

Durham's Exemplary Health Center — And Its Leader, Dr. Evelyn Schmidt

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COMMUNITY HEALTH CENTERS are often called “safety net” institutions. I’ve never cared for that term, maybe because I object to the metaphor¹ — and its implication, intended or not, that we expect our less economically endowed citizens to attempt a precarious high wire crossing when they fall ill. Affluent societies shouldn’t require “safety nets” for healthcare. For bed and board for the homeless, perhaps. But everyone ought to be on the same (ground) level where basic healthcare is concerned. Few share my objections, however, and “safety net” is now the prevailing descriptor of many American social welfare institutions, including community health centers.²

In the late 1960s many observers saw neighborhood health centers (that’s what community health centers were called before the mid-1970s) not as “safety net providers” but as new fonts of innovation, models that were superior in programmatic design and, some claimed, clinical quality to the institutions they sought to correct and partly replace — the outpatient clinics of urban teaching hospitals.

Most of the early neighborhood health centers were funded by the federal Office of Economic Opportunity (President Johnson’s cabinet-level “War on Poverty” agency).³ These centers were created, however, by a vanguard of medical pioneers who made them outstanding examples of the “practice” of social medicine. Few of those founders remained long at their centers; they left to take other positions and pursue other careers — in private clinical practice; as teachers and researchers, department chairs, and deans at schools of medicine and public health; and as government officials (a few were even elected to public office).

One of these pioneers has served her entire career in the practice of social medicine. Dr. Evelyn Schmidt has been Director of Durham’s Lincoln Community Health Center from a few months after the Center opened in 1971. Lincoln ranks with Piedmont Health Services (formerly Orange-Chatham Comprehensive Health Services) as either the oldest or second oldest community health center in North Carolina.⁴

The data show clearly that for the City of Durham the main safety net for primary medical care — entry point care

— is the Lincoln Community Health Center. Last year, of the 33,334 people who used the Center’s services, 30% were covered by Medicaid, and another 6% by Medicare. A scant 3% had some type of private health insurance. The remainder were uninsured. Further, 83% of Lincoln’s patients fell below the federally defined poverty line, and only 6% had incomes greater than 200% of poverty. But not only does Lincoln take care of Durham’s poorest, it also takes care of the most rapidly growing population of newcomers. Hispanic people now account for 26% of Lincoln’s patients, and over the last six years the number of its Hispanic clients has increased by 526%!

The Center’s program of services is specifically tailored to be responsive to the needs of these clients — the poorest and most culturally distanced of Durham’s citizens. In that respect, the Lincoln program closely resembles the original conceptual model that guided the early neighborhood health centers of the late 1960s.⁵

In addition to a comprehensive range of primary care services for children and adults, Lincoln Community Health Center operates a dental care program, an urgent care program during the evening hours, a special emphasis program for diabetic patients, a wellness center, a healthcare program for the homeless, an early intervention and treatment program for HIV/AIDS, and a variety of service and training collaborations with the major public agencies and universities in the area.

The Center’s annual budget (from all sources) now stands at just under \$16 million, a far distance from the \$650,000 in the original grant back in 1971. The growth and long-term stability of the Center is surely a tribute to the hundreds of people who have staffed it over the past three decades plus. But more than anything it is the result of the energy and vision of the director, Evelyn Schmidt.

Dr. Schmidt has been honored several times for her work as the leader of the Lincoln Community Health Center program; and she has also been honored, more generally, as a force for good in the Durham community. A few weeks ago she was recognized once more, this time by the Preventive Medicine Residency Program of the UNC-Chapel Hill

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The Gouverneur Ambulatory Care Program still occupies the six-story building just to the west of the FDR Drive along the East River. A much older Gouverneur Hospital building stands just beyond the ambulatory care building.

School of Medicine, which gave her the John Atkinson Ferrell Prize in Preventive Medicine.

She then delivered the Atkinson Lecture to an audience of preventive medicine residents, faculty, and members of the North Carolina Academy of Preventive Medicine. What follows is taken mostly from my introduction of Dr. Schmidt as the Atkinson Lecturer. It is informal and partly autobiographical, since I knew her before she arrived in Durham, which is why they asked me to introduce her.

Evy Schmidt works in the field of social medicine — my field. But she is not an academic, not a researcher, not a policy wonk. And only occasionally is she seen as a talking head on TV. Instead, Evy is one of those people who *practice* social medicine. She has been practicing it longer than I've known her.

We first became acquainted in New York City in 1966. I was just out of internship and a junior officer in the US Public Health Service, a “two-year wonder” (although I ultimately stayed longer than two years). My superiors in Washington had assigned me to work with Cecil Sheps, who was then General Director of New York's Beth Israel Medical Center. They told me he would train me in medical care administration. I was pleased, since working at Beth Israel had been my idea.

Cecil started me on several projects at once. One was with Saul Blattman, the Chief of Pediatrics. Saul was planning to write a grant proposal for what was then called a “Comprehensive Children and Youth” program. The money would come from the old Children's Bureau. Beth Israel was proposing to serve a specific catchment area just south of the hospital.

Evy was then chief of Pediatrics at the Gouverneur Ambulatory Care Center, which was housed at the old Gouverneur Hospital. Gouverneur had an illustrious history. A city hospital, it had served as the major medical care institution for the immigrants who populated New York's Lower East Side near the turn of the 20th century. More recently, it had become a part of Beth Israel under New York City's affiliation strategy, whereby every one of the city hospitals was supposed to become affiliated with one of the major voluntary hospitals. The reason for that arrangement was to make sure that the city hospitals would have quality medical staffing.

But the affiliation between Gouverneur and Beth Israel was different from the others: it was only for ambulatory care, not inpatient care — at least not until a new Gouverneur Hospital could be built.

The Gouverneur Ambulatory Care Center was a huge, comprehensive health program for the poor. Its service population consisted of the entire Lower East Side, plus Chinatown, Little Italy, and the East Village — essentially everything north of the Brooklyn Bridge and Canal Street, south of 14th Street, and east of Broadway. A person could walk completely around the area in a few hours. But while it was geographically compact, it was also densely populated. In 1910, more than a half million people lived there. By the mid-1960s perhaps 200,000 remained. That's still a lot to count — and care for.

The Gouverneur program received the first neighborhood health center grant from the federal Office of Economic Opportunity. That made it the pioneer health program of President Johnson's War on Poverty.⁶ (The first eight grants, all awarded in 1966 and early 1967, went to establish new neighborhood health centers in South Boston, the Mississippi Delta, East Denver, South Central Los Angeles, two on Chicago's West Side, one in the South Bronx, and Gouverneur on the Lower East Side of Manhattan.)⁷

The first thing Saul Blattman wanted me to do was talk to Evy. So I went down to Gouverneur where she was, and she showed me through the facility. What a place! I've never seen anything like it, before or since.

I remember only one thing distinctly from that first visit: the signs. Every department had large signs — plural — not one sign but at least four, stacked on top of one another: There would be a sign in Spanish, then one in Chinese, then one in English (reading, for example, “PEDIATRICS” or “PHARMACY”) and then one in Hebrew. I assume they all said the same thing.

The place bustled with activity. That's the impression I came away with — bustle, lots of people, everyone in a hurry. New York often leaves that impression anyway; you can sense it almost any place in Manhattan.

In retrospect, I'm afraid I can't say how many people I saw walking the corridors at Gouverneur; nor can I really say how fast they were walking. In fact, I rather think that my impression of bustling activity came mostly from my guide.

Evy explained things as we walked. She talked, and talked. Faster and faster. Every time I was just about to ask a question — and I had plenty of questions — she had answered it before I could ask. By the time we were through, I knew a great deal about the Gouverneur program.

Dr. Schmidt went on to be the *de facto* director of the Comprehensive Children and Youth Program on which I first learned to design service programs and write proposals for grants to support them. The Beth Israel program was named “I SPY,” an acronym for a longer, officious title that one can deduce started with “infant” and ended with “youth,”⁸ but which was composed to evoke the TV series, “I Spy,” starring Bill Cosby and Robert Culp. That show was the first drama series on American television to cast a black man in a leading role. And one reason for appropriating the name for the Children and Youth program must have been because “I SPY” served a multi-racial neighborhood. I think we wrote Evy into the grant as Associate Director of “I SPY.” Saul Blattman would have been the nominal director. After a while he left Beth Israel to become the chair of pediatrics at Dartmouth.

By then I had long since moved on, having first regressed from writing grants in New York to handing out grants from Washington, and then moving to North Carolina, where I was again writing grants. One of them was for a new neighborhood health center in Durham to be sponsored by Lincoln Hospital. The Hospital was scheduled to close, its inpatient functions to be taken over by a new Durham County Hospital.

My involvement with Lincoln came (just as my involvement with I SPY had come) via Cecil Sheps.

Cecil and Charles Watts had become friends back in 1947, when Cecil was a newcomer to the faculty at Chapel Hill and Charles was beginning practice as a surgeon in Durham. Mindel Sheps (Cecil’s wife, who would later become a world-class biostatistician and demographer) had worked as a physician in the student health service at North Carolina College (now North Carolina Central University) where Charles Watts was the physician in charge. Also, both Doctors Sheps had been active members in the Durham chapter of the NAACP. In 1969 the Shepses returned to Chapel Hill, where Cecil was the founding director of the UNC Health Services Research Center (now the Sheps Center for Health Services Research). His return followed a distinguished career as a hospital administrator and university professor in Boston, Pittsburgh, and New York.⁹

Charles Watts by this time was an established surgeon and a senior leader both in Durham’s medical community and in civic affairs. He approached Cecil (or it may have been the other way around) about the question of the closing of Lincoln Hospital. How would Durham’s sizeable African American population, only a few years beyond Jim Crow laws and segregated facilities, be cared for when Lincoln closed?

Watts already had a scheme in mind. And he already knew the term “neighborhood health center.” Since he was



Charles D. Watts, MD, as a young Durham surgeon

chairman of the board of Operation Breakthrough, Durham’s local “War on Poverty” agency, he knew that the federal Office of Opportunity had been making sizeable grants to support health programs for the poor. With some help from the staff of the North Carolina Regional Medical Program (another now-extinct federal agency of President Johnson’s Great Society) Lincoln had already submitted a grant proposal. But a successful OEO neighborhood health center proposal required a much greater conceptual understanding and more groundwork than that proposal demonstrated, and OEO turned it down.

Sheps suggested to his friend that a neighborhood health center could fulfill Lincoln Hospital’s historical mission and even go beyond it — but, Sheps explained, neighborhood health centers were not simply outpatient clinics with a different name; they were *community* service programs that emphasized outreach and extensive *community* participation. These were notions that few hospitals paid any allegiance to and rarely if ever attempted to turn into programs. Because of his experience in community affairs Watts could understand Sheps’ formulation, and he realized that it had not been represented by that initial grant proposal to OEO.¹⁰ Sheps assigned me, as the junior academic in his health services research center — and someone who knew far more about the organization of neighborhood health centers than about social research methods — to instruct Dr. Watts further on the workings of health centers and to help prepare another proposal.

By this time there were perhaps 50 neighborhood health centers nationwide. There were centers in all of the states



Lincoln Hospital

surrounding and near North Carolina: Virginia, South Carolina, Georgia, Tennessee, Alabama, Kentucky, West Virginia; every Southern state in fact had a neighborhood health center except Oklahoma and North Carolina. Since there were no local models — and for a would-be leader seeing one is crucial — we went to somewhere I knew the directors (these centers were also among the best). Charles and I visited neighborhood health centers in New York and Atlanta, and he visited one on his own in Washington, DC.

We also met with the people who represented most of the health and medical care agencies in Durham. And as we talked our ideas through we wrote them down in a program design. Dr. Watts proved to be a quick study — no surprise. As we were writing the budget and putting the final package together to send off to the Regional Office of the Department of Health, Education and Welfare, he was already thinking like a neighborhood health center director, coming up with novel programmatic ideas — about how the primary care teams should function, what characteristics the center's main receptionist should have, how the outreach workers should be selected and trained, who should be on the board. Since he would be the acting director until we could find a permanent one, these sorts of ideas, but especially his mode of thinking, were welcome evidence to me that even a surgeon can learn to be a social medicine practitioner.¹¹

The money arrived in late 1970, and Charles Watts and I began looking for a director for the center. We considered several candidates, but none of them seemed right — until Cecil Sheps suggested Evy Schmidt. Maybe he knew she might be available. I was enthusiastic, and so was Dr. Watts as soon as he met her.

But I doubted she would come. I just didn't think that a native New Yorker could really appreciate Durham and the South without having lived here a while. (She grew up in

New Jersey, but I didn't know that then, and from a North Carolina vantage it amounts to the same thing.)

Then Cecil told me something I didn't know. Evy had already been in Durham: she was one of those New Jersey people who come South to attend Duke, in her case for both undergrad and medical school. I began to see then, through my Carolina Blue eyes, that Duke was good for something!

Cecil Sheps has been responsible for bringing a lot of outstanding people to Chapel Hill, and a few to Durham and Raleigh. Many of them have made extraor-

inary contributions to healthcare in North Carolina. One of the most valuable of the entire lot is Evy Schmidt. She has been director of the Lincoln Community Health Center since 1971, which if you know anything at all about the history of neighborhood health centers, should tell you that she has weathered hurricanes and droughts and recessions and depressions and just about every other metaphorical and actual programmatic crisis one can imagine. Yet, to slightly alter the title of a Stephen Sondheim song, "She's still here."¹²

I want to quote from the script of a musical-historical revue that was performed a couple of decades ago in Cameron Indoor Stadium to celebrate Durham County's Centennial. This was a high-toned affair: It cost \$50 just to get in the door. All of the important people were there: former Governor Terry Sanford, then-Governor Jim Hunt, members of the Duke family. Even Wallace Wade was there!

Near the end of the show, in which eight actors sang an interpolated score and exchanged cabaret-style patter for 90 minutes, one of them announced, "Durham County has a lot to be proud of."



Evelyn Schmidt, MD



Durham's Lincoln Community Health Center

Another replied, "That's right. The American Dance Festival, the National Humanities Center...."

And a third chimed in, "The National Institute for Environmental Health and The National Center for Health Statistics."

A fourth actor finished the recital: "And don't forget... a top hospital and medical school at Duke — And at Lincoln one of the outstanding community health centers in the nation."

Indeed, it deserves to be mentioned in that company.

I've often told those of my medical students who tell me they might be interested in a career in social medicine, that they must visit the Lincoln Community Health Center, and when they do they should try to get an appointment with Dr. Schmidt.

But, I warn them, "If you do get a chance to see her, don't expect to ask any questions."

In the course of her Ferrell Lecture Dr. Schmidt answered several questions — about the Lincoln Community Health Center and about the American healthcare system (her title in fact was a rhetorical question: "Is the Healthcare System Broken?" Her answer: Yes, it is badly broken, but maybe it can be fixed).

Lincoln Community Health Center may be a "model" among "safety net" healthcare institutions. But it also continues to exemplify the tradition of the early neighborhood health centers and the ideal of "community-oriented primary care."¹³ Few medical care institutions of any kind, operating under any auspice — private, academic or public — can say what portion of their active patient populations are diabetic, what portion of their older patients did not receive influenza vaccine last fall, or even what portion of their expectant mothers began prenatal care after the first trimester. Lincoln knows the results of several such indicators of short-coming and has in mind a corrective measure for each. The Center's staff is constantly reworking its strategies for attaining its targets in a series of indicators of "good" primary care.

Probably the most remarkable thing about the Lincoln program is the perseverance of its director, who has invested herself in the position for 32 years. In that time Dr. Schmidt has moved the Lincoln Community Health Center from good idea to vital institution — and a critically important institution for the Durham community. People in the know in Durham, and those who work in community-oriented primary care around North Carolina, realize how extraordinary the Lincoln Community Health Center is. For everyone else: Consider that having it in your town would be like having one of your local sports teams ranked in the top ten for three decades running — better even than Carolina Women's Soccer. Model "safety net institution" or universal model for primary care — pick either one — Lincoln deserves the accolade.

NOTES

- 1 Ronald Reagan's speechwriters may be responsible for the metaphor, since its popularity followed the 1982 State of the Union Speech. Explaining his budget priorities, the President sought to assure the nation that the "truly needy" would have a "safety net."
- 2 See Marion Ein Lewin and Stuart Altman (editors), *America's Healthcare Safety Net: Intact but Endangered*. Institute of Medicine, Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers. Washington: National Academy Press, 2000. This report is the most comprehensive discussion of "safety net institutions," but there are many others: A quick Google search turned up 577 web pages on which that phrase appeared.
- 3 OEO's director was Sargent Shriver, also the founding director of the Peace Corps. From there the succession of poverty warriors at headquarters took a sharp right turn. When Richard Nixon became President in 1969 and was determined to end the "War on Poverty," he assigned the task to a forceful, young Illinois Congressman named Donald Rumsfeld. The new OEO director (and Assistant to the President) then recruited as his own personal assistant a young graduate student named Richard Cheney.

- 4 Both received their federal grants within weeks of each other; I've forgotten which grant came first. The Prospect Hill center of Orange-Chatham was already open before the grant came, so maybe that makes Orange-Chatham first. On the other hand, the Lincoln Hospital Clinic, which had been operating for many years, essentially merged into the early Lincoln Community Health Center.
- 5 Health Services Office, Community Action Program, Office of Economic Opportunity, *The Comprehensive Neighborhood Health Services Program: Guidelines*. Washington: OEO, March 1968. U.S. Public Health Service, *A Conceptual Model of Organized Primary Care and Comprehensive Community Health Services*. Health Services and Mental Health Administration, U.S. Department of Health, Education and Welfare. Washington: Government Printing Office, 1970. Reissued, 1973.
- 6 Light HL, Brown HJ. The Gouverneur Health Services Program: an historical overview. *Milbank Mem Fund Quarterly* 1967; 45:375-90.
- 7 The best early account of the overall program is Schorr LB and English JT, Background, context, and significant issues in neighborhood health center programs. *Milbank Mem Fund Quarterly* 1969;46:289-96. Contemporary writings about the OEO's neighborhood health center program were numerous. An annotated bibliography issued in 1971 listed 104 articles and book chapters. Office of Economic Opportunity, Office of Health Affairs, *Bibliography on the Comprehensive Health Service Program*. OEO Pamphlet 6128-8. Washington: OEO, April 1971.
- 8 S stood for school, P for preschool.
- 9 Sheps left Chapel Hill in 1952 to become General Director of Boston's Beth Israel Hospital. Later he would chair the graduate program in health and hospital administration at the University of Pittsburgh, before becoming General Director of Beth Israel Medical Center in New York City.
- 10 Concurrent with the Lincoln proposal I was working on the Orange-Chatham Comprehensive Health Services, Inc. proposal, one for Soul City in Warren County (this became HealthCo, Inc.), and one in Hot Springs (Madison County).
- 11 We approached HEW because OEO had just announced that it would no longer be funding freestanding health centers. Instead, the agency intended to make a few very large grants for citywide "primary care networks." I attempted to interest Duke Medical Center in sponsoring a second health center in Durham that could "network" with Lincoln. The "network" — and each of the sponsors of its constituent health centers — could, thereby, receive a grant many times larger than the one HEW gave to Lincoln. But that's another tale: a story for the "what might have been" archive.
- 12 "I'm Still Here" is the actual title of the song from *Follies* (1971).
- 13 Eileen Connor and Fitzhugh Mullan (editors), *Community Oriented Primary Care: New Directions for Health Services Delivery*. Washington: National Academy Press, 1983. Paul A. Nutting (editor), *Community-Oriented Primary Care: From Principle to Practice*. Washington: Department of Health and Human Services, 1987. Second Edition, Albuquerque, NM: University of New Mexico Press, 1991.