IN THE SUPREME COURT OF FLORIDA

CASE NO. 69,970

THE PUBLIC HEALTH TRUST
OF DADE COUNTY, FLORIDA,

Petitioner,

vs.

NORMA WONS,

Respondent.
_____/

APPEAL FROM THE THIRD DISTRICT COURT OF APPEAL

CASE NO. 86-985

PETITIONER'S BRIEF ON THE MERITS

ROBERT A. GINSBURG
Dade County Attorney

By

AURORA ARES
Assistant County Attorney
Jackson Memorial Hospital/
Public Health Trust Division
1611 N.W. 12th Avenue
Executive Suite C, Room 108
Miami, FL 33136
305/549-6225

TABLE OF CONTENTS

TABLE OF AUTHORITIES

STATEMENT OF THE FACTS AND OF THE CASE

Respondent, Norma Wons, a mother of two minor children living with her and her husband, suffered from a condition known as dysfunctional uterine bleeding (A. 20). In laymen's terms, she was bleeding to death. She came to Jackson Memorial Hospital, which is owned and operated by the Petitioner, Dade County Public Health Trust, seeking treatment for her condition. Doctors informed Mrs. Wons that her blood count was dangerously low; that she needed a blood transfusion; and that she would die without one (A. 21). In fact, Respondent had lost over 90% of her available red blood cells. She refused to give consent to the administration of a blood transfusion on the grounds that she was a member of the Jehovah's Witness faith, whose tenets forbid the infusion of blood into the body (A. 31). Respondent's husband and two of her brothers concurred in her refusal to the transfusion (A. 40-43). Her condition worsened and she lapsed in and out of consciousness.

An emergency hearing was convened in chambers to hear the Public Health Trust's Petition for An Order Authorizing Emergency Medical Treatment and Appointing a Guardian (A. 19). Respondent's husband, older son and her two brothers were notified. They appeared at the hearing and were questioned by the Court (A. 40-43). An attorney, John Kelner, was appointed by the Court as guardian ad litem for Respondent. He consulted with the family and argued on behalf of Mrs. Wons' right to refuse treatment (A. 19-23).

The hospital's witness, Dr. Joseph Civetta, Director of the Surgical Intensive Care Unit at Jackson Memorial Hospital, testified that, in his opinion, Mrs. Wons' death was imminent unless a transfusion were given and that blood substitutes would not be an effective alternative in this case (A. 30-33). Dr. Civetta testified that Respondent was "absolutely at the edge, and that any instant or within hours she could die" (A. 30).

Heinrich Wons, Respondent's husband, testified that he understood that his wife might die without a blood transfusion, but that he would respect her wish and her right to refuse the transfusion (A. 37). Mr. Wons testified that he was the family's sole support (A. 38). He stated that during his wife's illness, the couple's minor children were being cared for by himself and his 62-year-old mother-in-law (A. 38-39). Additionally, Respondent's brother had agreed to assist in the care of the children (A. 39).

After carefully considering the testimony and legal arguments, the Court rendered its ruling:

> I'm going to now take judicial notice of another fact which has not been expressed. I'll take judicial notice of the fact that, in my opinion, the two children here, one 12 and one 14, would be denied an intangible right they have to be reared by two loving parents, and not one, and I'll take judicial notice of the fact that for the most part the love and the parentage of two parents is far better than one, and that we would end up therefore with better citizens.

> I recognize the law, and I know what the law says. You have a competent adult. She has refused to take blood and she has a right to do so. The only way that we can obviate that right that's guaranteed to her by the [privacy right] of the Constitution of this state is to find an overriding interest, or overriding reason. I'm going to tell you straight out, and it may not be a popular decision, but I think that the right of these two children to be reared by two parents is an overriding reason (A. 46-47).

The Court directed Mr. Kelner to appeal the decision to the Third District Court of Appeal (A. 47). The Court appointed Mr. Kelner guardian ad litem for the purpose of consenting to the treatment (A. 49). The blood transfusion was administered and Mrs. Wons recovered, was discharged from the hospital, and she is now living (A. 7).

In its subsequent written Order, the trial court found that Respondent was a competent adult who wanted to live but whose religious beliefs prevented her from consenting to a blood transfusion (A. 51-52); that a blood transfusion would save her life and that her refusal would result in her death, thereby depriving her minor children of the right to be reared by two loving parents (A. 52); that pursuant to Satz v. Perlmutter, 362 So.2d 160 (Fla. 4th DCA 1978, aff'd, 379 So.2d 666 (Fla. 1980), the state's interest in protecting the minor children is sufficiently compelling to override the right of a mother to refuse lifesaving medical treatment (A. 52).

A Notice of Appeal and Initial Brief were filed the next day and oral argument was heard on May 5, 1986. On

May 8th, the Third District directed Respondent to submit a signed, notarized statement that she would refuse to be administered blood in the future, even if it were necessary to save her life (A. 56). Respondent submitted the Affidavit (A. 58-59).

On January 6, 1987, the District Court reversed the trial court (A. 1). In dissent, Chief Judge Schwartz found that the state's interest in preserving Respondent's life and the quality of life of her minor children are such that she may not be permitted to die. The Court certified that the decision passes upon a question of "great public importance" so as to permit further review of the case by this Court (A. 2).

Petitioner has sought timely review by this Court.

POINT ON APPEAL

THE RIGHT OF MINOR CHILDREN TO HAVE PARENTS OUTWEIGHS THE RIGHT OF A PARENT TO REFUSE A LIFESAVING BLOOD TRANSFUSION

SUMMARY OF ARGUMENT

The right of minor children to have parents outweighs a parent's right to refuse, on religious grounds, lifesaving blood transfusions. The law has long recognized that, although freedom of religious belief is absolute, the right to exercise one's religion is not absolute. It is error to hold that the state's interest is confined to preventing minors from becoming wards of the state. Such a rule ignores the unique importance of a parent in a child's upbringing; ignores the fact that the surviving parent or other relative may also die before the minor reaches the age of majority; and, perhaps most significantly, ignores the fact that the parent does not want to die.

ARGUMENT

THE RIGHT OF MINOR CHILDREN TO HAVE PARENTS OUTWEIGHS THE RIGHT OF A PARENT TO REFUSE A LIFESAVING BLOOD TRANSFUSION

This case squarely presents the issue of whether a competent adult, the mother of minor children living with her, has the right to refuse consent, based upon religious beliefs, to a lifesaving blood transfusion.

It is an issue of great public importance as it decides whether individuals owing parental responsibilities to their minor children will be permitted to die. This case necessitates the balancing of the welfare of the children and the right to religious freedom.[1]

---

[1] In asserting its position, Petitioner in no way wishes to minimize Respondent's deep religious conviction nor refute Respondent's fundamental right to her beliefs. The law has long recognized, however, that although freedom of belief is absolute, freedom to exercise one's beliefs is not, and must be considered in light of the public welfare. Cantwell v. State of Connecticut, 310 U.S. 296, 60 S.Ct. 900, 903, 84 L.Ed. 1213 (1940); Prince v. Commonwealth of Massachusetts, 321 U.S. 158, 64 S.Ct. 438, 88 L.Ed. 645 (1944). Thus, a number of courts have held that the state's interest in promoting the general welfare can outweigh First Amendment rights. In Reynolds v. United States, 98 U.S. 145, 25 L.Ed. 244 (1878), the state's interest in protecting society from the morally deleterious effect of polygamy outweighed a person's First Amendment right to engage in this religiously commanded practice.

In Lawson v. Commonwealth, 164 S.W. 2d 972 (Ky. Ct. App. 1942) and Harden v. State, 216 S.W. 2d 708 (Tenn. 1949), the state's interest in protecting individuals from dangerous "snake handling" rituals outweighed a person's First Amendment right to perform sacred religious rites.

(Footnote Continued)

A comprehensive framework for analyzing refusal of treatment cases was articulated in two landmark decisions involving the right of terminally ill patients to refuse treatment. Superintendent of Belchertown v. Saikewicz, 370 N.E. 2d 417 (Mass. Sup.Ct. 1977) involved the right of a terminally ill man to refuse painful life-prolonging treatment. The Court articulated a four-part analysis of when state interests could outweigh an individual's right to refuse medical treatment: (1) preserving life; (2) protecting innocent third parties; (3) preventing suicide; and (4) maintaining the ethical integrity of the medical profession. Id. at 425. The Court specifically held that the state's interest in preserving the life of a curable patient would be more compelling than in the case of one who is terminally ill:

> It is clear that the most significant of the asserted State interests is that of the preservation of human life. Recognition of such an interest, however, does not necessarily resolve the problem where the affliction of disease clearly indicates that life will soon, and inevitably, be extinguished. The interest of the State in prolonging a life must be reconciled with the interest of an individual to reject the traumatic cost of the prolongation. There is a substantial distinction in the State's

---

(Footnote Continued)
Each of these cases involved religious beliefs as closely held as the one in the instant case. Each time the court discerned a clear public interest which, on balance, outweighed the asserted First Amendment right. It is submitted that the public interest preserves the life of a parent of minor children is at least as compelling as the public interest in promoting monogamous marriages and preventing life-threatening religious rituals.

> insistence that human life be saved where the affliction is curable, as opposed to the State interest where, as here, the issue is not whether but when, for how long, and at what cost to the individual that life may be briefly extended. (emphasis supplied). Id. at 425-426.

Additionally, the Court noted that a critical factor in the balancing process would be the possible impact of a patient's death on his minor children:

> A second interest of considerable magnitude, which the State may have some interest in asserting, is that of protecting third parties, particularly minor children from the emotional and financial damage which may occur as a result of the decision of a competent adult to refuse life-saving or life-prolonging treatment. Thus, in Holmes v. Silver Cross Hosp. of Joliet, Ill, 340 F.Supp. 125 (D.Ill. 1972) the court held that, while the State's interest in preserving an individual's life was not sufficient, by itself, to outweigh the individual's interest in the exercise of free choice, the possible impact on minor children would be a factor which might have a critical effect on the outcome of the balancing process. Id. at 426.

These principles were adopted by Florida in Satz v. Perlmutter, 362 So.2d 160 (Fla. 4th DCA 1978), aff'd, 379 So.2d 359 (Fla. 1980). [2]

---

[2] The Saikewicz-Perlmutter analysis was applied in another Florida case where, as here, a competent hospital patient who was the parent of a minor child refused consent to a blood tranfusion on religious grounds. In St. Mary's Hospital v. Ramsey, 465 So.2d 666 (Fla. 4th DCA 1985), a twenty-seven-year-old divorced father of a minor child refused consent to a lifesaving blood transfusion on the basis of his Jehovah's Witness faith. The patient was obligated to pay fifty dollars a week to support his child

(Footnote Continued)

In the instant case, the Third District reached a harsh result. It concluded that the state has no interest in preserving the life of a parent of minor children unless the children, as a result of the parent's death, would become wards of the state (A. 15). The state's interest in protecting the welfare of Respondent's children, "although a vital and troubling consideration" was not considered compelling because Respondent's death "will not result in an abandonment of her two minor children" (A. 15). The Third District's factually-specific reasoning was stated as follows:

> According to the undisputed testimony below, [Respondent] has a tightly knit family unit, all practicing Jehovah's Witnesses, all of whom fully support her decision to refuse a blood transfusion, all of whom will care for and rear the two minor children in the event she dies. Her husband will, plainly, continue supporting the two children with the aid of her two brothers; her mother, a sixty-two-year old woman in good health, will also care for the children while the husband is at work. Without dispute, these children will not

---

(Footnote Continued)
who lived with her mother in Michigan.

The Fourth District concluded that the state's interest in protecting third parties, "is probably the most difficult hurdle to overcome in the case at bar." Id. at 668. The Court, however, concluded that the state's interest in preserving the life of a parent of a minor child was not compelling where the father was not actively involved in the child's upbringing nor was the main provider of the child's financial needs. Although Petitioner does not agree with the Ramsey rationale, the case at bar is readily distinguishable factually and this Court need not overrule Ramsey to reverse the decision herein. Here, the minor children live with their mother, and she is actively involved with their upbringing.

become wards of the state and will be reared by a loving family (A. 14-15).

To rely on the existence of other relatives ignores the reality that the surviving parent or other relative may also die before the child reaches the age of majority.

The best rule was articulated in the leading opinion of Application of the President and Directors of Georgetown College, Inc., 331 F.2d 1000 (D.C. Cir. 1964), cert. denied, 377 U.S. 978, 84 S.Ct. 1883, 12 L.Ed.2d 746 (1964), a case very similar factually to the instant case. There, Georgetown Hospital applied for an emergency writ seeking relief from the action of the United States District Court denying the hospital's application for permission to administer blood transfusion to an emergency patient. The patient, Mrs. Jones, was brought to the hospital by her husband for emergency care, having lost two-thirds of her body's blood supply from a ruptured ulcer. Doctors for the hospital confirmed that the patient would die without the administration of a blood transfusion. The patient's husband refused to authorize the blood transfusion on the grounds that he and his wife were both members of the Jehovah's Witness faith. Circuit Court Judge J. Skelly Wright noted that the patient, 25 years old and the mother of a seven-month-old child, has a responsibility to the community for the care of her infant. The Court held that state's interest in enforcing this responsibility was compelling even though the child would not become a ward of

the state but would be cared for by her father in the event of her mother's death. Judge Wright stated:

> The state, as parens patriae will not allow a parent to abandon a child, and so it should not allow this most ultimate of voluntary abandonments. The patient had a responsibility to the community to care for her infant. Thus the people had an interest in preserving the life of this mother. 331 F.2d at 1008.

Judge Wright's opinion has been cited and quoted by many courts in recognition of the state's interest, vel non, in preserving the life of a parent of minor children. In Application of Winthrop University Hospital, 490 N.Y.S.2d 996 (N.Y. Sup.Ct. 1985), the Court held that the state, as parens patriae, had an overriding interest in ordering compulsory medical treatment to save the life of a mother of minor children. The Winthrop court found the state's interest in preserving the life of a married mother of two to be sufficiently compelling to override her right to refuse vital medical treatment. This was so even though the minors would not be abandoned or become wards of the state, but would be raised by their father in the event of the mother's death. Id. at 996.

In Application of Jamaica Hospital, 491 N.Y.S.2d 898 (Sup.Ct. 1985), the Court ordered a blood transfusion for the pregnant non-consenting single mother of ten children. While relying on the fact that the state had an overriding interest in protecting the life of a viable fetus, the Court also noted that "[a]n additional basis for ordering the transfusion may exist in the patient's responsibility to her

living minor children." Id. at 899, citing Georgetown College, supra.

Specifically, blood transfusions have been judicially ordered for non-consenting adults where minor children have been involved. In United States v. George, 239 F.Supp. 752, 753 (D. Conn. 1965), the trial court authorized a blood transfusion after noting that the non-consenting patient was the father of four children. The Court adopted Judge Wright's rationale. In Powell v. Columbian Presbyterian Medical Center, 40 Misc.2d 215, 267 N.Y.S.2d 450, 451 (N.Y. Sup. Ct. 1965), the Court authorized blood transfusions for a married mother of six children who refused consent to the transfusions on religious grounds. The transfusions were authorized even though the children would be supported and raised by their father, and would not become wards of the state as a result of their mother's death.

Even the right of the terminally ill to die, as opposed to the right to refuse treatment, is limited where there are minor children. In In Re Yetter, 62 Pa.D.&C 2d 619 (1972), the Court stated:

> [T]he constitutional right of privacy includes the right of a mature competent adult to refuse to accept medical recommendations that may prolong one's life and which, to a third person at least, appear to be in his best interests; in short, that the right of privacy includes a right to die with which the State should not interfere where there are no minor or unborn children and no clear and present danger to public health, welfare or morals. (Emphasis supplied) Id. at 623.

As against a patient's right to refuse livesaving medical treatment, the "possible impact on minor children would be a factor which might have a critical effect on the outcome of the balancing process." Saikewicz, supra, at 426. In Matter of Conroy, 486 A.2d 1209 (N.J. 1985), the Court noted that the right of an incompetent patient to refuse life-prolonging treatment could be outweighed by the state's interest in preventing the "emotional as well as the financial abandonment of the patient's minor children." Id. at 1225. The Supreme Court of New Jersey cited with approval Judge Wright's conclusion that the state has an interest in preserving the life of a parent who owes a "responsibility to the community to care for [his minor children]." Id.

Nothing in the above cases suggests that the state's interest in protecting the welfare of minor children must be confined to the narrow question of whether the minors would be abandoned as a result of the parent's death. On the contrary, by repeatedly citing Georgetown College with approval, the courts have recognized that the state has a compelling interest per se in preserving the life of a parent of minor children.

Even in those instances when the courts have upheld the right of competent childless adults to refuse lifesaving blood transfusions, the decisions suggest that the mere existence of minor children would have yielded a contrary result. In Matter of Melideo, 390 N.Y.S. 2d 523, 524 (N.Y.

Sup. Ct. 1976), the court held that a competent adult's right to refuse a lifesaving blood transfusion on religious grounds was limited by the state's interest "in the welfare of the children [which] may justify compulsory medical care where necessary to save the life of the mother of young children," citing Georgetown College. In In Re Brooks' Estate, 32 Ill. 2d 361, 205 N.E. 2nd 435 (Ill. 1965), the Supreme Court of Illinois recognized that the state's interest in preserving the life of the mother of minor children could outweigh her right to refuse vital medical treatment on religious grounds. The Brooks court noted that the free exercise clause of the First Amendment contained two concepts, the freedom to believe and the freedom to act in pursuit of those religious beliefs. Freedom to believe is absolute, but the freedom to act is subject to countervailing societal interests. Id. at 440. In discussing the right of a Christian Scientist to refuse medical treatment, the Court in Winters v. Miller, 446 F.2d 65, 70 (2d Cir. 1971), stated that an individual's First Amendment rights may be outweighed by the state's interest in protecting an:

> interest, either on the part of society as a whole or at least in relation to a third party, which would be substantially affected by permitting an individual to assert what he claimed to be his "free exercise" rights.

An additional consideration is the state's interest in maintaining the ethical standards of the healing professions. As the court in John F. Kennedy Memorial Hospital v. Heston, 279 A.2d 670, 673 (N.J. 1961) noted:

> To [doctors] a failure to use simple, established procedure in the circumstances of this case would be malpractice, however the law may characterize that failure because of the patient's private convictions.

The Third District's fact-specific test on the issue of abandonment is a difficult one to apply in an emergency context and will be incapable of application in most cases. As a result of that decision, before a hospital administers blood to a non-consenting bleeding patient, a hospital or physician is now required to conduct an inquiry into the patient's family background. Hospitals and doctors must now burden the precious minutes needed to make treatment decisions with the additional task of ascertaining whether a patient's minor children will or will not be abandoned in the event of his death. Before treating, the physician must ascertain: (1) whether the patient believes the transfusion will cause him to lose his chance for everlasting life or whether, subliminally, he would consider himself blameless if the transfusion were ordered by the court; (2) whether the patient-parent of the minor children has a spouse and, if so; (3) whether the spouse is willing and able to care for the child; (4) whether in addition to a spouse, the patient has a tightly-knit extended family that is willing and able to support the child; (5) whether that family

supports the patient's decision to forego lifesaving treatment, and (6) whether the family will sign releases from liability.

The cases have noted the difficult situation health care providers face when presented with a patient who demands cure while at the same time dictating conditions that represent a departure from sound medical practice. In John F. Kennedy Memorial Hospital v. Heston, supra, the court summed up the dilemma:

> A surgeon should not be asked to operate under the strain of knowing that a transfusion may not be administered even though medically required to save his patient.
>
> The hospital and its staff should not be required to decide whether the patient is or continues to be competent to make a judgment upon the subject, or whether the release tendered by the patient or a member of his family will protect them from civil responsibility. 279 A. 2d at 673.

Accord: Application of the President and Directors of Georgetown College, supra, 331 F.2d at 1009; Crouse Irving Memorial Hospital v. Paddock, 485 N.Y.S. 2d 443, 446 (N.Y. Sup.Ct. 1985); United States v. George, 239 F. Supp. 752, 754 (D. Conn. 1965). A bright-line rule capable of application in a hospital emergency room must be articulated. Simply stated, the state must have a compelling interest per se in preserving the life of a parent of minor children. This is a result that is entirely consistent with case law, public policy and with human experience.

In the instant case, the trial court took judicial notice of the fact that nothing in a child's life can substitute for the love and care of a parent. The custody cases provide the best articulation of this fact. For example, Florida favors the natural parents over the claims of even the more mature and financially qualified members of the extended family. State v. Reeves, 97 So.2d 18 (Fla. 1957); In Re Guardianship of D.A.McW., 429 So.2d 699 (Fla. 4th DCA 1983). In In Re Guardianship of D.A.McW., the court upheld an unwed father's right to custody of his child over the claims the maternal grandmother. The court reasoned that, in his father's custody, "the child can have not only a name but a natural parent and share in the benefits and responsibilities that flow from such a relationship. These factors are not to be gainsaid in determining the child's welfare." Id. at 704.

Judge Wright's opinion is the leading articulation of the complexities that confound treating physicians in cases involving members of the Jehovah's Witness faith. A bleeding patient who presents himself at a hospital and asks to be treated is saying that he doesn't want to die. Frustrating this will to live is the legal concept that medical care not be rendered without the consent of the patient. Matter of Conroy, 486 A.2d 1209, 1222 (N.J. 1985). And it is this very consent which members of the Jehovah's Witness faith cannot give. As Judge Wright noted in Georgetown College, the patient wanted to live:

> Her voluntary presence in the hospital as a patient seeking medical help testified to this. Death, to Mrs. Jones, was not a religiously-commanded goal, but an unwanted side effect of religious scruple. There is no question here of interfering with one whose religious convictions counsel his death, like the Buddhist monks who set themselves afire. Nor are we faced with the question of whether the state should intervene to reweigh the relative values of life and death, after the individual has weighed them for himself and found life wanting. Mrs. Jones wanted to live. 331 F.2d at 1009.

The judge considered the state's interest in preserving life:

> [N]either the principle that life and liberty are inalienable rights, nor the principle of liberty of religion, provides an easy answer to the question whether the state can prevent martyrdom. Moreover, Mrs. Jones had no wish to be a martyr. And her religion merely prevented her consent to a transfusion. If the law undertook the responsibility of authorizing the transfusion, without her consent, no problem would be raised with respect to her religious practice. Thus, the effect of the order was to preserve for Mrs. Jones the life she wanted without sacrifice of her religious beliefs. Id.

Similarly, in the United States v. George, 239 F. Supp. 752 (D. Conn. 1965), the non-consenting patient took the view that he would not resist a court-ordered blood transfusion and that if forced "[h]is 'conscience was clear', and the responsibility for the act was 'upon the court's conscience'". Id. at 753. Also, in Powell v. Columbian Presbyterian Medical Center, 267 N.Y.S.2d 450 (N.Y. S.Ct. 1965) the court discerned an implied consent to

the transfusion on the part of the patient by her mere presence at the hospital seeking treatment:

> I read Application of the President and Directors of Georgetown College, Inc., 118 U.S.App.D.C. 80, 90, 331 F.2d 1000 and at 1010, and was convinced of the proper course from a legal standpoint. Yet, ultimately, my decision to act to save this woman's life was rooted in more fundamental precepts. It became clear to me that the crux of the problem lay, not in Mrs. Powell's religious convictions, but in her refusal to sign a prior written authorization for the transfusion of blood. She did not object to receiving the treatment involved--she would not, however, direct its use ....
>
> How legalistic minded our society has become, and what an ultra-legalistic maze we have created to the extent that society and the individual have become enmeshed and paralyzed by its unrealistic entanglements.
>
> I was reminded of "The Fall" by Camus, and I knew that no release--no legalistic absolution--would absolve me or the Court from responsibility if I, speaking for the Court, answered "no" to the question "Am I my brother's keeper?" This woman wanted to live. I could not let her die. Id., at 450-451.

Before the Third District's decision in this case, a court order could save both the life and the religious conscience of a person of the Jehovah's Witness faith. After the Third District's decision, that person must die for his beliefs.

CONCLUSION

For the above-stated reasons, Petitioner respectfully requests that this Court reverse the Third District's decision and conclude that the right of minor children to have parents outweighs a parent's right to refuse a lifesaving blood transfusion.

Respectfully submitted,

ROBERT A. GINSBURG
Dade County Attorney

By: Aurora Ares

AURORA ARES
Assistant County Attorney
Jackson Memorial Hospital
Public Health Trust Division
1611 N.W. 12th Avenue
Executive Suite C, Room 108,
Miami, Florida 33136
305/549-6255

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Petitioner's Brief on the Merits was served by mail this 2nd day of March, 1987, upon John Kelner, Esq., Kelner & Kelner, Attorneys at Law, 2215 Amerifirst Building, One S.E. Third Avenue, Miami, Florida 33131.

ROBERT A. GINSBURG
Dade County Attorney

By: Aurora Ares
AURORA ARES
Assistant County Attorney
Jackson Memorial Hospital
Public Health Trust Division