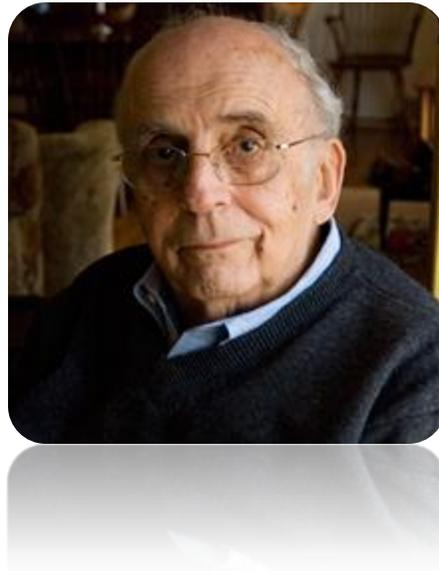


# Watsonian



**Newsletter  
Special Edition  
Commemorating the Life Dr. David J. Spencer  
"A Tribute from the Watsonian Society"**



## **Greetings from the Editor:**

Greetings Watsonian Society,

This special addition newsletter is dedicated to celebrating the life of one of strongest supporters of Public Health, former CDC Director David Sencer. Dr. David Sencer was the longest-serving director of the U.S. Centers for Disease Control and Prevention (CDC) and one of the leaders for the U.S. contribution to the smallpox campaign. In this edition we share a portrait of an individual who blazed trails for the public's health and give a glimpse of how he impacted the lives of those who were able to know him.

Sincerely,  
Jeffrey D. Walker  
[Kh22@cdc.gov](mailto:Kh22@cdc.gov)  
(828) 837-7486

## Portraits of Dr. David J. Sencer:

My first recollection of meeting Dave Sencer was in 1968 or so. I was Hamp Furcron's assistant state VD rep in Arkansas and we were attending a meeting in Kansas City - all the senior and regional office reps were there. That evening, Hamp and I joined others in having dinner with Dr. Sencer and I was quite in awe that I was actually sitting at the same table as the Director of the CDC - I was so nervous about it, that I promptly knocked over a glass of red wine that spilled on the white tablecloth. I was so embarrassed but everyone, including Dr. Sencer, had a good laugh about it and we went on to have a nice time.

***Submitted by: Willis Forrester***

---

Dave Sencer was a true Gentleman! He was at the top of the many excellent Directors who made CDC the Premier Public Health Agency that it was for so many years. Dave ranked right there with Larry Smith in building and sustaining effective programs. He was a great person to work with. Sorry to hear about his death at such a young age. He made his mark on the world and will be remembered.

***Submitted by: Harry Wettig***  
***Wilmington, NC***  
***Wettig.org***  
***[macwettig@aol.com](mailto:macwettig@aol.com)***

---

He was such a wonderfully-supportive personal mentor - at CDC in the 70s, at NYCHD in the '80s and as Chair of ASHA's Board in the '90s-00s. I'm so glad I got to see him on the EIS 60th anniversary weekend; he seemed the usual Dave Sencer so I was shocked and saddened by his death 3 weeks later.

The accounts of Dave's life leave out a major contribution he had on improving the lives of American women. Dave and Alex L created the field of reproductive health at CDC. They formed FPED in the late 60's and supporting our controversial but trailblazing work in the Abortion Surveillance Branch in the '70s as we helped define the PH impact of Roe v. Wade during that decade. I remember giving my first Tuesday EPI Seminar in March 1975 on our fledgling

Abortion Mortality Surveillance system. Dave sat in the back of the audience the whole hour as a show of support. It was the only EPI seminar he attended my 1st EIS year.

We'll all miss him.

Ward

***Submitted by Ward Cates***

***Honorary PHA and Former Director of the CDC Division of STD***

***wcates@fhi.org***

-----

Bob, I am currently in Manila with WHO for a 6 week assignment/consult on response logistics and public health emergency preparedness, great experience, great people. But, the reason I am writing is to respond to your request for experiences with Dr. Sencer. I agree wholeheartedly with your assessment of him as a great Public Health hero.

I was transferred from the field to the SF Regional Office in 1975 and as part of a lengthy orientation, we got to meet with Dr. Sencer, talk about career pathways and guidance among other topics. Dave argued successfully for some of us to attend EIS training, not the field placement, but the "academic" portion and to my knowledge, before Ross Cox we few were the first Public Health Advisors to get this opportunity and it was all because of Dave Sencer. He also provided us with guidance before our first session: "The docs will sit in the front and act like they know all the answers. You guys sit in the back, don't talk or answer the questions because you'll make them feel bad." This gives you a clear sense of the man, his humanity, self-deprecating humor, and his style. He will be missed.

**Submitted by Steve Bice**

-----

Dr. David Sencer hired me in 1973 and I worked in the OD's office with Eric Green and his staff. The Director's office was located in building 1 on the first floor and Dr. Sencer would routinely walk around and visit his staff and other employees and ask what their summer vacation plans were and how the family was doing. He was a very caring, friendly, supportive man.

Later when I transferred to Enteric diseases we had the Legionnaires outbreak and the "EOC of the day" was Auditorium A in Building 1. At any time you could find Dr. Sencer there at the phone bank answering the phone calls from concerned citizens. The callers never knew they were talking to the CDC director they thought they were just talking to a doctor.

After Dr. Sencer left CDC and I retired we both joined NARFE and came to become good friends and with both of us joining and supporting the Watsonian Society we saw each other at these

events. By then he was Dave and he was still the friendly supportive man who still ask about the children and what was going on in my life. Dave and I shared stories of mutual friends and favorite books. He or I both would recall stories of events that happened at CDC through the years. In my life I have had four heroes and Dr. Dave Spencer was one of them. It was a honor to know him, work with him and to call him my friend.

**Submitted by Dwan Hightower**



**Dr. Sencer is in the back row, far left, on the end.**

In the early seventies, I was PMO for the CDC Nutrition Program which I had moved down to CDC from Washington to publish what was then the largest nutritional survey ever conducted.

Because of the intense media exposure we were receiving, Dr. Sencer ordered that our program be placed on the 2nd floor of the old Clifton Rd. building just down the hall from his office. He would frequently walk into our offices unannounced to discuss some pressing matter related to our efforts to generate a report required by Senator George McGovern. I appreciated his hands on style and the access that we had to his office. I made it a point for the rest of my career to duplicate his hands-on style and develop a close working relationship with my fellow workers. I believe this has always been one of the strengths of CDC.

At that time, the CDC workday was 8:00 am to 4:30 pm. One afternoon at about 4:00 pm, I was exiting the elevator in front of his office, and saw Dave standing in the middle of the hallway saying to several CDC staff who were obviously leaving early, "We work until 4:30 at CDC." They all executed a rapid about face and returned to their offices.

I chuckled as I thought; now I know what they mean about a hands on manager.

**Submitted by: John Narkunas**  
narkunas@bellsouth.net

---

I'll think of a possible story; I always recall the time I burnt my finger when smoking the very first time I met Dave.; I knew he hated 'smokers' and so kept my hands behind me.

**Submitted by Jerry Naehr**  
numnaehr@comcast.net

---

I was sorry to hear of Dr. Sencer passing. He definitely understood the value of Public Health Advisors and supported us in a way no that CDC Director in the past have. When I reported to New York City as a brand new GS-11 in 1982 he was the Commissioner of Health. He had the four new 11s in to meet with him personally. At the time I didn't realize how exceptional that was. As the Commissioner of Health in the largest Health Department in the country he took the time to show personal interest in our well being and encourage us in our careers. That was almost thirty years and seven assignments ago but will remain a highlight of my time as a CDC employee.

**Submitted by Phyllis Burnett**

-----  
I still remember being the, somewhat, intimidated GS -9 who joined Ken Latimer's shop on the 2nd Floor at CDC on Clifton Road in 1971. Dr. Sencer's office was at the end of the hall. I passed his office often.

**Submitted by Willie Greene**  
**GreeneWH@comcast.net**

-----  
Dr. Sencer did the right thing. He acted using the margin of safety for all. It was politically a no win situation. There would be political criticism either way. And as it turned out, because of the swine flu vaccination campaign in the mid 1970's, the impact of the 2009 H1N1 outbreak in the USA may have been reduced. He was one of the good guys.

**Submitted by: Susan Good, BS RN,**  
**Disease Management & Prevention**  
**Oregon Health Authority**

-----  
Dave Sencer did things silently for people. I heard many times of his good deeds for people who worked with him. These deeds are the mark of a person.

Thanks for all you did Dave Sencer

**Submitted by: Renee Brown-Bryant**

-----  
I have just finished reading a book by Mark Pendergrast entitled, "*Inside the Outbreaks: The Elite Medical Detectives of the Epidemic Intelligence Service.*" On pages 85 - 87 of the hardcover book, there is a great story that involves Dr. Sencer and relates an event that I had not previously known about him and an event that showed what a stellar CDC Director he truly was. I don't know if this story is of interest to you but I wanted to share it because it so impressed me. Here are the pages from Mark Pendergrast's book - - verbatim:

*Profuse Diaphoresis in Infants*

*In a little St. Louis hospital run by the Salvation Army, some thirty babies a month were born to unwed mothers. The nurses and doctors ran an immaculate operation with complete prenatal care, delivery, and nurturing of newborns. On April 17, 1967, a week-old baby developed a mild*

*fever, then became slick with sweat, his tiny heart beating rapidly. Transferred to a major hospital nearby, the child was treated with antibiotics but died within twenty-four hours.*

*Immediately after this death, three more babies began to sweat profusely. They survived following blood transfusions. Blood cultures of the babies were negative for any known infection. The hospital closed its nursery for ten days of thorough cleaning.*

*A month later another baby died suddenly with the same symptoms, and three more infants barely survived after transfusions. Second-year EIS officer Randy Eichner was called in and found that the babies had all been full-term pregnancies and appeared normal. They had been delivered by different doctors. The maternal vaginal canals had been cleaned with an iodine compound before delivery. All babies had been suctioned with a bulb and given the same ointment and vitamin injections.*

*Finally Eichner found a possible cause. Since July 1966 surfaces in the nursery had been cleaned with a disinfectant containing four phenol derivatives, including hexachlorophene, which had been shown to cause newborns to go into convulsions if used repeatedly without rinsing. The nursery was closed again and soaped down, new linens were purchased, and the disinfectant had been discontinued. Case closed.*

*Two months later, on August 29, another baby at the St. Louis hospital began to sweat profusely, and the hospital immediately called the CDC. Eichner had graduated from the EIS, so officer Robert Armstrong prepared to investigate using Eichner's notes.*

*He noticed that chemical analysis of the babies' blood had found traces of phenolic hydrocarbons. After a quick literature search, he discovered that pentachlorophenol, used primarily as a wood preservative, had caused exactly the same symptoms in other outbreaks.*

*When he arrived at the small hospital in the morning, Armstrong began in the attic. "I found every box, bag, container, and took them apart." By the afternoon, he had worked his way down to the basement laundry room, where, in a storeroom, he turned a large cardboard barrel around and saw the label for Loxene, a whitening agent. Among its ingredients was pentachlorophenol, and the label warned, NOT TO BE USED IN HOSPITALS.*

*"The laundry ladies told me that they put it in the washer for the terminal rinse for diapers and all hospital linens," Armstrong recalled. He asked them to stop using it, called the health department, took samples, and locked up the barrel. The chemical was easily absorbed through the skin, especially a baby's wet skin covered by a diaper.*

*After a previous outbreak of infant illness in a North Dakota hospital had cast suspicion on Loxene, the company had added the cautionary label. Now Wyandotte, the manufacturer, denied any negligence -- the label had said it shouldn't be used in hospitals. Armstrong was not persuaded, especially after his own blood, submitted as a control, was found to have a relatively*

*high level of pentachlorophenol. The St. Louis hotel where he had stayed during the investigation also used Loxene for its sheets and towels.*

*While the U.S. Department of Agriculture had regulatory power over the laundry product, "their officials didn't see the necessity to recall the product," Armstrong remembered. "The USDA was just a front for industry."*

*Armstrong went to CDC director David Sencer. After reviewing the data, Sencer called the president of Wyandotte and told him to recall the product and never sell it again in the United States. Although the CDC had no regulatory power, Sencer promised that he would make a very public stink about it if the executive did not agree. That was the end of Loxene.*

**Submitted by: Tom Starcher**

Excerpt From: Pages 85 - 87 of the hardcover book written by Mark Pendergrast book entitled, "*Inside the Outbreaks: The Elite Medical Detectives of the Epidemic Intelligence Service.*"

-----

I worked closely with Dave in the NYC Dept of Health for several years. "It was a few months after Dave's arrival at the DOH. The topic over lunch was whether this strange new disease that we called GRID was important enough to assign a half staff person to. He concluded that we should and we arranged for a public health advisor to be detailed to us part time to investigate what was the beginning of the NYC AIDS epidemic."

On a lighter note: "I came into my office to discover that my desk chair was missing. Several hours later a female staffer reported finding it in the ladies room. Several hours after that we tracked down the culprit-Dave Sencer. One of many practical jokes he enjoyed."

**Submitted by Norman Scherzer**  
**normanjs@bellatlantic.net**

-----

First though, I looked back through my CDC photos and found a nice, recent picture. The date is October 2010; the occasion was the Watsonian Society Banquet, which he always attended (as you noted, he was one of the first 2 official Honorary Members.) It is a nice photo of Dave, though he wrote a note later apologizing if he had seemed "short", as he had a lot of back pain at the time. I teased him, of course: "How would I tell the difference?" but, he must have a lot of pain tolerance, as I noticed nothing of the sort.

There is a manhattan glass on the table but of course it was not Dave's. As to stories, I'm sure I'll think of more, but it reminded me of my first encounter. We all know that Dave practiced "management by walking around" and would suddenly, magically appear in our doorways without any notice. (There is a famous story about Dave walking into Lyle Conrad's office to congratulate him that his secretary was having a baby. Lyle of course didn't even know yet, but Dave did! Which was likely the point.)

I first went to work in the office of the director after I came back from Columbia University School of Public Health. I got a message - Sencer wants to see you. He walked me over to a vacant office down the hall from Harry Pedigo's Bldg 1 office, handed me a thick publication of Congressional hearings (I think on Hunger in America), and said "read this and tell me what you think." I put my feet up on the desk and settled in to read. An hour later, suddenly, there he was in front of me. Back then, he wore gum-soled shoes of course (stealthy...maybe on purpose?) and I never heard him coming. I was busted, and I leaped up embarrassed. He just wanted to know how I was coming. I admitted I wasn't finished reading, so he turned and left. It dawned on me: The part that was more important was "what I thought" not "what I read." And, he didn't want to wait until I'd read every page. So, I skimmed the rest, and thought for a while. Sure enough, 30 minutes later, there he was, again unannounced, in front of me. This time I was ready and we talked about it, and then (Dave was always generous with his time to young PHAs and EISers) he took the time to explain what was going on here and why we cared. In retrospect, it was a fairly painless way to learn how the boss operated and what he expected .and how quickly he expected it!

**Submitted by: Dennis Tolsma, Former CDC Center Director**

-----

I badgered him a year or so about writing things down. He said he had a few things written, and he sent the two I've attached. I'd love to know how many more he wrote down and where they are.

**Submitted by: Robert Irwin**

-----

I was an EIS Officer and came to work for the Communicable Disease Center (CDC) in July 1963. Also, I was honored to be selected as an Honorary Public Health Advisor (1991). I retired from my CDC life at the end of 1994.

During my first 6 months at CDC, a family illness required some major reshuffling of my career plans. My supervisor at CDC met with Dr Sencer and arranged for a meeting between Dr Sencer and myself. To shorten this story, in December 1963, Dr Sencer personally arranged for me to take an assignment with the Vaccination Assistance Program at the Dallas City Health Department. At that time, in addition to Dr Sencer's role as Assistant Chief, CDC, he was also was the first Chief, Immunization Activities, Office of the Director, CDC.

Recently, much has been said about Dr Sencer and his role as Director of CDC. Perhaps I have missed it but, I would offer the notion that Dr Sencer was the leader in getting Federal financial assistance to the State and local health department immunization programs. With Dr Sencer's leadership some CDC management officials were involved in developing and providing the "draft-words" that were used in the Vaccination Assistance Act passed by the Congress in December 1962.

So, not only did Dr Sencer play a major role in the international immunization efforts, he played a similar major role in the domestic immunization efforts. Worldwide, his forward thinking regarding immunization program support in the early 1960's has over the many decades that followed, saved millions of children from the ravages of the diseases that were preventable through immunization.

At Dr Sencer's "CDC-retirement-party", I had the opportunity to thank him for his efforts in keeping me in the CDC-family. During our brief conversation about my career opportunity, tears welled in his eyes as he shook my hand while patting me on my back. Truly, he cared for the CDC mission and for the CDC-family. Simply put, without his caring attitude, I would not have had a CDC career.

**Submitted by Donald L. Eddins**  
**dle@eddins.net**

---

Thanks for your work in a tribute to Dr. Sencer who set the standard for high morality, public health competence and insight, and a recognition of the importance of managers and field staff to extend those virtues throughout the country and globally. It was a time when CDC was in its adolescence (relatively speaking) and the importance of personal associations and appreciation of individual and small team contributions was the hallmark of what drove the agency. In the early 1970's I was in Field Services at Headquarters in my fourth assignment in my fourth state with Dave Hammond and Gerry Wood where I worked in national recruiting for entry level college graduates in the "Co-op" program and also coordinated national training. I followed key and esteemed recruiters in that job such as Peter Mayville, John Narkunas, and Bob Baldwin. I vividly recall Dr. Sencer's (and Bill Watson as well) deep interest in new staff being assigned to work with state health agencies. While of course I did not have open door access to his office, I realized he knew me personally and was strongly supportive and understood well the value of building state capacity in disease control - knowing that these assignees aided materially to that priority.

Later he served the Watsonian Society in making it stronger and more visible; even during trying periods where even the sustaining of the 685 series and its mission was in question. He was both a pioneer and a leader whose legacy sets the bar high for all who follow. We were all so fortunate to have Dr. Sencer as our leader in our career development years. He reinforced our decision to be a part of CDC and contribute to its powerful and lasting mission.

**Submitted by: Joe Smith**

## Short Stories Written by David Sencer

### THE BOB AND BARBARA SHOW

In years of low influenza activity, CDC always assigned one epidemiologist to be the spokesperson for the flu season. In 1972 this honor was bestowed on Dr. Robert Rubin, a downy faced internist whose juvenile looks belied his age.

The Today Show requested that CDC provide a talking head on flu and Dr. Rubin was sent to New York. Barbara Walters did the interview.

Barbara: "Dr. Rubin, should I get the flu shot?"

Robert: "We recommend that all people over the age of 65 receive annual immunization."

Barbara: (Under the table kicked him in the shin.)

Camera crew: Silent cheers for Dr. Rubin.

Barbara: "And now a word from our sponsor."

Later.

Barbara: "Dr. Rubin, what should I do if I get influenza?"

Robert: "My mother always gave me chicken soup."

Barbara: "And now for the weather."

Dr. Rubin went on to become the Assistant Secretary of HEW for Planning and Evaluation. He never was asked to be on television.

THE COMMISSIONER SHALL PLACE A LANTERN...

January 3, 1982 was my first day as Commissioner of Health of the City of New York. I crossed a "picket line" of mobile food vendors and their carts protesting a limitation on the number of licenses that would be issued, took the elevator to the 6th Floor, was accosted by the guards who wouldn't believe that I was the Commissioner, and finally reached my office.

I visited the Personnel Office where the Assistant Commissioner for Personnel, Scott Glatzer, reached into a drawer and presented me with a gold badge of office (the badge and a subway token would get me on the subway). I asked why there were so many badges and Scott told me that Commissioners come and Commissioners go.

My next visitor was the Assistant Commissioner for Public Affairs.<sup>1</sup> The first thing he said after closing the door was, "I'm gay." My response was, "So?" He told me that I had to be at City Hall that afternoon for a bill signing. I asked what a bill signing was. He explained that this was an occasion when the Mayor had an open hearing on new legislation passed by the City Council<sup>2</sup> and decided whether to sign the bill into law.

The next question was, "What's the Bill?" He said it is was Public Law No. 1.

"what's it about?"

"The Bill requires you to license carriage and riding horses in New York City."

"I'm not going to do that. It's not a health problem."

"Yes you are."

"I'll go discuss it with the Mayor."

"No, you won't!"  
I didn't.

---

<sup>1</sup>It seemed that everyone was an Assistant Commissioner. It did not require approval from City Hall, it didn't pay any more but the Assistant Commissioner's phone was answered, "Commissioner Smith's office (sometimes, "Commissioner Smith's line," or even "Commissioner Smith's wire!")"

<sup>2</sup>Before the City Charter revisions of 1989, the City Council while not the laughing stock of government, was less than powerful. It was said that the major responsibility of the Council was to rename streets.

I went to the signing and found the room full of New Yorkers in ten gallon hats and wearing cowboy boots. Urban cowhands.<sup>3</sup> Also Cleveland Amory, columnist and animal rights advocate. The Mayor asked if anyone chose to speak against the Bill. No one did, so the Mayor signed it into law. This was the beginning of my personal year of the horse.

When I read the entire Law rather than just the title, I found that there was more to it than just licensing horses. The Law required the Commissioner to develop and the Board of Health adopt regulations for the safe and humane use, care and feeding of the horses.

Under normal circumstances I would turn to the staff person responsible to do this. But the Assistant Commissioner for Animal Affairs was best known for prohibiting Ringling Brothers from marching their elephants through the Mid-Town Tunnel, for serving a summons on a restaurant for allowing Bo Derek to bring her pet baboon in for dinner, for suing a Chinese restaurant for entertaining Sandy (from the cast of **Annie**) on the occasion of the New Year's celebration of the Year of the Dog, and for issuing a summons to a disco for allowing a naked lady to ride in on a horse (it was the nakedness, not the horse that led to the complaint).

As a proper bureaucrat my first instinct was to find regulations that NYC could adopt. I called the State Health Department and asked for a copy of their regulations. They didn't have any. Didn't they think that they should have some. No. Did they have any suggestions. Try the Cavalry. Why didn't I think of that?

The Secretary to the Board of Health, Pat Caruso, was a horse follower at the race tracks. She volunteered to help. She found the Cavalry at Ft. Hood, Texas: the 1st Ceremonial Horse Brigade. I talked to the veterinarian in charge, Major Knay, explaining our quandary. He said with great assurance that of course they had regulations and he would call back. He did, but with less assurance. The regulations had been written for General Custer, and did not seem appropriate. He suggested we use horse sense. I suggested that we call his boss at the Pentagon. The Chief Veterinary Officer of the Army said the Army Field Manual covered every exigency and he would call back with the regulations. When he did, it was to explain that the Field

---

<sup>3</sup>I later found that the DOH had a cowboy on its staff. He performed in street rodeos as the Bronx Black Bronc Buster.

Manual talked about pulling caissons out of mud, and he didn't think that was what we had in mind.

He suggested we call the US Department of Agriculture. They administered the Animal Welfare Act and the Horse Protection Act. I knew the Animal Welfare Act had to do with protecting laboratory animals, but the Horse Protection Act sounded promising. However, this dealt with manicuring the hooves of Tennessee walking horses (who ever said Federal legislation was relevant?). The USDA suggested, "Call New Orleans. They have beautiful carriage horses."

Charlie Caraway was the State Epidemiologist and a veterinarian, so we called Charlie. He said they had stopped using horses and used mules. They stood the heat better. He suggested we call Charleston, S.C.

Dick Parker, the State Epidemiologist and Veterinarian, proudly proclaimed, "We require horse diapers." I replied that NYC had a pooper scooper law and we weren't about to extend it to horses.<sup>4</sup> Dick's advice was to call the President of the Equine Practitioners' Association. We tracked him down in Golden, Colorado. He answered our query, "Jesus Christ!"

At this point we decided to do the job in-house and entrusted the writing of the regulations to the Deputy Commissioner who supervised the Assistant Commissioner for Animal Affairs. The Deputy Commissioner was Jean Cropper, in charge of all environmental health activities. He turned to with a vengeance. Wet bulb thermometers, dry bulb thermometers, wind velocity, depth of hay for bedding, vermin control for the stables, rest periods for the horses (complete with logs).

In the midst of writing the regulations (which I must admit did not take my top priority with AIDS just beginning) a horse attacked a taxi cab, causing the cab to strike a pedestrian. No one paid attention to the injured pedestrian, the press clamor was why the Health Department didn't have a regulation.

Finally, the regulations were written, hearings held and adopted. I would like to say that was the end of it. The last Public Law passed while I was Commissioner required the Commissioner to provide training to the drivers of horse drawn carriages.

---

<sup>4</sup>One day in an elevator the Mayor turned to me and said, "David, why is dog shit slippery and horse shit isn't?"

The horses just wouldn't fade into the setting sun.

The City had a requirement that each Department prepare a PEG (Program to Eliminate the Gap between revenues and expenditures) budget each year before the regular budget request would be considered. The idea was to identify activities in the Department that could be cut back, cut out or farmed out. There always came the admonition, "And don't suggest the Mayor's bodyguard."

I found that the Department of Health operated a production facility in Otisville, NY that made bacteriologic media for the DOH Bureau of Laboratories. As with so many other things in the DOH it was an historical anomaly. At the turn of the century the DOH was a leader in microbiologic research but this had gradually dwindled away. Now all that was left was the production of media for cultivating the bacteria that causes gonorrhoea.

In the spirit of the PEG we costed the media - 51 cents a plate. Since we used close to a million plates a year this was a sizable ticket item. Looking in catalogs for commercial reagent producers we found the list price to be 19 cents, before any discount for size of order. We check with manufacturers for availability and found no problem.

There were 24 employees at Otisville that would lose their jobs. Otisville is in the Appalachia of Orange County, NY and jobs would be hard to come by. I made the trip to Otisville and gathered the employees under a spreading oak tree and broke the news. We told them that we would try to find other jobs. If they wanted to commute 90 miles to the City we would guarantee jobs. It was not a pleasant morning.

It was even less pleasant when I found that horses were an essential part of the production process. Horse serum was used in the manufacture, and the facility had horses that they periodically bled. However, we believed that we could find homes for the horses.

The next that we heard was from the television stations. The manager of the facility had written a letter to the Police Department saying that he had to dispose of the horses, and he had three options:

- 1) Sell to an abattoir where the horses would be slaughtered and sold for human food;

- 2) Shoot the horses and bury them in a lye pit; or
- 3) Put them up for adoption.

Copies of the letter went to all the television stations and daily papers. Why did he write the Police Department? The horses were retired police horses! Policemen would take their grandchildren up to Otisville on the weekends to let them ride the horses. There were 70 retired horses, and 5 would have been sufficient to make the media. The good old DOH served as the rest farm for the Police Department.

We worked out an adoption committee procedure and accepted offers from all over the country. In the end, the manager in charge retired, joined a small firm that made media, bought the farm and the horses and won the City contract for media with a low bid of 17 cents.

This New York City oater has another chapter.

A call came to the Department from a man who owned a horse abattoir in South Carolina. He was licensed to sell in interstate commerce horse meat for human consumption. He had read the NYC Health Code and found that he could sell in New York City as long as he did not have other meat in the premises. His plan was to sell horseburgers from grills on the street. He had a marketing site - in front of Bloomingdales. He had a trade name - Chevalean.

We gave him his license, issued a press release and he lasted two days.

The New York City Health Code, enacted in 1889 contained the following Article:

*The Commissioner shall place a lantern at the head and tail of any horse dying on the street after sundown.*

Today it says the Commissioner shall license horse and train their drivers. Public Health progress?