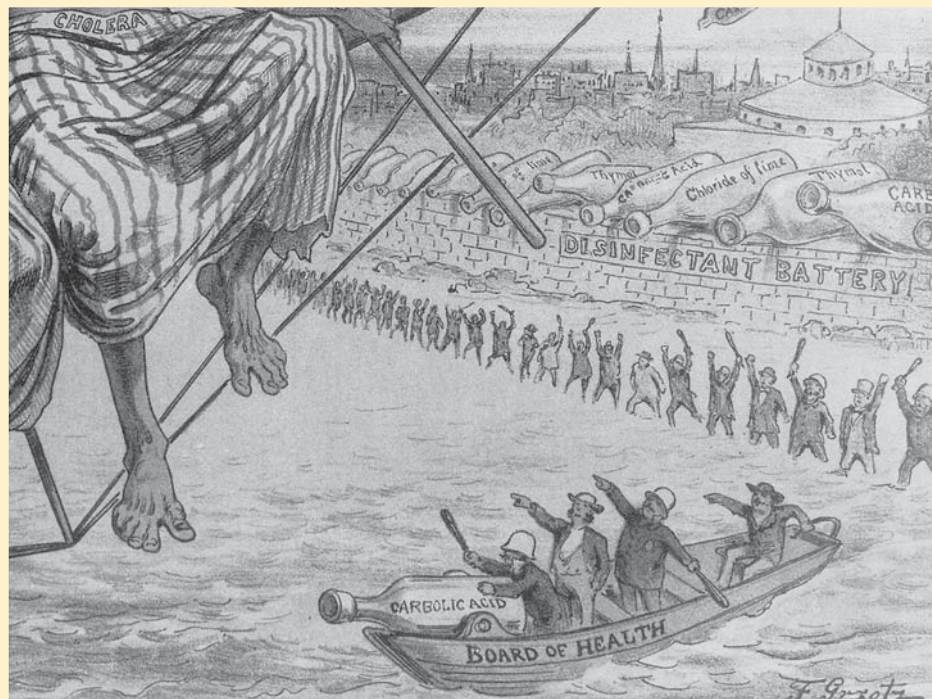


# PROTECTING PUBLIC HEALTH IN NEW YORK CITY: 200 YEARS OF LEADERSHIP



1805-2005

THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE





*Protecting Public Health in New York City:  
200 Years of Leadership*



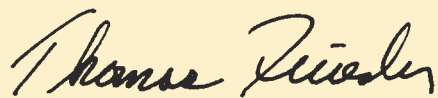
*1805 - 2005*



**Michael R. Bloomberg**  
Mayor  
**Thomas R. Frieden, MD, MPH**  
Commissioner



**A**pril 2005 marks the bicentennial of the New York City Board of Health, the predecessor of the New York City Department of Health and Mental Hygiene. New York City's illustrious history of public health leadership began in the early 1800s, when the city controlled epidemics of Yellow Fever and cholera. In the early 1900s, the Department opened the first public health laboratory that applied bacteriological knowledge to prevent and control disease. In the late 1900s, the Department implemented model programs to fight new and re-emerging infectious diseases. And in the century just begun, we have launched programs to prevent and control major chronic diseases. The Board's 200th anniversary is an appropriate time for us to review the many public health challenges that the Board and the Department have met over the years, and to reflect on the lessons these experiences hold for our future. ~



*Thomas R. Frieden, MD, MPH*

*Commissioner*

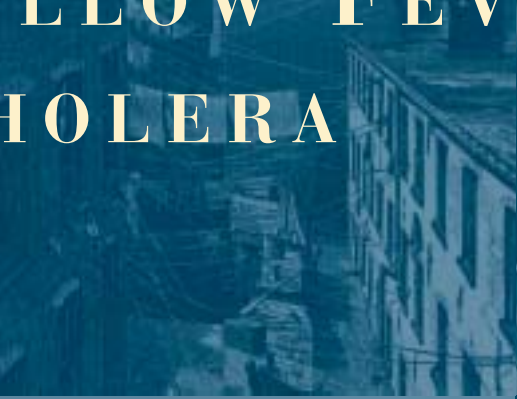
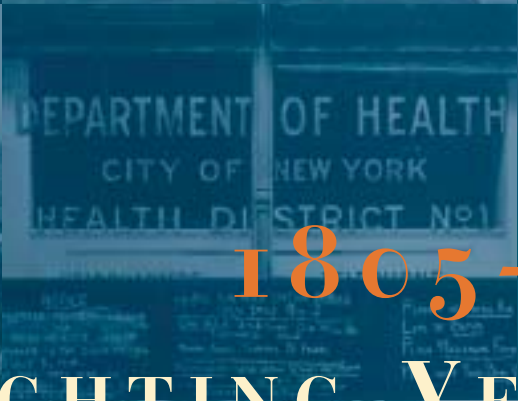
*New York City Department of Health  
and Mental Hygiene*



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1805-1865  
FIGHTING YELLOW FEVER  
AND CHOLERA



1804

City Inspector's Office established to keep mortality statistics

1805

New York City Board of Health created to combat Yellow Fever epidemics

1842

City gets fresh water from Croton reservoir

**Y**ellow Fever sparked the formation of New York's first Board of Health. In the summer of 1793, when an epidemic killed 5,000 in nearby Philadelphia, a group of leading doctors in New York organized a committee to prevent boats from Philadelphia from entering New York's ports. These quarantine efforts may have helped keep the disease away that summer. But in the summers of 1795, 1799, and 1803, Yellow Fever, which caused victims to develop a yellowed complexion and vomit black bile, felled thousands of New Yorkers. These epidemics lent weight to the view that sanitary measures, and not just quarantine, were needed to curb the disease. The city's Common Council consequently determined that it needed greater authority over local sanitation to control Yellow Fever. So on January 17, 1805, it passed an ordinance to create the first New York City Board of Health, made up of

Mayor De Witt Clinton and a committee of city aldermen.

Over the next half-century, the Board generally took a reactive stance, meeting whenever an epidemic threatened the city. Between outbreaks of disease, city government paid little attention to health. While the Board spent more than \$25,000 fighting Yellow Fever in 1805, its budget dropped to \$1,500 the next year and funds did not increase until the city faced another epidemic in 1819. Between 1822, the last time Yellow Fever struck the city, and 1832, when Asiatic cholera reached New York for the first time, the board was inactive. In the 1840s, the board met rarely until cholera again struck the city in 1849. In these early years, public health became a political concern only when disease brought the bustling city to a standstill.

Even in times of dire crisis, the Board proved unpredictable. In 1805, its members

*John Pintard, first City Health Inspector, appointed 1804.*



John Pintard.



*“Our city presented the appearance of a town besieged. From daybreak till night one line of carts, containing boxes, merchandise, and effects were seen moving towards ‘Greenwich Village’ and the upper parts of the city.”*

**James Hardie**  
*former secretary of the Board of Health, 1822*

acted swiftly when Yellow Fever cases appeared, ordering patients removed to the Marine Hospital on Staten Island, evacuating residents from sections of the city where the disease had struck, and appointing night watchmen to guard abandoned areas. The Board also erected a temporary asylum to house poor families that had been evacuated, and provided rations for families who were starving due to lack of work in the desolate city. Similarly, in the epidemic of 1819, “[i]mmmediate measures were adopted to clear the sickly district of its inhabitants, and to fence up the avenues which led to the seat of infection,” according to Mayor

Stephen Allen. But in 1822, the last time a Yellow Fever epidemic struck New York, the Board hesitated to declare the disease present.

By the time the Board had shut affected areas, most residents, recognizing the disease from previous years, had packed up and moved to temporary homes, banks, and shops in nearby Greenwich Village, which was

then a small town north of the city’s limits.

After each epidemic, the City Inspector’s office provided a detailed statistical account of mortality. John Pintard, a prominent merchant and former state assemblyman, began privately collecting mortality statistics for New York in



*Etching: “View of the New York Quarrantine, Staten Island,” 1851.*

{ MUNICIPAL ARCHIVES, NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES }

1802, and two years later, the city appointed him its first inspector to keep official mortality statistics. Pintard hoped that statistics would increase knowledge of disease among physicians and the general public. The November 1805 City Inspector's Report, he wrote, was designed to "furnish data for reflection and calculation," in order that the "awful malady" of Yellow Fever could one day "become more controllable and less mortal." That year, there had been 600 reported cases and 262 deaths from Yellow Fever. The city inspector's mortality statistics would prove invaluable in demonstrating the gravity of the city's health problems in the 1840s and 1850s.

The arrival of Asiatic cholera stirred the Board to action as the Yellow Fever epidemics had earlier. Upon hearing that cholera was ravaging Europe in late 1831, the Board quarantined ships from Europe and enacted measures

to clean the city's dirty streets. But once cholera cases began to appear in the city, the Board was slow to recognize them, as cholera would interrupt the flow of commerce. The Board was "more afraid of merchants than of lying," one prominent resident, William Dunlap, wrote to a friend that year. During the 1849 epidemic, the Board tried to act, but faced hostility from landlords when it tried to set up a cholera hospital and had to use the second floor of a tavern and four public schools as a makeshift facility. The Board's Sanatory Committee managed to get the police to remove between five and six thousand hogs from crowded tenement areas—a measure thought to reduce disease—even after residents rioted in protest. The Board and City Inspector's Office also shut the bone-boiling plants that disposed of animal carcasses, as these centrally-located businesses were considered a disease-causing nuisance. But this

*“**[T]**he Irish suffered the most, being ...much addicted to intemperance and crowded together in the worst portions of the city.”*

*The New York Board of Health commenting on the 1832 cholera epidemic.*



{ FROM HARPER'S WEEKLY, AUGUST 5, 1865 (NATIONAL LIBRARY OF MEDICINE) }

just meant that the carcasses were thrown into the river to rot near the docks.

As wealthier residents fled to the country during the cholera epidemics, the disease was left to ravage the poor, mostly free blacks and Irish immigrants.

Of the 5,017 who died during the 1849 epidemic, a full 40 percent had been born in Ireland.

While the city had absorbed just over 92,000 immigrants between 1820 and

1830, over 1.1 million arrived between 1840 and 1850, and 1.2 million between 1850 and 1860. Many middle-class Germans and other Europeans arrived in these years, but most immigrants were fleeing famine-starved Ireland.

The Irish soon occupied the increasingly crowded districts of New York centered on the Five Points neighborhood. Immigration fueled demand for housing and led unscrupulous landlords to erect tenements such as one on Mulberry Street

that by 1849 had “800 persons crowded upon two lots, six persons living in almost every room.” The squalor of tenements spilled onto the city streets; corrupt city officials awarded street clean-



*Members of the Board of Health meet to receive reports, 1866.*

{ ILLUSTRATION FROM LESLIE'S MONTHLY (WWW.LIVINGCITYARCHIVE.COM) }

ing contracts as political patronage, with little expectation that the jobs would get done. The streets were filled with rotting garbage, dead animals, and overflowing human and animal waste. Hogs, dogs, and other animals ran wild

## 1850

### *Annual Mortality Rates:*

*Lowell, Mass. 1 in 65*

*Providence, Rhode Island,  
1 in 47*

*New York City: 1 in 38*

*Average Age of death  
in New York 20 years  
and 8 months*

### *Leading Causes of Death:*

*Consumption (tuberculosis);  
convulsions; stillborn  
infants; inflammation of the  
lungs; dysentery; marasmus  
(malnutrition); typhus;  
cholera; diarrhea.*

### *1851 City Inspector's Report*



*“[W]e cannot fail to note the marked increase in the death rate, year by year, for nearly twenty years past .... There is reason to believe that all this increase of the death-rate is caused in particular classes of inhabitants. It is found to be mainly in those classes from which the paupers are derived, viz the ignorant and poor classes .... Already we know that, as regards periods of life, the excess of mortality is in children under five years of age.”*

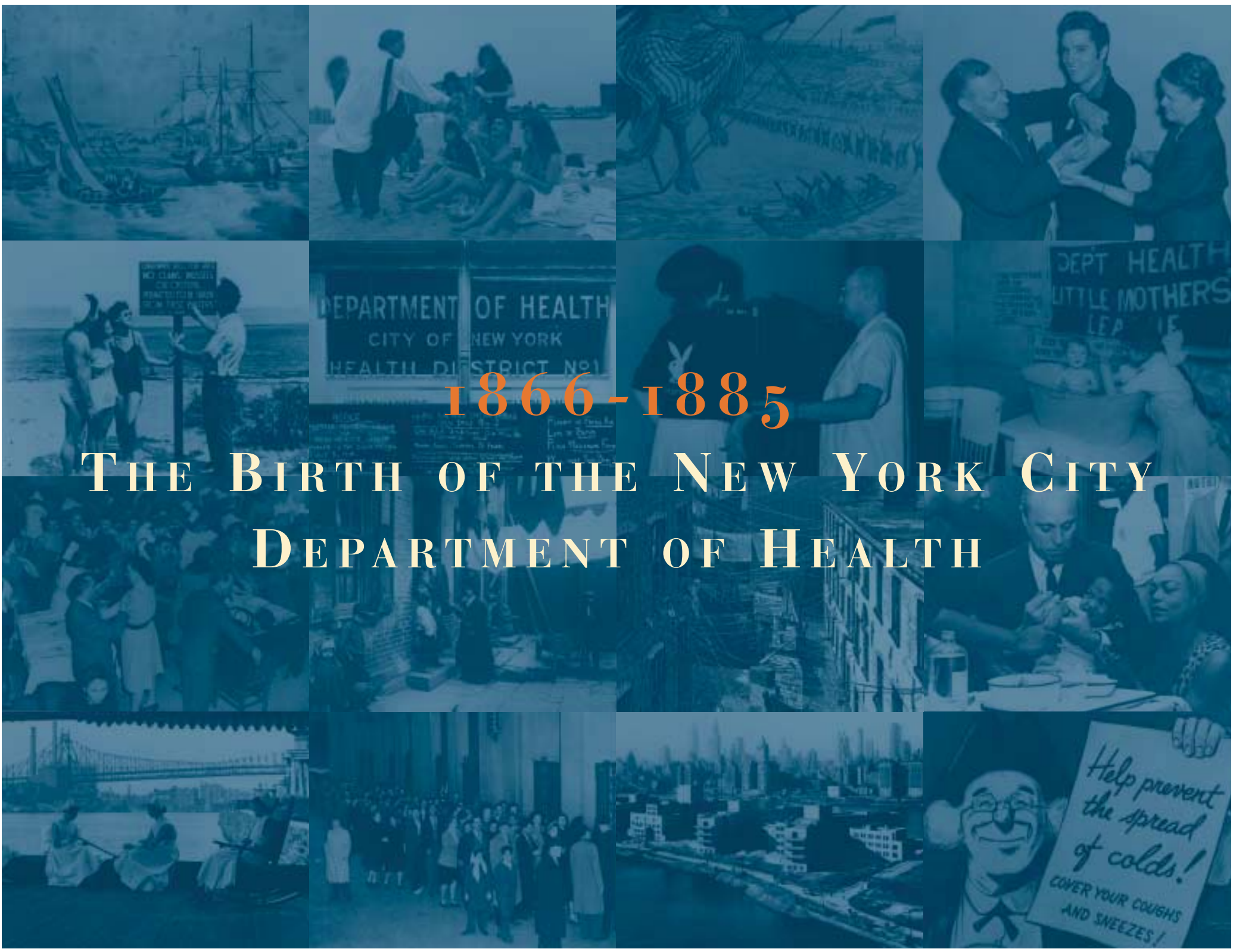
**Dr. Elisha Harris**  
*Metropolitan Board of Health,  
November 19th, 1866*

in the poorer neighborhoods. The city had little incentive to curb the hog population, as these scavengers were the only effective street cleaners.

The 1832 cholera epidemic, which even then was known to be associated with dirty water, did spur one civic improvement. In the following years, the city's Common Council ordered water commissioners to draw up a plan for an aqueduct to bring clean water to the city, which voters later approved. The Croton Aqueduct and reservoir, which brought water from the Croton River to the city's pipe system, opened on October 14, 1842 at a cost of \$11.5 million. The water was used for drinking and street cleaning, although the Croton Water Board objected, even during the 1849 cholera epidemic, to using the water to clean streets in the Five Points area.

While the city's wealthier Protestant classes generally blamed the cholera epidemics

on supposed moral failures of the Irish—Catholicism, drinking, and poverty—some reform-minded citizens began to see crowded tenement housing as the root of the problem. The Association for Improving the Condition of the Poor, an organization founded in 1843, began campaigning to improve these conditions. Physician-reformers, including Dr. Elisha Harris and Dr. John Griscom, also called for landlords to erect healthy tenements with better ventilation and more space. But tenement conditions and the health of their residents only worsened during the decade. By 1863, the death rate in the tenement-filled Sixth Ward was triple that of the city overall, with infant mortality as a leading cause of death. By 1860, many more people were dying every year than were being born: In a population of over 814,000, there were almost twice as many deaths (22,710) as births (12,454).



1866-1885

THE BIRTH OF THE NEW YORK CITY DEPARTMENT OF HEALTH

1870

Department of Health created, with four administrative bureaus

1870s

Commissioner Chandler appoints first milk inspector, opens laboratory

1884

Department creates Division of Food Inspection and Offensive Trades

**I**n the late 1850s, reformers began calling for the state legislature to establish an independent city health department that would not be controlled by the corrupt Tammany machine. The first public health bill proposing such a department was introduced in 1859. The draft riots of 1863, in which Irish immigrants attacked black residents and more than 1,000 people died, caused many wealthy citizens to sign on to the reformers' cause, as they saw that tenement conditions could produce mass violence. A new group, the Citizens' Association, drew together prominent residents including Peter Cooper and Hamilton Fish, and physician-reformers such as John Griscom, Elisha Harris, Willard Parker, Stephen Smith, and James Wood. But it would take six failed health bills and the threat of a new cholera epidemic before the Association's efforts succeeded. On February 26, 1866, amid reports

that cholera was again headed to New York, the state legislature passed a new public health law that created the Metropolitan Board of Health. The new Board encompassed Kings, Richmond, Westchester, part of Queens, and New York counties. Under the law, the Board included a president, four police commissioners, a health officer, and four other commissioners appointed by the Governor. Importantly, at least three of these commissioners had to be physicians. Health in the city no longer lay under the sole control of politicians.

The new Board, led by the energetic Jackson Schultz, hired a phalanx of sanitary inspectors to curb cholera. When a case was reported, a crew was dispatched to disinfect the home of the victim and remove soiled garments. This corps of inspectors acted on new scientific evidence that cholera was transmitted through the excreta and bedclothes of



*Board of Health defending New York from Cholera. Cholera sits on the bow of the ship, in view of the Disinfectant Battery, from Leslie's Weekly, 1883.*





*A perpetual fever-nest, New York City;  
circa 1860's. Engraved from a photograph  
by Anthony.*

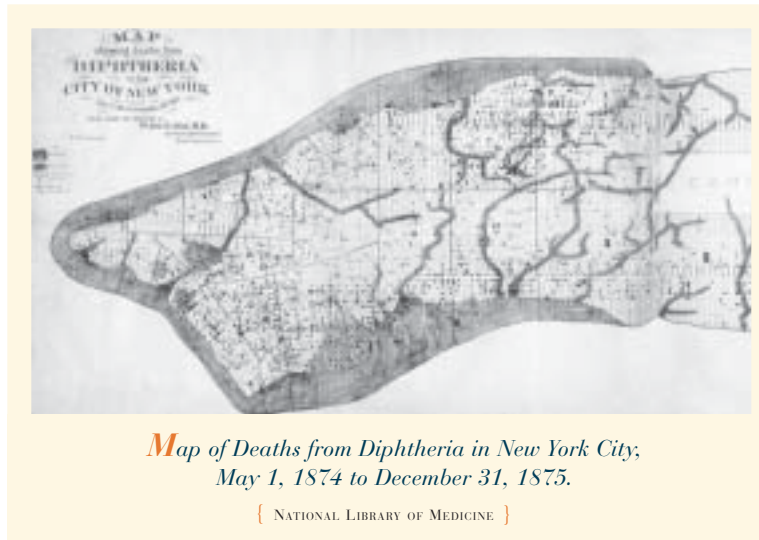


A PERPETUAL FEVER-NEST.

the victims. The Board also sought to provide food and clothing for families of cholera victims. Partly due to these efforts, New York suffered a tenth the number of cholera deaths in 1866 that it had in 1849. This triumph showed how the Board—which under the new law had been rendered more powerful than any other local public health body in the United States—could stem the tide of epidemic disease.

Cleaning up the city proved a more difficult task. In 1866, the Board ordered 160,000 tons of manure removed from vacant lots, 4,000 yards to be cleaned, and 6,418 privies to be

disinfected. The Board “coerced and stimulated the public schools and other institutional authorities of the district to regard sanitary laws,” pressured landlords to clean up their



buildings, and sought to suppress “cattle-driving in the day time” and to control animal slaughtering. In 1869, the Board resolved that “neither hogs nor goats could run at large in our city within its jurisdiction, neither could they be kept within 1,000 feet of any residence or business without a permit from the Board of Health.”

By 1870, the Board’s brief honeymoon seemed to be ending. “Boss” William Tweed,

*“The Board of Health has gone to work in earnest, and has therefore undoubtedly discovered what a task it has undertaken. When we lay in our civic misery and filth, helpless and hopeless, and saw the cholera making ready to fall upon us, the news of the appointment of the Board was like a voice of succor.”*

*Harper’s Weekly*  
April 28, 1866

*'Boss' William Tweed ... provided the city with a new charter. He created a new Health Department.*

head of Tammany Hall, provided the city with a new charter, returning control over health matters to the city.

He created a new Health Department with a Board of Health to oversee it. While similar in composition to the previous Metropolitan Board of Health, this Board included members appointed by the Mayor rather than the Governor. The Department was organized into four bureaus: a Bureau of Sanitary Inspection, a Bureau of Records and Inspection, a Bureau of Street Cleaning, and a Bureau of Sanitary Permits. Even when the Department and Board were headed by corrupt Tammany hall appointees, the physicians and other

experts in these divisions created a buttress against political influence.

Charles F. Chandler, a professor of chemistry at Columbia University, exemplified the new scientific character of the Health Department. Beginning in the late 1860s, he directed a Department chemical laboratory that examined water, milk, and food supplies. Chandler, who was named Health Commissioner in 1873, worked for more than a decade to sanitize the city

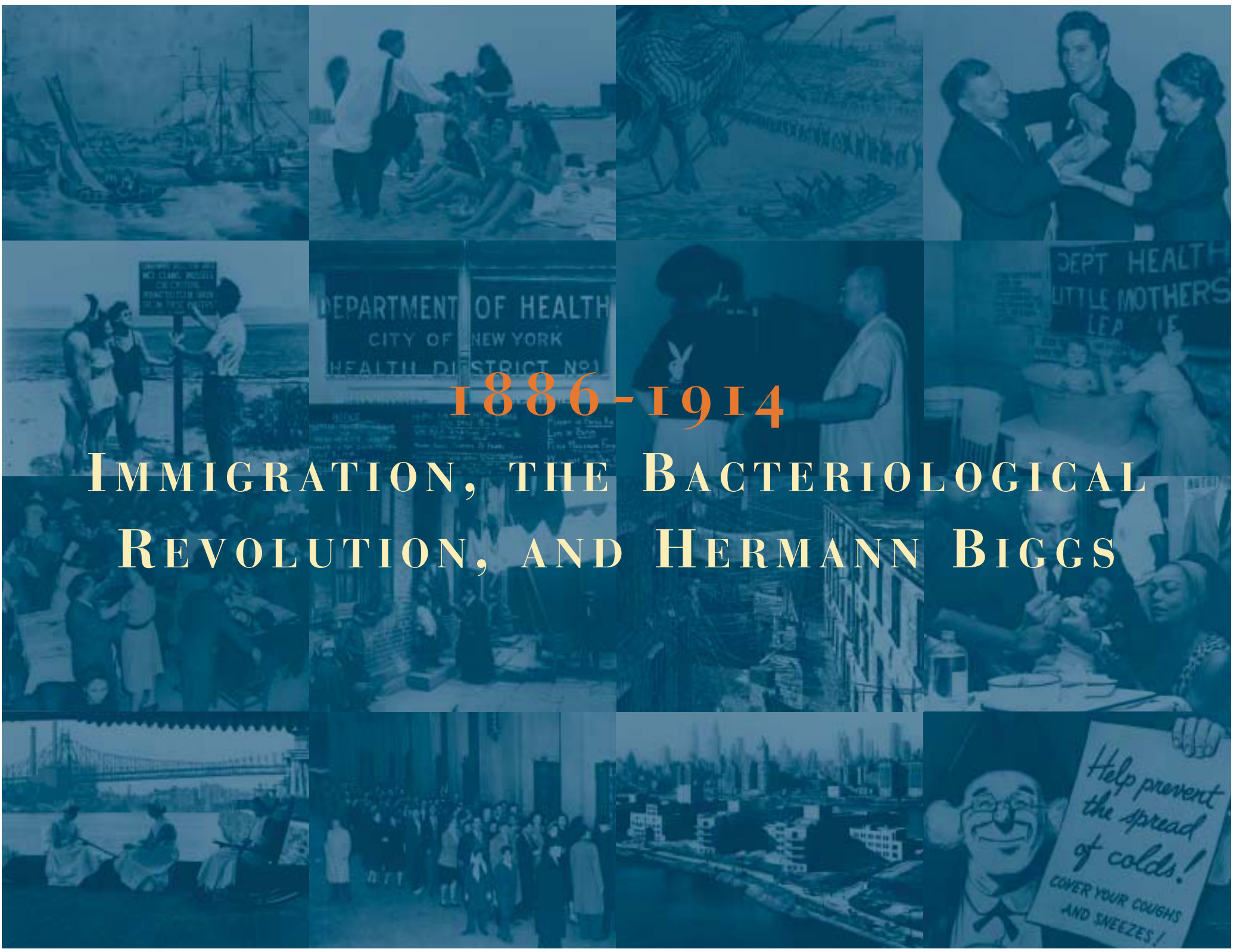
within the constraints of an inadequate budget. He appointed the city's first milk inspector, but had a staff of only 14 health inspectors, sharply limiting the Department's impact.



*Illustration from Puck, December 17, 1879.*

{ [WWW.LIVINGCITYARCHIVE.ORG](http://WWW.LIVINGCITYARCHIVE.ORG) }





1886-1914

IMMIGRATION, THE BACTERIOLOGICAL  
REVOLUTION, AND HERMANN BIGGS



1892

Department opens Bacteriological Laboratory, first municipal laboratory in the world to routinely diagnose disease

1895

Department begins offering diphtheria antitoxin free of charge to poor

1900

810,000 vaccinated in smallpox vaccination campaign

1901

Department workers drain areas in outer boroughs to fight malaria

1904

Department opens tuberculosis clinics; municipal sanatorium opened in 1906

1906

Department begins inspection of dairies

1907

“Typhoid Mary” is traced, confined at North Brother Island

**I**n the 1890s, the new science of bacteriology provided the Department of Health with a potent arsenal of tools to combat disease

among the increasing number of new Southern and Eastern

European immigrants. This era began with German scientist Robert Koch’s discoveries of the microorganisms that caused anthrax, tuberculosis, and cholera. But it was not until 1887, when Hermann Biggs and T. Mitchell Prudden found the cholera vibrio in

samples provided by passengers on a ship in New York Harbor, that these discoveries were used to protect public health in the United States. In 1892, the Department opened a bacteriological laboratory, headed by Biggs, which would become the first municipal laboratory

in the world to routinely diagnose disease. That year, it would use these diagnostic tools to detect cholera on a ship of immigrants, enabling the city

to take quick action to prevent another cholera epidemic.

The next year, a ship of Russian Jewish immigrants arrived in New York with epidemic typhus on board. The Department built quarantine pavilions on North Brother Island for the passengers. Four Department employees died carrying out their quarantine

duties, but typhus did not spread into the general population. This thwarted epidemic, however, marked an era in which the new immigrants were sometimes stigmatized as potential threats to the health of the city and the country, just as the Irish had been vilified in earlier decades.



*Dr. Hermann M. Biggs, first Director of the Department's Bacteriological Laboratory; appointed 1892.*

PUBLIC HEALTH LABORATORY,  
{ NEW YORK CITY DEPARTMENT OF HEALTH }  
AND MENTAL HYGIENE

*The Department's Little Mothers' League trained older children to care for younger siblings while their mother was at work. Photo, no date.*



*“Public health is purchasable. Within natural limitations, a community can determine its own death rate.”*

*Hermann Biggs, 1913*

A different kind of Atlantic crossing brought knowledge of disease treatments to New York. In the summer of 1894, Biggs traveled to Europe to investigate the new diphtheria antitoxin that Emil von Behring, one of Koch’s disciples, had developed. Upon verifying that this antitoxin worked, Biggs immediately sent a telegram telling Dr. William Hallock Park at the Department’s laboratory to begin preparing the antitoxin by inoculating horses. A local newspaper raised funds sufficient to make enough antitoxin for Willard Parker Hospital, where contagious diseases were treated, as well as for private physicians. This action marked the first time the Department combated an epidemic by making an effective therapy available free to the poor. By 1906, the Department had 318 diphtheria antitoxin stations in all five boroughs, and was distributing over \$104,000 in free antitoxin per year. As a result, the city’s diphtheria deaths, which had totaled

2,870 in 1894, would be halved by 1900, and would decline steadily thereafter.

In 1900, tuberculosis remained the leading cause of death among adults in New York City. In 1897, Biggs prevailed upon the Board of Health to pass an ordinance to require that physicians report all cases of TB to the city. While Biggs possessed “unsurpassed persuasiveness and skill in the presentation of his arguments to the authorities in power,” in the words of Johns Hopkins physician William Welch, physicians resisted his call for mandatory TB reporting as an intrusion on their autonomy. Biggs addressed concerns about patient confidentiality:

“Notification to sanitary authorities does not involve notification to the city at large.” As the disease disproportionately affected the working class, the issue of reporting cases from private physicians’ patients proved surmountable. Under Biggs, the Department sent medical inspectors to

the homes of patients to instruct families on how not to contract or spread the disease, offered free sputum examinations at the city laboratory, and conducted public education on the communicability of the disease. In 1904, the Department opened clinics in which nurses provided nutritional support and taught patients how to get well or “at least how to live with the disease and, at the same time, not to communicate it to others” by coughing into handkerchiefs and disposing of them. In January 1906, the Department opened a municipal tuberculosis sanitarium on North Brother Island, which it moved a few years later to Otisville, in Orange County, NY. These efforts, along with improved social and economic conditions, cut

the city’s death rate from tuberculosis in half between 1900 and 1920.

Under Commissioner Ernst Lederle,

appointed in 1901, the Department stepped up laboratory inspections of water, food, and milk. In 1906, milk inspectors began visits not only to milk stores, but also to the 5,000 dairy farms that supplied the city. They checked the ventilation of stables, cleanliness of cow yards, health of cows and their milkers, and the cleanliness of milk pails. In the first year,



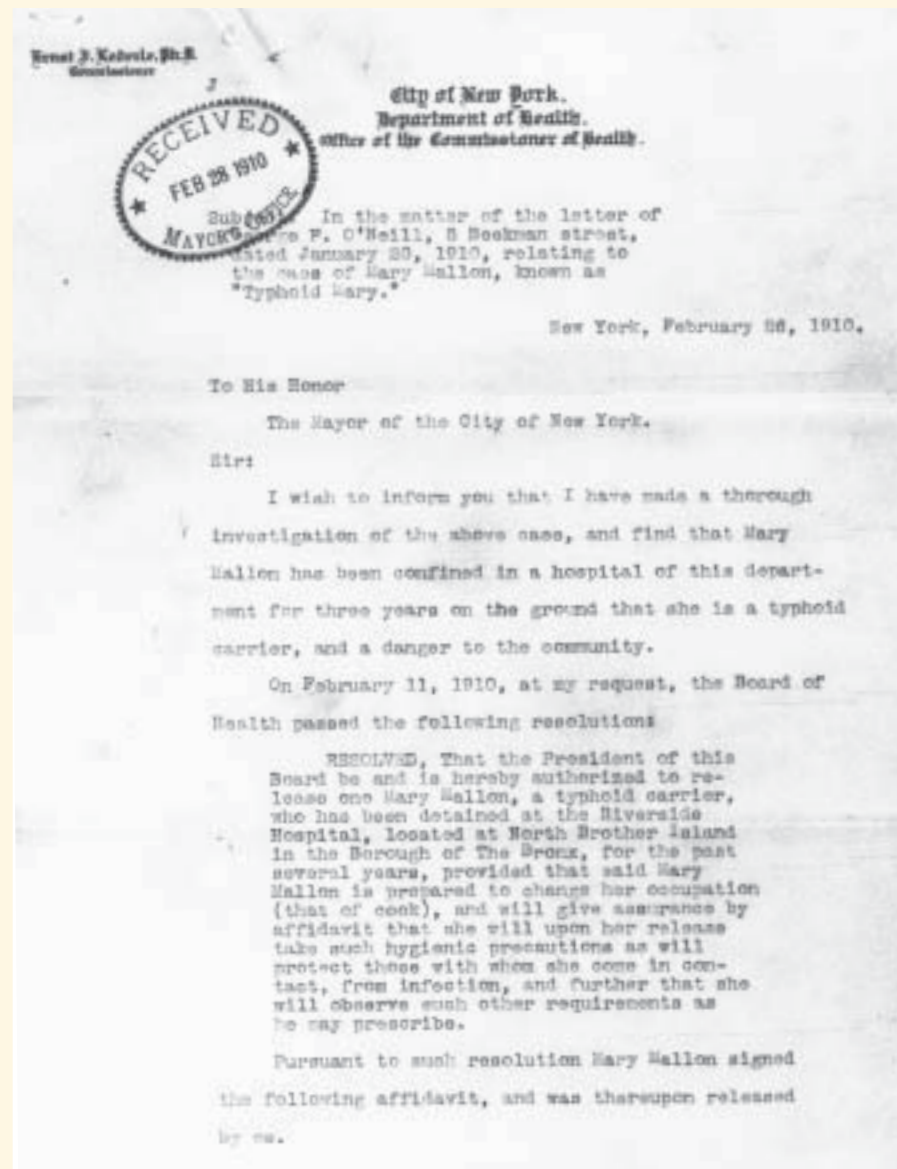
*“During the eleven months ending November 30, [1903] 274 arrests were made for selling adulterated milk, and fines to the amount of \$2,465 were imposed. The courts have co-operated heartily with the Department, with convictions almost invariably obtained in milk cases. One persistent offender was sent to jail for thirty days, without the option of paying a fine.”*

*Annual Report of the New York City Department of Health, 1903.*

the inspectors reported making 22,500 inspections of dairy farms and 861 inspections of creameries and shipping stations. Additionally, the Department began to inspect the cleanliness of public baths and even barbershops.



*Mary Mallon ("Typhoid Mary") was quarantined for three years in Riverside Hospital on North Brother Island because she was a typhoid carrier and refused to give up her occupation as a cook. This letter from 1910 is her official release from confinement. However, she was later linked to a deadly typhoid outbreak and was sent back to North Brother Island, where she remained until her death.*



The Department's most ambitious efforts in the early 1900s, however, would be its programs to reduce the city's astronomical rate of child mortality. The citywide baby care program, initiated by Dr. S. Josephine Baker in the summer of 1908, became the crown jewel of these programs. Dr. Baker, head of a new Division of Child Hygiene, assigned 83 nurses to visit mothers of newborn babies and instruct these mothers "as to the feeding, bathing, clothing, airing and general care of the infant." The nurses received from the Bureau of Vital Statistics lists of births recorded the prior day, and called upon the homes where these births had occurred. They checked to see if the baby was sick and to obtain information on the mother's care of the baby. The Division also sought to encourage mothers to breastfeed their babies. A circular distributed around the city read "Ten Bottle-fed Babies Die to One that is Breast Fed." For those

who would not breastfeed, the Department established milk depots in Manhattan and Brooklyn to distribute free, safe milk to mothers. In 1911, infant milk stations dispensed more than 538,000 quarts of milk, and by 1914, 55 such stations had been established. The Division also began a program to reach out to older girls who "are often forced to assume the care of babies' lives." In 1909 and 1910 the Department founded 71 clubs called "Little Mothers' Leagues" to teach girls to care for and feed babies.

School nurses' and physicians' inspection of children also reduced mortality from childhood diseases. In 1897, the Department began sending doctors to schools to inspect children for major epidemic diseases such as smallpox, diphtheria, whooping cough, and measles. In 1902, the Department began a school nurse program. Nurses, who were paid \$75 per month, visited

*"Marguerite, go wash your feet..."*

*The Board of Health's across the street."*

*Children's ditty, early 1900s.*

***B**etween 1908 and 1914, the rate of death for children under one year of age dropped more than 40 percent.*

schools to inspect children for minor diseases such as head lice. The nurses gave children circulars printed in their native language on how to treat these conditions at home, and in some cases visited the children's homes to instruct their mothers on how to treat the cases. By 1908, the corps of school nurses was making more than 3 million such inspections of children per year.

Under Baker's dynamic leadership, the Division of Child Hygiene rapidly expanded, employing 697 people by 1914. Its programs also soon began to show results. Between 1908 and 1914, the rate of death for children under one year of age dropped more than 40 percent, from 167.7 per 1,000 population (10,493 deaths) to 99 per 1,000 (7,929 deaths). This drastic reduction in infant mortality continued into the 1920s and 1930s.

In 1907 and again in 1915, Dr. Baker helped track down the most notorious infectious disease carrier of the century, "Typhoid Mary" Mallon. Working with Dr. George Soper to find the source of a typhoid outbreak, Baker located Mallon, a healthy carrier of typhoid who had infected 22 people through her cakes and puddings. Between 1907 and 1910, the city isolated Mallon against her will in a cottage on North Brother Island. She successfully petitioned for her release, agreeing in a signed affidavit to give up cooking. But then in 1915, a deadly typhoid outbreak at Sloane Maternity Hospital occurred, leading Drs. Soper and Baker to a cook named "Mrs. Brown," who turned out to be Mallon. The Department of Health sent Mallon back to the cottage on North Brother Island, where she remained until her death on November 11, 1938.

1914-1922  
THE HEALTH DEPARTMENT  
MODERNIZES





1915

Health Districts proposed; begins as pilot project on Lower East Side

1915

Bureau of Public Health Education created; begins printing publications, producing films to disseminate health information

1916

Department imposes quarantines and sets up clinics during polio epidemic

1919

Commissioner Copeland sets up innovative drug treatment program

**D**r. *Sigismund Goldwater's appointment as Health Commissioner in 1914 began an era of professionalization and modernization at the Department of Health.* Dr. Goldwater

reorganized existing bureaus and mandated that all bureau chiefs become full-time public servants. He also organized a new Bureau of Public Health Education to disseminate health information through publications, lectures, and moving picture shows. To meet the needs of the expanding city,

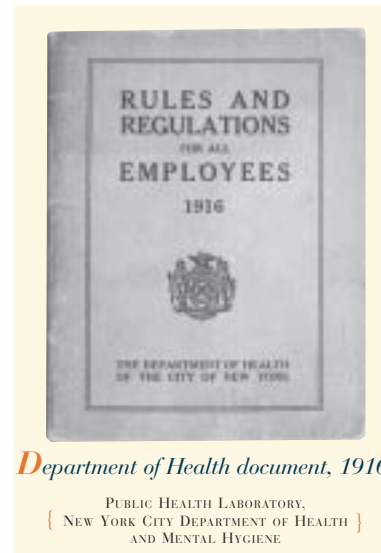
Dr. Goldwater sought to create a system of Health Districts, establishing an experimental health center on Manhattan's Lower East Side. In 1915, Dr. Haven Emerson, Dr. Goldwater's successor, established additional District Health Centers in Queens and proposed extending the

Health Districts to the entire city. This plan did not come to fruition until 1930.

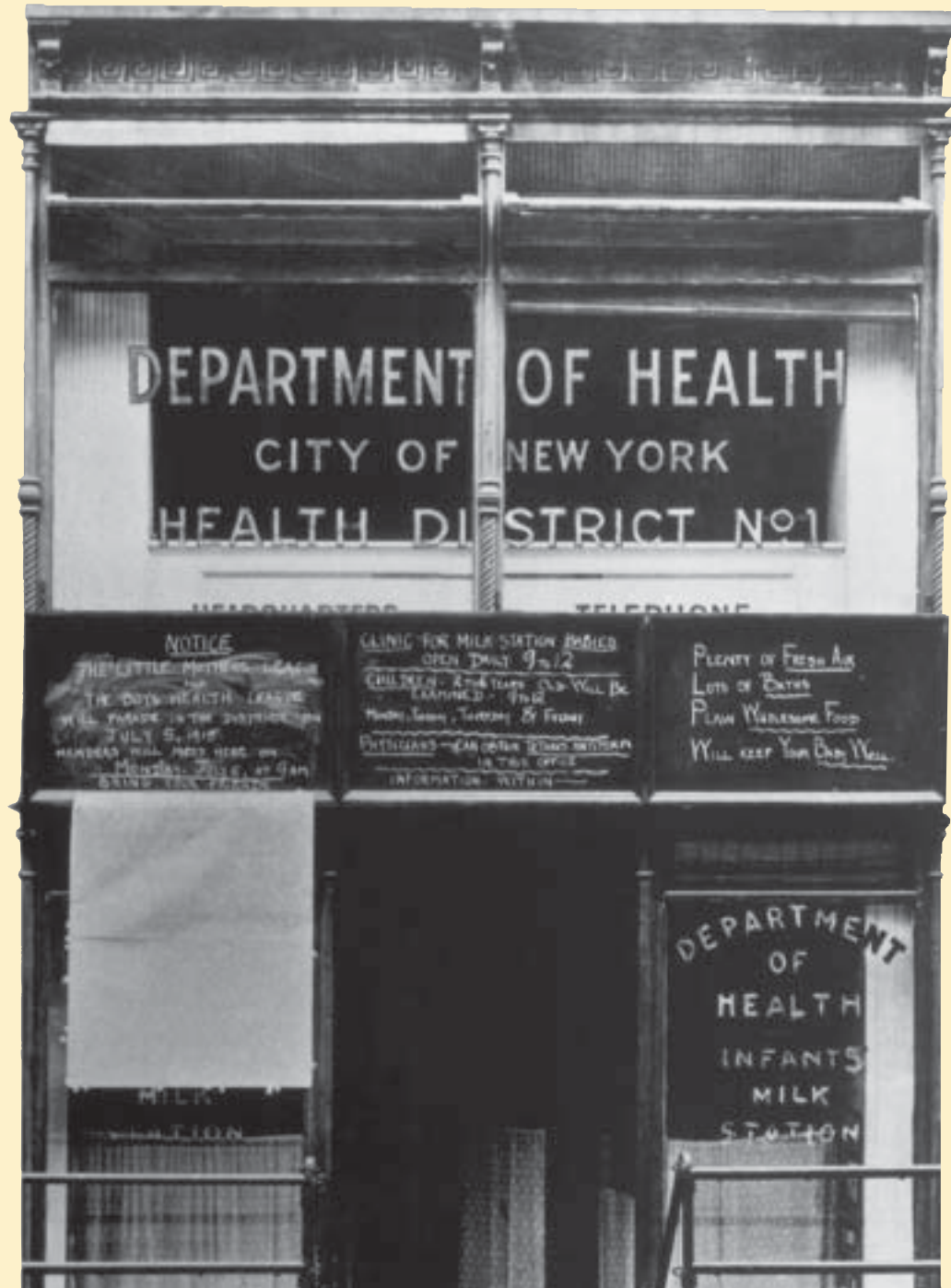
Between 1916 and 1919, the city experienced two major epidemics. Polio, which

caused paralysis and death in children as well as adults, reached epidemic proportions in the summer of 1916. The Department isolated cases and quarantined those exposed, constructed emergency clinics, and ordered a delay in the opening of the public schools. But the Department's efforts were ham-

strung by ignorance of how the disease spread, and the epidemic, which involved 8,991 cases and 2,448 deaths in the city alone, would go down on record as the worst polio outbreak in New York history. Only two years later, the worldwide influenza pandemic hit New York,



*Department of Health document, 1916.*



*Illustration, American  
Medical Association Prize  
Cartoon Series, no date.*



"I DRINK TO THE GENERAL DEATH OF THE WHOLE TABLE."

finding the Department's ranks thinned. Upon the entry of the United States into World War I, many doctors and nurses had left to join the Red Cross or the Army Medical Corps.

Commissioner Royal Copeland sought to maintain public morale during the epidemic by keeping schools open. As many as 12,000 New Yorkers died from influenza-related causes, and critics pounced on

Dr. Copeland for failing to mount an adequate response.

Dr. Copeland was not one to shrink from controversy. The first Health Commissioner to use the media as a publicity vehicle, he spoke

out on a variety of conditions, from unsanitary tenements and unfair evictions to women's fashion. His most controversial move, though, was to open a service at Riverside Hospital in 1919

to treat people with drug addiction, including many recently returned World War I veterans. The service included a dispensary that distributed free narcotics to get addicted people into treatment. But this experiment,

unprecedented at the time and radical even now, came to a swift end in April 1920. The controversy did little damage to Dr. Copeland's reputation. While serving as Health Commissioner, he ran for and won a seat in the U.S. Senate.



*Tuberculosis patient on tenement rooftop, circa 1920.*

{ MUNICIPAL ARCHIVES, NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES }

*“Over 95% of all drug addicts treated at Riverside Hospital, from the beginning of service until now, have shown, by their acts, a non-appreciation for the service, and have repeatedly attempted to be discharged before the end of treatment, or have in some way interfered with its prosecution while there.”*

*New York City Department of Health, 1920 Annual Report.*



*Homes were quarantined because of diphtheria.  
Photo, no date.*





1923-1930  
FIGHTING CORRUPTION AND  
EXPANDING HEALTH SERVICES  
IN THE ROARING 20s

Help prevent  
the spread  
of colds!  
COVER YOUR COUGHS  
AND SNEEZES!

1926

Chest X-rays begin at TB clinics

1928

Bureau of Nursing created

1930

First District Health Center opens in Harlem under new Health District plan

**T***he 1920s brought additional modernization to the Department. Dr. Louis Harris succeeded Dr. Frank Monaghan and put an end to problems of graft and corruption among the Department's milk and meat inspectors. He also revitalized the Department's tuberculosis clinics, which began offering chest X-rays for diagnosis.* Additionally, a diphtheria vaccination campaign, begun experimentally in 1922, went into high gear in 1929 under the leadership of the next Commissioner, Dr. Shirley Wynne. This campaign, organized in conjunction with the Milbank Memorial Fund and the Metropolitan Life Insurance Company, was the first to harness the power of the media to deliver its message to the city's residents. The Diphtheria Prevention Commission posted information about the immunizations on street-car and subway posters, on the radio, in lectures, and even in films shown at 500 movie theaters.

The Commission set up diphtheria immunization stations at parks, beaches, and public school buildings. The campaign would result in diphtheria immunizations of more than 522,000 children between 1929 and 1931.

Commissioner Wynne also garnered notice for ordering surprise milk inspection raids. Just before 2 a.m., the city's entire milk inspection force would gather at the city's train stations and approach arriving milk trains at railway terminals, as well as trucks leaving the terminals with milk. This way, the city inspectors could ensure true compliance with milk standards—not just adherence when inspectors were expected to show up.

In 1929, a Committee on Neighborhood Health Development ushered in a fundamental change in the way the city approached public health when it convened to investigate the idea of neighborhood-based Health Centers. Based on

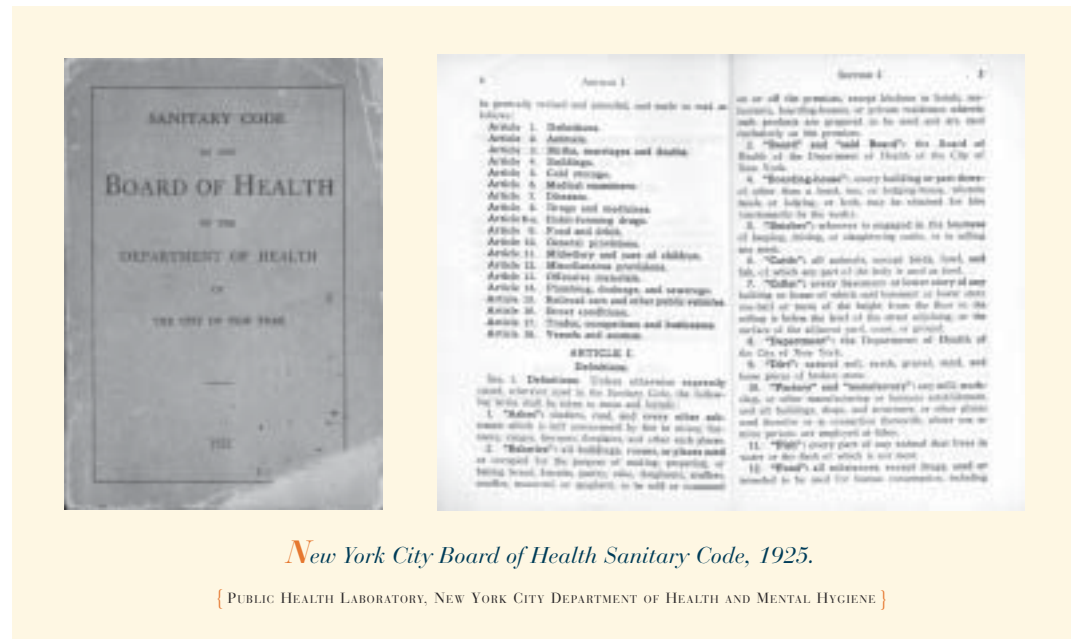


*Nurses relax on the deck of City Hospital Training School, Blackwell's (Welfare) Island. Photo, no date.*





*[T]hese Health Districts would lead to a neighborhood-focused understanding of health problems in the city, and to health interventions tailored to different communities.*

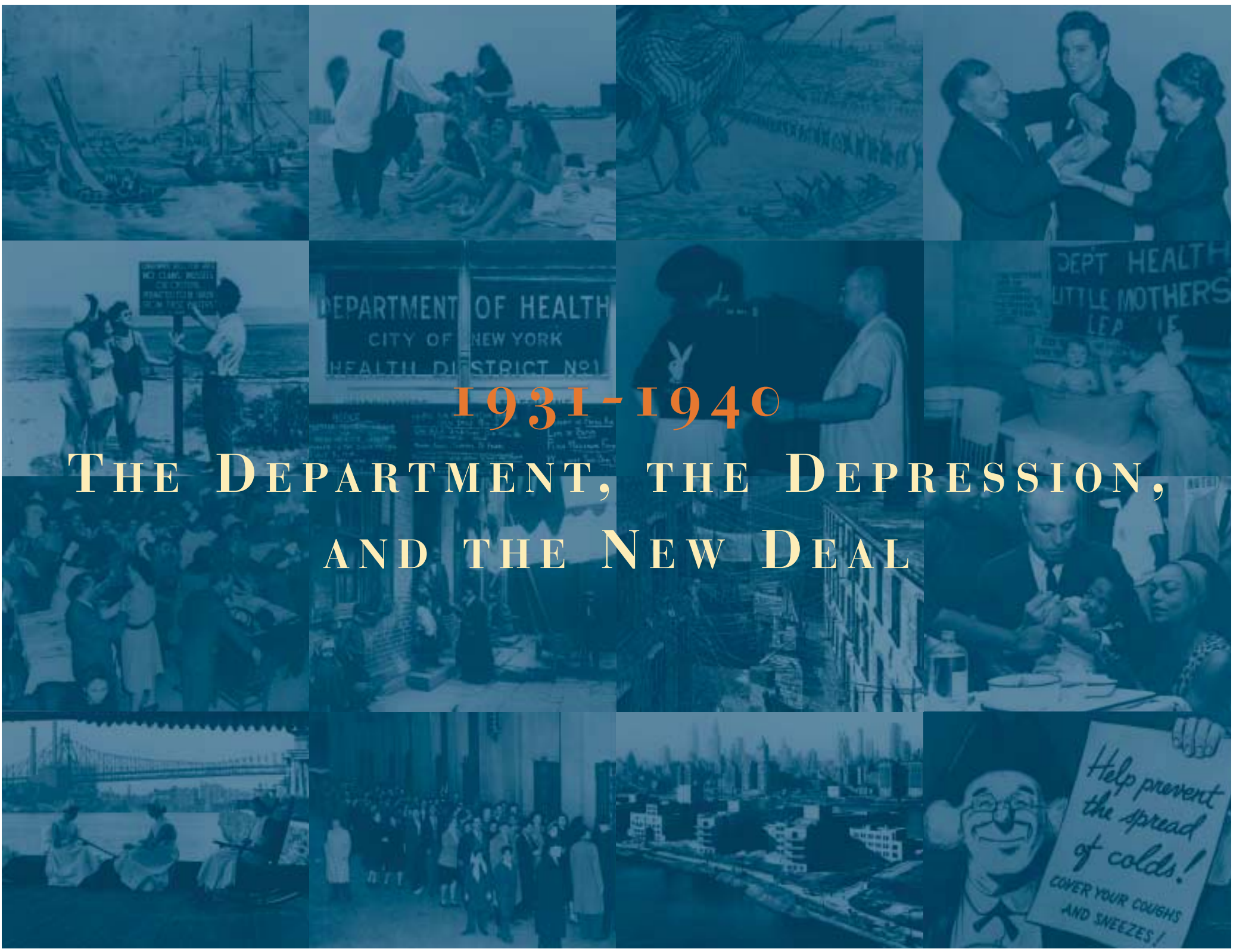


*New York City Board of Health Sanitary Code, 1925.*

{ PUBLIC HEALTH LABORATORY, NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE }

the success of a privately financed model health center located in the Bellevue-Yorkville area, the committee determined that these centers would “provide the key to the wide dissemination of public health work in New York City and the basis for a better coordinated, more inclusive and efficient public health program.” The Committee divided the city’s five boroughs into 30 Health Districts and proposed a neighborhood Health Center for each district. The

development of these Health Districts would lead to a neighborhood-focused understanding of health problems in the city, and to health interventions tailored to different communities. Additionally the clinics at District Health Centers, where residents could receive free care for a variety of conditions, provided what future Health Commissioner Dr. Leona Baumgartner would later call “the world’s largest outpatient department.”



1931-1940

THE DEPARTMENT, THE DEPRESSION,  
AND THE NEW DEAL

1934

Bureau of Social Hygiene created to combat venereal diseases

1935

Health Department headquarters built at 125 Worth Street

1936

“Premature Centers” and ambulance service created for premature infants

# The election of Mayor Fiorello

*LaGuardia in 1933 heralded a renewed commitment to public health, even amid*

*budget cuts he was forced to make during the Depression.* Dr. John

L. Rice, LaGuardia’s appointee as Health Commissioner, leveraged federal funds and manpower available under the New Deal to expand the Department’s facilities and programs.

Construction of a new building on 125 Worth Street in Manhattan had

already begun when Rice took office, and the building, completed in 1935 at a cost of \$4.5 million, still serves as the home of

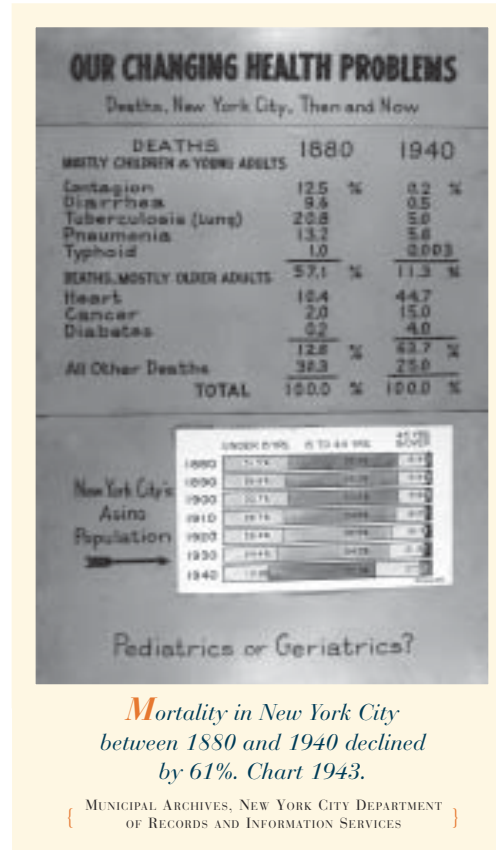
the Department of Health and Mental Hygiene.

Other capital improvements in the 1930s included the construction of a modern

laboratory and 14 District Health Center buildings. This construction program, undertaken with grants from the Public Works Administration, was at the time the largest health construction project ever undertaken by any U.S. city.

Dr. Rice expanded the work of the District Health Centers and created two new bureaus, the Bureau of Tuberculosis

and the Bureau of Social Hygiene. The Bureau of Tuberculosis aimed to control TB, sending workers out to neighborhoods to track cases





*Under the New Deal, the Department was able to expand its facilities. 125 Worth Street was completed in 1935 and still serves as the home of the New York City Department of Health and Mental Hygiene.*



THE NEW BUILDING—125 WORTH STREET, NEW YORK CITY  
CHARLES B. MEYERS, *Architect*



*“The health center has become the basis of our health program.”*

*Fiorello H. LaGuardia  
1937*

and their contacts and made efforts to diagnose and clinically supervise those who could not afford private medical care. The Bureau also performed fluoroscopic X-rays, conducted lab tests and research, and provided health education. As of 1937, the Department’s TB roster contained 19,000 actively supervised cases. The Bureau of Social Hygiene, which addressed venereal disease, organized an anti-syphilis campaign in 1934. The campaign extended to prevention and treatment of gonorrhea, and included case

finding, diagnosis, free treatment at 12 clinics, and tracing and examining of sexual contacts.

The Bureau also used lectures, films, posters, and pamphlets to educate the public about venereal disease—a progressive step in an era when these subjects could often not be

discussed in polite company. At the 1939 New York World’s Fair, the Health Department displayed exhibits about these diseases in addition to information about tuberculosis, pneumonia, child health, and other issues.



*STD Specimen Storage*

{ PUBLIC HEALTH LABORATORY, NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE }



1941-1949  
THE DOH IN THE WAR YEARS

1942

Bureau of Records microfilms all birth and death records in case New York City is attacked in World War II

1946

Food Inspection Bureau cracks down on poor restaurant sanitation

1947

6.3 million New Yorkers vaccinated against smallpox in a single month

1949

Department establishes Bureau of Nutrition

**W***orld War II led to a mass mobilization of Department physicians and nurses to aid in the war effort, and the Department, led by Dr. Ernest Lyman Stebbins, had to keep its services operating with a skeleton staff.* Commitment to public service ran high during the war, and 1,500 volunteers filled the vacant positions. The Bureau of Records produced thousands of birth certificates for job applicants in war industries, who were required to show proof of citizenship. The Bureau also microfilmed birth and death records to be able to store them in vaults at a remote location in case New York City was attacked. All Department personnel were required to have a gas mask at their desks in case of a biological or chemical attack, and health inspectors were trained in poison gas detection.

The Bureau of Child Hygiene also adapted to wartime. The director, Dr. Leona Baumgartner, convened a task force to investigate the quality of

services provided by day care agencies that had opened to meet the needs of women in war jobs. The unit discovered that only half of the agencies provided adequate services, and sought to enforce improvements. Between 1943 and 1947, Dr. Baumgartner also operated a health care program to provide prenatal and infant care to pregnant women whose husbands were serving in the armed forces. This program became the model for the federal government's National Emergency Maternal and Infant Care Program. In New York, 53,000 infants and mothers were served by the program.

During the war, even the Health Department's nascent efforts in nutrition education sounded a patriotic note. In 1942, the Department published a ten-page nutrition pamphlet, "Food Joins the Colors," to emphasize the benefits of good nutrition for good citizenship. The next year, Gertrude Gates Mudge, appointed

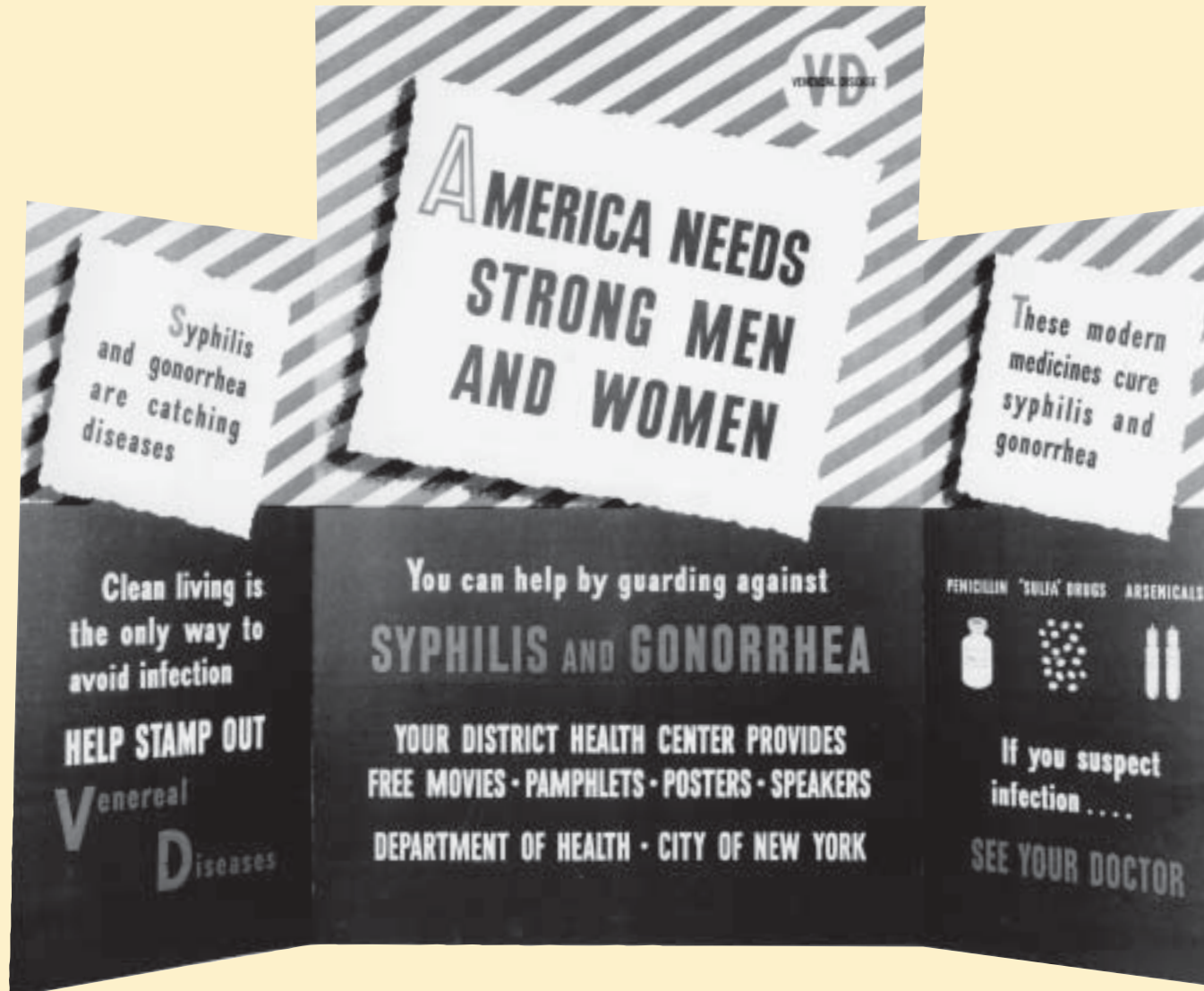


*Smallpox vaccination, 1947.*





*Educational exhibit on sexually transmitted (venereal) diseases. Circa 1940s.*



supervisor of nutrition, disseminated nutrition information at the District Health Centers. This program was the forerunner of the Bureau of Nutrition, established in 1949.

The Department's main logistical challenge during this period came after the war, when Eugene Le Bar, a merchant traveling back to New York City from Mexico, died of smallpox at Willard

Parker Hospital on March 10, 1947. Upon learning of Le Bar's death, Commissioner Israel Weinstein began planning to vaccinate the entire city to prevent an epidemic. The Department organized a corps of employees, 1,100 outside physicians, 242 clerks, and 3,000 civilian volunteers to vaccinate city residents. Police were

assigned to supervise the snaking lines of people waiting to be vaccinated at clinics around the city. Health Department staff immediately visited the apartment buildings where initial smallpox



*Bird's eye view of people getting smallpox vaccination at 125 Worth Street, 1947.*

{ MUNICIPAL ARCHIVES, NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES }

victims lived, vaccinating neighbors in a door-to-door campaign that may have been more effective in preventing an epidemic than the massive city-wide campaign. This effort foreshadowed

the ring vaccination approach used in the global smallpox eradication campaign of the 1970s. Faced with a shortage of vaccine, Mayor William O'Dwyer held a late-night meeting of pharmaceutical representatives and virtually locked them in City Hall until they agreed to provide the needed vaccines. The Mayor also

*“The time has come ... to urge everyone in the city to get vaccinated against smallpox. It is a virulent disease with a 40 percent mortality rate among children and 20 percent among adults. It is a big job but it should be done.”*

*New York City Mayor  
William O'Dwyer  
April 12, 1947*

*Upon learning of [Eugene] Le Bar's death, Commissioner Israel Weinstein began planning to vaccinate the entire city to prevent an epidemic...the largest rapid vaccination campaign the world had ever seen.*

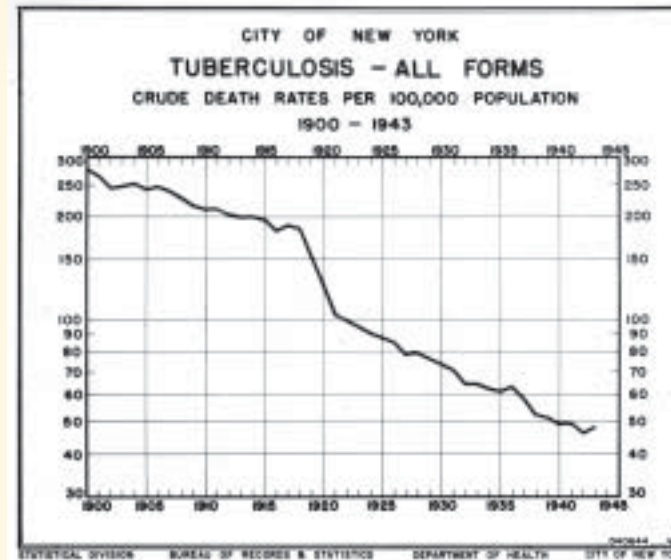
called on the Secretary of War to mobilize the Army, Navy, and U.S. Public Health Service to provide vaccines to New York. By the end of the epidemic, there had been twelve cases and two deaths, but within a single month, 6.35 million people had been vaccinated at a cost of \$461,000. The Department had executed the largest rapid vaccination campaign the world had ever seen.

The 1940s saw another seemingly miraculous development in a marked drop of infant and maternal mortality. By the late 1930s, when premature birth had supplanted diarrheal

disease as the leading cause of infant mortality, the Department established “premature centers,” staffed with trained nurses and equipped with

incubators, blood, and oxygen for premature infants. An ambulance service provided transport for premature newborns from home or a hospital to the center. To reduce maternal deaths, Department physicians concentrated

their actions in districts where deaths remained high. Partially as a result of this work, the infant mortality rate dropped to its lowest rate ever in 1947, and maternal mortality was reduced by two thirds compared with the early 1930s.



*Graph: “City of New York Tuberculosis - All Forms - Crude Death Rates per 100,000 population, 1900-1943.” 1943.*

{ MUNICIPAL ARCHIVES, NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES }





1950-1969  
FROM INFECTIOUS TO  
CHRONIC DISEASE



1954

Salk polio vaccine tested in New York

1955

Department establishes Poison Control Center with hotline

1965

Department opens maternal care clinics with family planning services

1969

Department begins lead poisoning prevention program, which becomes a bureau in 1970

**I**n November 1954, Mayor Robert Wagner appointed Dr. Leona Baumgartner as the first female Health Commissioner in New York

**history:** Through her dynamism, Baumgartner

attracted a talented staff and secured training and higher salaries to retain skilled personnel. When Dr. Jonas Salk announced he had developed a new vaccine for polio that year,

Dr. Baumgartner arranged for the vaccine to be tested in New York City, which suffered polio outbreaks nearly every summer. More than 40,000 New York City schoolchildren received the vaccine as part of a nationwide

field trial. Tests having proven the vaccine effective, by 1955 Dr. Baumgartner made polio vaccination a regular part of the school health program and initiated aggressive polio vacci-

nation campaigns among adults. By 1960, New York had become virtually polio-free.

Widespread antibiotic use in the 1950s also drastically reduced cases of tuberculosis

and made sexually transmitted diseases such as syphilis and gonorrhea treatable. As Dr. Baumgartner wrote later on, “Infectious diseases were largely under control. The limited goals of current public health needed



*Mayor Wagner launches an aggressive polio vaccination program. Photo 1961.*

{ MUNICIPAL ARCHIVES, NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES }

*The Department's first billboard promoting the awareness of household poisons, 1958.*



*A young woman receives a chest X-ray in an effort to control tuberculosis. Photo, no date.*



stretching.” Chronic disease, including diabetes, heart disease, high blood pressure, and cancer, became the next frontier for public health. But before prevention campaigns could succeed, more needed to be known about these diseases. In 1958, the Department established a Health Research Council with a \$7 million budget to fund scientists to study chronic and infectious disease.

When Dr. Baumgartner left the Department in October 1962, her successor, Dr. George James, took up the cause of chronic disease prevention. He promoted Diabetes Detection Week, in which New Yorkers could arrange to get a diabetes test by calling a well-publicized number. He also campaigned to curb

cigarette smoking, which was beginning to be recognized as a major cause of lung cancer and heart disease. James envisioned clinics to help smokers quit, along the lines of alcoholism rehabilitation clinics, and advocated for labels on cigarettes declaring they were hazardous to health. Although these ideas faced steep resistance in a society where almost half the population smoked, they represented a visionary attempt to reduce tobacco’s health impact on society.

The Health Department’s new concern with chronic disease under Commissioners

Baumgartner and James did not mean it neglected continuing threats of infectious disease. After the measles vaccine became available in 1963, the

*“Infectious diseases were largely under control. The limited goals of current public health needed stretching.”*

*Leona Baumgartner  
Health Commissioner  
Bulletin of the New York  
Academy of Medicine,  
June 1969*



*Daily News delivery truck with the Department’s poster promoting rat control, 1960.*

{ MUNICIPAL ARCHIVES, NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES }



*“There are 100,000 diabetics walking the streets of New York who do not know they have this disease.”*

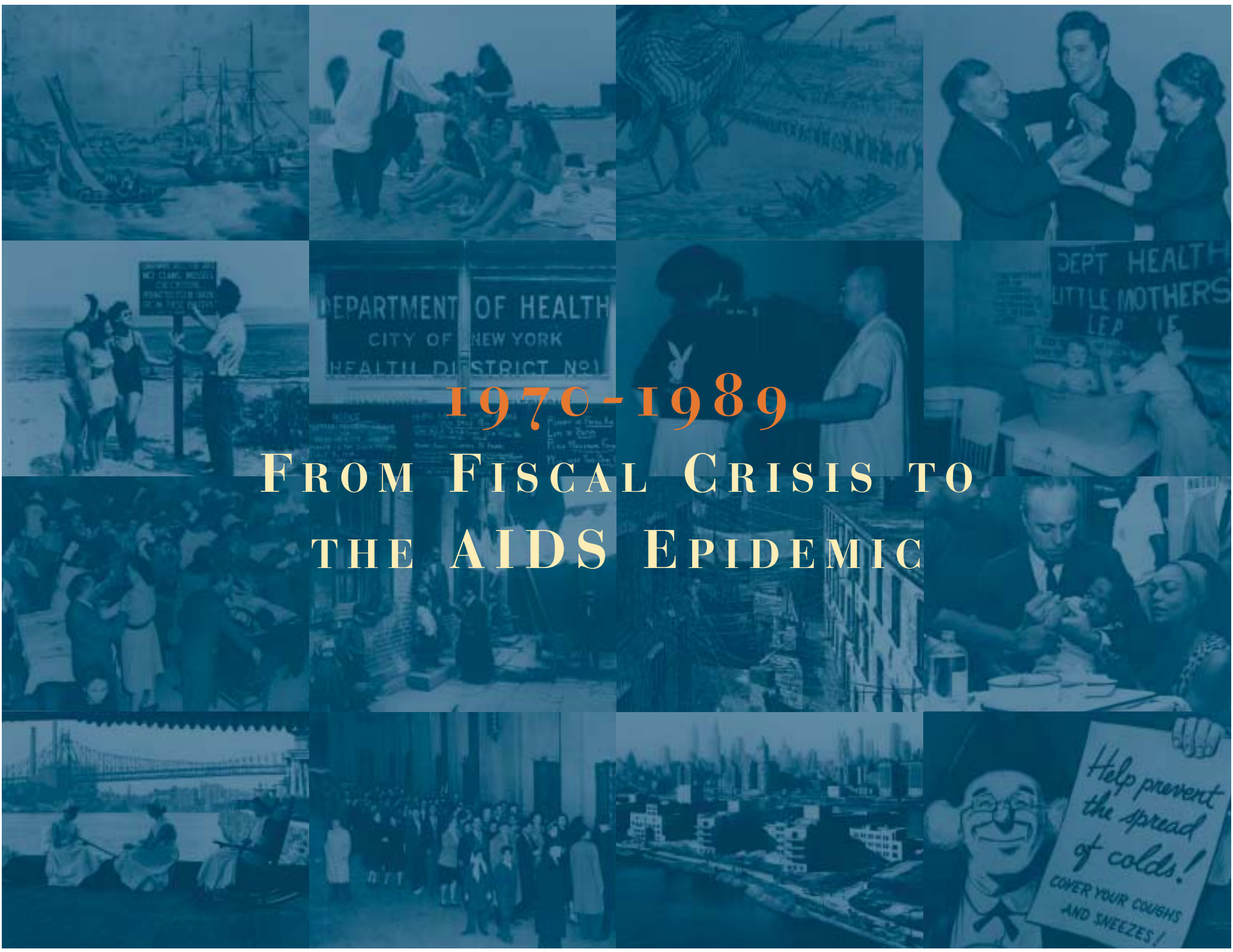
*George James  
Health Commissioner  
quoted in November 17, 1963  
New York Times article publicizing  
Diabetes Detection Week*

Department administered it to the city’s school-children as part of the U.S. Public Health Service’s nationwide measles vaccination campaign. Additionally, when Asian flu epidemics threatened, the Department encouraged the elderly and other vulnerable residents to get flu vaccinations. And though tuberculosis had been brought largely under control by the 1960s, James warned, presciently, of the rise in drug-resistant cases. “We have to avoid the tendency to assume that because we have some successful drugs, the battle is over,” James told participants at a 1963 tuberculosis conference.

In 1965, the Department secured \$1.4 million in federal funds to open five new maternal care clinics, which, for the first time in the city’s history, were able to offer birth control services. But to avoid controversy and secure the participation of the city’s Catholic hospitals, the program allowed the clinics at St. Vincent’s

and St. Catherine’s hospitals to limit their family planning services to information on the rhythm method of contraception.

Mayor John Lindsay, elected in 1966, reorganized much of city government into “superagencies,” bringing the Health Department, Department of Hospitals, the Community Mental Health Board, and the city Medical Examiner’s Office under the aegis of a single Health Services Administration. He appointed Dr. Howard Brown to oversee both the Health Services Administration and to be James’ successor as Health Commissioner. The Board of Health insisted, however, that one person could not do both jobs. The Mayor agreed and appointed Dr. Edward O’Rourke as Health Commissioner in February 1967. O’Rourke resigned in early 1969 and was succeeded by Dr. Mary McLaughlin, a Department veteran.



1970-1989

FROM FISCAL CRISIS TO  
THE AIDS EPIDEMIC

1976

Landlords required to install window guards in apartments with children; law reduces window fall deaths by more than 98 percent

1981-83

Disease detectives begin to track spread of AIDS epidemic

1983

Department creates Office of Gay and Lesbian Health

1985

Department begins offering free anonymous AIDS tests

1988

Needle exchange program implemented to curb HIV among drug users

**T**he headline of a May 1969 *New York Times* article, “*Health Department Seeks Lost Glory;*” captured the spirit of the times.

The article noted that fiscal cuts had forced the Department to curb services and that salaries of Department employees, from Commissioner McLaughlin to food inspectors, had not kept pace with those in the private sector, making it difficult for the Department to retain staff. But Dr. McLaughlin nevertheless sought to innovate within these constraints. In 1969, with \$150,000 borrowed from other areas of the Department’s budget, she started a program to reduce lead poisoning in children. The Department estimated that 30,000 children in New York’s poorer neighborhoods had elevated blood lead levels. This program would develop into a Bureau of Lead Poisoning Prevention that would require any child admitted to a hospital from the city’s “lead belt”—areas in which

apartments commonly contained lead paint—to undergo blood lead level testing. Additionally, when inspectors found lead paint, landlords would be required to put wallboard over it.

McLaughlin seemed to flourish despite conditions of administrative and financial difficulty. During her tenure, the Department conducted a successful rubella vaccination campaign in 1969; developed regulations to ensure abortions were conducted safely after they became legal in 1970; investigated doctors for depriving Medicaid patients of services; and initiated a case-finding program for venereal diseases.

Under Commissioners Joseph Cimino (1972-74) and Lowell E. Bellin (1974-76), the Health Department worked to maintain core programs as city government slid into insolvency. Despite these fiscal constraints, Dr. Cimino maintained free immunization programs for polio, diphtheria, measles, and rubella at ninety

*Early AIDS poster promoting the AIDS Information Hotline, early 1980s.*

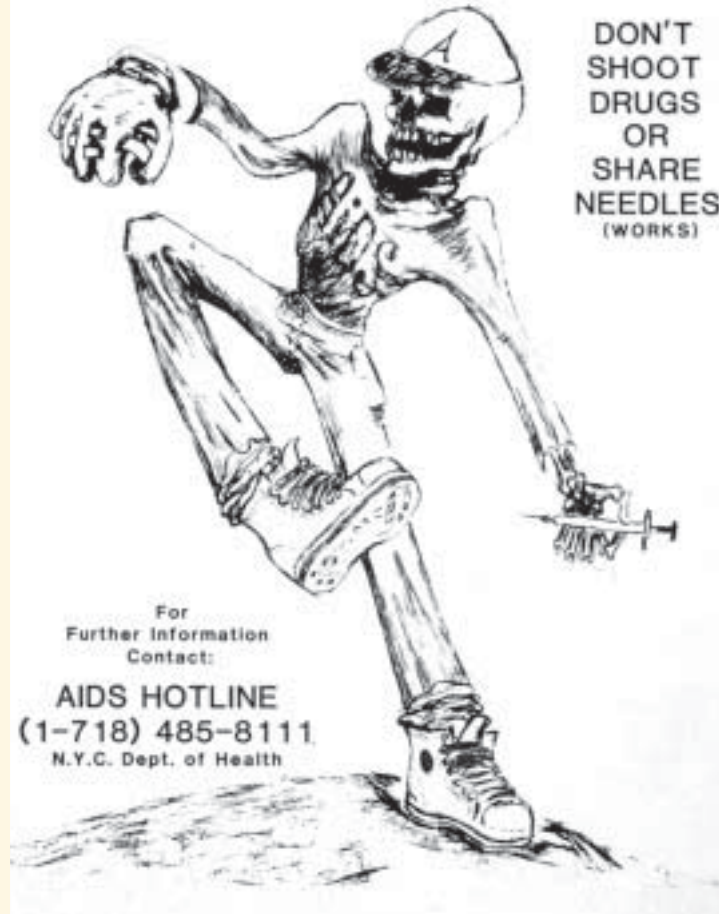




*AIDS Hotline poster, early 1980s.*

**“HE CAN ONLY STRIKE YOU  
OUT IF YOU LET HIM!”**

Don't Play With Your Life...



**DON'T  
SHOOT  
DRUGS  
OR  
SHARE  
NEEDLES  
(WORKS)**

For  
Further Information  
Contact:

**AIDS HOTLINE  
(1-718) 485-8111  
N.Y.C. Dept. of Health**

child health centers around the city, and initiated a program to provide free venereal disease testing for women at the city's 13 maternal and infant care centers. New testing techniques developed in Department laboratories made gonorrhea testing for women possible on a large scale for the first time. Dr. Cimino also toughened restaurant inspections and initiated a required course in environmental sanitation for restaurant supervisors. When Dr. Bellin took office, the Department expanded school physicals to include tests for anemia, sickle cell anemia, and lead poisoning. He also played an active role in monitoring and improving care given under the Medicaid program. In 1974 and 1975, the Department recovered more than \$4 million from doctors who had padded Medicaid bills. In addition, following a period of restructuring and experimentation begun under Dr. Cimino, Commissioner Bellin re-pro-

fessionalized the Department, bringing in high quality managers for key positions.

Dr. Bellin's efforts to draw experienced professionals to the Department occurred just as the city's fiscal crisis came to a head in 1975. As part of his plan to avoid municipal bankruptcy, Mayor Beame slashed the Department's budget by \$1.5 million. By November 1975, the Department announced it would have to close ten child health centers, eight eye clinics, a tropical medicine clinic, a venereal disease clinic, a chest clinic, three dental clinics, and two cardiac clinics. Even more concerning than the fiscal crisis, the Department faced widespread apathy about public health.

The Department countered this apathy during the 1970s by continuing immunization programs and beginning new initiatives such as a law in 1976 that required all apartment landlords to install window guards in apartments housing children under ten years old. This reg-

*The Department countered this apathy during the 1970s by continuing immunization programs and introducing a law in 1976 that required all apartment landlords to install window guards in apartments housing children under ten years old.*

*In June 1981, a nation that had relegated epidemics to history got a rude awakening when the first 41 cases of a rare cancer among gay men were reported by the Centers for Disease Control.*

ulation has in the past three decades drastically reduced the number of children killed in window falls. Dr. Bellin's successor, Dr. Pascal J. Imperato (1977-78) maintained core services despite the ongoing fiscal crisis and continued annual immunization campaigns for school-children. Under a federally funded program, he worked to close the gap between immunization status of preschoolers and school-age children. Commissioner Reinaldo Ferrer (1978-81) began rigorous inspections of sidewalk food vendors, expanded services for children at the remaining health clinics, kept venereal disease programs running, and oversaw aggressive neighborhood rat control campaigns as well as spraying campaigns to rid parks of mosquitoes. When an outbreak of Legionnaires' Disease led to 41 hospitalizations and three deaths in the summer of 1978, Dr. Ferrer led the Department's medical detectives in tracing the

cause of the outbreak to an air conditioning tower over the midtown Macy's Department store, where they found the bacteria that causes the disease. Additionally, under Dr. Ferrer, the Department closed beaches in Queens when oil spills made them unsafe. He also investigated reports of typhoid fever in Brooklyn.

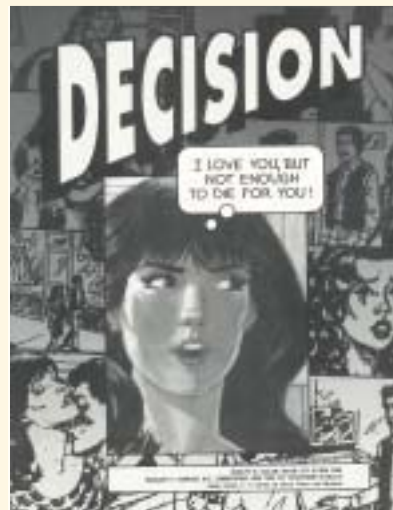
In June 1981, a nation that had relegated epidemics to history got a rude awakening when the first 41 cases of a rare cancer among gay men were reported by the Centers for Disease Control (CDC). The disease, soon known as Acquired Immune Deficiency Syndrome (AIDS), remained a puzzle to health officials. Under the new Commissioner David Sencer, a team of medical detectives from the Department and the CDC tried to crack the problem. The team's members interviewed AIDS patients, asking detailed questions about sexual practices and drug use that few people had been accustomed

to asking or answering.

They also harnessed the power of computers to store and analyze data on cases they found.

By 1983, health officials had learned that the disease was generally spread through sexual contact or sharing of needles, and began efforts to educate the public. The Department also opened an

office of Gay and Lesbian Health. When a blood test for HIV became available, the Department began offering free tests to people in high-risk groups, including intravenous drug users and gay men. While the gay community had organized itself to deal with the AIDS crisis, IV drug users proved a more difficult group to reach. In October 1985, Dr. Sencer proposed that



*The Decision cartoon novella ran in the New York City subways for ten years. The entire series is reprinted in a comic book version.*

{ NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE }

needles be sold over the counter to encourage IV drug users not to share contaminated needles. Even though this proposal met steep political opposition from some community leaders, Sencer's successor, Dr. Stephen Joseph, advocated a similar program, in which people addicted to drugs could exchange

used needles for free clean ones.

When Dr. Joseph became Health Commissioner in January 1986, he jumped full force into AIDS prevention and treatment efforts. Joseph fought to implement the needle exchange program, which became the only publicly financed program of its kind in the country. The program, when finally approved in 1988,

*“We are at the center of an epidemic in North America. It is a long, dark tunnel and we don't have any light at the end of it.”*

*Health Commissioner  
Stephen Joseph  
New York Times  
January 17, 1987*



*In April 1988, a new law prohibited smoking in taxicabs and large retail stores and required large restaurants to create nonsmoking sections.*

limited needle exchange to addicts on waiting lists for methadone programs. Under Peggy Clarke, the Department's Assistant Commissioner for AIDS Program Services, the Department also opened centers for anonymous HIV testing, produced AIDS awareness ads and videos, shuttered several gay theaters where high-risk sexual activity occurred, and distributed condoms at health fairs.

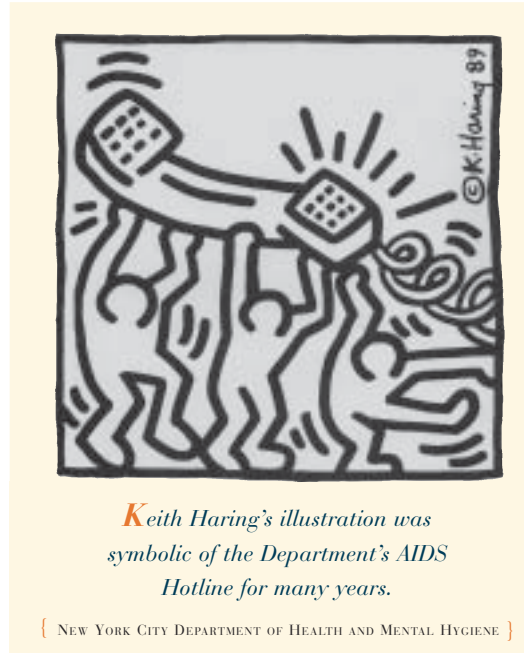
In the 1980s the Department also sought to reduce injury and chronic disease. In 1986, a team of 12 inspectors spread out across the city to enforce the window guard legislation that had been on the books for a decade. In April 1988, the Department worked to help pass a new law

that prohibited smoking in taxicabs and large retail stores and required large restaurants to create nonsmoking sections.

By 1987, AIDS services had cost the city

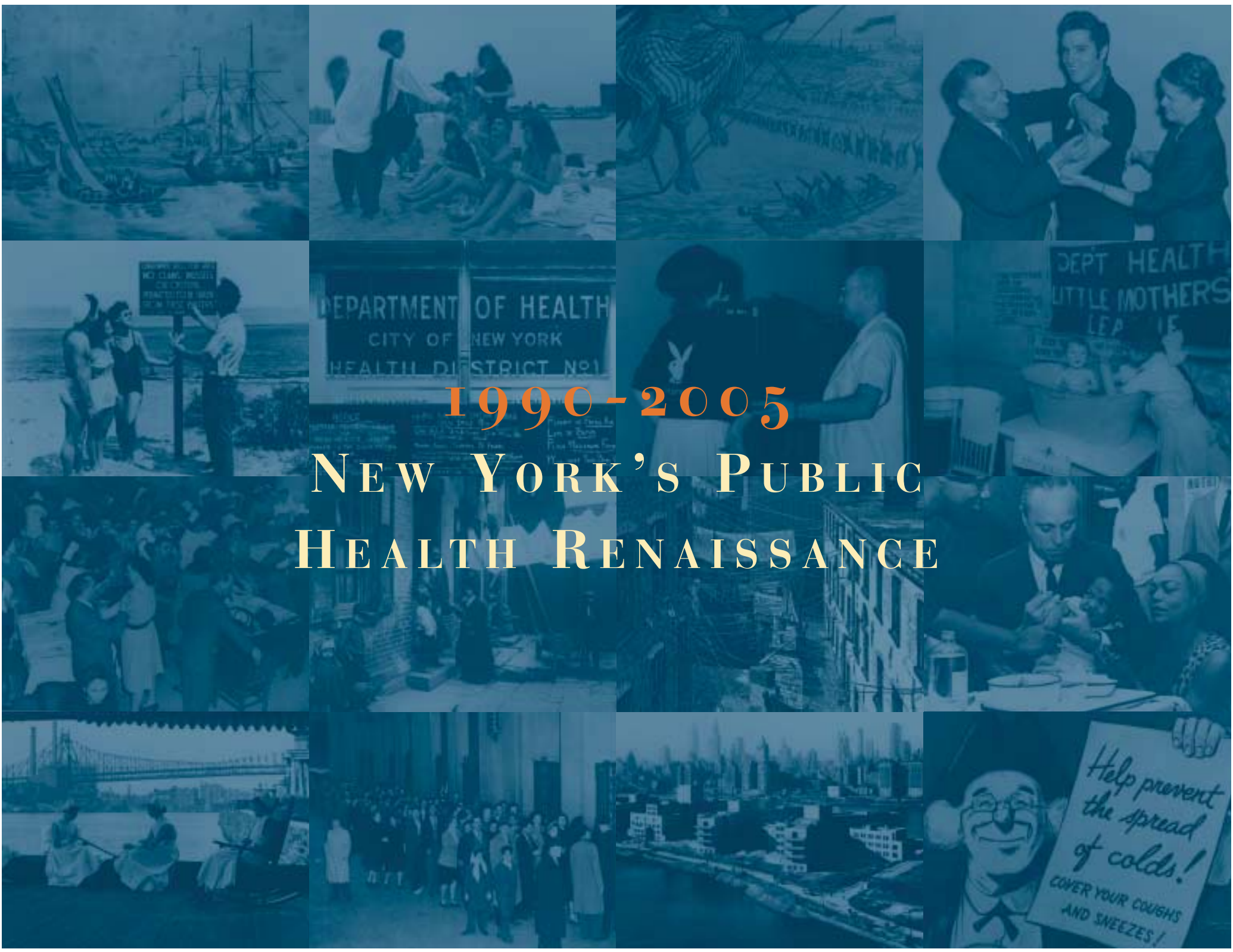
\$400 million, and with cases continuing to rise, a panel chaired by Joseph projected that costs would increase to \$1 billion by 1991. In May 1988, the city budget shrank due to an economic downturn, but the Department and AIDS activists successfully pressed for an increase in

AIDS program funding. AIDS programs would change in the 1990s as new drugs became available to treat the disease, but HIV prevention and services have remained a top priority of the Department.



*Keith Haring's illustration was symbolic of the Department's AIDS Hotline for many years.*

{ NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE }



1990-2005  
NEW YORK'S PUBLIC  
HEALTH RENAISSANCE

1991

Program begun to improve asthma treatment for city's children

1992-1996

TB control efforts drastically reduce cases in city

1999

Department's disease detectives track West Nile virus

2001

Department responds to September 11 attacks

Department responds to anthrax attacks

**I**n early 1990, Mayor David Dinkins appointed Dr. Woodrow Myers as the city's first African-American Health Commissioner.

Myers halted the controversial needle exchange program and called for increased treatment of people addicted

to drugs. When research began to

show a rise in asthma deaths,

especially among African-American male children, the Department, under Myers, began a joint research project with Columbia University's College of Physicians and Surgeons to improve asthma treatment for minority children.

Between 1979 and 1992, tuberculosis in New York City had risen to alarming levels; many cases were highly drug-resistant. Dr. Margaret Hamburg, who was appointed Health Commissioner in 1992, led efforts to bring the

disease under control. Between 1991 and 1994, the Department tripled the staff of the Bureau of Tuberculosis Control, led by Dr. Thomas R. Frieden, to 600 workers. The Bureau employed directly observed treatment, in which tuberculosis

workers observe and help as patients take their medication, and pursuant to a

health code change enacted by the Board of Health, detained non-adherent patients as a last resort when there were no other options for treatment. These TB control initiatives reduced multi-drug resistant TB cases by 95 percent and overall TB cases by two thirds, and garnered global recognition as a model of successful TB control.

As the AIDS epidemic continued, Commissioner Hamburg secured a major increase in federal funding under the Ryan White Care Act,



*"I have asthma but asthma doesn't have me," campaign for The Childhood Asthma Initiative, 1998-1999.*

{ 1999 CAMPAIGN NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE }

*In October 2001, letters containing anthrax were mailed to several media outlets in New York City. In all, there were 8 cases of anthrax in New York City, including one death.*





*Project Liberty campaign, Fall 2003.*

# Nobody's stronger than New Yorkers.



In the terrible wake of 9/11, we said, "Things will never be the same". And they won't be. But as we go about our days, working, walking the dog, arguing about ball games, most of us are feeling something new — and good: a fresh appreciation for all the ordinary, normal, daily things that make a life. But while we are getting along with our lives, some of us may continue to feel sadness, anxiety and fear. If you have problems coping, be assured that you can always get help by calling 1-800-Lifenet.



Funded by FEMA

**1-800-LIFENET, or dial 311 and ask for Lifenet.**

Michael R. Bloomberg, Mayor - Thomas R. Frieden, M.D., M.P.H., Commissioner



THE NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

from \$44 million in 1993 to \$100 million in 1994. The continuation of this funding during the 1990s enabled the Department to provide patients with access to potent antiretroviral therapies, leading to a significant downward trend in the city's AIDS deaths.

Dr. Hamburg protected the agency's budget during a time of severe fiscal constraints. One way in which she did this was to emphasize that public health is integral to public safety. She initiated one of the

nation's first public health bioterrorism defense programs and oversaw the development of the first weapons-related injury surveillance system. With international outbreaks such as plague in India and ebola in Zaire occurring during her tenure, Dr. Hamburg was also an advocate for

a strong public health infrastructure to contend with new and emerging infectious diseases.

In 1998, Mayor Rudolph Guiliani appointed Dr. Neal L. Cohen to oversee the Department



*The Department's epidemiologists collect mosquito larvae to gauge extent of West Nile virus infection, 1999.*

{ NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE }

of Health as well as the Department of Mental Health, Mental Retardation and Alcoholism Services, which he was already heading. The joint appointment signaled a plan to combine the two agencies. While these departments had been quasi-united under Mayor Lindsay's Health Services

Administration, this time they would be formally merged. "We believe a public health agency that is unified will be better able to address the complex needs of so many New Yorkers," Dr. Cohen said at the time. The merger, which became official in 2002 after approval by the city's voters in

2002

Merger creates Department of Health and Mental Hygiene

2003

Restaurants and bars become smoke-free

2003

District Public Health Offices opened in Brooklyn, Harlem, and the Bronx

2004

Take Care New York initiative to improve health and reduce health disparities launched

*“We must continue to support tuberculosis control so we do not repeat the mistakes of the past.”*

*Health Commissioner  
Margaret Hamburg  
New York Times,  
March 23, 1996*

2001, resulted in the creation of the Department of Health and Mental Hygiene.

Amid the merger, Dr. Cohen’s tenure as Commissioner would be punctuated by three unforeseen occurrences: the appearance of West Nile virus, the terrorist attacks of September 11, 2001, and the appearance of anthrax. In September 1999, an elderly Queens resident died mysteriously from an apparent mosquito-borne illness, believed at first to be St. Louis encephalitis. A team of investigators, led by Bureau of Communicable Disease Assistant Commissioner, Dr. Marci Layton, tested residents of the area to track the disease. Laboratory testing soon revealed the new illness to be West Nile virus, which had never before been seen in the Western Hemisphere. That summer, at least 62 people contracted the virus and seven died.

The terrorist attacks of September 11, 2001 created a public health emergency unique in New

York City’s history. The Department had to relocate its headquarters from 125 Worth Street, only a few blocks from the World Trade Center site, to the Bureau of Laboratories. Department officials remained on the job around the clock, working with federal officials to meet the demands of the emergency. Under these conditions, the Department of Vital Records continued to provide copies of birth and death certificates via internet, mail, and fax. Inspectors had to enter 200 closed restaurants in lower Manhattan to remove spoiled food, and exterminators baited the area to reduce the rat population. Working with the Department, the Office of the Chief Medical Examiner expedited death certificates to families of victims and tackled the monumental task of properly handling and identifying human remains recovered from the World Trade Center site.

By the time the nation’s first anthrax case became public on October 4, the Department had

*World Trade Center Health Registry campaign, 2003.*





The Department's campaign to promote HIV testing, 2003.



On the one hand,  
you don't know  
your own status.

On the other  
hand, you want  
to know his.

Do you know your partner's HIV status? Do you know your own? By knowing your HIV status, if you're negative, you can stay that way. If you're positive, you can get the treatment you need to feel better and to live longer. Whether you're positive or negative, use a condom to protect yourself and your partner. Know your status.

To "TALK HIV" call 311

WHAT'S YOUR STATUS?		
-	+	?
STAY SAFE	GET CARE	GET TESTED

**Our future is in our hands.**

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# WHAT'S YOUR STATUS?


-	+	?
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put in place a biowarfare agent surveillance system at the city's hospitals. The Department investigated eight cases of anthrax that subsequently appeared in New York, seven among employees of media organizations. In 2003 and 2004, the city's bioterrorism prevention efforts continued, with a voluntary smallpox vaccination campaign for the city's health care workers and tabletop bioterrorism preparedness exercises for the Mayor's staff. To track the long-term physical and mental health effects of those exposed to the fumes, dust, and debris released in the wake of the September 11 attack, the Department also inaugurated the World Trade Center Health Registry—the largest registry ever assembled to track the health of people exposed to a natural or man-made disaster.

Under Commissioner Thomas R. Frieden, who took office in January 2002, the Department began health surveys to monitor the health of each

community and increased the Department's focus on programs that address chronic disease and health inequities. In July 2002, Mayor Bloomberg secured an increase in the city's cigarette tax to \$1.50 per pack, making cigarette prices in New York the highest in the nation. Following the passage of the Smoke-Free Air Act, which made virtually all workplaces, including the city's bars and restaurants, smokefree beginning in March 2003, and a smoking cessation and tobacco education campaign, 140,000 fewer New Yorkers were smoking within the year. In 2002, the Department conducted a comprehensive telephone health survey of New Yorkers in every neighborhood to provide neighborhood-level information on risk factors and health problems. The Department then used this data to craft a comprehensive policy initiative, Take Care New York, which identifies ten key areas for health interventions: primary health care; smoking cessation; cardiovascular

*“We have strengthened our surveillance system to give us early warning signs of an illness or a cluster of illnesses that would suggest exposure to a bioterrorist agent.”*

*Health Commissioner  
Neal Cohen  
October 10, 2001*

*As New York enters its third century of organized public health, the need for continued vigilance to prevent and curb disease remains as clear as when the first yellow fever epidemic threatened the city.*

health; HIV testing; treatment for depression; freedom from drug and alcohol dependence; cancer screening; immunizations; safe and healthy homes; and maternal and infant health. The initiative also aims to reduce disparities in health status between lower income, black, and Hispanic New Yorkers and the overall population. Along these lines, in 2003 the Department launched three District Public Health Offices in areas of Brooklyn, the Bronx, and Harlem where health needs are greatest. Harkening back to the tradition of the District Health Center, these offices seek to improve health on a community-level basis.

As New York enters its third century of organized public health, the need for continued vigilance to prevent and control disease remains as clear as

when the first Yellow Fever epidemic threatened the city. AIDS deaths have fallen substantially, new cases of childhood lead poisoning have dropped 80 percent in the past eight years; and tuberculosis rates are 70

percent below their high of the early 1990s. However, in 2005, approximately 18,000 New Yorkers—disproportionately those in lower income and African-American communities—will die before they reach their 65th birthday, approximately half from preventable causes such as heart disease, HIV, and cancer. The Department's



6,000 employees continue efforts to prevent disease and injuries and to improve the health of all New Yorkers. While challenges remain, the Department, building on a 200-year tradition of leadership, remains ready to meet the public health and mental hygiene needs of all New Yorkers.

*“Everybody Loves a Quitter” Smoking Cessation campaign, 2004-2005.*



*“Dad’s a quitter.  
We knew  
he could do it!”*

**EVERYBODY LOVES A QUITTER.**

You can quit smoking, too.  
Call 311 and we’ll help you do it.

Think. Talk. Quit.

NYC  
311 THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE THOMAS R. FROST, M.D., J.D., COMMISSIONER



*Take Care New York is a city-wide health initiative launched in March 2004.*



**LIVE LONGER.  
LIVE HEALTHIER.  
TAKE CARE NEW YORK.**

1. Have a regular doctor or other health care provider.
2. Be tobacco-free.
3. Keep your heart healthy.
4. Know your HIV status.
5. Get help for depression.
6. Live free of dependence on alcohol and drugs.
7. Get checked for cancer.
8. Get the immunizations you need.
9. Make your home safe and healthy.
10. Have a healthy baby.

For more information about the 10 steps to a longer and healthier life:  
**Call 311**  
Get the Passport to Your Health  
or visit [www.nyc.gov/health](http://www.nyc.gov/health)

A black and white photograph of a man with dreadlocks, wearing a dark tank top and pants, holding a 'TAKE CARE NEW YORK' passport in his right hand. He is looking towards the camera with a slight smile. The passport is a small booklet with the 'TAKE CARE NEW YORK' logo on the cover.

**NYC Health**  
The New York City Department of Health and Mental Hygiene

**TAKE CARE NEW YORK**

THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE    MICHAEL R. BLOOMBERG, MAYOR • THOMAS ILFRIDA, M.D., R.U.C.M., COMMISSIONER

*The Department conducted a comprehensive telephone health survey to provide neighborhood level information on risk factors and health problems and used this data to create a comprehensive policy initiative, Take Care New York, which identifies ten key areas for health intervention.*

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