend and colleague at Yale. As Chairman of the Section on Medical Care of the Department of Public Health at Yale, Dr. Weinerman's loss affected all of us in that department. As a result I sought to leave Yale.*

As Dr. Beloff struggled with the death of his friend, another colleague, Dr. Carmichael, made him an offer. It would take Dr. Beloff away from Yale, and a part of the country where he had lived most of his life, refocusing his energies on putting into practice the work their team had achieved.

*In 1971, Dr. Lynn Carmichael invited me to join his faculty of Family Medicine and Pediatrics at the University of Miami. The challenge of this office was too inviting to refuse, as it offered an opportunity to put the Family Team model into practice in the real world of Florida in a newly developing Community Health Center for teaching and patient care.*



*We moved to Key Biscayne, FL, became active in the Department of Family Medicine and became “southerners.” Wuz continued her education at Barry University, and received her degree of Master of Social Work. The Family Health Team concept was established in the South Dade Community Health Center where UM residents in Family Practice were trained. Wuz became a social worker for the teams of physicians, nurse practitioners, and social workers. As medical director of this center I was involved in development of this Community Health Center for patient and family care, as well as teaching and research.*

Wuz Beloff became a formal member of the faculty of the Department of Family Medicine, and did outstanding work in the teaching of medical students and residents. We shared some teaching assignments and frequently traveled to the Clinic together. We were a very good team!

*Dr. Beloff remained at the University of Miami and at CHI for 12 years. In 1983, at 66, he became the medical director for the AvMed Health Plan, a local healthcare insurance plan. In 1990, Dr. Beloff retired as vice president for medical affairs at AvMed. He died in 2014 at the age of 97. In a long medical career filled with accomplishments, Dr. Beloff, whose arrival in Miami was precipitated by terrible tragedy, counted CHI among them.*

Interviewed by a *Miami Herald* reporter for an article published January 26, 1975, with the headline, “Clinics Improve Care, But Some Say Not Enough” he described the lack of access that existed in the South Dade community when CHI opened its doors.

“In the first few months we were open, about 20 percent of the persons we registered had never seen a doctor. They had relied upon medicines from the drugstores or upon some midwife on the block.”



■ CHI Executive Director George Rice (left) and Medical Director Dr. Jerome Beloff (center) and Center Administrator William Krueger talk with U.S. Department of Health Education and Welfare Secretary David Mathews during his visit to CHI in 1976.

**“In the first few months we were open, about 20 percent of the persons we registered had never seen a doctor. They had relied upon medicines from the drug stores or upon some midwife on the block.”**

**Dr. Jerome Beloff**

**“One thing about John Trenholm, he was a very effective manager. He would look at some of these things and he knew how to say no. He would then go to Odell (Johns) and say this is the reason why we can’t do this. Trenholm was better at managing the board’s expectations.”**

**William Spratt Jr.**



# THE

With the departure of George Rice in 1977, CHI operations continued much as they had before, with no outward clues that trouble lay behind the doors to the administrative offices. Behind the scenes, with a \$7.7 million budget and a \$500,000 budget deficit, it floundered amidst systemic accounting problems and budget shortfalls, with government agencies and a frustrated board of directors calling for action. New Executive Director Forrest Neal attempted to right the ship, but found it difficult to fix the problem and manage all the competing interests. By 1979, he too, had been released by the board.

Enter John Trenholm, a 30-year military man who originally came to Dade County to retire. In a span of 18 months, he had done what many could not have imagined. He had turned the operation into a well-run business, raised employee morale, and put CHI in the black. Trenholm managed to turn CHI around without cutting services, and satisfied the federal, state and county agencies and board members. The accomplishment drew media coverage in the form of a feature article on Trenholm in the *Miami Herald* in July 1981.

“I had a lot of time on my hands,” a modest Trenholm told a *Herald* reporter. “Retirement is not what it’s cracked up to be.”

Originally, Trenholm had taken on operations at Martin Luther King Jr. (MLK) Clinica Campesina, the CHI facility in Homestead. It was the most crowded, demanding center of the system’s three operations, which included the Doris Ison Community Health Center and the Community Mental Health Center in Goulds. He knew the organization, the players and the challenges, and had a proven track record of excellence in Homestead. The board asked him to get the system on track.

■ *Executive Director John Trenholm returned CHI to good fiscal health.*

# SAVING GRACE

*John Trenholm, Executive Director*

“I had some apprehensions,” he told the *Herald*. “I knew it was going to be a tough job to turn them around. I wasn’t really eager to get in that deep. It would mean 70- to 80-hour work weeks.”

When he arrived in 1979, he said he inherited a substandard bookkeeping system and a staff with low morale and a high demand for services.

Flor Sanguily, an employee at CHI for more than 40 years, remembers Trenholm’s kindness to employees, his leadership and integrity.

“These are things you don’t forget. He was supposed to get a raise. He said, ‘I don’t need my raise. Take that money and use it for the employees, however you can.’ I will never forget that. He was a very good person.”

William Spratt Jr., a partner at Akerman who focuses on healthcare, began his career as a county employee and worked with CHI for more than a decade. He was effectively the county’s comptroller for the healthcare system. Trenholm not only focused on the nuts and bolts of building a good accounting system, he said, but how to balance the interests of patients and employees with good business sense. Board members whose jobs were to be the voice of poor patients, did not always see the potential financial ramifications of the measures they championed.

“One thing about John Trenholm, he was a very effective manager. He would look at some of these things and he knew how to say no,” Spratt said. “He would then go to Odell [Johns] and say this is the reason why we can’t do this. Trenholm was better at managing the board’s expectations.”

At any time the board could reject Trenholm’s decisions, but he found a way to gain their trust and support, even though the process was not without pain. He cut about 50 of 300 positions by laying off a dozen workers and freezing vacant positions. While services were not cut, for months patients had increased wait times for services.

Trenholm, who had attained the rank of colonel in the U.S. Army, had a strategy. He redesigned the accounting system so that administrators would know what funds had been spent and what money was available. Then he held tightly to the purse strings. CHI was again in the black. The board asked Trenholm to stay on as executive director, and he continued management and overseeing reforms until he retired in 1984.

“The financial area is a very complex one. The only way you can really address the problem is to get your hands dirty, roll up your sleeves and get into it. He rolled up his sleeves and did a super job,” Gerald O’Neil, then director of the county’s Office of Health Services, said in an interview for the *Herald* feature.

What defined Trenholm’s tenure at CHI was his demeanor and leadership abilities. Belying his years in the strict world of the military was his natural congeniality with employees, board members and frustrated agency heads, despite a situation that could have been adversarial.

“He was the sweetest thing there was,” Sanguily said.



■ Adding to CHI’s financial woes, a messenger lost a check worth nearly \$60,000 on a downtown Miami street in 1976. Mrs. Sally Long returned it to county officials.

# A MAN OF

*Dr. Edwin S. Shirley Jr., CHI's Emergency Room Director*



During the early 1960s Dr. Edwin S. Shirley Jr. made a friendship that would change his life. His best friend Miami attorney Henry Arrington introduced Dr. Shirley to civil rights icon and American hero, Dr. Martin Luther King Jr. Arrington, who served on the board of the Southern Christian Leadership Conference, had become a close friend of Dr. King, who stayed at Arrington's home when he visited Miami with his wife Corretta Scott King.

Dr. Shirley and Dr. King developed a close friendship built on shared interests and trust – one that would last until King

was assassinated in 1968.

When King would visit, Dr. Shirley told the *Sun Sentinel* in January 2006, “He greeted me with, ‘My Miami doctor.’”

With the constant media and FBI focus on King's every move, he chose Dr. Shirley to be his personal physician.

“He would come down to visit Florida four times a year,” said Jasmin Shirley, Dr. Shirley's niece, whose father Dr. Calvin Hylton Shirley, was a well-known physician in Broward County. She is senior vice president of Community Health Services for Broward Health.

“He [King] would get his healthcare actually, and his rest and relaxation. He had to have a place and friends he felt comfortable with in terms of just relaxing where nobody could bother him. This was his getaway through my Uncle Edwin,” she said.

Dr. Shirley, a thoracic surgeon, aggressively guarded King's privacy.

“They had a little system so that when he came here, no one knew he was in town,” Jasmin Shirley said. “He was not going to divulge that even to the kids. He would say we're having an important visitor but nobody must know.”

A photo of one such visit shows a relaxed Dr. and Mrs. King and the Rev. Ralph Abernathy enjoying a vacation on Virginia Key Beach, the only beach in Miami open to blacks. Dr. Shirley and his wife Iris are in the photo, along with Jasmin Shirley's mother, Jeannette. Her father took the photo.

While few of his CHI colleagues and patients knew much about his history, Dr. Shirley was a pioneer many times over both in the field of medicine and in civil rights locally. He combined the two, using his life and career to bring desperately needed healthcare services to communities denied access because of race and poverty.

In the late 1960s when he opened Miami's first comprehensive African-American health clinic, the Floral Heights Medical Center, Dr. Shirley was joined by Dr. King, who was there to help dedicate it.

However, when asked about Dr. Shirley, CHI staff remember his compassion and skill and a feeling that he was someone extraordinary. Natalie Windsor, chief of staff in the office of the president of CHI and an employee for more than 35 years, describes him as “the most memorable” person who ever worked at the healthcare system.

“People would call in and if it wasn't his night to work, they would wait,” Windsor remembered. “Dr. Shirley always spent a lot of time with them. People loved him. He was a wonderful doctor.”

At CHI he held what was arguably one of the toughest jobs. He was an emergency room physician and later director of the emergency room, caring for patients in the worst of circumstances, often working nights.

■ *Dr. Edwin S. Shirley was a long-time friend and trusted personal physician to Dr. Martin Luther King Jr.*

# STATUERE

Hartley remembers Dr. Shirley for his dedication to excellence and his skill in the trenches.

“Edwin Shirley was here when I arrived, and he performed a lot of miracles right there in our urgent care center. When I got here in 1984, we were doing an average of ten deliveries a month in the urgent care center. They were doing everything including casting and setting fractures. Access to care for people of color was still difficult even during that time.”

The ER was also regularly the target of budget cuts from county government that decreased both hours and jobs. However, Dr. Shirley’s experiences prior to his work at CHI, along with a family tradition of perseverance and excellence, had more than prepared him for the job.

A Florida native, Dr. Shirley came from an extraordinary family. Born in 1922 in Tallahassee, he was one of six children. According to the Shirley Family Association, a genealogical website and part of the Guild of One Name Studies, his father, Edwin Samuel Shirley Sr. arrived at Ellis Island from Jamaica in 1914. He completed divinity school at Howard University and married Stella Gertrude Young also from Jamaica. He was an Episcopal priest in Florida, Maryland and Washington, D.C.

The Shirley children were high achievers. Dr. Shirley’s older brother, Dr. Calvin Hylton Shirley was one of the first four black physicians admitted to the staff of Broward General Hospital, known today as Broward Health’s Broward General Medical Center. Their work paved the way for greater acceptance of black physicians in South Florida. His younger brothers also excelled. Donald Shirley, studied in Russia and was a renowned concert pianist and the youngest, Maurice Shirley, became a sociologist in Milwaukee, Wisconsin.

**“People would call in and if it wasn’t his night to work, they would wait. Dr. Shirley always spent a lot of time with them. People loved him. He was a wonderful doctor.”**

**Natalie Windsor**



■ (From left to right) Calvin H. Shirley, Edwin S. Shirley Sr., Maurice Shirley, Donald Shirley, Edwin S. Shirley Jr.

Dr. Shirley was born in Tallahassee, but his parents moved the family to Pensacola. He earned a Bachelor of Science in 1942. He served in Europe during World War II as a member of the 13th Airborne Division, earning medals for service. After his military service, he continued his college education at Howard University, receiving a medical degree in 1952. There he met Iris Mays, and they were married in 1954.

He completed his residency at Freedmen's Hospital in Washington, D.C. and senior residency in thoracic surgery at the Staten Island Public Health Hospital in New York. He returned to Florida, settling in Miami. In August 1957 he opened a medical practice in Overtown, but was forced to relocate as urban renewal construction projects pushed homes and businesses out. Upon relocation, Dr. Shirley opened the Floral Heights Medical Center.

For 32 years, Dr. Shirley served the Liberty City community, not only as a physician but as an advocate for civil rights and healthcare. He was named chief of staff at Christian Hospital, a 50-bed hospital for African-Americans. The hospital was originally founded in 1918 to care for blacks denied care in white hospitals.

In 1975, he joined Community Health of South Dade as an

emergency room physician and was later named director. His impact on CHI and the community was significant. In 1984, CHI's emergency room, was renamed the Edwin S. Shirley Ambulatory Care Center in his honor.

Flor Sanguily knew him not only as head of the emergency room, but as her physician.

"Dr. Shirley was a big teddy bear," Sanguily said. However, he was also tough when necessary, she said, handling the drama of the emergency room with grace and sometimes with humor. People still remember the stories of his adventures in the ER.

"I heard all the stories," Sanguily said. "We had a true emergency room here. A patient came in with a stab wound, and he was taking care of the patient. The patient took out a big knife and told Dr. Shirley, 'If you hurt me, I'm going to hurt you back.'"

As the story goes, Sanguily said, Dr. Shirley calmly took a step back, before giving the patient an ultimatum. "He said 'Hey wait a second. You're in pain, and you want me to take care of you. And you're taking that [the knife] out? Enough. You can be in pain, and I'll walk away.' He dropped the knife."

In addition to his work in the ER, Dr. Shirley trained UM residents at CHI. He founded and chaired the Sickle Cell Council in Miami-Dade County, and was named "Person of the Year" by the Community Health Foundation. Dr. Shirley was the first African-American chair of the Miami-Dade County Community Relations Board. Howard University's College of Medicine honored him with its Distinguished Service Award.

When Dr. Shirley retired from CHI, colleagues and friends lost touch but never forgot him. He died in 2006 at the age of 83.

"He was a man of stature," Windsor said.



■ Dr. Martin Luther King Jr. (center), at Virginia Key Beach in the late 1950's. From left, Jeannette Shirley, the Rev. Ralph Abernathy, Iris Shirley, Dr. King and Coretta King, Juanita Abernathy and Dr. Edwin S. Shirley Jr.

# TRAIL BLAZERS

*Dr. Madhvi Sisodia • Dr. Priscilla Knighton*

In July 1972, Dr. Mahdvi Sisodia was a first-year resident in the Department of Family Medicine at the University of Miami, when she began her training – caring for poor, primarily black and brown patients, not in a hospital, but in worn trailers planted on a vacant lot just off U.S. 1 in the Goulds area of South Dade. About a dozen trailers housed the South Dade Community Health Center. Dr. Sisodia was one of seven residents, the first group to receive training at CHI. Attracted to the work of caring for people who might not otherwise receive quality primary care, Dr. Sisodia stayed, making a career and finding extended family among colleagues and patients at CHI.

In 2005, she retired as director of family medicine and medical director of Martin Luther King Jr. Clinica Campesina, the healthcare system's busiest community health center. During the 33 years in between, Dr. Sisodia built a reputation for excellence and compassion among her peers and thousands of patients. Through her hard work and long-term commitment she also helped build CHI.

As a central part of the healthcare system for most of its existence, she defined care for the community and for hundreds of UM medical residents who came after her. Humble and self-effacing, Dr. Sisodia in her quiet way was and remains a powerhouse. She helped advance the field of family medicine through her work, and in helping to train the next generation of physicians. Today they are accomplished doctors, many of whom remain in South Florida and continue to admire her.

In 1973, almost a year after Dr. Sisodia arrived, Dr. Priscilla Knighton, had completed her residency at the University of Michigan residency program, when her husband, also a physician, was

hired at the Bascom Palmer Eye Institute in Miami. Dr. Knighton was looking for a job in Miami. "I had talked to a number of places, but I was very interested in what they [CHI] were doing. Most of the patients just didn't get care. They wouldn't go to Jackson Memorial Hospital, which was 25 miles away, unless they were so sick they were pretty sure they were going to die. Gradually they started coming in and getting care. It was fun to work there. The concept of community health centers was a pretty novel plan, but it sure took off. It was a good idea," Dr. Knighton said.

According to U.S. Census data, less than ten percent of American women were physicians in 1970, compared with nearly a third in 2010.

Although female doctors were not the norm when CHI opened its doors, the healthcare system attracted and welcomed women. At a time when the concept of family medicine and treating poor people was new, the focus was not on gender considerations, but on finding good physicians who cared and would commit for the long haul.



■ *Dr. Priscilla Knighton*

**“There were several people I saw for many, many years,” she remembered. “I saw their kids and their grandkids. I was the family doctor for all of them, I miss them quite a bit.”**

**Dr. Madhvi Sisodia**



■ *Dr. Madhvi Sisodia*

“Yes it was unusual,” Dr. Knighton said. “When I came out of my residency program it was about 10 percent women. Now it’s over 50 percent.”

Before the term “work-life balance” entered the national lexicon, women like Dr. Knighton chose CHI, because it offered the flexibility to build both a career and a family.

“I suspect as women we migrated there because we had a little bit better hours so we could take care of children. I was pregnant when I got there and had a couple more afterwards. I could just walk out at lunch and feed my baby and go back. It worked out well.”

For more than half its history, women have played key roles in the medical operations at CHI. They handled the demands of providing care for underserved communities and the many crises that affected healthcare delivery and threatened to overwhelm South Dade communities including: outbreaks of typhoid and measles; the impact of racial division; the flood of refugees; Hurricane Andrew; illegal drugs and HIV.

In addition, CHI physicians who were primarily white faced the angst and mistrust of poor black and brown communities in South Dade. Ultimately, it was the task of physicians to gain the trust and respect of the communities they were there to serve. Migrant farmworkers, many of whom were Mexican and living in squalid conditions in labor camps, risked losing wages if they took time off to see a doctor. With the creation of the healthcare system, CHI and the county ran Martin Luther King Clinica Campesina, which had been established specifically for migrants by farmworker leader Rudy Juarez and attorney Joseph Segor. Some had never visited a physician, even though they suffered from a variety of health conditions. African-Americans who had advocated the longest for healthcare struggled inwardly with distrust of whites and the systems that had discriminated against them.

“Another challenge was that a lot of African-Americans, after all the things that had happened, we couldn’t take care of them [as we would have liked]. Very gradually that disappeared, but it was an interesting phenomenon. Women who were pregnant or had OB/GYN problems started

coming in better than the men, but men finally came. That took maybe ten years. They had to learn that CHI was there for them. I'm not saying there were no African-American patients all along, but you just got the feeling that they finally felt 'yes I can come in and tell you anything'. For a while they were careful."

The two women, rose through the ranks at CHI with Dr. Knighton becoming medical director after Dr. Jerome Beloff left CHI. Dr. Sisodia followed in the footsteps of Dr. Carmichael, taking on the role of CHI's director of family medicine and training residents while serving as medical director for MLKCC.

However both Dr. Knighton and Dr. Sisodia, who each worked at CHI for 33 years, dismiss the notion that they or their work was extraordinary or heroic. Yet, both were women at the forefront of establishing a new mode of care in community health centers and as family medicine practitioners both locally and nationally.

"I was sorry to leave CHI. I never thought I would, honestly," Dr. Knighton said. She is a physician in internal medicine at Essentia Health in her native Duluth, Minnesota.

Dr. Sisodia's career and contribution embodies the mission of community health centers globally. What Dr. Geiger first saw in the first centers established in South Africa was a university system that would produce physicians who would return to care for poor communities. Receiving her training at CHI, she chose to stay caring for families and generations of families.

Dr. Sisodia and her husband Ummed Singh Sisodia moved to Charleston, South Carolina, where she is still a family practitioner in private practice.

The soft-spoken Dr. Sisodia is remembered by staff and physicians, not only for her skill as a doctor, but for her kindness and sunny disposition, evidenced by her willingness to reminisce about her days at CHI in the midst of addressing damage from flooding in her South Carolina home.

"There were several people I saw for many, many years," she remembered. "I saw their kids and their grandkids. I was the family doctor for all of them, I miss them quite a bit."

**According to U.S. Census data, less than ten percent of American women were physicians in 1970, compared with nearly a third in 2010. At a time when the concept of family medicine and treating poor people was new, the focus was not on gender considerations, but on finding good physicians who cared and would commit for the long haul.**



■ *Dr. Priscilla Knighton enjoying the outdoors at Gooseberry Falls State Park, in Minnesota.*

# THE INNOVATOR

*Brodes H. Hartley Jr., President and Chief Executive Officer*

By any measure, the impact Brodes H. Hartley Jr. has made on CHI and healthcare in South Florida is striking – growth from two to 11 primary care centers, 31 school-based centers, accreditation by The Joint Commission, federal designation as a teaching health center – and the list of accomplishments is far from complete. Hartley, affectionately known as “the Colonel,” will tell you that even after more than 32 years at the helm, neither is his work at CHI. Hartley is not taking a victory lap. It’s not his style.

At 81, he still puts in 12-hour days filled with strategy and budget meetings, CHI events and trips to Tallahassee and Washington, D.C., to advocate for community health centers. He has even been known to step out of a meeting to answer a patient complaint, sitting with the patient for ten minutes, listening and connecting her with staff who could resolve her problem.

Hartley’s approach to leadership and his focus on achievement and excellence in management and service was shaped in his childhood by parents committed to serving their community and by a long, successful career in military service. Those qualities would raise the bar for CHI, pushing the organization to move from meeting baseline management and budget requirements, to exceeding expectations in every area.

In 1983, when CHI Executive Director John Trenholm announced that he was retiring after four years at the helm, the board looked for a successor who would bring to the job the same focus on leadership and fiscal accountability. Trenholm, a colonel in the U.S. Army, had won praise and a surplus of goodwill for CHI from its board and the government agencies that funded the healthcare system. However, despite enormous strides, the picture was not all rosy. The embarrassing accounting problems that attracted media attention had been resolved, and new, effective systems put into place, but in the aftermath, Dade County

still provided a high level of oversight. The county maintained an office at the Doris Ison Community Health Center. CHI wanted a leader who could keep it on sound financial footing, continuing to expand care to those who needed it, and ultimately place the healthcare system in a position to operate successfully without the county literally looking over its shoulder.

Odell Johns, who had worked well with Trenholm, and was now president of CHI’s board of directors, thought he might know someone who could recommend some potential candidates. He called Brodes H. Hartley Jr.

After 26 years on active duty in the Army Medical Services Corps, Hartley had retired from military service and recently been hired at Johns’ alma mater, Florida A&M University. Hartley had begun work that January as assistant dean in the school of Allied Health Sciences.

“Not too long after I’d gotten there,” Hartley recalls, “the chairman of the board of CHI, who was also an alum of FAMU, saw that I was there, and called me one day. He wanted me to find an executive director for CHI. We had a long conversation, and I said, ‘You know, I might be interested myself.’ I came down, and was interviewed, and they hired me. I began work on May 14, 1984, and I’ve been here ever since.”

Hartley, who was used to the atmosphere and management challenges of medical facilities, was attracted to the prospect of running a healthcare system.

“When I got that call from Odell Johns, I knew nothing about community health centers... so when I came here, it was my first exposure. I looked at the mission of the organization,” Hartley said, a mission that he, a product of the segregated South, strongly believed in. He also greatly admired the founders and the history of the healthcare center movement, and their connection to the goals of civil rights and empowerment for the poor and minorities.

**“There’s one word that permeates all this, and it’s respect. And if you deal respectfully with people from whatever culture or background they’re from, their response is similar.”**

**Brodes H. Hartley Jr.  
President & CEO**

*Under Hartley’s leadership, CHI achieved designation as a Level 3 patient-centered medical home, the highest level attainable. Medical home standards focus on higher quality, lower costs, greater patient satisfaction and a stronger physician-patient relationship.*



“Jack Geiger fought a great battle to get the community health center concept accepted,” Hartley said. “When you think about community health centers, you think about a movement to empower communities, to provide health services, to provide jobs and the economic impact these centers had on the communities.”

However noble the mission, Hartley discovered that fulfilling the lofty goal of providing healthcare to the underserved required a never-ending push for dollars.

“The greatest challenge then and the greatest challenge today is still funding,” Hartley said.

Securing funding would require tenacity, patience, strategy and the art of longevity – building strong working relationships over time which Hartley knew something about.

While Hartley’s resume does not include his childhood and college experiences, or the details of what he learned at military hospitals around the world or in government positions of authority, all three shaped his life and leadership style.

Hartley was born and raised in Jacksonville. His father, a native of South Carolina (as was Hartley’s mother), was a well-known Baptist minister in the community, serving as pastor of Friendly Baptist Church for 61 years.

“I got my first job when I was 11 years old,” he said. “My mother and father had gone to the Baptist National Convention and left me with my grandfather. My little buddy from school had a job, and I thought it was cool to have a job. So while they were gone, I got a job with my buddy at the fish and poultry market. When my mother and father came back, they allowed me to continue. I was making the great sum of \$3 a day. From the time I was 11 until now, I have been working or in school.”

Hartley was active in service organizations in high school and college, including president of his freshman and sophomore classes at FAMU. As a senior, he was president of the student government association and of the campus chapter of Alpha Phi Alpha fraternity. Both positions would place him in the midst of a critical moment in civil rights history.

“In 1956, my senior year, we had two of our

co-eds who had taken the bus, and were asked to give up their seats on the bus after a white passenger got on,” Hartley said.

“When they asked for a refund of their money, of course the bus driver would not refund the money and they would not give up their seats. It just so happened that the bus route went right by the jail. They were arrested on the bus and taken to jail.

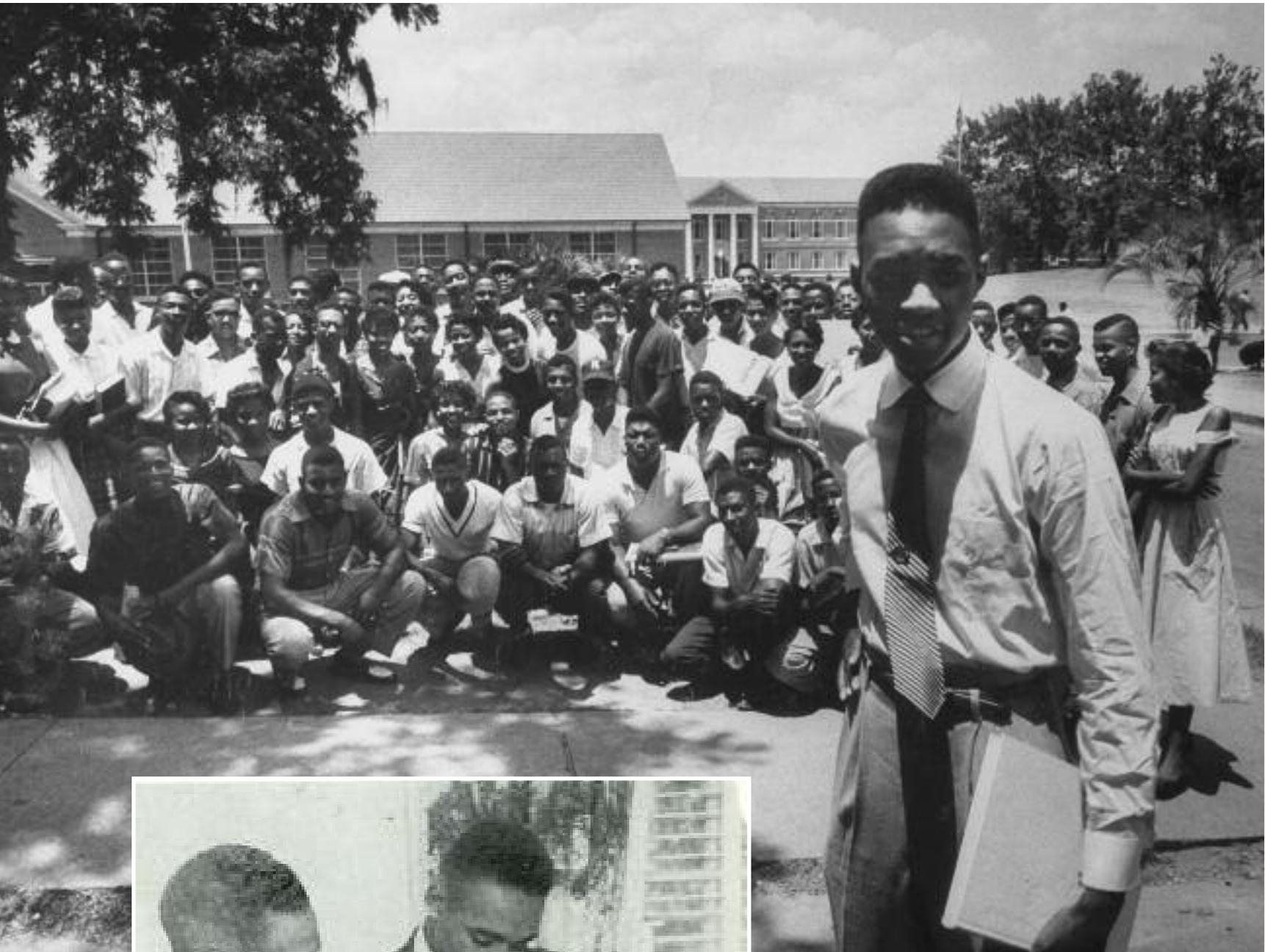
“This was on a weekend,” he said. “We got together and decided we would have a meeting of the student body on that Monday at noon. In the meantime, a cross had been burned on the yard, where these girls were staying off-campus, so they moved to campus. When I spoke to students at Lee Hall on that Monday, I related what had happened to the young ladies, and I said to the students, ‘I cannot tell you what to do, but I suggest that we refrain from riding the buses until appropriate action is taken.

“Just as we turned out of that assembly, a bus was coming through the campus and a bunch of our football players ran out there and stopped the bus. They asked the people to get off the bus, and began to rock the bus as if they were going to turn it over. We had to run out there and stop that. We certainly didn’t want an incident like that to occur, but then they allowed the bus to go.

“That [student meeting] really was the beginning of the bus boycott in Tallahassee. After we began this on campus, the ministers and other leaders of the community picked it up. Rev. [C.K.] Steele was one of those and it continued. Once that boycott began, we found that 90 percent of the riders were black people,” Hartley said.

Following more than a year of courageous protests, all city buses in Tallahassee were integrated by the summer of 1957. Coming on the heels of the Montgomery bus boycott, which ended in December 1956, the Tallahassee boycott won a major victory in the civil rights movement, proving that powerful nonviolent protest could affect change in towns and cities beyond Montgomery.

Hartley was preparing to graduate just as the boycott was beginning, but he remains proud to have played a role.



■ *Student president of FAMU's student government association in 1956, Brodes H. Hartley Jr. led students in the early days of the Tallahassee bus boycott, a major victory in the civil rights movement. Coverage of the boycott was featured in the June 11, 1956 edition of Life magazine.*

■ *FAMU President Dr. George W. Gore and Hartley review the university's master plan.*



■ Brodes H. Hartley Jr. and Brodes H. Hartley III

“At least I was part of the initiation of it in Tallahassee,” he said.

He was included in a feature article on the Tallahassee boycott in a June issue of *Life* magazine that year. In October, Hartley, a member of the Army Medical Service Corps in the ROTC, went into military service.

Although he had a two-year commitment for military service, the life agreed with him. After completing basic officer training in Fort Sam Houston in San Antonio, he was transferred to Fort Benning, Georgia, to serve as a medical platoon leader. In 1958, when he got an opportunity to go to Germany with his unit, he extended his commission. For the next several years, Hartley’s tour of duty allowed him and his wife to criss-cross Europe, from the 1958 World’s Fair in Brussels to Holland for tulip season, to Paris and the 1960 Olympics in Rome.

On his return to America in 1961, he decided to make the military his career. He completed training in the Advanced Officers Corps, and was assigned as the assistant registrar at a hospital on the Fort Ord military base in Monterey, California. Unexpectedly, he said, he was reassigned to the procurement qualification branch of the U.S. Army Surgeon General’s office in Washington,

D.C., the office focused on determining medical eligibility for military service, including famous potential recruits like Joe Namath.

In 1966, he was sent back to Fort Sam Houston to get a master’s degree in hospital administration. In 1968, Hartley was assigned to the 93rd evacuation hospital in Long Binh in Vietnam, where he served as executive officer.

“We got all the casualties, and many of them we evacuated out of the country from my hospital.” The next year, he returned to the surgeon general’s office for a special project, Modernization of Routine Physical Examination, which focused on multiphasic screening systems for the armed forces examining stations.

“After two years, I had the opportunity to go to Japan in 1971 as executive officer at Camp Zama. When I got there, it was a 500-bed hospital. We were beginning to phase out the activities in Vietnam at that time so that by the time I left there in 1974, we were down to 50 beds.”

He was to stay in the military for another 12 years, including an assignment to Aberdeen Proving Ground Hospital in Maryland as executive officer, graduate study in analysis, policy and planning from Florida State University, and research at the Academy of Health Sciences on pharmaceutical services at army hospitals. Hartley had attained the rank of colonel. In January 1983, he ended his career after serving as executive officer at U.S. army hospital Nurnberg.

A military career spent around the world, Hartley said, prepared him for his next tour of duty – CHI, and the unique challenges of the South Dade community and South Florida.

Hartley is fond of a quote from Herophilus, the ancient Greek physician known as the first anatomist. It sums up his own view, and he keeps it at the ready, in his cellphone. “When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless and intelligence cannot be applied.”

“This concept was well-known thousands of years ago,” he said. “Why is it so hard for modern America to understand that everyone should have access to affordable care?”

The Hartley years at CHI have been defined by his focus on innovation and on expanding CHI and broadening its reach to serve all

patients, not just low-income and at-risk. Part of that strategy includes ongoing efforts to increase quality of care and patient service, development of a modern IT system as a founding member of Health Choice Network and realizing a dream of developing an accredited independent teaching arm.

Under Hartley's leadership, CHI integrated primary care and behavioral health services, introduced electronic health records and upgraded the level of care at school-based health-care centers to include advanced registered nurse practitioners.

"I have the privilege of working with Mr. Hartley who is a big visionary," said Dr. Saint Anthony Amofah, chief medical officer at CHI. "That is one of his strengths. He is pushing us to look at the next step from here, what we can implement to better serve our patients."

Dr. Michel Dodard, program director for the University of Miami's Area Health Education Center Program, was director of residency at UM and would visit for precepting or teaching residents in the late 1980s.

"You could see that you were working with the right people for this community. They were intimately involved in the community. The personality of 'the Colonel' was a big factor; it was looming very high," he said.

Hartley and the board opted to discontinue the long-standing partnership with the University of Miami, because of the high cost of malpractice insurance and the need for permanent, full-time physicians, a move that was supported by county officials. However, in 2014, CHI became the first community health center in Florida to be named a teaching health center, starting with a class of 13 medical residents.

Dr. Arnold Oper, who arrived at CHI shortly after Hurricane Andrew, has watched the growth of CHI during Hartley's tenure.

"You're going to have to include several chapters about the most remarkable man in this organization, and that's Colonel Hartley," Dr. Oper said. "It's beyond belief what he has accomplished in his time here. He has taken it from a small quiet organization to a major organization in the U.S."

One of his first goals was relative autonomy – being both responsive and fiscally responsible to government agencies and other funders, but

without the presence of Dade County officials residing on-site.

Within a decade of his arrival, the county's presence at Doris Ison was gone, and CHI had a line item in the county budget, which meant that it no longer had to fight for basic funding.

In addition, the leadership structure changed. The executive director title was eliminated by the board in favor of President and CEO. Today both belong to Hartley. "My military experience prepared me for this, because when you travel in the military you deal with all sorts of cultures. I had the opportunity to experience multiple cultures and deal with different backgrounds and different religions, so it was not difficult for me to work with this multicultural environment we have here in South Dade," Hartley said.

"There's one word that permeates all this," he said, "and it's respect. And if you deal respectfully with people from whatever culture or background they're from, their response is similar."

Through budget crises, racial and ethnic community tensions, Hurricane Andrew and growth beyond what anyone could ever have imagined, Hartley remains largely unruffled. He works collaboratively with other community health centers and government and civic leaders to lobby for funding and raise the standard of healthcare and the management of health-care facilities.

The next level for CHI, he said, includes additional upgrades in technology, improved patient service and further expansion and improvements of older facilities like the Doris Ison Center. Hartley is also planning to launch a capital campaign to improve the quality of care and teaching facilities at CHI.

All of his accomplishments at CHI, Hartley said, stem from a tradition of service and hard work he learned early.

"I get this desire, this drive to serve, first of all from my father as a Baptist preacher, growing up with him, and, of course, my mother."

Hartley sees his career as a continuum, beginning and ending with patient care.

"I'm basically doing what I did on active duty in the military which is operating health facilities," he said. "Whether I was on active duty military or in civilian life, I'm still taking care of people."

# STANDING IN THE GAP

*Delivering Care on the Front Lines*

**F**lor Sanguily came to the United States from Cuba with her family in 1966. In 1973, two years after CHI's new community health center began operations out of trailers in Goulds, she was standing in line with her mother, waiting to see a doctor. Intelligent and pretty, Flor was also 17 and pregnant.

Sometimes the waiting room would be filled, and patients would wait in line outside the center, she recalled.

"I was one of them," Sanguily said. "My doctor was Dr. Sisodia."

She remembered the excitement in the community that accompanied the arrival of the center and CHI.

"We didn't have much around here for low-income, so when you found something like CHI... Back in the day it was like gold to the neighborhood. Not just for blacks, for Hispanics too. We just got here. We didn't have any money. We did whatever to survive. This place was like gold to us."

In addition to providing care, the goal of CHI was to provide stability and employment opportunities to the neighborhood, ultimately improving quality of life and health. The institution and its staff and physicians continually stood in the gap between desperation and opportunity for people at-

tempting to make a better life or simply survive. CHI was also historically a stopgap measure for county government which had opted not to locate a public hospital in the South Dade, said Miami-Dade County Commissioner Dennis Moss.

"They stood in the gap to provide services until a public hospital was created in the area," he said.

Without knowing it at the time, Dr. Sisodia and all of Dr. Carmichael's residents were at the center of two national healthcare movements – the family medicine movement and the community health center movement. Both were turning points in the history of the nation and in the evolution of medical care, altering the foundation of patient treatment forever. Together they changed the national conversation and the expectation of what quality care should look like for everyone, including the poor.

The family medicine department employed an approach that was viewed as somewhat of a social experiment by many in the medical establishment. As its founder and chairman, Dr. Carmichael was lauded and revered by his residents and some national and local colleagues. Yet, during the early years of family medicine, he was also viewed as "crazy" by the majority in the medical community. They did not understand what his core philosophy – treating the person rather than the disease – had to do with the practice of medicine. In addition,



*The South Dade Community Health Center began serving the community in trailers in 1971.*

his mission of bringing care to the underserved was not shared by most policymakers in the field.

Dr. Carmichael had joined with Doris Ison and others in the push for a community health center for South Dade.

“Doris Ison and Dr. Carmichael, they really fought for this site. I know that they worked together,” Dr. Sisodia said.

His interest was not only access to care for the poor, but the use of family medicine in the delivery of care and training for his residents. With the creation of CHI’s South Dade Community Health Center, Dr. Carmichael and the university were part of developing the foundation of care and educating residents.

Dr. Sisodia arrived one year after Dade County established a primary healthcare system in South Dade, Community Health of South Dade, Inc. (CHI), and its first center, South Dade Community Health Center (SDCHC), which for three years was housed in trailers at Southwest 216th Street and Hainlin Mills Road.

“It was a big lot, a huge lot, and there were several trailers that were put together,” Dr. Sisodia remembers. “As you entered the first, there was a waiting room of decent size. For medical records you went into another trailer through a passageway. To the left-hand side was the pharmacy and next to it was the lab, and next to it was a little doctors’ lounge. We used to have a trailer with a small emergency room, with maybe four rooms.

“On the right was the Family Medicine Unit. Every Tuesday we used to have specialty clinic. Specialists, pediatricians, gynecologists, dermatologists, ENTs. And all the residents used to follow them and learn from these specialists. The only resident who would not be there was the one who was manning the emergency room.”

“They were into team medicine which was interesting,” said Dr. Knighton. “We had some team medicine in my residency program [at the University of Michigan] which was rather unique there. We’d have a psychiatrist and a dietician at times, but we did it a lot more at CHI.”



■ *Dr. Lynn Carmichael and Dr. Madhvi Sisodia (center) with a physician and a resident from the Department of Family Medicine.*

Working in trailers was a new experience.

“The trailers were actually pretty nice,” Dr. Knighton said. “There were 14 trailers put together. Front doors were elevated so they built walkways so that you could walk out of one and into another. Our trailer was all family medicine. It was a perfectly fine place to work – until it rained. When it rained you couldn’t hear a thing.”

There were sometimes other challenges, Dr. Sisodia said.

“I do remember that one time, maybe in ‘73 or ‘74, the trailers had been there for some time and they must have been old, because as soon as my patient sat on the table, the table sank through the floor, and I was at the end of the table. I thought that the patient would fall right on me. It was scary, but the patient was okay and so was I.

“And it would rain, my goodness. We would be getting water from all over. It was not easy for people. But it was fun.”

As a center developed on the family medicine model, doctors were trained to get to know patients and the lifestyle issues that affected their health. To effectively treat patients, he believed, the doctor needed to know about the patient’s lifestyle, diet and stressors. Part of common medical practice today, the idea was unheard of at the time.

“We had a small trailer where the social services was housed, and we had family health workers – four family health workers and one social worker. These family health workers used to make calls each week to our patients. They would go to their homes, see the families, see the patient, find out what the home situation was like, how they could help

them,” Dr. Sisodia said.

“They were neat, very helpful in telling us about the patient, helping us give good comprehensive care to our patients.”

Linda Whitehead began working for Dr. Carmichael in 1969 as an assistant. Just out of high school, she was fascinated by the doctor’s approach and sensitivity to patients, particularly the poor.

She remembers accompanying him on house calls. Dr. Carmichael, carrying his little black medical bag, would examine patients, while assessing other factors that might be contributing to poor health.

“He used the team approach of a social worker so we could really look at people as a whole – mind, body and soul of the people. We would go out and see these people, and first thing he would say was ‘Linda go check and see if they have food in the refrigerator.’”

“That’s why he got in so much trouble [with the establishment],” said Whitehead, who continues to work at the department as medical billing supervisor. “He was a visionary far beyond his time, but they always thought he was crazy. They didn’t know what he was talking about.”

Despite the challenges, what Dr. Sisodia recalls most is the camaraderie and sense of family among doctors and her relationships with her patients.

“There were several people I saw for many, many years. I saw their kids and their grandkids. I was the family doctor for all of them, I miss them quite a bit. One old lady, she passed away, she was like 96, 97 years old the last time I saw her.

“When she would come, I would say ‘how are you today?’ and she’d say ‘Oh, thank God I’m still having pains in my knees and my feet. I’m still alive’. She was a very neat person, a very lovely person. She used crafts from cans and things, and would make different art pieces and bring as gifts, gifts made by her hands.



■ Dr. Sisodia and her husband, Ummed Singh Sisodia celebrate the opening of the Martin Luther King Jr. Clinica Campesina Community Health Center.

“She would give me something. She was just a very precious person. There were many like her. It was a very rewarding experience I had at CHI.”

Sanguily received care and compassion from Dr. Sisodia, and ultimately made a career at CHI.

“First I was in the line,” she said, “and then I started working here.”

“I came in right out of high school. They had a program called Saber, which meant to learn. So the whole program was to teach you how to work in an office atmosphere.”

She started in the trailers, doing clerical work, working in the mail room.

“It was beautiful,” she said. “We had a family, serious to God we had a family. That’s who we were.”

The community viewed CHI not only as a

healthcare provider, but as a resource. “Anybody in my neighborhood who knew where I worked would ask me, ‘Oh can you help me with this? Can you help me with that...?’ They put WIC (Women Infants and Children) in here and behavioral health, which a lot of people needed back in the day.”

Sanguily, seated behind the desk in her office, worked her way up. Today, more than 40 years later, Sanguily, who has been recognized with awards for her work and service, is manager of logistics.

“Flor, I remember her,” said Dr. Sisodia. “I remember her daughter. Flor is a very lovely person. There was so much goodness in so many of our patients. There were some people who had problems, but the people I recall were very warm, very appreciative.”

## Flor Sanguily

Flor Sanguily, manager of logistics at CHI, began her relationship with the healthcare system as a patient. More than 40 years and multiple awards later, Sanguily is an integral part of CHI's operations and success.



■ Sanguily was recognized for her contributions to CHI, with the Employee of the Year Award in 1997.



# MAKING DREAMS FLOAT

*The First 20 Years, 1971-1991*

**I**n its early years, the CHI healthcare system was like a child with many parents, surrounded by watchful eyes, guiding hands, and in some cases, disciplinarians. All had invested time, money and political capital in its creation. In addition to community activists who pushed for its development and location in Goulds, local, state and federal governments, along with the media, focused on its management, budget, challenges and occasionally its triumphs.

With so many attached to its success or failure, CHI found the confluence of interests both a blessing and a curse. Its leadership walked a tightrope of government oversight, rules and regulations, in a community of competing agendas, ultimately divided along racial, cultural and economic lines. Likewise, finding a balance between good financial management of public money and meeting the enormous healthcare needs of poor people in South Dade was an ongoing challenge.

Community activists including Ison and Johns who sat on CHI's board, turned their attentions to ensuring that healthcare services would be available to people who needed them. Pioneering physicians, led by Dr. Carmichael, himself an advocate for the poor, planted a flag in the form of community-based family medicine on new territory, training young residents in the trenches.

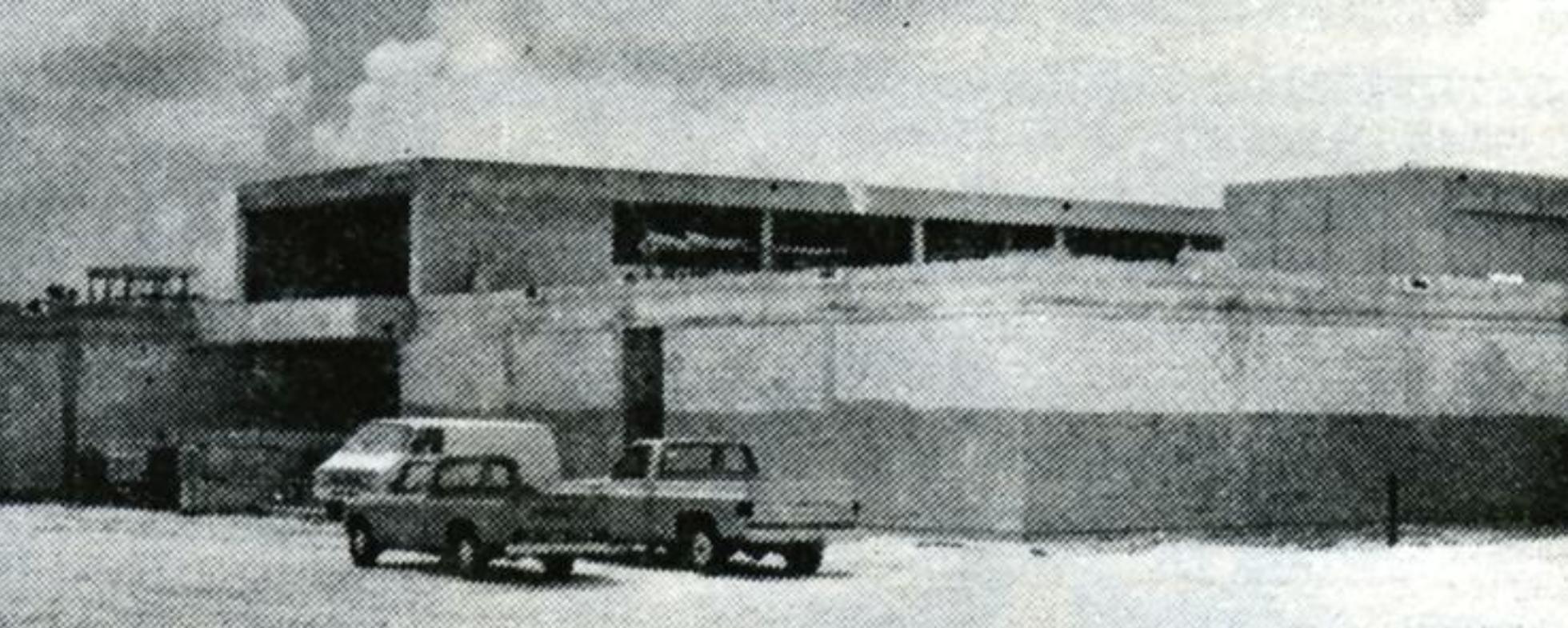
In a time of great social and political change, people who once had little or no access to healthcare would sit on the board of directors, helping to make healthcare decisions for their community.

The greatest challenge for executive leadership was achieving the delicate balance of keeping both CHI and the dreams of the community afloat.

The defining moments of its first 20 years – challenges and accomplishments – often played out in the local and sometimes national media. However, its biggest achievements, the seeds of which were planted in these early days, would be apparent only within the context of history.



■ *New directors are welcomed by CHI President James C. Lee (far left). They are (left to right) Mrs. Carlos Watson, Crawford L. Blake, Fernando (Chappy) Pro Jr., Doris Ison and John Darby.*



*Construction of the new \$4.5 million South Dade Community Health Center represented a significant Dade County investment.*

## **THE MEASURE OF HEALTHCARE SUCCESS**

Rather than one community health center for a specific neighborhood, CHI was created to take on and deliver more. CHI was one of only a handful in the country developed for a large multicultural, multiracial community with strong and direct participation by the people it was established to serve.

For the first time, South Dade had a dedicated mechanism for delivery of medical services, one which was created by government, the medical community, the private sector and consumers.

The CHI healthcare system was established as a means of gathering and funneling public and private funds to provide healthcare services to South Dade's underserved. It would be a healthcare umbrella for all public healthcare services in the community, focused on providing access to quality care to the masses of people for whom these basic services were a luxury. However, anyone would be able to use CHI's services, with fees based on income and insurance.

However, CHI also became a mechanism for addressing the myriad of problems affecting the community's health over decades. From poverty, hurricanes and the flood of refugees from Cuba and Haiti, to typhoid, AIDS and the cocaine epi-

dem, CHI and other community health centers were boots on the ground in communities greatly impacted by all of these. In addition, CHI was a home and/or a resource for federal programs like Women, Infants and Children (WIC) and Head Start and a job creator in a community in need of a strong business presence.

Development and implementation of the plan for the new healthcare system was carried out by the county, the Health Planning Council and the University of Miami Department of Family Medicine. Ison and Johns used their considerable powers of persuasion to continue to ensure that the community's voice was part of decision-making.

On May 12, 1971, CHI incorporated as a nonprofit, having included in its articles of incorporation, an organizational purpose:

*Delivering safe, compassionate, accessible and culturally competent quality healthcare services for the people of South Florida.*

Given CHI's humble beginnings, the drafters of that statement either had a gift of prophesy or were aspirational in the extreme, hoping to project a lofty goal into the future.

Delivering healthcare services primarily to large numbers of poor people in the southern end of the county was challenge enough. In 1971, aspiring to bring quality healthcare to “the people of South Florida” was a stretch.

The first order of business for CHI’s founding board of directors was to hire executive leadership to: (1) develop a framework for operations (2) coordinate care between the healthcare system’s two facilities, Martin Luther King Jr. Clinica Campesina and the South Dade Community Health Center (3) make hospital services in South Dade more accessible to the poor.

After conducting a national search, the board hired its first executive director. George E. Rice had held that position with the health services agency in Birmingham, Al., which oversaw healthcare planning and development. Rice would report to the board of directors.

The CHI system’s day-to-day operations would be run by the executive director with approval by its board, made up of South Dade community and business leaders, including healthcare executives.

In a new twist, the system was established on the national community health center model, which meant that consumers would make up 51 percent on the CHI board. Consumers in the largely low-income multiracial community of South Dade meant that people with limited edu-

cation, some who might not speak English fluently and who probably had never served on a board or decision-making body, would be seated next to heads of companies and other professionals, making healthcare delivery decisions for a community.

CHI’s medical programs were created by physicians who stood at the top of the field. The University of Miami’s new Department of Family Medicine, led by Dr. Carmichael, was contracted for direct delivery of healthcare, using physicians and residents of the Family Medicine program and previous county employees of Kendall Hospital and Clinic.

Its first medical director, Dr. Jerome Beloff was chosen by Dr. Carmichael. Dr. Beloff, a pioneering physician and tenured professor and researcher in Yale Medical School’s Departments of Pediatrics and Family Health, had developed a team concept designed to more effectively care for all members of a family. Dr. Beloff had also been asked by the American Medical Association along with Dr. Carmichael and others to create standards for a new specialty called Family Medicine.

With the framework for operations established, Rice and the board, which included Dr. Carmichael, coordinated care between the two facilities.

CHI facilities would ultimately be a convenient one-stop shop, providing a list of healthcare services for patients, including primary healthcare, dental care, X-rays and other diagnostic tests, kidney dialysis, mental health counseling, emergency and prenatal care.

Even with the establishment of CHI, left largely unaddressed was emergency care for the poor who required treatment beyond what could be delivered at a primary care facility. Activists had fought for a quality public hospital for South Dade, only to be thwarted by voters who turned away a previous bond issue. Ison’s own mother had died because of the lack of urgent medical care.



■ *John D. Jackson, Jr., lab supervisor and William Ricard, medical technologist, operate equipment in the state-of-the-art laboratory at the Doris Ison Community Health Center in 1976.*

Part of CHI's mission also included ensuring that patients with serious health problems requiring a hospital stay would have access to hospital services. In the past, patients whose conditions required hospital care but who could not afford it would have been transferred to Jackson Memorial Hospital 30 miles away – if they could afford to pay for ambulance services.

Case after case, some highly publicized in the local media, illustrated the problems faced by poor people who attempted to access healthcare services. Even when local hospitals made every attempt to help, the system still did not work. The board asked Rice, the new executive director to find a solution.

During the 1970s, CHI, the healthcare umbrella, would negotiate and fund contracts with local South Dade hospitals and physician specialists to provide care. For the first time, there was a contingency plan for hospital care. CHI would also contract with the county for transportation to hospitals and to CHI facilities.

Within its first several years, the presence of CHI had changed the healthcare landscape for a large swath of Dade County. More community health centers were established in the northern end of the county, based on the first two community health center models in the county: the Equal Opportunity Family Health Center in Liberty City and CHI.

## **TRAINING GROUND FOR FAMILY MEDICINE**

CHI became an important training ground for a new generation of physicians, residents from the University of Miami's Department of Family Medicine. In the bargain, its facilities and the people of South Dade received the benefit of innovative methods of care from some of the nation's leading physicians, and additional hands on deck in the form of medical residents. The university got a unique multicultural pool of patients, in addition to funds from a contract with CHI to provide medical services, beginning at nearly \$150,000 per year. Hundreds of doctors received training here, taking both revolutionary practices

and a better understanding of the needs of underserved and minority populations with them. Many of these physicians helped create a more progressive medical community, better prepared to meet the needs of the more diverse South Florida that was to come.

## **BATTLE OVER MIGRANT HEALTHCARE**

During the 1970s, a long and divisive battle over primary medical care for migrant farmworkers would be a turning point in CHI's history, a process that included a court battle and federal intervention. However, the struggle and its outcome helped develop the foundation for what the health system would become.

Once CHI was established as the healthcare system for South Dade, the question of how migrants would be cared for and who would control federal grant money was front and center.

Leaders of Organized Migrants in Community Action, the farmworker rights organization, had secured federal funding specifically to care for migrants in the camps and opened Martin Luther King Jr. Clinica Campesina. They questioned whether CHI, the new system in charge of healthcare for all of South Dade, would maintain and improve care. On the heels of their success in finally securing access to healthcare services, however minimal, they viewed CHI's new role in overseeing healthcare dollars for migrants as a takeover.

CHI's founding board of ten members included its first chairperson, Fernando "Chappy" Pro, Dr. Lynn Carmichael, Doris Ison, Odell Johns and Dr. Leon Kruger.

The choice of Pro, a founding board member of OMICA, as chairman of CHI's first board of directors was a nod to Mexican-American farmworkers who wanted to maintain a strong say in the matter and evidence of a desire for political cooperation.

In the September 1974 issue of CHI's newsletter, then associate executive director Eugenia Ligon published an article entitled "How It All Began: History of CHI and the South Dade Health Center" (which would become the Doris

Ison Community Health Center). She described the development of a healthcare program aimed at migrant farmworkers and their families.

*... Prior to mid-1970, the Health Department had been allocated about \$90,000 in Migrant Health Funds annually, to provide categorical health services to migrants through its Homestead Clinic, and some outreach services in the labor camps. Due to limited funding, services were necessarily minimal, and insufficient to cover specialty or in-hospital care; migrants requiring these being referred to Jackson Hospital where proper follow-up was and is practically impossible. With the emphasis placed on providing primary ambulatory comprehensive health care to migrants, Migrant Health Funds were increased for Dade County, and the Grantee was changed from the Health Department to the Department of Family Medicine utilizing the Greater Miami Coalition as the fiscal vehicle. Some \$500,000 in Migrant Health Funds were allocated by DHEW (U.S. Department of Health Education and Welfare); a stipulation of the Grant Award being that the Grantee would become CHI when the System's administrative structure was established. The Martin Luther King, Jr. Clinica Campesina (MLKCC, Migrant Center) became operational in October 1970. In February 1972, subsequent to the employment of staff in mid-January 1972, CHI became Grantee of Migrant Health Funds, and assumed administrative responsibility for the MLKCC.*

In addition, according to board minutes, CHI also applied for a grant already funded for a Migrant Family Health Center administered by the Greater Miami Coalition, East Coast Migrant Association. The board voted to seek a complete transfer of the grant to CHI beginning in January 1972. The first executive director would execute the transfer.

In 1974, CHI was officially designated by Dade County's Board of County Commissioners as the coordinating and operating agency for the establishment of a unified primary health services delivery system in South Dade.

Bus and van services to CHI were provided to migrants in the labor camps. Twice a week the buses arrived at the camps to transport people to CHI facilities.

However, farmworkers led by Rudy Juarez,

head of OMICA, wanted full-time nurses to remain stationed in the Redlands and Everglades labor camps and regular physician visits, services that were part of its initial grant. Advocates said that farmworkers would not take the buses to CHI, and for those who did, the wait times were too long. CHI Medical Director Dr. Beloff and others argued that migrants could not be cared for properly in the camp, which lacked the staff and modern facilities available at CHI.

Migrants sued and won a short-lived victory, when the Fifth U.S. Circuit Court of Appeals ruled that the board of CHI must have 51 percent majority of migrants as board members in order to administer a federal grant of \$868,000 for the 1975-76 fiscal year.

CHI appealed with a plan under which the board would be made up of one third migrant and seasonal farmworkers, one third non-agricultural workers and one third elected by CHI consumers. George Rice urged adoption of the "proportionally representative" board, rather than one with 51 percent migrants, "not because they are migrants or seasonal farmworkers, but because I believe it is preposterous for any one group or class to have technical control of a policy or governing board in a system in which they represent less than 25 percent of the total being served, and less than 11 percent of the total population of the catchment area. This, in effect, disenfranchises other people in the area using and developing health services."

Likewise, while the federal grant was large, it comprised only 16.7 percent of CHI's annual operating budget of \$5.2 million.

CHI President James C. Lee wrote to federal HEW Secretary David Matthews for assistance.

The board was convinced, Lee wrote, that the move by migrant farmworker groups was "an attempt to control the total health system... The situation has reached the point where it has the potential for dissolution of a high-quality health care program for the residents of South Dade, including migrants and seasonal farmworkers, who particularly need this."

Matthews, who had visited CHI, responded.

"We understand the difficulty that the new statutory requirement imposes on projects in the

development of integrated Rural Health Programs in underserved areas” wrote Matthews. While the statute could not be waived, he said, the law also “authorized up to two grants” to entities that intend to become migrant health centers, but “do not meet the governing board requirement.”

Meanwhile, the battle escalated internally and in the media. Having served one term as CHI board president, Fernando “Chappy” Pro, a founding board member of OMICA and a passionate supporter of migrant control of the clinic, was now board treasurer. Respected and admired as an activist and well-known at county hall, Pro was now at odds with fellow board members in a bitter public dispute. Without board approval, Pro contacted HEW officials and requested a federal audit, arguing that migrant funds were being misused. The agency declined.

In 1976, following a number of heated meetings, the board voted to oust Pro as treasurer. However, he remained an active member of the board and continued to fight for farmworkers. In

1972, Pro was a founder of Centro Campesino Farmworker Center, Inc. to address appalling housing conditions for farmworkers. He would go on to receive a Lifetime Achievement Award at the National Farmworker Conference in 1996.

The U.S. Department of Health, Education and Welfare (HEW) ultimately changed CHI’s funding status from a migrant health center to a community health center for funding purposes. The healthcare system would not be able to access that particular migrant funding grant, and therefore migrants would not constitute 51 percent of its board. However, CHI would still care for migrants and oversee healthcare for all of South Dade. The following fiscal year, 1977-78, HEW awarded CHI a Community Health Center Grant of \$950,000. The federal agency also advised that the same amount would be awarded for the next four years. After the battle over funding for migrants, and the stressful yearly process of securing funding from numerous sources, CHI finally had a large funding source for the near future.

■ *With the creation of the CHI healthcare system in 1971, all healthcare services and programs in South Dade, including healthcare for migrant farmworkers, came under the CHI umbrella.*



*Migrants sued and won a short-lived victory, when the Fifth U.S. Circuit Court of Appeals ruled that the board of CHI must have 51 percent majority of migrants as board members, in order to administer a federal grant of \$868,000 for the 1975-76 fiscal year.*

Despite the anger and confusion of the times, CHI ultimately established trust in Latin-American communities. The numbers of migrant and seasonal farmworkers served by CHI facilities grew as the healthcare system continued services and outreach to the labor camps and to other communities. In time, more and more patients from the camps took the public transportation provided for their visits to the doctor.

Today, the bitterness of those days is largely a distant memory, except to the people who lived through it, who keep the stories alive.

Although he was not at CHI during the 1970s, Brodes H. Hartley Jr., president and CEO of CHI, who took the helm in 1984, has heard many stories about the battles over healthcare.

“I was told that in the early years there was almost a war between the Mexican community and the black community,” he said. “That’s how MLK Clinica Campesina got its name. I can’t verify it, but I’ve heard stories about people bringing guns to board meetings. Fortunately we don’t have any of that now. We work together.”

## **GROWTH**

In December of 1971, CHI physicians, working in trailers, saw 2,000 patients. A month later that number had increased by 750. In February, 1972, CHI treated 3,000 patients. The numbers continued to climb. Within five years, patient visits to CHI’s facilities was more than 100,000, and within a span of 20 years, the number had more than doubled.

Today, because a healthcare culture has been established in the South Dade community, patient statistics are counted by the number of unduplicated visits. Annual or more frequent patient visits to a primary care physician or specialist is no longer remarkable. Therefore, patients who return to their primary care physician for follow-up or other care are only counted once. CHI now sees close to 80,000 unduplicated patients per year.

Delivering access to quality healthcare to as many people as possible, continues to be part of the mission of CHI and community health cen-

ters nationally. Over the next 25 years, the healthcare system would be defined by growth across Miami-Dade County and South Florida. Commitment by CHI, government and the private sector and continuing local and national grassroots movements, kept funding quality affordable healthcare near the top of the public policy agenda.

## **THE FOUNDATION OF A HEALTHCARE REVOLUTION**

Despite the disparity that exists today between the haves and the have-nots in terms of healthcare, it is hard to imagine a world where entire communities had virtually no access at all, where many people had never seen a doctor. Life expectancy was significantly lower, and childhood diseases rarely seen today were common, along with malnutrition and parasites. CHI, as part of the national community health center movement, was at the forefront of creating a culture of healthcare treatment and prevention that extended past the upper and middle class and into poor communities. In its first 20 years, CHI made tremendous progress, as evidenced by the enormous spike in patient visits and repeat visits.

What Ison and Dr. Carmichael had hoped for came to fruition. The people of South Dade developed a culture of healthcare that included a relationship with a family doctor. What seems completely unremarkable today represented part of a national sea change that would have a lasting impact into the 21st century. Through education and more of a national push toward prevention of serious diseases, more people began to view regular doctor visits as important to their physical well-being. They understood more about their own health and healthcare needs. While healthcare remains a political lightning rod, people largely view healthcare as a human right – a concept that can be directly traced to the community health center movement.

Today, the opening of a community health center and the activities of local activists would not likely be on the radar screens of the powers

*More than 200 CHI employees participated in its 3rd Annual Staff Retreat at the Royal Biscayne Beach Hotel on Key Biscayne in September 1975.*



*During its first decade in operation CHI played host to the Secretary of the Department of Health, Education and Welfare David Matthews, Florida Gov. Reubin Askew and Sen. Edward M. Kennedy of Massachusetts, who was focused on the lack of transportation for poor people, a core issue for Doris Ison.*



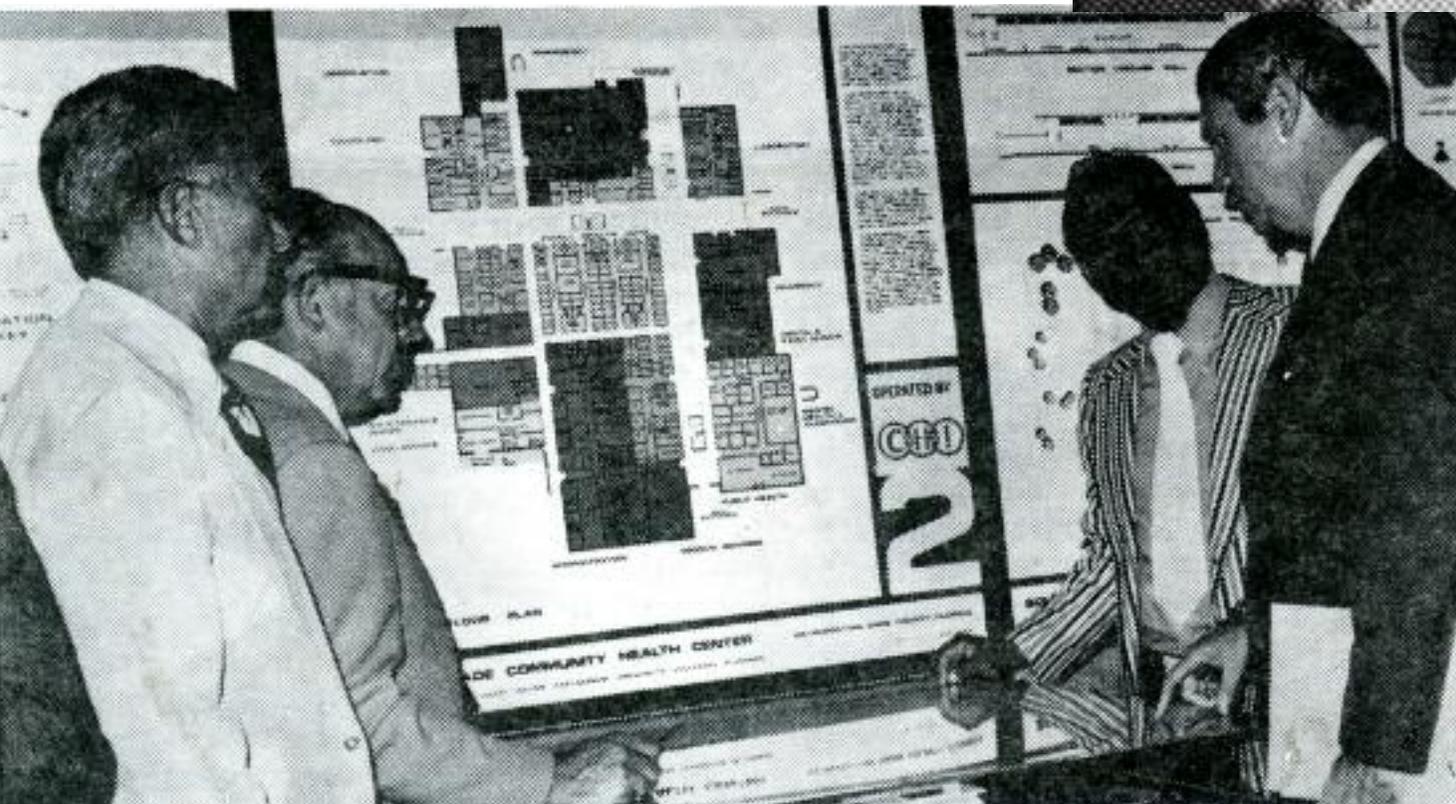
■ *Sen. Edward M. Kennedy talks with Doris Ison, her grandson Brian Lucas and admirers in 1977.*

that be in Washington and Tallahassee. However, during its first decade in operation CHI played host to a cabinet secretary, Secretary of the Department of Health, Education and Welfare David Matthews, Florida Gov. Reubin Askew and Sen. Edward M. Kennedy of Massachusetts, who was focused on the lack of transportation for poor people, a core issue for Ison. Even at the time, it was understood that CHI and community health centers were part of a national healthcare revolution.

While CHI was a product of the convergence of civil rights movement fervor and ideals with the community health center revolution, its medical approach was also the realization of groundbreaking ideas developed in the hallowed halls of the Ivy League.

Here, Dr. Carmichael and his colleague Dr. Beloff would put into practice revolutionary ideas in medicine – family medicine and the team approach to care, a concept they had developed in their practices and at Yale Medical School. Both changed healthcare forever.

■ CHI staff attend a conference on Outreach Nursing at Martin Luther King Jr. Clinica Campesina (MLKCC). Participants Nurse Practitioners Sonya Kaminka, Joan Hernandez and Rosemary Small are seated with Agnes Newell RN, nursing consultant for the regional office of DHEW, Atlanta (second from left); standing, left to right, CHI Medical Director Dr. Jerome Beloff and MLKCC Administrator Charles Moore.



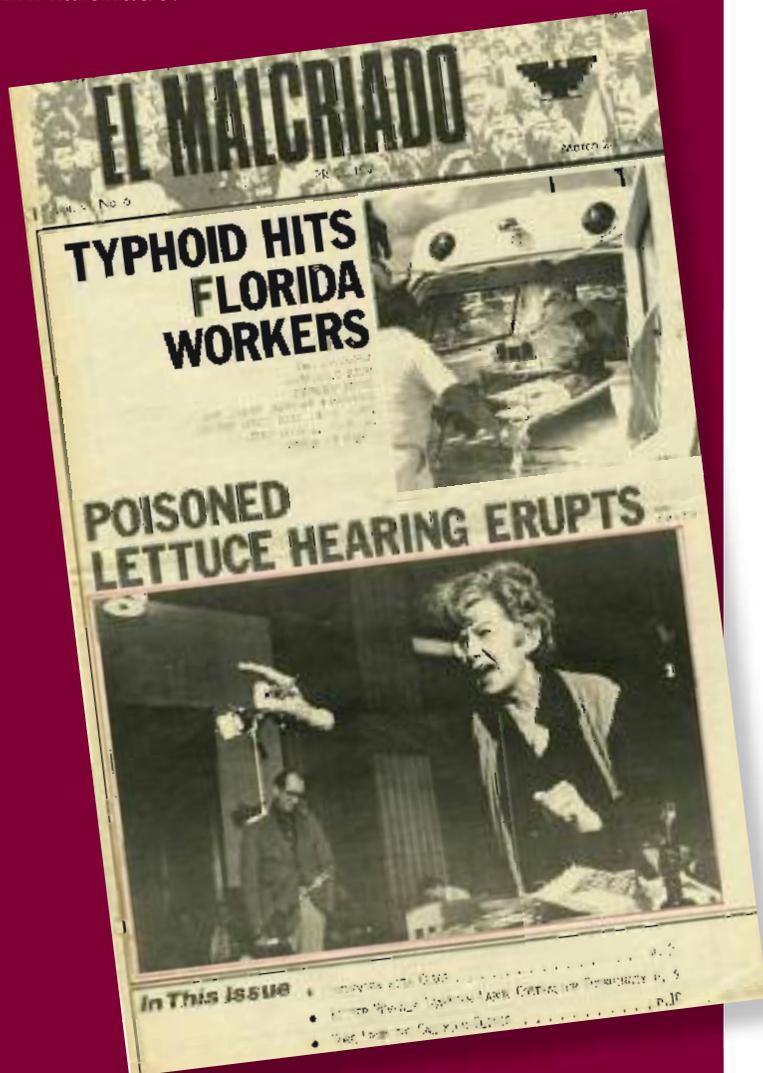
■ Gov. Reubin Askew, far right, learns about the new CHI facility under construction. Left to right are Crawford Blake, board member, Executive Director George Rice, and South Dade Community Health Center Director Fred Diaz.



1973

## TYPHOID EPIDEMIC

*A typhoid outbreak in a South Dade labor camp drew national media attention and was closely watched by federal public health agencies, the United Farm Workers and its publication, El Malcriado.*



## TYPHOID EPIDEMIC

In February 1973, two years after CHI was established, the healthcare system, then consisting of two small health centers, stood on the front lines of what would become the worst typhoid epidemic in the United States in more than 30 years.

The epidemic began in a South Dade migrant labor camp, the result of unsanitary conditions in the camp's water systems. Labor camp conditions were one of many problems farmworker organizations, led by the United Farmworkers (UFW) and its charismatic leader, Cesar Chavez, had long fought to change.

The outbreak called greater attention to deplorable healthcare conditions in the camps, which were an important focus of CHI's efforts as the designated healthcare system for South Dade. In camp communities where many people had never seen a doctor, "parasitic infections were common," Dr. Sisodia said. "Anemia was common."

The event drew national media attention and was closely watched by federal public health agencies and the California-based UFW and its publication *El Malcriado*.

CHI physicians treated the first case in January 1973 a child who was ultimately sent to Variety Children's Hospital, now Nicklaus Children's Hospital. In February, more cases were discovered and treated at Martin Luther King Jr. Clinica Campesina. After the third such case – a 19-year-old male farmworker, was treated at the South Dade Community Health Center – it became apparent that a public health threat was in the making. By the end of the month, 15 more people had been diagnosed.

Dr. Sisodia, then working at CHI as a fellow from the University of Miami Department of Family Medicine, recalls not only treating those affected with the disease, but visiting the South Dade labor camp to gather water samples in an attempt to determine the source and extent of the problem. CHI worked closely with the Dade County Department of Health and local hospitals, particularly Jackson Memorial Hospital, to attack the epidemic.

CHI physicians established a temporary clinic in the camp's auditorium to treat the sick and anyone with symptoms, identified by 35 nurses from the county health department in a door-to-door survey.

According to the October 1975 issue of the journal *Pediatrics*, "Spread occurred via a faulty well, chlorinator, and sewerage system in the camp. During a period of approximately three weeks, over 300 patients were hospitalized with suspected typhoid. Of this number, 147 were children under 13 years of age."

Because of the large number of cases, local hospitals including Jackson Memorial and Variety Children's Hospital, began turning away patients.

"On February 28th, also a sample of residents at the camp were surveyed to determine the potential magnitude of the problem. This survey was carried out by Community Health [of South Dade] Inc. personnel under the direction of the Dade County Department of Public Health. The preliminary study revealed that 20 to 25 percent of the residents were involved. On March 2, 1973 (Friday) 35 public health nurses did a door-to-door check for all sick individuals, and every person who had been ill any time during the previous three weeks. These individuals were referred to physicians working in a temporary clinic set up by CHI in the auditorium of the camp. On Friday it was apparent that additional bed space was needed. That evening, contact was made with the Director, Department of Hospitals, who agreed that every case and suspect would

be hospitalized at Jackson Memorial Hospital. On Saturday, March 3, a high-level hospital administrator was at the camp, and from then on, no patient was denied admission."

Visitors to the camps found the living conditions farmworker rights groups across the country were fighting against, including communal toilet facilities, contaminated water and wooden shacks with tin roofs overcrowded with people.

On March 9, a Congressional field hearing was conducted in Homestead by U.S. Rep. Paul G. Rogers (D. Fla.), chairman of the Interstate and Foreign Commerce Subcommittee on Public Health and Environment, which handled drinking water legislation in the House. CHI executive director Rice was asked to provide weekly status reports via telephone to the director of the U.S. Bureau of Community Health Services in Washington.

CHI's board formed an Environmental Health Committee which reviewed the studies and provided recommendations to the board for long-term programs and strategies for improving healthcare in the labor camps. CHI was commended by governmental bodies and advocates for migrants.

Although in its infancy, the healthcare system proved itself by responding quickly and effectively and with compassion in a crisis affecting a vulnerable population. In the process, CHI physicians and staff helped prevent the spread of the disease.

■ *During the typhoid epidemic of 1973, during a three-week period, more than 300 patients were hospitalized with suspected typhoid. Almost half were children under the age of 13.*



## MARIEL AND WAVES OF HAITIAN REFUGEES IMPACT HEALTHCARE

Between April and October 1980, a mass exodus of Cubans and Haitians brought about 150,000 refugees to Miami. More than 100,000 Cubans and more than 25,000 Haitians arrived during what is known as the Mariel boatlift, named for the city in Cuba from which most had come. The flood of refugees taxed every government resource and created an added healthcare challenge for South Florida, including CHI.

By 1983, a continuing influx of Haitian refugees increased the patient load and complexity of serving a majority non-English speaking population. Without funding to do so, CHI board members focused on providing interpreters to ensure quality care and patient comfort. In

1984, CHI was providing medical and mental health services to refugees detained at the Krome Detention Center.

In 1989, the U.S. Department of Health and Human Services (HHS) awarded CHI a \$125,000 grant to augment its resources in the primary healthcare of Haitian and Cuban refugees and CHI acted as the fiscal agent for HHS in funneling funds to Variety Children's Hospital for care of indigent migrant children.

## HIV-AIDS

In the 1980s and '90s, Miami was among the major U.S. cities hardest hit by the AIDS virus, joining New York, Los Angeles and San Francisco. In 1981, the first cases of AIDS, then called Kaposi's Sarcoma and Pneumocystis Carinii Pneumonia (PCP) were reported in New York and Florida. By 1983, the state's health officer had declared AIDS a public health emergency.



## 1980 MARIEL BOATLIFT

In 1980, a mass exodus of Cubans and Haitians brought about 150,000 refugees to Miami, in what is now known as the Mariel boatlift. The flood of refugees taxed every government resource, including healthcare.

Dr. Sisodia remembers the first patients with HIV-AIDS, who were initially seen by a nurse.

“We had a patient, an infant, who was not thriving in spite of everything that was tried, and developed thrush,” Dr. Sisodia says. “She was referred to Jackson Memorial Hospital. Her mother became sick. This was when we were hearing of a health problem in people in San Francisco and other places. No one knew what was responsible. This group of people were getting PCP, TB Kaposi’s Sarcoma. Some were speculating it was a viral infection and finally we heard about HIV.

“Dr. Carmichael, Colonel Hartley, Family Practice Residents and all the CHI departmental heads were actively involved in education and management of our patients with HIV/AIDS,” Dr. Sisodia says. “Bleach and gloves became very popular. Ryan White funding helped.”

In 1986, the Health Resources and Services Administration launched its first AIDS-specific health initiative, the AIDS Service Demonstration Grants. In its first year, the program made funds available to four of the country’s hardest-hit cities: New York, San Francisco, Los Angeles and Miami.

That same year, the South Florida AIDS Network (SFAN) was established by Jackson Memorial Hospital, the first organization to provide case management, advocacy and support services to people with HIV/AIDS. CHI became and continues to be a provider of the network.

In 1988, CHI hired its first AIDS coordinator, Emma Castillo, to manage the health system’s response to the crisis, focusing resources where they were most needed. In addition to diagnosis, treatment and referral, in 1988 and beyond, CHI programs included minority AIDS prevention initiatives and mental health services for patients with AIDS and HIV.

In 1990, CHI hired two additional AIDS counselors for the Doris Ison Center and MLKCC through a federal contract with South Florida AIDS Network.

By August 1990, when Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act with overwhelming bipartisan support, more than 150,000 AIDS cases

had been reported in the United States. An estimated 100,000 had died, according to the Kaiser Family Foundation.

CHI received its first Ryan White funding, \$85,000, in 1991. Today CHI has almost 400 HIV/AIDS patients. Thanks to advances in medicine, dedicated staff and a team approach to care coordination, the virus is controlled or non-detectable in 80 percent of those patients.

## MIAMI’S COCAINE EPIDEMIC

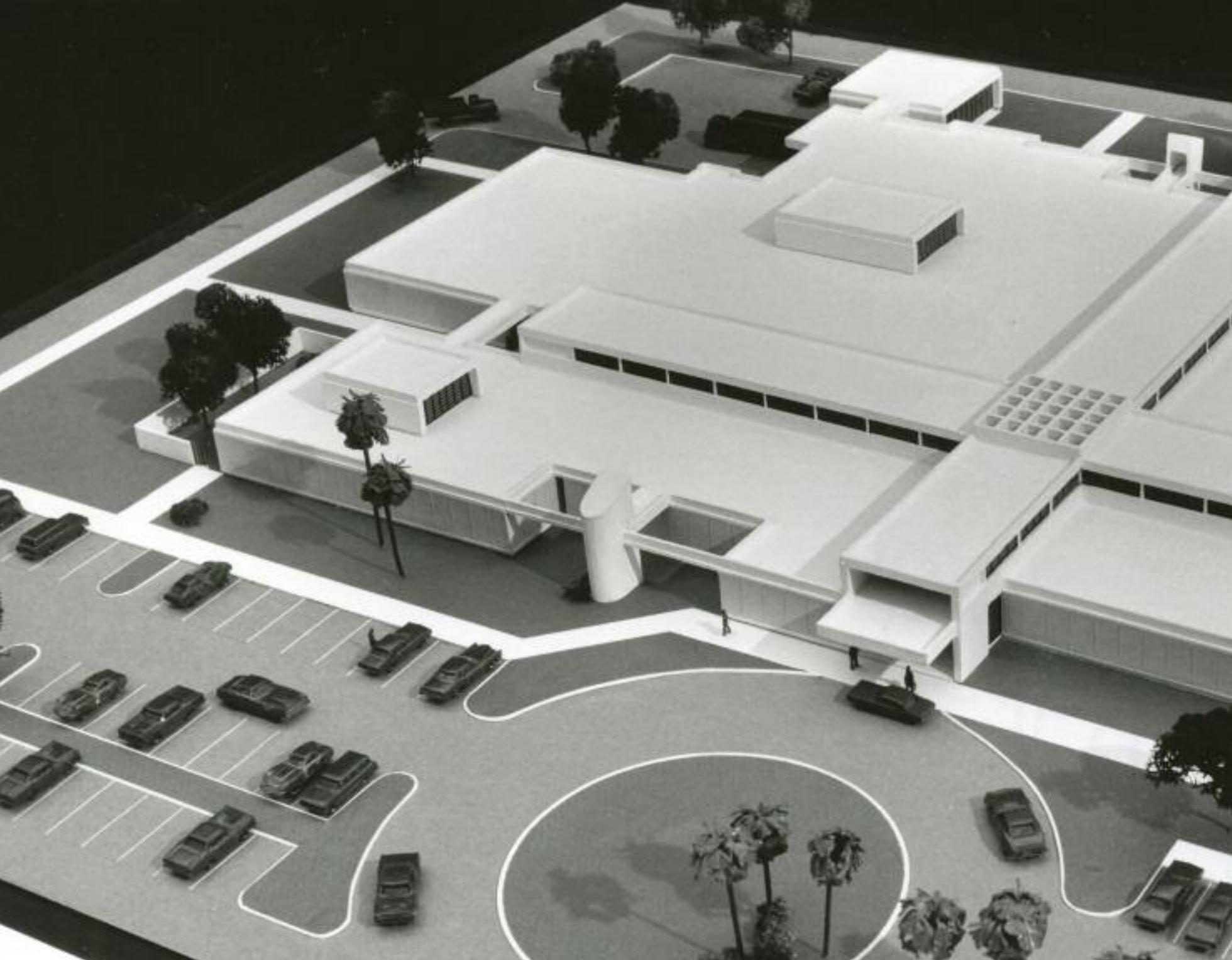
The real life impact of Miami’s drug epidemic on healthcare, including behavioral health, was not the exciting world portrayed on the hit television show “Miami Vice.” The scourge of drugs and violence left a human toll, as state and local government, organizations and healthcare providers attempted to provide or refer addicts to the few treatment facilities available.

During the late 1980s, CHI programs included providing an Aftercare Substance Abuse Treatment and Referral Program for first offenders in trailers on the campus of the Doris Ison Center.

CHI’s board of directors included individuals with a focused interest in helping people with substance abuse problems. According to minutes from board meetings, board member Frank Rabito, district program supervisor of alcohol, drug abuse and mental health, spoke regularly about the impact of drugs on families. In 1991, he told the board that more than 800 cocaine-addicted babies had been born the previous year in Miami-Dade County, and ended up “in the welfare system.”

In 1991, CHI secured HRS funding for a 20-bed facility for cocaine-addicted mothers and babies and established a substance abuse treatment facility in Homestead.

Programs like the Infant Stimulation program provided critical physical interaction necessary for the mental and physical development of babies who had no families to offer care, including touch, holding and music. The program included babies who were born addicted to cocaine.



**METROPOLITAN DADE COUNTY, FLORIDA**

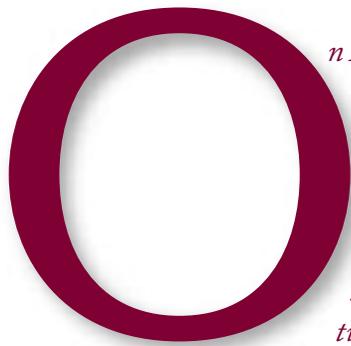
**THE SMITH, HARRIS & ASSOCIATES ARCHITECTS P.A.**  
ERIC S. SMITH, AIA  
RICHARD HARRIS, AIA

*Evolution of a  
Community  
Healthcare System*

PART 3

# SAINT ANDREW

## *How Tragedy Expanded Quality Healthcare for the People of South Dade*



*On August 24, 1992, Hurricane Andrew made landfall in South Florida at category 5 intensity, with winds of 165 mph. It passed directly over Homestead, where it destroyed whole blocks of homes, sometimes leaving only the foundations. In Miami-Dade County, more than 25,000 houses were destroyed and about 100,000 more were seriously damaged. While the hurricane left major damage in the Bahamas and Louisiana and spawned about 30 tornadoes in Alabama, Georgia and Mississippi, Andrew caused the most destruction in South Florida, particularly South Dade. Across its wide path, the storm left 65 people dead and caused \$26 billion in damage.*

The morning after Hurricane Andrew, residents of South Dade, hardest hit by the monster storm, found an almost apocalyptic scene. Large swaths of the community were leveled, including poverty-stricken areas that had few resources to begin with. Even getting to the Goulds area from other parts of South Dade was a challenge. The community was unrecognizable.

“We didn’t even know where to turn to get here, because everything had been so demolished,” said Natalie Windsor, chief of staff in the office of the president of CHI, who set out for the Doris

Ison Community Health Center, the nerve center of CHI and the community, the morning after Andrew.

The Center still stood, having sustained minor damage to windows and doors. Atrium windows were broken and glass littered the entrance. Water and debris had blown onto the floors inside. There was no power. Brodes Hartley Jr., the former army colonel and CEO of CHI, was determined that it would open.

Dr. Priscilla Knighton, then CHI’s medical director, remembers the morning after.

“The day after the hurricane, my husband and I decided to go and see if there was anything [medical treatment facilities set up] at Government Center. They were opening up a MASH unit, but they didn’t have any medicine, so I said I’ll go over to the clinic [CHI] and see if I can get some. I walked through what was the last door and it had a big hole in it. I saw the security guard. The poor guy had been there all night.”

What happened next has become part of the culture and fabric of CHI – ordinary moments that became a defining event.

“While I was talking to him,” Dr. Knighton said, “Colonel Hartley arrived and said he’d like to open, and I said okay.”

Committed veteran staff who saw themselves as part of a family at CHI left their damaged



*CHI was the first South Dade medical facility to open its doors after the disaster.*

homes, trickling into the facility to see what they could do to help. Others gathered in shock and despair, because they had no homes to go back to. Hartley and Dr. Knighton began the process of sweeping and mopping away water, glass and debris. Windsor, Dr. Sisodia and Flor Sanguily joined them.

“When I got in here I found Colonel Hartley and all these people cleaning,” Sanguily said.

“Doctors and nurses came in, and they stayed,” Windsor said. “Dr. Knighton was sweeping water out of the Urgent Care Center so we could see patients here.”

CHI was the first South Dade medical facility to open its doors after the disaster. By 11 a.m. the next morning, doctors and nurses in the Urgent Care Center inside the Doris Ison Center were providing tetanus shots, treating injuries and caring for people in shock.

“People in this area were very much affected by Hurricane Andrew, and the hospitals weren’t open, the doctors’ offices weren’t open,” Windsor said. “We were open. We opened the next day.”

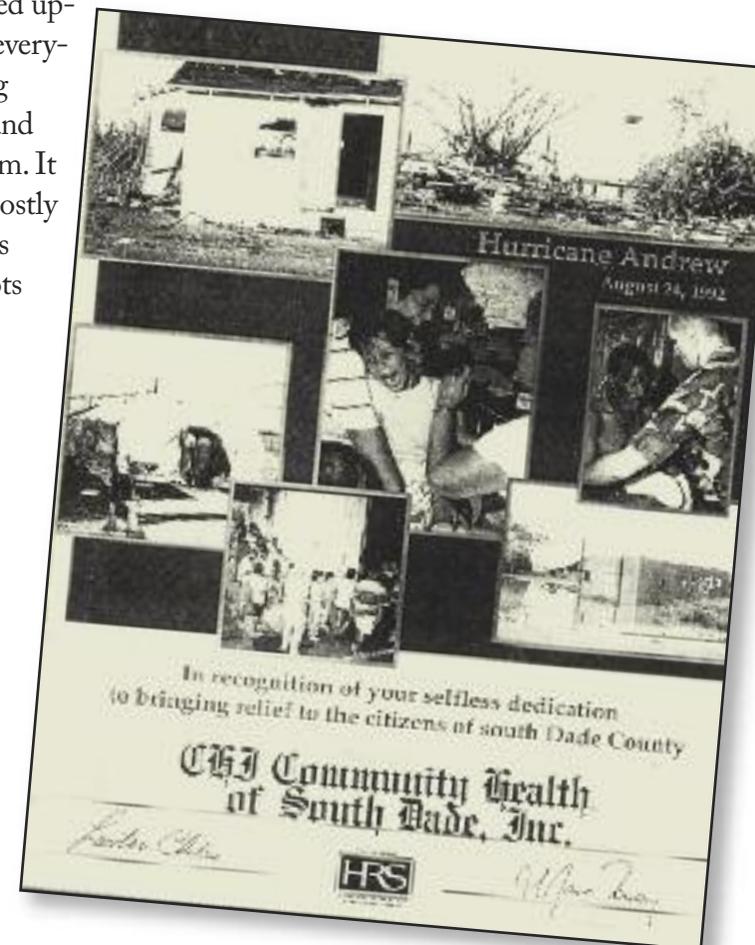
Staff organized a makeshift system, and went about the business of helping people.

“Actually, I brought my daughter, and we sat outside the ER and took names and addresses [to keep track of those treated],” Dr. Knighton said. “We had no electronics and no records unless you

wanted to go back there with a flashlight.”

If the destruction were not enough, she said, South Dade residents attempting to clean up were constantly being injured in the process.

“There were all these roofing tacks that came down, and landed upside down and everyone was walking through water and stepping on them. It was horrible. Mostly what we did was give tetanus shots that day.”



However, for CHI's mental health professionals, the task was different and more challenging as the days went by – offering help and compassion to shocked, displaced and depressed victims, some living in tent cities.

CHI met an increasing demand for services. The Urgent Care Center at the Doris Ison Community Health Center was converted into a fully equipped and staffed emergency room, operating 24 hours a day, seven days a week. MLKCC opened seven days a week from 7 a.m. to 11 p.m.

More affluent South Dade residents came to the Doris Ison Community Health Center for treatment. Given a chance to experience the care of physicians, nurses and staff at what was for most one of the most vulnerable moments in their lives, residents with means and healthcare plans took with them a positive view of the care they received and of the healthcare system in general.

“People who might have passed by us before – when they stepped on a nail, they came here,” Windsor said. “There was no place else for them to go.”

“I was proud to see our medical staff perform so admirably,” Hartley said in an interview shortly after Andrew. “We have a duty to serve the healthcare needs of the people in South Dade no matter the situation. We proved we are up to the challenge.”

CHI also became home to some of the homeless, including soldiers sent to South Dade to maintain order and get food and water to people in what was now a federal disaster area.

“We had soldiers sleeping here inside the building,” Windsor said. “We had staff who had no place to go. They came to work, because they had no other place to go. Their homes were gone.

“I remember bringing my daughter in and a couple of friends, and we made peanut butter and jelly sandwiches so they could have something to eat. My house was okay. There was some damage but nothing like what happened at this end of town.”

Some CHI employees lived in temporary apartments and homes, and commuted from as far away as Fort Lauderdale for months.

While the community took many months to recover, the worst storm in modern history ultimately resulted in positive changes that set CHI, the underserved and the broader population on a path to

expanded healthcare options.

“We sometimes refer to it as Saint Andrew,” Hartley said. “Because of the hurricane we were able to get federal funding to expand.”

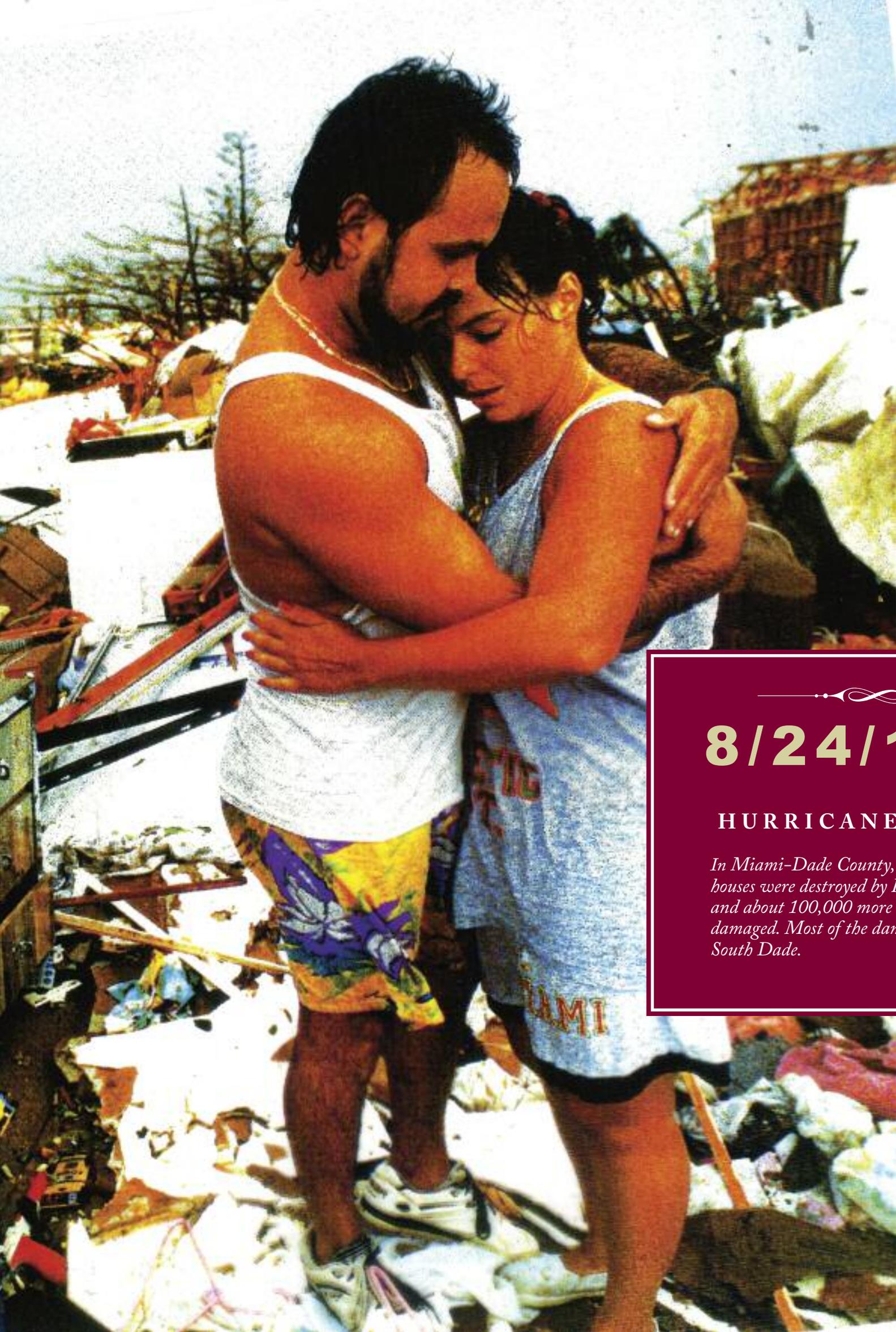
CHI had begun its 21st year with the usual problems of looming budget cuts, efforts to maintain care and address ongoing AIDS and drug epidemics. The healthcare system, which in many ways had become a center of the community, ended the year with even greater challenges, but a pathway to something better.

Before Andrew, CHI included the Doris Ison Health Center, Martin Luther King, Jr. Clinica Campesina, a Children's Center, three therapeutic group homes and temporary buildings that housed the Everglades and South Dade Migrant Labor Camps. Hartley and the board had expanded programs to meet the needs of the community since his arrival in 1984. However, he had hoped to be able to go further, adding larger, more modern and attractive facilities.

Within six years, the healthcare system had built four centers: two near the camps – the Everglades Health Center, at 19300 SW 376th St. in Florida City, replacing a trailer damaged by Andrew; and the South Dade Health Center at 13600 SW 312th St. in Homestead. CHI also opened the West Perrine Health Center in 1994 and the Naranja Health Center in 1998. An annex to the MLKCC had also been constructed.

The next 18 years would mark extraordinary growth for CHI, set into motion by Hartley, who had a larger vision for the healthcare system and help from Saint Andrew. One of the saddest moments in South Florida history, had also left an opportunity in its wake.

*“We sometimes refer to it as Saint Andrew,” Hartley said. “Because of the hurricane we were able to get federal funding to expand.”*



8/24/1992

## HURRICANE ANDREW

*In Miami-Dade County, more than 25,000 houses were destroyed by Hurricane Andrew and about 100,000 more were seriously damaged. Most of the damage occurred in South Dade.*

# FAITH AND PUBLIC WORKS

*We owe CHI a debt of gratitude.*

Dennis Moss, Miami-Dade County Commissioner

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After Hurricane Andrew, CHI was focused on funding existing services in addition to meeting a far greater need. Even with its significant accomplishments, the healthcare system might not have survived without the support of political leaders willing to fight for it. Out of a beleaguered South Dade, a political leader emerged, who would not only throw his support behind CHI, but become one of the most effective commissioners in county history.

Having grown up in Richmond Heights, Dennis Moss was no stranger to District 9 or the struggle for healthcare access. The district is geographically the largest, most racially diverse, and Moss found a

host of problems. On the commissioner's long list of critical improvements needed by his still devastated district was maintaining and expanding primary healthcare services and the development of a public hospital.

Long before he was elected to the Miami-Dade County Board of County Commissioners in 1993, Moss also knew about CHI programs and services.

As executive director of the Richmond Perrine Optimists Club, which had a large, year-round youth employment program, he was looking for businesses who would provide work experience and mentoring for high school students. CHI agreed. Its role, he said, included "helping them understand what the needs were, what the expectations were and what they needed to do to become a good employee in the future. Learn to get to work on time, dress properly fill out an application, all the things they would need to prepare them for a positive life after high school. It was a wonderful opportunity for students."

Moss also knew some of the history of CHI, including the role of Doris Ison and Odell Johns in the community and at CHI.

"When nobody else was there to provide public health services in South Dade for some of the neediest residents, CHI was there," Moss said.

As a commissioner, he was committed to fighting for funding for healthcare services and making good on a promise made and broken more than 20 years before. South Dade had been promised a public hospital when Kendall Hospital, the small public hospital whose patients were primarily poor and people of color, had "outlived its usefulness," he said.



*Healthcare for South Dade remains a priority for Moss, he said, and he remains committed to supporting CHI's mission.*

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“CHI was its replacement until a new hospital could be built to take the place of Kendall Hospital,” Moss said. “What happened was that we in county government reneged on that promise. Rather than make good on it, we ignored it. That’s why when I came to office, one of the first things I fought for was a new public hospital for South Dade. I fought to bring Jackson South to South Dade.”

At the same time, CHI was struggling yearly with unpredictable budget allocations.

“When we were looking to take community-based organizations like CHI and fold them into the regular county process, I fought to make sure that it stayed under the Public Health Trust,” Moss said. “I just felt that financial assistance would be more stable. Under the county process CHI would be subject to the ebb and flow of the budget.”

With a more steady source of funding, CHI became more financially stable.

“After Hurricane Andrew I was supportive of them being able to expand their services into areas of South Dade where they had not provided services before, because it was obvious that these other communities needed to have a community-based health facility.

“When CHI was looking to expand programming, I was very supportive of that because I realize that CHI was that stopgap in the community when we had no public hospital services in South Dade and CHI played that role and were just a necessary part of the fabric of the South Dade community.”

Today Moss is the longest serving member of the Miami-Dade County Board of County Commissioners. His constituents, including staff and patients at CHI, would argue that he is responsible for enormous projects that literally changed the landscape of South Dade. His accomplishments include delivering to the community the South Dade Cultural Arts Center, a winery, the

Family Aquatic Center in West Perrine Park and making good on a promise to bring Jackson South Hospital to the community. He also developed the county’s Aesthetics Master Plan in 2008. In 2011, Moss rolled out Million Trees Miami, with a goal of creating a greener landscape by planting a million trees by 2020.

Healthcare for South Dade remains a priority for Moss, he said, and he remains committed to supporting CHI’s mission.

“CHI was that stopgap in the community when we had no public hospital services in South Dade. It was a necessary part of the fabric of the South Dade community,” Moss said.

“We owe CHI a debt of gratitude. That’s why I will continue to fight to make sure that CHI will continue to be financially stable and able to expand and provide services to needy communities in South Dade.”

*“After Hurricane Andrew I was supportive of them being able to expand their services into areas of South Dade where they had not provided services before, because it was obvious that these other communities needed to have a community-based health facility.”*

Commissioner Dennis Moss

# GROWTH BEYOND THE VISION

*CHI expands reach, South Florida Footprint*

**D**oris Ison and Dr. Lynn Carmichael had an expansive vision of what was possible. For these very different people, providing quality healthcare for the poor and uninsured seemed not only logical, but an idea worth fighting for. When the county government decided to locate a community health center in Goulds, the move was in part the culmination of years of focused advocacy from many corners of the community and belief in what could be. Though long separated by race, culture and socioeconomic status, a community, including key business, clergy and government leaders, threw their support and energy behind healthcare access for the people of South Dade. However, even they would likely have been surprised by the extraordinary growth of CHI and the span of its footprint today.

After Hurricane Andrew, CHI's history was marked by opposites – great budget wins and losses, steps forward and back – that ultimately propelled the organization toward growth. It suffered economic setbacks while its employees struggled with financial and emotional stress along with the rest of the community. In the years following Andrew, CHI treated a community devastated physically and psychologically, while dealing with other health crises. Meanwhile, the

healthcare system experienced steady growth of new facilities and programs on the one hand and threatening budget crises and cuts on the other.

In addition to providing primary healthcare, CHI, as the county's designated healthcare system for South Dade, continued its response to a long list of community needs including behavioral health, treatment of pregnant teens and the elderly, a healthcare response to AIDS, addiction and helping to provide care for the flood of refugees to Miami's shores.

From the start, a heavy reliance on public funding meant that CHI's fortunes would depend in large part on the prevailing political and economic winds. Its success or failure would also lie in its ability to mobilize, advocate and stay ahead of the game with good financial strategies.

## **THE COST OF CARE**

As it had always done, CHI aggressively pursued grant funding from federal, state and county government sources, securing millions of dollars. Despite clear progress in closing the healthcare gap, the need has always been greater than the budget allowed. For most of its history, the overwhelming majority of patients had no health insurance. Today the number of uninsured is more than 60 percent, although the number of insured patients has grown



*CHI staff and members of the community celebrate the grand opening of the Coconut Grove Health Center in 2013.*

with greater access to insurance through the Affordable Care Act. As it does today, CHI brought in some funds from income-based fees for an ever-expanding menu of patient services.

To begin to fill in some of the funding gaps, the healthcare system had established the Community Health of South Dade Foundation in 1987 to focus on fundraising and expansion. In 1996, CHI held its first annual golf tournament. The event became a tradition, attracting celebrity sports figures and hundreds of participants from the community. It has raised thousands of dollars for CHI services and programs.

Staying financially sound meant looking for ways to manage steadily increasing costs, including malpractice insurance and service contracts. In the 1980s, the cost of malpractice insurance

for more than 20 medical residents from the University of Miami had become a burden that no longer made sense financially, despite the benefits for both sides. Hartley sought funding from the Public Health Trust and Miami-Dade County to pay for insurance for the residents, but full funding never came. In 1987, after fighting to keep the nationally known department that had established CHI's medical program and standard of care, the board voted to discontinue its financial contract with the University of Miami Department of Family Medicine. However, Dr. Carmichael continued to serve as medical director until 1991, when he resigned due to a potential conflict of interest.

■ *President and CEO Brodes H. Hartley Jr. enjoys the annual golf tournament with participants. CHI's Robert Bailey/Glen Rice Fundraiser Golf Tournament raised \$87,000 in 2015.*



Full-time physicians with reputations for excellence and skill were hired to replace the residents and doctors from the university, who had split their time between CHI and Jackson Memorial Hospital. The savings also allowed CHI to more easily meet its budget. However, the CHI facilities, particularly the Doris Ison Center, remained a popular venue for visiting medical residents from both the University of Miami and Florida International University.

Even with such cost-cutting measures and advocacy efforts to hold onto and increase funding and active strategic plans, dependence on public dollars for the lion's share of funding put leadership in a challenging position. With inevitable budget fluctuations, medical directors worked with Hartley and the board to make enough adjustments to stay within the budget without sacrificing quality care.

Interviews with leaders and former staff, along with board minutes from 1971 to the present, reveal rolling budget challenges and the organization's responses. In a given year, while some healthcare services and practices received large infusions of funding from grants, others did not. Significant federal grants have pushed expansion across South Dade and beyond. At the same time, almost annual budget crises in one or more programs have sometimes resulted in cuts in services, staff and programming.

Keeping its Urgent Care Center operating around the clock presented a constant budgetary challenge. Overall funding levels often dipped or stayed the same while patient loads and community healthcare demands increased.

For example, in 1993 CHI received a two-year federal grant of \$6.8 million to establish centers in West Perrine and Naranja and for the MLKCC annex, bringing the system's facilities to five. It opened a full-service health center at Homestead Senior High School, what would be its first of many school-based operations. It opened elderly housing and a geriatric program. CHI also opened the Andrew Center housing and support facilities for the Everglades Labor Camp, still recovering from Hurricane Andrew. A federal grant of \$600,000 bolstered services at its mental health center.

Meanwhile, dollars for the Doris Ison Center stayed the same, despite increased need from lin-

gering effects of Hurricane Andrew, the AIDS epidemic, the demands of treating refugees and the drug crisis. As a result, urgent care hours of operations were cut from 24 hours to 12 that year. Future funding would restore and take away money for urgent care and other services almost annually, also resulting in staff reductions to meet budget requirements. Ongoing strategic planning and advocacy efforts restored funding and staff time after time with few exceptions.

In 1996, the event Hartley and CHI's leadership team had long hoped for finally happened. CHI became a line item in Dade County's budget, and the Public Health Trust would administer funding. The Trust was created in 1973 by the Board of County Commissioners as an independent governing body for Jackson Memorial Hospital. Its members are volunteer citizens who set policies, including ensuring that the Jackson Health System is responsive to community needs and providing leadership for joint planning among Jackson, the University of Miami Miller School of Medicine, Miami-Dade County and other private and community health organizations. In 2003, an Office of Countywide Health Care Planning was established under the County Manager's office. Removed from the arduous process established for community-based organizations that spent long hours before the County Commission, CHI automatically receives baseline funding. It could spend more time focusing on services and staying within its budget.

With a constant focus on the budget, was CHI delivering and maintaining quality care? That question was answered definitively in 1998, when CHI was accredited by The Joint Commission, recognized nationally as a symbol of healthcare quality and excellent performance.

In recent years, with funding coming directly from the Public Health Trust, Hartley said, there have been no cuts in funding. CHI's federal funds come from the Bureau of Primary Healthcare.

In addition, CHI maintained strong community ties with political and civic leaders and particularly local hospitals and other leaders within the medical community. From the start, part of CHI's role was to work with hospitals with a desire to help the underserved, contracting with them for critical care. In 2006, it received \$250,000 from Baptist Health

South Florida for completion of its electronic health record, a digital version of a patient's chart and an important part of providing quality patient care. Brian E. Keeley, president and CEO of Baptist Health, served on the board of CHI during its early years in the 1970s.

After nearly a decade of increases in programs, services and facilities, CHI stepped across the county line into Monroe County for another major expansion. In 2007, Community Health of South Dade became Community Health of South Florida, Inc., with the opening of the CHI Marathon Health Center.

## HEALTH CHOICE NETWORK

Behind the expansion and establishment of CHI's brand in the community and beyond was Hartley, who continued to develop the organization's industry, business and political relationships. He played a leadership role with the Florida Association of Community Health Centers, working to strengthen coalitions to advocate for funding increases for

community healthcare centers nationally and protecting existing funds.

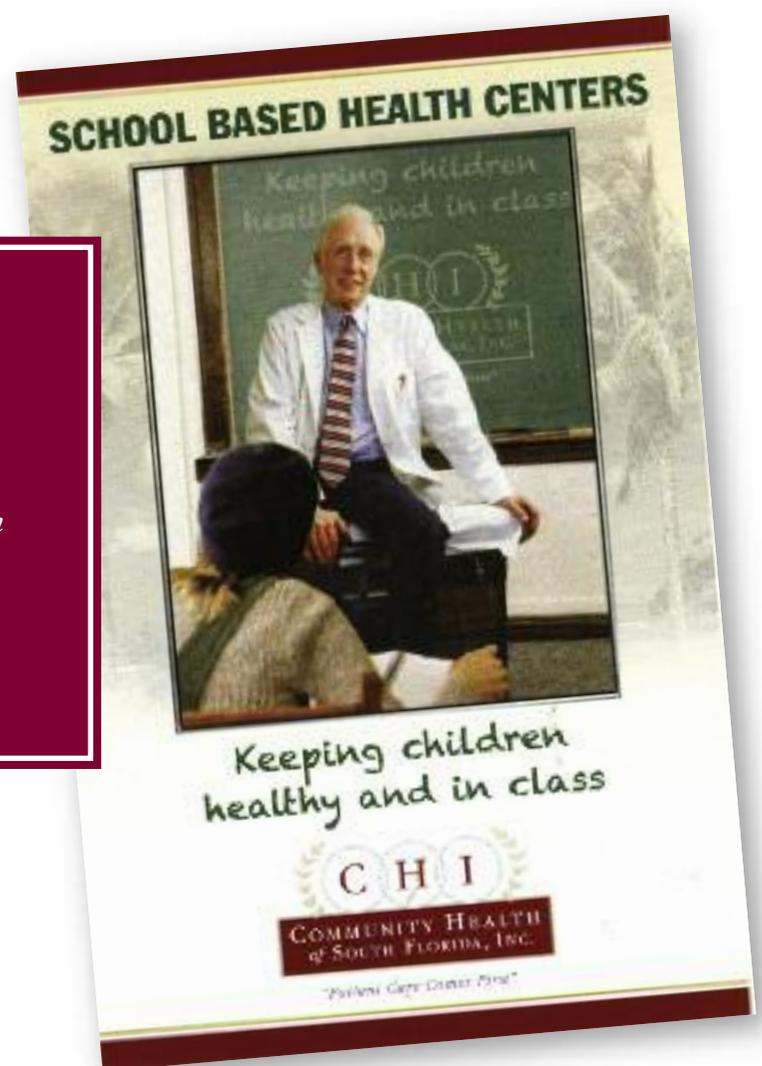
In a historic move that would change how many healthcare centers do business in the United States, he partnered with two local community health centers in 1994 to create what became Health Choice Network Inc. (HCN), a nationwide collaborative of community health centers, health center-controlled networks and partners. The U.S. Bureau of Primary Health Care provided \$250,000 in assistance.

Providing the information technology for patient record keeping, billing and other functions was a challenge for CHI and other centers individually. Together, they had greater buying power, resources and knowledge. HCN provides key business services, strategic initiatives and the latest in health information technology, allowing members to improve patient outcomes by improving efficiency.

The national network now includes 27 health centers in nine states, serving approximately 1 million patients, and is recognized as a leader in the integration of health information technology among health centers and safety net providers.

## SCHOOL BASED HEALTH CENTERS

*CHI opened its first school-based health center in 1979 at Homestead Senior High School. The healthcare system now operates 31 school-based centers in Miami-Dade and Monroe counties.*





2010

## **COMMUNITY HEALTH CENTERS PLAY CRITICAL ROLE IN AFFORDABLE CARE ACT**

*Community health centers, as the nation's largest primary healthcare system, play an essential role in the implementation of the Affordable Care Act, signed into law by President Obama in 2010. To boost support for health centers and increase access to quality care for all Americans, the act established the Community Health Center Fund that provides \$11 billion over five years for the operation, expansion, and construction of health centers throughout the country. It allocates \$9.5 billion to support ongoing health center operations, create new health center sites in medically underserved areas and expand preventive and primary care services including oral health, behavioral health and pharmacy services. The remaining \$1.5 billion supports major construction and renovation of community health centers. Fiscal Year 2016 funding also includes \$100 million for delivery of substance abuse services.*

HCN is nationally recognized by the U.S. Bureau of Primary Health Care for its high level of health information technology services. It uses state-of-the-art systems to capture, analyze and leverage data, improve quality and access to care and promote meaningful use. HCN is a leader in implementing the electronic health record and oral health, and is developing a behavioral health record. The new technology enables healthcare providers to document, communicate and track medical information, while patients benefit from faster service, reduced errors and safer transmission of information among labs, pharmacies, hospitals and physicians.

In addition, HCN built the foundation for CHI's seamless expansion.

## **AFFORDABLE CARE ACT**

Arguably, the Affordable Care Act (ACA), signed into law by President Obama in 2010, would not have been possible without the community health center movement, which brought healthcare to millions of underserved Americans. Universal healthcare was the pie-in-the-sky political joke for decades, given little chance of ever becoming law, despite an annual legislative battle led by Sen. Edward M. Kennedy and other political and grassroots efforts. As the cost of healthcare bankrupted more and more Americans, the idea of healthcare as a human right spread into the middle and upper socioeconomic strata. Even before the ACA, community health centers had become a bipartisan cause.

"When George W. Bush was president, during his first term the objective was to double the amount of people served by community health centers, and during his second term he said he wanted to place a community health center in every poor county in America. So this has continued of course with Obama," Hartley said.

"His objective was to double the amount of people served by community health centers from 20 million to 40 million. Currently we're serving over 23 million in community health centers nationally, but, also under the Affordable Care Act,

they increased the funding for community health centers. In the law itself, there was about \$11.5 billion designated for community health centers. So the mission hasn't changed. Under the Affordable Care Act, we've expanded and we have enjoyed bipartisan support for community health centers."

CHI now serves more than 74,000 individuals, and has a total of 11 health centers and counting, plus 31 school-based centers.

"The Affordable Care Act has been really great for community health centers in general," Hartley said, because its goal was such a large expansion of care. "We've been a part of that growth at CHI."

Under the ACA, CHI was able to secure New Access Point (NAP) funding to open up centers in the communities of Tavenier, South Miami, Coconut Grove and West Kendall, all within the past five years.

The NAP grant program was designed to increase the number of primary healthcare centers across the country to address the needs of "underserved communities and vulnerable populations."

A Medically Underserved Area is a federally designated geographic area where residents have a shortage of health services, while a Medically Underserved Population is a federally designated group of people who face financial, cultural or language barriers to healthcare.

However, even with the increased access to insurance for millions of Americans, in Florida the state's refusal of federal Medicaid expansion dollars has left thousands of people uninsured.

"We still have patients who are way below the poverty level, but who don't make enough to qualify for the Affordable Care Act subsidies," said Dr. Saint Anthony Amofah, chief medical officer. "So there's a gap between those who make the least amount of money and get Medicaid now, and those who make too much money to qualify for Medicaid and not enough for the Affordable Care Act. It's a no man's land. It's a very painful thing."

"It's really the working uninsured. It's a big problem. We take care of everyone, regardless of their ability to pay. Federal funding allows us to pick up patients like that and give them basic outpatient primary care."



2005

DR. SAINT  
ANTHONY AMOFAH

*Dr. Saint Anthony Amofah, is CHI's chief medical officer and chief academic officer of the Brodes H. Hartley Jr. Teaching Health Center. He is also a leading expert on effective strategies for addressing health-care disparities for the underserved as well as chronic disease care. He regularly serves as an expert on the topics for policymakers in Washington.*

*In addition, Dr. Amofah is medical director of Health Choice Network, a national leader in the integration of health information technology among health centers and safety net providers.*

*Despite the enormous responsibilities of his many roles, Dr. Amofah is practicing medicine the way he always wanted in a place that supports his goals as a physician and his values.*

*"I come from Ghana in West Africa, and I identify well with this community-oriented practice – the mission to take care of everyone regardless of ability to pay," he said. "For me that was the biggest attraction to the healthcare field. I get a chance to practice medicine the way I'm used to, and the way I love to see, helping the underserved."*

*Dr. Amofah, who previously served as medical director for the Helen B. Bentley Family Health Center in Coconut Grove, is board certified in internal medicine, a fellow of the American College of Physicians and is certified in risk management, managed care and healthcare quality and management. He received an MBA with specialization in health services administration from the University of Miami and earned his medical degree from the University of Ghana Medical School.*

## BRODES H. HARTLEY JR. TEACHING CENTER

The Affordable Care Act has further expanded access to care and the number of patients seeking care. However, it also increased the need for physicians and created fierce competition for the best doctors, said Dr. Saint Anthony Amofah, CHI's chief medical officer and chief academic officer of the Brodes H. Hartley Jr. Teaching Health Center. CHI must compete with large, for-profit companies in its efforts to hire and retain excellent medical professionals.

The Act also provided a vehicle for increasing the number of physicians with funding for residency training. Physicians who choose CHI are committed to caring for the underserved as part of their life's work, said Dr. Amofah, who joined CHI in 2005. Primary care physicians and specialists are needed, along with child psychiatrists to treat the explosion of attention deficit hyperactivity disorder (ADHD) and other behavioral health issues impacting children, he said.

"Right now, nationally and locally, we're going through a physician shortage," Dr. Amofah said. "That's been a challenge for us, and certainly one of the reasons why we established the teaching program."

In 2014, CHI became the first Health Resources Administration-designated teaching health center in the state of Florida. CHI's board of directors voted to name the center the Brodes H. Hartley Jr. Teaching Health Center in honor of Hartley's commitment to teaching. Dr. Amofah is chief academic officer of the Center.

One of the goals of the Affordable Care Act is to improve the nation's access to well-trained primary care physicians by supporting residency training in community-based ambulatory patient care settings. CHI's 11 health centers are an ideal match for the program because they offer a wide range of services in each location, including family medicine, pediatrics, obstetrics and gynecology, psychiatry and general dentistry.

The federal Teaching Health Center Graduate Medical Education program is a nationwide \$230 million, five-year initiative that began in 2011 to

support high-quality primary care residency training in high-need, underserved communities.

“Our vision to become an educational institution of excellence is now realized,” Hartley said during the Center’s opening. “CHI will be contributing to the national effort to train primary care clinicians to meet the needs of the many newly insured from the Affordable Care Act. It also brings a higher level of quality to the organization.”

## BEHAVIORAL HEALTH

About one third of CHI’s operations are devoted to behavioral health. Nearly 50 years ago, CHI was a pioneer in behavioral health, establishing one of the few federally qualified mental health centers in the region. Today that tradition continues, as CHI focuses on novel approaches to ensure that the underserved – often the least likely to receive behavioral health services – have access to treatment.

CHI is also designated by The Joint Commission as a behavioral health home. However, reaching people who need behavioral health services remains a challenge. CHI has developed a system-wide approach that works.

“Behavioral health in Miami-Dade is very fragmented, so what we’ve tried to do is imbed behavioral health in our operation and make it seamless,” Dr. Amofah said. “That’s one of the reasons why we went seeking certification as a behavioral health home. We realized that patients with chronic diseases like diabetes and hypertension may also have other chronic problems like depression and anxiety, but they’re treated in a silo fashion.”

Behavioral health challenges like depression and anxiety can impact a patient’s ability to manage chronic health problems. Chronic health problems can also result in depression and anxiety. However, he said, when the patient visits a primary care physician, behavioral health problems are generally not addressed.

“When you come in for behavioral health and you have diabetes, you’re going to be referred out to see a medical professional,” Dr. Amofah said.

“We decided to place a medical professional in the unit, so you can see one right away and not have to wait for an appointment.”

“That’s a very unique model and we’re very proud of that.”

CHI is also focused on providing needed local behavioral health services for children. In a 2015 interview, Hartley talked about expanded behavioral health services and keeping a commitment to the community.

“We’re going to be breaking ground for our Children’s Crisis Unit. We have an adult crisis unit now that’s a Baker Act facility, meaning people who are at risk to themselves or others can be voluntarily or involuntarily admitted,” Hartley said. “We promised the community we would establish a children’s crisis center, because children from South Dade as well as Monroe County have to go all the way up to Hialeah for that service. We will get that up and running.”

“Over the years we’ve been able to expand the services we’re able to provide from not just family medicine, but pediatrics, obstetrics and gynecology, psychiatry, dental and pharmacy services and imaging services. We are one of the few, if not the only, community health center in the nation with a CT scanner.”

Expansion, not just of facilities but also services, is critical in the communities CHI serves, Hartley said.

“We continue to look for opportunities to expand the services we provide to this population, because 66 percent of the people we serve are uninsured. That’s higher than the average for community health centers across the nation, which tells you that if CHI or some other organization was not here, these people would not have access to services.”

*Over the years we’ve been able to expand the services we’re able to provide from not just family medicine, but pediatrics, obstetrics and gynecology, psychiatry, dental, pharmacy and imaging.*

## ADVOCACY

Advocacy brought CHI into existence, and has arguably kept it not only alive, but growing. Although it did not win every battle, with community support, CHI has more often prevailed in the halls of government. In 1997, the Goulds Coalition distributed a resolution to elected officials at the federal, state and local levels, asking that 24-hour service be re-established at the Urgent Care Center. Other community groups, including the South Dade Alliance for Neighborhood Development and the Goulds Development Corp., joined the effort, which ultimately garnered the support needed to restore funding – until the next round of budget cuts. CHI in turn has continued to fight for the community and other communities around the country.

Today CHI is part of state and national advocacy efforts on behalf of community health centers, the underserved and the working poor. Hartley has held leadership roles in the Florida Association of Community Health Centers and the National Association of Community Health Centers. Hartley and Dr. Amofah travel regularly to Tallahassee and Washington to advocate and provide insight into the healthcare needs of poor communities. Dr. Amofah is a Bureau of Primary Health Care Health Disparities Collaboratives clinical scholar, and has served on White House panels as a healthcare expert.

## CHRONIC AND PREVENTIVE CARE

While drugs, AIDS and teen pregnancies remain on the list of health problems facing the community, the obesity epidemic and diabetes are top concerns. Obesity is linked to a long list of other serious medical conditions, including diabetes, heart disease and cancer. Diabetes, in particular, is a dangerous health trend in minority and lower-income communities, Dr. Amofah said.

According to the U.S. Centers for Disease Control, more than two thirds of Americans are overweight. Some 35 percent of adults over 20 are obese, as are 20 percent of kids 12-19 and 17.7

percent of children ages 6-11. Minority communities have the highest rates of obesity, with non-Hispanic blacks topping the list at 47.8 percent, followed by Hispanics at 42.5 percent. About 32.6 percent of non-Hispanic whites are obese and only 10.8 percent of non-Hispanic Asians.

Treating patients with compassion and educating them about the dangerous consequences of their daily food choices is an ongoing process, he said. Creating a new culture of healthier eating and exercise will take time.

“We’re targeting chronic diseases and preventive health,” Dr. Amofah said. “Chronic diseases, diabetes, hypertension, HIV – those are areas of mega focus. We also know patients must come in for a checkup so they don’t wait until they’re in crisis mode.

“We have a very comprehensive care coordination program helping us target these patients. We have nurses getting patients to come in for care, following up with them, doing home visits, educating them. Nurses, social workers and outreach workers are all working together.”

The program also defines who is at highest risk and helps patients improve their outcomes. Part of the goal is preventing a life-threatening event in which the patient ends up in the hospital.

Because CHI is certified as a medical home, part of its goal is a proactive approach. To help patients with diabetes live healthier lives through better management of symptoms, CHI established a diabetes collaborative in 2006 that tracks the core national measures along with the number of patients participating and their rate of compliance. In 2011, CHI also began participating in the Florida Medicare Quality Assurance Inc.’s medication safety initiative to reduce adverse drug events in Medicare patients with diabetes.

*We have nurses getting patients to come in for care, following up with them, doing home visits, educating them. Nurses, social workers and outreach workers are all working together.*

## FAMILY MEDICINE

CHI began as part of a grand social experiment at the dawn of the practice of family medicine. Today, the field and its original vision are alive and well at CHI. Dr. Elizabeth Philippe is chief of Family Medicine and program director of the Brodes H. Hartley Jr. Teaching Health Center. A native of Haiti, Dr. Philippe arrived at CHI from the same medical training institution as her predecessor, the beloved practitioner, Dr. Sisodia.

“Actually, I came from the family medicine program at UM. Dr. Carmichael was already gone. I trained with Dr. [Michel] Dodard and Dr. [Robert] Schwartz. I graduated in 2002.”

A few years later, while working at Jackson Memorial Hospital, she heard about a position at CHI.

“That person needs to speak Creole,” she said, “and I thought it was the perfect opportunity. That’s where I met Dr. Sisodia, and three days after I was with her, seeing if CHI would be a good place for me, I heard that she was leaving.

“I got all her patients, and I’ve been here since 2005. The reason I came is the reason I went into

medicine in the first place – as a vehicle to work with the underserved and uninsured patients, the less fortunate who would have no access to healthcare.”

With 11 centers and a teaching health center, the job has grown. The team approach to care has become even more important. A focus on chronic care, treating patients with chronic diseases, including diabetes, hypertension and heart disease, who may not be taking their medications or visiting their doctor regularly, remains a big part of the focus of the family medicine team of physicians, nurses and social workers.

“Their responsibility is to make sure that the patient is becoming better controlled and more compliant with everything from medication to lifestyle changes,” she said.

Dr. Philippe said she is most proud of the care her team provides. “The ability to bring changes to patients’ lives is number one.”

“I am a team leader,” she said. “Because of the way we work, I’m able to incorporate all the care teams into patient care. Any success we have is an achievement for all of us. It’s something to be proud of.”

■ Faculty of the Brodes H. Hartley Jr. Teaching Health Center at CHI are training the next generation of medical professionals. Left to right, Dr. Elizabeth Philippe, Chief of Family Medicine and Associate Graduate Medical Education Director; Dr. Molrine Tracey, OB Program Director; Dr. Carlos Salgado, Psychiatry Program Director; Dr. Susan Manella, Director of Medical Education; Dr. St. Anthony Amofah, Chief Medical Officer and Chief Academic Officer.





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COCONUT GROVE HEALTH CENTER  
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MARATHON HEALTH CENTER  
2855 Overseas Highway MM 48.5, Marathon, FL 33050  
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EVERGLADES HEALTH CENTER  
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SOUTH DADE HEALTH CENTER  
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(305) 234-7676

## *CHI's Centers offer Comprehensive Care*

*CHI includes eleven community health centers in Miami-Dade and Monroe counties that offer comprehensive care. In addition to primary care, centers offer pediatrics, behavioral health, dental, OB/GYN, vision, radiology, pharmacy, laboratory and insurance enrollment.*

# JOURNEY TO EXCELLENCE

*Excellence in Healthcare and Service to the Community*

**C**EO Brodes H. Hartley Jr., known affectionately as “the Colonel,” admits that he brought a military view of performance to CHI with him when he became its leader in 1984. Hartley is a fan of strategic plans for success, a performance road map that can be judged by results.

Beginning with the partnership to form Health Choice Network, he said, CHI began a strategic effort to improve both quality of care and its financial management and stability.

While continuing to focus on the needs of the poor and uninsured, Hartley was determined to build a healthcare system that could compete with for-profit healthcare companies, appealing to insured patients who could go anywhere for care. Hartley focused CHI’s resources on what he saw as the priorities of an excellent healthcare organization: quality care and customer service, technology and training the next generation of physicians.

“That’s what we’re trying to do, to get that message out to the broader community. We are accredited by The Joint Commission in primary care, behavioral health and laboratory,” Hartley said. “That attests to the quality of care we provide, but we are also recognized as a patient-cen-

tered medical home by the National Committee on Quality Assurance.”

“We are on a Journey to Excellence,” he said. In 2011, CHI joined other high-profile healthcare companies in working with the Studer Group, which coaches healthcare organizations to perform better. While the Journey to Excellence is part of the Studer Group method, it can also be described as part of the “Hartley method” and a tradition at CHI.

Although CHI has won numerous awards for performance, service and commitment to the community, Hartley said in 2015, its ultimate goal was to receive the coveted Governor’s Sterling Award, which recognizes companies for excellence in organizational performance.

In May 2016, Gov. Rick Scott and the Florida Sterling Council announced that CHI was among just three winners in the state. In its 45th year, CHI became the first Federally Qualified Health Center in the nation to receive the Governor’s Sterling Award. The award marked a milestone for the healthcare system.

“It’s very competitive,” Dr. Amofah said. “You’re measured on so many things, not just services, but leadership. It’s a statement that we are the place that we espouse to be. It’s a validation of our work.”



*CHI's Brodes H. Hartley Jr. Teaching Health Center is training the next generations of doctors.*

CHI has utilized data-driven tools and methodology to grow its organization. With 11 health centers and 31 school-based centers, CHI now offers a broad range of services including primary care, pediatrics, urgent care, dental, OB/GYN, radiology, behavioral health, laboratory services, pharmacy, free medication delivery and patient transportation to residents of Monroe and Dade counties.

“Community Health of South Florida Inc. has been a trailblazing organization since its inception in 1971, paving the way for innovation, ensuring access for all to comprehensive healthcare and also as a teaching health center, training the next generation of medical professionals,” Hartley said.

“The Florida Governor’s Sterling Award confirms decades of hard work and dedication as CHI becomes the first Federally Qualified Health Center to receive this prestigious award. We are so proud of the CHI team for their hard work and commitment to earning the Sterling Award.”

CHI is also a Level 3 Patient-Centered Medical Home, the highest level attainable, and its electronic health record is certified to meet meaningful use requirements.

Monthly staff evaluation of services among supervisors and staff, a recognition and awards program and employee training, including

quarterly leadership development training, are part of CHI’s strategy to continue raising the bar. His office shelves are lined with shimmering trophies, awards too numerous to count. Despite its many achievements, Hartley said, resting on the successes of the past does not create longevity and growth.

“We want to be the provider of choice for people in South Florida,” Hartley said, “and the way we have to do that is ensure that our employees provide the best service. We want you to think of quality healthcare and the best service when you think of CHI. It’s an ongoing process to hardwire excellence into an organization.”

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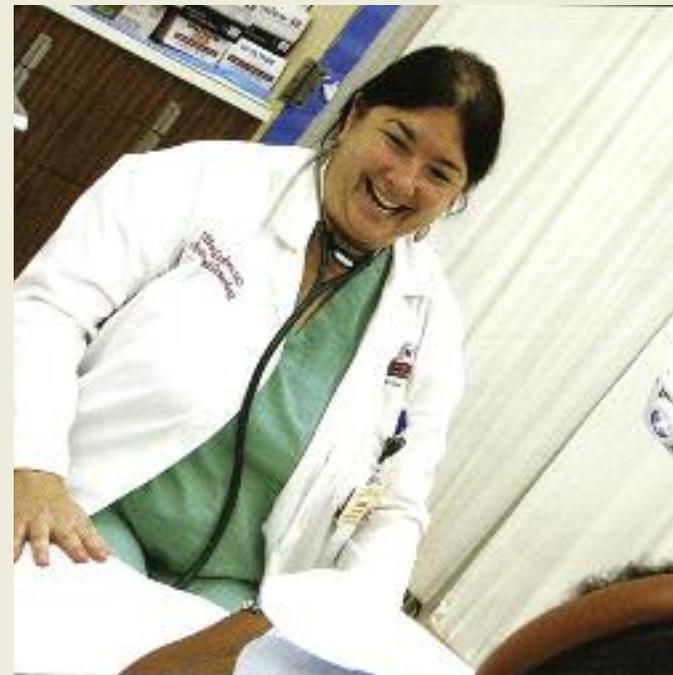
*In May 2016, Gov. Rick Scott and the Florida Sterling Council announced that CHI was among just three winners in the state. In its 45th year, CHI became the first Federally Qualified Health Center in the nation to receive the Governor’s Sterling Award.*

# HARDWIRED EXCELLENCE AND SERVICE

## *Moving Forward*

### **Brodes H. Hartley Jr. Teaching Health Center**

*Our vision to become an educational institution of excellence is now realized. CHI will be contributing to the national effort to train primary care clinicians to meet the needs of the many newly insured from the Affordable Care Act. It also brings a higher level of quality to the organization.*



■ *Dr. Amofah instructs the first class of 13 medical residents.*



*Becoming a medical resident as part of the first class of residents at the Brodes H. Hartley Jr. Teaching Health Center, was a dream come true for Dr. Hilary Gerber, single mother of two boys.*



*We want to be the provider of choice for people in South Florida, and the way we have to do that is ensure that our employees provide the best service.*

# Growing



■ (From left to right) President and CEO Brodes H. Hartley Jr., and Board Chair Johnny Brown join Palmetto Bay council member Karyn Cunningham and Tom Van Coverden, president of the National Association of Community Health Centers, cut the ribbon during the grand opening of the West Kendall Community Health Center.

■ CHI's West Kendall Community Health Center, a state-of-the-art facility, opened in 2015.

# Performing

*The Florida Governor's Sterling Award confirms decades of hard work and dedication as CHI becomes the first Federally Qualified Health Center to receive this prestigious award. We are so proud of the CHI team for their hard work and commitment to earning the Sterling Award.*

■ Hartley, Board Chair Johnny Brown and CHI's executive team accepted the Governor's Sterling Award in 2016.



■ *Dr. Elizabeth Philippe, Chief of Family Medicine at CHI, and other members of the care team for patient Claudia Alvarez, who visits the monthly Diabetic Clinic at CHI.*

# Caring

*Commitment to excellence and treating patients with compassion is part of the tradition of CHI.*

■ *CHI provided care to more than 75,000 unduplicated patients in 2015.*



More than 200 participants joined together at the fifth annual Hope 4 L.Y.F.E. walk/run to raise awareness for the early detection of breast cancer. This event raised money to fund life-saving mammograms for those who cannot afford it.

Dedicated adult volunteers provided nearly 9 million hours of services in 2015. Youth volunteers gave almost 3,000 hours.



# Volunteering

Angela Roberts, local businesswoman spearheaded the Hope 4 L.Y.F.E event which raises money to fund mammograms for CHI patients who can not afford them. She is surrounded by local students who helped raise money for the cause.



CHI recognized its volunteers with an awards luncheon. The volunteers add valuable assistance to departments such as pharmacy, human resources, imaging, logistics, lab, women's center, dental and many others.



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# Acknowledgments

Piecing together the nearly 50-year history of Community Health of South Florida, Inc. would not have been possible without the contributions of many people.

CHI President and CEO Brodes H. Hartley Jr. originally had the idea of producing a book chronicling the rich history of CHI, and was the first to participate in interviews. However, partly because the community and the people that gave rise to CHI were largely poor, most left no obvious paper trail. A collection of photos, records and mementos would have been a luxury in lives built by survival. Much of CHI's historical documents were destroyed during Hurricane Andrew.

Former and current CHI staff, as well as people from every corner of the community and beyond, provided countless hours of time – sharing insight and memories, images and keepsakes. Each source provided a piece of a puzzle that revealed history largely lost or forgotten.

Tiffani Helberg, vice president for communications and development for CHI, gathered hundreds of pieces of information, provided dozens of sources and facilitated interviews with CHI staff. She shepherded the project, providing ongoing encouragement and support. Tiffani also deserves thanks for securing the participation of the legendary Dr. H. Jack Geiger, one of the fathers of the community health center movement, in authoring the foreword.

Current employees including Natalie Windsor, Flor Sanguily, Ferda Owens, Dr. Arnold Oper, Dr. Saint Anthony Amofah, Dr. Elizabeth Philippe and Romanita Ford provided context and insights. Doris Ison's niece, Carolyn Taylor-Pates, and grandson, Brian Lucas, also shared their memories.

Special thanks to the following individuals and sources: Dr. Geiger generously contributed the foreword, along with a better understanding of the South African model that inspired him to develop community health centers in America. He also shed some light on the role of Dr. Lynn Carmichael in the community health center movement. Dr. Geiger's roles in both the civil rights and community health center movements, helped change America. As a little girl of color born into a segregated Mississippi town with a health center, I was personally affected by his contributions. Corresponding with him, has been an honor.

Former CHI employees also contributed time to this project. Dr. Madhvi Sisodia, in the aftermath of a tropical storm that flooded her community in South Carolina, took the time to share her memories. She was an ongoing source of information, and sent cherished photographs from her collection. Mrs. Hannah Feinberg generously provided images and memories, as well as important contact information for other sources. Rosalie Beloff, widow of Dr. Jerome Beloff, kindly provided some of her husband's writings. Dr. Priscilla Knighton also offered her memories of her many years at CHI from her home in Minnesota. In addition, Linda Stevenson, daughter of Odell Johns, generously provided cherished photographs and recollections of her father.

The family of Dr. Edwin S. Shirley Jr., his son Michael and niece Jasmin Shirley, graciously provided photographs and shared memories.

South Dade historian Bob Jensen of the Florida Pioneer Museum, provided images, sources and hours of his time to this project. He also gave us access to historical information from the collection of the late Fernando "Chappy" Pro, and the book *Jesse Robinson of Homestead*, another important resource.

Historian Marvin Dunn's book *Black Miami in the Twentieth Century* was an invaluable resource for all information about Miami's African-American community. An interview with him early on, helped me understand the local community health center movement and its role in changing the status quo.

Joseph Segor's lengthy and candid interviews illuminated a critical piece of the puzzle that is the history of both South Dade and CHI. He also provided additional sources including Cindy Hahamovitch, Class of '38 Professor of History and Chair, Lyon G. Tyler Department of History at The College of William & Mary. Her generosity with her time, resources and advice were valuable as was her book, *No Man's Land: Jamaican Guestworkers in America and the Global History of Deportable Labor*.

The book, *The Villages of South Dade*, by Jean Taylor, was also an incredible historical source of information.

Linda Quick former president of the South Florida Hospital and Healthcare Association, provided invaluable insight into the activism that resulted in the creation of CHI the only vivid memories of Doris Ison in action as a community activist.

William J. Spratt Jr. took the time to share his recollections of CHI and the colorful Odell Johns.

Judy and Merrett Stierheim provided context and critical sources, without whom this story would be incomplete.

Dawn Hughes of History Miami, Monika Leal, information services director for the *Miami Herald*, Erica Powell, archivist at the Calder Medical Library at the University of Miami Miller School of Medicine, Barbara Hijek of the *Sun Sentinel* and the *South Dade News Leader* helped with research, searching for photographs and news articles.

Florida City Mayor Otis T. Wallace contributed his time and insight as well as photographs.

Staff and physicians at the University of Miami and its Department of Family Medicine kindly shared their memories of Dr. Lynn Carmichael and their experiences at CHI: Linda Whitehead, Dr. Michel Dodard, Dr. Raul Tano and Dr. Cheryl Holder.

Dr. George Simpson, who is himself a piece of Miami history, shared his memories and a photograph.

This book was an extraordinary team effort by graphic designer Rhonda Edmiston, of Mixed Media, her assistant Sue Edmiston, who contributed her research and editing skills and Dorothy Stein who provided hours of expert copy-editing.

I am gratified to have been a part of this project.

# Leadership

## Board of Directors

**Top Row left to right:** Carlo St. Cyr; Jeffrey Coldren, 2nd VP; Cipriano Garza, Jr.; Preston Cowvins; Cesar Caicedo

**Front Row left to right:** Arjun Saluja, 1st Vice Chair; Teresita Roldan; Brodes Hartley, Jr. President/CEO; Johnny Brown, Board Chair; Abraham Levy, Treasurer; Susan Squella Scott, Secretary; Nicolas Alvarado

**Not Pictured:** Ingrid Mapelli-Franco; Luis M. Torrens; Diane Florence; Eddie Borrego; Claudia Gonzalez



## Executive Team

**Back Row:** Sean St. Louis, Chief Financial Officer; Jean Pierre, VP for Behavioral Health; Rafael Nieves, former Director of Logistics; Dr. St. Anthony Amofah, Chief Medical Officer; Juan Reyes, Asst. VP for Human Resources and Risk Management

**Front Row:** Monica Mizell, VP and Chief Nursing Officer; Blake Hall, Chief Operating Officer; Brodes Hartley Jr., President/CEO; Natalie Windsor, Chief of Staff; Tiffani Helberg, VP for Communications and Development

## Corporate Team

**Back Row:** Sean St. Louis, Chief Financial Officer; Tiffani Helberg, VP for Communications and Development; Armando Hall, Laboratory Manager; Jean Pierre, VP for Behavioral Health;

Rafael Nieves, former Director of Logistics; LeTerron Lewis, Director of MIS; Dr. St. Anthony Amofah, Chief Medical Officer; Juan Reyes, Asst. VP for Human Resources and Risk Management; Beatriz Fernandez, RN, Director of School-Based Programs/Coordinator Migrant Health; Fernando Vila, Director of Performance Improvement

**Front Row:** Toni Bowen-McDuffey, Director of Pharmacy; Monica Mizell, VP and Chief Nursing Officer; Carline Denis-Barnes, Director of Health Information Management; Blake Hall, Chief Operating Officer; Brodes Hartley Jr., President/CEO; Natalie Windsor, Chief of Staff; Allison Madden, Asst. VP Care Management; Romanita Ford, Director of Community Affairs and Government Relations; Kay Dolan, Radiology Manager



# Locations

## HEALTH CENTERS

**Doris Ison Health Center**  
10300 SW 216th Street  
Miami, FL 33190  
(305) 253-5100

**Coconut Grove Health Center**  
3831 Grand Avenue  
Miami, FL 33133  
(786) 245-2700

**Everglades Health Center**  
19300 SW 376th Street  
Florida City, FL 33034  
(305) 246-4607

**Marathon Health Center**  
2855 Overseas Highway, MM 48.5  
Marathon, FL 33050  
(305) 743-4000

**Martin Luther King, Jr. Clinica Campesina**  
810 West Mowry Drive  
Homestead, FL 33030  
(305) 248-4334

**Naranja Health Center**  
13805 SW 264th Street  
Naranja, FL 33032  
(305) 258-6813

**South Dade Health Center**  
13600 SW 312th Street  
Homestead, FL 33033  
(305) 242-6069

**South Miami Health Center**  
6350 Sunset Drive  
South Miami, FL 33143  
(786) 293-5500

**Tavernier Health Center**  
91200 Overseas Highway, Unit 17  
Tavernier, FL 33070  
(305) 743-0383

**West Perrine Health Center**  
18255 Homestead Avenue  
Perrine, FL 33157  
(305) 234-7676

**West Kendall Health Center**  
13540 SW 135th Avenue  
Miami, FL 33186  
(786) 231-0800

## URGENT CARE CENTERS

**DORIS ISON HEALTH CENTER**  
10300 SW 216 St., Miami, FL 33190  
(305) 252-4880 • Mon.-Sun. 3pm-10pm

**MARTIN LUTHER KING JR.  
CLINICA CAMPESINA**  
810 W. Mowry Dr., Homestead, FL 33030  
(305) 242-6006 • Mon.-Sat. 3pm-10pm

## SCHOOL BASED HEALTH CENTERS

Avocado Elementary  
Bent Tree Elementary School  
Bowman Ashe/Doolin K-8 Academy  
• Primary Learning Center Pre K-K  
• Lower Academy 1-5  
• Upper Academy 6-8  
Campbell Drive K-8 Center  
Colonial Drive Elementary  
Cope South/Dorothy M. Wallace  
Dante B. Fascell Elementary School  
Dr. Henry E. Perrine Academy of the Arts  
Dr. William A. Chapman Elementary  
Ethel F. Beckford/Richmond VPK

Florida City Elementary  
Gateway Environmental K-8 Learning Center  
Goulds Elementary School  
H.A. Ammons Middle School  
G. Holmes Braddock High School  
Homestead Middle  
Homestead Senior High  
Howard D. McMillan Middle  
Irving & Beatrice Peskoe K-8 Center  
Jane S. Roberts K-8 Center  
John Ferguson Senior High School  
Leisure City K-8 Center

Marjory Stoneman Douglas Elementary School  
• Early Learning Center Pre K 1st, 2nd  
• Primary Learning Center K  
• Main 3-5  
Paul W. Bell Middle School  
R.R. Moton Elementary  
Redondo Elementary  
Royal Green Elementary  
South Dade Senior High  
Southwood Middle  
West Homestead K-8 Center  
Zora Neale Hurston Elementary



## *Sterling Award Team*

CHI leadership receives  
The Sterling Award in Orlando  
on June 3, 2016.



■ *Proving specialized care for women, including imaging services, has been part of CHI's mission since 1971.*

## About the Author

Kitty Dumas is a writer and owner of Confluence, a content strategy and marketing firm. Confluence partners with clients to engage, inspire and motivate people through the power of words, wherever they may appear. She has developed, managed and implemented successful campaigns and projects for corporations, government entities and not-for-profit organizations here and abroad, including Baptist Health South Florida, FIU's Frost Art Museum, Enterprise Florida, Fisher Island and Ryder.

As a columnist and contributor, Dumas also writes about public and social policy, the American South and autism for *The Miami Herald*. As a journalist, she has written for publications including *The New York Times*, *The Washington Post*, *The Philadelphia-Inquirer*, *Black Enterprise* and *Congressional Quarterly's Weekly Report*, where she was also a contributor to the book *Politics in America*. A Mississippi native and graduate of the University of Mississippi, she lives in Miami, FL.



## About the Designer

Rhondda Edmiston is the designer/owner of the award-winning graphic design firm Mixed Media. The firm specializes in corporate and institutional advertising and graphics. Mixed Media strives to create visual leadership for clients, including American Express, Publix, Disney, Florida Power & Light, AT&T, Tupperware and Xerox.

Edmiston is a native of St. Petersburg, Florida, who earned her bachelor of fine arts degree from Florida Atlantic University. She designed and produced *Miami: The Magic City* by Arva Moore Parks; *My Journey: A Memoir* by Ralph Sanchez; *Florida's Third District Court of Appeal: Balancing Justice* by Kathleen M. O'Connor and Edward G. Guedes; and *Punto de Partida: Stories of Truth & Hope* by Daniel Shoer Roth.

*“We want to be the provider of choice for people in South Florida, and the way we have to do that is ensure that our employees provide the best service. We want you to think of quality healthcare and the best service when you think of CHI. It’s an ongoing process to hardwire excellence into an organization.”*

Brodes H. Hartley Jr.  
President and CEO  
Community Health of South Florida, Inc.



*“Patient Care Comes First”*

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