

Hurricane Hits New York

Nancy has dementia and lives in a Brooklyn nursing home in Flood Zone 2.



With Public Health Funding



Before the Storm

Nancy's nursing home is in danger. Public health officials alert her facility and explain how to request assistance.



Evacuation

The mayor orders an evacuation. The Health Department has helped the nursing home with a plan to safely move residents.



Shelter

Due to emergency planning and transfer arrangements, Nancy is safe at another nursing home.



Reunification

Thanks to a family reunification system built by the Health Department, Nancy's family are reunited as soon as it's safe.



After the Storm

Nancy receives care through the storm. Public health officials help decide when it is safe to reopen the nursing home.

Without Public Health Funding



No Communication

Nancy's nursing home receives conflicting information. They have no plan, and staff can't prepare for an evacuation.



Flooding

Floodwater enters the nursing home. Staff can't properly care for Nancy and other residents. They call 911.



Interrupted Care

First responders face a difficult and dangerous evacuation of residents. They eventually evacuate Nancy to a shelter.



Disconnection

Nancy's family can't find her. When they finally reunite, they don't know the last time she received care.



No Care Options

The nursing home can't reopen quickly. Nancy's family doesn't have other options for long-term care.

In
Real
Life

In October 2012, Hurricane Sandy made landfall in NYC and the neonatal intensive care unit (NICU) at NYU Langone Medical Center had to be evacuated. With elevators down, the beds used to move infants were of little use. The infants had to be carried down nine flights of stairs. Thanks to planning and training by Health Department-supported partners, extra staff were waiting in nearby dorms and ambulances were ready at the curb. The health care evacuation center in Brooklyn sent updates about facilities that were full. NYU Langone staff informed parents, who reunited with their babies, safely asleep in NICUs throughout the city.

Supporting public health keeps New Yorkers healthy. Visit nyc.gov/health/emergencyprep to learn more.

Hepatitis A on the Menu

Andrea is a chef at a restaurant in SoHo. She feels sick and goes to a local urgent care center.



With Public Health Funding



Outbreak Identified

Andrea has hepatitis A, which can be spread through contaminated food or water. The Health Department interviews Andrea and her co-workers.



Disease Investigation

The Health Department learns that the restaurant hosted a party with over 1,000 guests. Others test positive for hepatitis A. The investigation expands.



Vaccinating Those at Risk

The Health Department educates restaurant staff and the public about the outbreak and sets up a site to administer hepatitis A vaccines.



Preventing the Spread

People who were possibly exposed go to the site or visit their health care providers to get vaccinated. No one else gets sick.

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Unidentified Outbreak

Andrea has hepatitis A, but the Health Department cannot investigate the case.



Disease Spreads

Without guidance, Andrea returns to work while she and other staff with hepatitis A are infectious, increasing spread of the virus.



Spread Increases

The Health Department can't communicate with the public or set up a vaccine site. The virus spreads.



System Strain

Many people are hospitalized, some of whom have severe liver disease. This crowds emergency rooms, endangering patients with other health emergencies.

In
Real
Life

In February 2025, a food handler at a Manhattan restaurant tested positive for hepatitis A. The Health Department alerted staff members and advised patrons who ate at the restaurant when the worker was infectious to get a hepatitis A vaccine. Vaccination was offered on-site to restaurant staff and at a Health Department clinic. Health Department officials inspected the restaurant's kitchen to make sure there were no risks to public health. No additional hepatitis A cases were associated with the restaurant.

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Crisis on the Five Boro Bike Tour

Attackers set off explosions during the Five Boro Bike Tour, the largest recreational cycling event in the United States.



With Public Health Funding



Citywide Coordination

The Health Department supports a citywide emergency response and helps hospitals transfer stable patients to increase space.



Tracking Patients

The City activates a family reunification system built by the Health Department to identify and locate patients so family members can find their loved ones.



Patient Transfer

The Health Department can track hospital bed availability across the city. Hospitals triage and EMS transport patients to facilities with available beds.



Caring for the Wounded

Victims are treated at hospitals across the city that were ready to care for the influx of patients.

Without Public Health Funding



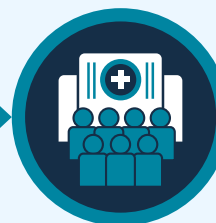
Less Prepared

There have been no annual citywide mass casualty planning efforts or exercises to improve plans and coordination among responders.



Missing Family Members

Family members do not know where their loved ones are. They have to call and visit multiple hospitals, diverting hospital staff from patient care.



Overloaded Hospitals

Hospital emergency rooms are overloaded with patients waiting for hours. Staff are overwhelmed and supplies run low.



Delayed Care

Ambulances are rerouted to distant hospitals, delaying patient care. People who need urgent surgery or other critical care are left waiting.

In
Real
Life

On April 15, 2013, two bombs detonated near the finish line of the Boston Marathon, killing three people and injuring hundreds. The Boston Athletic Association and Boston EMS had planned for emergencies like this one. Doctors and nurses working at a medical tent nearby treated hundreds of people. EMS crews transported people to local hospitals. Hospitals coordinated a rapid response to make space for injured people. Families reunited using the American Red Cross Safe & Well website. Today, the NYC Health Care Coalition plans, conducts exercises, and improves health care system readiness for incidents like the Boston Marathon bombing.

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Anthrax Attack on the Tracks

Kevin takes the subway to his job in the Financial District. One day after work, he hears that there has been an attack and anthrax was released in Grand Central subway station.



With Public Health Funding



Monitoring Threats

The Health Department oversees air-monitoring devices across the city. Filters are tested at the city's Public Health Lab.



Identification

The filter at Grand Central tests positive for the bacterium that causes anthrax. Kevin gets an alert from the City on his phone.



Intervention

Public health officials recommend shutting down the subway, give information about treating anthrax, and monitor cases of exposure.



Quick Response

Within 24 hours, the Health Department sets up sites across the city to distribute medication to New Yorkers.



Lifesaving Medication

Kevin picks up doses for himself and his parents. He's now at lower risk of getting sick and going to the hospital.

Without Public Health Funding



Unaware and Not Prepared

The City is unaware that riders are being exposed to anthrax in the subway system.



Spread

The subways continue to run and millions of people are exposed to circulating anthrax.



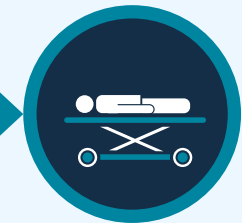
Illness

Dozens of people get sick, but because people have flu-like symptoms it takes hospitals days to identify anthrax.



Panic

The City is not able to distribute medication early to prevent illness. People fill emergency rooms and urgent care.



Fatalities

The health care system is overwhelmed and there are many deaths. Kevin fears for his family's health.

In
Real
Life

In early October 2001, as the city and country were still reeling from the 9/11 attacks, cases of anthrax were identified in Florida and NYC. By mid-October, the crisis reached Washington, D.C., where anthrax was found in letters addressed to multiple senators. A total of 22 people were infected with anthrax, including five who died. The 9/11 and anthrax attacks highlighted key vulnerabilities in the country's public health infrastructure and readiness to respond to emergencies, leading Congress to pass the Pandemic and All-Hazards Preparedness Act in 2006, which authorized key federal programs to enhance public health preparedness.

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