Source: Courtesy New York City Department of Health and Mental Hygiene.
Note: The Health Department headquarters at 125 Worth Street, a few blocks north of City Hall in lower Manhattan. The building was constructed with New Deal funds during the Depression and also housed the city’s departments of hospitals and sanitation.
Figure I.2  Health Districts

Source: Courtesy New York City Municipal Archives.
Note: In the 1930s, the Health Department divided the city’s five boroughs into thirty health districts of about 200,000 residents each for purposes of data gathering and analysis, planning, and program delivery.
Note: Mary McLaughlin, a department veteran who championed the expansion of outpatient care in poor neighborhoods, first proposed the transformation of district health centers into full-service clinics in 1965.
both the public and private sectors but underestimated the intransigence of large bureaucracies and the commitment of government officials to maintaining control of their fiefdoms.

Almost immediately, turf battles broke out among the four constituent agencies that had publicly supported their consolidation into the Health Services Administration superagency. The four commissioners resented not having direct access to the mayor and clashed with Brown over having to go through him.\textsuperscript{72} Brown’s every move as health services administrator represented an intrusion on someone’s territory. When he appointed an administrator to oversee all narcotic services in the city, for example, the chief of the Community Mental Health Board, which had its own drug programs, went over Brown’s head to complain to Lindsay that Brown had overstepped his authority.\textsuperscript{73} Mary McLaughlin, an early

\textit{Source:} Courtesy New York City Municipal Archives.
\textit{Note:} When Mayor John Lindsay (right) swore in Edward O’Rourke as health commissioner in February 1967, the department had been without a permanent, full-time leader for more than a year, during which time its status as an independent agency was in doubt.
Gordon Chase

Source: Courtesy New York City Municipal Archives.

Note: Gordon Chase, whom Mayor Lindsay named to the post of health services administrator in 1969. Chase was widely admired within city government for his managerial ability, but the city’s doctors opposed his appointment because he did not hold a medical degree.
Figure 2.2  Protesting Abortion Regulation

Source: Courtesy New York City Municipal Archives.
Note: A flyer announcing a July 1970 rally protesting the Board of Health’s proposed restrictions on where abortions could be performed. Some abortion-rights activists claimed that restricting the procedure to hospitals would make it inaccessible to poor women. At the top of the flyer, an unidentified Health Department employee has written: “7/10/70 From the few related discussions I have had the COST seems to be the major source of support for those opposing the Health Code.”
were done in hospitals. About 43 percent of women receiving abortions were nonwhite, and about 10 percent were Puerto Rican.

In 1971 New York City recorded its lowest maternal mortality rate on record, fulfilling the hopes of those who had predicted that the change in the law would lead to fewer deaths from women having the procedure done in illicit and unsafe conditions. Free-standing clinics devoted to abortion proliferated. By 1972 there were twenty-one such facilities operating in the city; they performed about half of all abortions and disproportionately served women who came from outside the city. Costs of the procedure varied significantly, with the voluntary hospitals being the most expensive (and performing the smallest percentage among the types of facilities).

New York was one of several jurisdictions that the U.S. Supreme Court cited when it ruled, two and a half years after Pakter and the obstetrics advisory committee completed their work, that the Constitution protected a woman’s right to abortion. “Mortality rates for women undergoing early abortions, where the procedure is legal, appear to be as low as or lower than the rates for normal childbirth,” the Court stated in Roe v. Wade. “Consequently, any interest of the State in protecting the woman from an inherently hazardous procedure, except when it would be equally dangerous for her to forgo it, has largely disappeared.” The battles sparked by Roe would be a central front in the “culture wars” waged in the last decades of the twentieth century. That these clashes often took place at the level of state and federal government policy makes it easy to forget the pivotal role played by the New York City

**Figure 2.3  Abortion Hotline**

*Source: Courtesy New York City Municipal Archives.*

*Note: After abortion became legal in the New York State in 1970, the New York City Health Department contracted with Planned Parenthood to operate an information hotline, which it publicized with a series of posters.*
Figure 3.1  Bellin Takes Charge

Source: Courtesy New York City Municipal Archives.
Note: Lowell Bellin (left) is sworn in as health commissioner by Mayor Abraham Beame in January 1974. Before the end of the year, New York City would begin its slide into insolvency.
possibility of closing some institutions grew stronger. The chair of the community board of Metropolitan Hospital Center angrily demanded that Mayor Beame fire Bellin. The board members wrote to Bellin, “Your constant and flagrant disregard for the poor people of this city will no longer be tolerated.” Two dozen black ministers marched into City Hall and occupied Mayor Beame’s office, where they chanted, clapped, and conducted prayer services to demand Bellin’s ouster. “His uncaring attitude and utter insensitivity,” said Rev. William Jones, pastor of the Bethany Baptist Church in Brooklyn, “disqualify him for any position that has to do with the lives of ordinary people.” District Council 37, which represented health care workers, organized many protests. Victor Gotbaum, the head of District Council 37 and one of the city’s most powerful political figures, also called for Bellin’s resignation. That someone
Figure 4.1 A Mysterious New Epidemic

Source: Courtesy New York City Municipal Archives.

Note: A hand-drawn graph by Health Department epidemiologists from March 1982 shows the temporal distribution of diagnosed cases of the immune suppression in the city. The first cases of the mysterious syndrome, which did not yet have a name, had begun to appear in 1978, but the connections between the cases were not recognized until three years later.

tion, and family ancestry; their history of travel and exposure to toxic substances; their medical history, including previous sexually transmitted diseases and prescription medications taken; and “lifestyle” habits, such as recreational drug use. Each subject was asked an extensive and specific list of questions about his sexual history, including age of first sexual activity, estimated number of partners per year, proportion of partners encountered in sex clubs and bathhouses, and frequency with which penis, tongue, and hands had been inserted into mouths and rectums. All patients were also asked to donate blood for laboratory testing.9

The most prominent differences to emerge between the cases and controls were the number of sexual partners, the proportion of partners met
immune suppression in November 1982, Thomas and Friedman worked with colleagues in New Jersey and the CDC to determine if this was the same condition that was being seen in adults. To seek out possible additional cases, they reviewed all requests that pediatricians had made over the previous several years for pentamidine, a rarely used drug for treating PCP. (An unusually high number of requests for the drug had been one of the ways in which CDC officials had picked up on the initial outbreak of immune suppression among gay men.) They also examined death certificates from 1978 through 1982 of all children under age five who had died of pneumonia, and when possible, they interviewed the parents. In more than half the cases, one or both parents was an injection drug user or was born in Haiti; among children for whom no parental

Source: Courtesy New York City Municipal Archives.
Note: A hand-drawn graph showing the sexual contacts of “Patient Zero,” the Canadian flight attendant who was the focus of one of the early epidemiological investigations conducted by the Centers for Disease Control in collaboration with the Health Department. The cells show each contact’s date of sexual exposure, symptom onset, and diagnosis with an opportunistic infection.
Figure 4.3 AIDS Hotline

IF YOU WANT TO STOP AIDS, YOU HAVE TO KNOW THE FACTS:

- **AIDS** IS NOT SPREAD BY CASUAL CONTACT;
- **THERE** IS NO BLOOD TEST WHICH CAN TELL YOU IF YOU HAVE AIDS, OR IF YOU'RE GOING TO GET IT;
- **BLOOD BANKS ARE NOW SCREENING ALL DONATED BLOOD FOR A VIRUS CONNECTED TO AIDS, THE "HTLV-III" VIRUS, TO KEEP THE BLOOD SUPPLY SAFE.

**FOR** QUESTIONS ABOUT HTLV-III, ABOUT AIDS, AND ABOUT BEING AT RISK, CALL

(1-718-HTLV-III)
(1-718-485-8III)

NEW YORK CITY DEPARTMENT OF HEALTH.
ALL SERVICES CONFIDENTIAL.

*Source:* Courtesy New York City Municipal Archives.

*Note:* When a blood test for the AIDS virus became available in April 1985, the Health Department set up a hotline to answer questions about the disease and the test. The virus would eventually be named human immunodeficiency virus (HIV), but at the time it was known as HTLV-III.
the time there were about seventy-eight children under age twelve known to have contracted AIDS in New York City. Fifty-two were deceased; of the remaining twenty-six, four wanted to attend school. In keeping with the new policy, Sencer appointed a panel, made up of two employees from the Health Department, employees from the Board of Education, and the president of the United Parents Association, to review the four cases. Not waiting for the panel’s decision, officials from Districts 27 and 29 held a press conference on September 4 in which they called for a moratorium on enrolling children with AIDS in school. For the event, officials flew in Daniel Carter, the president of the Kokomo school board that had voted to keep Ryan White from attending school.

Three days later, on September 7, the panel reviewing the children’s cases announced its decision. Of the four children with AIDS known to the city, one was determined to be well enough to continue attending school. The child was a second-grader who had been going to classes the
fect that Chavkin and Kristal sought. After the study results were reported in the *Times*, the Koch administration announced a $1.6 million increase in Health Department funding that enabled the number of public health nurses to be increased to nineteen from seven; pregnant women and women with newborns were to be housed in a select group of shelters where special services would be available to them.\(^4\)

Homelessness posed a particular problem for people with AIDS. Their condition placed them at heightened risk for the contagions that spread easily in barracks-style shelters; they also faced the threat of violence from hostile fellow residents should their condition become known. Although the official policy of the Human Resources Administration was to provide people with AIDS with private rooms in welfare hotels, in fact it was well known that there were hundreds of them in shelters, either because they had not received an official diagnosis or were afraid to come forth with their condition to a social worker, or because there were no private rooms available for them at the time of a hospital discharge.\(^5\)
Figure 5.2  AIDS Prevention Poster

Source: Courtesy of the National Library of Medicine.
Note: One of a series of AIDS prevention posters that the department debuted in 1987. The poster’s strong linkage of sex and death was typical of many public health messages about sexually transmitted diseases.
Figure 5.3  AIDS Prevention Poster

Source: Courtesy of the National Library of Medicine.
Note: One of the department’s first AIDS prevention posters emphasized the importance of women’s self-protection by depicting condoms among the contents of a purse.
the program began, the City Council voted overwhelmingly for a resolution calling for the program to be ended.\textsuperscript{119} By that time just thirty-two people had enrolled.\textsuperscript{120}

The program did grow steadily over the following year, and Joseph, committed to seeing it through, investigated the possibility of quietly expanding it to other sites. By mid-1989, however, the mayoral campaign was in full swing, and Koch requested that the expansion be delayed until after the election. The other five candidates for mayor opposed the program, and when Manhattan borough president David Dinkins, who had been outspoken in his criticism, defeated Koch in the Democratic primary, the demise of the city-run needle exchange was certain. Dinkins ended the program as soon as he took office in 1990.

This was not the end of needle exchange in the city, however. Activists began distributing clean needles illegally in the Bronx and Harlem and on the Lower East Side of Manhattan. Meanwhile, small-scale studies of the efficacy of syringe exchanges in other jurisdictions continued to be
Figure 5.5  Controversy over Numbers

MISSING:
200,000
NEW YORKERS

On Tuesday, July 19, 1988, New York City Health Commissioner Stephen C. Joseph announced new estimates for the number of gay and bisexual men infected with HIV, cutting the previous estimate of 250,000 by 400%, to 50,000. This statistic is based on a ludicrous estimate that only 100,000 gay and bisexual men live in N.Y.C. Historically many groups—women, children, people of color and IV drug users—have been made invisible by the city’s AIDS policies and services. This is unacceptable. Now the city wants to make gay and bisexual men invisible as well. This too is unacceptable.

STEPHEN JOSEPH SAYS
YOU DON’T EXIST.
PROVE HIM WRONG!

SHOW UP!

RALLY & DEMONSTRATION
THURSDAY, JULY 28
NYC HEALTH DEPT.
125 WORTH ST. AT FOLEY SQ.
(BROOKLYN BRIDGE/CITY HALL SUBWAY STATION)
ACT UP 4:00 – 6:30 PM SILENCE=DEATH
WE EXIST!
CITY HEALTH CARE DOESN’T!

Source: Courtesy New York City Municipal Archives.
Note: An ACT UP flyer for a protest against the Health Department’s downward revision of the estimated number of people with HIV in the city. Activists accused Stephen Joseph of manipulating the numbers in order to justify what they saw as the city’s inadequate spending.
Figure 6.1  Homeless Shelter

Note: The barracks-style shelters in which the city housed thousands of men on narrowly spaced cots in the 1980s were ideal settings for the spread of airborne contagions such as tuberculosis.
human beings and to the importance of implementing sensitive, community based and effective programs to manage this epidemic.”

The controversy exposed divisions within the AIDS advocacy community between gay activists, for whom civil liberties trumped other concerns, and groups representing people of color, for whom the symbolic significance of the city’s first African American health commissioner was paramount. For weeks, the episode played out in an embarrassingly public way and put Myers on the defensive before he had set foot in 125 Worth Street. When Dinkins finally announced the appointment at City Hall, two hundred ACT UP protesters carried signs and chanted, “Woody Myers, just you try it, we’ll go out and start a riot” (see figure 6.2).

Once on the job, Myers sought to shake up the Health Department with business school thinking. He salted his memos with phrases like “asset basis” and “return on investment”; he proposed developing a new Health Department logo that would anchor a publicity campaign for the agency to include coffee mugs and T-shirts. He adhered to a
health functions even in fiscal crises; a volume of cautionary essays titled *Imminent Peril* was the result. By that time, several unions had brought suit against the city seeking temporary injunctions that would prevent the elimination of programs such as school health, correctional health, and day care regulation. The budget that Hamburg ultimately negotiated with the mayor’s office was 15 percent below the prior year, rather than 25 percent below as in the budget Myers had submitted; the revised version rescinded the cuts that would have violated legal mandates and most endangered public health.  

The department’s budget crisis was a trial by fire that by all accounts Hamburg handled ably. Although her experience in public health was thin, Hamburg had an impressive background, both personal and professional, in medicine. Her parents were nationally known physicians. Her father, David Hamburg, had been chair of the psychiatry department at Stanford and president of the Institute of Medicine; her mother, Beatrix Hamburg, had been the first African American admitted to Yale Medical School. Margaret Hamburg had received her medical degree in 1983.
eighteen months after the strengthened program began to be put in place, the number of tuberculosis cases in the city had declined by 15 percent from the previous year—to 3,235 from 3,811 (see figure 6.4). Frieden and his colleagues were stunned at the results that their efforts seemed to be producing. “I just couldn’t believe how quickly cases came down,” Frieden later recalled. “We looked at the data. Was it wrong? Had we made a mistake? But we had actually improved surveillance—we had better surveillance but many fewer cases.”\(^\text{145}\) They wrote up a report and sent it to the *New England Journal of Medicine*, but the editors, skeptical that such a dramatic decrease could occur in so short a time, told them to wait another year to see if the trend continued and then re-submit their article. The following year, new cases dropped even further, to 2,995, for a two-year decline of more than 20 percent.\(^\text{146}\) The portion of patients completing their treatment rose from about half to 90 percent; the percentage of cases that were drug-resistant declined from one-third to one-quarter.\(^\text{147}\) The journal accepted the paper.

Although the swiftness of the decline drew widespread comment, an-
cases. (The symptoms of St. Louis encephalitis mimicked those of the flu, and most of these cases would turn out to be unrelated to the outbreak.) The epidemiologists needed to obtain samples from suspected cases rapidly so that the mosquito control efforts could be better targeted. They aimed to collect samples within a day of receiving a case report; because the department’s own laboratory did not have the capacity to test for St. Louis encephalitis, fluids had to be shipped using commercial express mail services to the state laboratory in Albany and the CDC’s arbovirus lab in Colorado. More than two thousand specimens would ultimately be collected and shipped that fall.

As more potential cases were discovered, puzzling aspects of the epidemic nagged at Layton and her colleagues. Some cases that seemed to show all the telltale symptoms were coming back negative on lab tests. In contrast to the CDC’s results, the state laboratory was reporting that it could not find St. Louis encephalitis in the samples of cerebrospinal fluid it was receiving. On the hotline, meanwhile, callers kept mentioning dead birds.

Unknown to the Health Department, large numbers of birds, espe-