1950-1969
From Infectious to Chronic Disease
In 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 vaccination 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
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

“Illnesses 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
Department administered it to the city’s schoolchildren 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.

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