

New York City Board of Health: 1805 - Present

New York City Board of Health: Early Milestones

- **1805** – Mayor De Witt Clinton founded the New York City Board of Health in response to Yellow Fever. The Board is responsible for evacuating neighborhoods and collected mortality statistics.
 - **1822** – Last Yellow Fever outbreak. Cholera, typhus and tuberculosis persisted, due to crowding and poor sanitation.
 - **1866** – In response to a cholera outbreak, the New York State legislature expanded the Board by setting aside seats for physicians and scientists. As a result of the Board's response to the outbreak, cholera deaths fell by 90%.
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New York City Board of Health: Today

- Oversees New York City Health Code.
- The Board consists of the Commissioner of Health, as well as ten additional members with six-year terms.
- The Board meets quarterly; appointed by the Mayor with the consent of the City Council. Cannot be removed from the Board without specific cause.
- Members must be health experts, five of whom must be physicians.
- Members serve without pay.

New York City Board of Health's Response to Health Crises and Epidemics

1805 – 1819: Yellow Fever

In response to the epidemics of Yellow Fever, the Board evacuated infected areas, quarantined patients and housed and fed displaced residents. During the 1819 epidemic, “[i]mmediate measures were adopted to clear the sickly district of its inhabitants, and to fence up the avenues which led to the seat of infection.”

1832 – 1869: Cholera

Upon hearing that Asiatic cholera was ravaging Europe in late 1831, the Board quarantined ships from Europe and enacted measures to clean the City's streets. The City developed and opened new aqueducts in 1842, bringing fresh water into the City.

During the 1849 epidemic, the Board set up makeshift cholera hospitals and convinced police to remove thousands of hogs from crowded tenement areas — a measure thought to reduce disease — even after residents rioted in protest.

On February 26, 1866, amid reports of another cholera outbreak, the state legislature created the Metropolitan Board of Health. The Metropolitan Board, led by Jackson Schultz, hired a fleet of sanitary inspectors to disinfect homes where cholera cases were reported. Acting on emerging evidence that cholera was transmitted through the excreta of victims, the Board also ordered 160,000 tons of manure removed from vacant lots, 4,000 yards to be cleaned, and 6,418 privies to be disinfected.

Partly due to these efforts, New York suffered 10% fewer cholera deaths in 1866. 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.”

1901 – 1920: Tuberculosis

In 1900, tuberculosis was the leading cause of death among adults in New York City. In 1897, the Board passed a controversial ordinance requiring physicians to report all cases of tuberculosis. After a report, the Health Department sent medical inspectors to homes to educate families on how not to contract or spread the disease. The Department also offered free sputum examinations at the city laboratory and conducted public education on the communicability of the disease.

In 1904, the Health Department began opening tuberculosis clinics and sanitariums in which patients recovered or learned, “how to live with the disease and, at the same time, not to communicate it to others.” These efforts, along with improved social and economic conditions, cut the City's death rate from tuberculosis in half between 1900 and 1920.

1959 – 1969: Lead Paint

In 1959, 12 years before the Federal government took action on the issue, the New York City Board of Health banned the use of lead paint in all residential buildings. Estimating that 30,000 children in New York's poorer neighborhoods had elevated blood lead levels, the Department began a lead poisoning prevention program in 1969, requiring 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, and requiring landlords to cover lead paint with wallboard.

1976: Window Guards

In 1976, the Board of Health began requiring apartment landlords to install window guards in apartments with children younger than 10 years of age. Over the past three decades, this regulation has drastically reduced the number of children killed due to window falls.

1992: Tuberculosis

In response to an AIDS-related tuberculosis epidemic in 1992, the Board of Health expanded tuberculosis control in New York City to employ directly observed treatment, in which tuberculosis workers observe and help as patients take their medication, and detained non-adherent patients as a last resort. These initiatives reduced multi-drug resistant tuberculosis cases by 95% and overall cases by two thirds, and garnered global recognition as a model of successful tuberculosis control.

2005: Diabetes

In 2005, faced with the increasing burden of diabetes and its complications in New York City, the Board approved the mandatory reporting of A1C test results to the Health Department. This established a disease surveillance system that tracks the condition and directly supports residents with diabetes. This initiative was the first of its kind in the United States.

2006: Trans Fat

On December 5, 2006, the Board introduced the first regulatory restriction in the U.S. to phase out the use of artificial trans fat in food establishments citywide. By July 1, 2008, food was required to have no more than 0.5 grams of trans fat per serving. Since the implementation, 16 cities and states have passed similar regulations, with more than 40 restaurant chains implementing similar reductions in artificial trans fat use across the nation.

2006: Nutrition Standards for Day Care Facilities

In 2006, the Board implemented nutrition guidelines for group day care facilities to improve nutrition and physical activity. Under the requirements, children over eight months of age are served no more than six ounces of 100% juice each day and children over two years of age are served 1% or skim milk.

2006 – 2008: Calorie Labeling

In 2006, the Board began requiring restaurant chains to post calorie information on menus and menu boards. After the regulation, the first of its kind in the U.S., took effect in 2008, customers who saw the calorie counts bought food with fewer calories: 15% of customers reported seeing the calorie information, and bought food with about 100 fewer calories at lunch than those who did not see or use calorie information.

2012: Nutrition Standards for Children's Camps

In 2012, the Board of Health voted to implement nutrition guidelines for children's camps to improve nutrition. Under the requirements, children are served 1% or skim milk, no more than six ounces of 100% juice each day and beverages with no added sweeteners or caffeine. In addition, water must be accessible and available at all times. The regulation is scheduled to go into effect in June 2013, at the start of the summer camp season.