CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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September 19, 2025
Start: 10:22 a.m.
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HELD AT: COUNCIL CHAMBERS – CITY HALL

B E F O R E: Lynn C. Schulman, Chairperson

COUNCIL MEMBERS:
Joann Ariola
Carmen N. De La Rosa
Kristy Marmorato
Julie Menin
Mercedes Narcisse

OTHER COUNCIL MEMBERS ATTENDING:
Adrienne Adams
Amanda Farías
Pierina Ana Sanchez
Yusef Salaam
Lincoln Restler
Jumaane Williams, Public Advocate

A P P E A R A N C E S

Cordell Cleare, New York State Senator

Dr. Michelle Morse, Acting Health Commissioner and Chief Medical Officer of the New York City Department of Health and Mental Hygiene

Corinne Schiff, Deputy Commissioner for Environmental Health of the New York City Department of Health and Mental Hygiene

Patricia Loftman, former Director of Midwifery Service at Harlem Hospital

Cameron Clarke, self

Ivy Kwan Arce, ACT UP

Dr. Anabel Ruggiero, ACT UP

June Moses, self

Kim Smith, Co-Founders of the Harlem Legionnaires Task Force

Isaac Harry, Associate Director of Health and Safety for SSCU Local 371

Deborah Williams, Director for Safety and Health at District Council 37

Carmen Deleon, President of Local 768 District Council 37, New York City Healthcare Employees

Artie Kloch, self

A P P E A R A N C E S (CONTINUED)

April McIver, Executive Director of the Plumbing Foundation

John Mullen, Director of Technical Services for the International Association of Plumbing and Mechanical Officials

Evan Sachs, member of ACT UP New York and founder of the Washington Heights Inward Mask Bloc

Morgan Black, self

SERGEANT-AT-ARMS: Mic check, mic check. This is the mic check for the Committee on Health. Today's date is September 19, 2025, recorded by Walter Lewis in the Chambers.

SERGEANT-AT-ARMS: Good morning, and welcome to today's New York City Council hearing for the Committee on Health.

If you would like to testify, you must fill out an appearance card in the back of the room with one of the Sergeant-at-Arms.

At this time, please silent all electronic devices. Please silence all electronic devices.

No one may approach the dais at any time during this hearing.

Chair, we are ready to begin.

CHAIRPERSON SCHULMAN: [GAVEL] Good morning. I am Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. Thank you all for joining us at today's hearing on Legionnaire's disease, cooling tower inspections, and keeping New Yorkers safe. At this hearing, we hope to get to the bottom of the most recent outbreak and

work with the Administration to enact policies that ensure an outbreak like this will not happen again.

We will also be hearing three pieces of legislation at this hearing, which all aim to stop the spread of Legionnaire's disease. The first two, Intro. 166, sponsored by Council Member Farías, and Intro. 434, sponsored by Council Member Sanchez, seek to address outbreaks that occur when Legionella bacteria grow within a building's internal water system. Intro. 166 would require building owners to provide residents with informational materials and shower hoses, which can help prevent the spread of the disease. Intro. 434 would require large buildings to implement a water system management program.

The third piece of legislation, Intro. 1390, sponsored by myself, seeks to address outbreaks caused when Legionella bacteria grow in cooling towers, a structure with water and a fan that is part of the centralized air cooling systems of large buildings. My introduction would require building owners to inspect their cooling towers more frequently during periods of the year when they are in use. It would also mandate supplemental inspections following days in which a heat-related

emergency occurs, as such days increase the likelihood of Legionella growth. I want to thank each sponsor for their hard work on this important issue. In 2015, one of the largest cluster outbreaks of Legionnaire's disease struck the South Bronx. 138 people were infected and 16 lost their lives. This cluster outbreak was linked to a cooling tower and led to the passage of Local Law 77 of 2015. This law requires that all cooling towers be registered with the City's Department of Buildings, that cooling towers be inspected and tested for the Legionella bacteria on a quarterly basis, and that DOHMH produce annual reports on the law's implementation. The Council passed four additional laws in 2019 after the number of yearly Legionnaire's disease cases spiked to about 650 the year before in 2018. Local Law 76 of 2019 requires DOHMH to send cooling tower owners and operators an electronic reminder before the filing deadline for annual certifications. Local Law 77 of 2019 requires DOHMH and the Department of Buildings to hold biannual information sessions for building owners on the requirements for maintaining, cleaning, and inspecting cooling towers in accordance with Local Law 77 of 2015. Local Law 78 of 2019 improved

transparency around DOHMH cooling tower inspection results. Finally, Local Law 79 of 2019 required DOHMH to assess all potential determinants of Legionnaire's disease in New York City. After the Council acted, the number of annually reported cases of Legionnaire's disease fell substantially. It seemed that together with adequate enforcement, our laws were working to keep New Yorkers healthy and safe. But then in August, DOHMH announced that there was a new cluster outbreak of Legionnaire's disease affecting five zip codes in Harlem. This cluster outbreak linked to 12 cooling towers in 10 buildings, one of which was a City-run hospital and another a City-run sexual health clinic, resulted in over 100 cases, 90 hospitalizations, and seven tragic deaths. In the aftermath, we must ask what happened and how do we prevent it from happening again? We have some clues. For example, we know that seven of the 10 buildings linked to the Harlem outbreak had not been inspected in over a year. We also know that the total number of cooling tower inspections has fallen drastically, along with the number of inspectors, despite an increase in funding for the relevant DOHMH unit. In 2017, more than 5,000 cooling towers were

inspected. In 2024, inspections had fallen to almost 3,000. This year, as of June, halfway through the year, only a little over 1,000 inspections have been performed. We also know that cooling tower inspections by DOHMH are limited to visual reviews of cooling towers, maintenance logs, and operating practices, meaning that cooling towers, even when they are inspected, may not be inspected thoroughly enough. During the outbreak, community members also raised concerns about DOHMH's communication strategy with some residents in Central Harlem reportedly feeling uninformed about their risk level and whether they may have been exposed. Finally, we know that Legionnaire's disease disproportionately impacts New Yorkers of color, especially non-Latino Black New Yorkers, and families living in lower-income neighborhoods. Older adults and people living with chronic conditions are especially at risk of contracting the disease. DOHMH emphasizes this trend in its Legionnaire Surveillance Report. The most recent outbreak has made it clear, however, that the resources dedicated to cooling tower inspections are not being sufficiently allocated to the communities most at risk of experiencing outbreaks.

This Committee has reviewed the policy recommendations made by DOHMH in its August 29th press release. We look forward to hearing more about these recommendations, and we will consider other short-term and longer-term steps the City can take to reduce inequities and protect our most vulnerable communities. I want to be clear, these deaths could have been prevented and the status quo is unacceptable. My hope is that the Council and the Administration, together with voices from our most impacted communities, can collaborate to significantly ramp up oversight, fill any gaps, and save lives. It should not have taken a major outbreak to trigger greater enforcement. The data is clear. When our local laws are properly enforced, we save lives. I look forward to hearing from the Administration, getting thorough responses to the community's pressing questions, and learning how the Administration and the Council can work together to ensure we don't see another cluster outbreak of Legionnaire's disease.

I also want to thank Speaker Adrienne Adams for being here today, as well as Council Member

Salaam, whose District bore the brunt of this latest outbreak.

I want to acknowledge that we've been joined by Council Members Marmorato, Sanchez, Salaam Farías, and Public Advocate Williams.

I will now pass the mic to Majority Leader Farías for a brief statement on her bill.

MAJORITY LEADER FARÍAS: Thank you, Chair Schulman, and thank you to the Members of the Committee for the opportunity to speak in support of my sponsored legislation, Intro. 166.

Legionnaire's disease remains a dangerous public health threat in New York City. It is a serious illness that can be fatal if not detected and treated quickly. When outbreaks occur, we have a responsibility to act swiftly and decisively to safeguard our neighbors. Failing to do so means accepting the unacceptable, more preventable illness, and more New Yorkers lost. I first began working on this legislation after the outbreak at Clason Point Gardens in my District in 2022. My office was alerted that residents were at risk of exposure. We met with tenants, NYCHA, and the Department of Health, and through those discussions, we learned that providing

shower hoses rather than fixed shower heads could reduce the spread of the disease because they do not produce the same aerosols. That case demonstrated clearly that this legislation works. We've seen the deadly consequences elsewhere. More recently, in Harlem, seven New Yorkers lost their lives and over 100 fell ill. Just days ago, testing confirmed live Legionella bacteria in the water at the Parkchester North Condominiums in my District. Communities need timely protective equipment and information that they can trust. This is exactly what Intro. 166 provides. This bill requires building owners to supply and install shower hoses for residents within 24 hours of notification of a confirmed Legionnaire's case in the building or in a nearby building in a shared water system. It also requires that residents receive clear, accessible informational materials from the Department of Health explaining what Legionnaire's disease is, how it spreads, and what steps they can take to protect themselves. These are life-saving measures. They close the gap between the risk and response by giving tenants the tools and knowledge they need immediately. We learned during COVID-19 that proactive education and rapid intervention saves

lives. We cannot expect residents to put their lives on hold while testing for Legionella takes weeks and sometimes months to confirm. As community leaders, it is our responsibility to ensure that building owners, landlords, and NYCHA provide this equipment and information without delay. It is our responsibility to require DOHMH to make Legionnaire's literature available online in a format that is printable, distributable, and accessible to all. And it is our responsibility to arm our communities with the means to shield themselves and act quickly in the fight against Legionella.

With that, I want to thank my Colleagues who have already signed on in support, my Bronx partner in the fight against Legionnaire's disease, Council Member Sanchez, Chair Schulman, and of course, Speaker Adams for hearing our calls and having these necessary bills on this hearing calendar. And I urge us to advance Intro. 166 so that we may improve transparency, accountability, and most importantly, protect New Yorkers' lives. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Council Member.

I want to acknowledge we've been joined by Council Member De La Rosa.

And now I will pass the mic over to Council Member Sanchez for a brief statement on her bill.

COUNCIL MEMBER SANCHEZ: Thank you, Chair Schulman, Speaker, Colleagues, Members of the Administration, and all who have joined us today.

This summer, Central Harlem was struck by a devastating outbreak of Legionnaire's disease that hospitalized 90 of our neighbors and claimed seven lives. My deepest condolences go to the families who lost loved ones.

While that outbreak has ended, the fear remains very real. Unfortunately, as we've heard, it's not an isolated incident. Earlier this year, as well, Parkchester North Condominiums faced elevated levels of Legionella, and in 2015, the South Bronx suffered one of the deadliest outbreaks in U.S. history with 138 cases and 16 deaths traced to a single cooling tower.

Time and again, we have seen dense, low-income communities bear the brunt. While the Legionella bacteria is abundant in nature, the CDC

notes that Legionella bacteria thrive in building water systems, cooling towers, hot tubs, decorative fountains, and even showerheads. My bill, Intro. 434, aims to address these risks head-on. It requires certain buildings to implement water safety management programs, strengthens communications between landlords and tenants when dangerous bacteria are detected, and creates new consequences when owners fail to comply. The goal is simple, to protect the health and safety of New Yorkers. I look forward to working with the Administration, public health experts, to ensure that we codify policy that gets it right. Thank you, Chair.

CHAIRPERSON SCHULMAN: Thank you, Council Member.

I will now pass the mic over to Council Member Salaam for a brief statement.

COUNCIL MEMBER SALAAM: Thank you, Chair. Good morning. May the peace, mercy, and blessings from the owner of all peace, mercy, and blessings be upon each and every one of you and your families.

Good morning, Chair Schulman, Colleagues, Members of the Department of Health, and all those present here today. We are gathered here today

because of the recent case of Legionnaire's disease in our city, and because, this time around, that outbreak was in Harlem. It demands not just our attention, but our action. For far too long, outbreaks of these preventable illnesses have highlighted the inequities that exist in public health and in the maintenance of our city's infrastructure. In District 9, my neighbors and I have seen how public health emergencies can deepen existing disparities. The families in Harlem deserve the assurance that the water that they drink, the air that they breathe while they are near these cooling towers this time, near their homes, and the buildings that they live in are, in fact, safe. We deserve safety. We deserve transparency. We deserve accountability. And most importantly, we deserve prevention.

This hearing is about more than just investigating the outbreaks. It's about ensuring that systems that we have in place, the inspections, the monitoring, the communications, the enforcement, are working as they should be, and that if they need to be fixed or any part of the process is broken, that we fix it forthwith expeditiously. It is about

guaranteeing that building owners are held accountable for negligence, and that our Department of Health has the resources and authority to keep us safe.

I want to thank Chair Schulman for convening this important discussion, and I look forward to working with my Colleagues and City agencies to strengthen oversight, close gaps, and make sure that no community, that no community continues to suffer because of a preventable disease. Public health is non-negotiable. Safety is not optional. And equity must remain at the center of all that we do. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Council Member.

We're going to go a little bit out of order. I'm going to read testimony of State Senator Cordell Cleare, because she needs to leave, and so we're doing that accommodation.

Good morning, and thank you to Health Chair Schulman and all Council Members here today, united in the goal of keeping all New Yorkers safe from Legionnaire's disease. I am State Senator Cordell Cleare, Chair of the Senate Aging Committee,

and my beautiful community, which I hold so dear to my heart, was ground zero in this year's Legionnaire's outbreak that took at least seven lives and infected hundreds of people. I want to give this Council credit for always responding dutifully on this issue. You have passed legislation in the last decade that has improved certain aspects of Legionnaire's detection, and I am encouraged that you have three legislative Introductions before you today that will make an even greater difference. I fully support Introductions 166, 434, and 1390. These proposals will make a number of important changes, including increasing public awareness and education on the matter, providing prompt and clear notification in buildings where a positive test has occurred, ensuring that residents get new and uncontaminated shower hoses, increasing the frequency of cooling tower inspections, particularly in summer months, and establishing building water system and water device management programs in an effort to stop outbreaks before they happen. In addition, I encourage the Council to fully and vocally support three additional articles of State Legislation I recently introduced. Senate Bill 8472, will

strengthen New York City's laws with respect to cooling towers, which are the perennially breeding ground and cause of Legionnaire's disease. It will require biannual certification of cooling towers, require weekly testing and inspection, require owners of towers to remediate situations in 12 to 24 hours, increase fines for violations, extend reporting requirements so patterns can be tracked. Senate Bill 8487 will establish a statewide Legionnaire's disease awareness and education program through the Department of Health. Senate Bill 8499 enacts the Legionnaire's Prevention Act, a comprehensive proposal that requires the Department of Environmental Conservation and the Department of Health, owners or operators of public water systems and owners or operators of buildings to take actions to prevent and control waterborne pathogens, including Legionella, from source to tap. I am confident that with decisive City and State action, we can create an environment that ends Legionella outbreaks as we know them. I look forward to your partnership.

With that, I'm going to ask the Public Advocate for his brief statement.

PUBLIC ADVOCATE JUMAANE WILLIAMS: Thank you very much, Madam Chair. Good morning. My name is Jumaane Williams, Public Advocate for the City of New York. I want to thank Chair Schulman and the Members of the Committee on Health for holding this important hearing today, allowing me the opportunity to testify and for the Speaker, her leadership on the issue. I'd also like to thank my Staff, especially my Infrastructure and Environmental Justice Team as well as the Policy Team and our community advocates for all their hard work in bringing together the town hall my office hosted last month on this topic. It was truly a collaborative effort and a way to speak directly to the concerns of the community, answer their questions, and share information. I thank all my Colleagues in government who were there, and also thank you to Commissioner Morse, DOH, for being present at the event. Their expertise was deeply valued and appreciated.

While Legionnaire's outbreak has been declared over, I am still concerned that the current enforcement around inspections for city cooling towers is not enough. Under the 2015 law, which was implemented after an outbreak that killed 15

individuals, all building owners must register their water cooling towers with the City and propose a maintenance plan to the City every three months to prevent and control the growth of Legionnaire. In 2017, the first day of inspections, the Department of Health and Mental Hygiene, DOHMH, inspected 5,200 cooling towers, issuing over 48,000 violations. In 2022, 4,400 inspections were conducted. And this year, as of June, the Department is on track to complete fewer than half that number. Like many other city agencies, DOHMH faces staff shortages that drastically impacts its ability to carry out the full breadth of its responsibilities, but a shortage of inspectors is only one side of the issue. I believe the current level of fines, 1,000 for first offense, 2,000 for each additional offense, is not enough. Stricter enforcement calls for higher fines, and with increased agency capacity to inspect cooling towers and more regular inspections, future outbreaks like this could be prevented. With temperatures rising in the summer, we cannot afford to be complacent on this matter. And I do want to be clear, I believe complacency was part of the issue, whether on inspections, having the amount of inspectors, the way

it was communicated on other parts, and we have to find out where the complacency was so that we can try to fix it. 40 percent of all city cooling towers, including those within the affected zip codes in Harlem, have not been inspected since 2023. This Administration has spent the past four years cutting funding for agencies, and in addition to a pandemic-era hiring freeze that left many City agencies understaffed as workers retired early, and many left the workforce due to rushed return-to-work orders. DOHMH has also been subject to a two-for-one hiring policy, which requires two resignations for every one hired. Our City's public health cannot be gambled on, especially at a time when the federal government is cutting necessary research and promoting dangerous ideologies that are out of step with any proven scientific data. I call on the City Council not only to push forward with Intro. 434, which would further strengthen our City's water maintenance system in large buildings and our enforcement of testing and inspection, but also on the Administration to lift the agency's current hiring policy, which forces it to choose between inspectors and other crucial public health personnel. We need more inspectors and better

enforcement of our laws. As such, my office has submitted a bill that would raise the level of fines. But while that legislation makes its way through bill drafting, we must take proactive steps to ensure that outbreaks like this one do not happen again. And I also believe the policies proposed by the Commissioner are a good step.

I'd be remiss if I didn't add my voice to the frustration that any time these things seem to be happening, it happens in particular communities, Black and Brown. It has happened in Harlem multiple times, as I mentioned, the Bronx, which means we should come to expect that it may happen and be proactive in trying to prevent it, and not reactive when it occurs. And hopefully we can figure out why that didn't happen here and prevent it from happening again in honor of the people that we lost and the people who are still concerned. Thank you.

CHAIRPERSON SCHULMAN: Thank you. I will now pass the mic to the Committee Counsel to administer the oath to Members of the Administration.

COMMITTEE COUNSEL: Thank you, Chair. If you could both please raise your right hand.

Do you swear to tell the truth, the whole truth, and nothing but the truth in front of this Committee and to respond honestly to Council Member questions?

Commissioner.

COMMISSIONER DR. MORSE: Yes.

COMMITTEE COUNSEL: Deputy Commissioner.

DEPUTY COMMISSIONER SCHIFF: Yes.

COMMITTEE COUNSEL: You may proceed with your testimony.

CHAIRPERSON SCHULMAN: Good morning, Chair Schulman, Members of the Committee. My name is Dr. Michelle Morse. I'm the Acting Health Commissioner and Chief Medical Officer of the New York City Department of Health and Mental Hygiene. I'm joined today by our Deputy Commissioner for Environmental Health, Corinne Schiff. Thank you for the opportunity to testify on the Department's response to a Legionnaire's disease cluster in Central Harlem this summer.

As the City's doctor, let me explain what Legionnaire's disease is and is not. Legionnaire's disease is a serious form of pneumonia caused by Legionella bacteria that are ubiquitous in our

environment and grow quickly in warm, stagnant water. It does not spread from person to person. It's contracted by inhaling mist or water vapor that contains Legionella bacteria, which can move invisibly through the air. People who are over the age of 50, who smoke, and who have chronic diseases or compromised immune systems are at greater risk. Legionnaire's disease is very effectively treated with antibiotics when it is diagnosed early. Especially in the summer months when we experience higher temperatures, Legionella bacteria can grow easily in cooling towers, which are often located on top of buildings. Cooling towers are separate from indoor plumbing and potable water. Cooling towers are mostly used to remove heat from buildings and equipment. While they operate, they release mist into the open air outside. If the cooling tower is contaminated, that mist can carry Legionella bacteria. That is what happened this summer. As a part of the Central Harlem cluster, 114 people were diagnosed with Legionnaire's disease, 90 people were hospitalized, and tragically, seven people died. Any loss of life is too much. I offer my deepest

condolences to the families and loved ones of the deceased.

At the Health Department, we do everything we can to prevent disease clusters from happening in the first place and to respond urgently when they do. When it comes to Legionnaire's disease, New York City's prevention and response efforts include three connected types of work. The first requires owners of buildings with a cooling tower to comply with Health Department regulations and the local law this Council passed in 2015 and refined in 2019. That 2015 law was the first in the nation to set standards for cooling tower system maintenance. Today, New York City has among the most rigorous cooling tower oversight in North America. The current local law and Health Department regulations require building owners to register cooling towers with the City before beginning operations, conduct regular maintenance and monitoring of cooling towers, and test for Legionella bacteria every 90 days.

The second lane of work is that the Health Department conducts inspections of registered cooling towers to promote compliance with City law. We also provide cooling tower owners and operators

with technical assistance and information on how to comply with the law.

The third lane of work is our infectious disease surveillance system. Our team of epidemiologists monitors nearly 100 different diseases across New York City every day. Data come in 24 hours a day, seven days a week. We are always monitoring for infectious diseases that could become major threats to the health of New Yorkers if not caught early. The surveillance system is the foundation of our disease control work. It's what allows us to quickly identify and respond to emerging threats in real time as we did in Central Harlem. Without this robust system, the Central Harlem cluster that we managed this summer could have been far, far worse.

Most cases of Legionnaires disease are not related to a cluster like this one in Central Harlem. But our team of epidemiologists follow up and investigate every case of Legionnaires disease reported to us by laboratories and healthcare providers. Those case reports populate in our routine data surveillance system in real time. Our epidemiologists look for trends in that data that

might indicate a cluster of cases or an unusual number of cases in a particular area over a short period of time. That's how our team first became aware of a Legionnaires disease cluster in Central Harlem on Friday, July the 25th. That same day that the cluster was identified, we alerted New Yorkers in a broad area of Upper Manhattan to watch out for flu-like symptoms. Our team of water ecologists began sampling cooling towers that very day and worked during the weekend. By the end of the day on Monday, July 28th, so within three days, all necessary water samples from more than 40 cooling tower locations had been collected and delivered to the public health lab for analysis. At the lab, all samples were tested with both preliminary PCR rapid tests as well as confirmatory culture tests. PCR rapid tests identify traces of Legionella bacteria. PCR testing is the first step so that we can quickly order the treatment of towers in an attempt to stop any ongoing spread of bacteria. PCR screening tests assess whether Legionella bacteria are present. They cannot distinguish whether the bacteria are dead or alive. Dead bacteria cannot make people sick.

Culture testing is the gold standard, which is why it is an integral part of our process. It more precisely detects the presence of the strain of living Legionella bacteria which can cause illness. However, culture testing takes up to two weeks to produce results and getting actionable information quickly was very important. At every stage of our investigation, we take timely action with the available information to decrease the risks.

In Central Harlem, 11 cooling towers had a positive result on the preliminary PCR tests. Buildings with initial positive results were directed to remediate their cooling tower by boosting or changing the biocide, the chemical used to kill the bacteria, or to do a full cleaning and disinfection. That work had to be initiated within 24 hours. All buildings completed that work by August 1st.

About two weeks later, the confirmatory culture test results became available from our public health lab. Those confirmatory results revealed that 12 cooling towers had live Legionella bacteria. The Department required those 12 cooling towers to be fully cleaned and disinfected. All buildings implemented the requirements of our directive.

On August the 14th, we released a list of 10 buildings with the 12 cooling towers that were positive using the culture tests. Up until that point, we had not publicized which cooling towers were being treated. This was because at this time, all individuals who had spent time in the effective zip codes were at risk for contracting Legionnaire's disease, and we needed the public and providers to remain vigilant and monitor for symptoms. When the culture test results came back, we released the list of buildings with positive culture tests. We did that in the interest of full transparency. Four of the buildings on that list are owned and operated by the City of New York. One of the cooling towers with live Legionella was the Health Department's Central Harlem Sexual Health Clinic. That tower was newly installed in June of 2025. It was negative for Legionella bacteria upon installation in June, and yet the water sample taken as part of the Legionnaire's disease investigation was positive in July of 2025. As soon as we received the initial test results, we immediately cleaned and disinfected the tower. We're taking steps to mitigate the risk of undetected Legionella growth happening in our cooling towers

again. New York City should be a model for the rest of the country and demonstrate the highest level of compliance with requirements designed to protect New Yorkers. We are in conversation with City Hall about how to promote compliance at all City-owned buildings.

By August the 15th, all cooling towers that tested culture positive for Legionella had been treated. Harlem residents were no longer at heightened risk of Legionnaire's disease. We continued with genetic analysis to match the cooling tower samples with the samples from patients who might have inhaled the bacteria growing there. To do that, our public health lab experts compared the DNA in Legionella cultures grown from the cooling towers to the DNA in Legionella cultures grown from patient samples collected by doctors. That analysis revealed genetic matches. One of the locations that matched is Health and Hospitals' Harlem Hospital. The second location that matched is the construction site overseen by Skanska USA, contracted by the New York City Economic Development Corporation. Both buildings followed our direction to clean and disinfect their cooling towers. We are now requiring both locations

to conduct further analysis and update their maintenance programs. There were no violations of the local law and regulation requirements at Harlem Hospital. At the construction site, the cooling tower was not registered as required, and there were lapses in required maintenance, monitoring, and testing.

Pinpointing the two matched cooling towers and containing the exposure required following a rigorous scientific process. In total, our public health lab performed more than 500 tests on patient and water samples related to this cluster. After we completed all testing and steps in the investigation, we can now confidently say that residents and visitors to Central Harlem are no longer at increased risk of contracting Legionnaires' disease. The last day anyone who visited, lives, or works in the area began experiencing symptoms was August the 9th. Our epidemiologic evidence indicated that the cooling tower treatment was effective.

On Friday, August the 29th, we announced the end of the Central Harlem cluster investigation. At every step along the way, we kept the public informed. Starting on July the 25th, when we first learned about the cluster, until the closure of our

investigation on August 29th, we sounded the alarm. We urged all New Yorkers who live or work in the identified zip codes and who had flu-like symptoms to contact a healthcare provider immediately. On July 25th, we called local elected officials and community boards directly. We published a press release. We issued a health advisory to over 48,000 providers and public health practitioners, making them aware of the cluster in Central Harlem. We also shared information on social media. Over the entirety of the investigation, our team ran ads on 140 LinkNYC boards in Central Harlem and on eight popular NYC radio stations in English and Spanish. We created materials in multiple languages and handed out flyers in the neighborhood at 15 different events, including one where I myself handed out flyers. Our East Harlem Health Neighborhood Action Center served as a critical community resource and a hub of information throughout the cluster. We made appearances in the press that yielded over 500 million impressions, more than 300 press hits, and at least 25 expert interviews. We provided updates at 12 elected briefings and five town halls or community meetings. We shared information in detailed social media

graphics and answered New Yorkers' questions in videos on Instagram. We updated our website with new case death and hospitalization numbers daily. We sent e-blasts with critical information and updates to 18,000 partners in the impacted zip codes. And we coordinated with seven sister agencies to expand our reach. We leveraged every communication strategy at our disposal in real time and across all platforms.

Our response evolved from simply getting the word out to combating misinformation. There was misleading information that overemphasized the risk of contracting Legionnaire's disease from inside a building with a contaminated cooling tower. We set the record straight. The risk during this cluster came from bacteria in cooling tower mist that is released from rooftops and moves like smoke from a fire through the outside air. We're living through a period of heightened distrust in public health. When competing narratives from outside voices are introduced to the public, it complicates our approach to sharing clear and consistent information. It also makes that work all the more important.

During the cluster, responding to Legionnaire's disease was my top priority. It's been

an extraordinary effort across the agency, and I am proud of how our team met the moment. We were able to do that because we had the resources to support a multi-pronged approach. Without existing investments in epidemiologists, analysts, laboratory experts, water ecologists, and community health workers, we would not have been able to respond as quickly or effectively and the impacts of this cluster could have been far worse. In the absence of adequate public health infrastructure, the exposures could have extended for days or even weeks before the problem was identified and addressed.

A majority of our disease control funding is dependent on federal programs. If largescale federal changes are enacted, we risk living through that reality in the next health emergency and it is certainly coming. We cannot always prevent crises from happening, but we can identify and respond to emerging threats to minimize their impact. New York City's existing investments in public health undoubtedly averted what could have been a far more devastating cluster.

Thank you to the Council for your quick actions in 2015 during the South Bronx cluster as

well as updates in 2019. New York City already has the most rigorous and protective laws surrounding Legionella testing in the country because of your work.

The Health Department's capacity for Legionnaire's disease surveillance, epidemiologic investigation, and cooling tower testing is a model for other cities around the world. Other jurisdictions routinely look to us for our expertise. In fact, health officials in Ontario and Iowa recently reached out to learn more about our process as they also had large clusters this summer and fall.

That said, our preventive measures are designed as accountability checks for building owners' maintenance. The onus is on building owners to register any new cooling tower and be vigilant about conducting routine maintenance, testing, and treatment of their cooling towers. Per New York City law, owners of buildings with cooling towers are required to conduct ongoing maintenance and monitoring including registering the cooling tower, monitoring the water at least three times a week, conducting a weekly check for overall bacteria levels and taking corrective action as needed, performing a

summertime increase of biocide, and conducting a Legionella test every 90 days.

To promote compliance with these building owner requirements, the New York City Health Department's team of water ecologists conduct inspections. We aim to conduct inspections on each tower annually. We prioritize cooling tower inspections based on risk. For example, towers with a history of poor inspection outcomes or positive Legionella tests are ranked higher on our list for inspection. We also take into account population-based risk factors for Legionnaires' disease. If the cooling tower is in a neighborhood with higher poverty and a significant population of older adults, that water tower is also prioritized for inspection. Even with these safeguards in place, Legionella bacteria are common in the environment and grow very quickly in warmer conditions. Prevention requires owners to adhere to the mandates.

We can, of course, always improve upon our process. This summer's events only underscore the need to look at how we can further protect New Yorkers and work to ensure that all requirements are followed. We recognize, too, that Upper Manhattan and

the Bronx have shouldered a disproportionate burden of Legionnaires' clusters in New York City history. There is no one cause of inequities in Legionnaires' disease, but there are a few different factors that contribute to that pattern. One is that Upper Manhattan and the Bronx have a very high population density. Another is that these neighborhoods have experienced consistent, long-term, generational disinvestment due to structural racism. As a result, we see higher rates of chronic disease and differences in the built environment, which puts residents of these neighborhoods at an unfairly greater risk of Legionnaires' disease.

In public health, we use data, policy, and services to shape society and the environment, to maximize health for all, and to drive resources according to need. Our work in preventing and responding to Legionnaires' disease is no exception. At the end of August, the Administration proposed a package of resources and policy changes to further reduce the risk of future Legionnaires' clusters. This package includes, number one, requiring building owners to test for Legionella every 30 days instead of every 90 days, increasing fines for buildings that

do not comply with regulations, hiring more water ecologists to conduct inspections, and community health workers who can ensure the word gets out quickly if residents need to be alerted to public health risks. In addition, the Health Department will conduct a full review of our existing rules so that we can identify places to strengthen the preventive measures owners are mandated to follow. We are also planning a resource fair at the Central Harlem Sexual Health Clinic this Monday, September the 22nd. I hope that many of you will attend, and we have flyers here today that we can share with you. Our intent is to let elected officials and residents know about all the Health Department resources available in Harlem, and that the community in Central Harlem is a priority for our city. Our partners will be on-site tabling and sharing materials about the services they offer. We will have information on Monday's fair about our sexual health services, which are no barrier entry, about our East Harlem Health Action Center, about job opportunities, on-site flu shots, and more.

Our work to protect Harlem residents does not end with this investigation. We look forward to

working with the Council to continue to protect the health of New Yorkers in every zip code.

Turning to the legislation under consideration today, Introduction 166 would require building owners to provide shower hoses and informational materials on Legionnaire's disease to tenants within 24 hours of notice of a tenant in the building having been diagnosed. We have suggestions for the ways the bill can better target the concerns, and we look forward to working with Council.

Introduction 434 would require building owners to implement an enormous program that seeks to address the risk of Legionnaire's disease relating to internal plumbing. The Legionnaire's cluster in Central Harlem was caused by a cooling tower, and is not related to internal plumbing systems. There are very few cases of Legionnaire's disease in New York City that are known to be associated with internal plumbing. The Administration is opposed to this legislation and appreciates the already ongoing conversations about ways to address the goals expressed by this bill. We look forward to discussing further solutions with you.

Lastly, Introduction 1390 would require owners to conduct more frequent Legionella bacteria testing in their cooling towers. We support this additional testing mandate, and thank the Chair for this thoughtful change. We would like to discuss with the council the ways to address any additional risks to bacterial growth associated with extreme heat. We look forward to working with you on this piece of legislation.

Thank you, Chair Schulman, and Members of the Committee for your attention to this issue. My colleagues and I are happy to take any questions.

CHAIRPERSON SCHULMAN: Thank you. I want to just first acknowledge that we've been joined by Council Members Narcisse, Restler, and Ariola online.

And now I want to pass this over to the Speaker who will begin this hearings question and answer section.

SPEAKER ADAMS: Thank you very much, Madam Chair. Thank you for being here, Dr. Morse, and your Deputy Commissioner, Connie Schiff. Thank you so much for being here this morning with us to speak on this very, very important issue that New York City has lived through.

I just want to say before I begin, thank you for being here, being here. Over the past few days, this Council has experienced absence and empty chairs from the Mayoral Administration and individuals that should have been here to take this Council's questions with regard to issues of oversight that impact over 8 million New Yorkers, yet they did not appear in these Chambers this week so I just want to, again, thank you very much for being here in person to answer this Committee's questions and to be front-facing with New York City. Thank you very much.

Commissioner, I had a lot of questions before, but after your testimony, that just really brought even more questions, so please bear with me as I proceed. You mentioned New York City being a model as far as prevention of Legionnaires for North America. You mentioned Ontario, Iowa. I'm just curious, do you know how many deaths have occurred in North America within the timeframe that seven people died in Harlem this year?

COMMISSIONER DR. MORSE: Thank you for the question, Speaker, and again, we are honored to be

here today. We take it very, very seriously that we answer the questions of Council and the public.

The first thing that I'll share is, although I don't have the total death rate for North America, we can certainly follow up with you on those numbers. I will share, however, that for this particular cluster in Central Harlem, there were 114 cases. There were 90 people who were hospitalized, and unfortunately, there were seven people who passed. That is a mortality rate of about 3 percent, which is far too much, but I will also acknowledge that the average mortality rate for Legionella clusters is 10 percent so we are below the average mortality rate in our response to the cluster in Central Harlem, although, again, any loss of life is far too much.

SPEAKER ADAMS: Certainly. I'm sure that my Colleagues are going to get into this particular aspect, but I just want to get it out the way. The first knowledge of this, what turned out to be a cluster, happened in late July, but information wasn't given to the public until August 14th, as you just stated in your testimony. I'm just curious. You're mentioning, you know, you're setting the

record straight by August 14th, and I happened to watch when you were interviewed with Errol Lewis, and he asked you at least once or twice about the information that was being released or not being given to the public at that time, and I just want to hear from you as far as setting the record straight why it took so long for our Harlem residents to be fully informed, number one, and at whose directive was it to basically leave folks in the dark on a wider scale than, in my estimation, should have happened?

COMMISSIONER DR. MORSE: Well, thank you for stating that so clearly, Speaker, and certainly we want to do our best to be responsive to community members. Our job and my job as the City's doctor is to make sure that our New Yorkers are protected, and I do take that extremely seriously. I also believe very deeply, and so does our agency, in transparency. Transparency is part of the reason that you can look up cooling towers and inspection records on our public-facing website so that New Yorkers have the information they need about their community, their zip code, their community district, and know what is happening in their neighborhoods when it comes to

inspections and health. So, that is a principle that we do believe deeply in. In this particular case, we did not share the building addresses until August the 14th, that is correct, but we did a massive push for public information starting on July the 25th as soon as we became aware of the cluster. The reason I make that distinction is because the last thing I would want is for anyone in Central Harlem to think that they're not at risk when they are. And what we are very clear about is that the risk was in the droplets of air that had bacteria in them that were in the five areas of investigation, the five zip codes in Central Harlem. My concern, if we had released any building addresses sooner than we had the culture results, which are the final and most confirmatory and gold standard results, is that people might have thought if they were, number one, in a building address that we released that they were at increased risk and that if they were not living in that building that they were not at risk. And that is the opposite of what is true. What is true is that anyone that was spending time in Central Harlem working or living there was at risk, and we wanted to be sure that everyone in the zone knew that they could have

inhaled droplets of water with the bacteria in them in the air because they were working or living in Central Harlem, and that if they developed any symptoms, flu-like symptoms, that they should seek care immediately. We did release the confirmatory culture testing results on August the 14th, not only because we heard the calls from the community and from Council and from elected officials very clearly, even though we had not released addresses like that in any of our prior investigations, but we did so this time because the calls were so clear from community members and from Council. Knowing that, we did our best to comply and to share as much information as we could, but we wanted to share information in a way that would equip and arm residents of Central Harlem to know when and where they should be concerned and watching out for their health. So again, I did not want to give any false sense of security by giving addresses before we had confirmatory cultures, and I also, and our team and agency wanted to make sure that all residents of Central Harlem understood their exposure risk.

SPEAKER ADAMS: Would you agree that in your assessment and your decision, that that

decision, in fact, caused a lot of fear within the Harlem residences and for individuals that did not have the information that they should have had or that they feel that they should have had, would you agree that your decision caused fear among many, many residents of Harlem?

COMMISSIONER DR. MORSE: Unfortunately, I do think that any Legionnaires' disease cluster causes tremendous fear, and I admit that certainly hearing that there are bacteria in the air in droplets causes fear. I absolutely understand that and certainly acknowledge that this was a fearful and concerning development for the residents of Central Harlem and really all New Yorkers, and so I do absolutely understand that the residents of Central Harlem were both concerned and fearful. What we tried our best to do was be as transparent as we could be and make sure that they had the information they needed to protect their health and lives as quickly as possible, while we also acted rapidly to test every single cooling tower and make sure that every single cooling tower that was positive was treated. And our epidemiologic curve showed that that early action, that within 72 hours, all of those cooling

towers being tested and several of them that were positive treated led to an eventual decrease in cases. Our efforts did work. But again, I think it was, of course, natural and expected that people in Central Harlem would be fearful. I, however, do believe that we made the right decision about releasing the life-saving information in the way that we did.

SPEAKER ADAMS: Thank you for your response. I'll let my Colleagues, I'm sure that they have further questions along those lines, so I'm going to move on.

Seven of the 10 buildings at the center of this outbreak went completely uninspected over the past year. How does DOHMH explain these failures and what immediate enforceable actions are you taking to ensure such dangerous lapses never put New Yorkers' lives at risk again?

COMMISSIONER DR. MORSE: Thank you for the question. I will start the response and then I'll pass to Deputy Commissioner Schiff to share a bit more about the inspections. We do our very best to make sure that inspections happen in a very timely way and we do triage inspections. It is true that

we've had fewer inspectors in recent years and yet what we do with the resources we have is triage to make sure that the cooling towers that are inspected are ones that have had either a history of challenges or a history of positive tests and that allows us to try to use our resources as effectively as we can. And I will just acknowledge, again, that investments in public health lead to direct improvements in health. And I'll ask Deputy Commissioner Schiff to share more.

DEPUTY COMMISSIONER SCHIFF: Thank you, Commissioner. Thank you, Speaker. I'll tell you a couple of things. One is that the inspections are designed to improve compliance in the industry over time. And as we have said from the outset of the cluster, we are experiencing staffing shortages. We've been recruiting really actively and so some of those staffing positions have been filled. But I also think it might be helpful to talk about exactly what happened in the cluster as an illustration of what inspections can do but what inspections really can't do. So, of the 12 buildings that were culture positive, one of those, as the Commissioner testified, and that we said from the outset when we

released the list of buildings, one of those was not registered as is required but under the Ad Code, the local law that the Council enacted in 2015, so that tower was not on our inspection roster. Of the 11, seven had been inspected within the year. It is our goal to inspect all cooling towers every 12 months, including the tower at Harlem Hospital, which was the second tower that was a DNA match. That tower had been inspected in October 2024, so was within that year. In October, there were no violations. We did inspect again during the cluster. Again, there were no violations. The other four, three had been inspected in 2024, although not within the 12 months. One was, I believe, July 30th, so we were a few days late, and one was in 2023. So, one of our challenges when we don't have enough staff is to prioritize, and the Commissioner reviewed our prioritization. But even had we inspected, had we been fully staffed here, because of what we saw here, we do think that this risk was still present, and those inspections would not have been able to prevent what happened here.

SPEAKER ADAMS: With all due respect, what you're saying to me just doesn't quite add up. You're

talking about the frequency of inspection. What I am considering here is the lack of frequency of inspection. The fact that inspections should be occurring more often than October 2024, and now looking at an outbreak in July of 2025. So, I guess my question is, realizing staffing shortages, we know the areas where Legionnaires has a history of. Harlem Hospital is one of them. It's a prior area. You have this knowledge as DOHMH. In using your theories and prioritizing areas like the Bronx, like Harlem, like communities that have been disenfranchised, why not move them up the scale as far as inspection is concerned, in your expertise and your knowledge of past history of Legionnaires disease? Why wait until something like this happens?

COMMISSIONER DR. MORSE: I can start, and then I'll also ask Deputy Commissioner Schiff to add. We certainly acknowledge that there have been fewer inspections in recent years. And as Deputy Commissioner Schiff mentioned, we have had fewer inspectors to do those inspections. In the way that inspections work, they do, of course, give us more information about the building owner's compliance with the law. But what is also true about inspections

is that they are one day, one snapshot in time in 365 days, and the building owners are responsible for year-round maintenance and management of the cooling towers.

SPEAKER ADAMS: What is the responsibility of the building owners to your agency?

COMMISSIONER DR. MORSE: The building owners have to report certain aspects of their compliance to us. And I'll ask Deputy Commissioner Schiff to share a little more about that. But they're responsible 365 days a year. The one-day snapshot helps, but it doesn't allow us to control the entire year.

Now, one other thing I will share, however, is that what we also know is that by doing more testing and making sure that that testing is rigorously completed, we have more insights. So again, that is one of the tools that we have. But I also want to acknowledge that we cannot inspect a tower that we do not know exists. And that is one of the things that happened in this outbreak, in this cluster. I also want to acknowledge that that was exactly why this Council passed the groundbreaking laws that it did in 2015, was because, and Deputy

Commissioner Schiff was a part of the response for the very, very difficult cluster in 2015. There were no records of cooling towers. So, you can imagine, we were not able to quickly get out and sample water from those cooling towers without having addresses in the 2015 cluster. In this cluster, as I mentioned, within 72 hours we visited every cooling tower in the zone. We were lucky to identify a cooling tower that was not registered, and that cooling tower ended up being one of the towers that was directly genetically linked to people who became sick with this cluster. But I would like Deputy Commissioner Schiff to share.

SPEAKER ADAMS: Commissioner, before… again, your responses are just creating more questions in my mind. We're talking about Skanska USA, City contractor, right? How is it that a City contractor does not understand the rules and regulations by which your agency works? How does that happen? You've repeated that you didn't know that the contractor was not registered, but how does that happen? Explain that process to us because I'm just not understanding how DOHMH does not know that its own contractor does not have the information that it

needs to proceed, particularly in an area that has had a history of Legionnaire's disease.

COMMISSIONER DR. MORSE: We'd be happy to explain that process. And I do think it's very important to know, again, that it's the responsibility of that contractor to register the cooling tower. But I'd like Deputy Commissioner Schiff to walk through the steps that are required.

SPEAKER ADAMS: Who educates the contractor, Deputy Commissioner?

DEPUTY COMMISSIONER SCHIFF: So I have to say, Speaker, this is the key question, and it is the one that we are grappling with. This was a contractor from Economic Development Corporation. But I think that you have honed in right away on what is the most important issue that we have revealed here and that we are concerned about. And as I think it was in the Chair's opening remarks that it is a requirement of your local law that cooling towers be registered. DOB maintains the cooling tower registry, and we are in very, very active conversation with DOB to think together about what more can we do to make sure that the systems that exist can be improved so that there

is no construction where there is a new cooling tower that can turn on without being registered.

SPEAKER ADAMS: Yeah. Okay, let's talk a little bit more about Harlem Hospital. Given Harlem Hospital's link to a Legionnaire's outbreak in 2021, why did DOHMH fail to implement stronger preventative measures? And how is the agency addressing the backlog of cooling tower inspections to ensure timely compliance moving forward? What raises the red flags?

COMMISSIONER DR. MORSE: Thank you for the question. I'll start and then also ask Deputy Commissioner Schiff to add more. The Harlem Hospital tower that was also linked to the strain of Legionella that led to people getting sick with this cluster was a different cooling tower than the cooling tower that was an issue in 2021. But knowing that, despite that, the Health and Hospital's cooling towers were inspected in October of 2024, so within the year, which is our goal, they had been in compliance with all of the requirements around maintenance of their cooling tower. And I do think this is an example of the fact that the inspections and all of the requirements in the law reduce the risk, but we are fighting nature in many ways, and

it's very difficult to get the risk to be zero, even though, again, they were in compliance with our requirements.

And I'll ask Deputy Commissioner Schiff to share a bit more of the specifics.

DEPUTY COMMISSIONER SCHIFF: Thank you, Commissioner. What I can add to that is that after the 2021 cluster, our practice is that a cooling tower that is identified as a match to the patient samples, clinical isolates that we have, we put them under what we call heightened monitoring, and that requires them to take additional steps to review what happened, to improve their protocol, and to submit to us more regular reports of their activity. Harlem Hospital did that. And as the Commissioner just reviewed, their compliance here was excellent. There were no violations in October. There were no violations here. They had taken a Legionella sample in mid-June. It was negative. And so I think what we have here, which is complicated and is the challenge before all of us, is there are two things that happened here. We had a cooling tower with Legionella growth that was matched to a patient where everything that we have all put in place was done, and then we

have another cooling tower where the fundamental first step of registration. And let me just take a moment to talk about why registration is so important. Not only, as we all remember from 2015 before the Council established that registration mandate, we were all looking across the city. We had to search for cooling towers. That is no longer a challenge with registration. But registration also serves another critically important purpose. Shortly after a new cooling tower is registered, within a few weeks, maybe a month, my water ecologists get out there for that first inspection. That is when we can make sure that the detailed protocol that is required is on site, has all of the elements that are required to meet the regulations, the local law and regulatory requirements, that we can check that all the systems are in place, that records are being kept, that we can talk through the requirements. We can answer questions, provide that one-on-one technical assistance. We are really setting that cooling tower system up for successful operation. When registration doesn't happen, that also doesn't happen. And what we saw here for the second cooling tower was that that didn't happen, and as the Commissioner testified,

there were lapses in maintenance, monitoring and sampling. And so we have two stories, and that is our challenge, and that is what we are working on. And as I just said, you went right for the one that we are really focused on, and we want to see what can we do to make sure that that registration piece does not get lost.

SPEAKER ADAMS: Okay. I appreciate that, thank you. And let's stay there, Deputy Commissioner, because you are the one with the experience here. 2015, you've seen this. Protocols established by DOHMH were introduced in 2015 when Legionnaire's disease killed 16 people. But within the protocols was the establishment of an incident emergency command, which enables the agency to activate a war room to gain more insight and tap into resources to prevent further spread. So after the death of the first individual, why wasn't that protocol enacted? Why didn't we see the compilation of a war room?

DEPUTY COMMISSIONER SCHIFF: So, we did. Starting July 25th, we activated our emergency response for a Legionnaire's disease cluster. We were all-hands-on deck at the Health Department working across the agency to implement the protocols that we

have and that we have with each cluster, continue to refine our protocols. But colleagues across the agency, we were there implementing this emergency response. As the Commissioner testified, we also worked with our sibling agencies so that they could help us get the word out to their constituencies. So, I don't like war room myself, but we were implementing our emergency response protocols, and I think it was over 100 Health Department employees fully engaged in this response.

SPEAKER ADAMS: What were some of the outcomes produced because of enacting the war room?

DEPUTY COMMISSIONER SCHIFF: Well, when we implement our emergency response so that we are working across the agency, one of the things that it does is it improves our communication. So there are no, you know, people speak often of silos. We break down those silos immediately so that we are all speaking to each other regularly. And it's really a conversation that we are having across our different programs. My team talking with our colleagues about what we are seeing in the cooling tower work, our disease control colleagues reporting out on what we are seeing in their human case investigations, our

colleagues at the public health lab reporting out on their analyses of the sampling, and our colleagues in external affairs reporting out on public engagement efforts, working with our colleagues at Health Action Center who were, as the Commissioner described, critically important on the ground in the community. And it's those conversations where we are communicating with each other to understand the picture of what we are seeing in the disease cluster, where are gaps, where's more information that we need. That is what we do in an emergency like this and in general in an emergency. And also I know that my colleagues in our external affairs having regular meetings with you and your colleagues, the elected officials who are so fully engaged in this work too, because we need you to help us reach your constituents in the communities. That is our practice.

SPEAKER ADAMS: Okay. Thank you. I just want to touch on some of the things that have been going on recently. DOHMH announced on August 22nd that they are also investigating a separate Legionnaires cluster in two Parkchester South Condominium buildings in the Bronx. At least four

cases have been reported at this complex over the past year, including two within the past two months. DOHMH also began evaluating Parkchester North complex after two additional cases were found there. DOHMH indicated that these cases are linked to building hot water systems and not cooling towers so this is a whole different situation for us. According to HPD online, at least 17 hot water complaints were filed at 1576 Unionport Road in Parkchester where two residents contracted Legionnaires this summer with the latest complaint filed on August 19th. Additional hot water complaints were filed at 22 Metropolitan Oval, three in the past year and 28 Metropolitan Oval, one this summer. Both of which also reported cases of Legionnaires in the past 12 months. Is DOHMH notified by HPD when a building receives hot water complaints that may pose a Legionnaire's risk? And I'm aware of the temperatures of hot water, what this does and all of that. You know, I'm a quick study.

COMMISSIONER DR. MORSE: Thank you for the question. This is, I think, a great opportunity to also highlight the pictures that we brought here, the posters that we brought, the Parkchester specific building investigations are the example that you see

at the top. So, when we get a notification from our very sophisticated surveillance and data system that tells us that there were two cases within 12 months of Legionella in a single address, so that's, again, the row on the top, that triggers a building investigation for us. Whereas the Harlem cluster, as you described, Speaker, was a separate kind of investigation. The Harlem cluster is the investigation at the bottom that you see there where there were multiple cases across multiple different blocks. So, these are two very different investigations. As to the specific question about how we use data from HPD, I'll ask Deputy Commissioner Schiff to describe that in more detail.

DEPUTY COMMISSIONER SCHIFF: Thank you, Commissioner. As you heard the Commissioner say, I think it is just so important, this was one of the issues that I think we've really wanted New Yorkers to understand, that there are these different kinds of investigations that we do, and it's only when there are two cases over a 12-month period at a single address with a shared hot water system, does that give us the clue that there might be something happening in an internal plumbing system. We don’t

see very many of these annually in New York City. The information from HPD about hot water systems, our experience with these investigations is that there aren't indications of hot water complaints. I'm going to look into the ones that you just mentioned. But typically, these evaluations have taught us that the issues are more complicated in the internal plumbing system. It is not just about water temperature. It's also about water flow. It's also about the particular plumbing configuration in that building. So, we have not sought out the HPD hot water complaints, but I was not aware of the ones at the current addresses so we will take a look at that and see whether that would be something that might inform our evaluations. But really, our experience is that that would not really be helpful for these evaluations, but we'll take a look at that.

SPEAKER ADAMS: Okay. Does DOHMH independently monitor hot water systems in buildings with repeated complaints of a history of Legionnaire's cases?

DEPUTY COMMISSIONER SCHIFF: We do not. We have a monitoring system for Legionnaire's disease, including in buildings that have been under our

evaluation in the past, but it is HPD, as you know, that monitors and takes complaints for hot water.

SPEAKER ADAMS: Would DOHMH get on board with that? And now, given this, because these are now sporadic instances going on between hot water systems, cooling towers, are you looking forward in trying to pair that a little bit more?

DEPUTY COMMISSIONER SCHIFF: So I'd like my team to take a look at that. Our experience, again, is that the hot water complaints are not going to really be a clue for us, but let us take a look, and we can get back to you.

SPEAKER ADAMS: Okay. Are inspections only triggered after a confirmed Legionnaire's case, or are preventative inspections conducted? I think you just answered that for me.

COMMISSIONER DR. MORSE: But it is a very important question.

SPEAKER ADAMS: To be continued, yeah.

COMMISSIONER DR. MORSE: Yes, but we do aim to do inspections for buildings that have cooling towers annually. For the other piece, as Corinne described, we'll get back to you.

SPEAKER ADAMS: Okay. You know, Commissioner, you keep doing this. Every time you speak, you just trigger something else in my mind, so I'm going to try to get all of my stuff out, because I know my Colleagues have a lot of questions. In speaking again about these inspections, what is your requirement for your agency to get back to you as far as the frequency of inspections? Now, we're talking about over the months, and again, we spoke about October 2024, and then moving forward into now. I would think that these inspections need to occur more frequently. Some kind of tapping into this information needs to happen more frequently. Something happening on a daily or a weekly basis, especially given the history now. We don't want to see 114 people still sick. We don't want to see nine people or one person die again from Legionnaires in New York City. So, I just want to leave here with a sense of comforting, and also for our residents of Harlem, who I know are here today, and also for our Council Member who leads Harlem. How can you comfort this community by assuring them that there will be more frequency of inspection and monitoring of these cooling towers specifically? We can talk about the

hot water again, but as far as the cooling towers specifically, knowing the history that has gone on with Legionnaires disease, will you require more frequent reporting to you, to your staff up front, to raise those red flags even sooner than they have been raised?

COMMISSIONER DR. MORSE: Thank you for the question. And part of the reason we thought it was so important to be here today was to really get into exactly that. It is our top priority, and has been since we were alerted to this cluster, of course. What I want to start by saying is that we acknowledge that even though this Council and our partnership with Council is so important on this, even though this Council put the first law in the country on the books on this issue 10 years ago, it has been 10 years, so we do think this is an important time to step back, evaluate what's worked well, and what we could improve. I acknowledge there is always room for improvement in our responses, and we learned quite a bit from this response. I did direct my team to do a thorough investigation into our own response, and I will be using that internally for our internal continuous improvement efforts to make sure that we

do learn from this and do better next time. That being said, I don't want to give Council a false sense of security either that it is within our power to 100 percent prevent Legionella from ever becoming an issue again. That is not a fair thing for me to say as a scientist.

SPEAKER ADAMS: That would be unreasonable for us to ask that of you.

COMMISSIONER DR. MORSE: Thank you for stating that. And we do, however, want to take serious action to continually reduce the risk of clusters. So, some of the things that we are planning to do is, number one, we want to hire more water ecologists, and we have a posting up. We would love to share the posting with you. We are recruiting people who really care about public health to help make sure that we have the inspectors we need to hit our target around inspections. That's the first thing. We also take very seriously what we heard from Council that information did not get out quickly enough. We did our best, but we can do better, and so we are also planning and hoping to be able to hire community health workers who would be the first and urgent line of defense and response and education in

communities, specifically in communities that have experienced the harms of structural racism, that the community health workers would be in those communities to be a rapid education, engagement, and action team if, and hopefully it doesn't, but if this were to happen again and for other emergencies. So those are two of the many things that we would like to do. And the final one that I think is very important is again, that we are in conversation with City Hall about having a more centralized and rigorous way of making sure that all City-owned buildings that have cooling towers have the resources they need to comply with the law and continuously do the measures that we know decrease the risk, although it will not be zero.

SPEAKER ADAMS: Yeah, thank you. Thank you very much for that.

I'm going to conclude my questions, but for me, we have got to get in front of this so that we really don't have to worry about giving the public information or not disclosing what I feel should have been disclosed to the public to be fair to them, to give them more information, to protect themselves. I will just ask that you going forward would insist on

monitoring more closely and for that monitorization to roll directly to you. And we can talk about again, daily and weekly chemical monitoring at the cooling towers, particularly at Harlem Hospital, who has a history of this. I would insist on that monitoring and that reporting roll up to the both of you more frequently than it has and that those red flags be taken very, very seriously. Staffing aside, as far as inspection, who is hiring, I'm happy to hear that hiring will be ramped up. I think that, however late in the game, nonetheless, it needs to happen sooner than later. And again, I thank you very much for appearing before this Committee, before this Council today. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Madam Speaker.

I'm going to go out of turn. Council Member De La Rosa needs to leave, so I'm going to ask her to ask some questions and then I have some of my own.

COUNCIL MEMBER DE LA ROSA: Thank you, Chair, and thank you, Madam Speaker. And Commissioner, thank you for being here, both of you, and for acknowledging that Upper Manhattan and the

Bronx have been victim to systematic racism that adds to how critical these illnesses can be in our communities. You know, I'm sandwiched between Harlem and the Bronx and my community in Washington Heights in 2018 also had a terrible outbreak, and so we're grateful for the opportunity to talk.

I mostly want to focus my question on the labor piece, which is water ecologists and the hiring. How many water ecologists do you currently have?

COMMISSIONER DR. MORSE: Thank you for the question. I'll ask Deputy Commissioner Schiff to share those numbers.

DEPUTY COMMISSIONER SCHIFF: We have headcount for 33. We have a small number of vacancies. You heard we have postings. I will take another opportunity for recruitment. Please send us excellent candidates for these positions. We're hiring scientists. It's a great mission-driven team, really interesting work, and a great way to serve the community so we welcome your checking the posting. We can send it to you and sending us candidates we are hiring.

COUNCIL MEMBER DE LA ROSA: What is the vacancy rate?

DEPUTY COMMISSIONER SCHIFF: I don't have the vacancy rate. I think right now we have two or three openings, but I would have to, it changes every day, I'd have to get back to the exact number.

COUNCIL MEMBER DE LA ROSA: Would you say that 40 is the adequate number about?

DEPUTY COMMISSIONER SCHIFF: So we're in discussion. As you heard the Commissioner say, we are looking to increase those numbers and we're in discussion about exactly the right number, but we are looking forward to bringing more members to our team.

COUNCIL MEMBER DE LA ROSA: Okay. And what are some of the challenges with recruiting this type of position?

DEPUTY COMMISSIONER SCHIFF: It is a hard position to recruit for, and I think many employers are facing hiring challenges. These are positions for scientists with a strong background in science. That is the job. I've been out on an inspection and it is a job for scientists and so we're looking for people with that education and experience so it is a challenging role to hire for, and that's why whenever

I have an opportunity, I try to do a little recruitment and would welcome your assistance.

COUNCIL MEMBER DE LA ROSA: Well, we're absolutely happy to help in the recruitment phase of it. I also think that it's important for us to think long-term strategy if that number is the right number in terms of hitting the amount of towers that we need to hit in order to continue, and especially if we're having this conversation about more inspections, if this is the right number.

And I guess my same question is with the community health workers. What is the need there at this time?

COMMISSIONER DR. MORSE: Thank you for that question. So, there are a number of different ways to estimate the number of community health workers that a community might need. It depends on a number of different things, access to health care, the burden of illnesses in that community, etc. What is so meaningful and powerful about the community health worker model is that these are experts from the community that they're serving so whether it's language or knowledge of the community and partners, that is the expertise that we want to make sure we

have. We would be happy to follow up with you with some of the methodology we use to estimate community health worker needs for a population, and we're in conversations with OMB about those numbers.

COUNCIL MEMBER DE LA ROSA: Great. Thank you so much, and thank you, Chair.

CHAIRPERSON SCHULMAN: You're welcome.

Okay, so I have a number of questions. Thank you for being here. Oh, and I also want to acknowledge that we've been joined by Council Member Menin.

So, Deputy Commissioner Schiff, what was the difference, or what was the major differences between the response to this cluster versus the one in 2015?

DEPUTY COMMISSIONER SCHIFF: I would say that there are a couple of really critical differences. In 2015, as you know, we did not have a registry of cooling towers so much of the effort was spent trying to find cooling towers, and as we talked to colleagues around the country who face Legionnaire's disease clusters in their community, they are envious of the registry. It is a big hurdle that they need to overcome. What we were able to do

this summer and have been able to do ever since the registry was launched is focus immediately on sampling cooling towers and getting those samples analyzed at our public health lab and directing the cooling towers that have positive samples from the laboratory analysis to remediate. We are not spending time tracking down, trying to find the cooling towers. Though, as we did note here, there was an unregistered tower, and so that is why, as the Speaker highlighted, that is a critical issue and where we are very much focused right now.

CHAIRPERSON SCHULMAN: Was the unregistered tower a City-owned building?

DEPUTY COMMISSIONER SCHIFF: The unregistered tower is at that construction site.

CHAIRPERSON SCHULMAN: So also, you know, in some research that I conducted, I saw that in 2015, in the midst of the outbreak, there was a list of buildings that was provided to the community and to the public of where they found Legionnaire in the cooling tower so why was that not done in this instance.

DEPUTY COMMISSIONER SCHIFF: I don't remember that from 2015. We can go back and look, but

as the Commissioner has described, the decisions about when to release the list of the 12 cooling towers once we had those confirmatory samples, and really the key message from the outset is to the community, people living and working in those five zip codes. By the time our disease control colleagues identify the cluster, because that data's coming into our system and our epidemiologists who have expertise in Legionnaire's disease identify it, at that point, because of the way the illness develops, we know that people have already been exposed and so the really important message at that moment is if you don't feel well, go to the doctor. That's the best way. The disease, I'm not a doctor, I will look to my doctor, the disease is, the best outcomes are when it is identified and treated early so the most important message we have at the beginning is to the residents, people living and working in that community, to listen to your body, get into healthcare quickly. Meanwhile, my team is out there taking those samples, but we know it's going to be days and maybe weeks until we have the information we need to, and the remediation that we're going to require takes hold. And as we look and see what happened here with the

identification, the ongoing identification of cases, the identification of the towers and the remediation of the towers, we see exactly what we would expect. Increasing cases, which people may have been exposed earlier, while we are doing that identification and remediation of the towers. Once that remediation starts to take hold, we start to see those cases go down and that's just what we saw here. Much, much harder, took us much, much longer in 2015. And it's really thanks to the Council and that groundbreaking model for really, we talked to people around the world, the work that came out of the Council to establish that local law, refined it in 2019 and our regulations that enabled us to do this work rapidly here.

CHAIRPERSON SCHULMAN: I mean, I understand the intent, but I think that especially in 2015, one of the buildings was Lincoln Hospital, here it was Harlem Hospital, and I think that more information is always better. There's an assumption that the community is not going to be able to decipher that. I'm going to push back on that a little bit.

I want to go to the issue of that Council Member De La Rosa brought up in terms of the inspectors. You said there were like two or three vacancies, is that, or basically what?

DEPUTY COMMISSIONER SCHIFF: This changes every day.

CHAIRPERSON SCHULMAN: No, I get it, but the reason…

DEPUTY COMMISSIONER SCHIFF: So it's a small number.

CHAIRPERSON SCHULMAN: The reason I'm bringing it up is because in Fiscal Year ’24, 4.5 million dollars was given for inspections to DOHMH, and that was increased to 4.8 million dollars in Fiscal Year ’25, so that sounds like a little more than maybe two or three positions. And then it increases yet again to 4.9 million in ’26. So, there's more money given for that, but we need to make sure, I mean, this has been a while. It's not like this just happened today or after the cluster and everything else so there needs to be an emphasis on getting these folks.

COMMISSIONER DR. MORSE: One thing I can share about the budget for this work really is a

combination of activities in disease control in our health equity division and in environmental health and other support divisions like our communications division. So, there are a number of different activities that are required for this kind of response, and we have to bring in resources from multiple different divisions to make sure the response is adequate. What I would say is that, again, no agency was really untouched by some of the budget cuts over the past several years, and certainly that impacts every agency. But what I would also say is that if we had the appropriate match rate for Article VI, we would have more than a million dollars more annually for these kinds of activities. And so, again, direct investments in public health lead to direct improvements in health. Public health is purchasable in that way, as we like to say. So I do want to just acknowledge that the budget should reflect activities from multiple divisions, not only the water ecologists.

DEPUTY COMMISSIONER SCHIFF: I can just add that the recruitment is active and ongoing, and I just got a confirmation, at the moment we have three vacancies, but we have been filling vacancies for the

last many weeks and I met many new team members earlier this week so we do continue active recruitment. And the Public Advocate noted the two-for-one, but we are grateful that these positions are now exempt from that two-for-one so that will also help us with our hiring.

CHAIRPERSON SCHULMAN: One of the items that I mentioned in my opening remarks was Local Law 77 of 2019 requires DOHMH and the Department of Buildings to hold biannual information sessions for building owners on the requirements for maintaining, cleaning, and inspecting cooling towers. Is that happening?

DEPUTY COMMISSIONER SCHIFF: Yes. So in 2025, we have held those two information sessions. In 2019 and 2020, we also held those two. 2021, as you know, we were fully engaged in our COVID response, but did not hold them. Then there was one each of 2022 and 2023, no capacity in 2024. So a mixed compliance in 2025, though we have held those two information sessions. But I do want to note that we have also really expanded our educational materials and information session. You know, I think recruiting industry to come to an information session has its

own challenges, and so one of the ways we have addressed that is we have really ramped up the materials, our information guidance materials for the entire industry and our reminder notifications. And so with that registry, we can get that information out to everybody with a registered cooling tower so that's another way that we meet the spirit of that bill by trying to get information out to them in lieu of an information session, although we have had two in 2025.

CHAIRPERSON SCHULMAN: Okay. So, do we have a commitment that you'll be consistent moving forward in doing those biannual meetings or getting that information out?

DEPUTY COMMISSIONER SCHIFF: So, we aim to do those two information sessions a year. They are a capacity issue, so I do want to say that we will do our best to do that, and we also feel that the materials that we are able to produce and get out to the entire industry may in some ways be more effective, but we certainly aim to meet full compliance.

CHAIRPERSON SCHULMAN: Okay. What is your coordination with HPD and Department of Buildings in terms of cooling towers?

COMMISSIONER DR. MORSE: This is another area, again, where the responsibility for the inspection side is with us. DOB is involved in the management of the system that allows for the registration of the cooling tower, so that's part of their role. And then for HPD, as we described in response to the Speaker's question, certainly we coordinate with them and are in regular communication with them, but are certainly open if you had a specific issue.

CHAIRPERSON SCHULMAN: I mean, if you have regular meetings with all of them, especially like if a new building is going up or something else or those kinds of things, I mean, I think that that's something that's important for you guys to know in terms of the cooling towers.

COMMISSIONER DR. MORSE: So, we do work very closely with those two agencies in general, and we are right now engaged and very actively engaged in conversations with DOB. I think you noted in your opening comments they have a role and responsibility

with respect to the portal, and it is this registration issue that we are very concerned about. And so we're working very closely with them, very active conversations to see where we can work together to sort of tighten that piece of this.

CHAIRPERSON SCHULMAN: Commissioner, you mentioned in your opening remarks that you got information out to 48,000 providers. Am I remembering correctly? So out of those 48,000 providers, how many are in that area? And I assume it was within those zip codes, or was it beyond that?

COMMISSIONER DR. MORSE: Part of what is so wonderful and challenging about New York City, of course, is that if you say live and work in Harlem, that person could be anywhere in the city and really in the world, frankly. That's part of the reason you saw kind of changes in our numbers over time, because sometimes it does take time to link someone, for example, who was in Harlem during the period of concern but went to California for three weeks and got diagnosed with Legionella there. That would take us a little longer to figure out. So, because of that, I think the most important thing is that all 48,000 providers across the city got the information.

We think that all of them need to know about this because someone with the symptoms of pneumonia could show up at any hospital. And then what our disease detectives do is figure out that person who's diagnosed, whether they're living in Harlem but were diagnosed at a hospital in Brooklyn for whatever reason, that we can make that link. And that is, as you can imagine, requires quite a bit of expertise, is very resource intensive, but it's the only way for us to know that Legionella case that got diagnosed at a hospital in Brooklyn for whatever reason was someone who was exposed in Harlem. So that's why all 48,000 providers need this information.

CHAIRPERSON SCHULMAN: Because my understanding is it's an opt-in versus you just get to send it to them, or how does that work?

COMMISSIONER DR. MORSE: It is a combination. We do work with New York State who has kind of required contact information for all the providers that are registered so it's a combination of opt-in and providers we can push the information out to.

CHAIRPERSON SCHULMAN: Because I think that we need to make sure that every provider gets

the information. I mean, the ones that opt-in usually are the ones that know what this is. You and I have had that conversation. So, I think it's important. And if there's anything we can do to help push that, we would be more than happy to do that, but that has to happen.

COMMISSIONER DR. MORSE: Yes, absolutely. Provider communication is one of the most important pillars of our response.

CHAIRPERSON SCHULMAN: Thanks. And so, let's see.

What I'm going to do is I'm going to turn it over to my Colleagues and come back, if that's okay. Council Member Narcisse needs to leave. She has a couple of questions and then I'm going to go to everybody else. All right. Oh no, I'm sorry. All right, Council Member Salaam. Let Council Member Salaam ask his question. Sorry, Council Member.

COUNCIL MEMBER SALAAM: Thank you. Just a quick, quick question regarding testimony, and I definitely appreciate all that's been shared today. As a representative for Harlem specifically, as you can imagine, my constituents were not just concerned, but gravely concerned because of what was

disseminated and the timeliness of the dissemination. What I want to know is, has DOHMH considered integrating waste water surveillance for Legionella as an early warning tool similar to its use during COVID-19?

COMMISSIONER DR. MORSE: Thank you for the question. And certainly want to acknowledge that fear and concern for the residents of Central Harlem, we know were top of mind for the residents as well as for you, Council Member, so just acknowledge that this was a very, very challenging situation.

In terms of the question about waste water, there are a very interesting and growing list of diseases that are being explored for which waste water monitoring could be used. Right now in New York City, we do continue to use it for things like COVID. However, we would have to get back to you about whether or not there's any utility or any additional kind of warning signs that might be helpful were we to use waste water for Legionella. I will, however, acknowledge that I think our data systems are quite sophisticated when it comes to Legionella. We've received data from all of the healthcare organizations, laboratories, providers, all of that

reporting does come to us at the Health Department 24/7, and that system does require resources to maintain and to continue. And Legionella is one of almost 100 diseases for which we have that 24/7 data reporting, monitoring and surveillance. And we use statistical methods to figure out, is there a signal, so here we got the signal that there were a cluster of diagnoses in several blocks, and that signal is what triggered this investigation. So, I do think it's important that we continue to invest in the data surveillance system that allowed for us to very quickly identify this cluster. And the reason I am harping on this is because funding for those systems are at risk. 80 percent of our disease control divisions funding is federal funding, and it is that division that maintains the surveillance system that allows us to quickly identify clusters like this one. So, I hope that we can partner with Council and of course with City Hall to continue to make sure that those systems that we use every day (TIMER CHIME) are adequately resourced, even though the federal government is taking away its commitment to surveillance through the CDC.

COUNCIL MEMBER SALAAM: And Chair, if I may just a follow up on this, okay.

So just two last ones. How's compliance with Local Law 79 of 2019, which requires an assessment of determinants of Legionnaires disease being monitored and when would those results be made public? And also given that 2,000 towers have gone uninspected since 2023, does DOHMH have a timeline or plan to clear that backlog and how will that be prioritized geographically?

COMMISSIONER DR. MORSE: Thank you for those questions. For Local Law 79, in terms of getting to root causes, we can follow up with you about that. But we do regularly post reports over multi-year time periods about our Legionella investigations. And we can certainly share the most recent one with you, but we'll follow up on Local Law 79.

And then in terms of the backlog of towers, I'll ask Deputy Commissioner Schiff to share more.

DEPUTY COMMISSIONER SCHIFF: I can add actually that we did submit that Local Law 79 report,

and we'd be happy to get that to you if you don't have it.

In terms of our inspections, as the Commissioner testified and we have been talking about, we aim to do an inspection annually and, because we have not had sufficient staff to do that, we have to prioritize which cooling towers to inspect. And we do report to the Council every year about our inspections and do include in that report that we have been able only to inspect about half of the cooling towers so just to say we are transparent with the Council as well, because we do think it's important that everyone know the constraints that we are under. So, as we prioritize for the year, we consider many factors and those include the performance of the cooling tower in its inspection history and the time since last inspection, among other things, including population-based factors as the commissioner noted earlier.

COUNCIL MEMBER SALAAM: Thank you.

CHAIRPERSON SCHULMAN: Thank you, Council Member.

Council Member Farías.

COUNCIL MEMBER FARÍAS: Thank you, folks.

I have so many questions. I'm going to try to start with what I initially came here to ask about and then go through some of the points that were made throughout testimony and response. So, the briefing that we have here from the Committee says that as of 2024, there were 5,997 cooling towers throughout all five boroughs. Later in the report, it also reads that there are about 6,087 cooling tower systems in New York City. So, I have a few clarifying questions on this. Do these numbers seem accurate and reflective of what the Administration has on file?

DEPUTY COMMISSIONER SCHIFF: I didn't write down your number, so I'm just going to give you my numbers. So for 2024, 5,997 registered cooling towers.

COUNCIL MEMBER FARÍAS: That's what I have.

DEPUTY COMMISSIONER SCHIFF: Okay, 4,973 cooling tower systems.

COUNCIL MEMBER FARÍAS: Okay, we have 6,087, so there's like a 1,800 difference there.

DEPUTY COMMISSIONER SCHIFF: We can see what we can look into why we have different numbers.

COUNCIL MEMBER FARÍAS: Yeah, we should check on that. And then what constitutes a system? Is one cooling tower a system, or can several on one building be a system? For example, Freedom Tower has 13 cooling towers alone. Is that one system, or are each of these towers required to have individual registration numbers?

DEPUTY COMMISSIONER SCHIFF: So we do think of these as systems (CROSS-TALK)

COUNCIL MEMBER FARÍAS: Okay, so this grouping of 13 on this one building is a system.

DEPUTY COMMISSIONER SCHIFF: I'm pretty sure that each tower has to be registered, but I'm going to ask that I get a confirmation of that, and so that's why the numbers are different. But we do think of these as systems, and it's important that we think of them that way because it is an entire system, and the pieces of the system work together, and so the maintenance and monitoring and program to reduce risk is a system approach.

COUNCIL MEMBER FARÍAS: Yeah. I guess what I'm trying to get at is if there's 13 towers for one building alone, are they all necessary to be with registration numbers? Or is it just by good faith us

to believe a building is going to say, yeah, I have roughly 10 towers, or roughly 15 even if the number's 13, or I have one system, and they register five of the towers. I'm just trying to get an idea of what this means for us since where our approach has been since the law 10 years ago to have a good faith approach with building owners and have those registrations come in.

To me, 6,000 feels, or 4,973 as you mentioned, for systems feels like a low number for the entirety of New York City. Is there a way that we can see if DOB estimates how many registration numbers for individual cooling towers they don't have? Do we know (TIMER CHIME) how many buildings there are in New York City that are supposed to have either a tower or a system?

DEPUTY COMMISSIONER SCHIFF: So first, I can tell you that each cooling tower has to be registered. So that was your first question.

COUNCIL MEMBER FARÍAS: But self-mandated registration?

DEPUTY COMMISSIONER SCHIFF: So the responsibility is on the owner to register, and as we've been talking about because we had a

registration issue here, that is something we're actively discussing with DOB, particularly for new construction, new cooling towers, which is what happened.

COUNCIL MEMBER FARÍAS: I mean, I guess for me what I'm pointing out is you have 4,973 systems, 5,997 cooling towers. That still feels like we have way more buildings in the City of New York that are likely not registered, and that's what I'm trying to get at. What is the likeliness of that, the percentage of buildings? I mean, I think we have over 17,000 buildings in New York City.

DEPUTY COMMISSIONER SCHIFF: I believe we have more buildings than that. I can tell you we have… (CROSS-TALK)

COUNCIL MEMBER FARÍAS: That are cooling. I'm saying that might have cooling.

DEPUTY COMMISSIONER SCHIFF: Oh, that we have, oh. Yeah. So, I don't think so. Since 2015, a lot of the work, our program launched in 2017, a lot of the work has been bringing buildings into the registration system. Part of our program is we look for cooling towers. We are literally up on the roof and look.

COUNCIL MEMBER FARÍAS: Except that one in Harlem was unregistered.

DEPUTY COMMISSIONER SCHIFF: The one in Harlem wasn't registered. And so that is something we are working with DOB to figure out where in the DOB system we can tighten things up so that no one can start a cooling tower on a new construction with a new cooling tower without having registered it. We have also asked DOB the question I think you are asking me, which is what else could they learn from their data that might indicate additional unregistered towers?

COUNCIL MEMBER FARÍAS: Yeah, I mean, also DOHMH and DOB just need to have a better streamlining of communication if that's the case. If you folks don't have the headcount and you're not doing the individualized inspections, then what is the pipeline of information that comes through to you folks? Something like, I'm forgetting the number and I apologize on the amount of towers that we had in this Harlem case. At some point, one of the towers was inspected last year. Why wasn't the one that was unregistered identified? What I'm saying is the system that we have isn't working. And I understand

it's an outdated law from a decade ago, but DOB and DOHMH both in 10 years could have had any opportunity to change their policy, could have had any opportunity to use rule changes to do that. You don't need the City Council to create legislation. The Administration has the ability to do that on their own as well. And so I'm asking these questions is clearly to me, the cases I've had in my District over the last four years are far too many cases and I'm grateful I haven't had any deaths in my District, but we've had seven people in Harlem die, 90 people that were hospitalized that might be compromised from their health going forward. And as was already mentioned in 2015, 16 people died. Like that's far too many people in a decade where we're not addressing this problem head on.

DEPUTY COMMISSIONER SCHIFF: I do want to just note that cooling towers is one technology that a building owner can use. There are other cooling technologies. And so it is part of our program to continue to look for towers that may not be registered. It was specifically in a special emphasis early on with the registry, but I don't know that there are many unregistered towers. It is one cooling

technology, but it is not the only one so buildings can work differently.

COUNCIL MEMBER FARÍAS: I totally respect that response. All I'm saying is we don't need more people to die to see which ones are unregistered. We have to find a better system. That's all I'm saying.

Okay. If a tower is shut down for four days, is it required to be cleaned by law? Are buildings required to report that to DOB for follow-up just on like operational logistical items?

DEPUTY COMMISSIONER SCHIFF: I'm going to have to check if it's shut down for four days. I'll have to get back to you.

COUNCIL MEMBER FARÍAS: Sure. And are there mandatory reporting requirements for cooling tower cleaning companies if they do not see a registration number listed on a cooling tower that they've been hired to disinfect, whether it be chemically or just for routine maintenance?

DEPUTY COMMISSIONER SCHIFF: I don't know that there are, but I think that's a very interesting idea.

COUNCIL MEMBER FARÍAS: Thanks. And you mentioned, and I'm sorry, I didn't pull it up in

front of me. You mentioned increasing fines for non-registration. How are we ensuring the non-compliance if we're asking them to do the self-reporting in good faith?

DEPUTY COMMISSIONER SCHIFF: So, part of the package of changes that the Commissioner has proposed includes increasing fines for all of the violations that the Health Department inspects for. So, when our water ecologist is out doing an inspection, they are checking for compliance and, where we do not observe compliance, we can issue a summons, and those are subject to fines, as you know, after an opportunity to go to OATH, and so our proposal includes that we can increase some of those fines.

COUNCIL MEMBER FARÍAS: Got it. And just a District-specific question. The last update on Parkchester was that DOHMH was awaiting results on the Parkchester South Condominiums test. When are those tests conducted, and how long are they typically take to get results back?

COMMISSIONER DR. MORSE: Yeah. We'd be happy to follow up with you with the results. As I

was describing earlier, the culture results take upwards of two weeks for results.

COUNCIL MEMBER FARÍAS: Yeah. I had a somewhat different experience with Clason Point Houses a couple years ago. I think it took us several, not several, a few months to kind of go through all the testing and get a negative result back so would love that follow-up.

The last question I have is just around the notification process. I really appreciate you folks giving us a very detailed timeline that you did for the Harlem incident that we have in front of us more recently. I guess I'm wondering, and I think in government we have a different idea sometimes of what public accessibility and public information means, like notifying the public, and we have a lot of challenges. We just generally, government, have a lot of challenges with getting to everyone because it's impossible. People receive information in different capacities. The community board has a membership of maybe 50, 65 people, and maybe 40 more people, 100 more people show up. That's still such a small group of folks to help disseminate information. I guess when I'm looking at this timeline, there's a lot of

points of communication that say we issued a press release, we issued a press release. I guess how are we looking at how many people are actually reading that versus how many articles are being written versus how many clicks on the DOHMH website or the DOB website, whoever's putting it out, to actually really evaluate if a press release is even worthwhile or even making the impact. This is something I'm consistently looking at as an elected official who needs to disseminate notices and information out to people as well, but I look at my impressions, I look at how many clicks I get and how many reads and how long people stay on my webpage or on a page specifically, and I'm just trying to figure out if this is going to be one of our notification points, are we actually using the data that we have available to us in a constructive way?

COMMISSIONER DR. MORSE: Yeah. Thank you for the question. I think public communication is constantly a challenge for us, particularly in a time when we're seeing confusing messages from lots of different sources that may not be reliable. Part of what we think is so important is for us to flood as many different types of communication platforms as

possible with accurate information in as many languages as possible so that's one of our strategies, but as I'm sure you have experienced as well, it can be hard to get in front of the misinformation once it's out, because misinformation is so much more attractive in some ways than accurate information, so we're constantly facing that challenge. That is part of the reason that we use so many different platforms. So, for us in this particular case, certainly we did press releases, but we also did multiple other kinds of engagement, and we do find that that multi-pronged, multi-layered approach is better than using only one or a few. But if you have suggestions for how we can improve our public engagement and communication work, we're certainly open to it. I do still feel very strongly that having community health workers as a part of the network that allows us to get information out quickly would facilitate an even stronger public response.

COUNCIL MEMBER FARÍAS: Yeah. I appreciate that, and I would agree, and I would say I would even implore you folks to think about the hesitation of even giving too much information prematurely. I don't think in any instance like this, anything is

premature. People would much rather be cautious and be able to live their lives cautiously and find out that they're not at risk than have three weeks go by and find out that they're probably at risk or they have a neighbor or neighbors come along saying that they're sickly, and that instills more fear. And I won't speak on behalf of all of New York City, but I'm almost positive that we would all like to know at least to be more cautious than to not know at all. And the old school way is always the best way. We have an incident in my District. The office closes down for a little bit, and we send a street team out, and we put literature under everyone's doors, and we put up notices, and we work with superintendents and management companies, so your community affairs team would be great. I think now more than ever, New Yorkers, and I can say the Council, we've been exhausted over four years of hearing that headcount can't be expanded, that there's only specific titles that could be given. It's not on your agency and on your fault that that's been the case for a lot of our workers, but the staffing shortages are just unacceptable, and so whatever we can do on the Council side to get the Administration to give you

that availability and that flexibility of staff members to ensure that our communities are safe, I'm positive we'll be willing to step up and be side-by-side there. Thank you, Chair.

CHAIRPERSON SCHULMAN: Thank you. And I echo a lot of what the Majority Leader said.

I'm going to ask Council Member Narcisse to make her questions.

COUNCIL MEMBER NARCISSE: Thank you, Chair. Happy anniversary again. 220, I mean, (INAUDIBLE) 21 days, 221 days, so I'm so happy to see you again. I am very, kind of like, you know, when it comes to diseases, people dying, I would say the amount of people dying, we may say it's not, I mean, it's not much, it's seven people that dies, but we went through the process already. My thing is, what is the typical incubation period for Legionnaire's disease?

COMMISSIONER DR. MORSE: Yes. Thank you for the question. So, the period from being exposed to the droplets in the air that have the bacteria in them to when someone might develop symptoms of Legionnaire's disease could be anywhere from two to 10 days or so, but it can be upwards of two weeks as

well, and the symptoms that we specifically look for for someone who may have been exposed to those droplets in the air with the bacteria, the symptoms that are most concerning and that we ask community members to immediately seek medical care to evaluate is if they have fever, cough, trouble breathing, muscle aches, overall fatigue. Those are all the symptoms that could be Legionnaire's disease. The only way to figure it out, of course, is to very, very quickly get into care and get tested.

COUNCIL MEMBER NARCISSE: Okay. So, now that's where I have a problem because giving information early can be a little confusing and stuff, but then again, you have a period of time of the incubation period where the person can actually seek help. And we don't have, I mean, actually, we don't have to wait until people die to figure it out. So at least it can be a preventive step, which I know you understand where I'm going with you. Like for instance, in some, like diabetes, right? You said you have to get like a snapshot on the testing that you do. So, I'm saying it's just like diabetes. Like if somebody take their sugar on a regular or whatever the time on a daily basis, you're not having the full

view. For a doctor to know exactly if you actually having problem, you're a diabetes patient, then they will do a A1C testing. That is the snapshot that can actually tell you, give you the full view of what the person's sugar is, right, so your testing should be just like that. So, like when you getting that full view, I'm wondering, you have PCR testing, which is a fast rapid, and then you have the culture test that you can do so which one of them that you do on a regular basis when you do testing?

COMMISSIONER DR. MORSE: Sure. I'm happy to try to answer that. Are you talking about patients or cooling towers?

COUNCIL MEMBER NARCISSE: I'm talking about on patients, which one you do?

COMMISSIONER DR. MORSE: So for patients, there are a number of different tests that can be done to evaluate (TIMER CHIME) whether or not it is Legionella specifically. The fastest one is the Legionella urine antigen test. That test is quite rapid and usually is quite sensitive as well. But in addition to that, we can also take samples of sputum from patients before they've been treated with antibiotics and do a culture to see if they have

Legionella there. And then in addition to that, of course, the ways we diagnose pneumonia in a patient would be to do an X-ray, to see what's happening in their lungs, and then there are a number of other blood tests in addition that we can do that would allow us to get a full picture and figure out if the patient may have pneumonia and then if it specifically could be Legionella pneumonia.

COUNCIL MEMBER NARCISSE: So now you can know. So now I'm putting it back on the cooling system. So, the culture and the rapid, that's what I was with you.

COMMISSIONER DR. MORSE: Yes. So in the cooling tower systems, it is similar. The rapid test for cooling tower systems is a PCR test. That comes back quite quickly, but the PCR test only tests for the presence of Legionella. It doesn't tell us if that Legionella is alive or dead. The culture test takes about two weeks, and that would tell us specifically if there were live Legionella that could cause people to get sick. That takes about two weeks.

COUNCIL MEMBER NARCISSE: Two weeks. That's what I want to, because when you asked me if it's a patient, because you don't do that on patient,

you do it on a cooling system, the PCR rapid and the culture. But I am so happy to say that if you can do that on a regular basis, that will be helpful.

COMMISSIONER DR. MORSE: Yes.

COUNCIL MEMBER NARCISSE: On a regular time, whenever you do testing.

COMMISSIONER DR. MORSE: You mean for the cooling tower?

COUNCIL MEMBER NARCISSE: For the cooling tower. If you do a culture.

COMMISSIONER DR. MORSE: That is a part of our requirements.

COUNCIL MEMBER NARCISSE: Okay. So, therefore we should not have those systems not being tested. Like there's one that in 2023, that's what the last time testing, and then in 2025, you already have the Legionella disease, I mean, the Legionella DNA, if you may say, it already exists in that, right?

COMMISSIONER DR. MORSE: I do think it kind of cuts both ways in a way. So, we do require regular Legionella testing for all of our cooling tower systems, and that testing does give us some insight into whether or not Legionella are present,

of course. And at the same time, as I described for our Central Harlem Sexual Health Clinic, we had a newly installed cooling tower system. We tested for Legionella in June, and that was negative, and then in July, it was positive. And so, again, it is very important to do the testing to have consistent surveillance and monitoring of cooling tower systems, especially in the summertime when the water's warm and there are the conditions for Legionella to grow rapidly. And at the same time, even following those testing protocols, sometimes what happens is that the building owner is following the protocol and still very rapidly Legionella can grow. So, you know, we are recommending that one of the interventions that happens is that testing for Legionella in the summertime when the cooling tower systems are being used happen every 30 days instead of every 90 days as a way to enhance surveillance and testing. But as I said, that we think is worth trying to amp up our system, and it does not mean that there will never be Legionella outbreaks happening.

COUNCIL MEMBER NARCISSE: But I would say thank you to you. You know how I appreciate you. And I do not expect you to do the inspection for the

building yourself, but we realize certain things, like in a community that's vulnerable, that it occur more, I feel like the testing have to be done, and there's no excuses that we don't have enough folks to do the testing so we need to hire whatever we need to do. Losing one life is too many, and we say that all the time, and especially in our Black and Brown communities, we need to do much more. And you're in agreement with me that there is no way that we should have building that being tested since like two, three years, like it's supposed to be, you know, on a regular basis. So that's all I can say. And thank you so much for 220 years of existence of Department of Health. Let me do, you know, salute you again for your work. Thank you.

COMMISSIONER DR. MORSE: Thank you.

CHAIRPERSON SCHULMAN: Thank you, Council Member.

I have some questions. So Intro. number 1390, which is the introduction that I have, a local law to amend the Administrative Code of the City of New York in relation to cooling tower inspections and heat related emergencies. Would you agree that more frequent inspections and testing of cooling towers

could help reduce the risk of Legionnaires disease outbreaks in New York City?

COMMISSIONER DR. MORSE: We do certainly aim to do inspections every year for our cooling towers, and we're very open to this experiment, let's say, because there are not specific standards for the regularity of Legionella testing, but we're certainly open to more conversations about this experiment of trying more regular Legionella testing in the summertime when cooling towers are used 30, every 30 days, instead of every 90 days. We think that there could be benefit from that. Implementing it, of course, will require resources, but we are certainly open to seeing what impact that change could have.

CHAIRPERSON SCHULMAN: We're supposed to be in the forefront.

COMMISSIONER DR. MORSE: That's right.

CHAIRPERSON SCHULMAN: So there you go.

COMMISSIONER DR. MORSE: That's correct.

COUNCIL MEMBER NARCISSE: How important is regular microbial testing in preventing harmful bacteria like Legionella from spreading through cooling towers?

COMMISSIONER DR. MORSE: I'll ask Deputy Commissioner Schiff to respond.

DEPUTY COMMISSIONER SCHIFF: So, the Legionella sampling is a key part of the prevention program, and we appreciate your bill and we support your bill to require owners to do that more frequently. And as the Commissioner said, we can't be 100 percent sure that that will be a benefit, but we do think, we think it is likely that that will improve the control system and we are in support of that part of your bill.

CHAIRPERSON SCHULMAN: Appreciate that. In your professional view, does tying additional inspections to declared heat emergencies strengthen our City's protections for vulnerable populations?

DEPUTY COMMISSIONER SCHIFF: So, we do think that this part of the bill as well, it raises a really important insight, which is that as our climate is warming, we have these periods of extreme heat and humidity and that does increase the risk, and so we agree with you that that is an area that we can focus on to try to strengthen the already robust protections that we have so we'd like to keep talking with you about that.

CHAIRPERSON SCHULMAN: Do you see this bill as consistent with the Department's overall mission to reduce health disparities and protect communities most at risk from heat-related illness and Legionella outbreaks?

COMMISSIONER DR. MORSE: We certainly think that the way that these changes would be implemented would allow us to do, yet again, a way of kind of prioritizing and triaging based on risk. And so certainly us having the flexibility to be able to do that and to orient our testing resources and resources related to the bill to communities that we consider to be at higher risk because of structural racism is certainly part of what we're considering.

CHAIRPERSON SCHULMAN: Okay. One question that Majority Leader Farías asked was about the number of cooling towers on your website. Just FYI, it says 6,092. I just wanted to point that out.

COMMISSIONER DR. MORSE: 6,000. We will look into that.

CHAIRPERSON SCHULMAN: Okay. Systems, cooling tower systems, it says.

COMMISSIONER DR. MORSE: I will have our folks check that, thank you.

CHAIRPERSON SCHULMAN: And the other is, I have a question. So, I know that this weekend you're going to do this resource fair at the Central Harlem Sexual Health Clinic. Isn't that one of the places where Legionella was found?

COMMISSIONER DR. MORSE: The resource fair and open house is going to be on Monday from 12 to 5. This is one of the sites that tested positive. It was not a site that was linked to this cluster.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER DR. MORSE: And the cooling tower has been fully remediated.

CHAIRPERSON SCHULMAN: The reason I'm asking is because people may just be fearful about going to that place, just given the past history.

COMMISSIONER DR. MORSE: That's the exact reason that we're hosting the resource fair there is to demonstrate it is fully safe for, and I will be there myself on Monday. It is completely safe for residents of Central Harlem to both use the Central Harlem Sexual Health Clinic to come to the resource fair, and part of the reason we are holding it is specifically to debunk that myth. It is not

infectious and it was not one of the sites linked to this cluster.

CHAIRPERSON SCHULMAN: I appreciate that. One of the things that you said in your opening testimony was we're living through a period of heightened distrust in public health. So, I think it's incumbent upon, and we've had this throughout this hearing, that the New York City Department of Health, forgetting about everybody else out in Washington or anything else, that we need to step it up in terms of making sure that people trust us, trust the New York City Department of Health, because you guys are going to be the game in town. And I also wanted to ask as part of that, even though it's not specific to this, is how the new consortium is supposed to work around this.

COMMISSIONER DR. MORSE: Yeah. First and foremost, we could not agree more that we have to orient our resources and our time towards rebuilding public trust. We really need Council's partnership in doing that. And I think we would love to talk more with you all about ways that we could make sure that the public trusts the information that we share and

that we get accurate information out to communities so we'd love to talk more with you about that.

For the Northeast Public Health Collaborative, we are very excited to be a part of it. It's one of the highlights of this week. It is a huge milestone in public health in this era. It is intended really to be a regional collaborative that helps to step up in a time when support from our federal partners has been increasingly unreliable and where we need to be sharing information and data as well as exploring vaccine policies that would continue to allow New Yorkers and the whole region to be safe and protected. And I just want to underline again, there has been no new data presented that raises any concerns about the safety of vaccines, COVID, childhood or otherwise, and part of the modus operandi of this new Northeast Collaborative is going to be to really make sure we're all aligned on what safe and effective vaccines are and making sure that the public as well as providers know that the vaccines that have already been approved are safe and effective, and we want to make sure New Yorkers have zero barrier access to those vaccines.

CHAIRPERSON SCHULMAN: Yeah, no. I think, I mean, this hearing is about Legionella, but we talked about the fact that people who have comorbidities or have health issues or whatever that obviously vaccines is helpful in this type of situation, right, I would think so that's why it's so important to make sure, especially in areas like Harlem, like the South Bronx, like vulnerable areas that we make sure that people know that it's so important to get vaccinated and all that.

COMMISSIONER DR. MORSE: Yes, and although there isn't a vaccine for Legionella, there are very important vaccines for pneumonia, flu…

CHAIRPERSON SCHULMAN: For respiratory.

COMMISSIONER DR. MORSE: COVID, RSV that are truly lifesaving. So that is absolutely right.

CHAIRPERSON SCHULMAN: Okay. Thank you very much. We really appreciate your testimony. I will echo the Speaker's sentiments about thanking you for being here today. You gave very comprehensive answers. We need to continue talking and seeing how we can work together to make sure that our communities are safe and our communities have the communication that they need to feel that way, so.

COMMISSIONER DR. MORSE: Thank you.

CHAIRPERSON SCHULMAN: Thank you. We're going to take a five-minute recess and then do public testimony. Thank you.

[GAVEL] I now open the hearing for public testimony. I want to remind members of the public that this is a government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant-at-Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant-at-Arms awaiting to be recognized. When recognized, you will have two minutes to speak on today's oversight topic and the legislation being considered, Introductions 166, 434, and 1390.

If you have a written statement or additional written testimony you wish to submit for

the record, please provide a copy of that testimony to the Sergeant-at-Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

The first panel is June Moses, Kim Smith, Cameron Clarke, and Patricia Loftman, and Ivy Kwan Arce, and Anabel Ruggiero.

All right. Are you Patricia?

PATRICIA LOFTMAN: Yes.

CHAIRPERSON SCHULMAN: Okay, you can start.

PATRICIA LOFTMAN: Greetings, Chairperson Schulman. Thank you for this opportunity to provide a testimony on oversight, Legionnaires' Disease cooling tower inspections and keeping New Yorkers safe. My name is Patricia Loftman. I am a certified nurse midwife and a fellow of the American College of Nurse Midwives. I speak today as the former Director of Midwifery Service at Harlem Hospital where I practiced full scope midwifery for 30 years and where I attended over 2,500 births. I also speak as a resident of zip code 10025 which borders the affected Legionnaire outbreak zip codes. There is a National

Institute of Health study that demonstrates that the Legionella bacteria can be detected over four miles from the source depending on the wind and humidity level. There is also an international study that detected the Legionella bacteria more than six miles from the source yet the public was led to believe that only residents of the affected zip codes were at risk of contracting the Legionella disease. Legionella is a preventable public health failure that infected over 100 people, caused 90 hospitalizations and resulted in the loss of life of seven Black and Brown people. Following the outbreak in the South Bronx in 2015 that infected over 130 people and killed 16, a City law was enacted mandating building owners to register and test. While the law did not indicate how often the City must carry out its own inspections, New York City Department of Health and Mental Hygiene has the responsibility to monitor compliance by building owners by testing the waters in the cooling towers and issuing violations to owners who fail to comply with prevention measures by inspecting the towers for Legionella. I'm not going to read everything, you have my testimony, but what I will say is that

cooling tower inspections (TIMER CHIME) are a critical defense against outbreaks. Among the 10 buildings identified by New York City DOHMH, all but one had cooling towers that were either behind or required testing or had not been inspected by the City in the past year. No new regulations are required. What is required is monitoring and enforcement of existing laws. I also recognize that the individuals who were hospitalized were actually hospitalized in Harlem Hospital that turned out to be the source of the bacterial infection. That does not seem to me to be, you know, something that really should occur. Those individuals, once Harlem Hospital had been identified as the source, should have been relocated to another institution for further treatment and care. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

Cameron, right? Okay. Go ahead.

CAMERON CLARKE: Good morning, Chair and Members of the Committee. My name is Cameron Clarke. I'm a medical student at Columbia University, a former environmental health fellow and campaign coordinator at WEACT for Environmental Justice uptown, and I'm also the current Co-Chair of the

Health and Environment Committee for Community Board 9 representing West Harlem. I've worked with these organizations alongside tenants and communities of color to fight for safe, stable, and dignified housing, health care, and environmental health and justice. However, today I'm testifying in my personal capacity as an impacted resident of Harlem. The recent Legionella outbreak in Harlem sickened over 100 of our community members and killed seven. This was not a fluke. It was the direct result of weak enforcement, underfunding, and no consequences for landlords cutting corners. Since 2017, inspections and enforcement have plummeted with thousands of towers going uninspected. And once again, it's Black, Brown, and working-class neighborhoods like Harlem and the Bronx that bear the brunt of this neglect. It's unconscionable that all but one of the community outbreaks over the past decade have taken place in Harlem and the Bronx. It's unacceptable that nine of the 10 buildings, including City-owned buildings, that were positive for Legionella in this outbreak were either uninspected or behind on testing this year. And it's outrageous, as Patricia mentioned, that the building that was found to be ultimately

responsible for this outbreak was Harlem Hospital, a safety net hospital for the sickest and most vulnerable members of this community. I speak in support of Intros 166, 434, and 1390, but I believe that we can go even further. Earlier this month, WEACT and Upper Manhattan Tenants Union convened a teach-in and community forum to discuss the outbreak and what should be done to prevent it from happening in the future and compiled a list of demands from the community that in some ways echoes the policies proposed by the Council Members and the Health Department, but it also differs from the proposals on the table in several critical ways. I wanted to share a selection of those demands with you today. As community members, we need action now to restore and expand DOHMH capacity, hire more inspectors, and require annual City-led inspections for every (TIMER CHIME) building.

CHAIRPERSON SCHULMAN: So, I'm going to ask you to summarize, because everybody has two minutes, but submit the testimony to us.

CAMERON CLARKE: For sure. I submitted the written testimony.

CHAIRPERSON SCHULMAN: You did? Okay, because we will take a look at that, because what we do after, and you know, if you've been here for the hearing, that we pushed back very hard with DOHMH, but we'd like to hear what proposals the community has so we'll take a look at those, too, and figure out what we need to do.

CAMERON CLARKE: And could I summarize real quick?

CHAIRPERSON SCHULMAN: Sure, absolutely.

CAMERON CLARKE: All right. So, two would be strengthened testing, increasing the frequency of cooling towers. Three, increasing accountability, including raising fines, but also giving building owners liability for medical bills associated with Legionnaire's disease that can be traced to violations. Four, guaranteeing transparency, so that's a public map of cooling towers and inspection results. Five is prioritizing inspections in historically overburdened neighborhoods. But six, ensuring that tenants have the legal right to withhold rent when their landlords fail to comply with cooling tower and building water safety regulations. So, thank you for the opportunity to

testify. I submitted my, you know, written testimony, and I look forward to it.

CHAIRPERSON SCHULMAN: Appreciate that very much. Thank you.

Are you Ivy Kwan?

Yeah, just put on the, press the button.

Yeah, and I just want to remind people that you have two minutes of testimony. You can submit testimony to us, that all the testimony is reviewed, and so just wanted to let you know that, because we do have other people that want to testify.

Thank you. Go ahead.

IVY KWAN ARCE: Thank you for having us. So, you know, 120,000 New Yorkers died of HIV and AIDS. So, I'm part of ACT UP. I've been a positive person since 1990. We're members who continue to work with City Council in taking care of the community. And in 2021, we started the Pride Health Fair, because the City was not ready to prepare vaccination during Pride. And today I'm here because we want to request the, you know, the ongoing dismantling of clinics in the city. And some of the clinics are open from 8 to 3 p.m., and they don't see patients. We're in the cycle of like, why, you know, people don't

come and the service are being cut. We would like to request that time can be shifted at times where people are off work or in the weekends as part of, you know, a way to not close the clinics. And we will also want the planning council to also give us update of what's happening on the Planned Parenthood on Bleeker Street in the sale of that. And also we request to have support by taxpayers' money to have masks around the city and all the clinics at this moment. That's all.

CHAIRPERSON SCHULMAN: Thank you. The topic is Legionella, so to the extent that we can keep to that, that's what we're taking testimony on, but go ahead, Anabel, right?

DR. ANABEL RUGGIERO: Yes. My testimony I've prepared is not actually related to Legionella outbreak.

CHAIRPERSON SCHULMAN: Okay. I'll give, but go ahead, but keep within the two minutes.

DR. ANABEL RUGGIERO: Okay, sure. So, hello, I'm Dr. Anabel Ruggiero speaking on behalf of ACT UP today. As a PhD student, I helped develop a mathematical model of latent TB infections. I knew that my work was important, but I figured that I'd be

sheltered from TB in the U.S., except that it looks like the rate of new TB cases in the U.S. shot above pre-pandemic levels in 2023 and grew further in 2024. Anyways, in the wake of a brutal lingering COVID-19 pandemic, the federal government is waging a dual-pronged assault on public and non-profit healthcare. Funding cuts have put us in a bind to stretch money as far as possible, and I noted in front of the Hospitals Committee, people will die because of these cuts. Here, I will use language similar to that used to describe my own community. National Republicans have butchered Medicaid funding to feed their billionaire pets with the viscera of the dying poor. That is only part of the whole. We have been facing a secondary front. The Republican admin is waging a fatal political assault on civil society health care providers. Two targeted forms of care are reproductive and gender-affirming care. Planned Parenthood has been targeted over abortion care. Hospitals like NYU Langone and Mount Sinai have folded over illegal extortion aimed at eliminating gender-affirming care. As with the funding cuts, this too has a cost measured in human lives. The political pressure, reduced funding, and our cultural inability

to responsibly handle infectious disease have put inordinate pressure on accessible HIV, reproductive, sexual and gender-affirming health care. These systems are starting to break and patients are falling through the cracks. Let's act up now, lest we resign ourselves to act too late. These are frightening times, but we (TIMER CHIME) must not allow fear to dominate and divide us. In this era of political violence and violent politics, the only way through is together.

CHAIRPERSON SCHULMAN: Okay. Thank you very much to this panel. Appreciate you coming.

June Moses and Kim Smith? Come on up.

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON SCHULMAN: I appreciate that. But you each have two minutes. You can certainly submit testimony. You have up to 72 hours to do that. So, June, by the way, that's the name of my mom. Why don't you go first?

JUNE MOSES: Thank you very much, Chair. Thank you for holding this Committee meeting. It was highly important because the Legionnaires cluster in Harlem is a very serious thing. What astounded me, and the reason why I'm not reading the testimony that

I sat down and did blood, sweat, and tears on is because the things that I heard in this room almost spun my head around because it was a level of doublespeak that was crazy. And I commend the Council Members for actually pushing back and making them say things because they have said several things. But one, the Department of Health and Mental Hygiene does not respect the intelligence of the people who live in Harlem because they pieced out the information in a way that made it 10 times worse. All throughout this process, all I'm hearing is these owners are allowed to self-certify and then there's no one following up. They don't have the manpower, but they sat here plenty of times trying to pat themselves on their back saying, hey, but we did a good job and we don't work for you. We weren't even clear on your order of operations and you shared none of that with us. We are intelligent, we are smart, and we would have moved differently if you had talked to us like we were adults and not dealt with us like we were children. That's one. And two, may I ask the City Council to think through ways of understanding that Central Harlem is a heat island. On the heat vulnerability index, we're number five. That means

that we're almost 10 degrees hotter when the rest of the city is still cooler, right, and the issue is we're going to have this issue earlier and longer, especially in that area, so is there any way that we can think through bolstering up the street trees, making sure that there's more green space and making the overall temperature cooler because with the cuts and everything else coming and all the self-certification and not enough people, all that says to me is this will happen again so we have to be armed with the tools to help ourselves, and this is just something I'd like for y'all to consider, but I literally have no words for the way we're being treated. I'm disgusted and I feel like a lot of people need to lose their job. Thank you for listening.

CHAIRPERSON SCHULMAN: I appreciate that. And have you spoken to Council Member Salaam too about this?

JUNE MOSES: I have a story, but not for here. My time is up.

CHAIRPERSON SCHULMAN: All right. Go ahead. Next.

KIM SMITH: Hi. My name is Kim Smith. I am one of the Co-Founders of the Harlem Legionnaires Task Force. It's a community-led task force as a result of the horrific rollout of the Legionnaires disease lack of information. It was such a scary time for us because it took three weeks to even have a press conference. And I can speak with, and one of the things I wanted to talk about, we keep sharing about the accountability, transparency, enforcement. How do we ensure that when it comes to our Council representative, our community boards, and with the Council, like we found out about this meeting on Monday, the 15th. We reached out to our Council person. Are you guys putting something up on your social media so we can have a good showing? We were told by his staff, this is not our meeting so that's where that went. We reached out to our community board. Initially, we were told that they would send the email. Then they did not. We are newly formed. Our first meeting was August the 23rd, and we've been very active because each of us, we're credible messengers, but we don't have the bully pulpit to reach the masses yet because we just started. And it was kind of disheartening, but it's like, how do we

ensure that information gets out. Dr. Morse, she spoke about some community event on Monday. We know nothing of it. I scribbled June a note and said, could you look on Councilman Salaam's Instagram to see if they uploaded it. It's nothing there. So it becomes, why are you guys playing a duplicitous game? Like, we understand nobody wanted this to happen. You know, the Department of Health, no one, but then you fumbled the ball. Just say, oh my goodness, we messed (TIMER CHIME) up, how can we do better. Don't come here with duplicitous speech. That's quite insulting to the people of Harlem.

CHAIRPERSON SCHULMAN: So a couple things. One is, I will bring that back to DOHMH and talk to them about reaching out to you guys. That's number one.

Number two is that when I have hearings in the future, we'll make sure that the community boards, we'll make sure the community boards city know about it, okay?

KIM SMITH: Excellent, excellent. Thank you so much again.

CHAIRPERSON SCHULMAN: You're very welcome.

KIM SMITH: Thank you for this.

JUNE MOSES: You did an excellent job with your question, and I was sitting here just nodding.

CHAIRPERSON SCHULMAN: Thank you. That's nice to hear on a Friday.

JUNE MOSES: Well, you did your job.

CHAIRPERSON SCHULMAN: Thank you both very much for coming and for staying too. We really appreciate it.

I'm informed, by the way, that we did notify the community boards about the hearing. Twice. Once for the first date, and then it got deferred, and then we sent something for the second date so my Counsel is telling me.

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON SCHULMAN: You know what, we'll have some conversation about how we can spruce that up, okay? Okay.

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON SCHULMAN: Well, we'll figure something out. We'll reach out to you guys. All right. Thank you.

So now we have Deborah Williams, Carmen Charles, and Carmen Deleon, and Isaac Harry.

You're Isaac Harry, I'm assuming?

ISAAC HARRY: Yes, I'm Isaac Harry.

CHAIRPERSON SCHULMAN: Okay, why don't you go first?

ISAAC HARRY: Good afternoon. My name is Isaac Harry. I sit here before you today as a humble public servant and Associate Director of Health and Safety for SSCU Local 371 under the leadership of our President, Anthony Wells.

This outbreak was very alarming to us, specifically as a union that has members citywide throughout the whole City of New York and even the surrounding counties. We have 23 offices in Harlem. 19 of them were within the outbreak zip codes. We sit here today asking for answers, also wanting to give recommendations as to how to prevent this from happening in the future. One of the things that we did notice when analyzing some of the data that was given to us is the number of resources, specifically speaking to the scientists, were decreased throughout the years. I think they started off with about 13 or 17 and now it's significantly lower. This has contributed to, again, the outbreak that we have been experiencing. So, right, we also want to know what is

going to be done or what is being done to protect City workers throughout the city. Are there going to be policies and procedures put in place that when one of our members contracts the disease, then they will be covered at work? These are individuals who service the city and have been servicing the city and continue to. We were out in the forefront fighting during the COVID outbreak. We were out servicing the city and so on. Maybe some of the recommendations that we can take and put into place are instead of testing (TIMER CHIME)

CHAIRPERSON SCHULMAN: So I'm going to ask you to summarize and I'm going to ask you to submit testimony so that we can put that all together.

ISAAC HARRY: Okay, can I give my recommendations real quick?

CHAIRPERSON SCHULMAN: If you can do it in a summary, yeah.

ISAAC HARRY: Yeah, it'll be fine. The first one, instead of every 30 days, I'm sorry, instead of testing the waters every 90 days, maybe every 30 days.

CHAIRPERSON SCHULMAN: That's what my bill does.

ISAAC HARRY: Right, we sat here and said that one life is too many. However, the Health Department is only alerted when there are two cases. Maybe they should be alerted when there's one case and to prevent it from spreading.

CHAIRPERSON SCHULMAN: Okay. Thank you very much, but submit the longer testimony, please.

ISAAC HARRY: Yes, I have submitted my testimony. Thank you for hearing our concerns.

CHAIRPERSON SCHULMAN: Absolutely. And you are?

DEBORAH WILLIAMS: Deborah Williams.

CHAIRPERSON SCHULMAN: Deborah Williams, okay.

DEBORAH WILLIAMS: Good afternoon, Chair Schulman and Members of the Health Committee. My name is Deborah Williams, and I'm the Director for Safety and Health at District Council 37. I submitted a testimony, and I also submitted, for the record, a Department of Health Legionnaire's Disease in New York City 2019 to 2020 surveillance report, right? Basically what I want to say here is this. This is not the first outbreak and unfortunately it probably won't be the last. However, that being said, the

outbreak in 2015, the outbreak that occurred in 2019, the outbreak that occurred in 2020 that subsequently brought about this report from them should have indicated to them that there are certain things that they needed to do, which have not been done. We represent the water ecologists, the scientists, and my understanding is de Blasio put them in place and initially there was 40 of them. I heard today that they were talking about maybe 33. That's not the case. I spoke to one of them and it's only 20 of them and they don't have the ability to do what needs to be done and I was also informed that they're not the ones testing the water. The building owners hire vendors and the vendors test the towers and then they go behind to make certain that the vendor did what the landlord paid them to do. It's a question about accountability. It's a question about who ultimately takes responsibility and not only does DC37 have members, as Mr. Harry indicated, that work in the area, that work at Harlem Hospital, that work at the Sexual Health Clinic, that have FDNY offices on that campus, that work in NYCHA housing on 135th, but we have members that live there. Their families are there and this is something that's been going on from

2015 up to now in targeted areas, specifically in the Bronx and in Harlem. I don't understand (TIMER CHIME) why with the heat waves we had, they could have, should have done better and done more to keep New Yorkers safe and healthy. Thank you.

CHAIRPERSON SCHULMAN: No. I appreciate that and if you were here before, you heard we pushed back in terms of the number of inspectors as number one and they've been given extra money every year to increase the inspections and they've decreased, so we're going to keep an eye on that too.

DEBORAH WILLIAMS: Yes, and also, I'm sorry, last thing. I wonder if they're going to do another surveillance report in 2026 to discuss what's gone on from 2022 to now.

CHAIRPERSON SCHULMAN: We'll take note of that and we'll get back to them.

DEBORAH WILLIAMS: Thank you.

CHAIRPERSON SCHULMAN: Thank you. Yes.

CARMEN DELEON: Hi, good afternoon. I am Carmen Deleon, President of Local 768 District Council 37, New York City Healthcare Employees and we'd like to thank Chair Lynn Shulman and her fellow

Colleagues of the City Council Committee on Health for holding this hearing.

One of the last outbreaks before the 2025 outbreak was in 2021 and Harlem Hospital is identified at that time as a source of legionnaires. The efforts, education, and outreach by DOHMH was tremendous in scope. However, there needs to be vast improvements. I represent many members working in both Harlem Hospital and Central Harlem Health Clinic, DOHMH. Approximately 38 local 768 members and approximately 11 staff who are not members of Local 768. In particular, my members in DOHMH expressed not being adequately informed or supported by DOHMH. With regard to this outbreak, there was one member from the clinic who was hospitalized and diagnosed with pneumonia at the end of June and follow up by the member of the organism causing the pneumonia was not identified. I would like to add the member is above the age of 70 and loves the job. In addition, what is most concerning as the Commissioner testified, there was a new cooling tower installed at Central Harlem Clinic in June and in July was identified as a source of the Legionnaires outbreak. In the beginning of July, information was given to Central Harlem Clinic

regarding Legionnaires with no indication or not made clear as to why to the staff. A health alert was sent on July 28th, 2025. In this alert, it was stated that DOH and MH was dealing with a cluster of legionnaires in Harlem, but nothing regarding the cooling tower at Central Harlem Health Clinic. On August 8th, the media was outside Central Harlem Clinic with no communication to the staff as to why. Not until mid-August was it confirmed Central Harlem Clinic cooling tower was a site for Legionnaires. On August 19th, an email was sent regarding (TIMER CHIME) shutdown of the HVAC system. It baffles me why the facility was not closed. At time was the cooling tower cleaned? Was it during this period or shut down on August 19th? No official showed up at DOHMH to explain to the members at that clinic what was going on. And the members wanted to know why the official had walked into the clinic, went and spoke to management, but did not address them. Not until a member complained did someone show up on August 26th.

CHAIRPERSON SCHULMAN: Just can you summarize?

CARMEN DELEON: I am going to do that right now. So in all, what I want to say is I used to

be a resident of Harlem. I used to work at Harlem Hospital before becoming the president. There is generations of citizens that come to those facilities, both the health clinic and Harlem Hospital. The Commissioner testified that at some point this bacteria became droplet. That means that you did not give any information to that nor were the residents of the community or Harlem allowed to make their own personal decisions on how they wanted to protect themselves. I find that this community with the response from DOHMH has become expendable and because it is a large community of people of color. Thank you for this time and for giving me this time and I appreciate everything the Committee is doing.

CHAIRPERSON SCHULMAN: Thank you very much. Thank you to this panel. We appreciate it. We took in what you said so and please send us whatever other materials you have.

Okay, Artie Kloch. And April McIver.

Okay, I want to just remind you, you have two minutes if you can summarize and then obviously we have this testimony so, Artie, go ahead.

ARTIE KLOCH: Okay, a couple of things I want to say. I've sat through this hearing and I

heard really disingenuous and outrageous things coming out of the mouth of the Commissioner and Deputy Commissioner. I mean, she stated emphatically that there's no connection between the plumbing system and a cooling tower. She's not a plumber. She doesn't know what she's talking about. She's a wonderful scientist and sounds like a very nice person, but all cooling towers have a makeup line. That's how the water gets in the cooling tower. Do they think people carry buckets up the stairs and fill the cooling tower? It's constantly connected to the plumbing system so it's not true, right? The cooling tower is the end of the line. The water comes in in the basement, it goes to the roof. She mentioned cluster, cluster, cluster all the time, right? But she also stated, and it's in her testimony, most cases of Legionella are not related to cooling tower cluster events so what are most cases related to? They're related to plumbing systems. That's where it comes from. As the water goes into the cooling tower, there's a very good chance if the water is contaminated with Legionella, it's taking it to the cooling tower. That's where it came from in the first place. The Deputy Commissioner

said, when we're talking about the cases that were brought up of a plumbing system causing Legionella, Deputy Commissioner said, we don't see many of these. You don't see many because you aren't looking for them. And they said they're in total opposition to this bill. The original version of this legislation, which the one I'm talking about is 434. The original version had a lot of recommendations on how sampling could be done and testing could be done in a proactive way to prevent this and not at the expense of the Department of Health. There's one other statement. One of the previous speakers just said something very telling, which is about self-certification being wrong. In fact, several of them said that. Samples should never be handled by building owners or their staff, never. The person handling a sample, you know, we do drug testing in my apprenticeship program. We do not ask the subject of the drug testing to bring a cup of urine down to the lab and put it through the window because (TIMER CHIME) we know that's not the sample, right? So the sample should be taken only by a licensed professional, not to mention that sampling, whether it's in a cooling tower or in the plumbing system,

has to be done under very specific circumstances at very specific times. You have to know what you're doing. We offered information about how to do this and it was gutted by the Department. And the legislation as it sits now, I'm not crazy about it because it's just a shadow of what it's supposed to be. I urge you to look at my written commentary and see if you think it makes sense.

CHAIRPERSON SCHULMAN: We will. Thank you so much.

APRIL MCIVER: Thank you. I concur with Mr. Kloch's statements. (INAUDIBLE) I'm April McIver, I'm sorry? I'm sorry.

I'm April McIver, the Executive Director of the Plumbing Foundation. My colleague, Terrence O'Brien, who's the Senior Director was supposed to be here today as well, but he's ill, just wanted to mention that. I've submitted more detailed written testimony yesterday, but I want to consider a few points today. In light of this tragic outbreak in Harlem, we are again asking the City to implement stronger testing and maintenance requirements, not just to cooling towers, but the entire building water system. There has been a significant increase in

Legionnaires disease cases all across the country and domestic potable water systems are a major source of bacteria that is cited by the CDC. Yet current New York City laws only address cooling towers. We need to be proactive. Therefore, the Plumbing Foundation supports timely passage of Intro. 434, but we believe it needs to be strengthened to be truly effective, and our written testimony is a full draft of truly comprehensive bill worked on by several experts that addresses important definitions, procedures, standards, transparency, and notification provisions. While we are very supportive of the legislation and we thank the sponsors, we emphasize that it must include clear definitions such as qualified person, qualified third-party water sampler, chain of custody. The law needs to state who can be a qualified person and qualified third-party water sampler language, which is within 434, but it's not defined. The City Council passed in 2019, a water tank cleaning maintenance and inspection bill, and it requires people with requisite training and experience to be involved and that should be considered here. The bill should also include a detailed risk management assessment, process control

measures, compliance inspections, ensuring in-kind replacement is in compliance with the construction code and plumbing code, and increase testing to 90 days. The bill should include preventative measures like disinfectants, copper ionization, ensure water circulation to prevent stagnation and increasing hot water temperatures.

In conclusion, I agree with the Commissioner that New York City should be a model. Existing laws, however, only carbon cooling towers (TIMER CHIME) are not enough. We need to address all potential sources of Legionella. 434 will do that, but still need some amendments to be effective. And unfortunately, we don't believe DOH's oversight is enough and that it should be left to rulemaking. We think the City Council be stepping in here with clear guidance.

CHAIRPERSON SCHULMAN: Okay, thank you very much.

APRIL MCIVER: Thank you very much for your time.

CHAIRPERSON SCHULMAN: Really appreciate it. Appreciate you staying and testifying.

We're going to move to Zoom testimony, and people should wait for the Sergeant-at-Arms to signal them for their time to start and you have two minutes. John Mullen.

SERGEANT-AT-ARMS: Starting time.

JOHN MULLEN: Good afternoon, can you hear me?

CHAIRPERSON SCHULMAN: Yes.

JOHN MULLEN: All right. Good afternoon. My name is John Mullen. I'm here today to speak in favor of local law Introduction Number 434. I'm the Director of Technical Services for the International Association of Plumbing and Mechanical Officials, also known as IAPMO. IAPMO was founded in 1926 and is a global leader in residential, commercial, and industrial plumbing quality, water conservation, and safe sanitation. Part of our mission is to protect the public health and safety by working in concert with government and industry to implement comprehensive plumbing and mechanical systems around the world. IAPMO believes that moving forward to protect the citizens from a deadly preventable illness like Legionnaire's disease is especially important to the public health and safety. I'm also a

native of New York City and my family has been in the plumbing business in the city for four generations. We applaud the introduction of ASHRAE 188 Legionellosis Risk Management for building water systems. That standard provides minimal Legionellosis risk management requirements for design, construction, commissioning, operation, maintenance, repair, replacement, and expansion of new and existing building water systems. ASHRAE standard 188 calls for the development of building water system teams, and this is why we strongly encourage the language, use of the complimentary ASSE IAPMO 12,000 2024 series. These unique training programs provide pipe trades, craftspeople, employer, building management system teams, and other construction maintenance personnels on how to more safely work in the environments that potentially expose disease causing pathogens. These are designated by the ASSE, the American National Standard Institute. They help to ensure that people designing systems possess knowledge, understanding, and skills needed to implement a water safety management program to reduce the risks of infection of Legionella. It's not onerous to obtain a certification that requires 24

hours training and the passing of 100 question written exam, demonstrating core competencies in the environmental testing, risk assessment, and other a number of areas. So, we recommend using the following definitions. Number one, qualified person. Term qualified (TIMER CHIME) person.

SERGEANT-AT-ARMS: Your time has expired.

CHAIRPERSON SCHULMAN: Summarize what you were going to say and then submit, please submit the testimony.

JOHN MULLEN: Sure. Yeah. I just wanted to make sure that we put into the record that we were trying to make recommendation for additional qualifications in the definition section for qualified person and qualified third party samplers so we strongly encourage that these languages of the bill be addressed to the hot water temperature as well for Legionella. The bacteria for Legionella disease thrives in water heated between the temperatures of 77 degrees and 113 degrees. The water becomes extremely toxic in the building for long periods of time with its dead legs or stagnation. Water coming out of these systems in decorative fountains, hot tubs, and showers, or anywhere where

water can become aerosolized can provide risks that can prove dangerous. In some cases, deadly for thousands of people each year. These are incredibly important details to add into the bill and we hope you'll address this adequately. Thank you for your time, and I'm happy to answer any questions.

CHAIRPERSON SCHULMAN: Thank you very much.

All right. Next is Evan Sachs.

SERGEANT-AT-ARMS: Starting time.

EVAN SACHS: Hi. My name is Evan Sachs, he, him, or she, her. I am a member of ACT UP New York as well as the founder of the Washington Heights Inward Mask Bloc, a mutual aid organization up here.

First of all, a quick friendly reminder and correction to a few people who spoke earlier. During COVID is now. We are still in the pandemic era. It never stopped being a pandemic, which is actually relevant to what we're talking about today, especially because as you heard Dr. Morse talk about, Legionnaires may start in still water, but how you get Legionnaires is you breathe in mist from that water that has been infected, so to speak, with legionella. And we still, still, still need to be

masking both because we are in a pandemic and in turn also because of other diseases like Legionnaires and the flu, which still kills people. Yeah, it's specifically high-quality masks. Thank you so much, Ivy and Anabel, for demonstrating what real community care looks like by masking when indoors, and masking outdoors, as you can hear from Dr. Morris's testimony, is also very useful precisely because of dangers like Legionnaires and outdoor person-to-person transmission of other illnesses. Y'all talked about the need for more staff and more technology. High-quality masks are dirt cheap compared to those things. Y'all can afford to require high-quality masks in healthcare settings, provide high-quality masks for those who want to need them, and advise people to wear high-quality masks just for these kinds of reasons.

CHAIRPERSON SCHULMAN: Thank you very much.

Next is Morgan Black.

SERGEANT-AT-ARMS: Starting time.

MORGAN BLACK: Hello, everyone. I want to express my concerns about the lack of timely communication provided by DOHMH regarding the recent

Legionnaires outbreak and regarding ongoing clinic service disruptions and closures impacting patients across the city. We need faster, clearer communication to residents of the impacted neighborhoods around disease outbreaks, especially when they happen at City-run facilities like the Central Harlem Clinic and Harlem Hospital. Patients and neighborhood residents need to know where to go to get care safely when healthcare facilities are impacted. The lack of information provided around the Legionnaires cluster put Harlem residents in danger. Please push DOHMH to quickly share alternative locations where Harlem residents can go in the future to receive care safely. This is not just happening in Harlem. Another example is that the DOHMH Clinic in Corona, Queens, which is closed for four months for renovations, is not seeing patients, and patients have to travel nearly 45 minutes by transit to access comparable services. In both cases, DOHMH must be held accountable to ensure that patients have convenient, accessible healthcare facilities, whether it's another clinic or even a mobile care unit where they can access care. While we ramp up testing for Legionnaires, we also need to continue to provide

free, accessible COVID-19 PCR testing services at clinics across the city because the Crown Heights Clinic recently closed. See, this is not just an issue of, you know, one neighborhood or one disease. We need to ask ourselves why Legionnaires outbreaks continue to happen nearly every year and why these service disruptions and closures are taking place, and we have to hold the right people accountable. I appreciate the Committee pressing DOHMH to ramp up testing for Legionnaires, share clear and timely information with building residents and neighborhood residents, and improve accountability moving forward. I fully support Bills 166, 434, and 1390. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Next is Christopher Leon Johnson.

SERGEANT-AT-ARMS: Starting time.

CHAIRPERSON SCHULMAN: Oh, he doesn't look like he's here.

Okay. I want to thank everyone for today's testimony from the public, and we got through some real comprehensive information, and we will make sure that we keep monitoring the City's Department of Health and the City to make sure that we implement a lot of the recommendations that came up and to make

sure that New Yorkers stay safe. And again, I want to thank everyone for their testimony today and for their participation.

And with that, this hearing on Legionnaires is now closed. [GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date October 6, 2025