1999 - 2001

Office of the Mayor

Rudolph W. Giuliani

Deputy Mayors

JOSH FILLER
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HEALTH DEPARTMENT OF

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OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

11/15

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TO: Chris Augosteni

FROM: JOSEPH J. LHOTA
Deputy Mayor for Operations

DATE: 11/12/99

- ☐ For your review and signature
- ☐ For your review and comments
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THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

ROSA M. GIL, DSW
SPECIAL ADVISOR TO THE MAYOR FOR HEALTH POLICY
DIRECTOR, MAYOR'S OFFICE OF HEALTH SERVICES
e-mail: gilr@nychhc.org

To: Joseph Lhota
Deputy Mayor
From: Rosa M. Gil, DSW
Date: November 9th, 1999
Re: Agency Accomplishments

I requested that Dr. Marcos and Dr. Cohen outline their achievements from 1994 to 1999 and I am attaching those documents for your review. I hope to discuss this further with you.

cc: Tony Coles

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
125 Worth Street • Room 514 • New York • New York 10013
212•788•3321 Fax: 212•788•0040

Luis R. Marcos, M.D.
President

TO: Rosa M. Gil, DSW
Special Advisor to the Mayor for Health Policy

FROM: Luis R. Marcos, MD

DATE: October 25, 1999

SUBJECT: HHC Achievements: 1994 -1999

Since 1994, HHC has been transformed from a heavily subsidized and struggling hospital system into a profitable and modern health care system, able to compete with any other health care provider in the City. For example: all HHC hospitals have been fully accredited; HHC has shifted its emphasis from inpatient services to outpatient health care and prevention; it has positioned itself to remain competitive in a managed care market by improving the quality of care while containing costs; it has restructured its affiliation agreements to provide increased value at reduced cost; and, it has ended each of the last four fiscal years with a positive accrued balance without any City subsidy.

As requested, measures of our achievements since FY 1994 (unless otherwise stated) follow.

Quality of Care

- In contrast to earlier years, since 1994, all HHC facilities have been fully accredited through successive surveys by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

- The average length of stay for general care declined 30%, from 7.9 days to 5.5 days.

- Waiting times for key health services were sharply reduced over these five years. For example, the number of days a woman had to wait for a mammography screening appointment decreased from 22 days in FY95 to 4 days in FY99.

- Since FY94, the number of women receiving initial prenatal care in the first trimester of pregnancy has increased from 43% of women to 63%.

- Between 1994 and 1998, through a variety of education and disease management programs, the rate of revisits by asthma patients to HHC emergency rooms declined significantly. The rate of pediatric asthma revisits declined from 5.90% to 4.63% and the rate of adult asthma revisits declined from 10.20% to 9.09%.

- Between 1994 and 1999, the number of children receiving their essential immunizations increased by 3%, from 94.80% to 98.02%.

Utilization Trends – Since 1994, HHC has had to adapt to external forces, including changes in reimbursement and the growth of managed care, that have had an impact on the organization and delivery of health care services. HHC's successful response to these forces is evidenced by the following:

- The total number of discharges/admissions has declined from 235,621 in FY94 to around 214,000 in FY99, a drop of 9%.

- The number of beds in operation in HHC facilities declined 28%, from 10,512 beds to 7,604 beds.

- This decrease in utilization was followed by decreases in the workforce as HHC sought to contain its costs and remain competitive. The number of employees declined 31%, from 51,183 employees (excluding EMS) to 35,297.

- While utilization was declining on the inpatient side, it was increasing on the outpatient side. The number of primary care visits increased by almost 25%, from 1,621,682 visits to 2,023,176 visits.

- This increase was accompanied by a decrease in the number of emergency room visits (excluding admissions) which declined almost 8%, from 878,599 visits to 811,741 visits.

- The number of home care visits increased by 95%, from 150,163 visits to 292,222 visits.

Affiliation Contracts

- The Corporation's expenditures on its affiliation contracts reached a highpoint of $535 million in FY95. Since then, HHC has negotiated performance-based contracts with affiliates at 15 of its facilities, for a total savings of $344 million between FY95 and FY99.

Financial Strength

- One key measure of an organization's financial health is its current ratio, i.e., the ratio of its current assets to its current liabilities. In FY94, HHC's current ratio was 1.02; in FY99, it was 2.04.

- In FY94, the City provided a subsidy of $329 million to HHC's operations. By FY96 that subsidy had been completely eliminated. Instead, the City purchases the services it needs for prisoners, uniformed personnel and the County morgues from HHC; in FY99 the purchased services cost the City about $54 million.

- In FY99, HHC ended the year with a positive balance on an accrued basis for the fourth year in a row. In FY93, FY94 and FY95, HHC had net losses of $293 million, $142 million and $147 million respectively. In FY96 the turnaround was achieved with HHC showing a net gain on an accrued basis of $143 million, followed by net gains of $29 million in FY97, $21 million in FY98 and $16.6 million in FY99.

- Achieving a positive balance sheet has enhanced HHC's ability to invest in its plant and equipment. In FY98, it initiated the reconstruction of two hospitals, Kings County and Queens, and participated with the City in the successful issuance of approximately $295 million in DASNY bonds.

- In addition, HHC issued $320 million of its own bonds in FY97 to finance capital improvements across the system and, in FY98, refinanced $219 million of its outstanding 1993 Series A bonds at a savings of $10 million.

Managed Care

- Between FY94 and FY99, enrollment in MetroPlus, HHC's Medicaid managed care plan increased by 113%, from 28,200 members to 59,987 members.

- In addition, over the last five years, HHC has entered into 105 contracts with 16 different Medicaid managed care organizations to provide health care services to their members.

- Within the last year, HHC has also successfully negotiated contracts with commercial insurers, notably, corporate contracts with HIP and Aetna/US Healthcare for hospital services and several facility-specific contracts with HIP for primary care and specialty services.

The City of New York

NEAL L. COHEN, M.D.
COMMISSIONER

DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION AND ALCOHOLISM SERVICES
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Accomplishments of the New York City Department of Mental Health, Mental Retardation and Alcoholism Services

1994 - 1999

The following is a summary of the key accomplishments of the New York City Department of Mental Health, Mental Retardation and Alcoholism Services (the Department) since 1994:

- **Reinvestment**

  Since 1994, New York City has significantly enhanced its outpatient mental health and community support services using funds appropriated by the State Legislature through the Community Mental Health Reinvestment Act. The Reinvestment legislation stipulates that community-based services be created with funds generated by the closing of State inpatient beds. When the five years of Reinvestment allocations planned thus far are implemented, the City will have invested over $70 million dollars in new services throughout the five boroughs, resulting in the creation of 372 new programs. Among these new programs, the Department has created 10 new Assertive Community Treatment (ACT) teams for adults, including one for children, as well as five new clubhouse programs. Services have been planned with significant input from communities, consumers, providers, advocates and family members. The Department is especially proud of having allocated nearly 27% of the regular Reinvestment funding to services for children and adolescents.

- **Early Intervention**

  The Department's federally funded Early Intervention Program, established in July 1993, evaluates developmentally delayed children between birth and two years of age and coordinates needed services. By Fiscal Year 1998, over 12,000 children were being referred to the program annually.

- **Housing for the Mentally Ill**

  The 1990 New York/New York Agreement between the City and New York State committed the City to create 1,426 units of supportive housing for mentally ill homeless individuals. That goal was met by 1997. Additional housing was created between 1994 and 1999 through funds allocated by the Mayor as well as over 800 supported units funded with portions of the City's Reinvestment allocation. Based on the success of NY/NY I, the City and State have negotiated a second agreement, NY/NY II, that will create over 1,500 new housing units for mentally ill individuals in New York City.

- **Immigrant Services**

  During Fiscal Year 1995, the Department established prevention, outreach and education programs to serve immigrant families from the Caribbean, the former Soviet Union, Asia, South America and other parts of the world. The programs are designed to assist families unfamiliar with mental hygiene services to access mental health, mental retardation and alcoholism programs. The programs' goals include reducing the stigma frequently attached to mental hygiene services. Staff bring services to clients, working in community locations such as schools and community centers. Clients found to need additional services are then referred and linked to culturally sensitive community-based providers.

- **Outpatient Civil Commitment Pilot/Assisted Outpatient Treatment**

  The Outpatient Civil Commitment Pilot was initiated in July 1995 at Bellevue Hospital Center. The program provides services and treatment to seriously and persistently mentally ill adults who do not voluntarily participate in needed mental health services. The State legislature passed Kendra's Law/Assisted Outpatient Treatment during 1999, creating a state-wide program based on the Bellevue pilot. The Assisted Outpatient Treatment law goes into effect in November 1999 and provides a mechanism for the assessment of treatment-resistant mentally ill individuals, a petition and hearing process, and a mechanism to arrange and monitor case management services.

- **Anti-Stigma Campaign/*Treatment is Working***

  To address misconceptions in the community about mental illness and to further enhance the opportunities for work and independence for persons with mental illness, the Department has sponsored a public education campaign designed to replace the stigma surrounding psychiatric disorders with facts, understanding and acceptance. The primary focus of the campaign is on increasing employment opportunities and workplace acceptance for individuals with mental illness. A chief strategy of the campaign is the distribution of posters in subways,

buses, and bus vestibules that promote the idea of employment for the mentally ill.

- **NYC-LINK Program for Forensic Clients**

In 1996 the Department initiated the NYC-LINK program. The program assists adult inmates with mental health problems to make the transition from jail or prison mental health services to community-based services after discharge. NYC-LINK helps clients reintegrate into the community while minimizing re-hospitalizations and repeated criminal justice involvement. In 1998 the model was replicated for adolescent inmates at the Spofford Juvenile Center.

- **1-800-LIFENET/1-800-AYUDESE**

LIFENET is a toll-free, 24 hour-per-day, 7 day-per-week confidential hotline created by the Department in 1996 to provide callers with information, referrals, crisis management, and intervention related to mental health and substance abuse problems. The mental health professionals at LifeNet receive over 2,000 calls each month. Based on the success of the program, the Department subsequently developed a Spanish-language version of LIFENET, 1-800-AYUDESE.

- **Managed Care/Special Needs Plans**

The Department has committed significant staff resources over several years to prepare for mandatory managed care for Medicaid recipients. The Department has worked closely with the State Office of Mental Health on the development of the behavioral health benefits under the basic Medicaid managed care plans as well as the creation of Special Needs Plans for seriously and persistently mentally ill individuals who need more intensive mental health services. The Department will collaborate with the State on the contracting process to make certain that the particular needs of City residents are addressed by the successful bidders for the SNP contracts.

- **Cumberland Project**

The Department implemented an innovative integrated services model at the Cumberland Diagnostic and Treatment Center in Brooklyn during 1998. The program provides substance abuse treatment, mental health and primary health care services, and support services on an outpatient basis to women whose children are in foster care or are at risk of out-of-home placement due to the mother's substance abuse and mental health problems.

- **Improving Employment Opportunities for the Mentally Ill**

The Department has taken a leading role in the mental health sector to improve employment opportunities for the mentally ill. In addition to the *Treatment is Working* campaign, the Department has successfully sought grants and funded several important initiatives to assist persons with mental illness to find competitive, marketplace jobs. Using a "place - train" model, as opposed to the more traditional "train - place" model, programs such as CASP and ERA work towards finding "real jobs for real pay" for consumers and then supporting both the consumer and their employer to make certain the placement is successful. In collaboration with the New York State Office of Mental Health, the Department is creating the WorkNet program. Operated by a voluntary provider, WorkNet will provide support and technical assistance to mental health providers. Services will include establishing a job bank, serving as a clearinghouse for information on successful employment strategies, and training mental health providers to be more successful at finding competitive jobs for their clients.

- **Mental Retardation/Developmental Disabilities**

Over the period of 1994 through 1999, the Department has significantly enhanced the services available to mentally retarded and developmentally disabled persons in New York City. In Fiscal 1998, the Department developed programs offering work-readiness skills training for adults and after-school activities for children with a $1 million appropriation of City tax levy funds. In Fiscal 1999, the Department received another $1 million appropriation that was used to expand the work-readiness and after-school programs as well as to create weekend respite programs. In addition to these services, the Department is working towards the implementation of New York State Creating Alternatives in Residential Environments and Settings (NYS CARES), a five-year plan that will create nearly 4,900 new community beds state-wide, with approximately half being developed in the City.

- **Alcoholism and Substance Abuse**

The substance abuse and alcoholism treatment system in New York City is in the process of being significantly expanded with an annualized appropriation of $9.5 million in City funds. These funds, part of which will be used by the Health and Hospitals Corporation and part of which will be used by voluntary providers, will enhance the treatment capacity for adults and adolescents throughout City. In addition, the Department has conducted an outcomes study involving four alcoholism treatment programs. The preliminary findings of the study indicate that, after six months in these programs, clients showed a decrease in alcohol and other drug use, an improvement in psychiatric functioning, and a reduction in legal problems.

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH

Rudolph W. Giuliani
Mayor

Neal L. Cohen, M.D.
Commissioner

Accomplishments from 1994 to Present
New York City Department of Health
October 1999

Between January 1994 and the present, the Department of Health has achieved numerous accomplishments.

A) Integration

During Fiscal 1999, the Department of Health launched an internal strategic initiative to better integrate its public health functions. The new organizational structure, which was introduced in September 1999, will improve the Department's ability to: monitor health status by consolidating disease registries and integrating surveillance activities; implement initiatives that cross-cut across multiple bureaus; conduct medical education and provider training; and build a stronger community presence through partnerships.

B) Tuberculosis Control

New York City experienced a resurgence of tuberculosis, with the disease incidence peaking in 1992. There was an increase in multi-drug resistant (MDR) tuberculosis – a far more difficult strain to treat. In response, the Department implemented a comprehensive tuberculosis control program that includes the use of directly observed therapy (DOT) and directly observed preventive therapy (DOPT) to ensure full compliance of the treatment program and reduce MDR tuberculosis. From calendar years 1994 to 1998 the number of new tuberculosis cases decreased 48 percent from 2,995 to 1,558. Because of its success the City's program has become an international model for tuberculosis control.

C) HIV/AIDS

New York City accounts for about three percent of the nation's population, but 16 percent of all AIDS cases. During the last five years, the Department received and distributed close to $100 million each year in federal funding for the provision of primary care mental health, substance abuse, case management and other services for people affected by HIV/AIDS. In 1997, the Department was successful in ensuring that the standard of care for the treatment of HIV/AIDS was met in correctional facilities by providing protease inhibitor medications. The Department has also been providing counseling and testing and social service referral

through the Health Education and Life Program (HELP) van since 1995. The Department has implemented a number of educational campaigns for individuals at risk of HIV infection in its effort to prevent further transmission of disease. Between calendar years 1994 and 1998, New York City experienced a decline of 72 percent in the number of deaths due to HIV/AIDS, from 7,102 to1,978. New AIDS cases declined by 38 percent, from 12,123 cases in 1994 to 7,428 cases in 998.

D) Sexually Transmitted Diseases

Since 1994, the Department has become more aggressive in its outreach and follow-up for positive syphilis tests. Also that year, the Department began operating a unique syphilis screening and treatment program in the women's facility at Riker's Island. Furthermore, the Department increased clinic accessibility to patients by opening selected clinics on Saturdays. Given the extra burden that the City carries for many diseases, it is a particular accomplishment that New York City rates for syphilis and gonorrhea have surpassed the Center for Disease Control's Healthy People 2000 goals. From 1994 to 1998, the City experienced a decrease of 84 percent in syphilis cases and a 37 percent decrease in gonorrhea.

E) Infant Mortality

Since 1994, the Department expanded its services to reduce infant mortality to include Fort Greene and a mobile van that provides pregnancy testing, risk assessment and medical referrals to women residing in high-risk neighborhoods. The City's infant mortality rate (IMR) for Calendar Year 1998 was 6.8 per 1,000 live births, representing both a historic 101 year low and a decline of 24 percent from the CY94 rate of 9.0 per 1,000 births. In addition, the City has surpassed the Healthy People 2000 IMR goal of 7.0 per 1,000 live births.

F) Immunization

A top priority of the Department is to improve the childhood immunization rates through a comprehensive Citywide plan targeting communities in need of programs and services. As of January 1997, all hospitals, clinics and providers who immunize children are mandated to report immunizations given to children less than eight years of age to the Department's Immunization Registry. As of July 1999, all public and private hospitals and 87 percent of private physicians were reporting to the Immunization Registry with over 1.7 million children with 8.5 million immunizations being recorded.

G) Access to Care

In July 1998, the Department launched its Division of Health Care Access to develop, implement and monitor initiatives that expand access to health care services. Previously executed by the Mayor's Office of Medicaid Managed Care, the Department became the administrator of the Medicaid Managed Care Program and executes contracts with Medicaid

managed care plans, monitors plan performance and enforces the terms and conditions of the plan contracts.

In July 1999, the federal Health Care Financing Administration (HCFA) approved the initial portion of the mandatory Medicaid managed care program, which allows the City to begin enrolling Medicaid beneficiaries, who have been determined by the Human Resources Administration (HRA) as eligible will participate in mandatory Medicaid managed care. Phase One of enrollment began in August 1999 and will continue for 13 months.

H) Asthma

In Fiscal 1998, the Department launched the Childhood Asthma Initiative to reduce childhood sickness and death from asthma. The initiative has three major components: a Citywide educational campaign; community-based interventions targeting seven City neighborhoods with the highest prevalence of childhood asthma; and surveillance and evaluation activities. During Fiscal 1999, the Department formed asthma committees at three public elementary schools, which conducted community outreach and education activities that reached 2,500 children, 300 teachers and school personnel and 500 parents. The Department also analyzed asthma hospitalization and mortality data by year, season, neighborhood and age group. The results of this study were compiled and published in the Asthma Fact Book. Also, the Department, in collaboration with a consortium of contracted Medicaid Managed Care organizations, developed a standard packet of asthma educational materials and distributed over 2000 asthma services directories entitled "Asthma Services: A Directory for Primary Care Providers in New York City".

The Department was allocated $1.8 million by the Mayor and the City Council to begin a pilot in Fiscal 2000 of the Critical Event Response Tracking System in East Harlem. Critical events include observations of poorly controlled asthma that may occur in a classroom or school nurse's office, at home, at a physician's office, or in a hospital's emergency department. The system consists of two components. The first is a database that will enable healthcare providers serving East Harlem to transmit information on asthma critical events to the Department; the second is case management by community health workers.

I) Community Health Collaborations

During Fiscal 1998, in an effort to strengthen community participation in public health planning, the Department initiated the Turning Point program funded by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation.. The program brings together over 25 community groups and health care-related institutions from the five boroughs to identify public health priorities and develop a multi-year plan to address those priorities. Turning Point supports community forums and the publishing of Community Health Profiles, which presents selected health and demographic information by communities in each borough. Health forums have been held in Queens, Manhattan, and Brooklyn with the Bronx and

Staten Island to follow.

J) Lead Poisoning Prevention

In 1994, the Department was facing growing numbers of lead poisoning cases. Providers had just been mandated to screen all appropriate children and to report all blood lead levels for anyone tested for lead. The Department has been collecting all screening information and tracking all cases of childhood lead poisoning through its expanded registry to ensure that risk is abated and a child with elevated blood level is properly treated. The number of new lead poisoning cases Citywide reported and confirmed declined 53 percent from FY95 to Fiscal 1999.

K) Public Health Media Campaigns

The Department has mounted a record number of English-Spanish public education transit campaigns featuring a wide variety of its programs and services. Campaigns included the serial HIV prevention "Decision" series (featuring Julio and Marisol), chlamydia prevention; the asthma initiative; the Poison Center; dog licensing promotion; the women's health line, which features information about maternity and children's health; immunization promotion; and teen pregnancy prevention.

L) Bioterrorism and Emergency Response

New York City, recognizing its vulnerability to bioterrorism and the increasing threat of emerging pathogens, initiated a surveillance system for unusual pathogens. In cooperation with federal, State and City agencies, an emergency response plan was developed and regularly tested. This plan was instrumental is quickly combating the West Nile-like virus outbreak in New York City this Fall. In the span of a few weeks, the City quickly reduced the mosquito population with the aerial and ground application of insecticides. A toll-free Health Information Hotline - established to answer questions from the public about the outbreak and the City's activities - answered more than 140,000 calls, making it the busiest hotline ever established by the City.

M) Transfer of Clinics to HHC

In 1994, the Department transferred Communicare, Child Health, Dental Clinics and Correctional Health to the Health and Hospitals Corporation as a means to streamline primary care services and expedite clinical services for managed care. Since the transfer, additional Communicare sites have opened, several Child Health and Oral Health facilities have been renovated and Child Health and Communicare have contracts with managed care organizations. Since then, the Department has worked closely with HHC to ensure the delivery of comprehensive and coordinated public health and clinical services.

N) School Health Expansion

During the 1996-97 school year, the Department expanded the School Health Program, coordinating services with the Board of Education. Through its presence in the City's schools, the Department has launched two major public health collaborative initiatives – *Open Airways for Schools*, an asthma-educational program designed to teach children ages 8 - 11 how to detect the warning signs to asthma and manage their asthma, and adolescent hepatitis B immunizations. The expanded school health program now provides a daily health presence in almost all elementary and intermediate schools. As of July 1999, DOH provided a daily health presence in 595 out of 647 (or 92 percent) public elementary schools/annexes and 151 out of 162 (or 93 percent) of public intermediate schools and annexes with adequate medical rooms that are not already served by DOH contracted school-based clinics.

O) Comprehensive Pest Control

The Mayor's Comprehensive Pest Control Initiative was launched in August 1997. The initiative has been conducted in three phases with each phase targeting specific neighborhoods and consisting of comprehensive inspection for rodent infestation, extermination and cleaning as needed. From August 1997 to June 1999, 33,049 initial inspections for rodent infestation in private properties and vacant lots were performed Citywide. Approximately 47 percent of owners remediated violation following the initial inspection.

P) Increased Efficiencies/Better Use of Technology

Electronic Birth Certificate (EBC) System: The Department has re-engineered the birth certificate reporting and issuance process by developing an electronic birth certificate system, redesigning office space, creating a new cash management system and emphasizing customer service. The electronic birth certificate reporting system is fully operational with more than 99 percent of all births now being reported electronically by hospitals and birthing centers. The time spent by the public in line waiting for birth and death certificates has dropped significantly, and the turnaround time for mailed in requests for birth certificates has dropped from 14 weeks to as low as 2 days.

Electronic Death Registration System (EDRS): In conjunction with the Office of Chief Medical Examiner (OCME), the Department is developing the Electronic Death Registration System (EDRS), which will permit the electronic filing of death certificates by physicians, hospitals, OCME, and funeral directors through a secure computer network. EDRS, which is partially funded through the Mayor's Office of Operations Technology Fund, provides faster and more efficient service to its users by eliminating the need for funeral directors to travel to DOH headquarters to file death certificates and obtain permits. Full implementation is scheduled for December 1999.

An Electronic Medical Chart: Person Registry Information Management Environ (PRIME) is a database that serves as an electronic medical chart. PRIME will track all tests that a person undergoes through DOH clinics, providing a more thorough medical history to the

clinic provider. The database will eventually replace registries for TB, STD, Maternity Services, Vaccine Preventable Diseases and HIV/AIDS. The system is currently being tested and will be available in Calendar Year 2000.

Restaurant Inspection Website: The Department has been developing a website that will allow the Department and the general public to search for restaurants by geographic area and view a summary that lists the name of the establishment and owner as well as information on recent inspections.

Restaurant Inspection Handheld Computer Project: The Department has been working with a vendor to develop a software application for use in a handheld computer project. These handheld computers will improve restaurant inspector productivity by streamlining the restaurant inspection process. In Calendar 2000, the Department will fully implement this initiative by providing handheld computers to all inspectors performing food service inspections.

Interactive Voice Response (IVR) System: The Department has begun the use of IVR for birth and death certificate applications and corrections, complaints, tuberculosis and sexually transmitted diseases information and requesting public health literature.

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DEPARTMENT OF HEALTH

The City of New York

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NEAL L. COHEN, M.D.
Commissioner

SANDRA MULLIN
Associate Commissioner

FOR IMMEDIATE RELEASE
Tuesday, September 12, 2000

CONTACT: Sandra Mullin/Erich Giebelhaus
(212) 788-5290

THREE PEOPLE TEST POSITIVE FOR WEST NILE VIRUS

Two Individuals Are Hospitalized In Stable Condition, and One Individual Has Been Released From The Hospital

4 New Mosquito Pools Also Test Positive for West Nile Virus

New York City Health Commissioner Neal L. Cohen, M.D., announced today that three additional individuals have tested positive for West Nile virus in New York City: a 77 year-old man from Florida who was staying in Canarsie, Brooklyn, is hospitalized in stable, and improving condition; a 54 year-old man who is known to spend time in both Sunset Park, Brooklyn and Cliffside Park, N.J. is hospitalized in stable, and improving, condition; and a 40 year-old woman from Castleton Corners, Staten Island, who has been released from the hospital and is recovering at home. The laboratory results were obtained by tests performed at the New York City Department of Health's laboratories, and specimens have been sent to the U.S. Centers for Disease Control and Prevention (CDC) for further confirmation. There is now a total of 11 people who have been diagnosed with West Nile virus in New York City in 2000.

Dr. Cohen made this announcement at a news conference this evening with Mayor Rudolph W. Giuliani.

Dr. Cohen said, "With three additional people testing positive for West Nile virus this year, this serves as a further reminder for all New Yorkers to take personal precautions to reduce exposure to mosquitoes and eliminate possible mosquito breeding grounds around their homes. The City of New York is doing everything possible to limit the spread of West Nile virus and minimize human illness, and it is likely that our efforts so far have prevented many others from becoming ill. We will continue to monitor for the presence of West Nile virus across the City and will conduct targeted mosquito control efforts as necessary."

The Florida resident who was staying in Brooklyn became ill on August 27, was admitted to the hospital with encephalitis on September 3, and remains hospitalized in stable, and improving, condition. The man who has been known to spend time in Sunset Park, Brooklyn and Cliffside Park, N.J. became ill on August 31, and was admitted to the hospital with encephalitis on September 4. He remains hospitalized in stable, but improving, condition. The Staten Island

- - More - -

woman became ill on September 2, was admitted to the hospital on September 5 and was released from the hospital on September 11.

"We will continue our extensive public outreach activities to inform the public about our spraying activities for West Nile virus, including scheduled radio announcements on WCBS radio, the City's West Nile Information Line, the Health Department's website, print media, and other media outlets. In addition, our spraying activities are escorted by New York City Police Department vehicles with loudspeakers to help make individuals in the vicinity of scheduled spraying operations aware of spraying activities that will take place in that area," Dr. Cohen concluded.

MOSQUITO FINDINGS

The positive West Nile findings announced today include the four mosquito pools on Staten Island: three from Grasmere (one pool was collected on August 8, one pool was collected on August 25, and one pool was collected on August 26), and one pool from Rossville (collected on August 25). All of these areas were sprayed subsequent to these findings.

New York City residents are advised to take precautions against mosquitoes, including:

- If outside during evening, nighttime, and dawn hours when mosquitoes are most active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks.
- Consider the use of an insect repellant containing 10% or less DEET for children and no more than 30% DEET for adults. USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS.
- Make sure that doors and windows have tight-fitting screens. Repair or replace screens that have tears or holes.

New York City residents are also reminded to continue throughout the mosquito season to eliminate areas of standing water around their homes.

For information on West Nile virus, spraying activities, spraying precautions, or to report dead birds and areas of standing water where mosquitoes breed, New Yorkers can call the Health Department's West Nile virus information line, 24 hours a day, 7 days a week, at **1-877-WNV-4NYC (1-877-968-4692)**. From March 9 to September 6, the Health Department West Nile virus Information Line has received approximately 90,000 telephone inquiries.

(New Yorkers who use TTY/TDD can call 212-788-4947 weekdays from 9:00 a.m. to 5:00 p.m.). Extensive information is also included on the City's Website at **nyc.gov/health.**

WEST NILE VIRUS FINDINGS SUMMARY

Summary of West Nile Virus Findings as of 9/12/2000 11 humans, 99 birds, and 109 mosquito pools	
Borough	**Findings**
Staten Island	Birds: 45 Mosquito Pools: 88 Humans: 8 (7 at home recovering, 1 hospitalized)
Manhattan	Birds: 19 Mosquito Pools: 8
Queens	Birds: 17 Mosquito Pools: 4
Bronx	Birds: 8 Mosquito Pools: 4
Brooklyn	Birds: 10 Mosquito Pools: 5 Humans: 2 (hospitalized)
Person spends time in Brooklyn and New Jersey	Humans: 1 (hospitalized)

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#94

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER

125 WORTH STREET
NEW YORK, NY 10013

NEAL L. COHEN, M.D.
COMMISSIONER
TEL (212) 788-5261
FAX (212) 964-0472

July 21, 2000

Mr. Anthony Cuti
Chairman & CEO
Duane Read, Inc.
440 Ninth Avenue, 6th Floor
New York, New York 10001

Dear Mr. Cuti:

The New York City Departments of Health and Environmental Protection are requesting your assistance in an important public health program to improve our ability to detect infectious disease outbreaks in New York City.

Infectious disease outbreaks, though extremely unpredictable, will continue to occur in New York City. The 1999 West Nile virus outbreak is an example of an unexpected introduction of a new infectious agent into our urban environment. With the tremendous volume of international traffic moving through the City, the increasing global concerns regarding pandemic influenza, bioterrorism, and emerging infectious diseases, it is imperative that we continue to develop sensitive surveillance systems to detect outbreaks as early as possible in order to quickly intervene and prevent a potentially large number of casualties.

As part of an ongoing effort to monitor public health in New York City, the City's Departments of Health and Environmental Protection have developed a multi-faceted diarrheal disease surveillance program. Under this program, the City has devised early warning systems for the detection of diarrheal outbreaks, utilizing several different indicators of illness in the population. These indicators include: (a) sales of over-the-counter anti-diarrheal medications, (b) number of stools submitted to sentinel laboratories for bacterial and parasitic testing, and (c) new onset diarrheal illness at sentinel nursing homes in the City. The early detection of diarrhea – whether transmitted by food, person-to-person contact, or water – is important because it prompts immediate epidemiologic investigation and timely intervention, which can limit the spread of illness in the community.

The success of our diarrheal outbreak detection program has clearly demonstrated that an important indicator of disease occurrence is the sale of certain medications. Since many persons who become ill will visit their pharmacy to purchase over-the-counter medication before pursuing any other medical care (e.g., before seeing their physician), increased drug sales could provide us with the earliest possible warning of a disease outbreak. Recognizing the value of an early warning system using pharmaceutical data, we would like to improve and expand our drug surveillance program to monitor for a wider range of potential disease outbreaks including influenza, waterborne diseases and bioterrorism.

Since your company operates numerous drug stores in the City, we would appreciate your considering participation in this program. This would entail providing us with timely summary statistics on the daily volume sales of specific anti-diarrheal medications and flu or cough/cold remedies. Any data provided would be used solely for public health purposes, and would be handled confidentially.

Your cooperation is voluntary but essential and would represent a valuable civic service. We would appreciate the opportunity to meet with you, and/or appropriate members of your company, to answer any questions that you may have and to further discuss our possible partnership. Please address your response to this request to Annie Fine, M.D., at the phone number listed below. Thank you very much for your attention to this important matter.

Contact Person: Annie Fine, M.D.
Assistant Medical Director
Communicable Disease Program
New York City Department of Health
125 Worth Street, Room 300, CN~22A
New York, New York 10013
(212) 788-9635

Sincerely,

Neal L. Cohen, M.D., Commissioner
Department of Health

Joel A. Miele, Sr., Commissioner
Department of Environmental Protection

NLC/JAM/krm

Department of Health&dep2drugstores.ltr

Neal L. Cohen, M.D.
Commissioner
New York City Department of Health

OFFICIAL FILE COPY

July 21, 2000

Mr. Anthony Cuti
Chairman & CEO
Duane Read, Inc.
440 Ninth Avenue, 6th Floor
New York, New York 10001

Dear Mr. Cuti:

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BUREAU/ DIVISION	DATE	SURNAME	SIGNATURE
Communicable Disease	7/17/00	Dave Haddow	David S Haddow
Disease Intervention	7/17/00	Weiskuse	Jane B Weiskuse

Brad H. Brief for Mayor

I. Legal Chronology

August 1999 — Class action filed on behalf of mentally ill inmates seeking preliminary and permanent injunction enjoining defendants to provide discharge planning as provided by Mental Hygiene Law §29.15, 14 NYCRR Part 587 and the New York State Constitution

August - Nov. 2000 — Parties engage in extensive discovery, including document production and depositions

July 8, 2000 — Court certifies class and issues preliminary injunction, finding that City Jails are subject to provisions of Mental Hygiene Law applicable to inpatient psychiatric facilities and outpatient clinics

- Court subsequently issues Order defining class as consisting of inmates who are incarcerated for more than 24 hours, and who receive treatment for mental illness during incarceration

July 26, 2000 — City appeals preliminary injunction

- City invokes automatic stay; upheld after court challenge by plaintiffs
- Lower court directs proceedings to continue notwithstanding appeal
- Parties engage in further extensive discovery

July – Dec., 2000 — Parties engage in settlement discussions

Oct. 31, 2000 — Appellate Division unanimously affirms preliminary injunction on Opinion below

- Plaintiffs express renewed interest in settlement
- Plaintiffs forebear from serving notice of entry (preliminary injunction order does not take effect)

Nov. 14, 2000 — Judge agrees to adjourn further court proceedings until December 19, 2000 to allow parties to pursue settlement; deadline subsequently extended to January 30, 2001

Jan. 17, 2001 — Plaintiffs present defendants with detailed settlement proposal

- proposal's detail and emphasis on process is unacceptable to defendants

Future litigation

- parties to resume discovery
- Defendants may seek leave from Appellate Division to appeal to Court of Appeals, invoking automatic stay, which is likely to be challenged by plaintiffs; unlikely leave will be granted
- Plaintiffs expected to serve Notice of Entry of preliminary injunction order
- Plaintiff likely to file motion for contempt for failure to comply with preliminary injunction
- Likelihood that permanent injunction will be issued in Spring 2001
    - Defendants will need to submit proposal re: remedy, to reduce potential for Court to adopt plaintiffs' extreme proposal

II. Discharge Planning Services

Discharge planning involves the following elements:

- Assessment & identification of need upon release;
- Assistance with applying for/reinstatement of public benefits;
- Provision of access to needed medication;
- Linkage to community-based mental health/substance abuse treatment;
- Access to temporary or permanent housing;
- Linkage to community-based medical treatment if indicated;
- Case management;
- Community-based coordination of services;
- Follow-up and monitoring based on individual need.

Pre-existing City efforts

Based upon research results (see attached), City had been working on enhancing discharge planning services from City jails as part of general program to address mentally ill in criminal justice system, an initiative that has also involved court diversion programs, including:

- expansion of LINK program, involving transitional case management for inmates, expanded to all five boroughs;
- Implementation of State-funded medication grant program to provide transitional psychotropic medication for mentally ill pending Medicaid eligibility accompanied by changes in Medicaid application procedures to facilitate re-enrollment of released inmates;
- Development of AOT-team on Rikers Island;
- Enhancement of discharge planning staff in jails through new State dollars;
- Development of new community case management resources for released inmates with new State dollars;
- Enhancement of mental health clinics to serve released inmates.

III. City Plan for Discharge Planning

- Multi-agency task force convened by Operations to develop plan for enhanced services and possible compliance with court order in Brad H.
- Estimates that at a minimum up to 18,835 inmates are prescribed psychotropic medications annually. In addition, up to 25% of inmates in general population and up to 5% of inmates in mental observation housing units receive mental health treatments without medication that would likely qualify them as class members.

- Two categories of mentally ill inmates in the custody of DOC: City-sentenced inmates on Rikers Island and non-sentenced detainees.

- Class members to receive a discharge plan from a jail-based discharge planner employed by HHC or its vendor for Rikers Island medical services, Prison Health Services (PHS).

- Inmates released with incomplete discharge plan or released from court to be referred to one of the community SPAN offices, contracted by the Department of Mental Health, and located near the courts. SPAN office discharge planners will provide the same services for class members as the jail-based discharge planners as outlined below.

- Prescriptions for psychotropic medication, and in some cases a walking supply of up to five days of medication, to be provided to class members who are discharged from DOC custody.

- Evaluation of Medicaid and public assistance needs and facilitation of applications, including screening for accelerated Medicaid eligibility.

- Determination of housing needs, referral if appropriate and available to specialized mental health housing or DHS's proposed Correctional Review Unit for accelerated review of placement in specialized mental health shelter beds if appropriate. Increase in DHS mental health shelter capacity to accommodate need.

- For most seriously mentally ill, referral to enhanced LINK programs or more intensive mental health case management resources.

- Changes in DOC release policies so class members released during the day.

- Provision of enhanced DOC resources for security and escort functions for the program, including production of inmates for discharge planning appointments and detainee class members at the clinic for their final discharge plan prior to release.

- Enhancement of DOC Inmate Information System (IIS), new IIS terminals for the discharge planners, a trailer at West Facility for HHC/CHS's monitoring and supervisory staff, and a DMH tracking system.

IMPACT OF CASE-MANAGEMENT AND SERVICES FOR MENTALLY ILL PEOPLE LEAVING JAIL

The effects of case management and treatment services provided to mentally ill individuals discharged from correctional custody were studied. The following reductions in arrests and hospitalizations post-release are shown below. A number of other studies support these results.

ROCHESTER, NY **mobile case-management teams link clients to mental health, substance abuse treatment, beds for dually diagnosed**	
DEMONSTRATED REDUCTIONS	
Jail days	***- 77%***
Jail costs	
Hospital days	***- 96%***
Service costs	***- 79%***

COOK COUNTY, Ill. **case-management, medication monitoring, housing, transportation, money management**	
DEMONSTRATED REDUCTIONS	
Jail days	***- 82%***
Jail costs	
Arrests	***- 51%***
Hospital days	***- 86%***
Hospital costs	
Hospitalizations	***- 83%***

SAN FRANCISCO, CA **case-management, housing, medication monitoring, substance-abuse treatment, mental health treatment, peer support**	
DEMONSTRATED REDUCTIONS	
Arrests	***- 21%***
Arraignments	***- 38%***
Felony Arraignments	***- 67%***

Rochester Study, Project Link, 1999

• **Program:** Mobile case management teams (24 hr/day, 7 day/wk) linking clients to mental health and substance abuse treatment post-release, with beds for some dual diagnosed clients.

• **Agencies involved:** Monroe Co. Dept. Mental Health; Action for Better Community; Ibero-American Action League; Monroe Co. Clinic for SocioLegal Services; Unity Health System; Urban League of Rochester.

• **Subjects:** Referred from police, attorneys, jail, hospitals; not all subjects were confined at the time of referral. All with mental health diagnoses, most with substance abuse. 46 subjects studied.

• **Results:** 46 clients' records were reviewed for one year before entering Project Link and one year after entering the project.

46 clients	*1 year before entering program*	*1 year after entering program*	*percent change*
Jail days, average per client	9.1 days	2.1 days	**77% decrease**
Jail costs, average per client	$672	$157	
Hospital days, average per client	8.3 days	0.3 days	**96% decrease**
Service costs, including hospital, community services, and Project Link, average per client	$4,302	$910	**79% decrease**

Cook County Study, Threshold Jail Program, 1999

• **Program:** Case management, medication monitoring, housing, transportation, money management post-release, and continued contact throughout subsequent arrests and hospitalizations.

• **Agencies involved:** Illinois Office of Mental Health; Cook County Jail.

• **Subjects:** Referred from jail. All have "three strikes against them." All with mental health diagnoses, most with substance abuse, histories of non-compliance. 30 clients studied.

• **Results:** Clients' records were reviewed for one and two years before they entered the Threshold Jail Program and compared to one and two years after being in the program.

One year *for 29 & 30 clients*	***1 year before entering program***	***1 year after entering program***	***percent change***
Jail days, average per client (30)	91.4 days	16.3 days	**82% decrease**
Jail costs, average per client (30)	$6,398	$1,141	
Number of Arrests, average per client (30)	3.3 arrests	1.6 arrests	**51% decrease**
Hospital days, average per client (29)	74 days	11 days	**86% decrease**
Hospital Costs, average per client (29)	$37,000	$5,500	
Number of Hospitalizations, average per client (29)	0.8 hospitalizations	0.1 hospitalizations	**83% decrease**

Two years *for 13 clients*	***2 years before entering program***	***2 years after entering program***	***percent change***
Jail days, average per client	119 days	16 days	**86% decrease**
Jail costs, average per client	$8,330	$1,120	
Number of Arrests, average per client	8.9 arrests	1 arrest	**89% decrease**

San Francisco Program, Homeless Release Project , 1999

• **Program:** Housing, case management, medication monitoring, substance-abuse treatment, mental health treatment, peer support post-release, with continued contact throughout subsequent arrests and hospitalizations.

• **Agencies involved:** Center on Juvenile and Criminal Justice in cooperation with the San Francisco Sheriff's Department.

• **Clients:** Discharged from jail and diverted from trial (analogous to NYC-DMH's LINK programs) All homeless; the majority with mental health and substance abuse diagnoses, as well as medical problems. 41 clients studied and compared to 41 non-clients with similar characteristics.

• **Results:** 41 clients were studied for one year after entering the Homeless Release Project. They were compared to 41 homeless people who did not receive services, and who had similar legal, mental health and substance-abuse characteristics.

	Arrested	***Arraigned on new charges***	***Felony Arraignments***
Received Services (41)	26	18	8
No Services (41)	33	29	24
Percent differences	**21% fewer arrested**	**38% fewer arraigned**	**67% fewer arraigned on felony charges**

BRAD H. LAWSUIT
Summary of Agency Funding Requests
($000s)

		FY02					FY03				
		HC	City	State	Federal	Total	HC	City	State	Federal	Total
Already Funded - November FY02 Plan											
DEPARTMENT OF MENTAL HEALTH											
Jail-Based Discharge Planning	State Grant			$ 1,696		$ 1,696			$ 1,696		$ 1,696
$1.7M State Grant restricted to jail-based discharge planning only. 31 discharge planners are funded (21 State, 10 CTL).	City		$ 1,107			$ 1,107		$ 1,107			$ 1,107
Medication Grant Program	State Grant			$ 6,800		$ 6,800			$ 6,800		$ 6,800
$6.8M State grant to cover medication for mentally ill inmates released from jail and awaiting Medicaid eligibility determination. Funds can alternatively be used to cover medication for mental health inpatients awaiting Medicaid and released from hospitals.											
Service Planning and Assistance Network (SPAN) Offices	City		$ 1,152			$ 1,152		$ 1,152			$ 1,152
Discharge plans to be developed in 5 Court-adjacent SPAN offices for individuals released from court. Individuals would then be linked to the appropriate community-based services. 20 CTL positions are funded.											
Case Management	State Grant			$ 2,242		$ 2,242			$ 2,242		$ 2,242
Up to 187 case managers to provide community-based case management to individuals. 90 of these case managers are funded with State dollars.	Medicaid		$ 2,729	$ 2,729	$ 5,458	$ 10,916		$ 2,729	$ 2,729	$ 5,458	$ 10,916
Monitoring Unit											
4 DMH Staff to provide monitoring of the program.		4	$ 354			$ 354	4	$ 354			$ 354
TOTAL DEPARTMENT OF MENTAL HEALTH		4	$ 5,342	$ 13,467	$ 5,458	$ 24,267	4	$ 5,342	$ 13,467	$ 5,458	$ 24,267
Risks - Agency Requests in January FY02 Plan											
DEPARTMENT OF CORRECTIONS											
Correctional Officers for Escort Service, MIS System & Trailer*	City		$ 4,227			$ 4,227		$ 4,227			$ 4,227
61 FTEs to escort inmates to discharge planning appointments and to escort those who are bailed out the clinic; $22K for MIS and software; $250K for facility trailer.											
*Note: Costs are for open facilities only. Additional $1.2M would be required to provide services in facilities that are currently closed.											
DEPARTMENT OF HOMELESS SERVICES											
Additional Capacity & Assessment/Placement & Tracking	City	13	$ 540			$ 540	13	$ 12,011			$ 12,011
200 new mental health beds @$65K/bed to develop; financing @$18K/bed and $100/bed/day operating; 20 SRO units at Kingsboro @$160K/bed to develop; financing @$880/bed and $180/unit/month operating subsidy. 13 staff for assessment/placement and tracking.											
TOTAL RISKS - DHS & DOC	City	13	$ 4,767			$ 4,767	13	$ 16,238			$ 16,238
TOTAL BRAD H. PROGRAM COSTS		17	$10,109	$13,467	$ 5,458	$29,034	17	$21,580	$13,467	$5,458	$40,505

N.B.: The above cost does not include HRA's need for additional staff associated with eligibility for Medicaid reactivation and timely notification of eligibility.

File Doh

BRAD H. CLASS DEFINITION

As set forth in the Order dated August 8, 2000, the Court certified a class consisting of:

> all inmates (a) who are currently incarcerated or who will be incarcerated in a correctional facility operated by the New York City Department of Correction ("City Jail"), (b) whose period of confinement in City Jails lasts 24 hours or longer, and (c) who, during their confinement in City Jails, have received, are receiving, or will receive treatment for a mental illness; *provided, however*, that inmates who are seen by mental health staff on no more than two occasions during their confinement in any City Jails and are assessed on the latter of those occasions as having no need for further treatment in any City Jail or upon their release from any City Jail shall be excluded from the class.

Unfortunately, this definition is unclear as to those inmates who are not members of the class. After lengthy discussion, we have agreed to adopt the following scenarios.

1. Inmates who have been referred to mental health staff for an evaluation, but have not yet received that evaluation by the time they are released from custody are not members of the class.

2. Inmates who have been referred to mental health staff and received evaluations indicating they are in need of treatment, but are released from custody prior to receiving such treatment technically are not members of the class. However, we will service certain of these individuals at the SPAN offices.

3. Inmates who have received treatment for mental illness once or twice (including taking of psychotropic medication), and are released prior to receiving an assessment for mental illness, are members of the class.

Fred Cantine
788-2782

4. Inmates who have received treatment for mental illness once or twice (including taking of psychotropic medication) and, on the latter occasion, are determined to no longer be in need of treatment, are not members of the class.

5. Inmates who have received treatment for mental illness more than twice (including taking of psychotropic medication), and are receiving such treatment at the time of their release from custody, are members of the class.

6. Inmates who have received treatment for mental illness more than twice, but, during their incarceration are determined to no longer be in need of such treatment, technically are members of the class. However, these individuals will receive only a note indicating that no further treatment or services are necessary.

7. The language "will receive treatment" does not refer to inmates who are presently incarcerated, but to individuals who may be incarcerated in the future.

8. Treatment means receipt of psychotropic medication, a list of which is to be provided by CHS, and any other categories of treatment in the City Jails that are for mental illness, a list of which will be provided by CHS.

MAYOR'S OFFICE OF OPERATIONS
100 CHURCH STREET, 20TH FLOOR

TO: Fred Cuevo

FAX: 788-2782

PHONE: _____

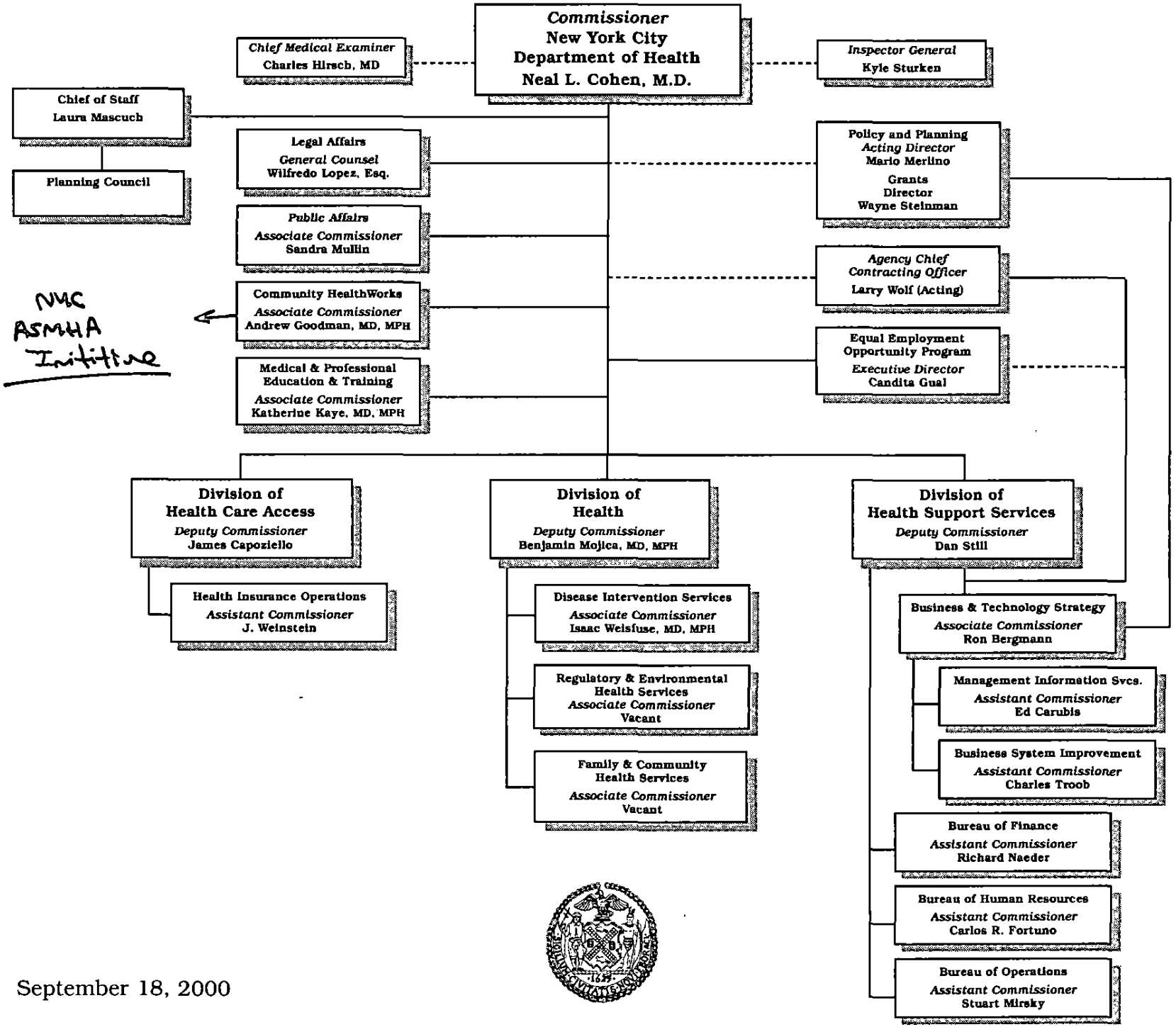
FROM: JUDITH PINCUS /Terry Wess

FAX: 788-1668

PHONE: 788-1438

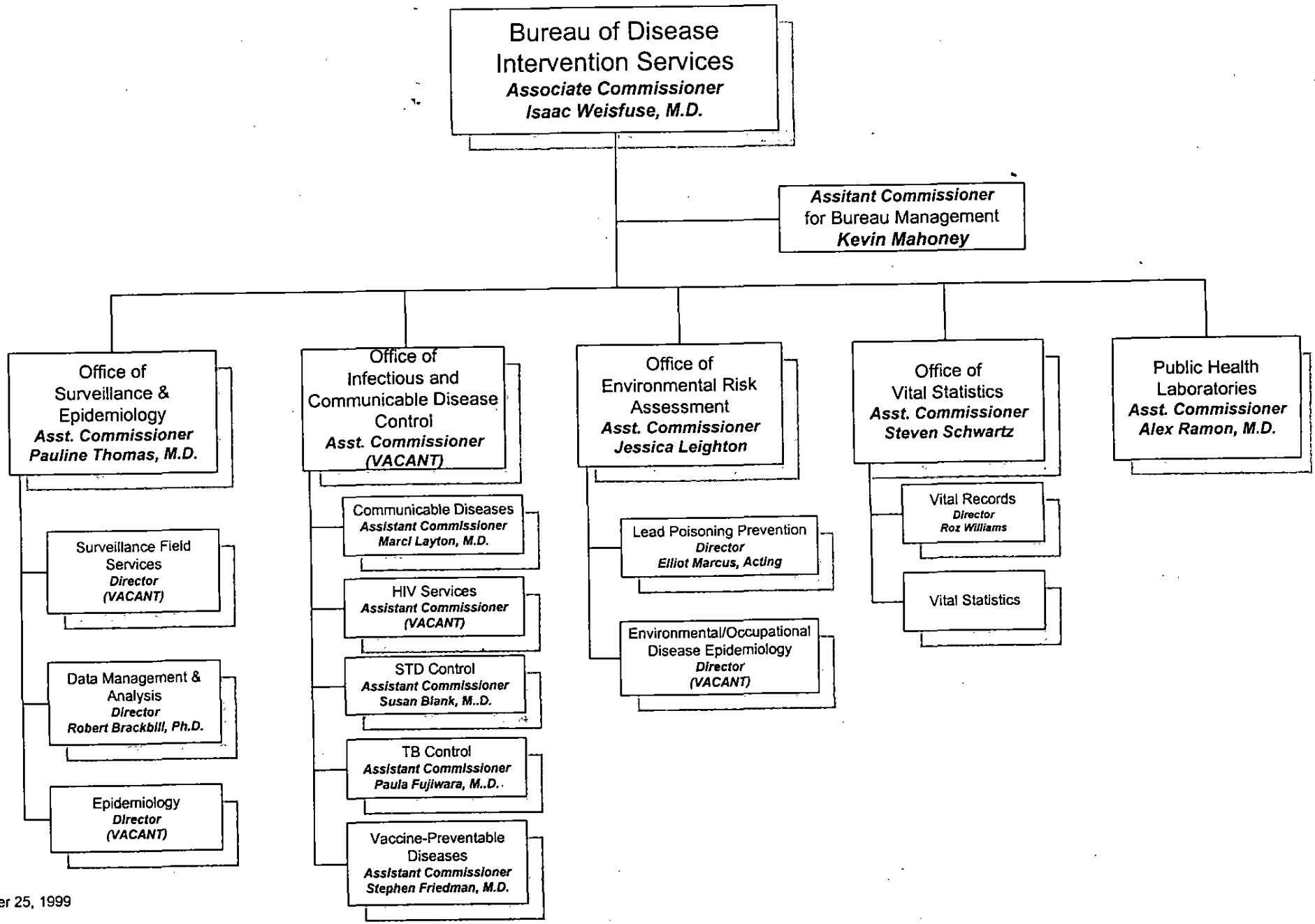
PLEASE CONFIRM THIS FAX BY CALLING SHEILA MASON AT (212) 788-1443.

New York City Department of Health



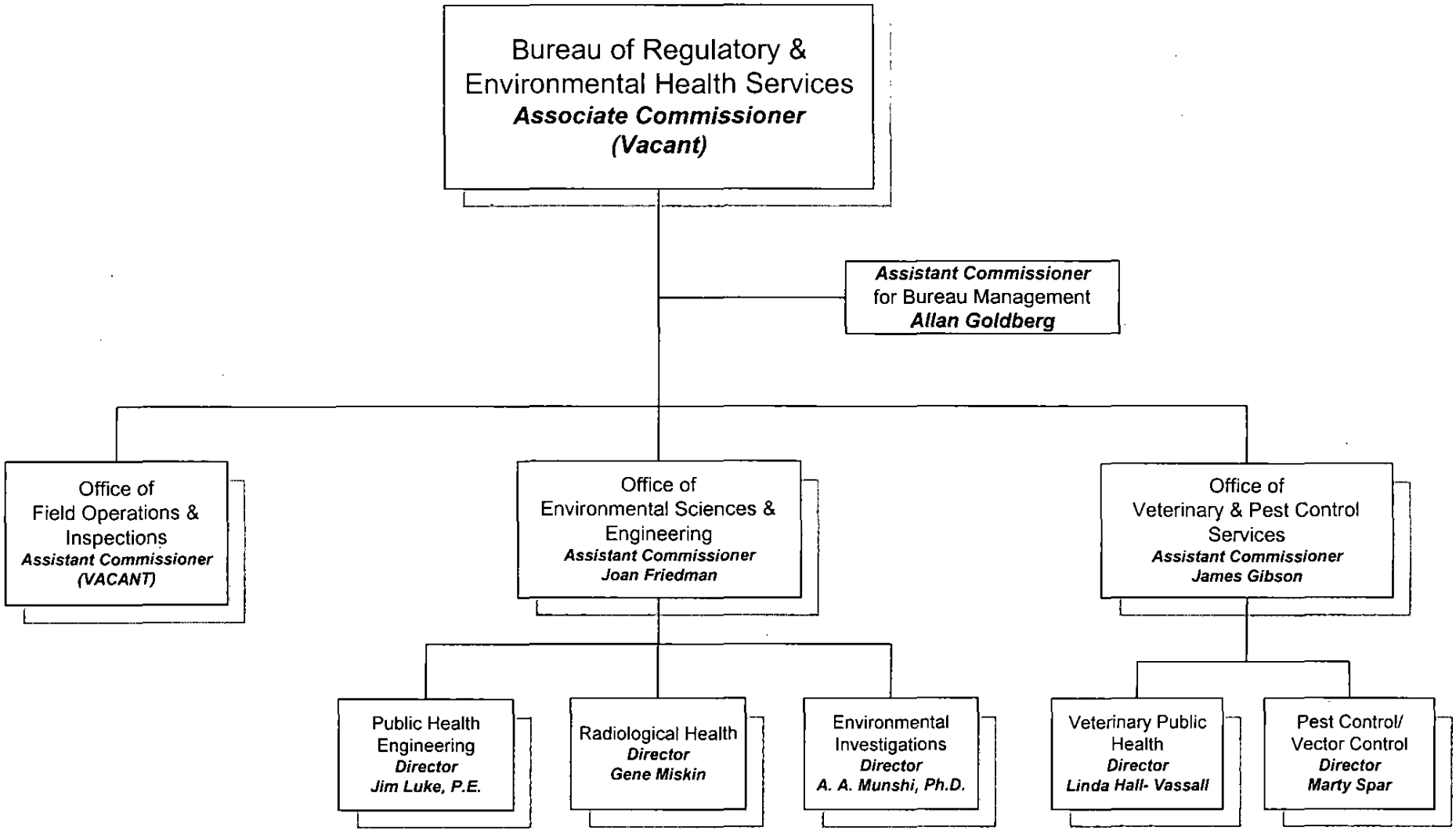
September 18, 2000

Bureau of Disease Intervention Services



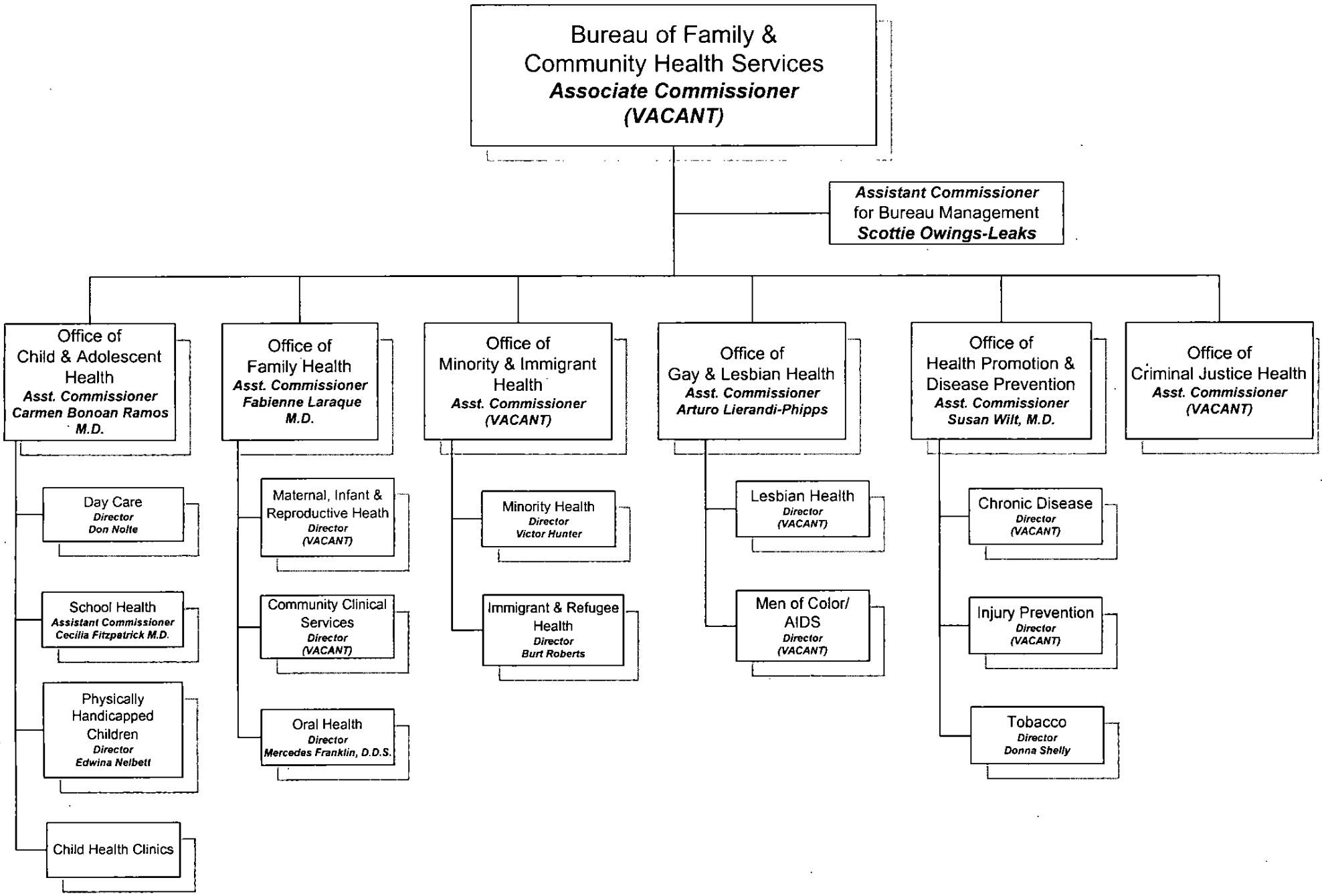
October 25, 1999

Bureau of Regulatory and Environmental Health Services



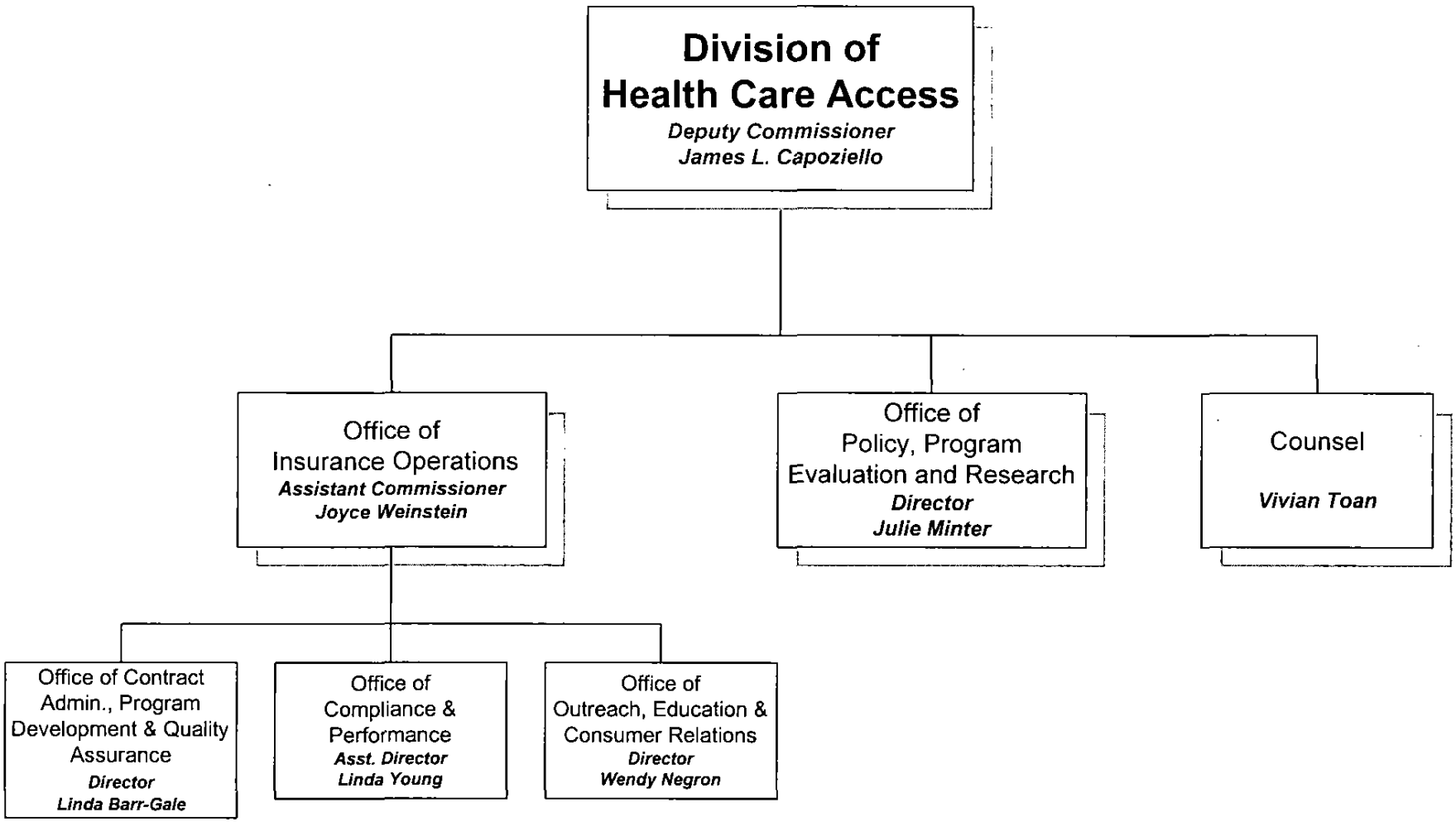
October 25, 1999

Bureau of Family & Community Health Services

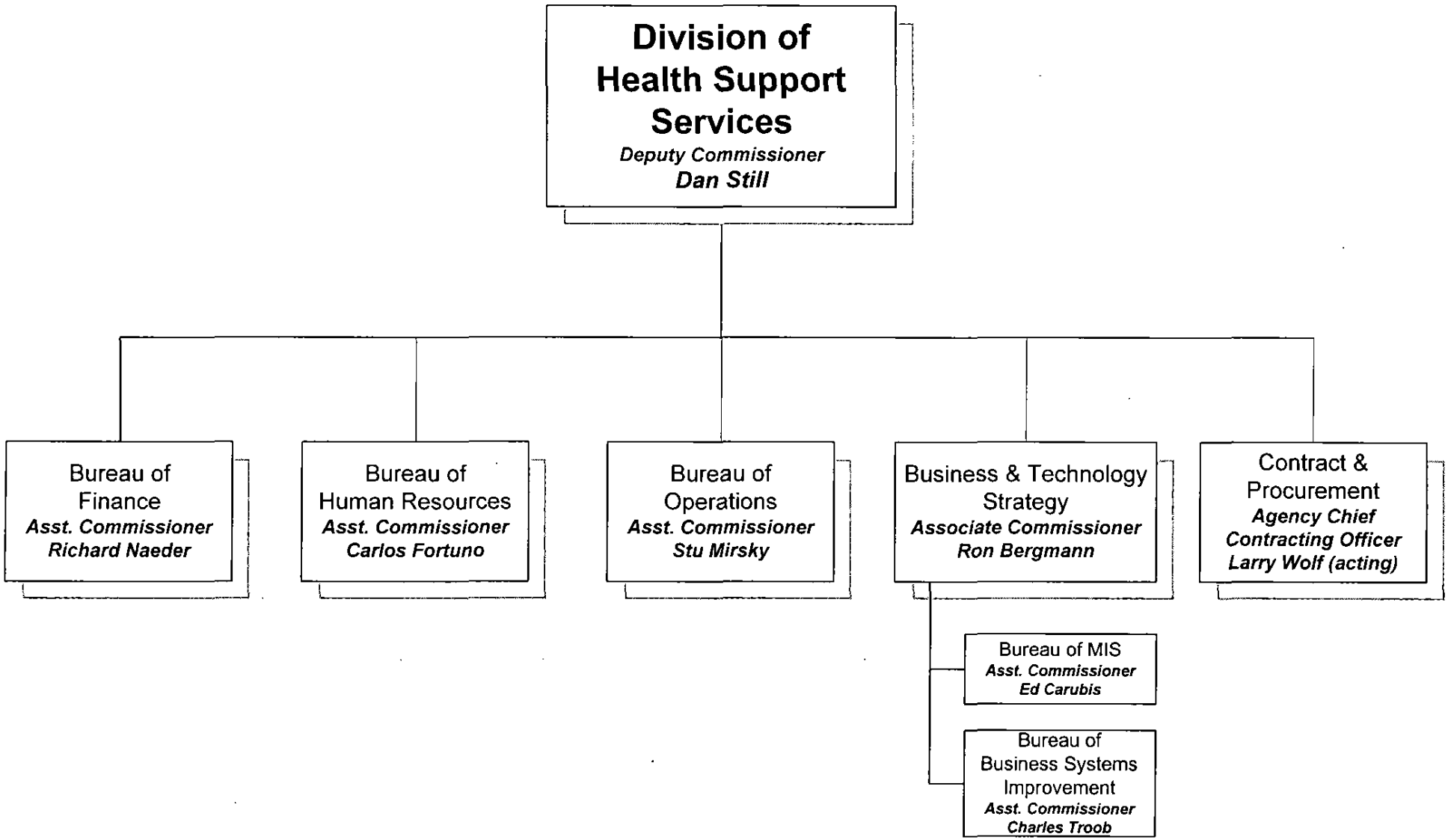


October 25, 1999

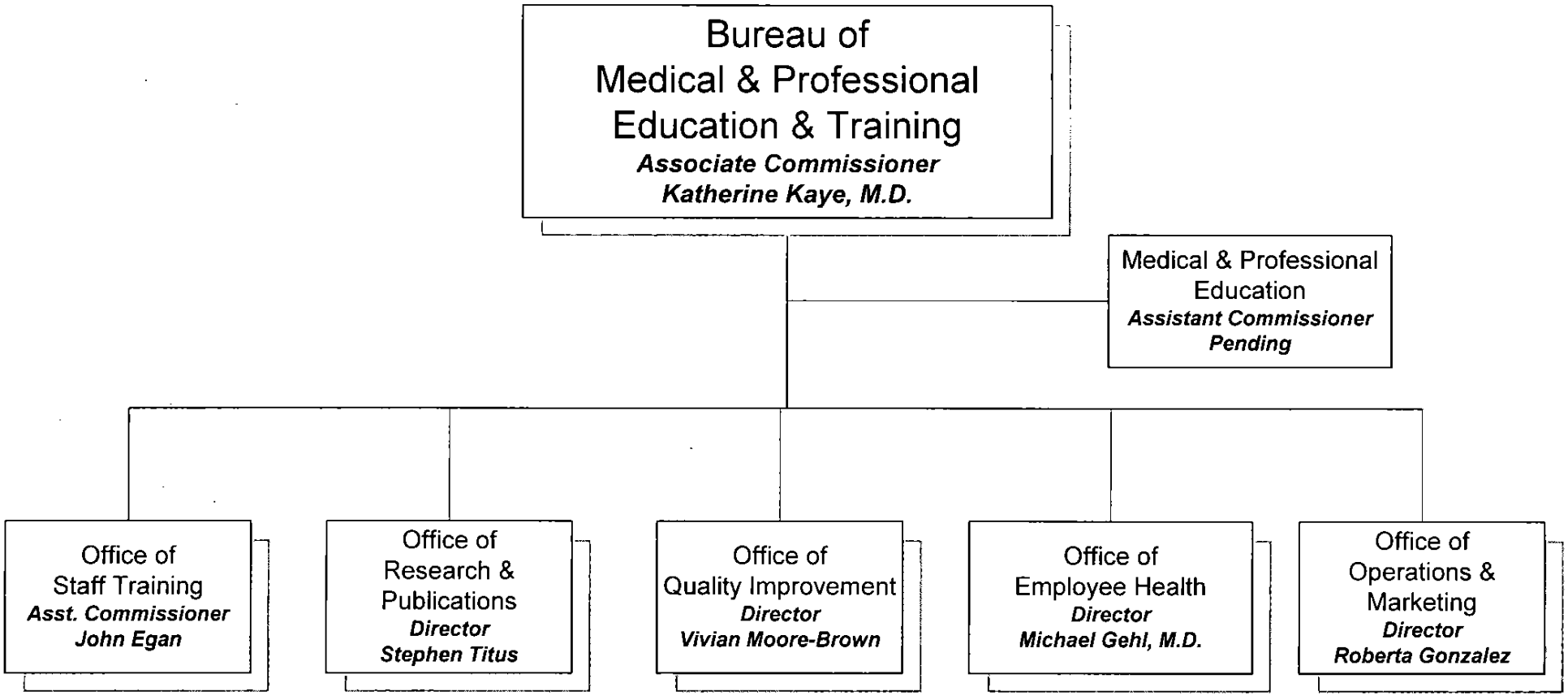
Health Care Access



Division of Health Support Services



Bureau of Medical & Professional Education & Training (M.P.E.T.)



DOH

The City of New York

DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES
60 HUDSON STREET, NEW YORK, N.Y. 10013-3394
Website: nyc.gov/buildings

SATISH K. BABBAR, R.A., Acting Commissioner
(212) 312-8000
TTY (212) 312-8188

Stanley Shor
Chief of Staff
(212) 312-8001
(212) 312-8096 *fax*
Email: stanleys@nyc.gov/buildings

MEMORANDUM

TO: Fred Covino

FROM: Stanley Shor

DATE: November 8, 2000

RE: **Response to DOH Citywide Rodent Control Program 2000**

Per your request, the Department of Buildings (DOB) has reviewed the Citywide Rodent Control Plan 2000 that was prepared by the Department of Health (DOH). DOB agrees with the goals and objectives of the plan and is prepared to assist in any way we can. The following are certain issues that need to be resolved before the plan can be implemented.

On page 5 item B, **Construction Abatement Requirements (1) d**, the plan would require that DOB plan examiners review the construction plans to ensure space for the new trash receptacles detailed in the containerization provisions. Since the current building code does not require the inclusion of these specific areas, our plan examiners cannot enforce these provisions without legislative change. If legislative amendments for these areas were obtained then there will be no problem with changing our plan review procedure.

Various sections of the Rodent Control Plan indicate that the DOB would conduct additional inspections to ensure that there is rat stoppage. Currently, DOB requires that rat stoppage be done on demolition and requires a certification from DOH or an exterminator. This process is probably more cost effective than

sending out DOB inspectors since we have a limited number of inspectors and our inspectors are not trained in this area. If it is determined that DOB should perform this function, we will need a significant increase in the number of inspectors we employ. We should however, expect that issues would be raised by the inspector's union regarding out of title work if DOB inspectors are assigned these inspections.

If you have any questions or need any additional information, please feel free to contact me at (212) 312-8001. We look forward to our continuing participation and contribution to the task force's efforts.

C: Commissioner Satish K. Babbar, R.A.
Vincent La Padula, Mayor's Office
Deputy Commissioner Frank Marchiano
Assistant Commissioner George Frangoulis

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER

125 WORTH STREET
NEW YORK, NY 10013
NYC.GOV/HEALTH

NEAL L. COHEN, M.D.
COMMISSIONER
TEL (212) 788-5261
FAX (212) 964-0472

November 28, 2000

TO: Vincent LaPadula
Chief of Staff
Deputy Mayor of Operations

FROM: Anita Sher
Special Assistant to the Commissioner

RE: DOH Award Ceremony

The NYC Department of Health will be hosting its First Annual Awards Ceremony on December 14, 2000. This event offers us a wonderful opportunity to recognize and honor people and organizations who support the mission of the Department and the direction of this Administration. Attached please find an invitation along with the list of individuals and organizations to be honored. The Mayor and Deputy Mayors are invited to join and participate, as we acknowledge many of the advances in public health made during this Administration's tenure.

According to the Controller's Internal Control & Accountability Directive #6 (Section 14.4) "Agencies may not pay the cost of personal items such as pictures, brochures, certificates, medallions, awards, and prizes unless purchased as part of an employee incentive and recognition award or for a function sponsored by the Mayor's Office of Special Events."

While the majority of people attending this event are Department of Health employees, the event itself may not necessarily fit the definition of an employee incentive or recognition event. We are therefore request sponsorship from the Mayor's Office of Special Events in order to pay for the Awards Ceremony with city funds. We anticipate the event will cost approximately $10,000. Any assistance you can provide would be greatly appreciated. Please let me know if you need any additional information.

Cc. Dr. Neal L. Cohen, Commissioner

New York City Department of Health Public Health Awards

Community-Based Organization Awards
Caribbean Women's Health Association
El Puente

Medical Provider Awards
Visiting Nurse Service of New York
Jean Ford, M.D.

Advocacy Award
New York AIDS Coalition

Public Health Partner Award
Open Airways For Schools

Media Award
Laurie Garrett, Newsday

Corporate Citizenship Award
The Chase Manhattan Bank

You are cordially invited to join
Neal L. Cohen, M.D., Commissioner
New York City Department of Health

at the

First Annual Department of Health Awards
"Building Partnerships with Communities"

Thursday, December 14, 2000
The Museum of the City of New York
1220 Fifth Avenue at 103rd Street
Manhattan

Reception: 6:00 p.m. *Program: 6:45 p.m.*

R.S.V.P. by December 7th
(212) 788-5335

Give Fred a copy your copy

9/19/00

New York City Department of Health

Executive & Emergency Response Staff Listing

Staff	Title	Office or Program	Office Phone	Office Fax	Home Phone	Nextel	Cell Phone	Pager & Pin
Neal L. Cohen, M.D.	Commissioner		212-788-5251	212-964-0472	212-777-1532	1324	917-578-6199	917-787-1421
Laura Mascuch	Chief of Staff	Commissioner	212-788-5333	212-964-0472	718-287-0577	1340	917-578-6216	917-762-5525
Anita Sher	Special Assistant	Commissioner	212-788-5257	212-964-0472	212-727-7230	1341	917-578-6217	917-469-6760
Judy Freeman	Executive Assistant	Commissioner	212-788-5251	212-964-0472		1303		
Maggie Tavaris	Scheduling Secretary	Commissioner	212-788-5256	212-964-0472	718-528-1391			
Andrew Goodman, M.D.	Associate Commisioner	Community Health Works	212-341-9811	341-1468	718-601-7441			917-788-4881
Wilfredo Lopez	General Counsel	Legal	212-788-5025	571-7173	516-326-7964	1333	917-578-6209	917-919-6427
Kyle Sturcken	Inspector General							917- 218-3350
Charles S. Hirsch, M.D.	Chief Medical Examiner		212-447-2030	447-2716	212-679-1863			516-928-4415
Office of Public Affiars								
Sandra Mullin	Associate Commissioner	Public Affairs	212-788-5290	788-4749	718-834-9632	1332	917-578-6208	800-800-7759*203-325
Jessica Morris	Director	Community Relations	788-4738	788-4376	718-875-0058	1426	917-642-0645	800-800-7759*706-7980
Fran Paris	Director	Legislative Affairs	788-5281	349-0040	212-996-7243 weekends: 802-297-3345		917-226-1390	
Division of Health								
Benjamin Mojica, M.D.	Deputy Commissioner	Health	788-4709	788-4734	212-744-9561	1325	917-578-6200	800-983-1809
David Hansell	Associate Commissioner	Health	766-8148	693-1468	212-219-2847		917-883-5234	800-800-7759*025-7679
Disease Intervention Services								
Isaac Weisfuse, M.D.	Associate Commissioner	Bureau Director	788-4711		718-549-1725	1342	917-335-3929	917-649-2341
Kevin Mahoney	Assistant Commissioner	Bureau Management	788-4721	788-4734	718-423-0578	1326	917-578-6201	800-983-1814
Paula I. Fujiwara, M.D.	Assistant Commissioner	TB Control	788-4153	788-9836	718-636-8640			917-641-2610
Marcelle Layton, M.D.	Assistant Commissioner	Communicable Disease	788-4193	788-4268	718-638-3709	1330	917-578-6206	917-897-6622
Annie Fine, M.D.	Asst Medical Director	Communicable Disease	788-9635		718-636-4009	1339	917-578-6215	917-641-3513
Farzad Mostashari, M.D.		Communicable Disease				1351		
Susan Blank, M.D.	Assistant Commissioner	STD Control			718-544-1682			917-252-2511
Stephan Friedman, M.D.	Assistant Commissioner	Immunization	676-2263	442-8091	973-994-6644			888-760-5216*917264415
Alexander Ramon, M.D.	Assistant Commissioner	Public Health Labs	447-2578		718-858-2938	1331	917-578-6207	800-800-7759*203167
Steven Schwartz, Ph. D	Assistant Commissioner	Vital Records	788-4575	788-4580	212-924-9236		347-386-4548	
Jessica Leighton, Ph.D.	Assistant Commissioner	Env. Risk Assess. & Comm.	676-6323	676-6326	212-226-7932 413-442-0988		917-613-0965	917-788-4843
Elliot Marcus		Lead Poisoning Prevention	676-6105	676-6122	718-549-1515 518-658-3489		917-842-4290	917-708-2950

9/19/00

Staff	Title	Office or Program	Office Phone	Office Fax	Home Phone	Nextel	Cell Phone	Pager & Pin
Jim Miller, M.D.	Director	West Nile	788-9636		718-789-0333	1411	917-642-2809	917-317-6309
Bryan Cherry, D.V.M.		Communicable Disease	788-4215	212-788-4268	917-714-1941	1945	646-879-2716	
Beth Maldin		Communicable Disease	788-4325		212-961-9875	1344	917-335-3980	
Regulatory & Environmental Health Services								
Vacant	Associate Commissioner	Bureau Director						
Allan H. Goldberg	Assistant Commissioner	Bureau Management	788-4646	788-2159	718-279-2917	1329	917-578-6205	800-800-7759*9170321620
James Gibson	Assistant Commissioner	Veterinary & Pest Control	788-4778			160		917-556-8808
Robert Edman	Director	Field Operations / Inspections	676-6100		718-792-3253	1328	(917-769-0560)	917-883-5344
Joan Friedman	Assistant Commissioner		788-4652		212-686-3463	1912		917-649-0586
Dr. A. Munshi	Director	Environmental Investigations	442-3372		718-845-1941			917-424-9954
Family & Community Health Services								
Vacant	Associate Commissioner	Bureau Director						
Scottie Owings-Leaks	Assistant Commissioner	Bureau Management	788-5318	788-5337	718-774-0509			800-800-7759*224564
Cecilia Fitzpatrick, M.D.	Assistant Commissioner	School Health	676-2478	676-2474	718-447-2534			917-252-5701
Division of Health Care Access								
James Capoziello	Deputy Commissioner	Health Care Access	385-8112 X128		718-881-8007		917-769-0963	917-424-3753
Joyce Weinstein	Assistant Commissioner	Medicaid Managed Care	385-8112 X130	619-5624	212-686-5967			917-469-4680
Division of Health Support Services								
Dan Still	Deputy Commissioner	Health Support Services	788-5265	788-9232	201-568-1273	1327	917-578-6202	917-252-4954
Mark Foggin	Director	Emergency Response	788-5270	788-9232	212-864-7696	1319	917-417-7442	917-641-9161
Ron Bergmann	Associate Commissioner	Business & Tech Strategies	788-5358	788-9232	718-543-2001	1320	917-417-7441	917-788-3301 800-800-7759*200832
Mario Merlino	Acting Director	Policy & Planning	788-5350		718-720-7660	1914		917-537-4953
Edward Carubis	Assistant Commissioner	MIS	788-5180	608-5215	973-601-0198	1322	917-417-7447	
Richard Naeder	Assistant Commissioner	Finance	788-5086	788-4820	718-238-8204	1321	917-417-7443	917-729-8096
Stuart Mirsky	Assistant Commissioner	Operations	788-5300	788-5311	718-634-0577	1334	917-769-4019 917-578-6210	917-641-4543
Carlos Fortuno	Assistant Commissioner	Human Resources	788-4782	676-9967	718-321-2783	1353	917-335-3299	800-800-7759*9170325467
Charles Troob	Assistant Commissioner	Business Sys Imporvement	442-8413	442-8448	212-691-0367	154		917-506-7062
Larry Wolf	ACCO	Contracts	788-5277	788-4764	718-884-9208			917-458-1219
Barry Dwyer	Chief	Procurement	788-4667		516-248-1958			917-457-0515

DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER

125 WORTH STREET
NEW YORK, NY 10013

NEAL L. COHEN, M.D.
COMMISSIONER
TEL (212) 788-5261
FAX (212) 964-0472

DOH
C: Fred Gorrus
V. LaPadula

December 15, 2000

TO: Honorable Joseph J. Lhota
Deputy Mayor for Operations

From: Neal L. Cohen, M.D.
Commissioner

RECEIVED
DEC 18 2000
00-01588
DEPUTY MAYOR OPERATIONS

SUBJECT: Prohibition of Ferrets in New York City

The Department has historically regarded ferrets as wild animals because of a number of public health and safety concerns. They are banned under Section 161.01 of the Health Code provision prohibiting ownership of wild animals.

no longer a rabies concern

In past years, a primary public health concern was related to disease prevention. Until recently, there was no approved rabies vaccine for ferrets, and the "viral shedding period" for rabies in ferrets – that is the period during which the animal can transmit rabies -- was unknown. That concern has since been essentially mooted; the viral shedding period for ferrets is now known to be similar to that for dogs, and there now exists an approved rabies vaccine for the domestic ferret. However, other public safety concerns related to injury prevention remain unresolved.

The primary public safety concern is that ferrets, despite their popularity as household pets, remain curiously prone to vicious, unpredictable attacks on humans, particularly infants, young children and those who are helpless. A number of epidemiological studies and monographs, including a study in the State of California completed in 1987-88, show a pattern of such injuries. In considering whether the Health Code should be changed to allow ferrets to be sold and owned in New York City, the Department contacted California authorities and was advised that it will continue to ban ferret ownership because of concerns about child safety, as well as the potential dangers posed by feral ferret populations to native wildlife.

Other sources agree there is a risk factor for small children

We also reviewed a number of other sources in making the decision to continue the ban when the Health Code was amended in 1999 to list prohibited animals. In 1998, a statement of the American Veterinary Medical Association (AVMA) recommended that "no ferret be left unattended with any individual incapable of removing himself or herself from the ferret." A recent discussion of ferret bites in the Journal of Emergency Medicine (1998) stresses that ferret attacks are "quite vicious" and pose a "great" health risk to infants and small children. We also heard from a veterinarian in another state who reported an attack by a ferret in which an infant's eyelid was torn off. The ferret had been confined to an escape-proof cage, yet managed to escape.

The number of reported ferret bites is relatively low in New York City, most likely because ferrets are prohibited. In 1999, there were 17 ferret bites reported, including a 22-month old child who was bitten on the face by a ferret owned by her family. So far in 2000, there have been 13 reported ferret bite, including a two-day old infant who was attacked in her crib and bitten on the head by a neighbor's ferret.

The Department is concerned that the number of bites will escalate if ferrets are legalized, particularly in a densely populated City like New York where many people live in multiple-dwelling residences. Ferrets are notoriously difficult to contain. They can easily migrate from apartment to apartment without the knowledge of the owner and with potentially tragic consequences for unsuspecting neighbors.

I am, therefore, recommending that we continue the ban on ferrets in New York City, and oppose the proposed legislation pending before the City Council to legalize and regulate them.

MARTIN J. MCLAUGHLIN COMMUNICATIONS

FAX COVER SHEET

DATE: 1/19/01

TO: Vinny Lapadula
FAX:

COMPANY:

FROM: Marty Mclaughlin

RE:

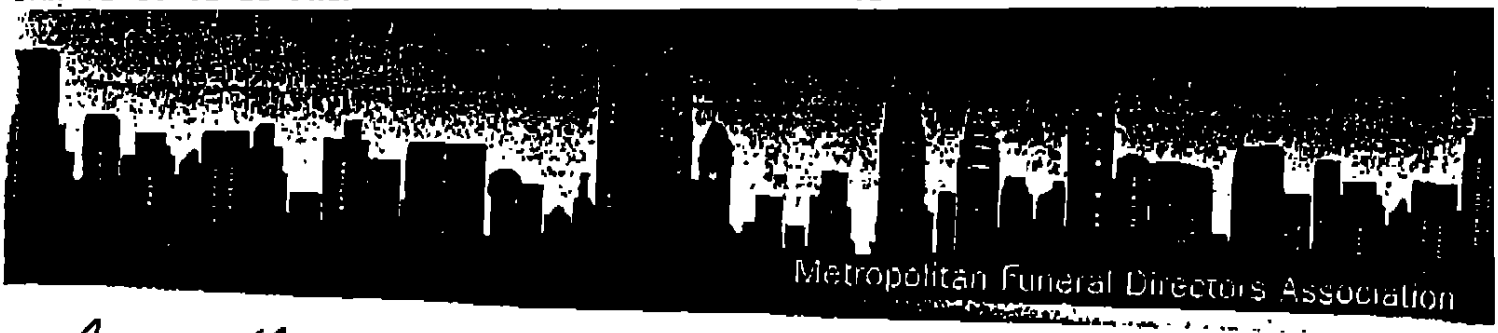
PAGES: 4 (Includes cover sheet)*

*If you do not receive all pages indicated or if transmission is interrupted, call (212) 302-0400.

MESSAGE

For your information about my phone call the other day.

36 West 44th Street · Suite 701 · New York, New York 10036
Telephone: 212-302-0400
FAX Number: 212-719-1061



ATTN: Marty 1 of 3

June/July 2000

In this issue

Upcoming events

August 13-17, 2000
NYSFDA Annual Convention
Saratoga Springs

September 14, 2000
MFDA Board Meeting
Crowne Plaza/LaGuardia
1:00 PM

September 18- 21, 2000
NJSFDA Annual Convention
Trump's Taj Mahal
Atlantic City, N.J.

Please note that the opinions expressed in the articles contained herein are not necessarily those of the MFDA and are reprinted for informational purposes only.

Snags delay program to computerize death certificates

by Katherine E. Finkelstein

A New York Times reporter tries to find out why, after six years, the City is still without electronic death registration

Introduction

The MFDA Board of Directors and its Vital Records Committee are continually frustrated with the City's various delays in getting an electronic death registration system up and running. Over two months ago MFDA representatives met with the City's E-Commerce Director, the Mayor's Office of Operation staff, a new EDRS project manager and the Deputy Commissioner of Health. At the time, the MFDA learned the Health Department planned to revamp the EDRS software. Disappointing news since the MFDA thought the software development was finished. Additionally, City staffers would not commit to a start up date for an EDRS beta test. What they did commit to was another meeting in mid-June to discuss minimum tests to be conducted in August. The Director of E-Commerce concluded the meeting by asserting that EDRS was one of the City's top 10 electronic projects.

Early June the MFDA called the Director of E-Commerce on several occasions in an effort to set up the second meeting. The calls went unanswered and the meeting was never held. Then, in late June *New York Times* reporter Katherine Finkelstein called the MFDA to discuss EDRS. (Ms Finkelstein's article, which ran in the July 1 edition of the *Times*, begins on page 7).

Contrary to what some Health Department staff may think, the MFDA did not initiate the article. However, the article allude to "city sources." Could it be that someone within the City's bureaucracy is equally as frustrated with the delays?

Finally: How is it that New Jersey is beta testing an electronic death registration system, even though the state's health department began its EDRS project more than four years after the City ?

Continued on page 7.

SPECIAL NOTICE: HRA's new address!

Please note for your records and for families making burial claims that the Office of the Human Resources Administration, Office of Burial Claims, has moved to:

151 Lawrence Street - 5th Floor
Brooklyn, NY 11201-5208

The new telephone number is 718-488-5482; the fax number is 718-488-5474.

EDRS delay-continued from page 1

The article

"Last winter, 150 funeral directors from around the city crowded into an Italian restaurant on City Island to watch a long-awaited computer demonstration by city and I.B.M. officials: on display was a software program designed to create death certificates online.

For the funeral directors and others, the sense of promise was great. A computerized system in discussion for six years would eliminate the need for funeral directors to track down harried doctors to sign the tens of thousands of forms a year, and then trudge into the city's one and only office for death certificates, in Manhattan, and wait for them to be approved by a clerk.

A frustrating burtaucracy was about to be defeated. Families desperate to get on with the sad work of burying their dead, settling estates and managing life insurance policies would also be relived. And the Internet-based records could be used for public health research.

But six months later, the $2.5 million effort is in disarray, according to city officials with knowledge of the program. During testing, the system registered death dates that predate births and, for some reason, entered men as having been pregnant at their deaths. And that was when the system was not crashing entirely.

"I have nothing but the sharpest criticism for the manner in which this has been handled," said Wilson Beebe, executive director of the Metropolitan Funeral Directors Association. "We simply don't understand what the problem is. Everybody has an excuse, but nobody has an answer."

"Meanwhile, the City's 850 funeral directors are double-parking their hearses outside of 125 Worth Street to get (death) certificates"

The sense of frustration for those involved is only deepened by the fact that New York State and New Jersey have both quietly developed models of workable systems at one-tenth the cost, and in March, New Jersey began using its system at one hospital becoming the first state to do so.

Meanwhile, the city's 850 funeral directors are still double-parking their hearses outside 125 Worth Street in Manhattan to get certificates approved at the city's only burial desk unit, run by the Health Department.

City and IBM officials say the project is now on track and will be tested in August.

Continued on page 0.

EDRS delay-continued from page 7.

Issues of confidentiality and security surrounding death records, along with Y2K preparations, may have slowed the pace of the project, they say.

Ed Carubis, the city's assistant commissioner for management information services, acknowledged that more work needs to be done. But he said the city had reviewed needed guidelines with IBM, so that men could not be registered as pregnant, for example. "It actually sounds a little worse than it is," he said.

"Until the system is in place, one $7-an-hour clerk holds the reins of a $350 million industry in New York City."

Chris Collins, a spokesman for IBM, said: "There's been no giant problem. It's a very complicated system. There are a lot of entities involved and a lot of legal, medical and familial considerations."

But funeral directors, and some officials, are not so sanguine about the cost and pace of the project, which one official who spoke on the condition of anonymity described as "a colossal waste of money" to date.

Ten years ago, each borough had its own burial desk where funeral directors could bring the certificates for approval. But in a wave of budget cutting in the spring of 1994, the city closed four offices, leaving only the one at 125 Worth Street, open 24 hours a day.

Funeral directors began to drive Jewish families directly to the certificate office on the way to the cemetery, so they could bury the deceased within 24 hours as required by Jewish law, said Martin Kasdan, president of Schwartz Brothers-Jeffer Memorial Chapel in Queens.

And if a funeral director brought a batch of certificates to be processed, Mr. Kasdan said, the clerk would approve only five certificates at a time, and then it was back to the end of the line – a problem solved when the city opened a "volume" window.

Then there was the paperwork. Robert Ruggiero, president of F. Ruggiero & Sons, a funeral home in the Bronx, recalled waiting for hours one night at 125 Worth St. At 2 a.m., the clerk slid the certificate out from under his door with a big red X through it. The form had been rejected because the doctor had written "F" instead of "Female" on it.

In fact, Mr. Ruggiero has calculated that each trip to the burial desk unit costs him $135 in office time, an estimate that "doesn't include towing or parking tickets," he said.

The problems were so great that in 1994, the funeral directors association met with city officials and proposed an electronic death record system; the association even spent $40,000 for a feasibility study, said Maryann Carroll, a spokeswoman.

The city embraced the plan, and in letters to the association set a target date of June 1998 for an initial test of the system. It was not until that year, however, that the city gave IBM the $2.5 million contract to develop the project.

Mr. Carubis, the city official, said that when talks first began with the funeral directors in 1994, the Internet was not as highly developed. "We always want to do things as quickly as possible, and things in the information technology world are very fast paced," he said. "But how we leverage the Internet to do business, that's something that takes time."

Meanwhile, New York State gave Sybase Inc., a database software company, $200,000 in August 1997 to develop a similar system, and in May 1998, Sybase began testing, a State Health Department spokeswoman said.

The state's project was delayed because its system requires users to sign their names electronically, and until last year, the use of electronic signatures had not been approved by the Legislature. No date has yet been set for the system to begin operating. The city's system identifies users without relying on an electronic signature, and so did not need legislation to move forward.

By the time the city demonstrated the system at the Harbour restaurant on City Island last winter, the funeral directors were "seething at the opportunity to stop this nonsense," Mr. Ruggiero said. While 60 were invited, 159 showed up.

Weeks and then months rolled by with no word, as the project stopped and started, and the prototype for the system changed and calls to the city went unreturned, he said. With a new deadline of August for the system to be tested, hope blooms again.

But until the system is in place, one "$7-an-hour clerk" holds the reins of a $350 million industry in New York City, as Mr. Ruggiero said.

This article is reprinted with permission from the July 1 issue of The New York Times. ☐

New York's Senator

CHARLES E. SCHUMER

313 Hart Senate Office Building - Washington, DC 20510
Phone: (202)224-7433 • Fax: (202)228-1218

FOR IMMEDIATE RELEASE
October 11, 2000

CONTACT: Bradley Tusk
(202)224-7433

SCHUMER: NEW YORK TO RECEIVE $5 MILLION IN EMERGENCY FUNDING TO BATTLE WEST NILE

New York Still Needs More Emergency Funding to Effectively Fight West Nile

US Senator Charles E. Schumer today announced that New York will receive $5 million in emergency funding to reimburse localities for costs associated with this year's outbreak of the West Nile Virus. Schumer requested the emergency funding during several conversations with Federal Emergency Management Administration (FEMA) Director James Lee Witt over the past month after FEMA's initial rejection of New York State's application.

In its initial decision, FEMA said that only the Centers for Disease Control (CDC) had the authority to reimburse New York State for its containment and prevention efforts and that FEMA had no jurisdiction to approve the funding. Schumer countered that the CDC's efforts to battle the West Nile virus were insufficient and provided no relief to New York's hardest hit counties and municipalities. With the State's resources pushed to the limit, Schumer demonstrated New York's need for emergency funding. In response, President Clinton today declared a state of emergency in New York, making the state eligible for $5 million in FEMA funds.

"For the second year in a row, New York State was the epicenter for the outbreak of the West Nile Virus and for the second year in a row, New York State has been left to foot the largest bill in the country for battling West Nile," said Schumer. "While this funding won't reimburse all of what New York localities have spent so far to contain West Nile, it does set a precedent for future FEMA assistance to help the State's efforts to contain this growing disease."

This year's West Nile outbreak was even worse than last year's, with infected animals turning up in 57 of New York State's 62 counties. As of October 2000, 14 humans have tested positive for West Nile, as well as 1,038 birds, 317 mosquito pools, two sentinel chickens and 32 mammals, statewide. The disease has cost New York State an estimated $17 million this year alone. An additional $14.3 million in spending is expected before the end of the year.

The FEMA money will be used to help local governments defray costs associated with emergency measures taken in response to the West Nile outbreak, including mosquito spraying, control and trapping, as well as other forms of virus surveillance and detection, public outreach and notification.

-more-

and public health investigation. The localities will apply to the State to receive funding. The money was authorized under the Stafford Act, which allows FEMA to release assistance to provide for measures necessary to save lives and protect public health and safety. Under the award, FEMA will be authorized to reimburse local governments for up to 75% of their costs associated with emergency protective measures taken since July 15, 2000.

Counties eligible for funding include Albany, Allegany, Broome, Cattaraugus, Cayuga, Chemung, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Lewis, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Orange, Putnam, Rensselaer, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester and Yates, as well as New York City.

"For local governments on a tight budget, this year's West Nile outbreak threatened to break the bank," said Schumer. "This money is a good first step in softening the blow."

Schumer has also asked the Senate Appropriations Committee to include an additional $30 million for West Nile relief throughout the Northeast and the Mid-Atlantic regions in the Committee's emergency funding package.

###

FACSIMILE TRANSMISSION COVER SHEET

TO: Vince LaPadula FAX#: 788-3127

FROM: Ron Bergmann DATE: 09/01/00

SENDERS
TEL. #: 788-5358

NUMBER OF PAGES FOLLOWING COVER SHEET 10

ACTION TO BE TAKEN:

URGENT/IMMEDIATE ATTENTION _____

AWAITING YOUR COMMENTS _____

PLEASE CALL UPON RECEIPT _____

OTHER ACTION _____
(SEE BELOW)

file
per VL

DEPARTMENT OF HEALTH

The City of New York

OFFICE OF PUBLIC AFFAIRS
125 WORTH STREET, ROOM 329
NEW YORK, N.Y. 10013
(212) 788-5290 FAX: (212) 788-4749

nyc.gov/health

NEAL L. COHEN, M.D.
Commissioner

SANDRA MULLIN
Associate Commissioner

FOR IMMEDIATE RELEASE
Thursday, August 31, 2000

CONTACT: Sandra Mullin/John Gadd
(212) 788-5290

WEST NILE VIRUS UPDATE

6 Additional Birds Test Positive for West Nile Virus
(3 in Staten Island, 2 in Manhattan, 1 in the Bronx)

Ground-Based Spraying in Limited Areas of the Bronx, Brooklyn, and Queens, Scheduled Saturday, September 2, from 10:00 p.m. to 5:00 a.m.*

Ground-Based Spraying in Non-Residential Areas on Staten Island, Originally Scheduled for Wednesday, Scheduled Friday, September 1, from 8:00 p.m. to Midnight*

Ground-Based Spraying in a Non-Residential Area of Breezy Point, Queens, in the Gateway National Recreation Area, Scheduled Friday, September 1, from 8:00 p.m. to Midnight*

Reminder: Spraying in Vicinity of Woodhaven, Queens, Scheduled for Tomorrow Night, and Lower Manhattan, South of 23rd Street, to be Sprayed Tonight, from 10:00 p.m. to 5:00 a.m.*

New York City Health Commissioner Neal L. Cohen, M.D., announced today that evidence of West Nile virus (WNV) has been confirmed by the New York State Department of Health in six additional birds collected in New York City. Two of the birds collected are prompting limited spraying in areas close to where the birds were found. One of these birds, an American Kestrel found near Washington Heights, prompts spraying in a previously untreated section of the western Bronx. The other bird, a crow found on August 17 in Murray Hill, Manhattan, is prompting spraying in previously untreated sections of Greenpoint, Brooklyn, and western Queens. These areas are within the two mile zones of where the birds were found. ***(A complete spraying schedule is attached.)***

Three of the birds, all crows, were collected from Staten Island (from Port Richmond on August 17, from the vicinity of Clove Lakes Park on August 19, and from Willow Brook Park on August 21). The sixth bird, an American Kestrel, was collected from the area of Pelham Parkway, Bronx, on August 2. Spraying is not currently planned for these areas.

Dr. Cohen said, "The New York City Department of Health is continuing its comprehensive efforts to identify West Nile virus in the City through a multifaceted surveillance strategy which provides early warning of West Nile viral activity in City neighborhoods. Through this active tracking of West Nile virus, we are taking expedient action to prevent additional human illnesses associated with the virus. We plan to continue these aggressive efforts to protect the public health through the rest of the mosquito season."

All spraying activities are weather permitting.

SPRAYING AND PRECAUTIONS

In addition to the areas noted above, spraying will take place on Friday evening in a few non-residential areas of Staten Island that were not sprayed as scheduled on Wednesday evening because of access issues. Those areas include the Frederick Douglass, Oceanview, Resurrection, and United Hebrew Cemeteries, as well as the Staten Island Rodeo Grounds. Spraying will also take place Friday evening in a non-residential area of Breezy Point, Queens, in the Gateway National Recreation Area.

Spraying schedules are announced each day on WCBS Radio (880 AM) at 6:56 am and 6:56 pm, and at other times throughout the day. Several radio stations in New York City are also running public service announcements. New Yorkers can also find out about spraying plans through the media, by calling the West Nile virus information line at **1-877-WNV-4NYC**, by checking the New York City Department of Health (NYCDOH) website at **nyc.gov/health**, and by calling community boards and elected officials.

Anvil (*Sumithrin*) will be used for these efforts. This pyrethroid-based pesticide is relatively nontoxic to humans and other mammals, and health risks associated with the use of pyrethroids in accordance with U.S. Environmental Protection Agency (EPA) and New York State Department of Environmental Conservation (DEC) guidelines are negligible. The NYCDOH recommends that all individuals take precautions to avoid direct exposure to pesticides:

- Whenever possible, people and pets should stay indoors during spraying with windows closed and air conditioners turned off.
- If you have to remain outdoors, avoid contact with the spray. If you get pesticide spray directly in your eyes, immediately rinse them with water or eye drops. Wash skin and clothing exposed to pesticides with soap and water.
- Some individuals are sensitive to pesticides. Persons with asthma or other respiratory conditions are especially encouraged to stay inside during spraying since there is a possibility that spraying could worsen those conditions.
- Wash fruits and vegetables that could have been exposed to the spray.
- Anyone experiencing adverse reactions to pesticides should call their doctor or the NYC Poison Control Center at (212) POISONS or (212) 764-7667.

PERSONAL PROTECTION MEASURES

Dr. Cohen advised New Yorkers to take precautions against mosquitoes, including:

- If outside during evening, nighttime, and dawn hours when mosquitoes are most active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks.
- Consider the use of an insect repellant containing 10% or less DEET for children and no more than 30% DEET for adults. USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS.

- Make sure that doors and windows have tight-fitting screens. Repair or replace screens that have tears or holes.

Dr. Cohen also reminded New Yorkers to continue throughout the mosquito season to eliminate areas of standing water around their homes:

- Make sure roof gutters drain properly.
- Dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers.
- Remove all discarded tires from property.
- Clean and chlorinate swimming pools, outdoor saunas and hot tubs. If not in use, keep empty and covered.
- Drain water from pool covers.
- Turn over plastic wading pools and wheelbarrows when not in use.
- Eliminate any standing water that collects on property.
- Change water in bird baths once a week.
- Remind or help neighbors to eliminate breeding sites on their properties.
- Report standing water to the Health Department through the West Nile virus information line (**1-877-WNV-4NYC**) or the City's website (**nyc.gov/health**).

WEST NILE VIRUS FINDINGS SUMMARY

Summary of West Nile Virus Findings as of 8/31/2000 6 humans, 1 horse, 77 birds, and 79 mosquito pools	
Borough	**Findings**
Staten Island	**Birds: 43 Mosquito Pools: 67 Horses: 1 Humans: 5 (4 at home recovering, 1 hospitalized)**
Manhattan	**Birds: 10 Mosquito Pools: 7**
Queens	**Birds: 10 Mosquito Pools: 3**
Bronx	**Birds: 6 Mosquito Pools: 2**
Brooklyn	**Birds: 8 Mosquito Pools: 0 Humans: 1 (Hospitalized)**

For information on West Nile virus, spraying activities, or to report dead birds and areas of standing water where mosquitoes breed, New Yorkers can call the Health Department's West Nile virus information line, 24 hours a day, 7 days a week, at **1-877-WNV-4NYC (1-877-963-4692).** (New Yorkers who use TTY/TDD can call 212-788-4947 weekdays from 9:00a.m. to 5:00p.m.). Extensive information is also included on the City's Website at **nyc.gov/health.**

NEW YORK CITY GROUND SPRAY SCHEDULE

THURSDAY, AUGUST 31, 10:00 P.M. - 5:00 A.M. (WEATHER PERMITTING)

Manhattan: All areas of Lower Manhattan, south of 23rd Street

FRIDAY, SEPTEMBER 1, 8:00 P.M. - MIDNIGHT (WEATHER PERMITTING)

Staten Island (Non-residential Areas Originally Scheduled for August 30): Frederick Douglass Cemetery, Oceanview Cemetery, Resurrection Cemetery, United Hebrew Cemetery, Staten Island Rodeo Grounds

Queens: Non-residential area of Breezy Point, in the Gateway National Recreation Area

FRIDAY, SEPTEMBER 1, 10:00 P.M. - 5:00 A.M. (WEATHER PERMITTING)

Borough	ZIP CODES Descriptions	Communities / Locations
Queens	**All of:** 11415, 11416, 11417, 11418, 11419, 11421 **Partial:** 11375 (south of Long Island Railroad) 11385 (east of LIRR, Shaler Ave. and Cody Ave.)	Kew Gardens, Glendale, Woodhaven, Richmond Hill, Ozone Park. Forest Hills
Brooklyn	**Partial:** 11207, 11208 (non-residential areas)	Trinity Cemetery and Cemetery of the Evergreens; Highland Park and adjacent cemeteries

SATURDAY, SEPTEMBER 2, 10:00 P.M. - 5:00 A.M. (WEATHER PERMITTING)

Borough	ZIP CODES Descriptions	Communities / Locations
Bronx	**All of:** 10452, 10453	Highbridge, Concourse, Mount Eden, Morris Heights, University Heights
Brooklyn	**Part of:** 11222 (north of Greenpoint Ave.)	Greenpoint

Queens	**Part of:** 11101, 11105	Hunters Point, Long Island City, Dutch Kills, Queensbridge

#85a

The City of New York

OFFICE OF PUBLIC AFFAIRS
125 WORTH STREET, ROOM 329
NEW YORK, N.Y. 10013
(212) 788-5290 FAX: (212) 788-4749

nyc.gov/health

NEAL L. COHEN, M.D.
Commissioner

SANDRA MULLIN
Associate Commissioner

FOR IMMEDIATE RELEASE
Friday, September 1, 2000

CONTACT: Sandra Mullin/John Gadd
(212) 788-5290

STATEN ISLAND MAN TESTS POSITIVE FOR WEST NILE VIRUS

He has been Released from the Hospital and is at Home Recovering

At a news conference today at City Hall with Mayor Rudolph W. Giuliani, New York City Health Commissioner Neal L. Cohen, M.D., announced that a 61 year-old Staten Island man has tested positive for West Nile virus. The individual, who lives in Woodrow, Staten Island, became ill on August 4 with muscle weakness and encephalitis. He was admitted to a local hospital on August 6, and was released on August 11. Test results confirming this case of West Nile virus were received yesterday from the New York State Department of Health.

"We now have seven cases of West Nile virus in New York City. Not surprisingly, six of these illnesses occurred on Staten Island, where our surveillance systems have documented considerable viral transmission. All cases have been among older adults, with more serious illness among those in their 70s and 80s. Since the past few weeks have been the peak time of the mosquito season, it would not be unexpected if we were to learn of additional human cases. However, without the City's comprehensive control efforts, we would undoubtedly have seen many more human cases this summer. This is why reducing the mosquito population on Staten Island has been a priority and why we continue to strongly urge New Yorkers, especially older adults, to take personal precautions against mosquitoes," Dr. Cohen said.

PERSONAL PROTECTION MEASURES

Dr. Cohen advised New Yorkers to take precautions against mosquitoes, including:

- If outside during evening, nighttime, and dawn hours when mosquitoes are most active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks.
- Consider the use of an insect repellant containing 10% or less DEET for children and no more than 30% DEET for adults. USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS.
- Make sure that doors and windows have tight-fitting screens. Repair or replace screens that have tears or holes.

Dr. Cohen also reminded New Yorkers to continue throughout the mosquito season to eliminate areas of standing water around their homes.

SYMPTOMS OF WEST NILE VIRUS

West Nile virus (WNV) is spread to humans by the bite of an infected mosquito, and can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord). It is not transmitted from one person to another, or from birds to people. Most people who become infected with WNV do not experience symptoms or become ill. In some individuals, particularly the elderly, West Nile encephalitis can be a serious disease and is potentially fatal. Symptoms generally occur 5 to 15 days following the bite of an infected mosquito. While most mosquitoes do not carry WNV, and a person who is bitten by a mosquito does not need to be tested for WNV, any individual who develops symptoms such as high fever, confusion, muscle weakness, severe headaches, or stiff neck should see a doctor immediately.

***REMINDER* -- SPRAYING AND PRECAUTIONS**

As announced previously, ground-based spraying is scheduled for tonight a few non-residential areas of Staten Island: the Frederick Douglass, Oceanview, Resurrection, and United Hebrew Cemeteries; as well as the Staten Island Rodeo Grounds. Spraying is also scheduled for tonight in a non-residential area of Breezy Point, Queens, in the Gateway National Recreation Area. Both of those efforts are scheduled for 8:00 p.m. to midnight, weather permitting.

In addition, as announced previously, spraying in the vicinity of Woodhaven, Queens, is scheduled for tonight from 10:00 p.m. to 5:00 a.m., and spraying in limited areas of the Bronx, Brooklyn, and Queens is scheduled for tomorrow night from 10:00 p.m. to 5:00 a.m., weather permitting. ***(A complete spraying schedule for this weekend is attached.)***

Spraying schedules are announced each day on WCBS Radio (880 AM) at 6:56 am and 6:56 pm, and at other times throughout the day. Several radio stations in New York City are also running public service announcements. New Yorkers can also find out about spraying plans through the media, by calling the West Nile virus information line at **1-877-WNV-4NYC**, by checking the New York City Department of Health (NYCDOH) website at **nyc.gov/health**, and by calling community boards and elected officials.

Anvil (*Sumithrin*) will be used for these efforts. This pyrethroid-based pesticide is relatively nontoxic to humans and other mammals, and health risks associated with the use of pyrethroids in accordance with U.S. Environmental Protection Agency (EPA) and New York State Department of Environmental Conservation (DEC) guidelines are negligible. The NYCDOH recommends that all individuals take precautions to avoid direct exposure to pesticides:

- Whenever possible, people and pets should stay indoors during spraying with windows closed and air conditioners turned off.
- If you have to remain outdoors, avoid contact with the spray. If you get pesticide spray directly in your eyes, immediately rinse them with water or eye drops. Wash skin and clothing exposed to pesticides with soap and water.
- Some individuals are sensitive to pesticides. Persons with asthma or other respiratory conditions are especially encouraged to stay inside during spraying since there is a possibility that spraying could worsen those conditions.
- Wash fruits and vegetables that could have been exposed to the spray.
- Anyone experiencing adverse reactions to pesticides should call their doctor or the NYC Poison Control Center at (212) POISONS or (212) 764-7667.

WEST NILE VIRUS FINDINGS SUMMARY

Summary of West Nile Virus Findings as of 8/31/2000 7 humans, 1 horse, 77 birds, and 79 mosquito pools	
Borough	**Findings**
Staten Island	**Birds: 43** **Mosquito Pools: 67** **Horses: 1** **Humans: 6** **(5 at home recovering, 1 hospitalized)**
Manhattan	**Birds: 10** **Mosquito Pools: 7**
Queens	**Birds: 10** **Mosquito Pools: 3**
Bronx	**Birds: 6** **Mosquito Pools: 2**
Brooklyn	**Birds: 8** **Mosquito Pools: 0** **Humans: 1 (Hospitalized)**

For information on West Nile virus, spraying activities, spraying precautions, or to report dead birds and areas of standing water where mosquitoes breed, New Yorkers can call the Health Department's West Nile virus information line, 24 hours a day, 7 days a week, at **1-877-WNV-4NYC (1-877-968-4692).** (New Yorkers who use TTY/TDD can call 212-788-4947 weekdays from 9:00a.m. to 5:00p.m.). Extensive information is also included on the City's Website at **nyc.gov/health.**

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#86

NEW YORK CITY GROUND SPRAY SCHEDULE

FRIDAY, SEPTEMBER 1, 8:00 P.M. - MIDNIGHT (WEATHER PERMITTING)

Staten Island (Non-residential Areas Originally Scheduled for August 30): Frederick Douglass Cemetery, Oceanview Cemetery, Resurrection Cemetery, United Hebrew Cemetery, Staten Island Rodeo Grounds

Queens, Non-residential area of Breezy Point, in the Gateway National Recreation Area

FRIDAY, SEPTEMBER 1, 10:00 P.M. - 5:00 A.M. (WEATHER PERMITTING)

Borough	ZIP CODES Descriptions	Communities / Locations
Queens	**All of:** 11415, 11416, 11417, 11418, 11419, 11421 **Partial:** 11375 (south of Long Island Railroad) 11385 (east of LIRR, Shaler Ave. and Cody Ave.)	Kew Gardens, Glendale, Woodhaven, Richmond Hill, Ozone Park. Forest Hills
Brooklyn	**Partial:** 11207, 11208 (non-residential areas)	Trinity Cemetery and Cemetery of the Evergreens; Highland Park and adjacent cemeteries

SATURDAY, SEPTEMBER 2, 10:00 P.M. - 5:00 A.M. (WEATHER PERMITTING)

Borough	ZIP CODES Descriptions	Communities / Locations
Bronx	**All of:** 10452, 10453	Highbridge, Concourse, Mount Eden, Morris Heights, University Heights
Brooklyn	**Part of:** 11222 (north of Greenpoint Ave.)	Greenpoint
Queens	**Part of:** 11101, 11105	Hunters Point, Long Island City, Dutch Kills, Queensbridge

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#86a

DOH

THE CITY OF NEW YORK
OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN

VIRGINIA FIELDS
BOROUGH PRESIDENT

August 9, 2000

Hon. Rudolph Giuliani
Mayor of the City of New York
City Hall
New York, NY 10007

Dear Mayor Giuliani:

As you already know the infestation of rats is a problem that affects all New Yorkers. In an effort to address this problem I have established a complaint line, 1-800-RAT-1550, designed to help constituents with their requests for inspection and abatement from the Department Of Health (DOH) and to learn about the areas most affected by this epidemic.

To date my Rat Complaint Line has received 471 Manhattan-based calls and over 200 complaints from throughout the Borough. Complaints received through our hotline are logged into our database and forwarded to the Department of Health and assigned a complaint number, which will be used to follow-up with the agency regarding the complaints' status. The complaint information has also been used to create a map of the areas affected by rat infestation. The plotting of the first 225 complaints revealed that the most affected areas are in Community Boards 3, 8 and 10. This information will also be forwarded to Councilmember Bill Perkins, Chair of the New York City Council Select Committee on Pest Control. (Attached for your information is a list of the complaints sorted by Community Board.)

In order to diminish rat infestation in the city I am recommending that the following steps be taken:

More funding should be dedicated to pest control so that a city-wide comprehensive approach can be implemented

The worst 1800-2000 block in the City should be proactively identified for rat control

The response time complaints should be reduced to one week maximum, down from the current 4 of more weeks

DOH should serve as the coordinating agency for city-wide implementation of pest control efforts by other agencies with this responsibility

Community outreach and education efforts should be reinstated at the grassroots level

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please call to confirm receipt 788-2165

News

Manhattan Borough President C. Virginia Fields
Municipal Building, 1 Centre Street, 19th Floor, New York, NY 10007

ATT Allan Goldbas

For Immediate Release
September 13, 2000

Contact: Claudia Zequeira
(212) 669-3129

HEALTH DEPARTMENT IS A REAL MAZE

-Fields denounces DOH's approach to rat control follow-up-

Calling the Department of Health's response to rat abatement abysmal, Manhattan Borough President C. Virginia Fields renewed her call for increased funding, additional staffing and a comprehensive approach to rat control in the city. To date, the Manhattan Borough President's Rat Complaint Line -1-800-RAT-1550- has received 640 calls referring to 407 specific locations.

"It seems like every day we hear about new rat plagued areas of the city. First it was lower Manhattan and the Baruch Houses. As recently as yesterday it was the East Tremont section of the Bronx. Rats don't know that the Bronx is up and the Battery's down – they just know to go where the food is and where they can live in relative peace. Yet, it appears that the city isn't taking these complaints seriously and changing the way it deals with this serious problem. It is clear that we need additional funding for DOH's rat program and a comprehensive and proactive approach for identifying potential problem areas and dealing with them before they get overrun.

"It's been two months since I announced the Rat Complaint Line and sent the Department of Health over the 365 complaints we received. To-date, we've had confirmation that two -- two! – of the complaints have been addressed. And we had to get that information from the constituents who made the complaints. That's disgraceful. To make matters worse, DOH is barely keeping up with assigning tracking numbers to the complaints we forwarded over to them. Late last night we finally received 114 complaint numbers, to make a total of 299 numbers we sent over; we are still missing some 66 complaint numbers. And that's after two months.

"To add insult to injury, when checking up on the complaints –calling as average citizens- my staff was put on hold for long periods of time, given the wrong numbers to call to check the status of extermination efforts in the areas of complaint, or told, simply, that nothing had been done and that it would take another four weeks for problem areas to be abated. This clearly shows that DOH is overwhelmed by the smallest increase in call volume. It used to be that the city was able to handle a rat complaint within 7 days. That reality has obviously changed," said Fields.

In the early 1980's, the Pest Control Unit operated by the city had approximately 1,200 inspectors, exterminators, coordinators, and clerical staff within its ranks. Almost twenty years later, that very same office is manned by less than 400 people. This represents a 300% decrease in personnel! "Considering that the rat population has not decreased in New York City, those numbers are completely unacceptable," Fields added.

The Borough President took the opportunity to renew her call for enforcement of the Health Code within the Department of Buildings. The Department of Buildings is mandated to examine a rat abatement stamp provided by DOH prior to construction, a key factor in rat infestation. This requirement is currently written into the Health Code, but it is seldom enforced. "Not only is this unacceptable, it is a public health hazard," said Fields.

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Web site: www.cvirginiafields.com • E-mail: info@cvirginiafields.com

THE CITY OF NEW YORK
OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN

C. VIRGINIA FIELDS
BOROUGH PRESIDENT

September 12, 2000

Rudolph Giuliani
Mayor
City Hall
New York, New York 10007

Dear Mayor Giuliani:

As you may already know, on July 18 I launched the Manhattan Borough Presidents Rat Complaint Hotline. Through this hotline my staff has been collecting information offered by constituents about public areas infested with rats. As of September 8, 2000 my Rat Complaint Hotline has received a total of 640 calls from throughout the Borough of Manhattan.

Four hundred of these calls were logged into our systems as complaints. A total of 365 complaints were forwarded to the Department of Health (158 on July 17th, 51 on July 19 and 115 on August 10th). My Director of Constituents Services spoke with Ms. Fran Paris, Director, Office of Intergovernmental Affairs, regarding the handling of complaints and requested that DOH assign a number to the individual cases forwarded from this office. On August 21st, after numerous requests to Ms. Paris, my office received complaint numbers for 185 of the total 365 of complaints forwarded to the Department of Health. To date, my office has not received confirmation as to the status of these requests; a clear description of the procedure for processing the information; or whether our constituents can get a report from DOH using their complaint number.

I understand that during the past few months the agency's efforts have been concentrated on preventing the spread of the West Nile-Like Virus. However, our constituents deserve a comprehensive and coordinated plan for dealing with this infestation.

Since 1985 there has been no community outreach to educate residents in neighborhoods throughout the city about ways to reduce rat infestation. From the early 1970s through the 1980s, New York City had a strong, comprehensive program that allowed it to target specific rat infested areas. Furthermore, there existed a cooperative program between DOH and the Buildings Department whereby applicants for building permits had to

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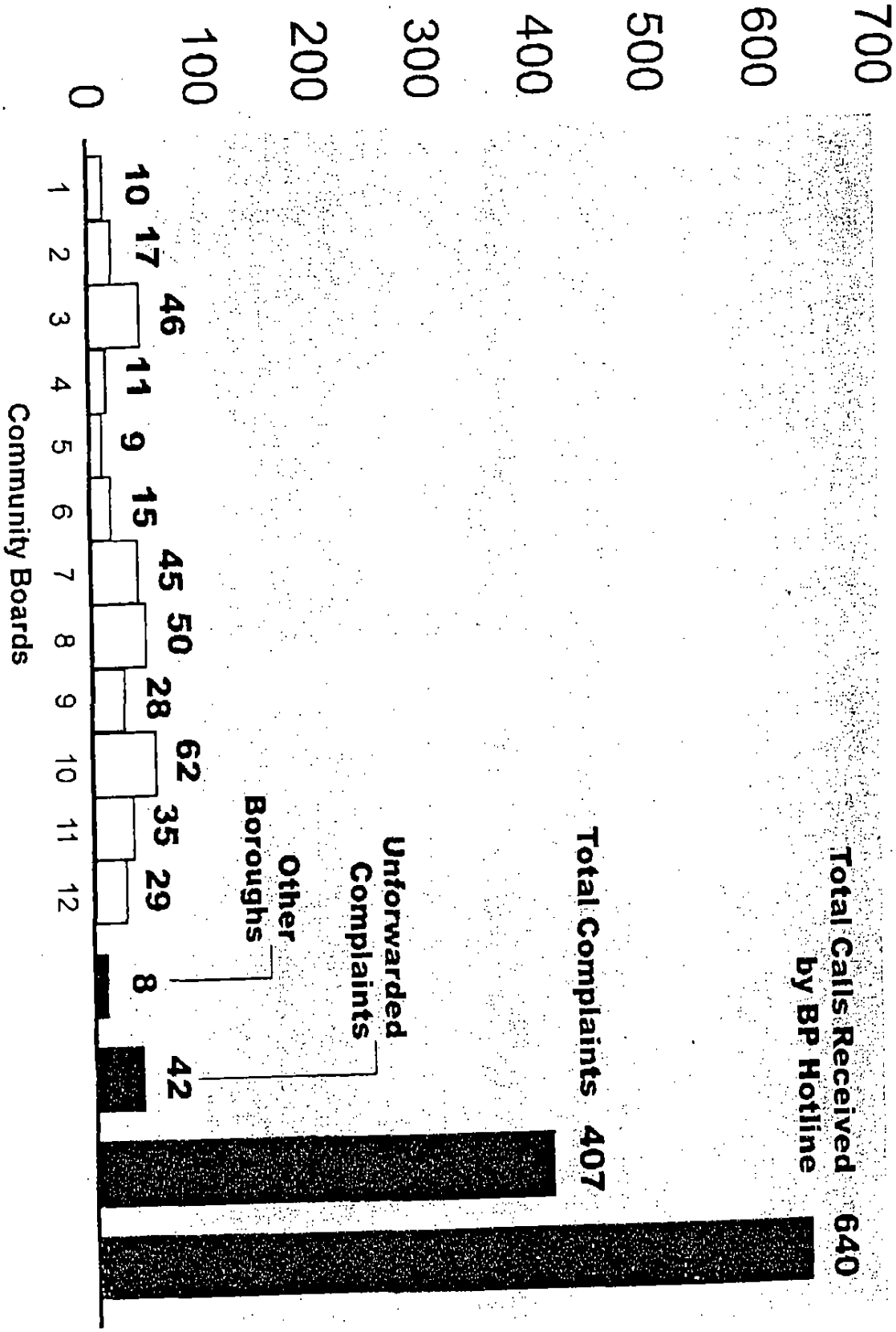
Number of Rat Complaints by Community Board



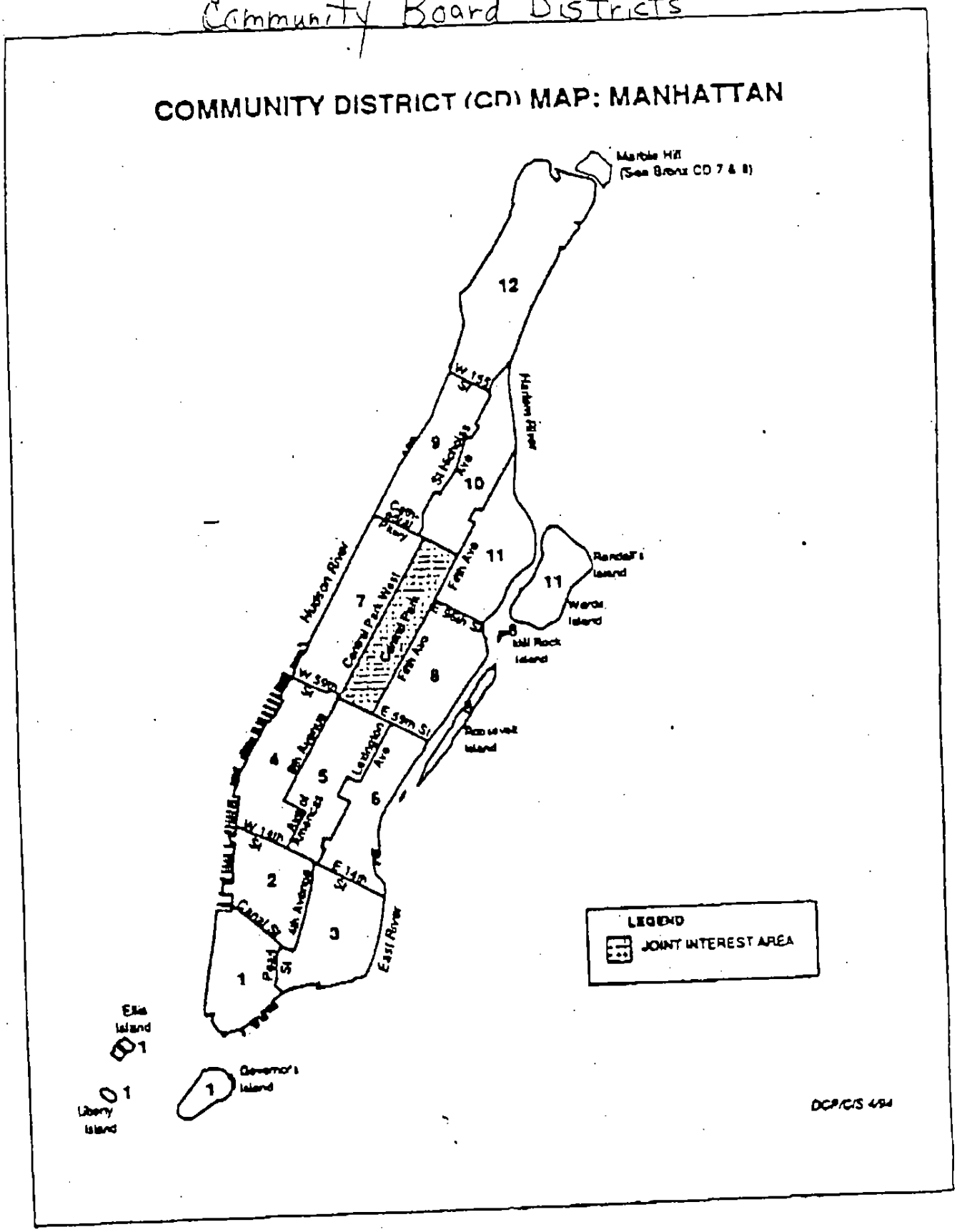
Manhattan Borough President
C. Virginia Fields

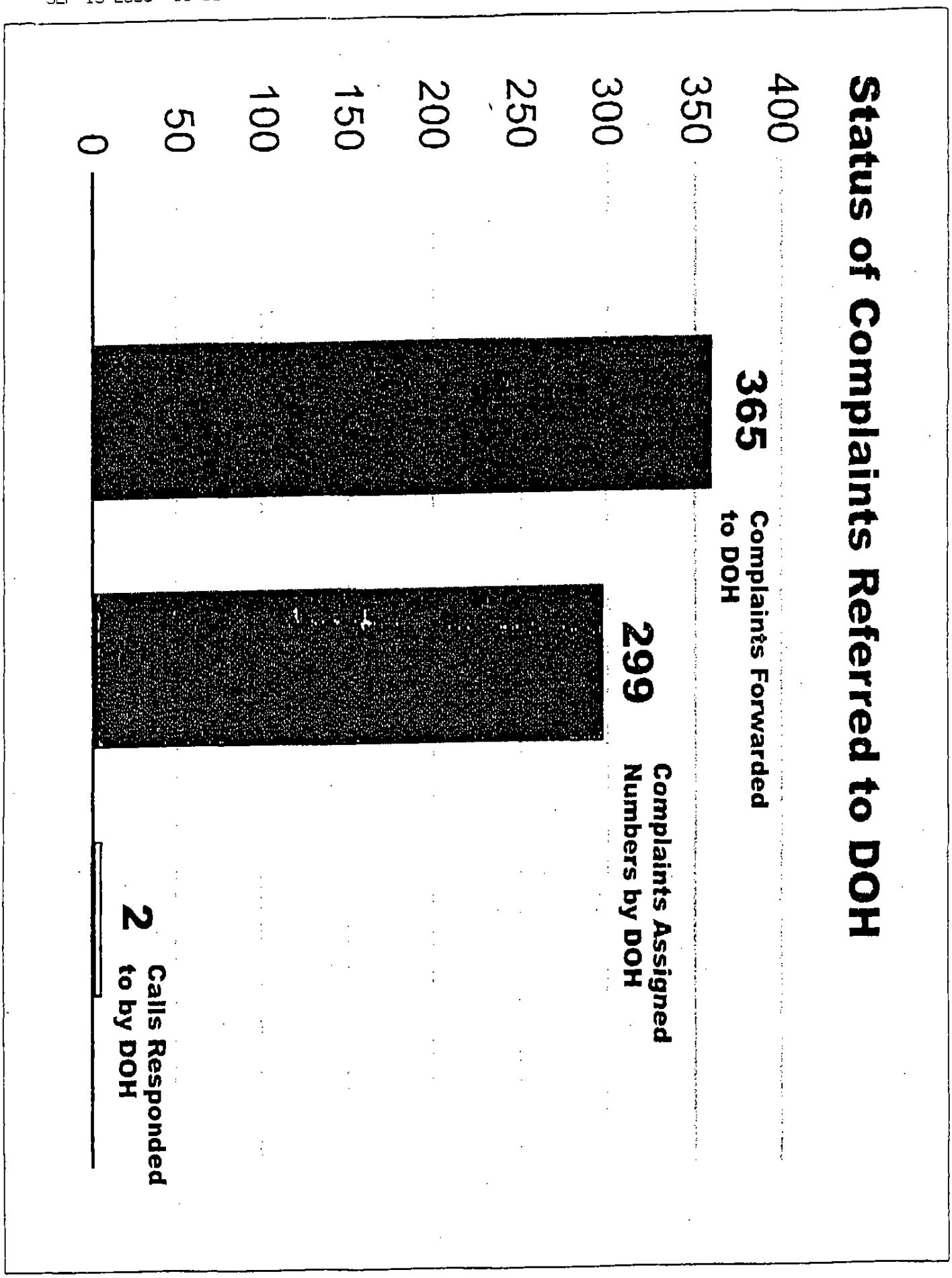
Rat Complaint Hotline
Number of Complaints by Community Board Area

Community Board	No. of Complaints
1	10
2	17
3	46
4	11
5	9
6	15
7	45
8	50
9	28
10	62
11	35
12	29
Other (Boroughs)	8
Recent Complaints not yet forwarded to DOH	42
Total	**407**
Total Calls received by Rat Complaint Hotline	640

September 13, 2000

Community Board Districts





File pers

FACSIMILE TRANSMISSION COVER SHEET

TO: Vince LaPadula FAX#: 788-3127

FROM: Ron Bergmann DATE: 09/06/00

SENDERS TEL. #: 788-5358

NUMBER OF PAGES FOLLOWING COVER SHEET 5

ACTION TO BE TAKEN:

URGENT/IMMEDIATE ATTENTION _____

AWAITING YOUR COMMENTS _____

PLEASE CALL UPON RECEIPT _____

OTHER ACTION (SEE BELOW) _____

NEW YORK CITY GROUND SPRAY SCHEDULE

(all spraying activities are scheduled weather permitting)

WEDNESDAY SEPTEMBER 6

Borough	ZIPS Descriptions	Communities / Locations
Brooklyn from 10:00 p.m. to 5:00 a.m.	**All of:** 11203, 11236, 11210, 11234 **Parts of:** 11226 (East of Bedford Ave.) (**Note:** Due to inclement weather conditions on Tuesday, these areas were rescheduled for treatment on Wednesday.)	East Flatbush, Flatbush, Farragut, Flatlands, Remsen Village, Paerdergat Basin, Rugby, Canarsie, Midwood (part), Marine Park, and Georgetown.
Queens and Brooklyn from 8:00 p.m. to 3:00 a.m.	Selected Cemeteries and Waste Water Treatment Plants (**Note:** These areas were rescheduled for treatment because they were not accessible during the most recent spraying operations in these areas.)	**Cypress Hills Area Cemeteries:** Mt. Lebanon, Mt. Carmel, Mt. Neboh, Beth-El, Hungarian, Union Field, Trinity, National, Maimonides, Mt. Hope, and Machpelah. **Woodhaven Area Cemeteries:** Mokom Sholom, Bayside, and Acacia. **West Maspeth Area Cemetery:** Calvary. **Waste Water Treatment Plants:** Bowery Bay and 26th Ward

THURSDAY SEPTEMBER 7

Queens from 10:00 p.m. to 5:00 a.m.	Selected cemeteries and parks	Flushing Meadows/Corona Park, Shea Stadium, U.S. Tennis Center, Mt. Hebron Cemetery, Cedar Grove Cemetery

FRIDAY SEPTEMBER 8

Borough	ZIPS Descriptions	Communities / Locations
Queens from 10:00 p.m. to 5:00 a.m.	11417 (all)	Ozone Park, Woodhaven
	11414 (all)	Howard Beach, Lindenwood, South Ozone Park, Aqueduct Race Track
	11420 West of Lefferts Blvd.	
	11368 (all)	East Elmhurst

FRIDAY SEPTEMBER 8 (CONTINUED)

Borough	ZIPS Descriptions	Communities / Locations
Queens from 10:00 p.m. to 5:00 a.m.	11369 (all)	Corona
	11354 West of College Pt. Blvd.	Flushing
	11355 West of College Pt. Blvd.	
	11362 (all)	Douglaston, Little Neck
	11364 East of Clearview Expwy.	Oakland Gardens, Alley Pond Park, parts of Cunningham Park, Queensboro Community College
	11001 (all)	Glen Oaks, North Shore Towers, Floral Park
	11004 (all)	
	11005 (all)	
	11040 (all)	
	11426 (all)	
	11427 (all)	Hollis Hills
	11428 (all)	Queens Village
Brooklyn from 10:00 p.m. to 5:00 a.m.	11208 South of Atlantic Ave.; East of Euclid Ave., and East of Fountain Ave.	East New York, City Line, New Lots, Spring Creek

# # #

#91a

WEST NILE VIRUS FINDINGS SUMMARY

Summary of West Nile Virus Findings as of 9/6/2000 8 humans, 95 birds, and 82 mosquito pools	
Borough	**Findings**
Staten Island	Birds: 45 Mosquito Pools: 67 Humans: 7 (6 at home recovering, 1 hospitalized)
Manhattan	Birds: 19 Mosquito Pools: 7
Queens	Birds: 14 Mosquito Pools: 4
Bronx	Birds: 7 Mosquito Pools: 3
Brooklyn	Birds: 10 Mosquito Pools: 1 Humans: 1 (hospitalized)

For information on West Nile virus, spraying activities, spraying precautions, or to report dead birds and areas of standing water where mosquitoes breed, New Yorkers can call the Health Department's West Nile virus information line, 24 hours a day, 7 days a week, at **1-877-WNV-4NYC (1-877-968-4692).** (New Yorkers who use TTY/TDD can call 212-788-4947 weekdays from 9:00a.m. to 5:00p.m.). Extensive information is also included on the City's Website at **nyc.gov/health.**

#91

from Clove Lakes Park on August 28. Because the entirety of Manhattan and Staten Island have been treated subsequent to the dates of the birds found, there is no additional spraying scheduled for these areas at this time. **The areas to be sprayed as a result of these findings are listed in the attached spraying schedule.**

SPRAYING PRECAUTIONS

Spraying schedules are announced each day on WCBS Radio (880 AM) at 6:56 am and 6:56 pm, and at other times throughout the day. Several radio stations in New York City are also running public service announcements. New Yorkers can also find out about spraying plans through the media, by calling the West Nile virus information line at **1-877-WNV-4NYC**, by checking the New York City Department of Health (NYCDOH) website at **nyc.gov/health**, and by calling community boards and elected officials.

Anvil (*Sumithrin*) will be used for these efforts. This pyrethroid-based pesticide is relatively nontoxic to humans and other mammals, and health risks associated with the use of pyrethroids in accordance with U.S. Environmental Protection Agency (EPA) and New York State Department of Environmental Conservation (DEC) guidelines are negligible. The NYCDOH recommends that all individuals take precautions to avoid direct exposure to pesticides:

- Whenever possible, people and pets should stay indoors during spraying with windows closed and air conditioners turned off.
- If you have to remain outdoors, avoid contact with the spray. If you get pesticide spray directly in your eyes, immediately rinse them with water or eye drops. Wash skin and clothing exposed to pesticides with soap and water.
- Some individuals are sensitive to pesticides. Persons with asthma or other respiratory conditions are especially encouraged to stay inside during spraying since there is a possibility that spraying could worsen those conditions.
- Wash fruits and vegetables that could have been exposed to the spray.
- Anyone experiencing adverse reactions to pesticides should call their doctor or the NYC Poison Control Center at (212) POISONS or (212) 764-7667.

New York City residents are advised to take precautions against mosquitoes, including:

- If outside during evening, nighttime, and dawn hours when mosquitoes are most active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks.

- Consider the use of an insect repellant containing 10% or less DEET for children and no more than 30% DEET for adults. USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS.

- Make sure that doors and windows have tight-fitting screens. Repair or replace screens that have tears or holes.

New York City residents are also reminded to continue throughout the mosquito season to eliminate areas of standing water around their homes.

DEPARTMENT OF HEALTH

The City of New York

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(212) 788-5290 FAX: (212) 788-4749

nyc.gov/health

NEAL L. COHEN, M.D.
Commissioner

SANDRA MULLIN
Associate Commissioner

FOR IMMEDIATE RELEASE
Wednesday, September 6, 2000

CONTACT: Sandra Mullin/Erich Giebelhaus
(212) 788-5290

WEST NILE VIRUS UPDATE
Seven Additional Birds and One Mosquito Pool Test Positive for West Nile Virus

Spraying Scheduled for Selected Cemeteries and Parks in Queens on Thursday, September 7, from 10:00 to 5:00 a.m.*

Spraying Scheduled for Two-Mile Vicinity of Howard Beach, Corona, and Alley Pond Park, Queens on Friday, September 8, from 10:00 p.m. to 5:00 a.m.*

Reminder: Spraying for Previously Announced Two-Mile Vicinity of East Flatbush, Brooklyn, Rescheduled for Tonight, from 10:00 p.m. to 5:00 a.m.*

Reminder: Spraying for Brooklyn/Queens Cemeteries Not Treated This Past Weekend Rescheduled for Tonight, from 8:00 p.m. to 3:00 a.m.*

((DRAFT)) New York City Health Commissioner Neal L. Cohen, M.D., announced this afternoon that evidence of West Nile virus (WNV) has been confirmed by the New York State Department of Health in seven additional birds collected in New York City, as well as in one mosquito pool tested from mosquitoes trapped in Alley Pond Park in Queens.

Dr. Cohen made this announcement at a news conference at Our Lady of Mercy Senior Center in Manhattan with Mayor Rudolph W. Giuliani.

Dr. Cohen said, "With this new finding of birds testing positive for West Nile virus in Howard Beach, Corona, and Alley Pond Park, Queens, we will conduct targeted ground spraying operations for mosquito control in these areas on Thursday and Friday evening. We will also continue to monitor for signs of West Nile virus in New York City throughout the mosquito season."

In **Queens**, two birds testing positive for West Nile virus, both crows, were collected from Howard Beach on August 24 and Corona on August 25. In addition, a mosquito pool from Alley Pond Park tested positive for the virus. In **Manhattan**, four birds tested positive for West Nile virus. A crow was collected from Riverside Park on August 23; a crow from City Hall Park on August 25; a crow was collected from Roosevelt Island on August 26; and a cormorant was collected from Central Park on August 23. On **Staten Island**, an American Kestrel was collected

****Weather Permitting. A Complete Spraying Schedule Is Attached***

DEPARTMENT OF HEALTH

The City of New York

OFFICE OF PUBLIC AFFAIRS
125 WORTH STREET, ROOM 329
NEW YORK, N.Y. 10013
(212) 788-5290 FAX: (212) 788-4749 nyc.gov/health

NEAL L. COHEN, M.D.
Commissioner

SANDRA MULLIN
Associate Commissioner

FOR IMMEDIATE RELEASE
Friday, August 25, 2000

CONTACT: Sandra Mullin/John Gadd
(212) 788-5290

ONE BROOKLYN RESIDENT AND ONE STATEN ISLAND RESIDENT TEST POSITIVE FOR WEST NILE VIRUS; OLDER NEW YORKERS ARE URGED TO TAKE PRECAUTIONS AGAINST MOSQUITOES

New West Nile Positive Mosquito Pools in Staten Island and Van Cortlandt Park, Bronx; Additional Spraying Is Scheduled

Ground-Based Spraying in Woodlawn Cemetery in the Bronx and Greenwood Cemetery in Brooklyn to Take Place Friday, August 25, From 10:00 p.m. to 3:00 a.m.

Ground-Based Spraying in Prospect Park, Brooklyn and Van Cortlandt Park, Bronx Scheduled Friday, August 25, From 11:30 p.m. to 5:00 a.m.

Ground-Based Spraying in Two-Mile Radius of Borough Park, Brooklyn, Scheduled Saturday, August 26, From 10:00 p.m. to 5:00 a.m.

Ground-Based Spraying in Two-Mile Radius of Van Cortlandt Park, Bronx, Scheduled Sunday, August 26, From 10:00 p.m. to 5:00 a.m.

Ground Spraying (in residential areas) and Aerial Spraying (in non-residential areas) Scheduled Throughout Staten Island Sunday, August 27 and Wednesday, August 30 5:00 p.m to 8:30 pm (aerially in non-residential areas) 10 p.m to 5:00 a.m. (residential areas)

New York City Health Commissioner Neal L. Cohen, M.D., announced today that an 87 year-old woman from Borough Park, Brooklyn, and an 84 year-old woman from Shore Acres, Staten Island, have tested positive for West Nile virus (WNV). The Brooklyn woman is in critical condition; the Staten Island woman is in stable condition. The laboratory results were obtained by tests performed at the New York City Department of Health's laboratories, and specimens have been sent to the U.S. Centers for Disease Control and Prevention (CDC) for further confirmation. There are now a total of five New York City residents, all of whom are age 63 years or older, who have tested positive for West Nile virus in 2000.

Dr. Cohen also announced that the New York State Department of Health reported to the City Health Department that an additional 13 pools of mosquitoes and 2 dead birds collected from New York City have tested positive for the virus. 12 of the 13 pools of mosquitoes were collected from Staten Island, with 2 of the pools collected from Staten Island on August 20, subsequent to the last spraying effort on Staten Island. This information, along with the evidence that Staten Island continues to be the area with most evidence of viral activity, prompts a new

round of spraying on Staten Island to take place on Sunday, August 27 and Wednesday, August 30. The other mosquito pool was collected in Van Cortlandt Park in the Bronx prompting spraying to take place in Van Cortlandt Park and Woodlawn Cemetery tonight and in the community surrounding Van Cortlandt Park on Sunday night. ***(Spraying schedules attached.)***

Dr. Cohen joined Mayor Rudolph W. Giuliani to make this announcement at a press conference in the Blue Room at City Hall.

Mayor Giuliani said, "The City of New York is doing everything possible to limit the spread of West Nile virus and to minimize human illnesses. It is likely that our efforts so far have prevented many others from becoming ill. While the City will continue its spraying activities to decrease the mosquito population, I urge New Yorkers, particularly older New Yorkers, to take personal precautions to reduce exposure to mosquitoes. Between dusk and dawn, when mosquitoes are most active, New Yorkers should wear protective clothing such as long-sleeved shirts and pants, and use insect repellents containing DEET."

The 87 year-old woman from Brooklyn was admitted to a local hospital for a surgical procedure on August 7 and developed encephalitis on August 15. (There is a 3 to 15 day incubation period from infection with West Nile virus to the onset of symptoms). The 84 year-old woman from Staten Island became ill with symptoms of encephalitis on August 18, and was admitted to a local hospital on August 20.

Dr. Cohen said, "With two additional New Yorkers testing positive for West Nile virus this year, one 87 years old and the other 84 years old, it is critical that all New Yorkers, particularly older New Yorkers, take personal precautions to reduce exposure to mosquitoes. It also continues to be important to reduce standing water to minimize mosquito breeding sites around people's homes.

"Additionally, while the *Culex pipiens* species continues to be the main carrier of West Nile virus, the City has also identified West Nile virus in two other species of mosquitoes: *Culex salinarius*, and *Aedes triseriatus*. While the risk of being bitten by mosquitoes is still greatest during dusk and at dawn, and during nighttime hours, the *Aedes triseriatus* species may also bite during the day. While it is not yet known how significant a role this mosquito plays in the transmission of West Nile virus to humans, it is nonetheless recommended that individuals also take precautions against mosquitoes during the daytime if in areas where there is mosquito activity," Dr. Cohen added.

NEW MOSQUITO AND BIRD FINDINGS

The State Health Department reported 13 new pools of mosquitoes and 2 dead birds to the City Health Department this morning. 12 of the mosquito pools were collected from various areas of Staten Island including Rossville, Grasmere, Clove Lake and the landfill; the other mosquito pool was collected from Van Cortlandt park in the Bronx. The two birds, a dead crow and a dead captive bird were collected from Midland Beach and West Brighton, Staten Island, respectively.

-- More --

SPRAYING PRECAUTIONS

Spraying schedules are announced each day on WCBS Radio (880 AM) at 6:56 am and 6:56 pm, and at other times throughout the day. New Yorkers can also find out about spraying plans through other media, by calling the West Nile Virus information line at **1-877-WNV-4NYC**, by checking the NYCDOH website at **nyc.gov/health**, and by calling community boards and elected officials.

Anvil (*Sumithrin*) will be used for these efforts. This pyrethroid-based pesticide is relatively nontoxic to humans and other mammals, and health risks associated with the use of pyrethroids in accordance with U.S. Environmental Protection Agency (EPA) and New York State Department of Environmental Conservation (DEC) guidelines are negligible. The NYCDOH recommends that all individuals take precautions to avoid direct exposure to pesticides:

- Whenever possible, people and pets should stay indoors during spraying with windows closed and air conditioners turned off.
- If you have to remain outdoors, avoid contact with the spray. If you get pesticide spray directly in your eyes, immediately rinse them with water or eye drops. Wash skin and clothing exposed to pesticides with soap and water.
- Some individuals are sensitive to pesticides. Persons with asthma or other respiratory conditions are especially encouraged to stay inside during spraying since there is a possibility that spraying could worsen those conditions.
- Anyone experiencing adverse reactions to pesticides should call their doctor or the NYC Poison Control Center at (212) POISONS or (212) 764-7667.

PERSONAL PROTECTION MEASURES

Dr. Cohen reminded New Yorkers to continue throughout the mosquito season to help mosquito-proof New York City by eliminating areas of standing water around their homes:

- Make sure roof gutters drain properly.
- Dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers.
- Remove all discarded tires from property.
- Clean and chlorinate swimming pools, outdoor saunas and hot tubs. If not in use, keep empty and covered.
- Drain water from pool covers.
- Turn over plastic wading pools and wheelbarrows when not in use.
- Eliminate any standing water that collects on property.
- Change water in bird baths once a week.
- Remind or help neighbors to eliminate breeding sites on their properties.
- Report standing water to the Health Department through the West Nile virus information line (**1-877-WNV-4NYC**) or the City's website (**nyc.gov/health**).

In addition, Dr. Cohen advised New Yorkers to take precautions against mosquitoes, including:

- If outside during evening, nighttime, and dawn hours when mosquitoes are most

active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks.

- Consider the use of an insect repellant containing no more than 30% DEET for adults and 10% or less DEET for children. USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS.
- Make sure that doors and windows have tight-fitting screens. Repair or replace screens that have tears or holes.

For information on West Nile virus, spraying activities, or to report dead birds and areas of standing water where mosquitoes breed, New Yorkers can call the NYCDOH's West Nile virus information line, 24 hours a day, 7 days a week, at **1-877-WNV-4NYC (1-877-968-4692).** (New Yorkers who use TTY/TDD can call 212-788-4947 weekdays from 9:00a.m. to 5:00p.m.). Extensive information is also included on the City's Website at **nyc.gov/health**.

West Nile Virus Findings Summary

Summary of West Nile Virus Findings: 5 humans, 66 birds and 77 mosquito pools	
Borough	**Findings**
Staten Island	Birds: 40 Mosquito Pools: 65 Humans: 4 (3 at home recovering, 1 hospitalized)
Manhattan	Birds: 7 Mosquito Pools: 7
Queens	Birds: 8 Mosquito Pools: 3
Bronx	Birds: 4 Mosquito Pools: 2
Brooklyn	Birds: 7 Mosquito Pools: 0 Humans: 1 (Hospitalized)

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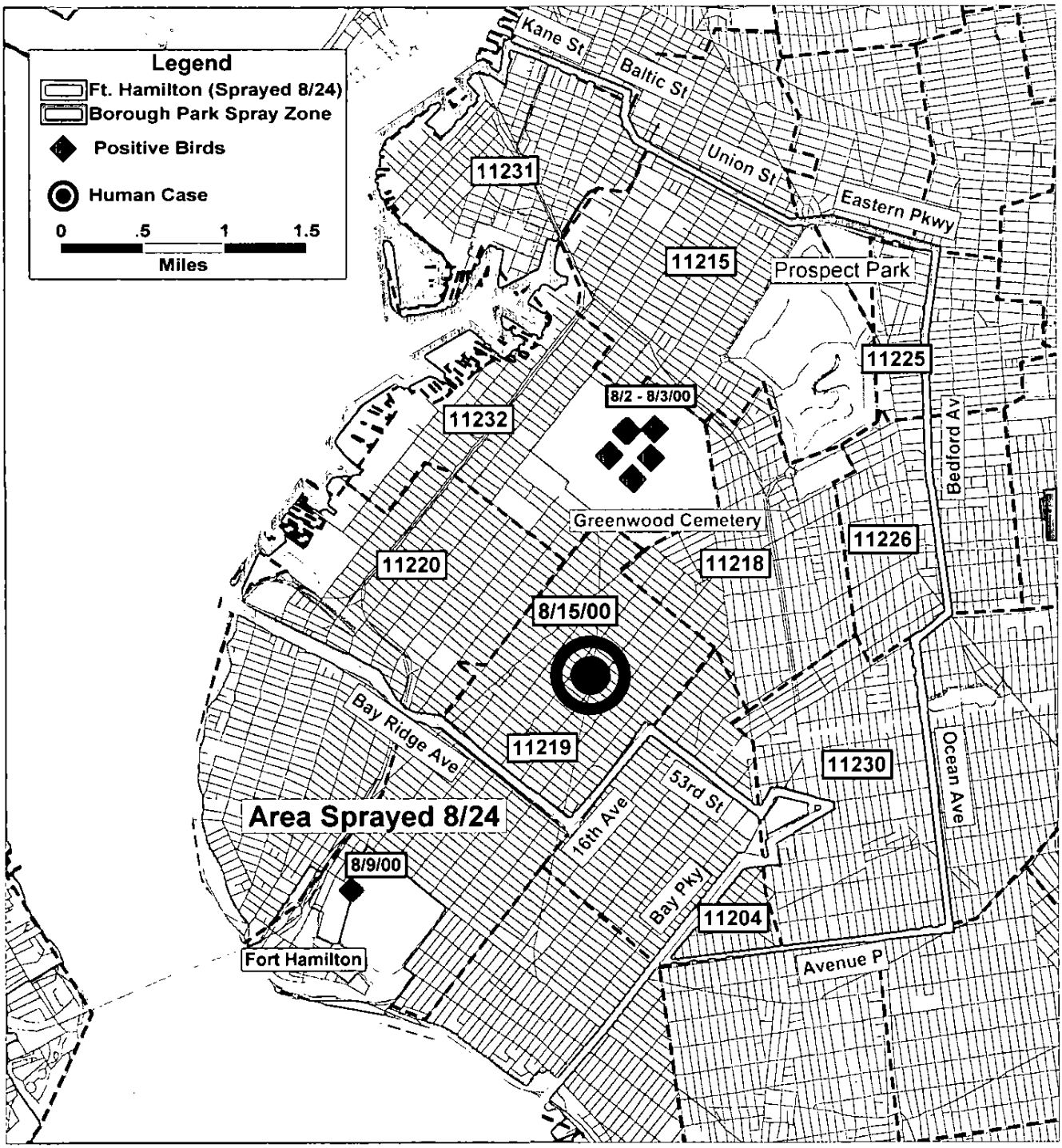
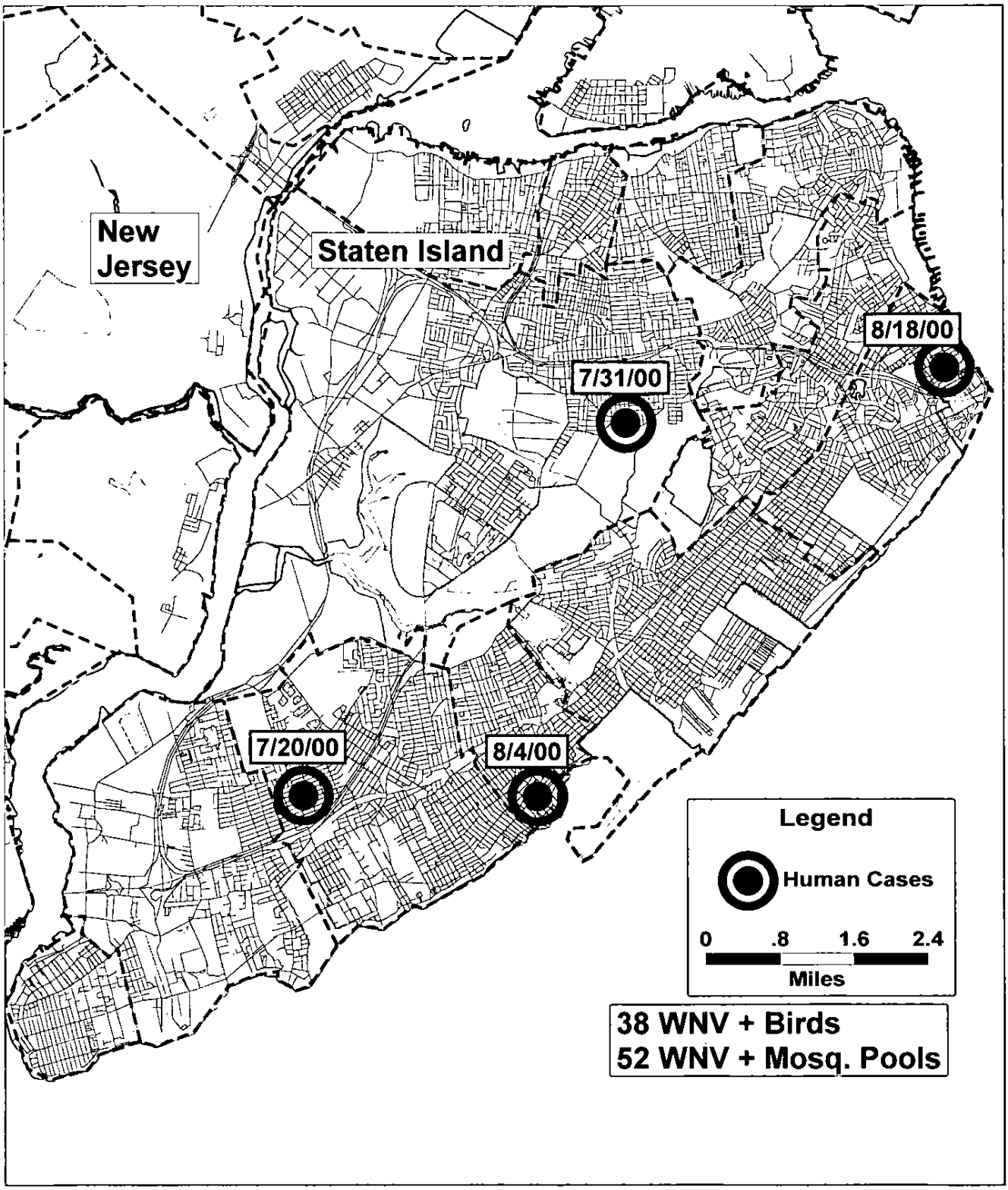
Brooklyn Spray Zones, Positive WNV Human Case & Positive Birds



City of New York

Staten Island Laboratory-Positive WNV Human Cases as of August 25, 2000



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