

District health development : building program as related to the master plan for the city of New York.

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DISTRICT HEALTH DEVELOPMENT
DEPARTMENT OF HEALTH
CITY OF NEW YORK

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BUILDING PROGRAM
AS RELATED TO THE
MASTER PLAN FOR THE
CITY OF NEW YORK

FIORIELLO H. LA GUARDIA, Mayor
JOHN L. RICE, M.D., Commissioner

MARCH — 1939

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August, 1939



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DISTRICT HEALTH DEVELOPMENT

DEPARTMENT OF HEALTH
CITY OF NEW YORK

Building Program as Related
to the Master Plan for the
City of New York

Fiorello H. LaGuardia, Mayor
John L. Rice, M.D., Commissioner

March - 1939

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Appreciation and acknowledgment
are hereby given to

THE COMMITTEE ON NEIGHBORHOOD HEALTH DEVELOPMENT

Kenneth D. Widdemer, Director

for valuable assistance in the compilation and publication
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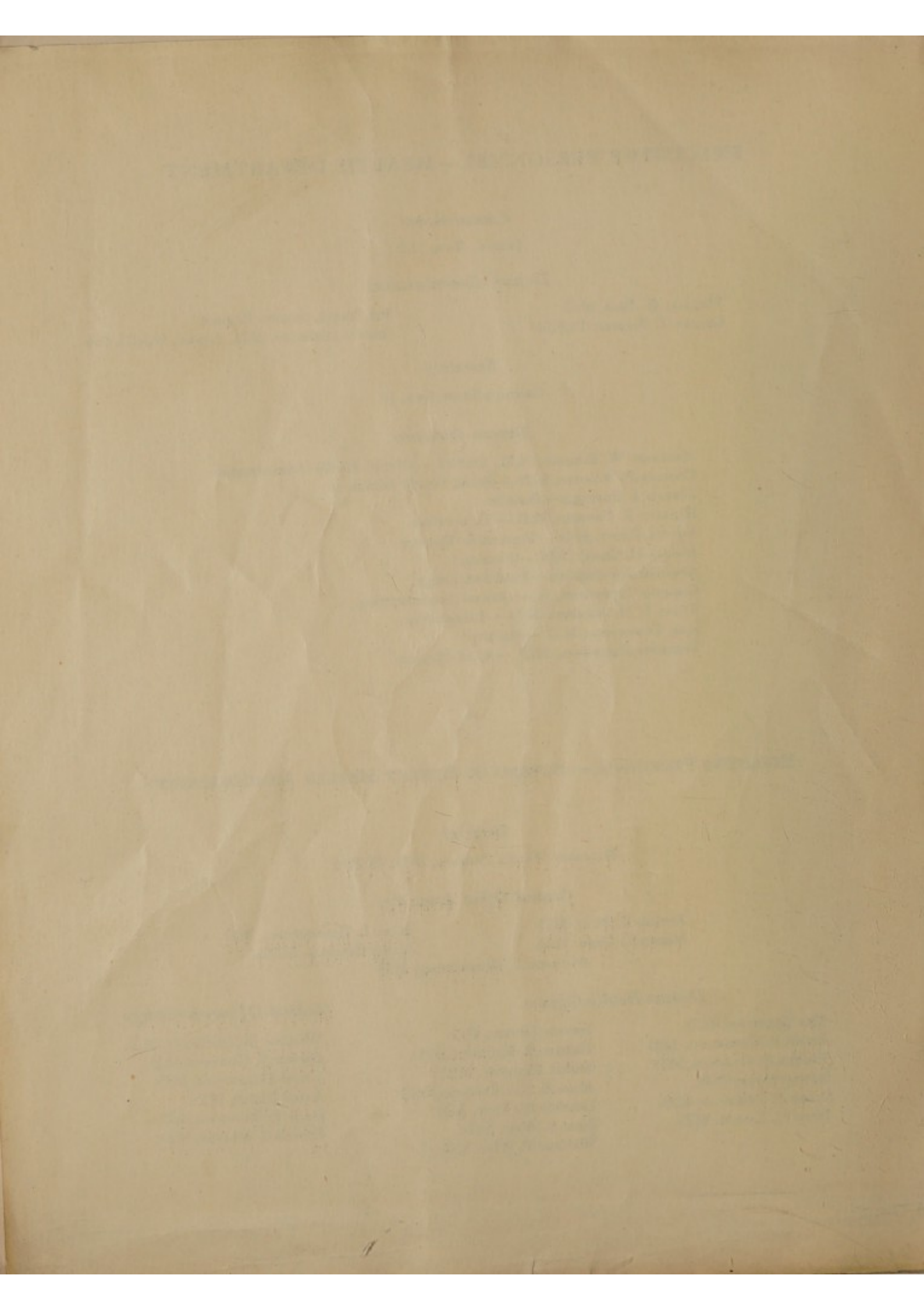
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The first part of the report deals with the general situation of the country, and the progress of the various branches of industry and commerce. It is found that the country has made considerable progress in all these respects, and that the general state of the country is one of prosperity and contentment.

The second part of the report deals with the state of the various branches of industry and commerce. It is found that the various branches of industry and commerce are all in a state of progress, and that the country is becoming more and more civilized and improved.

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NEW YORK CITY HEALTH DEPARTMENT HEADQUARTERS
125 Worth Street

The building completed in 1935 houses the
Departments of Health, Hospitals, Sanitation
and the office of the Chief Medical Examiner

HEALTH PLANNING FOR THE FUTURE
THROUGH
DISTRICT HEALTH CENTER DEVELOPMENT

by

John L. Rice, M.D.
Commissioner of Health

New York City, with its seven and a half million people living in an area of over three hundred square miles, is an outstanding example of the importance of localizing health service. The enormous heterogeneous population, with its varying density, and with its host of localized areas of custom, environment, understanding and thought, presents a challenge to effective public health administration and service. Those interested in public health have long recognized the necessity of developing a plan which will point out the needs, resources and opportunities in the varying sections of the City, and an administrative technique which would facilitate a more direct attack upon the particular problems of individual neighborhoods.

Early in 1934, the Health Department put into effect a broad program of district health administration for New York City, as a means of further improving the health of the community and of increasing the purchasing power of New York City's public health dollar.

The idea and plan for localizing health work in small units of population occupied the minds of public health officials and medical men as far back as 1914-1917, when several experimental district health offices were set up in lower Manhattan and in Queens. These attempts, however, were not continued. The American Red Cross, returning from its field of activity overseas, established the East Harlem Health Center in 1921, which did much to pioneer district health center development. The Bellevue-Yorkville Health Demonstration, launched in 1926 by the Milbank Memorial Fund and the Department of Health, made important contributions to the program and organization procedures of district health administration.

District
Health
Office

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Survey
Three years later, in 1929, the Committee on Neighborhood Health Development was organized with the Commissioner of Health as Chairman, to survey the need for health center development and aid in the formulation of a city-wide district health center program. This Committee, composed of representatives of health, medical, dental, nursing, and welfare organizations became an important adjunct in the establishment of district health centers. In 1930, the first municipal district health center was established in temporary quarters in Central Harlem, and in the latter part of 1933 approximately \$200,000 was provided in the budget for initiating neighborhood health service in a few districts. 1929
1930

It was not until Mayor LaGuardia's administration that district health center development in New York was launched on a city-wide scale and the entire City brought under regional health administration.

In the five years which have passed since January, 1934, the roots of the City's program of district health administration have pushed deep into the soil of the community. A Bureau of District Health Administration, with a full-time director and staff, charged with the responsibility of mapping out the program and policies, has been created within the Health Department. The thirty areas into which the City has been divided have been brought under the Health Department's plan of district administration. Nine new district health buildings are now in operation and there are five additional units under construction. A teaching program, carried on in cooperation with New York City's five medical schools, is well under way. A sound beginning in the development of citizen cooperation in the health program, neighborhood by neighborhood, has been established. 30 areas
5 Medical Schools

To build a structurally sound official program of localized health work on a city-wide scale, has been and is a tremendous task. Changing from one type of departmental administration to another in a Department of Health as large as that of New York, presents many problems. However, the effective and untiring work of the Director and staff of the Bureau of District Health Administration, the able leadership of the Deputy Commissioners, and the active assistance of the functional bureaus, coupled with valuable assistance rendered by our advisory committees, have all combined to make possible the very rapid progress with which the Department of Health's program has forged ahead toward its ultimate goal.

District health administration has established a framework for

The first part of the report is devoted to a general survey of the situation in the country. It is followed by a detailed account of the work done during the year. The report concludes with a summary of the results and a list of the names of the members of the committee.

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health services throughout the City within which the activities of functional bureaus of the Health Department are rendering more effective services and from which the extent and quality of health services for the residents of the various neighborhoods are being daily increased as the program advances.

The Health Department

Its Responsibilities, Activities and Organization

The Health Department is charged with the responsibility of preventing sickness, of keeping the death rate as low as possible, and of attempting to build up the health of the people to the highest possible point. Whatever affects the health of the residents of the City is the concern of the Health Department.

Recognizing the paramount importance of protecting the health of the people of this City, the State Legislature in 1866 created the Board of Health of the City of New York and invested it with the power to enact a Sanitary Code which has all the authority and effect of a law passed by the legislature itself. This Board is composed of five members, namely, the Commissioner of Health, who is Chairman, and four other members, at least two of them physicians, appointed by the Mayor for terms of eight years each.

When the Department of Health was first organized the legislature divided it into two bureaus, namely, the Bureau of Vital Statistics and the Sanitary Bureau. The total personnel of the Department was approximately sixty persons, the population served was about one million, and for the very meager services rendered, the annual budget was approximately \$330,000. The work was centralized, and could all be administered from an office of a few rooms located in the police headquarters at 300 Mulberry Street.

At the present time the personnel of the Department includes nearly 2800 persons. Among these are about 500 physicians, 800 public health nurses, 300 laboratory experts such as bacteriologists, chemists and technicians, some 250 health inspectors, about 65 dentists, and a considerable number of other trained individuals including statisticians, x-ray operators, veterinarians, accountants, and clerical workers. The head of the Department of Health is the Commissioner of Health,

The first section of the report is devoted to a general survey of the situation in the country. It deals with the political, economic, and social conditions, and with the progress of the various branches of industry and commerce. It also touches upon the state of the public mind, and the influence of the press and the pulpit.

The Public Mind

The public mind is the subject of the second section of the report.

The public mind is the subject of the second section of the report. It is a subject of great importance, and one which has attracted the attention of all thoughtful men. The public mind is the mind of the people, and it is the mind which determines the course of the nation. It is the mind which is the source of all our laws, and all our institutions. It is the mind which is the source of all our progress, and all our glory.

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who is assisted by two deputy commissioners and a sanitary engineer.

In order to carry on the many activities demanded of a modern health department, and especially to provide for the necessary expert guidance, the Department is now organized into eleven bureaus. Moreover, since 1934, in an effort to bring the health services closer to the people, and to better adapt them to meet particular local needs, much of the work has been decentralized and is now conducted on a district basis.

In planning for the future development of the Health Department services it is important to know just what these services are, how and where they are now available and where they must probably be provided in the near future to meet the necessities of the growing city, and to conform to the changing conception of the communities' responsibilities in the field of public health.

For these reasons there is presented a brief description of the activities of the eleven bureaus of the Department, taking up first those bureaus whose work cannot be decentralized to advantage. From the standpoint of city planning they require relatively little attention.

BUREAU OF RECORDS When this Bureau was originally established under the title "Bureau of Vital Statistics," its chief purpose was thought to be the registration of births, deaths and marriages, and the furnishing of transcripts from these important records. This is still an important function of the Bureau and necessitates a branch office in each of the five boroughs. Beside this, however, the Bureau now carries on a service which is indispensable to the operation of the entire Department, namely, a tabulation and analysis of the vital statistics, to the end that the Department may obtain an accurate picture of the health problems to be dealt with, particularly within the health center districts. This second activity is necessarily centralized and is carried on at the Department's headquarters in Manhattan.

SANITARY BUREAU While this is still one of the important bureaus of the Department, and one which daily comes directly into contact with the individual citizen, especially in matters of environmental hygiene, many of its former more strictly medical responsibilities have been delegated to other bureaus. It now deals with such matters as the sanitary supervision of bathing beaches and pools, with health protection through control of plumbing, with proper safeguards surrounding fumigation and vermin extermination, study of health hazards in industry, the control of offensive trades, and the investigation of citizens' complaints.

BUREAU OF PREVENTABLE DISEASES This Bureau has the responsibility for the supervision and control of the communicable diseases (except tuberculosis and the venereal diseases). It carries on epidemiological investigations to trace the source of infec-

The first section of the report discusses the general situation of the health services in the country. It points out that the health services are still in a primitive stage and that there is a need for a comprehensive health plan. The report also mentions the importance of training health personnel and the need for a health insurance system.

The second section of the report discusses the organization of the health services. It suggests that the health services should be organized on a community basis and that there should be a close cooperation between the health services and the community. The report also mentions the need for a health council to coordinate the health services.

The third section of the report discusses the financing of the health services. It suggests that the health services should be financed through a health tax and that there should be a health insurance system. The report also mentions the need for a health budget and the need for a health fund.

The fourth section of the report discusses the personnel of the health services. It suggests that there should be a health school to train health personnel and that there should be a health council to coordinate the health services. The report also mentions the need for a health council to coordinate the health services.

The fifth section of the report discusses the health services in the rural areas. It suggests that there should be a health center in each rural area and that there should be a health council to coordinate the health services. The report also mentions the need for a health council to coordinate the health services.

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tion; through a trained corps of physicians it assists private physicians in the diagnosis of such infections; it maintains supervision over typhoid carriers; enforces isolation and quarantine in the homes of those ill with major communicable diseases; compels hospitalization when proper isolation cannot be maintained in the home; and investigates all cases of dog bites and provides antirabic treatment when necessary.

BUREAU OF LABORATORIES This provides bacteriological and serological diagnostic services to physicians, examining throat cultures for diphtheria, sputum in cases of pneumonia and suspected tuberculosis, blood for syphilis, other specimens for typhoid, for meningitis, for gonorrhoea, etc. A special division assists in the control of the milk supply by making bacteriological examinations of samples of milk; another division produces a variety of serums and vaccines for use against diphtheria, lockjaw, epidemic meningitis, pneumonia, measles, typhoid fever, smallpox, and rabies. Beside these routine activities the Laboratory carries on scientific research with the aim of applying modern medical discoveries to administrative health practice.

BUREAU OF FOOD AND DRUGS One of the most important responsibilities of this Bureau is the supervision and control of the City's milk supply. The milk is supervised and controlled from its production on dairy farms several hundred miles from the City, through the shipping and pasteurizing stations, up to its delivery to the City consumer. Because of this, New York City can well boast of the safest milk supply in the world. The Bureau pays special attention to the wholesomeness of oysters, clams and other shellfish sold in the City, making certain that these are obtained only from approved sources, and checking on the effectiveness of its control measures by bacteriological examinations of random samples. It supervises all food handling establishments, not only the quality and wholesomeness of the food but also the methods of preparation, the storage and handling of food, and the sterilization of eating and drinking utensils. Cooperating with the Bureau of Preventable Diseases, it also investigates all cases alleged to be due to "food poisoning".

Milk
Oysters
Clams
Food Handling
Food Poisoning

BUREAU OF HEALTH EDUCATION This aims to coordinate and develop the educational work of the Health Department. A direct responsibility of the Bureau is the publicizing of the activities and aims of the Department of Health, making these clear to the community leaders, especially to physicians, school principals, clergymen, and social service workers. The Bureau does this through various regular publications, through lectures, exhibits, rallies, newspaper press releases, radio broadcasts, printed leaflets, and other vehicles. In its central office the Bureau maintains a health information service. Inasmuch as the chief function of the district health centers is health education, special facilities for this work must be provided in these centers. These include suitable lecture halls, exhibit rooms, work shop, mimeograph room, physicians' reading room, etc.

Health Education
Publicizing Activities to Physicians School Principals Press Radio - Information generally

BUREAU OF GENERAL ADMINISTRATION This Bureau is charged with looking after the business part of the Department of Health, such as budget matters, payrolls, time cards, appointments, supplies and equipment, rentals of quarters, audit of accounts, etc. This is clearly a centralized function.

The first part of the report deals with the general situation of the country and the progress of the work done during the year. It is followed by a detailed account of the various projects undertaken and the results achieved. The report concludes with a summary of the work done and a list of the names of the staff members who have been engaged in the work.

This section describes the various projects undertaken during the year. It includes a detailed account of the work done on the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the staff members who have been engaged in the work.

The second part of the report deals with the financial situation of the organization. It includes a detailed account of the income and expenditure for the year and a statement of the assets and liabilities. The report concludes with a summary of the financial situation and a list of the names of the staff members who have been engaged in the work.

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Next come the bureaus whose field activities have largely been decentralized, and which therefore make use of physical facilities in many different parts of the City. The activities carried on by those bureaus are of special importance in city planning, for they must be located and coordinated so that they will most effectively serve the people of this City. Examples of facilities provided by these bureaus are dental clinics, eye clinics, child health stations, nutrition classes and the like, and clinics for the tuberculous and those having venereal disease. The main object of the Health Department's various clinic services is the diagnosis of preventable disease and the use of information thus obtained to prevent the spread of such diseases in the community. Such clinics are an important part of the Department's program for the control of preventable diseases and need to be integrated with the other activities of the Health Department, such as epidemiology, isolation and quarantine, public health nursing and health education.

BUREAU OF NURSING This Bureau administers all the public health nursing services of the Department. Its nurses work in the various clinics, the child health stations, and in the public and parochial schools, the last-named requiring the major part of its staff. An important part of the work consists in visiting the homes of new-born infants, of school absentees, of those ill with communicable diseases, and those suffering from correctable physical defects. This work is necessarily decentralized, the nurses working out of local headquarters in the various health centers.

BUREAU OF TUBERCULOSIS This Bureau is responsible for activities dealing with the control of tuberculosis. It operates 19 of the 23 free tuberculosis clinics in the city, maintains a register of all known cases of tuberculosis, supervises the patients in their homes, and arranges for the admission of patients to sanatoria and hospitals. Much attention is devoted to "case finding" by means of routine x-ray examinations. This Bureau also conducts a diagnostic consultation service for private physicians' cases.

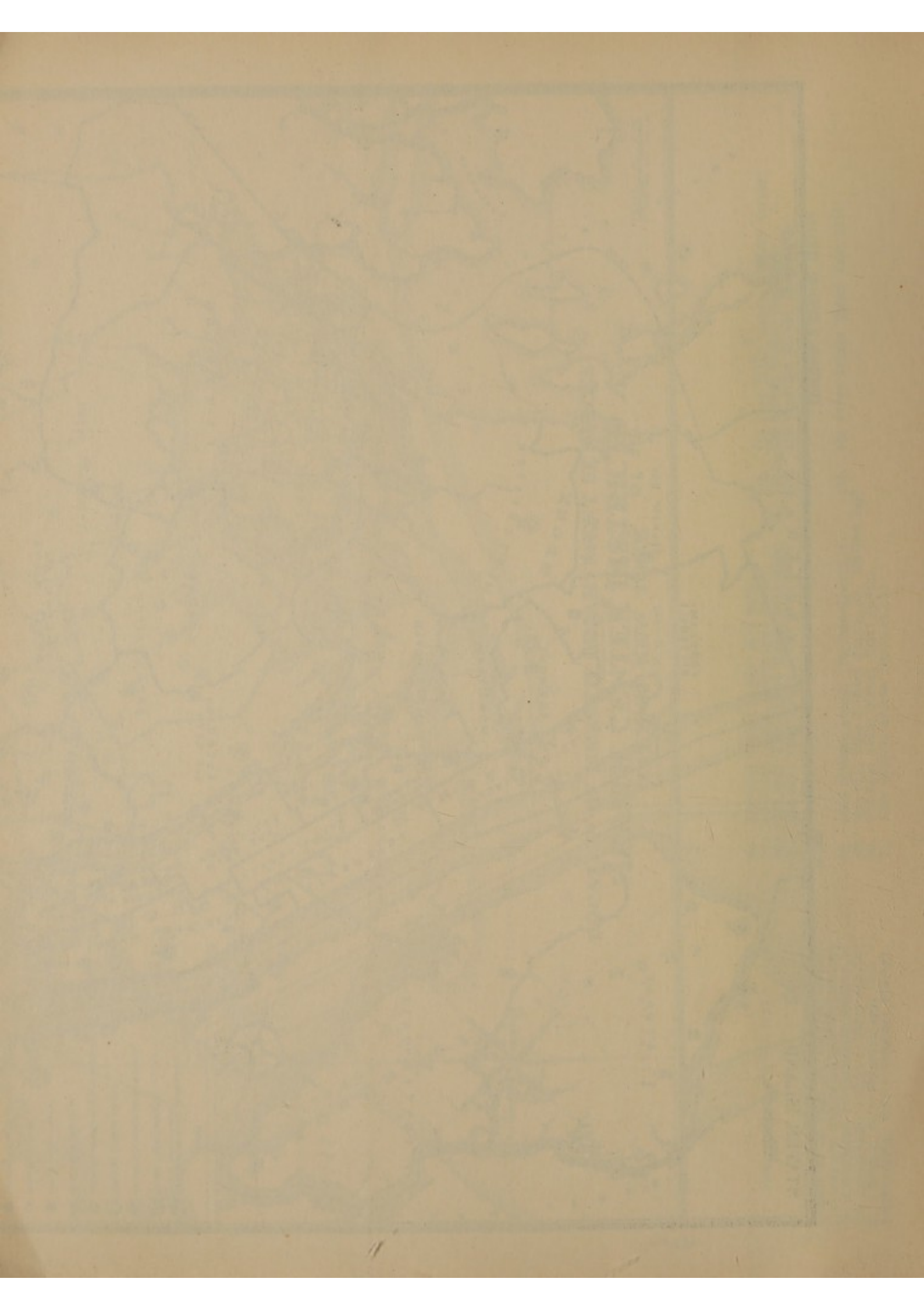
BUREAU OF SOCIAL HYGIENE This Bureau is concerned with the prevention and control of venereal diseases, especially syphilis and gonorrhoea. This Bureau also operated a large number of clinics where patients may come for advice, diagnosis or treatment. Beside this it carries on much educational work, and offers refresher courses to physicians. It is one of the services carried on at each of the district health centers.

BUREAU OF CHILD HYGIENE
BUREAU OF SCHOOL HYGIENE Two former bureaus, whose activities are now carried on as divisions of the Bureau of District Health Administration.

See Bureau of District Health Administration

Practically all infant. School Clinics also Maternity. Prenatal Services

THE BUREAU OF DISTRICT HEALTH ADMINISTRATION This Bureau was established in 1934. Its responsibilities include administration and supervision of localized services in each of the City's 30 health administration districts through the district centers and other health stations; administration of health service in the public and parochial schools and the vocational high schools. The school service includes medical examination and health guidance of pupils in whom physical defects have been revealed; medical examinations for employment certificates; maintenance of cardiac, dental and eye clinics for school children; health supervision of infants and children of preschool age; prenatal guidance for mothers; supervision of midwives and foundlings; and neighborhood health education.



District Health Administration

by

Margaret W. Barnard, M.D., Dr.P.H.
Director, District Health Administration

District Health Administration is New York City's answer to the question of how best to render health service for seven and a half million people. The plan is designed to promote an intimate knowledge, on the part of public health executives, of the special needs, problems and resources of individual neighborhoods, to facilitate the wise adaptation of the general health program to these special needs and to provide a channel through which non-official health and welfare agencies and the citizens themselves can take an increasingly active part in promoting health activities.

30 Health Centers
New York City has been divided into thirty health center districts each with a population around 250,000. A health center district is made up of groups of census tracts known as health areas. These combinations, as far as possible, have been arranged to follow the natural divisions within the City which have resulted in "neighborhoods". The district plan affords first hand knowledge of local conditions and flexibility in the planning and conduct of a wide variety of community health services.

Ultimately, each of these thirty areas should be equipped with a suitable health center building in charge of a full-time health officer who knows thoroughly the health problems and local health resources and is skilled in applying this knowledge to the health improvement of the district. It is essential that the health center as a district unit become a vital part of the neighborhood in which it is situated. In addition to making more effective the work of the functional bureaus of the Department, it serves as a focal point for informed community opinion and support of public health work.

District health officers working under the guidance of the Bureau of District Health Administration are responsible for carrying out in their districts the policies of the various bureau directors of the Health Department, for administrative supervision of the local services and for suggesting program changes to make the neighborhood health services more effective.

BUILDING PROGRAM

The district program necessarily includes the furnishing of suitable quarters for the Department's localized health activities. The Health Department, therefore, undertook a major

Administrative Staff

Grand Floor M. C. W. Eames, T B + 4 Rays V. O. Sental, Conference Room

Basement

Academy for 250

construction project when it initiated district health administration. To date, nine new health center buildings have been completed and are in operation. Five additional local headquarters are under construction. Of these fourteen buildings, in addition to their regular activities, three will include quarters for borough office activities and five will make provision for teaching activities of medical schools.

Requests have been made in connection with the City's six-year capital outlay budget (1939-1944) for funds for major health center buildings in the districts for which adequate new quarters have not yet been provided and in addition for substations for certain of the larger areas.

The typical New York City district health center building provides space on the ground floor for maternity and child health services; tuberculosis service with x-ray facilities; venereal disease clinics; children's dental service; conference and waiting rooms. The second and third floors house the district health officer and his administrative staff, Health Department and visiting nurse service and local offices of certain of the cooperating voluntary health and welfare agencies working in the districts; the basement contains an auditorium to accommodate two hundred and fifty to three hundred persons; an exhibit room for health education, which is often used as a conference room for physicians and dentists of the district.

**THE DISTRICT
HEALTH PROGRAM**

The district health program calls for the adjustment and strengthening of existing health activities and the establishment of new services to meet the needs of each particular situation. It is well suited to the administration of the disease control program and the extension of health education and information to local residents. For instance, if tuberculosis is the outstanding problem of a given section of New York City, the Department's forces in the fight against this disease can readily be concentrated in that area. In a neighborhood of underprivileged families, where babies frequently become sick or die, the child health service of the Department may concentrate its health supervision and education close to the homes. It is essential that such services be properly and adequately housed in locations accessible to the people to be served.

Health education is one of the most effective channels through which people are moved to take action. Health teaching must be based on a real understanding of the people to be taught. Subject matter must be adapted to differing conditions, traditional thought patterns and levels of intel-

The first part of the report deals with the general situation of the country and the progress of the work done during the year. It also contains a list of the names of the members of the committee and the names of the persons who have been appointed to various positions.

The second part of the report deals with the work done during the year. It contains a list of the names of the persons who have been appointed to various positions and the names of the persons who have been appointed to various positions.

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ligence. Health education is the part of public health which has not been effectively geared into the public health program. There is great need for its localization and extension. For the future, additional trained personnel and more adequate funds are essential to bridge the gap between available scientific knowledge and its application.

**THE HEALTH
AND TEACHING
CENTER PROGRAM**

One of the outstanding needs in health work is trained personnel. The Health Officer must have not only a sound medical background, but, in addition, must be a good public health administrator. It is equally important that the large number of associates of the Health Officer, who are in charge of functional services within a district, should have this public health viewpoint. How to provide necessary training for the Health Department's staff and how to stimulate a better understanding of public health objectives among the professional groups in general, are questions of vital interest to the future program of public health for New York City.

The medical schools of Greater New York which train the majority of the practicing physicians in the City have long felt the inadequacy of their opportunities to properly train under-graduate and graduate students in the fields of public health and preventive medicine. This inadequacy was chiefly due to the lack of suitable facilities for observation and training in public health, and a proper relation between the teaching institutions and the Health Department.

Realizing that these objectives could best be met by cooperation between the medical schools of New York City and the Department, plans were made for the establishment of health and teaching centers in connection with each of the five local medical schools. These training centers will provide opportunities for under-graduate medical students to observe and participate in practical public health procedures and to appreciate disease as a community health problem. At the same time they will afford the Health Department staff opportunity to secure further training along special lines, and make possible the undertaking of special public health studies. Three such centers are now in operation. These are in the:

Red Hook-Gowanus District-in cooperation with the Long Island Medical College

East Harlem District-in cooperation with the New York Medical College and Flower Hospital

Kips Bay-Yorkville District-in cooperation with New York Hospital Cornell Medical College

Buildings for two additional health and teaching centers are now under

*Connection of
work
with
Medical
Schools*

The first part of the report is devoted to a general description of the work done during the year. It is divided into three main sections: the first dealing with the work done in the laboratory, the second with the work done in the field, and the third with the work done in the office.

The second part of the report is devoted to a detailed description of the work done in the laboratory. It is divided into three main sections: the first dealing with the work done in the laboratory, the second with the work done in the field, and the third with the work done in the office.

The third part of the report is devoted to a detailed description of the work done in the field. It is divided into three main sections: the first dealing with the work done in the field, the second with the work done in the office, and the third with the work done in the laboratory.

The fourth part of the report is devoted to a detailed description of the work done in the office. It is divided into three main sections: the first dealing with the work done in the office, the second with the work done in the field, and the third with the work done in the laboratory.

The fifth part of the report is devoted to a detailed description of the work done in the laboratory. It is divided into three main sections: the first dealing with the work done in the laboratory, the second with the work done in the field, and the third with the work done in the office.

construction in the:

Washington Heights District-in cooperation with the College of Physicians and Surgeons, Columbia University

Lower East Side District-in cooperation with New York University College of Medicine.

The Kips Bay-Yorkville, Washington Heights and Lower East Side Health and Teaching Center buildings are provided under a contractual agreement between the City of New York and the cooperating universities; each of the schools concerned having provided a building site through a deed of gift of land to the City for the center. These agreements and the cooperative arrangements with the other two schools should assure the highest practical application of the science and art of preventive medicine to the people of the respective districts and will permit the study of, and participation in, the district health services by the students and teachers of the university through the medical school.

**THE OPPORTUNITY
FOR CITIZEN
COOPERATION**

District Health Administration in New York City, now an accomplished fact and a living, growing program, presents a most unusual opportunity for active participation by both voluntary organizations and citizen groups in the City's neighborhood health work. It offers new and useful avenues for cooperation between public and private endeavor in a rapidly changing social scene. Fortunately, too, there is now a body of experience to guide the lines of future development; and a demonstrated method of procedure and framework of organization through which neighborhood groups may cooperate in the local health program.

Over one thousand leaders and citizens are now taking an active part in committee work in five of the thirty health center districts. This ever-growing body of citizens, including clergymen, bankers, labor representatives, educators, industrialists, parents, doctors, dentists, teachers, and other public-spirited individuals, is enthusiastically at work with the health officers, supervising nurses, and staff members of the Department of Health. These groups and individuals are interpreting the idea of district health administration to their respective communities, taking an active interest and part in every phase of the local health program, and developing close working relationships with community groups and agencies.

This important phase of the district health plan is being carried on through the Committee on Neighborhood Health Development and other voluntary agencies which are closely allied to the Department in the

*1000 leaders
in citizens
voluntary
take part in
the work*

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regional program.

**THE VALUES
OF DISTRICT
ADMINISTRATION**

There is no doubt that the organization of a district under a full-time, competent health officer results in more effective service in that area. The efficiency of local Health Department activity is increased through close and continuous supervision. All available resources are carefully studied so that they may be mobilized in relation to the particular needs and conditions of the district. Child health stations, for instance, are re-located so that their service is better adapted to meet local problems, population needs or racial customs.

A general knowledge of neighborhood conditions gained by intimate contact with local work is supplemented by a critical study of related basic data available by small geographic areas. Current records and basic vital statistics are readily available for use in program planning. Facts concealed by City or Borough averages show up clearly when data are segregated by districts or health areas. Local service records currently available make possible continuous careful appraisal of service values.

When an additional service is to be established, the health officer assists the director of the functional bureau at central headquarters by recommendations based on local knowledge and experience. The district health officer is in a position to know the best time and place for the work and can pay close attention to the necessary administrative details.

District health administration has resulted in the adjustment of certain central bureau activities. As far as possible, staff assignments from the central headquarters are made on a district basis. This has resulted in better working relationships, greater flexibility of staff time within the district, and a greater interest on the part of the staff in district problems. Although many details of procedure and relationships are still to be determined, the framework of district health administration has been well laid.

Thus, within a little more than five years, district health administration has established throughout the City a pattern for effectively administered localized health service. A Ten-Year Program contemplates the complete organization of all thirty areas by the close of 1945, each in adequate headquarters and with a full-time administrative officer and adequate staff.

PART I

Building Progress

1934 - 1939

A - Buildings Completed and in Operation

PART I

THE HISTORY OF

1785 - 1800

A HISTORY OF THE UNITED STATES

CAPITAL IMPROVEMENTS IN THE HEALTH DEPARTMENT PROGRAM

One of the serious handicaps which the Health Department has faced in modernizing its program has been the inadequate quarters in which its health services are frequently housed.

THE PROGRAM With the full support of the City administration, a program of capital improvements to provide more suitable facilities has been in progress during the past five years. In the development of this work, the need for economy as well as more efficient housing of the Department's services has been kept in mind.

**WILLARD
PARKER
LABORATORIES** The program of capital improvements has included expansion of the Willard Parker Laboratories, for which plans had been prepared prior to 1934. A new laboratory building known as the William Hallock Park Laboratory now replaces a structure which was out-dated, unsuitable and overcrowded. New York City has been a pioneer in the introduction of bacteriological laboratory work into public health administration, and was the first city in the world to establish a municipal bacteriological diagnostic laboratory. The new laboratory building will greatly assist the City in maintaining its leadership in this field.

**DISTRICT
HEALTH
CENTERS** Fourteen district health buildings will provide for the placement and organization of public health forces at strategic points throughout the five boroughs.

Under the district plan each health center becomes the headquarters for the direct administration of all local Health Department activities. It brings together and coordinates in a special building in each district the field and clinic activities of the Department such as the control of epidemics through the enforcement of quarantine and school medical inspections; the operation of clinics providing diagnostic and consultation services in tuberculosis and venereal diseases; dental clinics for school children; maternal and child health conferences, for promoting the health of mothers, babies and preschool children; and activities to promote health through popular health education.

The district health center also brings into closer association with the Health Department the allied local medical, nursing, health and family

COMMITTEE REPORT ON THE STATE OF THE STATE

One of the principal purposes of this report is to provide a summary of the work of the committee during the past year. It is intended to be a statement of the facts and figures which will be of interest to the public.

With the fall session of the legislative assembly, a program of general improvement in public affairs was initiated. This has been a successful one, and the year has closed with the state in a better position than at the beginning of the year. The committee has endeavored to secure the best results possible, and it is gratified to find that the public has responded favorably to the work of the committee.

The program of general improvement has included a number of important measures, which have been passed by the legislature. These measures have been designed to improve the administration of the state, and to provide for the betterment of the public. The committee has endeavored to secure the best results possible, and it is gratified to find that the public has responded favorably to the work of the committee. The committee has endeavored to secure the best results possible, and it is gratified to find that the public has responded favorably to the work of the committee.

Further progress has been made in the work of the committee, and it is gratified to find that the public has responded favorably to the work of the committee. The committee has endeavored to secure the best results possible, and it is gratified to find that the public has responded favorably to the work of the committee.

After the close of the year, the committee has endeavored to secure the best results possible, and it is gratified to find that the public has responded favorably to the work of the committee. The committee has endeavored to secure the best results possible, and it is gratified to find that the public has responded favorably to the work of the committee.

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welfare agencies whose district offices in many instances are housed in the same building. In this way, the district health center makes possible a closer tie-up between the official and voluntary agencies. It tends to eliminate duplication of effort and to concentrate attention on unified action in solving the problems of the local area.

In addition to the new district buildings, the City purchased the Heckscher Building in the Bushwick area of Brooklyn, which was remodelled and opened as a district health center in November, 1935.

**CHILD
HEALTH
STATIONS** Beside the modern quarters for child health services in the new district health centers, up-to-date child health station facilities have been provided at eleven other locations. Two of these have been made available in the Bronx through reconstruction by the Works Progress Administration of comfort stations; one on St. Ann's Avenue and 140th Street, the other at the corner of White Plains Avenue and Gun Hill Road.

Through the cooperation of the Housing Authority, two new units have been provided in Manhattan; one in connection with First Houses and the other in Harlem River Houses.

Through the cooperation of Works Progress Administration, provision has been made for nine more child health station buildings at various locations throughout the City, of which seven have been completed and two are under construction. These new units take the place of services previously housed in inadequate rented quarters.

**A NEW ERA
IN PUBLIC
HEALTH
PROTECTION** The City's building program has aided materially in developing a new ideal of public health service. Careful studies of district populations, local reports of births, infant and maternal mortality, important causes of sickness and death, and health and social conditions have formed the basis of this decentralized program of public health protection. With a thorough knowledge of health needs of all sections of the five boroughs of Greater New York, the Department of Health is moving forward energetically, with the aid of modern facilities, to systematically meet the health problems of seven million people on a more adequate basis.

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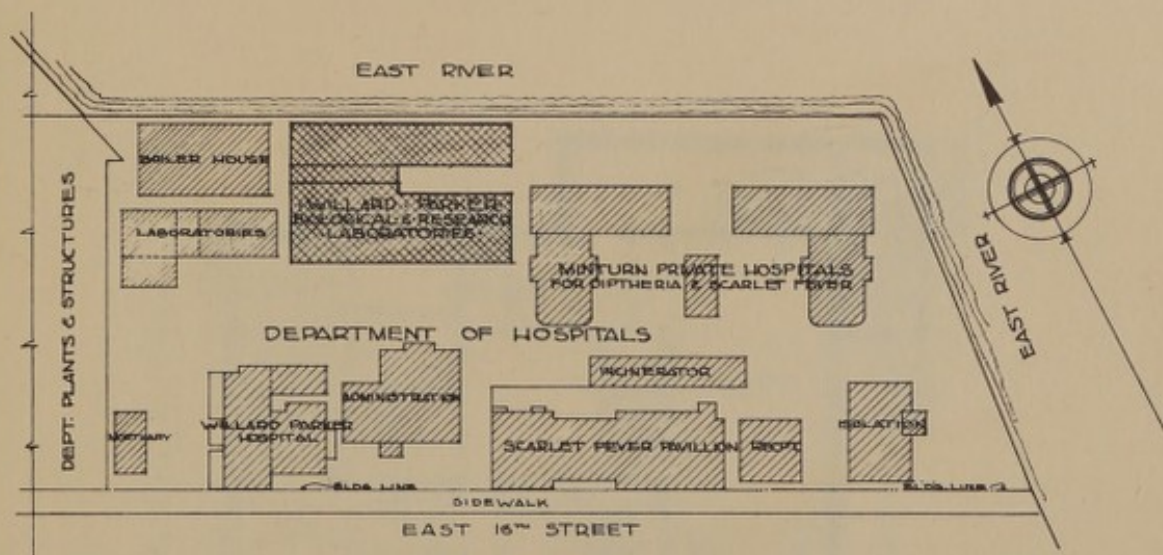
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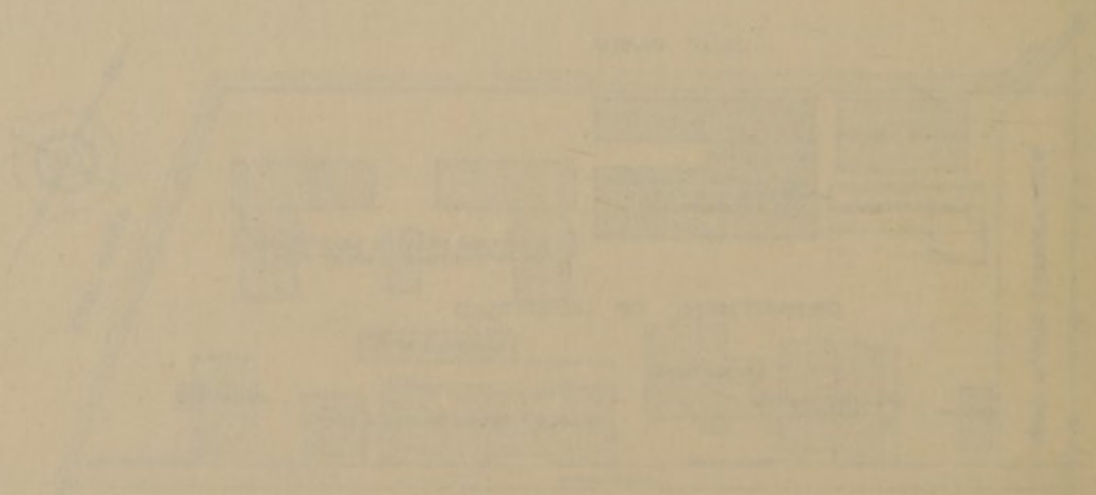
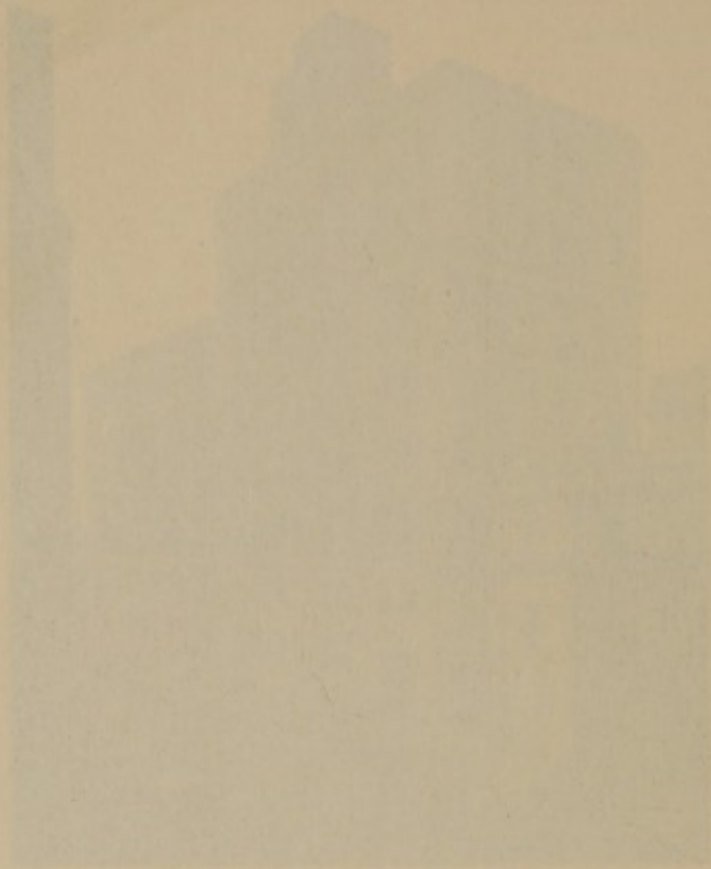
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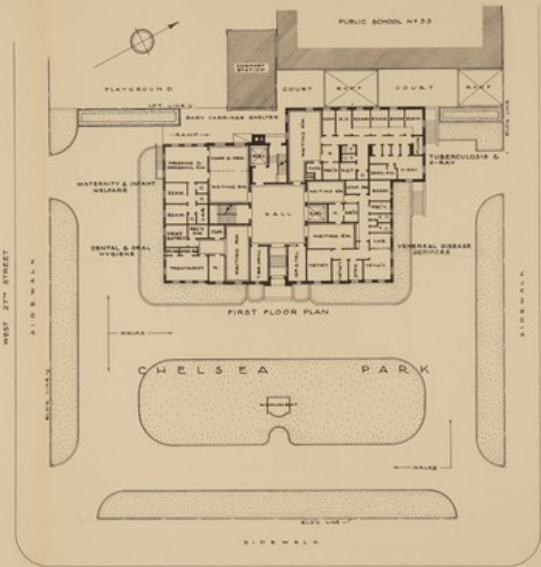
· WILLARD · PARKER · BIOLOGICAL · & · RESEARCH · LABS. ·
 · FOOT OF 16TH STREET EAST RIVER MANHATTAN ·
 · DEPARTMENT OF HEALTH · CITY OF · NEW YORK ·

SIBLEY & FETHERSTON ARCHT'S.

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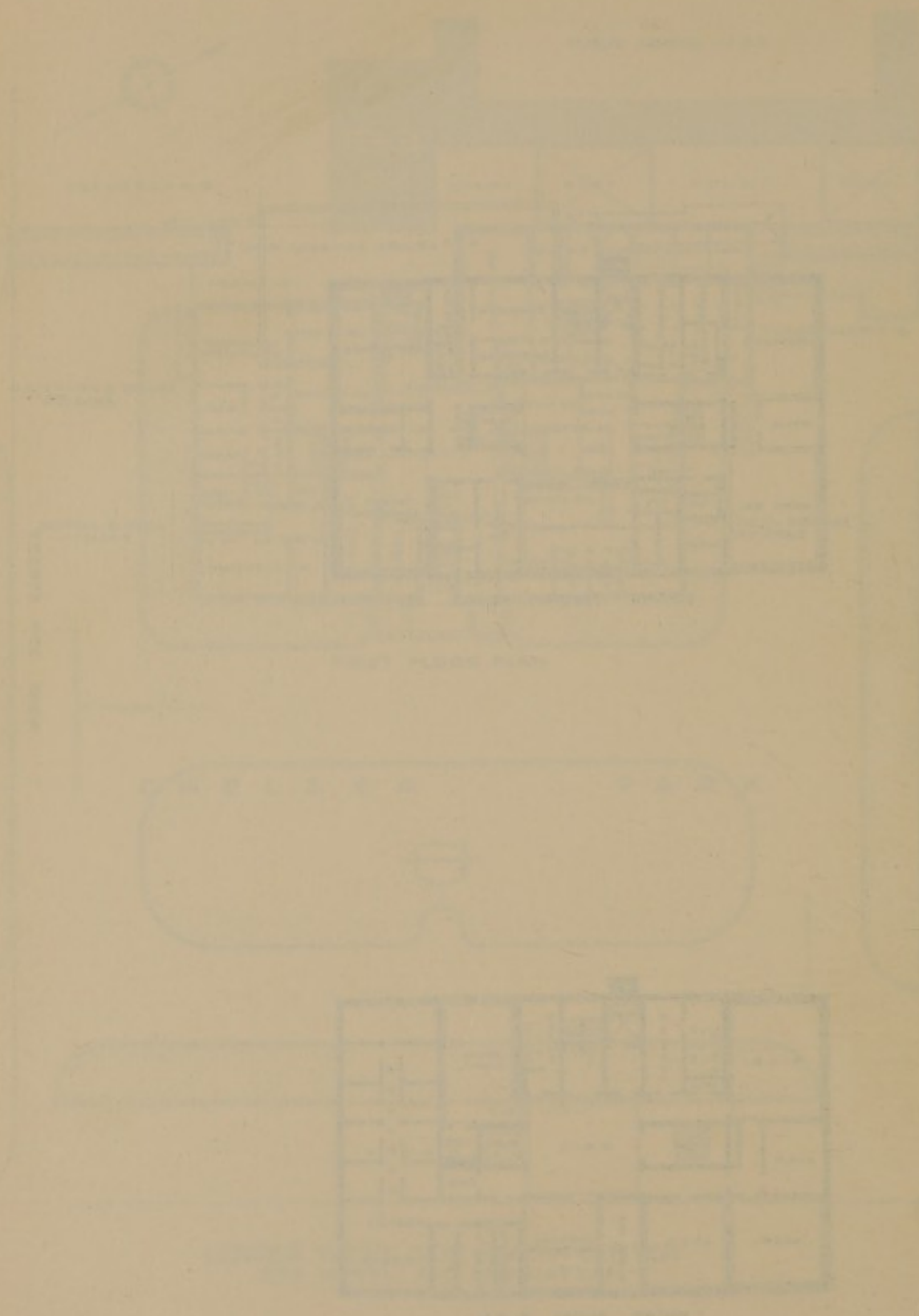
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1911



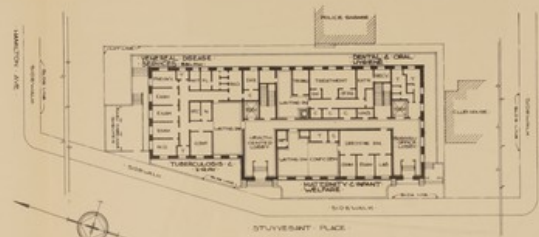
LOWER WEST SIDE HEALTH CENTER
303 NINTH AVE. MANHATTAN

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS COMPLETED

EDWIN A. SALMON - CONSULTANT



DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS COMPLETED



RICHMOND HEALTH CENTER & BOROUGH OFFICE BUILDING
STUYVESANT PLACE STATEN ISLAND NEW YORK



WILLIAMSBURG-GREENPOINT HEALTH CENTER
13 WALLER ST BROOKLYN

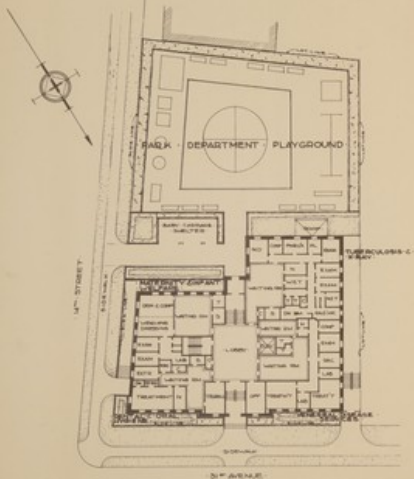


DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS COMPLETED



MOTT HAVEN HEALTH CENTER
NR EAST 147th ST MANHATTAN

DEPARTMENT OF PUBLIC WORKS
CITY OF NEW YORK
BUILDING PROJECTS COMPLETED



ASTORIA LONG ISLAND CITY HEALTH CENTER
SOUTH WEST CORNER OF 14th ST & 3rd AVE ASTORIA QUEENS

EDWIN A. SALMON - CONSULTANT



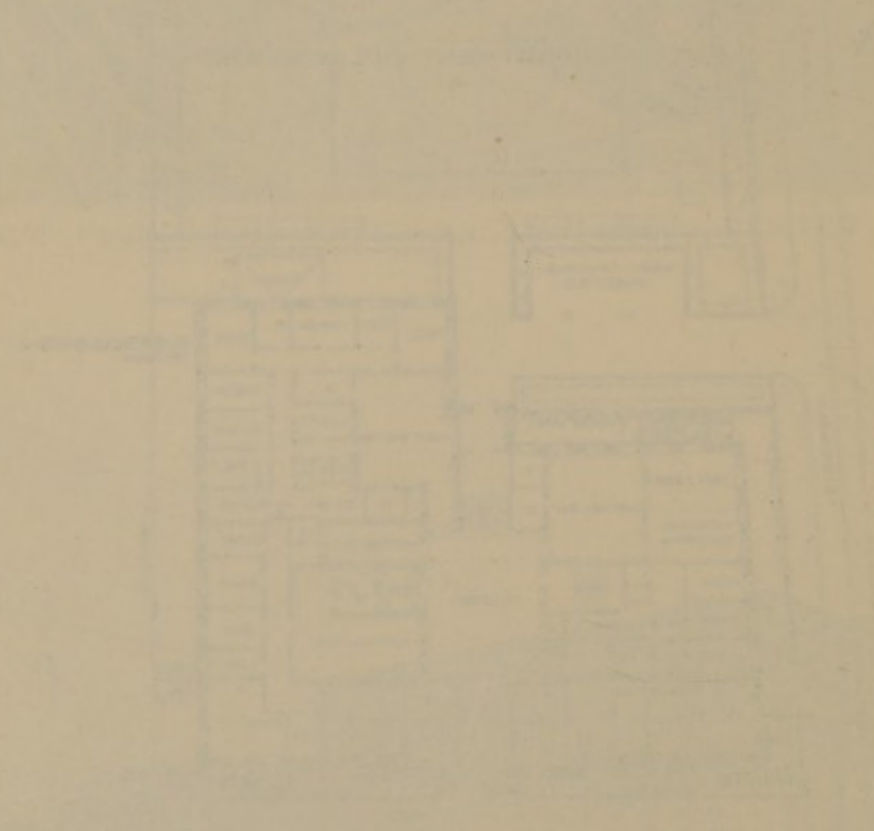
ROOF PLAYGROUND EAST HARLEM HEALTH CENTER



DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS COMPLETED

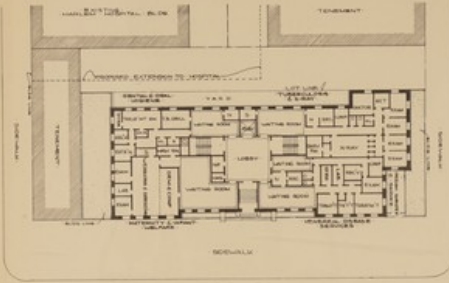


EAST HARLEM HEALTH & TEACHING CENTER
158-164 EAST 157th ST

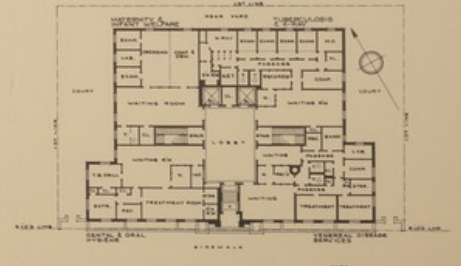
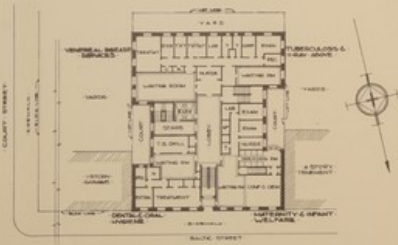


DEPARTMENT OF HEALTH
CITY OF NEW YORK

DEPARTMENT OF HEALTH
CITY OF NEW YORK
SCHOOL PROJECTS COMPLETED



CENTRAL HARLEM HEALTH CENTER
FIFTH AVE AND 137TH STREET, MANHATTAN



RED-HOOK-GOWANUS HEALTH & TEACHING CENTER
BAYC STREET BROOKLYN

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS COMPLETED

EAST 80TH ST
FIRST FLOOR PLAN
KIPS BAY - YORKVILLE HEALTH & TEACHING CENTER
EAST 80TH ST MANHATTAN

EDWIN A. SALMON - CONSULTANT

ONGOING PROJECTS

CONTRACTOR / COMPANY

REMARKS

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PART I

B - Buildings Under Construction

DEPARTMENT OF HEALTH CITY OF NEW YORK BUILDING PROJECTS

PROGRESS SCHEDULE No 2

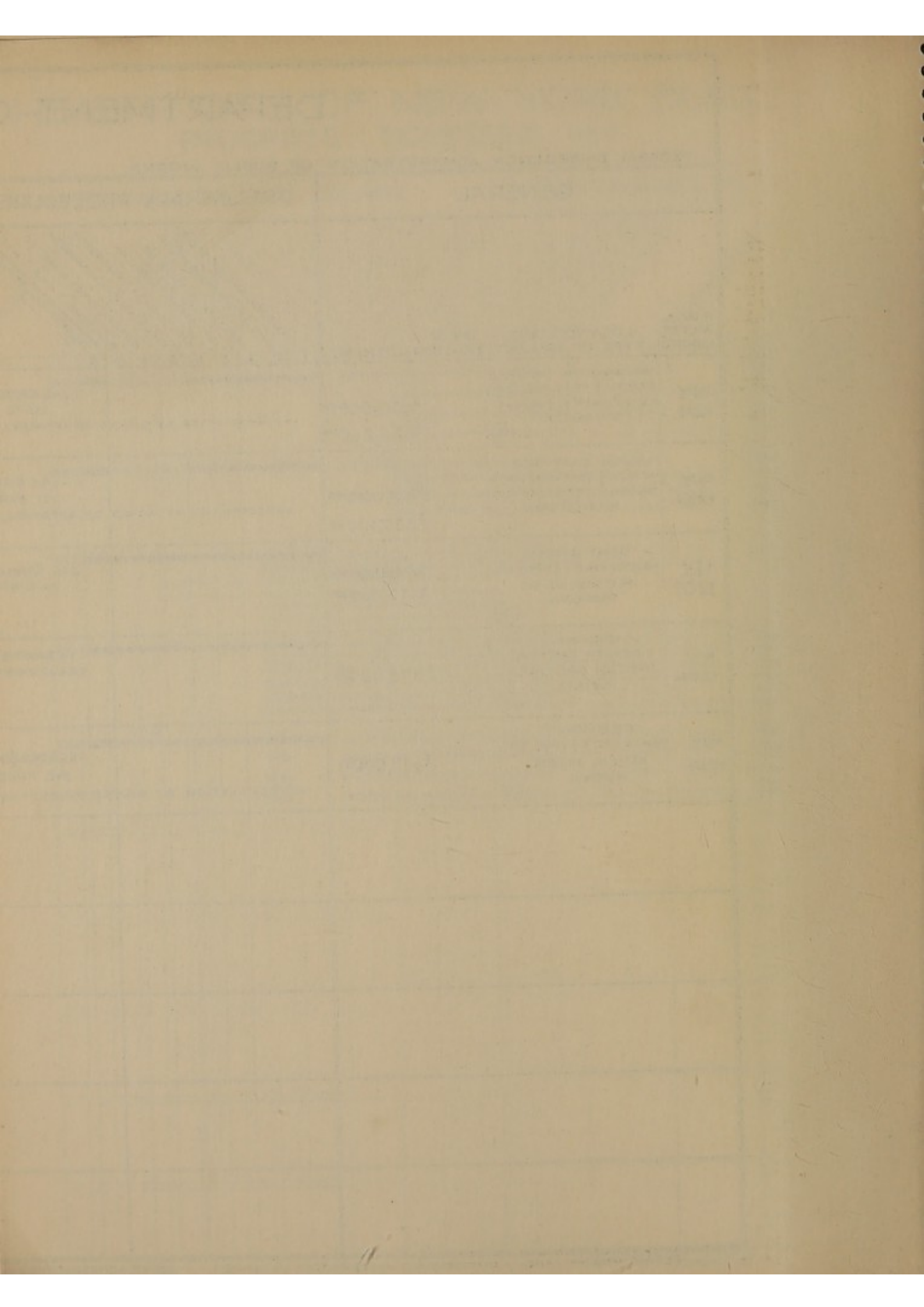
MARCH 1ST 1939

HON. JOHN L. RICE, M.D., COMMISSIONER OF HEALTH

FEDERAL EMERGENCY ADMINISTRATION OF PUBLIC WORKS

GENERAL		PRELIMINARY PROCEDURE										COMPLETION OF PLANS										PRELIMINARIES TO CONSTRUCTION										CONSTRUCTION										REMARKS		
F.W.A. SHEET NUMBER	LOCATION AND TYPE OF PROJECT	DIR. OF BUDGET ALLOTMENT	APPL. FORMS TO BOARD OF ESTIMATE										ARCHITECTS										CONTRACTORS										PERCENTAGE COMPLETED										NOTE:- THE ITEMS LISTED FROM 1 TO 34 INCLUDE ARE THE MAJOR PHASES THRU WHICH THESE PROJECTS MUST PASS BUT DO NOT INDICATE MAJOR STEPS AND DETAILS WHICH INTERVENE FOR ALL AGENCIES WHICH MUST APPROVE WORK	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
NY 1244	WASHINGTON HEIGHTS HEALTH & TEACHING CENTER S.W. COR. W 187 TH ST & 200 TH ST MANHATTAN	(10)	\$400,000 ⁰⁰	APPROPRIATION BY BOARD OF ESTIMATE, 2-2-38, CAL. NO. 1204										JAS GAMBLE ROGERS 159 E 44 TH ST										CAULWAY INC. JOHN WEL. PLUMBING CO. INC. H. SAND & CO. TALLACK HELLMAN INC.										100										
NY 1245	LOWER EAST SIDE HEALTH & TEACHING CENTER N.W. COR. E 12 TH ST & 1 ST AVE MANHATTAN	(11)	\$814,000 ⁰⁰	APPROPRIATION BY BOARD OF ESTIMATE, 2-2-38, CAL. NO. 2024										CLAY & CONRIGILL 101 PARK AVE										CAULWAY INC. JOHN WEL. PLUMBING CO. INC. EDWARD ALON INC. CHAR. F. CAHILL INC.										100										
NY 1207	FORT GREENS HEALTH CENTER & BOARD OFF FLATIRON AVE. SITE BROOKLYN	(12)	\$400,000 ⁰⁰	APPROPRIATION BY BOARD OF ESTIMATE, 2-2-38, CAL. NO. 2024										JAS GAMBLE ROGERS, INC. 126 E 44 TH STREET										ALBERT A. YERK OF INC. KODICK CHEMICAL CO. INC.										100										
NY 1206	CORONA HEALTH CENTER JUNCTION BOULEVARD QUEENS	(13)	\$375,000 ⁰⁰	APPROPRIATION BY BOARD OF ESTIMATE, 2-2-38, CAL. NO. 2024										HOBART B. UPJOHN GRAND CENTRAL TERMINAL										BROOKHURST EMBROIDERY CO. INC. AL. BROWN BROS. CO. INC. E. B. BROWN CO. INC. HARRIS PLUMBING CO. INC. KOTLER & CO. INC. MORSE & BROWN CO. INC.										100										
NY 1243	TREMONT HEALTH CENTER BOARD OFF. ARTHUR AVENUE BRONX	(14)	\$475,000 ⁰⁰	APPROPRIATION BY BOARD OF ESTIMATE, 2-2-38, CAL. NO. 2024										EGGERS & HIGGINS, 342 FIFTH AVE.										A. J. FLETCHER CO. INC. P.M. PLUMBING CO. INC. COMBES-UNION INC. JAMES E. EMMETT CO. INC.										100										

DEFINITIONS: APPL. = APPLICATION, B.O.E. = BOARD OF ESTIMATE, CONTR. = CONTRACT, SPEC. = SPECIFICATIONS, SUBM. = SUBMITTED, S.E. = STATE ENGINEER, ADV. = ADVERTISED, APPR. = APPROVAL, APPRD. = APPROVED, REG. = REGISTERED





THIRD FLOOR PLAN



FOURTH FLOOR PLAN



FIFTH FLOOR PLAN



SIXTH FLOOR PLAN



SEVENTH FLOOR PLAN



SECOND FLOOR PLAN



BASEMENT PLAN

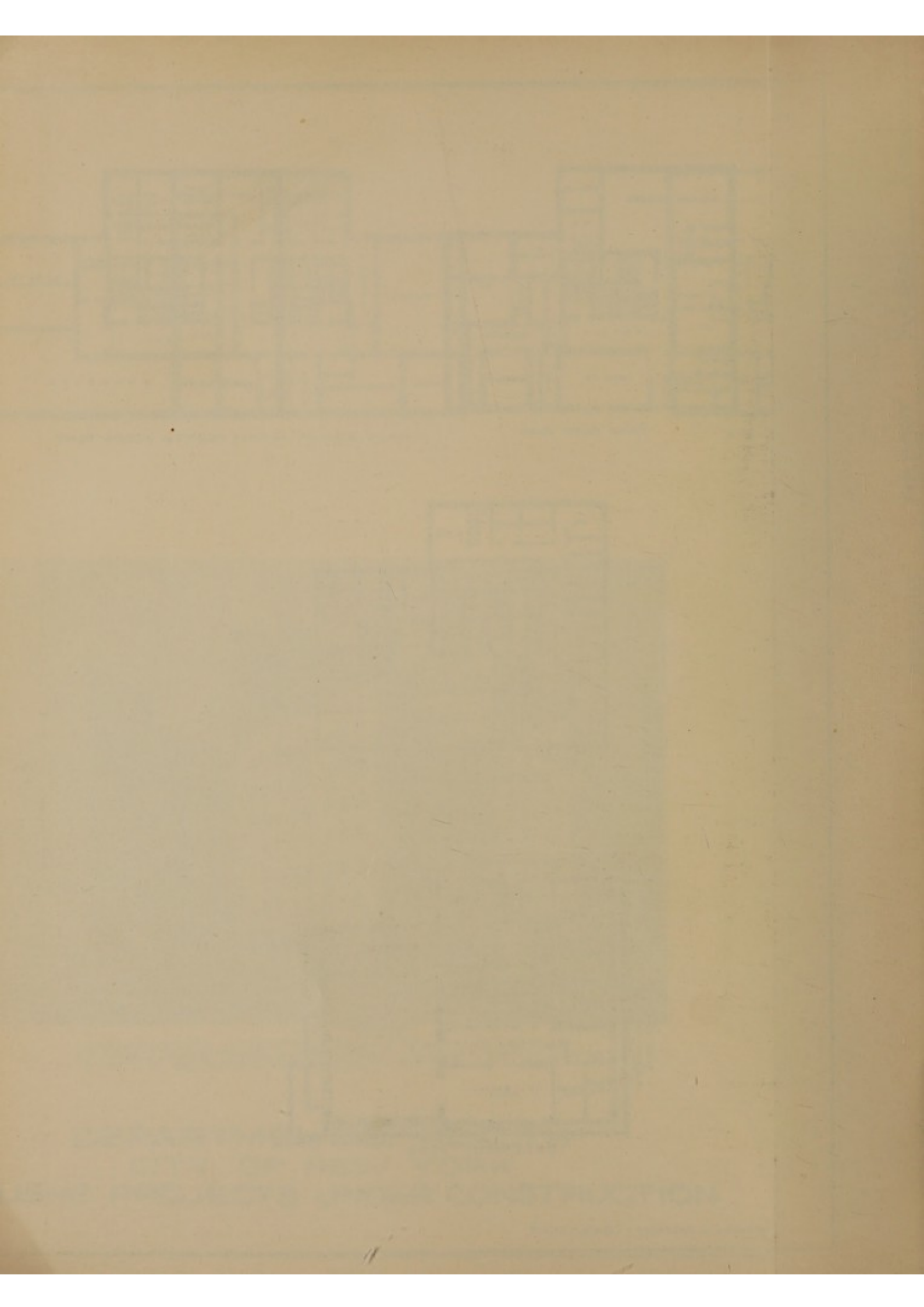


WASHINGTON HEIGHTS HEALTH & TEACHING CENTER
COLUMBIA PRESBYTERIAN HOSPITAL, 2150 W. 185th STREET
FOR THE DEPARTMENT OF HEALTH, CITY OF NEW YORK



WEST 185th STREET
FIRST FLOOR PLAN

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS UNDER CONSTRUCTION





FIFTH FLOOR PLAN



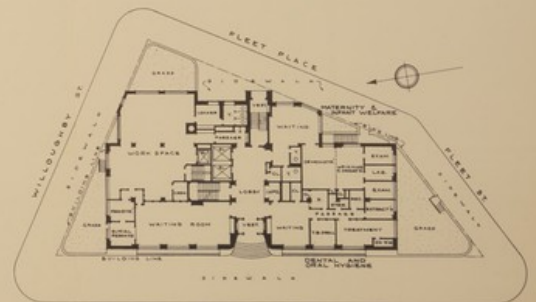
SECOND FLOOR PLAN



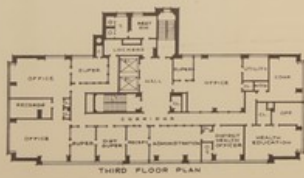
FOURTH FLOOR PLAN



BASEMENT PLAN

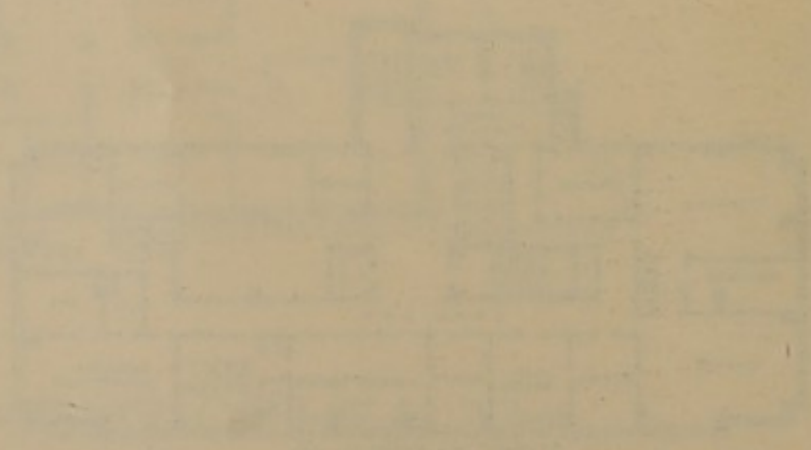
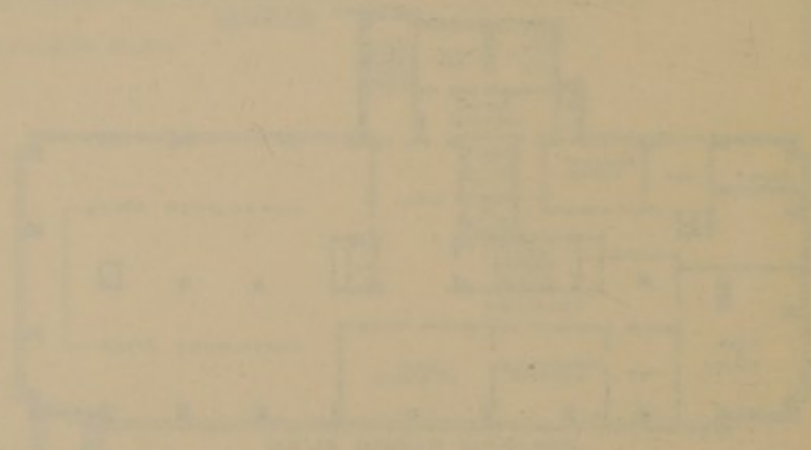
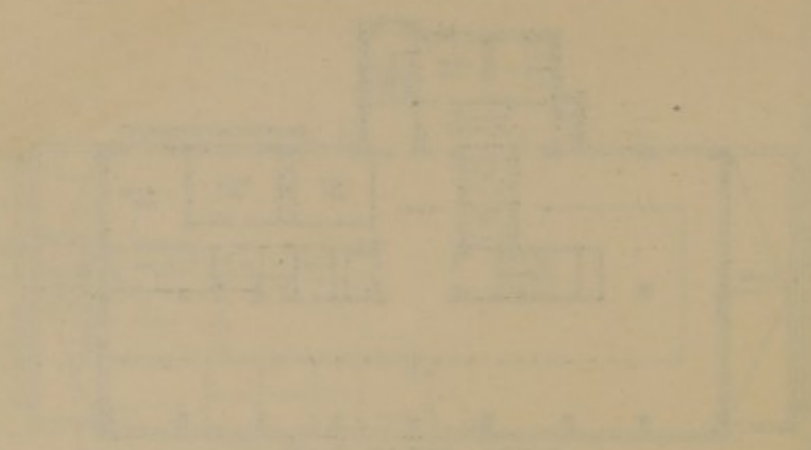


PLATBUSH AVE
FIRST FLOOR PLAN
FORT GREENE HEALTH CENTER & BORO OFFICES
FLEET AND WILLOUGHBY STREETS

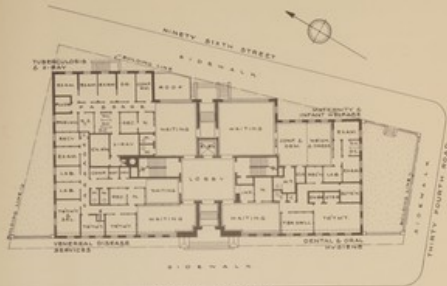


THIRD FLOOR PLAN

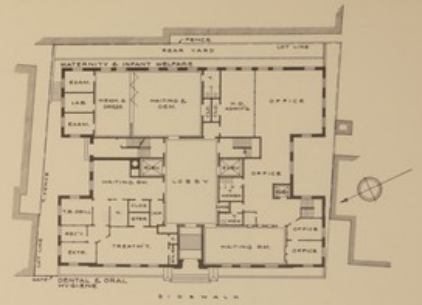
DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS UNDER CONSTRUCTION



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JUNCTION BOULEVARD
FIRST FLOOR PLAN
CORONA HEALTH CENTER
JUNCTION BOULEVARD & THIRTY-FOURTH ROAD QUEENS



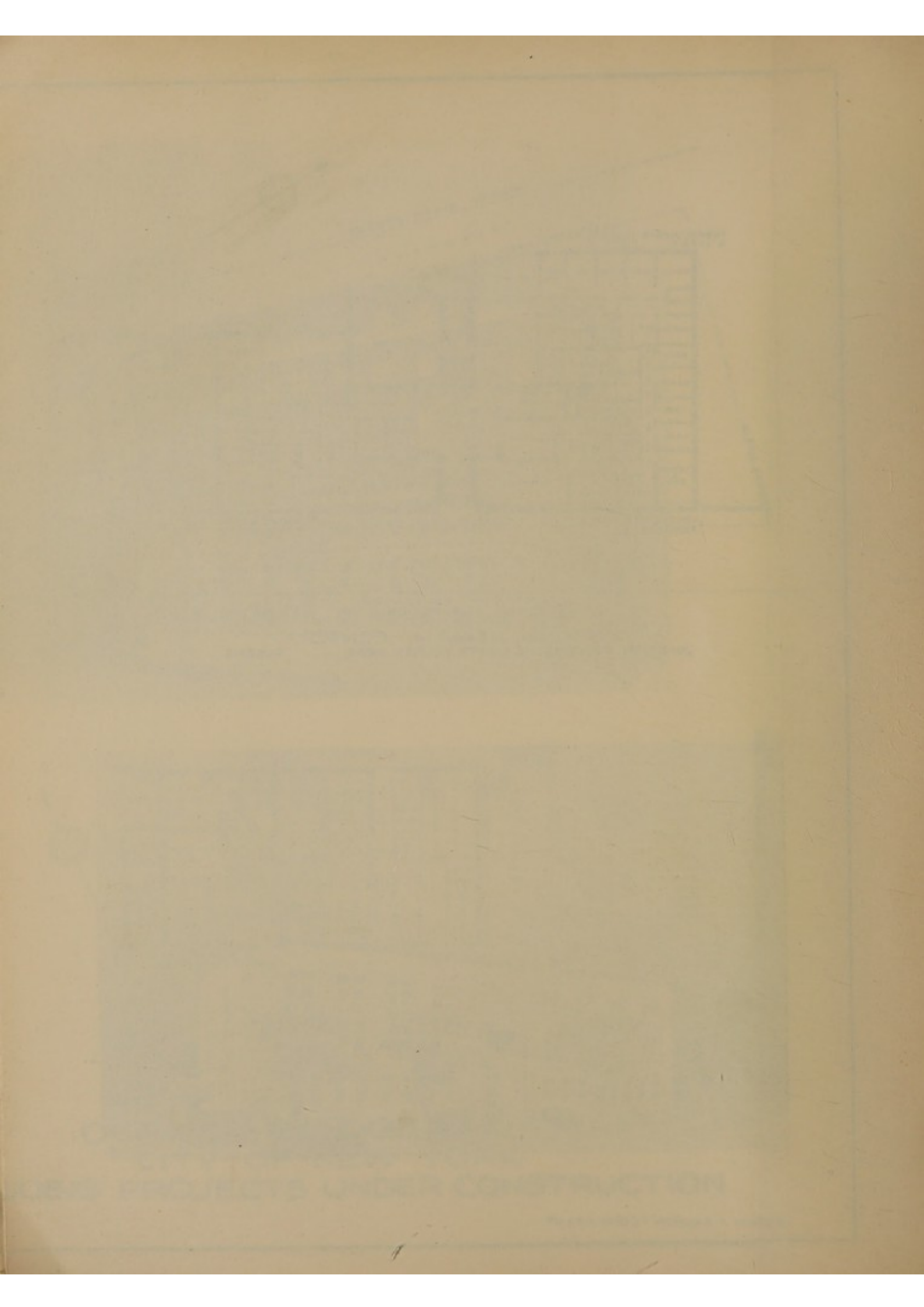
ARTHUR AVENUE
FIRST FLOOR PLAN
TREMONT HEALTH CENTER & BORO OFFICES
1826 ARTHUR AVE. THE BRONX



EAST 125th STREET
FIRST FLOOR PLAN
LOWER EAST SIDE HEALTH & TEACHING CENTER
FIRST AVE. AND E. 125th ST. MANHATTAN

**DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUILDING PROJECTS UNDER CONSTRUCTION**





PART I

C- Child Health Stations
(Completed or Under Construction)

NEW CHILD HEALTH STATION BUILDINGS

Approximately 100,000 babies are born in New York City each year, many of them in homes where the importance of early and continued health care is not understood or where the family income will not permit the necessary supervision by a private physician. The Department of Health operates 67 child health stations for health educational purposes and for furnishing medical guidance for well babies and preschool children in families whose incomes are low.

A number of the premises from which this important work was being carried on were unsatisfactory and cramped as to quarters, having inadequate heat, ventilation, washing facilities and provision for privacy. Obviously, most of the stations need to be located in sections of the City which are poor. In these sections, usually the only quarters available are small stores, many of which are entirely unsuitable.

Application was accordingly made to the Works Progress Administration in 1935 for funds for the construction of 12 model child health stations on city-owned property in areas in need of such service. The request was granted. To date, seven model child health stations have been completed; two are under construction; and the funds for the remaining three have been combined to make possible a substation with space for tuberculosis and venereal disease services as well as child health facilities.

The preliminary survey which preceded the selection of sites for the new Works Progress Administration child health buildings clearly indicated the need for further consideration of the location and adequacy of the Department's remaining child health stations.

At the request of the Health Commissioner, a careful study of child health services was made during 1937-1938 by the Committee on Neighborhood Health Development in cooperation with the Children's Welfare Federation and the official departmental bureaus concerned. This survey involved a study of births, population trends, economic conditions, leading causes of infant and maternal mortality, the enrollment of prenatal cases, infant and preschool children in City Child Health Stations and the amount of similar services provided by hospitals and other agencies. It presents, district by district, a picture of existing facilities in relation to

THE UNITED STATES OF AMERICA

Department of the Interior
Bureau of Land Management
Washington, D. C. 20250

Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 470) requires that all Federal actions which may affect historic properties be carried out in a manner which is compatible with the preservation and protection of such properties.

The purpose of this report is to identify historic properties which may be affected by the proposed action and to evaluate the potential effects of such action on such properties. This report is intended to provide the Bureau of Land Management with the information necessary to make a determination as to whether or not such action is compatible with the preservation and protection of such properties.

The proposed action is the construction of a new road through the area described in the attached map. The road is to be constructed on a route which is approximately 1.5 miles long and 10 feet wide. The road is to be constructed on a route which is approximately 1.5 miles long and 10 feet wide.

The proposed action is the construction of a new road through the area described in the attached map. The road is to be constructed on a route which is approximately 1.5 miles long and 10 feet wide. The road is to be constructed on a route which is approximately 1.5 miles long and 10 feet wide.

community needs, furnishes accurate information as to the condition of existing stations, indicates which ones should be closed because the population for which they were originally planned had moved away or the character of the neighborhood had changed so that the station was no longer needed. The Study enumerates the areas needing new or increased facilities. On the basis of this information progress has been made in relocating and rehousing some of the child health stations.

With the developing program of district health administration and its emphasis on bringing health services closer to the people the review of child health station facilities enabled the Bureau of District Health Administration, in cooperation with other departmental bureaus concerned, to plan readjustments of services on a neighborhood basis and aided in the necessary substation development of maternal, infant and child welfare services which are vital parts of community planning by health districts.

DEPARTMENT OF HEALTH CITY OF NEW YORK CHILD HEALTH STATION BUILDING PROJECT

PROGRESS SCHEDULE No 3

U. S. WORKS PROGRESS ADMINISTRATION

HON. JOHN L. RICE COMMISSIONER

NO.	SITE	DEVELOPMENT STAGES							PERCENTAGE COMPLETED										REMARKS							
		REQ. TO SINKING FUND	APPL. OF SINKING FUND	SURVEY OBTAINED	PRELIM. PLANS FIN.	FINAL PLANS FIN.	BLDG. DEPT. APPL. CONSTN. STARTED	10	20	30	40	50	60	70	80	90										
A 1	NORTH FIRST STREET BROOKLYN BLOCK 2380 LOT 17	1/16-36	2-26-36	3-12-36	3-25-36	4-22-36	10-11-36	8-23-37																		
A 2	105 TH AVE. E. OF WALTHAM QUEENS BLOCK 1102 LOT 2 B	1/16-36	2-26-36	3-12-36	4-2-36	4-27-36	8-22-36	8-10-37																		
A 3	MT. MORRIS PARK E 120 TH MANHATTAN BET 5 TH & MADISON AVE			4-7-36	4-21-36	10-5-37	1-18-38	5-11-38																		
A 4	239 SIXTH STREET BROOKLYN SEC 4-BL 980-LT 95	1/16-36	2-26-36	5-21-36	8-11-36	10-5-37			PROJECT ABANDONED.																	
A 5	62-64 SECOND PLACE BROOKLYN SEC 2-BL 366-LT 6 & 7	1/16-36	2-26-36	4-11-36	5-18-36	6-12-36	10-22-36	8-23-37	1-17-38																	
B 6	1192 FULTON AVE BRONX SEC 10-BL 2611-LT 17	1/16-36	2-26-36	11-10-36	3-29-37	11-1-37																				
A 7	LINWOOD STREET BROOKLYN SEC 13-BL 4018-LT 27	1/16-36	2-26-36	5-15-36	5-19-36	6-8-36	10-22-36	8-10-37																		
A 8	16 TH AVE. E. OF BENSON BROOKLYN SEC R-BL 6362-LT 67	3-2-36	3-20-36	5-19-36	8-10-36	9-15-36	11-24-37	1-14-38																		
A 9	NOSTRAND AVE. BROOKLYN SEC 6-BL 1737-LT 3 27 & 28	3-2-36	3-25-36	6-2-36	8-10-36	1-15-37	11-24-37	1-14-38																		
10	ARTHUR KILL RD STATEN ISLAND W 6-BL 8093-LT 26	1/16-36	2-26-36	5-28-36	8-1-36	10-6-37			PROJECT ABANDONED 4/15/38																	
B 11	CORONA AVE & 104 TH ST. QUEENS BLOCK 1085 LOT 68	1/16-36	2-26-36	5-2-36	7-11-37	11-1-37	8-1-38	8-14-38																		
C 12	MINETTA ST. MANHATTAN BLOCK 542 LOT 26								JACOBSON AVE. BRONX SITE ABANDONED. CLARKS AVE. 64 SITE ABANDONED.																	

MAR. 1, 1939.



A Dark Store Poorly Heated and Ventilated



Cramped Quarters in a Dark Poorly Ventilated Tenement



Photograph of New, Modern Fireproof, Well-Lighted and Ventilated Child Health Station Building



A Store in an Old Wooden Residence



Unsatisfactory Quarters in an Obsolete Tenement

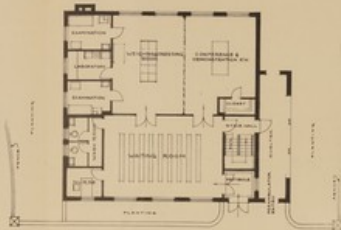
: TYPES OF OLD CHILD HEALTH STATION QUARTERS :
BEING REPLACED BY NEW BUILDINGS OF TYPES ILLUSTRATED



62-64 Second Place
Brooklyn



62-64 Second Place
Brooklyn



Mt. Morris Park, Manhattan



16th Avenue
Brooklyn



Mt. Morris Park, Manhattan



North 1st Street,
Brooklyn



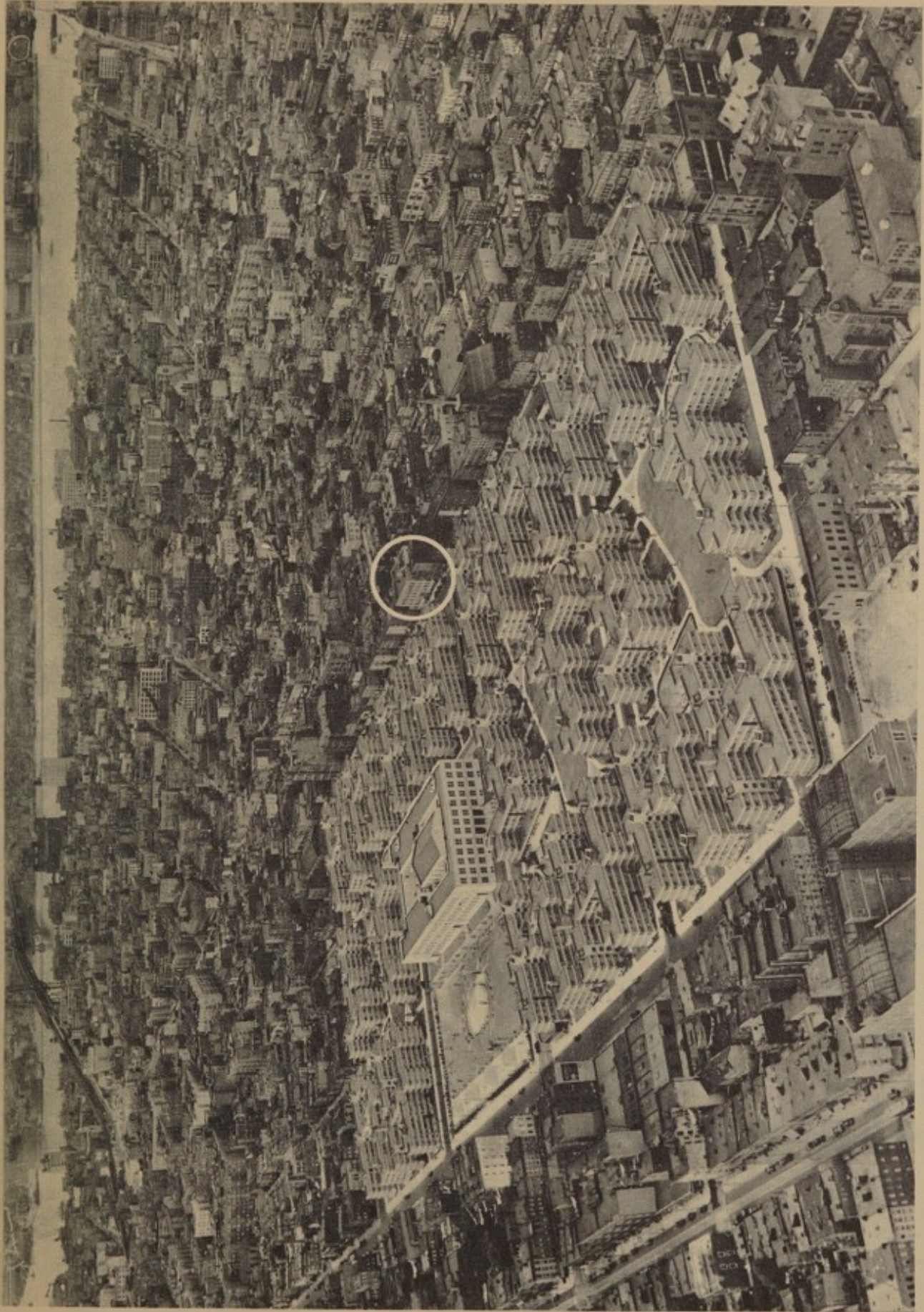
Corona Ave. & 104th Street,
Queens

DEPARTMENT OF HEALTH CITY OF NEW YORK
CHILD HEALTH STATIONS COMPLETED OR UNDER CONSTRUCTION

EDWIN A. SALMON - CONSULTANT

E. A. SALMON ARCHT.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
THE STATE EDUCATION EXAMINERS
THE STATE EDUCATION EXAMINERS
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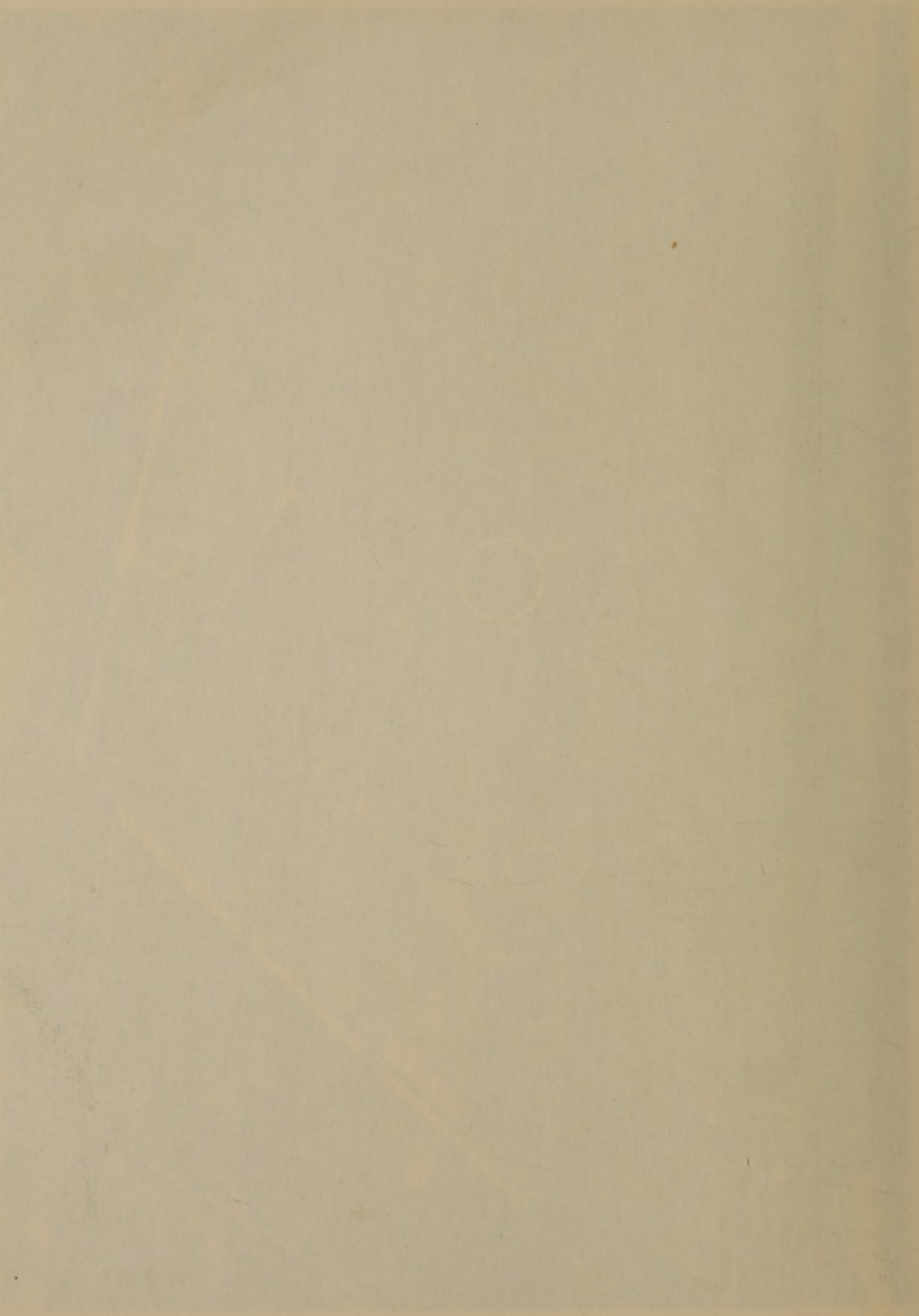


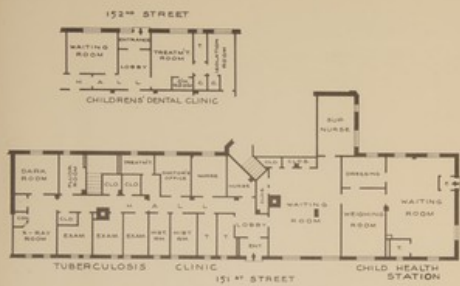
WILLIAMSBURG HOUSING DEVELOPMENT : BROOKLYN

Williamsburg-Greenpoint Health Center Building shown in circle.

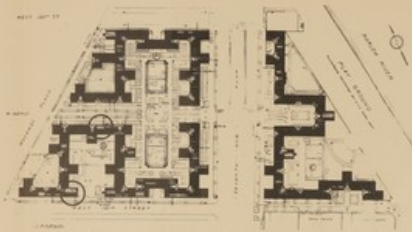
THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS





Floor Plans showing Health Facilities



Harlem River Houses - Health Sections shown in circles



Perspective showing Health Station

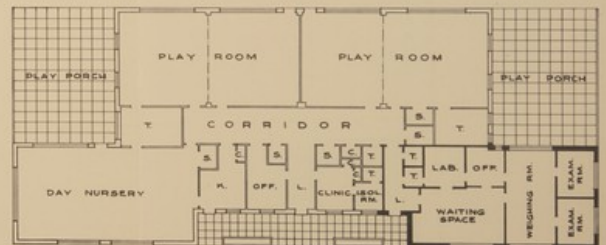


Photograph showing Health Section

HARLEM RIVER HOUSES
MANHATTAN



Queensbridge Houses - Health Station in circle

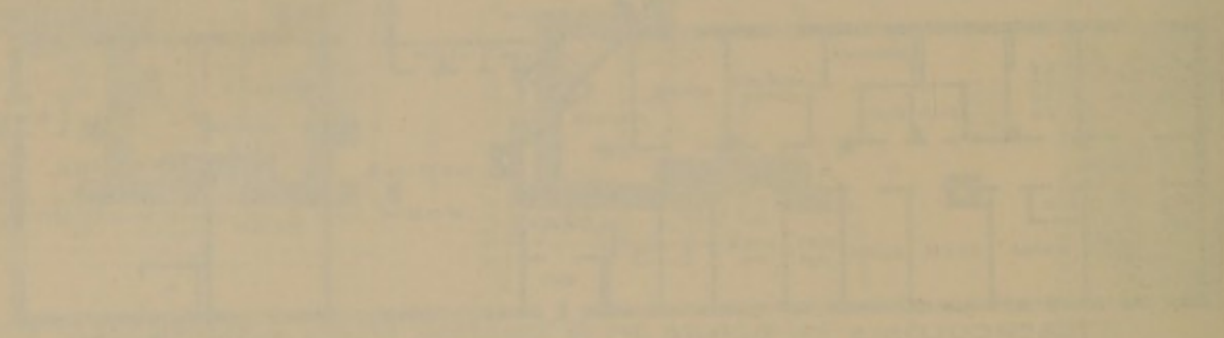
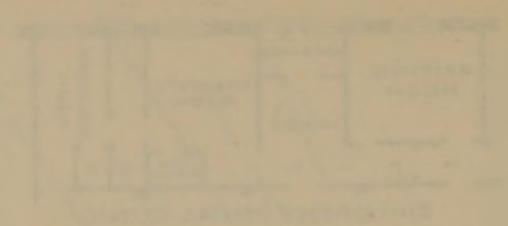


Floor Plan showing Health Station in Black

QUEENSBRIDGE HOUSES
QUEENS

HEALTH STATIONS IN HOUSING

1917



PLAN OF HOUSE

1917

1917



HARLEM RIVER HOUSE

HEALTH STATIONS IN HOUSING

THE FUTURE HEALTH BUILDING PROGRAM

In January, 1956, the City Charter was amended to provide for the departmental structure which was available through the creation of a City Planning Commission. The new Charter also provided for the creation of a Department of Public Works, in order to take full advantage of past experience and new opportunities in the Public Department, with the addition of the creation of a Department of Social Development, as well as a study of the Department's operations and future requirements, as a basis for recommendations in connection with the development of the health building program.

Capital construction was planned for the expansion of eight health centers which were to be located in each of the eight districts of the City and also for the construction of new health buildings.

PART II

Proposed Future Building Program

District Health Centers and Substations

The study was made with the purpose of determining the need for health buildings in each of the eight districts of the City and also for the construction of new health buildings. The study was made with the purpose of determining the need for health buildings in each of the eight districts of the City and also for the construction of new health buildings.

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PART II

THE HISTORY OF THE
CITY OF BOSTON

THE FUTURE HEALTH BUILDING PROGRAM

In January, 1938, under the new City Charter, important additional aids for departmental planning were made available through the creation of a City Planning Commission. The new Charter also provided for the creation of a Department of Public Works. In order to take full advantage of past experience and new opportunities, the Health Department, with the assistance of the Committee on Neighborhood Health Development, at once commenced a study of the buildings in operation and future requirements, as a basis for recommendations in connection with the advancement of the health building program.

Careful consideration was given to the question of where health centers should be located in each of the health districts of the City not already provided with these facilities.

The Department and the Committee also studied the question of whether in every instance the typical health center building would best meet local conditions or whether, particularly where the territory to be covered was large, a smaller administration building with substations would better serve the purpose. Since accessibility to centers and problems of distance are essential considerations, the size of each of the districts to be provided for and local transportation facilities were carefully noted.

The study also took into account current reports of local vital statistics by health areas and health center districts, such as those relating to births, infant deaths, total deaths from all causes, the number of school children; likewise, the ratio of these numbers to the acreage covered in order to ascertain concentration or differences by neighborhoods.

Care was taken to see that each location proposed, for a health center or substations, was in the vicinity of at least two intersecting lines of transportation.

As a result of this study, the Health Department has recommended to the City Planning Commission that 14 additional new district health center buildings and 23 substation be constructed during the five-year period, 1940 - 1944 inclusive. Although it was recognized that the general locations may have to be adjusted in the light of additional information avail-

THE UNITED STATES DEPARTMENT OF AGRICULTURE

It is the policy of the Department to encourage the development of a national system of agricultural extension, to be based on the principle of cooperation between the Federal Government and the States. The Department is authorized to make grants in aid of such extension work, and to provide technical assistance to the States in the development of such work. The Department is also authorized to make grants in aid of the development of a national system of agricultural extension, to be based on the principle of cooperation between the Federal Government and the States.

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able to the City Planning Commission, it was requested that buildings be erected in the following health center districts, within a circle not more than two or three blocks in radius from the intersecting points indicated:

Manhattan

Lower East Side

Substation Delancey and Ludlow Streets

Riverside

Health Center Amsterdam Avenue and 106th Street

Central Harlem

Substation 127th Street between Seventh and Eighth Avenues

Lower West Side

2 Substations Amsterdam Avenue and 62nd Street
Sixth Avenue and Minetta Street

Bronx

Morrisania

Health Center Boston Road, Third Avenue and 165th Street

Fordham-Riverdale

2 Substations Webster Avenue and East Fordham Road
Riverdale section

Pelham Bay

Health Center Gun Hill and White Plains Roads
Substation Boston Road and 222nd Street

Westchester

Health Center East Tremont Avenue and Westchester Avenue
Substation Dewey and East Tremont Avenues

Brooklyn

Bedford

Health Center Fulton Street and Kingston Avenue

Fort Greene

Substation Classon and Myrtle Avenues

Sunset Park

Health Center 50th Street and Eighth Avenue
Substation Seventh Avenue and 15th Street

Bay Ridge

Health Center Bay Ridge Parkway, or 75th Street and Thirteenth Avenue

Gravesend

Health Center Avenue U and Coney Island Avenue
2 Substations Avenue P and West 5th Street
Neptune and Stillwell Avenues

Flatbush

Health Center Foster and Flatbush Avenues

Bushwick

Health Center Grove Street and Wilson Avenue

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Section 1
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Section 2
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Section 3
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Section 4
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Brooklyn *continued*

Brownsville

- Health Center** Livonia and Rockaway Avenues
2 Substations Belmont Avenue and Linwood Street
Remson Avenue and Glenwood Road (Canarsie area)

Queens

Maspeth-Forest Hills

- Health Center** Metropolitan Avenue and Fresh Pond Road
Substation Queens and Woodhaven Boulevards

Flushing

- Health Center** Main Street and Roosevelt Avenue
2 Substations College Point, 122nd Street and Fifteenth Avenue
Bayside, Bell and Northern Boulevards

Jamaica East and West

- Health Center and Borough Headquarters** near Town Hall
4 Substations Rockaway, Beach 84th Street in Hammels
Ozone Park, Woodhaven and Rockaway Boulevards
Springfield, Merrick and Springfield Boulevards
Bellaire, Jamaica Avenue and 212th Street

Astoria-Long Island City

- Substation** Sunnyside, Greenpoint Avenue and Bliss Street

Richmond

Richmond

- Substation** Clark Avenue and St. Patrick's Place

**BASIC REQUIREMENTS
FOR CHARACTER OF
BUILDINGS AND
ENVIRONMENT**

The experience accumulating from the operation of the existing health center buildings has been analyzed for use in planning future centers. This analysis has led to the conclusion that there are certain basic requirements for the location of sites, and the character of buildings to be used for health centers or substations.

First, since accessibility is essential to the efficient and economical use of health centers, if suitable city-owned sites are not available at or near the central points disclosed by the surveys and studies as the proper ones for district health centers, such properties should be secured. Otherwise, there will be a constant impediment to the attendance of the public in need of services at the center, and the staff conducting the services in the center or visiting homes and schools will take many wasteful steps daily.

Second, plans for future buildings should provide about thirty percent more floor area. There should be light and air on all sides -- the center

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should be free-standing. The minimum site should have a street frontage of 150 feet, with the usual depth of 100 feet.

Preferably where a larger area might be found available in the vicinity of a proposed location the entire block should receive consideration for possible other civic developments.

In the case of a substation, the construction at first perhaps of a "one story taxpayer type" should be upon sufficiently strong foundations to permit the addition, if found necessary later, of another story; likewise, extra adjoining property for extension should be considered since there is a possibility that these stations may become the nuclei for future full-fledged district centers.

MAP OF HEALTH CENTER DISTRICTS
SHOWING
HEALTH DEPARTMENT BUILDING PROGRAM

BUILDING PROGRAM

- H. Department of Health Headquarters, 125 Worth Street, Manhattan
 L. Willard Parker Laboratory, Foot of East 16th Street, Manhattan

NEW DISTRICT HEALTH CENTER BUILDINGS COMPLETED OR UNDER CONSTRUCTION

Manhattan

1. Central Harlem, 2238 Fifth Avenue
2. East Harlem, 188 East 115th Street
3. Kips Bay-Yorkville, 411 East 69th Street
4. Lower East Side, First Avenue & East 25th Street
5. Lower West Side, 303 Ninth Avenue
6. Washington Heights, Broadway & 168th Street

Bronx

7. Mott Haven, 349 East 140th Street
8. Tremont, 1828-38 Arthur Avenue

Brooklyn

9. Fort Greene, Fleet & Willoughby Streets
10. Red Hook-Gowanus, 250 Baltic Street
11. Williamsburg-Greenpoint, 151 Maujer Street

Queens

12. Astoria-Long Island City, 12-26 31st Avenue
13. Corona, Junction Boulevard & 34th Road

Richmond

14. Richmond, 51 Stuyvesant Place

FUTURE DISTRICT HEALTH CENTER BUILDINGS (Approximate Locations)

Manhattan

15. Riverside, Amsterdam Avenue & 106th Street

Bronx

16. Morrisania, Boston Road & 3rd Avenue
17. Pelham Bay, Gun Hill Road & White Plains Avenue
18. Westchester, Westchester Square

Brooklyn

19. Bay Ridge, Bay Ridge Parkway & 13th Avenue
20. Bedford, Fulton Street & Kingston Avenue
21. Brownsville, Livonia & Rockaway Avenues
22. Bushwick, Grove Street & Wilson Avenue
23. Flatbush, Foster & Flatbush Avenues
24. Gravesend, Avenue U & Coney Island Avenue
25. Sunset Park, 50th Street & 8th Avenue

Queens

26. Flushing, Main Street & Roosevelt Avenue
27. Jamaica, East and West, Jamaica Avenue & Parsons Boulevard
28. Maspeth-Forest Hills, Metropolitan Avenue & Fresh Pond Road

FUTURE SUBSTATIONS (Approximate Locations)

Manhattan

29. 127th Street between 7th & 8th Avenues (Central Harlem)
30. Delancey & Ludlow Streets (Lower East Side)
31. Amsterdam Avenue & 62nd Street (Lower West Side)
32. 6th Avenue & Minetta Street (Lower West Side)

Bronx

33. Riverdale Section (Fordham-Riverdale)
34. East 188th Street & Park Avenue (Fordham-Riverdale)
35. Boston Road & 222nd Street (Pelham Bay)
36. Dewey & East Tremont Avenues (Westchester)

Brooklyn

37. Pitkin Avenue & Limwood Street (Brownsville)
38. Remsen Avenue & Glenwood Road (Brownsville)
39. Classon & Myrtle Avenues (Fort Greene)
40. Neptune & Stillwell Avenues (Gravesend)
41. Avenue P & West 5th Street (Gravesend)
42. 7th Avenue & 15th Street (Sunset Park)

Queens

43. Greenpoint Avenue & Bliss Street (Astoria-Long Island City)
44. 15th Avenue & 122nd Street, College Point (Flushing)
45. Bell & Northern Boulevards, Bayside (Flushing)
46. Jamaica Avenue & 212th Street, Bellerose (Jamaica East)
47. Springfield & Merrick Boulevards, Springfield (Jamaica East)
48. Woodhaven & Rockaway Boulevards, Ozone Park (Jamaica West)
49. Rockaway Beach & Beach 84th Street, Rockaway (Jamaica West)
50. Queens & Woodhaven Boulevards (Maspeth-Forest Hills)

Richmond

51. Clarke Avenue & St. Patrick's Place (Richmond)

CHILD HEALTH STATIONS - COMPLETED OR UNDER CONSTRUCTION

Manhattan

52. Mt. Morris Park & East 120th Street (Central Harlem)

Bronx

53. 1192 Fulton Avenue (Morrisania)

Brooklyn

54. 16th Avenue east of Benson Avenue (Bay Ridge)
55. 506 Linwood Street (Brownsville)
56. Nostrand & Myrtle Avenues (Fort Greene)
57. 62-64 Second Place (Red Hook-Gowanus)
58. 142 North First Street (Williamsburg-Greenpoint)

Queens

59. Corona Avenue & 104th Street (Corona)
60. 146-59 105th Avenue (Jamaica East)



SUGGESTED BUILDING PLANS AND ESTIMATES OF COST

As outlined the Health Department's future building program, which calls for the construction of 14 additional district health centers and 22 substation buildings, involves a total estimated cost of \$7,550,000. This information is outlined in the accompanying one-page Summary and detailed analysis (Exhibit A) which appear on pages 47 to 49.

The estimated unit cost for operating the new buildings is presented on page 50, Exhibit B. These estimates do not take into account the considerable savings which will accrue through the abandonment of rented premises and in transfer of existing personnel to the new buildings as they are placed in operation.

Architect's renderings of typical health center and substation buildings for the future, appearing in this section, are based on careful study of the City's past five years' experience.

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and expansion. From a small collection of colonies on the eastern coast, it grew into a vast nation that stretched across the continent. The early years were marked by struggle and conflict, but the spirit of independence and self-determination prevailed.

The American Revolution was a turning point in the nation's history. It was a fight for freedom and the right to govern oneself. The Declaration of Independence in 1776 was a bold statement of the colonies' desire to break away from British rule. The war that followed was a test of the colonies' resolve and their ability to defend their new nation.

The years following the Revolution were a time of consolidation and growth. The new nation faced many challenges, but it emerged as a powerful and independent country. The Constitution was drafted to provide a framework for the government, and the federal system was established. The United States continued to expand westward, and its influence grew on the world stage.

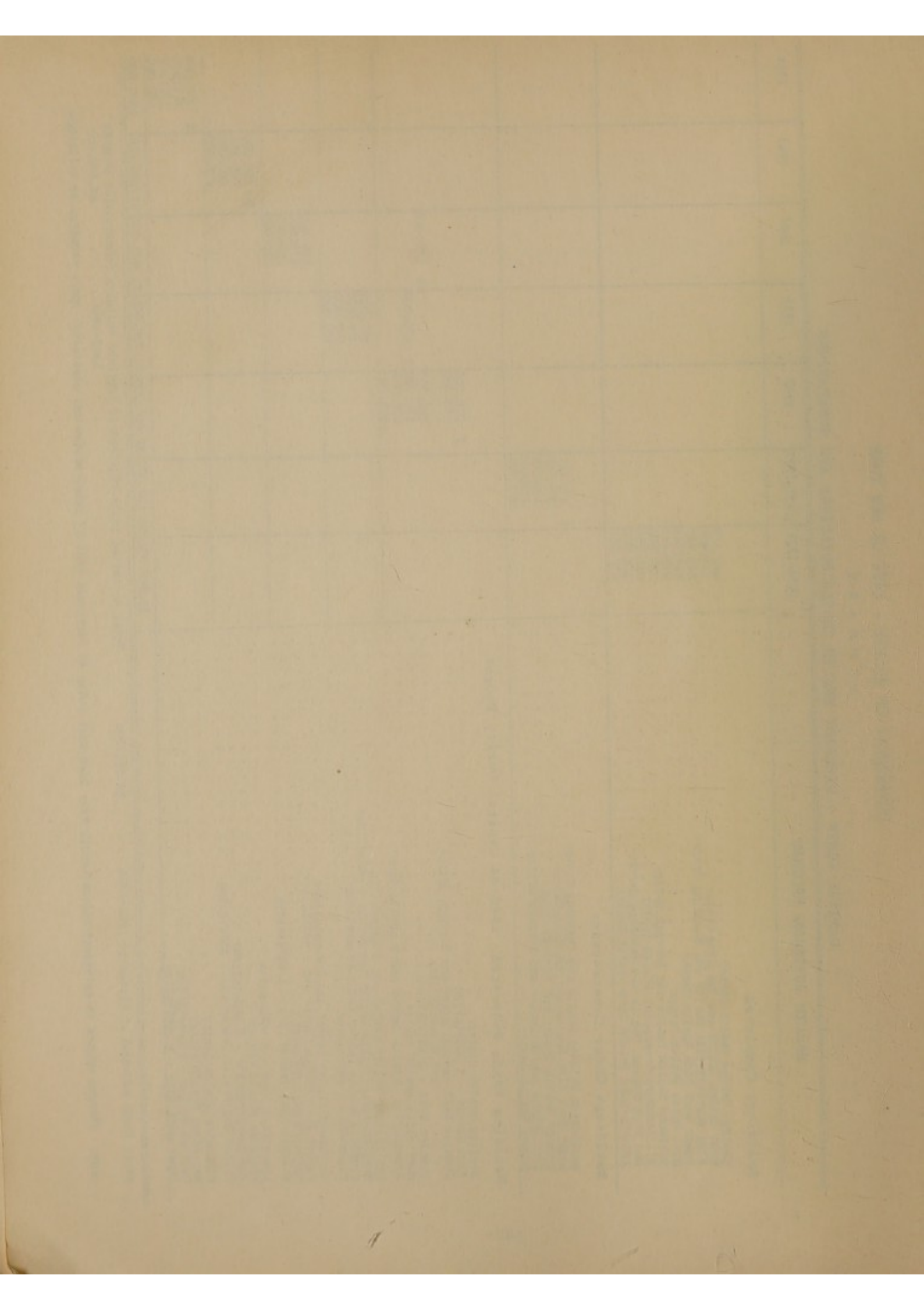
DEPARTMENT OF HEALTH - CITY OF NEW YORK

S U M M A R Y

CAPITAL COSTS - DISTRICT HEALTH CENTER BUILDINGS AND SUBSTATIONS

HEALTH BUILDING PROGRAM		1934-1937	1938-1939	1940	1941	1942	1943	1944
Buildings Completed								
Central Harlem Health Center		\$ 262,507						
East Harlem Health and Teaching Center		248,850						
Kips Bay-Yorkville Health and Teaching Center		346,883						
Lower West Side Health Center		244,846						
Mott Haven Health Center		219,491						
Richmond Health Center and Borough Office		330,584						
Williamsburg-Greenpoint Health Center		221,680						
Red Hook-Gowanus Health and Teaching Center		236,902						
Astoria-Long Island City Health Center		272,202						
			\$ 475,000					
			375,000					
			475,000					
			375,000					
Buildings Under Construction								
Washington Heights Health and Teaching Center				\$ 375,000				
Lower East Side Health and Teaching Center				100,000				
Tremont Health Center and Borough Office								
Fort Greene Health Center and Borough Office								
Corona Health Center								
Building Funds Requested, 1940-44 Capital Outlay Budget								
Bedford Health Center				\$ 375,000				
Fort Greene - 1 substation				100,000				
Jamaica East Health Center and Borough Office								
and 2 substations				525,000				
Jamaica West - 2 substations				100,000	\$ 100,000			
Morrisania Health Center				375,000				
Brownsville Health Center and 2 substations				575,000				
Westchester Health Center and 1 substation					475,000			
Maspeth-Forest Hills Health Center and 1 substation					475,000			
Flushing Health Center and 2 substations					575,000			
Richmond - 1 substation					100,000			
Gravesend Health Center and 2 substations						575,000		
Sunset Park Health Center and 1 substation						475,000		
Bushwick Health Center						325,000		
Astoria-Long Island City - 1 substation						100,000		
Lower East Side - 1 substation							\$ 100,000	
Flatbush Health Center							375,000	
Fordham-Riverdale - 2 substations							200,000	
Pelham Bay Health Center and 1 substation							475,000	
Riverside Health Center								\$ 375,000
Bay Ridge Health Center								375,000
Central Harlem - 1 substation								100,000
Lower West Side - 1 substation								100,000
		\$2,365,905	\$2,175,000	\$2,050,000	\$1,725,000	\$1,675,000	\$1,150,000	\$950,000

Total funds expended or allocated 1934-1939 \$4,560,905
 Total estimated funds required to complete building construction program 1940-1944 \$7,550,000
 NOTE: Changes upward in estimated capital costs have been made owing to increased cost of construction and additional space required in buildings.



ESTIMATED CAPITAL COST

DISTRICT HEALTH CENTER BUILDINGS
and
SUBSTATIONS
1940 - 1944

(Including cost of construction of buildings, land, furniture and equipment, architect's and engineering services, inspection and miscellaneous items.)

Fort Greene District		
Substation	\$ 75,000	
Land	25,000	\$100,000
Bedford District		
Health Center Building	325,000	
Land	50,000	375,000
Jamaica East District		
Health Center and Borough Office Building	475,000	
Land	50,000	
2 Substations, \$75,000 each	150,000	
Land, \$25,000 each	50,000	725,000
Jamaica West District (No Health Center Building)		
2 Substations, \$75,000 each	150,000	
Land, \$25,000 each	50,000	200,000
Morrisania District		
Health Center Building	325,000	
Land	50,000	375,000
Brownsville District		
Health Center Building	325,000	
Land	50,000	
2 Substations, \$75,000 each	150,000	
Land, \$25,000 each	50,000	575,000
Westchester District		
Health Center Building	325,000	
Land	50,000	
Substation	75,000	
Land	25,000	475,000
Maspeth-Forest Hills District		
Health Center Building	325,000	
Land	50,000	
Substation	75,000	
Land	25,000	475,000
Flushing District		
Health Center Building	325,000	
Land	50,000	
2 Substations, \$75,000 each	150,000	
Land, \$25,000 each	50,000	575,000
Richmond District		
Substation	75,000	
Land	25,000	100,000
Gravesend District		
Health Center Building	325,000	
Land	50,000	
2 Substations, \$75,000 each	150,000	
Land, \$25,000 each	50,000	575,000

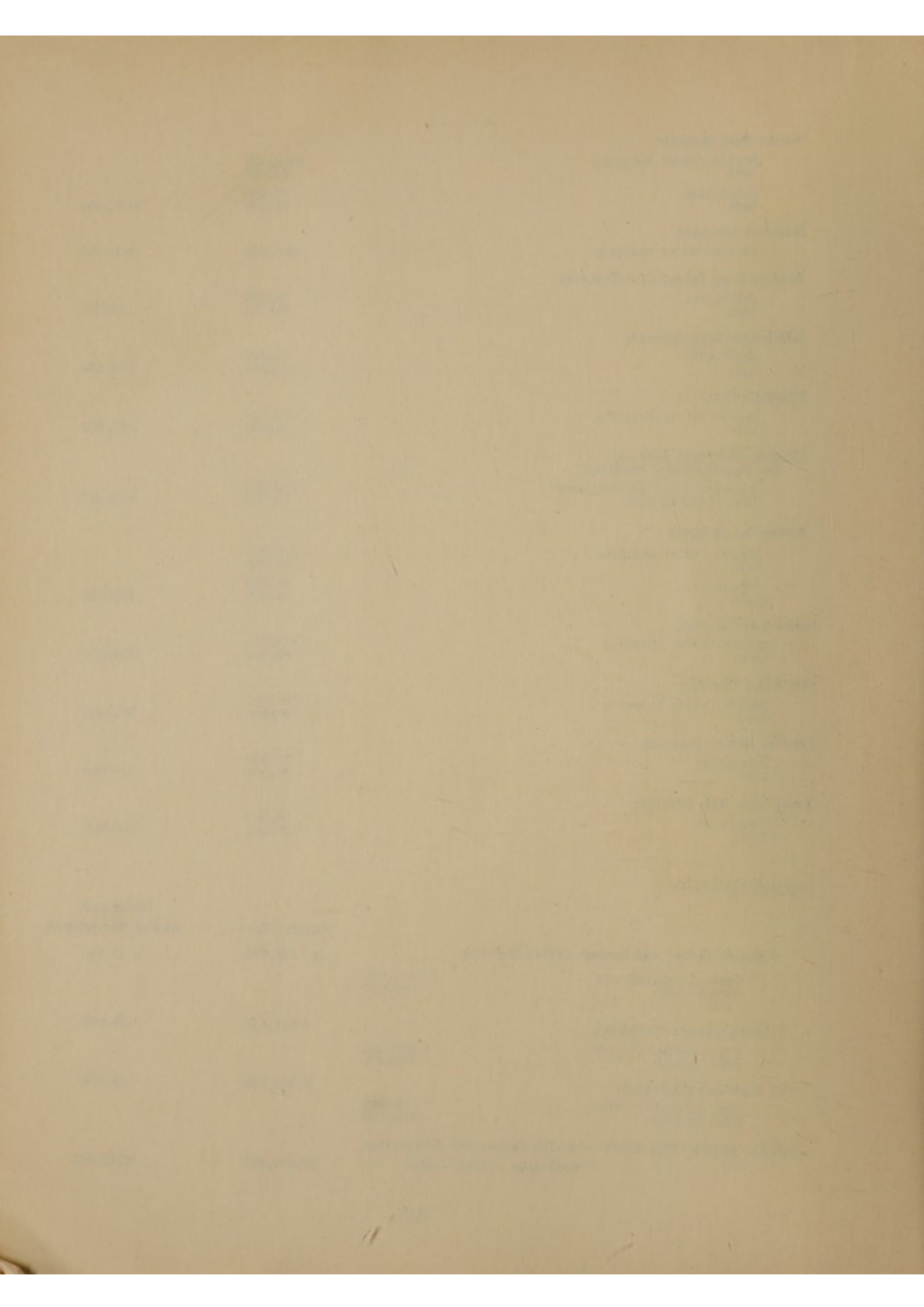
THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

1925

Table with multiple columns and rows, containing faint text and numbers, likely a ledger or record book. The text is illegible due to fading.

Sunset Park District		
Health Center Building	\$325,000	
Land	50,000	
Substation	75,000	
Land	25,000	\$475,000
Bushwick District		
Health Center Building	325,000	325,000
Astoria-Long Island City District		
Substation	75,000	
Land	25,000	100,000
Lower East Side District		
Substation	75,000	
Land	25,000	100,000
Flatbush District		
Health Center Building	325,000	
Land	50,000	375,000
Fordham-Riverdale District (No Health Center Building)		
2 Substations, \$75,000 each	150,000	
Land, \$25,000 each	50,000	200,000
Pelham Bay District		
Health Center Building	325,000	
Land	50,000	
Substation	75,000	
Land	25,000	475,000
Riverside District		
Health Center Building	325,000	
Land	50,000	375,000
Bay Ridge District		
Health Center Building	325,000	
Land	50,000	375,000
Central Harlem District		
Substation	75,000	
Land	25,000	100,000
Lower West Side District		
Substation	75,000	
Land	25,000	100,000
RECAPITULATION		
		Estimated
		Annual Maintenance
1 Health Center and Borough Office Building	Capital Cost	
	\$ 525,000	\$ 13,970
Cost of Construction	\$ 475,000	
Cost of Land	50,000	
13 Health Center Buildings	4,825,000	128,180
Cost of Construction	4,225,000	
Cost of Land	600,000	
22 Substation Buildings	2,200,000	69,850
Cost of Construction	1,650,000	
Cost of Land	550,000	
TOTAL ESTIMATED COST - Health Center and Substations		
Buildings - 1940 - 1944	\$7,550,000	\$212,000



UNIT COSTS PER ANNUM FOR ADMINISTRATION
OF DISTRICT HEALTH CENTER

Building Maintenance

(a) Personnel		
1 Janitor-Custodian	\$1,800.	
3 Laborers at \$1,200.	3,600.	
4 Cleaner	<u>960.</u>	\$6,360.
(b) Supplies, etc.		
Window cleaning supplies, repairs, painting, etc. . .	1,000.	
Fuel	1,500.	
Light and Power	<u>1,000.</u>	<u>3,500.</u>
Total Building Maintenance		\$9,860.

UNIT COST OF TEACHING CENTER COMBINED WITH A HEALTH CENTER
OR BOROUGH OFFICE BUILDING COMBINED WITH A HEALTH CENTER

Building Maintenance

(a) Personnel		
District Health Center Maintenance Staff	\$6,360.	
Additional:		
1 Laborer	1,200.	
1 Elevator Operator	1,200.	
1 Cleaner	<u>960.</u>	\$9,720.
(b) Supplies, etc.		
District Health Center	\$3,500.	
Additional - 25% increase	<u>750.</u>	<u>4,250.</u>
Total Building Maintenance		\$13,970.

UNIT COST PER ANNUM FOR SUB-STATIONS

Building Maintenance

(a) Personnel		
2 Laborers at \$1,200.	<u>\$2,400.</u>	\$2,400.
(b) Supplies, etc.		
Repairs	200.	
Cleaning supplies and window cleaning	175.	
Fuel	300.	
Light and Power	<u>100.</u>	<u>775.</u>
Total Building Maintenance		\$3,175.

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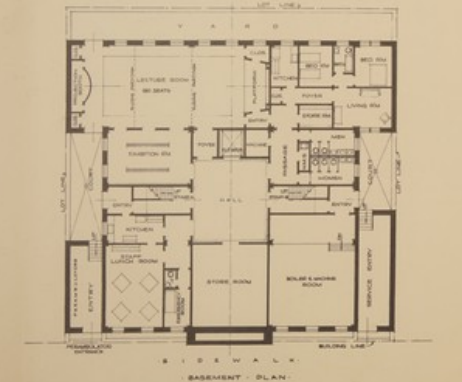
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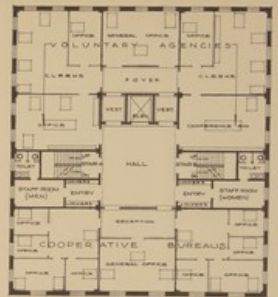
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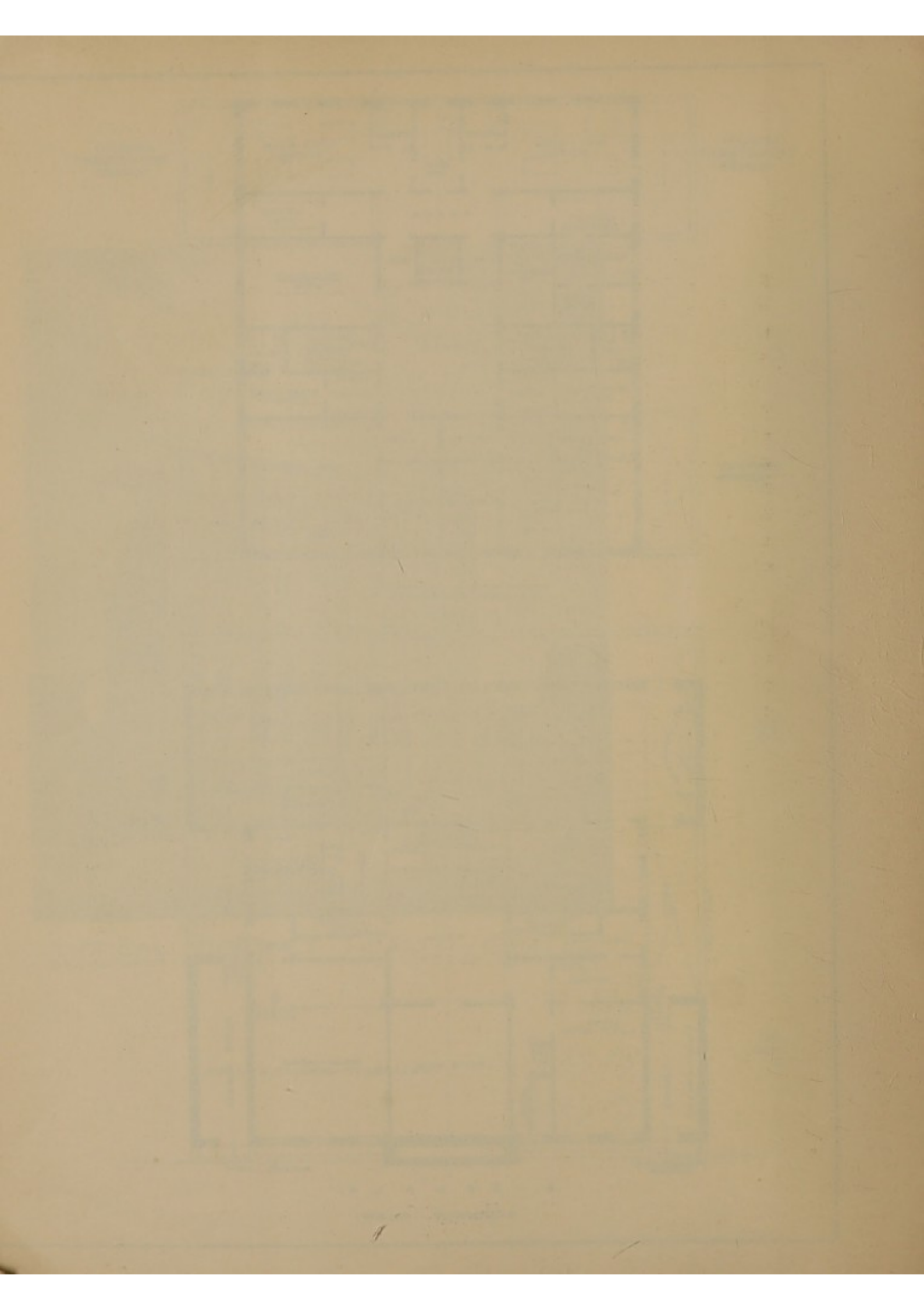
OF THE



TYPICAL DISTRICT HEALTH CENTER
DEPARTMENT OF HEALTH - CITY OF NEW YORK

EDWIN A. BALCHON - CONSULTANT





THE HEALTH CENTER SUBSTATION PROGRAM

The Health Center Districts were originally outlined so as to include approximately 250,000 people. As a result, there is a wide range in the size of the various districts. For example, East Harlem, which is densely populated, has an area of only 890 acres, whereas the Flushing District with its scattered communities covers nearly 20,000 acres. Since the value of district health center administration is in direct proportion to the accessibility of service to the people, the size of the districts and transportation facilities have been taken into account. Following the Child Health Service Study referred to earlier in this report, a further survey was made. This led to the inescapable conclusion that in some of the larger districts, smaller buildings to be known as substations were essential to the program. Twenty-three such substation buildings have accordingly been included in the Department's building program.

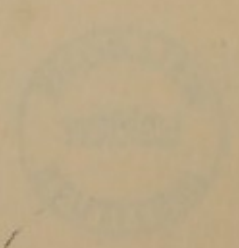
The substation buildings visualized would provide space not only for child health station service but also facilities for health educational work, dental and eye clinics for children and, where required by particular local conditions, nursing, tuberculosis and venereal disease services. These buildings would of course provide quarters for any existing service of the Department in rented quarters in their immediate vicinity.

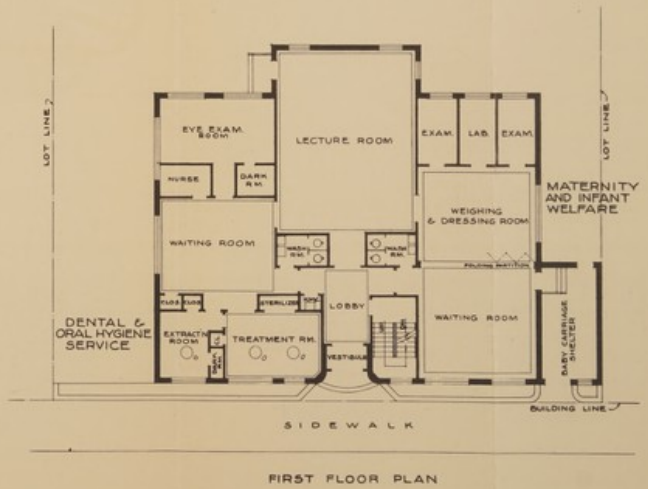
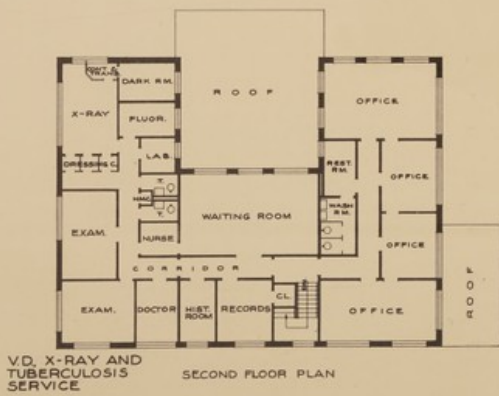


THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and expansion. From a small collection of colonies on the eastern coast, it grew into a vast nation that stretched across the continent. The early years were marked by struggle and conflict, as the colonies fought for their independence from British rule. The American Revolution was a turning point in the nation's history, leading to the signing of the Declaration of Independence in 1776. The new nation then faced the challenge of building a government that would unite the diverse states and territories. The Constitution was drafted in 1787, providing a framework for the federal government. The years following the Revolution were a period of rapid growth and development. The nation expanded westward, acquiring new territories and states. The Industrial Revolution brought about significant changes in the economy and society. The United States emerged as a major world power, with its influence extending across the globe. The Civil War, fought from 1861 to 1865, was a defining moment in the nation's history, as it resolved the issue of slavery and preserved the Union. The Reconstruction era followed, as the nation sought to rebuild and reunite. The late 19th and early 20th centuries were a period of continued growth and progress. The United States became a world leader in industry and technology. The Progressive Era brought about reforms in government and society. The United States entered World War I in 1917, and emerged as a superpower. The 20th century was a period of great change and challenge. The United States played a leading role in the fight against Nazism and Communism. The Vietnam War was a controversial conflict that tested the nation's resolve. The Civil Rights Movement led to significant social and political changes. The United States has continued to grow and evolve, facing new challenges and opportunities in the 21st century.

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TYPICAL DISTRICT HEALTH CENTER SUB-STATION
DEPARTMENT OF HEALTH CITY OF NEW YORK

EDWIN A. SALMON - CONSULTANT

